

What works in training social workers about drug and alcohol use?

A survey of student learning and readiness to practice

Final report
October 2008

Dr Sarah Galvani
University of Bedfordshire
(formerly University of Warwick)

Dr Donald Forrester
University of Bedfordshire

This work was undertaken by staff at the Universities of Warwick and Bedfordshire who received funding from the Home Office. The views expressed in the publication are those of the authors and not necessarily those of the Home Office.

Contents

Acknowledgements	3
Executive Summary	4
Definitions	8
Introduction	9
Background	9
Aims	12
Methodology	12
Findings	14
Discussion	26
Conclusion	31
Recommendations: an Agenda for Action	32
Appendices	34
References	40

List of tables

Table 1	How did social workers rate their course's preparation for practice with key issues in social work?	15
Table 2	How did preparation for different elements of working with drug and alcohol issues vary?	16
Table 3	How many days training on substance use and misuse on qualifying programme?	16
Table 4	Relative importance of difference elements of the course	19
Table 5	Percentage of all respondents identifying each area as a current training need	21

List of graphs

Graph 1	Relationship between number of days of training on substance misuse and self-rated preparedness	18
---------	---	----

Acknowledgements

The researchers would like to thank the following people:

- Pamela Spalding and Simon Eglinton at the Crime and Drug Strategy Directorate, Home Office, for their support in funding this study
- The General Social Care Council for distributing the surveys to recently qualified social workers. Particular thanks go to Helen Wenman, Head of Education Inspection, and Tim Read, Education Inspection Officer, for their extra ordinary work on this study.
- Research assistant, Jas Bains for her reliability, composure, quality work and initiative, also Sam Hundal who stepped in at short notice.
- The social workers who took part in the study and who shared their experiences and views. Also those who contacted the researchers independently to offer their support for the study and/or register their interest in the findings.
- Thanks also to David Best, University of Birmingham, and Lorna Templeton, Avon & Wiltshire Mental Health Partnership NHS Trust and the University of Bath, for their comments on this report.

Executive Summary

Background

Research has consistently suggested that little attention is given to substance use within social work education and that social workers feel ill-prepared for working with drug and alcohol issues. Yet no research has examined what training should be provided, for instance by examining the relationship between the training provided and the skills, knowledge and confidence of social workers. This study aims to address this gap. It appears particularly timely because the recent introduction of a new qualifying degree and a new post-qualifying framework in social work constitute the most wide-ranging reform of social work education in 30 years.

Aims

Through a survey of newly qualified social workers the study aimed to:

1. Explore respondents' views on the extent to which their qualifying programme prepared them for practice with people using alcohol or drugs;
2. Explore the perceived quality and quantity of input on drug and alcohol use from their social work qualifying programme;
3. Identify further training or professional development needs in relation to alcohol or drugs;
4. Identify examples of good training/education in alcohol or drugs on qualifying social work programmes.

Method

Social workers who qualified in 2006 and 2007 were contacted via GSCC email lists. A total of 248 questionnaires were returned. The profile of those returned was very similar to that for all social work students. This suggests that while the response rate was, as expected, comparatively low, the sample is nonetheless broadly representative of newly qualified social workers. Questionnaires were analysed using descriptive and statistical analysis and qualitative responses were grouped thematically.

Key Findings

- Respondents estimated that on average half of the clients they were currently working with had issues relating to drug or alcohol use. In some areas, such as mental health and children and families, the proportions were even higher.
- Yet most social workers did not consider themselves prepared for working with alcohol or drug use issues.
- Social workers rated nine areas of practice. The only one in which they rated themselves as not adequately prepared was working with alcohol and drug issues.

- This lack of preparedness was particularly striking for key skills, such as how to talk to clients about drug or alcohol issues and how to assess substance misuse. It was less apparent in relation to their own values and self-rated knowledge.
- The key reason for this lack of preparedness was that in general respondents reported receiving very little input around substance use and misuse:
 - One third reported receiving *no* training on substance use on their training course;
 - Half reported receiving half a day or less.
- Conversely it did not seem to require a great deal of input for respondents to feel adequately prepared. On average those who estimated that they had had 3 or more days of input rated themselves as ready to practice with drug or alcohol use.
- Respondents identified relevant placement-related learning (a relevant placement and knowledgeable practice assessor), a specialist module (where available, which was in the minority of cases) and student directed learning (for instance a specific assignment) as particularly important sources of learning.
- In contrast, all other aspects of courses (lectures, small and large group work) were rated as not having been very helpful. This is likely to be primarily a reflection of a lack of substantial input in these areas for most respondents.
- Respondents reported comparatively low levels of training on substance use since qualifying. This was particularly pronounced for those working in local authorities and for those working with children and families – this raises serious cause for concern about whether the profession are being adequately prepared for the realities of practice with very high proportions of clients with issues relating to drug or alcohol misuse.
- The returns highlighted the large differences between social work courses. A key research and policy priority is to find out more about those courses rated most highly. What input are they providing, and what lessons are there for other Universities?

Conclusions

The fact that so many social workers feel so poorly prepared for working with substance use issues, that so many of their clients experience difficulties related to drug or alcohol use and that social work courses tend to provide so little training on the issue is inexcusable. The new social work degrees do not appear to be preparing social workers adequately for this fundamental aspect of current practice. We make the following recommendations to address this serious gap in social work education – a gap that stands in contrast to their self-reported preparedness of practice with a range of other issues and client groups.

Recommendations: An Agenda for Action

Research and practice development initiatives

1. Good practice within qualifying programmes needs to be identified and publicised. This would be a natural follow-on from the current research, which has identified some highly rated programmes.
2. Research that sought the views of current practitioners would more clearly identify knowledge gaps firmly located in front line practice across and within specialist areas of social work practice.
3. The development of resources tailored to social work education is necessary to support social work programmes seeking to improve their input on alcohol and drugs. The development, implementation and evaluation of such resources could provide a practical toolkit and evidence of effectiveness to support wider dissemination.
4. Research on what input programmes provide (perhaps replicating Harrison's work from the early 1990s) and auditing the ability of social work staff to provide it would help clarify the reasons for the gaps in social work education.
5. "Training the trainers" events for social work educators might be necessary, given the comparative lack of social work academics with a background in substance use services.

The agenda for Universities

6. Individual Universities should review whether the qualifying and the post-qualifying courses that they are providing prepare social work students adequately for working with substance use issues;
7. The importance of quality placements in substance use settings as a learning experience for social work students needs to be recognised and encouraged within local and regional practice partnerships.

The agenda for Employers

8. Employers cannot assume that newly qualified workers are adequately prepared for working with substance use. They therefore need to ensure that sufficient training is provided for new workers to provide basic competence and confidence in this area.
9. Through their close relationships with Universities employers have the potential both to stress the importance of training in this area and to work in partnership to deliver such training, for instance by providing suitably qualified and experienced practitioners to deliver elements of the training.

The agenda for Government

10. Government needs to give serious consideration to how to support and encourage social work education at qualifying and post-qualifying levels to address substance use and misuse. It is likely to be necessary to specify it as a necessary component of social work education if the Department of Health guidelines are to be met.
11. Recognition of the social worker's front line role in identifying substance use, providing brief interventions and referral to specialists, needs to be reflected in policy documents relating to drugs and alcohol.
12. The policy frameworks that inform social work education and practice also need to recognise alcohol and drugs within the range of specialist areas of social work practice. While current political emphasis is on families and children, social workers specialise in a number of other areas and therefore there is a danger that their needs relating to substance use knowledge may be overlooked.

Definitions

Social worker – this refers only to people who have undertaken professional social work training and not the broader social care workforce. Since April 2005 practising social workers have been required to register with the General Social Care Council and only those registered can use the title ‘social worker’.

Substance use – this refers to both alcohol and drug use.

Substance misuse – this refers to the problematic use of alcohol and drugs. The related problems may be experienced by the individual directly, eg. health, social or legal problems, and/or their family members, eg. neglect, financial abuse, relationship breakdown

Introduction

This report presents the findings of a survey carried out in early 2008 that sought the views of social workers who qualified in 2006 and 2007 on how well their social work qualifying course had prepared them for working with people using alcohol or drugs. The survey also explored what aspects of their social work training respondents found helpful and attempted to identify key elements associated with social workers feeling well prepared for working with drug and alcohol issues.

The report is divided into five sections. The Introduction considers the policy context and previous research around social work education and substance use. The Methodology and Results sections outline the research undertaken and the findings from the survey. The Discussion section starts by considering the strengths and limitations of the research, and then discusses the key findings. Finally, the Recommendations section identifies the implications of these findings for policymakers, academics and for future research.

Background

Social workers practice in a number of specialist areas including working with children and families, older people, people with mental ill health, people with disabilities or life threatening illness and young people. The organisational context of their work embraces both voluntary and statutory settings. While some social workers choose to specialise in substance use, the majority of social workers do not. However, alcohol and drug use, and problematic use in particular, are cross cutting issues regardless of specialist area of practice.

