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Views of claimants

Qualitative findings of the Dame Carol Black Review

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Summary

This study informs Dame Carol Black's review which explores the challenges faced by individuals who are addicted to alcohol or drugs, or are obese, when they seek to enter, return to and/or remain in employment. It aims to understand the perspectives of people who have experienced these conditions, and their journeys through the labour market, and the benefits and health system.

The findings are based on in-depth face-to-face and telephone interviews with claimants and previous claimants with alcohol and drug misuse issues, and relevant stakeholders. The fieldwork was conducted by NatCen Social Research between December 2015 and March 2016. It proved very difficult to recruit those with obesity issues to the study – feedback received by the research team suggests that these individuals view their condition as being quite distinct from alcohol and drug use, and therefore their views are not included in this report.

The main findings are that participants who gave their views in this qualitative study were clearly not averse to certain types of work, although many acknowledged that they were not able to sustain a stable employment pattern until they had entered a more established period of recovery. Indeed, when they were in recovery, they argued that work was vital, had a positive impact on self-esteem, and could help maintain the recovery if it was appropriate for the individual. This work, though, could be voluntary, part-time and flexible to the person's needs in order not to risk a relapse, particularly if the person was in the early stages of recovery.

The consensus of the claimants, previous claimants and stakeholders was that benefits could be helpful in terms of achieving and sustaining recovery, and making it more likely that the person in recovery would have the capacity to return to meaningful and enjoyable employment over a sustained period in the future.

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Acknowledgements

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The project was managed by Saima Tarapdar and Chris Lord at the Department for Work and Pensions (DWP) and we are grateful for their thoughtful feedback and support. The health policy research team at National Centre for Social Research (NatCen) and the Scottish Centre for Social Research (ScotCen) had overall responsibility for writing this report.

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The research team also included Irene Miller and Hayley Lepps. Administrative support was provided by Lesley Birse.

List of abbreviations

BME	Black and minority ethnic
CVO	Community and voluntary organisations
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
IS	Income Support
JSA	Jobseeker's Allowance
PIP	Personal Independence Payment

Executive summary

This report presents the findings from a project looking at the views of claimants who have experienced drug addiction and alcohol dependence both in and out of work, as well as key stakeholders, in order to augment Dame Carol Black's review. It was undertaken by NatCen Social Research. The fieldwork was carried over four months, from December 2015 until March 2016.

The objectives of this research study were to:

- explore the employment history of the claimant and the perceived impact of both the condition (obesity, drug and alcohol issues) and receiving benefits on their employment status;
- ascertain how and when those experiencing the conditions access medical help and specialist employment support, and how well these services interact;
- find out if the medical/specialist employment services are effective in helping claimants look for and find sustainable work;
- explore what circumstances have led to different pathways of employment, and different employment outcomes;
- identify what some of the barriers are to access effective healthcare or specialist employment support, and how this may be overcome;
- identify what factors would help claimants find, enter, return to and remain in work.

Background

The Government asked Dame Carol Black to undertake an independent review into how best to support benefit claimants with the following conditions; obesity or addictions to drugs or alcohol, back into work.

The review also sought to understand the perspective of people who have experienced these conditions, and their journeys through the health and benefits systems. In support of this, NatCen Social Research was commissioned to find out the views of claimants and stakeholders.

Several methods were used to gather information for the review. The review team consulted widely and took evidence from health and local authority service providers, academic bodies and specialists in the field, benefits agencies, voluntary and charitable bodies, the devolved administrations and employers.

Research methods

The research methods for this study comprised of face-to-face and telephone in-depth interviews with claimants (both current and previous benefit claimants) and stakeholders.

We conducted a total of 26 in-depth interviews:

- 21 in-depth interviews with claimants and previous claimants comprising 19 participants with a history of substance use, and two participants with obesity issues.
- Five stakeholder interviews with addiction treatment staff.

This qualitative fieldwork was carried out with individuals living in England and Scotland.

Several attempts were made to recruit participants with obesity issues, as well as professionals working for organisations aiming to support them. Despite these efforts, it was only possible to interview two individuals with obesity. We have not included these views to ensure anonymity. It is difficult to know exactly why it proved so challenging to recruit those with obesity issues to the study. However, comments received during interviews and also during the contact with support organisations suggested that those with obesity issues did not think their experiences were analogous to those with alcohol or drug issues, and were therefore more reluctant to participate in the research.

Key findings

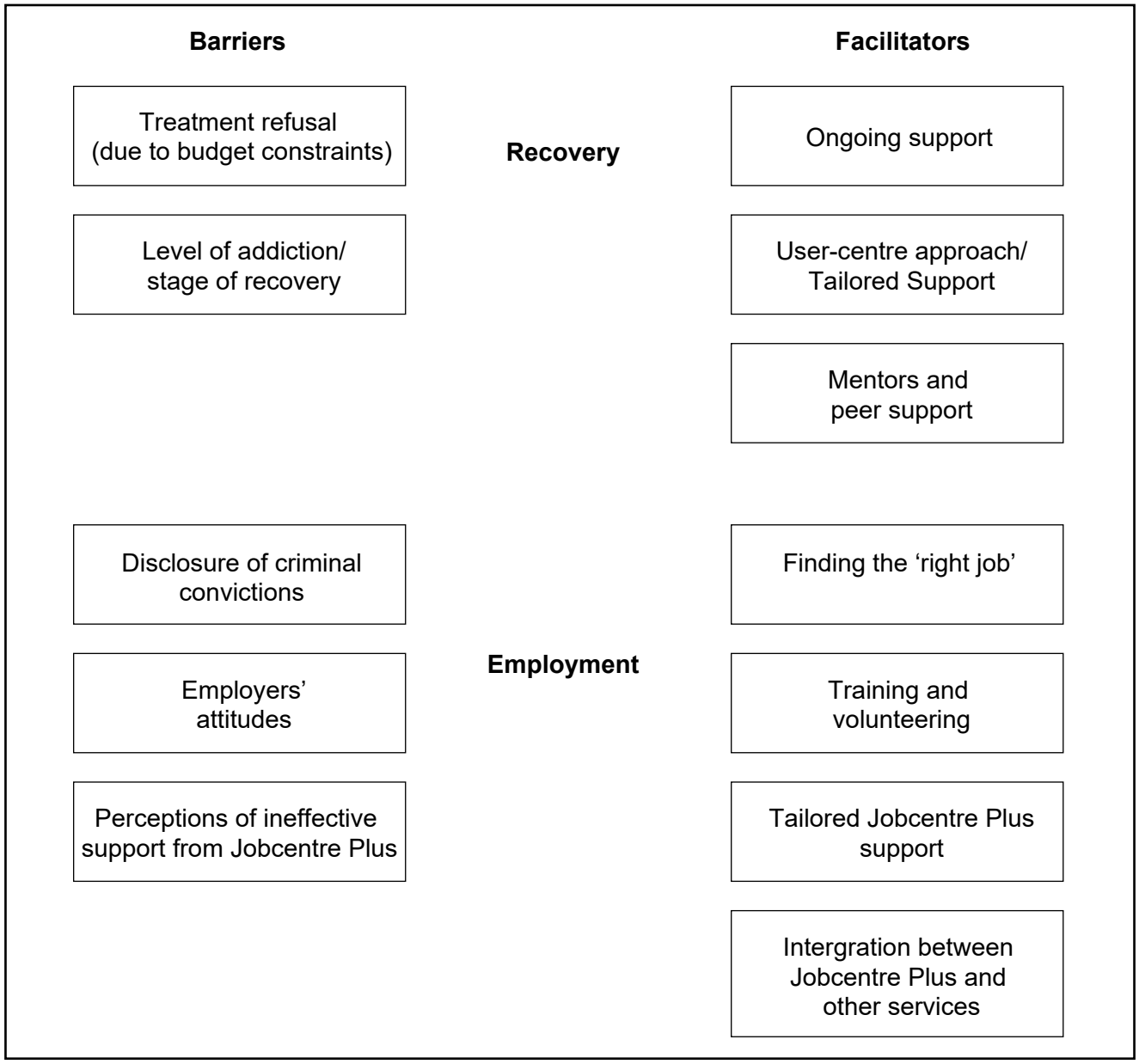
The main findings from the research study are:

- There was a widespread consensus among participants and stakeholders that fulfilling and sustainable employment could play a key role in supporting long-lasting recovery from drug or alcohol misuse.
- Finding secure and meaningful employment was a major priority for participants. However, it was stressed that individuals had to be at the appropriate stage in their own recovery, as those with alcohol and drug issues risked relapse if they took up stressful employment before they were ready.
- Claimants and previous claimants were not averse to pursuing certain types of employment and did not think that claiming benefits impaired their motivation to find suitable work. However, they were keen to stress that, depending on their stage of recovery, working full-time or in a demanding job had the potential to lead to relapse. Therefore the benefits system could play an important role in supporting people when they were in and out of employment.
- Voluntary work was viewed as an invaluable stepping stone into finding employment, and it was argued that the benefits system should not penalise those who adopted such work, or undertook training programmes, as these could lead on to paid employment.
- Claiming benefits gave participants more confidence and made them feel more in control of their own finances. They believed this to be positive on their employability but also in terms of their mental and physical health.
- Participants and stakeholders identified a number of barriers and facilitators to recovery and employment. These are summarised in Figure 1.
- Delivery of drug and alcohol treatment services provided and whereby Jobcentre Plus staff could provide tailored one-to-one support, augmented through the use of peer mentors, was perceived as key to recovery and proposed as the most likely way to yield future success.

- Ongoing support from drug and alcohol treatment, and support services, using a user-centred approach, was viewed as a key component of achieving a sustainable recovery. Again, the central role played by key workers and by peer support/mentors was also stressed by both the participants and the stakeholders.
- Participants and stakeholders identified disclosure of criminal convictions as a major barrier to employment for people with drug and alcohol misuse issues.
- Participants reported generally negative experiences of dealing with Jobcentre Plus. For example, they felt that:
  - Jobcentre Plus staff did not recognise the needs of those with alcohol or drug use issues.
  - Jobcentre Plus staff did not provide the support, advice or skills that participants needed to find and retain sustainable employment.
  - Overly strict conditionality requirements and sanctions being applied to those with drug and alcohol issues are counterproductive in terms of recovery and finding employment.
  - Jobcentre Plus is overly bureaucratic.
  - The negative factors cited in relation to Jobcentre Plus meant that people might be unwilling to disclose their substance misuse and/or mental health issues to their advisers and communication is difficult in an open office environment.
- Participants and stakeholders believed that Jobcentre Plus staff needed to provide more tailored and individually-focused advice. For example, they thought that:
  - Jobcentre Plus staff need to be trained appropriately to provide more useful support and advice.
  - If those with drug and alcohol issues were allocated to, and/or were able to build up a relationship with a Jobcentre Plus staff member, it was thought that this would encourage disclosure.
  - More integration between Jobcentre Plus and housing associations, social care and treatment services including mental health services, may lead to providing better and more consistent care for service users, with more qualified staff able to deal with service users' complex health needs.

In conclusion, participants who gave their views in this qualitative study were clearly not averse to work, although many acknowledged that they were not able to sustain a stable employment pattern until they had entered a more established period of recovery. Indeed, when they were in recovery, they argued that work was vital, had a positive impact on self-esteem, and could help maintain the recovery if it was appropriate for the individual. This work, though, could be voluntary, part-time and flexible to the person's needs in order not to risk a relapse, particularly if the person was in the early stages of recovery. Therefore, the consensus was that benefits could be helpful in terms of achieving and sustaining recovery, and making it more likely that the person in recovery would have the capacity to return to meaningful and enjoyable employment over a sustained period in the future.

Figure 1 Barriers and facilitators to improving/increasing the recovery and employment outcomes of people with drug and alcohol dependency



1 Introduction

This report presents findings from qualitative research which explored the views of benefit claimants with conditions such as obesity or addictions to drugs and alcohol. The views of key stakeholders were also sought. It augments Dame Carol Black's independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity.

This introductory chapter gives some background on the review (Section 1.1), explains the research aims (Section 1.2) and summarises the research design and methods adopted (Section 1.3).

1.1 Background: the Dame Carol Black Review

Long-term conditions such as drug addiction and alcohol dependence, or obesity, bring with them significant labour market disadvantage for those affected. They can seriously affect people's chances of finding and remaining in sustainable and fulfilling employment trapping them in worklessness and welfare dependency (DWP, 2015)[1].

The Department for Work and Pensions (DWP) (2015)[2] data suggests that around 90,000 of around 2.3 million Employment and Support Allowance claimants[3] have drug or alcohol addiction recorded as their primary health condition, and that around 8,000 of these have been claiming incapacity benefits for five years or more. This figure is thought to be an underestimate. In England alone, DWP research from 2008 and 2010 indicated that:

- 1 in 15 working-age benefit claimants are dependent on drugs such as heroin and crack cocaine.
- 1 in 25 working-age benefit claimants are suffering from alcohol dependency.[4]

People with such conditions face numerous issues that hinder their entry into employment, including part-time and voluntary work. These include lack of skills, mental health problems, offending histories, multiple forms of deprivation and social stigmatisation.

