Drug and Alcohol Education, Training and Employment Evaluation

Kensington & Chelsea
KC North Hub and CAPS South Hub
July 2015
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Section One: Introduction

In April 2015 a positional evaluation process was designed by the Employment and Training Project Manager from Octavia Foundation and the Community Engagement Manager from Blenheim. It was delivered through consultation and with support from the staff team for the Education, Training and Employment Project (ETE) for Blenheim\'s KC North Hub and CAPS South Hub Satellite service. The key aim of this evaluation was to measure the impact of the project on the clients focusing on the past years practice (April 2014 – March 2015). For this overall aim to be explored the following objectives were identified:

- To evaluate what the strengths are of the ETE model that enable clients to become engaged and stay with the process when treatment is coming to an end.
- To identify gaps in the ETE model and what aspects need developing to strengthen the learning, confidence and participation of the clients, to access the employment market.
- To evaluate how clients and other stakeholders have influenced the project in the past year.

These objectives will be the indicators to measure the effectiveness of the project.

The project based at KC North Hub (with a satellite service based in KC South Hub) is aimed at supporting clients who are unemployed, by applying a structured stepped model (which is an essential part of wraparound services for drug and alcohol users). Hence moving away from their treatment service and integrating back into their communities successfully. For some clients (depending on their stability) the process may be slow with small short-term aims and objectives, for others it may mean developing their basic skills whilst volunteering in a safe supported environment. The long-term aim is to get people back into employment to build on their self-esteem, independence and confidence, by removing the barriers and stigma years of substance misuse has caused.

The need for this project had been identified over a number of years considering the high levels of unemployment in the client group. For instance, on a national level it is estimated that 80 percent of individuals receiving treatment for drug dependency are on benefits [1]. It is also estimated that approximately 160,000 dependent drinkers in England are in receipt of one or more of the main benefits [2]. DWP estimates that 1 in 15 of their benefit claimants has an alcohol [or drug] misuse problem [3].


At a local level the landscape of Kensington and Chelsea reveals that the Golborne Ward (where the provision is based) is ranked the second most deprived ward in London (Deprivation Index 2010-update 2012). There is a huge variation in affluence and deprivation between residents in North Kensington and the rest of the borough. The highest deprivation rates are in the north of the borough, with the highest number of benefit claimants from Golborne (13%) and St Charles wards (12%). The majority of drug and alcohol users in treatment in Kensington and Chelsea live either in W10 or SW5 postcodes.

This is also supported by the clients employment status at assessment, at the start of a Treatment Episode at Kensington North Hub - 2013/2014 statistics indicated that 17% (37) were in paid employment and 78% (167) were unemployed and in 2014/15 this figure was 20% (34) in paid employment and 74% (126) were unemployed.

Both sites currently operate on a Monday to Friday 9:30am-5pm, with one Team leader, 2 x FT workers (2 x ETE Coordinators specific) and 1 x part time ETE Coordinator. They provide the following services to clients:

- One to one ETE initial assessment – to assess need
- 1:1 support sessions, finding courses, volunteering opportunities and placements
- Smart Goal planning and Recovery Coaching
- Happy Learning Workshops
- Mapping/ITEP (International Treatment Effectiveness Protocol)
- Access to funds via Campden Charities to support costs with courses, equipment clothes, etc.
- Diagnostic tools to assess levels of literacy.
- In house IT workshops
- Units of Sound – literacy computer package (new)
- Job Centre Plus satellite
- One day a week satellite at Insight Young Peoples services
- Opportunities to volunteer on Blenheim Volunteer Programme and opportunities to apply for work with Blenheim
- Opportunity to train on the 11-
week Peer Mentoring training course (Walk with Me) and be placed in the borough

- Support with CV applications, interviews and job search/employer engagement
- Free access to a computer suite

Over the period of last year (2014-2015) the project received 175 referrals, with 102 of those undertaking specialist ETE assessments and 76 clients starting ETE specialist support.

Section Two: Scope and Methodology

The Employment and Training Project Manager from Octavia Foundation and the Community Engagement Manager from Blenheim met to design and finalise the scope and details of the evaluation, which was conducted throughout May and June 2015. Recognising the complex needs of the clients who access the project the following methodology was agreed:

- Analysis of existing monitoring data gathered during April 2014 – March 2015.
- Analysis of Policy at a National and Local context concerning ETE projects and substance misuse.
- A survey targeted at a sample of active clients who have attended the ETE project on a regular basis in the past year.
- A focus group with a sample from the Walk With Me Programme (Peer Mentoring)
- A focus group with those who have joined the volunteering programme.
- One to one interviews with key staff on the programme.

It was agreed that this would also be a useful process to reflect on next steps for the evaluation of the process for the forthcoming year (2015-16) as the key was measuring the impact and effectiveness of the model. Initial desk research focused on analysis of existing materials including the quarterly returns, policy developments and a range of case studies produced during the project.

The qualitative research involved the design and distribution of a survey for regular participants of the ETE project during May (see appendix one for details of questions and responses). Staff took part in one to one interviews on the 23rd June and two focus groups were then subsequently held on the 25th June (see appendix two for emerging themes).

As with any evaluation there are always constraints, such as the time available for the process and the lack of any national benchmarking statistics. This report is also a positional evaluation of the impact that the project has made on the sample of clients accessing the ETE project.

Section 3: Policy Context

National Policy Context: Current Issues

It is important that there is a reflection on the current context that the ETE project operates in at both a national and local level, as this provides further evidence for the need of the project. Research indicates at a national level a high number of unemployed people have substance and alcohol misuse issues.

A recent freedom of information request to the DWP indicates that there are approximately ninety thousand people claiming sickness benefits where drug and alcohol problems are their most significant issue; but it isn't clear how many of those are not engaged in treatment already (Drugscope Comment and Opinion Monday, 16 February 2015). This is mirrored at the North and South Hub in Kensington and Chelsea where clients employment status at assessment, at start of treatment 2013/2014 indicated that 17% were in paid employment and 78% were unemployed.

Often the clients are far from work ready, as a chaotic lifestyle is common for people in treatment who face a myriad of health and social problems. This includes poor mental and/or physical health, blood borne viruses, domestic...
vast, healthcare issues, and social isolation. It is recognised that substance abuse is associated with cognitive impairments such as learning, problem solving, poor decision making, planning skills and an inability to process information.

Approximately 17-20% of clients are diagnosed with personality/behaviour disorders, which create further complications for people with a history of substance misuse returning to the job market. In a recent survey with 154 clients, it identified that 30% could not send an email or were unable to use a computer, and therefore, found it difficult to access other job work programmes (ref: Build on Belief Impact and Evaluation Report 2014 – BoB are an independent client run charity that facilitates a social club on the weekends at both the North and South Hubs).

It is also critical to recognise, that this situation is compounded by “Employer perceptions and attitudes”, which remain a barrier to paid employment. Previous work by the United Kingdom Drug Policy Commission (UKDPC) involving a broad spectrum of employers highlighted “a strong degree of reluctance on the part of many to consider recruiting someone they know to have experienced substance misuse or dependency problems”. (LDAN 2014 Page 5)

Evidence from the National Treatment Agency (NTA) (originally created in 2001 to improve the availability, capacity and effectiveness of drug treatment in England), which was absorbed into Public Health England in 2013, identified in 2006’s Models of Care for the treatment of Adult Drug users: “as part of the aftercare support package, emphasis should be placed upon the importance of ‘wrap around’ non-drug related support, and further acknowledge developing community integration and access to education, training and employment for the client as part of their current care plan and as part of the ‘after care plan’ at the exit phase of treatment”. This became one of the main drivers for the development of ETE provision at Blenheim North and South Hub from 2007 onwards.

Furthermore, in a recent Three Borough Education Training and Employment (ETE) research report 2013-14, it indicated ETE support would be most effective if linked to client’s treatment programmes at the beginning of the process, and that action plans developed by clients be regularly reviewed to ensure the necessary support.

