Addiction and Vocational Support Project: FINAL REPORT

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Executive summary

During 2012 the Counties Manukau District Health Board (CMDHB) Alcohol and Other Drug (AOD) Sector Collaboration Group sponsored a Vocational Support Project in response to a priority identified in the Counties Manukau District Health Board (CMDHB) Alcohol and other Drug (AOD) Action Plan (2009 – 2014) which states: ..ensure that a range of educational and vocational training opportunities [are] available to consumers of specialist AOD services (p. 24). This report outlines the overall findings of the project processes which included a review of selected literature, internet searches, a snapshot survey, focus groups, and interviews with consumers and service provider representatives.¹

Findings suggest that employment is strongly associated with well-being, social inclusion and recovery. Enhancing social inclusion and employment-related support are signalled as service priorities within *Rising to the Challenge. The Mental Health and Addiction Service Development Plan 2012–2017(draft)*. Unemployment levels are high in AOD consumer populations. People in recovery from addiction often face significant barriers to employment that are experienced at both the individual and systemic levels. The need for support for AOD consumers to prepare for and gain employment, maintain employment and progress in the workforce has been strongly identified. While there are several supported employment services available within Counties Manukau, for AOD consumers access is variable and eligibility is unclear.

Findings indicate that there is no single, effective approach to providing employment support and no single service is likely to meet all needs. The Individual Placement and Support (IPS) model of supported employment is effective for people with mental health issues and for people with co-existing mental health and addiction issues. However findings suggest that criminal offending histories and the considerable social stigma associated with addiction may limit the effectiveness of the IPS model. There is support for the development of peer-led services, with Peer Support, Peer Employment Training and Wellness Recovery Action Planning (WRAP) training all cited by consumers as being helpful in relation to employment.

In the course of the project, initiatives were identified that would be consistent with fulfilling policy and planning priorities. These included development of a pilot IPS-based service adapted to better address the needs of AOD consumers and development of a peer-led employment hub that would offer training, work experience and employment while providing a commercial service. Any initiatives would require collaboration with others for example, the Ministry of Social Development, Work and Income New Zealand, the Association of Supported Employment New Zealand (ASENZ) and employers. Specific recommendations for further consideration by the Counties Manukau AOD Sector Collaboration Group are set out in the report.

More research and feedback from young people is required to determine the nature of employment-related support needed specifically for young people.

Recommendations consistent with planning priorities and the findings of this project are set out in summary of the report.

² Detailed reports on the literature findings and the survey, focus group and interview findings are available from Counties Manukau DHB.

Services represented included AOD services and Supported Employment services.

Introduction

The CMDHB AOD Sector Collaboration Group has undertaken a vocational support project in response to a priority identified in the Counties Manukau District Health Board (CMDHB) Alcohol and other Drug (AOD) Action Plan (2009 – 2014) which states:

..ensure that a range of educational and vocational training opportunities [are] available to consumers of specialist AOD services (p. 24).

The project deliverables were:

- 1. A report on literature findings for vocational support. A report was presented in August 2012 and is available via Counties Manukau DHB.
- 2. A report on vocational support options currently available to AOD treatment consumers living in Counties Manukau. A report was presented in early December 2012 and is available via Counties Manukau DHB.
- 3. A final project report including recommendations for further action.

This report corresponds to deliverable 3 above and presents a summary of overall findings and recommendations for consideration by the CMDHB AOD Sector Collaboration Group.

Methodology

The following processes have been utilised within the project:

- Review of selected relevant literature to determine research-based evidence of the impact of vocational support for AOD consumers.
- A snapshot survey of AOD consumers in the Counties Manukau area to gain feedback on employment related issues and what is helpful to consumers.
- Focus groups and interviews with consumers and service provider representatives, including AOD service providers and supported employment service providers to further explore stakeholder perspectives on service availablily, needs and issues. This was supplemented by an internet based search for information on employment support options available in the Counties Manukau area.
- Discussions with the Counties Manukau AOD Consumer Network to gain further stakeholder feedback.

Terms used in this report

'AOD consumers' refers to those people who are accessing or have accessed AOD services. The term is used synonymously with tangata whai ora, clients, patients, service users and peers.

The terms 'work', 'employment' 'vocational' and 'job' are used interchangeably in this report.

