



Moving on

**Education, training and employment
for recovering drug users**

Effective Interventions Unit



SCOTTISH EXECUTIVE

Making it work together

Scottish Executive Effective Interventions Unit

Remit

The Unit was set up in June 2000 to:

- Identify what is effective – and cost effective – practice in prevention, treatment, rehabilitation and availability and in addressing the needs of both the individual and the community.
- Disseminate effective practice based on sound evidence and evaluation to policy makers, DATs and practitioners.
- Support DATs and agencies to deliver effective practice by developing good practice guidelines, evaluation tools, criteria for funding, models of service; and by contributing to the implementation of effective practice through the DAT corporate planning cycle.

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Effective Interventions Unit

Moving On: Education, training and employment for recovering drug users

RESEARCH REVIEW

WHAT IS IN THIS REVIEW?

- current evidence about effective ways to support recovering drug users into education, training and employment
- information about existing provision in Scotland
- the views of employers, service providers and service users

WHAT IS THE AIM?

To provide information and evidence to support effective interventions designed to help recovering drug users into education, training and employment.

WHO SHOULD READ IT?

Anyone involved in providing support to, or evaluating services for, recovering drug users. This ranges from specialist drug treatment services to mainstream education, training or employment services.

WHO CONDUCTED THE RESEARCH?

Nicola Richards and Anita Morrison of the Effective Interventions Unit (EIU) conducted the mapping and literature review and compiled this report. The qualitative consultations were conducted by Haris Martinos and Helen Judge of Local and Regional Development Planning (LRDP) and David Smart (David Smart Consultancy).

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INTRODUCTION

The ability to develop and sustain new and valuable relationships with the world beyond drugs is a key factor in sustainable recovery for substance misusers. This includes the worlds of work and education. This report draws together the results of our 3-part review on training and employment for drug users. It sets out the existing evidence on effective ways of supporting recovering drug users into education, employment and training; gives an overview of current provision from our mapping exercise; and presents the views of employers, service providers and service users.

This is an area of increasing interest and it is the focus of a range of policy and practice initiatives from both the drugs field and the education, training and employment field. The UK Government, the Scottish Executive and the Drug Action Teams (DATs) across Scotland have identified support for recovering drug users into employment and training as a priority. The Scottish Parliament's Social Inclusion, Housing and Voluntary Sector Committee conducted an inquiry into drug misuse and deprived communities. The report recommended that 'treatment should be linked to real opportunities for training, employment and full rehabilitation which aims towards a drug-free existence'.¹

The policy context is set out in the Executive's drug strategy, *Tackling Drugs in Scotland: Action in Partnership* (1999) and the *Drugs Action Plan: Protecting our Future* (2000) and in the UK employment strategy *Towards Full Employment in a Modern Society* (2001). A number of recent funding initiatives have helped support new work in this area, including:

- an allocation of an extra £100 million by the Scottish Executive for work across the whole of the drug strategy
- the New Futures Fund, now extended by the Executive for a further 3 years, including the appointment of Scottish Drugs Forum regional employment co-ordinators.
- a new three-year UK budget of £40 million to address the barriers to employment experienced by recovering drug users. This will include the appointment of Employment Service district drug co-ordinators to work with other agencies and through increased training for advisers in how to recognise and deal with such problems.

In Scotland, there has been progress to include education, training and employment services within the Drug Action Team partnership. A small number of DATs have established dedicated training and employment sub-groups that bring together local representatives from the Employment Service and other key agencies. The Scottish Drugs Forum employment co-ordinators will encourage and support this partnership approach.

The **Effective Interventions Unit** (EIU) work programme identifies education, employment and training support for recovering users as a priority. This is the first research project that has been commissioned from the new Scottish Executive Drug Misuse Research Programme. This research also links to the Unit's ongoing work on integrated care for drug users. The aim of this work is to develop a 'person centred' approach to delivering a wide range of services to drug users, including employment and training support.

To disseminate the results of the research and to help formulate local action plans on how best to support recovering drug users into employment, training and education the EIU are holding regional workshops across Scotland in October / November 2001. We are working with a range of other individuals and organisations to identify the best ways of taking the work forward.

Effective Interventions Unit
September 2001

¹ Social Inclusion, Housing and Voluntary Sector Committee, *Inquiry into drug misuse and deprived communities: 6th Report* 2000, Scottish Parliament.

CHAPTER 1: SUMMARY OF KEY FINDINGS

Employment, Health and Drug Use

- ✎ Most treatment seeking drug users are **unemployed**.
- ✎ There is a link between **positive** physical and mental health and employment.
- ✎ Employment can **aid the process of recovery** from substance abuse.

Aspirations and Motivation

- ✎ Agencies need to have high expectations for their clients and to focus on their **strengths, skills and interests**.
- ✎ Amongst some specialist services, there is **limited awareness** of labour market opportunities and the need to bridge the gap between these, the aspirations of clients and the outcomes of support services.
- ✎ A combination of **social and business motives** (such as overcoming skills shortages or financial incentives) is likely to be most effective in engaging employers.
- ✎ There is little variation between **public and private sector** employers in their approach to employing recovered drug users.

Barriers to Education, Training and Employment

- ✎ Fear of losing welfare benefits acts as a major barrier to entering education, training and employment. The literature and our qualitative study offer general support for a more **gradual transition from welfare benefits** to 'in-work' benefits as a way of reducing these problems.
- ✎ Standard **recruitment** requirements and procedures of employers represent a major barrier for many recovering drug users, particularly those with any continuing problems.
- ✎ **Barriers will differ** according to the individual but may be exacerbated by other factors, from childcare responsibilities to criminal records.

What Services are Available?

- ✎ There are 3 broad **categories of support**: treatment and rehabilitation services, specialist employability programmes and mainstream education, training and employment services.
- ✎ Important **links and partnerships** are being established between the three strands. This helps prevent gaps between services and allows services to be more responsive to the individual needs of the client.
- ✎ A significant proportion of **drug treatment services** are extending their provision to include promoting access to education, training and employment opportunities. The New Futures Fund has played an important role in allowing 'addiction' services to develop this capacity.

- ✦ A range of specialist '**employability**' **provision** exists. These tend to be short-term projects that cater for the needs of specific client groups.
- ✦ **Mainstream** provision is increasingly reaching out to 'hard to help' groups such as recovering drug users. A number of opportunities and flexibilities exist within mainstream services and these are of particular importance in **rural areas** where there is less specialist provision available.

Evidence of Effective Interventions

- ✦ The **duration and intensity of treatment** are important factors in improving employment outcomes.
- ✦ The **motivation** of users, **credibility** of support agencies, programme **design** and the **image** of the project are all crucial factors in success.
- ✦ The main thrust of employability support tends to be **personal development** and building **self-esteem** often incorporating both **individual** and **group work**.
- ✦ Evaluations suggest that the most effective approaches are those that provide a **variety of activities at times appropriate to individuals**.
- ✦ A knowledge and understanding of **local labour market conditions** is a key factor in designing appropriate employability interventions.
- ✦ There is some evidence to suggest that **after-care** is often lacking, but that it can play an important role in maintaining recovering users in employment

CHAPTER 2: RESEARCH METHODS

This is the first EIU research review. We identified methods that would allow a rapid review of current knowledge whilst still aiming to be coherent and thorough. The focus of the review is on recovering drug users. However throughout the research process other substance misuse issues – particularly alcohol – have emerged. Where the material quoted refers to this wider range, we have used the term ‘substance misuse’.

Our approach has three components:

1. A comprehensive review of published and unpublished literature

- We conducted a search of standard databases for published literature on employment and substance misuse. These included PubMed, PsychLit, EMBASE, CINAHL, Mental Health Abstracts, ASSIA and ERIC.
- A further search identified papers on employment interventions for other vulnerable groups, including those with mental health problems and physical disabilities using the same databases.
- Internet searches for ‘grey’ literature involved trawling 20 significant web-sites in the drugs and education fields.
- We followed up the ten most cited authors in the literature review to identify further studies of interest, both completed and on-going.

This process resulted in a review and categorisation of over 120 relevant papers. The full list of references is available on request from: **anita.morrison@scotland.gsi.gov.uk**. The bibliography included in this document lists the most relevant publications, some of which can be downloaded from the internet.

2. A mapping of current provision

We sent short, self-completion questionnaires to relevant agencies across Scotland including drug treatment services, the Employment Service, Local Enterprise Companies, local Careers Companies, Further Education Colleges, Social Inclusion Partnerships and New Futures Projects. The Drug Action Team (DAT) Corporate Action Plans and contacts in key agencies provided additional information. We compiled this information into a database. For more information on this part of the research contact: **nicola.richards@scotland.gsi.gov.uk**

3. A qualitative consultation of the views and experiences of national agencies, service providers, service users and employers.

EIU contracted the research consultancy LRDP² to conduct 15 one-to-one interviews with key figures; including representatives from treatment services, employment services and private and public sector employers. There were also nine focus groups conducted across Scotland; four with service providers and five with service users. The pro-formas used by the research team for interviews and focus groups, as well as copies of the final report of this part of the research, are available from EIU or LRDP on request. Contact **EIU@scotland.gsi.gov.uk**

THANKYOU

EIU and LRDP are grateful to everyone who helped with this research, by returning questionnaires, participating in interviews and focus groups, providing references and commenting on drafts. This report covers a wide range of interests and while we have attempted to check the accuracy of all parts of the text we apologise in advance for any errors or misrepresentation that may remain.

² Contact Haris Martinos, LRDP, Friars House, 157-168 Blackfriars Road, London SE1 8EZ (tel. 020 7803 3160 / email: lrdplondon@lrdp.co.uk)

CHAPTER 3: EMPLOYMENT, HEALTH AND DRUG USE

What do we know about employment among drug users?

Data from the Information and Statistics Division show that approximately 15% of 'treatment seeking' drug users are currently in employment or training. A recent qualitative study of drug users in Scotland suggests that few were in paid work, although some respondents had part-time or casual jobs (Neale, 1998). Previously, most had worked in unskilled and semi-skilled jobs, although a significant minority had attended college or university. Most were currently claiming benefits, but some were unaware of their entitlements and therefore did not always claim.

ⓘ INFORMATION ⓘ

A survey of 115 recovering drug users stabilised on methadone conducted by **Glasgow Street Intervention Group** and **Scottish Drugs Forum** found that the majority were on Income Support and Incapacity Benefit. 10% of respondents were on Job Seekers Allowance.

Is employment associated with health?

There is a link between positive physical and mental health and employment (Ross & Mirowsky, 1995). Research suggests that appropriate employment can promote and maintain good health. Good health also increases the odds of getting and keeping a job. However, attaining and maintaining a place in the workforce is challenging for some people, including those with disabilities, mental health problems, learning difficulties and problems with substance misuse. There are often low expectations among both service users and service providers. Many perceive unemployment to be an inevitable consequence of the individual's problems.

Does employment help recovery?

"I wanted to be normal. I wanted to have the likes of just a house... an' have a job"
(McIntosh & McKeganey, 2001)

"it's good to feel normal, doing things that don't involve drugs all the time, and that might help you move on without them"
(Focus Group Respondent)

Research suggests that employment can aid the process of recovery. A recent qualitative study of drug users in Scotland highlights the importance of employment and other activities to fill the 'void' left by drug use (McIntosh & McKeganey 2001). The study emphasises the importance of helping recovering users develop alternative non-'drug' related activities, including employment.

Drug users in this study felt that support was concentrated at the early stages of recovery. They identified support to 'move on' in their lives (for example, into education, training and employment) as a gap in provision.

Key findings

1. Most treatment seeking drug users are unemployed.
2. Meaningful employment is good for health.
3. Employment can help aid recovery.

Employment, Health and Drug Use

CHAPTER 4: ASPIRATIONS AND MOTIVATION

What are the motivations and aspirations of clients?

