# Substance Use in Social Work Education and Training

Preparing for and supporting practice

Edited by Hilda Loughran and Wulf Livingston



# Substance Use in Social Work Education and Training

Substance use has become an increasingly common concern for all aspects of social work practice, and especially when working with mental health and vulnerable families. This requires all social workers to have sufficient education and training in alcohol and other drugs across a range of settings.

This volume presents evidence from a number of major studies which examine the current state of social work education in relation to substance use. These contextual considerations are complemented by specific applied analyses which explore classroom, methodological, practice and theoretical considerations within both the UK and America. *Substance Use in Social Work Education and Training* provides a strong evidence base for the effectiveness of appropriately-targeted education and support given to social workers. It further substantiates calls for a greater inclusion of more on substance use in social work education and curricula.

This book is based on a special issue of the journal Social Work Education.

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#### Chapter 2

The Nature and Extent of Substance Use Education in Qualifying Social Work Programmes in England Sarah Galvani & Debra Allnock Social Work Education, volume 33, issue 5 (August 2014) pp. 573–588

#### Chapter 3

The Development of Employment-Based Education on Substance use for Social Workers in England: Embedding Substance use Training in Frameworks of Continuing Professional Development Aisha Hutchinson & Debra Allnock Social Work Education, volume 33, issue 5 (August 2014) pp. 589–604

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### Chapter 12

Working on Treatment Teams: Educating Social Work Students to Function as Addiction Specialists within Interdisciplinary Groups Jessica V. Linley, Natasha S. Mendoza & Stella M. Resko Social Work Education, volume 33, issue 5 (August 2014) pp. 642–655

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# Foreword

We are delighted to have been invited to write the foreword to this publication. Both of us became familiar with the authors through our work as editors on the original special edition of the *Social Work Education* journal on 'Substance Use in Social Work Education and Training' which featured most of the chapters included in this book. It is particularly exciting to have the opportunity to put together these chapters, with for the first time, the additional material that was published in subsequent editions of the journal simply because the special edition was oversubscribed.

As you will notice from our preface we are both dedicated to highlighting the place of understanding alcohol and drug issues in social work education. However, acknowledgement for bringing the topic to the journal must go to Sarah Galvani for conceiving the idea of publishing her research team's work on substance use in social work practice and education in the form of a special edition. This book, as indeed the special edition, owes its existence to the hard work and dedication of Sarah and her teams. Sarah is one of the foremost researchers in this field today and while she is already published widely we can look forward with interest to her future contributions on this crucial topic.

Publication in book format has allowed us to reorganise the content into themes and to include in their rightful place articles that were omitted from the special edition. The content reflects not only the work of UK researchers but also the interests of social work/social care researchers internationally. This underlines the significance of substance use issues as a concern for the social work/social care profession as a whole and not simply in the UK.

Chapters one through six provide a context for the concerns regarding social work and alcohol and drug issues. These chapters draw attention, in particular, to implications for professional education. The chapters drawing on large UK studies raise issues about the prevalence of alcohol and drug use problems among social work service users, look at how social workers are being prepared and supported to work with these problems. Chapter six provides insight into how social work curricula in the USA are attempting to incorporate the topic into mainstream social work education.

At a more theoretical level chapter seven, which appeared in a later edition of the journal, presents an interesting debate on the theoretical frameworks regarding developing ways to understand professionals' knowledge acquisition about alcohol problems; while chapter eight investigates the contribution of survey methodology in the context of social work education.

From chapter nine to fourteen the book provides in-depth analysis of supporting work with alcohol and drug problems across an array of social work settings. The diversity of these chapters serve to further highlight that alcohol and drug problems impact service users in all areas of social work/social care and certainly underpins the importance of providing a professional education fit for purpose. Areas covered include working with adults with disabilities, older people, and people with cooccurring disorders. Chapter twelve looks at working in treatment teams while chapter thirteen picks up on the shift in the USA to harm reduction. Chapter fourteen, another that appeared in a later edition, fits well into this section as it brings us back to learning from research as a cultural outsider. The final contribution is from a renowned social work academic reflecting on his experience in teaching social work students about social work and drug use over his career.

