

FEEDBACK TO THE  
INDEPENDENT REVIEW  
INTO THE IMPACT ON  
EMPLOYMENT OUTCOMES  
OF DRUG OR ALCOHOL  
ADDICTION, AND OBESITY

By Sharon Daughter



Throughout this document substance misuse includes drugs and alcohol the term 'drugs' includes both illicit, new psychoactive substances and over-the-counter substances.

## **Who are Blenheim?**

Blenheim is a leading substance misuse charity working across London to reduce the harm caused by drug and alcohol misuse to individuals, their families and communities. Blenheim's mission is to end dependency by enabling people to change. Our belief in people's capacity to change is central to everything we do. Across London we deliver twenty-six diverse alcohol and drug services including three Education, Training and Employment (ETE) services. Two of these are new services and began welcoming clients in April 2015. In our longest running ETE service 31% of clients seen in the first quarter of 2015 were supported into work, education or training.

In 2014 – 15 Blenheim worked with over 11,000 clients in London.

## **What specialist employment support services are available to people affected by drug or alcohol addictions**

Not all boroughs in London have specialist ETE services for substance misusers. ETE services specialising in working with those with substance misuse related unemployment work most effectively when integrated into or very closely aligned to the substance misuse treatment system. This provides the opportunity to:

- Start the conversation and the move towards ETE at the start of the treatment journey
- Have goals included into the treatment/recovery plan
- Have transparent communication between keyworkers
- Have three way meetings including the treatment keyworker, ETE staff and the client more simply.

It takes a great deal of courage to access services for substance misuse treatment and many entering treatment do so with poor self-confidence, low self-esteem and some have been out of the job market for an extended period. It is important that agreed goals are small, achievable and celebrated in order to build the bridge towards sustainable recovery and a healthier and more fulfilling life.

In focus groups clients felt that the specialist ETE services, such as those provided by Blenheim were good, "ETE offered the opportunity to get onto courses which has been very valuable after the drug aspect." One client stated "ETE gives you an incentive and helps you think about what matters after recovery". There was a general consensus across all focus groups that the Job Centre wasn't very helpful and the atmosphere was often poor.

## **What is the experience of people with obesity or drug or alcohol conditions within a) employment support services; b) health care; and c) the benefits system?**

Blenheim held a number of focus group with current clients in our ETE services and many feedback their experience of feeling ashamed and stigmatised when accessing JCP/DWP. This was felt to lead to some not being "open and honest" about complex health and social issues and therefore missing out on additional help through "fear of repercussions." It was also reported that "work programmes are too intense" and as a result those who are either "not in treatment and/or subject to easements" struggle to keep up with the rigors of the programme and are therefore at risk of losing benefits. This can result in a return to the old pattern of offending and "re-offending" and "... [Carrying] on using."

In one of the focus groups the 'benefits' system received 0/5 for understanding and there was general agreement that the mental health issues linked to addiction were not understood. Some clients felt that the questions were designed to trick and an example given was being asked if they cooked for their children. The client felt that if the response was yes they would have been seen as fit for work.

One client reported that his experience of the NHS was not good and that “the nurses were never sympathetic. They looked down on me.” The same client experienced the drugs workers as having more empathy and appearing to “care”.

One group suggested that all JCP/DWP had a specialist substance misuse practitioner who was able to work individually with clients. The client suggested that this would be better than all clients “being subject to the same conditions”.

This echoes the feedback from one of the focus groups who reported on their experience in being in a specialised ETE service. One client reported receiving “absolutely fantastic support” and that their drug use has decreased due to engaging with ETE. Several clients in this service have learnt computer skills from no previous knowledge base and this has encouraged further learning in other areas.

One client spoke about “how different this service [ETE] is to the Job Centre. Here I feel like the people are helping me. The services are more understanding and personalised than the mandatory services.”

Specialist ETE services provide clients with a safe and supportive learning environment which also builds confidence and esteem and enables a progression to mainstream education and training.

**What other physical and mental health conditions are these groups likely to face? How do these interact with non-health related barriers to employment?**

Build on Belief (a client run charity) estimate that 17 – 20% of those accessing drug and/or alcohol treatment are diagnosed with personality/behaviour disorders. NICE guidelines indicate that drug and/or alcohol misuse is a feature of several personality disorders. It is well documented that personality disorders both require long term specialised treatment and are treatment resistant.

