

Barriers to Employment for People with Drug and Alcohol Issues and People in Recovery

Steven Tyler, Graeme Robertson, and Michael Harvey



Moving On
Tyne & Wear



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EXECUTIVE SUMMARY – REFLECTIONS AND RECOMMENDATIONS FROM THE PEER RESEARCH

Building Better Opportunities is a multi-million pound funding programme matching money from the European Social Fund (ESF) 2014-2020 and The National Lottery Community Fund, to invest in local projects that tackle the root causes of poverty and social exclusion faced by the most disadvantaged people in England.

Mental Health Concern was successful in securing the grant for the Building Better Opportunities programme across the Tyne and Wear area and is delivering this through the Moving on Tyne & Wear programme.

Moving on Tyne & Wear commissioned a series of Innovation Projects to better understand some of the barriers to employment, and develop recommendations for change.

Changing Lives was commissioned to deliver one in Newcastle and Gateshead to look specifically at the barriers to employment for people with experience of drug and alcohol use, and those in recovery.

Peer research is a way of designing and delivering a research project with the people who would usually be the subjects of research. We used a peer research model because we felt it would provide richer insights into the specific barriers faced by people in recovery from addiction when thinking about, and moving towards, employment.

The aim was to deliver a report with recommendations to develop and adapt service delivery for people in recovery and working towards employment - ultimately helping more people to move into employment.

KEY REFLECTIONS

1. Relationships require time, for the service user to trust the worker and for the worker to learn about the service user.

Given the unstable nature of people's lives when experiencing or recovering from addiction, **continuity of care** is crucial to good service provision.

Positive staff attitudes can really support people's attainment of their milestones and goals.

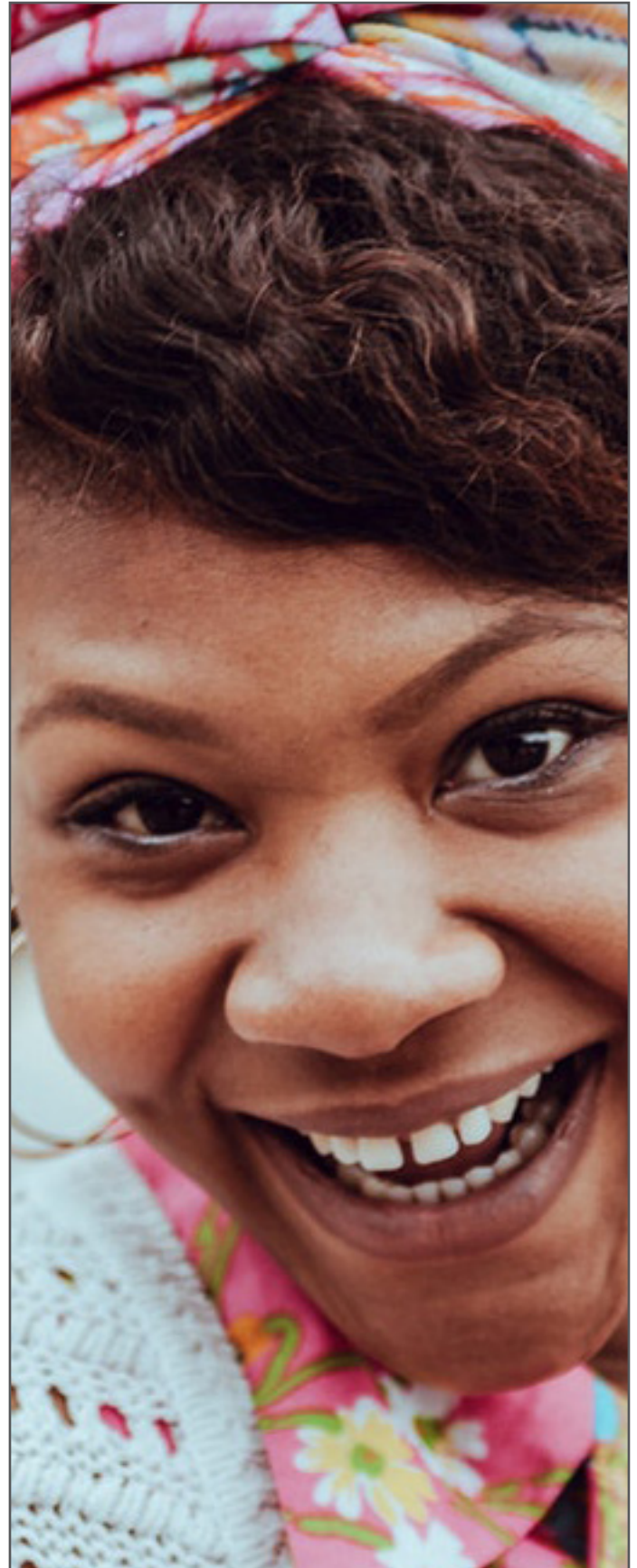
Sustainable employment services for drug users, not turn up for two months then disappear.

2. People require stability in recovery before moving towards employment. However, this should not preclude them from thinking about employment or support towards their employment goals.

If you move too quickly and are not stable in your recovery then it can cause you problems with benefits and other life stuff!

3. Peer support and peer mentoring are vital to people's recovery and to their journey towards employment.

Peer support would have helped - mentored by someone who had gained employment.



KEY RECOMMENDATIONS

1. We all need better knowledge of recovery.

in particular understanding the recovery journey and the experiences people in recovery are likely to have as they develop a life free of drugs and alcohol. Training and support for frontline staff to develop a better knowledge of recovery is crucial. We recommend the development of local drug and alcohol, and recovery awareness training, for statutory support services and employers, led by people with lived experience.

Ideally, employment services should include specialist recovery-focused workers who can bring together an understanding of recovery and employment. They should be skilled at using asset-based approaches – tools and techniques which emphasis people’s strengths and aspirations, rather than their deficits (e.g. history of substance use or offending).

I think there could be a go between advisor to explain the concept of addiction to potential employers.

We need a service that focuses on the skills people have not whether they are in recovery or have had issues.



2. This wider understanding of addiction and recovery will help reduce the direct barriers faced by people in recovery looking for work.

Some help to get a hand back into employment, a job trial...

It will improve attitudes and create greater willingness to give people in recovery a chance of employment. This should include brokerage of employment opportunities and job trials. These supported routes into employment may help reduce people's fears about any stigma attached to recovery, as well as helping with practical challenges e.g. explaining gaps in their employment history.



3. Services working to support people with drug and alcohol issues, and those in recovery, need to get better at signposting clients to employment support services and opportunities.

This could be aided by outreach work by frontline workers to connect clients directly to sources of support. Employment support staff also need to reach out into the community more - attending job centres and recovery hubs with the aim of engaging people directly with their support. This is especially key for people who do not have clear ideas about how to stabilise their recovery and the role work can play.

It can take a lot of courage even to go into the library and say I want to use a computer.

I am far away from the job market but would like support to look at options right now I can't imagine working so I need to be able to picture it before I could do it.

