The Big Lottery's Fulfilling Lives Programme: Supporting People with Multiple and Complex Needs

connecting people, services and commissioners

West Yorkshire Finding Independence response to the Department for Work and Pensions independent review into the impact on employment outcomes of drug and alcohol addiction, and obesity

About West Yorkshire Finding Independence (WY-FI)

WY-FI is one of the 12 projects in the Big Lottery Fund Fulfilling Lives Multiple Needs Programme, which aims to improve the lives of people with multiple and complex needs. It is estimated that there are 60,000 adults in England with multiple needs (defined as homelessness, mental ill health, offending or substance misuse) – many of whom lack effective contact with services that meet not just one, but any of their needs. These multiple issues exacerbate each other and can lead to a downward spiral of ill-health and harm to the individuals themselves, family and society as a whole.

WY-FI aims to improve the service user journey for people who are a) highly disadvantaged and b) using a number of services. It aims to improve the working between agencies and, by demonstrating practical new ways of working, to achieve "system change" in the way people who experience multiple needs are supported. The project is worth almost £10million and runs for 6 years (June 2014 to June 2020). It covers West Yorkshire, the largest and most complex geographical are of the Big Lottery fund's Fulfilling Lives Projects.

The work of WY-FI is focussed on people experiencing 3 out of 4 of the following: homelessness, addiction (drugs and alcohol); re-offending and mental ill-health (HARM), and who are currently not accessing support services in respect of some or all of these.
More information about the WY-FI Project is available here: http://www.wy-fi.org.uk

Through our work, WY-FI is linked to and supported by the Making Every Adult Matter Coalition (MEAM), who have submitted their own response, which we support.

We welcome the opportunity to contribute to this review, and have involved people with lived experience of multiple needs, as well as existing evidence and evaluation undertaken over a period of more than two years in West Yorkshire.

Response

1. What is the experience of people with obesity or drug or alcohol conditions within a) employment support services; b) health care; and c) the benefits system?

Anecdotally, people with multiple needs seem to be experiencing disproportionate levels of benefits sanctions, which compounds other problems they may be experiencing, as people with lived experience of multiple needs shared:

"I don't feel that the JCP office I attended supported me when I was going through methadone treatment, as there were times I got sanctioned because I was 10 minutes late due to my medical appointment to pick up my methadone. On occasions, I was treated differently by the staff after

they found out I had a history of drug use, it was almost like I was treated with suspicion. No support was put in place to help me get the qualifications I needed to go into the career I wanted, so I signed up to college courses off my own back… the JCP's response to this was to put me on a sanction because I wasn't searching for jobs the 1 day a week I attended college! When I finally achieved my goal to get (my current) job, my adviser put me on a sanction because I didn't apply for any more jobs after I got my official job offer!"

"The Benefits System in my experience has proved cold, uncaring, unsympathetic and punitive to people with long standing issues, such as addiction. It targets these individuals and tries to use anonymous forms of treatment and recovery pathways as Jobseeker's Agreement targets, without listening to or trying to understand that addiction can be years and years of endemic issues that don't sort out overnight."

"My experiences of health care services differed between sectors and a GP once told me that I should just give up drugs…because it's that simple. The 3rd sector services provided better support and more timely interventions, and worked with me to achieve the aims I set out in specific care plans and support plans."

2. **What specialist employment support services are available to people affected by drug or alcohol addictions, or obesity? Does this vary from area to area? Are there examples of good practice? What evidence is there on the effectiveness of integrated services?**

There are some mainstream support services that are commissioned to focus on those with specific needs/exclusions. However, these services don't focus only on clients with addiction, but support other marginalised groups.

Examples of good practice of support for this client group are the Social Justice teams in Leeds and Bradford. However, their capacity is limited, and the DWP has not commissioned such workers in the other three areas of West Yorkshire.

Another successful model is that Bridge (Bradford), an organisation with extensive knowledge and experience of supporting people with addiction, have a worker co-located within the Job Centre. This enables links to support to maintain abstinence and effective reduction programmes.

