

1. Introduction and response scope

- 1.1 This paper has been developed by the Employment Related Services Association (ERSA) in response to Dame Carol Black's review into the impact on employment outcomes of drug or alcohol addiction and obesity. ERSA is the representative body of the employment support sector. It has over 200 members, spanning the public, private and voluntary sectors. Its membership includes all the prime contractors of the main Department for Work and Pensions (DWP) contracted employment schemes, including Work Programme and Work Choice, plus a significant number of subcontractors. Two thirds of ERSA's members are not for profit, including charities, social enterprises, local authorities and housing associations.
- 1.2 ERSA's members have extensive experience of delivering a range of contracted employment programmes, both in the UK and abroad. The majority of ERSA's members will have experience of supporting jobseekers with addictions and obesity related conditions. In some instances members offering support to those with chaotic lifestyles, including care leavers, those experiencing homelessness and ex-offenders, have reported significant levels of substance misuse. This submission is therefore informed by:
- Experience at provider level of the current (and previous) government's employment schemes and their interaction with jobseekers experiencing drug or alcohol addiction, and obesity;
 - A dedicated roundtable facilitated by ERSA and attended by the Independent Review team attended by organisations offering employment support to those experiencing substance misuse;
 - The content of numerous consultation exercises previously undertaken by ERSA to explore best practice and establish sector information on supporting hardest to help jobseekers, including those on Employment and Support Allowance (ESA).
- 1.3 This paper primarily focuses on jobseekers with substance misuse issues, with a separate section on jobseekers with obesity. The submission covers three key aspects: (a) demographic information available; (b) current best practice and recommendations; (c) the possible role and impact of conditionality. ERSA would be happy to feed back separately on any additional points on request. It is currently feeding into the new Joint Unit, between DWP and Department of Health (DH) on improving joint working to support people with disabilities and health conditions and has been supporting the DWP's work on future programme commissioning. ERSA has also recently worked with specialist charities Homeless Link, St Mungo's Broadway and Crisis to produce a paper on supporting people who are homeless into employment. Further information is available on request.

2. Executive summary

- 2.1 ERSA recommends that:
- Individuals with a background of substance misuse often require support across a wide range of barriers, including health, skills and employment and potentially others including homelessness and/or insecure accommodation. These factors may, on occasion, be the primary barriers to employment.
 - Government needs to undertake work to understand better the employer perspective and assess how stigma can be reduced amongst employers to take on those with substance abuse backgrounds.
 - Future employment support must:
 - Recognise distance travelled by individuals.
 - Be appropriately resourced across all services required to move these individuals into work.
 - Allow additional time on employment support programmes for those that need it.
 - Include progress measures as part of the process.
 - Use a 'stop the clock' mechanism when referring to necessary treatment or health support.

3. The experience of people with drug or alcohol conditions

- 3.1 Typically jobseekers supported by ERSA members will have undergone an initial assessment to identify their barriers, skills and ambitions. The specifics of this assessment are decided by each provider and can include information from other professionals engaged with the customer and JCP where available. The majority of ERSA's members will refer on to further information or specialist assessment if required to clarify the customer's needs.
- 3.2 Some providers, particularly specialist providers working with jobseekers with chaotic lives, ask about drugs/alcohol use. One member stated that 27% of jobseekers they supported had self-reported issues with alcohol or drugs.
- 3.3 Members state that willingness to disclose past or present substance misuse is an important factor in supporting jobseekers. It is therefore not surprising that providers of programmes for voluntary (rather than mandatory) participants report a higher willingness to disclose amongst that customer cohort. Members also highlight that a strong and prolonged relationship with the advisor was a strong factor in jobseekers choosing to disclose information. In part reluctance can be linked to a jobseeker's fear that disclosure will lead to reprisals impacting on either their family life or the support, including benefits, that they are receiving. This point is explored below.

