

OPPORTUNITIES FOR CHANGE

Barriers to the utilisation of education, training and employment provision for people with drug problems in Leicester, Leicestershire and Rutland



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“Being at work and acknowledged as such goes deep into helping re-establish an ex, or stabilised user’s feeling of reestablishment. ... I would suggest that work of almost any sort is inestimably positive, particularly if it’s the sort of work which is of *real* interest to the punter. Boredom leads to using more drugs or relapse, depending on the circumstance” (an ex-drug user’s view)

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Executive Summary

Aims

This report explores barriers to education, training and employment (ETE) for drug users in Leicester, Leicestershire and Rutland and highlights opportunities to address these.

Sample & Methods

A semi-structured interview was conducted with representatives from fifteen organisations (including drug treatment services, services working in the Criminal Justice System, the Employment Service, the Careers Service, New Deal provider companies, education and training providers and employers). Thirty-two New Deal advisers at the ES and the New Deal providers completed a questionnaire. In total, information from 63 individuals was gathered to inform this report.

Main results

- ◆ Only one of eleven ETE sector organisations (including the ES, the CS, training providers and an employer) had a clear policy with regard to drug use.
- ◆ Training of ETE sector employees in drug use issues is very patchy, although first steps were made by New Deal providers and the Careers Service.
- ◆ Identification of drug problems within the ETE sector was highlighted as a problem.
- ◆ The prevalence of drug problems amongst ETE sector clients is not known, but the Employment Service and New Deal providers estimate that a substantial proportion of their clients have drug problems. On the other hand, the majority of training providers were not aware of significant drug problems amongst their trainees, but also said that they would not be likely to know unless problems were severe.
- ◆ ETE needs of drug users in treatment are assessed but not addressed by drug treatment services.
- ◆ Services working in the Criminal Justice System have better links to ETE providers than drug treatment services.
- ◆ Drug users seen in ETE organisations are not normally referred into treatment.

Recommendations

The recommendations in this report include

- ◆ forming of sustainable partnerships between those agencies providing services for drug users on the one hand and ETE providers on the other hand
- ◆ identification of a pool of training providers and employers willing to take on drug users and ex-drug users
- ◆ adequate staff training in recognising and dealing with issues around drug misuse in the ETE sector, and information about available ETE provision for drug treatment staff
- ◆ setting up a specialised ETE provider agency in order that drug users' employment and training needs can be addressed within a therapeutic context
- ◆ addressing factors that make treatment services inaccessible, eg waiting lists
- ◆ clarification of existing policies and development of guidelines across the interviewed organisations
- ◆ formalising an information strategy for the Employment Service and the New Deal providers that enables monitoring of the effectiveness of education, training and employment initiatives for drug users
- ◆ identifying a working group that takes responsibility to discuss and take forward the issues highlighted in this report

Glossary & Abbreviations

Drug Problems	Problems caused by illicit drug use, including physical health, mental health, social, & legal problems
CJS services	Criminal Justice System services: The Probation Service and the Youth Offending Teams (for definition see below)
CS	the Careers Service
DAT	Drug Action Team
Drug treatment agency	Agencies providing specialist treatment (eg counselling and/or substitute prescribing) for clients with drug misuse problems
ES	the Employment Service
ETE	Education, Training & Employment – including the Employment Service, the Careers Service, New Deal providers, training providers and employers
LLR	Leicester, Leicestershire & Rutland
New Deal	New Deal in Leicestershire is run by the Employment Service and its two private-sector led partners
- NDP	The New Deal providers
Training providers	Providers of work-based training programmes
- Mainstream training provider	a training provider not addressing one particular group of people. <i>All interviewed providers are TEC-funded</i>
- Specialist training provider	A training provider who addresses the special training needs of one or more vulnerable groups. <i>All interviewed specialist providers but one are TEC-funded.</i>
UKADCU	The Government's Anti-Drugs Co-ordination Unit headed by the UK Drug Czar Keith Hellawell
YOTs	Youth Offending Teams, agencies working with young offenders before and after court hearings



SECTION I: Background

Background to the study

Within the framework of the Government's drug strategy "Tackling Drugs to Build a Better Britain" (Government Office, 1998), Drug Action Teams (DAT) are required to find strategies to "enable drug users and ex-drug users to live healthy and crime-free lives" (p.17). One objective is "to increase take-up rate of further education and employment for former addicted criminals through Welfare to Work, New Deal, and other means...".

This requirement has been taken up in the Leicestershire Drug Action Team's Annual Plan 1999/00, and one of the targets specified in the DAT action plan is "to ensure appropriate access to 'New Deal' and other employment, education and training opportunities for drug users and ex-drug users". Thus, the Drug Action Team plan addresses not only ex-offenders, but includes all drug users and ex-drug users.

This report on barriers to further education, training and employment for people with drug problems in the Leicester, Leicestershire and Rutland (LLR) area provides the background information that will be necessary to meet this target. The report utilises information gathered during interviews with representatives from specialist drug treatment services, Youth Offending Teams (YOTs), Probation, Leicestershire Employment Service (ES), Leicestershire Careers and Guidance Services (CS), as well as education and training providers, New Deal providers, and employers (ETE), and data from a questionnaire completed by ES and NDP advisers.

Although employment has been identified as one of the most important factors aiding social reintegration of drug users, little is known about the personal and institutional barriers that drug users may face. Through interviews with representatives from drug treatment and CJS services, the CS and the ES and ETE providers, this study gives an overview of past experiences and current practices and attempts to identify strengths and weaknesses in local service provision for unemployed drug users.

Content of this report

This assessment of the local situation in Leicester, Leicestershire and Rutland (LLR) provides a description of current service provision for unemployed and out-of-education drug users and ex-users. Its aim is to highlight shortfalls, identify models of good practice and conclude with recommendations for further action.

The report is presented in 4 sections.

Section I briefly outlines the policy background and key documentation relating to the education and employment of drug users.

Section II describes the methods used to obtain the information that forms the basis of this report.

Section III reflects the views of contributors from key agencies and providers within the LLR area. *Please note that some participants have asked that their organisation should not to be identified. Therefore, the interview material is presented in a format*

that will not name the source but will retain as much of the information provided as possible.

Section IV discusses the information provided and highlights apparent gaps in service provision and opportunities to address these. Recommendations for future developments conclude the report.

Key Policy and Research Documentation

The risk of permanent exclusion from the labour market is greatest for those with the least education and training, the least appropriate skills or work experience, and the most frequent and lengthy periods of unemployment. Throw in the additional hurdles of problematic drug or alcohol use and potentially a criminal record, and if not addressed the employment picture for many drug users is not a rosy one. As mentioned earlier, the Government's UK Anti-Drugs Co-ordination Unit (UKADCU) explicitly mentions access to training and employment opportunities as a strategic target. Drug users and ex-offenders are also mentioned by the Department for Education and Employment (DfEE) as priority groups for "non-legislative equal opportunities considerations" in the Quality and Performance Improvement Division's publication "Social Inclusion: Equality Assurance" (DfEE & TEC National Council, 1999, p. 66).

Several research papers discuss drug users' education and employment difficulties:

Drug user perspectives with regard to employment initiatives

A US study highlighted that whereas most methadone-maintained treatment clients expressed a strong interest in training and employment services, their expectations about the impact of such services was often unrealistic (French et al., 1992).

Impact of training for employment service staff

A UK study examined the impact of a training course for employment service staff that was designed to provide basic level training on the identification and appropriate management of clients with drug and alcohol problems. The primary aim of the training was to help staff to identify drug problems, to assess their severity, and where necessary, to refer clients to more specialised agencies. After the training, staff showed marked improvements in their confidence and ability to deal with drug using clients, and there was also a substantial improvement in the willingness of staff to intervene with such clients (Gossop & Birkin, 1994).

Similar results are reported in a US study examining the attitudes of vocational rehabilitation counsellors toward drug using clients in relation to their training and employment. Counsellors with training in substance misuse issues reported more positive attitudes than their non-trained counterparts, however, attitudes in general were found to be somewhat negative (West & Miller, 1999).

Impact of vocational rehabilitation on drug users in treatment

US treatment clients who received vocational rehabilitation and job-search training as part of their treatment were compared to those following standard treatment. A year after treatment completion, they had fewer problems with employment and their financial situation and were less likely to use illicit drugs. This is thought to be connected to the replacement of drug use with alternative occupations and interests as well as building up of a non-using social network (Room, 1998).

Employment & re-offending rates

Although the two studies mentioned below are not a study exclusively on drug users, their results may be important in highlighting the value of employment for the individual and the community. The single most effective factor in reducing juvenile re-offending rates was found to be employment (Lipsey, 1995). Farrington et al (1986) showed that the rate of offending during periods of unemployment was three times as great as during employment.



SECTION II: Methodology

Procedure

Data collection took place between September and early November 2000.

Interviews

The author developed an interview schedule covering the following areas:

- Links to ETE providers,
- Links to drug or other specialist services,
- Assessment of drug problems,
- Assessment of ETE needs,
- Referral,
- Protocols for information sharing with other organisations,
- Follow-up & Monitoring of Outcomes,
- Barriers for drug users accessing ETE,
- Recommendations for future developments.

Interviews were arranged by telephone, and all but three of the 15 interviews were conducted face-to-face. The remaining interviews were telephone-interviews which followed the same schedule as the face-to-face interviews. Interviews typically lasted between 1hr and 2hrs, depending on the number of participants. Seven interviews were conducted with one person, eight interviews were conducted with between two and four persons.

Questionnaires

In order to gather information from a larger, and therefore more representative number of ES and NDP front-line staff, the author designed a questionnaire capturing similar key information to the interview. A copy of the questionnaire can be found in the Appendices to this report.

Description of the sample

The 15 organisations represented in this study include

- services providing treatment and counselling for drug users and interventions that reduce the harm caused by drug use
- services that work with (ex-)offenders from different age groups to ensure that they lead crime-free lives, including a service addressing their training and employment needs
- the Careers Service (CS), the Employment Service (ES) and the two organisations that are contracted to deliver the New Deal programme (NDP) locally for the age groups 18-25 and 25+, both from city and county.
- organisations that provide training to disadvantaged groups, as well as several mainstream training & education providers, and one mainstream employer. All training providers but one are TEC-funded, and unless otherwise mentioned, interviewees spoke about young adult and adult populations (aged 16 years and over).

