

This is a final author version of a paper appearing in:
British Journal of Social Work (2013) 1–19

**Identifying
and assessing substance use: findings from a national survey of
social work and social care professionals**

Abstract

Social care practitioners regularly encounter problematic substance use among their service users. However, most social care practitioners do not specialise in substance use and there is limited evidence on their practice with it. *Aims:* This study aimed to explore the practice of social care professionals when they encounter substance use in the course of their work. This article focuses specifically on how they identify and assess substance use. *Method:* A web-based survey was disseminated to 3164 practitioners in adults' (AS) and children's (CS) social care in 11 different local authorities in England. Twelve focus groups were also held. *Results:* AS and CS practitioners identified substance problems by their impact on their service user's ability to fulfil their responsibilities or perform daily functions. Differences in relation to assessment were found between AS and CS practitioners. CS practitioners asked questions more frequently and were more likely to state that asking about substance use was a legitimate task. Very few practitioners had practice guidance or tools to help them assess substance use. *Conclusion:* Substance use is being identified and assessed in social care but often at a late stage with little to no guidance on how to do so effectively.

Key words

Alcohol, drugs, social work, assessment, identifying

Identifying and assessing substance use: findings from a national survey of social work and social care professionals

Introduction

This article reports on findings from a national study of social work and social care professionals based in England. Its primary objective was to explore their current practice when working with substance use. It is the first study of its kind and is unique in its inclusion of staff from both adults' and children's social care and for including social care staff who work alongside social workers in delivering services. While there are some studies of social work practice in this area, they have primarily focussed on practice by smaller groups of professionals working in children and family settings (Forrester 2000, Hayden 2004, Forrester and Harwin 2006).

This article focuses on the study's data that show how, and whether, social care professionals identify and assess substance use in the course of their practice. Most UK-based social work and social care staff do not work in specialist substance use settings – rather they specialise in supporting adults, children and families, or adolescents, usually with one

Identifying and assessing substance use

or more social care needs, including a physical disability, mental ill health, or child protection concerns.

Regardless of their choice of specialist area, assessment is a core function and skill at the heart of social work practice in the UK (Baldwin and Walker 2009, Laming 2009, Munro 2011, TOPPS 2002). Social workers have a duty to assess people to determine their needs. This duty is enshrined in the legal framework that underpins adults' and children's social care. For the many social care professionals who are not registered social workers, their duty to assess is not so clearly laid out and varies according to their area of practice, and their role and responsibilities. In its review of adult social care legislation, the Law Commission (2011: 25) describes assessment as a "core legal right and a crucial feature of adult social care". Within children's social care, the Children Act 1989 mandates child assessment orders as the first step in protecting children who are suffering, or who are at risk of suffering, harm. Carers also have a legal right to an assessment of their needs through The Carers (Recognition and Services) Act 1995 if they are caring, or are intending to care, for someone who is being assessed for services. Such legal footings are further developed in a raft of policy documents and practice guidance that apply to all areas of social care (DfES 2004, DH 2010). No social worker or social care professional can be left in any doubt that quality assessment, attuned to the individual's and/or family's needs, is integral to the delivery of appropriate care and support.

Identifying and assessing substance use

However, assessment in social work practice has its limits. Recent reviews of social work and the future of children's and adults' social care in the UK raise questions about the quality and appropriateness of some assessments. They also reflect on the need to review assessment processes and avoid multiple assessments by a range of services and professionals (DH 2010, Munro 2011). While assessment skills are generally considered to be transferable to different practice contexts, assessing substance use requires some additional education and preparation. To ask informed questions about substance use and understand people's responses requires some knowledge of both the subject and of evidence-based approaches to substance use assessment, for example, the AUDIT (Alcohol Use Disorders Identification Test) (Babor et al. 1992). It also requires some reflection on one's own values and beliefs about substance use and the people who use substances to avoid judgemental attitudes. Educating social work staff in how to assess substance use effectively has not been included in most social work qualifying programmes in the UK and anecdotal evidence suggests this is the same for post qualifying courses and social care employers. This, in spite of the evidence that social workers frequently encounter people with alcohol and other drug problems, and often report feeling ill equipped to assess or respond effectively (Galvani and Forrester, 2010a; Galvani and Hughes, 2011a).

