

Pathways to employment

London Drug and Alcohol Network

March 2014

CASE STUDIES

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Introduction

The Pathways to employment 2014 report drew directly on the experiences of men and women with histories of substance use and experience of drug and/or alcohol treatment. This included interviews with 18 people from London, two of whom were employed at the time of being interviewed, the remainder being at varying stages of their own journeys towards employment.

The interviews were used to inform the main report and are quoted extensively in that report. The purpose of this annex is to provide an opportunity for a number of the interviews to be considered in more detail. The interviews were recorded and transcribed and have been edited only for clarity and concision, or to protect the anonymity of interviewees.

Sarah

Sarah is in her mid-50s and in employment at the time of being interviewed. She started using drugs aged 15, making a first sustained attempt to give up several years later when she had returned from a spell abroad and after the birth of her first child. Sarah managed to stay off 'Class A' drugs for six years, but found herself drinking every night. The pattern of periods of heavy drug use and long-term heavy alcohol use continued; her children were taken into care, she spent time in prison, and by her mid-40s, Sarah was sleeping rough in London.

While sleeping rough, Sarah nearly died and spent two and a half months in hospital – her body had had enough. At that point, she realised that she had to get serious about addressing her substance use, and began the process. Accessing services consistently, she began to make progress despite frequent small lapses and larger relapses. Sarah had never given any thought to employment, until getting involved with a peer support project in West London:

“But as for employment I never considered that. When I started volunteering that wasn't even with a view to employment. I happened to find somewhere and I felt good about what I'd done when I left in the afternoons. I felt I made a difference to someone's life and it was just nice to see that... You know people were asking me questions and they wanted my opinion - not just about services, because it's a peer place.”

Over the years, Sarah has used a number of different drug and alcohol services, but is currently using a shared care service, describing her last drug service as inflexible. She describes the move to GP prescribing as the best thing that could have happened for her, although she is still working with the liaison worker from her treatment provider.

Sarah has used employment support from a range of services. Not knowing if any employment support was available from a previous treatment provider, she had accessed a service offered by her housing provider, a specialist organisation working with rough sleepers and former rough sleepers. Even then, it took time to work towards it:

“When I said to her I was considering volunteering, she didn't push it on to me when I thought of it. She spoke to me the right way, because she had obviously listened to me in the past. I don't like being told what I should be doing, I looked after myself on the streets for 15 years, I don't need somebody coming in and telling me what I should be doing. And they were good like that.”

Sarah found a volunteering place with a mutual aid organisation. They weren't concerned that she was, at the time, still on prescribed methadone, but were more concerned that she could manage the requirements of the role. After just over two years of regular volunteering, she succeeded in

securing permanent, paid work with the same organisation. She cites the peer element of support and the interaction with people at different stages of treatment as being crucial to her recovery:

“I wish there had been places like that when I was using, where you could sit down and speak to people who are already making a success of their recovery journey. Where everything you talk about isn’t written down. I think that’s the major difference for us, because they can sit and talk to me and there’s no note taking, it’s just a chat off the record.”

Asked about the different places she received employment support from, Sarah was happy that for her, employment support and treatment were provided by different organisations:

“I like to keep my drug treatment separate, I think for a lot of people it’s nicer if you have treatment over here and everything else over here, you can tell them you’re still in treatment but they don’t need to know everything else.”

Sarah spoke about the barriers to employment that she had faced and overcome; the most significant being her lack of legal, paid work experience and her criminal record:

“My record’s that thick, I’ve got 300 previous... they’re all minor, before you choke on your tea, but it’s the fact that when it’s written down on paper, 300 previous convictions. So I don’t care where I went for a job, even if I had gone for a job stacking shelves in Tesco, the fact that I had that much on my criminal record would have ruled me out”

Sarah’s experience of Jobcentre Plus (JCP) was mixed – the staff were pleasant and although she had to appeal a Work Capability Assessment decision, she had had no further problems with the benefits system. However, her one experience of approaching JCP for training and skills support was unsuccessful:

“I went in a few months ago, trying to get a part time admin course. I didn’t even know that they had a drugs worker allocated at the Job Centre. She was a very nice women and found a course, but I couldn’t do it as it was three days a week. I said to her ‘I’ve been out of work for 20 odd years, I’m over 50 years of age plus I’m an ex-drug addict, there must be somewhere where you can get me a course’ and she said I’ll get back to you and that’s the last I heard of it. I should just do it myself.”

Sarah was aware of the ability to volunteer while claiming JSA or Employment and Support Allowance (ESA), and thought it had been crucial in enabling her to get closer to paid employment:

“It used to be the case that if you were doing voluntary work they could take you off JSA because you weren’t available to look for work. That’s ridiculous. I would never have got a job without doing that.”

Sarah’s plans for the future are centred on her job and her family:

“You know what, I’d like this job to go full time and that’s the only thing I’d change. I’ve got my kids back in my life, my grandkids are in my life. It’s nice because they turn out and they say ‘I’m so proud of you mum, you should be so proud of yourself’ when I forget myself and I’m feeling a bit down. My kids are all in their 30s and I still apologise for the life that they had. They tell me that they’ve got over that now and tell me to keep going the way I’m going.”