At the point of accessing treatment for drug and/or alcohol misuse clients often present with a wide range of physical and mental health illnesses which are often compounded by a myriad of social problems including:

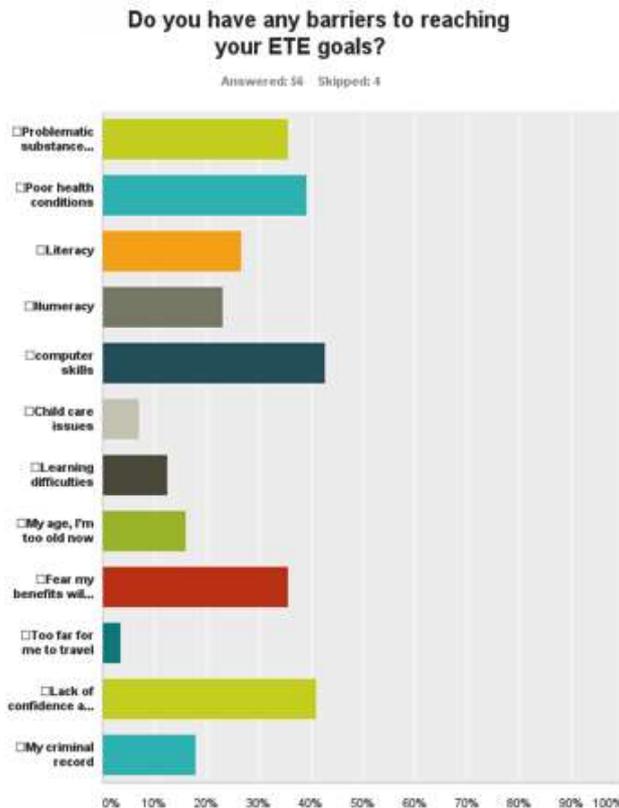
- Anxiety
- Depression
- Blood borne viruses
- Domestic violence
- Insecure or no housing
- Isolation
- Fractured family relationships
- Poor social skills
- Low self-confidence
- Low self-esteem
- Lack of trust
- Impaired cognitive functioning due to drug and/or alcohol misuse

The amount of work needed to be done by both the client and the agency to repair health and social damage should not be underestimated and in order for recovery from drug and/or alcohol misuse to be sustainable the work needs to be meticulous and patient. This may take an extended period of time as the client learns or re-learns softer but essential skills such as communication alongside building self-confidence/esteem and treatment for physical and mental health conditions including drug and/or alcohol misuse.

Many people that access treatment for drug and/or alcohol misuse do so when life has reached a crisis. Many of our clients have either no housing or insecure housing. This alone is a barrier to employment since employers require an address. Conversely housing is difficult to secure without a job therefore a vicious circle operates which continually pushes clients further away from mainstream society.

In July 2015 Blenheim’s ETE service in Kensington and Chelsea evaluated the service and produced a report. As part of the research for the report clients were asked a number of questions, one of which was ‘Do you have any barriers to reaching your ETE goals?’ The chart below details the responses however, it is worth noting that the three most sighted barriers were:

- Lack of confidence
- Computer skills
- Poor health



Additionally many people entering treatment for drug and alcohol misuse also have criminal records. This cohort then faces the double obstacle in obtaining employment of having had treatment for addiction and a criminal record.

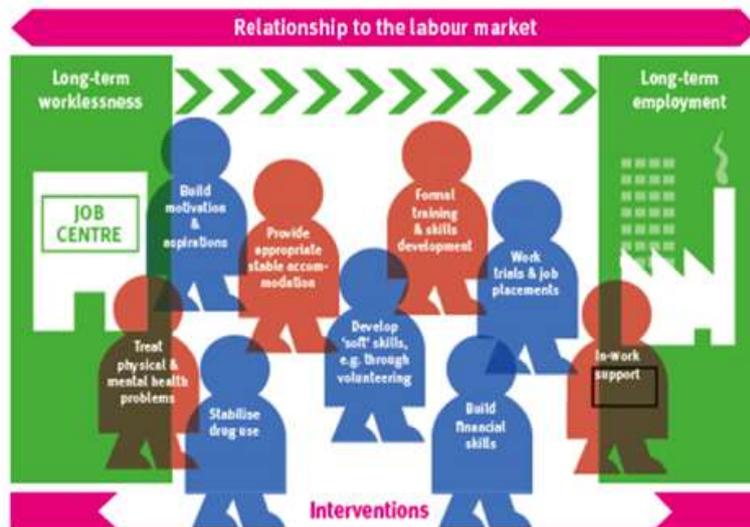
**What additional support or interventions might be required to help people overcome barriers to employment?**

One of the greatest barriers to employment for those who have either completed treatment or are in treatment for drug and alcohol use is stigma. UKDPC (UK Drug Policy Commission) define stigma as ‘... a stain or attribute marking someone out as unacceptable. It leads to prejudice and discrimination.’<sup>1</sup> The double whammy of belonging to a group of people that is stigmatised is that those affected begin to believe the messages that they encounter everyday. While two thirds of employers would not employ someone who had a history of heroin or crack use<sup>2</sup> many of those with a history of substance misuse believe they would not be employed either.

The journey for many clients towards good health and recovery which encompasses a thorough reintegration into the wider society is often slow. New skills need to be learnt and old habits left behind. This is best catered for in a specialist ETE programme where staff are able to understand the additional learning and social needs as well as the barriers to learning and to negotiate around or through.

