

## Summary of EATA response to the DWP consultation on the Welfare Green Paper *No one written off: reforming welfare to reward responsibility*

The European Association for the Treatment of Addiction (UK) is the main representative body for the voluntary and independent drug and alcohol treatment and aftercare sector, working to ensure that people affected by substance dependencies get the treatment they need.

The Association contributes to the debate on policy that relate to drug and alcohol treatment. In this role we respond to consultations and reports from government departments and agencies and other bodies.

In this official submission, EATA is representing both the views of our members and the organisation as a whole. Our members' views were assembled from those who attended a consultation event we organised with the support of DWP in September 2008, and from responses received to a consultation questionnaire emailed to all members during the summer.

### **Q1: Do you agree with the proposed approach for identifying problem drug use? Please give reasons for your answer.**

EATA welcomes the proposals' aim of identifying more problem drug users so that they can benefit from increased access to drug treatment and begin the journey towards rebuilding their lives. It is an ambitious proposal and contains many positive elements to provide real support and opportunities to problem drug users.

#### Limited scope

Members were disappointed that the paper has limited its scope to crack cocaine and heroin users, and while we understand the reasoning behind this limitation – the government's determination to tackle the social and community impact of drug use, particularly the level of crime caused by crack and heroin users – this proposal potentially discriminates against those who have other substance misuse problems, i.e. alcohol and poly-addictions and disqualifies them from the opportunities that are being offered.

#### Data protection and confidentiality

EATA does welcome the increased level of information-sharing and relationship working outlined in this paper. However, alongside this, greater responsibility and care needs to be taken over how information is shared in practice. Confidentiality of the data being shared by prisons, probation services and the police with Jobcentre Plus staff must be a priority to all involved. Another major concern, one that is not just shared by our members but also by the general public, is data protection. Over the past year or so, there have been several high-profile incidences whereby data discs containing confidential financial and personal details of thousands of people that have gone missing in transit from one organisation to another (in government and the private sector).

### **Q2: How should this proposed approach be implemented?**

EATA welcomes the proposals to improve the identification of problem drug users and highlight the opportunities available for treatment and reintegration. But there are concerns about the proposals that those identified run the risk of benefit sanctions if they fail to attend treatment.

#### Motivation rather than coercion

EATA members who provide drug treatment services have long maintained that users coerced or compelled into treatment are less likely to access or sustain contact with treatment than those who are “motivated” to take this step. Motivation is the most important factor in retaining people in treatment – and evidence of retention is regularly employed by many quarters (including the NTA, policymakers and government) as one of the most consistent predictor of a successful outcome. Therefore the proposed approach should aim to motivate those identified as problem drug users and actively support them into accessing treatment by providing information about options and opportunities.

#### **Q3: Do you think everyone claiming a working-age benefit should be required to make a declaration of whether or not they use certain specified drugs? Please give reasons for your answer.**

We know from our members in the drug and alcohol rehabilitative treatment sector that the majority of drug users want to be in a position where they can work and come off benefits. They also want the support and access to treatment and training that will allow them to do this.

However, EATA and our members have strong concerns about the proposals for benefit claimants being required to declare whether or not they use heroin or crack cocaine, particularly if this is accompanied by the threat of benefit sanctions or proceedings that need to be carried out because of ‘overpayments’. Some of the concerns raised are highlighted below.

#### Reluctance to declare

While some people will readily declare that they have used certain specified drugs, there will be many who will be more reluctant for various reasons such as fear, shame and even because of lack of trust in the people to whom they are revealing this information. It is a frightening thought for people to consider that they could lose benefits and could discourage many from asking for help they are eligible for.

We are also concerned that possible sanctions for those who do not declare drug use will undo the very work the sector is trying to achieve: tackling their drug problem; working towards recovery; and rebuilding their lives. Receiving a criminal record for fraud will move them further away from work and add to the overwhelming stigma that surrounds recovering drug users and continues to undermine the opportunities open to them in life and employment.

#### What happens after sanctions?

Little is explained in the proposals about what happens after sanctions have been imposed? The danger is that this group of people will fall off the radar and not benefit from access to treatment.

#### Sharing information

EATA also has concerns over how this information will be used and shared. For example, parents, who are using drugs, are anxious that making this declaration could affect their family life and fear losing their children. Drug dependent claimants also fear that when they have been through treatment and try to enter employment, will their declaration come back to haunt them at job interviews?

#### Wrong presentation?

EATA is aware that sanctions and declarations already exist within the DWP, but the problem here is over its presentation. Rather than encouraging with the carrot, the proposals appear to be hitting with the stick. In its present format, the declaration is draconian and non-conducive to building relationships, trust and confidentiality required. We recommend that the declaration is turned on its head, so that its focus is not on benefit claimants to declare whether they use heroin or crack cocaine but on asking claimants whether they believe they could benefit from access and referral to rehabilitative treatment, and motivate them to take it up.

