



## **ANCD EMPLOYMENT PARTICIPATION SURVEY**

**FULL REPORT**

**August 2013**

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## **Introduction**

This document provides a summary of the outcomes of a survey conducted by the Australian National Council on Drugs (ANCD) to ascertain the views of front line workers in the drug and alcohol services sector in regard to employment participation issues confronting their clients.

### **Background – The Australia National Council on Drugs (ANCD)**

The ANCD is the principal advisory body to the Prime Minister on drug and alcohol policy. The Council is chaired by Dr John Herron and comprises a group of professionals who are experts in their fields and who meet regularly to discuss current and emerging issues and provide appropriate advice to government.

The ANCD has been examining workforce participation because it is recognised that employment can have positive effects for people who have alcohol or other drug (AOD) problems, while unemployment can have negative effects. The protective capacity of employment for people either in treatment or having completed treatment is also an area of active consideration for the Council. It is also recognised that people who are receiving or have completed AOD treatments are more likely than many other groups to have other disadvantages that negatively affect their ability to participate in the job market, such as lower levels of education, homelessness, or mental health problems. There is a need to maintain a fine balance in attempts to increase the employment participation of this group, giving clients support to find and keep work, without developing systems which pressure clients or become inconsistent with treatment goals. In this context, there have also been indications that the current Job Services Australia (JSA) system may not serve the needs of AOD clients, as well as other clients likely to be categorised as ‘complex need’ (or stream 4) clients, optimally.

### **Background – Public Employment Services in Australia**

Since 1998, public employment services in Australia have operated through a quasi market system (Considine 2001) that comprises a network of private companies from the not-for-profit and for-profit sectors who are contracted to deliver employment assistance to the unemployed. Contracts are allocated through a competitive tendering regime; there have been six contracting periods since 1998, the most recent contracting period being 2012-2015. Each new contract has involved

substantial adjustments in the structure of the market and the design of the service approach as well as a reduction in the number of service providers (Thomas 2007; Organisation for Economic Development and Cooperation (OECD) 2012). Initially, services operated under the banner of Job Network and since 2009, Job Services Australia.

A long standing criticism of the contracted employment services is that the most vulnerable populations, that is, people experiencing complex issues such as homelessness, mental illness or substance use problems, do not receive the level of comprehensive and holistic support that they require to progress towards an employment goal. In 2008, a Discussion Paper released by the then Minister for Workforce Participation acknowledged that more assistance needed to be provided to very disadvantaged people, and as a consequence a new streamed service approach was introduced (Department of Education, Employment and Workplace Relations 2008). The streamed service model comprises four streams of services, to be provided in accordance with a job seeker's assessed level of disadvantage. Stream 1 services are targeted to assist the more job ready job seekers, Stream 2 and Stream 3 services to support people with higher level needs, and Stream 4 services to assist highly disadvantaged job seekers with multiple vocational and non-vocational barriers to employment.

Whilst the Stream 4 service level is intended to provide flexible and tailored assistance to job seekers, some of whom may be clients of drug and alcohol treatment services, anecdotal evidence suggests that many of these clients are not receiving the type of employment assistance that demonstrates an understanding of the unique issues that impact on people experiencing drug and alcohol issues.

### **The ANCD Employment Participation Survey**

To better understand the issues and to gain a sense of how employment services are perceived by those working in drug and alcohol treatment services, the ANCD conducted a survey in 2012. The Employment Participation Survey sought information from AOD service providers on the employment participation of their clients, with a specific focus on Job Services Australia (JSA) systems and providers. The survey was conducted online through Survey Monkey during October – November 2012. An invitation to take the survey was distributed using relevant electronic notice board mailing lists, with encouragements to further distribute the invitation through other networks.

## Summary of findings

There were 124 included responses to the survey.

### AOD service clients' employment status and potential

In the views of our respondents:

- Most clients are not employed or job-ready on entry to treatment;
- Most clients are capable of becoming job-ready with training and support;
- While some may be advised to wait or receive further treatment before seeking work, this does not appear to be the norm; and
- Employment is a realistic goal for most clients.

### Barriers to employment

The most significant barriers (in order of their indicated significance, from most to least significant) for AOD service clients were perceived to be:

- Criminal convictions leading to self-exclusion from jobs;
- Police checks limiting employment options;
- Employer prejudice / discrimination;
- Low levels of confidence;
- Poor mental health;
- Limited interpersonal / social skills.

### Knowledge about JSA providers

- Most respondents indicated that less than half of their clients were engaged with a JSA provider; and
- Seventy-six per cent of respondents stated they knew who the local JSA providers in their area were.

## Relationships with JSA providers

- Twenty-six per cent of respondents indicated they had a good or very good relationship with their local JSA provider;
- Twenty-six per cent stated they had no relationship; and
- Nineteen per cent stated they had a poor or very poor relationship.

## AOD service clients' and workers' evaluations of JSA

- Respondents reported high levels of ambivalence in their own and their clients' assessments of JSA providers (38 per cent and 43 per cent respectively);
- Clients were reportedly more likely to view JSA providers negatively or very negatively (36 per cent) than positively or very positively (21 per cent);
- AOD service workers reported their own evaluations as more likely to be positive or very positive (24 per cent) than negative or very negative (17 per cent), though a significant proportion were unsure (21 per cent);
- Twenty per cent of respondents stated they thought JSA providers were somewhat effective in assisting AOD clients into employment;
- Fifty-four per cent thought JSA providers were not effective or were a little effective;
- Seven per cent thought that JSA providers were effective or very effective; and
- Nineteen per cent were unsure of JSA providers' effectiveness.

## Reservations referring clients to JSA providers

Fifty-six per cent of respondents stated they had no reservations in referring clients to JSA providers, and 44 per cent indicated they had reservations. Reasons reported for reservations included:

- A perception that JSA providers lack knowledge about and sensitivity to AOD-related issues, so there is potential for discrimination;
- A perception that JSA providers focused on the 'easier' clients;
- A perception that JSA providers were unlikely to be effective in finding their clients work; and
- Possible negative consequences for clients receiving Centrelink benefits.

## **Models of employment assistance for AOD clients**

Eighty per cent of respondents stated they thought there needs to be a specific model of employment assistance for AOD clients during or following treatment. Suggestions regarding what a specific model of employment assistance for AOD clients might look like included:

- Improved partnerships and stronger links between employment service providers and AOD services;
- Increased AOD knowledge among JSA staff;
- Increased mental health knowledge among JSA staff;
- New models for client training;
- Case management; and
- Use of peer support or peer staff members.