Staff in the Employment Service and the two New Deal providers completed 32 questionnaires.

In addition, several other Leicestershire organisations and relevant individuals contributed their ideas in a more informal – i.e. telephone or email contact – way. Where the author felt that these were of interest, they have been included in the report.

In total, information from 63 individuals was combined in this report.

Health warnings

Due to the scope of this study, it has not been possible to systematically include drug users' own perceptions of barriers to the utilisation of ETE. Therefore, this report's observations of what drug users may think and feel is based on second-hand information from those working with drug users. Whenever references to feelings or thoughts of drug users were made by individuals who are not in direct contact with users these were omitted from the report unless illustrative of views, in which case it is clearly stated that these are views held by individuals not in contact with users.

Although great care was taken when selecting interviewees, the views of the representatives from the fifteen included organisations may not be the views held by everyone working in that organisation, nor, for that matter, will the organisations necessarily be representative of all organisations working in the same field. Those individuals or organisations who feel that they have helpful contributions to the question at hand are most welcome to discuss these with the author of this report or with the Drug Action Team or TEC.



SECTION III: What the services said

Policies and guidance

Only one ETE sector organisation, the CS, could make a comprehensive internal drug policy available, which it is in the process of implementing. The policy covers the areas of confidentiality, managing their own premises, procedures for dealing with drug-related incidents, involvement of the police, dealing with parents/carers, professional standards and monitoring of incidents. There are also Good Practice recommendations for managing drug incidents for services working with young people and a list of contact numbers. Not covered are criteria for the referral of a client who is known to use drugs to specialist agencies. The CS has a policy to address drug use with the client at the beginning of the programme and it is made clear that it is not acceptable to attend the programme in an intoxicated state and that this may eventually result in the programme being terminated. Work placements are conditional on the client controlling their drug use to the extent that employers feel that they and their colleagues are safe and that it does not impact on their work. A referral to a training provider is only made if the client is prepared to disclose the drug use to the provider (this was followed by the explanation that this was for Health & Safety reasons).

None of the other organisations working in the education, training and employment arena had a comprehensive strategy with regard to working with drug users.

Two *training providers* had a policy with regard to illegal activity on their premises, such that drug use on their premises would trigger disciplinary action, and with regard to drug supply, which would automatically lead to permanent exclusion from the programme. A training provider and the employer said that, in their opinion, there was no need to specifically devise a drug policy, as they feel that drug users are captured in their Equal Opportunity Policies. A mainstream training provider mentioned that if drug users do not declare a criminal record, providers would not know that they are drug users – and even if a criminal record was declared, only the Criminal Record Department would have this information. If drug use led to poor performance in the training programme, all mainstream training providers offer support and counselling to their trainees or recommend that trainees seek help elsewhere.

The *New Deal providers* have rough guidelines for staff, but these were either not written down, or staff did not know about them, and staff disagreed about what exactly those guidelines said.

The *Employment Service* has a new equality manager whose remit it is to see that all necessary procedures are put into place and to introduce/broaden procedures internally. Questionnaires revealed that 20 of 32 ES and NDP advisers thought their organisation had no policy or documentation with regard to drug use, whereas 10 advisers knew about documents such as “induction booklets”, “staff handbook” and Health and Safety regulations. Only one adviser mentioned a comprehensive guide to available drug treatment services, the SCODA Handbook. No adviser mentioned a policy or strategy that refers to dealing with drug using clients’ special needs.

Accessibility of data on the extent of involvement of drug users or ex-drug users in education, training and employment

Assessing the extent of problem drug use amongst service clients

All interviewees and those completing the questionnaire (with the exception of those working in the drug treatment services) were asked whether they had any information on the prevalence of known drug use amongst their clients, and, if no prevalence data were available, to provide a "best estimate" of the proportion of clients who have drug problems as defined in the glossary.

Criminal Justice Agencies: YOTs and the Probation Service are currently collecting drug use information at assessment (see assessment section below), but so far this is not input into a database. New cross-referenceable database systems are currently being developed, and should be implemented during 2001. The prevalence of problematic drug use amongst YOT clients is currently being investigated by their new drug worker, and results are due to be published in December. The majority of drug use seen appears to be cannabis use, but YOTs also encounter a some Class A drug use.

None of the *ETE providers* have routine monitoring of drug use amongst their clients in place:

Training providers do not assess clients for drug use (see assessment section below). Most training providers could not say whether or not any of their trainees are problem drug users.

CS interviewees felt that they do not often see serious drug use and describe the drug problems as being on the "softer" end of the drug use scale, with heavy cannabis use and some amphetamine use being more common than the use of heroin, methadone, or cocaine, which is unsurprising considering the young age of CS clients.

ES and NDP advisers' estimates of the level of drug use amongst their current case load were highly inconsistent. Two *ES interviewees* had established the percentage of their own caseload using drugs, and identified that between 10% (City) and 23% (County) of their clients aged 18-24 were known to use illegal substances, although not all of them used amounts that would affect their employability. The interviewed advisers for the 25+ age group thought that substance misuse problems were more commonly related to alcohol than to illegal drugs in their client group, but the advisers could not quantify this observation.

Interviewed *NDP advisers* stated that clients' drug problems are not entered onto a database, so the only way to find out "hard" figures would be by going through client records, which has not been done so far. The only information that is put on databases relates to the ES data requirement, and this does not include information on drug use.

The four interviewees from the two New Deal providers estimate that between 5% (New Deal for 18-24) and 10% (New Deal for 25+) of their clients use drugs on a regular and problematic basis, differing from the ES view that drug problems are more common in the younger age group.

Table 1: Estimated Prevalence of Drug Use amongst New Deal Clients

Percentage of caseload thought to use drugs	Number of advisers giving this estimate*
0%	3
< 5%	4
5% -9%	3
10%-14%	4
15%-19%	1
20-24%	1
30-35%	3
50%	1
75%	1
Don't know	13
<i>Total no of advisers</i>	<i>34</i>

* includes interviews and questionnaire responses

Table 1 lists estimates or case counts given by interviewees and questionnaire respondents. No pattern could be detected with regard to city/county or ES advisers versus NDP advisers in the two partner organisations.

The *employer* thought that none of the company's employees were drug users.

Outcomes

When asked whether they have managed to refer clients into treatment and subsequently into a New Deal Option, a *New Deal adviser* could think of only a few clients where this had been successful, but also said that it was very difficult to know, as there is no monitoring of drug use related to client outcome. They are not able to say for sure whether problem drug users are more likely to fail than other disaffected clients, however, the suspicion was voiced that most problem drug users drop out of the New Deal before they reach the end of the programme. The reason for this is that once someone has got a drug problem, it tends to accelerate all other problems, so that there is an additional layer of problems when comparing drug users with other disaffected client groups. The feeling is that very few clients with drug problems ever enter employment, however, it was stressed that this may be similar for other multi-problem groups.

The CS was the only organisation that had any information concerning drug use: from client records, they analysed barriers to progress for those who are longer than usual on the Learning Gateway programme (more than 6 months), and listed educational, personal/social, and domestic barriers. Problematic drug use was an issue in only 3 of 78 cases.

Most clients at one *specialist training provider* finish their short training courses, and there are statistics available on the number of people that have successfully been referred into further education or employment. However, it is not possible to determine whether clients with drug problems differ from those without such problems.

Mainstream training providers did not have a view on whether drug users would be less likely to succeed in a training programme due to the lack of knowledge about trainees' drug use.

Drug treatment agencies do not monitor education, training or employment outcomes of their client group.

Monitoring of Equality Standards

There is an inter-agency group, called the Equality Task Force, looking at equality issues in the training sector, and there is now a New Deal Equality Officer based at the ES. He is, among other things, setting up a data strategy. Drug use is one of the issues to be addressed under the equality heading.

Assessing the level of unemployment amongst drug users

Estimates provided by one Leicester treatment service were that 70% or more of their clients were currently unemployed. Confirmatory data obtained from the Regional Drug Misuse Database on 579 new clients seen in the LLR treatment services showed that in fact the figures were even higher: 80% of female drug users and 75% of male drug users were reported to be unemployed. The highest levels of unemployment are encountered amongst heroin users, where 84% of women and 79% of men were out of work (Leicestershire Annual Report 1999/2000, No. 157). No local data were available on drug users who are not seeking treatment.

Assessment and disclosure of drug problems

All *drug treatment services* interviewed have far-ranging and comprehensive first assessments and reviews with regard to the patterns of drug use, injecting risk behaviour, and clients' social and economic circumstances.

CJS services now use national assessment systems, which include a fairly substantial part about drug use. The Youth Offending Teams have recently started to carry out a structured first assessment using the national Youth Justice Board ASSET form, although many of the questions asked have been asked generically in previous years. The assessment form includes a section on drugs capturing a range of information about the young person's past and current drug use. The relevant categories relate to drugs recently used; age of first use for each drug category; risk behaviours such as injecting and sharing of injecting equipment, poly substance use and overdosing; attitudes towards drug use; effects of drug use on education, relationships, daily functioning; acquisitive crime and offending whilst under the influence of drugs.

Although there has been a national data collection system for the *Probation Service* for some time (CRAMS), probation data on drug misuse are patchy and has mainly consisted of a tick-box to indicate whether the offender is a drug user. Whether more detailed questions were asked depended mainly on the individual officer. A new national system (OASIS) has been developed, and this includes more detailed assessment of drug use, which will be in a format that is consistent with treatment, prison and arrest-referral data. This system is at the implementation stage and no data is available yet.

In the *TEC-funded training providers*, most trainees recruited for training or courses would not be asked about drug use. However, trainees are asked whether they have a criminal record, and if they have, providers often complete a risk assessment, which can include a drug use section. Some trainees enter one of the providers via a Mental Health Programme, a programme to facilitate entry into mainstream courses.

Trainees who enter via this route would also be assessed for drug misuse problems and special support (eg through counselling, mentoring system) would be made available.