'AOD treatment' refers to specialist addiction services including out-patient, community based, residential, clinical, peer-based and supported accommodation services.

'Vocational support' includes a range of services from pre-vocational support, job placement and ongoing employment support. These are inclusive of employment, voluntary work, education and training.

Overall summary³ of literature and stakeholder feedback

Work is important for recovery and social inclusion

Work is the make or break thing – it's about social inclusion.

Interview participant

Literature confirms that employment is strongly associated with well-being, social inclusion and recovery. Employment can impact positively on recovery and support treatment effectiveness; conversely AOD treatment can have a positive impact on employment. This is strongly supported by feedback from consumers and other stakeholders in Counties Manukau. Consumers commented that along with a legal source of income, work provides routine and structure, a sense of purpose and self worth, and an opportunity to connect with others and the community in general.

Enhancing social inclusion and providing further employment related support are signalled as service priorities within *Rising to the Challenge. The Mental Health and Addiction Service Development Plan 2012–2017(draft)*, which states the following:

DHBs will increase access for the most vulnerable service users to employment specialists delivering evidence-informed supported employment services, with the aim of increasing the percentage of people who are either in employment or advancing their education. Employment specialists will work closely with Work and Income New Zealand and other services that support employment in order to contribute to wider welfare reforms (p19).

Work to enhance social inclusion for those people whose lives have been most disrupted by low-prevalence conditions (in terms of both mental health and addiction) through:

- continuing national efforts to reduce stigma, including a continuation of the Like Minds Like Mine programme
- working with the Ministry of Social Development to find ways to expand support for employment and educational opportunities (p14).

Work is not a 'magical way out' of addiction

The employment services treat the symptom of unemployment, not the causes. Employment is seen as a way out, it's not... people keep falling off. People need the self-belief - a lot have lost this.

Interview participant

While being key to recovery for some consumers, for others work can jeopardise recovery and feedback suggests it should not be viewed as a magical way out of addiction. There can be numerous issues arising from work, including the requirements to concentrate and perform the work itself, managing relationships with colleagues, many of whom may be using alcohol and other drugs, being cut off from recovery activities and for some, having money being a trigger to using. Feedback

³ The literature referred to in this report is drawn from the *Addiction and Vocational Support: Summary of Selected Literature Report August 2012* and is fully referenced in that report. Only specific quotes and single studies are referenced in this report. An overall list of references is provided.

suggests that there is good reason to provide targeted support for people who are working.

Many AOD consumers experience problems finding and keeping work

I've only got recovery on my mind at the moment but I'm not looking forward to looking for work. There are a lot of gaps. My experience is in dealing, robbing....

Focus group participant

I can't go back to (my profession). I closed that door with my convictions. I don't know how to open it.

Focus group participant

About 40% of our clients come through a criminal justice pathway so many have convictions etc; fraud seems to be common. This group can face difficulties finding work.

Interview participant

International data and limited New Zealand data suggest that unemployment rates within AOD service user populations are much higher than average overall unemployment rates. Counties Manukau consumer feedback supports this, for example 43% of survey respondents indicated that they were unemployed or not working due to health issues.

Literature suggests that young people are more likely to be unemployed and appear to be more vulnerable to relapse when in employment, indicating that targeted support is especially important for young AOD consumers, both to gain employment and to maintain recovery when employed.

Individual and systemic barriers commonly prevent people from working

I want to say I'm different now. That was [me] then, this is [me] now. I didn't see it before, I never cared, but now with the clarity that I have I can see how hard it is going to be to get work because of the past. I can't get a reference.

Focus group participant

Literature suggests that the numerous barriers to employment faced by consumers are both individual and systemic. Effective interventions address both levels. Barriers are not limited to health but include a range of primary social needs such as homelessness, poverty, lack of education, criminal lifestyles etc. Negative attitudes and stigma towards people with AOD issues also provide a significant barrier. The barriers can combine to form a "wall of exclusion" (Buchanan, 2004) that prevents people from reintegrating into society.