As of April 2014, Sarah has been in paid employment for 16 months.

Joanna

Joanna is in her early 40s and looking for work at the time of being interviewed. While she drank socially and smoked cannabis from her late teens, it was in her mid-thirties that she started using heroin and crack cocaine. Since then, she has been engaging with treatment, in and out of employment, and accessing employment support from her treatment provider, Jobcentre Plus and another local agency.

Prior to 2010, Joanna had considerable experience of paid work, mainly customer service roles arranged through agencies. She had spent the last few years bringing up her daughter, but in 2010, she was moved onto JSA, and started to actively look for work. While she found using Jobcentre Plus an uncomfortable experience, it served to motivate her to look for work:

“I didn’t like going into the Job Centre and people asking me questions. I just found it off-putting, so I decided it was about time I did something. I kept telling them ‘well I want to get to work, I want to do this, I want to do that’ and they pointed me in the right direction. I hooked up with Working Links and started doing training as a care assistant, support worker, and eventually I got a job. And it was quite straight forward...quite easy looking back really. I was off the drugs at that time, a good six months.”

After starting work however, Joanna relapsed and started using crack cocaine and alcohol in particular. She was able to hold on to her job for a while, but it became increasingly difficult. At the same time as trying to maintain her job, Joanna had to contend with other difficulties, some very personal, others common to the experiences of many people in low-paid employment:

“I got the job and everything was fine for a while, and I loved my job and everything was going great. That was work, but I just felt that I wasn’t enjoying anything. I felt like I wasn’t being appreciated by my family and I just felt like I was just working just to pay the rent and not getting anywhere. I was just doing it for the sake of giving everyone else money and sorting everybody else out so... I started using again. I felt like that was the only thing for me, that I could be in control of... and... teach them... you know put my finger up to the world. Then it just got worse and worse, using drugs and drinking until I just stopped going to work, completely. I just quit my job... that was in 2011.”

She also had to deal with the breakdown of an abusive relationship:

“I was in a bad relationship, a violent relationship. I left that relationship and left the area and I moved back to south London where I’m originally from. I kept on going back up to north London, about three or four times because I was staying at my son’s. I was using, and it was, it was getting ridiculous, it was getting bad so I thought, I’ve got to knock this on the head.”

Joanna also spoke about in-work support, suspecting that not accessing it last time may have contributed to her substance use increasing and the consequent loss of her job:

“I stopped going to my drug service when I got a job, I didn’t access any more help. I just thought ‘I’m great, I got a job, I’m earning money, I can look after myself’, you know, and I didn’t seek that assistance. So now this time I know if I get myself into a rut I can come in here and talk to someone, go down to [local authority ETE service] and I’m also hooked up with [specialist housing support provider]. I’ve a few bolt-holes where I can go to and talk and figure things out in my head.”

Joanna tended to see drug and alcohol treatment and employment support as separate pieces of

provision, and explained the way that she uses several services – her treatment provider, a housing support provider and a local authority-run employment service:

“The housing support worker that I’m dealing with now, she deals with the whole thing. She talks to me if I’m craving or anything like that, she’ll talk to me about it, but she’ll also talk to me about my housing so she combines the two I think. Thinking about [employment service], I don’t really feel comfortable talking to them about my drug history because... I don’t think it’s got anything to do with them really. They know about it because I accessed them through here [treatment provider] but I associated them in my head with getting a job. I don’t really associate them with drugs or anything like that.”

Joanna does not have a criminal record and found it quite easy to enter work. She did not disclose her history of drug use to her employer, which was a specialist employment agency:

“No, I didn’t disclose that I was using drugs before, to my employer. I just went into work really, it was quite straightforward, it was quite... easy. You know, getting in to that job, because I was working... I did my training at the agency and the agency sent me out to work. Yeah, so it was just basically straightforward and they had no idea about that... I don’t think they did anyway. ”

However, not long after starting work, Joanna suffered a miscarriage. After the miscarriage, her drug use increased:

“In January 2011 I had a miscarriage and then in February I left. I suppose, not just the fact that I was using drugs but I suppose that played a part in it as well, because I didn’t feel like I was supported at the time. I did have quite a bad miscarriage. I don’t know what happened but I was in and out of hospital as well and... they weren’t really supportive. They gave me a week off and just expected me to bounce back. I was just using drugs to ease the pain of losing another baby and stuff like that. So I didn’t feel like I was supported by the agency, no.”

Joanna spoke in detail about the working relationship with her manager and supervisor:

“By January I’d lost a lot of weight - I just put on a few more clothes. I would bring my timesheets in every month to the office, and every time I went in there I would worry about if they saw that I had lost weight and how I was looking. Nobody ever came up to me and said ‘are you going through anything you need to talk about?’ and stuff like that or ‘do you need support in anything?’ or anything like that. I think it would have helped if somebody had said something to me, or recognised there was a problem.”

Joanna describes the way that her situation became increasingly unbearable:

“I didn’t know who to talk to, I didn’t know who to turn to. By that time I’d left the drug service and I felt ashamed to go back. And all I...all I really wanted to do was get away from the violent relationship that I was in as well. So I was like ‘what to do apart from run away?’. That’s all I felt like doing was just running away and not facing, and not actually looking at my problems, I just wanted to run away and that’s exactly what I did do. Ultimately I ran away.”

