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07<sup>th</sup> September 2015

Dear Sir or Madam,

Patron:  
Her Majesty the Queen  
President:  
The Most Reverend  
& Right Honourable  
Dr. John Sentamu

**YMCA England response to the Department for Work and Pensions inquiry into the effects on employment outcomes of drug and alcohol addiction and obesity**

Every year YMCA provides drugs and alcohol counselling to over 5,000 young people. YMCA is committed to creating healthy, sustainable communities in which people can fulfil their aspirations. We are also the largest voluntary sector provider of activities and services that promote health and wellbeing in England.

YMCA enables people to develop their full potential in mind, body and spirit. YMCA works with all people regardless of their background, gender or faith, however central to our work is supporting those most vulnerable and in communities with the greatest needs.

YMCA launched its Manifesto, *We Believe*, in Parliament on the 10<sup>th</sup> March 2015. The manifesto development process engaged over 350 people, including the five main stakeholders for YMCAs; its chief executives, staff, trustees, young people and service users. It is the thoughts and experiences of these stakeholders, as well as those submitted directly in response to the inquiry, which form the basis of this response.

A theme which consistently occurred during the development of the manifesto was the negative impact that drugs and alcohol were having on young people. Further to this was the lack of support that many young people felt when trying to tackle the issues.

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YMCA enables people to develop their full potential in mind, body and spirit. Inspired by, and faithful to, our Christian values, we create supportive, inclusive and energising communities, where young people can truly belong, contribute and thrive.



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**What is the experience of people with obesity or drug or alcohol conditions within a) employment support services; b) health care; and c) the benefits system?**

- 1 Those young people with obesity, drug or alcohol conditions often experience problems when accessing employment support services and the benefit system. Many young people responding to YMCAs consultations reported feeling unsupported by staff at job centres with regards to their health conditions and the effects that they have on claiming benefits and applying for jobs. For young people, especially those with chaotic lifestyles and complex needs the benefit system can be difficult to navigate and this is often not recognised by job centres.
  - 1.1 Accordingly, a large number of individuals who have support needs around alcohol and substance misuse do not receive benefit payments after being sanctioned. In some cases this leads individuals to turn to crime to fill the gap, which further reduces their chance of finding employment.
  - 1.2 Staff working on the frontline with young people echoed the feelings of young people, stating that most employment, health and benefit service staff start from a judgemental viewpoint when meeting with service users from these groups. This immediately put barriers between the services and those accessing them, and inhibits honesty and progress.
  - 1.3 Often young people have to attend multiple appointments with different services and a lack of flexibility means that they often clash. In such cases young people will often prioritise job centre meetings in order to avoid being sanctioned. The need to leave specialist health appointments before it is complete often lessens their impact.
  - 1.4 It must however be recognised that some support services do offer the level of flexibility needed by young people experiencing obesity, drug or alcohol conditions. This is particularly noticeable in services offered in supported accommodation, like YMCAs, which can be tailored to fit around the needs of the individual.
  - 1.5 Drug and alcohol use are often linked to wider mental health issues. However, too often the cyclic and interdependent nature of these go unrecognised as young people are forced to seek treatment for drug and

alcohol abuse before they can receive help with mental health issues. This often proves ineffective as young people tend to alternate between the separate services making the cycle of substance abuse unlikely to end. Instead, where applicable, drug, alcohol and mental health services must work together, take a holistic approach to treatment and provide the most effective and comprehensive care possible.

- 1.6 The difficulties accessing services are often worse for the homeless young people that YMCAs work with. Not having a permanent address means that a young person cannot register with a GP, unless they do so as a temporary patient, which requires them to move GP every three months.

**What specialist employment support services are available to people affected by drug or alcohol addictions, or obesity? Does this vary from area to area? Are there examples of good practice? What evidence is there on the effectiveness of integrated services?**

- 2 Where they existed, the majority of specialist support services identified by YMCAs taking part in the consultation were provided by voluntary sector organisations.
  - 2.1 In addition, the majority of the service focused on providing volunteer opportunities for young people, rather than long-term sustainable jobs.
  - 2.2 YMCAs noted the benefit that multi-agency support is beneficial to the people we work with, as the receive consistency of support, it enables the key worker to retain an overview of progress for the person, and enables a joined up approach to care.

**What other physical and mental health conditions are these groups likely to face? How do these interact with non-health related barriers to employment? What additional support or interventions might be required to help people overcome these barriers to employment?**

- 3 Those individuals with obesity, alcohol and drug and abuse problems are likely to suffer from a range of physical and mental health issues. Those identified by YMCAs include depression, anxiety bi-polar, borderline personality disorder or schizophrenia. Physical disabilities are likely to include those that involve pain or mobility issues such as multiple sclerosis or other issues such as eating disorders.