Since 2010 the need for individually tailored ETE services has become greater for those with substance and alcohol misuse issues as this reflects recovery and reintegration; a cornerstone of the government drug strategy. The Coalition Government, at that time, stated that it was committed to tackling drug and alcohol addiction, one of the most damaging root causes of poverty. The current Government has maintained this policy and advocates an approach to addressing addiction that is firmly rooted in the concept of recovery and reintegration; a process through which an individual is enabled to overcome the symptoms and causes of their dependency, and reintegrate back into society. DWP have responsibility for the ‘recovery and reintegration’ strand of the 2010 Drug Strategy. This strand acknowledges that recovery does not begin or end with treatment, but encompasses employment, education and skills, family support, probation and wider health services around treatment in a holistic fashion to support a sustained recovery.

At a strategic level the Government have stated, “ETE is a priority for services to be more effective, as part of a whole person approach to enabling people to start and maintain the process of recovery from substance misuse or dependency” (LDAN March 2014).

Yet there are policy challenges; in 2010 the coalition government implemented a series of Welfare Reforms. For example Ian Duncan Smith MP launched his Welfare for the 21st Century Programme, part of which states clearly: “The third strand of reform we have set out covers the welfare system and it reflects my determination to make it simpler and more transparent so that work always pays. We know that work provides the most sustainable route out of poverty, so it is absolutely vital that we get this right and people see a clear link between work and reward. However, the biggest savings of all will come from putting clear incentives in place to get people back into work and off benefits altogether”.

Supporting people into employment includes two of the key reforms: the transfer of claimants from Incapacity Benefit (IB) to either Employment & Support Allowance (ESA) or Jobseeker Allowance (often referred to as "ESA migration"), and the introduction of Universal Credit. There has been a tendency for more clients of treatment providers to be in receipt of JSA. This raises a number of issues for
claimants and the services that support them: “Conditionality –
the things a claimant must do to comply with benefit rules and avoid
being sanctioned (where payment of benefits is suspended) – is more
stringent for JSA as a work-ready benefit than for ESA as a sickness
related one. This can mean that, for example, a JSA claimant has
to make a specified number of job applications per week, or
demonstrate that they have spent a specified time searching for jobs”
(LDAN 2014 Page 13). This has
led to a tightening of the benefit sanction system that has impacted
significantly on drug and alcohol clients in treatment, which has
exacerbated the situation.

“Conditionality had always existed
for employment benefits, the
committee heard: to qualify, you had
to be out of a job, able to work, and
seeking employment. But in recent
years conditionality had evolved
into an ever more complex and
demanding set of often arbitrary
requirements, involving regular
jobcentre appointments and job
application targets. Failure by
claimants to meet the conditions
would be punishable by sanctions -
the stopping of benefit payments for
weeks or months, or even in some
cases, years.”

DrugScope has consistently argued
that sanctions raise the risk that
people will disengage from support services, potentially worsening their
dependency and with additional
impacts on their families and
communities.

Subsequently at a strategic level
to manage these changes, there
has been further strengthening of
national protocols that are in line
with Government policy concerning
building recovery:

1. **Joint Working Protocol
   Between Job Centre Plus and
   Treatment Providers: DWP/
   NTA/JCP 2010**

This joint-working protocol
between Jobcentre plus (JCP) and
the National Treatment Agency
for Substance Misuse (NTA) has
been developed to support closer
collaboration between agencies;

- to promote more effective action
to address the employment-
related needs of substance
misusers and to contribute
towards more positive treatment
outcomes.

The Department for Work and
Pensions (DWP) and JCP have
been working closely with the
NTA and the treatment sector
since April 2009 to develop a
more joined-up response to
working with drug users who
claim Jobseeker’s Allowance (JSA)
and Employment and Support
Allowance (ESA) and who identify
their substance misuse as a
barrier to work. The focus to
date has been on people using
heroin and/or crack cocaine, but
this protocol applies equally to
clients accessing treatment for
all substances, including alcohol.

(NTA (2010) Page 3)

2. **Employment and Recovery A
   Good Practice Guide (NTA/NHS
   2012)**

Due to the significant changes
that took place re: Welfare
Reforms, this good practice
guide protocol replaces the
above protocol. One key feature
includes formal expectations
required of each agency and
introduced an information-
sharing process to allow clients,
treatment key workers and
Jobcentre Plus advisors to work
together to collaboratively
address employment-related
needs of people in treatment.

At a practical level this has led to
sharing of information regarding
claimants/clients between JCP and
the treatment provider using the
TPR1/TPR2 protocols that identifies
substance misuse as a barrier to
work, enabling a coordinated plan
to be put in place. This enables the
conditionality of looking for work
to be relaxed as the claimant will
undergo a treatment programme,
alongside exploring ways to return
to work, i.e. a generic work programme.

Yet evidence has identified in the
Pathways to Employment Research
(2014) that relatively few of the
interviewees or survey participants
felt that the Work Programme
was providing them with tailored
personalised support, or support
with a specialist component; given
that there was less success in
addressing barriers directly relating
to substance dependency. As a result
of these protocols and recognition
as to the importance of the concept
of individualised support, this has
focused the need and delivery of
the ETE project at Kensington North
Hub for those accessing treatment
services; all within a context of
limited resources and reduced
funding opportunities.

**Local Context - Delivery:**

The heart of the ETE Delivery
model of the North/South Hub
programme is concerned with an
individualised bespoke model to
meet the ETE needs of the client.
This has been influenced by aspects
of the Individual Placement and
Support (IPS) into employment. This
model has been promoted by the
Centre for Mental Health, supported
by evidence-based practice. Key
elements include:

1. Everyone who wants it is eligible
   for ETE support

2. Job search is consistent with
   individual preference

3. ETE Specialists and clinical teams
   work and are located together

4. ETE Specialists develop
   relationships with employers
   based upon a person’s work
   preferences

5. Support is time-unlimited and
   individualised to both the
   employer and the employee
6. Welfare benefits advice supports the person through the transition from benefits to work

Currently ETE ensures it is following the national guidelines. At a local level, ETE is working together with the local Work Programme (REED) as well as the local JCP centre. This is to strengthen relations to identify clients who may present to them with a drug or alcohol problem. ETE liaise with the Reed Work Programme on a regular basis for any referrals they may have, who will then refer the client directly to ETE for further intense support. Feedback received verbally from clients is that they feel more supported accessing ETE as opposed to JCP and Work Programmes as the staff are more empathetic to their needs. In addition:

- People accessing Work Programmes generally claim JSA, whereas the majority of services users accessing ETE, claim ESA.
- KC North Hub ETE and Treatment staff provide training workshops to JCP staff on a regular basis, raising their awareness of substance misuse and how to identify people who may present with a history of problematic substance misuse that they could refer for further support. JCP have also provided ETE with a satellite service in the past and have provided regular surgeries to support our clients.
- Automatically a TPR2 form is completed at the start of treatment to ensure JCP understands they are accessing treatment and not to sanction their benefits. Release, who provide a Legal Advisor to deliver a range of services, are also present at the North Hub so clients whose benefits have been sanctioned, can access legal support.
- Staff attend quarterly JCP/DWP meetings within the tri-borough attended by senior DWP managers and commissioners to ensure working protocols are adhered to.
- By working closely with JCP and local Work Programmes ensures ETE clients are getting the full support they need.