## **AOD services' capacity to provide employment support**

- Eighty-three per cent of respondents said their service provided much support or some support (20 per cent/63 per cent) for clients seeking employment;
- The main identified barrier to offering this support was a lack of funds or other resources.

## **AOD clients and employment participation**

Other suggestions for increasing workforce participation among AOD service clients included:

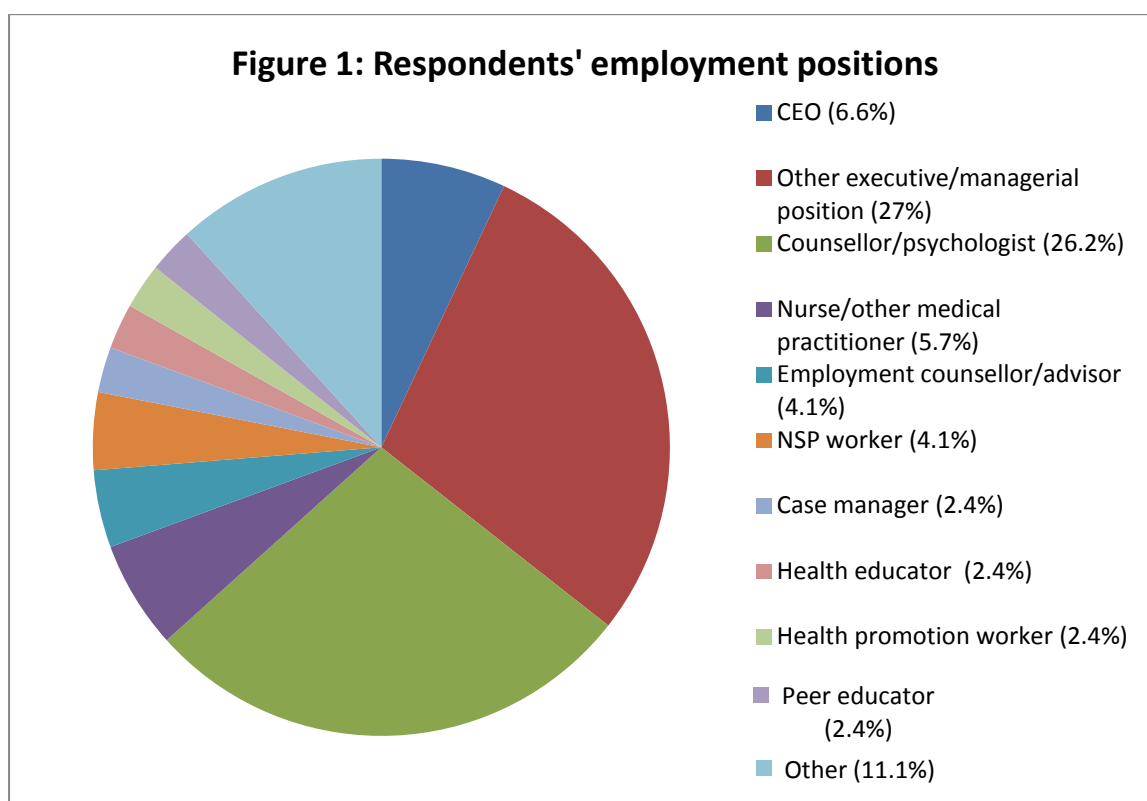
- Address stigma and discrimination issues, as a major barrier to employment;
- More intensive and/or prolonged case management and individualised programs;
- New approaches to training and work placement, e.g. a vocational focus, training in basic skills such as literacy, internships, or part time options;
- More employer support initiatives and employer incentives to work with AOD clients;
- Confidence building for clients;
- Reduce use of criminal record checks;
- More flexibility in JSA model;
- Understanding and support from Centrelink.

## Survey findings

### Respondents

There were 125 responses to the survey. One result was excluded as it only reported treating people under the age of 18, and JSA providers would not be likely to be involved with this group.

Around one quarter of respondents were employed as counsellors or psychologists (26 per cent), and one quarter in management or executive positions (27 per cent) (Figure 1). There were also respondents in CEO positions (seven per cent), nurses or medical practitioners (six per cent), employment advisors (four per cent), NSP workers (four per cent), case managers (two per cent), health educators (two per cent), health promotion workers (two per cent), and peer educators (two per cent). A number of other employment categories represented by one per cent or less of the sample included: care co-ordinator, community development worker, community health worker, harm reduction educator, hepatitis C educator, older person worker, outreach worker, policy/advocacy worker, project worker, recovery worker, safe disposal worker, social worker, support worker, team leader, trainer, welfare officer, researcher, drug safety worker, and information/referral worker.



