“It’s vital that individuals in treatment have a visible exit to their treatment journey from the start and that those aspirations for their lives after treatment are discussed”

EMPLOYMENT AND RECOVERY A GOOD PRACTICE GUIDE

National Treatment Agency for Substance Misuse
# Employment and recovery

**a good practice guide**

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Gateway number: 18394
Employment and recovery
a good practice guide

1. INTRODUCTION
The National Treatment Agency for Substance Misuse (NTA) and Jobcentre Plus published ‘The Joint-Working Protocol Between Jobcentre Plus and Treatment Providers’ (December 2010) to promote more effective approaches to the education, training and employment (ETE) needs of people in drug treatment.

The protocol formalised the expectations required of each agency and introduced an information-sharing process to allow service users, treatment keyworkers and Jobcentre Plus advisors to work together to collaboratively address employment-related needs of people in treatment.

Since December 2010 there have been significant changes to the way Jobcentre Plus provides support to benefit claimants and the purpose of this document is to update the protocol to reflect these changes. In particular, it has been updated to include the government’s Work Programme in the joint-working arrangements with treatment providers.

The recent report ‘Medications in Recovery: Re-Orientating Drug Dependence Treatment’ (NTA, July 2012) emphasises the important role that education, training and employment has in supporting the recovery of people in treatment.

2. THE REVISED JOBCENTRE PLUS APPROACH FOR PEOPLE WITH DRUG AND ALCOHOL PROBLEMS
The Jobcentre Plus ‘offer’ for people with drug or alcohol dependency reflects a minimum standard of service to be applied in each Jobcentre Plus district, subject to the local priorities and flexibilities afforded to district managers as part of a more flexible approach to addressing the needs of the local labour market and of the individual Jobcentre Plus customer.

The Jobcentre Plus voluntary referral process to a treatment appointment is applicable to people using all substances (including alcohol) and claiming all benefits. Management information relating to the identification and referral process at Jobcentre Plus group, district and office level is available locally from Jobcentre Plus district managers.

It is important to maintain the focus on partnership working as dedicated Jobcentre Plus district drug coordinators are no longer nationally funded and district managers have the discretion to decide how to absorb the role of the coordinator as part of a wider role focusing on carrying out a similar function for other disadvantaged groups (homeless people and offenders for example). There will be a named contact/champion in each district and a list of these contacts is available from the group partnership managers (contact details are in Appendix 1).

Resources permitting, this flexibility allows district managers to decide whether they wish to provide targeted outreach of Jobcentre Plus services into local treatment services, in order to engage with customers more effectively. Similarly, district managers are free to encourage treatment providers to run sessions in Jobcentre premises and both have been shown to be an effective way of breaking down the barriers between the agencies and for people to better face their barriers to work. Local drug partnership commissioners are encouraged to liaise with district managers about targeted outreach and the benefits of this approach are outlined later in case studies.

Jobcentre Plus advisors should have the skills to recognise signs of drug and alcohol dependency, be able to facilitate a discussion about a claimant’s drug and alcohol dependency and to know where to refer people to an appointment with a treatment provider to discuss the options that are available. This remains a priority for front-line Jobcentre Plus staff. Local treatment providers are encouraged to provide training to Jobcentre Plus staff, where required and good practice models are also emerging, where local ‘recovery champions’ are involved in training and awareness-raising sessions with Jobcentre Plus staff.
From autumn 2013 the Department for Work and Pensions will introduce tailored benefit conditionality and benefit easement for people commencing treatment, via the new universal credit. This will address the drug strategy commitment to offer relaxed benefit conditionality in order to encourage people to engage in treatment and to focus on recovery.

Until benefit easement is in place, Jobseekers’ Agreements (JSAGs) and the application of the conditionality regime should be appropriately tailored to support the needs of the individual in treatment within the discretion offered by the current regime.

3. THE WORK PROGRAMME
The Work Programme was launched in June 2011 and replaces much of the previous employment support provision, including Progress to Work for people with drug and alcohol problems. The Work Programme is for people who are at risk of long-term unemployment.

The Work Programme operates on a payment by results basis and prime providers have complete flexibility to innovate and to design the support that addresses the needs of the individual and the local labour market, rather than following a one-size-fits all, activity funded approach.

Work Programme providers are paid primarily for supporting claimants into sustained employment. A small attachment fee is paid to providers for each person referred to them. This is designed to assist with start-up costs and will reduce over the first three years of the contract until it is zero in year four. Outcome fees are paid after mainstream jobseeker’s allowance (JSA) claimants have been in employment for 26 weeks and after 13-weeks’ employment for all other claimant groups. Job sustainment payments, which represent the bulk of available payments to providers, are payable for each four week period in employment after an outcome is claimed, up to the maximums specified for different claimant groups. Higher payments are made for supporting the hardest to help, including substance misusers where they fall into the JSA ‘severely disadvantaged’ group and volunteer for early entry to the Work Programme after claiming benefit for three months.