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1 Department for Work and Pensions. (2015). *An independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity*. July 2015. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/448830/employment-outcomes-drug-alcohol-obesity--independent-review.pdf

2 Department for Work and Pensions. (2015). *FOI response: IB or SDA claimants with mental and behavioural disorders by duration of claim: May 1999 to May 2014*. [online] Department for Work and Pensions (DWP statistical FOI releases). Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417418/810-2015.pdf

3 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/452513/statistical-summary-august-2015.pdf

4 (i) Hay, G. and Bauld, L. (2008). *Population estimates of problematic drug users in England who access DWP benefits: A feasibility study*. London: Department for Work and Pensions (DWP Working Paper No. 46) and (ii) Hay, G. and Bauld, L. (2011). *Population estimates of alcohol misusers who access DWP benefits*. [online] Department for Work and Pensions (DWP Working Paper No 94).

But while problems of drug and alcohol dependence have some common features, obesity is different. Although obesity is more common than drug and alcohol addiction, the labour market consequences are more indirect. The literature on obesity and its labour market consequences is relatively underdeveloped and while some research suggests some disadvantage, this is not conclusive. Obesity can lead to a host of other long-term health conditions, which bring their own risks for claiming disability benefits and early retirement. Obesity can also deter employers at the recruitment stage (for example, Caliendo and Lee, 2011 or Sassi, 2010)[5, 6].

It has been reported that the current system does not always enable everyone with these conditions to receive effective healthcare or specialist employment support at the right time (DWP, 2015). Against this backdrop, the Government asked Dame Carol Black to undertake an independent review into how best to support benefit claimants with the conditions of obesity or addictions to drugs and alcohol, back into work.

The review aimed to:

- establish the role which such treatable conditions play in causing worklessness and estimate the associated cost to the Exchequer and the economy;
- understand the characteristics (including overlapping conditions and other disadvantages) of individuals and the pathways they take through the healthcare and welfare systems and the roles played by providers and employers in these pathways;
- consider also the group(s) most at risk of becoming workless through treatable conditions in future and the support available to them, including incentives for employers;
- assess the availability and cost effectiveness of treatments and interventions to facilitate a return to work for different sub-groups within the affected population;
- explore the support provided by the existing benefits system and the incentives/barriers created; and
- understand the whole system in the context of relevant international comparators and learn from policy successes abroad.

Several methods were used to gather information. The review team consulted widely and took evidence from health and local authority service providers, academic bodies and specialists in the field, benefits agencies, voluntary and charitable bodies, the devolved administrations and employers.

The review also sought to understand the perspective of people who have experienced these conditions, and their journeys through the health and benefits systems. As such, NatCen Social Research was commissioned to find out the views of claimants with these conditions, both in and out of work, as well as key stakeholders, in order to augment Dame Carol Black's review.

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5 Caliendo, Sassi, F. (2010). *Obesity and the Economics of Prevention: Fit not Fat*. OECD Publishing, Paris.

6 M. and Lee, W. S. (2011). *Fat Chance! Obesity and the Transition from Unemployment to Employment*. IZA Discussion Papers 5795, Institute for the Study of Labor (IZA).

1.2 Research aims and objectives

The aims and objectives of this research study were to:

- explore the employment history of these claimants and their perceived impact of both the condition (obesity, drug and alcohol issues) and receiving benefits on their employment status;
- ascertain how and when those experiencing the three potentially treatable conditions access medical help and specialist employment support, and how well these services interact;
- find out if the medical/specialist employment services are effective in helping claimants look for and find sustainable work;
- explore what circumstances have led to different pathways of employment, and different employment outcomes;
- identify what some of the barriers are to accessing effective healthcare or specialist employment support, and how this may be overcome; and
- identify what, if anything, would help these claimants find, enter, return to and remain in work.

To achieve these aims, NatCen conducted in-depth interviews to elicit the views of benefit claimants and stakeholders.

1.3 Methodology

1.3.1 Qualitative participatory methods – In-depth interviews

The qualitative element of the Dame Carol Black Review aimed to include people with lived experiences of substance abuse, obesity and unemployment, as well as community and voluntary-based professionals working in services that cater to people with such issues. The intention to work with stakeholders (i.e. service providers) was to develop meaningful, policy-relevant findings and outputs, founded on personal experience and expert knowledge.

In-depth interviews were chosen as the most appropriate method. Participants were given the choice of a face-to-face or telephone interview. These were carried out by an experienced researcher and generally lasted between 1 and 1.5 hours.

Two separate topic guides were developed, one for claimants/service users with either substance misuse or obesity issues, and the other for stakeholders. The topic guides are outlined in Appendices B and C.

1.3.2 Recruitment

The research team worked closely with community and voluntary organisations (CVOs), across England and Scotland, to recruit research participants. CVOs that specialise in working with people with substance abuse and obesity were identified by the Dame Carol Black Review team. Initial contact was made by email, and then followed by a telephone call with a relevant contact (from now on, referred to as the gatekeeper) to discuss the purpose of the research, interview content and potential recruitment via their service.

If an organisation agreed to support the research, the recruitment process was discussed verbally and confirmed within an email. Each gatekeeper selected by each organisation was best placed to approach recruitment in the most ethical and appropriate way within their particular service. Gatekeepers were provided with study information leaflets to assist their recruitment efforts.

Potential participants could register an interest to participate by contacting the gatekeeper or the NatCen research team. The research team had a short telephone conversation with each potential participant prior to arranging an interview. This call involved screening potential participants for their eligibility to take part, ensuring they understood what taking part involved, including the content of the in-depth interviews, and what participants could expect in terms of anonymity and confidentiality. Verbal consent to participate was always sought from individuals during recruitment and then again prior to the interview.

Participant characteristics were monitored throughout the recruitment process to ensure that they were eligible to take part, and that a range of experiences were included.

The NatCen research team also recruited and carried out telephone and face-to-face interviews with community and voluntary-based professionals working in services catering for people with drug and/or alcohol dependency.

1.3.3 Sample

A total of 26 in-depth interviews were conducted[7], comprising 19 participants with a history of substance use, two participants with obesity issues and five stakeholder interviews with staff members working within organisations whose services provide support to people with a history of substance misuse. The interviews with the stakeholders were conducted over the phone. The interviews with the participants were conducted both face-to-face (15) and by telephone.

This qualitative fieldwork was carried out with individuals living across England and Scotland in order to obtain the views of research participants in different areas of the UK, as well as those representing a range of different organisations. It is important to point out that the views of the participants were not intended to be representative of wider populations. Nevertheless, the key themes across participants were resoundingly similar, providing a measure of confidence that findings would resonate across the wider population.

Difficulties encountered

Several attempts were made to recruit participants with obesity issues, as well as professionals working for organisations aiming to support them. Despite these efforts, it was only possible to interview two individuals with obesity. In order not to compromise their confidentiality, anonymised summaries were shared with the DWP and added to wider views expressed in the official review. These views will not be included in this report, to ensure anonymity of response.

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[7] Not all of those who on initial contact agreed to take part in the research actually did so. As a result, participant numbers following quotes in the following chapters will exceed the number of total achieved interviews on occasion (e.g. Participant 27).

It is difficult to know exactly why it proved so challenging to recruit those with obesity issues to the study. However, comments received during interviews and also during the contact with support organisations suggested that those with obesity issues did not think their experiences were analogous to those with alcohol or drug issues, and were therefore more reluctant to participate in the research.

1.3.4 Analysis

Verbatim transcripts of all recorded discussions were used to manage and analyse the data using the Framework[8] approach – a thematic way of analysing qualitative data. The full range of views and experiences described by participants were systematically analysed through reviewing the summarised data, and the accounts of different participants, or groups of participants, was compared and contrasted.

1.3.5 Ethics

Ethical scrutiny of the project was provided by NatCen's Research Ethics Committee, which includes senior NatCen staff, external research experts, and external professional experts, and is consistent with the requirements of the Economic and Social Research Council (ESRC, 2005, updated 2015) and Government Social Research Unit (GSRU, 2005) frameworks. Ethical approval was granted in December 2015.

1.4 Structure of the report

The report presents the findings from the in-depth interviews with claimants and previous claimants that had experienced substance misuse, and stakeholders working within organisations whose services provide support to people with a history of substance misuse.

The findings are presented in the following chapters:

Chapter 2: a brief description of claimants and previous claimants' substance misuse and recovery history, and its impact on their experiences of (un)employment. It also explores their experiences of being on benefits, and especially out of work benefits.

Chapter 3: a discussion of claimants, previous claimants and stakeholders' views of the barriers and facilitators to recovery, focusing on the role played by drug and alcohol treatment and support services. But first, it briefly explores claimants and previous claimants' engagement with drug and alcohol treatment and support services.

Chapter 4: a discussion of claimants, previous claimants, and stakeholders' views of the barriers and facilitators to employment and effective employment support.

Chapter 5: a discussion of the main research findings and conclusions.

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[8] Ritchie, J., Lewis, J., McNaughton Nicholls, C., and Ormston, R. (2014). *Qualitative Research Practice*, Ch. 11. London: Sage.

2 The journeys of drug and alcohol dependent claimants through the labour market and the benefits system

The aim of this chapter is to outline how claimants and previous claimants' histories of substance use and recovery have impacted on their experiences of (un)employment and of receiving benefits. It briefly explores the history of their conditions and recovery, and their journeys in and out of the labour market. It also looks at their experiences of being on benefits, exploring their journey through the benefits system, and the role that benefits can play in helping people with addictions to enter or return to work.

This chapter also briefly explores how the stakeholders' services work with services users receiving benefits and with the relevant conditions.

2.1 Substance abuse and recovery

Most claimants and previous claimants were in recovery from substance use problems. The length of recovery varied greatly from one participant to another, from a couple of years, to more than 15 years. Recovery often happened after several years – sometimes even decades – of reported excessive drinking or drug use, when the participants started to seek help.

Mental health problems were reported as being closely related to underlying traumatic experiences, and were cited as being implicated in escalation of alcohol or drug use. Diagnoses of depression or anxiety had also been given to some of the participants. It was therefore felt that recovery could be fragile, and was very much an ongoing process:

> *'It's a funny word, recovery, because you never recover, it's not like a cancer that you can cut out* […] *I'm going to be an addict for life and it's just maintaining it and keeping vigilant.'*
>
> (Participant 20)

Participants cited many issues which they believed their misuse of alcohol and/or drugs had caused or exacerbated: health problems; poverty and unemployment; prosecution; damaged relationships; shame and stigma; and a sense of having wasted opportunities.

There were reported instances where participants had previously spent nearly all of their money on alcohol or drugs. This had resulted in poverty and, in some cases, insecure housing and/or living in poor conditions – for instance, in guesthouses or bedsits – which impacted negatively on their own recovery attempts. One participant explained that it was especially hard to maintain good physical and mental health when living in a hostel, especially if other residents are using substances:

'It was just being in the wrong environment really, because I know a lot of people that have gone into hostels with only one addiction, maybe for weed, give them a year in a hostel, association with the wrong people and they're taking crack or heroin after a year.'

(Participant 20)

Participants' journeys towards recovery were described as often being chaotic, with many participants experiencing cycles of heavy drinking and drug use, with periods of relative abstinence, over several years. For example, there were reports of attempts to stop using drugs for a number of years, at times aided by rehabilitation services, but relapses occurring. One participant spoke of experiencing several episodes of psychosis during this process, before overcoming addiction through a drug and alcohol rehabilitation centre, with no subsequent relapses.

Claimants, previous claimants and stakeholders from the support organisations highlighted the central role played by a wide range of drug and alcohol treatment and support services in assisting recovery (see Section 3.3). However, claimants and previous claimants' recovery journeys were often far from straightforward and engagement with services could be patchy. There were instances where claimants and previous claimants had dropped out of programmes or stopped accessing certain services (see Section 3.1).

2.2 Participants' employment history pre- and during recovery

In addition to a number of health and social harms, alcohol and drug misuse were also linked to a turbulent employment history and employability problems. Furthermore, many still experienced difficulties in finding work when in recovery.

Before recovering (and often afterwards), many claimants and previous claimants did not experience sustainable employment and found themselves perpetually in cycles of employment and unemployment. Many explained how they had lost one or more jobs as a result of their alcohol or drug use. Some participants had been dismissed, several had given up their job because they felt unable to cope, and in some cases they had not worked for a number of years. These individuals had relied on sickness or unemployment benefits at times.

'Because if I spent all my wages on drink on a weekend, then, on a Monday, I wouldn't wanna go in to work, so I'd ring the agency or ring the place that I was at and tell them I … I couldn't come in coz I didn't feel very well, and then the next day I then used to start thinking, you know, "D'you know what? I don't really wanna go in there today".'

(Participant 4)

'My director had learned … picked up that I was using alcohol, and I was going to the toilet somewhat more frequently, and noticed alcohol on my breath, … and it didn't make me the most reliable person really, and I was … drinking obviously when I was … when I was there and stuff […] *It was difficult* […] *their attitude was really that* […] *then there's no point in coming back really.'*

(Participant 14)

Participants reported that they had been arrested, cautioned or prosecuted for various alcohol and/or drug-related offences. Those who had been convicted had been fined and in some cases imprisoned, and they believed that this greatly affected their prospects of employment (see Chapter 4).