Joanna felt that the support she was receiving from the local authority’s employment service was helping her get back to work, and she had a job interview lined up a few days after participating in this research. She has clear aspirations:

“I’d be in a job, taking holidays once a year. It’s not just the money, because money used to be a big trigger for me so that’s a bit scary, but it’s just a different way of life, it’s just meeting different people, going out maybe at the weekend and just enjoying life a bit more. I don’t want to be associated with people that have use drugs for all my life. You know, I want to meet a friend that’s never used drugs, never drank and just be able to get on with her on a normal level. You know, some normality. That’s what I’m craving.”

These are tempered with a note of caution, based on the difficulties she experienced when last in employment:

“This sounds a bit silly but I think me getting a job is sort of like waving a magic wand and everything’s going to be a lot different. I’ve felt that way before and I shouldn’t give myself a false sense of security. But I just feel like if I get a job things would be a lot better.”

Simon

Simon is in his early 40s. He has significant work experience including at senior level in both the public and private sectors and an educational background that includes a postgraduate degree and professional qualifications. At the time of participating in the Pathways to employment interview, he was employed by an executive agency of central government, but had been given a sabbatical to help him address his substance use.

Several interview participants had experience of residential treatment and rehabilitation; some found it effective, others less so. Simon spoke about his experience of different types of treatment and how crucial motivation rather than the opportunity to participate in treatment had been crucial:

“10 years ago I went to [residential service] – brilliant hotel, good food, however, the treatment didn’t work for me, maybe I wasn’t ready. April this year, it got to a point where I was destroyed spiritually, financially, morally – you name it, I destroyed it. And I looked at my 5 year old son as well, and realised his daddy cannot be like this.”

Simon was the only participant in the research who had not lost his current or any previous employment as a consequence of substance use. He described his employer as being understanding and supportive:

“My employer tried. They were very understanding; they gave me a lot of time out, because I had to keep seeing a doctor. I think in the end, I could have helped myself. There was a system that tried to support me – even when I was at home for two or three months, they kept paying me, so they did their best, as far as I’m concerned. And it was me who let them down, and let myself down.”

Simon made reference to the corrosive aspect of some workplace cultures he had experienced:

“Right up to director / MD levels, they were all on Charlie. It was the norm. You’d go to a hotel on Park Lane, you’ve got everything there you need - and everything else was there as well, on the table. That was the sort of culture I lived in. In the end, it wasn’t a habit for them, but it got to be a habit for me. So I was in that culture, in the City, where it’s ok to do xyz.”

However, while Simon felt that the workplace culture had contributed to his situation, he

emphasised the supportive role his employer and individual senior staff had played in helping him address it. Among the interview participants, this experience was unique:

“So yes, they supported me, but because of my position, they allowed me to get away with everything at first. So the employment handbook says ‘we’re here to support you if you’ve got drug problems or this and that’, and it was true – they did help, they also suggested different counselling, [private sector firm] paid for half of the cost of the [residential service], through insurance.

So employers can help - if you’re lucky enough to have the right employer, and the government agencies do help. A lot of people are saying no, the government doesn’t help [as an employer], but actually, some do.”

As of April 2014, Simon has left his job by mutual agreement, and is currently volunteering with a treatment provider who have provided him with relevant, accredited training. He is currently considering his longer-term options.

David

David is 50 years old and emigrated with his family as a teenager. He has worked for almost all of his adult life in the construction industry, including some highly specialist roles that require additional qualifications. However, his qualifications from overseas are not recognised in the UK, and since returning a few years ago, he has worked in less skilled and lower paid roles. A recent criminal conviction may also be a barrier to employment:

“I came back to England in 2006, my qualifications aren’t recognised here. It would cost roughly £2500 for the same qualifications. Since I’ve been back I’ve worked as a chef for a while, did some labouring, but ran into some problems in November 2011 with some people. Got into some trouble, got three years, did 18 months, and I got out of jail last month. I went on a bit of a bender, that’s why I’m here to try to sort myself out. I’m trying to sort out some funding to get my [overseas] qualifications converted to English ones so I can work as more than a labourer here. My criminal record will probably rule me out of a lot of jobs, but there is work out there.”

David explained the nature and extent of his substance use. His level of alcohol consumption had escalated to the point that he required an inpatient detox.

“I had my last relapse last week, I was drinking 6 or 7 bottles of vodka in about 5 days, and when I tried to stop I was in trouble. I ended up in hospital, they ended up keeping me there and detoxing me, and they suggested coming here.”

As a Jobseeker’s Allowance claimant recently released from prison, David had been fast-tracked onto the DWP Work Programme. David’s perceptions of the Work Programme were generally positive:

“Because I got out of prison, instead of going to the JCP to apply for 3 jobs a week and signing on, they sent me to a recruitment agency, the Work Programme. It’s been quite good. The lady there is going to help me get the funding to swap my ticket over so I can work here as a rigger. Obviously, it’s on hold for now as I’m going to be committed to this programme, however they’re only just down the road and I spoke to her the other day. She said we could keep in touch through phone consultations to help me try to get my CV up to scratch and to research where I can get the funding for my qualifications. I’ll be continuing with that.”