According to the focus group participants, the **main motivations** of users for joining an employment-based project are:

- The desire to make a break and escape from drug dependency, health problems and reliance on welfare benefits.
- The wish to develop social support structures beyond the drug 'culture'.
- The desire for a 'sense of normality'.
- The possibility of earning money.

Focus groups with drug services pointed out that considerable **variation** exists in the motivation of users, reflecting mainly their **age group and background**. Frequently, older people are more motivated to make a break with the past and are much more likely to have some work experience and relevant skills. Some younger people do not regard the use of drugs as a problem in itself and are less interested in finding employment.

📖 EVIDENCE 📖

Although aimed at 16-34 year olds, **New Futures** projects have had substantial interest from older people.

Emerging evidence from the evaluation of the New Futures Fund projects suggests that the younger end of the age range can be harder to help than those more motivated individuals in their late 20s and early 30s. However, if they can be engaged in a project the outcomes with the younger age group can be better because they have less entrenched problems, such as criminal records and poor health. (LRDP 2001)

The **aspirations** expressed by focus group participants can be categorised as:

- **Education**

The responses of both users and agencies show that going to **college** is a popular aspiration. Some agency respondents suggested that the popularity of education reflects the clients sense that they have 'missed out' in the past and want to catch up. A formal qualification or certificate can also provide 'proof of normality' to both the individual and to employers.

- **Placements and training**

Lack of knowledge about job opportunities and the labour market meant many participants had an open mind to **taster courses or work placements**. They felt that these would help to highlight strengths and weaknesses. However, the Glasgow Street Intervention Group / Scottish Drugs Forum survey demonstrated very low levels of interest in 'schemes' and preference for a paid wage.

- **'Lower level' work**

Participants generally recognised that they were likely to have to enter the labour market at a relatively low level such as **cleaning, retail and manual labour**.

- **Drug counselling**

Participants frequently cited a career in **social care or drug counselling** as an aspiration. Users feel that they can draw on their own experience and often perceive these jobs as a more comfortable option. Some drug agencies explicitly support a move in this direction, highlighting the **skills shortage** within the broader care sector. However, other agency participants considered a career in drug counselling to be an **unrealistic prospect** for most clients as they cannot meet the requirements for the job, e.g. to be drugs-free for a considerable period of time. They also argue that staying in drugs-related work is inappropriate as it represents a **continuation of dependence**.

For all these options, the consultations showed that, in discussing clients' job/career aspirations, both users and agencies do not normally link them to job opportunities in the labour market. With some exceptions, there was **little awareness amongst the participants of labour market opportunities** and no discussion of the need to bridge the gap between the aspirations of clients, the actual outcomes of support and the labour market.

When is someone 'job ready'?

Drug users are not a homogenous population and the severity of employment barriers will vary. Individuals need to be carefully assessed to determine the type and level of support required.³ At the end of active project-based support the **level of employability** attained by the client will also vary. Some clients will require further support at this stage. A recent survey of recovering drug users stabilised on methadone showed that only 20% currently felt ready to look for employment.⁴

Focus groups with drugs and employment agencies suggest that 'very few' to 'a fair proportion' are education-ready or job-ready. The agencies found it difficult to distinguish whether their clients were '**ready**' for

- **education**
- **supported employment**
- **voluntary work**
- **open market employment**
- **a combination of these options**

In the focus groups, both agencies and users knew of success stories from education and unsupported employment. However, after debate, participants came to the view that the last two options (**supported employment** and **voluntary work**) were more realistic. The nature and value of volunteering stood out in these discussions.

Some of the differing views expressed on these options are worth noting:

- ex-users prefer to go for **open employment** and not to be 'caged in' with their peers;
- for the majority it is more likely they will get skills and qualifications through an **intermediate** stage project;

³ Brown A. (2001) *Beyond Work First – a How to Guide* MDRC

⁴ Glasgow Street Intervention Group / Scottish Drugs Forum survey of 115 recovering drug users in Scotland (2001).

- **dependence** is a risk in supported employment;
- a period of **voluntary work** is needed to build confidence over time but this should 'not affect benefits'.

Broadly speaking, individuals can fall into three broad categories:

- those who are (or are almost) **job ready**.
- those who are **not job ready at the moment**, but have the potential to be with some support.
- those with **multiple problems** (employment is not a short or medium term possibility).

The third category is likely to include a large proportion of recovering users. According to participants in the focus groups, this may well **represent one half or more of clients** leaving active project support. The least preferred option by both agencies and users for this group is an **unsupported return to the community**.

What are the expectations of drug agency workers?

The vulnerability of the client group - particularly problems of **low self esteem** and the **danger of relapse** - can make drug services anxious about exposing their clients to failure. The focus groups with drug services, for example, advised that both projects and clients needed to 'be realistic about what they can do' in improving their employability through education or training activities.

There may be dangers in moving too quickly and risking the **fragile progress** achieved. However, there is evidence that these concerns need to be balanced with a clear **expectation of improvement and high aspirations** for the client's future.

Some agency respondents expressed the view that clients often start with more **assets** than they and others recognise. These are discovered as they progress in a project (for example aptitude for using computers, video cameras, electrical equipment or for cooking). Both users and agencies indicate that a significant proportion of users have gained **work experience in the informal economy**, often working indirectly (such as through sub-contractors) for 'big name' employers.

📖 EVIDENCE 📖

US information on best practice in helping the most disadvantaged access employment says (Brown 2001):

- ✓ **Set high expectations for success:** The most successful programs are those in which staff believe that participants can succeed and convey that expectation from the onset of program participation. This may be especially important for working with individuals with barriers to employment, who are likely to have low self-confidence and to have confronted low expectations in the past.
- ✓ **Focus on strengths, skills, and interests rather than on barriers.** Staff should help participants identify their assets and interests. They should consider not whether individuals can succeed, but what employment goals they can realistically pursue and what support they need to achieve them.

What do employers want?

The overall picture emerging from the focus groups and interviews is that even fully recovered clients **face considerable difficulty** in getting a job in the open market. This is particularly problematic if they:

- have a record of **offending**
- **lack** work experience
- are in a **competitive** recruitment situation.

However, employers take a pragmatic view if they are facing staff recruitment and retention difficulties as is currently the case in some areas in Scotland (notably Edinburgh) and in certain sectors (e.g. hotels, catering, call centres, construction).

Many employers do not require formal qualifications (with the exception of high level and specialist jobs) but they place a high value on previous relevant work experience. They require **generic skills and attributes**, such as reliability, commitment, enthusiasm, honesty, and the ability to work as part of team and to be 'nice to customers'. Technical skills are often acquired through systematic training after recruitment, e.g. intensive six weeks training for work in call centres.

Employers experiences with employment programmes

Interviews with employers demonstrated significant experience of positive recruitment and participation in **special schemes** with other disadvantaged groups (but rarely ex-drug users). Some employers had been disappointed by these initiatives and cited examples of problem recruits exploiting the flexibility and tolerance offered (e.g. erratic timekeeping, absenteeism) and ultimately failure to hold down a job. However, most of the employers indicated some **willingness** to participate in special (supported placement) schemes for recovering drug users. They emphasised that they can only take on **small numbers** at any one time due to the substantial training and supervision requirements.

Motivations of Employers

Some of the private sector respondents referred to the close links of key people in their company with the **local community**. This is clearly a factor influencing an employer's attitude to employing people from disadvantaged groups, including drug users/ex-users. However, the consultations suggest that **a combination of social and business motives** (such as solving recruitment problems or the offer of financial incentives) is more likely to engage employers in a substantial way, particularly as part of a formally recognised programme.

Finally, the consultations highlighted a widespread view that there is no difference in the approach to employing drug users by **private and public sector employers**. The position of the public sector employers, such as local authorities and health trusts, is sometimes at odds with the specialist units that they fund to provide services for drug users and other disadvantaged groups. However, there are signs of willingness to **review** employment policies and recruitment procedures.

Key findings

1. Agencies need to have high expectations for their clients and to focus on strengths, skills and interests.
2. Amongst specialist services, there is limited awareness of labour market opportunities and the need to bridge the gap between these, the aspirations of clients and the outcomes of support services.
3. A combination of social and business motives (such as recruitment problems or financial incentives) is more likely to engage employers.
4. There is little variation between public and private sector employers in their approach to employing recovered drug users.

Aspirations and Motivation

CHAPTER 5: BARRIERS TO EDUCATION, TRAINING AND EMPLOYMENT

What are the major barriers to entering employment?

The literature suggests that people with a substance misuse problem face a **range of barriers** to employment.⁵ These include:

- lack of skills
- low self-esteem
- few work-related qualifications
- poor previous experiences of employment and training
- a range of social problems
- mental and physical health problems
- criminal records

The study by McIntosh and McKeganey (2001) reports that some drug users believe that the side effects of the **methadone** prescribed to stabilise their drug use can impede their employment opportunities. However, there is a body of evidence that demonstrates a consistent relationship between prescribed methadone and **increased stability** for the individual, particular in terms of reduction in illicit opiate use, risk behaviour and criminal activity (Marsch, 1998). In Ireland there are moves towards adjusting opening hours for methadone services and the use of a trusted 'guarantor' (usually family or partner) to supervise consumption to allow recovering users to work.

ⓘ INFORMATION ⓘ

A survey of 115 recovering drug users stabilised on methadone conducted by **Glasgow Street Intervention Group** and **Scottish Drugs Forum** rated the following as their biggest barriers to employment:

1. Criminal record
2. Stigma
3. Accessing methadone script
4. Having to pay Council Tax
5. Lack of confidence
6. Drop in 'earnings'
7. Lack of experience
8. Time unemployed
9. Work record

The qualitative consultations identified the following barriers facing drug users:

- **Individual barriers**
- **Institutional barriers**
- **Employers' perceptions**
- **Standard recruitment procedures and requirements**

Individual barriers

The barriers felt by the individual or those that derive from personal circumstances include:

- fear of failure, **low expectations** and lack of self-confidence
- general sense of **stigma** and lack of trust
- the need to address other needs before employability, in particular **health and housing**
- particular types of **criminal record** can restrict employment options

The Glasgow Street Intervention Group / SDF survey quoted above, highlighted the degree of **debt** experienced by recovering drug users. A significant proportion of the debt was owed to **Council Tax** or mainstream financial institutions, with 17% in debt to moneylenders. Debts such as Council Tax can be a **particular barrier**

⁵ Brown A. (2001) *Beyond Work First – a How to Guide* MDRC; Fletcher D.R, Woodhill D, Heerington A. (1998) *Building bridges into employment and training for ex-offenders* Joseph Rowntree Foundation / YPS; Randall G, Brown S. (1999) *Ending exclusion: employment and training schemes for homeless young people*. Joseph Rowntree Foundation / YPS.

to taking up legitimate employment because - unlike unofficial borrowing - they will only become active once the person is in work, thus further reducing their likely income. 21% of respondents owed more than £4,000, with 38% owing between £500 and £4,000.

Institutional barriers

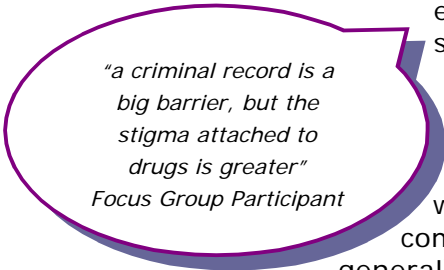
There is a consensus that concern about the **loss of welfare benefits** acts as a major barrier to entering education, training and employment. This barrier, along with a fear of failure, is a significant problem for this client group. The literature and our qualitative study offer general support for a more **gradual transition** from welfare benefits to 'in-work' benefits as a way of reducing these problems.

These problems can be particularly acute for individuals on **incapacity** and related benefits. It can be difficult to find work that can match the higher level of benefit. The risk of giving up this income and the fear that they will not be able to return to the same level of benefit can dissuade the individual from taking up opportunities for work or study. The danger of relapse and the difficulty some might have in keeping a job make these concerns particularly acute.

The benefits system and agency staff are often regarded as unapproachable and unsympathetic. This view was reported by the Scottish Social Inclusion Network Action Team on Excluded Young People and was reiterated by the Glasgow Street Intervention Group / SDF survey.