A number of documents providing guidance for social workers on working with substance use have emerged over the last three decades alongside

Identifying and assessing substance use

calls from substance specialists, social workers, and academics who have recognised this gap in social work service delivery (see Galvani, 2007 for review). Assessment has been part of this guidance. In the children's social care field, for example, the publication of *The Framework for the Assessment of Children in Need* (DH/DfEE/HO 2000) was accompanied by an evidence-based tool for assessing alcohol use. There is no evidence to suggest this tool is used and anecdotal evidence suggests social workers are not aware of it. No such tool was provided in relation to the assessment of illicit drug use. No tools have been provided for Adults' Social Care practitioners. In more recent years guidance has been provided to social work educators (Galvani 2009a-f; Galvani and Forrester 2009) and social work practitioners (Galvani and Livingston, 2012a, 2012b; Livingston and Galvani, 2012; McCarthy and Galvani, 2010, 2012) on working with substance use, including some detail on what questions to ask. There are four further practice guides currently being produced by the British Association of Social Workers (2012a-d).

What previous research has not told us is what social work and social care professionals currently do, or don't do, to identify and assess substance use among their service users. Nor has it explored their practice in relation to how they identify and respond to substance problems. This is a gap in the research evidence which needs to be filled if we are to ensure that future training and development is evidence based. Current social

Identifying and assessing substance use

work practice in the identification and assessment of substance use therefore provides the focus for this article.

Aims and objectives

The overall objective of this year-long study was to develop an evidence base in relation to social work and social care practice with people who use substances. It had five key objectives that included establishing the proportion of people on social workers' caseloads using substances, current practice, training experiences and needs, the extent and nature of multi-agency working and knowledge and attitudes towards working with substance use. This paper addresses one specific aim of the study which was to "explore current practice of social work and social care staff when working with people with alcohol and drug problems". It focuses in particular on how practitioners identify and assess substance use when they encounter it.

Methods

The data on which this paper draws are taken from an online survey and focus group discussions.

Online survey

An online survey was the primary research tool used in this study, constructed using Bristol Online Survey software. Online survey methodology offered a quick and efficient way to contact a large number of social care professionals across different geographical areas of England.

Identifying and assessing substance use

The tool was designed to cover the key areas represented by our aims and was split into five corresponding sections. It contained 90 closed questions with multiple choice or likert-type scale responses as well as six open questions where people were asked to qualify or elaborate on the preceding closed questions. The survey was designed to take no more than 15 minutes to complete and was piloted with practitioners attending post qualifying courses in social work in two regions of England. The tool was subsequently revised prior to its final dissemination.

Focus groups

The focus groups were designed to complement survey data by adding quality and depth that is not so easily accessed using closed questions and survey methodology. Participants were given a five-part practice scenario and asked for their responses or comments. The five parts were provided to participants sequentially with each additional piece of information highlighting different areas of practice as follows:

- Responding to information that suggests problems related to alcohol and drugs
- Assessing and talking about substance use with service users
- Working with people who appear to be minimising or rejecting claims of use and who are reluctant to change patterns of substance use or engage with specialist services
- Work with specialist services and availability of specialist services
- Best practice.

Identifying and assessing substance use

Sampling, access and recruitment strategy

There are 154 local authorities in England with responsibilities for delivering social care to adults and children. Within the resources and timescale of this study it was not possible to survey them all. A sampling strategy that sought a cross section of LAs was drawn up and the following criteria were applied to the selection process:

- a range of administrative arrangements (county councils, metropolitan boroughs, London boroughs and unitary councils)
- different regional representation (north, south, east, west and central)
- a mix of rural and urban locations
- a range of deprivation indices (low: less than 100, medium: between 100 and 200, and high: more than 200).

Following ethical approval by the [University of Bedfordshire's ethics committees, the Associations for the Directors of Adult Social Services (ADASS) and Children's Services (ADCS), 12 LAs were invited to take part via written invitation to the Directors of each selected directorate.

Attempts were made to engage both Adults' Services (AS) and Children's Services (CS) in each LA to allow for data analysis by LA as well as by directorate. Local authorities unable or unwilling to take part were replaced with another authority with a similar profile using the selection criteria above. Additional ethics and research governance procedures were required by some directorates.

Data analysis

The online survey data was primarily numerical in nature and pre-coded. For the purposes of analysis it was transferred into SPSS 17, a statistical software package, and a range of statistical tests were conducted comprising univariate, bivariate and multivariate analysis. Univariate analyses were conducted to determine frequencies and descriptive statistics in relation to the demographic data presented in Tables 1-3. This includes data such as gender and age, (Table 1), the number of respondents with particular types of qualifications (Table 2) and the percentage of respondents working with particular service user groups (Table 3). Bivariate analysis and the calculation of inferential statistics for nominal and ordinal data were completed with the use of chi-square tests and cross tabulation tables. This allowed us to test whether there were relationships between two variables and determine whether any differences were statistically significant, for example, whether there was a relationship between the responses of practitioners working with a particular service user group and the ease with which they reported identifying substance use. We also used t-tests and one way analysis of variance (ANOVA) tests to compare means of continuous data (such as caseload proportions and levels of preparedness). Explanatory variables drew largely from the demographic data including items such as age, gender, primary service user group, directorate, proportions of people on practitioners' caseloads who were using substances and practitioners' qualifications.

