



European  
Action for  
Employment in  
Recovery

# EMPLOYABILITY AND RECOVERY IN EUROPE

Examples of good practice



COMUNITÀ LA TENDA  
COOPERATIVA SOCIALE ONLUS

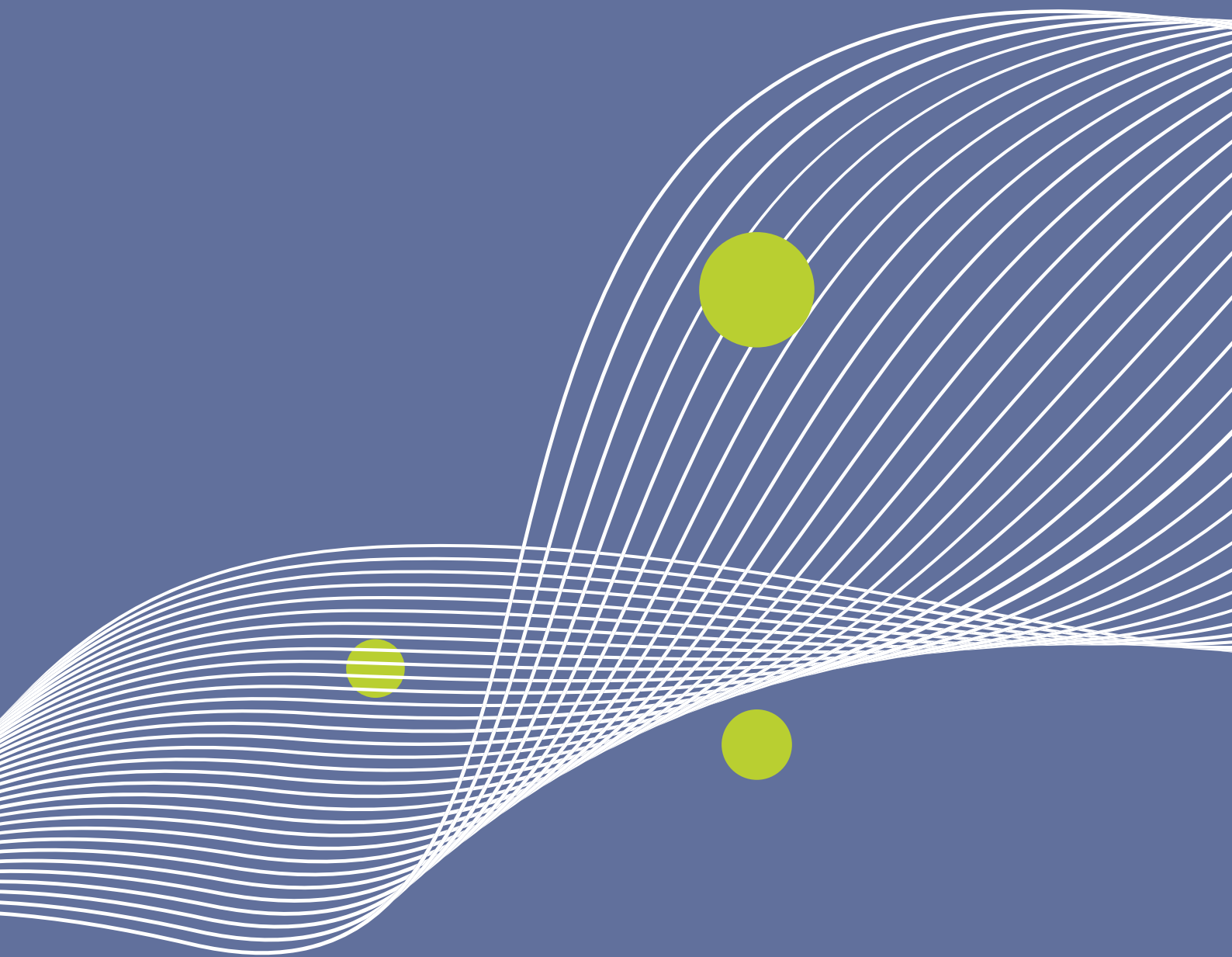


SDF  
Scottish Drugs  
Forum



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## **European Action for Employment in Recovery**

## Introduction

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European Action for Employment in Recovery (EAER) is a partnership project funded through the ERASMUS+ Programme of the European Union.

The project was supported by a partnership of four organisations involved in developing innovative and effective employability work in their own countries who wanted to share their experience with each other and with their local and national stakeholders; including project participants and graduates. Partners were also determined to develop a series of legacy resources which would be of use to organisations and partnerships across the European Union (EU) who were interested in initiating or further developing employability projects that support people with a substance problem or at risk of developing a substance problem.

The project partners were

- La Tenda (Italy)
- Dutch Foundation of Innovation Welfare 2 Work (Netherlands)
- ADPES (Portugal)
- Scottish Drugs Forum (United Kingdom)

The project had six intellectual outputs, of which this is one. You can find out more about the project and the resources it created at the dedicated project website **[www.eaerproject.eu](http://www.eaerproject.eu)**

## Using this Guide

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This guide was designed to be of interest and practical use to those designing, developing and managing employability activity with people with a substance use problem or at risk of developing a substance programme.

It describes some of the issues people face in entering and maintaining a place within the labour market and the supports and resources which can help them achieve this.

Substance use, even problem substance use, does not present a unique barrier to employment. Employability work with people who have a substance problem or at high risk of developing a substance problem does not require some specific specialist knowledge or skill. All the employability activity done with this group of people could be done with members of other groups – people who were long term unemployed, people with mental health problems, people being liberated from prison.

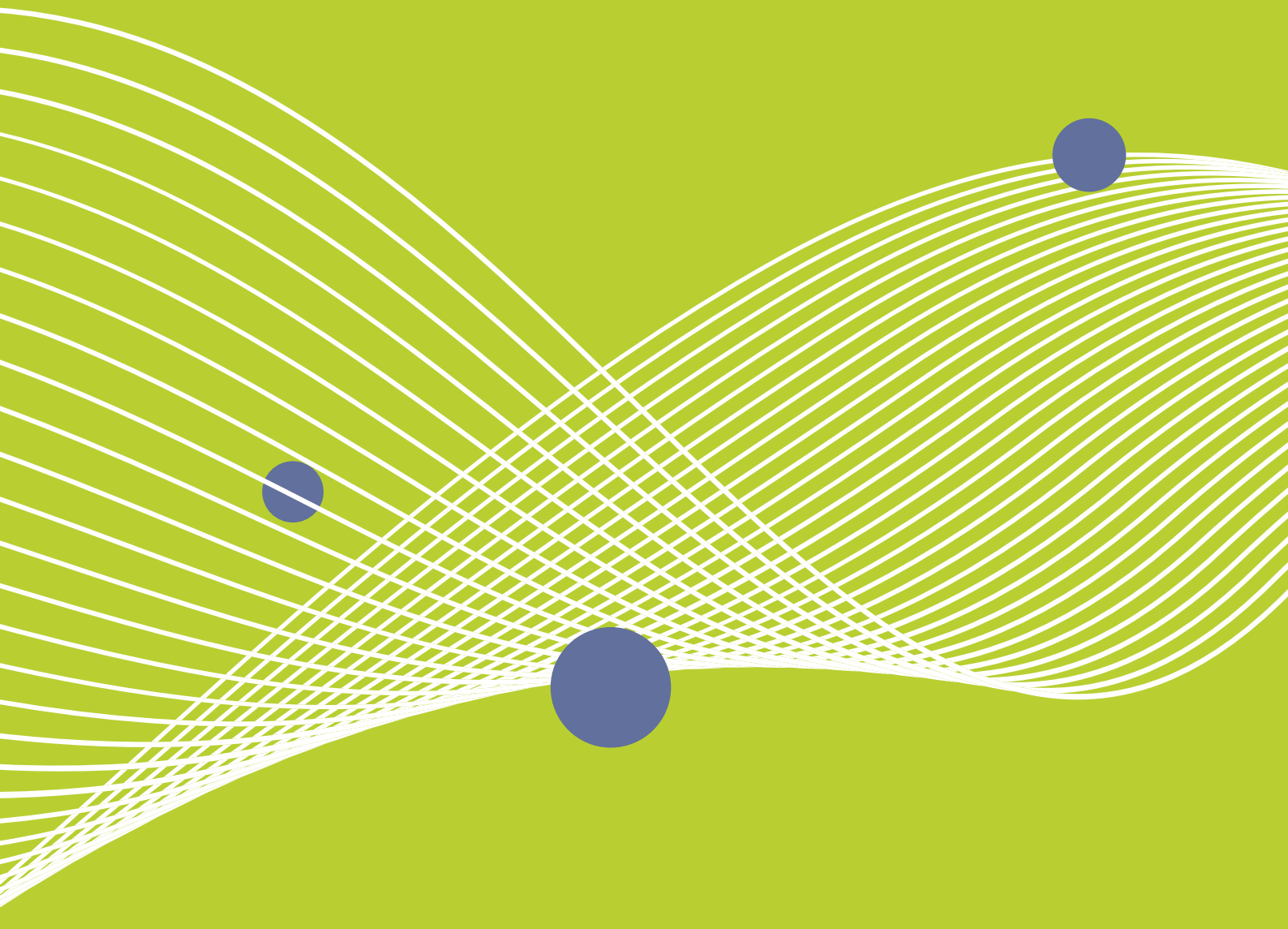
However, as this guide illustrates employability issues can cluster around people with a substance problem. Some of these issues arise and have their roots in issues that pre-date developing a substance problem and some of them are caused by substance use – others arise for people who are in recovery.

This guide separates each of these issues, explains their impact in their employability and prompts thinking on practical means of how these barriers may be overcome and the support that may be useful to people with a substance problem.

It is hoped that this approach does not obscure the fact that people with a substance problem have much to commend them within the labour market and be a huge asset to an employer. The guide points out examples of this perspective and how people with a substance problem may build from this perspective.

Please note that the term ‘people with a substance problem’ is used here to cover all people whose use of substances impacts on their ability to maximise employment opportunities. It does not reflect their current use of substances if, indeed, they use substances at all.

# Section One





## Employability and national employment, substance use strategies and social security systems

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National and regional policy and action plans, where they exist, provide a context and framework for employability work with people who have a substance problem.

However, these contexts offer little or no specific methodology or approach to employability work with people who have a substance use problem. Likewise, drug and alcohol policies in these states although some mention employment and training as a desired outcome of drug treatment and other related interventions give no detail as to how this may be achieved.

There is significant friction between the aims of employability work with people with a substance problem including the development of an employment pathway and national social security systems. This problem is complex and specific to national contexts. However, the principal problem elements of these issue can be defined.

Social security provides a 'safety net' for all citizens when they are unemployed. This provides a minimal income. It may also provide other benefits – which vary in different states and regions – for example, subsidised rent, reduced local taxes or lower fares on public transport. These 'means tested' benefits can form a significant proportion of the very low incomes people who are unemployed have.

Social security systems are complex and applying for and maintaining and proving status as a person eligible for payments can involve a lot of activity – attending interviews and filling in forms. There can be significant delays between applying for social security and receiving payments during which time people may have zero income.

