Welfare to Work Agenda
Substance Misuse Service Questionnaire Results

Results collated from 54 Questionnaires sent out.

1. Does your service currently provide effective pathways into work?

Yes: 43, No: 11

1(a). Please describe briefly, the key elements of your service that provides effective pathways into work:

- We have a dedicated worker, who will support clients into employment through our scheme call progress to work. This works in partnership with the Job Centre. This will include job clubs and CV writing and support to fill in applications.
- We refer young people on to Connexions/ progress to work etc as appropriate but we are not responsible for assisting young people into work directly ourselves.
- There are good links with a Connexions worker who works specifically with people who may find it difficult to access employment. We refer clients to her and she comes into our centre to see people. Our support worker also supports people to obtain employment and housing. Supporting people to find employment is a target for the support worker. However, more support may be needed to work with employers to encourage them to employ people who may be in treatment or who have a criminal record.
- We are commissioners, not service providers, however we work in partnership with South Kent College which delivers a level 3 qualification entitled 'The Certificate in Community Justice'. This is an entry level qualification for substance misuse workers. All candidates are volunteers or trainees and most progress to paid work in the field as a result of the course. We also commission an Aftercare service from Turning Point. Turning Point also holds the Progress to Work contract.
- We hold clinics run by Red Kite and Shaw Trust and also have direct links to the JCP.
- Progress2Work & Job Enterprise Training, Regular workshops run by Progress2Work.
- We work closely with the Progress to Work service provided by Turning Point. At Open Access we assess substance misuse and refer them into treatment, as part of the assessment process we also look at social situation, health status, employment status etc. Where ever there lies the opportunity to introduce Progress to Work as an element of the interim and subsequent care plan this service will always be offered. All other drugline services such as Homeless Project, Alcohol Outreach and Stimulant Project will also encourage the client to take up Progress to Work.
- Kaleidoscope Wales provides structured group work and interventions for people with drug problems. Our program coves:
    - Self Esteem Building
    - IT –Basic Skills Training
    - Diversionary Activities
    - Community Involvement
    - Mentoring
- Clients entering our treatment programme have typically been homeless, in and out of prison and mostly out of work. In order to gain and maintain employment they need stable accommodation, an effective support network and most of all TIME. A majority who go straight back to work on leaving treatment RELAPSE. The vast majority who undertake voluntary work and training courses and continue to concentrate on their recovery and take on work after 12-18 months stay clean, stay housed and stay employed. Our pathway to work is to provide them with the necessary structure, environment, activities and opportunities in that 12-18 month period and as much as possible to tailor the support to their individual needs.
- Referral to Progress to Work worker.