3. What other physical and mental health conditions are these groups likely to face? How do these interact with non-health related barriers to employment? What additional support or interventions might be required to help people overcome these barriers to employment?

The WY-FI project's experience is of working with the most marginalised and excluded individuals – hence they are likely to have issues with alcohol/ drugs and other physical health issues associated with poor quality housing (or street homelessness). They are also highly likely to have psychological problems (mental health issues rather than enduring and chronic psychiatric illnesses). A general lack of resilience and low self-esteem is prevalent throughout this cohort of people, even when they are in recovery from substance use or physical ill-health. Often they have a history of or current contact with the criminal justice system, which hinders their access to employment. Typical practical support may include:

- Obtaining ID and securing a bank account
- Personal development and motivation training
- Accommodation support
- Money management training

- Industry specific cards and certificates
- Short courses and training
- Placements and employability training
- Advice on disclosure for job applications
- Self employment advice
- In-work support

Support should be tapered from care navigation and personal support through to pre-employment support, training and employment support. This is a substantial journey and the total length of support necessary to move someone from problematic substance use to employment is probably not less than two years.

The DWP and the former DFEE have already produced a guide to measuring soft outcomes and distance travelled and more use could be made of this see: Dewson et al: Guide to Measuring Soft Outcomes and Distance Travelled 2000, The Institute for Employment Studies, Brighton/ DfEE, Sheffield (http://www.proveandimprove.org/documents/Softoutcomesanddistancetravelled.pdf) and DWP/Welsh Funding Office, A Practical Guide to Measuring Soft Outcomes and Distance Travelled 2003' ISBN 0 7504 3179 2 (http://www.networkforeurope.eu/files/File/downloads/A%20Practical%20Guide%20to%20Measuring%20Soft%20Outcomes%20and%20Distance%20Travelled%20-%20Guidance%20Document%202003.pdf)

4. What works to a) treat those affected and b) help them back to into work or keep them in work? We would particularly welcome robust evidence of formally evaluated programmes both in GB and internationally.

"This is a question that you should be framing differently, as someone like myself who was addicted for 18 years, had subsequent mental health issues, and spent years in prison and sleeping rough, was unable to be job ready for nearly 5 years. What works is looking at the person as a person, not as a drain on society. Person centred with the understanding that treatment can take years until recovery is achieved, only then can societal norms be applied- house, work, family."

We are currently undertaking a formative evaluation of the WY-FI Project. Our research indicates that a person centred approach building trust and engagement works best for individuals who are excluded and marginalised, whether by physical or mental health issues, offending behaviour, substance misuse or homelessness. Matched to this a flexible approach by agencies in helping a person work through their own issues not simply adding to the pressures upon them. A "work and treatment" programme has to provide a person-centred service that recognises both elements.

Our work indicates that the treatment side needs to combine clinical interventions with social/ community based interventions that raise and maintain aspiration and self-esteem. The journey to recovery from alcohol or drug misuse is not a linear one therefore support must reflect that there will be periods of no progress or even lapse. Particular points of crisis occur at discharge from rehab or detox and at these points support needs to be sustained or even increased – punitive measures simply lead to disengagement and an entrenchment of a person's problems.

5. What evidence exists on the effectiveness (including cost effectiveness) of treatments and interventions that facilitate a return to work (including evidence on the expected job sustainment of those succeeding in finding paid employment)? What evidence exists on the accessibility and availability of services?

A significant number of people with multiple needs – 20% - find themselves excluded by services and a further, smaller proportion (often women) are afraid to use services. A large proportion of experiential evidence from people with lived experience of substance misuse issues is that costly clinical interventions only succeed in maintaining a low level of addictive behaviour or displacing it from illegal to legal or prescribed substances. Effective routes to abstinence and social inclusion appear to be found in the recovery movement and in socially-based interventions that include peer led recovery groups and proven programmes such as SMART Recovery which should be recognised in the same way as DIP/DRR programmes.

