

Substance Use In Social Work Education: A National Survey Of Social Work Qualifying Programmes In England

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Key findings

- There is no consistent approach to delivering alcohol and other drug (AOD) education to social workers in their qualifying training
- Integrating AOD teaching into other modules is by far the most common approach adopted; however, what is being taught, and in what depth, is unclear. Far fewer substance-related topics were covered in integrated teaching than in the specialist AOD modules or sessions.
- Gender and ethnic differences, prescribed drug use and identifying problematic drug use were the topics least covered across all delivery structures
- The priority given to AOD teaching was considered to be too low by almost three quarters of the respondents. No respondents thought it was too high.
- There needs to be closer monitoring of qualifying course content at a local and national level to ensure that all social workers receive at least a basic education on alcohol and other drugs.

Research team

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Background

This survey sought to determine the extent to which qualifying social work programmes (QSWP) in England include education on alcohol and other drugs (AOD). Social workers report having little or no substance use education during their qualifying training (Galvani et al. 2011). While parental substance use has attracted some political attention in recent years, increasingly social workers from adults' as well as children's social care report increasing levels of substance use among their service user groups. Historically, however, social work has not engaged with the topic of substance use as part of its professional remit nor educated its qualifying social workers to identify, assess or offer any type of substance use intervention, however brief.

There has only been one previous survey of AOD input on qualifying social work education in the UK. This was conducted by Larry Harrison in 1989 (Harrison 1992). Since then the number of social work programmes has almost doubled while the number of Higher Education Institutions (HEIs) have remained stable. Further, a "Special Health Authority", the National Treatment Agency for Substance Misuse, was established in 2001 to "improve the availability, capacity and effectiveness of drug treatment in England" (NTA 2013). Its workforce development remit focused on the specialist substance use workforce only. There have also been two major restructures of qualifying social work education during this time with a further restructure underway at the time of this survey.

The current review of social work education and practice provided an opportune time to reflect on the nature and extent of substance use education on the qualifying social work curricula in the past and to establish any planned changes in the future.

Given the large number of courses in England running QSWPs, the use of an online survey tool was decided to be the most appropriate. Online surveys offer a low cost approach to survey design and data collection as well as allowing for dissemination of the survey link via email; a medium that is well used and well suited to reaching academics directly. An online survey tool using specialist software Qualtrics, (<https://www.qualtrics.com/>) was designed, piloted and revised before being sent to all course leads of QSWPs in England via email. Reminder emails were sent directly to course leads as well as indirectly through other professional networks such as the Association of Professors of Social Work.

Findings

Forty percent of qualifying social work programmes in England (n=63/157) responded to the survey. Of these, 94% of respondents (n=59/63) reported some teaching on alcohol and other drugs (AODs) on their social work qualifying programmes. The key findings were as follows:

There is no consistent approach to delivering AOD education to social workers in their qualifying training. Some QSWPs run specialist modules or sessions on working with substance use, others integrate substance use teaching into other modules on the qualifying social work curricula.

Integrating AOD teaching into other modules is by far the most common approach adopted, however, what is being taught, and in what depth, is unclear. Where AOD education was integrated into other modules, far fewer substance-related topics were covered than in the specialist modules or sessions.

In terms of integrated teaching, respondents reported that modules focussing on children and families, mental health, working with people/service users, working with adults, and assessment/risk were most likely to include AOD topics. Again numbers of respondents providing such detail were limited.

There were few QSWPs in England running specialist modules on substance use (n=13) and a higher number of specialist substance use sessions (n=53). However, all but two QSWPs with specialist modules or sessions also integrated AOD into other modules and teaching. This suggests a greater engagement with substance use across the whole programme.

In relation to the amount of taught hours students received, on average students taking specialist substance use 'modules' received 20 hours of AOD education; for those taking specialist substance use 'sessions' the average was four hours only.

In reviewing the topics covered in the AOD education, topics in the broad areas of the impact of substances on health, values around substance use, and risk assessment, were most commonly included in AOD teaching regardless of delivery structure.

Gender and ethnic differences, prescribed drug use and identifying problematic drug use were least covered across all delivery structures.

There was a concerning degree of mismatch between the reported topic coverage in a significant minority of specialist modules and half of all specialist sessions compared with the hours of teaching on the subject. In other words, respondents reported high levels of topic coverage but in few teaching hours. This suggests minimal coverage or inaccurate reporting.

It was not possible to establish the quality of AOD education being delivered. Future qualitative or mixed



methods research needs to explore the quality of what is being taught and the impact on the students' learning and practice.

Few respondents formally assessed student learning on AOD use. If formal assessment is an indicator of the importance given to a particular topic, this finding suggests a lack of importance assigned to AOD education.

Placement Learning Opportunities (PLOs) provided another source of AOD education and a small number of respondents identified a number of PLOs in alcohol and drug agencies were available annually to their students. Other respondents did not know what PLOs were available or did not answer the question.