Prevalence research on drug and alcohol use among specific social work service user groups is limited, however there is a great deal of evidence that substance use co-exists with the type of health and social problems that social workers encounter. These include experiences of childhood abuse and inadequate parenting (Bear et al. 2000, Chalder et al. 2006, Clark and Foy 2000, Downs et al. 2004, Galaif et al. 2001, Kuendig and Kuntsche 2006, Hartley et al. 2004), domestic violence (Downs et al. 1993, Corbin et al. 2001, Galvani 2006, Miller 2001, Miller et al. 2000), poverty and social deprivation (Rhodes et al. 2003), mental ill health (Banerjee et al 2002, Department of Health 2002), adolescent substance use (DeWit et al. 2000). In addition a number of factors pose particular risks for children and young people including parental substance problems, trouble at school, peer pressure to use substances and weak responses from parents re bad behaviour (British Medical Association 2006, Dillon et al. 2007, Frisher et al 2007). It is these types of problems and risk factors that often result in people seeking and/or receiving social work intervention. As a result a high proportion of families known to children's services are affected by parental substance misuse. Forrester and Harwin (2006) found a third of all allocated children involved parental substance misuse, with 62% of care proceedings having a parental alcohol or drug issue identified. Evidence is also increasing that older people are using alcohol in particular on a more regular basis than younger people (Lader and Goddard 2006) and are less aware of advice around units and harm reduction. For other specialist areas of social work practice there is

almost no UK research in this area, including people with physical and learning disabilities, although evidence from North America suggests potentially high rates of prevalence.

In sum, it is clear that social workers in whatever area of specialist practice are likely to work with people who use substances to a greater or lesser degree. Social workers in all settings therefore need to feel confident to assess and intervene appropriately with alcohol and drug issues. In this respect, the research on training and education for social workers paints a concerning picture.

Social work education and training

For more than 30 years there has been debate about social work's engagement with the issues of alcohol and drugs and the extent to which social work professionals should be trained to intervene (Adams 1999, Corby and Millar 1998, Davies et al. 1995, Fanti 1986 cited in Billingham 1999, Forrester 2000, Foster et al 2003, Guy and Harrison 2003, Harrison 1992, Harwin and Forrester 2002, Kent 1995, Lawson 1994, McCarthy and Galvani 2004, Scottish Education Department Social Work Services Group 1988, Shaw et al. 1978). This body of research has consistently suggested that social workers are poorly prepared for working with drug and alcohol issues, and that they are provided with little training in this area. Evidence suggests that social work education has not fully engaged in the debate about whether or not substance use should be part of qualifying programmes (Galvani 2007). This has resulted in many social workers leaving qualifying social work programmes without the knowledge to respond appropriately to people they work with who have alcohol and drug problems. Research and practitioner reports suggest that workers are often painfully aware of this gap in their knowledge and skills, and feel frustrated that they have not been equipped to respond.

Previous attempts have been made to identify and address this gap in social work training at qualifying and PQ levels. Guidance has been issued by a number of professional bodies, experts and others who have been committed to effecting change (BASW 1995, Barber 1995, Billingham 1999, CCETSW 1992, Corby and Millar 1998, Galvani 2007, Kent 1995, Gassman et al. 2001, Rhodes and Johnson 1996, Tober and Somerton 2002). To date this has been met with little response from those governing the agenda for social work education.

However, social work education has undergone major changes in recent years. In 2003 the new social work degrees (BA and MA) started to replace the previously combined awards. Under the 'old' structure social workers received an academic award from the university at which they studied (DipHE, BA or MA), and the professional award - Diploma in Social Work - from the Central Council for Education and Training in Social Work (CCETSW) or its successor the General Social Care Council (GSCC). The new awards meant universities were responsible for both elements of the award and had to be approved to do so by the GSCC. The new awards also introduced a required 3 year programme for undergraduate study, an increase in work-based practice learning and some changes to the required programme content, such as a requirement for all students to have completed the European Computer Driving Licence or equivalent upon qualification and a requirement that students be taught and assessed in relation to areas such as mental health and disability.

In addition, to the creation of the new social work degree, five new post-qualifying (PQ) awards have been introduced geared towards both front line practice and social work management. These awards were preceded by much discussion about content of the new degree, the development of national occupational standards and new subject benchmark statements¹.

To date the frameworks for social work education have not mandated substance use input on qualifying programmes. There are a number of key elements of social work education that must be delivered in order to meet both the National Occupational Standards (TOPSS 2002) and Department of Health requirements (DH 2002) however knowledge of alcohol and drugs is not among them. At present, qualifying social work education is required to teach 'theories, methods and models' for the main groups of people using services, including people who use alcohol and drugs (TOPSS 2002). These particular elements of social work education are transferable but what is perhaps missing is subject knowledge and the need for this to be taught within the existing value, knowledge and practice frameworks that make up social work education. Whether or not social work programmes include teaching on substance use, and how this is delivered and by whom, is subject to the decisions of individual programme leads.

Recent changes in the requirements for post qualifying (PQ) social work training indicate some improvement. In particular the new 'Children and young people, their families and carers' award requires programmes to include knowledge and skills needed for working with the impact of drug and alcohol problems on family life, children and young people, including how to assess, refer on and work with parents using alcohol or drugs (GSCC 2005). The PQ pathway for social workers in mental health settings requires programmes to provide students with an understanding of the links between mental health and alcohol and drug use although the topic receives only one passing mention (GSCC 2006). Similarly the Adults pathway includes people with "drug dependencies" in its definition of its adult client group and also requires alcohol and drug use to be considered in the delivery of elements of the PQ looking at assessment, risk and vulnerability (GSCC undated). These post qualifying developments provide small but positive steps.

Taken together these changes indicate a sustained investment in creating social workers who are better prepared for practice. There are also some small indications of a greater emphasis on substance use and misuse. However, it is not known how these changes have impacted on the preparedness of newly qualified social workers for practice.

The focus of this study is, therefore, timely. It is the first study in the UK that – following the introduction of the new social work degree - asks newly qualified social workers for their views and experiences of alcohol and drug input on their qualifying programmes and their future training needs. It also explores how prepared they feel for working with a range of alcohol and drug related issues. In doing so it provides the most thorough examination to date of the inputs that social workers are receiving and how they contribute to their feeling of preparedness. Crucially, the study also

¹ Professional registration was also introduced in 2005 alongside a requirement for post registration training and learning to be evidenced every three years upon re-registration.

attempts to identify good practice and elements of programmes – or the experiences of students – that particularly helped them in feeling ready to practice. It is hoped that this will form a basis for informed recommendations for the form and content of training around substance use issues.

Aims

The study aimed to:

1. Explore the views of newly qualified social workers on the extent to which their qualifying programme prepared them for practice with people using alcohol or drugs;
2. Explore the perceived quality and quantity of input on drug and alcohol use from their social work qualifying programme;
3. Identify further training or professional development needs in relation to alcohol or drugs;
4. Identify examples of good training/education in alcohol or drugs on qualifying social work programmes.

Methodology

Data Collection

The study was conducted via self-completion questionnaire emailed to participants (see Appendix 1). The study focussed on newly qualified social workers in England only, to identify how well the new social work degree was preparing them for working with alcohol and drug issues. Access to the sample was negotiated with the General Social Care Council (GSCC) – the professional social work body which sets the standards of conduct and practice for social workers, regulates social work training as well as maintaining a register of all qualified social workers. The questionnaire was sent to all social workers who had a) qualified in 2006 or 2007 and had been entered onto the GSCC database at the date of the email shot and b) had provided the GSCC with an email contact (n=2914). This is 44% of a total figure of 6486 social workers who qualified in 2006 and 2007 (GSCC 2008).

To maximise returns of surveys, follow up mail shots are advisable. Given the limited timeframe of the research follow up was limited and only one reminder mail shot was sent to the 2007 qualifiers. It is possible that further follow up mailings to the 2006 cohort would have resulted in a higher rate of return. The sample population was limited to the information available at the GSCC. Due to the streamlining of two separate GSCC databases, there was a back log of 2007 qualifiers awaiting entry onto the social work register, therefore the 2007 cohort was far smaller than anticipated at the start of the research and was only a small proportion of all social workers qualifying in 2007. The decision to email the survey meant that of the 2006 and 2007 cohorts only those people who had registered an email address were able to take part.

In addition, the professional social work magazine, *Community Care*, ran news items relating to either the research or the broader topic of substance use in which they mentioned the research. It also put a link to the articles and the research email address on the Community Care website. This resulted in contact from a small number of people wanting to take part who had not been contacted via the GSCC mailing (Appendix 2).

The questionnaire was designed specifically for this research and contained four key sections:

1. Basic demographics and background data;
2. Perceived preparation for social work practice with a particular emphasis on substance use;
3. Respondents' perception of the importance of different elements of their training;
4. Substance use training post qualifying and future training needs.

There was also space at the end of the survey for people to add any further comments they wished about the topic or taking part in the survey itself.