This book provides interesting and informative research related to situating substance use in professional education. It addresses an important but as yet relatively unmet challenge for social work educators; how to prepare and support both the current and the next generation of social work/social care professionals to meet the needs of service users experiencing problems with substance use.

Dr Hilda Loughran Dr Wulf Livingston

# Preface

The place afforded substance use in social work education has been a concern for many in the field for over 30 years. It's difficult to believe that despite efforts of such distinguished academics as Collins (1990) and Harrison (1992) social work education continues to struggle with providing an appropriate and coherent framework for providing knowledge and skills for working with alcohol and other drugs (AOD). The need for such input is supported by ample evidence that social workers in the field are encountering increasing numbers of service users and their families who are experiencing difficulties with AOD problems, if not as the primary reason for referral then often as a related difficulty. This special edition is particularly welcomed because it brings these issues from the peripheral of social work education to centre stage. It seems that despite the obvious need for this shift social work education has been at best inconsistent about adopting this 'new' dimension in substantive curricula developments.

Over 25 years ago Harrison undertook a survey of social work training on substance misuse. In his findings (1992) he voiced concern that social workers were not being prepared for work in this area. These challenges for social work education remain as Galvani et al. have evidenced in this special edition. Despite this ongoing concern some of the articles in this edition confirm that it is possible to develop suitable AOD curricula and that this is in fact happening with reasonable success in certain discreet areas of practice.

While the idea of the special edition can be attributed to the foresight of Sarah Galvani and her colleagues, it became evident as the planning progressed that the topic was of concern to an international field of social work educators and academics. In the tradition of the journal this special edition draws on those international experiences to provide a diverse array of high quality articles to complement those from the English research based projects led by Galvani. It is hoped it will capture the interest of the reader and perhaps more importantly reignite a determination to embed alcohol and other drugs education in to social work and social care curricula and beyond.

This special edition reflects themes that emerged from three major studies undertaken by Galvani and colleagues. We have organised the submissions into two broad conversations: overall provision and specific settings. The first two articles, Galvani and Allnocks' reporting on a survey of education providers and Dance, Galvani and Hutchinson' survey of practitioners' educational experience, provide an up-to-date evidence which highlights the lack of consistent substance use curricula input and contextualises the rest of the special edition. This is followed by analysis of the post qualifying delivery of workbased training, by Hutchinson and Allnock, as they report on the findings from a survey of English local authority training departments. Undertaking these large projects with three different populations raises many methodological considerations, and these are explored in the fourth article by Allnock and Hutchinson. These overall landscape considerations are finally supported by an invited commentary from Teater.

The edition then explores AOD and social work education through a number of practice contexts: disabilities, dual diagnosis, multi-disciplinary settings and older people. Fisher et al. present survey data, which examines the issue of preparedness of social workers and their education for working with co-occurring issues of AOD and mental health. Linely, Mendoza and Resko provide a rich theoretical and applied practice example to consider how social work students can be supported in understanding the multi-disciplinary and agency contexts that dominate AOD service provision.

The special edition then includes two more focused considerations from the English based projects: Dance and Galvani extrapolate from their survey with practitioners about the specific educational needs of those who work with disabilities; Wadd and Galvani utilise data gathered from interviews and focus groups with practitioners and service users to analyse similar considerations, but within the context of working with older people. The final two articles: Paylors' reflections on his universities provision of substantive AOD curricula and Vakharia's exploration of curricula material to support education about overdoses, offer helpful examples of what is possible.

The call for papers for this edition elicited a healthy international response. Starting with 24 identified potential articles and abstracts, and concluding with 19 full submissions. We hope that this signals a growth in the number of social work educators and academics, advocating for and demonstrating the value of AOD incorporation within curricula approaches. It also left us with more articles than this edition could accommodate, so in addition to those outlined above, this edition is complimented by Allnock and Hutchinsons' post qualifying based considerations, Livingstons' typology of social workers knowledge about alcohol and Moore and Mattanis' survey exploration of social work students' attitude towards working with harm reduction approaches, which will be published in subsequent editions.

We were honoured to be asked to act as guest editors on a special edition dealing with substance misuse as it offered us an opportunity to contribute to an aspect of social work that has been a central concern in our careers as practitioners, academics, researchers and educators. We would like to acknowledge the contribution of the reviewers who worked with us on this special edition ensuring the high standard of article expected of this journal. We hope that this special edition and a number of additional related articles in forthcoming editions will encourage your critical consideration of this important aspect of social work and social care education and practice.