The Careers Service, the Employment Service, and the NDP do not have structured assessments that cover drug use, but these organisations would ask the question whether there are substance abuse problems at some point during the initial interview or later in the programme. When asked to describe how drug use would be addressed or disclosed in their services, these were the most common answers given in interviews and questionnaires:

- ❑ Drug use does not usually come up in the interview or the first few training/placement sessions, but is often disclosed later in the programme once a relationship has been established. An initial assessment would not make much sense, as it would drive young people away from the service. (New Deal)
- ❑ The decision whether to disclose the use of drugs should be up to the trainee. We would not ask, but we would discuss the matter with him or her if they wished to bring it up. (Specialist training provider)
- ❑ A service working with young people mentions that most of the young people using drugs are involved in recreational drug use rather than problematic use. Only occasionally are there cases with more serious drug use involving Class A drugs, and in these cases “we are likely to find out anyway”. (CS)
- ❑ Even if from a provider’s or employer’s perspective any drug use is a problem, it is often difficult for young people, for whom drug use is a part of their culture, to realise that they have a problem. They find it difficult to accept that drug use, which they may feel they are handling quite well, is suddenly something that bars them from participating in the programme. (CS)
- ❑ Amongst the adult population, drug problems would usually be addressed by the client if, during the first interview or at a later stage, he or she wanted to identify it as a barrier to previous and/or future employment. (New Deal)
- ❑ Another adviser would not address drink or drug problems at all, because it is perceived as a highly sensitive and intrusive area. The feeling is that addressing it directly may make clients uncooperative. “One’s got to respect clients’ privacy and confidentiality. We cannot make them tell us if they do not want to” (New Deal)

New Deal providers and ES were consistent in the view that identifying drug problems is the biggest difficulty in dealing with the drug using client group and they are aware that they are probably missing “a fair amount” of drug users who do not disclose their drug problem or who do not consider their drug use to be problematic. It is felt that only when a good relationship has been established is there a chance that drug use will be disclosed, but some advisers may be better than others in picking up on tell-tale signs.

- These organisations have different approaches in trying to establish such a relationship:
- ❑ To open up the opportunity for the clients to address their substance use, assessments often contain questions such as “Is there anything that makes it particularly difficult for you to get work, such as being a young carer, having been excluded from school, or alcohol or drugs problems...”.
 - ❑ Advisers try to give reassurance that it is ok to mention drug use
 - ❑ A casual adviser look and behaviour are deemed important by one agency, for example, problems may be more likely to be mentioned during a cigarette break than during a formal assessment.

Assessment of education/employment status and needs

In all drug treatment and CJS agencies interviewed, educational needs and previous and current education and employment are part of the initial assessment.

The national assessment form for *young offenders* includes a detailed education history and a further section on employment, training and further education. The first section includes school history (special needs, exclusions, truancy). The second section identifies training needs/lack of skills and qualifications and other barriers to employment. It also rates the strength of links between offending behaviour and unemployment. Few young offenders have gone through school without incidents and without educational deficits. After the assessment, a number of experienced officers get together in an "ad hoc" meeting to discuss the case and possible interventions. Education is always a key feature in every pre-sentencing report.

In *drug treatment agencies*, educational and employment status is addressed in the initial assessment, and if the client indicates that s/he would like to receive help, this would be included in their care plan.

The ES, the CS, the NDP and one specialist training provider thoroughly assess educational and employment background, any previous and current problems and barriers and what the client needs to be able to enter sustainable full-time employment. It was stressed that for young clients, initial appointments are as much about gathering of information as about relationship building and the atmosphere is held as informal as possible. Future steps are then discussed with the client and an action plan is agreed.

Mainstream training providers tend to take on trainees on request without assessment.

Referral decisions and referral procedures

This section explores ETE providers' procedures for referring clients to drug treatment agencies, and drug treatment services' and CJS agencies' referral procedures to ETE services. It will describe the organisations' decision making processes and in what form referrals are made. Potential referral partnerships between drug treatment and ETE providers are discussed further below in the section concerned with service networks.

ETE referrals to drug treatment and counselling

None of the organisations in the ETE field had firm guidelines detailing the circumstances in which a client should be referred on for specialist help. The decision was always left up to the individual adviser or supervisor, which results in inconsistent referral action even within the same organisation. This appeared to be particularly the case in the ES and the two New Deal partner organisations, where the chances of getting referred depended heavily on the adviser. As a general rule, organisations stated that they would either wait for the client to express the need for help in entering treatment/counselling or some might ask people disclosing drug use whether they feel they need help. For those that state that they would appreciate help, the most common action would be to give the client phone numbers of relevant organisations, and some organisations would offer to arrange an appointment at a

drug or counselling service for the client. No pressure is placed on the client to take up that offer, and organisations frequently do not follow-up whether the client has entered a treatment programme after this initial advice. Training providers did not have a view with regard to referral to specialist drug agencies.

Positive exceptions were some of the NDP advisers and CS advisers who stated that they offer to accompany the client to the first appointment and always follow up whether any further action is being taken. These advisers said that knowledge of what is happening with regard to a client's drug use is important if they are to decide how to deal with the client. For example, if a client is starting a methadone reduction programme and finds it hard to cope with the extra stresses of the New Deal programme, there may be some leeway in giving the client time to settle into the treatment programme first without losing their benefits.

Questionnaire information was useful to obtain a more representative view of whether and how frequently referrals are made and how it actually works in practice. Asked whether ES and NDP advisers would consider referring a client with drug problems to a treatment agency, 12 (31%) advisers answered with a definite "yes", 17 (53%) answered "possibly", and 3 (9%) answered with a definite "no". Advisers were asked what their course of action would be if they suspected that a client had a drug problem.

Some of the answers that were given in the questionnaires:

- we used to be able to make an appointment with the drug team, but they now require that clients self-refer by phoning themselves, so now we only give out the number
- most clients don't need referral as they know drug teams already
- refer client on to New Deal providers expecting that they will make referral
- if client permits, make an appointment with the drug team there and then
- discuss the drug use with client before suggesting the most appropriate organisation
- advise clients, give them names and addresses of relevant organisations and leave the rest up to client
- try to get them interested in getting help
- talk to the line manager / get a second opinion
- tell client that information is available in the reception area
- one adviser believes that clients are referred directly to one of the drug teams or through disability employment adviser (DEA) at the local job centre (this is someone who has not referred)

In practice, only 3 advisers have attempted to refer five or more clients, and 4 have referred two or three individuals. Another four referred just one client, and the majority of 13 advisers had never referred anyone to a drug service. Eight advisers said that they did not know whether they had ever referred a client or failed to answer the question.

Referral procedures from drug treatment & CJS agencies to ETE providers

Generally, *drug treatment services* only act when clients state an interest in receiving help to obtain further qualifications or enter employment. According to drug treatment agencies, many of their clients do not feel ready to enter employment at treatment uptake. If clients ask for help, it would usually be recommended that they register with the local Job Centre. There are no referral links from drug treatment services to ETE providers apart from specialist skills-based agencies that are run by the same

trust as one of the drug treatment agencies. Currently, referral interventions were said to be based on each member of staff's knowledge of the education, training, and employment arena, but this knowledge may vary and there has been no recent formal training in the referral services. The treatment agencies have some information available, eg college brochures, flyers, but obtaining this information is not triggered by the drug treatment services.

Many clients who attend drug treatment agencies are already in contact with the Careers or the Employment Service, or have decided that they do not want this contact. The number of referrals that are made to the CS or the ES by drug treatment agencies is said to be very small, although none of the agencies were able to give a figure, as they do not monitor referral and liaison action. No referrals to mainstream training providers were mentioned.

Referral procedures from the YOTs to ETE providers are different: Education and training for all their clients irrespective of drug use plays an important role in the work of the YOTs and they are resourced to arrange appointments and accompany the young people in order to remove barriers and ensure take up of referral. YOT representatives stated that clients who have educational needs would be referred "unless clients flat-out refuse" in which case the emphasis would be on motivation building. Usually the first meeting with any provider/the CS would be a three-way meeting between the provider/CS, the YOT key worker and the young person. Although there are no official referral forms, the referral outcome is discussed with the client in further meetings. Formal follow-up takes place only in cases where attendance at the providers is a requirement of the order.

The *Probation Service* mainly refers to a partly Probation funded specialist training provider working with ex-offenders, whose role it is to carry out further assessments and determine appropriate ETE interventions.

Referral procedures within the ETE sector

The *Careers Service* explore the young person's interests and skills and then market these skills with the most optimal provider. When the provider accepts the young person, a meeting with the young person, the CS adviser and the training provider or employer is set up.

NDP clients with known drug problems do not often get referred to mainstream further education, placements or employment. Reasons for this are explored in the "barriers to employment" section. The most common option for drug users appears to be a referral to the Environmental Task Force, which is run by one of the NDP and willing to take on more difficult cases.

Referrals from the *specialist training providers* to other providers/employers take place by the specialist providers calling the service/employer to make an appointment. If clients need extra support, irrespective of drug use, the person working with the client at the specialist provider side may accompany the client to the first meeting.

Mainstream providers do not usually "refer" their trainees to employers or other providers.

Organisation Networks

To aid the reader to follow the various links and potential links that were mentioned by each interviewee, connections between organisations are broken down into three sections: Links to ETE sector organisations mentioned by drug treatment and CJS agencies; links to drug treatment and CJS services mentioned by ETE sector agencies, and finally links between the various ETE sector organisations. To further illustrate the resulting network, a graph showing the various links between organisations can be found in the **Appendices**.

Links between drug treatment and CJS agencies and the ETE sector

The extent to which education and employment issues are addressed in agencies dealing with drug users depended on the type of service.

In the *treatment sector*, it was made clear that the issue is not pushed from the side of the drug service and that there are no targets relating to employment. However, if the client states education and employment needs, these would be addressed by giving the client advice on where they can go – for example, services usually have brochures of the local colleges and skills agencies (see section on referral above). Apart from that, the most common advice is to register with the *Employment Service*, as they are the relevant specialists. A *structured day programme* (ie a full-day programme for drug users providing individual therapy, group sessions, advice on health and economic issues, but also covering basic education and training aspects) is part of one of the drug treatment services and used by both Leicester treatment services. It builds up regular attendance and structuring of the day, potentially a precursor to specialist training programmes. There are direct links between one of the treatment services and a Youth Justice Board funded *skills agency* (LEAP), which is run by the same trust and is a possible referral partner for young people.