<sup>1</sup> Getting Serious about Stigma: The problem with stigmatising drug users UKDPC 2010

<sup>2</sup> Getting Serious about Stigma: The problem with stigmatising drug users UKDPC 2010



The employment continuum and the types of interventions that may be required.

Given that two-thirds of employers are unwilling to knowingly employ someone with a substance misuse history it would seem reasonable to incentivise employers by offering in-role support when employing those with a substance misuse history. This would also meet the needs of those being employed who in focus groups held by Blenheim frequently raised the need for continued in job support.

Prejudice is a serious barrier to employment for those with substance misusing histories and inclusion of this in the Equality Act would demonstrate a government commitment to supporting the recovery and reintegration of drug and alcohol misusers into the wider community.

**What are the legal, ethical and other implications of linking benefit entitlements to take up of appropriate treatment or support?**

There are significant legal, ethical and other implications in linking benefit entitlements to medical, including psychosocial, treatment. Not least that drug and alcohol users and their families are further disenfranchised and move further from the mainstream of communities.

**How are children and families affected?**

Linking benefit entitlement to the take up of appropriate treatment or support runs the risk of families being pushed further into poverty and homelessness. Please see the response from Adfam.

**What are the views of employers on supporting these groups to stay in work or return to work, or of recruiting people with histories of these health conditions? What help, services and support do employers need? We would welcome examples where employers have successfully employed people affected or formerly affected by addictions or obesity.**

Blenheim has a long history of employing those with a history of substance misuse alongside experience of working with employers to make job offers and providing in-work support to our ETE clients. In some of our services we run accredited training programmes for our clients that significantly contributes towards preparation for job readiness and in order to maintain later ETE choices.

There is a clear pathway for those who are either in or have come through treatment services. Increasingly there is role in services for peer mentors. In order to be considered as a Peer Mentor there is an expectation that drug/alcohol use is stable and that wider health and social issues are being managed. Peer mentors receive training before being assigned to a service.

Blenheim have a range of volunteer roles across the organisation both in client facing roles and administration. All volunteers have full DBS and reference checks before being offered a placement. There is a programme of training that volunteers also complete. Many of the workforce at Blenheim have come through this route and into full time employment either with Blenheim or other

organisations. In-work support continues via supervision meetings where it would be usual for the supervisor to regularly discuss what support is in place and explore whether it is at an appropriate level. Blenheim has an Employee Assistance Programme and use of this is encouraged throughout the organisation.

Given the number of people employed by Blenheim with a history of substance misuse the incidence of relapse within this group is very small.

Blenheim also offers opportunity to those who have relapsed to return to work as highlighted from the following extract from an email.

"It's no secret that just over three years ago I relapsed, after ten years of abstinence. It was short lived and I picked up my recovery again very quickly. After a short period of being a stay at home dad, I decided to re-pursue my career, applying for many roles within our sector, [drug and alcohol treatment] a sector I am extremely passionate about. It was extremely difficult to even get an interview, never mind a full time role. Time and time again I was not shortlisted, had offers of employment withdrawn and struggled to get 'back in' to this work. I always knew once I was back in my career would progress, however it was difficult to get that opportunity. It was Blenheim that gave me this opportunity, first offering me a bank position and then a fixed term contract here at IDAS."

Mark 2013

### **What is the experience of people currently in work with these conditions?**

In the focus groups that Blenheim held with clients a range of views were expressed by those who are currently in work and have or have had treatment for substance misuse.

It was highlighted that housing was a major issue for this group with one working client reporting that in the past he would not have actively looked for work because private accommodation costs would have been prohibitive. This client has now secured social housing and is in full time employment.

Stigma is still an issue for those who are working and have completed treatment for substance misuse "it is difficult believing that others [don't] know or will find out." Fear of losing a job if others find out was also expressed.

Many clients spoke of the need for continued support from the ETE services.

"It is important that I get support while I am working."

"I am earning a lot of money now and I have to be careful that I do not slip back into my old habits."

"I have finished my order but I still come into the treatment service to see my worker/staff – I still need support!"

While these views represent a small number of people who have a history of misusing substances and being workless it is clear that with the right treatment and support they are motivated to work hard to overcome the myriad of health and social challenges and to confront stigmatisation in order to live productive and responsible lives.

### **In conclusion**

People enter substance misuse treatment with a wide range of health and social needs. These need to be addressed alongside building motivation and aspiration for sustainable change. Drug and alcohol users are not a homogenous group. People are drawn to misusing substances from a wide range of backgrounds and experiences and possess a broad range of skills, abilities and talents. For some these need to be re-discovered and all skills and talents need careful nurture. Those best placed to assist this process are specialist substance misuse/ETE practitioners.

Sanctioning those who choose not to take up treatment options runs the risk of claimants not claiming, not accessing treatment and moving further into the margins of society. This not only further damages the individual and their families; it robs communities of the additional skills, experiences and resources brought by recovering substance misusers.