



In the last couple of years a lot has been written about the need to get those claiming benefits back into work. The welfare to work agenda has had a plethora of organisations clamoring to get a slice of the action to help 'hard to reach' or socially-excluded groups get back into the employment market, and many organisations are tendering for – and being commissioned to provide – services to groups that they have no previous experience of working with.

This may be part of a new enlightenment gained by commissioners, but I doubt it. The introduction of public service agreements seems to have raised awareness that those on the fringes of society invariably cost the most if they are not engaged with specialist support services.

Organisations that employ individuals with what one worker called a 'colourful background' don't shout about it, simply because it was always an integral part of their ethos. But those organisations that make a big fuss about employing ex service users are becoming part of the problem, with the new employee forever labelled with the unenviable moniker of 'ex' service user/addict/offender/alcoholic. The more enlightened organisations describe their staff as graduates, ex customers or survivors, but whatever the term it's a thinly veiled re-labelling exercise – a process that is service led and not person centred.

Not every future employer is going to have altruistic motives when recruiting. The uncomfortable truth is that mainstream employers will always have reservations about employing staff who have had a history of involvement with the criminal justice system or drug and alcohol misuse. The main areas of concern will be in relation to honesty, reliability and trust and, as a consequence, for the majority the opportunities to volunteer or return to employment are limited to lower-paid positions within third sector organisations and where services are aimed at offering support to individuals with similar backgrounds.

In some areas the hardest to reach groups in our society are being served by their current and ex peers. While some are well placed to engage with individuals, and if need be assist them with basic tasks, that's about as far as it will go unless they can acquire specific skills through in-house training and professional qualifications at diploma/degree level, paid for by their employer.

From my experience of various social welfare and criminal justice settings, the 'revolving door' group – people caught in a cycle of crisis, crime and mental illness – can be particularly hard to work with, because the system in which they are forced to exist can de-motivate the most enthusiastic and committed worker. Many workers have lost their belief in the human ability to change – couple this with the negative external factors stacked against the clients and the chances of a successful outcome are limited.

This apathy and the mutually held belief that both parties cannot influence positive change leads to an erosion of the quality of care. For most organisations 'investing in people' is all about investing in plaques and photographs of the senior management team with smiling faces. In my experience, the award does not correlate with real investment in frontline staff or service delivery.

At a recent consultation event facilitated by the NTA, participants voiced their concerns about a lack of career structure for those finding employment. Many felt they were stuck in dead-end jobs with little chance of improving their prospects. The development of portfolios of achievement that capture all the positive contributions individuals make to any organisation they are involved with, including skills-based certificates acquired while serving in prison, can be a very effective way of recording progress. These can include a comprehensive list of all the training the individual may have completed, letters of thanks or commendations and details of any presentations they may have made on behalf of the organisation.

The emphasis should be on the employer to develop individualised employment contracts. Quality supervision can go some way to breaking down barriers and motivating staff to achieve, allowing them to build confidence in their own ability. It is worth taking a moment here to dispel the myth that those with direct experience of homelessness, addiction and chronic social exclusion have an innate ability to empathise and engage effectively with those traditionally viewed as 'hard to reach'. It is simply not true.

Ex-service users are not a homogenous group and in my experience some are able to make the transition to employment within the 'caring services' more easily than others. Some, when given their first taste of power and responsibility, adopt an authoritarian approach, where the 'oppressed becomes the oppressor'. Others find it

# MISSION IMPOSSIBLE

Everyone agrees that getting service users back into employment is vital for sustained recovery. But it needs to be done properly, argues Tony Wright

difficult to say 'no' or enforce rules and regulations. Both need to be addressed through supervision or role modelling by experienced and professionally trained staff. However, new staff should not be treated any differently from other work colleagues after a mutually agreed trial or probationary period.

I believe that the positive benefits of employing ex service users far outweigh the negatives. Yet the responsibility to make the move from welfare to employment a positive and life-changing experience is that of the employer. When things go wrong it's said that the individual who failed just wasn't ready, but I would argue that it is the responsibility of the employer to accurately assess work readiness and offer appropriate support.