Identifying and assessing substance use

Qualitative data from the open survey questions and focus groups were fully transcribed and analysed thematically using Nvivo 9 software.

Loosely based on grounded theory (Flick 1998, Strauss 1987), this approach to data analysis identifies commonalities and differences in the data through a process of coding, recoding and categorising the data into themes. A sample of the interview and focus group transcripts were coded independently by two members of the research team to verify the validity and reliability of the generated codes.

Results

Sample characteristics

Seventeen directorates from 11 local authorities across England took part. Seven of the participating directorates were from adults' social care and the remaining 10 were children's social care. Between them they disseminated the survey to 3164 front line social work and social care practitioners. In total 826 practitioners participated (26% response rate). However, once incomplete responses had been removed, along with responses from specialist substance use workers and other professionals for whom the survey was not intended, 597 responses remained (effectively a 19% response rate).

In addition to the survey 12 focus groups were conducted with practitioners from the participating local authorities. Two of these groups

Identifying and assessing substance use

contained only 1 or 2 people but the remaining 10 groups varied in size from 3-12 participants. Practitioners were from the following areas of practice: children and families, young people, adults with learning disabilities, adults with physical disabilities, adults with mental health problems and practitioners working with older people. No demographics were collected for focus group participants.

Profile of survey respondents

The majority of the survey respondents were female (82%) and white (92%) (see table 1 below):

[insert table 1 about here]

The majority worked in children's services (61%) and were social work qualified (62%) (see table 2 below):

[insert table 2 about here]

The two largest groups of practitioners were from children and families service user groups (27%) and those working with older adults including older adults with physical and mental health needs (23%). The questionnaire contained 23 areas of specialist practice plus an 'other' category, however for analysis purposes the areas of practice were collapsed into the 10 categories below:

Identifying and assessing substance use

[insert table 3 about here]

Defining and identifying problematic use

How practitioners defined and identified problematic substance use was an important question for the research. Given that a number of the questions in the survey focussed on problematic substance use rather than substance use *per se*, having some insight into how practitioners defined and identified problematic substance use was an important starting point. One of the survey's open questions asked people 'what is it that helps you determine whether a person's alcohol and/or drug use is problematic?' Four hundred and sixty two practitioners responded to this open question (288 from CS and 174 from AS). The clear theme that emerged through qualitative analysis from the responses of both AS and CS respondents, was their awareness of the negative impact it had on some aspect of the person's life. For AS respondents, this was often their ability to fulfil their daily living activities or personal care, for CS respondents this was often their ability to fulfil their parenting role¹:

If it regularly affects their ability to undertake activities of daily living over and above their physical disability.

The impact the substance use has on their ability to function daily and meet the needs of their children.

¹ Quotes that appear without attribution are taken from the survey's open questions and are therefore anonymous. Quotes with attribution have been taken from focus group participants where their specialist area of practice is known.

Identifying and assessing substance use

For both groups of respondents additional indicators of problematic substance use included the impact it had on people's finances or levels of debt as well as the observed impact on their health and well-being and behaviour.

The survey also asked respondents how easy they found it to determine whether a person's substance use was problematic using a likert scale response. The majority of practitioners said they found it 'neither easy nor difficult' (42%), although more than one third found it 'difficult' or 'very difficult' (35%) and less than a quarter found it 'easy' or 'very easy' (23%).

Results from bivariate analysis found that primary service user group had an impact on the ease with which people identified substance problems. Statistically significant differences were found for those who worked with young people and adults in mental health services; both groups were more likely to find it easier to identify problematic use ($\chi^2=39.6$, $df=14$, $p=0.001$). Practitioners who had higher numbers of people on their caseloads with substance problems also found it easier to identify problematic use ($F=8.0$, $p<0.001$; $F=4.9$, $p<0.01$) as did those who, during their social care careers, had worked with more people with substance problems ($\chi^2=28.3$, $df=4$, $p<0.001$). One surprising finding however was that those working in CS, where they encountered high proportions of people on their caseloads with substance problems, were

Identifying and assessing substance use

not significantly more likely than those working in AS to easily identify problematic substance use. This could be a result of the reported complexity of the work of many CS practitioners and the challenge they face identifying the particular contribution of the substance use to the person's and/or families multiple problems.

Assessing problematic use

The ease with which practitioners identified problematic substance use was an issue raised in the focus groups in combination with discussion about the challenges people faced in assessing substance use and knowing what questions to ask:

Yeah, because there's always the why factor, "why are you here, why are you drinking?", they're not easy questions to ask and they're not easy questions for that person to answer either and it does take time.