The situation was markedly different in the participating *CJS services*. They tend to have formalised and often extensive referral links to the ETE sector. The *Probation Service* uses a specialist part-probation funded service, providing advice, in-house basic skills and IT training, and referrals into employment. It specialises in ex-offenders in the adult population, but has recently employed a youth worker to attract younger people.

The most likely YOT intervention would be a referral to the CS, which would then help clients to identify their interests and career options and arrange further skills training or education. Alternatively, the YOT refers directly to a CS funded service called BOOST. This project is open to mainly 16 and 17 year-olds who are "not earning and not learning". There is also the already mentioned LEAP project (Literacy Education for Achievement Programme), run by the Anubis Trust, which provides one-to-one tuition for 16/17 year old disaffected young people.

Another Anubis-Trust project that the YOTs use is called "MOTORVATE" and addresses general life skills, social skills and also features the CS and drug advice sessions. For young offenders who are not ready to go to one of these agencies, tutors may come into the YOT or visit the young person at home, and a strong emphasis is placed on relationship building. New links exist to the "Cut-loose project", a monitoring project for young people leaving care, but also taking on young drug users, which eventually may become a more common referral partner for at-risk young people. Some work experience is gathered by young people who are under

reparation orders, a new order involving unpaid meaningful community service to repair the damage caused by the offence. Some workers may also refer directly to colleges if they have links there or if the young person expresses a strong interest in one field but this is relatively uncommon. All projects that YOTs refer their clients to are said to have taken on drug using clients without problems.

Links from the ETE sector to drug treatment and CJS agencies

The CS stated that there is little specialist service provision for young people with substance misuse problems. Links exist to the Anubis Trust young person team, and they have learnt that the YOT row has a drug worker. The YOT is only open to juvenile offenders, and the Anubis Trust is believed to have a waiting list of several months. CS staff occasionally refer to a general counselling service called Open Door who are said to be good with troubled young people, but again, there is a waiting list of up to six months. Paget House is not used, as it is felt that they are aimed more at an adult opiate using population. In the north of the county, Turning Point provides a very good service, usually without a waiting list and suitable for young people. The Salvation Army has been mentioned as a possibility that has not yet been explored.

ES interviewees felt that the level of contact between the ES and drug treatment services is very low. Some links exist to Paget House (ie. Leicester Community Drug Team) and Turning Point in Loughborough. These links are not formalised, and there are no referral procedures. Usually, NDP advisers would give advice as to where to find treatment and would have the telephone numbers, but would not usually facilitate the contact by arranging an appointment. Drug treatment services tend not to refer clients to the ES.

One of the *New Deal providers* (NDP) has referred clients to Paget House on a number of occasions, but admits that referral amounts to giving advice of where to go and leaving the rest up to the client. Some clients are already registered with one of the drug agencies, but no contact with the agency is made in that case. The reason was said to be that New Deal is still relatively new, and that only now the full impact of all the social problems and barriers have been fully realised. The representatives of the other NDP provider said that they do not use a "set organisation" for clients with drug problems. Both NDP organisations appear to have had a series of meetings with Paget House. There was one training session held, and the impression of interviewees was that all advisers went. However, further training sessions did not take place due to difficulties in setting up the meetings. Questionnaire responses highlighted that not all advisers were aware that there had been a training session.

One of the *specialist training providers* has referred clients to Paget House, and occasionally sees Paget House clients. Strong links exist to the Probation Service and the Prison Service. There are also links to the Anubis Trust, which is seen to cater for a slightly different client group. A problem with these links is that there are no named contact persons and that the staff turn-over on both sides is relatively high. Their new young persons worker does outreach work for homeless young people and people living in hostels. His estimate is that 70% of that particular client group has drug problems, but only 10% would be interested in doing something about it. It is planned that these will be pointed towards appropriate services once the initial trust is established. Another priority is to establish closer links between the young persons worker at this specialist training provider and the new drug worker at the YOT.

Most *mainstream training providers* did not know the specialist drug treatment services and have not been in a position to refer a trainee. Their opinion was that the individual supervisor could find out the necessary information if and when it becomes necessary.

Links between different ETE organisations

CS representatives' experience is that most providers will accept drug users without much difficulty, as long as the information is disclosed and the CS or a specialist agency gives continued support to the young person. In fact, interviewees could only think of one organisation that is refusing to take on drug users. Life skills and further education are delivered by a large number of providers. Mainstream providers are alerted to issues around young people and drugs by the CS and, if interested, they are told where they can get further information. If a client is expected to face serious problems in more mainstream training, they would be referred to specialist training providers such as APEX, REACT and MOTORVATE, who are used to dealing with clients with additional support needs. However, places in such projects are limited and very expensive, and there may be considerable waiting times (see barriers section).

The primary links for the *ES* are the two provider companies that are contracted to undertake work for New Deal. After a comprehensive first assessment for all their clients, most New Deal clients get referred to these companies for the New Deal programme itself: further assessment, training or placements and a review of the client's options. This connection is said to be very satisfactory. After referral, the companies confirm whether the client has taken up the appointment. No direct links exist to any other ETE provider, however, a job database exists for clients matching the job profile (not entering New Deal) and the *ES* provide help with the application/course finding process.

The two *New Deal providers* operate different systems in recruiting employers for drug using clients. One of the providers explained recruitment procedures in detail: Employers may sign up because they have heard of New Deal and want to give it a try, they would usually take one or two clients at a time. The other option is that the company's marketing team contacts employers which fit the New Deal client's skills and interests; again that would result in only a few clients being placed with each employer. Drug use would be discussed once an employer is interested in a client referred via the New Deal route, but this appears to be more theoretical at this stage. Thus, there are no employers with significant experience in working with drug users.

The other New Deal provider says that New Deal is a relatively new programme, and employers have not yet been recruited who would accept active drug users. This organisation stressed that signing up employers is a very difficult task, as "New Dealers" are considered to be risky. Therefore the company is reluctant to send what they consider to be highly problematic clients at risk of failing in fear of losing a potential employer for other clients. The Environmental Task Force, run "in-house" by one of the two organisations, is a mandatory option for people with special problems who have not taken up a voluntary option. A specialist training provider was mentioned as a possible referral partner, but there are problems signing up New Dealers for work-based learning at that organisation due to *ES* funding regulations.

The *employer* has not taken New Deal referrals, and says that he would consider New Deal employees, but would refuse to take someone with a drug problem, even if the person was on substitute prescribing. The reason that was given was the fear

that after investing into training someone they may relapse, and a fear of creating an “unsettled atmosphere”.

The referral source to the *specialist training providers* is mainly the ES. One training provider explained that links to the CS had not been as well developed at the time of the interview, as the specialist training provider's young persons worker had just taken up the position and was still in the process of setting up a client base. It was envisaged that there would be a stronger partnership with the CS in the future. The two New Deal providers would also refer to the specialist training providers if there are specific needs that their own programmes do not meet, but it does not happen on a regular basis and funding streams appear to be a problem.

Specialist training providers refer clients to work-based training programmes at colleges and other skills based agencies and would aim to make sure that they work closely with the student support workers. The degree to which this actually happened depended on the specialist provider. Good experiences have been gained in working with one of the colleges in particular, where student support workers take referrals and offer one-to-one sessions when clients need support. One specialist provider mentioned that there is a mainstream training provider who explicitly takes drug users. Some mainstream employers have refused to take ex-offenders, but to the interviewees' knowledge no client has been refused on grounds of their drug use. One organisation stressed that they have no problems in getting employment referrals accepted because of their reputation of only sending clients when they are ready, irrespective of whether or not they are drug users.

Interviewed *mainstream providers* stressed that they would take on drug users as long as this drug use did not interfere with the training programme. Asked whether they would be prepared to offer special conditions for more problematic drug users, such as shorter working hours, it was said that this might be difficult, but none of the providers had so far seen the need to consider such measures with any of their trainees.

Information sharing

Agencies from both the treatment/specialist sector and the training and employment sector felt that some information sharing is important and would help in better understanding a client's needs. The issue of confidentiality and respecting the client's right to choose whether and which information should be passed on was also raised by all interview partners. Generally, interview partners were quick to assure that information is only passed on or asked for with written client consent. However, there is one organisation in the ETE sector that would not refer drug using clients unless they were happy to disclose their drug use to the organisation they are being referred to. This is, as the organisation says, for health and safety reasons to protect the client, and also as a protection for the employer, and has not yet caused any problems with a client. It was not clear from the interview how often this had happened in practice. Some of the other ETE organisations also require agreement to some sharing of personal information in their initial contract with the client. Another ETE sector organisation maintains that no information is shared with employers or training providers, but care is taken to only refer those clients that have a "reasonable chance" (as seen by the ETE provider) to succeed in the chosen field.

The interviewed *employer* felt that they would need to know whether someone is a drug user, to ensure the safety of their other staff. The employer expressed some fear with regard to crime and HIV, and said that if they knew someone had a current

drug problem, they would not consider them as an employee until this drug problem was fully controlled, and even then they would worry about relapse.

Drug treatment and CJS services tend to share only a minimum of information and are reluctant to ask the client for their consent because they feel that this may scare clients away. Confidentiality concerns appeared to be prominent between the treatment and the employment sector and no information sharing protocols are currently in place. However, it was mentioned that if there were protocols for information sharing, it would be useful to know about clients' contacts with other services and the interventions that are planned by these services.

Information sharing issues between the Probation Service, treatment services and the YOTs appear to be mainly resolved, and information is shared between the various employment sector agencies. Information sharing usually takes place by telephone contact, not by formal data transfer such as reports.

Some of those organisations interviewed stressed that personal information (including drug use) should only be asked for or given if it is of immediate importance to the progress of the client. Information sharing is seen as a two-edged sword. On the one hand it may help to better understand the client, but on the other hand the client should not feel s/he is in a "Big Brother" environment and should have the chance to start off without organisations having any preconceived ideas about the client's past.

