

Services for people with drug problems seeking work

People with drug problems encounter many barriers when seeking to enter the work force. The barriers facing problem drug users entering Educational, Training and Employment (ETE) schemes in the North West of England have been identified by Professor Hilary Klee and her team from the clients' accounts of their childhood and their experiences on the scheme and also from interviews with ETE workers and employers. The study found that:

-  **High proportions of clients had been in care, raised in single-parent families, and experienced parental divorce and/or drug use among family members. Moving house due to family breakdown had often caused major disruption at school and high levels of truancy. Bullying was common and many clients had been suspended or excluded. By adulthood over three-quarters had a criminal record.**
-  **Many of the clients were living in deprived areas where access to drugs put them at risk of relapse. Although most wanted a job they had reservations: they felt they were not ready and needed to get off drugs and be sure they could stay off; those receiving sickness or invalidity benefits feared a drop in income if they got a poorly paid job.**
-  **There were many barriers in the service itself. In mainstream agencies the advisers could be unaware of the clients' drug problems unless clients volunteered this information. Many advisers said that these clients had needs that they could not meet; advisers were not trained and had insufficient time to deal with clients' health and social problems. Their service was only suitable for the 'job-ready'.**
-  **ETE advisers met delays when referring clients to other services. Collaboration with other employment agencies was rare because agencies were in competition. ETE advisers criticised the targets set by their funders: these were often simple measures of monthly throughput to other agencies and did not allow for longer-term development of basic skills that could help clients towards rehabilitation and a job.**
-  **The researchers conclude that several key issues need resolving: should ETE schemes be integrated with rehabilitation; how is readiness for work to be assessed and by whom; how is inter-agency co-operation to be improved; should target outcomes be made more appropriate for problem drug users seeking a way into work; and how can employers be persuaded to participate?**

Background

Illicit drug use is associated with a number of social problems, particularly economic deprivation and social exclusion. A majority of those in drug treatment are unemployed, most of them receiving sickness or incapacity benefits. Although the psychoactive effects of drugs can directly affect work performance, there are more fundamental experiences that are associated with drug dependence. These childhood 'risk' factors can lead to anti-social patterns of behaviour: drugs, delinquency and crime that enhance and perpetuate social dysfunction. Sustaining the supply of drugs as dependence increases can lead to crime; a criminal record creates a second barrier to finding work. Problem drug users are often doubly disadvantaged, a negative stereotype precedes them and they feel they must avoid disclosure of their dependence and criminal history if they are to become employed. This study examines the barriers to getting work in the backgrounds of problem drug users entering ETE schemes, in their current lifestyle and in the employment services to which they turn.

Family and school experiences

Many aspects of childhood give rise to later emotional and behavioural problems, including the use of illegal drugs. The study identified four main categories of such experience among the ETE clients with drug problems interviewed: being in lone parent families, families with drug-using members, having divorced parents and stepfathers, and being placed in care. Many were members of more than one group.

All the lone parents were mothers. They tended to work very long hours and had difficulties controlling their children. None of the clients had kept in touch with the absent father. Research shows that lack of such contact is often associated with emotional and behavioural problems, difficulties with anger management and under-achievement at school. A similar pattern was seen among clients of separated families where contact with the father was broken. For those whose mothers started a new relationship, there were more problems, particularly for sons. A high proportion of clients had been in care; they were much more likely to have lost contact with the mother than any other group. Many clients from drug-using families had been taken into care.

Most clients had serious problems at school, such as repeated truanting and aggressive behaviour. Nearly half had been suspended or expelled, many because of violence towards a teacher or another pupil. The majority of clients had moved house at some point during their childhood, and a quarter had found it difficult to make new friends at school. Bullying was common and some clients tried to avoid

being a target by cultivating a reputation for being 'cool' or aggressive, or out-facing teachers. Clients were more likely to have left school early with few or no qualifications. Those who truanted and those using drugs with school friends were less likely to take exams and less likely to achieve any passes.

Current context

Many of the clients were living in deprived or low-grade accommodation. Over a third were in hostels, temporary accommodation or supported housing and some were living in areas known for the prevalence of illicit drug use.

Their family background was influential in shaping attitudes towards work and employment. However, although some parents were supportive in attempting to help them get work, the influence of partners appeared to be stronger. Non-drug-using partners were keen on getting clients to control their use of drugs.

Most clients reported current health problems, the most common being depression. Many were on social security sickness, incapacity or disability allowances because of their dependence on drugs. Three-quarters of the whole sample of problem drug users were using cannabis either on its own or in conjunction with other drugs. A third of the sample was prescribed methadone (a heroin substitute) by a drug agency but many were still using street heroin. Continued use of street drugs was not uncommon; amounts were likely to be small but contact with drug networks made efforts towards abstinence and a different lifestyle more difficult.

The majority of clients had been in custody or prison and some were currently on probation. They believed that a criminal record combined with a history of drug use was a serious deterrent to prospective employers.

Clients' views of services

For the majority of these clients the motives in joining a scheme were not to get a job immediately. Though they had reached a point where they wanted to change their lifestyle, most felt they were not yet ready to work. They had a strong fear of relapsing once they were in work. This would be a serious setback if their social security benefits had been stopped and they faced delays in payments being resumed. Most preferred the option of going for educational courses, mostly non-vocational and aimed at self-improvement. However, those who had left school with no qualifications realised that these were important and would be helpful.

Clients were very positive in their evaluations of the ETE service. They particularly praised advisers working in agencies dedicated to the needs of drug

users. However, they found frustrating delays when there were no places on a course, or the course did not start for several weeks or it meant travelling long distances to attend. Clients also feared that, ultimately, they would fail to find work because of their criminal record. When asked for their ideas to improve the employment service, views differed as to whether New Deal schemes specifically for drug users would be beneficial. Those who were against the idea felt this could mean going back into places where drug users collected which could undermine their resolve.