(Vocational Specialist, Mental Health)

Similar responses were received from other members of the focus groups ranging from people who felt it was a 'touchy' subject to those who felt their service users would be offended if they asked such questions. Some stated they would avoid asking about substance use unless the issue was raised by a service user or carer, or unless there were obvious signs of problems.

Identifying and assessing substance use

The above quote also highlights how guidance on the types of questions to ask may be helpful. What questions practitioners asked in their current practice was explored in another open question in the survey. In total 468 practitioners responded (174 from AS and 294 from CS) reflecting a wide range of approaches to assessment and a wide range of questions. Some practitioners reported a direct approach while others included questions about substance use in a wider discussion.

One AS practitioner who was co-located with nursing colleagues took a nurse with them to ask the questions instead of doing it themselves.

Some practitioners used open questions, a minority reported using closed questions only, while the majority asked a combination of the two:

What do you use? How much? Do you see it as a problem? Do others? Does it lead you into trouble: anti social behaviour or criminal activities. Does it affect your parenting/other areas of your life? Can I speak to your partner/close family members? How much do you spend, and is that a problem? Are you getting any support? Do you need any support? If it is a problem for you, do you know why you use? Past experiences/losses?

A number of respondents clarified that what they asked would depend on the person and the situation they encountered. However, it was clear that many practitioners would ask about the type, quantity, and frequency of

Identifying and assessing substance use

use, as well as the reasons for using and any related problems the service user, or those close to them, were experiencing as a result.

Differences emerged between practitioners working in AS and CS. CS questions invariably included some reference to the impact of substance use on the parent's ability to look after their children as well as exploring where the children were at the time of their parent's use of the substance. Many CS responses also included questions about the impact it has on family budgets. AS respondents were more likely to embed the questions in discussion around the person's health and this tended to focus on alcohol rather than other drugs.

There was also a much clearer sense among CS respondents that asking about substance use was a legitimate and expected part of their role while acknowledging that other practitioners may not be in the same situation:

I think it's really different for me because I'm formally undertaking assessment so there's an expectation, a remit there that I have to talk about this, this is something I'll ask you about whether it's relevant or not....

(Social Worker, Children and Families)

Assessment tools

It was also clear that most of the respondents had no formal assessment tools to guide their assessment of substance use. While some AS

Identifying and assessing substance use

practitioners mentioned the Overview assessment form and the Single Assessment Process (SAP) as having a question or prompt about alcohol, others reported changes in paperwork and assessment forms resulting in the removal of questions on substance use:

This used to be part of the SAP assessment, with questions about alcohol and smoking, usually asked in a conversational way,

This does not appear on the new Supported Self Assessment, so can now be more difficult to introduce.

It was highly apparent that practice differed from team to team and individual to individual. Even where questions were included in assessment processes not all practitioners in the same team chose to ask them:

R1 I don't think because it's on the assessment form, it gives you an automatic right to ask the question.

R2 Oh I do ask.

R1 The assessment form is irrelevant to the assessment.

R2 But [substance use] could contribute to some other issues ...

R1 I wouldn't do it on a first visit. Unless there was a real issue, ... I'm very uncomfortable with it.

R2 I think it depends on the situation.

(Physical Disabilities Practitioners)

Identifying and assessing substance use

R1 It is on the SAP form but I never ask it automatically

R2 I do, when I'm in A&E or something, if they've had a previous history... but it's a tick box, "do you drink alcohol?" and they'll say "yeah, I only have one now and again" but sometimes you can smell it!

(Older Persons' Practitioners)

Underpinning responses from both AS and CS participants in both the open survey questions and focus groups was a belief in the importance of a good relationship with service users prior to asking about their substance use. The lack of a good relationship or fear of damaging an existing one were among the reasons practitioners hesitated to ask about substance use.

Frequency of questions about substance use

As well as the types of questions they asked, practitioners were asked how frequently they asked a) their service users (*own use*) and b) *someone close* to the service user, for example a carer or parent, about their substance use. Figure 1 illustrates the responses across the sample and shows that just under half practitioners (47%) asked about *own use* 'often' or 'very often' leaving more than half (52%) asking only 'sometimes' or 'rarely/never'. Less than a third (32%) asked about the substance use of *someone close* to the service user 'often' or 'very often'.

[insert Figure 1 about here]

Identifying and assessing substance use

There was a statistically significant positive relationship between the frequency with which people asked service users about their own substance use and the frequency with which they also asked about the use of someone close to the service user ($r=.750$, $p<.001$). In other words, those who asked about the person's own substance use were significantly more likely than those who did not to also ask about the use of substances by someone close to them. Further analysis revealed that practitioners working with children and families and those working in adult mental health were significantly more likely to state they asked 'often' or 'very often' while those who worked with older people were more likely to state they 'rarely' or 'never' asked ($\chi^2=141.7$, $df=21$, $p<0.001$). The same patterns emerged in relation to asking questions about the substance use of someone close to the service user. Practitioners working with older people, those working with adults with learning disabilities and adults with other needs (e.g. palliative care or physical disabilities or sensory loss), were significantly more likely to state they 'never' or 'rarely' asked about the substance use of someone close to their service user. ($\chi^2=172.6$, $df=21$, $p<0.001$).