Currently the ETE model is divided into the following stages:

- **Stage One: Stability and Preparation:** The drug and alcohol workers discuss ETE with clients as soon as they have their first key work session. ETE is promoted to clients at the start of their treatment as part of their recovery programme and is promoted as a package for people to start to work towards as soon as they become ‘stable’ in their drug/alcohol misuse.
- **Stage Two: Initial ETE needs Assessment:** The ETE assessment is completed with every client referred from treatment. This assessment focuses on what skills, qualifications, knowledge and experience the client has and then matches this with the education training or employment providers in the borough.
- **Mapping Strengths:** As part of their assessment, ETE focus on people’s strengths, using the International Treatment Effectiveness Programme (ITEP). ITEP is built around a step-by-step, easy-to-use manual that takes the worker through the processes needed to make the intervention work. It is based on a cognitive approach known as ‘node-link mapping’. This is a technique for discussing issues with clients and visualising them in a series of ‘maps’. Mapping reduces the often complex and tangled results of key working sessions to a simple and orderly record of decisions and progress. It can help clients and key workers to clarify and focus on an issue, with minimal distraction, to utilise the person’s strengths – recognise skills, abilities, personal values and beliefs that support employment.
- **Stage Three: ETE Development Planning:** This will involve a range of options that the client decides is most appropriate based on the goal setting process.
- **Numeracy and Literacy Assessments:** Based on the goals set, the client undertakes a range of assessments such as numeracy and literacy. Often clients have left school without any qualifications in literacy, language or numeracy. Staff work closely with NOVA, a local service that provides short courses in numeracy and literacy. Working closely with Dyslexia Action the project has recently been awarded some funding to run Units of Sound, an in-house computer programme for clients, to help with spelling, reading, memory and dictation. Many clients after years of using substances have impaired and/or foggy thinking; Units of Sound can help assess low levels of literacy and when appropriate refer onto NOVA or Dyslexia Action for further support.
The project has utilised volunteers in the community this year to help deliver in-house workshops on literacy and numeracy to further develop skills.

- **Individual IT Support**: this is one of the most popular areas of learning for clients, who are eager to learn at a variety of levels. In-house IT sessions (run by a volunteer, who was a former client herself), to support clients in how to use a computer, including; how to set up an email, search for a job and use a search engine. The ETE workers also work with clients on an individual basis helping them with IT skills, where needed.

- **Individual Coaching**: Last year staff were trained in coaching skills and how to work with the GROW coaching model with clients. They also participate in personal coaching sessions themselves on a bi-weekly basis to help to embed the skill and then in turn work with the clients.

- **Learning Plan & Goal setting**: Recovery focused orientation, including a belief that people have the ‘capacity to change’, is the centre of the ETE Learning Plans. Staff use Goal Getter and Goal Setter maps, working in a SMART way with clients to set goals.

- **To facilitate this process, staff have kept up to date with benefit changes, welfare reforms, working closely with Job Centre Plus, booking regular training with JCP and organising satellite workers from JCP to be based at the project.**

- **Motivational Interviewing (M.I.)** – Staff are trained to deliver MI techniques with an employment-focused outcome. This focuses on learning about individual preferences, past experiences, hopes and barriers to work and how to use this tool with clients accessing ETE so that the emphasis is guided towards client choice/decision about what they want to do.

- **Building self belief and Confidence** – Staff have focused on developing clients soft skills through 1:1 sessions and groups such as; communication, self belief, assertiveness, decision making, boundaries, managing conflict, team work, resilience, emotional intelligence, budgeting, diet and nutrition, coaching, mindfulness and encouragement of aspirations by small steps. This lends itself toward building the confidence of clients so they can access volunteer and peer mentoring programmes such as Walk with Me, where 10 learners this year were trained over a 10-week period, and then placed in other drug and alcohol services to share their stories of successful treatment.

## Section 4: Findings

### 4.1 Desk Research Data Set

An analysis of the following data identified the following key headlines (See Source Material)

- ETE outcome indicators (April 2014 - March 2015)
- ETE Blenheim North and South Hub Data Set (April 2014 - March 2015)
- Review of ETE provision in 2012/15 across Kensington and Chelsea, Hammersmith and Fulham and Westminster (also referred to as the Three Borough’s).

### Headlines:

1. The number of referrals made to ETE support was exceeded by 7% (a 60% increase since 2012). This reflects strengthening of links with referral agencies such as JCP, Reed, Insight and BoB. Furthermore, feedback from the 2013 Three Borough study identified that ETE provision needs to be reviewed as to how it is marketed and promoted and that workable strategies be implemented which reflect the increase in referrals.

2. The number of qualifications gained was 45% of the target that reflects the need for resources to support this aspect of the programme, which has cost implications.

3. The targets for those who start and finish external qualifications were achieved; which is an admirable achievement as there is always a dropout rate for completing courses, which is often due to a number of reasons such as illness, change in priorities, attending the wrong course etc. This achievement reflects the support given and signposting that is provided for the clients. Furthermore, as indicated in DWP research paper 178, clients are keen to complete qualifications, as often they have left school with minimal qualifications or have the desire to retrain so they have a wider choice of opportunities.
4. The number of specialist ETE assessments increased by 25% on the previous year, and since 2012 this reflects a 49% increase. This is one of the core elements of the service as staff work with clients in a very person-centred coaching style. Working alongside their key worker the client is usually still accessing treatment, remaining at risk, or vulnerable to a relapse. The key features are to formulate SMART goals whilst liaising closely with Substance Misuse Teams, JCP advisors, and family members.

5. The number of clients starting (accessing) volunteering/unpaid placements or workplace training indicates that 60% of the target was achieved.

6. The number of clients into paid work indicates that 65% of the target was achieved.

These three points, 4-6 reflect the common held view (which is supported by research such as Pathway to Employment and the DWP research paper 178) that recovery can take a long time; for some it may be a process lasting a few months; for others with more complex needs it make take three years or more. Therefore this figure of 60% indicates a significant achievement for the clients given the personal, health and financial barriers they have to overcome.

7. Since 2012 there was a 47% increase in the number of educational programme or training starts. These figures include all accredited and non-accredited courses, both external and internal including Peer Mentoring Programmes. The evidence in the questionnaire supports this, as clients have accessed over 40 types of courses. The clients identified the majority of training courses when they have their 1:1 sessions based on goal setting.

The available data does reinforce the need for the provision, as the number of referrals, assessments and non-accredited workshops has continued to increase year on year over a three-year period. This also reflects why the project is successful, as the numbers continue to increase as others in the local community see the success of the project. As one client commented “put me back on my course of life, and given me my future career”. Other organisations in the borough will refer to the ETE provision, as partnerships have been strengthened over the years, and events such as networking for local providers are essential to see what the project has to offer and the impact it has achieved.

“Build on Belief considers the ETE department as a valuable, non-therapeutic service for individuals who are recovering from substance use issues. Helping individuals to develop, or re-develop the skill sets needed to move away from treatment and into wider society is invaluable, especially for those with a poor educational background or those with a long and complex substance use history. It can be pivotal to work with a team, who while not dealing specifically with the issue of substance use, have a solid understanding of the problems associated with recovery from such problems.” (C.O.O/BoB)

Accredited and non-accredited training has been accessed by a percentage of clients given it is a positive experience for learners, as it provides a stepping-stone to employability. Often clients have left school without any qualifications and have not studied for a long time, so college may be too big a step given the range of barriers they face. As one client commented; “Having Maths and English in-house felt more relaxed, not a classroom setting and you knew people in the room were from the same background”.

It is noted that internal accredited courses offered is an area that needs strengthening in the project; however it is recognised that this is resource intensive due to registration fees, curriculum materials, quality assurances processes, staffing and other costs.

Furthermore, it was recognised that the programme concerned with pre-employment support, such as career and action planning and employability workshops needed to be developed. It currently happens sporadically but it is also needed more regularly as current work programmes do not always meet all the employability needs of our clients. “The anxiety is that because of the narrow outcome-based criteria for funding and the particular challenges for supporting people with drug or alcohol problems, this group may be de-prioritised or ‘parked’ (ETE and recovery (2014) Page 2).

4.2 Qualitative Research

As outlined in Section one, the data has also been supported by
a range of qualitative research concerning feedback from the clients themselves, which was reflected in two strands. The results of this have strengthened the outcomes of the data set.