Employers' Perceptions

In our focus groups, drug services and users frequently cited employers' perceptions as a major barrier to getting a job. Drug workers also suggested that employers tended to lack clear policies towards substance misuse amongst their employees. However, the consultations with employers suggest that these views may be based on misconceptions. This could be a reflection of the **limited contact** between drug services and employers. Interviews with employers showed that many have comprehensive **substance abuse policies** and (in general) they treat **disclosure** in employment with discretion. Most employers who took part in this research dealt with individuals on a case by case basis depending upon their work record. A number of employers said that they tried to offer help and support to those with substance misuse problems. Several of the larger employers consulted offer **independent and confidential counselling** and support. This tends to involve referrals to support agencies and/or outsourcing to specialist companies. Overall, the view of these employers was that a substance misuse problem on its own would rarely lead to instant dismissal.



Recruitment procedures and requirements

It seems clear, however, that the **standard recruitment requirements** and procedures of employers represent a major barrier for many recovering drug users. Clients with continuing drug related or other problems are unlikely to get a job in the open market through a normal interview. Employers also cite **Health and Safety considerations** and their concerns about the potential impact of such recruits in the workplace. **Trust** is a critical issue for employers and is recognised

as such by users. Employers particularly fear that drug users will start to 'push' drugs within the workplace and they tend to consider that theft is more likely.

Fully 'recovered' clients - perceived as **ex-drug users** - will not necessarily need to disclose their history of drug use. According to employers participating in the consultations, even if this information comes to light the individuals will not normally be eliminated at the recruitment stage, or otherwise affected once in post. The main exception mentioned by employers concerns equipment-operating jobs for which they were reluctant to accept recovered drug users because of potential **Health and Safety risks**.

Are there particular issues for some people?

Women

The focus groups identified the particular barriers to employment and training that affect **women** drug users. Participants highlighted **childcare** problems and the stigma of drug use, particularly when it is associated with **prostitution**.

Women, in particular, may be **unwilling to disclose** a drug problem or approach drug services because they fear that this will cause them to lose custody of their children.

SERVICE PROVISION

- **HMP and YOI Cornton Vale** in conjunction with the Rough Sleepers Initiative aim to put female offenders, many of whom have histories of drug addiction, in touch with throughcare services prior to their release. The focus of the work is housing support but links are also made to other local agencies such as employment service.
- **SCOTPEP** in Edinburgh run a New Futures funded project that aims to work with female prostitutes to identify training and employment options.

Black and ethnic minority communities

Some of the focus groups with drug services identified the lack of services targeted at **black and ethnic minority communities**. Participants reported that agencies have had limited access to ethnic minority users. Consequently, not enough is known about the nature and extent of the problem or how best to address the particular needs of different groups. A recent research review commissioned by Greater Glasgow Health Board found little comparable information on drug use across ethnic groups (Hay, Kohli & McKeganey 2001). The literature review concluded that drug services needed to be **culturally sensitive** to the needs of all their clients.

SERVICE PROVISION

The **Ethnic Minority Enterprise Centre** in Glasgow, in partnership with Gorbals Addiction Service, set up the New Futures Inclusion Project. The service, funded by New Futures Fund, works specifically with members of black and minority ethnic communities who have stabilised their drug and/or alcohol use or who are illicit drug and alcohol free. The project also works with women who have a history of anti depressant use, including benzodiazepine use.

The service is tailored to meet the needs of individual service users, and includes one to one counselling and 12 week semi-structured group work. The programme focuses on personal development and employment counselling such as CV work, interview techniques and assistance in other aspects of 'moving on'.

People with disabilities

A substantial number of recovering drug users may have co-existing mental health problems or physical disabilities that will also affect their capacity to work. The impact of injecting drug use can result in amputations or give rise to severe health problems such as HIV/AIDS and hepatitis B and C. Other health problems are also noted in the research literature including; low body weight, septicaemia, abscesses, other injecting-related infections and poor general health.

A number of drug users have co-existing mental health problems. For example, evidence from the United States suggests that half of all patients with schizophrenia also have a substance misuse problem and a study of psychotic patients in London found that 36% misused alcohol or drugs (Weaver 1999). This pattern of co-morbidity often leads to the 'revolving door' syndrome of hospital admissions. To address this, there is increasing interest in developing services for people with co-morbidity.

Ex-offenders

Disclosure issues

Disclosure requirements at recruitment stage apply particularly to **criminal record** and less so to a history of drug use. In many sectors, convictions must be disclosed and this will lead to disqualification, e.g. theft or damage to property (in the case of hotel or garage jobs) or conviction related to debt (in the case of financial services). A criminal record will be a bar on working with vulnerable people. Organisations such as **APEX Scotland** are able to give advice on disclosure issues. The head office can give information on which of their regional offices covers the client's release area.⁶

Established in 1999, members of the **Scottish Offenders Employment Forum** include the Scottish Executive, the Scottish Prison Service, the Employment Service, Benefits Agency, APEX, Scottish Enterprise and Highlands and Islands Enterprise. The Forum launched a Scottish Framework in May 2001 to assist in the development of local agreements to **improve the employment prospects** of offenders. The Forum will **monitor** progress of the local agreements. It is also carrying out a scoping exercise on the continuing barriers offenders face in moving into employment, with a view to disseminating examples of best practice in Scotland.

Focus groups with service providers reported that systematic support is available in prison for drug users and that considerable resources are devoted to this support. Participants identified an increasing emphasis on training and 'employability', and a focus on labour market opportunities. Some prisons aimed to **establish links** with other agencies in the community to ensure the availability of support after release.

However, **service users'** views on employability support in prison and pre-release preparation were less favourable and a focus group conducted in a prison generated several suggestions for improvements:

INFORMATION

Prison Throughcare: New services will be established across Scotland to provide throughcare workers to help prisoners with substance misuse problems resettle in the community. Links will be made to drug treatment projects as well as housing, social and employment services.

⁶ APEX Scotland, Head Office, 9 Great Stuart Street, Edinburgh, EH3 7TP, 0131 220 0130.

- more and better **one-to-one support** by trained counsellors and workers
- more **co-ordination** between release and employability or rehabilitation programmes
- classes should be available in the **evenings** for those who work during the day
- the **range of classes** should be broader
- more help **prior to release** especially to raise awareness of where to go for (employment related and other) support; and, more effective counselling to help deal with the reasons for persistent drug taking and offending.

🔧 SERVICE PROVISION 🔧

APEX Scotland is a training provider that operates throughout Scotland through a number of regional offices. Apex works with a range of partner agencies including SACRO, the Wise Group and the Princes Trust. The primary aim is to assist offenders, ex-offenders and young people at risk into employment. A significant percentage of the target group has substance misuse problems. The detail of programmes delivered vary across Scotland according to local needs but they share some core elements:

- an Employability Assessment is carried out to determine gaps in skills and knowledge
- an Action Plan is drawn up

Apex programmes emphasise the development of personal responsibility through involvement in activities such as work tasters, intermediate labour market placements, college tasters as well opportunities to gain recognised qualifications such as SVQs.

Homeless people

Recent research has demonstrated that there are inadequate opportunities for homeless drug users to access training, employment and alternative leisure facilities (Kennedy et al, 2001). In addition to the stigma attached to problematic drug use, **negative stereotypes** and a wide range of **structural barriers** relating to their homelessness can have a major impact on their ability to access education, training and employment opportunities. It is worth noting that a number of project evaluations stress the need for **resolving housing difficulties** and health problems before addressing employment and training opportunities.

Key findings

1. Fear of **losing welfare benefits** acts as a major barrier to entering education, training and employment. The literature and our qualitative study offer general support for a more **gradual transition** from welfare benefits to 'in-work' benefits as a way of reducing these problems.
2. Standard **recruitment requirements** and procedures of employers represent a major barrier for many recovering drug users, particularly those with any continuing problems.
3. **Barriers will differ according to the individual** but may be exacerbated by other factors, from childcare responsibilities to criminal records. A range of people may find that their drug use combines with the existing disadvantages that they experience in the labour market.
4. **Employers' perceptions** of drug users were considered a major barrier to getting a job. However, employers expressed some **willingness** to give recovering drug users an opportunity and many have comprehensive substance abuse policies.

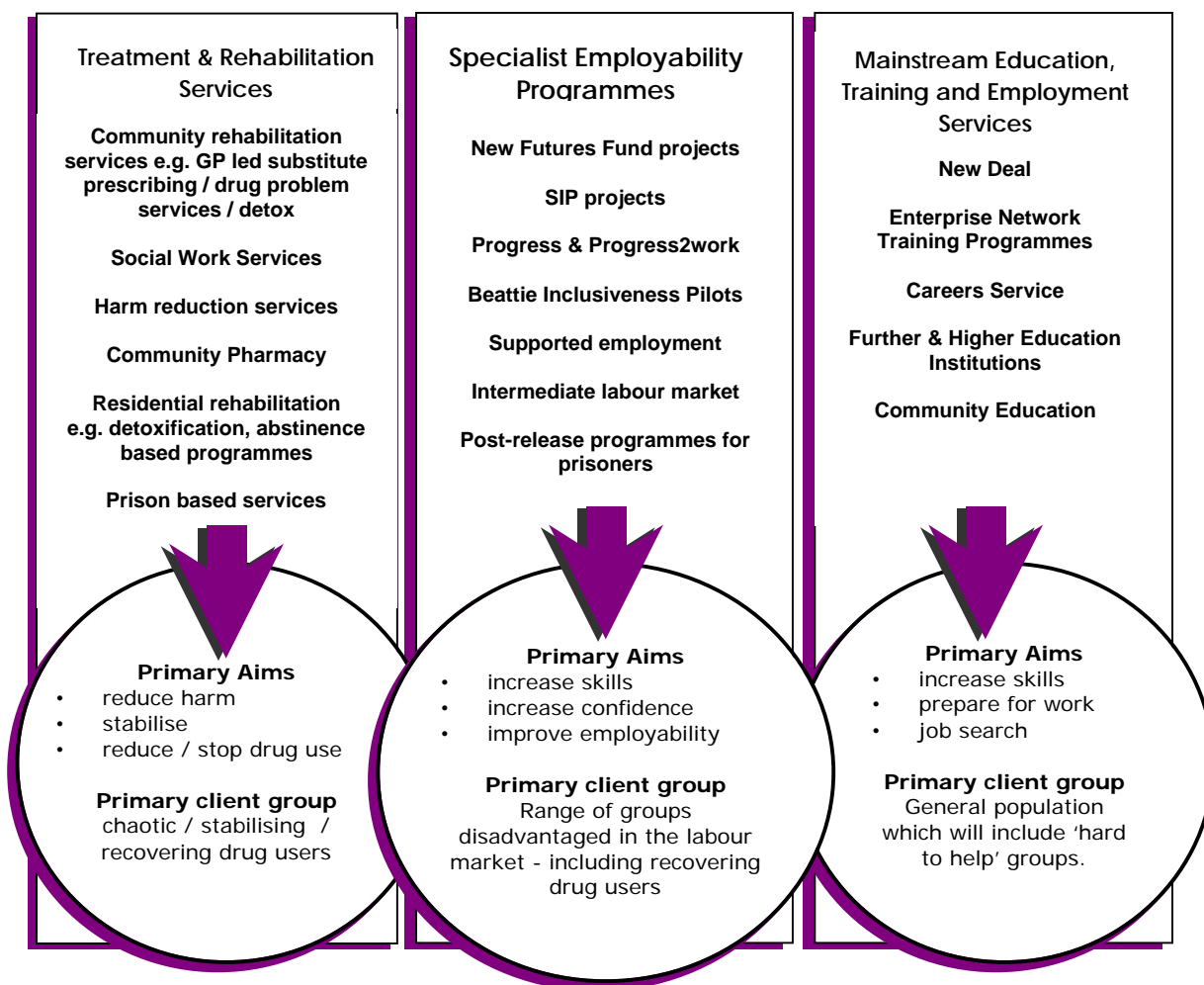
Barriers to Education, Training and Employment

CHAPTER 6: WHAT SERVICES ARE AVAILABLE?