Most claimants were out of work at the time of the interviews, but finding and keeping a job was a major priority for them. Claimants and previous claimants in employment were in a mix of full-time and part-time positions. There were also participants who were self-employed, acting as consultants sharing the experiences of their addiction, running workshops and/or counselling sessions.

There was a widespread consensus that fulfilling and sustainable employment could play a key role in supporting long-lasting recovery by boosting participants' confidence and self-esteem which had often been shattered by years of substance abuse and mental ill health.

> *'All I'm after is help to find a job. That's it. I'm not going to go to Atos and start crying when I have my next medical, and go, "Oh, I don't want to work coz I might relapse" … Really all I'm after is somebody to know me and my skillset in the same way that I have a support worker where I live and, from that … then put me in contact perhaps with … people who will hopefully see potential, not* [the] *past.'*
>
> (Participant 1)

However, claimants and previous claimants were keen to stress that part-time rather than full-time employment was a preferable option to ensure the sustainability of their recovery (see Section 4.2.2).

2.3 Qualitative exploration of experiences of 'being on benefits'

It was typical for claimants to have a different health reason recorded for being on benefits; this tended to be mental or physical ill-health instead of substance misuse. Most claimed Employment and Support Allowance (ESA), with many having previously claimed Disability Living Allowance, Jobseeker's Allowance (JSA) or Income Support (IS). Throughout their years of substance use, claimants and previous claimants had moved between different benefits, or had periods of not claiming and then returning to benefits.

Although finding sustainable and fulfilling employment at some point was a common aspiration among participants, some expected they would need to continue claiming benefits as their poor mental health meant that they did not feel able to hold a full-time job.

They liked the financial security benefits provided, describing them as a 'safety net'; they allowed them to live independently, and to apply for work in their own time and in a way that worked best for them, taking recovery into account.

Impact of stigma

Although claimants were keen to point out many positives about being on benefits, this was tempered by a strongly expressed dislike of the stigma attached to claiming benefits, which could affect their confidence and sense of self belief.

> *'It's like you're not allowed to laugh and smile if you're on benefits* […] *that's what I've encountered.'*
>
> (Participant 21)

> *'I was made to feel* [like] *the most lowest and s*******t* [by people]*. It made me feel like I was the most disgusting creature that ever walked on the planet because this is how these people looked at us* […] *like the way people talk down to you and sort of look at you like you were a* […] *deadbeat.'*
>
> (Participant 3)

One participant, previously addicted to alcohol and now in employment, explained how self-esteem could be very low when claiming benefits, and therefore requested that payments be stopped:

> *'I'd had it for long enough, and I felt that somebody else deserved a chance that needed it more* […] *it was something that I had to do because I felt that I was just trapped in a … in a vicious circle, and, you know, the only way that I could do it was get out of that vicious circle, and if it meant me, you know, giving up money that I was receiving, then that was the … the decision that I had to make.'*
>
> (Participant 4)

Additionally some claimants felt that being on benefits long-term could be detrimental to their self-confidence.

> *'If we're talking Universal Credit, I would say it's been good because it's got me on to something which is focused. I think if I were on, you know, benefits longer term, I would say certainly bad, but I think at the moment it's good.'*
>
> (Participant 6)

> *'You see everyone around you working and trying their best and you're picking up your money, your benefits and I think when you've been on it long term* […] *it can affect your mental state of mind … I didn't feel good about myself. I wasn't doing anything proactive.'*
>
> (Participant 21, on Income Support)

There were, however, some that felt that being on benefits, and especially claiming ESA, had enabled them to upskill and pursue qualifications, with a concomitant increase in confidence (see Section 4.2.3).

Impact on employment outcomes

Claimants did not think that claiming benefits impaired their motivation to pursue employment opportunities that claimants believed were suitable for them, but only if the person's health and circumstances allowed it at the time. There was a general agreement that working was a preferable option to being jobless. However, there was a view that the benefits system could play a crucial role in helping people to enter, return and remain in work.

When asked about the impact of being on benefits on their employment outcomes, claimants and previous claimants acknowledged that there may be some people that rely on 'handouts' and will never actively seek employment. However, they argued that being on benefits had enabled themselves and others to train, upskill and as a result become more employable (see Section 4.2.3).

> *'*[Being on benefits] *has given me the space that I can upskill myself, access resources* […] *and investigate potential … future employment pathways* […] *if I hadn't had that space, then* […] *I probably would have been sort of herded down one direction and ended up treading water and maybe* […] *doing pointless qualifications or training, and doing meaningless jobs that wouldn't be suitable for myself.'*
>
> (Participant 14)

In addition, being on benefits gave claimants the time to look for suitable, and therefore sustainable, employment. Claimants were overwhelmingly keen to stress the link between receiving benefits and having some sort of security and options for employment (including being able to work part-time, to volunteer etc.) (see Section 4.2.2):

> *'I'm actually looking at courses and employment options. I'm thinking ahead to May or beyond, which I think feels really helpful actually* […] *because I'm in receipt of this benefit, it takes a bit of pressure off and allows me to plan ahead a bit … might end up in more personally useful and more sustainable employment as a result of that, rather than rushing in to the first thing you find, or you have to find, or you're obliged to find, which may not necessarily be the right kind of work for you.'*
>
> (Participant 29)

In the same way, one participant explained how being on ESA enabled attendance at college rather than launching straight into work, which would have been detrimental to mental health:

> *'Just being on ESA in a way was just to test the waters innit? To see how you feel and think: 'Yeah. I can … I've got self-belief. I can do this. I can manage this' so it has served a very good purpose.'*
>
> (Participant 28)

The ability to do voluntary work when on benefits was also valued highly; participants viewed it as the ideal opportunity to develop skills and make the right career choices.

> *'I think the fact that you can volunteer while on ESA, I think that really helps. The last two jobs have come through volunteering.'*
>
> (Participant 10)

Financial stability

Claiming ESA gave participants more confidence and made them feel more in control of their own finances as it was perceived there was no limit on the length of time for ESA claims. They believed this to be a positive factor in terms of their employability, and also in terms of their mental and physical health.

> *'I've always wanted like to control me money, and it enabled me to you know, set things up, be in control* […] *which enabled me to feel better about myself.'*
>
> (Participant 1)

Impact on health outcomes

Claimants and previous claimants were asked if they thought being on benefits impacted on their health. Views were mixed with some suggesting it had little impact, whereas others stated that by having financial independence and increasing their employability (through training or volunteering), it improved their overall mental wellbeing.

One unemployed participant with a history of drug misuse explained how being on benefits allowed him to have a healthy lifestyle, which had positive repercussions on his physical and mental health:

> *'*[…] *get me used to buying food, cooking, eating healthier, keep meself clean, staying positive, being positive … you know, mentally as well. It's just served a purpose* […] *in every department.'*
>
> (Participant 28)

Similarly to findings on the impact of benefits on employment outcomes, it was argued that being on benefits could help boost self-confidence and assist recovery, as being on benefits allowed claimants the time needed during recovery to adjust back into a life free of addiction. For instance one participant explained that being on ESA allowed them time to adjust, whereas they believed that if they were on JSA, they would have been required to take on a potentially unsuitable job, before they were ready.

> *'I wouldn't have had that if I was on Jobseeker's Allowance, they'd have been pushing and pushing for me to get some minimum wage really unskilled job which I think probably would have helped me go back down the road of addiction.'*
>
> (Participant 10)

Another participant, who volunteered for a drug and alcohol service, explained that claiming benefits had enhanced personal time management skills and had also helped in terms of improving mental and physical health:

> *'What do I like about being most on … (benefits) I suppose the autonomy to manage my own time* […] *it can allow me to structure my day around maybe other aspects I need to work on; for example, fitness I hadn't really considered until I came in to recovery.'*
>
> (Participant 14)

3 Barriers and facilitators to recovery: the role of treatment

This chapter discusses the barriers and facilitators to recovery as claimants, previous claimants, and stakeholders widely acknowledged that being in recovery and finding paid employment were closely interlocked. In doing so, it explores the central role played by drug and alcohol treatment and support services. But first, it briefly describes claimants and previous claimants' experiences of treatment and support services.

3.1 Claimants and previous claimants' experiences of treatment services

Claimants and previous claimants reported accessing a number of drug and alcohol treatment and support services.

3.1.1 Referral pathways

Claimants and previous claimants described different experiences in their initial referral to services. GPs were a first point of contact for many and referred them on to detoxification units, residential rehabilitation programmes, charities supporting people with drug and alcohol dependency or, in some cases, to counselling services to address mental health conditions. It was felt, however, that GPs should signpost and make referrals to external treatment and support organisations more than they currently do.

Other referral pathways included being referred to services by probation officers, through court orders, and to a support group run by the Jobcentre. There were also instances where participants had accessed support through self-referral, and participants that had been volunteering at support charities which referred them on to more extensive support services. In one such instance, a participant volunteering at a charity had been referred directly to visit a psychotherapist by its staff.

Stakeholders working within charities and organisations supporting people in recovery from drug and alcohol dependency also mentioned how some of their users are referred by social workers and, for those who were also homeless, by the local council or through charity outreach teams.

3.1.2 Impact of services

The perceived usefulness and impact of the drug and alcohol treatment and support services accessed by claimants and previous claimants are outlined below:

- **Specialist alcohol and drug support charities and organisations:** charities offering support to people with drug and alcohol dependency issues also provided a range of services focusing on wider issues. As a result, service users could choose, or have suggested to them, additional types of services not just focusing on their recovery from substance use but also in other aspects of their life such as housing or employment. The types of services that participants accessed through the charities that were reported as being especially beneficial in their recovery included workshops on wellbeing, boosting

self-esteem, rebuilding familial relationships, relapse prevention, offering counselling services and promoting service users to keep active. Providing information and courses on health and safety, needle exchange, having a 24-hour phone-line as well as providing methadone prescriptions were also reported to have helped participants. In addition, being assigned a key worker and peer support were also perceived as central to the recovery process. Participants felt that being around people in a similar situation to them could dramatically help reduce the sense of isolation, and agreed key workers played a crucial role as they could explain treatment options, help with housing and employment and provide advocacy to their claimants (see Section 3.3.4).

- **12-step programmes:** experiences were mixed. On the one hand, some participants had benefited from the emphasis on building self-esteem and self-forgiveness:

  'I was watching people getting well, staying clean – 'coz I'd never seen it, 'coz it didn't exist where I came from – and I thought, "There's a chance". And it gave me enough self-esteem to say, "I need help".'

  (Participant 21)

On the other hand, some participants did not agree with the design of the service. For instance, one participant described how service users enrolled in 12-step programmes would be 'talking about drugs all the time', which would be a constant reminder to the service user of their current, or former addiction. Some believed that people accessing this type of support may use it as a 'crutch' where they may not be able to maintain a positive recovery outside the programme:

'If you take them out that service, they fall to bits. That's their life. They … must go. They have got no life. They become a slave to the service.'

(Participant 9)

- **Residential rehabilitation centres:** some praised the centres' supportive staff and how they helped them maintain focus while others felt the service did not address the underlying issues and reasons behind their addiction:

  'I'd been in sort of … for 5 years in a sort of … in a closed place that didn't deal with my alcoholism, they just stopped it.'

  (Participant 24)

Some participants also described that the sometimes negative atmosphere and interactions between service users meant certain sorts of support weren't suited to some participants.

*'When you put a bunch of strangers together, and they are all f****d up in the head – right?! – and, you know, you can't … you don't expect them to get along.* […] *the whole acting out. Their serotonin and the dopamine is kicking all over the place.'*

(Participant 9)

3.2 Barriers to recovery

Acknowledging that the first step into finding sustainable employment was recovering from substance misuse, participants identified a number of barriers to recovery from drug and/or alcohol addiction.

3.2.1 Treatment refusal due to limited funding

A few claimants expressed concerns that local authorities and other support services seeking efficiencies in treatment budgets had meant that treatment (and especially secondary treatment such as residential rehabilitation treatment) could become harder to access. For instance, one participant who had been addicted to drugs for 20 years, explained how several applications for residential rehabilitation treatment had to be made before success was achieved.