If you are going to employ ex problematic drug users then get real and plan for relapse, as at some point or other it may happen. I have witnessed a domino effect where others who looked up to that individual 'throw in the towel' and lose all self-belief.

If given an opportunity and support, ex service users can bring a wealth of experience, insight and professional competence to the workplace. The level of support needed for any new member of staff is considerable and needs to be sustained over a significant length of time to be effective. The presenting issues for ex service users are complex and dynamic in nature and a significant amount of time needs to be allocated to support employees if they are in crisis.

Many problems can be resolved by pre-empting issues through open and honest communication, and independent employee support workers can be effective 'life coaches' to those returning to the workplace. There are numerous examples of good practice to be found within the mental health field where individuals recovering from episodic periods of mental ill health are reintegrated back into employment positions.

The question that needs to be asked is whether ex service users will ever be accepted as equals or patronised and tolerated in a tokenistic way simply because it is economically not viable to continue trading without the additional funding they attract. Let's hope the economic downturn will not mean the unhealthy spectre of a return to the 'deserving and undeserving' debate.

*Tony Wright is a social worker*

## Post-its from Practice

# Reality lapse

We have to be ready to support rather than punish ex-drug users in the workplace, says **Dr Chris Ford**



**I WAS ASKED TO SEE JACKIE** by a patient of mine. I'd met her at a national meeting a couple of months previously when she had been positive about her new job as outreach drug worker and her drug-free state.

As Jackie came into the room I realised something was very wrong. She explained that she had had a lapse and was planning to talk to her manager about it. At that point, the manager entered and told her that a colleague (the only person at work Jackie had so far confided in), had informed her that Jackie was taking heroin again.

Without allowing for any explanation, Jackie was suspended, marched off the premises and told that a disciplinary hearing would follow. The project had known

about Jackie's history when she had applied for the post.

There were several things to deal with, the first being to assess Jackie's drug problem and start effective treatment. That happened immediately – she is having counselling and is on a reducing dose of buprenorphine. That was the easy bit.

We then agreed to try and talk to her manager to support her, which was where the problems began. Although the manager knew Jackie's history and had worked in the drugs field for over 15 years, she would not accept that relapse was a possibility in anyone who has used. To quote her, she 'certainly wasn't having an addict working in her service.' I realised that approach wasn't going to work, so I asked for the project's employment policy on drug and alcohol use and there was none. I suggested she ought to get one – but perhaps not quite as politely as that.

I then rang several places to get their policies and found none, with the exception of The Alliance, whose policy was excellent. One large mental health trust had a policy on using at work, but not if a worker developed a problem while in post. They also informed me that anyone on substitute medication would not be employed and although it wasn't written down, applicants were expected to have been drug-free for two years before applying for posts.

On my next contact with the manager I tried a different tack by bringing out my softer side and asked if she thought Jackie was competent in her job. The response was 'absolutely 100 per cent plus!' This confused me even further and made me begin to get angry again. If she was competent, why was she going to be put through a disciplinary? Silence was the response.

There are a number of issues here: firstly in my opinion people should be employed for their skills and if they develop an illness, drug relapse or other problem then they should be given support to deal with it. Secondly, to quote a better person than me, 'if I ruled the world I would make it compulsory for all those working in the addictions field to have at least some understanding of dependency, co-dependency, what they are and how they manifest... I've seen loads of drug workers of all disciplines who are utterly obsessed with fixing, controlling and punishing the punters and being totally unaware of their own stuff...'

Sometimes there is a silver lining. As it turned out, Jackie's manager realised her mistake, which I now think was a decision driven by fear rather than lack of care, and Jackie is due to restart her job in three weeks' time, still on a small dose of buprenorphine. The disciplinary action against Jackie was withdrawn – instead she has weekly meetings with her line manager along with her counselling. Could it be that the lack of clear guidance betrays our fears of not knowing how to deal with these issues? Please help me with any useful thoughts to [chrishelen.ford@virgin.net](mailto:chrishelen.ford@virgin.net).

*Dr Chris Ford is a GP at Lonsdale Medical Centre and clinical director for SMMGP. To become a member of SMMGP, receive bi-monthly clinical and policy updates and be consulted on important topics in the field, visit [www.smmgp.org.uk](http://www.smmgp.org.uk)*