



***National Treatment Agency  
for Substance Misuse***

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**Planning, commissioning and delivering  
the training and employment pathway for  
problem drug users**

Developing practice for drug partnerships,  
Jobcentre Plus and drug treatment providers

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## **The National Treatment Agency for Substance Misuse**

The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by government in 2001, to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

Treatment can reduce the harm caused by drug misuse to individuals' well-being, to public health and to community safety. The Home Office estimates that there are approximately 250,000–300,000 problematic drug misusers in England who require treatment.

## Executive Summary

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The national drug strategy for 2008-18, *Drugs: protecting families and communities*<sup>1</sup>, identifies the overall ambition for treatment as helping individuals overcome drug dependency, enhance their life experiences, improve the contribution they can make to the community, and minimise the risks they pose to themselves and others. Training, skills and employment opportunities are central to the achievement of these ambitions at an individual level and at a drug treatment system level.

This document has been updated since the original publication in January. This has provided the opportunity to revise references to the referral pathway process in light of recent changes announced by Jobcentre Plus. This updated document also incorporates information with regards to travel expenses to a treatment assessment, references to support available to ensure individuals are rarely better off on benefits than in work and a high level Jobcentre Plus process map to clarify the voluntary referral pathway to a treatment assessment.

More generally this document provides advice on practice development for all those involved in the planning, commissioning and delivery of drug treatment services for problem drug users. It aims to highlight the elements of clear and effective referral pathways between drug treatment and employment services, clarifying the respective roles and responsibilities of the treatment sector, Jobcentre Plus advisers and new Jobcentre Plus drug coordinators to be based within Jobcentre Plus and funded by the Department of Health. It suggests areas that might benefit from local protocols and processes in relation to:

- Information sharing, confidentiality and feedback mechanisms
- Strategic arrangements at a local level between drug partnerships and Jobcentre Plus
- Screening and referral pathways from Jobcentre Plus to drug treatment providers
- Care and social reintegration planning by drug treatment providers throughout the treatment journey, in partnership with Jobcentre Plus where appropriate
- Development of local arrangements for performance monitoring and management.

To deliver one of the drug strategy commitments, from 27 April 2009 if a benefit claimant in receipt of Jobseeker's Allowance (JSA) or an individual in receipt of Employment Support Allowance (ESA) discloses that opioid and/or crack cocaine use is a barrier to work the Jobcentre Plus adviser will discuss with the client whether an initial appointment with a local drug treatment provider is appropriate, and if so, make a referral.

Jobcentre Plus will be seeking confirmation from affected clients that they have indeed attended that appointment. However, where clients consent, transfer of information back to jobcentre plus by treatment providers may help both parties provide a more joined-up and client-focussed service. It is therefore suggested that drug partnerships, providers and Jobcentre Plus work together to agree local information-sharing protocols.

Once the forthcoming Welfare Reform Bill has been introduced and necessary regulations have come into force, ESA and JSA clients whose opioid and/or crack cocaine misuse is a barrier to work, may be mandated to attend an initial appointment with a local drug treatment provider if this is not agreed to on a voluntary basis.

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<sup>1</sup> HM Government (2008), *Drugs: protecting families, and communities*.

These are the only immediate changes regarding drug users and their benefits. Further changes – as outlined within the Welfare Reform White paper *Raising expectations and increasing support: reforming welfare for the future*<sup>2</sup> – will be piloted in 2010-11 and 2011-12 to test their effectiveness, meaning that any further changes will depend on the results of these pilots.

# 1 Overview

## 1.1 Drug strategy 2008-18

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The national drug strategy for 2008-18, *Drugs: protecting families and communities*<sup>3</sup>, has placed community reintegration at the centre of work to reduce the harm problem drug use causes to individuals, their families and wider local communities. A central aim, as part of this work, is to take “a radical new focus on services to help drug users to re-establish their lives”. This includes ensuring that the “benefits system supports our new focus on reintegration and personalisation... to ensure that it provides the right level of support and creates incentives for people with drug problems to move towards treatment”. The drug strategy makes a commitment to provide advice on practice regarding securing treatment and support to access employment for problem drug users in receipt of benefits. This includes:

- Referral of problem drug users<sup>4</sup> in receipt of benefits into treatment
- Joint planning by drug partnerships and Jobcentre Plus to coordinate the management of problem drug users through treatment and into work.

Further to this, the strategy requires:

- Annual agreement between drug treatment providers and Jobcentres to be reached on cross-agency support for drug users in receipt of benefit
- Drug misusers claiming working-age benefits to attend a discussion with a drug treatment provider, where they are not already in contact. This measure will be introduced in two stages:
  1. Voluntary offer to attend a discussion from 27 April 2009
  2. Followed by a mandatory referrals to attend a discussion with a treatment provider (if a voluntary agreement can not be reached) once the Welfare Reform Bill has achieved Royal Assent and necessary regulations have come into force.

There have been questions raised as to whether the current economic climate means that such changes are poorly timed. In fact, a strong case can be made that the timing is appropriate for the following reasons:

- In a time of economic downturn, there will be even more onus on benefit claimants to do everything they can to look for work. If problem drug users are not identified as such then Jobcentre Plus will be less able to personalise and tailor support to their particular needs
- ‘Parking’ this group during the period the economy recovers means that they will have no support in the meantime to turn their lives around; this could

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<sup>2</sup> Department for Work and Pensions (2008) *Raising expectations and increasing support: reforming welfare for the future*.