- Focus groups held with a sample of Peer Mentors and Volunteers.
- A survey targeted to a sample of active clients who have attended the ETE project on a regular basis in the past year. 60 questionnaires were filled in which reflected approximately 65% of the active users. Staff supported the respondents with the questionnaire, which took place over a period of a month.

### 4.21 Survey: (Appendix 1)

The respondents who completed the questionnaire reflect the following breakdown concerning gender, age, ethnicity and status. This demonstrates that the project meets the needs of a varying range of clients from within the borough.

#### Gender: (56 Respondents)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>51.8%</td>
</tr>
<tr>
<td>Female</td>
<td>48.2%</td>
</tr>
</tbody>
</table>

#### Age: (58 Respondents)

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>8.6%</td>
</tr>
<tr>
<td>20-39</td>
<td>25.9%</td>
</tr>
<tr>
<td>40-49</td>
<td>34.5%</td>
</tr>
<tr>
<td>50-59</td>
<td>29.3%</td>
</tr>
<tr>
<td>60+</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

#### Ethnic Breakdown: (56 Respondents)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>37.5%</td>
</tr>
<tr>
<td>White Irish</td>
<td>3.6%</td>
</tr>
<tr>
<td>White Other</td>
<td>16.1%</td>
</tr>
<tr>
<td>White &amp; Black African</td>
<td>1.8%</td>
</tr>
<tr>
<td>White &amp; Asian</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Mixed</td>
<td>1.8%</td>
</tr>
<tr>
<td>White &amp; Black Caribbean</td>
<td>8.9%</td>
</tr>
<tr>
<td>Indian</td>
<td>0.0%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>0.0%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Asian</td>
<td>1.8%</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>17.7%</td>
</tr>
<tr>
<td>Black African</td>
<td>3.6%</td>
</tr>
<tr>
<td>Other Black</td>
<td>1.8%</td>
</tr>
<tr>
<td>Chinese</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>5.4%</td>
</tr>
<tr>
<td>Not Stated</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

The breakdown of the client status reflects the national picture of the client and employability parameters as outlined in section 1. (59 Respondents)

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>In paid Employment</td>
<td>10.2%</td>
</tr>
<tr>
<td>Unemployed and Seeking work</td>
<td>0.0%</td>
</tr>
<tr>
<td>On Benefits JSA</td>
<td>6.8%</td>
</tr>
<tr>
<td>On Benefits ESA</td>
<td>67.7%</td>
</tr>
<tr>
<td>On Benefits Other</td>
<td>5.1%</td>
</tr>
<tr>
<td>Long Term sick/disabled</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

#### The key headlines from the survey included:

1. The survey identified the positive impact of the project for those respondents and the difference it had made to their lives. There was a very positive response to achievements accomplished through accessing the ETE Service as this was answered by all 60 respondents and the range of achievements could be categorised as follows:

   - Improved confidence and personal development
   - A positive change in behaviour patterns for clients
   - Improved job search skills leading to employment
   - Achieving qualifications in a range of functional and vocational areas including numeracy, IT, English, hairdressing, sound engineering, food hygiene, film making and community interpreting.

2. 58 respondents answered how ETE has supported clients; all comments were positive and the range of support provided could be divided into the following categories:

   - Planning and goal setting
   - Advice giving and signposting
   - Developing potential
   - Good communication and follow up support with regular meetings
   - Financial support for course fees and clothes
   - Providing structure
   - Access to computers re: job searches

   “Helped me since I stopped drinking to focus on myself and my future; to better myself”.

   “Home visits and phone calls. Because the support has been good I will recommend to other friends”.

   “ETE have been helpful in me understanding more about maths. The maths lessons have helped in my everyday life”.

   “The team has an enabling culture encouraging people to use their own strengths and resilience”.

3. The issue of self confidence was also an indicator of the distance travelled for clients which
enforced the importance of the ETE project in their lives (see graph above re: 59 Respondents = 78% Yes – 3.4% No – 18.6% Partially)

4. The survey confirmed that 70% were able to comment on how their functional skill sets had improved whilst involved in ETE. (33 respondents). This reaffirms the need to address the barriers that many clients face. 36% of clients identified that their IT skills had improved to a good level, 28% identified that their numeracy had improved to a good level and 30% for literacy to a good level.

5. One of the key elements as to why the project makes a difference for the clients was reiterated by Question 4, (56 Respondents) where 90% said yes they had been involved in setting their own goals. This reinforces the uniqueness of meeting the client’s needs and going at their pace; rather than a predetermined process, which would happen in generic ETE work programmes.

6. The structure of the ETE programme has been designed to overcome the barriers that clients often face when taking steps towards employability and training. These included a lack of functional skills such as computer skills, which recorded 42%. To address this need the IT suite has been expanded and access to a volunteer offering bespoke IT courses on a regular basis has been provided. 36% of clients identified that their IT skills had now improved to a good level.

7. Linking to the data set targets for ETE: Since 2012 there was a 47% increase in the number of educational programme or training starts. The range of courses identified by the 56 respondents identified over 40 courses, both non-accredited and accredited (Level 1 to Post Graduate). Some of these took place at the North Hub and others with partnership agencies such as NOVA, Foundation 66 and BoB; also formal adult learning institutions such as Westminster Adult Learning Centre, City Lit, L’Oreal and Chelsea and Westminster Hospital. The range included Functional Skills, Occupational Courses, Safeguarding and Well Being Courses. (See Case Study 3)

8. Recognising that volunteering is seen by the ETE project as an important facilitator to return to work; of the 58 respondents who filled in the questionnaire 50% had started Peer Mentoring and or a Volunteer Placement as a means to develop those steps to employability and
training (see graph below). This provides a range of indicators as to how it has made a difference to the client's lives. The highest response was increased self-esteem and confidence; such a high response indicates that clients become motivated to continue on their treatment pathway journey, which is at the heart of their recovery. This then contributes towards client employability skills.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased self esteem</td>
<td>82.8%</td>
</tr>
<tr>
<td>Improved confidence</td>
<td>79.3%</td>
</tr>
<tr>
<td>Provides structure</td>
<td>79.3%</td>
</tr>
<tr>
<td>Healthier attitude</td>
<td>56.8%</td>
</tr>
<tr>
<td>Creating self awareness</td>
<td>65.5%</td>
</tr>
<tr>
<td>Developed communication skills</td>
<td>72.4%</td>
</tr>
<tr>
<td>Opportunity to work as part of a team</td>
<td>89.7%</td>
</tr>
<tr>
<td>Feeling part of a community</td>
<td>79.3%</td>
</tr>
<tr>
<td>Any Other benefits (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

Other benefits identified which supports positive impact included:

- "It put a smile on my face, which doesn't happen very often".
- "Improving my skills and helping my clients improve employability skills, positive and reachable goals".
- "Option to give something back/

9. It is important to recognise that the client has to have ownership concerning their ETE experience. This assists with motivation to continue with ETE due to the range of barriers that can cause clients to disengage with the project. Based on the question: Have you given any feedback to your ETE worker about your experience at the service? 44% of clients said they had and the comments identified were positive, which included a theme of client ideas being implemented once suggested. (52 Respondents)

"I worked to get more involved in IT and trained on the Dyslexia software to help roll it out".

"Regular feedback and my ideas implemented for women's group".