Good practice

There were also examples of good practice emerging from both CS and AS respondents in the qualitative data. These used sensitive and creative approaches when talking to adults and children about substance use:

I meet with children on the whole separately from their parents and use worry dolls for them to identify family members. I then look to asking them what they feel each family member worries

Identifying and assessing substance use

about. I wait to see if they mention substance misuse first but, if not, as parents have usually discussed this in my meeting with them, I introduce this in the conversation and ask how they find this.

Very much varies but would try to give people an in-road, eg. saying the doctor has said that such a medication will not work well with alcohol, or talking about bedtime routine and whether they like a drink at this time, checking out their awareness of the amount of alcohol in spirits, explaining that the same amount of alcohol they had when they were younger may have a greater effect now they are older, checking out how they feel it is affecting them....

Discussion

This study has a number of limitations. First, the survey response rate was relatively low - although similar to other online surveys (Loughran et al. 2010; Scourfield and Maxwell, 2010) - and the open questions in the survey were optional and limited in number. Respondents are likely to be people who have an interest, or experience, in this topic. Nonetheless the findings are important given this is the largest survey of its kind in England and the first time both AS and CS respondents have been included in the one survey across a number of directorates. Second, respondents from black and minority ethnic groups were under

Identifying and assessing substance use

represented in our sample and further research is needed to identify any differences according to ethnicity. Smaller studies with a higher number of ethnic minority respondents have not shown any significant difference in respondents' experiences of working with substance use (Galvani and Forrester, 2011a).

What these data highlight is the varying practice among adults' and children's social care practitioners when it comes to identifying and assessing substance use. While the findings suggest that problematic substance use is identified by many practitioners, it appears that this generally occurs when the substance use has become so problematic that its negative effects are visible and are affecting the service user's fulfilment of their roles and responsibilities, or their ability to function well. This raises two key concerns:

- 1.** Waiting for observable substance-related problems before asking questions may miss the opportunities to identify harm or potential harm at an earlier stage. Once a person's substance problems are observable, it is likely to be late in their problematic use of the substance. Harm to self and others may well have already occurred by this stage.
- 2.** Substance problems overlap with a range of other social problems including poverty (Shaw et al. 2007), mental distress (Crome et al. 2009) and domestic violence (Cleaver et al. 2007; Author's own 2010c). It is therefore important that all these issues are explored to a)

Identifying and assessing substance use

establish the links between them and b) to ensure that one is not missed or, alternately, 'blamed' disproportionately for the problems the person is experiencing.

Talking about substance use routinely with service users would maximise the chances of identifying any related problems that have been well hidden. It would also begin to address the lack of frequency with which practitioners in this study enquired about substance use. The danger of not asking routinely is that substance use is not being identified and the negative impact any problematic use is having on people's health and well-being is not being addressed.

It is also evident that many practitioners are attempting to assess substance use and its potentially negative impact on their service users but without the tools to do so effectively. It is therefore a positive finding that many practitioners were attempting to do something in spite of this lack of guidance, although some of the examples of responses given to the survey's open questions were more likely to result in denial or minimisation rather than encourage disclosure.

A number of approaches to assessing substance use and engaging those who use substances problematically fit well with social work principles and practice. One highly evidence-based approach that is grounded in skilled communication is motivational interviewing (MI) (Miller and Rollnick 2002). MI assumes that the person with substance problems will be ambivalent

Identifying and assessing substance use

about change as there will be advantages and disadvantages to their continued substance use. It is the practitioner's role to use their communication skills, be it at assessment or intervention stage, to elicit self-motivating statements that move the person towards their own decision to change. Rather than a series of questions, MI's approach to assessment is through non-judgemental discussion with people about their substance use, reflecting back to them their views on their substance use and its impact on themselves and others. Done well, MI techniques help to determine the person's readiness to change their substance use using skilled listening and reflection (Miller and Rollnick 2002). Importantly MI is underpinned by a commitment to building genuine, empathic, client-worker relationships. Where practitioners meet resistance MI perceives this as having more to do with the practitioner and their approach than the service user's determination to lie about their use. Accusatory approaches from professionals will not enhance motivation and are more likely to elicit a defensive response. MI is highly relevant for social work and social care practice given that good relationships and excellent communication skills are at its core. Further, MI offers a relevant way to respond to evidence that, among CS social work practitioners in particular, discussions about substance use can be confrontational and lacking empathy (Forrester et al. 2008a, 2008b).