- Good links with Progress to Work and Trac. We have a full time support worker.
- Progress to Work, Jobcentre Plus, and resettlement pathways.
- We have links with Connexions and one of our team leaders takes the lead in aftercare services.
- 1-1 Key Work sessions (Psychosocial Interventions)
    - Group Work: Relapse prevention
    - Tier 3 Treatment Plans
    - Tier 2 Advice and information
    - Complimentary Therapies: Reflexology, Indian Head Massage, Reiki, Herbal Teas
    - Drop services
- We work closely with the Progress to Work service provided by Turning Point. At Open Access we assess substance misusers and refer them into treatment, as part of the assessment process we also look at social situation, health status, employment status etc. Where ever there lies the opportunity to introduce the Progress to Work as an element of the interim and subsequent care plan this service will always be offered. All other Drugline Services such as Homeless Project, Alcohol Outreach and stimulant project will also encourage the client to take up Progress to Work.
- We have a specialist satellite service that provides pathways to work.
- We provide Service User Skills Training and then an opportunity for service users to practise and enhance these skills in peer lead service delivery i.e. Peer Support lead drop ins. We offer stage 1 and 2 ear acupuncture training and opportunities to practise this learning in a supervised way. We offer an OCN accredited volunteer training course that has successfully seen individuals enter the drug treatment workforce.
- I am an employment / training advisor for addiction supplying a contract to the DWP called Progress 2 Work supporting people with past, stabilised/current illicit issues as a barrier to work and training. Having an understanding of both client issues and employment. I am FADP Registered and OCN –D&A Qualified up to NVQ level 3 Standard. Have a disability background and an employment/training background NVQ4 Advice and Guidance. Work to 1 to 1 not group lead allowed quality work as long as quantity can be maintained. Outcomes: Work closely with a number of D&A services, structured day case ADS, Turning Point, DIP, Probation, Job Centres, NHS, Voluntary Sector, and Self Referral.
- St Mungo's offers clients opportunities to engage in work and learning developments such as the horticultural activities of our 'Putting down roots' programmes, our IT courses where clients can receive tuition and access IT resources and our Bricks and Mortar programmes. Clients also have access to client involvement programmes leading to peer facilitation training, recovery model training and project worker frameworks. We are the largest non-statutory provider of such services and prepare our clients to engage in employment.
- As a young people's drug and alcohol provision we have direct links and pathways with Connexions who will come and see the young people within our service, or the young people will be supported by key workers to go to Connexions.
- I work for a tier 2 service. As part of our Open Access Service we run a low level support Job Club which provides initial help and support for clients interested in starting to look for employment or training as part of their recovery and care plan. We provide help and support with job preparation and provide assistance with CV building, completing application forms, supported job search. We also have direct links with Progress to Work who often attend the job club.
- We refer clients into the ETE Workers within the prison.
- Difficult to say if the existing pathways are effective. The Drug and Alcohol Service have good links to the Progress to Work team and we have a Back to Work working with prisoners due for release. Both schemes are achieving outcomes but the numbers of PDU accessing permanent employment remain low. Work is ongoing via the local LAA to further develop the worklessness agenda.
- Helping clients develop structure in their lives by encouraging attendance at rehab groups and local community resources. Providing, with partners, and encouraging attendance at, personal development courses and IT courses. Providing one to one core skills and IT tuition. Providing

volunteering opportunities and linking clients in with volunteering opportunities. Linking clients in with educational and pre employment projects such as SAMH at Hathaway St, Realise and the wise group. Linking clients with employment advisors such as those at Glasgow North, Working Links, Progress to Work and Momentum. Assisting and supporting clients to access college courses to apply for and prepare for interview to higher education. To support clients during their course. To provide support for clients who are having difficulties in their work or need support starting a job. Providing help with a job search, CV's, interview skills and applications.

- In Bournemouth all our clients attend the local college for computer skills and foundation training, which starts people thinking about what they can or want to do for work. After treatment they can access further training from the college for the path of their choice. We have experienced some difficulty getting the same thing going in Southampton. All our clients are supported to get voluntary work whilst in treatment, doing our best to link voluntary work to a possible career path.
- We have a worker from UK Career Development Services who provides service to our clients for one day a week. This includes pathways into training, education and employment.
- Meetings with a progress to work agency, links to appropriate funding for training or work gear. Links with local education, training or employment agencies. In house painting and decorating course.
- Use of Progress to Work, Jobcentre Plus, Conditions Management.
- Referral to Career Wales, Working Links and Jobcentre plus.
- Progress to Work, all South Wales areas. Careers Wales.
- Aftercare involves support with the following: Finding voluntary work, funding for the college courses and equipment, CV Writing and application form completion. Also Interview skills, advice and information regarding benefits, career goal setting (using personal skills and interests to choose career path) and stress management skills. This all covered in key work sessions.
- We work closely with Progress to Work who are based at Drugline for part of the week. From Open Access we refer clients into the scheme to discuss options around training and employment.
- Joint working relationship with Jobcentre Plus, Working Links and Progress to Work.
- There is a job club every week for all our residents, it involves drawing up a CV, mock interviews, confidence building and working with the TWL on projects.
- Progress to Work and Jobs enterprise Training, Regular workshops run by Progress to Work.
- I currently manage an ETE Programme together with DAAT in Kensington and Chelsea. This includes an ETE Coordinator plus 3 volunteers. We are referred our clients from all drug and alcohol agencies in the borough and have excellent links with all the ETE services providers which we refer all our clients too. We currently offer service users in Kensington and Chelsea the following:
    - One to One initial assessments
    - Diagnostic literacy and numeracy tests
    - Skills CD Rom
    - Soft Skills Work Shops
    - Access to Funding to assist with courses
    - Mapping clients into ETE opportunities
    - Interview Skills/applications form skills
    - Job/employment links
    - Encourage and promote volunteering, have good links with the local volunteer centre
    - One to one tutor support in literacy
    - Our unique accredited training programme design for drug and alcohol service users- this is a four month course, accredited by OCN London region, our training programme, delivered and assessed by our team of trainers and assessors who are experienced in working with clients in this field and offer clients the opportunity to study 6 units or just one of he following units in:
    - Communication and interpersonal skills