Similar concerns were also recurrent in stakeholders' narratives:

> *'I think one of the things that we've experienced as an organisation, certainly recently, is a raft of cuts coming through the different types of services that we have. Sometimes then, we're being asked for in-year cuts to provision, usually around the 20% mark …'*
>
> (Stakeholder 5)

> *'The drug treatment budget no longer being ring-fenced, and budgets shrinking …'*
>
> (Stakeholder 1)

3.2.2 Level of addiction

Claimants and previous claimants reflected how their substance use issues could take over their lives:

> *'When you're misusing … nothing else matters … at first you think yeah you can manage it and you can do it but then you get to a point where you think f**k that, that's just holding me back from doing this. So you end up don't go into work and you're losing out on jobs and things like that and it is a shame … You won't be able to make it to appointments for the Jobcentre.'*
>
> (Participant 13)

On the whole, participants agreed on the important role played by clinical treatment, including evidence-based talking therapies in supporting recovery. Pushing somebody into work that has not fully recovered, and with no ongoing support for physical and mental health issues, was seen as a pathway to relapse:

> *'You can't look at somebody that has been unemployed for a very long time and using drugs, and say "We can just get you back in to work" like that. We have to look at your mental health issue, and physical issue or any other issues that's going on with you, and we need to talk to you and we need to understand you and understand drug-taking and mental health issues.'*
>
> (Participant 9)

3.3 Facilitators to recovery

Claimants and previous claimants' recovery journeys had taken many paths, most typically succeeding after several attempts. It was apparent from participants' narratives that recovery was not a straightforward process, and the wide range of individual circumstances and complexities had to be taken into consideration. Most importantly, support needed to be guaranteed over time, with the acknowledgment that substance use issues were closely interlocked with mental health problems and underlying personal problems.

3.3.1 The need for ongoing recovery support

Claimants, previous claimants and stakeholders stressed that most people with substance misuse issues are not ready to work and function without adequate addiction aftercare for an extended length of time. They believed this could make a huge difference between a person relapsing, or abstaining and returning to work.

> *'Aftercare is the biggest part of one's recovery. You could give me 6 months or a year in a rehab, and put me back into my home, and I could relapse in no time.* [We] *need aftercare … need support services.'*
>
> (Participant 9)

The importance of individual or group counselling, in order to learn to identify the triggers to drug and alcohol use, and more generally to understand one's past experiences, was discussed in relation to what had helped and was helping participants throughout their recovery. For example, one participant stated that peer support groups provided a 'consistent back-up' to help maintain sobriety.

For treatment to work and recovery to be sustained, claimants, previous claimants and stakeholders tended to agree that support needs to be holistic, empathic, and person-centred. For this to be achieved, people require to be linked in with a range of support services, including peer support and mental health services, as well as having access to stable housing and employment, training or education opportunities.

A better integration between support services and treatment providers was considered key to ensure regular engagement and consistency of treatment plans. As part of this, one stakeholder noted how a greater interaction between different services was needed to ensure effective support, and that staff needed to increase their awareness of additional support on offer in their local area, to signpost people effectively:

> *'It sort of … just … allows us to open up more options to claimants and kind of signpost them in the right direction for different things they might need'.*
>
> (Stakeholder 4)

This was reflected by the narratives of claimants and previous claimants that complained about the lack of visibility of services and the lack of signposting between different services.

In addition, claimants and previous claimants believed there were not enough additional services catering for their needs, and notably for people coming out of jail.

> *'So I think more comprehensive recovery systems, rehabs, kind of integrating back into … normal society basically and working. People who come out of jail* […] *you're let out the gates with £40 or £50 in your pocket and the choice 'what do I do?'*
>
> (Participant 10)

Furthermore, some claimants felt that drop-in services were valuable as they could provide a sense of community and opportunities to engage in activities helping recovery and increasing wellbeing. One participant explained, however, that changes to services had reduced the drop-in facilities:

> *'Under the latest current revisions, there seems to not be a drop-in service – which there was previously – and for people to drop in to, which could I think be quite helpful really.'*
>
> (Participant 14)

The importance for people dependent on drugs and/or alcohol to gaining a better understanding of how alcohol and drug dependency works, and its potential effects on one's physical and mental health, was also identified as an important component of recovery and a key step toward employment:

> *'Education about* [the] *drug, and what it does to the body and the brain* […] *That's why you can't push somebody to go into work and … because the money is the trigger. They will use because of the money, because they've got the money. They first need to know how to handle money, and they need to have education and the proper teaching and understanding that you just can't use.'*
>
> (Participant 9)

3.3.2 Linking benefit entitlement to engagement with treatment

The majority of participants and the stakeholders did not believe that mandating treatment was a good way to achieve recovery and sustainable employment. In fact, they thought that compulsory attendance of a recovery programme could lead people to hide their addiction. It was argued that rewarding people engaging with treatment was a more efficient way to encourage recovery, as put by one of the stakeholders:

> *'We need to encourage people in to treatment through positive means, in my view, rather than punitive ones … So I would much rather do it the other way round, which is saying "If you're in treatment, you actually get more benefit than if you're not" … You're rewarded for trying, not the other way round.'*
>
> (Stakeholder 5)

However, a minority view expressed by a few claimants was that people with substance misuse issues should only be able to claim benefits on the condition that they participate in a recovery programme. For example, one participant emphasised that benefit sanctions should only be applied to people refusing a treatment programme rather than not seeking employment.

> *'You could go to the Jobcentre and they could ask you, "What have you done in terms of, you know, looking for help and support with your alcohol addiction or … drug addiction?" … it just needs to be designed more from a therapeutic approach rather than, you know, "Here's all this money." '*
>
> (Participant 4)

3.3.3 The role of a user-centred approach

Stakeholders provided an insight into how suitable they felt their service was for people in recovery from drug and alcohol dependency. Having a user-centred approach, whereby service users were involved in the design and delivery of the services provided was felt to be very important in terms of positive recovery.

Thinking about claimants as individuals and identifying their particular needs was considered to be good practice. This was especially true for service users who may have additional problems such as mental health needs, including experiences of childhood trauma, abuse or domestic violence.

> *'Mental health and addiction feed in very closely to each other, I think. So having … staff that are aware of mental health, able to talk about it to claimants in a sensitive way that works for them but also that kind of access to psychotherapy and access to mental health services I think is really important* […] *even if you're talking about a drug and alcohol service* […] *having that mental health support to go along with it I think is really important.'*
>
> (Stakeholder 4)

Stakeholders cited a range of good practices to engage successfully with people in support services, working with service users wherever they may be located, and whichever stage they are in their recovery. Good practice approaches included:

- being creative and flexible when arranging to meet service users, sometimes meeting with them informally, outside the organisation's premises and potentially outside normal 'working hours';
- talking about broader issues with claimants to build a rapport and trust, rather than solely focusing on their substance misuse;
- holding group activities and encouraging service users to participate in activities that interest them, such as crafts or sports activities;
- visiting known 'rough-sleeping' locations; and
- providing online services for claimants to maintain contact:

> *'Nearly everybody I think has, that comes into our services has some sort of mobile phone or smartphone, so there's an opportunity there to be connecting with people far more frequent(ly) than happens at the moment.'*
>
> (Stakeholder 5)

However, it was also felt that more support was needed to help people on release from prison, and for services to start the engagement process prior to release.

> *'The last year I spent in jail I wrote and wrote letters to so many organisations for help and not one came through. Not one! I got letters back saying "We can't help you right now, when you get close to your time, when you're leaving the …" … no, I want something in place when I do leave. I came out, I ended up homeless'.*
>
> (Participant 13)

Better marketing of the services offered was considered vital to help people know what services were available to them, and how to access them. Furthermore, members of peer support groups were considered to be important ambassadors for promoting recovery services to others, and an effective way for people to learn about services that were available to them in an informal way.

Tailored support for hard-to-reach groups

Stakeholders from the support organisations discussed the challenges they encountered when trying to engage harder-to-reach groups in their services, such as black and minority ethnic (BME) groups and service users who were homeless. They suspected that different BME groups may not frequently engage with some services as these groups may potentially feel that mainstream services do not cater for them.

> *'Certainly the overarching view of drug and alcohol treatment provision I think is that it's quite a white male working class type of service delivery, so if you're not in that group, if you're not a white male in his 30s, and you walk into that service, you're not necessarily going to see anybody that looks like you. Or acts like you.'*
>
> (Stakeholder 5)

Stakeholders suggested ways in which services could better target BME groups, and gave examples of work being done in an attempt to overcome barriers to accessing services. Examples included having good quality data and information about populations not in contact with services; outreach work with religious or community leaders to understand how services could be better tailored to suit their community's needs; and employing staff from a wider range of cultural backgrounds and speaking relevant languages to promote and deliver services.

Another perceived hard-to-reach service user group were those who were homeless. Having a good knowledge of local housing projects and support services for homeless groups as well as known 'rough-sleeping' locations to pass on to outreach teams was thought to be key for drug and alcohol services to engage with this harder-to-reach population group.

Other approaches adopted by support organisations to maintain contact with people with substance use issues included outreach teams located in prisons holding workshops providing information on services available inside and outside the prison, and having annual reunions for service users. Additionally, running gender-specific services, such as providing female claimants the option to access support in an environment where they may feel safe, could help in maintaining their contact with services.

3.3.4 The role of key workers

Service users accessing support from specialist drug and alcohol dependency charities and organisations were typically paired with a key worker. Having the support of a key worker who participants worked with consistently throughout their recovery journey, was reported to be extremely beneficial to participants' recovery. Key workers were described to be important for building their self-confidence which, in some cases, was said to lead to positive employment outcomes. Key workers being flexible when supporting their claimants was also described as being extremely beneficial to participants' recovery.

'I have been able to talk about depression with … with this person – the key worker – which has been some sign of integration and support, and I think she's probably stepped out of her strict remit to address one or two sort of life issues with me, which seems very flexible and helpful.'

(Participant 29)

In contrast, participants who were not assigned a consistent contact, encountered difficulties in their recovery. For example, one participant, who wasn't assigned a key worker by a local homeless charity, was left to coordinate hospital appointments and job interviews with no support. In the same way, stakeholders agreed that key workers played a crucial role as they could explain treatment options, help with housing and employment and provide advocacy to their claimants.

3.3.5 The role of 'mentors' and peer support

Peer support was viewed by participants as having an important and positive impact on service users' recovery. Claimants and previous claimants described how being around people in a similar situation to them, all engaging in the services the charity provided, motivated them to get out of their house more, and dramatically reduced their sense of isolation.

Overall, peer mentors (former addicts who had been through a similar journey as service users) were thought to play a positive role and influence in supporting treatment and modelling a successful recovery. Claimants and previous claimants believed that these peer mentors were best placed to understand the difficulties encountered by people dependent on drugs and/or alcohol, and the likelihood of them relapsing.

'When across the table from me was people who did know what that was like, then that puzzled me because I no longer had an excuse as a crutch […] *So that was the strongest motivation for me, seeing other people who'd done it, because it was like showing me the evidence.'*

(Participant 22)

'Things are changing. You've got a lot o' recovering addicts that are going into this type of work […] *If a support worker's sitting in front of me, and they're going, "Stop lying to me. I know you were smoking crack", you'll say, "Oh, how do you know?", and then they say … if they open up and tell me something about them and say, "because I used to be a crack-head too for how many years, but look at me now", that alone gives you that sense of, "F**k!' Really?", and you start … sit up in your chair and pay attention.'*

(Participant 12)

Participants reported how peer mentors should be approachable and non-judgemental. This was seen as especially important as stakeholders acknowledged that some service users may have experienced stigma when accessing less specialised services, such as GPs, and that this could negatively impact their recovery.

In addition, claimants and previous claimants talked about the benefits of being part of support recovery groups, if only for the social interaction opportunity they provided.

'If you've got something else to motivate yourself. I mean a hobby or something, you know … social meeting place where you can meet people in the same situation as you, you know? You want to work or do something, but … because you can't you've got somewhere to go to and you can do something to keep yourself occupied because if you ain't keeping yourself occupied you're going to be … you're going to be bored and the mental health situation … it's going to deteriorate.'

(Participant 13)

4 Barriers and facilitators to improving/increasing the employment outcomes of people with drug and alcohol dependency

This chapter looks at the barriers and facilitators identified by claimants, previous claimants and stakeholders from the support organisations to employment and to effective employment support. Most discussions around barriers revolved around disclosure and the perceived inadequacy of the support received from Jobcentre Plus. However, participants were also keen to talk about what could help people with drug and alcohol dependency to get work, as they believed getting the right job with the right support could provide a sense of achievement as well as improved mental health and confidence; all of these being key components of a successful recovery.

4.1 Barriers to employment

4.1.1 Disclosure and employers' attitudes

A recurrent theme among both employed and unemployed participants was the difficulties they had encountered when disclosing any prior convictions. This appeared to be a significant barrier to finding sustainable employment.

> *'I went for a job at a (workplace)* […] *went through the whole interview and they said yes we'd really like to have you. There's a condition you need to do overtime and I was on electronic tag at the time, when I said that they said "no you can't have a job!" … as soon as I disclosed the fact that … no! It happens quite often when you fill in an application form, you just don't hear anything back …'*
>
> (Participant 10)

Overall, claimants and previous claimants were anxious about disclosing to potential employers and felt that they should have a right to privacy in relation to past events.

> *'If they say …' "yes, disclose if you've got a criminal record", you tick "yes", normally you don't hear anything back.'*
>
> (Participant 10)

> *'I was on JSA and then all that going and looking for work, and doing everything they asked you to do, going to interviews* […] *But you've got to* [disclose]*, so me going on these interviews being knocked down doesn't help and I thought forget that, forget the JSA, forget your money, I'll make my own. So it was a life of crime, continuing crime, so I was always in and out of prison.'*
>
> (Participant 13)

Participants held a belief that most employers were reluctant to recruit people with a past history of or current alcohol and drug dependence. They had often felt discriminated against, with one participant describing the experience of being constantly turned down by potential employers as 'soul-destroying'.