It is therefore in the financial interests of the Work Programme to become a key partner in the joint-working protocol with treatment providers as it means that the needs of their customers are more likely to be met and the outcome payments made.

People with substance misuse issues claiming JSA are entitled to volunteer for early entry to the Work Programme after three months of claiming JSA. Alternatively, they will be mandated to the Work Programme after 12 months if aged 25 or over, or after nine months if aged 18-24.

Prior to entering the Work Programme, Jobcentre Plus will be responsible for supporting the individual closer to the labour market and the joint-working arrangements will apply to them. Once the individual is accessing the Work Programme, the Work Programme advisor will be solely responsible for addressing ETE needs and the joint-working arrangements will be between client, treatment keyworker and Work Programme advisor.

This best practice guidance seeks to build on the existing protocol. It encourages the drug and alcohol treatment sector to work more closely with Jobcentre Plus and Work Programme providers to achieve shared outcomes and highlights key principles and best practice case studies that demonstrate joint working arrangements.

The document is divided into six key principles and best practice highlighted in each. There is also a good practice checklist in each section to enable partners to self-audit against identified best practice.

4. KEY PRINCIPLES TO PROMOTE GOOD PRACTICE

i. Working in partnership
Good partnership working is key to success, crucial both to addressing the employment-related needs of substance misusers and to contributing to positive employment, treatment and recovery outcomes. Where there are strong joint-working arrangements between all agencies, clients are more likely to be supported in complying with their benefit conditionality or any mandatory interaction with Jobcentre Plus
or Work Programme providers. Their employment, training and skills needs are more likely to be identified as early as possible during their recovery journey so that appropriate provision can be put in place to support them at the right time. Feedback from people working in the sector underlines that this area needs continued focus.

**Good practice checklist:**
- Is there high-level strategic commitment to the agenda within the local authority as well as strong operational leadership via the drug and alcohol partnership?
- What operational links are in place between treatment and recovery providers, service user groups, Jobcentre Plus and Work Programme providers?
- Are there named champions or operational leads within Jobcentre Plus and Work Programme providers? Are contacts shared with local drug and alcohol partnerships?
- Are the local Jobcentre Plus and Work Programme champions facilitating joint working between the agencies, including agency visits, mutual training and outreach provision?
- Does Jobcentre Plus have a district-level named champion identified by group partnership manager?
- Have the functions of the previous district drug coordinator been retained?
- Are Jobcentre Plus and/or Work Programme providers represented at local joint commissioning meetings?
- Has an joint-working process been agreed between the local treatment system, Jobcentre Plus and the Work Programme?

**Working in partnership – ESG**

“We have established single points of contact (SPOCs) with both Work Programme and treatment and recovery providers. We have also given our delivery models to the recovery providers – this is important in describing how we operate as we subcontract to five companies who deliver our service.

“In our area it has been important to work closely with the other Work Programme provider in the area, Serco, to agree a joint working process that works for us both and for local treatment and recovery providers. To ensure that we can offer a joined up care pathway for clients, we share information and data, including access to joint care plans for the clients that we share with treatment and recovery providers.

“The joint working between ESG, the NTA and the local treatment and recovery partnership is something that we see as being key to our provision. As our delivery model is based on individual journeys and bespoke support it is important that we have relationships in place with agencies that can help our customers to overcome barriers and ultimately move towards long-term employment.”

Graham Wiggall, contract manager, ESG (Work Programme provider)

**Working in partnership – Stockton- on-Tees drug and alcohol partnership**

Stockton-on-Tees drug and alcohol action team (DAAT) has used existing strategic links at local authority level to encourage operational joint working between substance misuse treatment providers and Work Programme providers. The DAAT is represented at the Stockton Borough Council Employability Consortium. The consortium is also attended by the council employability lead, the Work Programme provider regional managers, Jobcentre Plus, local employment providers and colleges. Via this forum, the DAAT invited the Work Programme provider operational leads to attend their employment network group. Stockton DAAT already had a close working relationship with Jobcentre Plus, which also helped to broker the links with the Work Programme.