- Boundaries and confidentiality
- Anger management and conflict resolution
- Assertiveness and self confidence
- Mentoring coaching and supervision
- Group dynamics and facilitation

This course is designed as a stepping stone to give people the basic skills in conduct etc before they start college/work/volunteering etc.

- We have a fully functional IT suite which clients use to research training courses and vacancies, as well as produce CV's, covering letters and statements to disclose convictions. We have career information and matching software, and link in with a supported volunteering scheme within the borough.
- Assessment and individual action planning/goal setting. Underpinning not duplicity community based or mainstream provision. Outreach and group work. Honest and open approach. Staff being aware of local provisions and opportunities.
- Individualised programmes: work on basic skills: one to one support: Partnership working.
- Our regime includes Employability and Thinking Skills for the workplace groupwork for all residents of this hostel. We have an employment link worker who has been recruited specifically to work with female offenders. She has local employers on board and is showing impressive results in helping residents obtain work. One example was a long term drug user who secured work in the fitness industry whilst managing her ongoing drug use.
- Our service is split into two parts; the first stage has an element that is work based with 13 hours a week of work incorporated into the structure. The resident has to go through an interview process and then will spend 10 weeks in the job. When the resident moves to the second stage programme (resettlement) the aim is to give them a taste of independent living, which includes work. We obtain voluntary work for them in companies in the wider community, which they work for 3 days a week. This allows the resident to implement /regain a work ethic and feel the benefits of working in a team and the self worth that can come of that. It also allows the resident to feel the strains and stresses of working, while taking responsibility for himself and coping with that in a constructive way without drugs or alcohol. Often the voluntary work does lead to full time employment but at the very least it gives the resident something positive to place on a CV and a good work reference when applying for jobs. We have two agencies come in to help with writing CV's and applying for employment, Job Club and Turning Point.
- Provide Leaflet and Handbook, Referral into a separate but bespoke service
- All clients are encouraged to seek some form of work either voluntary work or voluntary work in a supported work environment after 3 months of being here at Somewhere House. It also allows clients to build new relationships with other individuals

1(b). Please describe any barriers you face in providing effective pathways into work:

- Employers giving drug users an opportunity, poor education due to long term drug use and lack of schooling or further education, lack of appropriate jobs, should a client be on a prescription or some non prescribed treatment, an understanding from employers that this treatment is essential to a client's recovery.
- Confidence of some young people in discussing their criminal convictions where relevant, employers willingness to take someone on with a history of drug/alcohol use/criminal background, Low aspirations of young people, although we do work around this.
- Sometimes clients say they find it difficult to pick up a script when they are working. Finding employment is more challenging when you have a criminal record or you are receiving treatment.
- We hope that Jobcentre Plus will be able to help our clients, but my experience indicates that it takes much longer then 30 days for someone to regain confidence, attain the appropriate skills to re-enter the workplace and this is of great concern to me. Our Volunteers on the 'Certificate in Community Justice' experience personal growth and professional development – but only as a result of a programme lasting one academic year where they attend college one day per week and volunteer for a minimum of 4 hours per week. It is unlikely that our people's lives can be

changed within 30 days; they need much longer to address their issues. Learn what is expected of them and become reliable, regain confidence and self- esteem, re-learn basic skills (substance misuse often arrests peoples development e.g. 30 year old adult substance misusers behaviour resembles that of a 15 year old teenager, if they have been misusing substances since the age of 15). Many of our clients have very damaged backgrounds and dropped out of formal education early and thus have no qualifications. Their substance misusing behaviour in many cases led to criminal convictions and employers will be deterred by this. The current rising unemployment means that there will be more people pursuing less jobs so unless employers are given incentives to employ our clients, they will forever remain 'at the bottom of the pile'. Employers will also need specialist advice, guidance and training on understanding and supporting individuals with a substance misuse problem/past. They will also need to ensure appropriate policies; procedures and support are in place.