> *'It's been difficult to get back into employment, coz once I mention criminal convictions, basically it turns most of them off* […] *Because employers like to discriminate. Coz* […] *we have what's called a "rehabilitation" in this country, but it's all on paper. There's no actual rehabilitation* […] *of offenders at all. Employers don't give a s**t, quite frankly.'*
>
> (Participant 14)

This had led some to hide their criminal convictions when applying for jobs:

> *'When it comes to disclosures in the past … when I have been trying to look for work … I lie and say: "You know what? I haven't got a criminal record". What they don't know don't hurt them. If they find out, they find out, but I'd rather lie and take the chance at getting a job than being honest and then you're not getting nothing … it's not fair. I think … . that's a form of discrimination. We can't get a job because we've got a past.'*
>
> (Participant 12)

> *'From an employer's point of view, it feels like quite a big risk to take somebody on who's a self-declared drug user or self-declared alcohol user.* […] *So I think certainly service users tend to think it's far better not to say anything, and then they feel that they're not being honest to themselves in trying to do what they needed to do to recover, so quite often I think people don't declare that they have had a drug and alcohol problem, although they think they'd like to.'*
>
> (Stakeholder 5)

Some claimants and previous claimants also explained that, due to previous criminal convictions, they were no longer able to work in the careers they were qualified for.

> *'There aren't many ex-con jobs that require any level of formal education or working directly with paper or people, which is all I've ever done. So, in a sense, there's a gap in the employment market that is me.'*
>
> (Participant 1)

All in all, claimants and previous claimants' experiences and perceptions of employers' attitudes towards hiring people recovering from drug and alcohol dependence mirrored their wider experiences of the stigma attached to their condition in their everyday lives. Claimants and previous claimants also thought that they were often 'filtered out' before they had a chance to be properly assessed on their suitability for a role. They reported not being invited to job interviews, due to their criminal conviction(s).

'It was devastating to be getting geed up and psyched for interviews […] *then employers* [would] *phone me up and say: "Well that interview you've got with us on Wednesday, it's probably not a good idea you even coming in because you've got a criminal record".'*

(Participant 22)

A lack of up-to-date work experience and gaps in CVs (notably due to time spent in prison), were also barriers to employment. As well as issues around disclosure and employment attitudes, claimants and previous claimants felt that there was a general lack of good career opportunities for people recovering from substance abuse.

'The sad inevitability that all I have left is working […] *in charities who treat people with my condition, because they understand.'*

(Participant 1)

However, not all the experiences of trying to (re-)enter the labour market were negative, with one participant reporting excellent employer support after disclosure of criminal convictions:

'I know my employers who I'm working for now they were really concerned when I said I had a criminal record and a long history of drug addiction. They were very concerned, very supportive, they wanted to know what I needed to keep me well. They've given me everything I've asked for.'

(Participant 10)

4.1.2 Perceived ineffective support from Jobcentre Plus

Claimants and previous claimants, as well as stakeholders felt that the support offered by Jobcentre Plus was often inadequate and ineffective for a number of reasons including a lack of staff experience and empathy.

Claimants and previous claimants felt that their needs as service users recovering from drug and alcohol substance misuse were not fully recognised, and that the targets and requirements set by the Work Programme did not take into account the circumstances of those in recovery from drug and alcohol addictions.

'The amount of pressure it puts on people to … to perform to some generic standard that, let's face it – especially if you're in addiction – you're not gonna be able to meet, it's not … it's … it's just not fit for purpose I'm afraid, you know?'

(Participant 16)

However, they were also keen to point that their experiences may have been dependent on the attitude and support provided by the Jobcentre Plus adviser they were assigned:

'I think a lot of it … it depends on the person in the Jobcentre, I think. Some of them are quite like "Oh you're doing well, well done, you're doing great, carry on the good work." They're quite … really do look at the positives, then I guess there are some people like the woman that I spoke of earlier, who said "No, we don't pay you benefits to get the job you want, we pay you benefits to get a job!" '

(Participant 20)

Another participant, receiving treatment for his substance misuse, was recommended to go onto a TPR2 form[9] by a Jobcentre Plus adviser. This was beneficial in the sense that it enabled the targets set by the Jobcentre Plus adviser to be met.

> *'This TPR2 form took some of the pressure off because it's an agreement that you're in treatment. They enquire how it's going, every few weeks – how the treatment's going. "Are you making some progress towards looking at work?"* […] *They're not just letting it go, but they weren't actively asking me for the proof of application for jobs, so I was fortunate in that sense that I didn't have too much pressure.'*
>
> (Participant 29)

Claimants and previous claimants argued that Jobcentre Plus staff should not only provide more training and opportunities to their clients, but also acknowledge that these claimants have a spectrum of abilities. They highlighted that each Jobcentre client may have very different needs (i.e. some might have poor IT and literacy skills whereas others are highly skilled and experienced).

Those participants with higher education qualifications felt that the services offered by Jobcentre Plus and other employment agencies did not cater for them.

> *'It was just more a question of form filling. Basically, the services don't cater for someone who's well-educated.* […] *I've reached out to the Jobcentre to try and help me on various things, and, every time I do, I* [am] *faced with … the same approach: basically "You're … too qualified. We can't help you.'*
>
> (Participant 14)

As discussed previously, claimants were highly motivated to find meaningful activities and were aware how this could assist their ongoing recovery. They felt there was a lack of good employment opportunities offered by Jobcentre Plus, namely a job both fulfilling and flexible (i.e. the ability to work part-time). Many of the jobs that Jobcentre Plus and other employment agencies would suggest to their clients were full-time, which participants did not always perceive as being suitable as this would not allow people in recovery from drug and alcohol addiction to return to work gradually, as proposed by support services (see Section 4.2.2).

> *'Jobcentre Plus I would say primarily is about getting people into work … I don't get the impression, in the immediate sense, that they are necessarily about finding the right kind of work for people.'*
>
> (Participant 6)

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[9] The TPR2 form is a Treatment Provider Referral form. It is used by the treatment provider to:
(1) share employment-related information with Jobcentre Plus gathered at the comprehensive assessment and care planning stages and to provide notification to Jobcentre Plus that the client has engaged in structured treatment;
(2) request a review of the client's employment goals with Jobcentre Plus, either by the client attending the Jobcentre alone or as part of the three-way employability review; and
(3) inform the Jobcentre that the client has exited from the treatment system.

> *'If I go Jobcentre Plus, everything would be full-time and it would not be what I want. I need to do this counselling* […] *And I have to be gentle with myself* […] *It's better just go through it and just find ways* […] *If I go to the Jobcentre, and they give me work, I won't be able to sustain the work. The important thing is, with* [my] *mental health …' (Participant 9)*

It should also be noted that there was a perceived shortage of suitable opportunities given the current economic climate.

Difficulties in accessing employment services

One of the barriers that claimants and previous claimants reported was that employment services didn't always communicate with individuals using their preferred method of communication or that suited the situation. For example it was said that letters were sent second class and often relatively late which meant that it could be difficult to organise appointments. Establishing clients' preferred form of communication was perceived as an effective way to maintain contact and keep them engaged in the service.

> *'Flexibility around communication methods, I think, is important, especially when mental health is involved as well. People don't like to see a brown envelope but they might not be so bothered about getting a call so, yeah, finding out what works for that client.'*
>
> (Stakeholder 4)

Furthermore it was mentioned that some of the services and tools used for finding and applying for work may be difficult to access for some clients, especially in the case of service users who may not be computer literate having to look for and apply for jobs online. Additionally not being able to use phones in the Jobcentre Plus could put restrictions on some clients' ability to contact potential employers

> *'You go in the Jobcentres now you can't use the phone … They ask you to look for work but how are you going to do that if they're not going to help you? Whereas before they used to but now then like I said its 0800 numbers, 0345 numbers, where are you getting that money to phone a number?'*
>
> (Participant 13)

Getting hold of Jobcentre Plus staff was also reported as being stressful to many of the claimants. Some participants reported difficulties in being able to contact the most appropriate staff member to deal with queries and offer specialist advice, which could also be time-consuming, with some participants suggesting that this was because Jobcentre Plus was too 'bureaucratically-led':

> *'My recent experience with DWP was trying to get … the number for … my employment adviser there – coz I wanted to find out* […] *what would be described as 'permitted work'* […] *but in order for me to get hold of that adviser I had to jump through so many hoops and face … so much damn bureaucracy within the DWP* […] *Bearing in mind I'm on ESA, I have mental health conditions, and … it was just … an absolute nightmare.'*
>
> (Participant 14)

Perceptions of staff

Claimants and previous claimants stated that they often found Jobcentre Plus staff unhelpful to work with. Jobcentre Plus staff were described as having different priorities to the participant. While participants were in search of fulfilling employment, Jobcentre Plus staff either did not support their ideas on searching for work or suggested employment that was not in line with participants' preferred job choices.

> *'The Jobcentre never helped. If I* [stuck] *with the Jobseeker's,* [I'd] *be emptying the bins or sweeping the floors on a building site, with no future ahead because all they wanted to do was just to tick a box and* [get] *rid of people* […] *nobody was listening to where I wanted to go or what I was saying.'*
>
> (Participant 3)

Participants also mentioned the ineffective support they had received as a result of the perceived inexperience of the Jobcentre staff.

> *'Your employment officer … where's their training? They have … very little knowledge about what it is they're talking about. 9 times out o' 10, you ask 'em a question: "Hold on. Let me just go and ask my colleague".'*
>
> (Participant 12)

Furthermore, some claimants reported feeling frustrated when their employment advisers could not provide them with all the information that they requested. One participant recalled having their Jobcentre Plus adviser repeat a standardised script to them, however, when the claimant asked about what constituted 'permitted work', the adviser could not respond, resulting in this individual having to find out about this from the employment team of a relevant charity.

> *'I found Jobcentre Plus frustrating to be a client of … all they have done is look up and read verbatim the website to me, and not be able to expand upon it.'*
>
> (Respondent 1)

Similarly, stakeholders shared the view that Jobcentre Plus advisers might not always be aware of their own procedures (although not necessarily through any fault of their own).

> *'It is my experience that … they're not aware that they can relax one of those condition arguments or they can say that attending some of the training that perhaps I can offer can count towards their hours of job search … so I would say there are the tools there for them not to be barriers – things like that – but they're just not as widely known about as they could be.'*
>
> (Stakeholder 1)

The importance of speaking to staff with lived experiences of the challenges claimants and previous claimants faced was discussed. Participants believed staff with no experience of substance misuse might find it harder to relate to their claimants, to understand their needs and provide effective support back into employment.

'If you haven't experienced it yourself, you don't know. If you're reading it from a book, then you're just reading it from a book and […] *right now I haven't got … faith in* [the Jobcentre] *at all, none whatsoever! Because they're not helping me at all, they don't know how I'm living, they don't know how my day-to-day is, they don't know if I've got a place you know? If I've still got a place …'*

(Participant 13)

Overall, stakeholders highlighted that people with a substance abuse history might be reluctant to access employment services due to the stigma surrounding their condition and the perceived lack of empathy from Jobcentre Plus advisers:

'If you walk in [to Jobcentre Plus] *and you feel you're being judged, you're made to feel like a bad person, whatever, um you're made to feel that this is all your fault. All you should do is pull yourself up by your bootstraps then you know, you're not going to engage with those.'*

(Stakeholder 2)

Disclosure to Jobcentre Plus Advisers

Claimants and previous claimants' felt that some people would feel more comfortable with having the option whether to disclose substance misuse and/or mental health issues or not, as it was believed people might be reluctant to disclose following negative experiences in the past.

'I believe it should be optional to declare whether you've had a mental illness … whether you've had addiction […] *I feel that you have a right that you don't need to disclose that because stigma happens and it can happen in the workplace really bad and it puts you straight back on to benefits.'*

(Participant 21)

Some were also concerned that disclosing their condition meant that they could be encouraged to start seeking work and have their benefits changed before they felt ready to actively start looking for full-time employment. Other participants mentioned not disclosing their history of substance use to Jobcentre Plus staff out of a concern that their benefits would be stopped.

A participant articulated apprehension at talking to the Jobcentre Plus 'about anything' as he was concerned that he would receive less money than the ESA payments he was receiving and be 'forced into a job' which may lead to a relapse. Other participants mentioned not disclosing their history of substance use to Jobcentre Plus staff out of a concern that their benefits would be stopped.

A participant who did disclose their previous history of substance misuse to their employment adviser at Jobcentre Plus also said that the adviser did not 'validate their experience as being real'.

'I was sorry I did that actually … it just felt like once I'd been honest about my past, that I was almost put in a rubbish pile. It was like, "Oh. Right." There was no appreciation of "Actually, what this guy's just done, he's got open and honest and real with me. He's one o' the ones who we need to work with".'

(Participant 22)

Claimants and previous claimants expressed a desire for more privacy when disclosing information about their condition. The lack of privacy caused by the open plan offices and presence of other claimants were suggested as factors that might deter an individual from disclosing.