The employment network group is attended by employment leads from treatment providers, Jobcentre Plus, the DAAT and both Work Programme providers. The meeting has two main elements:
1. A general update and horizon-scanning
2. A case conferencing approach to individual clients in order to address the immediate commitments and responsibilities of each agency.
“The DAAT Employment Network Group provides a coordinated response to an individual’s employment needs as and when issues arise. It has given all the attending agencies an understanding of each other’s role, agendas and resources which helps us deliver the right response at the right time and avoid duplication. All the agencies are encouraged to share best practice with each other and work in partnership to resolve problems and blockages in the system. The case conference option is available at each meeting but is rarely required, as the agencies are now working so well together that the cases have already been successfully dealt with outside the meetings.”
Kerry Anderson, modernisation manager, Stockton Drug & Alcohol Action Team

Working in partnership – Safer Middlesbrough Partnership
In Middlesbrough, the partnership has a strong relationship with the local Jobcentre Plus lead, and has sought to replicate this with Work Programme providers. Work Programme providers have attended several commissioning and treatment groups, and the local employment forum (which is attended by employment leads from all treatment and recovery services in addition to the Jobcentre Plus regional lead).

The partnership has embedded employment support into the treatment system in a number of ways:

- Employment is included in service specifications and services are encouraged to apply for funding to supplement that which they receive from local treatment budgets. This has enabled some services to employ a dedicated employment lead
- By using a ‘traffic light system’ to categorise clients by job-readiness, Hope North East (a local treatment and recovery provider) has successfully supported 18 clients into paid employment in the last 12 months
- The partnership has also established a work club which seeks to match client training placements to available employment opportunities.

“Middlesbrough clients have benefited from the partnership approach between commissioners, services and Jobcentre Plus - many have been helped to find long-term, paid employment as a result. The Work Programme providers are becoming increasingly engaged with the local agenda as they can see evidence of success and that it is a mutually beneficial arrangement.”
Jonathan Bowden, commissioning manager, Safer Middlesbrough Partnership

ii. Information exchange
It is essential to obtain client consent to share information before any exchange of client information takes place between agencies. This is best achieved by all agencies being able to describe the benefits of joint working to the client/customer. Prior to gaining consent from the client to share their employment related information with Jobcentre Plus or the Work Programme, treatment keyworkers need to understand the support that these agencies provide to effectively promote the benefits of closer working and information exchange.

The referral process from Jobcentre Plus to treatment providers relies on the completion of the TPR1 form. The form, sent to treatment providers by Jobcentre Plus, is designed to be returned in order to confirm that the client has attended the initial appointment. It is via this process that the claimant’s Jobcentre Plus record is updated to take account of the fact that they have started to engage in treatment and management information relies on its return. It is important that treatment providers have an agreed process for returning the TPR1 to Jobcentre Plus.

To support timely and effective information exchange, a single point of contact (SPOC) should be in place in each treatment system, within each Jobcentre Plus district office and with each Work Programme provider or local subcontractor. Treatment system SPOCs should ideally be located within a ‘gateway’ treatment or case management service (i.e. the service where most clients will start their treatment journey). The SPOCs can then be shared amongst each of the partners so that there is a clear line of communication to one another.

Some areas have found it helpful to use the TPR2 form (which can be found in the 2010 Joint-Working Protocol) to share employment-related information with Jobcentre Plus and to arrange three-way review meetings. If the TPR2 supports your local arrangements then it can still be used, or you may wish to
develop your own method of client information exchange locally (for an example of a locally agreed approach see Appendix 2). A local process for sharing information with Work Programme providers should also be negotiated locally.

Good practice checklist:

- Has there been any provision mapping between agencies, encouraging networking and information exchange about the range of employment support, treatment and recovery services in each area?
- Have partners agreed a local protocol on data sharing and confidentiality?
- Has a SPOC been identified in the treatment system, with Jobcentre Plus and with the Work Programme providers?
- Have the SPOC details been circulated to all relevant partners? Are they updated regularly as a matter of course?
- Does each partner routinely monitor the use and effectiveness of the SPOC arrangements?
- Do partners routinely use the TPR forms or similar means of recording and communicating client information?
- Are treatment providers routinely returning TPR1 forms to an agreed contact with Jobcentre Plus?
- Are TPR2 forms, or a locally agreed alternative, used by treatment providers to share employment-related information with Jobcentre Plus and Work Programme providers?

The Single Point of Contact – Stockton-on-tees

In Stockton-on-Tees, the use of the SPOC within each agency has been essential. It means that when agencies contact one another they liaise directly with individuals who know why they are calling and are best placed to point them in the right direction.

The SPOC with the Stockton treatment provider (CRI) is at team manager level. This also enables them to act as an ‘internal auditor’ of joint working with Jobcentre Plus and the Work Programme. They are able to check that joint working is reflected in client care plans and, where necessary, raise any issues in staff supervision.

“Having SPOCs has undoubtedly helped the communication between services. A lot of time is saved by simply knowing who it is you need to speak to and being confident that they’ll respond with the right information. In addition to this, CRI have benefitted from having an identified lead within their services who updates the rest of the staff team on relevant developments within the employment agenda, reviews the work readiness of the client caseload, communicates directly with commissioners, monitors client numbers accessing employment and ensures that employment is a constant theme throughout service delivery and a realistic part of a client’s recovery.”