The barriers identified in the literature were strongly underscored by feedback from Counties Manukau consumers and other stakeholders. A large proportion of consumer survey respondents (59%) reported problems finding and keeping a job. A range of problems was reported with many of these being inter-related. Many people reported experiencing multiple problems. Problems experienced at the individual level included, for example, health problems, low self-belief, lack of confidence, lack of education and qualifications, poor work history, lack of references, lack of transport and lack of a driver's licence. Problems relevant to the wider systems level such as employer attitudes, employment law, benefit systems, the job market and the significant social stigma associated with addiction. A history of criminal offending, the

requirement to disclose this and the question of whether to disclose addiction and mental health issues straddle the individual and the systemic issues.

It was all going well, then at the end they gave me the [declaration of criminal convictions] form. I saved myself the embarrassment, because I want to be able to carry on shopping there. I knew they wouldn't give me the job once they knew.

Focus group participant

Disclosure of criminal offending and addiction histories was identified as a key barrier in the feedback from consumers. Similarly dilemmas regarding coming off a benefit and taking up low paid legal employment versus lucrative illegal activity were highlighted.

Employment support for AOD consumers is needed

You have to be right with your self, build your confidence and self esteem. You need support.

Focus group participant

Literature suggests that responses to AOD issues need to broaden to support consumers to build recovery capital and promote social inclusion. Employment support is seen as key. Feedback supports this. Pre-employment training (e,g computer skills, cv writing, interview skills, and literacy) and help to find a job were identified by consumer survey respondents as key needs, with 40% and 38% of respondents respectively indicating that they require support in these areas. Help to keep a job was identified as a need by 28% of respondents and help to find a better job was identified by 22% of respondents. Only 25% of survey respondents indicated that they do not need help to find or keep a job, suggesting that the need for employment related support is high in Counties Manukau.

Comprehensive employment support is outside of the scope of most AOD services

We work as best we can to effectively support people with employment where that is the client's priority.

Interview participant

Literature findings indicate that AOD treatment without specific vocational support⁴ appears unlikely to improve employment outcomes for consumers while there are indications that employment outcomes improve for those who receive targeted employment support as part of treatment.

Information from Counties Manukau stakeholder feedback shows that most AOD services do not focus on employment in a comprehensive sense, however most either work with clients on a 1-1 as-needs basis or refer to other services. Needs can vary in relation to the populations accessing various AOD services. For example within one service the issue of employment appears less of a priority as many of the consumers accessing the service are already in employment. Issues of opportunity cost and the need for services to prioritise resources were highlighted as potentially limiting services from focusing on employment.

⁴ With the exception of residential treatment of 3 months or longer.

Effective employment support addresses individual and systemic issues

Employability entails achieving a match between the abilities, attitudes and capabilities of an individual, the needs, expectations and attitudes of employers and the demands of current local labour market conditions.

Effective Interventions Unit, 2003:7.

According to literature, there is no single, effective approach to providing employment support for AOD consumers and no single service is likely to meet all needs. A variety of support options matched to the needs of the individual is advocated. The literature refers to various stages of vocational support:

- Pre-vocational support, building job readiness/employability development.
- Job search and placement.
- Sustaining employment.

Support services must assist people to overcome individual barriers as well as addressing systemic issues. Some consumers will benefit from support provided over a medium to longer term. It is necessary to work with employers, understand and respond effectively within labour market conditions and address social stigma. Forming partnerships with employers and economic development agencies is essential.

The Individual Placement and Support (IPS) is the most comprehensively described and evaluated model of supported employment. Key principles of IPS programmes include:

- Competitive employment is the aim (defined as full or part time jobs open to anyone, paying at least the minimum wage).
- The employment is matched to the person's strengths, aspirations, experiences and challenges and circumstances (rather than slotting people in to whatever is available).
- Intensive assistance with job seeking is provided when the person expresses interest (ie, the client determines eligibility).
- Minimal assessment and preparation (rapid placement).
- Ongoing (not time-limited) support once the person is employed to maintain the job or transition to another one (Becker and Drake, 2004).

IPS has been demonstrated to be effective for people with mental health issues and for people with co-existing mental health and addiction issues. However this model is yet to be fully tested in the addiction sector. Some researchers argue that AOD consumers face greater barriers to employment, particularly in relation to criminal offending histories and social stigma which may limit the effectiveness of the IPS model and at worst could set consumers up to fail.