4. Availability of support to people affected by drug or alcohol addictions

- 4.1 The approach taken towards supporting jobseekers experiencing substance misuse varies between employment providers. Some specialist organisations largely provide support in house and others, especially where jobseeker needs are greater and more complex, refer to alternative agencies or encourage jobseekers to refer themselves.
- 4.2 Currently a wide range of organisations are available to provide specialist support to these groups of customers, such as NHS/Local Authority Health and Wellbeing services, which offer support from Health Trainers and national charities, such as AA and Turning Point. However, members report that the availability of services tends to vary significantly from area to area and short-notice changes in funding affects longevity of delivery on offer.
- 4.3 Members also report that in instances where jobseekers have both substance misuse and mental health problems they may encounter additional barriers to receiving support. This is because some addiction agencies will not support individuals with outstanding mental health problems. While in addition some agencies supporting jobseekers with mental health conditions are unable to treat jobseekers until they have resolved their substance misuse issue. This leads to a catch 22 situation, where the jobseeker is unable to move forward with either treatment for a mental health condition, or with support for a substance abuse issue.
- 4.4 Members who offer specialist support highlight the importance of being realistic about the risk of relapse once those in recovery start work. They particularly emphasise that pressures of work can sometimes be a trigger for relapse, as can temptation once they receive their first pay cheque. It is therefore important to find appropriate jobs for this group of jobseekers, as well as for them to receive in work support. In some instances members report that an undiagnosed substance misuse problem may not come to light until an individual starts work, and in such cases it is important to work with the individual and the employer to support the client to sustain their job.
- 4.5 Members also highlight that while there are approaches which can be taken to support those with substance misuse, it may also be true that it is not appropriate for an individual who is in the throes of addiction to be working or looking for work, for several reasons:
 - It may be dangerous for the person and the company they may be working for, e.g. in construction. The construction industry also carries out random drug tests; people will be banned from working in construction for 6-12 months if they are found to have any drugs in their system.

- The work environment is not always conducive to recovery, e.g. the hospitality industry. Members have highlighted to importance of ensuring they work with the employer to make sure those jobseekers with alcohol addictions won't be working with alcohol for example.
- Treatment regimes to help overcome addiction, such as methadone scripts, can also be a barrier to work because of the side effects, alongside the schedule of taking the medicine, since each dose must be collected in person from a pharmacy.

4.6 Members referring those with substance misuse issues to specialist support report difficulties referring clients to specialist services such as drug and alcohol and mental health services because of long waiting lists. It has been estimated these types of specialist services have seen a net reduction of 16.5% in funding to services, including reductions in frontline staff¹.

4.7 Members who support those who are homeless emphasise that their jobseekers are much more likely to have difficulty accessing health services and are far less likely to be registered with a GP. Particularly concerning is that an estimated 15% of homeless people with physical health problems are not receiving support and 16.5% with alcohol issues would like support but are not receiving it². Therefore ERSA believes that there should be a specific pathway for this group to ensure that they do not fall through the gaps.

5. Other physical and mental health conditions

5.1 Most customers who report drug or alcohol issues also experience of mental health difficulties. These are not always diagnosed but nonetheless form part of the reason for not returning to work or not engaging with the support available. Some members recommend health professionals' involvement with the assessment to identify 'cause and effect' and the combinations of difficulties; once identified and agreed realistic plans can be developed.

5.2 One specialist member found that of those declaring a drug and or alcohol problem, 61.1% have mental health issues and 39.5% of those who declare a health/ disability issue also report having a drug and alcohol issue. This compares to other data showing that 12% of participants diagnosed with mental health issues also reported drug and alcohol issues and 41% of all participants reported using drugs or alcohol to cope with mental health issues³.