> *'I think I stopped at that point because it is a sort of open office. It's … The Jobcentre is a sort of … Yeah. It's an open office environment and therefore, you know, there's certain things I feel that I can say in an open space, and other things that I will sort of stop myself from fully explaining, because I don't think it's everyone's right to know, and also there are other clients.'*
>
> (Participant 6)

Claimants and previous claimants also believed that they would feel more comfortable disclosing their substance misuse issues and/or personal and confidential information if more safeguards were put in place. Some claimants' reluctance to disclose their condition was reinforced by their perceptions of staff's ability to apply benefit sanctions.

> *'I don't want the Jobcentre to have that sanctioning right over me where I just feel like I'm trapped like a rabbit in the headlights, coz it's scary when it's like that, and it's like, "I'll just apply for these jobs that I'm not gonna get, just to keep them happy." What's the point?'*
>
> (Participant 21)

Claimants and previous claimants acknowledged, however, that non-disclosure could result in people's addictions and mental health issues being invisible to Jobcentre Plus staff. This, in turn, could lead to staff not having sufficient information to be able to fully support people in finding suitable and sustainable employment. Stakeholders shared similar views and believed that people with substance misuse issues who have not disclosed their substance misuse or personal circumstances and then struggle to meet conditionality requirements could inadvertently be sanctioned incorrectly:

> *'I think for us it's important that if conditionality is applied it's done in a way that someone could achieve what they're being asked to do. I think sometimes when people have conditionality in place and they are sanctioned it's because they were not able to fulfil their conditions so … because of their housing situation that perhaps they haven't talked about or addiction issues.'*
>
> (Stakeholder 4)

Application of sanctions

Having to produce evidence of applying for jobs while in recovery and meeting specific targets to avoid being sanctioned was also something that claimants and previous claimants did not feel was conducive to their recovery or employment outcomes:

> *'When I was on Jobseeker's Allowance, they made my life hell, you know, having to produce evidence of so many jobs that you've applied for – telephone numbers, addresses* […] *which was very stressful if … you know, the state I was in* […] *they could have been more tolerant I suppose, because I was sanctioned when I was on Jobseeker's Allowance because I didn't go to enough interviews* […] *I had to go begging, borrowing, stealing, and I could have ended up in prison because I was sanctioned.'*
>
> (Participant 18)

One participant, volunteering at the time, was not able to provide evidence of looking for employment. The subsequent experience of being sanctioned was described as almost resulting in a return to crime, in order to be able to afford to buy food and toiletries for family members.

There were other instances where the volunteer work that participants were involved in was not recognised by employment services as leading to employment:

> *'I was almost being told it would penalise me, you know? – "You'll get sanctioned. You need to be out looking for a job" – and … and I knew the way I was being told to do it wasn't gonna get me a job, and I … I was one o' the ones who … I really wanted it, and it was so frustrating.'*
>
> (Participant 22)

One participant was volunteering at a charity and looking for paid employment within the organisation, but was still required to access an employment agency once a month for two years. This arrangement was viewed as being counterproductive in helping this individual pursue a career.

4.2 Facilitators to employment

In addition to barriers to employment, claimants, previous claimants, and stakeholders discussed what could help them to find, enter, return to and remain in work.

4.2.1 The role of employers: having the 'right to a past'

As discussed earlier, although in recovery from substance use, claimants and previous claimants felt they were and had been discriminated against because of their history of addiction. There was a perception that employers tend to view past addiction and previous criminal convictions, as being synonymous with 'unemployable'. Claimants and previous claimants argued that this perception needed to be challenged.

> *'There are no perfect people … Everyone's got a past. So I think my message to employers is 'be a little bit more open-minded and have your door a little bit more open', because there are people out there with pasts that will execute jobs spot-on.'*
>
> (Participant 12)

Participants agreed that, if employers could be more willing to employ people with previous criminal convictions and were more transparent about criminal records checks, people would, in turn, be more willing to disclose them (as well as their substance misuse issues).

> *'If there was a more even playing field in the workforce, I think people … would feel more comfortable revealing them. I think in this country, particularly so, we've … we've got a hard job of actually* […] *being accepted with … with any potential previous convictions. And* […] *it's not really helped as well by the increasing use of enhanced disclosures when they may not be needed. Enhanced disclosures which would … which would highlight these … these things are increasingly being used willy nilly … er … when … when they maybe not be appropriate'*
>
> (Participant 14)

It was stated that employers generally lacked awareness of substance use and recovery issues. Participants and stakeholders suggested that employers had a responsibility to learn about alcohol and drug dependency, to better support employees with substance misuse and other interrelated medical conditions.

> *'If other employers, apart from homelessness and drugs agencies, were able to see what the illness is, that it's treatable, and that actually my "here and now" state is what's most important.'*
>
> (Participant 1)

The need for a service helping people with criminal records by providing them with information about employers' checks and disclosure requirements was also discussed.

4.2.2 The role of 'finding the right job'

The importance of those in recovery from alcohol and drug issues looking after their mental health and wellbeing, and not overextending themselves, was stressed by service user participants and stakeholders. It was reported that finding suitable and sustainable work was most beneficial for recovery.

Claimants and previous claimants talked about the type of employment they wanted to do. Many were keen to take the time to find work in more 'meaningful' areas of the job market (for instance providing support/counselling for people experiencing substance misuse issues was mentioned by participants). This was often associated with a concern that returning to unsuitable employment or returning too early in their recovery journey might trigger a relapse.

Finding a nurturing environment

Claimants, previous claimants and stakeholders agreed that finding a nurturing work environment, with varied work tasks, and with opportunities for progression could play a role in assisting and sustaining recovery. In particular, claimants and previous claimants discussed how they would value opportunities for career progression and reaching their full employment potential. They believed this could not only provide them motivation but also increase their self-esteem.

> *'I would like to work in an organisation or in an environment where there were, or do exist, clear opportunities for advancement, so there is a prospect of moving forward and there's also room to move sideways or, you know, cross over into other areas as well, and build networks within* […] *I don't want to get into a role that's just gonna be fixed …'*
>
> (Participant 6)

There was also a widely shared concern that returning to jobs involving high levels of stress might increase the risk of a return to problem drinking or drug use.

The role of part-time work

Claimants, previous claimants and stakeholders strongly believed that pushing somebody who is not ready into full-time employment could lead to them relapsing. Overall, they believed the strain of working full-time could impair their mental wellbeing, which could be fragile.

> *'You wouldn't start from, "Right. You've recovered. You've been clean from drug and alcohol for 2 months. Now go and get a full-time job" because that's more likely to encourage the people that we work with to have a relapse, and things to deteriorate.'*
>
> (Stakeholder 5)

In order to not compromise recovery, claimants, previous claimants and stakeholders were in agreement that flexible working and having the opportunity to work part-time, and therefore work at a 'slower pace' was vital. Taking short-term or part-time work could also be a step towards longer-term employment.

> *'The way I recognise my mental health, I think it'd be best to do a couple o' days a week maybe, or something.'*
>
> (Participant 27)

However, part-time employment could also be viewed as too demanding, with the potential to jeopardise recovery, if the individual was not in a stable phase of recovery.

Finding a job at the 'right time' in the recovery journey

In addition to the type of employment, claimants and previous claimants discussed the importance of the timing of a return to work, expressing a concern over entering employment at a point that might jeopardise their recovery.

While claimants and previous claimants agreed that work could boost their self-confidence, and could help maintain recovery, they also stressed that such work needed to suit their individual needs in order not to risk a relapse. This was especially true if the person was in the early stages of recovery.

> *'When people are working towards recovery, they have to focus on wanting a better life* […] *What you actually want is to be doing a job that you enjoy, and that is meaningful in some way, and makes you feel like part of a local community.'*
>
> (Stakeholder 5)

4.2.3 The role of training and volunteering

Claimants, previous claimants, and stakeholders advocated for people to have time, space and support to develop skills and make considered career choices, including the opportunity to participate in training or voluntary work, when on benefits. They stressed the value of volunteering and training, and their role in helping individuals with substance misuse to enter the labour market, and to boost their self-esteem.

Training and education needs

Claimants and previous claimants stressed the importance of training or education opportunities as these were often effective transitional steps into gaining meaningful and long-term employment.

> *'If they're cutting a lot of benefits out and providing us with tools to educate ourselves or enable ourselves to prosper and go on to new training … that are going to be beneficial, then it's not that bad. If you're cutting benefits off and that's it, there's nothing in place, what's going to happen? Crime!'*
>
> (Participant 13)

In addition to vocational training, participants and stakeholders noted that people required practical employment training, such as advice on CV composition and how to perform at an interview. These types of training were perceived to have the potential to improve individuals' self-confidence in relation to their job searching.

Stakeholders working in employment services explained how they promoted the 'a job, better job, career' mentality among their service users. They also believed that having staff monitoring and acknowledging the milestones their service users would go through (instead of immediately getting a full-time job, engaging in volunteering work or basic skills training) was a very effective way to boost their self-confidence.

Volunteering

Claimants that were out of work, and volunteered, often did so for charities or support groups dealing with people with substance use issues. This was not only viewed as a positive step towards paid employment and a way of 'giving back', but also as a way to assist recovery, especially for those fearful of relapsing who had little structure to their days.

Volunteering was considered to be a good way to challenge the perception shared by some employers that people recovering from drug and alcohol dependence were unreliable.

In addition, volunteering was also reported to be beneficial to one's mental health by boosting participants' sense of self-worth.

> *'When you reach out to other people, and they reach back, that helps you as well, and it sort of gives you counselling … that you need, because you can relate to them and they can relate to you … It's about trying to get people active in … in the community again, because when somebody drinks, a lot … a lot o' the time, they wanna shut themselves away because they, you know, they feel embarrassed or they don't wanna face the day, but getting people out into the community again is … is such a good thing, and that needs to carry on happening more.'*
>
> (Participant 4)

A previous claimant had successfully set up a service where users could run their own volunteering projects, which enabled them to build their CVs:

> *'It's like a win-win situation because once our guys understand how the system works* […] *you become part of your community in which you enjoy certain privileges, then you're more likely to step up to your responsibilities.'*
>
> (Participant 22)

Being given small positions of responsibility, initially, by support services, was mentioned as being extremely beneficial in building up service user's confidence and motivation to continue with their recovery and look for employment.

> *'I was given a key, and all this key did was it opened a security door. You went up some steps to another security door, just into the main building. That key was priceless. For … someone had trusted me to have this key. And I got a badge with my photograph saying 'volunteer', and I've never been as proud in all my life. And, you know, and it went from there. I've done training – countless training.* […] *I've got … accredited certificates in peer mentoring. I've built myself up slowly, and I'm now a peer mentor for* [name of organisation]*, and I … I work part-time for [name of other organisation].'*
>
> (Participant 21)

4.2.4 The role of Jobcentre Plus: the need for more tailored support

Overall, claimants, previous claimants and stakeholders believed that more tailored, personal and person-centred advice from Jobcentre Plus was most beneficial. This included a better awareness of service users' skills, previous work experiences, but also a truer reflection of their interests.

Employment advisers working alongside their service users at the pace preferred by the service user, was viewed as having a positive impact on service users' recovery and employment outcomes.

> *'What I like about the way they approach stuff is … it's not pushed. You're not pushed.* […] *It's not like, "Tomorrow, I want you to do this, and I want you to come back and give me this." d'you know? They've got a lot o' understanding for it.* […] *but I think they are clever.* […] *they'd know if you're capable of them giving you something and say, "Bring it back tomorrow". They'd know if you're capable of doing that, but they'd also know if you're not. So they drop little ideas into your head* […] *and so, slowly, you're getting … you're starting to think about it. Then a few days down the line, it'll be, "Can you bring this in tomorrow?"* […] *Slow … slowly. It's not pushed on you.'*
>
> (Participant 27)

As part of a person-centred approach, claimants expressed a preference to liaise with a single adviser who knew them well.

> *'In the same way that my support worker knows me really well, that there would be enough Jobcentre Plus workers that I could have a bit like a focal worker, but for work, and they actually knew me well* […] *I would love to have a Jobcentre Plus worker who had a sense of me, and then could give me a real tailor-made service of returning to employment.'*
>
> (Participant 1)

Respondents seemed to value building a relationship with a single Jobcentre Plus adviser (and by doing so, not having to provide the same information to many different staff members). They believed that consistent one-to-one support could be especially helpful for people who were not computer literate[10]. There was a view from participants that Jobcentre Plus and the Work Programme relied on voluntary organisations to provide the support that they should be providing, such as teaching claimants how to write CVs, send emails and complete online job applications. It was suggested that online advice sessions (e.g. via Skype) could help liaison with harder-to-reach people.

Accessing specialist advice

Participants felt that a good Jobcentre Plus adviser would be able to provide adequate information about the help that was available or be able to signpost to the appropriate provision and be understanding of the claimant's situation.

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[10] The Work Coach Delivery Model introduced in March 2016, means that claimants remain with a consistent Work Coach throughout their claim.