10. Regarding the clients opinions of the service provided, ensuring ETE made a difference and created a positive pathway for all involved; all respondents considered that ETE worker support, reviews and the environment placed it in the higher quartile, with accessibility scoring slightly lower. (58 Respondents)

11. Finally, regarding what else ETE could deliver within the project, 20% said they were happy with the service they received, whilst a range of themes emerged from 80% of the respondents as listed below:

- More direct links to employers
- Weekend and evening opening
- More in-house courses
- Business enterprise and start up courses
- More space for courses etc.
- Increase in staff
- Computers to take home
- More courses at North Hub
- Follow up support after courses are completed

4.22 Focus Groups (See Appendix 2)

At the outset of the evaluation it was agreed that there would be two focus groups. This recognised the recovery phases of the client and was in keeping with Blenheim protocols as these participants would have been stable for a set period of time:

One focus group, the Peer Mentors Walk With Me group, consisted of four participants with two apologies from clients for not being able to attend as they had other appointments. This programme is relating client's experiences of recovering from drug or alcohol dependency to support someone who is at an earlier stage of their recovery journey. The peer support schemes provide eleven weeks training and follow on support to those wishing to become peer mentors. Topics include; Boundaries and Confidentiality, Role of Peer Mentors and Communication and Assertiveness skills. This then leads to a mentoring placement and continued support and supervision from ETE workers.

The discussion in the focus groups was thorough, with a high level of participation. Below are some of the significant findings concerning key themes:

1. Peer Mentors:

What are the benefits of the ETE programme, what has been the impact, what has made a difference?

All the Peer mentors stated how beneficial the ETE programme had been for them. The level of discussion in the group was very positive. They all spoke about the positive learning environment created by the staff that enabled them to engage with learning again.
after a long period of time and developing at their own pace.

“The process of having the coaching sessions was very positive as the goals were broken down into small achievable tasks”.

“This was very important as it did not create any negative pressure, that you had to do a course for the sake of it; rather than for our own development”.

“It’s more homely; people understand you, come and get a cup of coffee”.

The ETE programme recognised that returning to work or training was a gradual process; that it did not happen instantly and if it happened too quickly it could impact on client’s stability. Consequently it was the journey towards employability, which had to be designed by the clients, which made the difference.

This had led them to take part in the Peer Mentoring scheme; a very constructive experience. One client that completed the programme and is currently on a placement stated:

“I thoroughly enjoy it. Made me think about things in depth, body language, applying what I learnt in the training in the peer mentor role; learning how to speak to people”.

Whilst another client stated:

“Had to think about safeguarding and boundaries a lot, it is there all the time. I’ve had two examples so far where I had to put boundaries into practice”.

The group also acknowledged the skills of the staff for being non-judgemental and patient. The peer mentors were thankful for the intervention of staff when they were not engaging; one respondent said:

“Staff knew I had a tendency to isolate myself so they kept phoning me.”

Another commented: “ETE do not forget you even when you don’t engage”.

A further benefit was being able to apply to a local charity for a small grant, such as the cost towards driving lessons; as a client commented that being able to pass your driving test offered up a wider selection of employment opportunities. Another client who had health issues received a grant for furniture and appreciated it made his surroundings more welcoming; which had helped with his motivation.

With the range of networks and partnerships that ETE had established over the years, this meant the clients would be informed about services that they may not normally hear about. One client stated that ETE had referred her to a cycle provider, which had helped her get into cycling, but also taught her how to maintain the bike.

Another client was referred to an organisation for driving lessons. Both would not have the resources to pay for such schemes, but the financial assistance provided helped with those small steps to employability as confidence and self esteem grew.

ETE had also provided access to computers and IT support, alongside opportunities to improve numeracy and literacy skills which had been essential to improving client’s belief in themselves. One client spoke about negative experiences at school and how taking part in these workshops had improved her understanding and application of Numeracy and Literacy. Also, the client felt that as a number of clients were over 40 years old ETE had given them a future:

"I thought I was washed up because of my age. Given me the feeling of being valued”...

This was backed up by another client:

“I think some elder clients may think that there is no help/hope but this place can help with that”.

For others, the placements enabled them to reflect on some of their soft skills, which were being harnessed and realise how important these were in a working environment.

“I have learnt patience through interacting with clients and professionals: I now co–facilitate groups, but realise students take priority…”

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overcome some of their personal barriers regarding drug and alcohol misuse; “got me out of the house just staring at the walls, as I was on a placement in the local library”.

This provided the clients with routine and direction that was very evident in the discussion. In fact another client commented on how this person had really come out of her shell.

What else is needed to develop the ETE programme so that it continues to make a difference?

The clients all agreed it was providing an excellent service already as it had enabled them to move onto peer mentoring, though they would prefer to have in-house accredited Mathematics and English courses as they felt it was very beneficial in terms of what they had received in the past. The experience was not intimidating for them and gave them the boost to then sign up for the next level with a different provider. Also they would wish to have men and women’s groups as a form of support to help them with their wellbeing.

Volunteering opportunities are seen as an important part of the process for returning to work, as many have not worked for a long period of time; lacking the necessary skills and qualifications to enable them to access employment. Regular supervision and support are integral to the process, as initially it can be a challenging and anxious process for clients.

As with the Peer Mentors, common themes were discussed concerning the impact of the ETE project. This included the safe environment the project provides so that clients can take small steps to change their lives around and they can be open about the challenges they may be facing in their recovery. It allowed them to see others develop and aspire to improve, as they too have faced similar challenges. In addition it provided clients with a meaningful routine and structure to their lives, therefore helping them manage an otherwise chaotic lifestyle. With the access to additional resources that reduce the barriers to volunteering, as noted by one respondent, the resources provided childcare support that enabled her to access volunteering and gain a qualification. “It's a safe environment and helps people change their lives around.”

For one client, the access to volunteering opportunities was very beneficial, as she viewed it as a staged return to developing skills to enable her to return to work. It provided a route to qualifications, which was vital to access employment given the current employment market. It also demonstrated to employers that “you could hold down a job, as the volunteering placement required commitment and reliability; a transferable skill to the work place”.

“I am completing a PTLLS course and the job that I am applying for is relevant to my volunteer role. I can put what I have learnt into practice”.

Whist another commented: “I am looking for a permanent job. I can relax a bit because I am volunteering. At least I am active. I like the fact you get training. With volunteering you can choose your role and there will be no gaps on my CV”.

It also enabled clients engagement with the benefits system to continue, yet at the same time, test out whether this was an area of employment the client wanted to follow, based on the type of volunteer placement they had pursued. It was also important to clients knowing their benefits would not be affected whilst making meaningful, evidenced progress; which was very important for their stability.

“What you put in is what you get out and is not dependent on your benefits”.

Consequently the volunteering opportunities were viewed by the group as an important bridging process and they praised the ETE staff for the practice and support they had access to. It was seen to assist with self-confidence and improve social and life skills; this was more important for the long term given the barriers that some had experienced in the past in relation to employability.

“They are a bridge for building up your confidence. Taking a leap can scare people, whereas a bridge is more defined”.

“Tailored for you, it is not regimented and the options of support are offered”.

For others who had a criminal record, ETE was important in their lives as some had difficulties with other agencies providing volunteering opportunities once
their background was known. ETE was therefore very important for clients as it helped some of the most vulnerable people.

“You can start on any level no matter your age. Helps you to put boundaries in place. ETE helped me to focus, stay off taking drugs and committing crime.”

“Anywhere else you would be discriminated against; you are not discriminated against here”.

Another area discussed was that volunteering provided access to a qualification route. ETE provided placements in other services managed by the organisation. Volunteers could use that experience when attending an external course such as the Health and Social Care Diploma.

“No two days are the same. You learn about the service. You deal with real people – You learn about Hepatitis C, health & safety, how recovery works, clinical services. You get an in depth picture of the service”.

One client commented that other participants on the course she was attending didn’t have access to regular work based learning.

“Volunteering makes training relevant and a qualification validates the volunteering experience. It encourages you to go further, self develop. Initially I started out teaching a basic IT study class and now I am also going to be supporting people with dyslexia. A lot more responsibility; but I have free reign and I can run it how I would like.”

Regarding a discussion about how the volunteers would like to shape future programmes, the general consensus was that ETE was providing a good service; that it was needed and if it didn’t exist people would suffer. The only comments about how to evolve the programme was that with volunteering, incentives could be developed, thereby recognising the value of volunteering:

“For example, if you volunteer for 1 year you receive 10 driving lessons”.