<sup>3</sup> HM Government (2008), *Drugs: protecting families, and communities*.

<sup>4</sup> For the purposes of this guidance, ‘problematic drug user’ is defined as someone misusing or dependent upon illicit opioids and/ or crack-cocaine – although this guidance is of equal relevance for people experiencing problems with other illicit drugs.

allow the problems of this already marginalised client group to become even more entrenched.

There is a widespread misapprehension that individuals are better off on welfare benefits than they would be in work. This is rarely the case. There is a broad range of provision available to benefit customers to support them as they move into, and during their first weeks in employment, as well as longer term in-work benefits. Jobcentre Plus Customer Advisers are able to give an individually tailored 'better off in work' calculation, which demonstrates how much better off a customer would be in work, taking into account the support and provision available locally and the individual's entitlement to in-work benefits.

## **1.2 Raising expectations and increasing support: reforming welfare for the future**

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On 21 July 2008 the Department for Work and Pensions (DWP) launched a Green Paper on welfare reform<sup>5</sup>. The Green Paper made a number of recommendations to simplify the benefits system and deliver greater and more personalised support with the expectation that everybody who can work should work, excluding the most severely disabled. The Green Paper set out a range of options to simplify the benefits system – moving towards a more streamlined system based on just two working age benefits:

- ESA for those who have a medical condition which prevents them from working
- JSA for everyone who is fit to work. This is to ensure that for most people out of work benefits are only temporary.

These proposals have been developed further in the subsequent White Paper<sup>6</sup> *Raising expectations and increasing support: reforming welfare for the future*.

Specific proposals in the White Paper regarding problem drug users include:

- A new drug and employment support programme will be developed to provide integrated and personalised support for problem drug users on JSA or ESA
- A treatment allowance. This will be paid within the existing structures of JSA and ESA, but the conditions of entitlement will be varied and replaced with a more tailored and appropriate set of conditions for supporting recovering drug users.

It is important to note, however, the White Paper's provisions are subject to primary legislation. It also states that "we plan to pilot and fully evaluate before any national rollout". These pilots are expected to take place during 2010-11 and 2011-12.

## **1.3 The evidence base for employment as part of treatment effectiveness**

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There now exists a significant body of evidence to suggest that access to, and take up of, employment training and skills opportunities has an impact on treatment effectiveness; for example Zarkin et al 2002<sup>7</sup>. Furthermore, clients entering treatment report that their employment situation improves, while rates of employment and

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<sup>5</sup> Department for Work and Pensions (2008), *No-one written off: reforming welfare to reward responsibility, public consultation*, London: TSO.

<sup>6</sup> Department for Work and Pensions (2008), *Raising expectations and increasing support: reforming welfare for the future*.

<sup>7</sup> Zarkin et al (2002), *The effect of treatment completion and length of stay on employment and crime in outpatient drug-free treatment*. Amelia M. Arria (2003), *Drug treatment completion and post-discharge employment in the TOPPS-II Interstate Cooperative Study*.

wages rise for those who complete treatment<sup>8</sup>. Training and employment can also enhance clinical<sup>9</sup> outcomes by reducing criminality and levels of re-offending<sup>10</sup>.

#### **1.4 New local resources to deliver improvements in the drug treatment and employment pathway**

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The Department of Health (DH) has committed £9m over three financial years to fund Jobcentre Plus drugs coordinators across England. These coordinators will act as a regional and local resource in the development and coordination of the employment and drugs pathway and are scheduled to be in post by April 2009. See [www.nta.nhs.uk/areas/employment/default.aspx](http://www.nta.nhs.uk/areas/employment/default.aspx) for further information.

Each region will have a regional Jobcentre Plus drugs coordinator who, in partnership with NTA regional teams, will oversee the delivery of the work of local and district level Jobcentre Plus drugs coordinators. Distribution of the posts were based on numbers of problem drug users in effective treatment, estimated levels of treatment-naïve problem drug users and the estimated percentage of problems users who may be claiming welfare benefits. For a full breakdown of posts per region please see appendix 2.

#### **1.5 The purpose of this document**

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Drug treatment capacity and quality has grown substantially since 2002. To support this growth, central government contributions to drug treatment funding has also grown to record levels. This advice on practice development seeks to maximise these treatment successes and views the enhancement of recovery and community reintegration as key to supporting problem drug users to become drug free and lead productive lives. The development of the employment drug pathway is central to the delivery of this objective.

The profile of those engaging with adult drug treatment provision is especially significant in terms of levels of worklessness in local communities. Drug treatment is likely to be less effective where appropriate pathways to improved training and employment opportunities are not in place for problem drug users as they progress through treatment.

Equally, worklessness strategies will not be successful unless the needs of the problem drug-using population are addressed, which may include a multiplicity of issues, including offending behaviour, needs in relation to satisfactory accommodation, mental health, and training and skills to improve employability.

Worklessness is a major issue being addressed by government across a range of initiatives including the drug strategy, welfare reform, Local Area Agreements (LAAs), social inclusion, mental health, reducing re-offending, addressing health inequalities, and tackling child poverty. It will therefore be important that strategies and practices linked to problem drug use and employability are aware of this wider agenda and are aligned with broader strategic plans within localities.