A person moving to paid employment therefore needs to make a cost-benefit analysis of whether employment will offer a larger overall income and that they will be better off working. How long will they have to wait for their first salary and what will they do in the meantime to pay for rent and food etc?

They also need to do a risk analysis – what happens if they lose employment after a short period? They will have to re-apply and then wait for their social security payment. Are there circumstances that may lead to that application being refused?

Employability services may have to support participants and potential participants in doing this cost-benefit analysis and the risk assessment. Supporting a credible and realistic analysis and decision on participating may form the basis for a good relationship with the person. Likewise, an unrealistic analysis that forces participation that then leads to significant issues with income and security will make a good

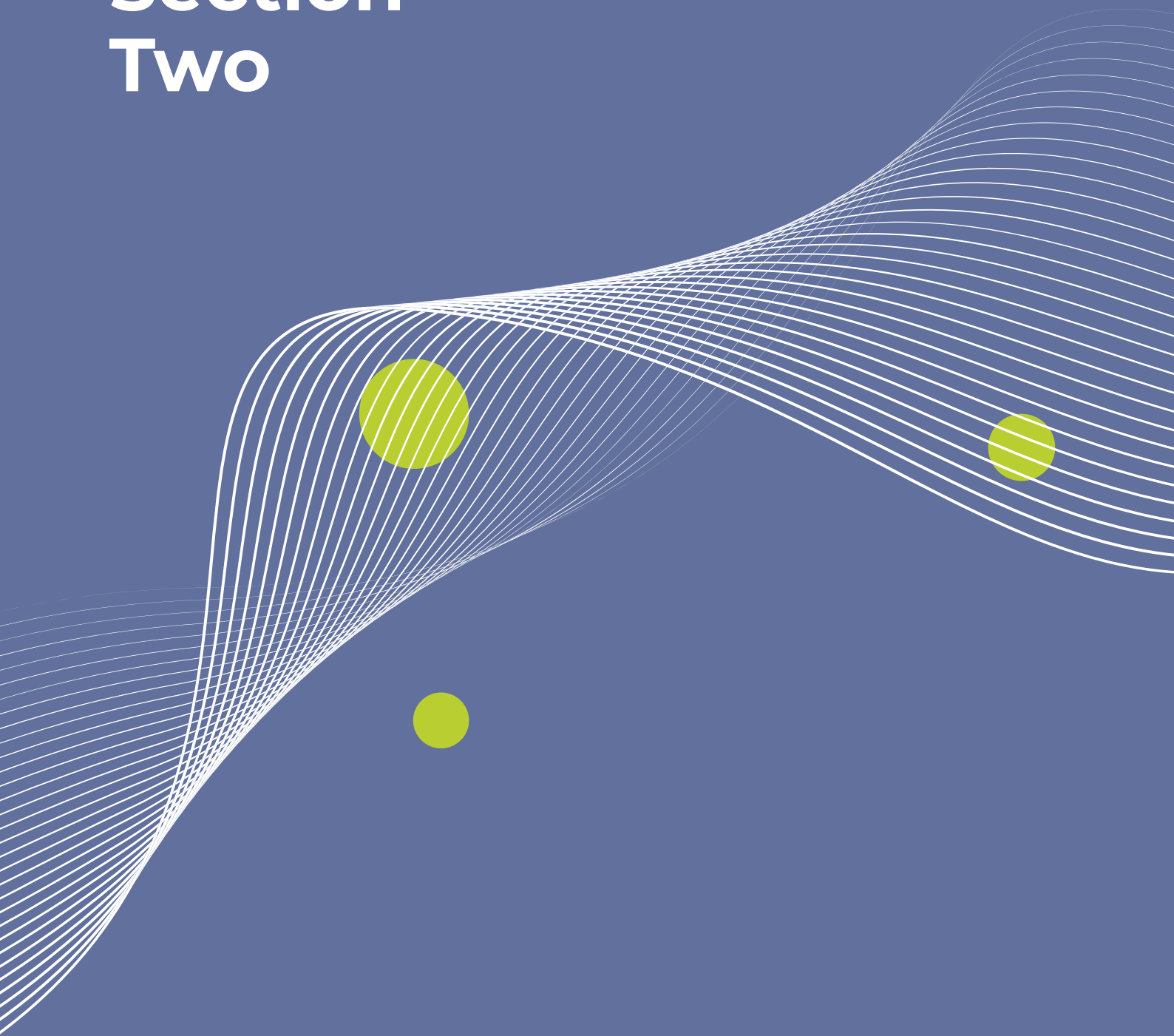


relationship and continued participation impossible.

Ideally the social security system would allow a period of transition from unemployment to employment during which the person could earn and receive some level of social security payment that could be tapered as a person's pay increases. In the UK there have been attempts to develop such a system through the implementation of Universal Credit.

Social security systems limit the extent and nature of volunteering activity a person can take. This prevents fuller participation in volunteering by limiting hours and other barriers. This can restrict participation in a, for some people, crucial first step in employability.

# Section Two



## Developing good practice in employability support and employment

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In this context, social entrepreneurialism is required of organisations delivering employability support to people affected by problem substance use. This is crucial, as is an understanding of the particular support needs of people with a substance problem both in terms of employability and wider supports around personal, social and health issues.

The development of models and methodological approaches for employability activity has been undertaken, mainly by organisations involved in delivering employability services to this group of people in their locality of operation. Some of these organisations are involved in providing other services to this group including education, harm reduction, treatment and support. Some are also involved in giving similar support to people who are marginalised for reasons other than substance use.

Much of this work is developed and sometimes delivered in partnerships with other organisations with a variety of specialisms, some offering support to people with other issues including social, disability and health issues.

Effective partnerships and networking facilitate the process of change needed to integrate a person into the labour market. One of the key factors in developing an employability programme is having a clear understanding of the roles played in what can be a complex pattern of partnership and joint working.

Coordination of the work of support staff from different organisations is important in the management of individual's supported learning journey. Their levels of motivation and current life circumstances must be assessed. An action plan / development plan should be undertaken to prioritise their needs and desires and plan how these may be met.

This coordination role is usually undertaken by the employability project. This work raises challenges and requires significant staff time and can be intensive work. It also requires good effective working relationships between people from different organisations. This 'brokering' role is key in delivering a satisfactory and effective experience for the programme participant. All this must be delivered in a wider employment context that is often not keen on the integration of vulnerable groups, etc. or unable to prioritise this work.

Here we define and describe some of the barriers people face and how these have been overcome by specialist employability initiatives.

In terms of approach, the key difference between labour market entry through employment agencies and many employability projects is that most employability activity is based in the core values of social work and social care – treating the individual as a person in need of support and assistance who should be empowered through the process identifying their needs and wants and then addressing each of these in a structured personalised programme.

This is not the only approach, however, and a more market-oriented approach involves a conscious transition of people from passive engagement in a labour market, from which they are or are likely to be excluded, to a more active engagement in which they consciously develop and exploit themselves as products of value in that market.

While there may be ideological differences in these approaches, in practice they often share similarities. For example, both approaches depend on a person-centred approach that allows each participant to have an individualised personal development plan or action plan that is based on an assessment of needs and desire or potentials and identifies actions that will address these. To achieve this, the need to involve the person in prioritisation and decision-making is a form of empowerment and personal development. For each participant, social (re)integration and labour market participation are closely linked and employment pathways are defined and pursued successfully with not only the co-operation but the full participation of the individual.

Workers involved in employability develop two distinct roles – firstly as motivators, support-givers, helpers in identifying strengths and ‘usable resources’; secondly they become assistants or agents working under the instruction of the person as the empowered individual seeks to exploit the labour market and calls for assistance. Eventually, ideally, the worker is ‘redundant’ as the empowered person acts freely within the labour market.

To function in both these roles, the worker and the employability project must have a good understanding of the local labour market and be well connected within that market. They must have useful organisational connections that the participant can exploit. The more partnerships and joint working are activated and trusting relationships established, the more likely that there is a greater range of training and work experience on offer to an individual. This is necessary to deliver unique personalised programmes that effectively respond to the needs, deliver the ‘wants’ and exploit the potential of the individual participant.

This work is dependent on having the time and resource to develop a deep knowledge of the individual, their needs and desires, strengths and weakness in terms of labour market participation and establish a trusting relationship between the participant and key frontline staff of the organisation as well as the organisation itself.

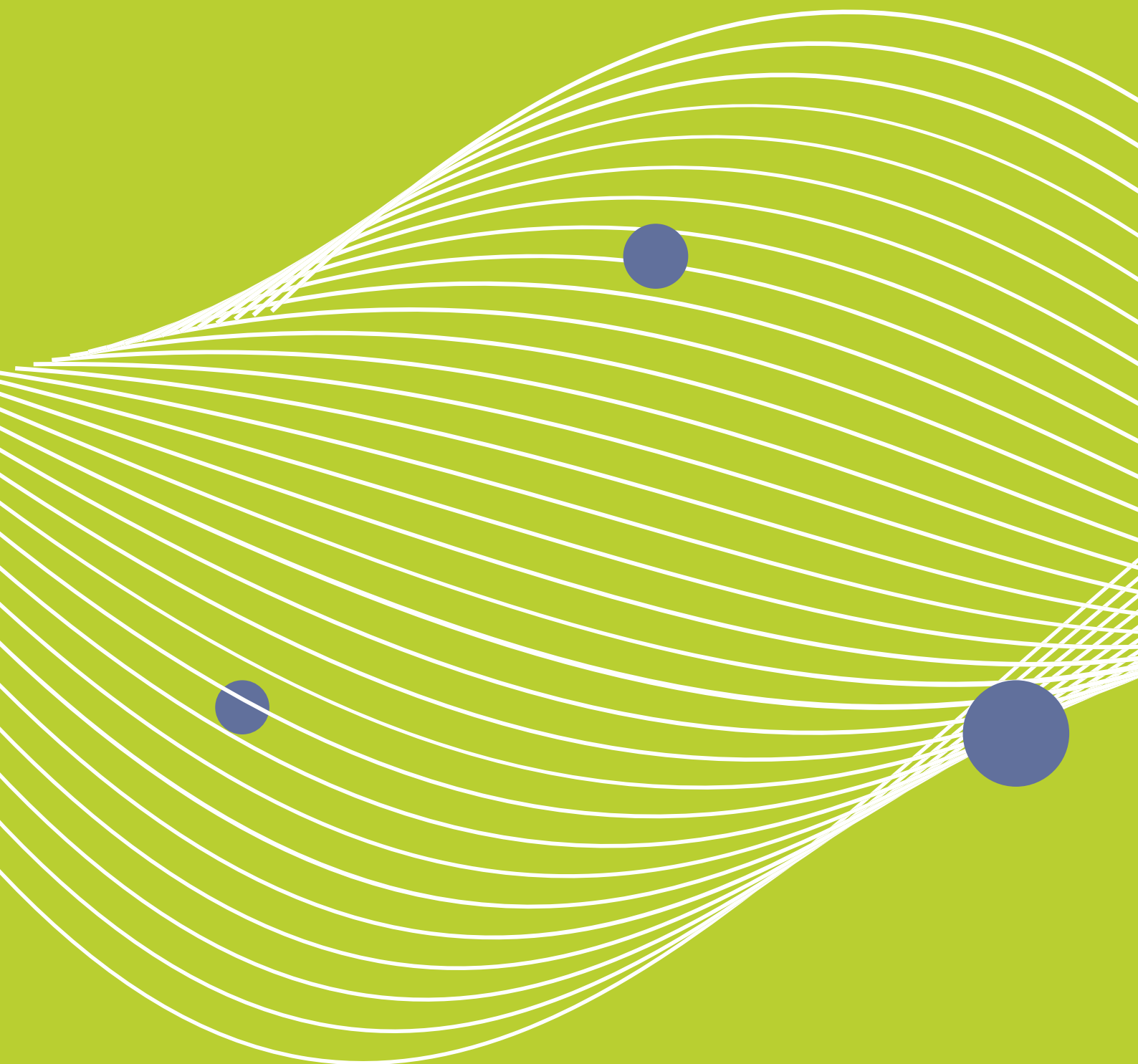
There is also a need to ensure time and adequate resource to train participants in necessary basic, transferable and specific skills which meets their agreed

development plan.