It was also suggested, that it would provide further stability for the volunteers, if they were allowed access to internal vacancies before they went on the open job market:

“Allow internal vacancies to be advertised to volunteers and staff first. I would give more time if I knew there would be an opening specifically for me for job vacancies.”

4.23 One to one semi structured interviews with staff (See appendix 3)

During the evaluation process, four key members of staff were interviewed that have been working for the ETE project both full and part time. Their experience with the project ranges from five months to eleven years. It was important to interview the staff, as that would verify some of the findings of the qualitative data with the clients concerning the positive impact that the project was having; and that for a vast majority it had made a difference concerning those steps to employability. For instance, all recipients of the questionnaire scored staff support provided to the clients, as good or excellent.

Based on the semi structured interviews with the staff the key strengths of the project they identified that make a difference for the clients include:

1. The range of organisations in the borough that provide a variety of workshops. Some examples of which are NOVA (who provide basic computing skills) and Open Age (who deliver a range of courses for men over 50’s), and Build on Belief (who provide a Social Club with a range of activity options). This range ensures that, whatever is requested during one to one goal setting, we can meet the client’s needs. These organisations are well known to ETE staff (who are familiar with whom to contact and the range of services provided) as they are often invited to different organisations to see what they deliver.

2. The Tri Borough approach means there are strong partnerships across the boroughs of Westminster, Hammersmith and Fulham and Kensington and Chelsea. Workable protocols exist for sharing information, which benefits the clients and the local agencies. Such partnerships mean that colleagues from different agencies can be brought in to facilitate satellite sessions in the service, such as the benefits agency, debt counselling organisations and legal services.

3. The access to Campden Charities which award grants to clients; allowing the pathway to be tailored and not administratively intensive. This can help develop the client’s potential as it covers costs such as childcare, equipment, travel, clothing and course fees, which are often barrier for clients moving forward.

4. The structure of the programme that starts with an initial client assessment, which is comprehensively carried out, “provides a picture of where they are at”, followed by the individual sessions which are carried out at the clients pace with reviews. As returning to work for clients is a challenge, there is often a need to learn reading, writing, IT and social skills.

5. The proactive dimension of the programme, as it focuses on a bespoke, individualised ETE recovery plan for all clients that is voluntary and needs led, rather
than mandatory and a prescribed programme. Clients can design their own programme. “ETE provides the skills to get back into work, teaching them skills over a period of time”.

6. The tools that are used in the sessions have evolved over a period of time. They incorporate feedback from clients, such as the Goal Planner Map, ETE Support Plan and the SMART goals, which provides a reference point to enable flexibility. “This has evolved; previously there were too many questions, so it has made assessment forms easy to fill in”.

7. Blenheim has a team approach to ETE as part of the recovery plan, rather than the model where there is one ETE worker who makes up a part of the recovery team. Such a team approach means the staff have a range of skills and experiences, all of which benefit the clients. There are weekly team meetings to discuss individual cases and the support required with more challenging cases, where appropriate. All staff have regular supervision and training related to the development of the project.

“Bounce ideas re: strategies for clients if we become stuck: an opportunity for the team’s brain to function”

8. Staff engagement skills are very good as they are trained in a range of techniques including: Coaching skills, Cognitive Behavioural Therapy and Motivational Interviewing Techniques. “These all assist in supporting our clients to access training and volunteering with the ultimate goal of securing work”.

9. All the practice stems from the value base of people’s capacity to change. For instance, the Peer Mentor programme provides a number of skills for the client: interaction with individuals, how to engage with peers, how to approach members of staff, boundary management and reflection skills.

10. Staff recognise the challenges that the client group presents. They understand the need to be flexible and to have effective communication processes in place. For instance: relapse can be common, a client can disengage for a period of time and then re-engage. “To come into the hub can be a huge step for clients”.

Some clients have fears about their benefits; given the welfare reforms, and the impact they may have if they access ETE. In the assessment process this issue is discussed to allay any fears and if necessary contact is made with the local Jobcentre plus. The TRP2 forms are used to ensure the risk of sanctions being imposed are minimised.

Finally, there is recognition that the use of drugs and alcohol may have impaired the cognitive functions for the client. Consequently, re-engaging with learning can be a challenge and for some has to be organised into bite size chunks. (See Appendix: Case Study 1). There is also the need to be realistic about expectations with clients, so the need to ensure unrealistic goals aren’t established.

“Can’t be a bank manager if you have a sentence for fraud”.

11. The delivery of the service includes a drop in function; it is not appointment only which is vital for the clients to access ETE, as they often operate in the moment rather than in a structured timeframe. (See Appendix Case Study 2). Also, good communication is vital as staff will follow up with clients if they haven’t seen them for a period of time and will send texts if appointments are missed.

12. Celebrations of achievements are a key theme for clients, such as ETE awards ceremonies, poetry competitions, Showtime Events, Lady Goodman Awards and Team London Awards. It is very important to value client achievements and contribution as it encourages clients to come out of their comfort zone and give them the opportunity to develop the ability to learn and achieve.

13. Clients come up with suggestions for the programme and then follow through, such as the learning tree, IT training and other workshop ideas.

14. The ETE approach, which includes the Volunteering and Peer Mentoring pathways, takes the pressure off the clients and recovery workers as there is a successful model to refer to: “It provides the confidence and ability to make the small steps that enables the client to move on. It provides clients with an incentive to come off drugs”...

Also, as most services are based in the hub, the journey can be seen by all those involved.
How could the project be improved to meet the needs of the client?

Recognising ETE is a busy and needed project as the data has outlined. The project is evolving, so a number of key changes have taken place in 2014-15 such as updated staff job descriptions, structured rota, new IT suite and targets set for staff and team. The staff identified a number of key aspects, which could continue to develop to address emerging issues. These could be divided into two key areas; infrastructure issues and programme content.

1. Infrastructure issues include an increase in the resources for the staff team, as this would enable key employability issues to be developed rather than addressed on an ad-hoc, sporadic basis. This would also build on the communication and support provided to the clients, as one staff member operates between two sites where capacity has increased at both of them.

2. It would also be beneficial if there were an additional space that could be allocated to the ETE project. The North Hub is a welcoming and accessible venue, but continued demand has meant that the meeting room and one to one room are not always available, so this can impact on what can be delivered. More workshops could take place based on the needs of the clients and consideration could be given to extended opening hours; including weekends and evenings, subject to building access.

3. All staff were in agreement that it would be useful to have additional resources for accredited courses and in-house courses, such as the OCN course: Skills to Know Yourself (SKY), Courses with a work-base element, Social Media Courses, Assertiveness, IT, Numeracy and Literacy. All of these additions would assist towards increasing employability prospects, as they would provide additional incentives for the clients to achieve and increase their self-belief. Providing a safe environment for those who have not studied before offers a stepping stone for clients before possibly engaging in a higher level course: “Clients feel relaxed, gaining confidence to move on. This has already been proved by the take up of the Units of Sound Course”.

4. Finally, it would be appropriate if pre-employment support could be run on a regular, rather than intermittent basis, such as employability workshops. This could include Job Brokerage, where direct links to employers were made to include elements such as preparation for employment, pre-employability skills and job shadowing. The staff recognised that returning to work was a gradual process, and that returning to the wrong type of job maybe stressful and jeopardise clients stability. In addition to this, it was recognised that continuing to work closely with JCP to increase the take up of the TPR1/2 process was of vital importance so that clients avoided being sanctioned.
Section 5: Conclusion

The key aim of this evaluation was to measure the impact of the project and the difference the project had made for the services users focusing on the past year’s practice (April 2014 – March 2015). For this overall aim to be explored the following objectives were identified:

- To evaluate what the strengths of the ETE model are that enable clients to become engaged and stay with the process throughout treatment, and when treatment is coming to an end.