It is clear that some guidance and training is needed on identification and assessment which considers the range of contexts in which social work professionals practice - from crisis-oriented, child protection practice to

Identifying and assessing substance use

routine overview assessments of the needs of older adults. Important, too, is the recognition that guidance alone is not enough. As previously mentioned, including even an evidence-based alcohol screening tool in key practice guidance for social workers does not work (DH/DfEE/HO 2000) without ensuring that practitioners have engaged with the issue in the first place. As the exchange between practitioners from the physical disabilities focus group showed earlier, having the tools to ask questions about substance use is very different from being willing to do so. Asking about substance use was seen by many as uncomfortable, beyond their remit or knowledge, or not their business. This was significantly more likely to be AS than CS respondents however.

There are likely to be a number of overlapping reasons for the differences found between CS and AS in relation to identifying and assessing substance use and problematic use. Attention to problematic substance use among parents and its impact on parenting and the children in their care has crept rapidly up the national policy agendas in the UK in recent years since the publication of *Hidden Harm* (ACMD 2003). This is not the case in AS. In addition repeated findings from Serious Case Reviews, where children have died or suffered serious injury, show that problematic substance use by parents is one of the issues that all services involved in child protection fail to adequately identify and address (Ofsted 2008, Brandon et al. 2010). Such policy attention and practice reviews place greater pressure on all those working to protect children and families to identify and respond to substance use problems.

Identifying and assessing substance use

The differences between AS and CS staff remain in relation to the frequency with which they ask questions about substance use. Clearly there will be a link between the two: if questions are asked more often, it is more likely that substance use will be disclosed. Indeed having to ask questions more often is likely to engender a greater sense of role legitimacy for social workers who have initial reservations about asking about substance use or question their duty to do so. The qualitative data suggest that some practitioners and managers are aware that they do not yet ask the right questions or at least that they do not ask questions routinely.

While individuals need to take responsibility for their own professional development, this lack of confidence for identifying and assessing substance use also reflects a failure at a system level. Social work education and post qualifying training in the UK has long since failed to adequately educate and support people to ask about substance use and respond to it appropriately (Galvani, 2007, Galvani and Forrester 2011a, 2011b,). This was highlighted 30 years ago by Harrison's study of substance use teaching in social work training (Harrison 1992). Other studies before and since have highlighted the need to better prepare social workers for practice with these issues (Abel 1983, Forrester 2000, Hayden 2004, Isaacs and Moon 1985). It appears that little has changed in the intervening years although further research exploring substance use in social work education would be needed to determine if this is the case.

Conclusion

The majority of social workers and social care practitioners responding to this survey frequently encounter substance use, primarily alcohol, in the course of their practice. While differences exist within and between AS and CS directorates in relation to how practitioners respond, what is common to both is the lack of guidance on the types of questions to ask and how to ask them. Substance problems are often being identified late in the day, when crises occur and when the likelihood of harm is already high. While a small number of practitioners reported asking about substance use 'very often', for the majority it was clearly not a routine part of their assessment practice. What this means is that harm is very likely being missed and that service users with substance problems are undoubtedly receiving, at best, a minimally informed service from social work and social care staff. Further the lack of guidance suggests that practitioners are not being adequately supported to work with this issue. Set within the current political context of 'troubled families' (Lloyd et al. 2011) where substance use is identified as a major factor, this situation is untenable. Similarly in the context of increasing attention on safeguarding adults (DH 2011) problematic substance use has to be considered. Those responsible for educating and managing social workers need to ensure they are engaged, equipped and supported to identify and assess substance use at a level appropriate to their role and that they know how and where to make an appropriate referral for specialist services. Tools to support social work educators to include substance use in the qualifying

Identifying and assessing substance use

curriculum have been developed alongside social workers, service users, academics, and specialist substance use professionals. These are available from The College of Social Work (Author's own 2012) and SWAP² (Galvani, 2009 a-f). There is also a host of substance specialist websites that provide information and resources that could be used in teaching and learning. Failure to provide such education overlooks the social harm substance use can cause, the responsibility of social workers to intervene, and leaves social workers flailing for guidance and support in what is currently a veritable void.

² Although SWAP no longer exists, its publications are still available.

Identifying and assessing substance use

References

Abel, P.M. (1983) *Alcohol-related problems in current social work cases*.

Bristol: County of Avon SSD

Advisory Council on the Misuse of Drugs (2003) *Hidden Harm: Responding to the needs of children of problem drug users*. London: HMSO

Babor, T.F., de la Fuente, J.R., Saunders, J. and Grant. M. (1992) *AUDIT. The Alcohol Use Disorders Identification Test: guidelines for use in primary health care*. Geneva: World Health Organization.