A wide range of 'programme' types are able to help people with, or recovering from, substance misuse problems to access education, training and employment. More information on how to access these services and find out about the range of local provision is set out in Annex A.

There are three major categories of support:

- 1. Treatment and rehabilitation services** whose primary aim is to help an individual overcome problem drug use and the associated physical, psychological and social effects.
- 2. Specialist employability programmes** with specially targeted provision tailored to help those disadvantaged in the labour market (including recovering drug users) to improve their skills.
- 3. Mainstream education, training and employment services** designed to meet the needs of the general population (such as the Employment Service, further and higher education or the careers service). Most mainstream programmes will have had some contact with individuals experiencing drug problems and some have developed initiatives to address these needs.



This diagram is not a comprehensive picture of the range of services available and those included vary from large-scale national programmes to small-scale projects provided by voluntary organisations. **There are many important links and partnerships between the three strands. This helps prevent gaps between services and addresses different aspects of an individual's needs.** For example, our mapping exercise includes addiction services that directly focus on increasing the skills of their clients and thus improve their employability. Similarly, mainstream employment services contract specialist provision that is able to work in a person-centred way to help an individual overcome barriers, including substance misuse.

Treatment and rehabilitation services for drug users

There are many different approaches to treating substance misuse problems and a wide range of agencies are involved in the planning and delivery of services. The range of drug treatment services reflects both the **complex needs** of drug users and the variety of **theoretical approaches** to treatment.

The main variables across the different approaches to treatment and care are:

ⓘ INFORMATION ⓘ

The Effective Interventions Unit is currently working to develop models of **'integrated care'** for drug users. This approach encourages drug treatment agencies to work closely with the range of other services that can help move the individual towards recovery and full rehabilitation.
Email uiu@scotland.gsi.gov.uk for more information.

- **Service provider:**

- NHS: hospital, specialist services (e.g. drug problem services), primary care (e.g. GPs, pharmacists).
- Social work
- Prisons
- Non-statutory / voluntary services

Some Local Authorities have joint Social Work and Health 'addiction' teams that jointly plan and fund services. As a partnership body, the **Drug Action Team (DAT)** brings together the range of agencies involved in tackling drug misuse. The DAT has a major role in planning and approving funds for services.

- **Programme type:**

- detoxification
- substitute prescribing (e.g. methadone maintenance or reduction programmes)
- structured day programmes- including skills-based training
- self-help groups (e.g. Narcotics Anonymous)
- counselling

- **Treatment setting:**

- outreach work
- street agencies
- inpatient care (e.g. in hospital psychiatric units or wards)
- outpatient / community drug teams
- residential services

The **definition of 'treatment' or 'rehabilitation'** can vary from a very brief, 'harm reduction' intervention - such as providing a needle exchange service or information – to an intensive residential programme lasting many months. The services will also see **clients with a wide range of needs**, from those whose drug problems remain severe and chaotic to those who are stabilised or recovered.

It is difficult to generalise across areas but there are sources of information available to provide guidance on the availability of local services. **Annex A** sets out some useful contact points. Some services – particularly the more intensive interventions - will have waiting lists.

Figures coming in from the DAT Corporate Action Plans suggest that just over a **quarter of specialist drug services** report that they provide education, training and employment services. A number of drug agencies provide programmes with very **similar content** to those offered through the New Futures Fund but they may not be delivered with the specific aim of improving employability. The programmes typically include **confidence building, personal and social skills development, debt counselling, anger management and basic skills training**. Attempts to move clients on to education, training and employment can be an explicit feature of even the most 'medical' services provided by health and social care professionals.

EXAMPLE

The **Govan Addiction Services Project (GASP)** is a counselling and treatment service for individuals with drug and alcohol problems. In addition, they have a dedicated worker who works on a one to one basis with each client until they are ready to be referred to a close network of employment / training initiatives. In the past 4 years they have achieved positive outcomes with over 80 clients.

Evidence demonstrates that adding a **'social' dimension** to the treatment programme can improve client outcomes. These activities can have an important role in helping to fill the time previously dedicated to finding and using drugs.

Specialist 'employability' programmes

A range of specialist provision exists to address the needs of particular target groups such as those with substance misuse problems. These services tend to be supported by a package of **short term 'project' funding** from a number of different sources. Others become more embedded by providing components of the service delivered by mainstream agencies.

The aim of these services tends to be to make progress in rehabilitating a client so that they are more 'employable'. The clients typically suffer from multiple problems and overcoming these barriers can be a **lengthy and complex process**. Finding and sustaining a job on the open market or a full time place in education or training is often a **very challenging and quite distant goal** for these projects and their clients.

New Futures Fund projects

The **New Futures Fund**, launched in May 1998, is funded by the Scottish Executive. Originally a three-year programme, the Initiative has been continued for a further three years to **2005**. New Futures funded projects target problems of **social exclusion and disadvantage**, particularly in relation to the labour market in Scotland. Over twenty of the New Futures Fund projects are specifically targeting drug users but substance misuse was found to be a problem for a third of New Futures clients. The fund is managed by Scottish Enterprise and Highlands and Islands Enterprise and is delivered by a partnership of local public and private sector organisations working with voluntary groups.

EVIDENCE

The evaluation of the New Futures Fund is encouraging, with the interim evaluation suggesting that it is generally an effective initiative (LRDP 2001).

- ✓ The strengths of the NFF approach include the flexibility to conduct intensive work with those far removed from the labour market over a long period of time, the person-centred approach and the emphasis on 'soft' outcomes.
- ✓ It appears that projects can achieve progress towards employability: between one third and 40 per cent achieve 'tangible' outcomes such as going on to college or getting a job and many more achieve soft but positive outcomes in a pathway to employment.

The projects provide **intensive support** for young unemployed people (age 16-34) suffering from serious disadvantage in looking for work. A range of client groups are included. The projects most relevant to this study target those with **drug or alcohol dependencies, the homeless, offenders and those with mental illness**. New Futures reaches those who are most excluded from mainstream society and labour market opportunities and they have been described as the '**pre New Deal Gateway** group'.

EXAMPLE

The New Futures Fund has allowed Aberlour Childcare Trust's residential rehabilitation unit **Brenda House** to extend their service for women and their children affected by drug or alcohol misuse. The programme of counselling, family work and detoxification is supplemented by one-to-one and group work to address personal and social development. Women are encouraged to join local adult education courses and supported to move into training and employment on their departure.

New Futures Fund projects have played a pivotal role in **building new bridges** between drug rehabilitation services and education, training and employment services. The Fund has allowed 'addiction' services to enhance its programme content to address employability as a **tool in the rehabilitation process**. For some drug services New Futures provided an opportunity to fund an area of service that they had long wished to develop, for others it has allowed them to start a whole new programme.

In April 2001 an additional £6.5m was allocated to the New Futures Fund from the additional £100m drugs strategy funding. The '**reintegration**' funding was specifically focused on assisting those people who identified drug misuse issues as their main barrier to engaging with the labour market.

Progress projects and progress2work

Six '**Progress**' pilot projects were set up at the end of 2000 across the UK with funding from the Confiscated Assets Fund (UK Anti-Drug Co-ordination Unit) and the then Department of Education and Employment. These projects, one of which is based in Glasgow, are managed by the Centre for Social and Economic Inclusion and are delivered by the **Employment Service** in partnership with local authorities and the voluntary sector.

The purpose of the projects is to **reinforce the motivation of former drug users** to live drug free lives and to get people off benefits and into work. The projects are aimed at the interface between the recovering user and the range of relevant services and agencies.

In the 2001 budget **£40 million** over 3 years of Treasury funds was committed to measures designed to help recovering drug users into training and employment within the New Deal programme. The Employment Service will manage the measures and will draw on the experience of the Progress projects. The support will be accessible to all **Working Age Benefit Claimants**.

The funding will support an **Employment Service drug co-ordinator** in all ES districts, as well as **training and support** for Personal Advisors in early identification and referral of clients with substance abuse issues. In addition, **specialist provision** will be provided for those clients who need additional support to enable them to take full advantage of main stream provision within the New Deal programme. There will be 31 **pathfinder areas** in 2001/2002 with provision for the rest of the country rolling out over the 3 years. In Scotland 5 areas have been identified Glasgow North, Glasgow South, Tayside, Fife, Dunbartonshire and Argyll.

EXAMPLE

Progress Into Work Glasgow is led by Glasgow Council for the Voluntary Sector.

Partners represented on the Support Group include:

- Glasgow Works
- Greater Glasgow DAT Training & Employment Sub-group
- Benefits Agency
- Gateway to Work contractors
- SIPs
- New Deal Personal Advisors
- Rehabilitation and treatment services
- Employers

The project provides specialist staff - **Employment Development Officers** - who offer information and support to drug services, GPs and pharmacists, training and employment agencies, employers and service users.

Social inclusion partnership funded projects

Regeneration initiatives, such as the Social Inclusion Partnerships (SIPs), are playing a major role in developing and funding services aimed at helping the most disadvantaged to improve their chances to access training and employment. The **partnership approach** allows a range of mainstream and specialist support to be brought together.

The allocation of specific **drug funding** to SIPs in April 2001 has allowed some partnerships to further develop their work in the drugs field. A total of £2 million was distributed to 24 area-based SIPs. The funding was made available to identify gaps in local provision and to address them in a way that built on existing services and initiatives. SIPs were asked to work closely with their local DAT and the

community. This funding has been used to fund a diverse range of projects including preventative work with young people, treatment services, family support groups and ex-users groups. A number of projects focus on **personal development and moving onto employment and training**.

EXAMPLE

West Dunbartonshire Social Inclusion Partnership runs a **Drugs Outreach Project** that aims to support drug users at all stages of the rehabilitation process, including providing links to training and employment initiatives. The outreach project targets drug users not currently coming into contact with services and runs a women’s group and drop in services.

Drumchapel Social Inclusion Partnership runs the Supported Employment Project. This project aims to reintegrate recovering users into employment and training.

Blantyre / North Hamilton SIP run a project entitled **‘Move on Methadone’**. This is a GP-led personal development programme aimed at moving people off methadone.

Intermediate labour market model

The **intermediate labour market (ILM)** model has been increasingly recognised as a way of addressing **long-term unemployment**. The aim is to provide a ‘bridge’ back into the labour market by providing paid work on a temporary contract in conjunction with training, personal development and job search activities.

EVIDENCE

Recent research from the Joseph Rowntree Foundation shows that there has been a rapid expansion in ILM provision to tackle long-term unemployment. It suggests that ILM can deliver better outcomes (in particular, a more sustained progression from welfare to work) than other programmes for the long-term unemployed.

Evaluations of these ILM models are encouraging. Compared to other initiatives for the same target groups these appear to provide **good value for money, higher job placement and job durability**.

A number of training providers supply supported employment services to the Enterprise Network and other agencies. These include organisations such as Apex and the Wise Group. These services may be appropriate for recovering drug users even if they are not specifically targeted at this group.

The qualitative consultations showed that experience of the **intermediate labour market and supported employment** is probably more limited in the case of drug users than other disadvantaged groups. ILM recruitment is based on willingness and ability to do the job and covers both ex users and those who are stabilised on methadone. Internal and external agencies offer support and time is allowed to access methadone scripts if necessary.

Such schemes require **intensive support** to achieve work placements and substantial numbers are placed every year. There tend to be periods of **after care support**, by individuals who understand the needs of the employers as well of those of the client they seek to place and support.

Beattie Inclusiveness Pilot Projects

The Scottish Executive's implementation of the Beattie Committee report includes setting up Inclusiveness Pilot Projects. The Executive asked all 17 career service companies to develop and co-ordinate multi-agency bids to **test out key worker support, assessment, and tracking**.