There was a range of evidence available that demonstrated that this outcome was achieved. There were many positive examples as to how the project had made a difference to individual clients to make those steps towards employability given the barriers and difficulties they face:

- For instance, the survey demonstrated that the strengths of the ETE model included the support provided by the staff through the individualised goal setting sessions and the follow up help, such as assistance with regular structured sessions, reviews and referrals to other services; and regular communication.

- The key to the impact of these sessions was that there was early engagement; the one to one support sessions set targets that were realistic and achievable and brought clarity to the diverse range of activities that the client could follow.

- This was reaffirmed by the focus groups that described a process that had provided a high level of activity to achieve this outcome and were able to quote many examples of positive impact.

- It was noted that visible Peer Mentors created the added value for the project as it provided role models for those clients who were at the early stages of ETE intervention, and ex-users who were now volunteers facilitating some of the ETE sessions; i.e. IT support.

- Finally the highly skilled and competent staff identified that the training, regular supervision, regular team meetings, extensive networks and access to a grants system for clients, meant that both the staff and the structures enabled the service to perform to a high level.

- To identify the gaps in the ETE model and what aspects need developing to strengthen the learning, confidence and participation of the clients to access the employment market.

As with any service delivery it is constantly evolving and the evaluation has highlighted the importance of regular monitoring and review. The gaps that were identified that would help reinforce client access to the employment market were:

- The need for internal accredited training across a range of areas, such as Skills to Know Yourself (SKY), (an accredited course) numeracy, literacy, IT and social media to name a few. The main reasons are that it helps to develop client’s confidence as they are recovering; providing those initial steps to get back into learning after a long period of time out of work and/or out of a learning environment. It also provides an understanding of the expectations and requirements for accredited learning, which they can use when they move on to other external providers. Hence, creating a bridge to start the process of steps to employability.

- Strengthen the employment programme, so it could incorporate links with local employers for job shadowing, mentoring opportunities. Include business enterprise and start up courses, employability workshops and career action planning. Also, continue to strengthen the links with JCP and the Work Programmes, which is vital given the current welfare reforms.

- An increase in staffing to manage the above developments, which would also help with extending the support concerning an exit strategy for clients over a sustained period of time.

- Access to more space to enable the extension of the programme during the evenings and weekends, given that it is not always accessible to all referred clients.

- To evaluate how clients and other stakeholders have influenced the project in the past year.

It is recognised in the evaluation of the project, that the individualised programme for each client does clearly influence the range of opportunities and learning experiences. Often these have culminated in programme developments at a delivery level, such as the Poetry Competition, building on the client’s application of spoken English, which impacted on how they communicated with others. This has reinforced the client belief that they can achieve and recover. The clients recognise that there are structures in place whereby they can influence the shape of their learning and this is very evident when the client starts at the project. A further indicator is the range of courses that the clients took part in, as over 40 were identified in one year. Peer Mentors and Volunteers have also
been involved in training new Peer Mentors and recruitment processes for the wider organisation; again the viewpoint of the client is very important as this recognises the holistic approach of the organisation to ensure the client has a say in the delivery of programmes and involvement in their development. The client representative who sits in on the monthly review meetings of the North Hub also supports this.

Regarding other stakeholders, this is an area that is evolving and there have been a number of examples of good practice. The strengthening of links with JCP has helped to influence the project concerning the Welfare reforms. In following the national protocols, this has provided a breathing space for the clients, especially at a delicate phase, as they enter stability and recovery. Development of links with Octavia Foundation has also been helpful, as the staff recognise they can’t deliver all aspects of the programme for the clients. There are also limitations on the amount of resources that can be accessed. Consequently partnership work is vital for a much wider range of delivery. Octavia Foundation is well positioned to deliver more regular employability opportunities such as application writing, interview techniques and employability workshops.

The partnership with BoB has enabled access to a weekend service. This allows for clients to be contacted who may be unable to access services during the week, and those for whom structured treatment finished before they were ready to access the ETE department. It is an example of partnership working that allows service provision to be expanded outside of office hours; thereby reaching a wider cohort of individuals that might otherwise not be possible.

To summarise; based on the evidence gathered, the project had, overall, met the outcomes identified in the indicators for the positional evaluation as outlined in the evaluation brief. The positive impact of the project is evident in the range of oral and written feedback we have received and summarised in this report. It has also identified the need to maintain good working partnerships as this may help with the resource issues, such as staffing and space which are issues that face many charities today. It reinforces the need for continual evaluation, as this provides the time to reflect on good practice and how the service can continue to be delivered given the vital need it fulfils and the limits on resources available today.
Section Six: Appendices

Appendix One: Questionnaire Structure

The Education Training & Employment team are giving away a £10 Food Voucher – If you complete this questionnaire!!!!

1. What have been your achievements accessing the ETE service?
   ………………………………………………………………………………………………………………………
   ………………………………………………………………………………………………………………………
   ………………………………………………………………………………………………………………………

2. How do you think ETE has supported you?
   ………………………………………………………………………………………………………………………
   ………………………………………………………………………………………………………………………

3. Tick the boxes you think an ETE service needs to provide you:
   ☐ Career Action Planning
   ☐ Employability Workshops
   ☐ CV writing skills
   ☐ Application Form skills
   ☐ Interview Skills and techniques
   ☐ Accreditation

4. With the ETE worker have you been involved in setting your own ETE goals in your ETE Recovery Plan?
   ☐ No
   ☐ Yes

5. Do you have any barriers to reaching your ETE goals?
   ☐ Problematic substance misuse
   ☐ Poor health conditions
   ☐ Literacy
   ☐ Numeracy
   ☐ Computer skills
   ☐ Child care issues
   ☐ Learning difficulties
   ☐ My age, I’m too old now
   ☐ Fear my benefits will be affected if I volunteer or mentor

6. How do you think the following skills have improved whilst accessing ETE? On a scale on 1 (poor) to 5 (excellent) Please circle:
   Literacy 1 2 3 4 5
   Numeracy 1 2 3 4 5
   IT (Computer) skills 1 2 3 4 5

7. What courses / workshops have you attended please list below?
   ………………………………………………………………………………………………………………………
   ………………………………………………………………………………………………………………………

8. What qualifications have you completed please list below?
   ………………………………………………………………………………………………………………………
   ………………………………………………………………………………………………………………………

9. Have you started a Volunteer Placement or a Peer Mentoring Placement?
   ☐ Yes (Go to Question 10)
   ☐ No (Go to Question 11)

10. What have been the benefits for attending these placements?
    ☐ Increased self esteem
    ☐ Improved confidence
    ☐ Provides structure
    ☐ Healthier attitude
    ☐ Creating self-awareness
    ☐ Developed communication Skill
    ☐ Opportunity to work as part of a team
    ☐ Feeling part of a community
    Any other benefits? ………………………………………………………………………………………

11. Have you given any feedback to your ETE worker about your experience at the service?
    ☐ Yes (Go to Question 12)
    ☐ No (Go to Question 13)
12. Was this feedback listened to? If Yes provide an example.
☐ Yes
☐ No
Examples? ……………………………………………………………………………………………

13. How would you rate the following? On a scale of 1 (poor) and 5 (excellent)
   Please circle:
   - ETE Worker Support 1 2 3 4 5
   - ETE environment such as were you welcomed friendly staff 1 2 3 4 5
   - Accessibility, such as opening times, location 1 2 3 4 5
   - Support /Review in the ETE coaching sessions 1 2 3 4 5

14. Has the ETE service helped you to build up your self-confidence?
☐ No
☐ Yes
☐ Partially

15. What would you like to see ETE provide that we are not already providing
    for you? Please comment:
    …………………………………………………………………………………………………………………
    …………………………………………………………………………………………………………………
    …………………………………………………………………………………………………………………

About you:

<table>
<thead>
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<th>Long term sick/disabled</th>
<th>Full time carer</th>
<th>Unpaid voluntary work</th>
<th>Young carer</th>
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</thead>
</table>

Thank you for completing this questionnaire

Appendix Two: Emerging themes: Focus Groups

Focus Group Peer Mentors walk with me ...