5.3 The following health problems are reported as particularly affecting people with drug and/ or alcohol problems:

- Hepatitis from alcohol damage and infection due to injecting
- HIV/ Hep C/ TB due to lowered immune systems
- Accidents and injuries, as a result of intoxication and as a trigger for the substance misuse. This can in turn prompt some people moving on to stronger pain killers
- Poor mental health including; low self-esteem; depression; anxiety and manic or psychotic symptoms
- Physical health issues such as heart disease, cancer, cirrhosis of the liver

6. Additional support or interventions required

6.1 ERSA members emphasise the importance of a joined-up approach for those experiencing drug or alcohol issues, where all agencies are working together and jobseekers can pass seamlessly between support services at the right time to access the right intervention or support. This is particularly important where there are dual diagnoses or complex combinations of difficulties. Additionally, having access to trained professionals who identify those key areas

¹ Drugscope, state of the sector survey, pg 7:

<https://drugscopelegacysite.files.wordpress.com/2015/06/sosfinal2015.pdf>

² Homeless Link's 2014 health audit, pg 4: <http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

³ Homeless Link's 2014 health audit, pg 8: <http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

of difficulty, and then develop a clear pathway between agencies, is important to ensure that the customer does not fall between any gaps; including access to housing, healthcare and benefits. Where homelessness is a factor in-work progression support should be linked to progression into independent, permanent accommodation. Where exclusive health-related support takes precedence in an individual's journey, it is recommended that the system introduces a 'stop the clock' mechanism on employment support programmes, such as the Work Programme, in order for an individual to benefit from a full two years of employment support wrapped around relevant health treatment(s).

- 6.2 Members also emphasised that while there should be join up between agencies supporting an individual, a single point of contact is also important as it can allow participants to define their own pathway, and this sense of responsibility and partnership working approach, improves the likelihood of an individual progressing and 'buying in' to the support package. Where possible services should also be co-located, with data sharing policies in place to improve the quality of service provided and reduce duplicate assessments. However some members did emphasise that some services may be best provided via an outreach model so that they can take place in environments where the participant is more likely to engage.
- 6.3 ERSA also believes that a national outcomes framework developed by government to enable cross-departmental objectives would be a desirable approach in supporting these individuals to rebuild their lives. Government should also play a role in ensuring that commissioning does not take place in silos. While the programme should be sufficiently flexible to meet local needs and adapt to local employment and housing markets, it must be delivered in a way that delivers nationally agreed outcomes.
- 6.4 Members have reported that in order for employment support to be viable to this group it's important that there are sufficient referral routes to recruit participants in sufficient numbers. Providers should nevertheless be able to generate their own referrals and individuals should be able to opt in to any programme supporting his group. The criteria for entry should not be too narrow since this may limit the number of referrals.
- 6.5 It can take at least two years of engaging with support services before an individual with complex needs is ready for skills training or work-focused activity. The programmes supporting those with substance misuse issues should therefore include the ability to extend if needed, on the condition that a provider evidences what support the person has received over the first two years. This will also encourage providers to innovate in the services they deliver and for jobseekers to have continuity of support.
- 6.6 A more upfront payment model may incentivise providers and enable these harder to help jobseekers, to receive appropriately resourced support. This is necessary to ensure the recruitment of quality coaches/ tutors/ support workers as well as any high upfront costs for example high quality emergency accommodation where homelessness is an issue, on the understanding that these costs will taper off over time as people require less support. This will also encourage the participation of smaller specialist providers who may struggle with upfront costs.
- 6.7 ERSA also supports the use of progression measures to offer suitable staged incentives for working with the hardest to help. Jobseekers with substance misuse backgrounds are likely to have been out of work for significant periods of time, and are also far less likely to have formal skills and qualifications. The London Drug and Alcohol Network reported that seven out of ten of their participants had last worked over five years ago or had never had a job⁴. Therefore a programme or stream specifically supporting this group should measure progress outcomes such as completing a course and volunteering. Soft outcomes such as increased confidence and improved motivation are harder to measure but equally important as they help to map the distance travelled by clients who may be much further from achieving a hard outcome than others but are still benefitting significantly from a service. Such an approach can crucially keep people moving forward, reducing their risk of relapse and subsequently their potential dependency upon local health and treatment interventions.