These reservations have to some extent been reinforced by feedback from Counties Manukau consumers and other stakeholders who suggested that existing supported employment services would need to be adapted to ensure they address the range of needs commonly faced by AOD Consumers, in particular a history of criminal offending and stigmatising views of addiction.

Consultation with Counties Manukau consumers indicates that the type of support required is spread across the continuum including pre-employment skills, job placement and career development. Importantly feedback suggests that, to be effective, assistance needs to be tailored to individual need. Peer support, peer employment and WRAP training, being proactive, volunteering and accessing

tailored support (provided by an employment support service) were highlighted by consumers as effective ways to build employability and find employment.

Employment support services available

Those with addiction and no other mental health issue have been outside of criteria. Not sure if this is intentional or if the focus has been on mental health because people in recovery from mental health issues have pushed for services.

Interview participant

There are several services specialising in providing employment support in Counties Manukau, mainly funded through the Ministry of Social Development. A list of services is provided in Appendix 1.⁵ Services work with consumers from aged 16. Feedback suggests that for AOD consumers access to these services is limited and eligibility is unclear. It was further suggested, as discussed above, that existing services would need to be adapted to ensure they address the range of needs commonly faced by AOD Consumers, in particular a history of criminal offending and stigmatising views of addiction. Comment from consumers indicates that information about employment support services is provided to AOD consumers on an ad hoc basis and many have no knowledge that these services exist. Those who have accessed the services report both positive and less positive experiences. Key points in feedback from consumers who have accessed employment support services include:

- A one-size fits all approach is unhelpful and wasteful and a service tailored to the individual works best.
- Being part of a group with others seeking employment can be helpful, reducing the isolation of the job seeking process, learning from others about helpful strategies and offering motivation and mutual support when needed.
- Employment consultants who have not had experience of unemployment linked to a health problem such as addiction may not be well placed to pace the service to suit the consumer or address key issues related to self-stigma and wider stigma related issues.
- Employment services need to support people who have criminal convictions.

Many supported employment services participate in the Association for Supported Employment in New Zealand (ASENZ), a national network representing the interests of supported employment organisations. ASENZ promotes the inclusion of people with disability in the mainstream workforce.

Stakeholder suggestions for further development

Peers may have more understanding of the issues. People who have always had jobs don't know what it is like.

Interview participant

Innovations for service provision were suggested by stakeholders, covering the spectrum of support from pre-employment to advanced career development.

Peer-led services were strongly supported.

⁵ These services were identified via internet search and interviews with stakeholders. There may be other services that were not identified.

The need for employment services to incorporate and account for a good understanding of the labour market and to forge relationships with potential employers was noted by many.

Specific suggestions from stakeholders included:

- Providing work placements to build employability, for example, developing an agreement between the DHB and WINZ similar to an agreement between WINZ and the Auckland Council for the "ambassadors scheme" in which people get paid an extra \$100 on their benefit for acting as community ambassadors for the Council.⁶
- 2. Developing a "Skills Network" that could provide an open group forum where various job roles and possibilities are talked about over time. For example:
- Having speakers come in to talk about their roles, and skills, motivate and get people thinking.
- Taster presentations to help people find out what they might like and be good at.
- Having people available to support service users to find their strengths, and identify a potential career.
- Support for basic skills for example CV development, cover letter writing, interview skills and "second chance" job finding support, brokerage etc.
- Mentoring for those who have chosen a career path.
- 3. Developing a peer-led service model (an employment hub) aimed at both supporting people towards working and also employing people to provide contracted (commercial) services e.g. providing administrative services to businesses. The hub would provide training, work experience and work, depending on the needs of the person. This model addresses any risk that may be perceived by employers in regard to taking on consumers as employees because the hub would hold the responsibility for providing the services. A partnership with WINZ would be needed to support this model.⁷
- 4. Piloting a programme within an existing Supported Employment service to address the needs of AOD consumers, utilising an adapted IPS model. It was suggested that the model could work with AOD consumers but it would require tailoring. The barriers are likely to be somewhat different, particularly in relation to history of criminal offending and the trend towards drug testing in many industries.