The priority given to AOD teaching was considered to be too low by almost three quarters of the respondents. No respondents thought it was too high. This is a positive finding in terms of recognition by social work academics that more needs to be done in relation to substance use education. However additional qualitative comments at the end of the survey suggest this recognition is tempered by concerns over space in the curriculum and resources to deliver it.

Implications

1. All social work qualifying courses need to include AOD education. The current social work reforms offer the opportunity to do so. Guidance is available and does not require additional funding or in-house expertise.
2. QSWPs need to establish basic AOD education that cuts across all service user groups and is a core part of qualifying education, with additional training in elective specialist pathways.
3. As a basic requirement, social workers need to know the effects of substances, how to talk about substance use with a range of service users and how to work with, and refer on to, specialist services. Knowing the impact of substance use is helpful but knowing what to do about it is more so – particularly for the service user.
4. There are a range of delivery structures available for substance use education – one size does not fit all. However quality not quantity is important; breadth of topic coverage needs to be balanced with the depth and quality of learning experience.
5. QSWPs should give consideration to recruiting future social work academics with a background, expertise, or interest in substance use.
6. There needs to be closer monitoring of qualifying course content at a local and national level in order for colleagues to fill gaps and avoid duplication. The current systems provide an unwieldy framework in which academics have very little idea about what is taught in each others' modules.

Conclusion

This research set out to determine the nature and extent of substance use education within qualifying social work programmes in England. Of the 40% of social work programmes that responded, it is heartening that nearly all of them stated that substance use education featured within their programmes. It is possible that the same applies for the 60% who did not respond but given previous evidence from social workers (Galvani et al. 2011), there remain a high number of programmes that do not include substance use

education at all. However the initial euphoria was short lived. Of those who responded, few ran specialist modules or units in substance use with the majority integrating substance use education into other teaching modules or running a combination of specialist teaching sessions and integrated teaching.

While it could be argued that something is better than nothing, further analysis showed that topic coverage is extremely limited on the integrated teaching route and the depth and quality of the substance use content is called into question. There was very little formal assessment and the majority of respondents felt that substance education was too limited currently. Importantly many respondents (course leaders) had little knowledge of exactly what was being covered and by whom. On a wider level this raises concerns about an education system that is unable to monitor what is actually being taught within its programmes.

Current social work education and reform offers the opportunity for change although mandating course content has been ruled out by the College of Social Work (McNicholl 2013). However as alcohol and other drug problems was identified by the Social Work Task Force as one of the reasons people may need a social worker (SWTF 2009), it is hopeful that in future social work education may prepare its practitioners appropriately for working with the substance use issues their service users present with. Further, as Health and Wellbeing Boards bring health and social care closer together structurally, there is an opportunity for in-house and post qualifying social work education to pick up where qualifying education leaves off and support its social workers to provide the informed service its service users deserve.

Further Information

This project is one strand of a three-strand project on the topic of substance use in social work education, training and practice. The full report Building Capacity, Bridging Gaps – Substance Use in Social Work Education, Training and Employment is available on the Alcohol Research UK website and at www.beds.ac.uk/goldbergcentre/resources.

Further information relating to social work qualifying curriculum development can be found in the following guidance documents:

Galvani, S. (2012) Curriculum Guide: Substance Use, London, The College of Social Work, available online at www.collegeofsocialwork.org/uploadedFiles/TheCollege/Media_centre/Curriculum%20Guide_Substance_17July2012_proofed.pdf.

Galvani, S. and Forrester, D. (2009) Social Work and Substance Use: Teaching the Basics

The following series of curriculum guidance documents published by SWAP are available online at http://www.swapbox.ac.uk/view/keywords/substance_use.html:

- Galvani, S. (2009a) Learning and teaching digest: integrating substance use teaching into the social work curriculum.
- Galvani, S. (2009b) Helpsheet: involving alcohol and other drug specialists in social work education.
- Galvani, S. (2009c) Information sheet: domestic violence and substance use in the social work cur-

riculum.

- Galvani, S. (2009d) Information sheet: Key resources for teaching substance use.
- Galvani, S. (2009e) Case studies: teaching substance use in social work education.

References

Galvani, S., Dance, C. & Hutchinson, A. (2011). From the front line: alcohol, drugs and social care practice. A national study. University of Bedfordshire: Luton.

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

McNicholl, A. (2013) 'Social workers need compulsory substance misuse training, say experts.' Available online at: <http://www.communitycare.co.uk/articles/27/02/2013/118960/social-workers-need-compulsory-substance-misuse-training-say.htm> [accessed 25 March 2013]

NTA (National Treatment Agency for Substance Misuse) (2013) 'About us.' Available online at: <http://www.nta.nhs.uk/about.aspx> [accessed 25th March 2013]

Social Work Task Force (2009) Building a safe, confident future. The final report of the Social Work Task Force. Available online at: <https://www.education.gov.uk/publications/eOrderingDownload/01114-2009DOM-EN.pdf> [accessed 25 March 2013]

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