Historically, there have been a lack of clear, consistent or effective pathways nationally between drug treatment and employment advice services. Drug partnerships and drug treatment providers have often attempted to fill this gap by providing services and expertise that they may consider to be beyond their remit or responsibility. It is the intention of this guidance and the subsequent development work that will follow, to address this.

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<sup>8</sup> NTA (forthcoming) and Michael Finigan (1996), *Societal outcomes and cost savings of drug and alcohol treatment in the state of Oregon*.

<sup>9</sup> Knealing et al (2007), *Economic cost of therapeutic workplace intervention added to methadone maintenance*.

<sup>10</sup> Millar et al (2008), *Changes in offending following prescribing treatment for drug misuse*.

In summary, the commissioning and delivery of effective drug treatment provision is the responsibility of drug partnerships and providers. Meeting the needs in relation to employment, training and work related skills for problem drug users of working age sits squarely with Jobcentre Plus and the wider employability sector (their related services). It therefore follows that although Jobcentre Plus and more specifically Jobcentre Plus Drugs Coordinators are tasked to deliver this element within the Drug Strategy, there is a joint responsibility of drug treatment systems and Jobcentre Plus to ensure that there are clear and robust care pathways between their respective services.

This practice advice aims to outline the role of Jobcentre Plus drugs coordinators, local drug partnerships and treatment providers to facilitate the development of effective local frameworks for drugs employment pathways for problem drug users of working age.

## **1.6 Information sharing, confidentiality and feedback mechanisms**

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Communication and information sharing with regard to client care is likely to support more favourable outcomes. Local areas may therefore wish to consider developing information sharing protocols between Jobcentre Plus and drug treatment providers where these are not already in place.

Such protocols would allow Jobcentre Plus, treatment providers and – most importantly – the individual client to clearly agree what information will be shared between drug treatment providers and Jobcentre Plus, and why.

Information to be shared with Jobcentre Plus may be restricted to functional communication to achieve client goals and contribute to effective high-quality service delivery. In some cases this will include information relevant to skills deficits and employment needs, with a brief summary of ongoing and anticipated drug treatment interventions. This could be built into client care plans.

Client consent to information sharing between drug treatment providers and Jobcentre Plus can be sought as a matter of course, as part of care planning, ensuring that the boundaries and parameters of information sharing are clear to the client. This equally applies to the drug treatment provider and Jobcentre Plus, allowing them to fulfil their respective roles and provide necessary support.

For drug partnerships, information sharing protocols will not be new. They have often made agreements for information to be shared across criminal justice, health and social care pathways to enhance treatment effectiveness and continuity of care arrangements. Experience in this area has shown that it is important for front line staff to be able to articulate clearly to problem drug users why it would be beneficial to them as individuals to agree information to be shared between agencies. Drug treatment providers will have sought and obtained client consent to share information about elements of their care plan with other relevant partners, for example, the Probation service. It would seem sensible to put similar arrangements in place to facilitate information sharing about employment support.

The national drug strategy requires drug misusers claiming working-age benefits to attend a discussion with a drug treatment provider, where they are not already in contact. This will be introduced in two stages:

1. voluntary referrals from 27 April 2009
2. followed by a mandatory referral process once the Welfare Reform Bill has achieved Royal Assent and necessary regulations have come into force.

These measures will be supported by a nationally agreed referral process, delivered locally to ensure streamlined access to treatment, where appropriate”.

From 27 April 2009 JSA or ESA claimants disclosing illicit opioid and/or crack cocaine use (who are not currently in drug treatment) and identifying that this as a barrier to work for them will be offered an appointment with a local drug treatment service. If the claimant agrees, a referral will be made by their Customer Advisor. Jobcentre Plus will ask for confirmation from clients that they have attended their first appointment. Where clients consent, transfer of information back to jobcentre plus by treatment providers may help both parties provide more effective monitoring of the client's journey treatment-to-employment journey. It is therefore suggested that drug partnerships, providers and Jobcentre Plus work together to agree local information-sharing protocols.

If a drug user is identified at this stage, but does not agree to attend on a voluntary basis, they could be mandated to attend at a later stage. It is worth noting a client's drug use can only be recorded on their file with their permission at present. If no consent is given, no record of problem drug use will be kept.

For individuals claiming ESA, prior to their Personal Capability Assessment they will be asked to complete a form that will be passed to the health professional contracted by DWP who conducts the assessment. One of the questions on the form is concerning drug use. If the individual discloses drug use and/or it is established during the assessment interview that illicit opioid/crack cocaine use is a barrier to work and this is notified to Jobcentre Plus then they will be liable to follow the same voluntary referral process as described for JSA claimants.

## **2 Drug partnerships and Jobcentre Plus – Strategic development of local pathways**

### **2.1 Assessing training, employment and community reintegration needs**

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It is likely that all partnerships will already be considering training, employment and community reintegration needs as part of the annual drug treatment needs assessment. It is important to bear in mind that because previously there has been no systematic attempt to identify problem drug users in the benefits system, figures quoted on unmet need are likely to be underestimates.<sup>11</sup>

Many problem drug users are without permanent employment, and need support with education and training. For example, studies show that 80 per cent of people on court orders with drug rehabilitation requirements have unmet skills and employment needs<sup>12</sup>. One in five of those who responded to the NTA's service user survey for 2006-07 requested help with education and employment<sup>13</sup>. Many problem drug users in receipt of JSA and the ESA (formerly Incapacity Benefit) will be in need of support and assistance in accessing drug treatment services. Research by the University of Glasgow and University of Bath for the DWP has estimated that 267,000 problem drug users were in receipt of welfare benefit support in England during 2006<sup>14</sup>.