ETE workers' views of their service

ETE workers described several barriers that drug users faced getting into work. Personal problems included lack of commitment, a chaotic lifestyle and lack of confidence. The other key difficulties were a lack of qualifications and a criminal record. ETE workers felt that these clients were multiply disadvantaged, but many felt they could not probe too deeply into the clients' histories. ETE advisers in mainstream centres were particularly limited because they had no way of identifying the clients with drug problems. Most believed clients had needs that the service could not meet, such as accommodation, mental and physical health problems and a need for detoxification or some other form of drug treatment.

ETE workers criticised the systems of referral to other agencies and lack of co-ordination between systems. They also criticised problems resulting from the waiting lists for treatment and educational or training courses. They were concerned that the service was not user-friendly. In some cases this was because the area and the accommodation were run-down; in others it was due to a formal, defensive exterior with locked door and screens between reception staff and clients. Workers also believed that some clients were being pushed towards options of no interest to them or for which they were not ready.

The workers reported that there was very little collaboration between agencies. Confidentiality concerns limited any data sharing, and there was no infrastructure to support information sharing about what could improve services. The fact that agencies were often in competition to attract clients was a major barrier to collaboration. In addition, the ethos and procedures of ETE services differed. Some were oriented more towards getting clients into work quickly; others took the view that this would involve a long preparation time. Some workers suggested a need for a neutral co-ordinator to develop links across the services.

The social security benefits received by clients were also seen as a barrier: the income derived from benefits was not likely to be matched by a low-paid

job. This was largely because the work available to this group was poorly paid and tended to be rejected by other jobseekers who were not so disadvantaged.

All specialist ETE services defined success in terms of meeting the targets required by their funders. In some cases this was no more than the number of referrals each month. There was pressure for a fast throughput to achieve the targets since time-limited grants might not be renewed. Most advisers disliked this pressure and believed that 'softer' targets were more appropriate, such as improving the clients' quality of life, self-discipline, time management and bringing about a more positive sense of self-worth and confidence.

Employers' main concerns were about trustworthiness, reliability and absenteeism. They needed reassurance that employees with a history of drug use would not be a risk to the company. ETE professionals felt that employers were prejudiced against their clients, mostly due to the association between drugs and crime.

Key issues and their implications for policy

The researchers conclude that the following issues need addressing to remove some of the barriers this group faces:

- Assessment procedures do not provide full information about the nature and extent of any disadvantage that may affect the job prospects of clients. Such procedures would allow the client to reveal problem drug use in a safe environment that could be explored with an ETE adviser and lead to appropriate advice on the best course of action. An awareness of the current lifestyle of the client, combined with basic training about drug dependence, could help advisers spot the potential risk factors that lead to relapse.
- A debate on the meaning of 'readiness' for work could clarify the criteria to be used in identifying the current needs of clients. An understanding among ETE workers of the role of treatment in the process of rehabilitation would help to establish a working relationship with treatment agencies. This could lead to collaboration in developing appropriate action plans for clients. Issues of confidentiality and ways of reconciling the different aims and speed of working in different agencies would need to be addressed first, however.
- Rehabilitation was seen as a gradual process that could involve many stages, different types of experiences and require different kinds of support.

There seem to be several options which include 'through-care' as an integrated system of life skills, non-vocational skills and training delivered either as a 'package' or through a system of referrals. However, preventing relapse and identifying risk factors are not always an important element in a system of after-care.

- The fear of a drop in income from a poorly paid job when compared with social security benefits increases clients' reluctance to seek work. Some modifications to the rules governing benefits might encourage problem drug users to engage fully in ETE schemes.
- Short-term funding with the need for fast throughput increased time pressure. Simplistic targets are at odds with the need to incorporate lengthy therapeutic interventions for problem drug users. Competitive funding also makes agencies unwilling to share ways of working that attract and benefit the clients. The impact of such funding arrangements on the quality of the service deserves investigation.
- Support for ETE staff was often poor. Most complaints were about inter-agency communication systems and management. The referral system was complex and involved many delays that slowed throughput and caused frustration among the clients. There was a high staff turnover in some agencies. Faster access to information could improve the service, for example, through computer databases of educational and training courses and job opportunities. Monitoring courses in terms of completion rates and student satisfaction would yield information that could guide clients and contribute to a view of 'what works'. Similarly, access to treatment options and waiting lists for CDT places could be made available.
- There seems to be little enthusiasm among employers to participate in the New Deal. Large companies are better equipped to respond to their needs but the nature of the work sets limits on the jobs they are prepared to offer. Problem drug users with a criminal record are likely to be the most unwelcome applicants. Although the prejudice attributed to employers was not extreme, special measures aimed at reassuring them may need to be developed that allow for supervision and monitoring of progress.

About the project

The research was carried out in the North West of England between March 2000 and October 2001. The aims of the project were: to reveal the support needs of drug misusers in Education, Training and Employment (ETE) schemes, to record the barriers encountered by them and by those who attempt to help them. Eighteen agencies were sampled. There were three groups in the sample: 70 drug-dependent or recovering (currently abstinent) ETE clients, 40 ETE professionals (advisers and trainer/educators) and 20 employers. Individual face-to-face, semi-structured interviews were recorded on audio-tapes. The data were analysed in two ways: using a statistical computer programme and also by identifying major themes in the verbal accounts.

How to get further information

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The full report, **Employing drug users: Individual and systemic barriers to rehabilitation** by Hilary Klee, Iain McLean and Christian Yavorsky, is published for the Foundation by YPS as part of the Work and Opportunity series (ISBN 1 84263 053 9, price £13.95).