The *training providers* did not have a view in this matter as no sensitive information is shared between them and other agencies.

Barriers to ETE, and problems arising in programmes

The following section summarises impressions from those working in frequent face-to-face contact with drug using clients only. Thus, training providers and employers did not contribute to this section, as they do not usually know whether they are working with drug users, and could only speculate about the barriers faced by drug users. Organisations, especially the drug treatment agencies and the New Deal providers, feel that there are a large number of barriers and problems that need to be addressed and resolved if an ETE initiative is to be successful for a drug using client. Barriers are organised into two broad sub-sections, barriers determined by client characteristics, and barriers determined by the nature of the service provision in LLR.

Client determined barriers

- Problem awareness and client motivation
- Client characteristics and history
- Client social circumstances

Service provision barriers

- Drug treatment accessibility
- Resource limitation within drug treatment services
- ETE accessibility
- Resource limitations within the ETE system
- Dysfunctional networks
- Lack of referral partners within the ETE field
- Training and workplace factors
- Uncoordinated time scales
- The New Deal

Client Determined Barriers

Problem awareness and client motivation

A major barrier for drug using clients is lack of problem awareness. Treatment clients have made the step to recognise that they have a drug problem and seek help for it, thus there is some level of problem awareness. Those agencies working with a young client group mentioned that many drug users do not (or at least not fully) appreciate that their drug use is problematic, and that this problem may be a major issue when they try to find training or employment. Treatment services, and also ES and NDP advisers, feel that lack of motivation is maybe the most important client barrier for drug users.

Drug treatment services felt that clients often have the motivation to learn a particular skill or the interest to take up a particular job, something that they can see is worth giving up their free time for and that will improve their quality of life. Clients are most likely to benefit from employment interventions when they are at a stage where they want to make a clean break from their drug using life and see employment as one way into a regular life style and societal acceptance. Jobs have to be seen to pay a wage that compensates for the difficulties that drug users encounter when beginning to work, that means that what they earn needs to be more than what they get on benefits. The reality is that it is so difficult to refer this client group that it is "next to impossible" to offer them a job with good financial prospects.

Client characteristics & history

For this section in particular, it is important to bear in mind that what is inferred about drug users' thoughts and feelings is second-hand information (see health-warning at the beginning of the report). However, only information from those who work in close personal contact with drug users has been included.

Agencies explained that the consequences of high rates of truancy and school drop-out, and subsequent lack of qualifications and histories of long-term unemployment are factors that may make it especially difficult to involve drug users in further education, training and lasting employment. It is not so much the lack of qualifications but the lasting effects of unsuccessful engagement with authorities that present the greatest barrier.

For one, drug users' self-esteem is often very low, and they frequently report feeling that they "will never make it". Small mistakes can easily be interpreted such that clients get caught up in self-fulfilling prophecies ("I knew I could not do it"). Those mistakes are of course made more likely by the fact that many do not know how to present themselves in work situations.

Drug users may have difficulties in understanding and adapting to social relationships and interpersonal structures in the workplace, due to the fundamental differences in social interaction in their circles. Relationships with managers and colleagues may need careful negotiation. Many drug using clients have little experience with organising their time to "imposed" schedules, and lead what look to be particularly unorganised life styles, which can lead to problems in attendance and failure of the programme.

A history of previous convictions can bar drug users and ex-drug users from many common "low-skill" employment options in the voluntary, social and health sectors.

Client social circumstances

Many drug users are "multi-problem clients" and face immediate life crises such as homelessness, mental or physical illness and poverty, and these crises need to be resolved before they can start to work on employment issues. Social support from family and friends is an important factor in overcoming barriers into work. However, many clients with chronic drug use know mainly other drug users, or are isolated. Some drug users, as well as other problem clients, have been found to take on black market jobs because those jobs require no long-term commitment, no references and no bureaucracy.

Service provision barriers

Drug treatment accessibility

New Deal advisers in the ES and the NDP unanimously said that long waiting lists ranging from a few months up to half a year in the established drug and counselling services were a major problem for dealing with drug use successfully during the New Deal programme. Clients typically wait for most of their New Deal period, and ES and NDP advisers often feel torn between having to keep clients on the programme but not being able to get them the help that they would need. It was felt that efforts to motivate a client to seek help were wasted because no immediate action could follow.

Two interviewees felt that a major contributing factor to the long waiting lists for methadone prescribing interventions may be the lack of shared care arrangements in LLR (ie arrangements whereby GPs and specialist drug treatment services share the responsibility of providing the client with appropriate access to prescribing and other interventions).

The CS, working with a young client group, mentioned that there is little specialist service provision for young people with substance misuse problems, and felt that adult services were not appropriate for young drug users (see in links section). Services for young persons need to include specialist drug treatment provision for young people who have a variety of problems, and they need to be accessible without waiting lists of several months. In addition, young users are often dependent on their parents for transport, and it is virtually impossible to regularly attend a service without the families knowing if a young person lives outside Leicester or Loughborough. Difficulties in geographical accessibility are especially marked in the Market Harborough and Melton & Rutland area.

Resource limitations within drug treatment and CJS services

The most important reason for the lack of initiative by drug treatment agencies is that employment is not an issue that drug treatment services feel they can push at present. Although treatment services were very aware of the benefits of employment, and they used to be able to support clients in employment issues, mounting caseloads and long waiting lists have meant that they had to cut down on supplementary interventions.

Probation officers also said that employment interventions are not within their current contracts, for example, the major new development in terms of dealing with drug

using offenders, Drug Treatment and Testing Orders, does not include any interventions regarding training and employment.

ETE accessibility

A drug treatment service mentioned that easy accessibility of ETE providers by public transport is important, as most clients do not own a car, and may have lost their driving licence due to their drug use. Long journeys tend to be tiresome and cost a lot, and the more effort is involved, the less likely it is that the client will stick with a programme.

A different factor determining accessibility is the way that the first contact can be made. Both the CS and the ES felt that drug users need more encouragement and support than many other client groups to make the "first step", as many are socially disadvantaged and inexperienced in interview/enrolment/employment situations, and may have previous bad experiences with those in authority. This support need is not currently formally recognised and it depends on the current staffing situation of the organisation dealing with the drug user whether the extra time is available or not.

Accessibility is also an issue where specialist training providers are concerned, some have long waiting lists, which do not fit in with the New Deal timescale.

Attitudes of those in the ETE field

Within the ETE sector, only few appeared to have a realistic picture of drug using clients. Attitudes towards drug users were predominantly characterised by seeing drug users as unmotivated, unstable, in need of help and generally difficult to deal with. This attitude may not be very conducive to the working relationship, as it could be interpreted as patronising and condescending. Some interviewees gave the impression that they thought even trying to deal with problematic drug users was hopeless and "a bit of a waste of time", as one ETE sector interviewee said.

Others, mainly those not working in direct contact with drug users, stress that they supported equal opportunities, and thought that drug using clients or trainees are/would be treated just like any other person.

Those interviewees working in closer contact with drug users said they felt somewhat insecure in dealing with issues around drug use.

Lack of specific training for the ETE sector

ND advisers felt they needed special training in identifying drug problems in a client and in assessing problem severity. Moreover, they expressed their feeling of helplessness when confronted with a problem drug user. Questionnaires revealed the current status of training in drug use issues within the Employment Service and the two partner organisations: Only 7 out of 32 respondents had received any kind of training. The remaining 25 were not aware of any training courses being offered, but many stated in a later section that they feel they need to know more about drug misuse issues where they concern their work, and that they would appreciate the opportunity to go on a training course.

Although it was not mentioned as a concern by *mainstream training providers* it became evident that there is only limited knowledge about drugs and drug misuse in the training sector, and this may be a point that needs to be addressed in the future.

Resource limitations within the ETE system

Resource limitations were also mentioned by several organisations in the ETE sector. Involvement with drug treatment services is considered to be important but impossible due to already too high caseloads. Further resources are needed to fund more places on specialist ETE providers' programmes, as these are limited and very expensive, so that not everyone who the referring agency may think would need to receive this extra help and attention can get a place (waiting lists). The TEC was believed to have funding for special CS cases but there appeared to be some confusion around accessing this fund.

Dysfunctional networks

Possibly one of the most influential factors is the lack of co-operation between services. *Drug treatment services* admit that the knowledge of drug workers with regard to the employment and training situation and New Deal procedures is limited to individual workers' knowledge, so advice given may vary in quality and can be out-of-date. Moreover, there are no named links to the ETE sector. Treatment agencies suspect that this may be partly due to different backgrounds of their workers. Those working in housing, social services, and criminal justice professions tend to mix in the same circles and know each other from "networking events" such as meetings, conferences, partnership agreements etc, and the feeling is that the ETE field is a different culture altogether. More recently, lack of resources has put a halt to whatever employment interventions there have been in the past (see above).

From the *ETE* perspective, results of both interviews and questionnaires were similar. Of 32 advisers completing the questionnaire, only 13% of advisers were able to identify three or more drugs or counselling services, and 34% did not know any or mentioned only services that no longer exist. As many as 69% did not have named contacts in the drug treatment services they mentioned, one reason given was the high staff turn-over on both sides.

Lack of referral partners within the ETE field

Links to drug treatment services were not the only identified gap. Another, potentially more difficult to tackle within the New Deal, problem is the missing link into the employment arena where drug users are concerned. Even when drug users have managed to attend training sessions and have completed their time on New Deal without signing off, their way into employment is difficult. Discrimination issues were mentioned, not only for drug users, but New Deal clients as a whole. The practice of New Deal providers of prioritising clients on the basis of the likelihood of success could mean that significant numbers of drug users get stranded at the point of entry into employment.

The Careers Service did not feel that there was a lack of providers they could refer young drug users or other vulnerable young people to.