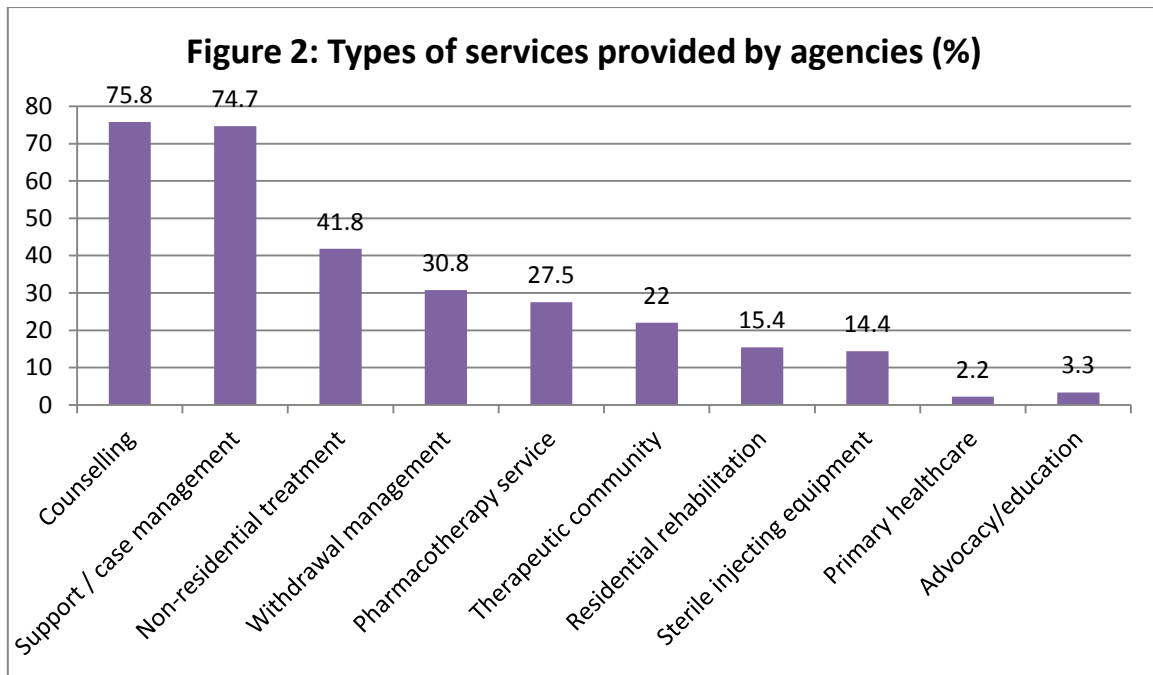


The survey asked a number of questions about the agencies for which respondents worked. Seventy-one per cent of the services provided services to Aboriginal and/or Torres Strait Islander people occasionally, with 15 per cent providing services primarily to this group (Table 1). Half of the services were located in urban areas, 23 per cent in regional areas, three per cent in remote areas, and 25 per cent in multiple locations. No respondents indicated they were located in a 'very remote' area (Table 2).

<b>Table 1: Service population</b>				
Does your agency provide service to:	Yes, primarily (%)	Yes, occasionally (%)	Not often (%)	Unknown (%)
Persons of Aboriginal origin?	13.2	69.3	15.8	1.8
Persons of Torres Strait Islander origin?	8.3	51.4	35.8	4.6
Persons of Aboriginal and Torres Strait Islander origin?	10.6	57.5	25.7	6.2

<b>Table 2: Service location</b>	
Where is your service located?	%
Urban area	49.6
Regional area	23.6
Remote area	2.4
Very remote area	0
Multiple locations	24.4

Around three quarters of respondents' agencies provided counselling and case management (Figure 2). Just over 40 per cent were non-residential treatment services, 31 per cent provided withdrawal management, 28 per cent provided pharmacotherapy services, 22 per cent were therapeutic communities, 15 per cent provided residential rehabilitation services, 14 per cent provided sterile injecting equipment, two per cent provided primary healthcare, and three per cent provided advocacy and education. Other services respondents worked for were: drop in centre; correctional facility; outreach service; day program; employment and accommodation support; consumer training/advocacy; employment and training service; BBV prevention; and crisis intervention.



Those services providing case management, counselling, non-residential treatments and NSP services were the most likely to report more than 500 clients accessing the service per year. Therapeutic communities were more likely to support between 50 and 200 clients in a year, while pharmacotherapy services and withdrawal management services were most likely to be accessed by fewer than 50 people per year.

Respondents indicated that most clients attended a service for more than four weeks (Table 3). Thirty-five per cent of respondents stated that 50 – 75 per cent of clients attended the service for more than four weeks, and 30 per cent stated that more than 75 per cent of clients attended for more than four weeks. This indicates that at least two-thirds of respondents could be expected to have contact with a good proportion of clients over a sufficient period of time to work with them on employment issues.

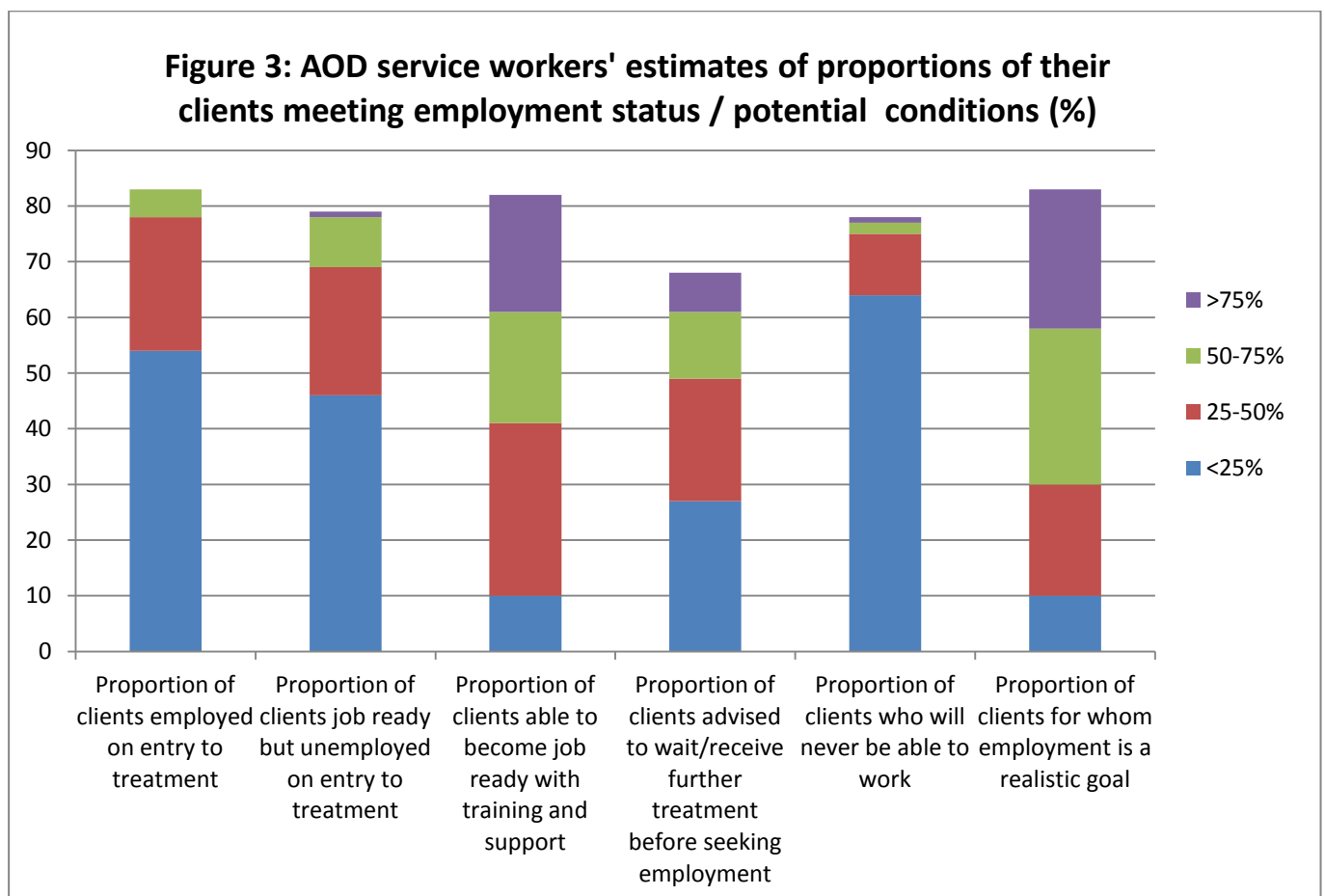
<b>Table 3: Proportion of clients attending the service for more than 4 weeks</b>	<b>%</b>
None	2.1
Less than 25 per cent	9.4
Between 25 and 50 per cent	22.9
Between 50 and 75 per cent	34.4
More than 75 per cent	31.3