Denise Brown, CRI service manager, Middlesbrough and Stockton-on-Tees

Single Point of Contact – Single Homeless Project (SHP) Camden Aftercare Service

In Camden we have agreed that the Camden Aftercare service will act as a ‘gateway’ service between Work Programme providers and treatment providers. SHP has a good understanding of how both systems work.

The Work Programme providers refer clients who require support with drug or alcohol issues to us. We assess the clients and ensure they are referred into the most appropriate treatment service. Where appropriate we also work with clients to support them to develop their work readiness.

The benefits of this are that:

- Busy Work Programme providers only need to refer to one agency and don’t need to make decisions about where to refer people
- It gives the SHP Camden Aftercare Service access to those people engaged in the Work Programme with substance misuse issues and enables us to provide tailored support around their ETE needs (and support them into education, training, volunteering, structured day programmes, social
activities, mutual aid and peer support groups. This helps to support people towards work in ways that perhaps Work Programme providers don’t have the capacity to.

- There is a specific organisation taking responsibility for communication between Work Programme providers and treatment providers.

“Having a close joint working relationship between the Work Programme and drug and alcohol treatment providers enables clients to be supported into appropriate types of employment for their individual aspirations and to be supported into work at a pace that is realistic for that individual.

Employment goals should form an important part of recovery planning right from the start of the treatment journey. It’s vital that individuals in treatment have a visible exit to their treatment journey from the start and those aspirations for their lives after treatment are discussed. Going into work should be seen as an important aspect of recovery as work can provide clients with essential aspects of recovery capital – e.g. financial capital through earning more money, social capital by meeting new people and building social networks and human capital through gaining skills and building self-esteem. All these benefits of being in appropriate, sustainable paid employment will help individuals to maintain their recovery in the long term.

It is vital that Work Programme advisors and treatment professionals speak to each other so they understand how each other works and what types of goals they are setting with individual clients, to ensure they are mutually reinforcing and not contradictory or confusing for the client.

By working in partnership, treatment services and Work Programme providers can use their combined strengths to provide the best possible support for clients in their journey into sustainable employment and sustainable recovery.

Natasha Warne, SHP’s Camden aftercare service manager

The TPR process – Coventry and Warwickshire Recovery Partnership

“Using the TPR forms to share information has been a challenge for us. Our Jobcentre Plus district covers eight Jobcentres and five treatment and recovery services, and information was being lost in transit. As a result we have streamlined the referral pathways with Jobcentre Plus.” (See Appendix 2.)

“The primary aim has been to develop a more responsive and flexible way of meeting our clients’ needs. The emphasis is on immediate phone and face-to-face contact to ensure that the information is shared via the TPR1 and TPR2 forms is fully utilised.

“Referrals into treatment from Jobcentre Plus are closely monitored and if clients do not attend within five days then a contact letter is sent inviting them to get in touch.

“The SPOCs from the local Recovery Partnership (treatment system) and Jobcentre Plus now meet weekly to swap paperwork, check on referrals, attendance and provide feedback for both organisations. This ensures accuracy of information and that any issues are dealt with immediately.

“This has rolled out in Coventry and is working exceptionally well, resulting in effective information sharing and improved joint working between treatment and Jobcentre Plus.”

Dennis Smith, Addaction project worker, Coventry and Warwickshire Recovery Partnership

Provision Mapping – Jobcentre Plus, North East Group

Following implementation of the original Joint-Working Protocol between Jobcentre Plus (Jobcentre Plus) and the 12 North East drug and alcohol partnerships (treatment systems), Jobcentre Plus partnership managers undertook an ‘early indications’ exercise to identify any teething problems and make recommendations for next steps. It was found that Jobcentre Plus advisers’ knowledge about each of the treatment systems (and the services within them) was generally quite poor, which made effective joint working initiative difficult. Provision mapping was found to be a helpful way to address this issue, and highlighted the following benefits:

- Jobcentre Plus advisers and keyworkers found a provision map useful in demonstrating the range and type of employment-related support available to recovering drug/alcohol users in each district.
The process of creating a provision map (i.e. via a workshop) enabled agencies to engage and network with each other as most workers had little knowledge of each other’s services, even within closely related services such as Jobcentre Plus and local employment support providers.

The findings from the provision mapping informed local treatment system needs assessments.

iii. Training

Shared training has proved very effective for Jobcentre Plus and treatment providers and can build on provision mapping exercises. It increases mutual understanding across the agencies of the provision that is available to clients and the ways in which each service can support the client’s recovery journey. It helps each agency to achieve shared outcomes.