Analysis

The survey questions were pre-coded and analysed using the statistical analysis package SPSS (v 12). Descriptive information is presented in tables and graph. Bivariate analyses were carried out using Spearman's test. The Rho (size of relationship) and p-value (significance) are presented.

The qualitative responses were analysed using thematic coding. This is a process of analysis based on Strauss' (1987) work and is used where a predefined sample has been selected for their views on a particular subject. The views of the participants are compared and analysed for commonalities and differences. Using thematic coding each response is analysed as a single case study and the key topics identified (Flick 1998). These are placed within "thematic domains", that is, broad themes containing related topics drawn from each response. The thematic domains are modified as necessary to ensure that as much data as possible is represented in the subsequent interpretation. For this research the thematic coding applied only to the final section of the questionnaire which allowed people to add further comment regarding the survey or the topic of the survey if they so wished.

Ethical considerations

The research proposal was approved by the University of Warwick's Ethics Committee. The main ethical consideration for the study related to access to the database of newly qualified social workers for the purpose of mailing out the survey. As GSCC were conducting the email shot on our behalf there was no breach of confidentiality as no personal details were provided to the research team.

Consent of the participants was indicated by the return of the questionnaires. This was made clear by a statement at the top of page 1 of the questionnaire together with reassurances that any data used within the final report or subsequent publications would be anonymised.

Findings

Description of Sample

248 questionnaires were returned from social workers who qualified in 2006 or 2007 – a response rate of 8.5%. The average age of the sample was 35, with the youngest being 21 and the oldest 58. This cohort were very slightly older than the national profile of social workers receiving social work awards in 2006-2007 for which the average age fell within the 25-34 year old age bracket (GSCC 07).

Most were women (87%) and white British (85%); 8% described themselves as black and 4% as Asian. The gender profile was very similar with the national profile showing 84% female qualifying students. The ethnicity data is not comparable due to different categorisation (GSCC 2007), but the proportions seem similar.

The vast majority had completed an Undergraduate degree (69%), with 26% having completed a Masters degree; 5% had graduated with a Diploma in Social Work. Again this is similar to the national profile that shows 68% of newly qualified social workers received an under graduate award and 32% a post graduate award (GSCC 2007). 91% of the respondents had studied full-time compared with 98.5% in the national profile (GSCC 2007). Respondents had attended a total of 76 Universities or Colleges. In broad terms, the number of responses seemed related to the size of the student intake for different Universities, with one exception: one former University of one of the researchers had the highest rate of response (13 respondents).

The vast majority were currently working as a social worker (91%), with half working with children and families. Other common groups worked with included older people (17%) and people with mental ill health (13%). Only 2% of respondents worked in settings specialising in substance use and misuse. The vast majority were employed through local authorities (79%), with health (9%) and the voluntary sector (7%) being the only other employers to employ more than 5% of workers. Seventeen percent of respondents had previous experience of working in a drug or alcohol agency.

Perceived preparation for practice

The main part of the survey was designed to establish how prepared newly qualified social workers felt for working with substance use and misuse.

How did social workers rate their course's preparation for practice with key issues in social work?

Table 1 sets out the social workers' ratings for how well prepared they felt they were by their qualifying training programme for working with various key client groups or issues that they might encounter in social work practice. Of the 9 areas rated, drug and alcohol problems were rated as the areas that social workers were least well prepared for. They were the only areas in which most respondents felt that their course had not adequately prepared them.

Table 1: How did social workers rate their course’s preparation for practice with key issues in social work?

	Average (1 to 5 with 3 as “adequate”)	Preparation rated as adequate	Preparation rated as <u>not</u> adequate
Children and families	3.5	83%	17%
Young people	3.3	76%	24%
Older people	3.2	77%	23%
Mental health issues	3.1	72%	28%
Domestic abuse	2.8	66%	44%
Learning difficulties	2.7	67%	43%
Physical disabilities	2.7	66%	44%
Alcohol problems	2.6	47%	53%
Drug problems	2.6	46%	54%

How did respondents rating of their preparation for different elements of working with drug and alcohol issues vary?

To explore the perception of readiness for practice in newly qualified social workers further, respondents were asked to rate their preparedness in relation to a number of key topics associated with alcohol or drugs. The results are set out in table 2 below. The findings suggest considerable variation within the broader concept of “readiness to practice”. In some areas (social workers’ attitudes and values; understanding the reasons for use and misuse and the impact on children and families) most social workers rated courses as having prepared them adequately. However, in other areas the proportion feeling adequately prepared was below 40% (how to talk about drug or alcohol issues, identifying problem drug or alcohol use, assessing risk, types of intervention and working with substance misuse specialists). Of concern is that these include the more practical aspects of working with substance use and misuse issues. In two areas the proportion rating their preparation as adequate was below 30%. Perhaps surprisingly, these were areas that one might have expected social work education to be particularly likely to address, as they involved issues around gender and ethnicity.

This comparative lack of preparedness was not surprising when the amount of input that the social workers estimated they had received on their qualifying programme was considered. Table 3 sets out the amount of coverage on their course as estimated by respondents. It can be seen that almost a third said that they had received no input on substance use and half had received half a day or less. Only 18% had received 3 or more days of input.

Table 2: How did preparation for different elements of working with drug and alcohol issues vary?

Rank		n	Adequately prepared %	Not adequately prepared %	Average
1	Impact on children and families and parenting	243	60	40	2.8
2	Attitudes and values relating to substance use and problems	243	54	44	2.7
3	Reasons people use and misuse	241	54	44	2.7
4	Impact on mental health	242	53	47	2.7
5	Alcohol and its effects	242	46	54	2.5
6	Impact on physical health	242	43	57	2.5
7	Drugs and their effects	243	43	57	2.5
8	Identifying problematic alcohol use	243	39	61	2.4
9	Identifying problematic drug use	241	39	61	2.4
10	How to talk about drug or alcohol issues	241	36.5	63.5	2.3
11	How to assess risk relating to drug or alcohol issues	240	34	63	2.3
12	Types of intervention/ treatment available	241	34	66	2.3
13	Working with specialist substance misuse colleagues	242	33	67	2.3
14	Gender differences	241	26	74	2.1
15	Substance use and issues of ethnicity and culture	243	20	80	2.0

Table 3: How many days training on substance use and misuse on qualifying programme?

	n	%
None	70	30.4
Half a day	45	19.6
One	44	19.1
Two	29	12.6
Three	13	5.7
Four	7	3.0
Five	6	2.6
Six or more	16	7.0
Total	230	100.0
Missing	18	

What factors influenced how well prepared social workers felt to work with substance use and misuse?

There was a strong correlation between ratings of preparation for working with alcohol and with drug issues ($Rho = 0.838$; $p < 0.001$), and therefore a variable for the average of the two measures was created as the dependent variable (“preparedness for working with substance misuse” or “preparedness”). A range of factors that might have influenced levels of preparedness of social workers were examined.

There were *no* statistically significant relationships between preparedness and the following factors:

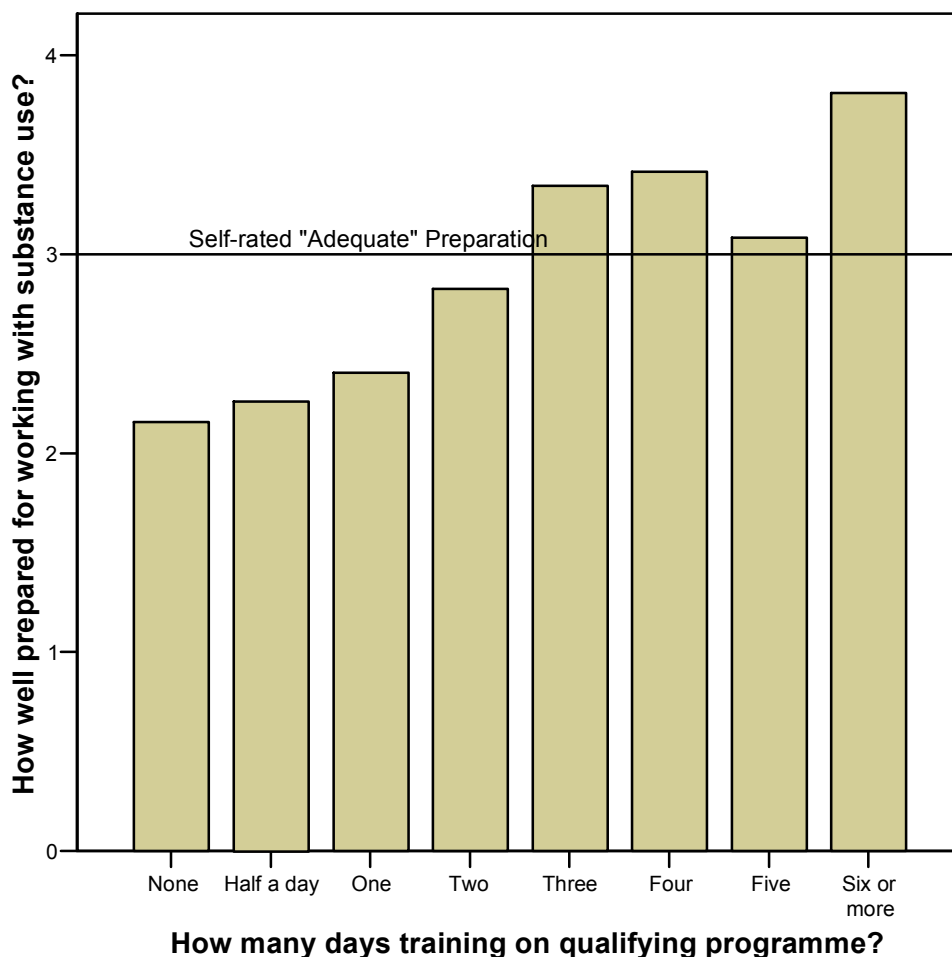
- gender,
- ethnicity,
- age,
- whether the programme was full or part-time,
- whether respondents were currently employed,
- whether they studied for a Masters or Undergraduate degree, or
- whether the respondent had previous experience of working in a drug or alcohol agency.