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#### References

Collins, S. (1990). Alcohol, social work and helping. London: Routledge.
Harrison, L. (1992). Substance misuse and social work qualifying training in the British Isles: a survey of CQSW courses. British Journal of Addiction, 87, 635–642.

# The Extent and Nature of Practitioners, Encounters with Alcohol and Other Drug Use in Social Work and Social Care Practice

Cherilyn Dance, Sarah Galvani & Aisha Hutchinson

This article considers the extent and nature of social work and social care practitioners' experience of working with service users whose lives are affected by the problematic use of alcohol or other drugs (AOD). It draws on the findings of a national study of 'working with alcohol and drug use' which was conducted in England in 2010-2011. The study reported here comprised an online survey of front-line practitioners (n = 597), complemented by 12 practitioner focus groups and interviews with 21 key informants from participating local authorities and substance use treatment services. This paper focuses primarily on data from one element of the survey. Findings indicate that the great majority of staff encountered service users who are affected by AOD problems at some level, although there were differences between groups of practitioners in the extent and nature of AOD problems for different groups underlines the need for education and professional development not only to provide training on working with AOD but to ensure that training is contextualised and relevant to practitioners across the range of social work and social care services.

#### Introduction

The problematic use of alcohol, illicit drugs and sometimes prescription medications (AOD), is a problem that has a long history: consumption of wine and other potentially addictive substances has occurred throughout human history and White (1998) traces treatment approaches as far back as the 1750s. The nature of society's

concerns about problematic AOD use has changed over time, as different patterns of use of various substances, by different groups in society, have come and gone over the years, each raising different social concerns. That society is concerned about these problems relates to the human and financial costs associated with them. Traditionally, these have been particularly recognised at a societal level in relation to crime and health expenditure. At an individual level the dangers or harms associated with misuse vary according to the substances used, the way in which they are used and how frequently they are used, but misuse, particularly over a period of time, is likely to lead to negative consequences for an individual in terms of both health and social well being.

Problems with AOD use alone are unlikely to be the primary reason for people having contact with social work or social care services but where AOD use is impacting on a person's functioning, particularly the capacity to care for dependants, other social difficulties are likely to arise which may indeed lead to contact with services. At the same time the sorts of problems that bring people into contact with social work may well lay the conditions that can lead to use of substances in an attempt to escape, manage or cope with those problems. This is not restricted to problems with drug or alcohol use impacting on parenting capacity, which is one area that has received a good deal of research and policy attention (Advisory Council on the Misuse of Drugs [ACMD], 2007; Cleaver, Unell, & Aldgate, 2011) but can play out in a variety of scenarios. Indeed, Paylor and colleagues put it this way:

Whatever the form or type of social work intervention, ever since early days of the profession, social workers have been confronted with personal and social problems caused by service users' use of drugs and alcohol. (Paylor, Measham, & Asher, 2012, p. 1)

Knowledge of the nature and type of difficulties faced by users of social work and social care services using AOD is essential in order to ensure that practice and services are able to respond appropriately. Quite a lot is known about the prevalence of AOD problems in the context of child protection work. In England this issue has been highlighted in the findings of serious case reviews and the Munro Review (Brandon et al., 2013; Munro, 2011), but it is far from being just an English problem. Although there are many important differences between countries in population profiles, patterns of AOD use and arrangements for service delivery (Forrester & Harwin, 2006), concern about this issue is evident worldwide (e.g. Dawe, Harnett, & Frye, 2008; Traube, 2012). However, knowledge about the extent to which practitioners in other areas of practice encounter similar problems is rather patchy. Research has addressed the overlap between AOD use and mental health problems but a review published in 2009 indicates that much of this has been undertaken from a medical, rather than a social or social work perspective. Furthermore, the same authors note that the majority of the research emanates from North America and does not necessarily translate to a UK context (Crome and Chambers with Frisher, Bloor, & Roberts, 2009).

In a similar vein, whilst there is a lot of research, and indeed policy attention, focused on young people's use of AOD, very little of this explores from a social work perspective—even though it is recognised that young people leaving care—as a

group—are at higher risk of developing AOD problems than their counterparts in the general population (Dixon, Wade, Byford, Weatherly, & Lee, 2006; Ward, Henderson, & Pearson, 2003).

