Drug and alcohol proof of concept evaluation, and wider approaches to supporting clients with a dependency

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Introduction

In spring 2013, the Department for Work and Pensions (DWP) commissioned IFF Research Ltd to conduct a qualitative evaluation of two Work Programme (WP) proof of concepts (PoC) intended to better support individuals with a drug and/or alcohol dependency into employment. This report describes research covering the following two areas:

- 'Recovery Works' (RW) ran from April 2013 to March 2015 and sought to test the impact of awarding Work Programme Providers (WPPs) an additional job outcome payment of £2,500[1] per participant achieving sustained employment; and

- 'Recovery and Employment' (R&E) ran from April 2013 to March 2016 and sought to test the impact of the DWP encouraging closer working relationships between WPPs and Support Providers (both Treatment Providers and Specialist Treatment Providers).

In addition, in summer 2014 the DWP commissioned further research in *non-proof of concept* areas to obtain a broader, national picture of relationships between employment support and treatment providers; and of approaches to supporting clients with a dependency.

This was achieved by interviewing a range of stakeholders – WPPs, Treatment Providers, Local Authorities and Public Health England (PHE) representatives.

This report brings together the findings from the studies.

The drug and alcohol proof of concept evaluation – Key findings

There were instances of the PoC drawing attention to a 'hard to help' client group and creating scope for the WPPs and Support Providers to speak to each other about clients. Where increased communication about the client was adopted, it:

- Reduced clashes between WP activity and treatment and/or helped avoid directing clients towards inappropriate job roles (which could have jeopardised their recoveries).

- Allowed the WPP to reach out via the Treatment Provider to re-engage disengaged clients.

In addition, trialling co-location on WPP and Treatment Provider premises led to increased client referrals.

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[1] This was increased to £5,000 per participant in one of the contract areas.

Overall levels of participant referrals to the PoC were low, and in consequence job starts and sustained employment outcomes were also low. There were a number of lessons learnt from this:

- **Relationships between WPPs and Treatment Providers were critical in delivering the PoC**. It was challenging to initiate constructive working relationships when existing relationships were mixed, and on occasion did not exist at all, when the PoC were introduced.

- **Personal motivation and quality of relationships were more effective in driving PoC activity than financial incentives**. Incentives based on additional job outcome payments had made little difference because achieving job outcomes with this client group was felt to be too remote for enhanced payments to be motivating. The R&E concept (encouraging closer working relationships) was therefore more effective in driving collaboration than the RW payment-based model.

- **Diagnostic interviews by Work Programme providers at the start of engagement are not always reliable in identifying dependency. Building trust is critical to identifying dependency-related needs, while improved data sharing would assist with identification and remove the need for clients to broach a difficult subject**. Jobcentre Plus, WPPs and Treatment Providers tended not to systematically share this data when referring clients on to each other, and clients were initially reluctant to disclose their dependency to a stranger.

- **Where adopted, a 'default' referral model[2] led to increased referrals**.

- **Ideally WPPs would be better equipped to articulate the benefits of participation**. Once eligible participants were identified, it was difficult to 'sell' the idea of participating in the PoC because the intended benefits were too intangible/subtle.

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[2] This involved clients identified as having a dependency being directed towards participating by default, with the ability to 'opt out', rather than being asked if they wished to 'opt in'.

- **There is a need for clarity around who is responsible for delivery**. WPP proof of concept leads and PHE representatives felt unclear about who was accountable for delivering the proof of concepts and there was a perception that more high-profile leadership across Jobcentre Plus and Work Programme providers might have helped sustain joint working to deliver the proof of concepts.

Understanding wider approaches to supporting clients with a dependency – Key findings

Most stakeholders thought supporting clients with a drug/alcohol dependency into employment was a high priority for their organisation. There were very mixed views regarding whether this client group was being effectively supported into employment in practice: some felt these clients were being effectively supported; others did not.

Stakeholders cited the following as examples of 'what currently works':

- Early signposting of individual clients to other agencies, and formulating a tailored action plan for the individual.

- Use of one-to-one sessions to encourage client candour in a more private setting, as well as group work to promote client social skills and reduce isolation.

- Reducing clashes between employment support and dependency support – this is consistent with the PoC findings.

- Using volunteering and work experience to build client self-esteem, confidence and routines.

There were mixed views regarding contact and collaboration between the employment support and dependency support sectors and most felt that barriers exist between the two organisations. Most Employment Support Providers attempted to track client dependency and most Treatment Providers attempted to track engagement with the employment support sector.

The ability of Employment Support Providers to tailor their support to clients with dependencies was perceived to be severely limited by a lack of client willingness to disclose their dependency – with stigma being the key perceived barrier.

Stakeholders suggested that future delivery should involve increased:

- **Use of co-location** of employment support and treatment services and increased ability to have specialist staff on site.

- **Recognition of distance travelled** in commissioning and performance monitoring of services.

Conclusions

The key conclusions that can be drawn from these two strands of research are:

- Close collaboration between providers in the employment support and dependency support sectors can bring positive outcomes for clients by helping to ensure that their preparation for employment does not adversely impact on their treatment/recovery from addiction and vice versa.

- Personal motivation and quality of relationships were more effective in driving joint-working between the employment support and specialist support sectors activity than financial incentives. Enhanced job outcome payments to WPPs alone (whether the 'standard' £2,500 or the increased £5,000 additional payments achieved on securing job outcomes) are not sufficiently motivating to achieve employment outcomes, or sustain joint-working between the employment support and specialist support sectors.

- Some of the challenges for employment and treatment services building up constructive working relationships with each other, and with clients, were attributed to staff turnover within Work Programme providers and dispersion of claimants across Work Coaches and WPP teams. Therefore there may be an argument for more widespread use of 'expert' teams within the WP to assist clients with Drug and Alcohol dependency issues. This would reduce the numbers of staff that need to be equipped with the skills to offer suitable support to these claimants.

- Encouraging clients to disclose their dependency is a challenge. Clearer guidance over the data protection issues around disclosing that clients have dependencies could prevent the need for clients to repeatedly disclose their situation.