However, he had been dissatisfied with his initial contact. David was sufficiently confident to seek the involvement of a Work Programme provider manager:

“The first time they sent me there, there were two advisers who were trying to tell me I’ve got to do this stupid course to get ready for work, and they were being quite rude to me. I tried to explain my situation – look I’ve been out of jail for a month, I’d just got into a flat, I had nothing in there – a mattress, no furniture, hardly any clothes; I’m just trying to get some funding. I got this manager, sat down, told her briefly my story. She was really good, she understood. I think training [for Work Programme providers] is important.”

David was one of several interviewees who expressed concern that the priorities of Work Programme providers did not reflect their own circumstances, aspirations and experience. It should be noted though, that while these fears reflect broader concerns about the design of the Work Programme, none of the interviewees had actually experienced being pressured into a job that they felt would be damaging to their health and recovery:

“If they get you a job, they’ll get £2k payout from wherever, from the government, so – you’re a number. What’s the easiest way we can get you back into any old job? I need to get back to a job I enjoy, that I love, and that pays a decent wage. I was knocking down walls at 50 years old for £6.25 an hour – I don’t want to go back to that.”

David was one of several interviewees and survey participants to talk about the effect of certain work environments and workplace cultures on drug and / or alcohol use:

“There’s a big drinking culture [when I lived overseas], you can go to the pub, turn up on Saturday a bit shaky, it’s not a problem. They look past it.”

Although working in a very different sector, David’s comments about workplace culture echoed those of Simon:

“Where I’ve worked, the managers have a drinking culture too, that’s why I was tolerated. As long as you’re safe to go on site, it’s ok.”

Thinking of his most recent spell of employment in London, David added:

“I was drinking heavily – I’d take a handful of pills and a ¼ bottle of vodka in the morning to get out of bed and get to work. He’d say things to me like ‘oh, you’ve been on the pop last night’. He knew I had a problem, but I was running the job, the labour, so I wasn’t doing anything dangerous. Looking back now, if I had gone to him or the actual boss and told them I needed to sort myself out, I think maybe they might have helped me – but I don’t know.”

While he thought, with hindsight, that his last employer might have offered some support, David thought that that was an exception, observing of the job market for construction labourers in London:

“The jobs I’ve done over here, you’re a dime a dozen, they’d just replace you. Like my last job, I was ok because the boss allowed me to work. Another boss might not have, because they’d be scared I’d hurt myself. They’d ring the agency and tell them not to send me any more.”

David articulated a concern that some ETE service providers may not look beyond labels and characteristics:

“Some of the people in these agencies should sit in here some day and listen to some of our meetings. Get an idea of what we’re like – we’re all diverse, different, you can’t put a common thread on where we’ve been and where we want to head.”

He concluded by confirming his eagerness to both address his substance use and also return to work as soon as practicable:

“I’d like to be in work yesterday. I’m going to commit myself to this programme, sort my head out, and work closely with the Work Programme to get this funding, and by the time I get through this, I’ll get the training I need, and blanket all the steel and construction companies in London until I get some interviews.”

Richard

Richard is in his mid-40s and has substantial experience of employment, mainly in retail, hospitality and security. He formerly used several different illicit drugs, with varying patterns of use since his mid-teens. Like several interviewees and survey respondents, his initial contact with drug and alcohol services had been prompted by crisis:

“I was sick and tired of living a life of misery, I voluntarily went to [VCS community service], asked for help regarding my addiction. It’s been for 30-odd years. I came back to London in 2008. I was still under the influence of drugs, my mum found out, kicked me out, I was sleeping rough, living on the streets basically. That’s when I said I’d had enough of it.”

After relapsing following his initial successful engagement in treatment, Richard felt that he had returned to work too soon:

“I got a bit cocky about my recovery and the support around it. I was under pressure from peers and family members to get a job, and I went back into a full-time job, 12 hour shifts, 2 hour travelling time, stressing myself out to the max, and I ended up kicking off again. I found it very hard to stay on that straight and narrow.”

Like David, Richard was participating in the Work Programme and had had mixed experiences. The quality and attitude of the advisers he had dealt with varied:

“My original adviser was brilliant, but because of that he’s moved on, bettered himself. I’ve found my second adviser wasn’t even interested in what I had to say to him. Third one, exactly the same. I’m onto my fourth adviser now, and he’s been really good, very understanding regarding where I’ve come from, where I want to be, and we’ve come to some sort of agreement about how to get there.”

Richard’s experience of using Jobcentre Plus was less positive. He explained that he felt that he was under more pressure to take any job from there than at his Work Programme provider:

“There’s no communication between the Work Programme and JCP and I’m continually repeating myself, all the time. I feel like I’m under a lot of pressure, where I was 2 years ago, to go back and get a job, because they want this and they want that. They’re listening, but they’re not actually taking in what I’m saying.”

Asked if he had explained about his previous spell back in work and the effect it had had on his attempt to remain drug and alcohol free, Richard said:

“It’s fallen on deaf ears. They’ve got to tick their boxes as well because it’s government funded. Realistically, they’re not interested in my background and my experience. They’re not interested in what you want to work as, or your health, it’s any job.”