With regard to AOD problems among users of Adults' Social Services, one or two UK studies have explored prevalence and the social work perspective on working with these issues as they affect people with learning disabilities (e.g. Taggart, McLaughlin, Quinn, & Milligan, 2004) and the needs, in relation to alcohol use in particular, of older people using services has recently begun to be recognised (Royal College of Psychiatrists, 2011).

In general, the studies identified above have focused on relatively small or purposive samples and have usually been concerned with 'the problem' or the service user, rather than the practitioners' experience. To our knowledge, no previous study has sought to establish the extent to which AOD problems are to be found on practitioners' caseloads across the range of social work and social care services in England. This paper attempts to fill this gap in order to inform the evidence base with regard to the significance of AOD problems in social work and social care and to highlight the implications in relation to professional training opportunities.

### **Research Design**

This mixed methods study utilised an online survey to engage a range of social work and social care practitioners working in the 'front-line' of service delivery in adults' and children's local authority social services to establish their experience in working with AOD problems. In-depth exploration of the research questions was achieved through a series of 12 focus groups with participants representing a variety of roles in either children's or adults' social services. These front-line experiences were complemented by semi-structured interviews with key informants. We draw to a limited extent on some of the qualitative data to provide context and examples for some of the findings discussed but it is the survey data that are the main focus of this paper, specifically data which consider the frequency with which practitioners encountered AOD problems and the type of problematic use they encountered.

### The Sample and Methods

The sampling strategy aimed to ensure representation of the variety of local authorities in terms of their administrative arrangements (county councils, boroughs and unitary councils), their geographic location within England and levels of affluence/ deprivation. Children's and Adults' Services directorates were approached separately.<sup>1</sup> Where a directorate was not in a position to participate a second, with similar characteristics, was approached.

The final sample for the study was drawn from 17 social care directorates (10 children's and seven adults') from 11 local authorities in England. Lead contacts within each participating directorate agreed to distribute invitations to all social work and social care practitioners with case work responsibility to complete the survey.

It should be noted that differing systems of communication networks within agencies inevitably meant that there were variations between authorities in terms of which groups of workers received the invitation.

Response rates to the survey varied across directorates with as few as 12% of potential participants responding in one and as many as 56% in another. A total of 646 practitioners responded from a range of adults' and children's social care roles (21% of all those approached) across all directorates surveyed, however, 49 of these were working in specialist alcohol or drug roles at the time of completing the survey. For the purposes of this paper, data for these individuals are excluded since the interest here is specifically in the experiences of practitioners in other specialist social work and social care roles. The effective sample size for the survey is therefore 597.

The bulk of the items in the survey questionnaire was study specific. Embedded within the questionnaire was an adapted version of the Alcohol and Alcohol Problems Perceptions Questionnaire (Galvani & Hughes, 2010). The version used here aimed to capture practitioners' levels of knowledge about, and attitudes towards, working with issues associated with both alcohol and other drug (AOD) use (Galvani, Dance, & Hutchinson, 2011). [See also Hutchinson, Galvani, and Dance (2013) for further discussion of these findings.] The survey questionnaire included both open and closed questions.

The 12 focus groups were drawn from participating agencies and were organised around primary service user groups—for example, practitioners working with older people, people with physical disability, young people, or children and families.

Key informants were individuals in senior positions within directorates who had a role in strategic planning and/or service commissioning in relation to AOD services within their authority. Participants included managers from both social care and drug and alcohol service settings.

#### Ethics

The project design and methodology was approved by the ethics committees of the originating university, the Associations of Directors of Children's Services and Adults' Social Services (ADCS and ADASS), and the research governance committees of the participating directorates where applicable. All data were collected with informed consent, data were treated confidentially and stored appropriately, and the anonymity of both individuals and agencies was respected.

#### Sample Characteristics

The characteristics or the profile of the sample is important to consider, particularly in relation to the type of work undertaken by participants and the context in which it is performed, since this is likely to have considerable bearing on the extent and nature of alcohol or drug problems which might be encountered.