Time and adequate resource is also required to maintain a close working relationship with the referring services where appropriate and work jointly and in partnership with other organisations involved with the participant. This may include harm reduction, substance use treatment and rehabilitation services.

Different employability services deploy different approaches but ideally there should be a choice for participants. For example, it should not be presumed that one approach is suitable for, for example, job search activity. For some people this will be a solo activity which people do on their own with a little assistance, if required, from a support worker. However, for others, the dynamics of a group can motivate them and they can learn from peers about techniques in applying for employment and in, for example, interview skills. For people who have had a substance use problem making new connections with others and achieving a more socially integrated life may be therapeutic. It may also reflect their experience of therapeutic communities or their experience of peer fellowship which they associate with their recovery. For some people groups may allow learning about social skills, negotiation, listening and group dynamics. Obviously for others, groups may not be an attractive or effective environment. However, it is important that each intervention is well thought through and designed to exploit learning and development opportunities.

# Section Three



## Insight into barriers to employability support and employment

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Early work in this area has involved detailing the barriers people with substance use problems face in gaining employability support and paid employment. This iterative process has been the basis for the development of services – for each barrier, providers have sought means to overcome the identified issue. Some of these means are learned from services working with other marginalised groups and some have been uniquely innovated in this field.

This work has been useful in identifying not only barriers but possible funding resources as well as developing effective partnerships and services. All of this has been the basis for the development of good practice.

The work involved in providing employability support to people with a substance problem is varied and participants will require a personal development and participation plan which reflects their own needs and desires. However, it is important to conceptualise a unified set of values and approaches as a basis for service delivery. It is useful to regard all of this activity as supporting social mediation between the individual and the social context of the activity. The socio-professional integration of people with a substance problem depends largely on the quality of this social mediation work and the mediator's performance. This perspective prevents people with a substance problem being written off as 'hopeless' or 'people with whom we cannot work' and supports a wholly inclusive approach.

Work with young people with a substance use problem may closely mirror other activity with unemployed young people. It may need to address specific barriers – in terms of physical health and fitness and, perhaps, mental health, the criminalisation of the young person (in some jurisdictions) and the stigma associated with some types of substance use. The support and employability work may be more intense and profound than with less marginalised young people whose unemployment is due to a combination of a lack of marketable skills, education, qualification or experience and local, regional or national economic failure.

Barriers are not, generally, unique to people who have a substance problem but are shared with other marginalised groups. However, they cluster around this group and many people experience issues around multiple barriers to employment. Often these are also barriers to employability support.

Barriers faced by participants described here form an overview of the issues faced by people with a substance problem generally.

There are two important points to note.



Firstly, while some of these barriers may exist for many people who have a substance problem, an individual is unlikely to face all of these issues. In some circumstances, even when there are a wide range of issues some may not be significant barriers to employment. Barriers are more likely to be more significant to some employment positions than others. People may face an absolute bar to some work because of, for example, a criminal conviction, but find many other paths remain open.

People who have a substance problem may have significant assets gained previous to their most intense periods of their substance problem - these include skills, qualifications and experience that may be highly marketable in the labour market. For people in these circumstances issues with updating skills and knowledge, labour market access and addressing employer attitudes and stigma are likely to be the focus of employability work.

Secondly, people who have significant substance problems often have developed skills and attitudes that are valued within the employment market and represent a considerable asset in employability activity. They may well have developed resilience and skills in problems solving and improvised solutions that allowed them to survive and recover from problem substance use. They may also be highly motivated and ambitious to 'make up for lost time'. They may be highly motivated to do particular forms of work that reflect their experience including work with people who are themselves marginalised or disadvantaged and they may have insights that can contribute to their success in this field of work.

## **Physical health**

Poor physical health and poor levels of physical fitness are common in people who have a substance use problem. These issues increase the older people are and in older groups the early onset of chronic conditions, often multiple conditions is not unusual. Some of this is related to poverty generally and to an associated lifestyle including substance use.

Some people get involved in substance use because of health issues particularly chronic pain and insomnia. In this circumstance, substance use is a form of self-administered self-medication.

This can represent a significant barrier to employment that involves physical work and where sickness absence rate is above the average, especially in the early stages of a period of employment or in insecure work.

## **Mental health**

The mental health outcomes of childhood trauma, abuse and neglect and the mental health consequences of both substance use and a life course associated with

problem substance use impact on many people with a substance use problem. In these cases, substance use is closely associated with a pattern of self-soothing or self-medication.

Mental health can represent a significant barrier to employment where sickness absence rate is above the average, especially in the early stages of a period of employment or in insecure work when the employee does not have full employment rights.

People may need medical support and a larger group of people may need support in appropriately disclosing, defining and addressing issues they have with mental health, including adapting their coping mechanisms to the employment environment.

The routine, social contact, self-esteem, sense of purpose and achievement that come from employment can all help people better manage their own mental health. This is a significant motivation for many people to become involved in employability and to maintain that involvement.

## **Criminal convictions**

Criminal convictions can be a barrier to labour market entry for many people with a substance use problem. These may result from behaviours they were involved in while using substances. They may also result from acquisitive crime that allowed them to raise the money to pay for the substances they used. For whatever reason, this will raise issues about trust for some employers; it may even be a complete bar for some posts.

People in this situation need support in appropriately sharing and explaining their personal history including their involvement in crime and in demonstrating their trustworthiness and building trusting relationships with employers. Legislation on the rehabilitation of people who have committed criminal offences varies in different states but disclosure of some offences in some circumstances may be unnecessary and it may be unlawful for employers to discriminate on the basis of some offences in some circumstances. People who may be affected by such legislation may need to be supported to understand how these laws and regulation affect them.

Some employability projects work closely with services working with ex-offenders and people released from prison.

## **Employment experience**

Some people with a substance use problem may have had no opportunity to build significant experience of employment. This may be because their substance problem developed in their youth or because they were long term unemployed when their

substance use problem began. Other people will have had some employment experience that has ended as their substance use problem came to dominate their lives. It is worth bearing in mind that some people who have had significant substance use problems remain in employment and perhaps never lose their jobs.

Employers value employment experience as it is a proxy for work environment behaviours and transferable employment skills and attitudes, for example, trustworthiness, timekeeping and reliability. It is also in sustained employment that people develop the necessary skills for some posts. When a person has little or no work experience an employer may require significant persuasion and reassurance that they are not taking an unacceptable risk in recruiting someone. Volunteering experience, intermediate labour market and supported employment may all help address this issue.

### **Housing and homelessness**

Homelessness and insecure housing status is an issue for many people who have a substance problem. This situation can continue and recur even after a person has resolved their substance problem.

The impact on employment is complicated and may result in an inability to prioritise employability activity or to seek work or in not being able to maintain employment. Changes in housing situation can also impact on travel to work arrangements and expenses. Most employability work has been done with people in stable housing situations but some projects have developed from homelessness and housing projects.

### **Labour market knowledge and access**

Some people who have experienced profound problem substance use are far removed from the mainstream labour market; they do not participate in or influence it.

Recruitment to many posts focusses on people who have particular skills and attributes. Some skills and knowledge need to be kept up-to-date for example some roles in catering and knowledge of software and care working. People who have been unemployed for some time are at a significant disadvantage in the labour market. People who have been out of work for a short period of time or are new to the labour market are favoured by employers.

In some work areas personal connections help people gain work experience and employment. Maintaining knowledge of the market – of what skills and knowledge are in demand, and of the availability of jobs is more difficult for those excluded from the market and especially for those without familial or social connections to people

who have this knowledge. For people with social networks focussed on substance use and on recovery, this may be a challenge. However, there are useful connections within these networks that can be exploited when people in recovery bring together their recovery, social and employability networks.

### **Self-care and self-presentation**

Self-care can be an issue for people with a substance use problem either because these skills have not been acquired through a lack of role models or learning opportunity - this happens especially when working with young adults; because of mental health issues or because the person is unable to prioritise these matters in the face of their problem substance use. This situation can resolve itself when people are more able to prioritise these matters. However, if this does not happen then this can represent a significant issue in gaining and keeping paid employment for some people.

In employment areas where employers expect employees to have a stylised self-presentation, for example in parts of the hospitality industry, initial presentation to the employer at recruitment can be crucial in securing employment. People may need to be made aware of this and supported in developing self-presentation style appropriate to work areas with which they are unfamiliar.

Much of this is addressed by indirect means – as participants work together in an employability project, peer modelling, personal self-esteem and confidence result in changes to self-care and presentation. Where issues that would impact on employment remain, these can be addressed in one-to-one support.

In terms of industry expectations, these can be addressed within specific programmes, skills training and induction.

### **Basic skills**

Low levels of literacy and numeracy, as well as lack of basic use of digital technology can result from a disrupted childhood education that involved disengagement from formal school education. For people with a substance use problem, prioritising addressing these issues can be difficult and opportunities to address these issues may be limited.

In seeking employment as well as fully engaging with employability work, the lack of basic skills can be a significant barrier to progress. It can also be a significant in self-exclusion from employability. People need support to appropriately disclose, define and address any issues they have in basic skills.

Employability projects have three means to address this issue. Firstly, they remove

unnecessary literacy and numeracy barriers to participation – filling in application forms, for example. Secondly, they support learning in these areas. Thirdly either internally or using another agency and working jointly they identify participants who need particular support and add this to their development plan.

### **Digital exclusion**

People who lack access to the internet, hardware and software face a significant barrier in seeking employment and in acquiring necessary information and skills. Digital exclusion may be based in simply not being able to afford to purchase and maintain a smartphone or a computer or internet access at home and / or be based in a lack of interest, knowledge or skills in the use of digital technology and the internet.

Many employability projects feature skills training in this area – particularly those working with older people who have been absent from the labour market for extended periods or who have had a long term and profound substance problem.

Some projects provide participants with computer laptops, tablets or smart phones. This offers an incentive for participation for some people and they are often used for skills and knowledge learning and for formal learning that leads to certificated qualifications.