Training and workplace factors

Once a placement or job has been found, discrimination, misconceptions or social exclusion by colleagues or fellow trainees due to drug use or former convictions (or any other personal characteristic) can easily hamper the fragile motivation that a drug user may have developed. For methadone maintained treatment clients, an important issue is whether the employer/training provider is aware of the drug use, and thereby

of ongoing drug treatment. If this is not the case, clients may find it difficult to keep appointments at the drug service (daytime opening hours) which in turn means that they lose valuable support if they experience problems. Picking up methadone prescriptions and medication can also be difficult if a client works long hours or needs to go to a pharmacy that is located in another part of the city to ensure that colleagues do not notice. This may lead to unexplained absences or irregular attendance at work.

Uncoordinated timescales

Unsympathetic timing (within the New Deal programme) was mentioned as an important barrier for treatment clients: When clients are still heavily involved in illicit drug use, they may not be able to attend employment or training, as they will need to spend their time acquiring the money to fund their habit and obtaining the drugs. Trying to force a client into training or employment at this stage is considered as counter-productive and a lost opportunity to help the client into work. The likelihood of failure and complete drop-out is very high, and it may make future interventions to help the client more difficult.

In the opinion of the drug services, during a detoxification or a reduction programme, clients are too preoccupied to focus on anything but treatment. Any ETE programme may only be successful with longer-term clients who have managed to become stabilised on substitute prescriptions or who have ceased to use completely. This leads over to the next section, which will explore the suitability of the New Deal programme as a whole for problem drug users.

The New Deal System

Although the New Deal has generally been successful in creating sustainable employment opportunities for the majority of their clients, there appear to be some problems with the delivery of the New Deal where drug users are concerned. Although in theory, drug users are to be treated like any other New Deal client, and drug use should be seen as one of many potential barriers to employment that needs to be overcome, this cannot or does not always happen. Some NDP and ES advisers consider the design of the New Deal as it is at present as inappropriate to address drug users' employment needs. There may be a need to re-evaluate the New Deal with respect to the needs of the most difficult client groups.

Repeated criticisms were that there is little scope for flexibility, and the programme expects positive results too quickly. There is little opportunity for a gradual build-up of hours or responsibilities. This appears to be a problem in the mandatory Intensive Activity Period more than at any other stage, as this stage requires almost full working hours.

Advisers estimate that around half of the drug using clients drop out just before or at the beginning of this second stage and accept that their benefits will be withdrawn, after first playing the system and "dragging on as long as they can".

Although the New Deal has disability employment advisers to negotiate difficult stages, they have not been used in dealing with drug use issues, as advisers feel that clients do not consider themselves disabled. Advisers feel that there are no guidelines for how they should deal with those clients who cannot meet the requirements of the New Deal, but are not registered disabled or exempt from the programme.

Positive experiences with a more flexible approach were reported by the CS, where advisers can better accommodate needs for additional support by those most vulnerable and are more flexible with regard to timescales.

Clients may participate in the New Deal programme only half-voluntarily, so as to not lose their benefits. This makes it hard to motivate them, and even harder to get them to open up and speak about their problems. Most advisers admit that they do not consider referring known problematic drug users to mainstream employers. Some said they would seek an exemption for drug using clients, others would try to keep them longer on the New Deal for clients not to lose their benefits. A third group said that they would always advise heavy drug users to try to obtain incapacity benefits.

Reasons given appeared to centre around the difficulty of finding employers who are willing to take on New Deal clients and the importance of not losing them by referring those with little chance of success. The general feeling was one of not wanting to try, as they would set the client up for failure and risk that “something goes horribly wrong”. Unmotivated and excessively problematic clients and many of those who are repeat offenders often end up in the Environmental Task Force, a New Deal option which is run by the programme itself, so that the issue of accepting a referral does not come up. However, a minority of advisers experienced that employers have been mostly sympathetic, and that few organisations refused to take on drug users.

A note on ex-users

As far as ex-users are concerned, none of the *ETE providers* recognised any particular problems or barriers, and said that this may be due to the fact that they would not know which of their clients are ex-users. In their opinion, once a client is drug free, they have the same chance as every other client to go through the New Deal or worked-based training programmes and find employment.

However, *drug treatment agencies* emphasised that many of the personal problems, lack of interpersonal skills and the difficulty of staying drug free pose a potential barrier to successful programme completion for a long time after clients have given up drug use. In their view, ex-users face the additional difficulty that they may lack outside support because they do not want to disclose being ex-users, and as a result managers and colleagues may be less sympathetic than if they knew about the problems.



SECTION IV: Recommendations

Ideas and recommendations of how to improve service provision for drug users with regard to education, training and employment

In this section, interviewees' ideas and suggestions are introduced in normal font. The author's recommendations of how to take these forward as well as additional comments and observations follow *in italics*.

Areas covered in the recommendation section

- Good practice: The need for guidance and policy documentation
- Training issues and exchange of information
- Networks between the ETE and drug treatment sectors
- Setting up an information strategy
- Working with unmotivated clients
- The need for specialist support
- Improving accessibility of drug treatment
- Strengthening networks within the ETE sector

Good practice: The need for guidance and policy documentation

A strategy with regard to drug use was called for by front-line staff in the ES/New Deal providers who felt left alone when dealing with problematic clients, and feel that they sometimes have to work against their better judgement in trying to “drag people through the system”. It was felt that the ES needs to implement firm guidance detailing what interventions for drug users are thought appropriate and what to do with those for whom New Deal does not work. Again, the feeling was that changes to the current system need to be driven by the ES to ensure that New Deal providers treat drug users in a consistent way, so as to facilitate employment referrals to other services.

The training providers did not feel that they need to change anything at this stage as drug use falls under their Equal Opportunities agenda.

Author's comment:

Employment Service and New Deal. *In the opinion of the author, the need for guidance is one of the most pressing points for advisers in the ES and the NDP. As demonstrated throughout the report, these advisers vary not only in their attitudes towards drug users or their level of training, but also with respect to what interventions they think are most appropriate. These interventions vary so widely that there hardly seemed to be a common structure.*

It is recommended that a Good Practice document devised by the ES should cover the following areas:

- Identification of drug use problems*
- Assessing the severity of drug use and guidelines on the decision whether action is required*
- Working with drug using clients to build up motivation*
- Appropriate referral and liaison options*
- Referral procedures including follow-up of referral outcome*

- ❑ *Information strategy: eg the need to monitor the proportion of clients identified as having a drug problem requiring further action, action taken and outcome of the action taken*
- ❑ *Confidentiality and information sharing protocols*
- ❑ *Dealing with drug related incidences on the service's premises*

The CS have developed a comprehensive document dealing with some of the above points, which can be highly recommended as a guidance for other services (see policy section). Most of the points not mentioned in this document will be taken up throughout the recommendations section.

Training providers. *Training providers may need to clarify their stance on drug use amongst their trainees and, in particular, develop policies that enable them to identify those that need additional help. To take this forward, it would be helpful if a central body could be identified which takes responsibility for the development of such guidelines for the work-based training sector.*

☞ **The report highlights the lack of clear and detailed policies with regard to drug use in ES, CS and the ETE providers. The Employment Service, Careers Service, the TEC and the New Deal providers will need to take the lead in providing clear guidance for their staff or providers.**

Training issues and exchange of information

Most front-line staff at the Employment Service, the Careers Service and the New Deal providers felt that they would benefit from training in the identification of drug use, dealing with drug use issues when they are disclosed by the client, and general awareness and understanding of drug users' special needs. Training for CS staff used to be provided by the Drugs-Project Co-ordinator, but it is felt that one person is not enough to cover all those who would need to receive training, and extra resources would need to be made available in order to establish regular training opportunities for new and existing staff.

Author's comment: *As it has been shown in previous research that workers who have received training have more positive attitudes and feel more competent in dealing with drug use issues (see "Key Policy and Research Documentation", p. 7), regular training sessions for new advisers and training supervisors are highly recommended. Training sessions should convey basic knowledge about drugs and their influence on drug users, discuss ways of addressing drug use with clients, assessing drug use severity in ETE settings, and give guidance to intervention options and referral procedures.*

Drug treatment agencies said that they needed information on the New Deal, and on education and training programmes that are available, and how referrals to these programmes can be made.

Author's comment: *Therefore, in addition to specific training needs, there also needs to be a forum for regular exchange of information between drug treatment services and the ETE sector to avoid misconceptions. Drug treatment services did not know much about the New Deal programme and ES and NDP advisers' information about drug treatment services' referral procedures, waiting times, and what help was available from the services was sometimes incorrect. This could be achieved in the form of regular (eg quarterly) meetings with representatives from the New Deal, the ES, the CS and possibly the TEC or other work-based training representation and the drug teams in Leicestershire, which would also help develop*

stronger links. These representatives could then feedback the information at team meetings.

YOTs also mentioned that their staff needed training on substance misuse issues, however, plans for this are already under way. The manager of the City YOT is a member of the Social Services Substance Misuse Group which works in conjunction with the Drug Reference Group and Drug Action Team to devise a training programme on drugs for all front-line YOT and Social Services staff. This is considered to be a good opportunity to develop further links and review referral strategies.

Author's comment: *This may be a good opportunity for the ES and the CS to follow the example of the YOTs, either by buying into this programme or by incorporating relevant parts into their own training programmes for their staff and enhancing them with ETE specific issues.*

☞ **A regular training programme for ES and NDP advisers and CS staff with regard to issues around drug use and employment is highly recommended. Drug treatment agencies need to make sure that their staff are in a position to give clients detailed and accurate information about training and employment initiatives.**

Networks between the ETE sector and drug treatment

Interviewed ETE services and providers felt that there need to be stronger links to the drug treatment services, with named workers in the services. Responses given in the questionnaires, completed by front-line ES/NDP advisers, emphasise this need: of those rating the links to drug treatment services, no-one felt that links were good or very good, seven thought they were average, and seventeen thought they were poor to very poor.

Both interviewed New Deal providers stressed that meetings to establish connections and introduce New Deal to the drug treatment agencies could only be a short-term remedy. In the long-term the ES needs to drive protocol for referrals to these agencies to ensure consistency in employment referrals (see policy and guidance section above).

The CS felt that it was important that there should be case conferences including all professionals the young person is in contact with; and drug use issues should be addressed in this context by devising an action plan together with the young person.