4. A comprehensive skills and training package should be developed for people in recovery.

Could there not be some interview training? Not many places do that do they, nobody knows what's going to happen when you go into an interview.

This should be person-centred and included improved signposting and brokered access to training and volunteering opportunities. This should particularly include support to increase people's IT skills, CV writing, interview skills and support to explain gaps in employment history. These mainstream employment skills need to be presented through a 'recovery-lens': better understanding of the recovery journey and the specific barriers people in recovery can encounter.



5. Continuity of care for those dealing with addiction, and in recovery, is key.

People told us that continuity of care in all its forms is vital for people with drug and alcohol problems to maintain stability. The constant chopping and changing of points of contact, presumably owing to changing funding streams, can be disruptive. Ideally, support should extend beyond the start of employment so that people have help as they settle into a job; this could prevent or help with any relapse or setbacks that could occur.

CLOSING COMMENTS FROM THE PEER RESEARCH TEAM



The subject matter was close to home for all of us, in spite of this, we have learned a great deal about ourselves and have gained a greater insight into our peers. We can say, without fear of contradiction, that people in recovery / addiction have a great deal to offer.

INTRODUCTION

Building Better Opportunities is a multi-million pound funding programme matching money from the European Social Fund (ESF) 2014-2020 and The National Lottery Community Fund, to invest in local projects that tackle the root causes of poverty and social exclusion faced by the most disadvantaged people in England.

Mental Health Concern was successful in securing the grant for the Building Better Opportunities programme across the Tyne and Wear Area and is delivering this through the Moving on Tyne & Wear programme.

Moving On Tyne & Wear has a series of Innovation Projects and Changing Lives is delivering one in Newcastle and Gateshead to find out about the barriers to employment for drug and alcohol users and those in recovery.

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As a result of the research Moving on Tyne & Wear will have increased knowledge of the barriers faced by this service user group and will develop and adapt service delivery where needed to meet the need; engaging more people to move into employment.

The research was carried out by peer researchers who completed an NVQ level 2 in peer research delivered over six weeks by Fulfilling Lives Newcastle Gateshead, they were employed for five months to complete research fieldwork, analysis and reporting.

The Fulfilling Lives programme is an 8-year national learning programme funded by The National Lottery Community Fund, ending in 2022. In Newcastle and Gateshead, supported by a Core Partnership of Changing Lives (Lead Partner), Mental Health Concern and Oasis Community Housing Fulfilling Lives Newcastle Gateshead work with people who are often excluded from the support they need, and experience a combination of at least three of the following four issues; homelessness, offending, substance misuse and mental ill health.

Peer research is one of the mechanisms used by Fulfilling Lives Newcastle Gateshead to increase participation and raise the profile of the issues faced by people with multiple and complex needs.

THE RESEARCH TEAM

Five peer researchers undertook peer research training in 2017, and three peer researchers completed the course and went on to deliver this peer research project.

At the commencement of this programme we each had our own preconceived ideas about what we would find out. This was based upon our own experiences of what the barriers are for ourselves as people in recovery.

Part of the journey for us as peer researchers was to establish the nature of bias and then through the rigorous analysis of data explore the barriers to employment objectively, giving a voice to other's stories.

Peer research allows us as researchers to draw on our own lived experience to show genuine interest and empathy with the research participants allows and facilitates a real conversation between two individuals as equals.

Fulfilling Lives Newcastle Gateshead promotes genuinely co-produced peer research, where peers lead on all aspects of research design and delivery, supported by Fulfilling Lives Newcastle Gateshead's Research Team.

METHODOLOGY

Service users and people in recovery across the Newcastle and Gateshead area were asked to complete our survey at the beginning of 2018, to explore their experiences around barriers to employment. The survey was available in paper and electronic formats and was designed to find out about employment status, level of education, recovery status, barriers that had been encountered, the support services that had been accessed and hopes for the future.

We used a wide range of recovery and drug and alcohol treatment networks to ensure a broad reach of participants. Supported by Changing Lives, Change Grow Live (CGL) and Fulfilling Lives Newcastle Gateshead we organised a series of focus groups in Newcastle and Gateshead seeking to answer ten questions from the survey. The survey was also shared by researchers amongst their peer groups in an attempt to reach a greater number of participants. Copies of the survey were left in the premises of treatment providers and other services within the Newcastle and Gateshead area.

The purpose of the survey was to find out about the barriers to employment for people in drug and alcohol addiction and those in recovery. The survey was used as the basis for a semi structured focus group guide [see Appendices] for a series of focus groups to gather rich data about the barriers faced.

RESPONSE

135 people participated in the study across the different forms of enquiry. 104 people completed the survey and 31 people shared their views at focus groups across the two areas; these included four frontline staff with lived experience, and Fulfilling Lives Newcastle Gateshead Experts by Experience.

Because of the length of our survey, we decided to collect only headline demographic data. Resource limitations restricted our ability to perform multiple focus groups and transcribe the collected data. Our position within the recovery community allowed us to collect a purposive sample, attending local recovery settings to recruit participants.

Roughly 55% of the respondents were male and 45% were female, which generally reflects the national demographic of people currently accessing recovery treatment.¹ Interestingly, we noticed that the number of women who attended the focus groups was much lower than that of the national average, it is unknown if this is representative or perhaps an accessibility issue in regards to our focus groups.

A breakdown of the survey population shows that 74% of people who responded live in the Newcastle and Gateshead area. It is encouraging that the survey reached, for the most part, the intended audience.

Whilst the opinions of those from outside of the target area were appreciated they may not benefit from any system change that occurs as a result.

Just over 65% of those surveyed were between 35 and 54 years old, rising to 92% when including those aged 25 to 34. One participant was 65+ and one participant was under 24.

Exploration of the educational background of participants shows that 80% possess qualifications at secondary education level, and 67% possess further education qualifications and 13% stated that they hold no qualifications. As peer researchers we are unsurprised by this data, we are aware that addiction has no boundaries and can affect anyone no matter what their background is.

Respondent's employment was split with 37% in work and 63% unemployed; of those in work 67% had been in continuous employment for more than 12 months, of those unemployed 75% had been out of work for more than 12 months. Roughly 30% of respondents were actively looking for work, and 50% of respondents said that they were planning to look for work in the future, citing physical and mental health as well as their recovery status as their reasoning for not actively looking for work at this time.

¹ <https://www.gov.uk/government/publications/substance-misuse-treatment-for-adults-statistics-2017-to-2018/alcohol-and-drug-treatment-for-adults-statistics-summary-2017-to-2018#gender>

The profile of respondents was heavily weighted towards people abstinent (35%) or in recovery (46%) with just under a fifth of participants stating that they use drugs or alcohol at present.

SUMMARY OF KEY FINDINGS

Upon first inspection the barriers presented in this report could be seen as being faced by many other people who are unemployed. Unemployment is one signifier of social exclusion, indeed people told us that they feel stigmatised for being out of work. The people we interviewed are facing multiple and highly complex problems which have a cumulative effect on their distance from the workplace.