⁴LDAN, Pathways to Employment Report, pg 27

<http://www.drugsandalcohol.ie/21615/1/PathwaystoEmployment2014.pdf>

6.8 Many of those who have experience substance misuse lack basic literacy and numeracy skills so it's vital that support to get closer to the labour market includes access to adult education, in order to close skills gaps. Recent evaluation of one of our member's services shows a correlation between attendance in accredited learning in functional skills and employment outcomes. People with complex needs often lead chaotic lives which can make it difficult to attend courses with intensive attendance requirements. Classes should therefore be delivered at a manageable length and frequency, with a participant's trust.

7 What works to a) treat those affected and b) help them back to into work or keep them in work

7.1 Members have emphasised that that where a step-by-step process is used the individual seems establish the greatest progress. In many cases customers identify returning back to work as the last step in returning or becoming part of society. Permitted Work on a part time basis or voluntary work can establish a routine and evaluate an individual's ability to cope. Voluntary work is particularly important for many, as it will allow them to fill what are often significant gaps within their CV, skills and experience. When this has been achieved they can develop confidence and self-worth, often having discovered that they possess many transferable skills, and are ready to seek permanent and full time work. This approach, may take longer but allows the jobseekers to develop their self-efficacy towards full time paid employment. In many instances those with substance abuse issues have been out of work for many years, or in some cases have never worked; they also typically have hectic, lifestyles. Therefore supporting them to make change which will improve their lives and eventually lead to employment can take a significant amount of time. Cases studies from some of ERSA's members are included as **annex 1**.

7.2 Clear and consistent messages need to be delivered to jobseekers with a substance misuse background on what is expected from them. Additionally, all health professionals involved need to reinforce the opportunities available and remain consistent in their messages of what individuals are able to achieve. Members experience is that it is not the health condition that prevents a person from progressing but their perception of what it is stopping them doing; health professionals can therefore play a significant role in supporting an individual from overcome this resistance by allaying fears and misconceptions early in the process.

8. The legal, ethical and other implications of linking benefit entitlements to treatment

8.1 ERSA believes that careful attention needs to be applied to implementing an approach which links benefit entitlement to uptake of support. It is likely to be more effective to provide rewards for change rather than punishments for lack of it. Members reported that jobseekers wanting to change is a prerequisite for change and coercion tends not to be effective. Early intervention and time spent on developing reasons for change are as important as addressing the issues with treatment. The role of the family is also important in reinforcing and maintaining changes when they do occur. The possibility of mandating treatment might also damage good relationships with advisors by eroding trust and reducing an individual's willingness to disclose, for fear of reprisals.

8.2 For those who are not yet ready to engage with treatment services, linking benefit entitlement to engagement with treatment or support may also deter jobseekers from engaging constructively with services, including keeping appointments with their employment support provider, or from claiming any benefits to which they are entitled at all. This is likely to push them even further from the labour market and put them at even greater risk, creating a greater cost on other government services.

8.3 This group is also more likely to be experiencing health problems which would be exacerbated by reductions in benefits, having a knock on effect on diet, housing and other basic needs, such as heating and lighting. Some members emphasised that they are already concerned about the impact of financial sanctions on people who are experiencing chaotic lifestyles. In addition for those who are in recovery from substance misuse, there are concerns that the fear of additional sanctions may cause added stress which in turn may jeopardise recovery.

8.4 ERSA is also concerned that people's engagement with treatment services may depend on what support is available in their local area, and will therefore unfairly penalise those who do not have access to good quality support. If this type of approach is to be introduced it must first be ensured that quality treatment is available in the jobseekers locality. Where possible individuals should also help to coproduce the plan of support, ensuring that the treatment is something they are involved in and not something that is done to them. Without the buy in of the individual treatment is less effective, and where it is effective, chance of relapse is higher.

9. Views of employers

9.1 Members report that a key challenge many of those with substance misuse backgrounds face are gaps in their employment history. This is understandably a barrier for employers and may lead to pressure for individuals to disclose information about their background. Other barriers faced include:

- Their ability to manage workplace stress such as responsibility, time keeping, self-motivation and team working.
- Because of the chaotic lifestyle that can accompany substance misuse, boredom once in recovery and embarking on employment or voluntary placement can become an issue for some individuals.
- Dealing with stigma. Members report that many of those with a background in substance misuse may be stigmatised by potential employers, who may have concerns regarding reliability and trustworthiness of these individuals. Even where these pre conceptions do not exist members report individuals can find it difficult to accept that they are not being stigmatised.