#### **Q4: What elements should an integrated system of drug treatment and employment support include?**

It is positive that the proposals are moving towards a much more integrated system whereby drug treatment providers and employment support services work hand in hand, alongside other agencies to help claimants successfully move towards recovery and employment. Partnership working is essential for identifying the treatment, training and support users require. But members have highlighted that there are several barriers to this process.

##### Stigma and discrimination

First, the stigma that people in drug treatment experience on a daily basis still needs to be addressed in any integrated system being proposed. This stigma and prejudice is evident in many areas that are important to clients undergoing the recovery process, and results in discrimination in areas such as housing, community life and especially in employment. Many drug users, including those in treatment, experience marginalisation and are unable to access the full range of services and support they need or are entitled to.

##### Role of employers

Secondly, many people with drug problems not only may have criminal records for possession, but also may have criminal records for illegal activities that they resorted to in order to support their habit, such as shoplifting, prostitution or dealing. The concerns of prospective employers, particularly in the private sector and small businesses, would need to be addressed in order to encourage reintegration into the workplace and society. It is therefore very positive to see that the Green Paper includes proposals on the key role that employers will play, i.e. Local Employment Partnerships. What EATA and its members would like to see is full commitment to the proposed initiatives that encourage employers to give 'people a fair shot at the job', e.g. through work trials, guaranteed interviews and mentoring.

It has been noted that the public sector is more likely to offer employment to people who have undergone treatment for drug problems and be more flexible and accessible. More needs to be done to support the public sector so that the opportunities continue to be available and new avenues encouraged. But the private sector, especially smaller businesses, has been less forthcoming in providing employment opportunities.

If, as this paper proposes, one of the target outcomes is finding employment and coming off benefits, then there needs to be a large enough pool of employers in both the public and private sector that will work with this client group. EATA believes there is need for a strategy to tackle the prejudice held by employers not wanting to employ people with a history of drug use. To address this there should be tighter regulation to deal with discrimination of employees in this area. Finally, all these issues need to be borne in mind alongside the current economic climate; unemployment is rising and there are real fears that the country is about to experience a recession. These factors could make it more difficult for people who have gone through the treatment process and are ready to enter the workplace

### Skills for users

Thirdly, drug dependent claimants need to be equipped with the kind of skills that will make them attractive to employers, especially social skills. Treatment providers and Jobcentre Plus need to work together to help claimants build up these skills.

EATA is concerned about the proposals that that failure to access and “take up” drug treatment and specialist employment support (with good cause) could result in a possible benefit sanction. In answer to question 1, EATA wrote about how drug users coerced or compelled into treatment are less likely to access or sustain contact. Again we would like to stress that motivation is an important factor in retaining people in treatment, while this retention is considered one of the most consistent predictor of a successful outcome. However “motivation” due to financial pressures – specifically the fear of losing benefits – could be an additional pressure on those in treatment, distracting them from devoting their attention and energies on the recovery process.

### Role of Jobcentre Plus staff

Should the declaration stay as part of the process, then it is obvious that Jobcentre Plus frontline staff will be asking this question – not the proposed drug co-ordinator. Therefore, these staff members will need to have a greater awareness of the client group and their needs.

### Drug co-ordinator

Greater co-operation between drug treatment and employment support is a positive development EATA and our members have made several recommendations on the drug co-ordinator’s role.

- Emphasis on building relationships to deliver a tailored rehabilitation plan for each individual user based on their needs.
- They should not be just a “referral” mechanism but play an active role in the journey process.
- Think about caseloads. If drug co-ordinator has too many, then the quality of service and relationships will deteriorate.
- Urban areas where there is usually a higher rate of problem drug users should have more drug co-ordinators within each Jobcentre Plus
- Guidance on boundaries/relationships between other agencies and drug co-ordinator.
- Jobcentre Plus/drug co-ordinators need to be aware that being drug free or having reduced harm from drug use does not necessarily mean that the claimant is ready to go back to work. “One size fits all” will not work in this respect as different treatment takes different times for different people.
- Drug co-ordinators will need to aware of and fully incorporate the resources and experiences of treatment providers. However this initiative should not place any more burden or bureaucracy on existing drug treatment services; the drug co-ordinators will be doing a specialised job within Jobcentre Plus and therefore should be adequately trained to carry out this role.