So identification, screening and referrals to treatment for problem drug users will be a key part of supporting welfare benefit claimants in their journey into satisfactory employment. Support in finding or returning to employment, and access to training, volunteering or other opportunities for engaging in meaningful activity, are an important part of helping clients in their treatment journey towards positive treatment outcomes. The level of need for skills training and employment services for those in,

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<sup>11</sup> UKDPC (2008), *Working towards recovery – getting problem drug users into jobs*.

<sup>12</sup> NTA (2007), *Needs assessment guidance for adult drug treatment*.

<sup>13</sup> NTA (2007), *2005/6 survey of user satisfaction in England*.

<sup>14</sup> Hay G, and Bauld L. (2008), *Population estimates of problematic drug users in England who access DWP benefits: a feasibility study*, Working Paper No 46, Department for Work and Pensions: [www.dwp.gov.uk/asd/asd5/WP46.pdf](http://www.dwp.gov.uk/asd/asd5/WP46.pdf)

and leaving, the treatment system may be addressed as part of any needs assessment process, and in turn inform the continuing development of effective pathways to relevant local services for clients.

Local training organisations, employment and drug treatment providers often have detailed and relevant local information. Establishing the key information gaps and planning to meet these will be an important part of the needs assessment process. Increasing the involvement of the skills and employment sector in both needs assessment and local strategic commissioning will be crucial to improving local treatment systems.

## **2.2 Drugs employment pathways as part of adult drug treatment planning**

The annual agreement with local drug partnerships, and oversight of the dedicated resources provided for drug treatment, are embodied within the adult drug treatment plan<sup>15</sup>. The adult drug treatment plan is based on a comprehensive needs assessment, which will also contribute to the drugs and crime element of the joint strategic needs assessment that PCTs and LAs now have a statutory duty to undertake on an annual basis. It is intended to outline the drug partnership's strategic direction for the delivery of effective adult drug treatment delivery, summarise the findings of the needs assessment, identify key priorities for drug treatment for 2009-10, provide detailed plans to deliver those key priorities, and summarise the funding available and broad plans for expenditure. It will be desirable therefore for Jobcentre Plus to take their place within local drug partnerships and contribute to the planning processes as a local partner.

Ideally the 2009-10 planning process will address initial scoping work within Part 1 (strategic summary) and Part 3 (planning grids), in relation to the prevalence estimates from University of Glasgow regarding problem drug users in receipt of welfare benefits and levels of treatment need, the roll out of regional and local Jobcentre Plus drugs coordinators, and the wider development of the drug employment pathway programme of work.

## **2.3 The role of Jobcentre Plus drugs coordinators in drug needs assessments, treatment plans and wider partnership work**

Jobcentre Plus drugs coordinators are being recruited nationally between January and March 2009. Once in post their role will encompass:

- Ensuring that the employment and training needs of treatment-naïve problem drug users in receipt of welfare benefits are a focus of future needs assessments
- Providing relevant data and analysis in relation to their clients who may be treatment-naïve problem drug users as part of needs assessments
- Ensuring that key findings data and analysis are prioritised within the resources available, and then result in action
- Work with the wider drug partnership to ensure the overall direction and purpose of the partnership strategy includes clear aims and objectives regarding pathways to support Jobcentre Plus clients who may benefit from referral to treatment services
- Ensuring that the likely demand from this client group for drug treatment services is incorporated into business planning for the following year and that any possible bottlenecks in treatment demand are anticipated

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<sup>15</sup> NTA (2008), *Adult drug treatment plan 2009-10*, guidance notes on completion of the plan for local drug partnerships wishing to secure funding under the substance misuse pooled treatment budget.

- Ensuring that the key findings of needs assessment in relation to employment, training and skills requirement for problem drug users include a brief summary of prevalence and penetration levels, treatment pathway mapping, the characteristics of met and unmet need, attrition rates and treatment outcomes, and their significance for the delivery of employment and skills provision.

Jobcentre Plus drugs coordinators will also need to develop a role in relation to broader local partnerships with:

- Generic voluntary and community sector providers in terms of increased opportunities for training, volunteering and employment -- for example Local Community and Voluntary Councils
- Local service user involvement structures that support improved engagement with service users in relation to the training, skills and employment agenda
- Local worklessness strategies within LAAs, Local Employment Partnerships and Local Strategic Partnership priorities
- Local partnership working, bridging the gap between the drug treatment providers, local employers, and learning and skills councils, including working through Jobcentre Plus Account Managers
- Local drug and other training providers to ensure both Jobcentre Plus and treatment service staff are appropriately trained and have skills to deliver the employment and drugs pathways locally.

### **3 Jobcentre Plus – Practice development of local pathways**

#### **3.1 Identification and screening**

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*Models of care for the treatment of adult drug misusers: update 2006*<sup>16</sup>, defines interventions that include provision of drug-related information and referral to structured drug treatment as tier 1 interventions. Jobcentre Plus at a local level may be encouraged to provide these interventions where appropriate. This is likely to benefit from a partnership-orientated approach developed as part of the role of Jobcentre Plus drugs coordinators. Interventions provided as a minimum by frontline Jobcentre Plus customer advisers are likely to include the following:

- Provision of drug information and drug treatment information literature
- Referral to drug treatment services via a central point of contact.