## AOD service clients' employment status and potential

Respondents were asked to estimate the proportion of their clients:

- who were employed on entering treatment;
- who were job ready but unemployed on entry to treatment;
- who would be able to become job ready with training and support;
- who were advised to wait and receive further treatment before seeking employment;
- who would never be able to work; and
- for whom employment would be a realistic goal.

For each of these statements, respondents could select proportions of 'less than 25%', '25 – 50%', '50 – 75%', 'over 75%', or 'unsure' (Figure 3).



Responses regarding clients being employed on entry to treatment, or job ready but not employed on entry to treatment, indicate that a low proportion of clients were employed or job ready on entering treatment. Sixty-two per cent and 54 per cent of respondents selected 'less than 25%' for these attributes, respectively.

Responses regarding clients' capacity to become job ready with training and support indicate that most clients would be assessed as being so capable by responding service providers; with 49 per cent of respondents selecting '50 – 75%' or 'more than 75%'; 37 per cent selecting '25 – 50%', and 11 per cent selecting 'less than 25%'.

The question relating to having been advised to wait or receive further treatment before seeking employment obtained a high 'unsure' response (22 per cent). Other responses to this question may indicate that this is not the case for a majority of clients, with 31 per cent selecting 'less than 25%', and 26 per cent selecting '25 – 50%'.

Responses relating to clients assessed as never able to work indicate that this was not thought to be the case for the majority of the respondents' clients; with 75 per cent of respondents selecting 'less than 25%'. This appears consistent with responses relating to employment being a realistic goal for clients, with 60 per cent of respondents indicating this was the case for more than 50 per cent of clients.

## **Barriers to employment**

Respondents were asked to rate a number of 'barriers to employment' in terms of their significance for their clients. Each barrier on a provided list could be given a rating between 1 (=most significant) and 10 (=least significant). Respondents were able to mark more than one barrier as having the same significance, so that more than one barrier could be considered 'most significant' (for more detail see Table 4, provided in the appendix). This resulted in three of the identified barriers being identified by the highest proportion of respondents as being 'most significant':

- Criminal convictions leading to self-exclusion from jobs;
- Police checks limiting employment options; and
- Employer prejudice / discrimination.

Four barriers were identified by the highest proportion of respondents as being the second 'most significant' barriers:

- Low levels of confidence;
- Limited interpersonal / social skills;
- Poor mental health; and
- No suitable jobs.

Less significant than the above appeared to be:

- Limited vocational skills;
- Poor physical health;
- Lack of support from employment agency; and
- Not enough jobs.

Respondents were also able to note other barriers not mentioned on the provided list. Noted here were barriers arising from the AOD problems themselves (four per cent), barriers related to being on a pharmacotherapy program (this included the need to pick up doses at particular times, and discrimination) (three per cent), still using drugs, drug testing programs in workplaces, homelessness and housing instability, cultural obligations, and the pressure associated with looking for work. Two respondents noted occupational health and safety requirements as a barrier, which may be a reference to drug testing in workplaces or to criminal record checks.

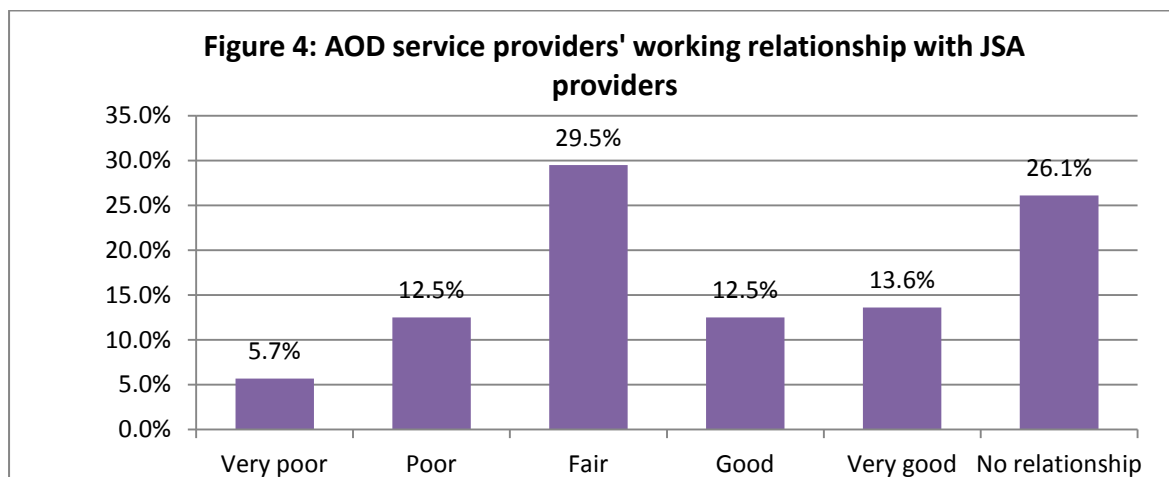
### **Knowledge about JSA providers**

Respondents were asked how many of their clients had been in contact with JSA providers in the past 12 months, to their knowledge. Just over a quarter of respondents (28 per cent) were unsure how many of their clients accessed JSA providers. Among those that did know, 30 per cent stated that less than 25 per cent of clients accessed JSA providers, 37 per cent stated that between 25 – 50 per cent accessed JSA providers, 22 per cent stated that between 50 – 75 per cent accessed JSA providers, and 11 per cent stated that more than 75 per cent accessed JSA providers. This indicates that among those respondents who knew about their clients' involvement with JSA providers, most thought that less than half used their services.

Just over three quarters (76 per cent) of respondents stated that they knew who the JSA providers are in their local area.

### Relationships with JSA providers

Respondents were asked about the working relationship between their agency and local JSA providers (Figure 4). Twenty-six per cent stated they had no relationship, six per cent indicated a very poor relationship, 13 per cent indicated a poor relationship, 30 per cent indicated a fair relationship, 12 per cent indicated a good relationship, and 14 per cent indicated a very good relationship.