> '[People] *should be given more consideration, more help, more advice where to get help for their problems* […] *staff who work in offices like that* […] *should have information. They should ask people like what their problems are* […] *nobody's ever asked me* […] *"are you all right?"'*
>
> (Participant 18)

Other potential facilitators to employment included suggestions for more opportunities to give feedback about Jobcentre Plus's service and more opportunities for Jobcentre Plus staff to be aware of such feedback.

4.2.5 Better integration between Jobcentre Plus and drug and alcohol treatment and support services

Better integration between Jobcentre Plus and drug and alcohol treatment and support services was proposed as a way to enable people to be supported in finding and remaining in employment, which matched their individual aspirations.

> *'I would like to see a lot more communication between the DWP and the treatment services* […] *You can tell when people have really got a bad drink problem.* […] *This lady sat at the other end of the counter there saying, "Have you done any work – paid or unpaid – for the last fortnight?" She must know, but all I had to do was sign on and just prove I'd applied for 10 jobs, and that was it.* […] *there's no kind of action from Jobcentre Plus around that, saying, "Look", you know, "I can see that this guy's got a problem", you know? "I could either just let him sign a bit o' paper every fortnight, give him money. I could sanction him, or I could actually try and do something about it".'*
>
> (Participant 16)

Stakeholders spoke about the importance of having strong links with Jobcentre Plus.

> *'If we lose somebody, the chances are they're still going to sign on, so it's another means of picking people up and contacting them … so the relationship with the Jobcentre is essential, and the areas in … where we are more effective is where we have a good relationship with the Jobcentre.'*
>
> (Stakeholder 1)

There was a clear distinction between claimants and previous claimants who had experienced effective interaction between the services they were accessing and those who had not. The latter group thought that more communication between services would have been beneficial for both their recovery and employment outcomes.

Claimants and previous claimants perceived that Jobcentre Plus should/could have followed up with the treatment services they were also using, especially in cases where an employment adviser may have concerns about their service user's drinking or drug use. However, there were also participants who thought that the interaction between the employment services and treatment services they used was active and effective. One participant explained how the education and training department of a drug and alcohol treatment service had good links with Jobcentre Plus; an adviser from the treatment service would spend half a day a week at Jobcentre Plus helping their claimants with job searching, filling in forms or interviews.

Building relationships

Claimants, previous claimants, and stakeholders outlined the features of what they envisaged better integrated services would resemble. Firstly, Jobcentre Plus advisers and treatment professionals should speak to each other to understand fully what types of goals they were both setting with clients, to ensure they are mutually supportive and not at odds with each other. Secondly, more integration could enable Jobcentre Plus advisers to signpost their clients to relevant services.

Locating outreach teams within Jobcentre Plus was suggested as an efficient way to get people with drug and alcohol dependency issues to access treatment. It was suggested that Jobcentre Plus advisers should visit treatment providers to give confidential advice about the range of benefits, entitlements, and how to apply for them. Similarly, it was perceived that organisations leading Work Capability Assessments could benefit from working closely with treatment providers so they could be fully aware of a service user's medical condition.

Stakeholders also suggested that integrating treatment and employment services with housing associations would better support people into recovery and stable employment.

> *'I think there's an argument to say we could do a lot more with housing associations. You know? It's another cornerstone of somebody's recovery, isn't it? Having secure accommodation. I would like to offer more, but it's a resource issue really.'*
>
> (Stakeholder 1)

Overall, it was believed that stronger links between Jobcentre Plus, housing associations, social care and mental health services, may lead to providing better and more consistent care for service users with more qualified staff dealing with service users' complex health needs. It was felt that having strong links between Jobcentre Plus and such organisations was extremely beneficial in making Jobcentre Plus staff aware of the services available in their local area to their service users. However, due to the number of services available in some areas, it was felt that in some cases, the responsibility would sometimes fall on a client's key worker to 'connect and build relationships with other organisations on a one-to-one basis', as proposed by a stakeholder.

5 Conclusion

This report presents the findings of a qualitative study aiming to explore the experiences of individuals with substance misuse issues when they seek to enter, return to and/or remain in work. The research involved in-depth interviews with claimants and previous claimants that had experienced alcohol and drug misuse, and stakeholders working in substance use recovery organisations in the community.

A total of 26 in-depth interviews were conducted, comprising 19 participants with a history of substance use, two participants with obesity issues (not included in this report, as discussed in Section 1.3.3) and five stakeholder interviews with staff members working within organisations whose services provide support to people with a history of substance misuse. It is important to point out that the views of the participants were not intended to be representative of wider populations. However, the key themes across participants were resoundingly similar, providing a measure of confidence that findings will resonate across the wider population.

Firstly, it was apparent that according to those interviewed for this study, claiming benefits did not affect participants' motivation to pursue employment opportunities that they believed to be suitable for them. However, participants were keen to stress that, depending on their stage of recovery, working full-time or in a demanding job had the potential to lead to relapse. Working was perceived as a major priority, but only if the person's health and circumstances allowed it at the time. Participants felt that the benefits system had the potential to play a major role in helping people to enter the working environment, or return to work by providing them with stability (both financial and mental), and also the opportunity to volunteer and upskill.

Although all agreed that employment could play a key role in supporting recovery, participants argued that undertaking suitable and sustainable employment and having ongoing support for physical and mental health problems was most beneficial for recovery. There was a clear consensus about the importance of employment flexibility (and notably the opportunity to work part-time and short-term) to ensure that recovery is not compromised. Participants believed that alcohol and drug dependent people in treatment should have time, space and support to develop skills and make the right career choices, particularly through training and volunteering.

Claimants, previous claimants and stakeholders felt that access to specialist treatment services was important for those in recovery seeking to re-enter the workplace, as it was stressed that substance misuse issues were closely related to mental health problems and underlying personal problems.

They believed that a user-centred approach, whereby service users were involved in the design and delivery of the addiction treatment services provided and whereby Jobcentre Plus staff could provide tailored one-to-one support, was key to recovery and the most likely way to yield future success. To augment this, the use of peer mentors was also highlighted as their influence in supporting treatment and modelling a successful recovery was widely praised. They were viewed as having credibility in that they had experienced similar issues and were now in recovery, and, when they offered support, the service user participants trusted them and were willing to heed their advice.

Claimants, previous claimants and stakeholders identified a number of barriers to employment and also to access of support services, after reflecting on the poor employment outcomes for a number of alcohol and drug dependent people in treatment.

Participants and stakeholders perceived that disclosure of prior convictions was a significant barrier to finding sustainable employment. Participants argued that, if employers showed themselves more willing to employ people with previous criminal convictions, they would, in turn, be more willing to disclose both these convictions and their substance misuse issues. These concerns increased the sense of stigma and low self-esteem among those with such convictions, and some participants claimed that in such circumstances they had resorted to being dishonest in order to gain employment. More generally, participants also stressed that employers had information needs in relation to drug and alcohol dependency issues.

In addition, the level and standard of support received from Jobcentre Plus staff came in for much criticism. Participants felt that Jobcentre Plus staff members lacked the requisite knowledge of individuals and their underlying conditions, lacked the knowledge and expertise of peer mentors, and were overly interested in getting people back to work regardless of consequences. Other criticisms were aimed more at the wider service, with participants recognising that Jobcentre Plus staff themselves operated within certain constraints. Jobcentre Plus was described as being bureaucratic, with staff changed constantly resulting in it being difficult to liaise with a single adviser (perceived as the ideal), and the offices not being appropriate for confidential conversations.

Therefore, claimants, previous claimants and stakeholders from the support organisations argued for more tailored, personal and person-centred advice. This included:

- a better awareness of people's skills, previous work experiences but also their interests;
- being able to liaise with a single adviser;
- the fostering of a safe, confidential environment encouraging disclosure; and
- a better staff awareness of substance abuse dependency and its implications on people's health[11].

Overall, participants believed that Jobcentre Plus advisers needed the skills to recognise signs of drug and alcohol use, and to be able to facilitate a discussion about a claimant's dependency. Paramount to this was good partnership working between Jobcentre Plus and treatment providers in order to address the employment-related needs of alcohol and drug dependent people, and to contribute to positive employment and recovery outcomes.

Claimants and previous claimants who gave their views in this qualitative study were clearly not averse to certain types of work, although many acknowledged that they were not able to sustain employment until they had entered a more stable period of recovery. Indeed, when they were in recovery, they argued that work was vital, had a positive impact on self-esteem, and could help maintain the recovery if it was appropriate for the individual.

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[11] It should be noted that the introduction of the Work Coach Model, (implemented in all Jobcentre Plus' by March 2016), whereby claimants remain and build a personalised relationship with a consistent Work Coach throughout their journey, should provide many of the features identified above.

This work, though, could be voluntary, part-time and flexible to the person's needs in order not to risk a relapse, particularly if the person was in the early stages of recovery. As such, the consensus was that benefits could be helpful in terms of achieving and sustaining recovery, and making it more likely that the person in recovery would have the capacity to return to meaningful and sustainable employment in the future.

Appendix A
Information letter for participants

Dear Sir/Madam,

Dame Carol Black Review

We are writing to ask for your help with an important study. Professor Dame Carol Black is carrying out an independent review into how best to help benefit claimants with the potentially treatable conditions; obesity or drug and alcohol issues, back into work. NatCen Social Research has been commissioned by the Department for Work and Pensions (DWP) to find out the views of claimants with these medical conditions, both in an out of work, in order to inform Dame Carol Black's review.

You have been selected for this study because you are thought to be able to give valuable information about what it is like to live with one of these conditions and receive benefits, both in and out of work.

If you are willing to take part in this study, please either contact NatCen directly (see email address and phone number at the end of this sheet) or ask for your contact details to be passed on to NatCen's research team.

If you agree to take part, a NatCen researcher will contact you by phone or email in the very near future. He/she will arrange a convenient time to interview you in person (or by phone if you prefer). The interview will cover issues such as your experience of work or unemployment, how your condition has affected this and your view of the services you have been in touch with. The interview will take about 45 minutes to 1 hour to complete.

We are extremely grateful to everyone who takes part in the study. We will offer a £20 High Street voucher to those that agree to be interviewed.

If you have any questions about the study please call on 0131 240 0210 (ask for Lesley Birse, Susan McConville or Andy MacGregor) or email us at: cbreview@natcen.ac.uk. If necessary, please leave us a message with your name and contact details so that we can call you back. More information is provided overleaf.

Thank you for your help.

Yours sincerely,

Andy MacGregor
Group Head of Health Policy Research

Is the study confidential?

Your data will be treated as confidential according to the Data Protection Act. We will store it safely, we will not share your personal data with anybody outside the research team, and nobody you know will be aware of what you told the researcher.

How was I selected for the study?

You were selected as you were known to have views which are relevant to inform Dame Carol Black's review. NatCen has asked professionals and voluntary staff across Britain to invite those with obesity, alcohol or drug issues, receiving benefits and in and out of work, to take part in the review.

Who is carrying out the study?

NatCen Social Research, an independent research company and a charitable trust, has been asked by the Department for Work and Pensions (DWP) to find out the views of claimants with obesity, drug or alcohol issues. You can find out more about NatCen by going to our website (www.natcen.ac.uk).

What is the study about?

Professor Dame Carol Black is carrying out an independent review into what it is like for benefit claimants, with obesity or drug and alcohol issues, to find and stay in work, or be out of work. The findings from our study will provide important information about the impact of these conditions on individuals, both in and out of work. It will help raise awareness of the issues these individuals face which future campaigns should be able to address.

Do I have to take part?

Taking part is entirely voluntary, but we very much hope you will find the time to contribute to this important research. Also, you are able to withdraw from the interview at any time, or refuse to answer particular questions. The interviewer will check with you that you agree to take part at the start of the interview, and that you give your consent for the interview to be digitally recorded. Those who agree to take part will receive a £20 high street voucher, redeemable in most shops (it cannot be used to purchase tobacco, alcohol or gambling products).

Can I speak to somebody about this?

If you have any queries or would like to discuss the study, please phone 0131 240 0210 and ask for Lesley Birse, Susan McConville or Andy MacGregor. Alternatively, leave your name and telephone number, and we will be happy to call you back to answer any queries you may have. Or, please email us at: cbreview@natcen.ac.uk and we will respond as soon as possible.

Appendix B
Topic guide for claimants

Key aims of the interview:

- To explore the **employment history** of the claimant and the perceived impact of both the condition (obesity, drug and alcohol issues) and receiving benefits in terms of employment.
- To ascertain how and when those experiencing the three potentially treatable conditions **currently access medical help and specialist employment support, and how well these services interact.**
- To find out if the **medical/specialist employment services are effective in helping claimants look for and find sustainable work.**
- To explore what circumstances have led to different pathways of employment, and different employment outcomes.
- To identify **what some of the barriers are to accessing effective healthcare or specialist employment support**, and how this may be overcome.
- To identify **what, if anything, would help these claimants find, enter, return to and remain in work.**

Introduction

Explain who we are

NatCen is an independent social research organisation and has been commissioned by the Department for Work and Pensions (DWP) to find out the views of claimants with a range of medical conditions, both in and out of employment, in order to inform Dame Carol Black's review (see covering letter).