### **Social media**

Some people entering the labour market for the first time or after a long absence, must give consideration to their public image and to people's perception of them. Their social media and online presence may comprise a significant means by which people form opinions about them.

In the transition to the labour market people may have no awareness of their social media presence and the implications and significant impact it may have on their employability. Raising awareness of this issue and finding means to address it can be a significant activity in rehabilitation and employability programmes.

Some projects have committed time and resources to addressing these issues with their participants and empowering participants to promote themselves within the labour market using social media.

### **Personal budgeting**

People transitioning from benefits to paid employment can face significant issues in person budgeting. The amount of money they have changes and may increase but so too does the range of things on which they must spend money (for example

public transport fares). This includes being responsible for paying for things that were free or cheaper when they were on social security, including local taxes for example. People may also have to pay off debts accumulated during a period of unemployment or problem substance use.

As in-work poverty remains a significant issue in economies, participants may have to learn about other means of income and entitlements within complex social security systems or in informal social and other supports available locally.

Income maximisation and support in understanding entitlements and tax are part of some employability projects. This is sometimes provided by experts from external organisations. Financial literacy – budgeting and the use of financial products including banking functions, loans and credit are included in some employability programmes, especially those working with young people. Advice on personal debt may support people to sustain paid employment which may trigger action to repay debts.

## **Employability skills**

Basic employability activity involves coaching and support around interview skills and inter-personal communication. The crucial first engagement with an employer is the most important part in gaining employment. Some people need support with this to 'sell' themselves to an employer and colleagues. Bearing in mind that they may have complicated histories and be anticipating and seeking extra support from an employer who may have had bad experiences in employing others or who may perceive that they are 'taking a risk', this can be a complex engagement that needs to be well handled.

Employability activity will also focus on the skills involved in maintain employment including reliability and inter-personal skills. Good employability activity will also explore personal development that allows people to reflect on their progress and motivation and to identify and take opportunities to learn and achieve within employment.

Mentoring and personal coaching can offer substantial support with labour market contact and access. Some projects have therefore developed mentoring as an integral part of their programme and others build mentoring-type relationships between staff working with a caseload of participants.

## **Stigmatised identity**

By definition, problem substance use is a stigmatised state and so people with a substance problem have a stigmatised identity. This can be a significant barrier to employment.

Employability activity is likely to address this by exploring appropriate disclosure, emphasising aspects of the experience that are positive for employers – including for example elevated motivation to gain and succeed in employment. Responding to the reactions and attitudes of co-workers, identifying, and where appropriate, challenging stigmatising attitudes and behaviours.

It is important that a person can build and control their identity in a work context. This can be difficult for people whose experience has been to 'be themselves' and not consciously moderate their behaviour. Modelling, discussion and support may help people consciously consider this issue and develop appropriate strategies.

Employability projects and employment give people with a substance problem a new identity, for example as a 'participant' or a 'trainee' or a 'worker' and to build relationships with colleagues that are based in those identities. This is significant for some participants who find themselves treated differently by others and begin to think differently of themselves. The difference can have a profound effect on people.

As well as changes in self-perception and behaviour of people who have a substance problem, the attitudes and behaviours of employability services themselves and employers is a key element of good practice.

Both employability organisations and employers need continuous monitoring, support and intervention to identify, challenge and address prejudiced and stigmatising attitudes and behaviour towards people with a substance problem.

The selection of programme partners and their planning and preparation for working with people with a substance problem is crucial; this includes ensuring they understand the potential central role they can play in the social integration of people with substance problems and in recovery.

This anti-stigma work can only be developed after the establishment of trusting relationships between all three key stakeholders – the programme participant, the employer and the employability project. The employability project is the most likely initiator and developer of these relationships.

## **Poverty**

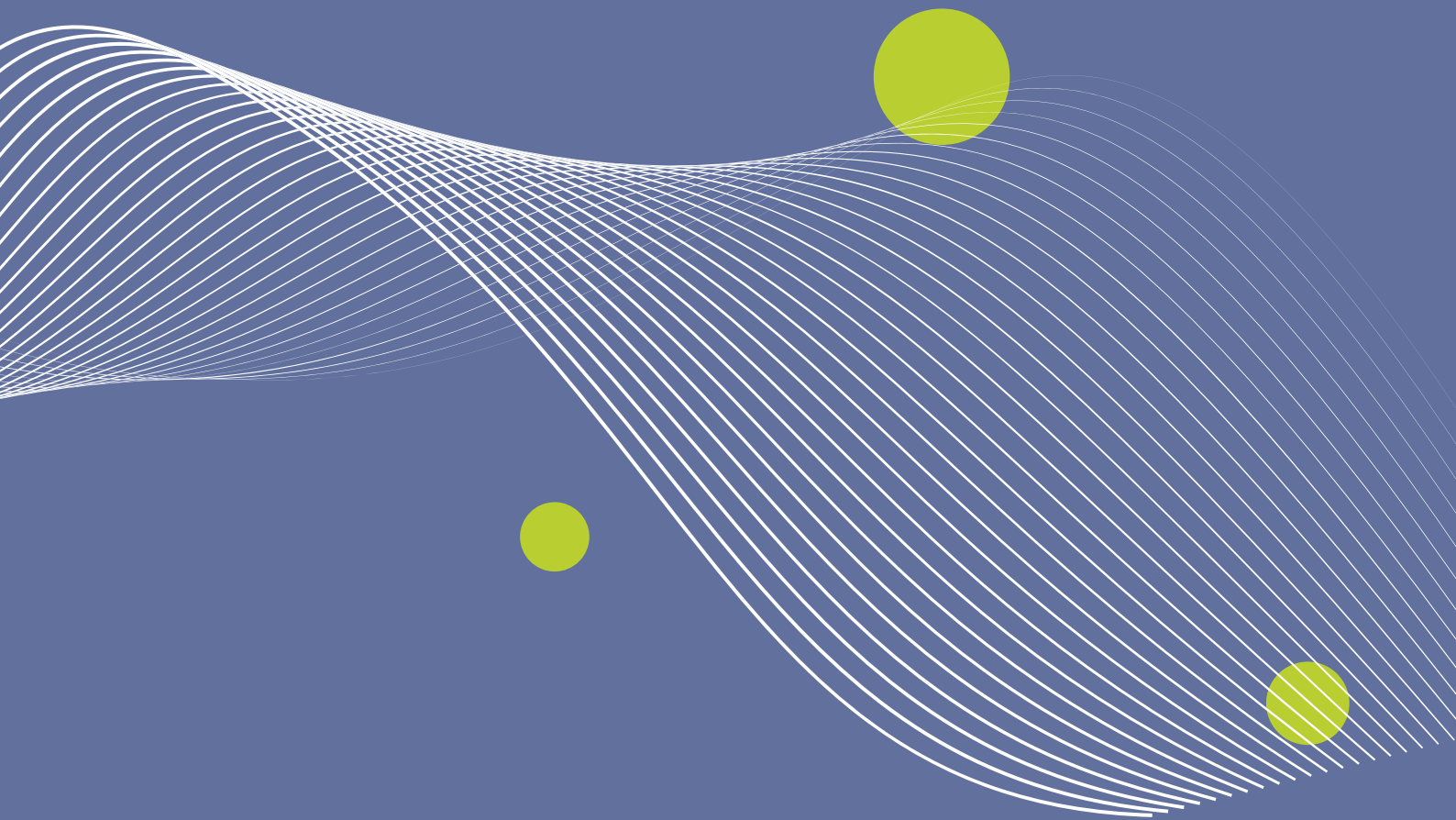
Many people who have a substance use problem seeking employability support will live in poverty. They may have had a life history of being amongst the poorest people in their state or they may have ended up living in poverty due to their unemployment and their substance use. This is a significant issue for people but is rarely named as employability projects focus on personal attributes and skills. A focus on poverty may be regarded as disempowering as the person's ability to address this is limited in a context of a lack of social mobility.



However, it is important that projects are based in an understanding of poverty and of the economic and cultural circumstances in which the people using the project live and work.

The evidence is that in-work poverty has grown hugely in some areas of the EU over the last decade and employability projects are not enablers in this regard. However, the degree and nature of poverty can be addressed and employability projects can offer the opportunity to gain access-level posts within an organisation and the ability to take advantage of rapid promotion or to gain particular skills that result in better pay and conditions.

# Section Four



## The development of employability pathways

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Across the four states, it is possible to discern the development of an employability pathway for people who have a substance problem. This has two components:

- ***Preparatory and on-going employability activity*** focusing on knowledge, skills and behaviours that are demanded within the labour market and marketable to employers and will contribute to gaining and maintaining employment
- ***Opportunities to gain employment experience and skills*** with any necessary ongoing supports. This includes volunteering activity, intermediate labour market activity and supported employment as well as mainstream employment.

### Volunteering

Volunteering activity is by definition unpaid although expenses or small monetary awards may be made in some cases. National minimum wage, social security and other employment legislations define and limit the terms of such awards.

Volunteering offers a significant opportunity to acquire skills and address barriers to employment in a generally supportive environment. The social security system may limit the hours and range of volunteering opportunities and the complexity of these restrictions may dissuade people from participating. Brokers can help explain these restrictions to potential participants in volunteering.

Brokers can also help match people who want to volunteer to volunteering opportunities from which they could benefit.

Many employability projects involve unpaid activity working with employers which may be described in many ways but may be best thought of as volunteering.

It is worth noting that employability projects often evolve from volunteering opportunities with service providers.

It is also worth noting that many participants in employability projects are recruited at a time when they are doing some volunteering or they graduate through an employability project to participate in volunteering.

Whatever the organisational link between volunteering and employability projects, it is clear that for individual people on their employment journey both volunteering and employability play a crucial and complementary role. Some employability projects have formalised this relationship to provide a 'bridge' that begins with providing or brokering volunteering opportunities and transitions to more intense and focussed

employability activity with the aim of entering the labour market and securing paid employment.

### **Intermediate employment**

The aim of the intermediate labour market (ILM) is to provide a labour market where the long-term unemployed can gain 'employability skills' to compete effectively for mainstream employment. An ILM can give the people most removed from the labour market a bridge back to the world of work by raising participants' employability skills. It is also, in the context of problem substance use a means of consolidating recovery and ensuring significant lifestyle changes which make problem substance use less likely and motivates people to maintain their recovery.

The ILM offers paid work on a temporary contract (usually for a period up to 12 months), together with training, personal development and job search activities. The work should not replace 'real' jobs; the work should create capacity that would not otherwise be available or impossible to fund otherwise.

ILM's often depend on a cocktail of funding from various sources which means that ILM are usually developed by specialist employability agencies and by partnerships of organisations. This work is often innovative and entrepreneurial in nature and undertaken by NGOs.

For people facing significant and multiple barriers to employment, a personalised package of support, work experience, training, personal development and assisted job search offers a means of entering the labour market and maintaining paid employment. Typically participants will have been failed by the labour market and by other less intensive supports.

ILM projects have best integrated with local labour markets where they develop skills in short supply and employers have experienced recruitment problems. This motivates employers to provide placement and to contribute to ILM participants' pay. It also motivates participants to become involved and remain within the programme.

