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Alcohol And Other Drugs In Social Work Practice: Identifying The Extent Of Employment-Based Training In Children's And Adults' Services In England

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Key findings

- Most social care workforce and learning development departments provide access to AOD training, however most courses are not mandatory.
- More training was aimed at social care professionals in Children's Social Care than in Adults' Social Care.
- While social workers may be confident in many areas of their work, research has indicated that they are less confident about their work in relation to AOD use.
- Ensuring that social care professionals receive training in AOD use is a crucial step towards supporting them to provide an effective service to service users with problematic AOD use and to address the gap left by qualifying social work programmes.

Research team

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Background

The aim of this study was to explore the nature and extent of employer-based training on alcohol and other drugs (AOD) provided to social workers and social care practitioners in Children's (CS) and Adults' (AS) social care services in England. It forms one strand of a larger piece of work "Building capacity and bridging the gaps: Alcohol and other drugs in social care practice, education and employment-based training".

Local Authority Workforce/Learning Development (WLD) departments play a vital role in preparing social care professionals to work effectively with service users (Skills for Care 2010, Social Work Task Force 2009). Employment-based training is critical for ensuring high quality care across the social care sector and for underpinning modifications to practice. Further it develops the capacity of the workforce to respond to changes in values, methods and roles (Clark 2001, Manthorpe et al. 2010, Tilley et al. 2000). It is the employers' responsibility to establish the conditions in which well-trained professionals can effectively carry out their duties and functions as well as support continuing professional development (CPD). Recent research carried out with 646 front-line social workers and social care staff reported that almost one third (32%) had not received any in-house training on substance use1, just over half (51%) had received two days or less, while only 6% had more than three days' in-house training in the course of their social care career (Galvani et al. 2011). The over-arching aim of this study, therefore, was to obtain an employer-perspective on the amount, nature and type of training on AOD provided to social care professionals working in CS and AS in England and explore how such training is developed. Such knowledge can then be used to identify both best practice and barriers to training, and guide recommendations to strengthen this area of training in the future.

A confidential online survey was disseminated to WLD contacts in 203 training departments across 1432/152

Local Authorities in England. Final response rates included 80/143 Local Authorities (56%) and 94/203 WLD departments (46%). The survey included closed and open questions about the WLD department and LA, and details of their AOD training courses such as level, frequency, length, provider, mode and target audiences. It explored the process of developing AOD-related courses, such as the materials accessed, and asked respondents to reflect on barriers and solutions to the provision of AOD-related training.

Findings

The extent of AOD training

In the past year (2011-2012), alcohol and other drugs (AOD) training was provided by 77 WLD departments (83%); on average, 4.56 courses per WLD department.

However, almost one fifth (n=16, 18%) of WLD departments had not delivered any AOD training in the past year.

Seventy-five per cent of those who reported that they provided training on AODs additionally facilitated access to other AOD training or opportunities.

Of the 16 departments who had not delivered training, 11 (73%) facilitated access to other training.

AOD training was mandatory in less than one-quarter of WLD departments.

The development of AOD training

Just over one quarter of WLD departments (28%) said there was a dedicated training strategy or a series of programmes on working with substance use for social care practitioners; slightly more reported awareness of policies and practice guidelines for working with AOD concerns (40%).

Almost 60% of WLD departments said they provided tools or resources for assessing and identifying substance use to support social care professionals in their work.

Representatives from Drug and Alcohol Action Teams (DAATs) and Local Safeguarding Children Boards (LSCBs) alongside social care practitioners were identified as being most commonly involved in the development of AOD training , with only a few reporting the involvement of service users or a strategic lead in substance use.

Characteristics of AOD training

More training was aimed at social care professionals in CS than in AS.

Social workers were the target of more training than other social care practitioners.

Most AOD courses were considered basic (n=83, 50%) or intermediate (n=68, 41%); the average course lasted just over 6 hours; and over half of courses (58%) were offered at least once a year.

Over three-quarters (75%) of AOD training courses were externally commissioned (n=64, 39%) or provided jointly with others (n=59, 36%), with the remainder provided via in- house social care trainers (n=36, 22%) or some other way (n=5, 3%).

Half (n=82, 50%) of all AOD training courses delivered training on all substances, including prescription

medications and poly-substance use; a small number of courses focussed solely on alcohol alone, or on drugs alone.

