

Swimming against the tide: Social Work and substance use.

**‘where we have been, where we are,
and where we are going’**



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Social Work

- 93,341 social workers registered in England (HCPC 2016)
- Range of people across the life course, either on their own or in combination with other family members/friends.
- Two groups of social workers of relevance today
 - Social workers who specialise in AOD use
 - No data on how many social workers work within alcohol or other drug field/s
 - Social workers who specialise in other areas
 - e.g. learning disability, mental health, older people, child protection, fostering and adoption, palliative care, youth work etc.

Social work and AOD use

Where have we been?



Where we have been

Little, if any, education in alcohol or other drug use

Excuse the interruption, guys, but I just wanted to stick my head round the door and say "well done" for getting into the spirit of Red Nose Day.



Was that the Alcohol Dependency Group?

Afraid so.

(Damn! Damn!
Damn! Damn!)



Where we have been (cont.)

- Over 30 years – identified need to improve SW'ers knowledge of alcohol and other drugs
- Attempts to offer guidance to:
 - Practitioners
 - Educators at QSW and PQ levels
 - Policy makers
- Larry Harrison – research in 1980s
 - Result of concern by DH and cross party ministerial group at the “inadequate” professional training for SW'ers in rel. to alcohol
 - CCETSW taskforce set up to influence ‘new’ DipSW

Where have we been (cont.)

- Harrison - survey of UK SW course content (82 locations)
 - 73 courses said delivered some AOD education
 - England fared worse than other UK nations
 - Inadequate levels of education relating to substance use
 - **Mismatch between reported content and time taken to cover it**
- Resulted in guidance for SW courses (1992)
- Not mandated , not monitored, impact not evaluated
- Survey not repeated until many years later.....

Where we have been (cont.)

- Why historic lack of engagement?
- Two key reasons:
 - I. AOD problems defined in health or criminal justice framework.
 - a) National strategies have reflected this. Result is lack of acknowledgement or recognition of substance use as a social issue and concern
 2. Problem of 'situational constraints'
 - a) Lightfoot, P.J.C. and Orford J. (1986). "Helping Agents' Attitudes Towards Alcohol-related Problems: situations vacant? A test and elaboration of a model." *British Journal Of Addiction* 81(6): 749-756.

‘Situational Constraints’

- Study of factors affecting attitudes of helping professionals (CPNs, SW'ers) towards people with alcohol problems.
- Those more situationally constrained professionals had less positive therapeutic attitudes.
 - Constrained by time, department policy, and local “back up” [support]
- Social workers significantly more situationally constrained than nursing colleagues.
- Lower scores than nurses on:
 - task specific self-esteem,
 - motivation to work with drinkers,
 - role adequacy,
 - role legitimacy,
 - role support and
 - education.

Where have we been (cont.)

- Amazing we have any substance specialist social workers given paucity of education historically
- Little, if any, specific support for the substance specialist social workers from social work profession



Social work and AOD use

Where are we now?



Where are we now (cont.)

- Galvani et al. (2011) – social workers' perspectives
- National survey of adults' and children's sw and sc professionals in 17 different directorates in England. (n=646/3164)
- AOD education was 'very' or 'extremely' imp to practice
- 36% of SW no qualifying training; almost 80% for social care professionals
- 17% SW'ers received 1-4hrs, 27% btw 5-16 hrs

Where are we now (cont)

- Galvani and Allnock (2013) – HEIs' perspectives
- Survey of qualifying SW programmes in England
- 40% response rate (n=63/157)
- 94% reported some coverage
 - 56 'integrated' it into teaching
 - 12 specialist modules – avg 20 hours teaching
 - 32 specialist sessions – avg 4 hours input
- **Concerning degree of mismatch between reported topic coverage and hours in which it was taught**
 - e.g. 17 topics in 2 hrs; 19 topics in 4 hrs

Where are we now (cont.)

- Allnock and Hutchinson (2013) – Training dpts' perspectives
- Survey of LA training and workforce development dpts in England (n=200/216)
- 46% response rate (n=94)
- Of those, 82% provided training during 2011-12
- Majority not mandatory
- Mostly targeting CS rather than AS
- Most courses basic level and content is inconsistent
- **Topics most covered:** alcohol effects, illegal drugs/effects, identifying problematic alcohol use, treatments and interventions available; impact on physical and mental health.
- **Topic areas least covered:** how to talk about substance use, prescription drug use, ethnicity and gender differences.

Where are we now (cont.)

- Galvani, S. (2015) *Alcohol and other Drug Use: The roles and capabilities of social workers*. Manchester: Manchester Metropolitan University. (Funded by PHE)
- Three key roles:
 - i. To **engage** with the topic of substance use as part of their duty of care to support their service users, their families and dependents.
 - ii. To **motivate** people to consider changing their problematic substance using behaviour and **support** them (and their families and carers) in their efforts to do so.
 - iii. To support people in their efforts to **make and maintain changes** in their substance use.

In sum

- Evidence from social workers about absence or paucity of training and importance of it to their practice.
- Evidence from qualifying social work programmes showing postcode lottery.
- Evidence from LA workforce development departments showing often basic and inconsistent provision.
- Commonality is lack of consistency, lack of support for social workers, and situational constraints.

Social work and AOD use

Where are we going?



Where are we going?

Challenges

- Increasing ‘situational constraints’
 - Beyond organisation to political/economic constraints
 - Direct impact on service users and providers
- Direct government intervention into social work education and practice – including narrowing focus of SW practice
- Devaluing of specialist substance use practice and professional education in substance use field
 - Dissolution of specialist teams and roles
 - Whole services being cut
 - Services going to cheapest bidder not best quality services
- Specialist SW fighting for place at the service provider table

Where are we going (cont.)

- **2016 - Do we need specialist AOD SW'ers?**
- Quick and dirty consultation with 50-ish substance specialist SW'ers (Trevor McCarthy)
- Single question:
What difference would it make to specialist addictions services if they stopped employing qualified social workers?
- Sample responses from 23 people:
 - Dealing with complexity, social model perspectives, liaison work/partnership building in community, networking with statutory services, specialist knowledge, safeguarding – duties and powers, Care Act, advocacy, holistic assessments including risk.

Where are we going? (cont.)

Opportunities – substance specialist SW'ers

- Move of specialist services to ‘holistic’ and ‘recovery’ oriented approaches.
- Move to wider health and well-being agenda.
- SW ‘bread and butter’ – good fit with roles and skill mix.
 - “What I call would social work” – 2 x CEOs of sub use agencies (and former social workers)

Where are we going? (cont.)

Opportunities – other SW'ers

- Strong evidence base on which to develop future curriculum for training and education (if people wish to look at it)
- New teaching partnerships – include greater reflection of needs of front line SW'ers in QSWPs.
- Increasing number of texts and other resources re social work and substance use showing awareness and interest
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Thank you!

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CLEAR COMMUNICATIONS ARE ESSENTIAL TO A POSITIVE WORK ENVIRONMENT, SO LET'S BE 'CLEAR' THAT WE WILL BE EXPECTING YOU TO COVER THE CUTS BY WORKING TWICE AS HARD FOR LESS RETURN IN WORSE CONDITIONS!