The most important factors were related to training provided on their course. Most significant of all was the number of days of training that they estimated that their course provided. There was a strong correlation between level of preparedness and respondents estimate of the amount of input they had received ($Rho = 0.445$; $p < 0.001$). This is represented in Graph 1. A rating of three is highlighted as it is the level at which newly qualified social workers rate their preparation as “adequate” for working with substance use and misuse. This threshold on average required three days of input, as estimated by respondents.

In addition, the questionnaire explored respondents’ perception of the contribution of different elements of the course to their preparedness. The elements in the questionnaire are set out in Table 4. Unfortunately, there seemed to be some difficulties in the response to these questions. This was identified because 23 respondents scored themselves as having had a “Specialist Module” but as not having had any input around substance misuse. The most credible explanation is that these respondents answered this question as if the question had been what *should* be the importance of different elements of social work courses in preparing social workers for working with substance use.

Unfortunately it was not possible to identify how many individuals had interpreted these questions in this way. To analyse the impact of this issue the distribution of the responses of those identified as providing discrepant answers (i.e. identifying a specialist module but having had no days of input on their course) was compared to that of all other respondents. This group very rarely identified any element as “not provided at all” on the course. They also rated each (and every) element of the course more highly. This supports the view that they were rating courses for what they should provide rather than what they did provide. However, in the rating of the relative importance of the different elements to each other (i.e. what was most

Graph 1: Relationship between number of days of training on substance misuse and self-rated preparedness



important through to what was least important) their comparative ranking was identical to that for other respondents. In light of this, the results are presented for each variable excluding those rated as “not provided at all” (this would have been necessary in any case, as respondents cannot rate the importance of elements not provided). However, great care needs to be taken in interpreting the findings for this element of the questionnaire. In effect, they represent a combined indication of relative importance in which most respondents have probably reported on the actual significance of elements of their course, but an unspecified minority have reported on the significance they believe elements should have. Table 4 sets out the findings for this combined analysis.

The different type of input can be grouped into three categories:

- Placement related;
- Student led;
- Learning opportunities provided by the University.

Placement learning and learning from reading and assignments were highly rated. In general, input from teaching at University was rated as of little importance. The

exception was specialist modules, which respondents rated as being an important element of their actual or potential learning.

Table 4: Relative importance of different elements of the course

	n	Mean
Learning on placement	214	3.65
Specialist module on substance use	124	3.38
Reading on the subject	222	3.38
Practice assessor's knowledge	200	3.23
External lecturers/ visiting practitioners	171	3.16
Assignments completed by you	187	3.06
Informal discussion with peers	216	2.96
Lectures	186	2.72
Interactive learning eg. small group exercises, role plays	161	2.66
Large group discussion	180	2.60
Self-directed learning in groups	168	2.56

There were enormous variations between different Universities in the rating by students of how well prepared they were for working with substance use. However, for most Universities there were insufficient returns to draw robust conclusions. The overall picture was that there were three Universities that had returns from more than 3 students and that were also rated by most students as having prepared them adequately or well and a large number rated as having prepared them poorly, including a number at which all the students responding to the survey identified as having prepared them very inadequately.

Questions relating to post qualifying training or training needs

Estimates of service users with/affected by substance problems

Respondents were asked to estimate how many of their service users have alcohol or drug problems or were affected by someone else's alcohol or drug problem. Overall respondents estimated that 48% of the clients they worked with had drug or alcohol problems, however this varied greatly depending which client group they were working with. Only 18% of older clients were estimated to have drug or alcohol issues. For Mental Health (57%) and Children and Families (54%) the figure was over half. Most respondents (76%) said that they routinely asked people about drug

or alcohol use. This was particularly true for those who worked in mental health (100%) and with children and families (82.5%).

Training since qualifying

Since qualifying 41% of respondents had received further training in relation to alcohol and/or drug use issues. Of those who had, 10% received a half day's training, a third (34%) had one day and a quarter (26%) had two days. There were very significant variations by employer. Those working in statutory social service teams had least post qualifying (PQ) training – with less than one day on average - while those working in Health had almost two days on average.

It also varied by which client group people were working with. Those working with older people received least, perhaps a reflection of the smaller proportion of clients with substance misuse issues. However, despite the similarities in estimated extent of substance misuse issues in the fields of mental health and children and families, those working with mental health issues received substantially more days of training when compared to their children and families colleagues (1.5 compared to 1 day).

Current training needs

Respondents were asked to identify the areas they considered to be their current training needs. The results are set out in table 5. For every area except working with specialist substance use colleagues, there was a significant negative correlation between how well prepared respondents felt on their course and the likelihood that they would identify continuing training needs in an area ($p < 0.001$). In other words, as might be expected, the more inadequately prepared social workers felt for working with substance use issues, the more likely they were to identify each area as a training need.

Table 5: Percentage of all respondents identifying each area as a current training need

Topic	Training Need
How to assess risk relating to drug or alcohol issues	74%
Substance use and issues of ethnicity and culture	73%
Types of intervention/ treatment available	71%
Impact on mental health	67%
How to talk about drug or alcohol issues	66%
Gender differences	65%
Working with specialist sub. use colleagues/referrals to	62%
Identifying problematic drug use	61%
Impact on children and families and parenting	60%
Identifying problematic alcohol use	59%
Impact on physical health	54%
Drugs and their effects	50%
Alcohol and its effects	47%
Attitudes and values relating to substance use and problems	47%
Reasons people use and misuse	41%

Qualitative data

Ninety-nine respondents chose to make additional comments in the space available at the survey. Eleven of these comments were very short clarifications or repetitions of their responses that did not add anything further to the findings. The remaining comments grouped thematically into 5 broad areas:

1. Statements regarding previous substance use experience
2. Lack of input on their qualifying programme
3. Good practice on their qualifying programme
4. Type of learning opportunities provided by their qualifying programme
5. Post-qualifying training needs and opportunities

1. Previous substance use experience

People chose to clarify their personal or professional experience in relation to substance use. Some chose to disclose personal/family experiences of substance

problems by way of illustrating their knowledge and experience. However the majority of comments were made in the context of highlighting how poor their qualifying social work programme was on this subject.

“Not trained in that area, knowledge based on life experience”.

“I have experience of working with the issues of drugs and alcohol. But it wasn't covered on the course. In fact the course was much more theoretical than practical.”

“I have received very little formal support around alcohol and drug use within my course. Most of my experience and learning has [been] on the job, and previous placement within a homeless drop in centre.”

2. Lack of input and preparation for practice

The majority of additional comments related to the lack of training people received on their social work programme. These largely fell into two groups; one group commenting that input on substance use was completely missing while the second group stated they had had very little input and that it had not been sufficient preparation for the practice challenges that followed.

The comments also demonstrate the frustration and emotions raised for some people about the lack of training on this subject:

“Received no instruction on drugs/alcohol at university, was under-prepared for practicing in substance misuse setting, neglected area in current social work curriculum, does not focus enough on realities and challenges of front line practice.”

“Without relevant training how can newly qualified social workers be expected to understand/relate to difficulties faced by service users and their families....I am angry that I didn't receive any training during the 4 years I studied for BA”

“I didn't receive any education/training on alcohol/substance use directly from the university.”

“Not given any training/lectures in area of substance misuse whilst at uni, I didn't apply for position in this area as I felt uncomfortable to practice.”

Other people's responses suggested they had received some input but this was inadequate:

“Self directed study focused on case study for essay, related to substance misuse issues. I felt taught info didn't cover issues related to substance misuse in any depth...”

“...limited teaching on drug and alcohol issues. Proven to be a major factor in my current role and would be more confident with more knowledge.”

In addition to the comments made on the questionnaire a number of people wrote to the research team to express their concerns. One person wrote:

“I graduated last October with BA (Hons) Social Work. ...there was no element on the course that touched on alcohol or substance misuse, I was lucky enough to find my own final placement within the Assertive Outreach team, this gave me some opportunities to undertake some additional training. I work within the assessment team, Children and Families. The bulk of our work is domestic violence, this is more often than not either drug or alcohol related, we face challenges every day that we have minimal knowledge of and are ill equipped due to the lack of training in this field.”