### **Supported employment**

There are various models of supported employment, but all involve someone undertaking 'real' paid work and receiving support to carry out their work role. This support can be tapered and eventually withdrawn or it can be flexible and increased at times of ill health, stress or crisis.

This model was initially developed to support people with disabilities enter the labour market. However, there is potential for such a model to support people who have substance problems although these are currently under-developed.

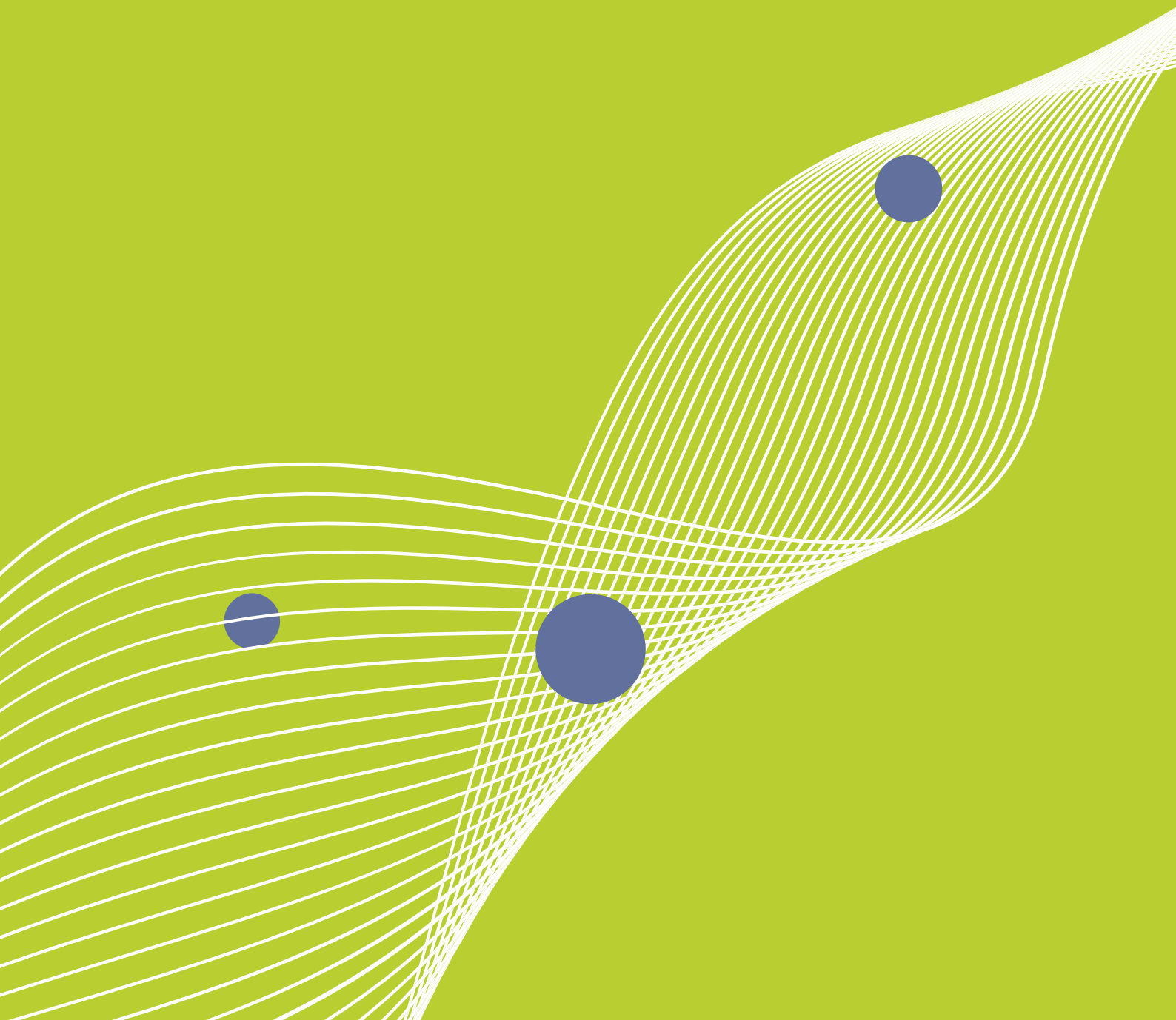
While there are huge strengths in each of the components of the employability pathway, in reality, there are still significant issues in developing and delivering employability pathways for people with a substance problem – and for people more generally.

The first issue is in the completeness of the pathway. Many areas seem to have developed part but few areas have a complete pathway fully developed. In some areas there is a lack of volunteering opportunities for example. In others it is the intermediate labour market that is missing. Secondly, the different elements of the pathway are not linked and so, for example, after a period of volunteering, there is no obvious link to an intermediate labour market. This can be because of a lack of awareness or because the available volunteering opportunities do not provide adequate learning and personal development to ensure people are 'ready' to move on.

However, the third issue is perhaps crucial. Each part of the pathway as established in many areas simply has inadequate capacity. Typically, while there are perhaps many volunteering opportunities there are not as many or an adequate number of intermediate labour market opportunities. And there are real issues in ensuring there is enough mainstream paid work opportunities. While the ILM may be the best means to get pay, work experience, qualifications and necessary understanding and involvement in the labour market, for many it does not deliver paid mainstream employment. Although the employment rates may be better than with other interventions, they are not 100%.

The failure of the economy to deliver full employment, frequent recessions and widespread unemployment impact on the success of employability activity. Even people who are successfully employed at the end of their training may have insecure employment status and lose their job. In this case employability programme recycles long term unemployment to create shorter term unemployment. Socially, this is not entirely a waste as short term unemployment is less damaging to society but for individuals it represents a smaller benefit than might be expected.

# Section Five



## Examples of good practice in employability from four EU countries

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Good practice examples serve to show the complex nature of some of the approaches that have been developed and their effectiveness in supporting people with a substance use problem to overcome barriers.



### Italy

The issue of reintegrating people in treatment for an addiction problem into work is not the subject of particular studies and research. The general and worrying lack of jobs, which for many years now has characterised the Italian labour market, probably does not allow us to dwell on the needs and, therefore, on the design of policies and programs for individual target groups, but urges a much wider reform of the labour market, which seeks to strengthen the tools of work inclusion for young people as well as for the over 50 year-olds, the poorly educated as well as graduates, those with psycho-physical disabilities or addiction problems as well as those that, at least apparently, do not have such additional difficulties.

The problem, perhaps, lies precisely in this reflection: in the current political and economic situation, in our country, is the condition of addiction (to licit or illicit substances, gambling, etc.) really an obstacle added to the more generalized difficulty in finding a more or less stable job? In the same way, can the widespread relational difficulties of young people, addiction (often without much competence) to technological and communication devices, the widespread perception of the inadequacy of the current training system be considered as further obstacles?

Despite all these questions, to which it is difficult to give a definitive answer, it is however possible to find occasional innovative experiences designed to provide specific support to people with addiction-related problems in order to get them to enter or re-enter the labour market. For the most part, these are initiatives by individual private parties, or a group of them, designing these activities within calls financed by the European Social Fund or by private organizations (foundations, ecclesiastical bodies, etc.).

At national level, in recent years and still today, type B cooperation has played a leading role in the activity of job reintegration for the specific target of people with addiction problems.

In some regions the sector legislation has also allowed to combine under a single company the type A cooperation (the one managing social-health and educational



services) and the type B one (the one dedicated to the performance of agricultural production, industrial and commercial activities or services, aimed at the employment of disadvantaged people). The Ministry of Labor has granted social cooperatives the possibility of being simultaneously Type A and Type B, provided certain conditions are met, first of all that the types of disadvantage and/or areas of intervention indicated in the corporate purpose are such as to postulate coordinated activities for the effective achievement of the purposes attributed to social cooperatives (Article 1, Law No. 381/1991).<sup>1</sup>

These organisations bring together educational skills (typical of Type A Cooperation) and professional sectoral skills (typical of Type B Cooperation) within themselves, and they significantly represent the most relevant experience in the field of subjects and services for the job reintegration of disadvantaged people, in a broad sense, and more specifically of those with addiction problems.

### **OpenGroup Social Cooperative of Bologna**

With the “part B” of the Cooperative, OpenGroup manages activities in different productive sectors: electromechanics, laundry, communication, archiving, management of museums and theatres (ticket offices), bike sharing (logistics and repair), catering activities.

Places are found in each sector for disadvantaged people under care of the local social and health services, with a consolidated methodology that, in light of the results obtained and the time consolidation, can be considered in all respects an emerging practice of excellence. This methodology includes some essential activities, such as: the identification of specific company tutors for each production reality; a short training period for company tutors; the identification of a case manager (as a contact person for one or more people in the company) who periodically meets the company tutors; the creation of specific reporting tools for tutors, to be sent weekly to the case manager.

The people to be inserted are taken in charge by an educator of the Cooperative, who becomes their case manager. Through some initial interviews to know him/her, the documentation relating to the user is collected (Curriculum Vitae), his/her training needs are detected and a possible context of integration is hypothesized in relation to the assessment of his/her abilities and any critical issues. The inserted person is introduced to a path with the purpose of learning, empowerment and transition (towards a company outside of OpenGroup). Subsequently, meetings are scheduled between the company tutor and the person to be inserted, with the involvement of the sending service and the case manager, and the individualized path is defined sharing times and objectives. In the event of operational shortcomings, the people to be included are offered training courses, internal or external to the OpenGroup Cooperative, in order to reinforce the most fragile technical and transversal skills.

At the time of hiring, the internal regulation of the host reality is presented to the inserted person (whether it is an external company or the OpenGroup Cooperative) and, if necessary, any supports or tools to help improve individual performance are identified. During the employment relationship the case manager periodically meets the inserted person and the company tutor, with the intent to verify the achievement of the shared objectives and, possibly, to evaluate the need to define new ones. On a weekly basis, he/she verifies the placement's progress through an evaluation form completed by the company tutor. The case manager also has the opportunity to meet periodically with the educators of the "part A" of the Cooperative and with those of the local services, as well as to participate in specific meetings in case of emerging critical issues.

After the period of training in the sectors within the OpenGroup Cooperative, the inserted people can be directed to external companies. The "exit" phase from the organization includes some preparatory activities: participation in active job search groups; review of their Curriculum Vitae; participation in a training course to acquire basic computer skills; participation in specific professional technical training courses; the search and verification of work positions "discovered" in the territory (both internal and external to the OpenGroup Cooperative), self-nomination at an important private employment agency in the Bologna area (Lavoropiù).

The period of stay in the Cooperative is marked, for each person, by a Training Timesheet, defined together with the operators of the Training area of the OpenGroup Cooperative:

- within the first month, a training course for the development of transversal skills is proposed;
- within 60 days, specific training on workplace safety is proposed;
- between the second and eighth month, training is organized for the development of specific professional technical skills (depending on the sector in which the placement is done);
- between the eighth and the twelfth month, preparatory training is proposed before leaving the OpenGroup Cooperative.