Author's comment: *A first step towards working together could be that drug treatment agencies establish link workers dealing with employment referrals who could act as a named contact for ES and NDP advisers and ETE providers. These link workers would represent the drug agency at meetings with the employment field. If agencies require extra funding to do this, then this should be addressed at DAT and/or Health Authority level. It is recommended that the ES also establish a co-ordinating post to deal with drug users' specific needs.*

☞ **Linkage between drug treatment services and ETE providers is poor. The ES and the DAT may wish to set up a working group to discuss how the current situation can be improved most effectively (eg through link workers in the relevant organisations).**

Clarification of available TEC funding

One of the ETE sector organisations mentioned that there is extra funding provided by the TEC for trainees for whom additional interventions have to be bought in. Advisers were not sure how to access this funding and what prerequisites there were, ie whether this could be used for problem drug users. None of the other organisations asked were aware of any extra funding available for drug using clients.

Author's comment: *It appears that if additional funding is available to buy in more expensive interventions, and this is applicable for severe cases of drug use, this requires clarification by the TEC and any other organisation providing such resources.*

Devising an information strategy for the ETE sector

Author's comment: *One of the most striking results from this report is how little is known about the accessibility and effectiveness of ETE provision for drug users, and that although prevalence of drug use was substantial for some organisations, this was not mentioned as a problem by any of the interviewees.*

The ES needs to consider adding drug use to the data requirements for outcome monitoring and making this part of contracts with providers, in order to obtain information that they need to assess the effectiveness of their interventions for drug users. To achieve this, it would be crucial to

- assess how many drug users access ETE services,*
- record any referral and liaison action with or to specialist agencies,*
- analyse outcomes of interventions (especially if drug users are at a higher risk to drop out of programmes) and*
- introduce follow-ups to see whether sustainable changes have been achieved (qualifications gained, employment taken up, employment sustained).*

Lack of information on the prevalence of drug use is also a problem for mainstream training providers, although the feeling was that few if any problem drug users are currently on the training programmes. An information strategy may be needed to establish whether this really is the case and why the situation is so different from New Deal providers.

☞ **The ES ought to decide whether they need to collect additional information and, if this is the case, discuss ways to do this. Conceivable solutions may be a prospective study of clients of representative sites (ie selected ES offices in city and county), or ongoing data collection throughout Leicestershire. Training providers may need to consider whether they have an unidentified information need with regard to the accessibility of training for vulnerable groups.**

Working with unmotivated clients

The problem of identifying ways of working with an unmotivated client group has been recognised by the ES and the NDP, but has not been reported by other ETE sector organisations.

Author's comment: *A key issue may well be the attempt to work with generally unmotivated clients. As involvement with the ND system does not usually involve a*

request from the drug user for help, or even a recognition on their part of the need for any help, they may feel coerced, and have been said to "play the system" to take the pressure off themselves. To try and integrate these clients into the normal New Deal system may not be a cost-effective way to help these clients obtain work. It may prove helpful to give ND advisers an overview of the well-recognised "Stages of Change" theory during specialist training (see box). This would enable advisers to offer help that is appropriate to the stage that a drug user is at.

STAGES OF CHANGE (cf. Prochaska & DiClemente, 1992)

PRETHINK - users do not perceive that they have a problem.

THINK - they begin to weigh up the pros and cons of their drug use.

DECISION - the point where users decide that change is necessary.

ACTION - the process of taking steps to put the change decision into effect.

MAINTENANCE - ex-users have to develop conscious coping strategies to help maintain the changes made.

Clients in the "pre-think" stage are significantly less susceptible to change strategies than drug users at other stages: they think less about their problems; they are less open with others; and they do little to overcome their problems. Thus, they can be very frustrating for any provider if the goal is to produce "action" stage outputs. This feeling of frustration, ambiguity and helplessness was obvious in interviews with New Deal front-line staff. Such a situation can prove counterproductive, disempowering for workers, and form the basis of a negative experience for users.

This is not to say that highly unmotivated, drug using clients should be automatically exempt from the programme, or kept as long as possible on the New Deal programme without achieving progress to avoid loss of benefits, as appears to be the case at present. The key is to recognise that the needs of this group are different. Achieving change with this group may require specialised staff and additional resources, and is unlikely to be achieved within the current framework of New Deal. It also demands appropriate objectives against which to measure outcomes. "Soft" outcomes, such as improvements in self-esteem and confidence, might well represent major achievements for both the users and the service providers.

~ **The recommendation is therefore to implement a procedure to determine which clients need intensive additional support, and that clients with serious drug problems require input by a specialist agency, or access to specialists within the current ETE provision.**

The need for specialist support

The need for specialist support for drug using clients has been addressed by most ETE sector interviewees and many of those who completed the questionnaires. Different models were proposed, ranging from partnership approaches to establishing a specialist service to deal with drug users' employment needs.

Specialist agency: NDP advisers described a specialist agency as their preferred option. One interviewee felt that there is a need for a visible specialist service dealing with the employment of drug and alcohol users, similar to APEX, which was set up as an agency to help ex-offenders into work. This service would be offered instead of

one of the New Deal Options, and would work at building up motivation and confidence before gradually get the clients into the routine of working life. At a later stage the programme should include short supervised work placements. This service should place particular importance on taking things slowly to avoid failure, and challenges would be slowly stepped up according to the client's needs.

It was felt that other essential features of such a service might be: more intensive adviser support, a more casual approach, starting with few expectations and using less pressure than New Deal. Employment should be addressed as a long-term goal from the beginning, but clients have to have the chance to get the major crises sorted out first, which calls for on-site specialist support from workers in the fields of drug use, debt management, criminal justice, physical and mental health. The job programme would be on hold, and clients would continue to receive benefits, but a close personal contact is already established for the time when clients are ready for employment or training.

Specialist workers on-site

New Deal advisers at the ES favoured a similar model, but thought that it would be advantageous to have specialists from different fields based in-house at the ES, or at least running regular in-house sessions for ES clients. This would help in cutting down on the amount of missed appointments, and would allow easy follow-up of whether a client has presented to the specialist. Critically, by being more accessible, it would remove the threshold of approaching a number of different specialist services. After the initial interview the client could be referred directly to the workers "next door" addressing the issues on his/her individual needs profile. This approach would help ES staff not to feel like "all-round counsellors", as one adviser put it, who have to do and know everything, which they stressed could be very frustrating and explains the high rate of burn-out amongst ES staff. The ES advisers stressed that they are often the most constant official service contact that disaffected clients have, so there is a good opportunity to reach people.

One of the training providers reported that their trainees have access to general counselling and support within the same organisation, and thought that this was also taken up for drug use issues. This counselling and support service might refer to drug treatment agencies in serious cases.

Regular drug clinics for clients – specialist worker to come to ETE services

Some of the specialist ETE providers and the CS conceded that the idea of a specialist agency or a full-time drug worker may be unrealistic in the short-term. They generally felt they would benefit from a drug worker running regular on-site clinics and advice sessions.

Partnership approach

Another model suggested by one ETE interviewee was that ETE organisations should agree a partnership with one or more drug treatment services. Drug treatment services would have to have the resources to prioritise those clients who are in training or have a job waiting so that these would not have to go on a long waiting list. ND staff and the ND training providers would also need guidance to make concessions for those cases who would be able to follow the New Deal programme once treatment was under way. It was stressed that the timescales would have to be co-ordinated between services.

The lack of specialist agencies that young people with drug problems can be referred to is a major obstacle for the CS, who would otherwise consider a partnership approach as helpful.

☞ **The identification of ways to provide drug users in the ETE sector with support from drug specialists is one of the major issues that needs to be resolved. The recommendation is that a special working group is set up, which should include members from the ETE and the drug treatment sectors.**

Improving accessibility of drug treatment

As discussed above, specialist drug treatment input is required if ETE initiatives for problem drug users are to be successful. At present, users who are prepared to present to a treatment service face long waiting lists, especially if they require substitute prescribing. There were reports that drug users find it equally difficult to get a GP to prescribe to them and shared care arrangements are not in place.

☞ **The detrimental effects of waiting lists and lack of shared care agreements are points that need to be discussed by drug treatment services and their commissioners, and the Drug Action Team may wish to think of ways of positively influencing this discussion.**

Strengthening networks within the ETE sector

Only a few ideas were brought forwards suggesting how to attract New Deal employers that agree to work with problematic clients. As one interviewee said “employers make a big step in taking on a problem drug user. Before referral, there need to be better safeguards in place, I mean appropriate support networks for the user”. He went on to explain that until these networks are in place, temporary exemptions from New Deal may be the only possibility for drug users.

Signing up employers and training providers

New Deal providers have tried Open Days, which were not very successful and did not help to engage with employers on a long-term basis. Information fliers were tried, but the amount of junkmail everyone receives makes it unlikely that more than awareness that New Deal exists will come out of it. Lately, the companies go out as a sales force, marketing each individual client’s skills, which seems to be working better, however, it is unusual that companies take on a group of clients at one go. In general, smaller companies are more likely to take a problematic client.

The CS feels that their approach in referring drug using young people into training is working well: The CS operates a training-to-client matching process, and drug use is negotiated with the provider once this match has been achieved. Extra CS support for the duration of the training can be arranged. If a provider initially declines to take on the drug user, the CS would negotiate on the client’s behalf. So far, only one provider had a strict “no drug users” policy, all others could be persuaded to accept young people with drug problems as long as these problems are regularly addressed by the CS and/or others. It has to be noted, however, that the scale of drug use that the CS has to work with appeared much less severe than the patterns of drug use encountered by ES and NDP advisers.

Another organisation felt that the only way forward would be to invest into a strategy of recruiting a pool of employers who are prepared to work with drug users and who are flexible enough to allow the drug user access to treatment during working hours if this is required. In particular, the interviewee had heard of the national PROGRESS

projects, in which large mainstream employers signed up to taking on drug using and ex-using trainees, and stated that a similar initiative on a local basis could be very helpful.

The interviewed training providers hesitated when asked whether they would consider taking on current problematic drug users.