In response to our question about why people are not seeking work or are not actively applying for positions people described a range of primary barriers which layer on top of their unemployment and substance use or recovery status, issues they “need to get sorted before I can look at applying for work”.

These issues included recent (and historical) offending history, physical health needs, mental health, housing, issues that people identified they need to be supported with before they can take the next steps to actively seeking work.

Though employment was very important to people - and we want to highlight tremendous hope and aspiration we heard from people who themselves identified as being a distance from being in a position to look for work - it was not deemed to be an immediate priority for many participants.



WORD CLOUD 1: KEY BARRIERS IDENTIFIED



- We heard from participants that the main barriers to employment are a complex, but not exclusive mix of circumstances, fear, instability and mental health, lack of self-esteem and confidence and their management of expectations.
- Participants with a criminal record appear to be significantly burdened by the past which prevents them from moving
- Our survey revealed that a large number of our sample are educated to a good standard, however, people identified skills gaps including; I.T., C.V. writing, interview techniques and gaps in their employment history that they find difficult to explain.
- We found some barriers at the service level including gaps in service and lack of signposting. Participants appeared to cherry pick the best advice from trusted individuals rather than from service providers. Many people were able to identify their needs, however, due to ineffective signposting their progress was inhibited.
- Finally many comments clustered around people's recovery capital. People highlighted the importance of their support networks and over forty references identified volunteering as important and a viable transition tool.

FINDINGS

CIRCUMSTANCES

The circumstances that people find themselves in can greatly affect their chances of gaining employment. Whilst not every participant had the same circumstances, it is fair to say that many of them shared similar situations. Because of how people view themselves, when in addiction or recovery, it seems to make the rest of their lives more difficult and intensifies the problems that they have.

Financial security plays a big part in motivating people to find work but also prevents them from gaining employment. The benefits system is supposed to support the most vulnerable people in society however, in some cases it appears to keep people out of employment rather than encouraging them to better themselves. Just under 20% of our survey participants said that they are job seeking but not actively seeking work. During one focus group two participants said:

If you're on PIP, because I'm on PIP and ESA, income related so it means that I can't work, if I went and put in for a job and lost it I would lose all that. I am going to struggle.

It's a lot of money that you get, about 1100 quid a month, so what's that about, going into work for not much more money that you get and what if it goes t**s up, would you be able to get back on those benefits?

PEER RESEARCHER REFLECTION

It can be emotional when listening to people talk about this subject, there is a realisation that we are all motivated by fear to some degree.

This suggests that appropriate support, given at the right time, is a desirable outcome.



Participants spoke about job trials and volunteering as a method to gain valuable experience, however, these methods are unsuitable for some who have debt or other burdensome financial constraints.

You just haven't got the money you get like £100 off the job centre to last you a month and most of that has gone on debt, I've got like £1800s worth of debt that's just catching up with me now and I've got to go to court.

Examining people's motivation for gaining employment, a small number of participants mentioned parenting concerns. Four respondents had experienced barriers around family circumstances:

I can't be flexible due to childcare.

I have a house and kids my husband works 40+ hrs a week and travels on 4 buses each way to get to work, when my maternity leave finishes, I will be back to working nights so one of us is available to look after the babies.

Both prioritise the wellbeing of their children, furthermore, one respondent alluded to the fact that gaining employment would be setting a good example for their children.



FEAR

As we analysed the responses we received from the focus groups it became clear that many in recovery have trepidation about returning to the workplace. Fear of taking that first step, fear of losing benefits and being sanctioned, ultimately the fear of relapse and becoming worse off both financially and in terms of mental health and recovery came across as significant barriers.

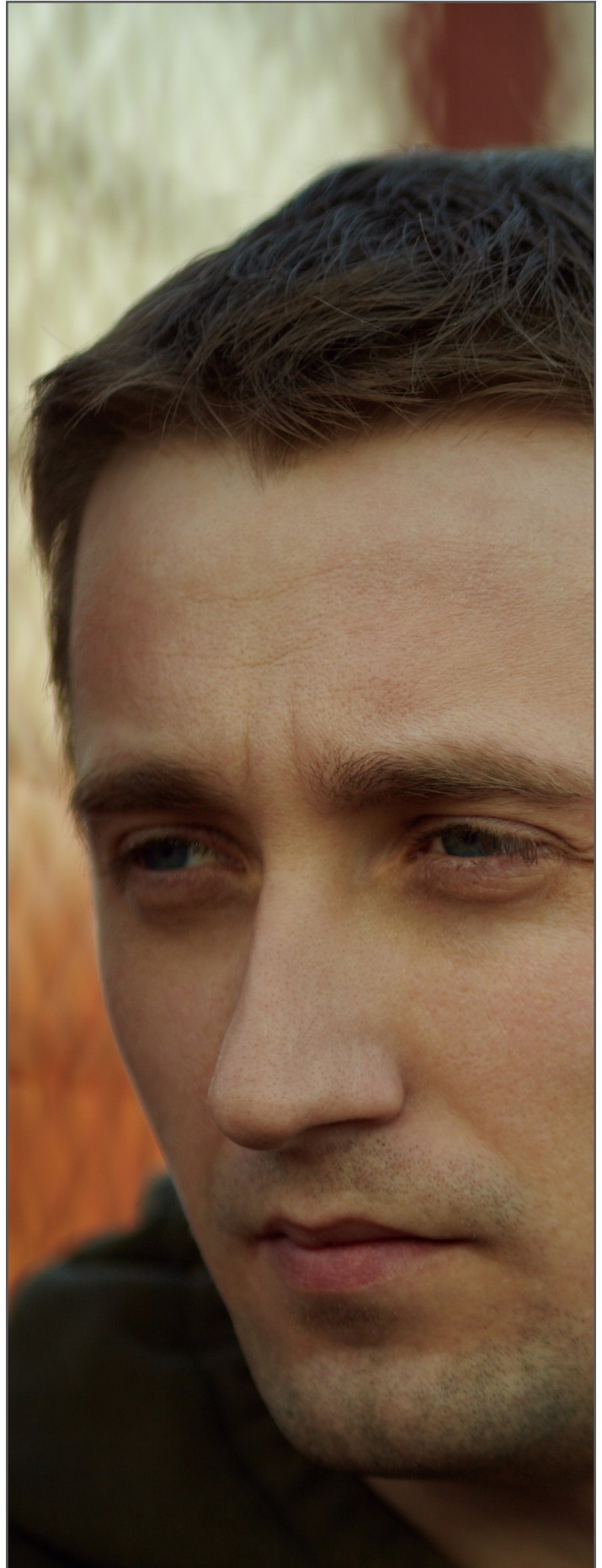
The only thing stopping me getting back to work is myself... I know I can't do it, physically and mentally. I'm gonna put myself under that strain and that pressure then relapse, that's the fear!

If I go into work and lose all that [benefits] what do I do then? Would I become homeless? What about my kids? That's my biggest fear!