Most common topics covered in training were alcohol and its effects, illegal drugs and their effects, identifying problematic alcohol use, treatments and interventions available and impact on physical and mental health.

Least common topics were related to gender, ethnicity and culture, and substance use theory.

Changes, impacts and challenges to AOD training

Most WLD departments report that AOD training levels remained stable from the previous year and anticipated no changes in the following year; a small number had experienced consistent decreases in training and a small number had seen consistent increases in training.

A common barrier to provision was lack of resources; both financial and non-monetary such as the availability of experienced and knowledgeable trainers.

Respondents reported that high workloads and limited 'release time' to attend training were also common barriers.

A small number of respondents said that competing priorities for training, a lack of strategic direction and on-going restructuring processes all constituted barriers to AOD provision.

Resources, both financial and non-monetary, were identified as key support required to provide more AOD training.

Implications for Local Authority WLD departments

This study indicated that, while the provision of direct training on AOD is common, it does not constitute a significant priority within Local Authorities and WLD departments. This area of employment-based training clearly needs to be given greater attention.

Strand 1 of this study revealed social workers' low levels of confidence in asking their service users about substance use. Strand 2 highlighted the gaps in social work education around this area. It is therefore important that WLD departments should increase their training focus on this key area of practice to improve the confidence of social work staff and better support service users with AOD problems.

In light of the findings which show a high level of external and joint training with other colleagues in, for example, health, WLD training departments should work closely with providers on the content of AOD training. It is important to ensure that consideration is given not only to the implications of AOD use on health and for safeguarding, but also to other dimensions such as complexities associated with substance use in ethnic minority groups or on practical skills such as how to talk about substance use, how to assess levels of risk and how to support behaviour changes.

AOD training should be given higher priority for professionals in AS who are currently receiving the lowest amount of input on AOD use; the combined findings from previous research, from Strands 1 and 2, as well

as input from the Knowledge Exchange delegates suggest that professionals in AS need more training, particularly on legal issues around substance use, mental capacity and how to talk to adults about their substance use.

Greater strategic direction on AOD training is needed through the development of specific training strategies, with clear input from social care professionals and managers. It may be appropriate to incorporate such a strategy within other strategies such as safeguarding, mental well-being or life style choices, however if this is the case attention to substance use needs to be explicit and coherent.

Greater support of CPD by social care managers could be achieved through ensuring there is adequate release time for social care practitioners to attend courses which would strengthen their practice. Alternatively CPD on substance use could be fulfilled through more creative and practice-based means such as access to a dedicated substance use specialist advisor, action learning sets with a skilled facilitator or short term secondments.

Dissemination of AOD training needs could be improved through a greater commitment and contribution by managers skilled in AOD in the development of AOD training.

While some WLD training departments provide consistent follow up, the data show that follow-up quality is variable. WLD departments need to work closely with researchers and evaluators to develop systematic evaluation and follow-up of courses which would aid in needs assessments and address value for money.

Simple and accurate methods of quantifying the 'impact' of AOD training is needed to ensure it remains a priority for WLD departments.

Finally, there appears to be patchy access to resources and materials in this area of practice; yet the fact that some respondents reported accessing such materials suggests that there are resources available. WLD departments should identify relevant materials, texts and resources for use in training courses but also to share these with social care practitioners more generally to encourage self-directed learning.

Conclusion

This study was the first of its kind to examine the extent and type of AOD training provision across Children's and Adults' Services. The findings revealed that most WLD departments provide access to this training, however most courses are not mandatory and few departments have strategies in place to adequately embed training on AOD issues.

Training is a key component in improving the communication skills and confidence of the workforce, which is a central tenet of national policy. While social workers may be confident in many areas of their work, research has indicated that they are less confident about their work in relation to substance use.

Further, the findings from Strand 2 of this research revealed that qualifying social work programmes are not adequately equipping students to work with AOD, therefore WLD departments need to fill these gaps in knowledge as well as provide for other social care practitioners. Ensuring that all social care professionals in statutory services receive training in substance use is a crucial step towards supporting social workers to really engage with their service users' substance use issues and deliver a high quality service.

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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.

This Insight provides an overview of key findings and the implications for WLD departments only.

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