Explain voluntary nature of participation

- Taking part is completely voluntary, and will not affect benefits in any way.
- You can stop the interview at any time.
- If you don't want to answer a question, that's fine too.

Explain interview format

- Mostly open questions.
- When we're asking them questions, there are no right or wrong answers – emphasise that it is not a test; we're just interested in their perspective.
- If there are any questions they feel unable to answer, that's fine.
- Timing of interview (45-60 minutes).

Recording of Interview

- Digital recording of interviews – check they are happy with this. Just to save taking notes and make sure we have an accurate record of what they've told us.
- Report, use of quotations, anonymisation – we won't use names in any report.
- If there is anything they don't want included or quoted that's fine – they can just let us know.

Consent

- Check that the participant has read the information sheet.
- Make sure to record verbal consent on the digital recorder.
- Check if respondent has any questions?
- Check if happy to proceed?

DIGITAL RECORDER ON

- Record your introduction (although this can be done later).
- Confirm that we've explained to them:
  - what the interview is for;
  - that taking part is voluntary;
  - that we would like to record it; and
  - that we won't use any names in reports.
- Ask them to confirm they're happy to proceed.

1. Intro and key background info

AIM: (BRIEFLY) Find out if they are **currently in or out of employment**, what **benefits** they are receiving, a **brief history of their condition** and what **services they have been in contact with** due to this, what other services they are in or have been in contact with, etc. The detail will be addressed in later sections. If possible, we hope to have a basic **pathway** covering the recent past (at least) in terms of their health condition, employment and benefit histories.

- Age, current living situation, familial links etc.
- **Employment:** Presently in or out of work? (follow-up on nature of job, how long employed for, full-time versus part-time, self-employed or not, if it appears to be sustainable (e.g. not short-term contract, low pay, etc);
  - If **unemployed** for how long, previous employment (if relevant), including timing.
- **Benefits:** Which benefits they receive, for how long, any recent changes.
- **History of drug, alcohol or obesity issue:** A brief overview of the relevant condition and any treatment, how long they have had it, any related conditions, contact with health services, etc.
- (Recent) **contact with specialist services** and support groups (e.g. employment services, Jobcentre Plus, support groups for their condition).

2. Experience of employment/unemployment

Due to time constraints, it is advisable to **focus on most recent employment history**, if possible. However, if the interviewee wants to address other specific times of importance/ crisis these may be explored too.

You said that you were currently employed/unemployed. We now want to explore this in more detail.

Thinking of your current job (if unemployed: most recent job, if applicable):

- What do/did you like best about it? What do/did you like least about it?
- How did you come to get this job? What factors assisted you?
- Treatment – had you completed it or were you still in treatment when starting your job?
  - Did this affect your chances of getting a job in any way?
- Is your employer aware of your current condition, and its history?
  - Did you tell them? If so, what was the response?
  - If you didn't tell them, why not?
  - How supportive has the current employer been of your health condition?
- Did you encounter any difficulties with the recruitment process for this job or any others you applied for (Probe around **disclosure issues**)?
- If applicable: why are you no longer in this job?
- What, if anything, happened to the benefits you are/were on when you took this job?
- Would you like to stay in this job in the longer term? If so, why? If not, why not?

If long-term unemployed (c >2 years):

- Have you been for any job interviews recently? If not, why?
- When did you last apply for a job?
- Have you taken on any voluntary roles? Is it something you'd consider?
- Do you think you are able to work at present? If not, why not? (Probe if this is due to condition or to other factors too)
- Have you spoken to your GP or Jobcentre about this?
- Would you like to take up employment in the future, if possible? (If no – what would cause you to reconsider?)

3. Role of specialist services

AIM: To see if these services have helped individuals in terms of their health and/ or their employment. Also to see **how well these services are integrated** with each other, and to see what the **perceptions of the claimants are towards the function and performance of these bodies.**

How do those experiencing drug, alcohol or obesity issues currently access:

(a) Medical help?

(b) Jobcentre Plus?

(c) Specialist employment support (e.g. Work Programme/Work Choice)?

Find out which services the claimants tend to deal with most regularly. Also:

- When do you access specialist services?
  - What motivates or has encouraged you to access these services?
  - How did you become aware of these services?
- How well do these services interact with each other, if at all?
  - How well are the services set up to help you to improve their employment and/or health outcomes at different points of job searching/job retention?
  - Did they have any impact on your confidence and motivation to work?
- How have these different service maintained contact with you?
  - How do these services interact and communicate with you at different points of contact, including follow-up correspondence (e.g. confirming and checking your ability and willingness to work, if relevant, and type of work of interest)?
- To what extent do you think these services are effective in helping people with conditions like yours look for and find sustainable work?
  - Why are these services effective or ineffective? What could help improve their effectiveness?
- Do you think you are aware of the purpose of each service you have had contact with?
  - Do you think they understand the needs of people with your condition?
- What impact, if any, have these services had on the benefits you receive or used to receive?
- Just to check: have you had any contact with Jobcentre Plus or specialist employment services? If so:
  - How did you become aware of these services?
  - When did you access them?
  - What, if anything, encouraged you to access these services?

  - What did Jobcentre Plus do for you?
  - Did you make Jobcentre Plus aware of your health condition? If 'yes', what was the outcome? If not, why not?
- Have you had any sanctions applied to you by the Jobcentre Plus and Work Programme?

If yes:

  - Why did this happen in your case? What was the impact, if any, on you?
  - Did you think this was fair or unfair?
  - Why do you think the Jobcentre Plus and Work Programme apply sanctions?
- Overall, what impact have these services had on your employment and health outcomes?
  - Do you think they have they led to different employment and/or health outcomes?

4. Barriers and facilitators

AIM: To explore what might help the individual's employment prospects and/or health-related outcomes.

To all interviewees, employed or unemployed:

What do you think are the most important factors, if any, that would assist you to:

- Find employment?
- Remain in employment (emphasise a job he/she would be happy in and would be good for their physical and mental well-being)?
- Develop a career in the future?

To interviewees **who are or have been unemployed**:

- What things, if any, help your physical and/or mental health and overall wellbeing when you are out of work?

To all interviewees, employed or unemployed:

What do you think are the most important factors, if any, that make it difficult for you to:

- Find employment (alcohol/drugs: probe about disclosure of such issues)?
- Remain in employment (emphasise a job he/she would be happy in and would be good for their physical and mental well-being) (alcohol/drugs: probe about disclosure of such issues)?
- Develop a career in the future (alcohol/drugs: probe about disclosure of such issues)?

To interviewees **who are or have been unemployed**:

- What things, if any, do you think make it most difficult for you to maintain your physical and/or mental health and overall wellbeing when you are out of work?

5. The future

As you may know, Dame Carol Black's Review is looking at how best to support benefit claimants with potentially treatable conditions (obesity or addictions to drugs and alcohol), back into work.

Thinking of benefits you are receiving or used to receive:

- What, if anything, did you like best about receiving these benefits?
- What, if anything, did you like least about receiving these benefits?
- Overall, do you think these benefits have had a good, bad or no impact on your health?
- Overall, do you think these benefits have had a good, bad or no impact on your employment outcomes?

What, if anything, do you think would help you to find or remain in employment in the future?

(PROBE: role of specialist support services, health and employment agencies, benefits, etc.

Alcohol/drugs interviewees: probe about ways of making disclosure easier)

Is there anything you have not said as yet that you would change about the current system which would make it more likely that people with your health conditions would find and/or stay in employment? If so, what?

Ending the interview

- Anything you feel we've not covered that you want to add?
- Thank them for their time.
- **Check if there was anything in the interview that they would prefer wasn't quoted.**

Appendix C
Topic guide for service delivery staff

Key aims of the interview:

- to explore how the participant's service works with service users receiving benefits and with the relevant conditions;
- to explore the participant's perceptions around the suitability and appropriateness of their organisation for service users receiving benefits and with the relevant conditions;
- to find out the participant's views on how well their organisation is integrated with other services and what improvements could be made in the future; and
- to identify what helps or hinders claimants with the relevant medical conditions to find/ remain in sustainable employment.

Introduction

Introduce yourself and Natcen

Introduce the study

We have been commissioned by the Department for Work and Pensions (DWP) to find out the views of claimants with a range of medical conditions, both in and out of employment, in order to inform Dame Carol Black's review.

In addition to claimants' views, we want to gather the experiences of service delivery staff to understand staff perspectives. To do so, we are conducting interviews with a number of specialist support staff.

The interview will last between 30 and 45 minutes.

Explain voluntary nature of participation

- Taking part is completely voluntary.
- You can stop the interview at any time.
- If you don't want to answer a question, that's fine too.

Explain interview format

- Mostly open questions.
- We're just interested in your perspective.
- If there are any questions you feel unable to answer, that's fine.
- Timing of interview (c45 minutes).

Recording of Interview

- Digital recording of interviews – check you agree. Just to save taking notes and make sure we have an accurate record of what they've told us.
- Report, use of quotations, anonymisation – we won't use names in any report.
- If there is anything they don't want included or quoted that's fine – they can just let us know.

Consent

- Check that the participant has read the information sheet (sent via email).
- Make sure to record verbal consent on the digital recorder.
- Check if respondent has any questions?
- Check if happy to proceed?

DIGITAL RECORDER ON

- Record your introduction (although this can be done later)
- Confirm that we've explained to them:
  - what the interview is for;
  - that taking part is voluntary;
  - that we would like to record it; and
  - that we won't use any names in reports.
- **Ask them to confirm they're happy to proceed**.

1. Background

Aim: to explore the role and background of the participant, and to understand the service delivered by the organisation and its core users.

- Ask to describe current role:
  - role in the service they work and length of time been with service;
  - information about the service in which they work;
  - previous experience and training; and
  - anything else they think is important (caseloads, resourcing etc).

2. Detailed exploration of service users and implications for service

Aim: to explore the characteristics of their service users and how this determines the delivery of their service.

NB – some information regarding this may have been shared in the background section.

(For this section, ask participants from support agencies/services to focus specifically on the service users who have conditions such as obesity or addictions to drugs and alcohol)

- What are the characteristics of your service users?
- Accessing the service:
  - How service users access the services: what are the referral pathways?
  - Access issues (location, opening hours, available support, etc.)?
  - Challenges in reaching harder-to-reach groups?
  - Good practice in reaching the target groups?
- Maintaining contact with the services/support they provide to service users:
  - How do you maintain contact with service users?
  - How do you interact and communicate with service users at different points of contact?
- To Jobcentre Plus staff/employment services if relevant – do your users tend to disclose their health conditions? Why do you think some people don't?
- **Overall, what do you think are the barriers to accessing healthcare and specialist employment support? How this may be overcome?**

3. Appropriateness/Suitability of services to users

Aim: to explore perceptions around the suitability and appropriateness of service for people with the relevant medical conditions.

NB – depending on which organisation the participant works for, this section may focus on **health outcomes** (support organisations and medical help), or **employment outcomes** (Jobcentre and specialist employment services).

- How **suitable** are your organisation's services for service users with conditions such obesity or addictions to drugs and alcohol?
  (ask participants if they have specific examples in mind)
- What could be done to **improve accessibility** of the service specifically for the service users with conditions such obesity or addictions to drugs and alcohol?
- What could be done to **improve the experience** of the service specifically for the service users with conditions such obesity or addictions to drugs and alcohol?

- **Interaction** with other services
  (ask interviewee to distinguish between **simple interaction** (i.e. talk to each other) and **integration** (i.e. stronger link/whether any of the organisations have a more embedded employment model)
  - Do you interact with other services (support organisations and medical help, Jobcentre and specialist employment services)?
  - Which ones?
  - How important to do you think this is?
- Overall, how **effective** do you think your organisation is in helping service users with conditions such obesity or addictions to drugs and alcohol **to look for and find sustainable work?**
  (ask interviewees if they have specific examples in mind)

4. Barriers and facilitators

AIM: to explore what might help the individual's employment prospects and/or health-related outcomes.

- What are the **barriers** for your service users with conditions such obesity or addictions to drugs and alcohol to find work? Return to work? Remain in work? Find sustainable employment?

  (ask interviewees if they have specific examples in mind)

  (ask open question and then prompt)
  - Employers' attitudes?
  - Disclosure?
  - Types of jobs offered?
  - Lack of ongoing support?
  - Being on benefits?
  - Staff (inexperience, lack of empathy)?
- What would **help** service users to find work? Return to work? Remain in work? Find sustainable employment?

  (ask open question and then prompt)
  - Employers' attitudes?
  - Disclosure?
  - Ongoing support?
  - Tailored support?
  - Training/career opportunities?

  - Not being forced into any job?
  - Benefits (conditional to receiving medical treatment)?
  - Better trained staff?
- What things, if any, could help unemployed service users' **physical and/or mental health and overall wellbeing** when they are out of work?

Ending the interview

- Anything you feel we've not covered that you want to add?
- Thank them for their time.
- **Check if there was anything in the interview that they would prefer wasn't quoted.**

Close

i. Reassure regarding confidentiality and anonymity.

ii. Check to see if participant has any further questions.

iii. Inform participant of next steps of research.

iv. Thank participant for his/her time and ensure he/she has research team contact details.