Taking that step from addiction to self-reliance also came across in the data we gathered from the written surveys

Trusting myself because I might slip up.

I'm interested in work but also find it a scary prospect as have never worked.



STABILITY AND MENTAL HEALTH

A person's employability depends largely on their state of mind which can only be improved by being stable in recovery. Without overcoming this initial barrier others such as fear, self-confidence, self-doubt and lack of motivation cannot be addressed. This came up time and time again throughout the process as reflected by these quotes from participants

The loss of stability and uncertainty could lead to using.

If you move too quickly and are not stable in your recovery then it can cause you problems with benefits and other life stuff!

Getting a job will give me stability and pride and just sort my life out.

Instability is a major barrier to employment as can be erratic mental health, "my recovery comes first" was cited regularly in both the audio and written survey data especially amongst those who said finding employment wasn't important to them at this time, though employment was clearly very important in their long term plans was not an immediate priority.



SELF-ESTEEM AND CONFIDENCE

Self-esteem and Self-confidence are very closely linked but are actually two different concepts. Self-esteem refers to how you feel about yourself and self-confidence is how you feel about your abilities. With them being so similar it can be easy to get the two confused.

PEER RESEARCHER REFLECTION



The best way for me to describe this in this peer research project is by using my own experience:

“I am a qualified tradesman and I am confident in my abilities to do a good job. Then the negative self can sneak in and tell me I could have done better, why didn’t I do it this way or that way, scenario after scenario of reasons why I’m not good enough. That is the self-esteem part that can play out in any part of my life and that of many addicts. A person’s self-perception tends to be damaged by drug and alcohol issues and we found regularly in our data that our contributors often found it hard to administer self-praise.

We asked the question “What are your key strengths?” – we did this because we wanted to end on something positive, on reflection participants of the focus groups did not always respond well to the perceived pressure of having to say something good about themselves. Finding it hard to see positives in themselves could be a barrier to them reaching their full potential. “Argh I cringe with stuff like this!” was the response from one particular participant who did then go on to say good things about himself but it just emphasised the fact that seeing himself in a positive light didn’t come naturally to him. “I myself can relate to this so much in the fact I have no problem identifying the negative things about me but not comfortable at all seeing the positives and sometimes have to really look for them or have others point them out to me.”

Another instance where it was apparent this was an issue was when a lady at one of the focus groups was filling out a survey with no issues at all until she got to this question. She got herself so worked up about it she ended up throwing the survey in the bin whilst looking quite distraught. We had an idea this could be a tricky question but felt we had to ask it anyway to get an idea how people perceived themselves.

Even though it was not possible for us to see how people reacted when completing this question in the written surveys, what was apparent was that half of the participants skipped this question completely which we can only surmise was due to the testing nature of the question rather than its complexity.

This response showed the trepidation one participant had at being offered a voluntary post making community lunch at a focus group venue:

I have been offered a voluntary role here on a Friday and am even worried about cooking pizza and spring rolls.

Conversely when we have dug deeper into people's responses and met face to face with our peer group strengths they may find difficult to admit to come across in abundance, great humour, empathy, team spirit, flexibility, extreme resilience, motivation for change, and a real bond of mutual support and reliance being some examples.

Given the number of beneficial attributes on display within our demographic it is clear that support must come from a positive perspective, an asset based approach is of considerable value to people with drug and alcohol issues. Many services are now using an asset based approach to health and social care in order to see strengths as opposed to weaknesses.

"When we focus on what's wrong with people and assume a range of problems that need to be exposed and 'fixed', we reinforce defeatist, negative attitudes.²"

It became apparent that confidence was a big issue for a lot of the participants which is understandable as it ties in with what we hear in the recovery community through people's shared experiences. So it comes as no surprise that this particular barrier has become a common theme in our findings.

What is a surprise though is the lack of awareness around where and even if there is any service available to support them with this issue. When asked what would make it more possible to gain employment one woman responded with :

Probably confidence building courses... because they have them for teenagers... but don't think they have them for adults.

² Introducing Our Asset Coaches: A Strengths-Based Approach To Homelessness <https://www.changing-lives.org.uk/blog/asset-coaches/>

Whether people had worked or not confidence was referenced as a barrier:

I feel I have the skills, it's confidence that's the issue.

My confidence is the big thing, I've never had a job, would I even get a job? Managing my money? Could I afford work?

It was reflected in the data that people just wanted to be given a chance to prove themselves and hoped this would help them gain confidence not only in themselves but also employers:

I think what would bring out confidence in ex addicts and alcoholics is if employers were seeking those kind of employees, then they would be more geared up to refresh their skills and go for the job because we basically know they want to give us a shot!

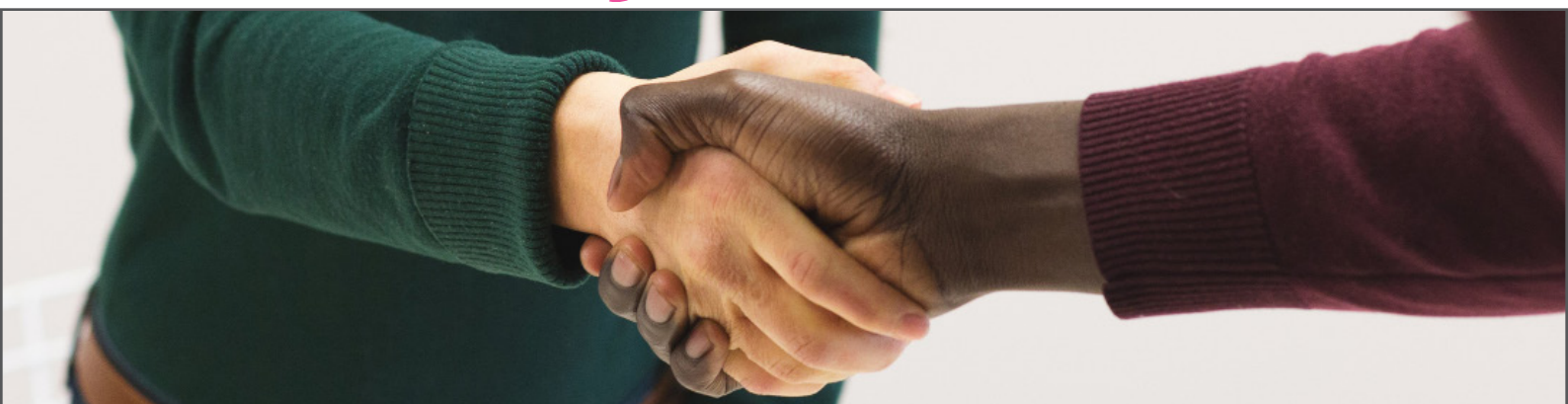
Getting an interview, an opportunity or a foot in the door somewhere would really build up my confidence.

PEER RESEARCHER REFLECTION



This shows that people really doubt themselves and their ability to be able to gain employment. Belief in themselves seemed to be lacking somewhat and I totally relate to this as I've experienced the same thoughts about myself. Sometimes it takes others to believe in you long enough so that you can believe in yourself!