9.2 It is largely because of these barriers that some individuals with substance misuse backgrounds eventually find employment within the drug and alcohol support sector, working with those who have gone through similar experiences to their own. Members also report that social enterprises are also a more common route to employment for this group.

9.3 ERSA recommends that government should explore raising awareness of some of the misconceptions of hiring people with a substance misuse background amongst employers, using the Disability Confident campaign as a template. Many of these individuals have experienced trauma and come from backgrounds of social deprivation and entrenched poverty and for many the route out of this lifestyle and associated poverty is employment. However without the opportunities from employers, who need to understand their background and not stigmatise individuals, it is increasingly difficult for people to move away from voluntary placements and into full time sustainable work. Focused efforts need to be applied in this area to ensure that more jobseekers with histories of addiction can move into sustainable employment.

10 Groups at risk

10.1 There are a number of key factors which make individuals more at risk of developing a pattern of substance misuse:

- Growing up in social deprivation and experience of extreme poverty.
- A normalisation of substance misuse, from family and within the local area, which can also lead to social isolation and exclusion.
- Experience of a significant trauma, including abuse and neglect.

10.1 Members report that many of those who experience substance misuse have parents who experience similar difficulties. This being the case it is increasingly important to address an issue as early as possible. However, educating young people to change this pattern is unlikely to be sustainable if they do not have access to the environment in which to sustain the changed behaviours. For example, educating a young person at school provides awareness of a new way of being but if the home doesn't provide or support this then little will change. Access to stable housing, staple diets and activity that's meaningful will help bed in new, healthy routines. Dealing with the whole family is likely to be the better option in some cases. Work has a well evidenced positive impact on mental wellbeing and should form part of this support.

- 10.2 People who are homeless are at significant risk of being affected by these conditions. Research from one member found people were more likely to have multiple support needs if they had had been homeless several times and 56% of people who had faced five or more periods of homelessness reported five or more support needs, including drug and alcohol dependency. For this group it is important that people's housing need is addressed in an appropriate way. Individuals who are in the process of becoming sober are often placed in hostels where drug and alcohol addictions are rife. This can cause relapses and feelings of failure, negatively affecting progression to sobriety and employment.
- 10.3 Overall prevention and tackling social deprivation lie at the root of addressing substance misuse issues. This is a key focus for government and can and should be supported through a joined up approach between agencies interacting with families through social services, health agencies, education and employment support.

11 The impact on employment outcomes of obesity

- 11.1 In general, ERSA members do not consider obesity in itself to have a comparable effect on their achievement of employment outcomes to that of drug and alcohol addiction. While ERSA recognises the impact that obesity may play in impacting on an individual's overall health and wellbeing, which may subsequently affect their ability to work, it also notes that the majority of those categorised as obese are able to both find and sustain in work.
- 11.2 ERSA believes that obese jobseekers with related health conditions, may also require additional employment support, alongside their support from health agencies. However it believes that this support does not significantly differ from the type of support and best practice related to other disabilities and health conditions. Further information on this is available in ERSA's existing consultation responses to the Work and Pensions Select Committee inquiry into ESA, and also through its work with DWP on future commissioning of specialist employment support services.
- 11.3 Members report that they work with jobseekers in a number of ways to improve their overall health and wellbeing and while these interventions may not measure reductions in obesity as an outcome, they are beneficial to some jobseekers who are categorised as obese. Wellbeing approaches taken by members include:
- Joining up with local gyms to offer discounted or free membership or sessions to jobseekers.
 - Courses in cooking skills and creating balanced diets.
 - Facilitating exercise classes such as yoga or running football programmes for younger jobseekers.
- 11.4 Comparatively those obese individuals are far more likely to be in work in and less likely to have a chaotic lifestyle, than jobseekers with drug and alcohol addictions. The approaches taken by providers in supporting these two very distinct groups of jobseekers, is therefore substantially different, as are the barriers which they commonly face.
- 11.5 All jobseekers have individual barriers, skills and ambitions, which providers of employment support recognise and therefore all jobseekers require individual approaches to being supported into work. For those with specific and significant barriers, however, including addictions, there is particular support and best practice, which is not necessarily the case for those experiencing obesity.