Author's comment: *PROGRESS is an initiative by the Centre for Social Exclusion and UKADCU that received a lot of media attention around the time of the interviews.*

☞ **Ways of attracting employers and training providers who are willing to take on current drug users and ex-drug users need to be identified.**

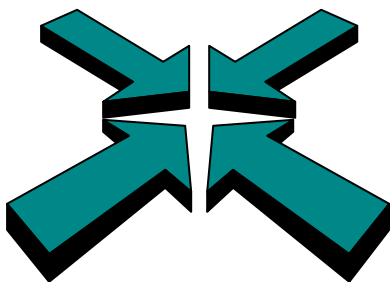
Bringing about change

Although most interviewees across the board were able to highlight a range of issues that needed to be addressed, not all had suggestions of how the situation could be improved. Several participant organisations did not appear to consider that the responsibility of taking this forward was central to their role.

One interviewee had a detailed suggestion of how to "make things happen" within the New Deal. They said there would need to be some radical changes in the way the ES works. In their opinion, the ES structure could resemble the structure in Crime & Disorder Partnerships: a very structured, top-down approach, with the ES at the top, and with adequate input and consultation from the partner organisations at each step. Major players in this partnership would be the ETE providers, but input would also be required from Social Services, Probation, drugs professionals (eg DAT), and Housing. The ES needs to oversee that everyone has the same agenda with regard to employment. A quote: "it needs to have a corporate view, not lots of isolated strategies".

Author's comment: *There was a general consensus that the issues in this study are important and require attention and action.*

☞ **Hence, it will be essential that clear roles and responsibilities are defined and agreed, in order that future plans are taken forward.**



SO WHAT NEXT?

Taking it from here

1. The author would recommend that there should be a round-table discussion of the outcomes of this report with the key stakeholders from Leicestershire organisations in the ETE sector (especially the ES and the TEC), the drug treatment sector, and the Criminal Justice System. Workshops on specific topics could be set up, and generate ideas for further consideration. The organisation of such a meeting could be taken on by the Drug Action Team.
2. These discussions should then result in setting up a steering group whose aim would be to investigate how the barriers and problems described in this report could best be addressed. This group should also take a lead in implementing changes.
3. It is also recommended that the Employment Service create a drug misuse co-ordinator post. Other organisations should also establish link persons for employment & drug use issues.
4. This study was concerned with the views of the organisations in contact with or potentially in contact with drug using clients. It is felt that as a further step it would be important to find out about drug users' views on the issues addressed in this report. Such an independent study might highlight additional barriers that none of the participating agencies know of and clarify those barriers already mentioned.

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Appendices

DRUG USERS' EDUCATION AND EMPLOYMENT NEEDS ASSESSMENT

A questionnaire for Employment Service and Careers Service staff

This survey is part of a study commissioned by Leicestershire TEC, Leicestershire Drug Action Team and Employment services to find about barriers to education and employment for clients with substance misuse problems. It should not take long to complete and will help us to get some "front-line" views and experiences.

Your agency is:

EMPLOYMENT SERVICE

CAREERS SERVICE (please delete as appropriate)

LEICESTER CITY

COUNTY (please delete as appropriate)

1. Is there or has there been any staff training in your service with regard to drug users' special needs when entering employment or training programmes?

yes no

If yes, when did you last attend? (Month & Year) _____. How often does it take place? _____

2. Which specialist drug agencies in Leicester, Leicestershire & Rutland do you know of? (Name & Location)

3. Have you got any named contacts, or persons you know by name, in any of these drug agencies?

yes no

4. If a person comes to your organisation for help in accessing education, training or employment, would you ask whether s/he has any substance misuse problems?

yes no possibly

How and when would you address this issue?

When might a client mention drug misuse if not during assessment?

5. If you became aware that a person has drug misuse problems, would you refer them on to a specialist agency?

yes no possibly

If yes/possibly: please describe how you decide whether to refer a person, and how the referral process would work.

If you know: Please state roughly what proportion of your client load has drug problems?

_____ %

If you know: Roughly how many clients have you referred to a specialist drug service in the last year?

_____ clients

6. Do drug agencies refer their clients to your service?

yes no don't know

If yes, roughly how many clients of your caseload have been referred by drug services?

_____ clients

7. If you see clients referred by drug agencies or drug agencies see clients referred by you, what information is shared between services?

8. Do you follow-up the success-rates of clients completing/staying on once they enter employment or training?

yes no

If yes, do you have a feeling for whether drug users face particular problems, and whether they are more or less likely to be successful in completing a programme/keeping up employment than other client groups? Why do you think that is? Please elaborate

9. How satisfactory are your links with drug services? Please rate on scale below

very poor 1 2 3 4 5 very good

If you think they are not particularly good, what do you suggest could be done to change that?

10. Are you aware of any policies/documents in your organisation dealing with drug misuse?

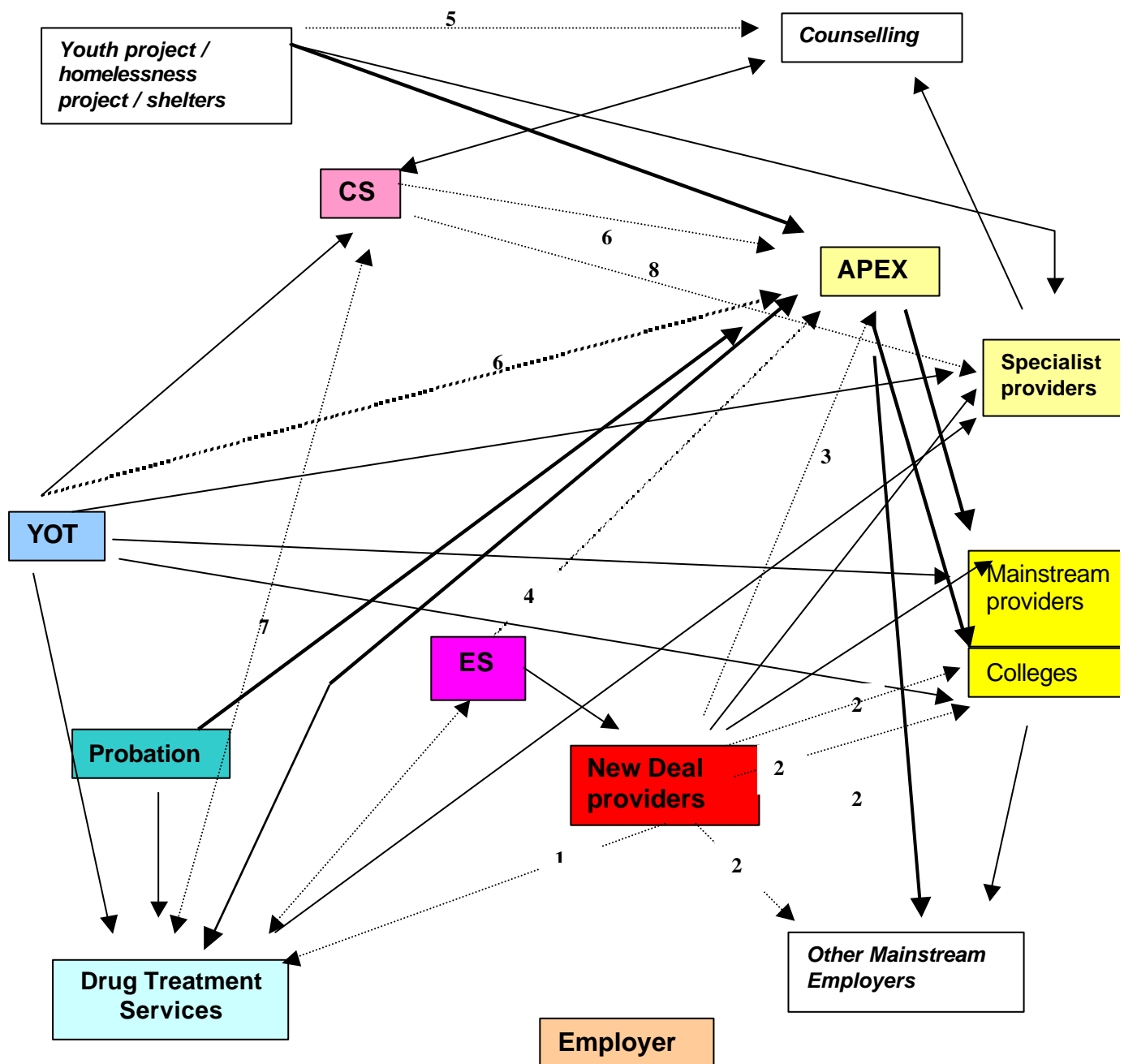
yes no

If yes, please state which documents _____

THANK YOU VERY MUCH FOR YOUR TIME AND HELP!!!

Please return this questionnaire to Marina Duckmanton as soon as possible.

Referral links between services working with drug users and organisations in the ETE field



- Organisations in italics have not been interviewed, but were mentioned as links by those interviewed.
- Both New Deal providers mentioned the same links, for clarity of the graph they have been represented as one box.
- Dashed lines: links are not established, problematic or there were contradictions – please refer to notes 1-8 below.

1 New Deal contractors have referred to a drug service on a few occasions, but there are no formalised links or policies in place.

2 New Deal contractors have strong links with these organisations, however, there have been no or only very few referrals of *known drug users* to these organisations

3 New Deal contractors work with this specialist provider and there have been some referrals of drug using clients, however, it appears there are some problems/ with funding streams. It was not possible to find funding for someone from the specialist provider to hold regular sessions on one of the New Deal Contractors premises. It is expected that collaboration will resume as the agencies will now be located in the same building.

4 It is not quite clear whether or not ES refers directly or indirectly to this particular provider. Whilst the provider named them as the major referral source, ES said that referrals would usually come from New Deal contractors.

5 New Deal contractors were not sure but thought that some specialist providers may offer access to counselling.

6 The specialist provider's new young person's worker is planning to further this link within the next few months.

7 The problem is that there is very little service provision for young people under 18. Although referrals have been made to the existing drug treatment services, general counselling centres have often been preferred. Service accessibility for young drug users is patchy – better in Leicester and the north of the County, but difficult/impossible in other areas.

8 Not everyone who should be referred gets referred as special programmes tend to be very cost-intensive.