Conclusions and recommendations

Employment is strongly associated with well-being, social inclusion and recovery. Feedback from consumers and other stakeholders in Counties Manukau aligns with key themes identified in relevant literature. People in recovery from addiction often face significant barriers to employment that are experienced at both the individual and systemic levels. Effective interventions address both levels. The need for support for AOD consumers to prepare for, gain employment, maintain employment and progress professionally is strongly identified and consistent with the direction signalled in *Rising to the Challenge. The Mental Health and Addiction Service*

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 $^{^{\}rm 6}$ This was reported in feedback and has not been verified with WINZ.

⁷ NB this idea was put forward in a key informant interview and represents considerable formative thinking on the part of the interviewee. Further consultation with the interviewee is strongly recommended should this idea be progressed. Contact details are available through the authors of the report.

Development Plan 2012–2017 (draft). Young people are identified in literature as being particularly likely to benefit from support both to gain employment and to maintain recovery when employed.

While there are a number of supported employment services available within Counties Manukau, for AOD consumers access is variable and eligibility is unclear. It is likely that there is not a strong AOD consumer voice within the AESNZ group.

Literature findings indicate that there is no single, effective approach to providing employment support and no single service is likely to meet all needs. This is supported by consumer and stakeholder feedback. The IPS model of supported employment is effective for people with mental health issues and for people with coexisting mental health and addiction issues. However literature findings and feedback suggest that AOD consumers face greater barriers to employment (criminal offending and stigma) which may limit the effectiveness of the IPS model.

There is support for the development of peer-led services, with Peer Support, Peer Employment Training and Wellness Recovery Action Planning (WRAP) training all cited by consumers as being helpful in relation to employment.

The specific suggestions, offered by stakeholders and listed above, all merit consideration in terms of enhancing employment-related support, in particular development of a pilot IPS-based service adapted to better address the needs of AOD consumers and development of a peer-led employment hub that would offer training, work experience and employment while providing a commercial service. The former is supported by evidence and is strongly aligned to social inclusion principles. The latter has the potential advantages of side stepping some of the barriers related to general stigma and employer attitudes including the perceived risks of employing people with AOD related problems, while at the same time being at least partly self-funding in the longer term through commercial enterprise and an associated income stream. On a cautionary note, however, it would be important to ensure that principles of social inclusion are firmly embedded to ensure that consumers do not become unnecessarily segregated in a 'special' employment situation.

More feedback from young people is needed to determine the nature of employment-related support needed.

In line with the project findings, recommendations for further consideration by the Counties Manukau AOD Sector Collaboration Group are:

- 1. That the Counties Manukau AOD Sector Collaboration Group supports the progress of one or more of the following initiatives which have arisen from project findings and would be consistent with fulfilling the action set out in the Alcohol and Other Drug (AOD) Action Plan (2009 2014):
 - A pilot programme based on an adapted IPS model suitably tailored to address the needs of AOD consumers, potentially developed within an existing Supported Employment service in Counties Manukau.
 - A peer-led employment hub that would train and employ consumers while providing commercial services to business customers. This service could incorporate some of the ideas regarding a 'skills network' as suggested in feedback. Development of this initiative would need to be strongly underpinned by key principles relevant to social inclusion to avoid unintentionally perpetuating social exclusion for consumers.

 A special project aimed at working with existing supported employment services to ensure clear access for AOD consumers and to support services to appropriately tailor their programmes to address the issues identified by AOD consumers.

Development of any of the above is likely to require collaboration with agencies such as MSD and WINZ and with employers. Consumers would need to be fully involved in planning and implementation processes to support the relevance and success of the initiatives.

- 2. That Counties Manukau AOD Sector Collaboration Group:
 - Develops an explicit link with ASENZ. This could assist with ensuring that the needs of AOD consumers are represented within this key national network.
 - Fosters links with MSD and WINZ specifically to ensure any opportunities for partnership in relation to employment opportunities are factored in to sector planning efforts and known to providers in the sector.
- 3. That Counties Manukau AOD Sector Collaboration Group ensures that employment needs are considered as a central focus of the "Stigma Project" currently being undertaken by the Counties Manukau AOD Sector Collaboration Group.
- 4. That Counties Manukau AOD Sector Collaboration Group considers developing a project specifically focussing on young people and vocational support to more specifically determine needs and options for a way forward.