12 Conclusions

- 12.1 ERSA believes that prevention is key to supporting those with substance misuse issues. This includes tackling social deprivation and poverty, including entrenched and intergenerational worklessness. However for those who are already in need of support to move on from a background of substance abuse ERSA strongly believes that individuals need support across all barriers, including health, skills and employment support.
- 12.2 There is also a real need to educate and incentivise employers to employ those with substance misuse backgrounds. ERSA believes that there is work to be undertaken, both to better understand the employer perspective, but also to assess how stigma can be reduced amongst employers for those with this type of background seeking employment.

12.3 Finally ERSA believes that employment support for this group is key to helping them to move forward with their own and their family's lives. Employment support must therefore adequately recognise the distance individuals are from the labour market and be appropriately resourced across all services they interact with to support them to move forward. This includes allowing enough time for them to complete their journey back to work, acknowledging that where there is no or minimal past employment history, that milestones such as voluntary work will most likely form a key part of the process. Similarly learning basic skills and addressing underlying health conditions, will be a key step for many in this group. Given these approaches and the time which they may take, ERSA considers flexibility in the length of employment support and the use of progress measure and a 'stop the clock' mechanism to be the most effective way of supporting these individuals to reach their potential.

Annex 1.

Case study 1: From a support worker perspective

"I have a few people, who, mainly they're men, mainly they're 45 upwards and often they think they're on the scrap heap. They think, I've had alcohol issues, I've had drug issues, I've been homeless, who's gonna want me?"

So I start off with, well, let's get you into a routine, let's get you doing a class. What about a class? What do you like doing? Generally they will want to do a class and then mention at that time about volunteering as well... If somebody can go along to a volunteering position in whatever they fancy doing and generally you can do it in most areas, then it gets them into a routine. Then it gets their motivation up, their self-esteem, their confidence and then quite soon, they're upping their hours in the volunteer role. Then they're starting to look for paid stuff because they think, then I can get back into the job market. It doesn't happen with everyone, but that is a way that I do work with people who say that 'I'm unemployable'."

Case study 2: From a male service user perspective

"For me it is incredible what I did in Crisis... I'd been in trouble with drugs a long time ago, I don't use drugs for many years now...then a problem with getting a job... now I am working."

Case Study 3. User story

A heavy cannabis smoker for 21 years, who suffered with cannabis-related mental health problems and comes from a background of high criminality. He was unemployed for 14 years and has two children aged 6 and 8. Completed the Foundation for Change NEXT programme in August 2014 and went on to volunteer, before winning a Jack Petchey award in December 2014. He started professional substance misuse worker Level 3 training with in March 2015, and is currently working on a trainee placement, due to finish in December 2015.

Case Study 4. Specialist service

St Mungo's Broadway provides specialist services for people who are homeless and affected by substance use. The Jump Start Programme is in its 5th year and provides ETE advice and guidance to clients engaging with substance use services in LBHF. The service accepts referrals from LBHF substance use providers, and also works closely with local Jobcentre Plus. The service focuses on increasing employability and creating employment, training and volunteering outcomes for clients at various stages on their journey to recovery. The service works to directly identify and address the obstacles to each client's individual progress and to link this with the support provided by their key worker/recovery worker.

Outcomes for 2014/15:

- 220 new clients referred
- 83 clients gained places on training course, of which 16 were accredited. 11 gained a qualification.
- 37 clients gained volunteering/unpaid work/work-based training placements
- 29 job starts were achieved – 10 full time and 19 part time

Clients are also offered in-work support with issues like work clothing and payroll.