Key to success will be incentivising Jobcentre Plus clients to disclose problem drug use voluntarily. The purpose of disclosure is to provide help and support. Barriers to work must be overcome, and where substance misuse is an impediment, drug treatment can support individuals to achieve stability or recovery. Co-location or satellite services either within Jobcentre Plus offices or treatment services could facilitate this process (where office space allows).

The Drug and Alcohol National Occupational Standards (DANOS) set out competences that will be relevant for frontline Jobcentre Plus staff:

- Recognise indications of substance misuse and refer to specialists (AA1)
- Support individuals who are substance misusers (AB2)
- Assess and act on risk of danger to substance misusers (AB5)

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<sup>16</sup> NTA, *Models of care for treatment of adult drug misusers: Update 2006*.

- Carry out screening and referral assessment (AF1)
- Assist with the transfer of individuals between agencies and services (AG3).

In relation to ESA, Jobcentre Plus clients are required to undertake a medical assessment. This assessment could well identify substance misuse and related issues, and could serve as a trigger for referrals to drug services if required

### **3.2 Referral pathways and care coordination from Jobcentre Plus to drug treatment services**

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If, through the screening process, Jobcentre Plus clients demonstrate needs relating to problem drug use, Jobcentre Plus staff can refer individuals to an appropriate treatment service. Reasonable travel expenses will be considered by Jobcentre Plus staff when making the referral.

Jobcentre Plus drugs coordinators will develop a range of referral pathways for Jobcentre Plus clients in conjunction with drug partnerships and the wider local treatment system.

Jobcentre Plus drugs coordinators will work with the drugs partnership and local treatment providers to establish appropriate referral and feedback processes as part of commissioning and delivery arrangements in the local area. For example this may be possible utilising an existing single point of contact (SPOC) or gateway system that operates across the local drug treatment system. Where an individual has voluntarily disclosed their drug misuse as a barrier to employment, Jobcentre Plus will offer the client a referral to an assessment with a local drug service. The Jobcentre Plus adviser will then seek information as to whether the client attended.

Where service users are engaged both in treatment and working towards employment, Jobcentre Plus will retain responsibilities for the case management of their clients in relation to seeking and gaining employment, acquiring skills and accessing training. Equally, drug treatment services retain responsibility for their clients' treatment and care planning in line with existing clinical guidelines. Services will need to agree arrangements for the coordination of care in these cases, clarifying key worker roles, information exchange for the purpose of case reviews, treatment completion and loss of contact by either service. The identity and role of keyworking care coordinators will need to be specified.

Work to establish referral processes between Jobcentre Plus and treatment services, setting out clear points of contact, will be undertaken by Jobcentre Plus as part of the project implementation work.

### **3.3 Referral pathways and care coordination from drug treatment to Jobcentre Plus**

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Jobcentre Plus drugs coordinators will ensure that at a local and district level there is clarity as to how drug treatment services and systems are able to refer clients into services that will allow the client to access training, skills and employment services.

Although many clients will already be Jobcentre Plus clients, through the care and community reintegration planning processes within drug treatment services, it is hoped that clients will be encouraged by drug treatment services to take a more active approach in identifying learning and skills gaps and addressing barriers to employment.

In line with this, establishing clear and accessible referral points and relationships with key personnel within Jobcentre Plus offices locally will be crucial. For example, one stop shops within treatment services could be explored as part of local developments towards a seamless coordinated approach to improving employability

as part of developing treatment effectiveness, enhancing community reintegration and reducing levels of worklessness in the locality.

## **4 Drug treatment providers – Practice development of local pathways**

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An effective treatment journey is likely to contain four overlapping components, each with key objectives. These components are:

- Treatment engagement
- Treatment delivery (including maintenance)
- Community reintegration (which underpins both delivery and treatment maintenance or completion)
- Treatment completion<sup>17</sup>.

Training, enhancing skills and employment are an integral part of a client's care and community reintegration at whatever stage the client is at in their journey.

### **4.1 Assessment, engagement and delivery**

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Individuals referred from Jobcentre Plus to drug treatment providers will be likely to benefit from rapid engagement. During the engagement phase of treatment, service users may be assessed to ensure treatment can be tailored to their needs.

The National Drug Strategy 2008-18 highlighted a number of groups who may be underserved in local drug treatment systems. These groups were specified as crack cocaine users, black and minority ethnic clients, drug using parents, drug users involved in the criminal justice system, and the under 25s. While this list is not exhaustive, and local drug partnerships may want to focus on other groups identified through the local needs assessment process as underserved, it is suggested that these groups are considered within the process to build better employment-related support for problem drug users.

Following assessment, care plans will be agreed with the client and structured treatment will begin. Where care plans are enhanced by a range of training, skills and employment initiatives, they could be explicitly developed in partnership with Jobcentre Plus on an agreed basis between clients, drug workers and Jobcentre Plus advisers.

Effective treatment and positive outcomes are strongly associated with the development of an effective therapeutic alliance by drug treatment service key workers and clients, which encourages full participation by clients in delivering their own care plans<sup>18</sup>. This process should, in most cases, include encouraging clients to identify their training and skills needs, and their employment aspirations. Good-quality drug treatment outcomes require improvement across a range of domains, including an improvement in an individual's training, skills and employment status.