- The borough is lacking effective aftercare that would prepare clients for work opportunities via placements and more intensive accredited learning.
- The client's motivation and willingness to engage is sometimes difficult. A client may come in for an assessment and all they are thinking about is to get scripted, some aren't expecting to be asked about how they feel about entering the world of work and can sometimes recoil at the idea, others are very pleased to be offered it as having something to do throughout the day can be a very effective way of staying off street drugs. As far as pathways are concerned there are no real barriers, other then the client may be put on a waiting list to be placed on a programme, but mostly the wait isn't too long and the client is kept engaged whilst waiting.
- The clients fear that they will lose their benefits. There is an anxiety about working with other agencies that do not understand their condition.
- Mostly the barriers are discrimination from potential employers because of their drug use and criminal activity. Lack of previous work and references makes it difficult. Being pressured into work prematurely is counter – productive. Being able to sustain employment is surely the most important issue.
- Chaotic lifestyle, motivation
- Client motivation, few opportunities in our country, Rural Area – Poor public transport, Discrimination against our client group.
- Enough workplaces in the community for our client group
- Women and children, opening hours, cultural barriers
- Employers unwilling to employ those with criminal records and history of substance misuse, the recession.
- Funding for individuals to train in particular skills is often very difficult if not impossible to source. Funding for particular roles within the team to provide direct volunteer support is difficult as funding in the city is ring fenced to a particular source, which leaves it difficult for other providers to deliver this kind of service in an alternative way.
- Most Progress to Work contracts don't have D&A specific workers a barriers to understanding needs. Work target is the only DWP outcome not the benefit of treatment and support perhaps for the long duration. Most employers have negative issues around ex D&A potential employees. Persuading otherwise is an up hill struggle. Drug testing at work is becoming more common in the workplace as a stick not in supportive manner (construction). Funding is drying up. A man wants a dumper truck 5 day training (£1230.00) who has over a thousand pounds to spend? On a methadone script employers medical questionnaire. Are you on any medication? YES Methadone. For some reason you don't get the job. In Joe public eyes methadone is an opiate. Opiates are used by drug users, we don't want drug users. This is anecdotal; some discrimination is hard to prove.
- Prejudicial treatment of substance users and clients with a criminal history. A lack of responsiveness to the particular needs of the individuals, especially regarding adjustment of work schedules for those with mental or physical health issues. A binary value system in which workers are regarded either as fully capable or not capable, with no interim stages that provide an incremental approach as clients' capacity and coping improve. An unrealistic perception by employers that clients with substances use and/or criminal histories are less capable then their present workers and a false idea that the latter do not have any such problems. A Similar

mistaken perception that exists towards those with mental health issues within a culture that derides such people.