3. Learning opportunities during course

Some people commented about the ways in which they learned about alcohol and drugs during their qualifying programmes. These were largely relating to placement opportunities in specialist settings or in settings in which drugs and alcohol were a factor for their service users and thus training was offered.

“On placement, was able to access some council training about drug and alcohol use, organised through my placement rather than university.”

“...uni training around drugs and alcohol more or less zero. Lucky to have placement in drug and alcohol rehab, learnt substantial amount.”

“I had a really good 60 day placement in a substance misuse care management team with a very experienced practice supervisor.”

“I was fortunate to have 80 day placement in drug-alcohol agency but I was one of only 3 students in final year to have this opportunity... Training at uni was very minimal and only ever ‘referred’ to as cause of problems, never fully explored/discussed...”

Some people were able to choose to do essays or dissertations on this subject which allowed them the opportunity for self-directed learning.

“There was very little mention of it in my course, I did more about it voluntarily as I chose to write an essay critiquing drug laws, I have experience of issues involved personally, but I wouldn’t say I gained any knowledge from the structure of the course.”

“Much of our learning is dependent on choice of topics for essays and [the] dissertation, if you have chosen to cover drug and/or alcohol those who choose to read widely will have a better

knowledge, eg. I discussed the effects of alcohol in relation to early onset dementia....”

“I’m aware of most methods of treatment, purely because I did one assignment on it, just because I researched it doesn’t necessarily make me competent in area...”

4. Good educational practice

The findings were not all critical. Some respondents chose to highlight good practice on their programmes although some of these were tempered with a request for more input on the subject.

“Lecturer was extremely knowledgeable, everyone benefited. Had placement at young people’s drug agency. More training is essential for social work students throughout the university programme.”

“University offered module re: substance misuse, I chose youth offending module – was more relevant, my interest/ambition. Would have benefited taking 2 modules but not on offer.”

“...we did have a substance misuse midwife give a teaching session and this was really good but not followed up in seminars.”

“It was discussed/taught often. Always a consideration. However remember [University] only takes [a small number] of students every year for SW training. Therefore loads of group discussions with tutors.”

Others chose to offer suggestions about what could or should be included on social work programmes.

“Training should be built upon over 3 years: 1st basics, values and why people use; 2nd, impact on families etc, 3rd – risk managing, assessment/treatment/talking about drug and alcohol use with clients. Drug and alcohol use and impact are so central to our work, should be revisited during each year of course, or made separate module.”

“It would be beneficial to have a service user to come into lectures or a visit to a rehab clinic to start to understand problems related to alcohol and substance misuse.”

“More info on motivational interviewing may be useful, not least because it may be used to address all kinds of behaviours which have an adverse impact.”

5. Post qualifying training

It was apparent from some of the responses that training on this subject was actively sought post qualifying. Whether this was as a result of their lack of input at qualifying level, and/or the realities of practice prompting them to seek out further training is not clear. However, some of the response reinforced the absence of qualifying training.

“Since qualifying I recognised this as an area of need, so did a day’s training on basic awareness of drugs and alcohol..”

“I have completed drug awareness and substance misuse training, which helped with the background. I have received a lot of advice and information from [Local Agency] about addiction which has informed my knowledge.”

“I need more training on types of intervention/treatment although my job involves signposting other specialist agencies. Currently find 12 step model preferred by many agencies, [but it does] not suit all. I would like to be able to recommend alternatives.”

Three people however felt that alcohol and drug knowledge was a topic that should be provided by the employer and that social work qualifying training should stick to the broad frameworks of law, policy and values that underpin social work practice.

Discussion

Limitations and Strengths

The response rate to the survey was very low at 8.5%. This was expected and is not unusual for a survey of this kind. In addition to the usual low response rate for questionnaires, the email list may also have been out of date, particularly given that in the move from being a student to working many people change email address. The actual response rate is probably considerably higher. Furthermore, the number returning questionnaires was comparatively large in absolute terms.

The key issue, however, is the extent to which the respondents are likely to be typical of newly qualified social workers. Insofar as they were not representative, there is a danger that this might distort the findings. It is possible that the sample were not typical of all newly qualified social workers in a variety of ways. There was a somewhat higher rate of response from Universities that the two researchers had recently left, though this accounted for a small number of additional responses and is therefore not an important factor. The most important considerations are likely to be whether:

- respondents who had unusually bad – or unusually good – experiences on their course in relation to substance use teaching were more likely to have returned questionnaires;
- respondents who found substance use issues to be particularly important in their work since qualifying were more likely to return questionnaires.

In relation to the former possibility, there are a couple of considerations that suggest this may not be a very important issue. Firstly, the similarity of the profile of the sample to that for all newly qualified social workers suggests no systematic bias related to the respondents' age or gender or the type of course that they completed. Secondly, if more extreme experiences made responses more likely one might have expected more responses from specific Universities at which students had particularly poor or particularly good teaching. This was not generally so. The responses came from 76 different Universities, and there was no pattern of those having poor ratings – or those having good ratings – having higher rates of response relative to the size of their student intake. The only exception was the University with the best overall rating, which had the second highest number of responses. There are therefore no grounds for believing that the sample was distorted by students with particularly good or bad experiences of substance use teaching. The nature of the Community Care articles might have been expected to have led to distortion of this type. However, in practice a very small number of responses came from this source, and they covered the range of different experiences.

A more real possibility is that respondents with high levels of substance use issues in their current caseloads were more likely to return the questionnaire. This is a possibility, though there are no particular grounds for believing this to be the case. In fact, the estimate for the proportion of cases affected by substance use issues appears broadly similar to that found in other research (Forrester and Harwin, 2006). On balance therefore, while there is the possibility of the sample being unrepresentative in various ways, there is no evidence that in fact it is.

A second issue is that self-rated preparedness is not actual preparedness; it is a measure of confidence rather than actual ability. It is possible, for instance, that greater knowledge in an area leads to greater awareness of the limitations of one's preparedness and thus lower self-rated preparedness. Thus sometimes evaluations of training find reduced self-rated knowledge after brief training on a topic (see Forrester et al., 2007). What the qualitative data demonstrated was that some survey respondents were clearly aware of their limitations and need to know more (conscious incompetence), while others believed they knew enough when their comments suggested that they did not (unconscious incompetence).

Furthermore, there is no objective standard against which "preparedness" can be measured. Considerations such as these should give us pause in evaluating the findings. However, overall it seems reasonable to expect some relationship between self-rated preparedness and actual level of preparedness. At the very least measuring confidence to practice seems important in its own right.

Thirdly, it is not possible to be sure how accurate the information provided is in specific areas. In particular, the estimates of proportions of clients with substance use issues, whether respondents asked clients about substance misuse or of the amount of training received may be inaccurate.

Fourthly, the low response rate meant that the average number of responses per University was 3, and for most Universities it was only one or two. This made it difficult to identify examples of good or poor practice, though three Universities had 4 or more returns and high average ratings. Statistical comparisons were impossible.

While these limitations need to be borne in mind in interpreting the results, the study has a number of important strengths that also need to be considered. First, the sample is large compared to other research on social work education. Second, the sample seems representative of newly qualified social workers in important respects. Third, it is the first research to explore the links between what is taught and "readiness to practice" in relation to substance use. Fourth, it is also unusual – and perhaps unique in the United Kingdom – in considering social workers across the full range of areas of practice. Finally, and perhaps most importantly, the key findings are clear and unambiguous. It is important to consider the representativeness of the sample, but there is no reason to believe that even a 100% return rate would change the key findings from the research. These appear so unequivocal that reasonable confidence can be placed on their accuracy.

Discussion of findings

This is the first British study to explore how ready newly qualified social workers felt to practice and their views on the training they had received in relation to substance use on their social work qualifying programme. It is also the first research to gather the views of newly qualified social workers from across the spectrum of areas of practice in relation to substance use. The results suggested that most respondents did not feel prepared for working with drug or alcohol use. Strikingly, when 9 areas of practice were compared respondents felt least prepared for working with drug and alcohol problems.

Other findings from the study have provided further information about why new workers felt unprepared for working with substance misuse. Most importantly, the bulk of social workers received little or no input on their social work qualifying programme, with nearly 70% receiving one day's input or less. Yet for most respondents – and in particular those working in child and family or mental health social work – they estimated high proportions of the service users they worked with had substance misuse problems. This suggests either that qualifying social work programmes have not fully accepted the need to deliver education on alcohol and drugs and its relevance to social work practice, or that they are incapable of delivering such input.