### **4.2 Referrals from drug treatment services to Jobcentre Plus**

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Treatment providers, having ascertained client needs in relation to skills enhancement, training and employment from the initial assessment stage onwards, may need to have local arrangements to refer clients to the local Jobcentre Plus. This would be based on a client giving consent for disclosure of problem drug use in order for a more personalised response to their training, skills and employment needs.

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<sup>17</sup> NTA, *Models of care for treatment of adult drug misusers: update 2006*.

<sup>18</sup> NTA, *Models of care for treatment of adult drug misusers: update 2006*.

These needs could be incorporated into the client's care plan and progressed through key working sessions, with relevant care plan information shared with Jobcentre Plus staff. However, responsibility for maintaining a client's progress in relation to their employment, skills and training needs lies primarily with the client themselves and subsequently Jobcentre Plus.

Treatment services may wish to consider establishing appropriate and effective referral processes with Jobcentre Plus as part of commissioning and delivery arrangements in the local area. This may be utilising existing points of contact or a Gateway system that operates across local and district level Jobcentre Plus offices. This will be implemented differently in different areas in response to local needs, services and structures.

Local arrangements could be established whereby drug treatment providers and Jobcentre Plus will be able regularly to review progress on Jobcentre Plus and care plans with clients. In addition, where clients are progressing well and near the end of their treatment journey, extra support and/or emphasis may need to be placed on addressing additional client needs in relation to securing employment, skills and training opportunities as part of key working sessions.

Information-sharing protocols can usefully include the expectation that treatment staff will inform Jobcentre Plus at the earliest possible opportunity where clients have made planned or unplanned exits from treatment. Where treatment providers are able to identify a high probability that a client will be discharged in an unplanned way, Jobcentre Plus staff may be able to offer additional input/support in terms of addressing their employment and skills needs.

All stakeholders will want to ensure the right support is given at the right time within the right partnership, ensuring treatment is focussed and personalised, employability is seen as the first step towards sustainable employment and there are ongoing reviews of clients' aspirations as they move through treatment towards employment.

## **5 Performance monitoring and management of local pathways**

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Information requirements on a national, regional and local level are at an early stage of development. Drug partnerships have been provided with some basic indicators regarding employment status as part of the 2009-10 needs assessment and treatment planning data set. This will be an area for development in the coming months.

### **5.1 Monitoring referrals from Jobcentre Plus to drug treatment**

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The delivery of timely, accurate and complete data at a local level will be key to allowing drug partnerships to plan and monitor improvements to provision at a local level. The NTA is in discussion with Jobcentre Plus regarding the possible matching of anonymised client attributors in order to monitor the robustness of referral pathways between Jobcentre Plus and drug treatment providers (in the same way for criminal justice referrals, Drug Intervention Records (DIR) are currently matched to the National Drug Treatment Monitoring System (NDTMS) database). This information may also support requirements within the Memorandum of Understanding for Jobcentre Plus to report progress of the effectiveness of local pathways to the Department for Health (DH) and NTA.

If, and when, anonymised matching is agreed to be possible and desirable, further communications will be issued. Any such data matching would only be used to monitor overall trends and no data that could identify an individual would be generated from this specific exercise. This is distinct and separate from any use of

data as referenced as proposals in the White Paper *Raising expectations and increasing support: reforming welfare for the future*.

## **5.2 Monitoring client outcomes whilst in and leaving drug treatment**

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The Treatment Outcomes Profile (TOP) will allow a quarterly review of progress for individuals in treatment as to their employment/education status in the 28 days leading up to TOP data being collected. The feeding back of outcome reports from this data at a treatment system level is contingent upon TOP completion for 80% of eligible clients in any given period. This is to guard against partial and biased data from a small and unrepresentative sample of the treatment population giving a false impression of progress and outcome. See [www.nta.nhs.uk/areas/outcomes\\_monitoring/docs/top\\_interim\\_guidance\\_sept08.pdf](http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/top_interim_guidance_sept08.pdf) for further information.

## **5.3 Progress 2 Work performance**

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Local partnerships may also wish to take a more contextualised view as to how their Progress 2 Work (P2W) scheme is contributing to this agenda. To that end, the NTA and the Department of Work and Pensions (DWP) are in discussion as to how best to routinely provide treatment systems from April 2009 with P2W data that is contextualised with regional and national comparator information.

## **Appendix 1: Summary of current Jobcentre Plus support for problem drug users**

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Below is a list of programmes and information currently in operation that may be accessed by problem drug users in receipt of welfare benefits through referrals from their local Jobcentre Plus.

P2W – a voluntary programme, available from day one of unemployment. It provides support for clients who have made sufficient progress in their recovery to be drug free or stabilised, but their history of problem drug use is likely to be a significant factor in preventing them from getting or keeping work.

P2W-LinkUP – an initiative that builds on the P2W model. It is a pilot that currently operates in almost half of Jobcentre Plus districts. It targets specific disadvantaged groups of clients who face significant barriers in the labour market. This includes clients who have an offending background, including those under probation supervision, those with homelessness issues, and alcohol misusers.

Relapse (P2W participant leaves mainstream/New Deal provision) – clients attending P2W may at some time relapse in to problem drug use. During these periods the client may benefit from relaxation in current programme rules. This is intended to help maintain participation and re-engage with mainstream/New Deal providers after a period of relapse. It also allows them to leave mainstream/New Deal provision/gateway/follow-through without threat of sanctions (where contact is maintained with the P2W provider). In cases of gateway and follow-through the client will still be required to attend Jobcentre Plus office on a fortnightly basis for JSA. These relapse periods are at the discretion of the P2W caseworker and, as such, must be authorised and communicated to Jobcentre Plus.