### **Q5: Do you agree that a rehabilitation plan would help recovering drug users to manage their conditions and move towards employment? Please give reasons for your answer.**

DWP needs to be aware that this journey of recovery from addiction towards employment will involve many small forward steps and at times there will be backward steps. However there are many barriers to overcoming a drug dependency which will take time and energy to address. These include mental and physical health problems, education, debt or homelessness. Ideally

the rehabilitation plan will set out how these barriers will be tackled and allows the time needed to do so.

### Rehabilitation Plan

The rehabilitation plans should avoid focusing entirely on the end result of managing drug dependency and moving towards employment, but also on equipping the client with the tools to work towards recovery.

The recovery process is ideally one that is agreed between the client and the keyworker. Current good practice guidelines stipulate that to support a lasting recovery there should be good care planning and frequent reviewing of individual care plans by key workers and clients. EATA members say that generating this sense of working together towards recovery is positively beneficial towards good treatment outcomes.

### No “one size fits all”

The key word above is “individual”. The nature of drug dependency is highly complex and different people react differently to treatment and treatment options. Therefore it is crucial that Jobcentre Plus and other employment support services do not adopt a ‘one size fits all model’, while drug services retain responsibility for drawing up the individual care plan in co-operation with the client.

### Close corroboration between all plans

These proposals seem to imply that a rehabilitation plan will be also drawn up with a specialist employment adviser. Extreme care must be taken to ensure that the rehabilitation plan does not conflict with the individual care plan drawn up by the treatment provider. EATA is uncertain whether a second plan – the rehabilitation plan – is the best approach as its elements: “steps to stabilise their drug dependency, move towards recovery, tackle the problems they face and get into work” will be fully addressed in the individual care plan.

There will need to be very close corroboration between the rehabilitation plan and other plans that are in place. Members believe that it would be more helpful to have one overall plan – i.e. a fusion of the rehabilitation plan and care plan into one and agreed across all agencies, into a “reintegration plan”.

### Treatment Allowance

EATA and our members believe that this could be a positive move which would generate greater flexibility for claimants. For example, there is a requirement to be actively seeking work by claimants of JSA which is difficult if they are currently in treatment. Depending on how they were implemented, being in receipt of a Treatment Allowance could also be valuable in reinforcing positive messages (to claimants and to the public) whereby claimants are working on their treatment and towards recovery, rather than “sponging off the state”.

Members have made several comments about how it will be implemented, who will be the gatekeepers and its use as an incentive. There were concerns that if it is an incentive that there will be a surge in people who want to go on it. But DWP must avoid the danger of “parking” people on Treatment Allowance rather than allowing them to move off it towards reintegration and employment.

The proposals also indicate that the Allowance will be in place while the claimant stabilises. However, more clarity is needed on how “stability” is defined and to ensure that the timeframe set by legislation matches what happens in treatment. Currently it takes three – six months to

stabilise someone, while the rest of the actual treatment process can last longer (up to a year or two years).

There were concerns about the Treatment Allowance” being promoted as an “incentive”. If it is, then it should be discretionary, so not to alienate other groups of claimants who may not qualify.

However, some concerns were raised by members that at present, it currently can take up to three months to process benefit claims transfers, which generates anxiety and distraction during a time when the claimant should be focusing on their treatment. Transfer to the ‘Treatment Allowance’ from other benefits must happen as quickly as possible so as not to distract the claimant’s attention from the treatment process.

**Q6: Do you have any other comments about the implications for the sector as a result of the proposals within the Green Paper? You can include them here.**

#### Stakeholder involvement before publication

One of our final comments concerns the need for more involvement of stakeholders, e.g. treatment providers, in the consultation process **before** the proposals are published. Anything to do with changes to the benefit system is generally the subject of much controversy and public and media attention.

Members commented that their clients and residents were concerned, and in some cases, alarmed by the (somewhat sensationalised) media coverage of these proposals while they had very limited time and resources to, (a), read and understand the proposals themselves so that they could, (b), address their clients’ immediate concerns and anxiety about the implications this could have on them. This situation could have avoided for the benefit of the sector and of service users by allowing advance access to the proposals (even if they are embargoed) so that providers could make preparations to release information to their staff and clients as soon as possible after publication.

#### Organisation of pilots

More information is needed on how the pilots will be organised. Testing is important to see what improvements will be generated by the proposals contained within this paper, before they are rolled out nationwide. Testing is particularly important to ascertain the reactions from users to “declarations”, sanctions, the rehabilitation plan and the drug co-ordinators, etc. Because of the controversial nature of some of these issues, it may therefore be worthwhile to run pilots where claimants are asked for their consent prior to participation.

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A full list of open consultations can be seen at [www.eata.org.uk/policy](http://www.eata.org.uk/policy). On the same webpage you can find our responses to previous consultations.

For further information about this summary or our other policy activities, please contact:

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