In 2002, the specialist health authority, the National Treatment Agency issued a document that detailed the different tiers of service for people with drug problems, *Models of Care for Treatment of Adult Drug Misusers*. It detailed which professionals were included in each tier and the types of treatment and intervention to be delivered at each level. This has since been updated (NTA 2006) and a similar model for people with alcohol problems has been developed (DH/NTA 2006). Social workers and other non substance specialist professionals in health and social care, fall into tier 1 services. According to these documents non-substance specialist social workers should be able to carry out a 'tier 1' intervention as follows:

For drugs:

- Drug treatment screening and assessment
- Referral to specialised drug treatment
- Drug advice and information
- Partnership or "shared care" working with specialised drug treatment services, to provide specific drug treatment interventions for drug misusers within the context of their generic services. Specific drug treatment liaison schemes may need to be commissioned to fully realise partnership work (NTA 2006: 20)

For alcohol:

- alcohol advice and information
- targeted screening and assessment for those drinking in excess of DH guidelines on sensible drinking and for those who may need alcohol treatment
- provision of simple brief interventions for hazardous and harmful drinkers
- referral of those requiring more than simple brief interventions for specialised alcohol treatment
- partnership or 'shared care' with specialised alcohol treatment services, eg. to provide specific alcohol treatment interventions within the context of their generic services (DH/NTA 2006: 20)

The survey responses showed that more than 60% of respondents did not feel adequately prepared to identify alcohol or drug problems or to identify immediate risks. Even fewer felt adequately prepared to discuss the types of intervention and support available or to work with specialist colleagues. These findings, suggesting that social workers did not feel capable of delivering "tier 1" interventions, were reinforced by the current training needs identified by respondents. Nearly three quarters of respondents said they wanted further training on assessing risks and two

thirds wanted further training on how to talk about alcohol or drug issues. Newly qualified social workers do not currently feel prepared to deliver the types of assessment that the Department of Health and NTA suggests they should.

The general lack of preparedness of newly qualified workers is of concern in its own right. However, it also has major implications for the training and skills development provided by employers. If newly qualified social workers are not prepared for working with substance use and misuse when they start their first job, then employers need to consider training in this area to be a priority. In this respect the findings in relation to health settings and in particular work with adult mental health were more encouraging than for work in local authorities and with children and families. For local authority workers with children and families there appeared to be little further input around substance use. For this group substance misuse was estimated to be present in most of their cases, yet they reported having received less than one day's training on their social work course and half had received no further training on the issue in their job. The findings demonstrate the need for employers – and particularly local authorities – to increase their training on this subject.

The findings in relation to current training needs show the desire for further information in relation to a range of basic knowledge around alcohol and drug use. While some of this could and should be addressed within qualifying programmes, these results provide helpful suggestions for PQ training providers, both university and employer-led, about what the content of that training could be. It also raises concerns about current practice given that talking about alcohol and drugs and risk assessment rate so highly on the list of current training needs.

It is also apparent from the qualitative data that many social workers were aware of their own, and their qualifying programmes, shortcomings in relation to working with alcohol and drug problems. Some had clearly identified this as an area of practice for which they would seek out further training and this is encouraging. Some had also identified examples of good practice or had suggestions on what would be helpful and these programmes and views can provide a foundation on which to build further evidence of what works.

Yet the most interesting finding is perhaps not how poorly prepared social workers felt that they were, it is that overcoming this lack of preparation did not appear to require intensive input. In this study, 3 was the “magic number”: social workers who received 3 or more days of training around substance misuse usually felt prepared for working with the issue. It cannot be concluded from this research that such input will necessarily produce competent practice, and nor can it be assumed that 3-days of poor quality training would prepare social workers. However, this does indicate that programmes identified as providing this comparatively small amount of input produced workers who felt able to deal with substance use and misuse in their practice post-qualification. This does not seem to be an unreasonable amount of time for social work qualifying programmes to spend on this topic, given the prevalence of substance problems among many service user groups.

Implications

The fact that so many social workers feel so poorly prepared for working with substance use issues, that so many of their clients experience difficulties related to

drug or alcohol use, and that social work courses tend to provide so little training on the issue, is inexcusable. The new social work degrees do not appear to be preparing social workers adequately for this fundamental aspect of current practice. This must lead to us to ask whether social work courses are producing social workers who capable of carrying out the job they are meant to do, given that for many of them substance misuse among their services users is so high.

Historically, discussions around the teaching of issues such as substance use on social work courses have wrestled with two related challenges. Firstly, to what extent should social work courses provide generic versus subject-specific training? Secondly, should qualifying rather than post-qualifying training cover issues such as substance use? There are important issues to consider within these inter-related debates, and they are worth examining briefly.

There are strong arguments against too much focus on subject-specific knowledge and skills within social work programmes. Social work can not and should not be taught as separate sessions in relation to each of the issues that social workers deal with. The list would be endless and professional training would be at risk of becoming fragmented and lacking in theoretical coherence. The danger is that each area of special interest – from poverty to disability; domestic violence to race – would require separate training. This is not a viable or desirable way of providing professional training.

Instead, it can be argued that social work qualifying training should prepare social workers with general knowledge, broad-based skills and values that apply across all settings. The new degree explicitly moved toward a more generic training, with a removal of the necessity for specialisation in the final year. There was consequently greater focus on post-qualifying training to address specialist input. As noted in the introduction, social work has a new post-qualifying framework with far more emphasis on training for specific settings. It could be argued that training in relation to substance misuse can be tailored to the needs of particular settings post-qualifying.

The main argument against this is that if social workers are not confident to work with substance use issues when they are so prevalent in their caseloads, then in important respects they are not being prepared for practice; if qualifying courses are not doing this, they are not fulfilling their role. It is akin to teaching medicine without becoming too bogged down in the specifics of different illnesses. A newly qualified Doctor does not need to know about every illness they may encounter; they do require a good knowledge not only of the workings of the body and illness in general but also of common illnesses they might encounter. A failure to prepare them for an issue that occurred in up to half of their patients would rightly be seen as an indictment of their training. So it is with social work training. If social workers are not prepared for working with substance misuse, they are not being properly trained for their profession in the early years of the 21st century.

Furthermore, while there are particular aspects of substance use and misuse that apply in particular settings, such as the link between substance misuse and mental illness or the risks of parental drinking or drug-taking for child welfare, there is basic information about substance use and misuse that applies across all settings. It is difficult to see a rationale for basic substance use information being best taught at a

post-qualifying level. Such basic information includes the nature of alcohol and drugs and their effects, models for understanding use and misuse, and key issues in talking to and assessing people in relation to substance use (all of which most respondents did not feel adequately prepared for). These do not differ across client groups. Understanding them provides the foundation upon which subject-specific specialist training can build, rather than specialist training in its own right.

Conclusion

This study set out to establish how prepared newly qualified social workers felt for working with substance use and misuse. The findings show that respondents felt inadequately prepared for practice in this area, were aware of this gap in their knowledge, felt frustrated at the lack of training they received on their social work qualifying programme, and could clearly identify their current training needs.

The serious shortfalls in social work education identified in the research suggest that radical action is needed. Limitations and shortcomings in the preparation of social workers for working with substance use and misuse have been identified for 30 years, and yet consistently they do not appear to have been addressed.

The research has implications for further research and practice development initiatives, the teaching of substance use on social work courses, placements for social work students, training provided by employers and others post-qualifying, and for Government policy and practice guidance. We make suggestions in each of these areas in the Recommendations section below.

The challenge will be transforming these findings and recommendations into a reality for social work education and practice. This risk is that they will be buried or ignored alongside previous attempts to change social work practice (CCETSW 1995). It is clear from both the survey and the qualitative responses that front line social workers are regularly facing the challenges substance use presents within their work without the knowledge to do so. It is therefore time for social work educators to face the same challenge and to hear the voices of social work students and professionals and to advocate, and implement, for change on their behalf.

Recommendations: An Agenda for Action

Research and practice development initiatives

1. Good practice within qualifying programmes needs to be identified and publicised. This would be a natural follow-on from the current research, which has identified some highly rated programmes.
2. Research that sought the views of current practitioners would more clearly identify knowledge gaps firmly located in front line practice across and within specialist areas of social work practice.
3. The development of resources tailored to social work education is necessary to support social work programmes seeking to improve their input on alcohol and drugs. The development, implementation and evaluation of such resources could provide a practical toolkit and evidence of effectiveness to support wider dissemination.
4. Research on what input programmes provide (perhaps replicating Harrison's work from the early 1990s) and auditing the ability of social work staff to provide it would help clarify the reasons for the gaps in social work education.
5. "Training the trainers" events for social work educators might be necessary, given the comparative lack of social work academics with a background in substance use services.

The agenda for Universities

6. Individual Universities should review whether the qualifying and the post-qualifying courses that they are providing prepare social work students adequately for working with substance use issues;
7. The importance of quality placements in substance use settings as a learning experience for social work students needs to be recognised and encouraged within local and regional practice partnerships.

The agenda for Employers

8. Employers cannot assume that newly qualified workers are adequately prepared for working with substance use. They therefore need to ensure that sufficient training is provided for new workers to provide basic competence and confidence in this area.
9. Through their close relationships with Universities employers have the potential both to stress the importance of training in this area and to work in partnership to deliver such training, for instance by providing suitably qualified and experienced practitioners to deliver elements of the training.