As a minimum, Jobcentre Plus, Work Programme and treatment providers will need to understand:

- Typical barriers to employment experienced by the client group (and how these may be overcome)
- How to recognise, appropriately refer and support individuals with substance misuse problems
- The vital role that employment plays in the client’s recovery journey
- The vital role that Jobcentre Plus and the Work Programme play in supporting treatment and recovery (and vice versa)
- Who the local champions and contacts are across the agencies
- The operational protocols and client pathways for shared clients.

**Good practice checklist:**

- Has a local training audit been undertaken? This could cover areas such as:
  - Staff awareness and ability to accurately describe the role and function of other partner agencies and the support they provide to clients
  - Whether local pathways are clearly understood by staff
  - Whether Jobcentre Plus and Work Programme staff are able to appropriately identify whether substance misuse is a barrier to employment
  - Whether treatment and recovery providers are able to explain the support that is on offer to their clients via Jobcentre Plus and the Work Programme
  - Whether all staff are confident in identifying and responding to treatment, recovery and employment support needs of clients in an integrated way
  - Whether regular training is part of continuing professional development

- Have treatment provider staff, Jobcentre Plus advisers and Work Programme staff engaged in joint training? This may be most effective when staff from all three agencies attend training together

- Do Jobcentre Plus and Work Programme providers actively provide information sessions to treatment provider staff?

- Have Jobcentre Plus and Work programme providers received training from the local treatment providers?

- Have service user representatives or recovery champions been involved in, or delivered the training?

- Do training/information sessions offered cover key issues such as:
  - Information about each partner agency including delivery models
  - Information about the client pathways between treatment and recovery services and employment services
  - How to make best use of SPOCs
  - How to identify whether substance misuse is a barrier to employment
  - How each agency can best support an individual’s treatment, recovery and employment needs at each stage of the recovery journey
  - Myth-busting about each of the agencies.

- Are staff in partner agencies supported to take up opportunities for work shadowing?
Training and awareness – SUIT, Wolverhampton

SUIT is a service-user involvement network in Wolverhampton. After attending meetings with Jobcentre Plus and treatment commissioners to explore how we could best adopt a joint working arrangement, it soon became apparent that there was a knowledge gap among Jobcentre Plus staff about the issues that those using substances problematically faced. As a result, SUIT delivered training to Jobcentre Plus staff and local Jobcentre Plus drug champions to increase their knowledge on the subject. This included ‘myth busting’ – describing how substance use can escalate to become problematic, common lifestyle traits that accompany substance misuse and how Jobcentre Plus staff should approach the subject with their customers if appropriate. The training was positively received by delegates, and helped to address their fears and anxieties about engaging with this client group.

In parallel, SUIT have been working with service users to help them understand their rights and responsibilities in relation to the benefits system, including how they should engage with the employment support available, and what flexibility within the Jobcentre Plus regime that they are entitled to in relation to their progress in treatment.

By educating and empowering individuals in this way, SUIT has in the last 19 months supported 46 people back into employment.

“Since working alongside Jobcentre Plus, service users have benefitted from the excellent relationship that we have forged between agencies. Service users, historically, have a particular view of Jobcentre Plus that is not always positive. So by having Jobcentre Plus staff available to support them with welfare issues, and liaising together in settings outside Jobcentre Plus premises, this negativity is starting to fade, being replaced by a more beneficial common understanding.”

Sunny Dhadley, Service User Involvement Officer with SUIT

iv. Targeted outreach

Effective joint working can be greatly assisted by targeted outreach – locating Jobcentre Plus and Work Programme staff in treatment and recovery services and vice versa. This supports improved understanding of how the different partners operate and the services they provide, which in turn enables workers to confidently promote the benefits of engagement with treatment, recovery and employment support services. There is a particular challenge for treatment and recovery providers to ‘raise the bar’ in relation to employment. Close working links with Jobcentre Plus and Work Programme providers will benefit clients at all stages of their recovery journey, not just when they are nearing completing of a treatment intervention. Focus on employment goals can benefit clients even if they are very far from the labour market at the start of their treatment/recovery journey.

Good practice checklist

- Have partners arranged work-shadowing opportunities for staff?
- Has consideration been given to locating Jobcentre Plus or WP staff in treatment services (and vice versa)?
- Are Jobcentre Plus district managers engaged and facilitating targeted outreach by treatment providers via co-location in Jobcentres?
- Are Work Programme providers and Jobcentre Plus providing information sessions or clinics in treatment premises?

Targeted Outreach – Middlesbrough – CRI/Hope North East

“CRI are working closely with our Jobcentre Plus and Work Programme provider partners in our North East services. In Middlesbrough, we host a monthly job club attended by Work Programme provider staff which features a Q&A and myth buster section as well as support from Jobcentre Plus on in-work benefit calculations. Outreach workers from our Hope North East service in Stockton regularly attend Work Programme provider offices.