Fifty-seven people responded to a question about what makes a working relationship with JSA providers successful. The survey suggested three responses to this question (respondents could select more than one response):

- 'Sensitivity to AOD-related issues among Job Services Australia provider staff' (67 per cent selected this);
- 'Good local knowledge of the AOD sector among Job Services Australia provider staff' (56 per cent selected this);
- 'Good collaborative work practices between Job Services Australia provider and my agency' (75 per cent selected this).

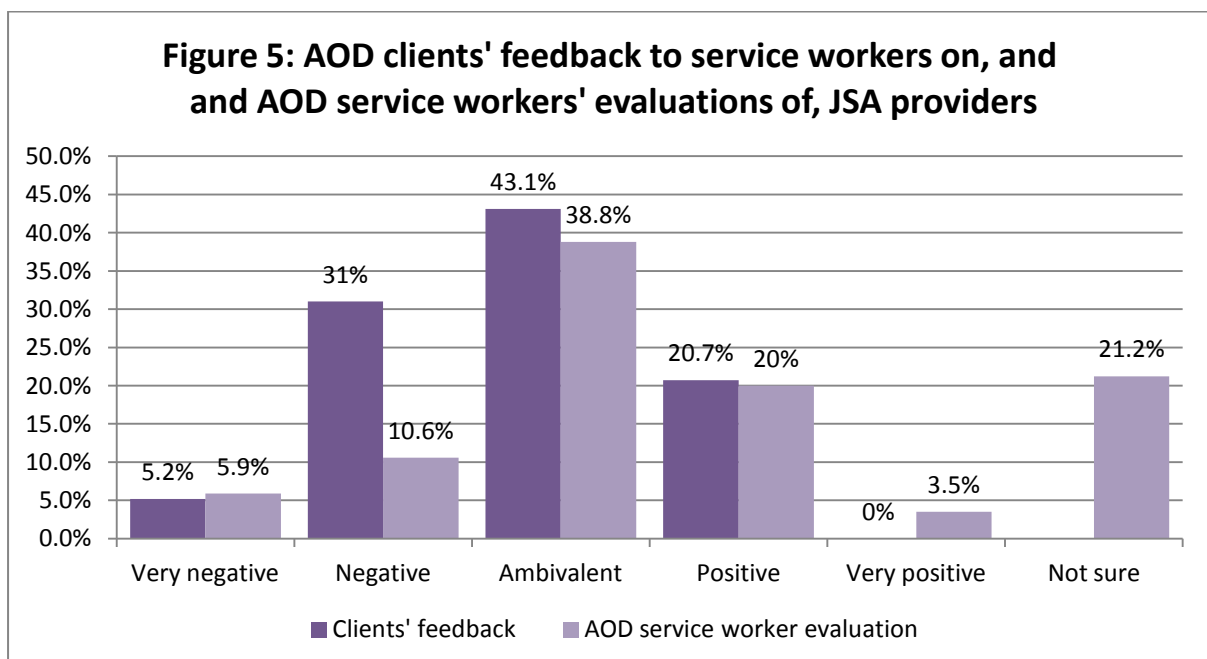
Respondents were also invited to add their own response. Responses here included:

- “understanding need for gradual reintegration [sic] into the workforce. Non-judgemental attitude”.
- “Understanding of confidentiality between services”.
- “We are seeing amazing results with having AOD Clinician's [sic] sitting inside employment services.”

### AOD service clients’ and workers’ evaluations of JSA

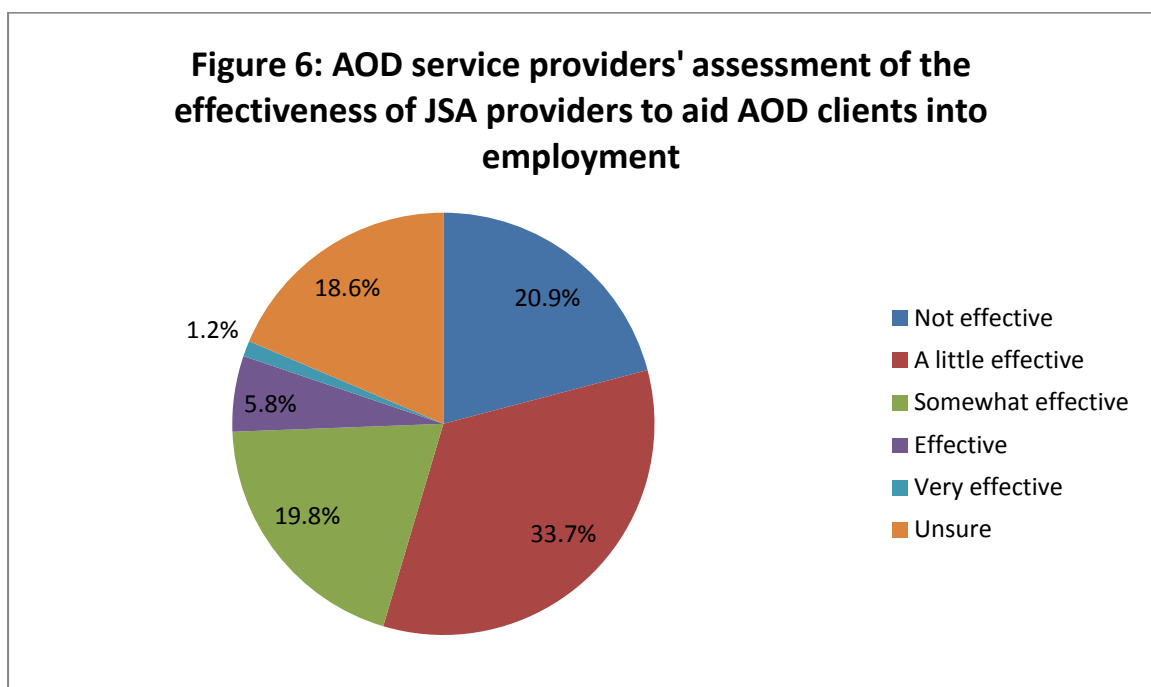
Respondents were asked about their clients’, and their own, evaluations of JSA. Thirty-two per cent of respondents stated that they did not receive feedback from their clients about JSA providers, indicating that most of those who knew whether or not clients were in contact with JSA providers would have received feedback. Among those respondents who did receive feedback, about 20 per cent reported getting feedback from more than half of the clients receiving JSA services, and 80 per cent from less than half of clients.