- The barriers into work for some young people is the none attendance at schools for some times months or years, which does not leave a direct access into work due to their lack of their educational skills required to enter the work environment, we do try and support to get some young people to access college but again the most vulnerable have no confidence and would possibly require one on one support in relation to their educational needs.
- There appears to be very little support and funding in our area (Luton) for individuals who are looking for employment with previous substance misuse issues and/or a criminal record. Having worked as an employment consultant before working in drug treatment (I also briefly worked on a Progress to Work contract) I was surprised at this when I first came to the area. Having been involved in going into prisons and providing support for ex offenders searching for employment I feel strongly about the place of support at this stage of recovery. We have a progress to work contract in our area and the service that I work for have very good links with this. However, I feel that there should be much more support and funding available for individuals at this crucial stage. Of importance also I feel are links with employers who are willing to take on individuals with a criminal record and for support for both employers and individuals with settling people into jobs and getting used to the workplace.
- We have no control over when or if the clients are seen, these services are essential but have minimal staff to provide a full and comprehensive service for all clients.
- Linking in with local employers willing to take on our client group. Minimal joint commissioning wit our Economic Development Partners.
- Cherry picking –agencies that will not take clients with additional difficulties just because of their history or additional problems such as memory problems or if they have had a head injury regardless of functioning. Projects who will not take clients on low levels of methadone- even when they say they will, they still never seem to get the place. Lack of pre-employment projects that allow clients to orientate to work. I mostly encourage my clients to do some educational activities but those for whom this isn't suitable I often have problems finding a suitable programme where they can progress in their work skills at a low pace. Many of my clients need a year or two more working at pre employment skills even after rehabilitation before they are ready for work. They may no longer be coming to rehab and therefore I want to pass them on to a pre employment project but there are few such projects. The ESF project at Hathaway St is good but does not take clients with memory problems or without mental health problems.
- We are looking forward to having a professional of some sort at the job centre, who can help link all the bits together for our clients, and continue working with them once treatment is completed. As a small organisation it is difficult/impossible for us to access links to every type of employment a client may want, whereas a job centre has access to all types of occupation with the new scheme, presumably they can also access training budgets.
- Apathy, unrealistic expectations, lack of appropriate vacancies. This is addressed in key work sessions and group work.
- Service users own feelings/anxieties about returning to work, and perceived lack of skills is the main one. Service Users concern about effect it may have on benefits.
- Lack of motivation from individual prisoners. Ex Prisoners not attending appointments.
- Client's low motivation levels of work. This is often a result of low self esteem, and lack of inspiration, which both take time to build. Challenging beliefs and values such as thinking that they will suffer financially not being on benefits. Clients often state that they would rather use their key-work time to focus on current struggles e.g. finances, relationship difficulties – if they have completed their counselling, they often don't have anyone else to talk to about such issues. Lack of time and room in the building to have regular key-work sessions. Funding for college courses usually comes from CRISIS. Their criteria states that I must have been working with the client for a minimum of six months for me to recommend them. Judgements made by employers regarding long histories of unemployment and criminal records.
- A lot of our clients are not interested in work as they have never worked previously, a lack of motivation is often a barrier

- Job availability/ suitable, reticence of employers, benefits system.
- We find it difficult to get expert benefit advice for clients who are fearful that returning to work on a low wage will jeopardise the primary benefit and therefore their housing.
- Childcare issues, people afraid to come off their benefits and pay large housing/ rent fees, lack of self confidence, lack of IT skills, lack of qualifications, unsure of what area to go into, funding for courses/clothes/travel.
- Mainstream provisions at times. New deal Etc
- Lack of basic skills, lack of employers willing to take people on with offending/health history/ lack of opportunities/ lack of one to one support for individuals
- The main barriers are the beliefs our female residents have about their own ability to hold down a job. We provide opportunities for them to do voluntary work, there is a structured regime that replicates a working day here in the hostel, and we even have one resident who assists the ETE worker in the local Job Club for an hour a week. Because we provide a pathway for our residents to obtain employment with employers who already know they have an offending record, we face fewer barriers. The difficulties with organising benefits around short-term, temporary work does put women off this sort of employment, but that has been countered by others who have gone along to interviews offering to work unpaid on trial for a fortnight, so the employer can decide whether they will be a good bet.
- The residents have very little work experience and therefore find it hard to sell themselves to employers. The barriers come from the residents themselves. The lack of self-confidence, the fear of failure, and those they will not be accepted, the addict's nature of wanting everything now and not willing to wait for it. In all the years I have worked here if a resident has wanted employment and worked for it, he has found it; the problem is preparing the addict for full time employment.
- The benefits system can work against the programme. Competitive job market.
- Prejudices from local charity shops, clients feeling they have lived off the state all their lives so why should they change now?
- Trying to prioritise their detox and treatment and not having enough staff to allocate to this task. Also an almost complete lack of businesses prepared to work/employ anyone with a substance/criminal history.

1. Do you believe that treatment providers SHOULD incorporate welfare to work in the care planning stages?

Yes: 43, No: 5, Undecided: 4

No – Reasons:

- This would depend on the length of the treatment programme that the client is engaged with. Our programme is for five months and within this time we believe that when a client is in treatment they need to focus on treating their internal condition. We feel that education and work experience is something the clients can focus on once they have left treatment and are stronger and more able to cope with the stresses that work and education often bring for people in early recovery. If the treatment programme was for twelve to eighteen months then I believe that helping a client back in to work would be more appropriate.
- Not necessarily – it should depend on the immediate needs and wishes of the client – early on in treatment they may not be ready to consider employment or training. Treatment providers should be focussing on treatment in the initial stages and providing EYE advice and support once a client is stable and willing. There is also a limit to what treatment providers can deliver – supporting people from welfare into work is a specialism which requires distinct services to deliver in partnership with treatment.
- Clients are not in treatment long enough in either Primary Care (8 weeks) or Secondary Care (13 weeks) to seek or take up employment. Third Stage would be the place for this along with skills development and vocational training.