Appendix 1. Supported Employment Services

Auckland New Zealand Employment Resource Center

LDS Employment Resource Services Unit 8/586 Great South Road Manukau City 2241

Dress for Success

Worldwide organisation assisting women
Provides professional work clothing, career development tools and an ongoing support network
Available in Auckland through Work and Income NZ.

Elevator

Level 1. Kimberley House 1 Marewa Rd Greenlane Auckland 1546. PO Box 74096 Auckland 1546

Phone: 0508 353-828 or 09 5315604. Email: enquiries@elevator.org.nz

Employment Plus: The Salvation Army

16B Bakerfield Place Manukau City

South Auckland

Phone: (09) 262 2332 ext 720

Inwork Employment Service

South Auckland Office 188 Great South Road Manurewa Auckland 2243 Phone 09 266-8852 Fax 09 266-8851 info@inwork.co.nz Free Phone 0800 008 854

Inwork Employment Service: Pacific Employment Support Services

1st Floor 12 Mahunga Drive Mangere Bridge 2022 Auckland Phone 09 634-5980 info@inwork.co.nz Free Phone 0800 500 233

Job Quest Supported Employment (Affinity Services)

112e Russel Road

Manurewa

PO Box 11072 Ellerslie

Phone: 09 526 0320 or 09 267 8194.

Email: Flee.Coker-Grey@affinityservices.co.nz

Website: www.affinityservices.co.nz

Mahitahi Trust

10-14 Park Avenue Otahuhu. Auckland 1062 PO Box 22324. Otahuhu. Manukau 1640

Phone: 09 276 5221

Email: phillip@mahitahi.co.nz

Work Focus (Framework Trust)

13-15 Kingsland Terrace. Kingsland PO Box 52-164 Kingsland Auckland 1030

Phone 09 815 5122

Email: Helen.Robertshaw@framework.org.nz

Workwise Employment Agency (South And Central Auckland)

15 Ronwood Avenue. Manukau City 2241 PO Box 76842, Manukau City 2241 Phone: 09 261 3402 Fax: 09 293 9369 Email: Tyron.Pini@workwise.org.nz Website: www.workwise.org.nz

Workbridge: Auckland South

Rear of State Insurance Building, 9-11 Ronwood Avenue

Manukau City

PO Box 97083. South Auckland Mail Centre

Phone: 09 263-6665

Email: aucklandsouth@workbridge.co.nz

References

Bauld, L., Hay, G., McKell, J. and Carroll, C. (2010A). *Problem drug users experiences of employment and the benefit system.* London: DWP Research Report No. 640. Department for Work and Pensions.

Bauld, L., Carroll, C. Hay, G., McKell, J. Novak C. Silver K. and Templeton L.(2010). *Alcohol misusers' experiences of employment and the benefit system*. London: DWP Research Report No. 718. Department for Work and Pensions.

Becker D. Drake R. 2004. Supported Employment for People with Severe Mental Illness. A guideline developed for the Behavioral Health Recovery Management Project. Dartmouth Medical School.

Best D. 2010. Digesting the Evidence. Glasgow: Scottish Drugs Recovery Consortium

Boven R. Harland C. Grace L. 2011. *Discussion Paper More Ladders, Fewer Snakes: Two Proposals To Reduce Youth Disadvantage*. Auckland: The New Zealand Institute

Buchanan J. 2004 Tackling Problem Drug Use A New Conceptual Framework. *Social Work in Mental Health, 2(2&3):* 117-138.

Center for Substance Abuse Treatment. 2000. *TIP Integrating Substance Abuse Treatment and Vocational Services*. Rockville: Treatment Improvement Protocol (TIP) Series, No. 38.

Counties Manukau DHB. 2009. *Counties Manukau DHB Alcohol and Other Drugs Services Plan 2009-2014*. Manukau City: Counties Manukau DHB.

Crowther R. Marshall M. Bond G. Huxley P. 2001. Vocational rehabilitation for people with severe mental illness (Review). Cochrane Database of Systematic Reviews 2001, Issue 2. Art. No.: CD003080.

Effective Interventions Unit. 2001. *Moving On.* Edinburgh: Scottish Executive.

Effective Interventions Unit. 2003. *Moving On: Update Employability And Employment For Recovering Drug Users*. Edinburgh: Scottish Executive.