The sample was predominantly female (82%) and there was a relatively flat age distribution, both of which are consistent with the patterns elsewhere (Skills for Care

2013; HSCIC (Health and Social Care Information Centre) 2014). However, in comparison with the same source, minority ethnic groups were under-represented in our sample (only 8% of our sample classified themselves as being of minority ethnic origin in comparison with 16% and 10% across the children's and adults' social care workforces, respectively).

Table 1 illustrates the profile of the sample in relation to participants' service setting and role. As is clear, there were more participants from Children's Services than Adults' Services, with the former accounting for just over 60% of the whole sample (although this is to be expected as more Children's Services Directorates were surveyed). The majority of respondents described themselves as a qualified practitioner, but support and senior or managerial roles were also represented.

Over 60% of participants were qualified social workers and a further 4% of participants were in the process of training to become a qualified social worker. The majority of the remaining third of participants held qualifications in teaching, nursing, youth work and occupational therapy to name a few, as well as in various NVQ3s and NVQ4s in different aspects of social care.

Respondent characteristics in terms of both time in post and time working in the social care sector indicate that the survey tapped the range of experience. An important consideration in relation to working with AOD problems was previous

Characteristic		Ν	%
Directorate	Children's services	357	61
	Adults' services	240	39
Current role	Support role	129	22
	Qualified practitioner	337	56
	Managerial or senior practitioner role	125	21
	Missing	6	1
Type of qualification	Social work qualified	369	62
· * *	Social work student	27	4
	Other professional qual.	49	8
	NVQ3 or equivalent <sup>a</sup>	47	8
	NVQ4 or equivalent	76	13
	No qualifications	19	3
	Missing	10	2
Time in current post	Less than a year	144	24
-	1–4 years	238	40
	5 + years	207	35
	Missing	8	1
Time in social care sector	0-4 years	118	20
	5–9 years	148	25
	10 + years	315	53
	Missing	16	2

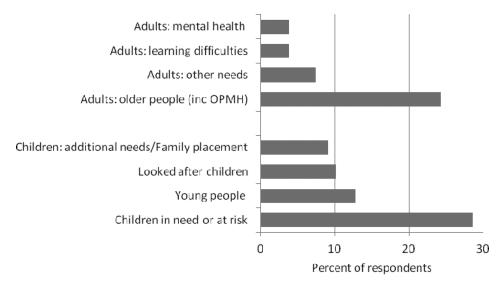
**Table 1** Professional and Post-related Characteristics of the Sample (n = 597)

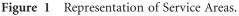
<sup>a</sup>NVQ refers to National Vocational Qualifications which recognise different levels of work-related competence achieved. There are five levels of qualification available, the highest of which (Level 5) indicates a depth of knowledge broadly equivalent to a doctoral degree but without the original research contribution. [NASWE (National Association of Social Workers in Education) online; Ofqual (Office of Qualifications and Examinations Regulation) online.]

experience of working in a specialist setting. Of the sample of 597, 89 had such experience—either through training placement opportunities or in previous posts. Overall the demographic and professional characteristics of those with and without experience of working in a specialist alcohol or drug setting were largely similar. Importantly though, it tended to be social workers and those with other professional qualifications rather than those with NVQ or no qualifications who had alcohol and drug work experience ( $\chi^2 = 13.7$ , df = 5, p < 0.02).

# Identifying Primary Service User Groups (PSUG)

One of our major interests in this piece of work was to be able to describe the experience of practitioners in different areas of social work and social care practice. Our final categorisation of the various specialist areas was necessarily somewhat rudimentary in order to reduce the large number of groups sufficiently to permit quantitative analysis. Nevertheless, the final groupings do permit a more detailed understanding of the range of experience across the statutory service sector. The sample of practitioners was divided into those whose service users (or clients) were adults (Adults' Services, AS) and those whose services focused on children (Children's Services, CS). Each of these groups was further subdivided resulting in eight groups in total which are used in the analyses which follow. These eight areas of service are specified in Figure 1 which sets out the proportions of the sample according





*Notes*: 1. OPMH is older people with mental health needs. 2. Adults with other needs includes those working with people with physical disabilities under the age of 65 and who have sensory impairment, other illnesses and those working with people seeking asylum. 3. SM = substance misuse. 4. 'Young people' includes those working with care leavers, young offenders and young people not in education, employment or training.