On a numerical level, the OpenGroup Cooperative employs approximately 30 people on a regular basis within its own production facilities, of which around 80% - 90% come from therapeutic pathways due to an addiction problem, and manages, on average each year, between 50 and 70 job placement training internships, both internally and at external companies. Even in this case, people with addiction problems account for about 70% of the employees.

The choice of this reality, as an effective and efficient emerging practice, was made due to the complexity and completeness of the approach to the problem of re-employment for people with addiction problems, favored by the coexistence of

two “souls”, the educational one (of the type A Cooperative) and the productive one (of the type B Cooperative) within the same organization. The in-depth knowledge of the people to be inserted, the adequate spaces and times dedicated to their training, the personalization of interventions, the possibility of experimenting and making these people grow personally and professionally in working contexts within the Cooperative before entering external companies, the constant monitoring by case managers in constant contact with company tutors, knowledge and observation of the territory in order to grasp its needs and job opportunities, are all elements implemented by OpenGroup operators and are effective as a whole, that is when all those involved (including the person to be inserted) take them into consideration at every stage of the path as integral and indispensable parts of it.

At a regional and local level, in this type of activity, emerging experiences are not found today, activities that are characterized by innovation and excellence in results.

Since many years now, in Umbria, this activity of support and job search for people with addiction problems, is the responsibility of the Work Accompaniment Services (WAS), services activated throughout the regional territory by the Social Zones (unions of neighbouring Municipalities) and often managed in collaboration with private social entities (Cooperatives, Associations).

These services work with a consolidated and effective methodology that, over the years, has also given good results. This methodology, tested and improved over time, includes some essential steps: the reporting of the person to be inserted by a contact person of a social or socio-health service of the territory (generally a Social Worker), with whom, then, the whole course of the person is shared until its conclusion; a phase of initial interviews to get to know the person, for his/her orientation and balance of competences; active search, in which the person to be included also participates, for a company available to activate an extracurricular training internship; activation of the extracurricular training internship according to the regulations in force, with the definition of times, objectives and roles (company tutor); identification of a project tutor who carries out ongoing monitoring and the final evaluation of the internship; support and accompaniment to autonomous search for employment through Employment Centers and Private Agencies for employment.

To these services, which have been permanently active in the territories for about 20 years, some specific projects were added in the last few years, carried out by Associations and Social Cooperatives, participating in regional calls financed by the ESF 2014-2020. These projects were designed and implemented by applying the methodology experimented with the WASs and, often, they were built to integrate the resources destined to them by the Local Authorities.

For this reason, it is not possible to talk about “emerging” practices. If anything, we can highlight some experiments that the organizations operating in the area have

put in place to improve the job integration programs of subjects with addiction problems.

Among these, surely, the most relevant and innovative experience that some regional organizations are starting to experiment is group work, a consolidated activity in socio-health intervention models (therapeutic communities, specialized services), but less frequent in services and projects aimed at job reintegration, centered since always on an individual dimension.

The group dimension is used at different levels: for training and orientation activities with respect to the possibilities of placement in the territory; to encourage sharing and confrontation through informal meeting groups, periodically on a fortnightly or monthly basis, at any stage of his/her path each person is found. Through the exchange of experiences, opinions and information, each participant has the opportunity to be supportive of others, sharing successful personal strategies and ideas, and at the same time finding or rediscovering motivation, courage and interesting ideas in the stories of other



## **Netherlands**

The context of the development of good practice in The Netherlands is worth noting. The Participation Act (Participatiewet) that came into force at the beginning of 2015 replaced the old Work and Social Assistance Act (Wet Werk en Bijstand - WWB) dating back to 2004.

The good practices implemented under the Participation Act evolved from the WWB. Essentially these are that –

- You have the right to learn
- You have the right on a job
- Voluntary work is mandatory
- Work is treatment and treatment is work

These are the paths to employment. Although this may seem a negative narrative and unlikely to motivate and engage those young people furthest from the labour market, the Dutch system has shown significant comparative success with regard to youth unemployment rates, by EU standards, for decades and The Netherlands remain among the three EU states with the lowest youth unemployment.

Municipalities are responsible for delivering this policy and its outcomes and this has been the case since the introduction of the Work and Social Assistance Act (WWB) in 2004. From that point, Work First and work activity models were developed and have adapted to this law.

The WWB made the municipalities responsible for 'Welfare to Work' which aims to prevent dependence on benefits, or at least to reduce dependence to a minimum by getting people (back) to work as soon as possible. This of course had its impact on the admission and selection of learners.

The national government stimulated this by giving separate capped budgets for benefits and Welfare to Work services. This means that legislation and regulations only provide exemption from the obligation to work for those who are unable to work due to physical or emotional problems. And it is important to state that the budgets are limited, labelled or ring-fenced for these groups and purposes. So, if municipalities have more benefit recipients than they received on benefit budget they have to finance this on their own.

In the last decade, the Netherlands has experienced a deep transformational process to actualize the participatory society model. This process has been unique, as this reform has not only triggered a revision process aimed at improving the quality and efficiency of the support systems available, but also involved a strong normative discussion about social and individual responsibility and, therefore, about the relationship between the state and the individual. Participation, in this context, is understood as the right of citizens to develop their talents, and the duty to use those talents in the service of society. Nowadays, every person involved in the Dutch society has a responsibility and must take an proactive attitude in order to respond to it. Consequently, active citizenship has become, in the last years, almost synonymous with decreasing citizen dependence on social services and other welfare arrangements. As a result, citizens in the Netherlands are expected to take responsibility for their employability, health and finances as well as for the social cohesion, safety and 'liveability' of their communities.

### **Werkcenter Model**

One of the best Dutch 'Work First' practices, also tailored on people in recovery ('One size fits all', to avoid stigma) is the Werkcenter Model. This model was born as a Welfare to Work Social Innovation model in 2005 under authorities of local government (municipality Papendrecht). It developed into a private international social commercial enterprise which was specialised in getting people in employment on a local level and expanded to a concept regionally (15 Werkcenters) and nationally (covering 250 municipalities). The Werkcenter Model emerges in all variants in municipalities still.

It is important to address that in this project the professionals working with the people far from the labour market (e.g. people in recovery) were given the space and flexibility they needed to find the best solution. Although mind-set and rules are important the 'One size fits all' approach is just the starting point, to see what does not work with people far from the labour market. A tailor-made approach is

necessary to avoid mistakes made and to try to cope with the thresholds and hurdles identified and see what 'a person can do': Work is treatment and treatment is work!

The Werkcenter Model is a comprehensive local approach which is taken up to regional, national & international level: Werkcenter International is the centre of a programme for young people to benefit from a work experience. Through a simple structured approach with job coaches and life coaches, it improves the position of unemployed people (including people in recovery) in the job market immediately (providing work experience) , while, at the same time, improving their long-term employability: the development of individual working skills is vital, but it can only be delivered when people in recovery have access to meaningful work. That is where Werkcenter comes in: Werkcenter jobs are not simulated but real and varied work experiences.

The Werkcenter programme has key approach and activities. These can be summarised as:

- Gatekeeper approach (One size fits all)
- 'Everybody can do something' is better than 'everybody must do something'
- Everybody who can work gets a job offer
- No thresholds, (multicultural) life coaching, job coaching, job search, preventive illness / absent culture policy
- Regular labour is better than simulated labour
- Full worthy job, full worthy salary (salaries = 120 % of benefit), stands above simulated labouring (= work with a benefit)
- Zero-hour contract: the more you work the more you earn
- Responsibility is better than too much care ('betutteling')
- Opportunities above boundaries
- '2nd chance' principle
- Win-win-situation for all (municipality, employer, employee, Werkcenter, social partners and society)
- Over years the Werkcenter approach also added digital professional guidance for the young jobseeker.

The Werkcenter works with unemployed people, people in recovery, people far from the labour market, (young) people with fewer opportunities, people with special needs, and/or NEETs

The Werkcenter has several aims - creating local employment in times of crisis: bringing a real contribution to the improvement of the social position of unemployed people and the unemployed in general through work and entrepreneurship. The overall philosophy of the Werkcenter Model is 'From Work to Work, that's the way it works !' is aligned to encourage (learning to) start-up, (self-) employment and job search at all stages.

The 'Work Experience Model' has been used so far in more than 250 municipalities (that is half of all municipalities, including the big cities of Amsterdam & Rotterdam) in the Netherlands.

The Werkcenter concept is been benchmarked in the Netherlands in the top 3 in 2008 (Divosa Benchmark) and is implemented in several municipalities with the same level of success (Best small municipality Voorschoten (2009) and also used in European programmes like Your First EURES Job (2013), Werkcenter Jongeren Papendrecht (Good Practise IDELE 2006), 'Future Move (Good Practice LLL LdV PLM 2012), Future Move II (nominated Good Practice LLL 2014), Way to Work, From Work to Work (Erasmus+ Good Practise 2014) and the Journey to Work programmes (Erasmus+ KA1). It's also set up and used in Average rate of people getting a (new) job: 85%

### **YES We Can Clinics**

The Wekcenter model only works when people are 'job ready-ish'. If there are too many challenges, or obstacles it is advisable to start with a preparatory project, like 'Yes, We Can Clinics' (YWCC). This is the best emerging good practice in The Netherlands in recent years. YWCC treats young people aged 13 to 23 with psychological problems, substance problems and behavioural problems.

For many young people and their parents / caregivers the approach of YWCC offers a turning point in their lives. Key characteristics and elements of the programme are:

- Atmosphere: At YWCC relationships with staff are based in unconditional warmth and safety. Eventually at the appropriate time challenge and even 'confrontation' are central in the approach. Many young people have the same problems and the programme employees have had in their past. Peer and role modelling is key. This ensures a lot of recognition, identification and engagement. The group dynamics generate the motivation and energy to recognise that change is necessary and possible.
- Team: YWCC works with multidisciplinary teams. Care specialists work together with experiential experts and youth coaches. In total there are more than 300 employees for and with participants.
- Programme: YWCC have an intensive 24/7 program of 10 weeks + 10 weeks of follow-up care that young people go through with other fellows. They learn to recognise together that they have problems, to ask for help and to tackle the problems. There is also an intensive program for parents and / or caregivers and plenty of attention for brothers and sisters.

Results: The treatment of YWCC is successful for many of the young people. Two thirds (66%) of no longer require specialist care after YWCC.

YWCC works from the (positive) dynamics of the group, with both group sessions



and one-on-one sessions. Daily sports and outdoor activities are a regular part of the treatment programme. YWCC also works with a strict framework programme. This way, young people, young adults and their parents / carers at YWCC gain insight into their behaviour and the root causes. On that basis we develop new tools to deal with their issues and for them to get life back on track.

The organisation works with healthcare professionals, experiential experts and youth coaches from an unconditional acceptance of all involved. Challenge and confrontation are not avoided. From this basis, issues can be shown to be negotiable if people share and discuss them from their different perspectives. This key learning is a key output of the programme.

This program, which is supported by many professionals, contains components such as:

- individual therapy
- group therapy
- psychiatric consultations
- cognitive therapy
- effective addiction therapy
- psychoeducation
- family / system therapy
- attention to the brothers and sisters
- emotion / aggression regulation
- trauma processing
- a challenging and versatile sports and outdoor program
- an intensive aftercare process of 10 weeks for the youngsters
- a weekly aftercare program for the parents
- Look for additional information in our brochure.