Those who indicated they did receive feedback (58 respondents) were asked to indicate whether the feedback was primarily ‘very negative’, ‘negative’, ‘ambivalent’, ‘positive’, or ‘very positive’. The most common answer was that it was primarily ambivalent (43 per cent). There were no ‘very positive’ responses, 21 per cent stated there was primarily positive feedback, 31 per cent stated there was primarily negative feedback, and five per cent stated there was primarily very negative feedback (Figure 5).



Respondents were then asked to give their own evaluation of JSA providers, again given the choice of this being primarily 'very negative', 'negative', 'ambivalent', 'positive', or 'very positive', and with a 'not sure' option. Again, the most common response was ambivalence, at 38 per cent. Interestingly, AOD service providers' evaluation of JSA appeared slightly more positive than their estimation of their clients' evaluations, with four per cent very positive, 20 per cent positive, 11 per cent negative, and six per cent very negative (Figure 5). However, there was also a significant proportion (21 per cent) of 'not sure' responses.

Respondents were also asked their view of the effectiveness of JSA providers for helping AOD clients into employment, with the options 'not effective', 'a little effective', 'somewhat effective', 'effective', 'very effective' and 'unsure'. Twenty-one per cent stated it was not effective, 34 per cent stated it was a little effective, 20 per cent stated it was somewhat effective, six per cent stated it was effective and one per cent stated it was very effective. Nineteen per cent were unsure of its effectiveness (Figure 6).



### Reservations about referring clients to JSA

Respondents were asked whether they had any reservations in referring clients to JSA providers. Forty-four per cent replied that they did and 56 per cent replied that they did not. Those who did indicate reservations had the opportunity to state them, and 38 people provided a response to this.



Most reservations related to JSA providers rather than Centrelink systems, clients or employers. The main concern (mentioned in 22 responses) was that JSA providers lacked knowledge about and sensitivity to AOD-related issues. This was sometimes phrased in terms of lack of respect or empathy, or discrimination and stigma surrounding AOD clients. (There was one additional response stating JSA providers have this attitude towards the unemployed). Some of these responses appear to be observations from past experience with JSA providers, while others may arise from a more speculative concern for or protectiveness of clients. (Two respondents also noted as part of their response that they knew of some providers who did have a better understanding of AOD issues or would go out of their way to help a client.)

Other provider-related concerns stated were:

- A perception that JSA providers would rather help clients who are easier or more likely to succeed (four respondents);
- A perception that JSA providers were not likely to be effective for AOD clients (four respondents);
- Potential experiences of discrimination at JSA providers could lead to other negative consequences for clients (two respondents);
- A concern that JSA requirements may become prioritised over treatment considerations (two respondents);
- JSA providers do not seek input from the treatment service (one respondent);
- There was one report of a JSA provider claiming to have supported a person into employment (presumably to claim funding) when they had not provided any support to that person or had anything to do with their finding a job.

Some also reported systemic concerns, with three respondents noting a concern that referral to a JSA provider could impact negatively on the client continuing to receive benefits; and one stating that the conflict between for-profit and not-for-profit business models makes objectives of JSA providers and treatment services incompatible.

Client-related concerns included that employment goals were not realistic for all clients (three respondents) or that a client was still using drugs or could relapse (two respondents). One respondent stated they believed any referral would occur from Centrelink, not from themselves, and one stated they did not have time.

### **Selected responses:**

“Clients feel it is a waste of time as they do not seem to help as they are of the assumption that they have little chance of achieving employment and the job agency would prefer to help people who do not have issues.”

“Concerns that the job service provides will not be sensitive or understanding of the issues which arise for individuals with AOD concerns.”

“Discrimination and lack of understanding of the needs of people on pharmacotherapy treatment result in negative experiences in many different contexts. Afraid that negative experiences from the people who are supposed to help will discourage people with low self-esteem, few vocational skills and long periods of unemployment from trying to get employment again.”

“What impact it would have on clients receipt of Newstart or DSP benefits.”

“Concern that JSA's will pressure clients into unsuitable work options & that they dont understand recovery support needs. Despite the fact that clients tell their JSA's they attend our program we rarely hear from JSA's seeking to work with us to ensure suitable options for clients.”

“Client relapse leads to damaged plans, lower expectations”.

“They dont have a good understanding of people with drug issues and actively discriminate, they priorities easier clients, they operate like a business (rather than a community service).”

“Requirements for JSA sometimes overtake treatment considerations - the JSA system is inflexible”.

“Because they discriminate against our clients who are using drugs”.