Richard was confused by different information from Jobcentre Plus and his Work Programme provider about what they might pay for:

“This is what I had with the JCP, them telling me one thing about my SIA [Security Industry Authority] licence. The Work Programme had said that I had to start saving for it – either save, or take any job that we offer you. I went to JCP, who said that that [paying for low-cost training and qualifications] was what they’re there for – to help you get back into a line of work that you’re comfortable with, rather than any job at all. It’s like you’re piggy in the middle. Eventually, something came up at one of their other offices, I passed the induction and the college took me on because I had the experience anyway.”

Having been critical of the approach at Jobcentre Plus, Richard was keen to explain the differences between two branches he had used recently:

“I got into a hostel and then a flat, so I’ve had to change JCP. [A north west London] JCP actually has a drug & alcohol worker there, and I had a great relationship with her for the two years I was there. Any help, any advice. Soon as I went to [other Jobcentre Plus], they were saying ‘I don’t know what you’re talking about’. They’ll give you three options, and will say that ‘if you don’t take it, we’ll cut your funds.’”

Richard expanded on the difficulties he had experienced in his last spell in work:

“I had to travel from north west London to south Croydon every day. The expense of that alone was a nightmare. Negativity set in. I was working 12 hour shifts at night, then chopping and changing and back onto days, my whole life was up and down, constantly all the time. When you do pick [drugs] up again, you’re not going to have the strength and the courage to tell your employer – well I didn’t – that you’ve got yourself a habit again, and ask for some help and support. I didn’t know on a one to one level if we could have that sort of conversation. I had a phone call, and that was it. The best way forward from there was to just leave the job, to be honest.”

Expanding on the subject of maintaining his recovery and seeking employment, Richard said:

“JCP are putting pressure on me to get a job, and it’s not through lack of trying I haven’t got one. I don’t think I’m ready for it, not 100% anyway. I’ve learned from the first time, you can’t just go out and work without keeping your safety net around you. Even the time management is difficult – I was working 14 hour days including travel. It’s not worth taking the risk at the moment - I thought I could do it before, but I got cocky and went out trying to be normal, but what’s normal?”

Like some other participants, Richard had acquired a criminal record. In this case, it involved an opportunist theft from a former employer:

“I did something at work I know I shouldn’t have – an opportunist moment. I got dragged into the office. There and then, I could have said that I was going through this and that, but as a company, I just thought ‘they’re not going to be arsed, they’re going to sack me anyway.’”

Richard was the only participant who offered an opinion about the Equality Act 2010, and the exclusion from protection of most people with histories of drug and/or alcohol use:

“It sends out the message that the government will tolerate that sort of discrimination. That’s the message I got.”

Richard concluded by summing up his current aspirations:

“I’ve come a long way, I just need a bit more time to get to be where I want to be, which is to have a full time job, and just live every day clean. I can’t say any more than that.”

Derek

Derek is 37 and has used a number of legal and illicit drugs and alcohol since his late teens. He was one of two interviewees who has previously been an employer. Like the other ex-employer who was interviewed, Derek’s business meant working in an environment where unsociable hours, workplace stress, along with alcohol and substance use are not uncommon:

“I was a senior manager at a department store and then I owned a bar and restaurant with in London and then the meltdown came. Now I volunteer.”

Derek was happy with his current treatment provider, who was not only helping him to address his substance use but also helping him to ease himself back into employment through education and volunteering. However, he was less happy with the service he originally accessed, who he first went to following a crisis that resulted in him being hospitalised:

“Six sessions of counselling and then I was done. Throughout that first brief time I knew... well, you know, I knew that I had to change something, that was my wake up call, but I had to take in on myself, nothing... So I self-referred myself to [another provider’s] programme and that’s when things started happening and that’s when things started really opening up, more services became available. I then got the knowledge that different things were open to you. My second treatment provider also referred me to another specialist drug service, where I’ve trained as an advocate and then joined the volunteering programme after that. It’s different... quite difficult.”

Explaining why he had chosen to volunteer with people who also had histories of drug and/or alcohol use, or were current users, Derek said:

“It was suggested to me to do a counselling course, which I did and I’m now on my Level 3, so from Level 1 to Level 3 and I’m still going on with my care plan as it were. I started to volunteer with WDP after it was suggested to me. I did go and volunteer with a charity and found it was more fulfilling to volunteer with other people with the sort of history I’d had.”

Derek was on the DWP Work Programme; he reported that his adviser seemed happy for him to continue with his current education, training and volunteering activities:

“They tend not to do much for me because... once they see me doing what I’m doing they tend to leave me alone. Which is great, it’s really great. I hear some really traumatic stories but they kind of leave me alone, so that’s good.”