People are increasingly talking about dual diagnosis problems in mental health care. Young people with a double diagnosis suffer from a psychiatric disorder and are also addicted. Substance use and psychiatric disorder can reinforce each other and complicate treatment.

It may be that the psychiatric disorder makes use of substances attractive for some people. Use of substances leads to an increase in the symptoms of psychiatric disorder for some people. Most dual diagnosis clients have problems in all areas of life: school or day care, social relationships and family, but also with finances. It is difficult to break the circle.

Many clients have a long history in providing assistance. For the treatment of Dual Diagnosis problems it is important to tackle both the psychiatric disorder and the addiction. It is important that there is an integrated treatment offering that pays

attention to both problem areas. An intensive process is practically always necessary. A thorough aftercare treatment must seamlessly match this. Treating both at the same time leads to a reduction of the psychiatric symptoms and a complete stop of the active problem behaviour of the youngsters.

## **Amsterdam Underground**

Amsterdam Underground, is a project that offers (former) homeless people and people with a drug problem meaningful work that links with their knowledge, qualities and skills. They often have had to survive in difficult conditions and now can use the knowledge and skills learned through this process in a positive way. Participants give guided tours on the Amsterdam Red Light District, where they tell their personal story and share their knowledge about life on the streets.

During the walks, a dialogue arises with the participants. As a result, by sharing their experiences and contexts, they give insight into the lives of people who experience homelessness, use drugs, or both. In this way, participants in the tours gain a better understanding of their (former) reality and the stigma that they might experience. The guides are coached by a professional from the Rainbow Group. Once a month there is also a consultation with all guides in which the participants' experience are monitored.

Hereby, attention is given to their own ideas and what the project means for the participants. Further, a yearly evaluation complements the monthly meetings. Before a participant starts working as a guide, an assessment and induction takes place in which it is screened whether someone has sufficient substantive knowledge and whether he can deal with telling his personal story to a group. After this step, the upcoming guide walks with the coach and they discuss the story that the guide will tell. The walk is then further practiced with guests, as a group of volunteers.

The guide's story consists of personal experiences and anecdotes but always contains a number of fixed themes. For example, how the guide became homeless, how he got help and how he experienced it, how he got out and what his wishes for the future are.

This way of daytime activities is valuable for the guides because it suits them well and their mostly negative experience in a positive way. They also come into contact with people who they otherwise would not meet. Because they notice that people are interested in their experiences and appreciate it, the guides get more self-confidence, accept their own history better and gain insight into what they are good at. They realise that people they may have thought would not be interested or sympathetic are in fact interested in their story.

The project is designed as to function self-sufficiently. Participants in the tours pay an

entrance fee so that the activity is cost-effective. The guides receive a small volunteer allowance. There is no subsidy from the municipality for professional guidance from the Rainbow Group. However, the Rainbow group receives a municipal subsidy for overheads such as rent. Further, the project collaborates with other stakeholders and this benefits the volunteers further.



## Portugal

### **Incorpora Program**

Incorpora is a Model of Socio-Occupational Integration for vulnerable individuals and those at risk of social exclusion from society, that aims to create opportunities for employment within companies and to provide support and follow-up. Following its initial success in the Spain, in 2018 the programme was expanded to Portugal, in the regions of Lisbon, Porto, Coimbra and Setúbal.

In the first semester of 2019, the “la Caixa” Foundation called for applications for participation by social organisations and partnerships (third sector entities, broadly involved in the field of labour market participation in the regions of Viseu, Guarda, Évora, Beja and Faro, thus covering half of Portugal).

According to “la Caixa” Foundation, since this programme was adopted more organisations are now working to link potential employees and employers. At this stage, there are 14 such organisations in Lisbon; 9 in Porto; 5 in Coimbra; 5 in Setúbal; 5 in Faro; 3 in Beja; 3 in Viseu and 2 in Évora - a total of 46 social entities implementing the Incorpora programme in Portugal.

The programme works in close collaboration with the Portuguese Institute for Employment and Vocational Training that took part in the selection phase for the Incorpora Entities and provides support to the implementation of the programme across Portugal's participating areas.

The organisation selected under Incorpora aim to promote the professional reintegration of people at risk or marginalised from society, including people in recovery from problematic drug use, ex-prisoners, long-term unemployed (over 45 years old), NEET youth (not in education, employment or training), victims of domestic violence and people with disabilities.

The Incorpora model therefore does not see employability and labour market entry as a specific act that allows an individual to secure employment but as a continual process that helps clients to become integrated in socio-occupational terms.” (“la Caixa” Foundation, 2016).

Incorpora beneficiaries - people at risk or marginalized from society - face different risk factors that hinder their access to work and to the labour market. Some of these risk factors are individual and personal, such as low educational qualifications, disabilities, drug-related problems, mental and physical health problems, among others. However, in addition to these, it has to be taken into consideration the contextual and socioeconomic factors, such as to grow up in an unfavourable environment, to have no income or a minimum wage, to be in a homeless situation, to be in an irregular situation in the country where they want to be employed and the lack of social support. In this sense, in order to construct a clear itinerary towards the social integration of its beneficiaries, Incorpora takes into account the needs of its target-group, but also of society and employers. Acting as an intermediary, Incorpora stated main objectives are:

- to contribute to the socio-occupational integration of clients at risk or marginalised from society;
- to offer employers an alternative form of corporate social responsibility in occupational insertion, creating more employment opportunities for clients;
- to enhance the professionalisation and training of professionals within social organisations participating in the Incorpora Programme;
- to promote socially responsible regions that help provide solutions to the needs of clients at risk or marginalised from society and promote equal opportunity

Incorpora has a set of services that are provided depending on the stakeholder that is entering the programme. For each stakeholder, needs and expectations are explored in order to adapt the model for all the idiosyncrasies identified.

The participation of beneficiaries in all stages of the process is an essential part of Incorpora – the program follows the principles of self-determination and empowerment by engaging each person as the manager of their intervention plan, supported by an active and responsible job search approach.

In this sense, there are a set of services defined in order to enable them to secure employment, either as an employee or as a self-employed person. The programme follows the process of job placement from the beginning, periodically monitoring each situation, helping clients to find the job offers that fits their profile. For this purpose, initial interviews are conducted in order to confirm that the client is eligible to participate in the programme and a complete evaluation and risk assessment is performed to explore the situation of each person, their competencies, skills, experience, professional preferences, interests, potential needs and risks.

After this stage, personalised development plan to enhance employability prospects is designed with the client, where they set their own goals and the steps to achieve them. Furthermore, employment specialists from Incorpora Programme provide ongoing support through the entire reintegration itinerary, in the selection and

recruitment phase and after the client has been recruited in order to support the maintenance of employment.

Besides the main beneficiaries, Incorpora works with other stakeholders, such as companies, social organisations and professionals within social organisations.

Incorpora offers a way of improving corporate social responsibility through professional integration and believes that employers are a crucial element for integrating those at risk or marginalised.

The model is characterised by proactive work with companies, through pre-selection processes, support in the analysis and definition of professional profiles and follow-up and support on the integration and adjustment to the position of new employees. If the social entity that works with the employer does not have matching clients, Incorpora will network with the other social entities in the territory facilitating a quick response to the company needs to find the right worker.

Working with employers requires that the employment specialists periodically follow up with the company, helping to diminish the potential fears of those responsible for delivering the companies' work and processes. Furthermore, to encourage their participation and maintenance to collaborate in the programme, an action plan is designed with each company and advice on tax, employment and commercial benefits is provided, along with other services and supports.

Moreover, Incorpora contributes to the creation of a solidarity enterprises network. With regard to the social organisations, Incorpora provides the methodological framework, the tools necessary for their implementation and the respective technical and financial support. Furthermore, Incorpora allows access to an online platform that connects all the social organisations in the programme, promoting their collaboration and improving the actions.

Among other services, if needed, Incorpora provides experts to consult with the social organisations in specific areas related to employment and supports the external evaluation of the quality of the services provided ("la Caixa" Foundation, 2016).

Considering that Incorpora works with vulnerable people, society, in a broad sense, is also a stakeholder and a beneficiary to which the program responds. Incorpora has helped companies deliver on the corporate social responsibilities which is useful to the companies in terms of motivating staff and customers.

Society expects the unemployment rate to fall and people to improve their involvement in the labour market, so that it is easier for them to find jobs. Incorpora contributes enormously to achieve this goal. Likewise, society gives value to companies located in a territory, as they are a source of creating direct and indirect

jobs. Therefore, society expects the Incorpora Program to raise the awareness of companies, to hire people in situations or at risk of social exclusion. In addition to the benefits in quality of life and what social and occupational inclusion means for the person, we must not forget the benefit it represents in terms of social participation. It is also worth considering, as a benefit to society, the payment of taxes derived from the remuneration obtained for employment.

The innovative aspects of Incorpora rely on its strategies for ensuring continued support. Incorpora has become a benchmark for the socio-occupational integration of vulnerable individuals and those at risk of social exclusion. When adapted to the specific requirements of each local region, its methods can be replicated in different places (including different countries) irrespective of the agents promoting it.

There are positive impacts for beneficiaries and their community. Each job placement is of great value to the person who does it, as shown by the results of the social impact study of the Incorpora Program. Most of the beneficiaries of the Incorpora Program had made positive changes in their lives. The answers of participants to the most general questions associated with the perception of this positive impact on their lives, were, in fact, those evaluated with the highest score.

The dimension of interpersonal relationships obtains the highest impact assessment due to the positive changes perceived by the beneficiary people and makes reference, in particular, to positive changes in relation to the family and to the increase in social activity, achieved mainly in the work environment. Although the Incorpora Program only integrates people who are looking for work and / or require support to maintain their job, the families of these people also benefit from the programme, as they improve the person's conditions, revert their family environment, projecting change for your family members. Therefore, family members are also considered indirect beneficiaries of the Incorpora Program.

The dimension of self-determination still has a very positive evaluation and is associated with the improvement of personal autonomy. It is noteworthy that more than 70% of the people assisted and accompanied in the labor insertion process, consider themselves capable of looking for work alone today, if they need it. The dimension with the best assessment is material well-being, the greatest impact of which is mainly related to the improvement achieved by the people served to cover the economic needs of their families. Finally, in the dimensions of personal development and social integration, despite having lower assessments than the previous ones, general positive changes are detected in concrete aspects (for example, the motivation that work generates in the collectives to continue to form). Improvements in integration are also identified in some groups (for example, the relationship achieved by young people at risk of exclusion with co-workers outside working hours).

In addition, it is a programme that has proved to be economically sustainable. According to data from the study carried out in 2013 on the Quantitative Impact Assessment of the Program, Incorpora generates around 156.7 million euros, with a clear economic impact on society. This impact was calculated for a one-year horizon, although the result may transcend that period. The Incorpora Program's Social Return on Investment (SROI) practically multiplies the investment by eight (7.7 euros per euro invested).