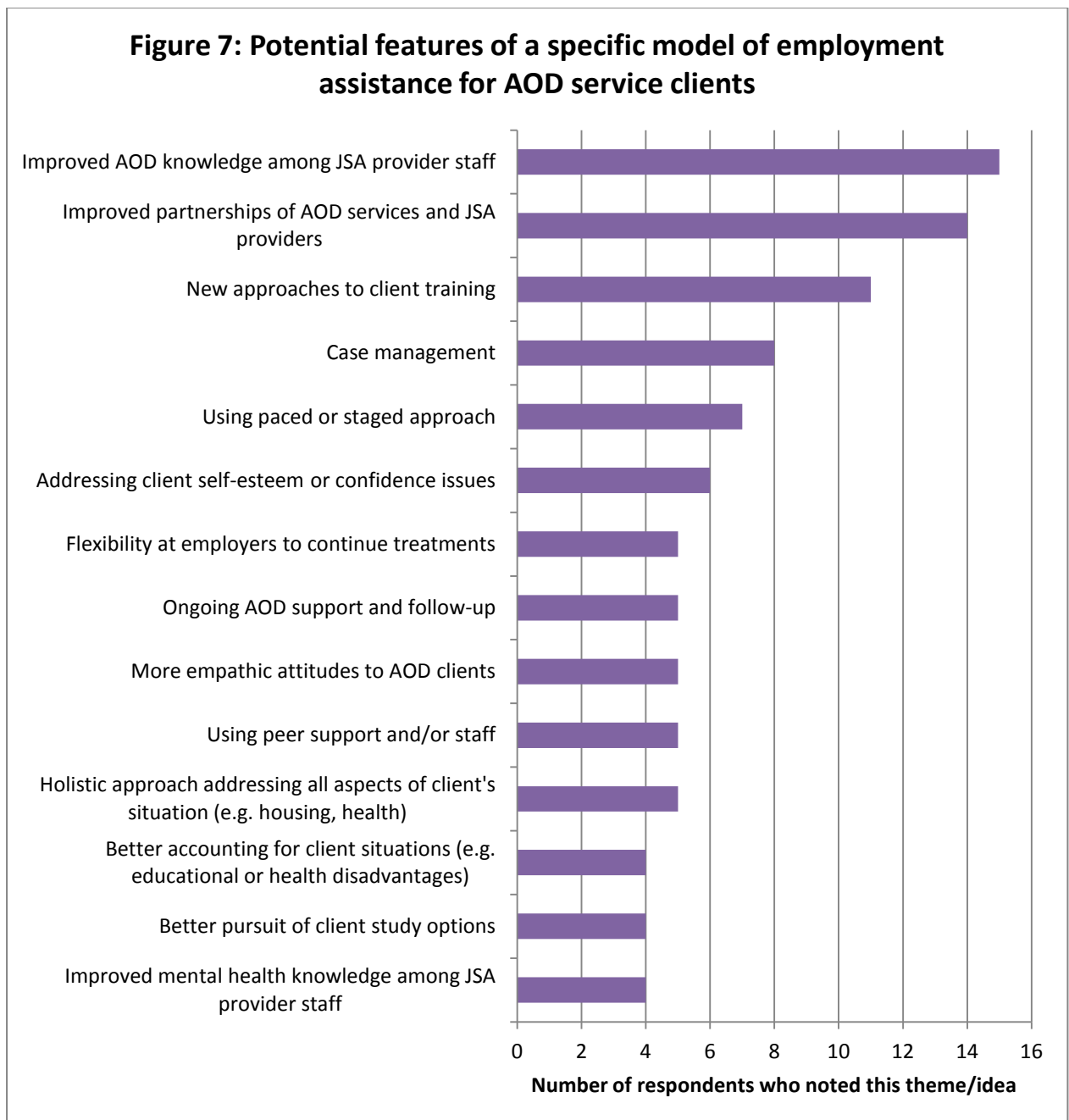
“They all work differently, they vary significantly, some are OK, some are not, very few understand AOD issues.”

### **Models of employment assistance for AOD clients**

Respondents were asked whether they think there needs to be a specific model of employment assistance for AOD clients during or following treatment. Eighty per cent answered yes to this question; even though 56 per cent had no reservations referring clients to JSA providers, this might indicate that even those who expected no negative consequences for clients from, or had no specific

concerns with utilising, JSA providers could still envisage a system that would better serve the needs of AOD clients. Although this is speculative it could be consistent with 18 per cent of respondents indicating they had a negative or very negative evaluation of their local JSA providers, and 21 per cent that they did not think JSA providers were effective.

Those who had indicated they did think there needs to be a specific model of employment assistance for AOD clients were asked to give a brief description of how they thought this service might operate. Fifty-nine people provided a response, and the main ideas represented are tabulated (by the number of responses which mentioned them) in Figure 7.



Other or more specific ideas presented included:

- Ongoing support navigating employment and training processes
- Utilise work experience and volunteering
- Mentoring
- Career counselling
- Use a not-for-profit system
- Develop a network of employers who are sensitive to the issues / can provide training or job placements
- Help with resumes, interviews, practicalities (e.g. what to wear)
- Work choices that take criminal record restrictions into account
- Offer transportation
- Greater flexibility in system
- Remove punitive outcomes and coercive approach (e.g. reduced payments or threats thereof)
- Childcare provision
- Increase links to other relevant community services
- Develop linkages with employers/educational facilities
- Improve knowledge of AOD issues among employers and educational facilities
- Make employment searching voluntary
- Address the lack of spent conviction legislation in Victoria

Some examples of successful practice were also given in these responses. There were two mentions of Stepping Up AOD Services as a successful program coordinating with a JSA provider called Matchworks; and one example of having a job services worker within an AOD team to work with clients directly.

#### **Selected responses:**

“Focused on building confidence and self efficacy of clients in the workplace in a graduated manner.”

“Employment services provided by staff with specific AOD and Mental Health training, who are able to communicate with employers and advocate on behalf of their clients, within the context of AOD

issues. AOD treatment options either provided in house concurrently with job seeking, or by strategic partnerships with AOD agencies”.

“employees have awareness of specific barriers facing people with long-term AOD dependence, as well as recognition of other health concerns which affect this population more commonly ie mental health, Acquired brain injuries and are able to respond adequately to these issues. Employees have understanding of the social context in which police records have significant impact on people's ability to find work, as well as social stigma associated with AOD dependence and how this impacts on a person's confidence.”

“AOD follow up is very important. It's imperative that AOD services work with a job provider and the client to ensure client readiness for work and/or particular work. After rehabilitation there is often the chance of relapse and to go straight into the workforce could be the trigger that promotes this.”

“not for profit run by a values based community service tailored ongoing case management and support understands the chronic relapsing nature of AOD helps people stay in employment over perhaps 2 years once they've gained employment [...] developing and promoting social enterprise models”.

“Client Assessment that includes: areas of interest, skills; criminal record, age and health status etc. to identify a realistic career/job type. [...] The service needs to have a range of places where clients could volunteer their services as a means to become acclimatised/socialised to a work type experience.”

“Many AOD clients need further training and education, as very often they have had disrupted education, and this plays a huge role in their low self esteem. Developing linkages with education and training institutions could be one way to go. Also, providing some training in the AOD sector, that may be either generic or specific, but can significantly influence people's self-esteem and provide encouragement.”

“How do you overcome the hurdle of prejudice and no spent conviction scheme in Victoria?”

### **AOD services' capacity to provide employment support**

Respondents were asked whether their agency provided any support for clients seeking employment. Twenty per cent stated they provided much support, 63 per cent stated they provided

some support, and 6 per cent stated they provided no support. Twenty-two per cent stated it would differ by case.

A follow-up to this question asked about barriers to providing support, to which 22 people responded. Of these, 13 responses stated they did not have the funds or other resources (time/staff) to provide such support, and/or could not provide such support because they were not funded to do so. Two responses noted that clients were often not ready for such support in any case; and two pointed to discrimination among employers/employment services.

### **AOD clients and employment participation**

The final question provided space for respondents to note other thoughts about AOD clients' employment participation, asking "What else do you think might be done to increase the workforce participation of people who are receiving or who have completed treatment for drug and alcohol issues?"