The Work Programme provider had, however, offered him practical support to move closer to work that Derek appreciated:

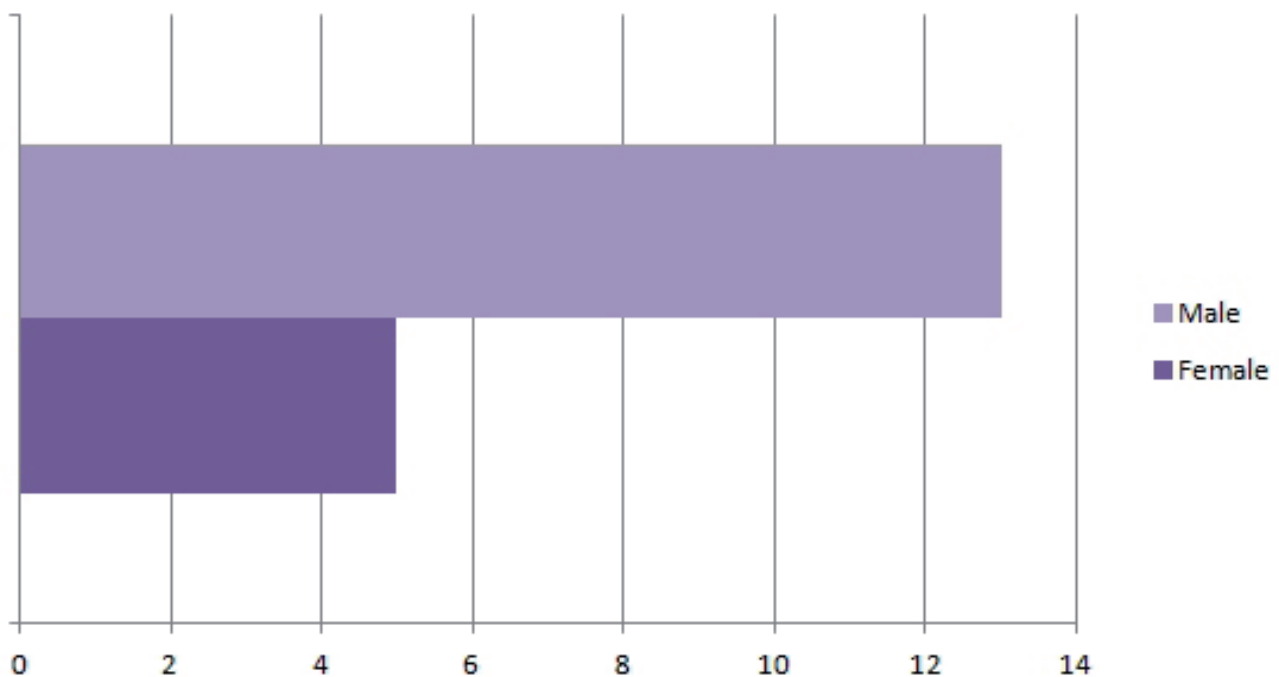
“I’m in the process of trying to secure a two day a week job and then continue doing the voluntary on the other ones and they’ve already offered me half price travel and an allowance for work clothes, they’ve offered things like that.”

While keen to move towards employment soon, Derek, along with his keyworker, had worked up an ambitious but realistic longer-term plan:

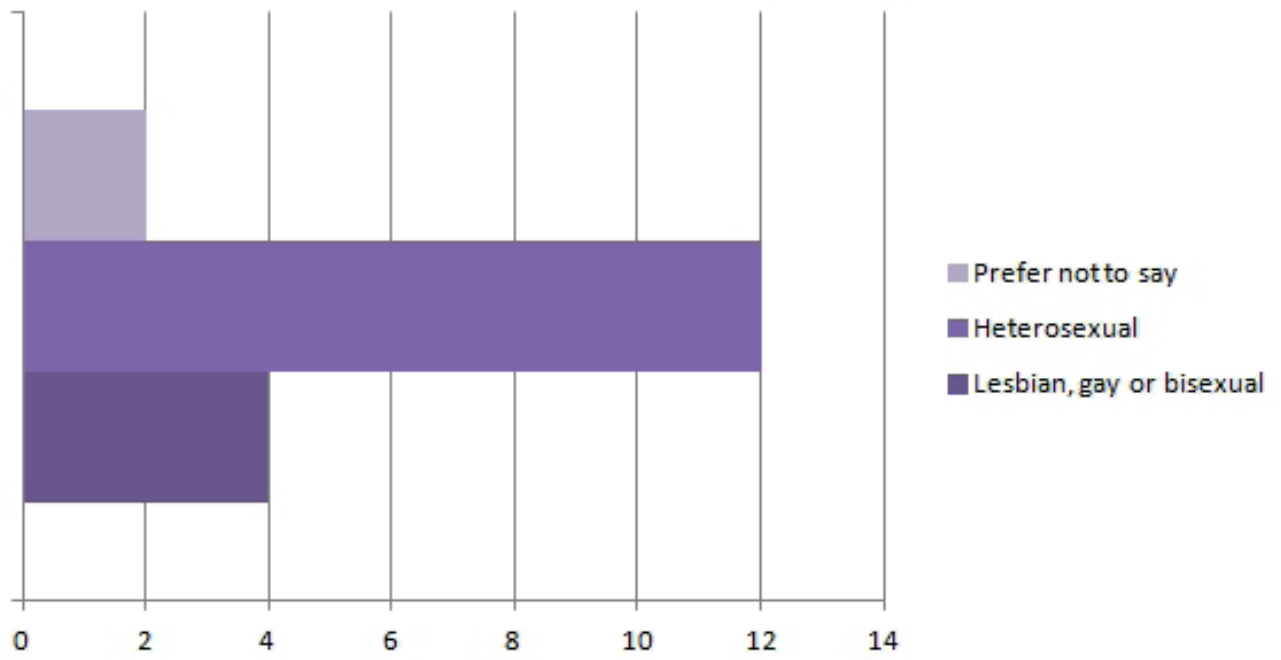
“I haven’t applied for anything just yet because I wanted to change my career completely. I wanted to take time to really establish what I want to do. I’ve been given another chance and it was like I need to rediscover what I... what I’m really about and what’s going to make me happy. In September I start a degree, which is a bit mind-blowing to be honest, but I haven’t done one before, and I thought it was a chance for me to really focus on something different. It’s a three year course so I need to also make sure that whatever work I find or apply for is going to be open enough for me to do my study, for me to continue all the things that are making me really strong.”