Lack of confidence came up 34 times in our fieldwork and was a significant theme in the focus groups. Enabling people to believe in themselves through empowerment gained from courses and a work coach who encourages them can only be beneficial to their future employment prospects.



MANAGING EXPECTATIONS

In recovery a person's expectations of themselves can fluctuate to extremes, too high and it is managing these expectations, not trying to do too much too soon or 'run before they can walk' which could lead to relapse in those who are not ready or are trying too hard to impress. On the other hand it is easy to fall into the mentality of feeling unworthy and as if even your best will not be good enough.

Expectations can have a detrimental effect on people with drug and alcohol issues, whether in recovery or not as one participant summed up nicely here:

We can be quite hard on ourselves because expectation is massive and some of the expectations we put on ourselves... if we don't reach that level of expectation you've obviously got that bottle crashing stuff... depending on where you are in your recovery... you can be quite vulnerable.

Getting a handle on these can make the lives of people with drug and alcohol issues more manageable:

Trying not to have your expectations too high, if it doesn't work out it doesn't work out! Not the end of the world.

PEER RESEARCHER REFLECTION



This is a good attitude to have but not always easy to attain or maintain. It can be so freeing having this mind-set but I know all too well that it's easy to get carried away with the ideology of how things should be. But it's not just expectations of ourselves we have to watch out for as one respondent identified:

"Jobcentre didn't help me they should be getting opportunities to the people that need them"

In our experience expectations of others can be equally as damaging to us and can have a major negative effect on us especially when things don't go our way.

CRIMINALITY AND STIGMA

Participants with a criminal record appear to be significantly burdened by the past which prevents them from moving forward. A criminal record is often a huge barrier to employment, it was cited as the main barrier for 6 of our respondents who returned our written survey and came up repeatedly in our focus groups.

It can narrow down a potential employees routes into work both geographically as they often can't leave a certain area if they're on licence with probation and some types of work they can do are restricted by the conditions of their licence.

If you have been a criminal for the best part of your life, drunk and off your face, the best way to make money was by stealing.

People talked about the challenge of transitioning to a more honest way of life and their hope for employers (and society as a whole) to draw a line under it.

The type of work that people find in these circumstances falls short of their expectations.

I have had a couple of jobs, it's been factory work and for agencies, nothing substantial, a couple of months here and there. I have worked as a labourer, the only jobs I have been able to get was for agencies, you are there for however long that job is for, not for a signed contract, that is no good to me.



One participant stated that his criminal history was the biggest barrier to employment.

Probably the criminal record, not getting the chance, the chance to improve experience wise, how can you gain experience? I'm on license until December, it puts barriers up, but that's my problem. I have created that by committing the crime in the first place, I feel that I just have to bide my time.

This next quote identifies geographical boundaries that we looked into

Some employers are very understanding about peoples addictions and some aren't, in previous areas I knew some people would take you with a Criminal Record ...and some wouldn'tI don't know about Gateshead and Newcastle...you don't have a chance there!

A history of criminality can be a further stigma to employers who may also have preconceived ideas and bias towards employing someone in recovery, this was described by a frontline worker as a "double disadvantage" - where people in recovery with criminal history have multiple barriers stacked against them. Offending history preventing people from accessing housing and reduced funding in recent years for residential rehabilitation and treatment centres was an issue referenced by some of our participants too.

PEER RESEARCHER REFLECTION

As peer researchers we are only too aware of how stigmatised people in recovery can feel so we were surprised that it wasn't mentioned as frequently as we anticipated throughout our research. When it came up it was mainly in association with criminality during our focus groups and it was not referenced at all in the written surveys.



SKILLS AND EXPERIENCE

Analysis of the survey data and the transcription from the focus groups shows that people do not feel they have the suitable skills in order to gain the employment that they desire. Furthermore, even if people can get access to courses they report feeling that they do not belong there or that they are not made to feel welcome.

Looking at the survey data, a high percentage of participants are educated to secondary standard and above (80%). The barriers people spoke about tended not to be about their level of education attainment but about their practical employment skills. An older participant who attended a focus group stated that her mental arithmetic skills were no longer relevant in modern society. She felt that an employer would rather employ a younger person with technology skills, rather than herself. Participants, including James (see Appendix 1) talked about needing support to increase their I.T. skills, shared experiences of accessing computer access courses, and shared their misgivings about gaining workplace experience:

Where people don't look down at you on courses.

How can I gain experience if they won't give you a chance?

Participants spoke about gaps in their employment history and how to tackle this with a prospective employer, another participant talked about the difficulties of fitting recovery into life, in addition to explaining gaps on a C.V.:

Trying to explain the gaps on your C.V. The long periods of time you haven't worked due to addiction.

Gaps in employment for time when I have been in hospital when in active addiction. Finding a job that still allows me to go to meetings that I need to do to keep well.

Some blue sky thinking was displayed by a participant when asked about potential routes into employment.

Some help to get a hand back into employment, a job trial, don't know if I'm thinking of the impossible.

Another participant in the group responded to the same question:

I just had to get out and ask anyone and everyone to give me work, old contacts, family, mates - heard about this job at the café and I made a bit of a nuisance of myself until they gave us a trial.

Another participant highlighted the importance of having help from someone who had shared a similar journey. This peer support is a well-established pathway within the recovery community:

Peer support would have helped - mentored by someone who had gained employment.

Stable service provision was regarded as important as evidenced by this quote:

Sustainable employment services for drug users not turn up for two months then disappear.



This is difficult when the economic landscape dictates service provision but it has been shown that people with multiple and complex needs respond better to stable service provision. Promising practice identified nationally by the Fulfilling Lives programme highlights that “people with the most entrenched and complex needs may require extended periods of engagement [12 months or more] with services to build trust and begin to engage with wider support.”³

³ <http://mcnevaluation.co.uk/wpfb-file/annual-report-2017-v1-final-pdf/>

WORD CLOUD 2: EMPLOYMENT ASPIRATIONS OF PARTICIPANTS



It is clear from the data collected that people do have aspirations to get back to employment but face many barriers to making this a reality. Some of the frontline staff we spoke to told us that people in recovery often express a wish to move into support work, interestingly just four respondents referenced this interest. Many of the respondents would just like to get back into any type of work which is expressed by one survey participant who said “I would shovel s**t for a living” - an amusing comment but this displays a desire we heard from several people to gain any form of employment.

Another barrier for people is the lack of reference availability for those who have not been employed:

Getting a reference can be another barrier, or if you have never worked who do you put down as a reference?

The participants that we spoke to at the focus groups, on the whole, appear to be far from the workplace. In fact the vocal majority said that recovery was far more important to them than finding work, however during further questioning they displayed significant aspirations towards employment - self-perception of their own inadequacies was fundamentally limiting potential. Factors such as confidence and skills deficit play an integral part in readiness for employment.