- In my role it would be unreasonable to include welfare to work, the clients are chaotic and unable to focus on this long term plan.
- 'You have to get people away from drugs and their problems before trying to get them to work.' (Louise Casey)
    - Enabling people with drug problems to access and sustain employment often requires a long term approach with opportunities for rehearsal and extended specialist support. This period of support and stabilisation will not be provided for by funding employment outcomes; some individuals will take years not months to move into work…
    - …commissioning and contracting arrangements and the negotiation between multiple strategies, monitoring pathways and targets can be unmanageable…
    - …If unemployment rises the least employable will find it increasingly difficult to find work in full time, long term jobs that pay sufficient wages to avoid in-work poverty. The majority of drug service users accessing employability support are seeking work in construction or jobs which are either in the service industries, or reliant on them (warehousing, retail, driving). These sectors will be the hardest hit by any economic downturn… (Sophie Johnson, Lifeline Project, August 2008).
    - The treatment programme currently offered by the Recovery Project is abstinence-based and requires residents to be focused on participating in the programme of support 5 days a week, throughout their stay. Welfare-to-work initiatives may, in some cases, be appropriate for the 4 residents we support in post-treatment move-on accommodation. Towards the end of the treatment program (normally 8-9 months), all residents are, via care planning, encouraged to think about and plan for further education, training and work/work-related opportunities.
    - I feel that people need to be given the time in residential treatment, first and foremost, to focus on and address the issues underlying their addiction before being required to undergo the process of returning to economic activity in the workplace and the consequent stresses and potential for relapse that these may bring. Because people come into treatment with widely varying levels of prior education, training and work experience, the process of engaging, or re-engaging, with the workplace will similarly be different. For residential treatment facilities to adopt a universal expectation that everyone will engage in a welfare-to-work programme while in treatment is unrealistic and has the potential to undermine the therapeutic framework.
    - There are also numerous issues around resources and planning. Addiction counsellors are not, for example, currently trained to screen and assess clients for certain barriers to entering the workplace (benefits legislation etc). Would treatment agencies be funded to employ specialist welfare-to-work advisors? What sort of inter-agency protocols need to be developed in order to make any welfare to work arrangements in residential treatment effective and meaningful? Who will be expected to organise the establishment of such protocols?

Undecided - Reasons

- For CARAT services we do not have a remit for being directly involved in arranging/organising work for clients. We do refer to the agencies within the prison and as such we DO care plan to look at employment options for clients; however we do not do the work. In general treatment providers should be able to incorporate welfare to work into care plans and CARAT teams should have the ability to continue doing this.

- I'm not really sure about this. Sometimes the pursuit of work can become an unhelpful distraction for individuals. They can begin to believe it is the answer to all their problems and issues relating to their use become secondary. However I do believe it is a very important part of the aftercare package offered to individuals as part of their treatment programme.
- This is a one shirt fits all question in which for most of our residents who have crossed the line between substance abuse and addiction would be completely unsuitable. In some cases getting back to work is very important, in most that come into our centre, there is an awful lot of work to be done on them and surely we realise that care planning cannot be one shirt fits all!
- I think whoever thought of this scheme needs to think that maybe it would be better to invest in better treatment before insisting PDU's get straight back to work.

3. If your service does not currently provide pathways into work and you believe that treatment providers SHOULD, please answer (a) and (b) below:

3 (a). How do you intend to incorporate this into your service provision to meet the objectives of the welfare to Work Agenda?