Sixty people answered this question. Ideas included:

- Address stigma and discrimination issues as the main barrier to employment
- More intensive/prolonged case management, individualised programs
- New approaches to training and work placement, e.g. vocational focus; basic skills like literacy; internships; part time options
- More employer support initiatives and employer incentives to work with AOD clients
- Confidence building for clients
- Increase JSA provider and AOD service collaboration
- Ongoing support/more follow up by AOD services
- Reduce use of criminal record checks
- Education of potential employers / employment services
- Provide transport
- Address barriers from being on pharmacotherapy programs
- Prevention – address underlying problems leading to AOD problems
- Change aspects of current systems that can discourage seeking work, e.g.:
  - Raise the Centrelink payment earning cut-off to encourage entering into part-time work initially

- Remove penalties surrounding voluntary resignation from work to allow clients to ‘try out’ a position
- Change income restrictions on supported housing (can discourage seeking work for fear of losing housing)
- Find jobs that do not require a licence
- Anxiety management programs
- Enable working cultures to be ‘safe’ for those with AOD issues
- Use employer advocates for people with AOD problems
- More flexibility in JSA model
- Understanding and support from Centrelink
- Reintegration work programs for prisoners
- Peer support in employment services
- Jobs that start at completion of residency
- Remove pre-employment medical checks

#### **Selected responses:**

“Intensive case management, on-going support”.

“Funding for AOD services specifically to form effective partnerships with JSAs. Brokerage funds able to be utilised for treatment where required.”

“More attention to the root cause of why we have such large numbers of these people requiring such support, and the development of creative, sustainable and forward thinking developments within the community that lead to better social and emotional health outcomes for future youth cohorts.”

“less criminal record checks more individualised support that is specific to this group less stigma and discrimination positive encouragement and confidence building”.

“give AOD services the job provider /vocational role”.

“More employers support initiatives such as Toll Second Step”.

“Stop discrimination and stigma involved with people on treatment, provide people with better accessibility to get their doses if they are looking for work or have obtained work and whatever can

be done for a positive outcome for clients looking for work. I am aware of a lot of people who worked until their employer found out they are on a treatment program then lost their job. We also need to have 'human rights' for people who use drugs and who are on treatment so if they are discriminated against they can report it and not be punished for doing so."

"better education and employment of employers advocates for people with AOD issues in employment linking in with legal centres getting rid of always having to have a criminal history check and making sure background checking relates to the job, not just a tick box exercise linking in with the human rights commission".

"Employer support could be important for an AOD client to take time out for rehabilitation/therapy with a pathway for return to work on successful completion. This, combined with support for vocational skills development through training could better equip the willing client group. Workplace development programs could include AOD support training; eg 'workshops' or seminars delivered in an employer's place of work. This could be a meaningful 'preventative' while helping maintain a stable workforce."

## Conclusion

The survey data indicates several key issues, including the significant impact that discrimination and stigma, and the use of criminal record checks, have on the ability of people in or exiting AOD treatment to gain employment. There is a need to be more proactive in educating employers on the contribution that these clients can make in the workplace. The survey data also raise some concerns about the suitability of the current system of employment assistance for clients of AOD services, including lack of collaboration and partnerships, a lack of engagement with employment services systems among these clients (as indicated by high levels of ambivalence in clients' assessments), and the limited focus among some providers on clients with AOD problems. However, data also highlights that, with treatment and support, employment is likely a realistic goal for most clients.



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**Appendix: Table 4**

Identify what you perceive to be the main barriers that your current clients have in relation to finding and maintaining employment: (Please rate the following options, from most significant barrier to least significant barrier)												
Answer Options	1 = Most significant	2	3	4	5	6	7	8	9	10 = Least significant	Rating average	Total responses
<b>Not enough jobs</b>	8.9% (8)	10% (9)	8.9% (8)	10% (9)	8.9% (8)	5.6% (5)	11.1% (10)	11.1% (10)	7.8% (7)	<b>17.8% (16)</b>	5.89	100% (91)
<b>No suitable jobs</b>	11.4% (10)	<b>17% (15)</b>	<b>17% (15)</b>	11.4% (10)	15.9% (14)	6.8% (6)	6.8% (6)	0	6.8% (6)	6.8% (6)	4.38	100% (89)
<b>Employer prejudice / discrimination</b>	<b>23.3% (21)</b>	12.2% (11)	22.2% (20)	12.2% (11)	7.8% (7)	5.6% (5)	8.9% (8)	4.6% (4)	2.2% (2)	1.1% (1)	3.64	100% (91)
<b>Limited vocational skills</b>	20% (18)	21.1% (19)	<b>28.9% (26)</b>	15.6% (14)	10% (9)	1.1% (1)	1.1% (1)	0	2.2% (2)	0	2.93	100% (91)
<b>Limited interpersonal and social skills</b>	14.9% (13)	<b>23% (20)</b>	<b>23% (20)</b>	17.8% (16)	7.8% (7)	4.6% (4)	3.4% (3)	0	2.2% (2)	2.2% (2)	3.36	100% (88)
<b>Low level of confidence</b>	21.1% (19)	<b>30.7% (27)</b>	26.1% (23)	11.4% (10)	1.1% (1)	5.6% (5)	3.4% (3)	0	0	0	2.69	100% (89)
<b>Criminal conviction leads to self-exclusion from job opportunities</b>	<b>34.1% (30)</b>	19.3% (17)	19.3% (17)	8.9% (8)	7.8% (7)	4.6% (4)	3.4% (3)	2.2% (2)	0	0	2.76	100% (89)
<b>Police checks limit employment options</b>	<b>32.6% (29)</b>	23.3% (21)	13.5% (12)	11.4% (10)	6.8% (6)	6.8% (6)	2.2% (2)	2.2% (2)	1.1% (1)	0	2.82	100% (90)
<b>Poor mental health</b>	15.6% (14)	<b>21.1% (19)</b>	17.8% (16)	16.9% (15)	6.8% (6)	4.6% (4)	10% (9)	4.6% (4)	2.2% (2)	0	3.64	100% (90)
<b>Poor physical health</b>	7.8% (7)	14.9% (13)	<b>19.3% (17)</b>	14.9% (13)	17.8% (16)	8.9% (8)	7.8% (7)	3.4% (3)	5.6% (5)	1.1% (1)	4.32	100% (91)
<b>Lack of support from employment agency</b>	12.2% (11)	14.9% (13)	10% (9)	12.2% (11)	<b>15.6% (14)</b>	8.9% (8)	5.6% (5)	8.9% (8)	6.8% (6)	5.6% (5)	4.74	100% (91)

**FOR FURTHER**

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