The agenda for Government

10. Government needs to give serious consideration to how to support and encourage social work education at qualifying and post-qualifying levels to address substance use and misuse. It is likely to be necessary to specify it as a necessary component of social work education if the Department of Health guidelines are to be met.
11. Recognition of the social worker's front line role in identifying substance use, providing brief interventions and referral to specialists, needs to be reflected in policy documents relating to drugs and alcohol.
12. The policy frameworks that inform social work education and practice also need to recognise alcohol and drugs within the range of specialist areas of social work practice. While current political emphasis is on families and children, social workers specialise in a number of other areas and therefore there is a danger that their needs relating to substance use knowledge may be overlooked.

Appendix 1

Social work and substance use questionnaire (Please delete or type responses as appropriate)

Note to participants: The information in this questionnaire is for research purposes only and will be used to inform the social work training agenda through the dissemination of the findings. Completion and return of this questionnaire will indicate your consent to take part. The information you provide is anonymous and therefore none of your responses can be attributed to you. However if you are prepared to talk to the researchers further please complete the personal details section at the end of the questionnaire. Thank you for your time.

A. Information on you, your social work course and your current work

1. Age:
2. Sex: Male Female
3. Ethnicity: White Mixed Asian Black Chinese
 Other.....
4. At which university or HE institution did you take your social work qualification
5. At which academic level was your qualifying training: MA BA Other (please state)
6. Was your course full or part time: Full time Part time
7. In what year did you complete your social work qualification degree?
8. Are you currently employed as a social worker: Yes No
9. If yes, in which main specialist area of practice are you currently employed

Specialist area of practice	Enter 'X' as appropriate	Specialist area of practice	Enter 'X' as appropriate
Older people		Children and families	
Mental health		Domestic abuse	
Learning disabilities		Physical disabilities	
Other (please state)			

10. In which organisational context are you based:
LA – Social Services LA – Education Health/Hospital Voluntary sector
Probation Other (please state)...
11. If you are not employed as a social worker, what is your current job/employment

B. Preparation for social work practice

12. At the end of your qualifying training, how prepared did you feel to work with people with:

	Very well prepared	Well prepared	Adequately prepared	Not well prepared	Poorly/not prepared
Mental health issues					
Learning difficulties					
Physical disabilities					
Domestic abuse					
Alcohol problems					
Older people					
Children and families					
Young people/ adolescents					
Drug problems					

We would like to know more about what type of input you received in relation to **drugs or alcohol**.

13. Prior to your course, have you worked in an alcohol or drug agency? Yes No

14. How well do you feel your programme prepared you for practice in relation to the following:

	Very well prepared	Well prepared	Adequately prepared	Not well prepared	Poorly/not prepared
Alcohol and its effects					
Identifying problematic alcohol use					
Drugs and their effects					
Identifying problematic drug use					
Attitudes and values relating to substance use and problems					
Reasons people use and misuse					
How to talk about drug or alcohol issues					
How to assess risk relating to drug or alcohol issues					
Impact on physical health					
Impact on mental health					
Impact on children and families and parenting					
Types of intervention/ treatment available					
Substance use and issues of ethnicity and culture					
Gender differences					
Working with specialist sub. use colleagues/referrals to					

15. How important were the following approaches to learning in preparing you for working with drug and/or alcohol issues:

	Very important	Important	Somewhat important	Not important	Not used at all
Lectures					
Interactive learning eg. small group exercises, role plays					
Self-directed learning in groups					
External lecturers/ visiting practitioners					
Learning on placement/placement opportunities					
Practice assessor's knowledge					
Reading on the subject					
Assignments completed by you					
Informal discussion with peers					
Large group discussion					
Specialist module on substance use					

16. How many days training did you receive on alcohol and drug issues on your qualifying programme (½ day = 3-4hrs) :

None ½ day 1 day 2 3 4 5 6 or more (please state)

C. Alcohol and drug training since qualifying

17. Since qualifying have you had any further training on alcohol or drugs? Yes No

18. If yes, who arranged the training? Employer Self Other (please give brief details)

19. How many days of training did this involve (½ day = 3-4hrs) :

None ½ day 1 day 2 3 4 5 6 or more (please state)

20. In your current post, do you routinely ask people about alcohol or drug use, (ie as part the assessment or intake processes)?

Yes No

21. What percentage of your service users do you *estimate* have alcohol or drug problems or are affected by other people's substance use (please insert figure or highlight 'not applicable'):

Approx. % Not applicable

22. What do you consider your current training needs in relation to alcohol and drug issues?

Topic	Enter 'X' for all that apply	Topic	Enter 'X' for all that apply
Alcohol and its effects		Impact on physical health	
Identifying problematic alcohol use		Impact on mental health	
Drugs and their effects		Impact on children and families and parenting	
Identifying problematic drug use		How to assess risk relating to drug or alcohol issues	
Attitudes and values relating to substance use and problems		Types of intervention/ treatment available	
Reasons people use and misuse		Substance use and issues of ethnicity and culture	
How to talk about drug or alcohol issues		Gender differences	
Working with specialist sub. use colleagues/referrals to		Other (please state)	

Final note to participants: If would like to add anything further, either about taking part in the research or you would like to provide additional information relevant to the answers you have provided/questions you've been asked, please do so in the space below:

Thank you for agreeing to take part in this research. We appreciate your time and openness as well as your willingness to share your training experiences with us. Please save your completed questionnaire and email as an attachment to subuse.survey@warwick.ac.uk. Thank you.

Sarah Galvani and Donald Forrester

February 2008

If you would be prepared to talk to someone further about this topic please provide your contact details below (NB. The reporting of your questionnaire responses will still be anonymous and the information below used for follow up to this research only).

Name:

Telephone:

Email:

Appendix 2

Substance misuse training should be mandatory for social workers

Posted: 05 March 2008 | [Subscribe Online](#)

writes **Caroline Lovell**

The government's 10-year drug strategy does not give social workers the skills to work effectively with families affected by substance misuse, a leading social work academic has said.

Sarah Galvani, associate professor at the University of Warwick, called for drug and alcohol training to be a mandatory part of all social work degree courses, along with post-qualifying training tailored to practice areas.



The strategy, launched last week, promised to place a greater priority on children and families affected by substance misuse, including through increased support for kinship carers taking responsibility for the children of substance misusing relatives (see **Key points**).

However, Galvani criticised the strategy for placing responsibility on "local areas" to ensure staff are appropriately skilled.

"The danger is that changes made at a local level will last only so long - usually while it is a politically hot topic," she said.

Galvani urged the government to recognise the gaps in substance misuse training and to work with social work organisations to "plug" them, to prevent "poor and inconsistent practice" from continuing.

[General Social Care Council](#) chief executive Mike Wardle said: "Training for social workers to deal with substance abuse is very important. The GSCC does not prescribe the content of the social work degree but course providers are required to prepare students against the National Occupational Standards for social work."

Sarah Galvani is researching the adequacy of substance misuse training for social workers and wants to hear from those qualifying in 2006 and 2007. Email subuse.survey@warwick.ac.uk

This article appeared in the 6 March issue under the headline "Drug strategy 'fails to plug gap' in social work training"

News

You are in: [Home](#) > [News](#)

Survey into drug and alcohol training under way

Posted: 22 February 2008 | [Subscribe Online](#)

writes Maria Ahmed

Social workers who qualified in 2006 or 2007 are being invited to take part in a survey on drug and alcohol training.

[Dr Sarah Galvani at Warwick University](#) is looking at whether existing training is adequate and believes social workers need better support to work with substance misusers.

Research by Galvani last year suggested training was inconsistent across social work degree courses.

To take part e-mail: subuse.survey@warwick.ac.uk.