New Deal – recovering/stabilised problem drug users can, where appropriate, join Jobcentre Plus programmes such as Mainstream/ New Deal early. Early entry may be allowed at New Deal Personal Adviser's discretion if they consider the client faces a severe disadvantage in their search for work and the New Deal is the most appropriate form of help. Clients on these programmes are given help in basic skills,

development of soft skills, work experience and employer subsidies, through the advisory service.

Flexible New Deal – from April 2009 there will be a refreshed JSA regime for all new clients in 28 districts (classed as phase 1 by Jobcentre Plus). The remaining 22 districts, and longer-term clients, will follow with a provider-led flexible New Deal (classed as phase 2), which, from October 2010, will replace the contracted provision of the current mandatory New Deal for Young People and New Deal 25 Plus, including the private-sector-led New Deals and Employment Zones. The new arrangements will also replace the New Deal for Musicians and New Deal 50 Plus for JSA clients.

All these changes mean that back-to-work support will no longer be determined by the job seeker's age group, but instead will be guided by the individual needs of clients. There will be a period of transition during which clients already engaged with current New Deals will be moved as smoothly as possible through their respective options while the new arrangements are being put into place.

Programme Centres – mainstream provision for jobseekers usually aged 25 and over, who have been unemployed for six months and receive a qualifying benefit, for example, JSA, Incapacity Benefit. The centres offer individually tailored job search assistance to clients in need of specific help in overcoming barriers to finding and keeping work. Clients who are referred to a Programme Centre could either be employer ready or, with a little additional support from the centre to overcome barriers, will quickly become job ready. Early entry for recovering/stabilised problem drug users may be allowed at the personal adviser's discretion if they consider the client faces a severe disadvantage in their search for work.

Work Trials – a trial period in an actual job, for up to 30 working days. These offer clients the opportunity to prove themselves to an employer without giving up the security of benefit, and to confirm for themselves that the job is appropriate before committing on a permanent basis. Work Trials can also help employers overcome doubts about the suitability of a client.

Work Trial is available to clients generally considered to be furthest from the labour market and includes disadvantaged groups such as problem drug and alcohol users. Participants continue to receive their benefits in full and can also claim certain expenses.

## **Appendix 2: Role of the Jobcentre Plus drugs coordinators**

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The Drug Treatment/Jobcentre coordinator's role would be to define a clear set of relationships between key agencies in the drugs field; gain a commitment to the importance of employment in drug treatment; and establish a clear path for clients referred to those providing specialist help in order to provide seamless progression from Jobcentres into treatment, onto Jobcentre Plus programmes and services and into employment. The role will:

- Raise awareness among Jobcentre Plus personal advisers of drug treatment services and ensure effective two-way referral systems are in place
- Build relationships with external agencies and organisations within the drugs field, in particular the local drug partnerships, addiction services, prison and probation services and health service providers are developed within the context of the local drugs partnership; raise their awareness of Jobcentre Plus and its programmes and services, and act as a point of contact for employment issues
- Work with the local drug partnership to map provision and produce a local plan and pathways for effective, joined-up drug and employment interventions that reflect the roles, responsibilities and inputs to be contributed by key agencies, and the needs of drug misusing clients
- Participation in the annual treatment planning and needs assessment process at a drug partnership level
- Equip Jobcentre Plus personal advisers, through information, coaching and support, to identify clients and then refer them to appropriate local provision; organising specialist training/awareness sessions in response to local needs
- Maintain a watching brief on current and future client numbers referred into treatment, liaise with the partnership about pinch points and anticipate any capacity problems; ensure referrals are made to the most appropriate provider, and take steps to increase and/or modify referrals where necessary
- Continually assess local employment and skills support provision to make sure it is meeting the needs of the clients; suggest where additional or different provision is needed.

Further issues – initially this role will focus on establishment of local links and pathways but will also:

- Coordinate local work to implement the Drug Strategy commitment for mandatory discussions with a treatment provider as and when this becomes a national requirement, liaising closely with the local drugs partnership and treatment providers on capacity and other handling issues
- By agreement between DH and Jobcentre Plus, after consultation with the NTA, support local implementation of other requirements for drug misusers claiming benefit
- The role will focus on delivery of the Drug Strategy commitments and not other roles. Client contact (except user involvement and consultation procedures) would only occur on an exceptional basis and would not form a significant part of any coordinator's role
- Coordinators will have a mandate relating to Jobcentre Plus and local drugs partnerships in England only
- Jobcentre Plus will ensure line management and other arrangements provide for suitable support and empowerment of the coordinators in fulfilling their duties; and that cover arrangements are made where there are vacancies.