PEER RESEARCHER REFLECTION



People with drug and alcohol problems generally have a whole host of transferable gained during addiction, everything from maths skills, planning, knowledge of accounting, weights and measures and so forth.

These skills can be a huge asset in the workplace once the participant is in a stable place and ready for employment.

GAPS IN SERVICES

We gathered a wide range of opinions on gaps in service and training opportunities or perhaps perceived gaps, some directed their frustrations towards the DWP and employers:

Job Centre not having labourer work, jobs that don't need qualifications, the work I do I move on a lot, getting back on benefits takes too long, there should be support for people who do work that's not giving much stability.

Some people find that they become institutionalised the longer they spend time on benefits looking for employment, whilst another participant has aspirations but has been unable to find help from mainstream services to go self-employed:

I think the longer you're unemployed the harder it is to find work.

There seems to be little support to go self-employed.

Lack of interview training and how to explain gaps in employment was a concern we heard regularly:

Could there not be some interview training, not many places do that do they, nobody knows what's going to happen when you go into an interview.

A respondent offered a partial solution to some of the employment issues by suggesting potential for workforce development, to raise awareness of the challenges faced by people with drug and alcohol issues:

I think there could be a go between advisor to explain the concept of addiction to potential employers.

Interestingly we noted a contradiction between some who would want a recovery focused pathway to work and others who suggest it should be skills focused and not related to recovery at all, as one participant shared:

I needed to get away from that recovery stuff sometimes to feel normal and feel like part of society.

Whilst another advocated the use of an asset based approach:

We need a service that focuses on the skills people have not whether they are in recovery or have had issues.

People told us that continuity of care in all its forms is vital for people with drug and alcohol problems to maintain stability, the constant chopping and changing of points of contact can be disruptive:

There is no employment service within my drug and alcohol service, no-one offers any help. There used to be a drop in run by Changing Lives but they stopped coming.

Sustainable employment services for drug users, not turn up for two months then disappear.



These reflections showed some of the frustrations our respondents have with current recovery service providers.

I am far away from the job market but would like support to look at options right now I can't imagine working so I need to be able to picture it before I could do it.

Which led to another to question:

Does anyone specialise working with people in recovery?

Some other participants had some advice specifically directed at service providers:

Another barrier is that services don't let service users use the WiFi, it would be great if there were computers in a place you feel comfortable, like at CGL.

Not everyone [services] communicates effectively with each other.

LACK OF SIGNPOSTING

When we analysed the written survey data we looked into the reasons people answered no to the question - Are there support services you want to access but cannot? Whilst some of these were working or long term sick a large percentage would have benefited from signposting to services, we felt inadequate signposting to these people was a barrier. None of the participants specifically talked about signposting, we identified signposting issues from as a theme inferred from 17 responses to the questions about what forms of support they had accessed.

Most people reported getting their information about services and support from word of mouth and throughout the recovery community rather than directly from service providers.

PEER RESEARCHER REFLECTION



Engaging with the DWP and work coaches is crucial to promoting services as clients often deal with them first and they need to be aware of how to treat those in recovery and where to get them the best help. Working on this project has afforded us the chance to join the Fulfilling Lives Experts by Experience network of peer researchers, and this in turn allowed us to attend as Experts By Experience some of the work the DWP are doing in training their staff on attitudes towards dealing with people with a history of drug and alcohol dependence and those with multiple and complex needs. These training sessions for DWP staff are co-produced with Experts by Experience and we have an excellent opportunity to have our say about how people with multiple and complex needs want to be supported.

What has come across in these sessions is how important it is for employment services, treatment providers, recovery services and medical and prison staff to work together as closely as possible with a person centred approach tailored towards the individual.

The DWP in Newcastle are making progress in training staff not to stigmatise already vulnerable people and reform some of their practises around sanctioning and client care. The training sessions we have attended have been outstandingly delivered and thought provoking and though some of the bureaucracy and red tape will take time to overcome it seems they are trying new ideas.

As DWP service users it was great to see the largely enthusiastic response from Work Coaches and their openness to allow us as people with drug and alcohol problems to aid in guiding working practise, further cross co-operation can help to further break down barriers.

Given the propensity of references made to inconsistent training and job seeking provision the inception of in house apprenticeships and employability skills workshops would be advantageous, this was inferred repeatedly at most of our focus groups as many found the social anxiety of using statutory services a barrier:

It can take a lot of courage even to go into the library and say I want to use a computer.

One person suggested a form of apprenticeships for people in similar circumstances to give them a 'leg up' into employment, as referenced earlier several people noted job trials as a potential solution. We noted there were misconceptions about apprenticeships as several people told us that they thought apprenticeships were only available for young people.

SUPPORT NETWORKS: EMPLOYMENT SUPPORT

Our questions about people's support networks did not elicit the rich responses we had hoped for and this is a learning point for the research team, people did not understand what we meant by 'statutory services' and so their responses were confused.

We asked the participants which statutory support services they had accessed, 35% of them used Job Centre Plus (4% of respondents using JCP were employed at the time of the survey). During one focus group session the group displayed considerable negativity towards the DWP and associated services as a whole:

These people are paid to assess you, they are ticking boxes, they are getting paid to do their job but they should actually sit and take the time to think; "well actually this guy does need an assessment" and not just write you off.

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Another participant expressed strong emotions recounting his experience of a member of staff:

There's one lass there, I got hoyed oot because of the attitude of her. She sat there she says "hold on ya look alreet to me." I says "I'm not, I'm bad." She had a git smile on her face I says "what the f**k ya smiling at? I'm bad." She says "I don't want ya attitude or I'll stop ya money." I said "keep the f****r". When ya want me here send me a cheque." I got hoyed oot.



PEER RESEARCHER REFLECTION



From personal experience, the quality of service is dependent upon the individual rather than the organisation. This was a view shared by one of the participants:

“I suppose it does depend upon the person that you get”

The type of benefit that people are receiving does appear to affect the level of pressure that they are put under. [We understand that this will be all Universal Credit in the near future]. People who are in receipt of employment support allowance [ESA] seem to be relatively untroubled:

I’m on ESA, I’m in work based group and they go off me and what’s going on in my life. I only need a medical every 6 months and they just ask me what I’m doing and what I’m doing to get better and how can they help me.

It is quite possible that people receive more sympathetic and appropriate support when on ESA, however, once they transition into a “job-seeking” role they are no longer treated with such compassion, as this frontline worker indicates:

[People] don’t just have to be recovery you know, whatever is going on for them, sometimes I feel there is an onus on getting people back into work that’s kind of...often some of the stuff that will make this work is bypassed so people end up back where they started and within that benefit system there can be that same like vicious circle with our kinda clients.

Non statutory support networks provide help for those with additional needs, however, the number of organisations available can sometimes be confusing or daunting to a potential service user. When responding to the question, what non statutory support have you accessed, a number of organisations were cited including Changing lives, CGL, Narcotics Anonymous, Basis and Evolve. From those accessing non statutory assistance 13% are in employment [at the time of survey]. From the data, participants used variable methods of support in order to attempt the same outcome, with limited success in terms of actual employment.