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- 3.1 People with such additional health concerns can suffer from tiredness and a lack of energy, and can be withdrawn. This creates an additional barrier when trying to access employment as their motivation to find work may be hampered and even attending an interview may seem daunting.
  - 3.2 Many of the young people that YMCA works have experienced periods of rough sleeping which often tends to exacerbated physical and mental health problems. **Interventions to end street homelessness are essential if these problems are to be overcome**
  - 3.3 A requirement for increased support through statutory agencies would help young people overcome both the long-term condition and the additional physical and mental health conditions that are related to it. These should include increased staff training on awareness and one-to-one support to resolve underlying issues.
  - 3.4 For both young people and YMCA staff there is a complete lack of trust or confidence in the National Health Service to support them with poor mental health. Child and Adult Mental Health Services (CAMHS) are seen by many as ineffective, unhelpful and poorly operated. The waiting lists for appointments are too long, with some YMCAs reporting that their young people have waited for up to six months for an appointment. YMCA believes that waiting times for Child and Adolescent Mental Health Services need to be cut with access to a first appointment available within one week.
  - 3.5 In addition, YMCA believes that CAMHS age range needs to be reviewed. YMCA consultations revealed a number of cases where a young person transferring from CAMHS into adult mental health services has effectively been lost in the system. Those young people who accessed CAMHS described the child element of the service as good but the service of adolescents as extremely poor. To help bridge the gap, YMCA proposes that the age limit for CAMHS responsibility to provide care should be increased to 21 years old and where possible a single key worker should be assigned to each young person to ensure that continuity and trust can be developed.
  - 3.6 Interventions to help tackle young people's mental health problems are likely to have a positive impact on the lives of those facing long-term health conditions like obesity, and substance misuse issues. As previously noted, the link between conditions is clear and thus they need to be treated in unison to be effective and help young people get into work.

3.7 Support staff at YMCAs work hard to build up and maintain supportive relationships and sign posting to support in the area. This work is hampered by long waiting times, especially for programmes such as a detox and rehab.

**What works to a) treat those affected and b) help them back into work or keep them in work?**

- 4 Good links between employment services and agencies working with substance abuse issues, obesity and mental health problems would help such people overcome the barriers to employment. Similarly, having a named and consistent personal advisor at the job centre or within a supporting agency would help foster a more individual approach to support rather than the current blanket approach where the individual in need is moved between a variety of people.
- 4.1 A variety of support services should be available to treat those affected. It is important to recognise that one size does not fit all, and so offering tailored support packages together with an adequate allocation of support is important.
- 4.2 Often those with drug and alcohol issues, and the additional physical and mental health conditions which often accompany them, face discrimination when finding work from employers who are unwilling to take on the additional needs. Employers must have a better understanding of these conditions, how best to support staff and how to set realistic goals for people based on their circumstances. These could include flexible working conditions to help aid the person into employment.
- 4.3 This should be complemented with more funding available to employers so that reasonable adjustments can be put in place to mitigate some of the barriers these groups of people face when in employment. This could include the provision of tailored in-work support to help aid people through the transition from unemployment to employment, whether that be within the company or externally via a specialist support worker.

**What evidence exists on the effectiveness (including cost effectiveness) of treatments and interventions that facilitate a return to work (including evidence on the expected job sustainment of those succeeding in finding a paid employment)? What evidence exists on the accessibility and availability of services?**

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- 5 YMCA Coventry and Warwickshire facilitate a return to work by encouraging regular appointments at job centres, job searches and discussions around any barriers in finding suitable work. As part of the holistic approach to support, substance use is also monitored through regular one-to-one sessions.
    - 5.1 YMCA North London has a wide range of services available in Haringey for support with drug and alcohol misuse issues, with good accessibility for clients to attend these services. When a client is put into a rehabilitation programme they will also be helped to find work and accommodation upon completion.
    - 5.2 YMCAs often work with some of the most severe and hard to reach young people. As such, remaining drug free is often a struggle. In such cases YMCAs work with the individual to reduce drug use and mitigate the harm caused by drug use.

**How do health professionals/ commissioners/ Jobcentre Plus staff and wider employment support-related staff make decisions related to these groups? How do these pathways and integration vary across groups and areas of the country?**

- 6 YMCA's taking part in the consultation spoke of a lack of consistency in the decisions taken by professionals working with the target group, even when two people have seemingly identical conditions. Whilst flexibility is crucial, some degree of consistency is key to provide optimum and stable support for individuals.
  - 6.1 A service user led approach to working with residents is adopted by YMCAs but this method is not matched by health professional and job centre staff who tend to be more focused on meeting targets and moving individuals through the system as quickly as possible. This acts as a barrier as clients are not encouraged to gain independence but instead to remain dependant on others for their support.
  - 6.2 An issue constantly raised by YMCAs is the use of sanctions, with job centre staff using sanctions without taking into account the personal circumstances of the individual.