### Appendix 3: Numbers, grades and distribution of coordinator posts

Jobcentre Plus Regions	Jobcentre Plus Districts	G 7	SEO	Band D
<b>North East (3)</b>	Northumbria	1		1
	South Tyne and Wear Valley			1
	Tees Valley			1
<b>North West (5)</b>	Cheshire, Halton and Warrington	1	1	1
	Cumbria and Lancs			3
	Greater Manchester Central			2
	Greater Manchester East and West			2
	Merseyside			3
<b>Yorkshire and the Humber (3)</b>	North East Yorkshire and the Humber	1		2
	South Yorkshire			3
	West Yorkshire			3
<b>East Midlands (4)</b>	Derbyshire	1		1
	Leicestershire and Northamptonshire			1
	Lincolnshire and Rutland			1
	Nottinghamshire			1
<b>West Midlands (5)</b>	Birmingham and Solihull	1		3
	Black Country			2
	Coventry and Warwickshire			1
	Staffordshire			1
	The Marches			1
<b>East of England (4)</b>	Bedfordshire and Hertfordshire	1		1
	Cambridgeshire and Suffolk			1
	Essex			1
	Norfolk			1
<b>London (6)</b>	Central London	1	1	3
	City and East London			2
	Lambeth, Southwark and Wandsworth			3
	North and North East London			2
	South London			3

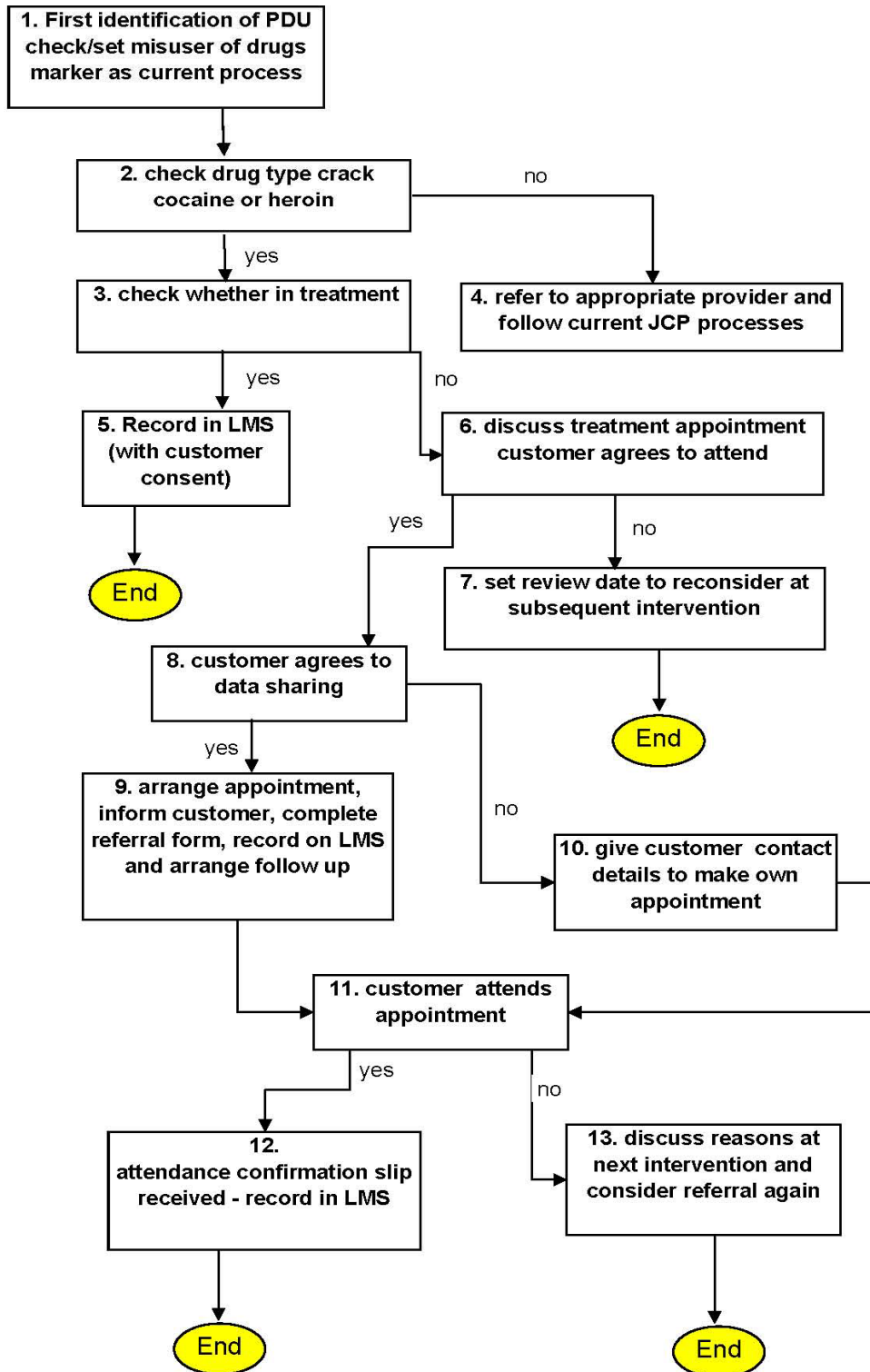
	West London			3
<b>South East (4)</b>	Berkshire, Buckinghamshire and Oxfordshire	1		1
	Hampshire and Isle of Wight			1
	Kent			1
	Surrey and Sussex			1
<b>South West (4)</b>	Devon and Cornwall	1		1
	Dorset and Somerset			1
	Gloucestershire, Wiltshire and Swindon			1
	West of England			1
	<b>Total</b>	<b>9</b>	<b>2</b>	<b>62</b>

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## Appendix 4: Referral process map

### Jobcentre Plus Drug strategy project April 09

#### Referral process map



29/08/08

A4 Voluntary Process Overview v00e (2)