Characteristics of Interview Participants

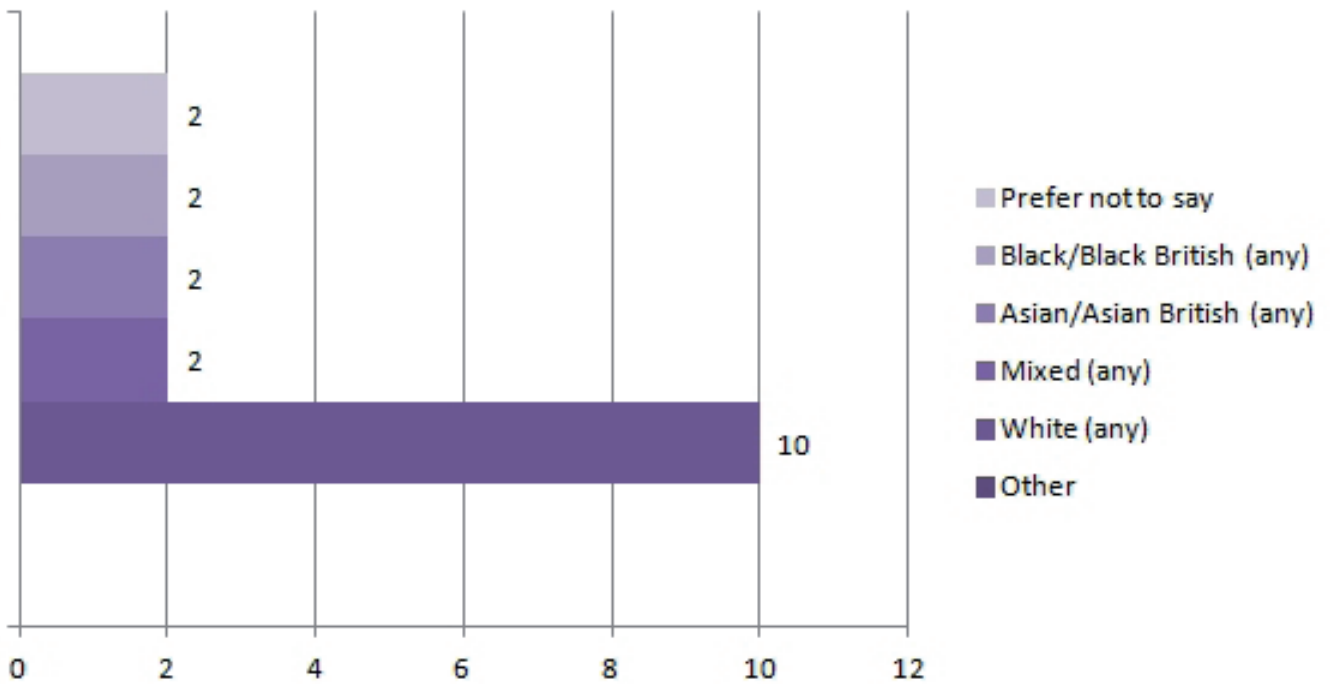
Sex of interview participants

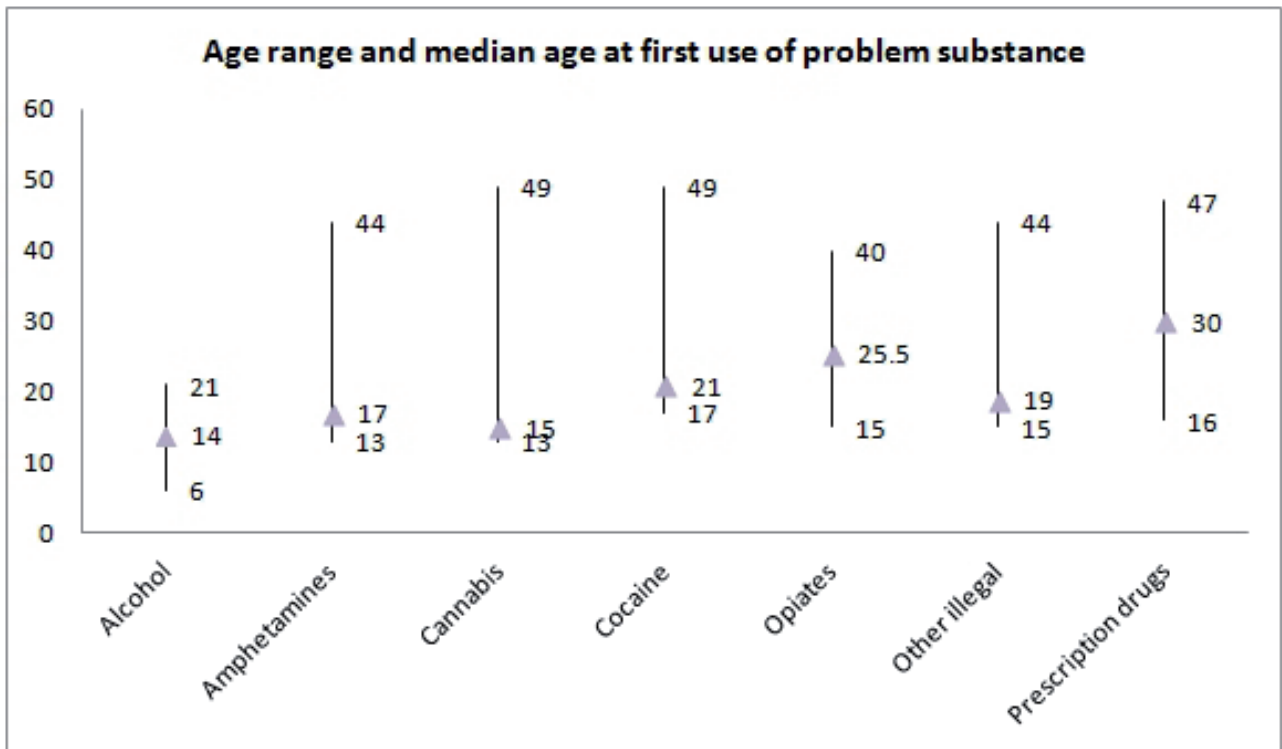


Sexual orientation of interview participants

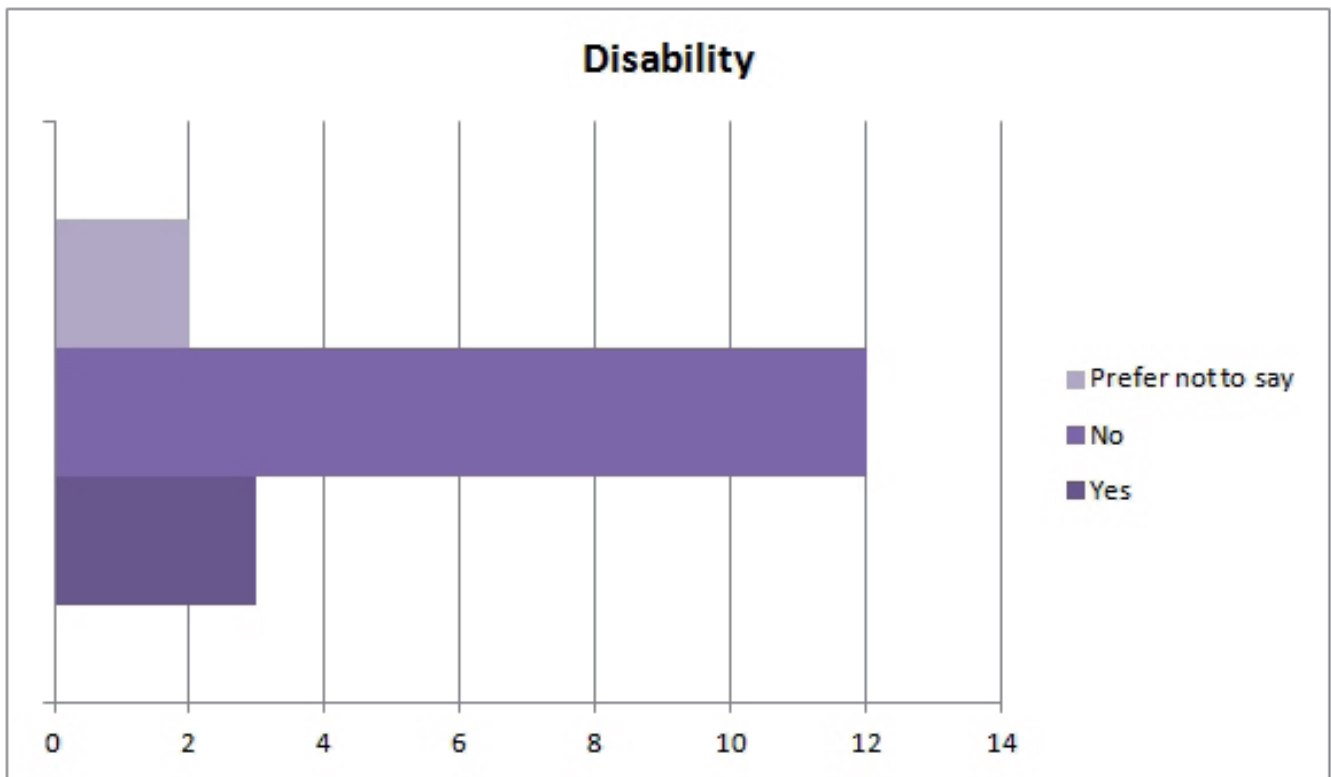


Ethnicity of interview participants





NB: This question was explained as asking participants to remember the first occasion on which they used a substance that they later turned out to use problematically.



Convicted of an offence