Evidence presented to the National Treatment Agency consultation on Building recovery in communities states: "The key messages from the treatment field are that an integrated recovery system should focus on the following:
• Collaborative working between all partners to commission services based on outcomes
• Prompt access to appropriate interventions for drug-dependent people, including offenders
• High-quality treatment that prepares service users for recovery while protecting communities
• Encouraging service users to successfully complete treatment without putting them at risk
• Links to support networks to sustain long-term recovery and reintegrate people back into society
See the summary of responses produced in May 2012:
http://www.nta.nhs.uk/uploads/bricresponsefinal17052012.pdf

Indicative figures of the cost effectiveness of the MEAM approach can be found here:
http://meam.org.uk/service-pilots-2/

and the WI-FI will be able to provide cost effectiveness case studies in the future.

7. What are the legal, ethical and other implications of linking benefit entitlements to take up of appropriate treatment or support?

This really does depend if you want to see the desired outcome for individuals or you are looking at a shift in statistics. From a moral and ethical point of view, treatment and particularly clinical intervention has to be on the basis of need and consent. There is no logical consequence for example that being drug/ alcohol free will put someone into a job, it will make them more employable (or at least, less unemployable).

In addition to the issues outlined in question 4 above, the likelihood of people with a drug/ alcohol addiction who are unemployed also having a criminal record or currently being involved with the criminal justice system are relatively high. Use of conditionality will not have a positive outcome for either the government or the individual, unless the attitudes of third parties e.g. employers, change to present progress opportunities to larger numbers of people with history of addiction.

8. How are children and families affected?

"From personal experience, all my family was affected by my addiction and lack of support from the JCP. One of my children was denied CSA payments when I was placed on benefit sanctions and my other child was denied time with me on weekends because I couldn't afford to get on a bus to go pick her up when I lived miles away from her."

9. What are the views of employers on supporting these groups to stay in work or return to work, or of recruiting people with histories of these health conditions? What help, services and support do employers need? We would welcome examples where employers have successfully employed people affected or formerly affected by addictions or obesity.

Work needs to be done around combating stigma, however certainly within the third sector employers are increasingly accepting and supporting of individuals with addiction histories.

The WY-FI Project currently supports staff in a range of skilled roles who have lived experience of addiction and are visible within the organisation and for clients, as role models. They have aided practitioners' insight of the needs and challenges of supporting individuals with addiction, particularly in respect of ETE.

One element of the WY-FI evaluation will look in more detail at the issues of employing people with one or more of the four needs (homelessness, addiction, re-offending and mental ill health – HARM) on the project. We have a number of people on the project who are recent entrants to employment (i.e. less than six months) and who, as a consequence of their past history, have a number of ongoing issues. These include: reduced income in relation to benefits overpayments; child support payment cases being re-activated upon entry into work; complex family relationships e.g. dealing with former partners, re-connecting with children from whom they have been separated and requiring absence from the workplace to meet their children's needs; the affordability/ availability of housing; being singled out and stigmatised in the workplace/ feeling vulnerable in relation to performance management; ongoing physical ill-health issues necessitating hospital and doctors' appointments. Overall there is a need to support individuals gradually into the world of work and support with giving them the basic skills in the modern workplace through familiarisation and training exercises. The highest proportion of our beneficiaries are in the 35-55 age groups have low educational attainment and are likely to have been outside the formal labour market for a number of years. Again once into work our experience points to, in the first instance, a series of small, regular increases in responsibility and reward and recognition for success.

10. What is the experience of people currently in work with these conditions?

"I would say that I am very lucky to work for an organisation that values lived experience (of multiple needs). My employers have provided me with a lot of support such as coaching, one to one support with my manager, peer support from other employees with lived experience, and the opportunity to access counselling to help me overcome the issues that my past has caused. Sadly this isn't always the case! I have known people lose jobs due to their issues or the day to day pressure of the work environment has lead them to relapse because they didn't have the right kind of support."

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