Our survey asked what employment support service had offered the best support. From the written survey 16% reported that the Job Centre offered the best support whilst 31% of the survey population identified non statutory providers as providing the best service.

From our relatively small cohort it can be seen that people who accessed non statutory support services identified them as the best service providers. Non statutory service providers are filling the gaps left by traditional service providers and in some cases doing their job for them, frontline workers reported being heavily involved in the set up and management of Universal Credit for clients:

I find at the moment we're kinda managing people's UC journal accounts which is not really our job but rather than make things even more chaotic that they are, we will try and do it for now.

SUPPORT NETWORKS: RECOVERY SUPPORT

Drawing upon our own experiences it is clear that we would not have been able to successfully recover without the support of friends or family, whoever we consider our friends or family to be. Respondents spoke positively about the influence of peers in their journey. When asked the support networks that they have access to they said:

I go to Phoenix Futures and a guy at Changing Lives, I would say that my wife encourages me a lot as well.

Another participant in the group added:

Here [Changing Lives service Oaktrees] and my ex-partner.

Peer support is used by the survey population to facilitate their recovery and some participants explored extending to supporting them into employment:

Peer support would have helped - mentored by someone who had gained employment.

Having faith in my own ability but also having someone to help push me.



A worker [also in recovery] shared his thoughts on peer support:

I have been clean for 16 years so there is no going back, having people that I could relate to and connect to people with lived experience. I used quite a bit of the role modelling stuff so I used to look at people who were a bit further on in their journeys and kinda taking a bit from few individuals who did things differently but had the same goals and the same purpose.

Visible recovery is a modality used in the treatment of those with people with drug and alcohol problems, based upon anecdotal evidence, it is a viable and robust method. It is clear from the written data that appropriate, person centred, support is required for those seeking employment. Logically, the presence of peers within employment support provision would appear to be beneficial for those in recovery.



THE ROLE OF VOLUNTEERING

Volunteering is not a barrier moreover an aid to rebuilding confidence and stability as a pathway to employment. Volunteering is a massive topic for discussion as it can be amazingly helpful in allowing people who are stable in recovery to gain or rediscover skills like time keeping, structure, and a feel for being back in a working environment. It was mentioned over 40 times in our fieldwork so we felt it important to give attention to what people said about the role of volunteering in their lives.

Volunteering has helped me get used to having something to fill your day and it's also useful to see if I want to progress in that field of work.

Volunteering was my shining light and me little bit of a saviour.



People told us that developing an amount of stability in order to gain confidence to be able to progress towards employment through volunteering and other enterprises is key. People really value volunteering as a route into work although it is evident that fear and relapse can happen if a person isn't quite ready:

Trusting myself because I might slip up.

PEER RESEARCHER REFLECTION



Major relapse has happened to at least 2 of our research team in the past when putting volunteering or employment before recovery and came across as a major fear if not an experience in our focus groups. Being made aware of volunteering roles from a key worker on an individual basis where the worker can ascertain how helpful volunteering would be as a route back to work and weigh up any potential dangers such as relapse would be a massive aid to service users, this fits with the person centred approach people told us is vital.



One contributor noted a really positive experience volunteering with Fulfilling Lives:

I've been volunteering with the EBE [Experts by Experience] for 12 months and it's the only thing I've ever sort of done in my life. Everything I've done and been signposted to has been from EBE... so everything I know is through Fulfilling Lives.

This is powerful testimony as to the help that services can be in signposting individuals towards volunteering and then on to a brighter future.

OVERALL REFLECTIONS – THE EXPERIENCE OF THE PROCESS AND ITS OUTCOME

CONCLUSIONS

1. We started this project with some preconceived ideas about personal barriers. We asked open questions to reduce our own bias and were unsurprised to have found that people are often their own barriers to employment.

2. Relationships require time, for the service user to trust the worker and for the worker to learn about the service user. Given the unstable nature of people's lives, continuity of care is crucial to good service provision and positive staff attitudes can really support people's attainment of their milestones and goals.

3. People told us that they cherry pick the best advice from trusted individuals rather than from service providers. Service user's knowledge of opportunities and service provision was found to be variable. Peer support and peer mentoring were identified as vital to people's recovery and to their journey towards employment.

4. People require stability in recovery before moving towards employment. However, this should not preclude them from employment ideation [thinking about employment?] or support towards their desired outcomes.

5. The subject matter was close to home for all of us, in spite of this, we have learned a great deal about ourselves and have gained a greater insight into our peers. We can say, without fear of contradiction, that people in recovery / addiction have a great deal to offer.

RECOMMENDATIONS

- 1.** More effective signposting alongside services working collaboratively to support people with drug and alcohol issues and those in recovery. This could be aided by outreach and assertive signposting by frontline workers. Reaching out to people who attend job centres and recovery hubs with the aim of engaging subjects especially those who lack motivation to seek a path to stability and then to volunteering, training and employment could improve opportunities for people who have these long term aspirations but need building up to take the first step on this pathway.
- 2.** Training and support for frontline staff to develop a better knowledge of recovery; we recommend specialist recovery-focussed workers using an asset based approach.
- 3.** Wider understanding of addiction and recovery by employers and within statutory support services alongside a willingness to give people in recovery and those working towards it a chance. This should include brokerage of employment opportunities or job trials to reduce people's fears about stigma and about explaining gaps in their employment history.
- 4.** We recommend the development of local drug and alcohol and recovery awareness training, for statutory support services and employers, led by people with lived experience. Encouraging employers to appreciate the diverse nature of people in recovery through education and offering work trials which could empower individuals to overcome confidence issues and gain valuable skills would be of real value to the people we spoke to.
- 5.** We recommend a comprehensive skills package for those in recovery; this should be person centred with improved access and signposting to training and volunteering opportunities. This should particularly include support to increase people's IT skills, CV writing, interview skills and support to explain gaps in employment history which participants highlighted as crucial.
- 6.** We recommend continuity of care for those in addiction and recovery with consideration given to support beyond the commencement of employment to aid the prevention of relapse or setbacks.

ACKNOWLEDGEMENTS

The research team wish to thank the following; all of the participants who took the time to contribute to the project. Each other. Everyone at Moving on Tyne & Wear and all the teams at Changing Lives and Gateshead Carers.

Ang Broadbridge for her training and tireless support along with all the staff at Fulfilling Lives and everyone in the Experts by Experience network.

Vicky Allen, Wendy Bulmer and everyone at CGL Newcastle, Eddie Martin at Moving Forward, Susan Mosley and the DWP, Oaktrees, Evolve Gateshead, Oasis Community Housing and the Recovery College.

Also our families for supporting us through the project and Sandra Tyler, Lesley Tyler, Jenny Smith and Mitzy, Adam Robertson, Christine Robertson, Toni Long.