By the end of 2001, sixteen Inclusiveness projects will be up and running. The first eight projects (Ayrshire, Dunbarton and Lomond, Fife, Forth Valley, Grampian, Lanarkshire, Renfrewshire and Tayside) began in summer 2001. Projects in Glasgow, Edinburgh and Lothians and Borders have also started and are expected to be fully operational by October 2001. An all age inclusiveness project is due to start in October across the whole of the Highlands and Islands (including Moray). Further, the Scottish Executive is currently working in Dumfries and Galloway with a view to establishing an Inclusiveness project at the end of 2001.

The pilots aim to improve the **skills and employability** of the most disadvantaged young people in Scotland, including those with drug problems. The **Inclusiveness projects** are looking at the feasibility of developments such as key worker support. A key worker would act as a consistent point of contact, which could guide and support the young person in their contact with other agencies and act as an advocate.

EXAMPLE

The Lanarkshire Inclusiveness pilot has recruited key workers with a wide range of skills and experience, including experience of working with addiction related problems.

From April 2001, **Careers Scotland**, the new all age career guidance service in Scotland, will manage the Inclusiveness Projects.

Other specialist initiatives

Scotland Against Drugs Business Programme:

Scotland Against Drugs (SAD) carried out a six month pilot of a work replication initiatives designed for recovered drug users called **Back on the Road**. Appropriate trainees were chosen from drug services and given the opportunity to gain work experience in a realistic environment. The projects ran in partnership with a range of employers and agencies such as Supplies for Industry, KwikFit, First Bus, the Employment Service, Ross Hall Hospital and Rainbow House. The second phase of the programme will see an increase in the employment opportunities for recovered drug users as the partnership with the Glasgow Bus Museum and Glasgow City Council develops.

The Church of Scotland Board of Social Responsibility:

The Church of Scotland runs several projects that deliver specialist help to adult drug users. In addition to therapeutic work such as group meetings and counselling, the projects offer the opportunity to develop basic educational skills, enrol on college courses and take on voluntary work. Initiatives run by the Board of Social Responsibility include the Deeford Centre in Aberdeen, Ronachan House in Argyll and the Lifestyle Centre in Stornoway.

European funded projects:

Projects funded under the European Social Fund Employment and Adapt programmes have served the needs of those disadvantaged in the labour market. The Employment Integra programme had substance misusers as a specific target group. These funding streams are now part of the EQUAL programme. This initiative will provide funding for a range of employment related projects.

Mainstream education, training and employment services

The mainstream national services and programmes provide the **majority of training and employment opportunities**. This type of provision covers all areas of Scotland. **Annex A** provides information on how to access information about these services. Whilst they have to meet the needs of the whole population, these services often do provide services for those most disadvantaged in the labour market. Attempts to recognise and respond to the needs of people such as those with substance misuse problems are **increasingly becoming a feature** of Employment Service initiatives and services provided by the Enterprise Network and educational institutions.

Mainstream programmes delivering services to large numbers of people have more difficulty in taking a 'client centred' approach compared to smaller scale needs-led rehabilitation projects. However, opportunities do exist for mainstream programmes such as New Deal to 'buy in' specific provision so it is always worthwhile fully exploring the options available.

Welfare to Work

The UK Government's 'Welfare to Work' agenda emphasises 'work for those who can, security for those who cannot'. There has been an increase in 'in-work' benefits such as the **Working Families Tax Credit, Integrated Child Credit and the Disabled Person's Tax Credit**. These can help ease the transition from benefits to work and have been welcomed by organisations such as the Joseph Rowntree Foundation. However, the JRF also calls for a 'Housing Tax Credit' to succeed Housing Benefit for people in work.

ⓘ INFORMATION ⓘ

- Individuals on Incapacity Benefit are allowed therapeutic earnings each week of around £60.
- With some conditions it is possible to return to the same rate of incapacity benefit within 52 weeks of starting work or training.

Your local Benefits Agency office will be able to advise on the most up to date flexibility available within the benefits system.

New Deal

The New Deal is an approach to tackling unemployment that forms part of the Government's Welfare to Work strategy. The Department for Work and Pensions (DWP) funds the initiative and policy is reserved to the UK government. The Employment Service administer and manage the programme. The Scottish Executive's Enterprise and Lifelong Learning Department liaise with DWP on the delivery of the New Deal in Scotland. The **Scottish Welfare to Work Advisory**

Task Force in Scotland advises on the needs of Scotland with a focus on employers.

📖 EVIDENCE 📖

A recent review of evaluations of the New Deal suggests that these programmes can make a difference to a range of groups. An encouraging percentage of jobs are sustained and the programme appears to have been particularly successful with young people.

However, these evaluations generally show that New Deal may have been less successful in reaching those with multiple disadvantages and those with specific needs. (Millar 2000)

Employers, local authorities, training providers, Local Enterprise Companies, Job Centres, environment groups and the voluntary sector deliver the New Deal in partnership. These local partnerships are intended to work together to deliver the New Deal in a way appropriate for their particular area.

A number of **pilot initiatives** test out ways to improve the performance of New Deal. These pilots, funded by the

New Deal Innovation Fund, include projects relevant to addressing the needs of people overcoming substance misuse problems.

The **next phase of the New Deal** focuses provision on those most **hard to help access the labour market**. The aim is to make the various strands of New Deal more flexible and boost the capacity to buy in appropriate specialist services.

The different categories of New Deal - **New Deal for Young People, for 25 Plus, for Lone Parents, for Partners of Unemployed, for those aged over 50 and for Disabled People** - will increasingly offer a more intensive and flexible service. There is also increasing emphasis on the most disadvantaged groups. For example, the New Deal for Young People and 25 Plus have the discretion to offer certain vulnerable groups, including people with disabilities, ex-offenders, homeless people and recovering drug users early entry into the programme i.e. before the usual 6 or 18 months on JSA.

During the 'Gateway' period in the New Deal for Young People, **New Deal Personal Advisors** work intensively with the individual to find employment. If specific barriers are identified, it is possible for the Personal Advisor to 'buy in' services from a range of providers. The New Deal contracts a range of core training providers but there is increasing flexibility to buy in provision to suit the needs of the client. This can include drug service providers.

EXAMPLE

Grampian Careers, on behalf of the New Deal Gateway Consortium, is contracted to deliver **Gateway Services** to New Deal clients in Aberdeen City and Aberdeenshire. If a client discloses a drug problem and they want advice or information they are encouraged to make contact with the specialist services - **Drugs Action** and **Alcohol Advisory and Counselling Service**.

Where required, Drugs Action then provides 2 initial assessment interviews to explore the problems and the options available and their readiness for employment. This is followed by 6 individual counselling sessions aimed at exploring the underlying problems.

A range of other initiatives support the New Deal to respond to the needs of particularly 'hard to help' groups and deprived areas. These include:

- **Action Teams for Jobs:** available to all working age benefit claimants and targeted at the most disadvantaged areas, the Action Team for Jobs works to identify and tackle local issues. They are able to use their resources flexibly and participants are not required to undertake specific activities. Assistance is open to all welfare recipients and participation is voluntary. There are Scottish Action Team areas in East Ayrshire, West Dunbartonshire, the Highlands and Islands, City of Glasgow, Dundee City and North Lanarkshire.
- **Employment Zones:** available to New Deal 25 plus clients, the Employment Zones are targeted at pockets of the country where a core of benefit claimants have been out of work for a considerable length of time. **Personal Job Accounts** combine money previously available for benefits and training and allow the Personal Adviser to provide support according to the individual's needs and aspirations. It also supports each participant by providing the equivalent of benefit for up to 26 weeks whilst they are on the second step. The Glasgow Employment Zone began in April 2000.

Enterprise Network

Scottish Enterprise and Highlands and Islands Enterprise now work within the strategy of '**Smart, Successful Scotland**' that emphasises the social economy, employability and social justice targets. As well as managing the New Futures Projects, the Enterprise Network plays a key role in the management and delivery of national training programmes for those disadvantaged in the labour market.

The Local Enterprise Companies (LECs) manage and deliver a number of training programmes that may be suitable for recovering drug users. These **include Training for Work, Skillseekers and Special Training Needs Programmes**.

Training for Work

Training for Work is the Scottish Executive's training programme targeted at **unemployed adults** aged 25 and over. It aims to help people improve their work related skills through the provision of appropriate training and structured work activity in line with assessed needs. Those who have been unemployed for 6 months out of the previous 12 are eligible for the programme. **Early entry** is available for client groups who are particularly disadvantaged in the labour market. From April 2001 early entry groups include residents in area based Social Inclusion Partnerships, ex-detainees & ex-army regulars, those with literacy or numeracy problems or difficulties with basic English, **recovering drug addicts** and homeless people.

Since April 2001, the programme has been enhanced and **new flexibilities** introduced. The programme will focus on: tackling basic skills deficiencies; increasing employability through Information and Communication Technology (ICT) skills training; providing a new range of job related qualifications (in addition to VQs) aimed at addressing local labour market needs. The new programme will fit with the enhanced New Deal 25 Plus to form a package of help for the 25 plus client group.

EXAMPLE

Scottish Enterprise Renfrewshire delivers national skills training programmes - such as **Training for Work** and **Skillseekers** - to assist school leavers and unemployed residents of Renfrewshire to enter or re-enter the labour market.

The programmes address employability skills - through work on motivation and confidence building - as well as vocational skills training.

They estimate that at least 25% of their programme participants may have some level of addiction problem and are currently looking at ways to provide specific support to current and recovering drug users.

Skillseekers

Skillseekers is the national training programme for young people aged 16-24 years, although funding for 18-24 year olds is provided on a discretionary basis. The Scottish Executive funds the programme and Scottish Enterprise and Highlands & Islands Enterprise deliver it. **Skillseekers responds to demand: from the young people for the training that they want and from employers who can provide job opportunities**. Skillseekers aims to provide young people with a work-based route to skills and qualifications.

Key elements of Skillseekers are:

- training must lead to qualification up to SVQ Level 3
- individual training plan
- payment on achievement (output based funding)
- employer involvement

About 60% of Skillseekers trainees have **employed status**. Those on employer placements receive a training allowance of around £45-50 per week. Skillseekers trainees who have achieved a Level 2 qualification and have potential to achieve a higher qualification often progress to Modern Apprenticeships.

Modern Apprenticeships (MAs) are funded by the Scottish Executive and delivered by Scottish Enterprise and Highlands & Islands Enterprise within the Skillseekers training programme for young people. MAs provide trainees with opportunity to train for jobs at **craft, technician and trainee management level** combined with work-based learning with underpinning knowledge provided by FE college or private training provider. They follow **industry-designed frameworks** that are developed by relevant **National Training Organisations** in consultation with industry. Clients are usually referred to Modern Apprenticeships by Careers Advisors. In response to the removal of the upper age limit, Scottish Enterprise is piloting MAs for over 25s across a range of occupational sectors.

Skillseekers Employability is a new model of provision, currently under development by Scottish Enterprise, that will target 16-17 year olds who require **special training needs provision**. The model will aim to improve the consistency of training provision across Scotland for this group. Personal Advisory Service advisors will assess the needs of the young person and identify employability training that covers issues such as **life skills, personal development and vocational skills**.

Careers Service

Currently, individuals can access information, advice and guidance on education, training and employment opportunities from the 17 careers service companies in Scotland or through adult guidance networks. From April 2001, a **new, all-age careers guidance service** will be established.

The new body - **Careers Scotland** - will bring together the roles currently undertaken by the Careers Service Companies, Adult Guidance Networks, Education Business Partnerships, and Local Learning Partnerships. It will aim to provide a **unified service** that can offer the client a one-stop shop approach to careers support services. Careers Scotland will be aligned with the existing Enterprise Networks to help ensure links with labour market information and lifelong learning opportunities.

A number of regional careers services are involved in partnerships delivering specialist help to individuals with problems such as substance misuse.