- We are not commissioned to provide W2W but we would broker access to such services
- We are already committed to ensuring individuals get the maximum support and assistance. What we need is additional funding to allow us to give more individualised support to those involved and to ensure that employers respect and are sympathetic to people who have issues, but a genuine desire to work and contribute to society.
- Don't tinker around the edges be committed with real support. In this economic down turn all services are going to need each other more than ever. Our customers are going to be more disappointed with lack of work opportunity than at anytime before. Disillusionment can lead to use /increased or relapse. "Why Bother". I have customers saying that now. The Job Centre here is open 6 days a week just for new claims. New job losses everyday.
- Ensure treatment services are aware of the work agenda.
- Allocate resources to facilitate closer working with Employment, Training providers.
- Ensure greater links with our abstinence services.
- Currently the DIP service sign posts service users to specialist back to work agencies. In the near future we plan to creative pathways between these types of services and our own to enable effective joint working and successful outcomes.
- Work is highlighted as a key element in the rehabilitation process and is as such incorporated as a key goal in all care planning
- This is now an agenda within the DAAT Treatment Plan.
- There is a specific work group established which has as its main aim the establishment of work placements for service users and routes into work thereafter.
- Various colleagues from the Local Strategic Partnership are now involved and we are working towards an appropriate solution however the current political and economic climate is not helping matters.
- We would like to have more capacity to do workshops within the service about accessing work, further education for our clients in house – clients have asked for this.
- Though not providing 'effective' pathways to work we do liaise with Progress 2 work enabling clients to engage with the workers from that service. This is incorporated into the care plan as a short/medium term objective.
- As a member of the Kent & Medway DAATs, and following receipt of the NTA's guidance on commissioning, planning and delivering employment pathways into work, I am in the process of organising a partnership meeting to develop protocols in accordance with said guidance.
- I work with clients for an initial 12 week period, Key workers should follow up
- Organisation e.g. P2W to set up monthly workshops in prisons. That months discharges to attend
- It is important as a component of aftercare and individuals should be referred to appropriate agencies when necessary: networking and links to these agencies is also essential.

- Welfare to work is a choice! Whoever designed this has quite obviously not got the slightest idea of working with PDU's or the problems of dealing with them

3 (b). Do you foresee any barriers to doing this, and if so, how might you overcome them?

- Funding needs to be directed towards the treatment providers that can offer this service.
- Issues would be linking between employers and support services, maintenance of confidentiality, removal of stigma to do with prescribed medication
- Barriers include: lack of confidence of service users to make a positive progression; unsympathetic employers; lack of opportunities.
- DWP must see treatment as an outcome. They are so in work targeted that nothing else matters.
- I have worked with F.Bloggs (October 08) who has drank for 20 year and taken Phet everyday – On Incapacity Benefit, wanted work but was unready. We referred into Drug Alcohol services – not used for the whole of Xmas his family are chuffed with his improvements he's pleased with himself and self belief, determination. Now in an evening class (funded by Bursary) now wants to do voluntary work as a prelude to part time work.
- Training and awareness sessions for drug service staff.
- Multi agency group set up to map all ETE services in the city.
- Possible joint commissioning of appropriate services to enable people to work towards employment i.e. training and education opportunities for those completing drug free programmes.
- Targets, funding, time, training.
- State of readiness of the client for work, referral at the correct stage of rehabilitation.
- The obvious barriers about the client group exist however our Darlington Employment Network will be addressing this and other barriers in the planning process.
- Time is against us in the sense that this current climate is not conducive to many people gaining meaningful employment
- Funding
- Barriers which clients face are the blinkered attitudes of many employers who look at criminal/medical details above the skills of the client. Overcoming these barriers can be difficult but could be overcome by more multi agency partnerships especially the local councils.
- There may be an unwillingness to share confidential information by drug treatment providers and our service users may feel threatened. There is also the issue of alcohol misusers – the rules currently discriminate against drug users – alcohol misusers should be party to the same requirements and should not be treated more favourably. However, as long as discussions are transparent and involve service users so that their best interests are at the heart of joint agreements I am hoping that it will be seen as positive. However, I would like to re-iterate that the process should be supportive and clients should not be penalised.
- Identify key people in appropriate agencies
- Someone to take ownership and make it happen
- Plenty. Employers! Treatment! Staffing costs! Lack of resources! I don't say I am being negative – I am just being realistic. Do you have any idea how hard we are working already?