“We always viewed the Joint-Working Protocol with Jobcentre Plus as an opportunity to develop a positive asset based resource which completely focused on the needs of the client. This approach has
enabled us to develop a culture of promoting employment at all stages of our client working and always be flexible enough to tailor delivery to their needs. From the start we engaged well with Jobcentre Plus and they recognised the benefits of delivering their job club sessions from the more ‘neutral’ environment of our premises rather than their own. Likewise, we are able to utilise our own outreach facility to work from partner offices or wherever the client feels most comfortable.”

Denise Brown, CRI Service Manager, Middlesbrough and Stockton-on-Tees

Targeted Outreach – the Black Country

“The Black Country covers four local authority areas – Walsall, Wolverhampton, Sandwell and Dudley. In three of these four areas, Jobcentre Plus staff work on treatment provider premises to support clients into employment. In Wolverhampton, treatment providers also have a presence in Jobcentre Plus offices. This approach has really assisted with generating referrals between treatment and Jobcentre Plus. The Jobcentre Plus partnership leads in the Black Country worked with local DAATs and providers to set up the system. It wasn’t an easy start, and initially workers questioned the benefit of the approach, but ongoing training (including input from service users) has demonstrated positive results.

“Following the training for Jobcentre Plus staff which was delivered with the support of treatment providers and service users we definitely saw an increase in the number of referrals being made to treatment services by Jobcentre Plus staff as they realised the importance of helping this customer group and became more confident in discussing the issue with their customers. We are now looking to work with our Work Programme providers to ensure that they are aware of whom their local treatment providers are and that their staff can refer customers who need support into treatment.

“The outreach work is important because it provides a clear link between Jobcentre Plus and treatment providers and enables us to break down barriers and develop a better understanding of what each other do. The benefit for our customers is that they get a more joined up service being able to access employment support alongside their treatment. The advantage for the treatment provider and Jobcentre Plus are that steps towards employment are incorporated into the customer’s treatment journey hopefully leading to better outcomes for all concerned.”

Pete Mees, Jobcentre Plus Partnership Manager, the Black Country

v. The three-way review meetings

Providers overwhelmingly say the best way to address ETE needs for clients, particularly those further from the labour market, is by coordinating a three-way review meeting between client, treatment keyworker and either Jobcentre Plus or Work Programme advisor. The aim of the meeting is to review the client’s employment and recovery goals, and to coordinate care in support of achieving these. Ideally the meeting is face-to-face, but conference calls can be a convenient alternative where necessary.

Good practice checklist

- Are three-way review meetings routinely used by treatment, Jobcentre Plus and Work Programme provider staff to respond to client needs in an integrated way?
- Have partners identified resources and agreed a protocol for shared reviews of clients?
- Have the benefits of three-way reviews been described to clients and staff? Have successes been publicised within provider agencies and to partner agencies and clients?

The three-way review meeting – Coventry and Warwickshire Recovery Partnership

We have already seen the benefits of joint working with our Work Programme provider partners, and the following case example highlights this really well:

One of our clients has very limited English, is partially deaf and has mental health concerns. The client is opiate dependent and currently accessing substitute prescribing. They began attending the Work Programme with Sencia (a Work Programme sub-contractor) and we arranged three joint appointments with Sencia and Jobcentre Plus (with an interpreter) to coordinate care. This resulted in:

- The client being assigned a dedicated Jobcentre Plus adviser for signing and ongoing Jobcentre Plus appointments
- The client’s Jobseekers Agreement being revised to reflect treatment and health issues
• ESOL classes arranged for and attended by the client
• A sanction decision being averted
• Ongoing communication between Sencia, the local treatment provider and Jobcentre Plus to coordinate the client’s employment needs

People often cite lack of resources as a reason not to conduct three-way review meetings with clients, but it has been our experience that one hour of adviser and keyworker time to attend three-way reviews can save hours of time chasing around. It has also proved invaluable in identifying and pre-empting issues and difficulties.

Dennis Smith, Addaction project worker, Coventry and Warwickshire Recovery Partnership

vi. Continuity of care
When treatment, recovery and employment support providers work in a joined up way, clients are more likely to achieve their recovery and employment goals. Each individual will have distinct treatment, recovery and employment needs and providers will need to work closely together to ensure that care planning is delivered within a framework that focuses on the client’s treatment and recovery journey.

Individual treatment and recovery journeys may take place in one service, or may involve movement between a number of services, including residential rehabilitation. Residential rehabilitation is a vital option for some people requiring treatment for substance misuse dependency but often there is a lack of continuity of care around education, training and employment needs between treatment and employment support providers, and between different treatment providers. Continuity of care may be particularly challenging when people move from community to residential services, but it is important that the focus on education, training and employment earlier in the recovery journey is not lost.