Baldwin, N. and Walker, L. (2009) 'Assessment'. In R. Adams, L. Dominelli and M. Payne (eds) *Social Work: Themes, Issues and Critical Debates*. 3rd Edition. Basingstoke, Hants: Palgrave Macmillan

Brandon, M., Bailey, S. and Belderson, P. (2010) *Building on the learning from serious case reviews: A two-year analysis of child protection database notifications 2007-2009*. Available online at:

<https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR040.pdf> [accessed 18 August 2011]

British Association of Social Workers Special Interest Group in Alcohol and other Drugs (2012a) *Older People and Alcohol – Essential Information for Social Workers. A BASW Pocket Guide*. Birmingham: BASW (forthcoming)

Identifying and assessing substance use

British Association of Social Workers Special Interest Group in Alcohol and other Drugs (2012b) *Alcohol and Families – Essential Information for Social Workers. A BASW Pocket Guide*. Birmingham: BASW (forthcoming)

British Association of Social Workers Special Interest Group in Alcohol and other Drugs (2012c) *Mental Health and Substance Use - Essential Information for Social Workers. A BASW Pocket Guide*. Birmingham: BASW (forthcoming)

British Association of Social Workers Special Interest Group in Alcohol and other Drugs (2012d) *Young People and Alcohol - Essential Information for Social Workers. A BASW Pocket Guide*. Birmingham: BASW (forthcoming)

Cleaver, H., Nicholson, D., Tarr, S. and Cleaver, D. (2007) *Child Protection, Domestic Violence and Parental Substance Misuse. Family Experiences and Effective Practice*. London: Jessica Kingsley

Crome, I., Chambers, P., Frisher, M., Bloor, R. and Roberts, D. (2009) *The relationship between dual diagnosis: substance misuse and dealing with mental health issues*. SCIE briefing 30. Available online at: www.scie.org.uk/publications/briefings/briefing30/ [accessed 27 August 2012]

Identifying and assessing substance use

Department for Education and Skills (2004) *Every Child Matters: Change for Children*. London: DfES

Department of Health (2010) *A Vision for Adult Social Care: Capable Communities and Active Citizens*. London: Department of Health

Department of Health (2011) *Statement of Government Policy on Adult Safeguarding*. London: Department of Health. Available online at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126770.pdf [Accessed 15 February 2012]

Department of Health, Department for Education and Employment, Home Office (2000) *Framework for the Assessment of Children in Need and their Families*. London: The Stationery Office

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

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

Identifying and assessing substance use

Forrester, D., Kershaw, S., Moss, H. and Hughes, L. (2008a)

Communication skills in child protection: how do social workers talk to parents? *Child and Family Social Work*, 13, 41–51

Forrester, D., McCambridge, J., Waissbein, C., Emlyn-Jones, R. and Rollnick, S. (2008b) Child Risk and Parental Resistance: Can Motivational Interviewing Improve the Practice of Child and Family Social Workers in Working with Parental Alcohol Misuse? *British Journal of Social Work*, 38, 1302–1319

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

Galvani, S. (2009a) *Learning and teaching digest: integrating substance use teaching into the social work curriculum*. University of Southampton: SWAP

Galvani, S. (2009b) *Helpsheet: involving alcohol and other drug specialists in social work education*. University of Southampton: SWAP

Galvani, S. (2009c) *Information sheet: domestic violence and substance use in the social work curriculum*. University of Southampton: SWAP

Galvani, S. (2009d) *Information sheet: Key resources for teaching substance use*. University of Southampton: SWAP

Identifying and assessing substance use

Galvani, S. (2009e) *Case studies: teaching substance use in social work education*. University of Southampton: SWAP

Galvani, S. (2009f) *Social Work and substance use: teaching the basics*. University of Southampton: SWAP

Galvani, S. (2010c) 'Grasping the nettle: alcohol and domestic violence'. *Acquire*. 2nd edition. June 2010

Galvani, S. and Hughes, N (2010a) 'Working with Alcohol and Drug Use: Exploring the Knowledge and Attitudes of Social Work Students' *British Journal of Social Work*, 40, 946–962

Galvani, S. and Forrester, D. (2011a) 'How well prepared are newly qualified social workers for working with substance use issues? Findings from a national survey.' *Social Work Education*, 30: 4, 422-439

Galvani, S., Forrester, D., Glynn, G., McCann, M., Guppy, A., Helmsley, C., Hilson, M. and Thurnham, A (2011b) *Social Work Services and Recovery from Substance Misuse: A Review of the Evidence*. Edinburgh: Scottish Government