Widening access to Further and Higher Education

Many Further and Higher Education institutions aim to make their courses accessible to those traditionally excluded from post-school education and national initiatives to widen access encourage these developments. Colleges and universities have had more funding to increase the number of students drawn from under-represented groups, particularly those from the most deprived postcode

areas in Scotland. Some colleges are working in partnership with rehabilitation services to provide courses tailored to the needs of clients.

The **Scottish Further Education Funding Council** (SFEFC) has a range of developments that should help disadvantaged groups - such as recovering drug users - access education:

- £30m has been set aside to compensate colleges for waiving fees according to a new **National Fee Waiving Policy**. This allows fee compensation for students in receipt of means-tested benefits, who otherwise have very low incomes or who are jobseekers. Full-time Further Education tuition fees have also been abolished.
- Additional funds are available to meet the **childcare** needs of non-advanced students at FE colleges, particularly for those on part-time courses and those from economically disadvantaged backgrounds.
- £4.3million has been allocated to colleges through the **Social Inclusion Premium**. This reflects the extra costs colleges bear when engaging with socially excluded groups and provides an incentive for colleges to increase their provision for these groups.
- **Bursary expenditure** has financed a 2.5% increase in the rate of award and has enabled colleges to provide appropriate levels of student support for their new students, including the additional numbers from under-represented groups. Colleges administer and allocate bursaries directly to students.

EXAMPLE

Reid Kerr College Paisley has provided courses for stabilised drug users referred by partner agencies - Turnaround and Renfrew Substance Abuse.

The courses last for 6 hours a week for 8 weeks and include:

- Introduction to computing
- Healthy eating on a budget

And taster courses of:

- Stress management
- Aromatherapy / reflexology
- Tai Chi
- Alexander Technique

There are similar initiatives to widen access to **Higher Education**, such as an expansion in places targeted to improve the participation of students from underrepresented groups and areas. In addition,

- Additional investment in **student support** is being targeted on those from the lowest income backgrounds, with increases of up to 20% in living cost support and new bursaries worth up to £2000, and new funding for childcare costs.
- Higher Education institutions are receiving 5% **premium funding** from SHEFC from 2001 based on the extent to which they provide places for students from under-represented groups. This will enable institutions to provide additional study support to non-traditional students in order to improve retention and help students successfully complete their studies.

Another initiative that aims to increase the numbers of young people that remain in post 16 non-compulsory education is the **Education Maintenance Allowance** (EMA). The pilot scheme will run in schools and colleges in East Ayrshire, Glasgow, Dundee and West Dunbartonshire. The scheme is set to run for three years and will offer eligible young people (aged 16-19) up to £40 per week to remain in education. Young people must sign up to a learning agreement and have 100% attendance to remain on the scheme. EMAs are designed to encourage **young people from low income households to remain in post-compulsory education** in school or at college. Early evidence shows that the pilot is having a positive influence on attendance, behaviour and attitude to work.

Community Education

Community learning aims to provide community based informal learning opportunities for all ages. Each Local Authority area has a **Community Learning Strategy Partnership**, which will involve the statutory, voluntary and independent sectors. These Partnerships prepare a Community Learning Strategy that sets out how the education needs of the community will be addressed. The priorities of the Community Learning Strategy will be shaped by the needs of the local community and will cover some key areas such as **development of core skills, engagement with vulnerable young people and promotion of lifelong learning and positive lifestyles**. Community Learning Strategies are supported by a series of locality based or thematic Community Learning Plans.

The interim evaluation of **New Futures Fund** found that 59% of clients in drug and alcohol focussed projects moved on to community based education.

Scottish Prison Service education, training and employment initiatives

Substance misuse problems are an issue for a significant proportion of the prison population - some reports suggest that as many as 85% of prisoners have such problems. The Scottish Prison Service (SPS) is, therefore, a major provider of education, training and employment services to people with substance misuse problems. This is set out in the SPS education policy: **Education Matters - Learning Works**.

SPS Education Services for Prisoners screen prisoners to determine the level of their basic literacy and numeracy skills. Priority access to Individual Learning Plans is given to those that appear to lack functional literacy and/or numeracy skills. Learning Programmes emphasise the achievement of externally recognised qualifications. The initiative contracts local agencies such as Aberdeen College, Lauder College, Motherwell College and the Highland Council.

Other prison-based initiatives such as the **Workshop Efficiency Scheme** employ prisoners in realistic workshop conditions, typically for approximately two years. A condition of involvement with the scheme is that prisoners are drug free, and entry to the project is dependent upon a negative drug test and on continuous negative tests. Other workshops and some prison maintenance activities (such as kitchen duties and cleaning) offer SVQ level training for prisoners. These workshops might be suitable for those with continuing dependency problems who cannot operate machinery.

How are services distributed across Scotland?

Our qualitative study highlighted the special difficulties faced by **rural areas**. According to the drug agencies participating in the consultations, these difficulties derive from factors such as deficiencies in the provision of specialist services and additional barriers affecting users. These barriers include the particular **stigma** associated with drug use in small communities and the **distance** users had to travel to access services. They pointed out that the idea of 'pathways to employment' for drug users is still a new one in rural areas.

The mapping exercise clearly demonstrated that many rural areas depend upon mainstream employment, education and training provision to support recovering drug users. There are few specialist employability services in rural areas.

Key findings

1. There are 3 major categories of support: treatment and rehabilitation services, specialist employability programmes and mainstream education, training and employment services.
2. Important links and partnerships are being established between the three strands. This helps prevent gaps between services and allows services to be more responsive to the individual needs of the client.
3. A significant proportion of drug treatment services are extending their provision to include promoting access to education, training and employment opportunities. The New Futures Fund has played an important role in allowing 'addiction' services to develop this capacity.
4. A range of specialist 'employability' provision exists. These tend to be short term projects that cater for the needs of specific client groups.
5. Mainstream provision is increasingly reaching out to 'hard to help' groups such as recovering drug users. A number of opportunities and flexibilities exist within mainstream services and these are of particular importance in rural areas where there is less specialist provision available.

What services are available?

CHAPTER 7: EVIDENCE OF EFFECTIVE INTERVENTIONS

In this chapter, we set out the evidence that we have gathered about effective interventions under two headings.

- **Treatment and Rehabilitation Services**
- **'Employability' interventions**

Given the focus of this report we have concentrated on the evidence for 'employability' interventions that are directly relevant to vulnerable groups, including substance misusers.

Treatment and Rehabilitation Services

There is some evidence that drug treatment itself improves the employment prospects of recovering drug users. A number of evaluations of drug treatment services have examined the **employment status** of clients after treatment completion. However, these studies use relatively 'hard' outcome measures such as 'employment status' and 'mean income'. This approach does not allow an **individual's progress towards employment or training** to be measured.

Overall, studies that examine the effectiveness of drug treatment show that **participation in treatment improves employment outcomes**. Further, longer contact with treatment services and the breadth and intensity of treatment can help to improve outcomes. For example, **delivering vocational services in conjunction with treatment** appears to improve both employment rates and earnings. Those clients who received vocational services (in addition to completing treatment) earn more than those clients who completed treatment only. However, these studies look at employment as an outcome measure. Few research studies examine the effect of employment and training support **during** treatment on client outcomes.

Recently, there has been support for a **more holistic view** of 'rehabilitation' for drug users. The Effective Interventions Unit consultations on the development of more integrated care for drug users in Scotland found strong support for the idea that a more **'person-centred'** approach to health and social care could improve client outcomes. Participants felt that there should be more emphasis on matching services to the range of needs of the individual. These could include lack of education, training and employment. Similarly, in this review, participants favoured a 'holistic' view of treatment that included skills and employability.

📖 EVIDENCE 📖

- ✓ A study from the USA showed that adding social services to public sector addiction programmes improved the outcomes of treatment in the medium to long term, including mean days work and income earned. The principal 'enhancement' was clinical case management provided by social workers. (McLennan 1998)
- ✓ A further study showed that clients who completed a treatment programme in Washington State earned more than those who left early. While (on average) wages were low, the study showed that clients once considered 'unemployable' were able to become employed. (Luchansky 1999)
- ✓ Another US study showed that exposure to treatment was associated with a greater likelihood of becoming employed and with increased earnings for those who became employed. The study concludes that ensuring welfare recipients with substance abuse problems have access to appropriate treatment and vocational services is critical if US welfare-to-work programs are to succeed. (Wickizer 2000)

'Employability' interventions

There are relatively few rigorous evaluations of interventions to support recovering substance misusers into employment or training. However, there are some useful lessons to be learnt from the existing studies. The focus of these projects is generally to assist clients in reviewing employment options, provide work experience, job skills and self-improvement. Evaluated projects include:

- **New Futures Fund projects** (Scotland)⁷
Aim: to target problems of social exclusion, particularly in relation to the labour market.
- **INTEGRA projects** - European Commission^{8, 9}
Aim: to improve the employability of those excluded from the labour market.
- **Progress projects** (UK)¹⁰
Aim: to test approaches for those disadvantaged in the labour market by drug misuse.
- **United States Welfare to Work Programmes**¹⁹
Aim: to support welfare recipients into employment.

We have drawn together the key lessons from these evaluations and from the qualitative consultation and presented them in the following sections:

- 1) Recruitment into projects
- 2) Programme design and content
- 3) Understanding progress
- 4) Co-ordination / partnership working
- 5) After-care

Recruitment into projects

Emerging evidence from the Progress evaluation suggest that '**baseline knowledge**' of the location and volume of the target group is essential. This allows employability services to be effectively planned and for recruitment to be targeted. The experience of the Progress initiative indicates that **failure to get sufficient referrals to employability projects can be a major barrier to success**. Having established and trusted partnerships with drug services appears to be particularly important.

Consultation participants highlighted that **engaging people** can be a big challenge, but once users have joined a project they tend to find it interesting and stay. The

EVIDENCE

The '**Progress**' evaluation (Burniston *et al*, 2001) found that generating the expected number of referrals was problematic, particularly for those projects that did not have a drug agency involved in the **original partnership bid**. A range of factors may contribute to the reluctance of drug agencies to refer clients

- Poor relationships, lack of trust and communication between organisations.
- Local 'competition' for clients.
- Drug agencies lack confidence in the capacity of the employability project to deliver positive outcomes for their clients.

⁷ LRDP (2001) *Interim Evaluation of New Futures Foundation Projects*, Scottish Executive.

⁸ See: www.iol.ie/EMPLOYMENT/integra/mission.html and WRC Social and Economic Consultants (1999). Inclusion in Action.

⁹ Walters N. & Winter N. (2001) Work to recover, *Addiction Today*, March/April; 17-19

¹⁰ Burniston S *et al* (2001) *Evaluation of the 'Progress' Pilot Projects – From Recovery to Work* Employment Service report, ESR87.

motivation of users, the **credibility and knowledge** of the support agency, and the **programme design** were cited as important factors affecting the success of agencies in engaging clients.

The **image** of the project or service is also an important factor in an individual entering and staying in a support project. Both agencies and clients deliberately attempt to minimise the 'drug image'. Some respondents also argued for changing the title from '(recovering) drug user' to 'trainee' in order to create a positive image. Some projects already take this approach.

Evaluations of employability projects show that some clients will need support in other areas of their lives before they are able to participate fully in a project, including **overcoming welfare and accommodation problems**. Effective **partnership** with other organisations may help address these issues. Careful consideration needs to be given to who is ready to participate in such a project, and how others can be supported to participate.

EVIDENCE

The Merchant's Quay Project in Dublin (INTEGRA) needed to locate suitable housing for many people leaving their residential programme (delivered in the first 6 weeks) to allow clients to move into the second phase of the employability project that was provided in the community.

The **timing** of engagement also needs to be co-ordinated with users' progress towards stabilisation or recovery. There may be particular opportunities at the early stages of stabilisation through substitute prescribing, such as methadone.

Programme design and content

The consultations, and evaluations of projects, highlight the need to tailor support to the individual. This has been expressed in various ways, such as, '**one size fits all won't work**'. There is a consensus that **ownership** of the support plan by the client and flexibility in the support provided are of crucial importance

Clients greatly appreciate the capacity to provide **individual support**. The New Futures Fund projects were regarded as a good example of this approach. Users' views show that some clients need more one-to-one counselling to raise their levels of motivation and help them deal with the risk of relapse to drug use. Some say that they get de-motivated by lack of feedback.