Integrated, employment-focused, care pathways should be encouraged and promoted so that clients experience a joined up, seamless response to their employment needs. To ensure continuity of care for clients, treatment, recovery and employability services should agree common referral and care pathways that cover all treatment and recovery services (including residential treatment), and make use of three-way review meetings to ensure an integrated response to recovery and employment needs is offered.

Dual diagnosis is a key issue for many clients in drug or alcohol treatment. Each Jobcentre Plus district has a mental health and wellbeing partnership manager, whose role it is to support Jobcentre Plus advisers working with claimants who have a mental health condition. Treatment and mental health services are used to working together to offer continuity of care to clients with a mental health diagnosis. Jobcentre Plus and Work Programme providers may be unaware of the extent of the complex issues faced by clients in drug or alcohol treatment who have a dual diagnosis. For clients to receive appropriate, tailored employment support that accounts for these issues, professionals should sensitively address them openly and transparently under the key principles in this document. Local commissioners and the mental health and wellbeing partnership managers should work together to raise awareness of the issues and local care pathways.

Good practice checklist

• Have all partners undertaken provision mapping across the full range of employment support services
• Have education, training and employment pathways been identified across treatment and employment support providers
• Have the pathways been clarified for when clients move between treatment and recovery services, including between community and residential treatment?
• Where dual diagnosis is an issue, are all partners taking a multi-agency approach and factoring it in to planning around employment needs?
• Have partners actively promoted the role of local Recovery Communities and recovery champions in helping service users to achieve employment outcomes?

The case studies below highlight how local treatment and recovery systems that actively support individuals to address their employment needs do this by promoting the notion of local recovery communities following successful treatment completion.
The role of the Solihull Recovery Community – Solihull Integrated Addiction Services (SIAS)

“SIAS works closely with Jobcentre Plus and referral pathways from the Jobcentre into our service are well established. Our service has developed a Recovery Community, supported by recovery initiatives which help clients to build their confidence and to prepare for paid employment – we have in place a charity a shop and are currently developing a recovery café. The charity shop provides volunteering opportunities for clients in recovery and we plan to use the café as a platform for clients to practice the skills which we have worked with them to help them to acquire. The café itself will be staffed by individuals in recovery, many of whom are gaining food hygiene certificates and working towards catering qualifications. The café will be a safe environment for people who are further down the line in terms of their own recovery and able to build on their own confidence and skills, while also being a venue to support other service users who are in recovery. By gaining confidence, developing practical and marketable skills and job references for future employment, clients working in both venues will quickly become job-ready.

“The client group we support are up against it more than most when it comes to looking for employment. Often you are ebbing away at years of feeling worthless and unemployable, stemming from experiences at school. As with everyone, confidence is a big factor needed when applying for jobs and succeeding in interviews, and that is a key thing we aim to build on with clients. I facilitate a work club where clients are assisted in drafting CV’s and in searching for jobs in a supportive environment. Relationship building is a very important part of my role, and it is important to understand what the client actually wants to do with their life. Even organising numeracy or literacy qualifications can provide just the confidence booster the client requires to move on to the next step in their recovery, and eventually in to work. My job is at times challenging but always rewarding.”

Lucy Wenlock, Employability Worker, Welcome

The role of residential rehabilitation in ETE care pathways – BAC O’Connor Centre, Staffordshire

“The BAC O’Connor Centre works with individuals from detoxification through to residential rehabilitation. We provide a dedicated four-week resettlement programme (including semi-independent accommodation) with a focus on to education, training and employment opportunities for clients following 14 weeks of the residential programme.

“As part of the care planning process, we stress the importance of continuity of care around our clients’ employment needs. We are effectively integrated with our local treatment system and we know that if we don’t maintain a consistent focus on the structure that comes with access to training, voluntary work and employment there may be significant risks to clients sustaining their recovery.

“As a key part of our resettlement programme is overcoming barriers to employment. We work closely with Jobcentre Plus throughout Staffordshire to ensure they are kept informed of the progress individuals are making in their rehabilitation programme and the steps they are taking towards entering the labour market. In return, we receive support and advice from Jobcentre Plus about access to volunteer placements. Jobcentre Plus advisors support the service users on our programme and ensure they are aware of what is available in addition to what we provide to help individuals gain employment.

“We work closely with clients to identify their ambitions, and encourage and support them to access suitable training and higher education courses, including sourcing funding to attend local colleges. We also work in partnership with local colleges to provide in-house training courses such as literacy, numeracy and IT to help clients access opportunities generally, via voluntary work or employment.