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

Identifying and assessing substance use

Hayden, C. (2004) 'Parental substance misuse and child care social work: research in a city social work department in England', *Child Abuse Review*, 13 (1), 18–30

Isaacs, J. and Moon, G. (1985) *Alcohol problems – the social work response*. SSRIU report no. 13. Portsmouth: SSRIU

Laming, Lord (2009) *The Protection of Children in England: A Progress Report*. London: The Stationery Office

Lightfoot, P.J.C. and Orford, J. (1986) 'Helping Agents' Attitudes Towards Alcohol-related Problems: situations vacant? A test and elaboration of a model.' *British Journal of Addiction*, vol. 81, pp.749-756

Lloyd, C., Wollny, I., White, C., Gowland, S. and Purdon, S. (2011) Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011. London: Department for Education. Available online at: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR174.pdf> [accessed 15 February 2012]

Loughran, H., Hohman, M., and Finnegan, D. (2010) 'Predictors of Role Legitimacy and Role Adequacy of Social Workers Working with Substance-Using Clients' *British Journal of Social Work*, 40 (1) 239-256

Identifying and assessing substance use

McCarthy, T. and Galvani, S. (2010b) *Alcohol and other Drugs – Essential Information for Social Workers. A BASW Pocket Guide.* Luton: University of Bedfordshire

Miller, W.R. and Rollnick, S. (2002) *Motivational Interviewing*. London: Guilford Press

Munro, E. (2011) *The Munro Review of Child Protection: Final Report. A child-centred system*. London: Department for Education

Ofsted (2008) *Learning lessons, taking action: Ofsted's evaluations of serious case reviews 1 April 2007 to 31 March 2008*. Available at: <http://www.ofsted.gov.uk>

Scourfield, J. and Maxwell, N. (2010) 'Social Work Doctoral Students in the UK: A Web-Based Survey and Search of the Index to Theses.' *British Journal of Social Work*, 40(2), 548-566

Shaw, A., Egan, J. and Gillespie, M. (2007) *Drugs and poverty: A literature review*. A report produced by the Scottish Drugs Forum (SDF) on behalf of the Scottish Association of Alcohol and Drug Action Teams. Available online at: <http://www.drugslibrary.stir.ac.uk/documents/drugpovertylitrev.pdf> [accessed 28 August 2012]

Identifying and assessing substance use

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

The Law Commission (2011) *Adult Social Care*. London: The Stationery Office

TOPPS (Training Organisation of the Professional Social Services) (2002) *The National Occupational Standards for Social Work*. London: TOPSS

Table 1 – Gender, age, ethnicity and religion of respondents

Characteristic		Non-substance specialists	
		N=	%
Gender	Female	485	82
	Male	108	18
	Missing	4	1
Age	34 or under	170	29
	35-44 years	164	28
	45-54 years	173	29
	55 or over	86	14
	<i>Missing</i>	4	1
Ethnicity	Asian	9	1
	Black	25	4
	White	549	92
	Mixed	11	2
	<i>Missing</i>	3	1
Religion	Agnosticism	97	16
	Atheism	98	16
	Catholic	84	14
	Protestant	225	38
	Other religions ³	12	2
		81	14
	<i>Missing</i>		

NB. Percentages may not total 100 due to rounding.

³ Other religions included Buddhism, Hinduism, Islam, Judaism and Sikhism (n< 10 for each)

Table 2 – Directorate, role, type of qualification and time in post

Characteristic		Non-substance specialists	
		N=	%
Directorate (n=646)	Children's Services	357	61
	Adults' Services	240	39
Type of contract with LA (n=646)	Temporary	48	9
	Permanent	545	90
	<i>Missing</i>	4	1
Current role (n=646)	Support role	129	22
	Qualified practitioner	337	56
	Managerial or senior practitioner role	125	21
	<i>Missing</i>	6	1
Type of qualification (n=646)	Social work qualified	369	62
	Social work student	27	4
	Other professional qual.	49	8
	NVQ3 or equivalent	47	8
	NVQ 4 or equivalent	76	13
	No qualifications	19	3
	<i>Missing</i>	10	2
Type of SW qualification (n=369 qualified and 27 students)	CSS and CQSW	66	18
	DipSW	132	36
	Bachelor SW	101	27
	Masters SW	70	19
	Not applicable	228	-
Time in current post (n=646)	Less than a year	144	24
	1-4 years	238	40
	5+ years	207	35
	<i>Missing</i>	8	1
Time in social care sector (n=646)	0-4 years	118	20
	5-9 years	148	25
	10+ years	315	53
	<i>Missing</i>	16	2

Identifying and assessing substance use

Table 3 – Percentage of practitioners in each service user group

Identifying and assessing substance use

Figure 1 – Frequency of asking both the service user and someone close to them about their substance use.