### **Estímulo à Vida Ativa (EVA)**

The Autonomous Region of Madeira have recently approved and regulated a programme called Estímulo à Vida Ativa (EVA), promoted by the Employment Institute of Madeira.

EVA encompasses several employment measures and aims to accommodate prisoners in a “regime open to the community”, prisoners integrated in recovery programmes in Funchal Prison, people with alcohol-related problems that are or were already in treatment and people in recovery from problem substance use; to contribute to the prevention of prolonged periods of absence from the labour market and the loss of work routines of programme participants; and to promote awareness and inform actions with local agents, particularly, potential employers, in order to enhance their participation and involvement in the reintegration process of these vulnerable populations. EVA Programme encompasses the following measures:

- 9 months integration internships
- employment supports if a contract is signed for not less than 12 months
- Integration Bonus if permanent employment is achieved.

Throughout the year, 2,107 unemployed, identified as being from disadvantaged groups (social subvention beneficiaries, victims of domestic violence, homeless people) benefited from placement, employment measures, training or technical information and professional guidance intervention.

The EVA employment program - Stimulus to Active Life was also created, which in addition to the intervention on people in recovery from problem drug use undergoing treatment, the target audience of the Life and Work programme - which came to be revoked, covers 2 new groups especially vulnerable to exclusion social: individuals serving time in prison under Open Abroad Abroad (RAE) and individuals serving time and sentences in the community.

Bearing in mind that the professional insertion has a decisive character for the social inclusion of individuals, for the fight against poverty and social exclusion, the Employment Institute of Madeira sought to reinforce the focus of employment policies in the groups most at risk, based on the principles of subsidiarity and positive



discrimination.

Given that this programme involves a greater number of partner organisations represented on the steering committee, all the preparation for the implementation of this programme did not allow it to proceed in 2017.

However, over the course of 2017, 29 people with a drug problem in treatment or in recovery were covered in the Life and Work Programme, more than the previous year. It should be noted that, of the 29 covered, 14 are new participants, who will go through the different phases of professional and social reintegration that this programme comprises.

Throughout 2018, 1,889 unemployed people identified as disadvantaged groups (beneficiaries RSI, victims of domestic violence, homeless people) benefited from placement, employment measures, training or technical information and professional guidance intervention. In this context, 11 participations are reported throughout 2018 EVA Program - Stimulus to Active Life, created in 2017 with the aim of allowing an intervention on people with a drug problem undergoing treatment (target audience of the Vida e Trabalho programme - which came to revoke) and on 2 new ones groups especially vulnerable to social exclusion: individuals serving prison sentences under RAE and individuals serving sentences and sentencing measures in the community. In 2018, 8 post-program placement prizes were also awarded, as an incentive to effectively hire these participants.



## **The United Kingdom**

The development of intermediate Labour Markets (ILM) in the UK date back to 1986 and the work undertaken by Alan Sinclair who founded The Wise Group in Glasgow at that time. Although the ILM was widely praised, further development of this model has been patchy and the UK has never developed widespread or national ILM programmes. This is partly due to the fact that ILMs are not generally recognised by funders as an activity that should be funded in whole. Therefore, most ILM activity is still funded by cocktails of different funds and satisfy funding criteria by the delivery of part of their programme. One of the consequences of this is that providers spend time involved in seeking and servicing the requirements of funders in terms of reporting and have disrupted funding cycles.

In terms of people with more complex and identifiable needs, the development of ILM has been slow and dedicated bespoke programmes are still largely absent for many groups. Scottish Drugs Forum developed a model and still deliver this. Similar projects, based on this, have been developed in local areas of the UK.

No one Left Behind: Next Steps for the Integration and Alignment of Employability



Support in Scotland (Scottish Government 2018) is the latest iteration of an evolving strategy for inclusive employability activity.

The document acknowledges that there are disadvantaged groups within the employment market and names disabled people; people recovering from substance misuse; people experiencing homelessness and people with convictions as ‘facing real challenges.’ This ignores the complicating factor that some people recovering from substance misuse have criminal convictions and experience homeless and may also be homeless. For people facing ‘multiple disadvantage’ of this type there are significant barriers even for entry to Government-funded support projects.

Action 9 in the document states that “in 2018, the Scottish Government will publish a refresh of The Road to Recovery: A New Approach to Tackling Scotland’s Drug Problem that will include a focus for Health and Social Care Partnerships and Alcohol and Drug Partnerships to integrate with employability services to help improve employment outcomes for people experiencing substance misuse issues.” Indeed the new substances strategy was published as Rights, Respect and Recovery in 2018 and commits the Scottish Government “to work with local partnerships and employability provision, including providers of the devolved employment service – Fair Start Scotland - to provide an integrated response to the educational, volunteering and employment needs of people in recovery.”

Employability projects working specifically with people who have substance use problems are funded locally and are not common in Scotland. There is no national programme for this group in the UK or Scotland.

### **The Addiction Worker Training Project (AWTP)**

*“AWTP has changed my life..... With all the excellent training we got [it] has helped me in a big way ... It has also enabled me to gain employment with no schooling or qualifications. [I] feel so proud to successfully achieve my qualification. Don’t let your past define your future” - AWTP Participant*

The Addiction Worker Training Project (AWTP) supports and trains people with a history of problem substance use to work in social care. In partnership with accredited learning providers and social care and addiction services, the programme enables people who have previously experienced multiple barriers, to achieve and sustain meaningful employment.

Since 2004, Scottish Drugs Forum has hosted and co-ordinated the AWTP as a multi-agency collaboration offering an intermediate labour market opportunity for people with a substance problem. The programme evolved because of two issues with

The scheme has developed and evolved but has always incorporated core elements

- The opportunity to earn a wage
- Realistic work experience
- Recognised qualifications
- Personal development
- Supported job search

There has always been demand for places and formal referrals are unnecessary; positions on the programme are advertised. Once recruited, 90% of people who start go on to complete the programme.

Even in recent economic recession the number of people securing paid employment on completion is high (85%)- most of these directly in the health and social care field – 60 of the 78 participants 2016-19.

The training is accredited and is a minimum required qualification for employment in the care sector. As a (Scottish Vocational Qualification) SVQ Level 2 in Social Services and Healthcare it prepares people for further professional development that they may undertake while in mainstream employment – most likely a SVQ Level 3.

Participants, and graduates of the programme, become role models to their families and within their local communities and in communities of recovery. Often they are breaking entrenched patterns of inter-generational unemployment and are liberated from their stigmatised identity as a person with a drug problem. These profound changes in status can transform people's sense of self and their aspiration. The project demonstrates that people with a history of complex drug and alcohol problems, with convictions and facing a large number of barriers to employment can be highly capable but may need intensive initial support to secure and sustain employment. Involvement in AWTP not only improves immediate prospects in terms of increased financial, mental and physical well-being for participants, but it provides a pro-social peer network and helps build resilience and a positive self-image.

It is worth noting that compared with other employability activity with other groups, people with a history of problem substance use may need less support in motivation and direction as their recovery is a model for their ability to undergo transformative change. AWTP directly promotes, supports, and sustains recovery - not only for people recruited to the project, but also the service users with whom the participants work.

The Addiction Worker Training Project model has been adopted to local conditions and serves people in several areas of Scotland including urban, semi-rural and rural contexts.

## **Turning Point Scotland, Leith**

The recruitment of paid staff to posts which explicitly demand lived experience of problem drug use is a relatively new concept in the UK. This induces attention and learning amongst workers and people using services and challenges perceptions of the role and nature of the work. Such recruitment can impact on employability as the person providing the services can themselves model that transformative role work can play as well as reassuring participants that they themselves could secure and maintain challenging and interesting work.

The project is an established community substance use service supporting people with substance problems as one of a series of Recovery Hubs across Edinburgh.

As part of a re-configuration of services they developed a full time post of with specialist focus on Peer Support and Community Development whose role it would be to support service to recruit and provide 1:1 mentoring, peer group support and 1:1 supervision to peer volunteers within Hub. A full-time post would provide greater flexibility in regards service delivery across two sites in Leith and a satellite service.

This additional resource would ensure 6-8 peer volunteers could be supported at a time and that volunteers received a high quality induction, introduction to the role and the service and individualised training and support to match their specific needs.

Challenges were:

Finding a candidate with lived experience who has substantial experience volunteering as a peer volunteer themselves and had worked in health and Social Care field.

The candidate had to be open to all models and approaches to recovery, have a community development background familiar with ABCD model of Community Development and be committed to ongoing learning and development and evaluation.

This was a post explicitly advertised as being for a person with lived experience of problem substance use which was significant change in approach. It was important that the new staff member has equal status with peers. To give individual equity with their peers. We did not have any support practitioner roles in service.

The Peer Development worker run peer-led drop-ins three days a week provided a safe place for people to come in and meet with peer volunteers. This is a good setting for a first introduction to the groups. It is relaxed and welcoming, helps to alleviate some clients' anxieties.

Peers are supported to run their own Pop up Recovery Café every Friday afternoon. This service group is facilitated by service users who are supported by peers.

The other beneficiaries were peer volunteers themselves. Many had experienced barriers accessing employment due to having not worked or having gaps in employment and faced stigma because of their drug problem and related issues and of people's perception of them. As a result, some had stopped applying for work. Others were concerned about not having skills to budget and manage money if they were to lose benefits on entering paid work.

Volunteering between 2-14 hours a week did not impact on social security payments and allowed volunteering without any financial penalties. Volunteering also provided a chance to update work experience, secure references for any future work opportunities or further education.

By volunteering in an addiction service, individuals reported feeling more confident staff understood addiction and the barriers that they face and felt more inclusive. Volunteers felt less judged and more accepted and viewed as an asset - a person who could contribute and had something to offer. This change in self-perception is key to developing a new identity and role.

Staff also benefited from peer volunteers and power of shared experience. Very often in acute treatment staff only sees people in crisis and can come to accept crisis as 'normal'. Such crises are not normal or usual even for people who have a drug problem. Staff would invite peer volunteers into face to face meetings with patients who were stuck, ambivalent or anxious about their future in treatment or for what the future may hold.

A further benefit for staff and those people in treatment was that peers shared experiences of mutual aid. This addressed misunderstandings and fear of involvement in engaging in and trying mutual aid and the support of fellowships.

Peer volunteer are involved in a range of activity that promoted their own recovery and offered opportunities for personal development and experience and skills that may be useful in paid work or in participating in employability programmes.

They were involved in -

- attending general practitioners (GP) services with nurses to speak to GP's about treatment experiences
- carrying out assertive outreach to individuals not in treatment who have had non-fatal overdose by cold attending at their home
- delivering training to GPs as part of addictions module at Royal College General

Practitioners, providing the patient perspective of GP treatment

- being trained in Take Home Naloxone and have been able to issue naloxone in an overdose situation
- delivering training to Leith Job centre staff to address stigma and increase their understanding around nature of addiction and drug related harm

The impact can be seen by the testimonials from funders, those we support, professional staff and peer volunteers themselves. Nearly all have with one exception out of 8 have gone into paid, employment or further education. Those dropped out of volunteering usually did so in relation to a significant event and or poor mental or physical health issues at the time.

## European Action for Employment in Recovery

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