“Our resettlement programme also focuses on developing skills in preparation for employment or returning to work. We help individuals to produce CV’s, covering letters and complete application forms and we work with the local Rotary Club to carry out mock interviews that build clients’ confidence and self-esteem around seeking employment.

“In addition to the preparation for education, training and employment, all service users have a work placement as part of the resettlement programme. This is with a variety of local partners such as our local hospital, our County Council, charity shops and our own social enterprise, the Langan’s Tea Rooms. Langan’s Tea Rooms provides volunteer work placements and paid employment opportunities for
individuals in a variety of roles including front of house barista staff, chef’s, catering assistants and administration positions. All staff are required to complete a certificate in Food Hygiene and to enrol on NVQ courses including Hospitality, Catering, Cookery, Administration.

“Our resettlement programme is an integral part of the overall rehabilitation programme and helps our clients to sustaining long term recovery. By establishing our own social enterprise, the Langan’s Tea Rooms, we have been able to directly provide work placements and training opportunities for 40 individuals, 20 of whom have moved in to paid employment positions following completion of the programme. The Tea Rooms continue to go from strength to strength and is not only providing the much needed education, training and employment opportunities to clients in recovery, but it is also breaking the public’s stigma around people in recovery”

Kendra Gray, strategic director

5. CONCLUSION

Since 2009, there has been significant progress in some parts of the country in addressing the employment-related needs of people in drug and alcohol treatment. The 2010 Drug Strategy highlighted the importance of employment in supporting recovery and this is now one of the key priorities for drug and alcohol partnerships.

With the Work Programme now bedding in and with the flexibilities afforded to the ways in which Jobcentre Plus supports its customers, the reissue of the NTA’s ‘Joint-Working Protocol Between Jobcentre Plus and Treatment Providers’ as a document highlighting good practice is timely. The NTA and DWP agree this provides drug and alcohol commissioners, local Jobcentre Plus and Work Programme representatives with the opportunity to review and improve existing joint-working arrangements.

APPENDIX 1

Jobcentre Plus group partnership managers:
- Jackie Mason, North West England: Jackie.mason@jobcentreplus.gsi.gov.uk
- Dave Wright, North East England: Dave.wright1@jobcentreplus.gsi.gov.uk
- Candice Danleigh, Central England: Candice.danleigh@jobcentreplus.gsi.gov.uk
- Derek Harvey, London and the Home Counties: Derek.harvey@jobcentreplus.gsi.gov.uk
- Lynda Jones, Southern England: Lynda.jones4@jobcentreplus.gsi.gov.uk

APPENDIX 2

The Coventry and Warwickshire Recovery Partnership have agreed simple referral and information sharing protocols for clients and are included overpage as examples:
Joint working arrangements between Coventry Jobcentre Plus and local treatment provider, the ‘Recovery Partnership’ (RP)

1. JCP advisor identifies a customer with a drug and/or alcohol problem

2. Customer must be present with JCP Adviser. JCP Adviser contacts Recovery Partnership (RP) SPOC and Advises they wish to make a referral.

3. RP SPOC identifies whether client is currently in treatment.

   - **Not currently in treatment**
     - Customer invited to attend drop in assessment (9am – 4pm)
     - TPR 1 completed by JCP

   - **Currently in treatment**
     - JCP informed of named keyworker
     - Immediate conversation if possible
     - OR
     - Keyworker contacts JCP adviser to discuss case / advise of next appointment

4. JCP advisor is informed of the date and outcome of the assessment and name of allocated Keyworker.

5. TRP2 form completed by Recovery Partnership at next attendance and returned to JCP.

6. Three-way meeting held where possible to discuss how the agencies will be supporting the individual’s recovery.

7. Keyworker and JCP advisor share information about the individual’s care / JCP engagement and agree the need & frequency for contact.

8. JCP advisor and Keyworker maintain regular contact, updating changes including transfer to Work Programme provider or exit from treatment.
Joint working arrangements between Coventry and Warwickshire Work Programme providers and local treatment provider, the ‘Recovery Partnership’ (RP)

Work Programme (WP) advisor identifies a customer with a drug and/or alcohol problem

WP advisor completes a Recovery Partnership (RP) referral form and confidentiality waiver and emails/faxes it to the RP SPOC.

RP SPOC confirms whether the individual is already in treatment

If not already in treatment, an assessment is arranged and the WP advisor is informed of the date and outcome of the assessment.

If already in treatment, the individual’s key worker is informed and makes contact with the individual’s WP advisor.

RP key worker and WP advisor share information about the individual’s care/programme and agree the need & frequency for contact.

Three-way meeting between the individual, WP advisor and RP key worker is held to discuss how the agencies will be supporting the individual’s recovery.

WP advisor and RP Key worker maintain regular contact, informing them of any changes including transfer to another WP provider or discharge from.