Read and get clients to sign consent form...explanation of focus group.
Questions below to be used as prompts

1. Introductions, name and how long have you been involved in the peer mentors programme
2. What training was provided for your role?
3. Will focus on the ETE provision ...so what have been the benefits of being involved in the ETE project, what has it enabled you to achieve/ develop ... i.e. involved in this group peer mentoring ...
4. Why did this approach work ...What are the key elements that make it work for you, why did you regularly engage / attend with the provision
5. Prompts: Staff, Programme, Structure, Accessibility ... other partners.
6. What might have put you off attending / engaging in such a provision... what could be a barrier... prompts ...Benefits, not ready ....
7. On reflection what else would you have wanted in the programme ... prompts ...
8. Did you have an opportunity to shape the service you received... why was that beneficial... How would you like to influence future ETE provision... any suggestions
9. Why is peer mentoring a route to other opportunities such as Employment/ Training, what can it provide ...prompts ... Confidence ...

Thank you for your time ...

Focus Group: Volunteers

Read and get clients to sign consent form. Explanation of focus group.
Questions below to be used as prompts

1. Introductions, name and how long have you been volunteering in the programme, what do you do ...
2. What training and induction was provided for your role.
3. What have been the benefits of being involved in the ETE project i.e. volunteering and (what do you think are the benefits for the client) / what has/does it enable you/ client to achieve ...
4. Why did this approach work for the ...What are the key elements that make it work ...
5. Prompts: Staff, Programme. You at the centre ... other partners ....
6. What might have put you off/ client getting involved in the ETE
provision...?
7. On reflection what else would you have wanted in the ETE provision ... prompts ...
8. How would you like to shape future programmes ... any suggestions ...
9. Why is volunteering an important route to employment, what can it provide

Thank you for your time ...

Appendix Three: Staff interview Questions

1. What is your role here?
2. How long have you been working in ETE provision?
3. What was your background before that?
4. When you first started your job here what did your induction consist of?
5. For you, what have been some of the successes of the model to date (Model print out)?
6. What are the strengths of the model...?
7. What aspects of the model need developing to meet the needs of the client?
8. What are the benefits of the ETE provision for client, Wider Community and Staff?
9. How do you keep up to date with policy developments re: ETE re: client?
10. What are some of the main challenges you face on a day-to-day basis?
11. What challenges do the client’s face on the ETE Project?
12. How do you know the client is progressing what are some of the tools you use to measure distance travelled
13. What other agencies do you work with and what are the benefits
14. What do you feel about client involvement in design and delivery, how could this aspect be developed
15. If you could change anything about the service you provide what it would be.

Case Study One:

Miss Doe was referred to the service by Build on Belief (BoB). This is a service facilitated by client’s as a safe space for people with alcohol and substance problems. Miss Doe had been a previous alcohol user and had been on long-term sickness benefit. This was due to her previous mental health issues in which she was being supported by the local mental health service in the community. In the initial assessment to look at her employment, training and education needs, Miss Doe stated that she would like to improve her computer skills and look at a level 2 in health and social care. During the assessment I suggested to Miss Doe that I could refer her to a computer skills course at Nova. She stated that she feels nervous meeting new people. I offered to walk her to Nova and she agreed to this. This resulted in her being enrolled to start the computer course the following week. On her next key work, Miss Doe asked me to help her compile her C.V as she stated that she wanted to find work and not be on benefits anymore. I demonstrated a simple C.V builder on the computer and after she had finished compiling her C.V with my support I printed her a few copies and saved it to her email on the Google drive. I asked her if she had started her course and she advised she had been twice and was finding it helpful as well as building her confidence. Miss Doe contacted the service the next week and stated that she had been offered an interview and could she come and see me before hand for some advice in preparing herself. I arranged to see her that afternoon and talked her through techniques and advice on interview skills. The outcome was Miss Doe was successful in her interview and was offered the job. Miss Doe has now been employed full time for just over two months as a chaperone with a local hospital. We still offer her in-work support and she is still exploring her future goals of completing a level 2 in health and social care.

Case Study Two:

Jack had accessed the ETE service at the North Hub twice before but found it difficult to engage. When he was referred again by Insight (Young People’s Service), I changed tactic when assessing and key working him. I decided to have a more flexible approach. Instead of offering him booked appointments I asked him to use the drop in when he wanted and through doing this we were able to assess him. During the assessment Jack stated that he felt he might be dyslexic. He also advised he was interested in fashion. When I asked him about any qualifications he reported that he did not finish his GCSE's in Maths and English and this was something he would like to do. I asked him to have a look at any short fashion course he was interested in and we would discuss the next time he accessed the service. When he came back the following two weeks he had found a short course called ‘introduction to designing fashion’ at the Working Men’s college. Through our ETE funding we were able to pay for him to do this. I also used the Units of Sound programme to assess his literacy skills and through this we identified that he was not dyslexic but just needed further support to improve his reading and writing skills. He now attends on a weekly basis to access the computers in our drop in and is registered to access the Units of Sound programme to improve his literacy skills. After completing the short week fashion course he applied for further study, with his ultimate goal to complete a degree in fashion. After he has completed the Units of Sound
programme we will look at funding for him to complete his G.C.S.E. English. Jack has now applied to start his maths G.C.S.E. in September with City Lit college. Jack stated on his last keywork that he feels more confident around achieving his future goals and that ETE north hub has supported him and were able to respond to his needs quickly.

Case Study Three:

David was referred to the ETE North Hub after engaging with KC North Hub to address his Cannabis use. He was very keen to get involved with performing arts as he had an ambition to perform as an actor especially with comedic roles. His allocated worker assessed him and referred him to a six-day workshop with Spy Monkey a touring comedy theatre company. This was to improve his confidence and also explore performing in an unpressurised environment. After completing the workshop, David discussed with his ETE key worker his future goals and decided that he wanted to audition for Drama school. The community engagement team leader in the ETE department was a trained actor and was able to support David on his audition monologue. David was offered a place with the drama school but was unable to take up the offer due to lack of funding. His key worker worked with him to contact various charities to try and help him acquire funding and he has deferred his placement for one year. In the interim his key worker found a short two-week drama course with City Lit, which the ETE north hub was able to fund. We were also able to buy him clothes and equipment he would need for the course. Alongside this David was advised to apply for the Peer Mentor training in which he was successful and is currently in the middle of his twelve-week training. David states that his confidence and commitment to achieving his future aspirations has grown dramatically with the support from the ETE service. He no longer uses Cannabis and advises this is due to feeling that he has things in his life, which have improved his self-esteem, and no longer feels he wants to smoke Cannabis.

Section 7: Source Material

Reports:

ACMD (Dec 2012) Recovery from Drug and Alcohol dependence: an overview of the evidence

Build on Belief Service User Impact and Evaluation Report 2014: T. Sampey


ETE Blenheim North/ South Hub: Kensington and Chelsea 2014-15 Quarter 4 Results Tables and Figures

ETE and recovery: Recovery Partnership briefing for Inter- Ministerial Group on Drug policy 2014


LDAN (March 2014) Pathways to employment

NTA (2010) Joint Working protocols between Jobcentreplus and treatment providers


Results from ETE questionnaires: ETE Blenheim North/ South Hub: Kensington and Chelsea Re: Clients June 2015 Excel Spreadsheet

Tri-Borough (Kensington and Chelsea, Westminster and Hammersmith and Fulham) ETE Questionnaire and Focus Group Findings 2013/14
Section 8: Acknowledgements

We would like to thank all the clients who took part in the Questionnaires and Focus Groups, without whose involvement this report would not have been possible. Also the staff of the ETE project for their contributions and assistance and the feedback from external agencies such as Build on Belief.