

EMPLOYMENT, EDUCATION AND TRAINING AND RECOVERY

Recovery Partnership briefing for the Inter-Ministerial Group on Drug Policy

[The Recovery Partnership (Recovery Group UK, the Substance Misuse Skills Consortium and DrugScope) was invited by the Inter-Ministerial Group (IMG) on Drugs to submit a short paper on employment, education and training and recovery. The Partnership would like to thank all those who contributed thoughts and ideas and particularly those who commented on the draft of the paper. We welcome comments and feedback and will be producing a longer briefing/paper using more information provided by the online surveys]

Employment is an important component of recovery – it brings benefits to individuals and society. We applaud the emphasis on supporting routes to employment in the drug strategy.

It was significant that the Government announced early on a review of planned changes to the benefit system specifically for people with drug and alcohol problems (these included giving Jobcentres the power to require claimants to undergo drug testing). The Government's approach - to ensure that the benefit system *supports* people to engage with treatment and recovery - is right and welcomed.

There are many projects supporting people in recovery towards employment and many success stories. However, as the UK Drug Policy Commission has highlighted ('Working towards recovery: getting problem drug users into jobs') the evidence base from *research studies* on how best to support routes to employment 'is very thin'. We hope that the new Recovery Committee of the Advisory Council on the Misuse of Drugs will consider this.

Treatment providers are well placed to provide life skills and employment preparation support from the start of treatment - services can deliver a range of support and interventions: motivation and confidence-building; 'life skills'; volunteering opportunities and accessing training and education. There are specialist staff and projects providing employment support and resettlement, but investment in wider workforce development and training to support access to recovery services (such as housing and education) is crucial. Other services need to have a better understanding of substance misuse issues. The Substance Misuse Skills Consortium has a key role in driving forward this agenda.

There are a number of barriers for people in recovery, and for some with chronic health problems and complex needs, employment may be an unrealistic or very distant aspiration – for others a premature (or inappropriate) return to employment can set back recovery. Barriers include: a lack of available opportunities (often compounded by stigma associated with treatment and recovery); funding which does not incentivise 'holistic' work with people in recovery; a lack of engagement and commitment by other (non-treatment) services.

We re-emphasise the important issue of the practice and quality of commissioning, particularly at a time of significant change and transition, including the introduction of Public Health England and the transfer of responsibility for drug and alcohol treatment to local authorities and Directors of Public Health. Effective partnership working is key.

Key issues:

There is concern about a disinvestment in employment-related support, capacity and expertise, particularly since publication of the drug strategy in December 2010. Funding for dedicated Drug Co-ordinators in Jobcentre Plus ended in March 2011 – although there was variation across areas, the outreach role with treatment providers and developing referral routes was generally positive and provided a clear point of contact and liaison. In addition, there is a concerning gap in work-related support for people in treatment and recovery since the ending of Progress to Work and the roll-out of the Work Programme.

Jobcentre Plus: Jobcentres have an important role, alone and in partnership, to positively support and engage people with drug and alcohol problems. Some progress has been made, but many with drug and alcohol problems remain reluctant to reveal this to Jobcentre staff. As one service user told us, a key requirement is “to empathise, listen, to be flexible, non-judgemental and take the fear and anxiety out of the service.”

The Work Programme: We welcome the ambition for the Work Programme and recognise it is still relatively early days in its development and roll-out. A number of drug and alcohol treatment providers and others were named by prime providers in their tenders. However, to date there is a high degree of concern about the lack of engagement by prime providers in supporting recovery (e.g., a number of ‘named’ sub-contractors have not been contacted or are yet to finalise contracts). There is little tangible evidence that the priority Government is giving to recovery is so far being reflected in delivery of the Programme. Despite initiatives to engage and support prime providers (e.g., by the London region NTA), progress overall is variable and slow. 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’. We would welcome the opportunity – with government support – to continue to work with prime providers in supporting people in recovery.

Outcomes and PbR: It is disappointing that there is no employment-related outcome for the PbR Recovery Pilots (although local areas can introduce one). The risk of unhelpful signals about the importance of funding employment-related activity needs to be addressed.

Benefit system: The benefit system can play a positive role in helping people in treatment and engaging with recovery services - we applaud the commitment to introduce flexibility in benefit conditions to support this (and would welcome clarification on the timetable). Benefit rules have discouraged service users from volunteering, taking on part-time or temporary work and work placements - we welcome the potential for Universal Credit to help address this. Volunteering can be a positive step in supporting recovery, but many are reluctant to take up opportunities because of concern about it affecting benefit entitlement - we would welcome working with officials on addressing this. We are concerned about the planned abolition of the social fund and the potential loss of support for people in recovery when responsibility is passed to local authorities. Service users highlight the importance of benefit and debt/money advice (although provision is variable) - we will be exploring how the sector can strengthen this support.

Employers: Many employers are reluctant to employ people in recovery, but we also know of employers doing exemplary work, and who say their experience of employing people in recovery has been very positive (e.g., Be On Site, Marriot Hotels and the Forestry Commission). This commitment can be harnessed to develop ‘recovery champions’ among employers – they could receive an (official) ‘kite mark’ for supporting the recovery agenda (perhaps incentivised, e.g., with a tax or public procurement advantage). Building on the duty

to promote inclusion of people with disabilities in the work place, we call on public sector employers to take a lead in providing opportunities for people in recovery (e.g., every local authority and government department could promote a recovery-related work placement). Employers need to be supported to increase their understanding of substance misuse issues. Improvements in employment opportunities for people with disabilities and mental health problems have been supported by legal protections and awareness campaigns. There are challenges in addressing stigma in the context of substance misuse, but we can and should invest in de-stigmatising those in treatment and recovery.