PEER RESEARCHER REFLECTIONS

GRAEME: This report represents a year of my life and what a year it has been. I could not have imagined that a flyer sent to me by email would lead to actual employment and real opportunity in the future. Like any good story there have been ups and downs, however, looking back there have been far more positives than negatives. I have made two friends who have been there for me throughout the process and I hope into the future. I am even more passionate about recovery than I was previously and I believe that we have learned many valuable lessons as a result of taking part. I hope that this report makes a difference for those in a similar position to me.

STEVEN: 3 years ago I had no hope of being in this position, from being in the madness of alcoholism and drug addiction to re-finding myself and now looking forward to starting a full time job in the New Year is a kind of minor miracle. This research project has been challenging and rewarding, from applying to a small ad for a peer research position to gaining an NVQ, learning new skills and now finalising a report that may help others has been remarkable. Now 2 years into recovery I have so many to thank along the way but none more so than my two fellow peer researchers who are now friends for life and as passionate and dedicated to recovery as I am.

MICK: Having spent over a year on this project I'm quite sad that it's coming to an end. It has been quite a journey of emotions, fears and tantrums but also a journey of personal discovery and growth. I've bonded well with the other lads and together we feel we have managed to succeed in creating a report worthy of publishing and for that I feel really proud of myself. I'm hopeful this research can make a difference to people's lives. It already has done with mine and will continue to in the future.

APPENDIX 1 JAMES' STORY*

Following on from our focus group sessions, during the writing up phase of the project, we had an opportunity to conduct a follow up interview with one of the participants, James. We all felt that this was a chance that we could not afford to miss because it would allow us find out what he thought about the focus group and to follow up and enquire if he was still experiencing barriers.

James spoke positively about the focus group. During the focus group he felt able to communicate because he was amongst peers who could empathise with his circumstances. Since the focus group he has gained employment in his chosen role and is looking forward to the future.

He states his success was due to his own persistence, support from Narcotics Anonymous and employment support from Moving On Tyne & Wear. He states that he had no help from Probation services or the DWP. He was able to navigate a route to employment by cherry picking the best advice from the support networks that he had accessed, furthermore, he used the same approach when managing his continued abstinence.

It became clear, during the interview that James still encounters barriers on a daily basis, something with which we are all familiar. Since being given the appropriate support, he has been able to develop coping mechanisms to deal with those issues as they occur.

He identified accessing computers as a major barrier, one which he struggles

with frequently. The first interview that he had with his prospective employers was conducted using Facetime, this situation caught him unaware and caused considerable stress. He talked at length about not being able to drive and having to rely upon others for transportation. This made him feel like a "spare part" and a burden to his colleagues. The majority of his new colleagues are Polish and the language barrier is an ongoing issue, however, he stated he deals with this on a daily basis by being more observant and responsive. He described his daily battle with controlling his negative emotions and responses and using his sponsor to relieve the pressure, in his own words "keeping on top of the head".

When speaking about Moving On Tyne & Wear he said that "they gave me the tools", the project understood his needs by listening to him and giving him what he needed. They were able to see past his history and allow him to move forward.

Since making the transition to employment he has learned to appreciate the simple things in life such as giving his mother his work clothes to wash for the first time in his life. His father trusting him with taking a watch to be fitted with a new battery and taking his son to purchase a football strip were markers of his success.

His positivity is inspirational and he remains grounded and focussed upon what he wants. His success has demonstrated what it is possible to achieve in the face of adversity.

*not his real name

APPENDIX 2 SURVEY QUESTIONS AND FOCUS GROUP TOPIC GUIDE

Moving On Tyne & Wear Barriers to Employment Survey

Moving On
Tyne & Wear



**CHANGING
LIVES**



Moving On Tyne & Wear wants to understand the barriers to employment for drug and alcohol users and those in recovery. As a first step in this research peer researchers supported by a lead researcher from Fulfilling Lives Newcastle Gateshead are conducting a survey exploring your experience of employment and seeking employment. This survey is anonymous and will take around 15 minutes to complete. As a result of the research Moving On Tyne & Wear will have increased knowledge of the barriers faced by this client group and will develop and adapt service delivery where needed to meet the need; engaging more people to move into employment.

ABOUT YOU

Age?

- 18 - 24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

Where do you live?

- Newcastle
- Gateshead
- South Tyneside
- Sunderland
- North Tyneside
- Other [please specify]

Gender

- Male
- Female
- Unspecified

Barriers to Employment for People with Drug and Alcohol Issues and People in Recovery

Which of these qualifications do you have (please tick all that apply)?

- 1-5 O-Levels/CSEs/GCSEs (any grades)
- NVQ Level 1
- NVQ Level 2
- Apprenticeship
- 2+ A-Levels/VCEs/higher school certificate
- NVQ Level 3
- Degree
- Higher Degree (MA, PhD, PGCE)
- NVQ Level 4 – 5
- Professional qualifications (teaching, nursing, accountancy etc)
- Other vocational qualifications
- No qualifications

Are you in work?

- Yes
- No

If yes, how long have you been in continuous employment?

- Less than 6 months
- Six months to 12 months
- 12 months – 24 months
- 24 months +

If no, how long have you been unemployed?

- Less than 6 months
- Six months to 12 months
- 12 months +
- 24 months +

Are you actively looking for work?

- I am job seeking but not looking for work
- I am actively looking for work
- Other (please specify)

What type of work are you seeking?

How would you describe your relationship with drugs and alcohol?

- I am abstinent
- I use drugs and or alcohol socially
- I am experiencing issues related to my drug and or alcohol misuse
- I am in recovery

ABOUT EMPLOYMENT

What is your biggest barrier to gaining employment?

What would make it more possible for you to gain employment?

Are there support services that you want to access but can't? If yes then why?

Are there gaps in employment services, and if yes where?

Which statutory support services have you accessed? e.g. Job Centre Plus

Which non-statutory support services have you accessed? e.g. Moving On Tyne & Wear, other charitable support service, please specify

Which service has offered you the best support in relation to employment support?

How important to you is being in employment? And why

Are there skills that you would like to gain to help you to find work? And what are they?

We all have assets, tell us about yours

Barriers to Employment for People with Drug and Alcohol Issues and People in Recovery

Thank you for taking part in our survey, your responses will help us to develop and improve support services. Your survey response is anonymous, we are interested in following up on surveys with focus groups and interviews, if you are interested to talk to us about your experiences please leave your details and we may contact you to follow up.

If you would like to receive a copy of our summary findings you can also leave your contact details below.

Please leave your email address or telephone number here:

I consent to being contacted for a follow up discussion

I would like to receive a copy of the summary findings

Focus group topic outline

1. Are you currently seeking work?
2. What is your biggest barrier to gaining employment?
3. What would be the one thing that would make it possible for you to get into work?
4. Tell us about your support network, do you use any counselling services or support around drugs and alcohol? Do you have a navigator or someone helping you with employment support?
5. Are there services that you want to access but have not been able to, and why?
6. Can you tell us about good support that you have been offered? What was good about it?
7. Tell us about your skills and qualifications. And are there skills that you would like to develop to help you to find work or to help your personal development?
8. What are your key strengths?