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- 6.3 In addition to sanctions, delays in benefits being paid or awarded can lead to users lapsing, relapsing or offending to take drugs, eat, or have an income to live on.
  - 6.4 YMCA staff seek to use multi-agency support systems for people with addictions to enable a more effective recovery and treatment plan. This includes health professionals and specialist support agencies. This approach is not matched in other areas of support, particularly in the job centre who have little to no contact with key workers or health professionals.
  - 6.5 ALIENATION FROM JOB CENTRE FOR YOUNG PEOPLE – DISCRIMINATION/FEELING VICTIMISED/ PUBLIC OPINION AND MEDIA AFFECTING OUTCOMES
  - 6.6 JOBCENTRE PLUS FOLLOW GOVERNMENT AND LOCAL INSTRUCTION AND DO NOT COMMUNICATE CHANGES IN THE SAME WAYS AS HEALTH COMMISSIONERS

**What are the legal, ethical and other implications of linking benefit entitlements to take up of appropriate treatment or support?**

- 7 People will only truly recover when they are personally motivated to do so. Any attempts to force people into treatment by linking them to benefit entitlements are unlikely to be effective both in the short-term if people are not successful in completing the programme properly, or in the longer term.
- 7.1 Linking benefit entitlement to treatment is likely to increase homelessness, debts and repossessions. Substance misuse is easier to tackle if the individual has a safe, secure and sustainable environment to stay in and as such removing benefit entitlement is likely to be counter-productive in achieving the Government's goal.
- 7.2 Drug and alcohol users often have chaotic lifestyles, without any consideration for the consequences of their behaviour. Consequently, linking treatment or support to benefits entitlement will be setting them up to fail.
- 7.3 If addiction and obesity are classified as illnesses, they should have the same right to benefits as other individuals with differing illnesses.

- 7.4 The Department for Work and Pensions letter no longer state that someone is entitled to benefits by law. This is enabled sanctions to be issues for non-compliance of criteria of eligibility of Jobseeker's Allowance and as such depriving someone of benefits is legal. However, ethically it is unreasonable to put someone at risk of harm when they are most vulnerable.
- 7.5 People being punished when they are severely in need of support is not an ethical way of treating people, while YMCA staff understood that it is intended as a measure to encourage people to take up support, experience indicated that building up relationships and trust is the most effective way of to encourage people to take up treatment.

**How are children and families affected?**

- 8 Exposure to drug and alcohol abuse will have a negative impact on children. Those with parents who suffer from alcohol and drug misuse issues are not being supported are in danger of facing neglect. Similarly parents may become dependent on children to act as carers which is likely to result in poor development, educational achievement and possibly a vicious circle in which problems are passed down to children.
- 8.1 In addition, children are likely to be affected by the lack of income and consequent lack of food or poor living conditions,
- 8.2 Drug and alcohol abuse in parents can often cause the breakdown of families which may foster a chaotic lifestyle for the child.
- 8.3 Often there is a case of hidden harm in children and families. Some professional will only seek to work with the person who has the abuse issue. It is important that support extends beyond this person when needed to cover the whole family.

**What are the views of employers on supporting these groups to stay in work or return to work, or of recruiting people with histories of these health conditions? What help, services and support do employers need? We would welcome examples where employers have successfully employed people affected or formerly affected by addictions or obesity.**

- 1 There is a trend for those who have been in dependency situations to find employment in the voluntary sector to rebuild their lives. A large number of

employers will not employ people with criminal records – often a by-product of a life with dependencies.

- 2 More support is needed from the Job centre to offer re-training for people to gain the skills they need to get back into employment.
- 3 Employers have concerns of the risk to impact on their business in working with these groups, particularly if there was a deterioration in the management of their condition.
- 4 There are some organisations that are willing to support to support our client group into maintaining employment however there are just as many organisations who will not want to deal with any added 'risks'. Often employers may encourage work trails or voluntary work for our service users where services users must prove themselves to be 'worthy' of obtaining employment. Although these are good ways of aiding people to get into employment constantly having to prove yourself because of decisions made in the past can't be a very encouraging situation to find yourself in.
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**What is the experience of people currently in work in these conditions?**

- 1 The experience of those service users who have managed to deal with their issues concerning drug and alcohol abuse have done well and progressed in the their respective careers, however as can be expected not everyone will succeed and most people will encounter the cycle of change and relapse a number of times before overcoming their addiction.

**Who are the groups most 'at risk' of being affected by these conditions in the future? What protective and preventative measures might be taken to reduce the risk they fall into patterns of long-long term worklessness?**

- 1.1 To help overcome issues with communication YMCA proposes that a duty be placed on Jobcentre Plus to provide people being sanctioned with a clear explanation of the reasons why it is being imposed, both in writing and face-to-face at their next appointment, prior to removing and benefits. This will give young people the chance to discuss decisions with their work coach and help to reduce errors.

If you require any further information or have any follow-up questions regarding our response, please do not hesitate to get in touch using the contact details included.

Yours faithfully,

A handwritten signature in blue ink that reads "Denise Hatton". The signature is written in a cursive, flowing style.

Denise Hatton  
YMCA England  
Chief Executive