Godley S. Passetti L. White M. 2006. Employment and adolescent alcohol and drug treatment and recovery: an exploratory study. *Am J Addict. 2006;15 Suppl 1:*137-43.

Harris N. Getting Problem Drug Users (Back) Into Employment. Part One: Social Security and Problem Drug Users: Law and Policy. London: The UK Drug Policy Commission.

Jones A. Donmall M. Millar T. Moody A. Weston S. Anderson T. Gittins M. Abeywardana V. and D'Souza J. 2009. *The Drug Treatment Outcomes Research Study (DTORS): Final outcomes report 3rd Edition*. London: Home Office.

Jones A. Weston, S. Moody A. Millar T. Dollin L. Anderson T. and Donmall M. 2007. *The Drug Treatment Outcomes Research Study: baseline report.* London: Home Office.

Keane M (2007) Social reintegration as a response to drug use in Ireland. Overview 5. Dublin: Health Research Board.

Kemp P. and Neale J. 2005. Employability and Problem Drug Users. *Critical Social Policy* 2005 25: 28.

Magura S. Blankertz L. Madison E. Friedman E. Gomez A. 2007. An Innovative Job Placement Model for Unemployed Methadone Patients: A Randomized Clinical Trial. *Substance Use & Misuse*, *42*: 811–828

Magura S. Staines G. Blankertz L. and Madison E. 2004. The Effectiveness of Vocational Services for Substance Users in Treatment. *Substance Use & Misuse Vol. 39, Nos. 13 & 14:* 2165–2213.

McDaid D. 2008. Mental Health In Workplace Settings Consensus paper. Luxembourg: European Communities 2008 European Commission (OIL),

McIntosh J. Bloor M. and Robertson M. 2008. Drug treatment and the achievement of paid employment. *Addiction Research and Theory February 2008; 16(1)*: 37–45

McLellan A. Skipper G. Campbell M. DuPont R. 2008. Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *British Medical Journal*. 2008: 1–6.

Mental Health Implementation Group. 2002. *Framework for Rehabilitation for Mental Health Evidence-based outcomes for vocational and educational rehabilitation*. Sydney: Mental Health Implementation Group.

Ministry of Health. 2012. Rising to the Challenge. The Mental Health and Addiction Service Development Plan 2012–2017 (draft). Wellington: Ministry of Health.

Mueser K. Campbell K. Drake R. 2011. The effectiveness of supported employment in people with dual disorders. *Journal of Dual Diagnosis: 2011, 7(1–2)*, p. 90–102.

Prochaska J. & DiClemente C. 1983. Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, *51*, 390-395.

Rinaldi M. Perkins R. Glynn E. Montibeller T. Mark Clenaghan M. & Rutherford J. 2008. Individual placement and support: from research to practice. *Advances in Psychiatric Treatment (2008)*, vol. 13, 50–60.

Singleton N. 2011. *Getting Serious about Stigma in Scotland: The problem with stigmatising drug users.* London: The UK Drug Policy Commission (UKDPC) London

Simonson P. 2010. *Pathways to employment in London: A guide for drug and alcohol services.* London: Drugscope 2010.

South N. Akhtar S. Nightingale R. Stewart N. 2001 Idle Hands. *Drug and Alcohol Findings Issue 6.*

Spencer J. Deakin J. Seddon T. Ralphs R. Boyle J. 2008. Getting Problem Drug Users (Back) Into Employment Part Two. London: The UK Drug Policy Commission.

Te Pou. 2009. *Mental Health and the Recession the Impact of Unemployment on Mental Health.* Auckland: Te Pou.

The Scottish Government. 2008. *The Road to Recovery*. Edinburgh: Scottish Government, May 2008.

The UK Drug Policy Commission. 2011. Work Capability Assessment: Issues encountered by people with drug problems. London: The UK Drug Policy Commission.

Walls R. Moore L. Batiste L. Loy B. 2009. Vocational rehabilitation and job accommodations for individuals with substance abuse disorders. *Journal of Rehabilitation / Oct-Dec, 2009*

White W. 2009. *Peer-based addiction recovery support: History, theory, practice, and scientific evaluation*. Chicago, IL: Great Lakes Addiction Technology Transfer Center and Philadelphia Department of Behavioral Health and Mental Retardation Services.