More information

[Social work, alcohol and drugs](#)

Related articles

[Social work training needs to include substance misuse](#)

[Essential information on substance misuse](#)

References

- Adams, P. (1999) 'Towards a Family Support Approach with Drug-Using Parents: The Importance of Social Worker Attitudes and Knowledge.' *Child Abuse Review*, vol. 8, pp.15-28
- Bannerjee, S., Clancy, C. & Crome, I. (2002) *Co-existing Problems of Mental Disorder and Substance Misuse (Dual Diagnosis)*. London: The Royal College of Psychiatrist's Research Unit.
- Barber, J. (1995) 'Working with Resistant Drug Abusers.' *Social Work*, vol. 40, no.1, pp.17-23
- Bear, Z., Griffiths, R. and Pearson, B. (2000) *Childhood Sexual Abuse and Substance Use*. London: The Centre for Research on Drugs and Health Behaviour
- Billingham, J. (1999) 'Substance misuse education in social work practice.' *Journal of Substance Use*, vol. 4, pp.76-81
- British Association of Social Workers (1995) *Social Work and Drugs: an area of neglect. Policy and Practice Guidelines*. Report from the BASW Project Group on Social Work and Drugs. Birmingham: BASW
- British Medical Association (2006) *Child and adolescent mental health: a guide for health care professionals*. London: BMA
- Central Council for Education and Training in Social Work (1992) *Substance Misuse: Guidance Notes for the Diploma in Social Work*. London: CCETSW
- Chalder, M. Elgar F.J. and Bennett, P. (2006) Drinking and motivations to drink among adolescent children of parents with alcohol problems, *Alcohol and Alcoholism*. **41**, pp. 107–113.
- Clark, A.H. and Foy, D.W. (2000) 'Trauma Exposure and Alcohol Use in Battered Women.' *Violence against Women*. 6 (1), 37-48
- Corbin, W.R., Bernat, J.A., Calhoun, K.S., McNair, L.D. and Seals, K.L. (2001) 'The Role of Alcohol Expectancies and Alcohol Consumption Among Sexually Victimized and Nonvictimized College Women.' *Journal of Interpersonal Violence*. 16 (4), 297-311
- Corby, B. and Millar, M. (1998) 'Counselling Women with Alcohol Problems – An Outreach Service with Lessons for Social Work Education.' *Issues in Social Work Education*, vol. 18, no. 1, pp.47-59
- Davies, J.B., Duncan, K. and Coggans, N. (1995) *Community Care Plans for People with Drug and Alcohol Problems: Assessment of Impact*. Scotland: HMSO
- Department of Health (2002) *Mental Health Policy Implementation Guide. Dual Diagnosis Good Practice Guide*. London: Department of Health.

Department of Health and National Treatment Agency (2006) *Models of Care for Alcohol Misusers*. London: NTA

DeWit, D.J., Adlaf, E.M., Offord, D.R. and Ogborne, A.C. (2000) 'Age at First Alcohol Use: A Risk Factor for the Development of Alcohol Disorders.' *American Journal of Psychiatry*, 157, 745-750,

Dillon, L., Chivite-Matthews, N., Grewal, I., Brown, R., Webster, S., Weddell, E., Brown, G. and Smith, N. (2007) *Risk, protective factors and resilience to drug use: identifying resilient young people and learning from their experiences*. Home Office Online Report 04/07. Available at: <http://www.homeoffice.gov.uk/rds/pdfs07/rdsolr0407.pdf> (Accessed 6.3.07)

Downs, W.R., Capshew, T. and Rindels, B. (2004) 'Relationships between adult women's alcohol problems and their childhood experiences of parental violence and psychological aggression.' *Journal of Studies on Alcohol*. 65 (3), 336-344

Downs, W.R., Miller, B.A. and Panek, D.E. (1993) 'Differential patterns of partner-to-woman violence: A comparison of samples of community, alcohol-abusing, and battered women.' *Journal of Family Violence*. 8 (2), 113-135

Flick, U. (1998) *An Introduction to Qualitative Research*. London: Sage

Foster, J.H., Marshall, E.J. and Peters, T.J. (2003) 'Non-NHS Residential Alcohol Resources are Allocated in an Inconsistent Manner: some preliminary data.' *Drugs: education, prevention, policy*, vol. 10, no. 3, pp.271-279

Forrester, D. (2000) 'Parental Substance Misuse and Child Protection in a British Sample.' *Child Abuse Review*, vol. 9, pp. 235-246

Forrester, D. and Harwin, J. (2006) 'Parental substance misuse and child care social work: findings from the first stage of a study of 100 families.' *Child and Family Social Work*, 11, 325-335

Forrester, D, McCambridge, J., Waissbein, C., Emlyn-Jones, R. and Rollnick, S. (2007) Child risk and parental resistance: the impact of training social workers motivational interviewing, *British Journal of Social Work*, Advance Access published on February 7, 2007. doi:10.1093/bjsw/bcl394

Frisher, M., Crome, I., Macleod, J., Bloor, R. and Hickman, M. (2007) *Predictive factors for illicit drug use among young people: a literature review*. Home Office Online Report 05/07. Available at: <http://www.homeoffice.gov.uk/rds/pdfs07/rdsolr0507.pdf> (Accessed 6.3.07)

Galaif, E.R., Stein, J.A., Newcomb, M.D. and Bernstein, D.P. (2001) 'Gender Differences in the Prediction of Problem Alcohol Use in Adulthood: Exploring the Influence of Family Factors and Childhood Maltreatment.' *Journal of Studies on Alcohol*. 62 (4), 486-493

Galvani, S. (2006) 'Alcohol and Domestic Violence: Women's views'. *Violence*

against Women. 12 (7), 641-662

Galvani, S. (2007) 'Refusing to listen: are we failing the needs of people with alcohol and drug problems?' *Social Work Education*, 27 (7) 697-707

Gassman, R.A., Demone, H.W. and Albilal, R. (2001) 'Alcohol and other drug content in core courses: encouraging substance abuse assessment.' *Journal of Social Work Education*, vol. 37, no. 1, pp. 137-145

General Social Care Council (2005) *Specialist standards and requirements for post-qualifying programmes. Children and young people, their families and carers*. London: GSCC

General Social Care Council (2006) *Specialist standards and requirements for post-qualifying social work education and training. Social work in mental health services*. London: GSCC

General Social Care Council (2007) *Data Pack 2006-2007. Social Work Education and Training Statistics*. London: GSCC

General Social Care Council (2008) Personal communication with Brian Wakeham regarding number of social workers who qualified in academic years ending 2006 and 2007. 29th October 2008

General Social Care Council (undated) *Specialist standards and requirements for post-qualifying social work education and training. Social work with adults*. London: GSCC

Guy, P. and Harrison, L. (2003). Evidence-based social work with people who have substance problems. In *Making links across specialisms*. eds. J. Howarth and S.M. Shardlow. Lyme Regis, Dorset: Russell House Publishing.

Harrison, L. (1992) 'Substance misuse and social work qualifying training in the British Isles: a survey of CQSW courses.' *British Journal of Addiction*, vol. 87, pp. 635-642

Hartley, D.J., Marquart, J.W., Mullings, J.L. (2004) 'Exploring the relationship between alcohol use, childhood maltreatment, and treatment needs among female prisoners.' *Substance Use and Misuse*. 39 (2), 277-305

Harwin, J. and Forrester, D. (2002). *Parental substance misuse and child welfare: A study of social work with families in which parents misuse drugs or alcohol*. First stage report for the Nuffield Foundation. (unpublished).

Kent, R. (1995) *Alcohol Interventions: Education and Training for CCETSW's Post Qualifying and Advanced Awards in Social Work. Guidelines for Social Workers, Employers and Training Programmes*. London: CCETSW

Kuendig, H. and Kuntsche, E. (2006) 'Family bonding and adolescent alcohol use: moderating effect of living with excessive drinking parents.' *Alcohol and Alcoholism*.

41, 464–471.

Lader, D. and Goddard, E. (2006) *Drinking: adults' behaviour and knowledge in 2006*. A report on research using the ONS Omnibus Survey produced by the Office for National Statistics on behalf of the Information Centre for Health and Social Care. London: ONS

Lawson, A. (1994) 'Identification of and Responses to Problem Drinking Amongst Social Services Users.' *British Journal of Social Work*, vol. 24, pp.325-342

McCarthy, T. and Galvani, S. (2004) 'SCARS: a new model for social work with substance users.' *Practice*, vol.16, no. 2, pp.85-97.

Miller, S.L. (2001) 'The Paradox of Women Arrested for Domestic Violence.' *Violence Against Women*. 7 (12), 1339-1376

Miller, B.A., Wilsnack, S.C. and Cunradi, C.B. (2000) 'Family Violence and Victimization: Treatment Issues for Women with Alcohol Problems.' *Alcoholism: Clinical and Experimental Research*. 24 (8), 1287-1297

National Treatment Agency (2006) *Models of Care for Treatment of Adult Drug Misusers: Update 2006*. London: NTA

Rhodes, R. and Johnson, A.D. (1996) 'Social Work and Substance Abuse Treatment: A Challenge for the Profession.' *Families in Society: The Journal of Contemporary Human Services*, vol. 77, no. 3, pp.182-185

Rhodes, T., Lilly, R., Fernandez, C., Giorgino, E., Kemmesis, U.E., Ossebaard, H.C., Lalam, N., Faasen, I. and Spannow, K.E. (2003) Risk Factors Associated with Drug Use: The Importance of 'Risk Environment'. *Drugs: Education, Prevention and Policy* 10 (4), 303–329

Scottish Education Department Social Work Services Group (1988) *Practice guidance: towards effective practise with problem drinkers.* Scotland: SWSG

Shaw, S., Cartwright, A., Spratley, T. and Harwin, J. (1978) *Responding to Drinking Problems*. Beckenham, Kent: Croom Helm

Strauss, A.L. (1987) *Qualitative Analysis for Social Scientists*. Cambridge: Cambridge University Press

Tober, G. and Somerton, J. (2002) 'The Search for Evidence-Based Addiction Practice in the United Kingdom.' *Journal of Social Work Practice in the Addictions*, vol. 2, no. 2, pp.3-13

TOPSS (2002) *The National Occupational Standards for Social Work*. London: TOPSS