'**Keyworking**' is highlighted in a number of project evaluations as one way of tailoring support to an individual. This means that a client is allocated a specific worker to support them for the duration of their stay with the project. Projects for the long-term unemployed and for ex-offenders have utilised key-workers to provide support tailored to the individual and to help create a strong partnership between the recovering user and the worker. This allows individual programme plans to be developed. The key-worker approach is being piloted in the Beattie Inclusiveness Projects.

EVIDENCE

- ✓ A US synthesis of 20 evaluation studies showed that the most effective employment-focused programmes (for the broadest range of individuals) offer a **variety of activities**, including job search, basic education, short-term training and work experience. (Michaelopolous and Schwartz, 2000)
- ✓ The Merchant Quay Project (INTEGRA) in Dublin offers sessions in job searching, interview techniques, self-assertiveness and personal development.

Some of the agency respondents emphasised the value of **group work** (in particular the need to learn to work in teams). These respondents thought that work with small groups develops rapport between people and is a more effective approach. However, group work needs to be complemented with the opportunity for 'time out' periods, in recognition that individuals may need to be removed from a group to avoid disruption.

The main thrust of support offered by most projects and services is **basic personal development**. The support to increase **self-confidence** and raise **self-esteem** were considered central to clients' needs and requirements by participants. Evaluations of employability projects all consider personal development to be at the core of an effective approach.

The participants in the focus groups also regarded **peer group** support as central to successful interventions. In some cases this support is provided by other clients facing the same problems of recovery. In other projects support is developed through the use of '**mentors**' and 'role models' – often former users. This appears to have been well received.

A number of projects have also built **links with employers** willing to employ former or recovering users. For example, the Merchant Quay Project in Dublin has identified a panel of such employers to promote employment opportunities amongst its client group.

EVIDENCE

The Employment Project for the Rehabilitation of Alcoholics and Addicts (EPRA) and the Chemical Dependence Recovery and Labour Market Access (England) assist clients in reviewing employment options, provide work experience, job skills and self-improvement. Pilot results seem to be positive. Recommendations on programme content and structure include: holding initial meetings away from a training centre (e.g. at home), developing work aside from a planned course, maximising computer-based access, and engaging mentors and role models.)

Evaluations suggest that the most effective approaches provide a **variety of activities** including:

- job search
- work experience
- short-term training opportunities
- CV / interview preparation
- Development of transferable workskills such as basic information technology and communication skills.

Above all these should be available in a flexible way, based on the circumstances and experience of the individual.

Users participating in focus groups for this review indicated additional needs for **substantive information and knowledge**. Participants specifically asked for **more support and advice** on:

- benefits
- disclosure
- how to present yourself at a job interview
- more access to IT
- more varied work experience
- expressive/creative activities
- (e.g. aromatherapy, acupuncture, arts/design)
- more information on employment, training and learning opportunities

It will also be important to understand the **local labour market** when designing and implementing a project to improve employability. Local labour market conditions are central to the planning of any employment and training intervention. Local knowledge and experience will be crucial in tailoring interventions to local need and circumstances. Employment types and indeed unemployment (in particular long-term unemployment) are unevenly distributed geographically (Campbell, 1998).

EVIDENCE

Recent research suggests that locally planned employment policy is advantageous in tackling long-term unemployment. This allows planning for local conditions, close proximity to the target groups, and provides opportunities for co-ordinated action through partnership with appropriate agencies (Campbell 1998).

The assumption is that generating new jobs is the key to tackling long-term unemployment. However, there is no clear relationship between long-term unemployment and job creation. The literature suggests that this is due to barriers such as **skills-mismatch, recruitment practices, commuting patterns and vacancies not coming to the notice of the long-term unemployed**. Information on the current local labour market conditions in your area should be available from your Local Enterprise Company. Where there are staff shortages in the labour market, as is the case in some areas and sectors in Scotland, this might be a smaller problem.

Understanding 'progress'

There was a consensus amongst participants in the focus groups that '**assessment is important**'. Respondents emphasised that the initial assessment stage is crucial in deciding on an individual support and action plan. Some agencies expressed the view that the assessment should be more direct and should lead to firm guidance. Agencies highlighted the need to move towards a **joint assessment framework** because it is undesirable for each agency to do their own separate assessment. Users also favour a move away from fragmented and highly institutional forms of assessment.

Respondents emphasised the need for **continual assessment with strong and direct client involvement** ('client-centred assessment' and 'self-assessment'). Many users are very aware and candid about their own progress and should play a central role in the assessment process.

"Establish a baseline profile, measure distance travelled, give the client a certificate, treat people as individuals"
Agency focus group

Helping individuals with severe substance misuse problems, frequently combined with other needs such as social and health problems and criminal records, is time and resource intensive.¹¹ This will have an impact on the progress of clients and their capacity to find and keep a job.

The use of hard outcomes such as 'employment achieved' or 'mean hours of paid work' are sometimes insensitive measures.¹² A conceptual framework of '**distance to the labour market**' has been developed which supports individuals to develop self and career management skills to enable them to move into employment or training.

¹¹ See Walters N. & Winter N. (2001) Work to recover, *Addiction Today*, March/April; 17-19 & Burniston S et al (2001) *Evaluation of the 'Progress' Pilot Projects – From Recovery to Work* Employment Service report, ESR87.

¹² *Assessment Matters*. Special Edition, Issue 13, Spring 2001.

📖 INFORMATION 📖

'The term distance travelled refers to the progress that a beneficiary makes towards employability, or harder outcomes as a result of an intervention. The acquisition of certain soft outcomes may seem insignificant, but for certain individuals the leap forward in achieving these outcomes is immense'. (Dewson 2000)

Co-ordination and partnership working

The consultations explored a number of issues concerning links between agencies, including ideas for improving partnership working and better co-ordination of existing resources.

The general message from the focus groups with agencies is that **partnership is in place and developing**. Respondents' views concerning the extent and strength of links, however, were divided between those who believed that partnership works and those who said **'we don't know enough about each other'**. Other agency respondents said that in some areas co-operation co-exists with competition and users talked of jealousies between agencies.

Users thought that considerable improvements could be made in co-ordination of services. They pointed out a number of **weak links** between:

- medical advice and support
- counselling, housing and employment
- benefits and moving into employment and training
- prison and the outside community.

The potential of the Employment Service, the New Deal, and the colleges is generally recognised by the other agencies although their knowledge of what these key partners do or can do appeared to be sketchy. Indeed, in the multi-agency focus groups, other agencies were keen to find out more about **'the amazing number of options and opportunities'** available through the Employment Service. Employment Service respondents expressed similar gaps in understanding, saying that they 'have no knowledge to deal with substance abuse'. They also underlined **the need for agencies with different specialist knowledge to work together**.

Similarly, the significant resources and flexibility available to **colleges** were stressed by many respondents. College representatives emphasised their desire to work with other agencies.

The **role of GPs** was also emphasised in the consultations. GPs are regarded as key players not so much in terms of resources but in terms of the – albeit indirect – way in which they tend to impact on users' employability. This impact is due to their referrals policy and even more importantly through their policy concerning the prescription and dispensing of methadone. It was generally felt by the other agencies that GP policies on these matters are crucial but vary considerably from

📖 EVIDENCE 📖

- ✓ A review of employment and training schemes for homeless young people highlights the importance of ensuring support with other housing and health needs in a co-ordinated way to ensure the schemes are effective.
- ✓ The INTEGRA evaluation suggested that over the period the programme ran there was an increase in the number and nature of partnerships being formulated. This allowed an integrated approach to providing services for people experiencing exclusion (including substance misusers).

one area to another, and that GPs should become more actively involved in the partnership.

Agencies are keen to **improve partnership working** ('create more joined up operation and get the network working better'). The debate in focus groups on how to achieve it was wide ranging with suggestions including:

- strengthening the networking by improving **information sharing** by, for example, mapping out provision or setting up websites.
- **single point of contact** (although views differed on the practicalities of this approach and on which agency should provide the single point of contact over a period of time)
- better **tracking** of clients.

A particularly important aspect of the discussion on better partnership working concerned **capacity and resources**. Consistently, the initial view expressed in consultations with agencies was that 'more resources are needed to add/expand employability support'. This invariably changed after discussion to 'there is a lot of potential employability support available – we need **better co-ordination**'. The main exception concerned a general agreement on deficiencies in provision and other special difficulties in **rural areas**. It was also pointed out that success in raising the proportion of users reaching the referral stage increases demand for support services in addition to the demand for enhanced employability related support.

After-care support

The possibility of **relapse** is a major area of concern to users, agencies and employers. Their views on post-employment support are clear: 'you need someone to support you when you go into employment ... who can help you to disclose ...and decide how to deal with a crisis in your work'.

EVIDENCE

- ✓ Users feel that support is weighted towards the beginning of the recovery process and that little support is available later in that process (McKeganey and MacIntosh 2001)
- ✓ A review of initiatives aimed at supporting those with disabilities into employment showed that too many projects concentrate on entering work, rather than sustaining employment. (Barnes 1998)

On top of these concerns, making the transition to work presents clients with various challenges of a **practical** nature, especially in the first few weeks of being in a job. For example, **opening a bank account, getting used to regular time habits, and generally changing lifestyle** are all important parts of making that transition. Evidence from evaluations of supported employment show that many clients (some 50% of all work placements) need **on-going support** for much longer periods of time.

The consultations suggest that there is a consensus amongst users, agencies and employers that **after care support is essential** for sustainable employment. There is still a debate (mainly between agencies) as to who should provide this support: the employer, drug agency or the personal advisers of the Employment Service.

However, as indicated above, a proportion of employers already provide support to employees facing drug, alcohol or other personal problems. Some agency respondents have also suggested that in the case of recovering drug users, support should be available not only to users but also to employers.

📖 INFORMATION 📖

A part of the INTEGRA programme, a Greek project (KETHEA) established a pilot project to support substance users to stay on in the labour market. The project cites that its key to success is providing a holistic approach that includes family counselling, individual counselling and job placements. For more information see the INTEGRA website.

Key findings

1. The duration and breadth of treatment are important factors in improving employment outcomes.
2. The motivation of users, credibility of support agencies, programme design and the image of the project are all crucial factors in the success of a project.
3. The main thrust of employability support tends to be personal development and building self-esteem often incorporating both individual and group work.
4. Evaluations suggest that the most effective approaches are those that provide a variety of activities at times appropriate to individuals.
5. A knowledge and understanding of local labour market conditions is a key factor in designing appropriate employability interventions.
6. There is some evidence to suggest that after-care is often lacking, but may play an important role in maintaining recovering users in employment

Evidence of Effective Interventions

CHAPTER 8: QUESTIONS TO ASK WHEN PLANNING, CO-ORDINATING AND DELIVERING SERVICES

The purpose of this research review was to provide information and evidence to support effective interventions to help recovering drug users into education, training and employment. For many Drug Action Teams, their partner agencies, and drug treatment services, this is still a fairly new area. In the last 2 or 3 years, there has been a number of developments, such as the **New Futures Fund** and the most recent extension of the New Deal, **progress2work**, which have demonstrated its importance as part of the overall treatment and rehabilitation process.

In this report, we have drawn together the main themes and key messages coming out of the research review. In **Chapter 6**, we set out information about the nature and scope of the provision currently available. In **Chapter 7**, we set out the evidence that we have gathered about effective treatment and rehabilitation services and about 'employability' interventions.

In this final chapter, we have identified some of the key questions to ask when planning, co-ordinating and delivering services. This is **not** an exclusive list of questions and issues but we hope it will offer a starting point, particularly for those agencies who are in the early stages of considering how to meet the needs of recovering drug users. We have grouped the questions under the following headings:

- **Planning provision**
- **Working together**
- **Designing the service**
- **Learning through evaluation**

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Planning provision

Who is the service for?

Consider the client group and their needs. Good assessment that involves the individual and considers the whole range of needs is essential. Provision can then be matched more effectively with what people actually require. Consulting service users and existing service providers will help to give a picture of what is needed.

How will potential clients and other agencies know about services?

'Marketing' and awareness raising amongst both potential service users and other referring services will be crucial to the success of specialist employability provision. This needs to be considered during the planning process. Two broad referral routes are likely to connect recovering drug users with provision specifically designed to help them into education, training or employment:

1. **From treatment services:** A percentage of those engaged with or leaving treatment services will be ready for an 'employability' programme of some kind. This may form an additional part of the rehabilitation package or the individual may move on to a separate project or mainstream service. A small proportion of clients may even be 'job ready' with only limited help.

2. **From education, training and employment provision:** Mainstream education, training and employment services are likely to see people whose drug problems are undermining their ability to engage with services or the labour market. These numbers will increase as mainstream services expand their provision to reach 'hard to help' groups. These services will need to plan how to manage the needs of this client group and consider developing mechanisms to refer to specialist drug agencies.

How many people are likely to need services?

It is currently very difficult to estimate, at a national level, the number of people with drug misuse problems who require services to help them into education, training and employment. However, it may be possible to make broad local estimates by bringing together the experience of key agencies such as treatment and rehabilitation services and the Employment Service. New posts such as the Employment Service District **progress2work** co-ordinators and the **Scottish Drug Forum** regional employment co-ordinators may help develop understanding of the level of need.

What provision is available locally?

Substance misuse treatment services Generally these services include detoxification, substitute prescribing (e.g. methadone maintenance or reduction programmes), residential and structured day programmes and self-help groups (e.g. Narcotics Anonymous). However, there are different approaches to treating substance misuse problems across Scotland and differences in the pattern and provision of services. Establish the range of services available in the area and agree protocols and procedures for clients moving between these treatments and other services.

Specialist and mainstream education, training and employment provision in an area is likely to involve a mix of mainstream employment, education and training, intermediate labour market opportunities, supported employment, specialist employability projects (e.g. New Futures Projects) and options for volunteering.

Annex A provides contact details that can help provide this information.

Working together

Treatment services cannot be expected - and do not need - an in-depth knowledge of education, training and employment provision. Likewise, employment and training providers should not be expected to be experts in drug treatment. Local agencies need to work together to ensure that the best use is made of each others knowledge and expertise. **All parties need to provide support, guidance and information to other agencies so that the individual receives the best possible service.** Underpin co-operation with joint training and protocols on issues such as information sharing and confidentiality.

What can Drug Action Teams do?

As a partnership body, the Drug Action Team should be the ideal local forum for considering and planning services. Mechanisms for including education, training and employment services within the DAT partnership, for example through setting up a **training and employment sub-group**, can help improve co-ordination. This can also help promote the networking that underpins the development and delivery of high quality cost-effective local services.

What can treatment services do?

Include education, training or employment goals in the treatment plan

Some drug treatment services in Scotland are extending their provision to include 'employability' options such as basic skills development, CV preparation and college taster courses. The New Futures Fund has played an important role in allowing existing health and social care 'addiction' services to develop this capacity. There is evidence to show that adding 'social' components such as these to drug treatment provision can help improve client outcomes.

Move clients on to education, training and employment services

In addition to considering goals such as education or training as part of the treatment plan, it will be necessary to **move on stabilised clients to other appropriate agencies**. This will allow the individual to start to build a life outside 'drugs' and to be identified as 'trainees' or 'students' rather than as drug users. It may be possible to make arrangements so that a drug service can continue to provide support to the individual - or, for example, to the college, training provider or employer - if required. It will be important to build effective links with agencies such as the Employment Service, employability projects, intermediate labour market initiatives, Local Enterprise Companies and the Careers Service.

What can specialist 'employability' provision do?

Build strong and trusting relationships with drug services

Strong relationships with drug services, built on mutual trust and respect, will play a central role in developing referrals pathways. Without these links, employability provision that directly targets recovering drug users may fail to attract clients.

Move clients on to mainstream education, training and employment services or, where possible, into jobs

The primary goal of this type of provision is likely to be preparing clients to take up places in mainstream services or employment. Strong links to these services or directly to local employers are crucial.

What can mainstream education, training and employment services do?

Develop links with drug services

Protocols and procedures should be in place for getting clients back into treatment services if relapse occurs, or further support is required. It will be important to negotiate partnership arrangements with local substance misuse treatment services because recovery can be a fragile process.

Contract specialist provision

It may be possible to contract services with specialist skills and experience to work with individuals who are unable to take part in mainstream provision or the labour market.

Designing services

What are realistic expectations about outcomes?

A substantial number of recovering drug users will continue to have multiple problems. Immediate issues, such as crises in health or housing, may need to be resolved before considering education, training or employment options. However, agencies need to combine this knowledge with **high expectations** that their clients can succeed and these expectations need to be conveyed early in the process. It may be possible to include goals such as education or employment in the treatment and rehabilitation plan. Likewise, overcoming barriers such as problems with drug misuse can be seen as part of the 'employment plan' for an individual.

Identify and focus on the existing strengths, skills and interests of the client and plan progress at an appropriate and achievable rate for the individual. Be realistic about the type of employment, education and training that is attainable at each stage, for example 'full time' attendance at a college course or training programme may not be feasible for many.

Consider ways of measuring progress that include 'soft' outcomes such as improved health, family relationships and other markers of increased stability.

How to build in flexibility?

Like most clients, recovering drug users are likely to respond best to provision that is able to adapt flexibly to their needs. There may be ways to make the service more suited to the complex needs of the individual. For example:

Drug services could consider ways to make their services more accessible to clients who are trying to combine treatment with education, training or employment, such as providing alternative opening hours or exploring different methods to 'supervise' consumption of methadone.

Specialist 'employability' provision could consider how to combine a range of different options to suit the needs and skills of the individual. This may include an element of 'one to one' work that can help determine and monitor individual progress.

Mainstream education, training and employment services may find ways to widen access to their provision. This could include offering 'taster' courses, allowing greater flexibility in attendance, delivering outreach services or measuring outcomes according to 'distance travelled' as well as by harder measures such as 'jobs' or 'training places'. It may be worth exploring flexibilities within the programme - such as in the application of benefits rules or attendance requirements. This can be of particular importance in rural areas where there tends to be less specialist provision available.

What to include?

- ✎ Provide a **variety of activities at times appropriate to individuals**.
- ✎ Consider the use of **'keyworkers'**.
- ✎ Include **personal development** and building **self-esteem** incorporating both **one to one** and **group work**.
- ✎ Include **job searching skills, interview techniques, information technology skills** and other **short-term training**.
- ✎ Explore options for **volunteering, taster courses** or **job placements**.

How to work with employers?

A knowledge and understanding of **local labour market conditions** is a key factor in designing appropriate employability interventions. The Local Enterprise Company and employers can help provide information on what skills are required locally. Consider using an employers panel or forum to address this problem and to make links between those ready for work and the labour market.

This review suggests that a combination of **social and business motives** (such as easing recruitment problems or financial incentives) is likely to be most effective in engaging employers. Consider ways to engage local businesses in community issues. Building relationships between individual employers and individual service users can help overcome the stigma and stereotypes associated with drug users.

Is aftercare important?

Providing some support to clients after they have left a service is important for preventing relapse and keeping motivation going. This is true for those moving on from treatment services and for those moving from specialist employability provision into mainstream education, training and employment services. Making the transition to education, training or work presents clients with various practical challenges, especially in the first few weeks. Service users feel that support to address these challenges and prevent relapse is currently lacking.

Learning through evaluation

This research review has drawn, amongst other sources of information, on the findings of existing service evaluations. At present, there are relatively few robust evaluations of 'employability' provision designed specifically for groups such as recovering drug users. Our knowledge will increase as evaluations of current initiatives, such as New Futures and Progress / progress2work, develop further.

Improving our understanding of 'what works' and, most importantly, improving the numbers of people helped by services depends upon a continual process of evaluation and development. This process of evaluation does not need to be complex or expensive but it does need to be an essential part of programme planning, design and delivery.

ANNEX A: INFORMATION SOURCES

Treatment and rehabilitation services for drug users

Information on the range of services in your area provided by statutory and non-statutory health and social services is available from:

- **Drug Action Teams (DAT)** officials should have a good understanding of the range of services in their area. Contact details for the DAT Drug Development Officers in each area are available on the ISD drug misuse in Scotland website:

① <http://www.drugmisuse.isdscotland.org/dat/dat.htm>

- **Scottish Drugs Forum (SDF)** maintains a searchable database of drug services across Scotland. This is available as a directory from SDF or can be accessed under the 'Where to get help' section on the SDF website:

① <http://www.sdf.org.uk/>

Specialist 'employability' services

Service	Lead Agency
New Futures ① A list of projects is available at: ① http://www.scottish-enterprise.com/newfuturesfund/index.asp	Scottish Enterprise Highlands and Islands Enterprise
Progress and progress2work ① Progress website http://www.progress.csi.org Local job centres: http://www.newdeal.gov.uk	Employment Service
Social Inclusion Partnership projects ① A list of all the Social Inclusion Partnerships is available at: ① http://www.scotland.gov.uk/socialjustice/	Local partnerships
Beattie Inclusiveness Pilots ① A list of projects is available at: ① http://www.scotland.gov.uk/who/elld/beattie_projects.asp	Careers Service
INTEGRA / EQUAL Information about INTEGRA can be found at: ① http://www.iol.ie/EMPLOYMENT/integra/home.html Information about EQUAL can be found at: ① http://www.equal.ecotec.co.uk/	European Commission
Scotland Against Drugs ① Information about SAD initiatives to engage employers can be found at: ① http://www.sad.org.uk/	

Mainstream education, training and employment services

Service	Lead Agency
<p>New Deal</p> <p>You can find your local job centre through the 'Where is the New Deal?' section of:</p> <p>① http://www.newdeal.gov.uk</p>	<p>Employment Service</p>
<p>Training for Work, Skillseekers, Modern Apprenticeships</p> <p>① Local Enterprise Companies contact details are available from:</p> <p>http://www.scottish-enterprise.com/</p>	<p>Local Enterprise Companies Careers Service</p>
<p>Further and Higher Education</p> <p>① Details of Further and Higher Education institutions are in the links section of:</p> <p>http://www.sfefc.ac.uk/</p>	<p>Local colleges and universities</p>
<p>Community Education</p> <p>① Local Authority community learning strategies are available at:</p> <p>http://www.communitylearning.org/training/la.asp</p>	<p>Local authorities</p>

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Scottish Executive Effective Interventions Unit Dissemination Policy

1. We will aim to disseminate the right material, to the right audience in the right format at the right time.
2. The unit will have an active dissemination style. It will be outward looking and interactive. Documents published or sent out by the unit will be easily accessible and written in plain language.
3. All materials produced by the unit will be free of charge.
4. Material to be disseminated includes:
 - Research and its findings
 - Reports
 - Project descriptions and evaluations
 - Models of services
 - Evaluation tools and frameworks for practitioners, managers and commissioners.
5. Dissemination methods will be varied, and will be selected to reflect the required message, and the needs of the target audience.

These methods are:

- Web-based – using the ISD website ‘Drug misuse in Scotland’ which can be found at: <http://www.drugmisuse.isdscotland.org/>
 - Published documents – which will be written in plain language, and designed to turn policy into practice.
 - Drug Action Team channels – recognising the central role of Drug Action Teams in developing effective practice.
 - Events – recognising that face to face communication can help develop effective practice.
 - Indirect dissemination – recognising that the Unit may not always be best placed to communicate directly with some sections of its audience.
6. This initial policy statement will be evaluated at six monthly intervals to ensure that the Unit is reaching its key audiences and that its output continues to be relevant and to add value to the work of those in the field.

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We welcome feedback on this report

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