

# Social Work Services and **Recovery** from Substance Misuse:

## A Review of the Evidence

### Practitioners' Guide

**ADSW**  
ASSOCIATION OF DIRECTORS OF SOCIAL WORK





***research carried out by***

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# Background

In March 2010, the Association of the Directors of Social Work (ADSW), the Institute for Research and Innovation in Social Services (IRISS) and the Scottish Government commissioned the University of Bedfordshire to undertake a literature review of what the current evidence tells us on the subject of social work and social care practice with people for whom alcohol and/or other drug use is a problem.

All the organisations involved share a commitment to supporting social work and social care professionals to play a positive and active role in their work with people who use substances<sup>1</sup>, whatever their specialist area of practice.

***Social workers are ideally placed to offer a holistic approach to understanding the relationship between the person's substance use and their family, home and community***

There is an emerging recovery agenda around substance use in Scotland (Scottish Government 2008<sup>2</sup>, Best et al. 2010<sup>3</sup>). At its heart are the following key principles:

- person-centred rather than expert-led practice
- addressing all the person's needs, not just their substance use problems
- supporting people to change through longer-term rehabilitation
- closer integrated working with other professionals

It also places greater emphasis on supporting families and carers, building advocacy capacity, and supporting people into employment or training (Scottish Government 2008). These are not new principles or approaches for social workers. Working towards longer-term change with service users is at the heart of the profession.

The underpinning theories and values of social work enable it to make an important contribution to helping those with problem drug and/or alcohol use in their recovery journey. Yet to date there is limited evidence on social work's potential contribution to recovery for those with substance use problems.

This practitioners' report is a summary of the findings from a review of the research evidence, which looked at social work's contribution to helping people with problem drug and/or alcohol use. The review was undertaken in 2010 and the full research report is available at

<http://www.scotland.gov.uk/Topics/Research/by-topic/crime-and-justice/publications>

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<sup>1</sup> The use of the term 'substance' throughout refers to both alcohol and/or other drug use. Terminology is important as this can be stigmatising with the potential to cause further disempowerment of those with drug and/or alcohol problems. The preferred terms in this review are 'substance use problems', 'problem drug and/or alcohol use' or 'substance misuse', as these help to reflect the complex relationships with a range of substances and distinguish this type of use from the non-problematic use of alcohol and/or drugs.

<sup>2</sup> Scottish Government (2008), *The Road to Recovery. A New Approach to Tackling Scotland's Drug Problem*. Edinburgh: Scottish Government

<sup>3</sup> Best, D., Rome, A., Hanning, K.A., White, W., Gossop, M., Taylor, A. & Perkins, A. (2010), *Research for Recovery: A Review of the Drugs Evidence Base*. Edinburgh: Scottish Government

# Aims and methodology

The research review involved three components:

1. To review the evidence on the effectiveness of social work/social care interventions with people with substance use problems.
2. To collate the available evidence on social services' workforce development in the area of substance use.
3. To gain an insight into the range of specific roles and functions that social work has with people who have substance use problems.

The key findings from each part of this process are set out below.

## Summary of key findings

### 1) Interventions

The majority of intervention studies which showed evidence for effectiveness related to forms of 'case management'. Case management is a term covering a wide-ranging set of approaches to providing and co-ordinating appropriate service provision. These range from very brief care co-ordination roles to intensive and ongoing work, often involving building a therapeutic relationship in addition to care co-ordination, advocacy and other staple social work tasks.

What the research evidence tells us is that there are particular features of case management which are key to its success and which therefore could be considered in the delivery of this approach, or similar approaches, by social work professionals:

1. The evidence shows that the form of case management offered should **match the needs of the service users** being worked with. The more complex the needs of the service user group, the more intensive and long-term case management will usually need to be. There is evidence to show that social work interventions are effective with people with complex needs that co-exist with substance use problems such as homelessness and mental ill health.

***Case management is similar to 'care management' which has been implemented across the UK since the early 1990s***

2. Developing and sustaining a **therapeutic relationship** with service users was found to be vital to the success of the intervention, in other words, the most effective approaches were those which included more than service coordination.
3. The evidence suggests that to maximise effectiveness, there needs to be a **limited number of service users** per worker.
4. Outcomes improved when service users were engaged on two levels:
  - a. **How we physically reach people**, e.g. through out-of-hours work or other places, such as hostels for homeless people.
  - b. How we communicate with them. A common and recurring theme throughout the successful intervention studies was the importance of **skilful communication** - often based on motivational interviewing techniques<sup>4</sup>.
5. Interventions were more likely to be effective when professionals were **available when needed**, for instance, out-of-hours or long-term consistent availability.

### ***Engagement, communication skills and the ability to build therapeutic relationships are vital***

6. Recovery prospects could be improved when professionals offered support to **access additional services** rather than co-ordinating existing services. This varied depending on what was already being offered. For example, in a study on recovery coaches, an additional budget was provided to respond to individuals' health and social care needs which enabled them to tailor the care package to the service user's needs.

There was also evidence of promising social work interventions which were not as rigorously evaluated as case management. Some of the most promising related to families where parental substance use problems were raising serious concerns about whether children could remain at home. These included:

'**Recovery coaches**' for mothers using drugs during pregnancy. In these USA-based interventions, an independent "coach" provides extremely intensive assessment, advocacy, case management and direct work with parents when a mother is identified as using drugs during pregnancy. The coach is available at all times of the day and night. From the evidence reviewed in this research, it was found that this kept more children at home and also reduced the number of children subsequently born substance dependent.

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<sup>4</sup> Further information on motivational interviewing is available at <http://www.motivationalinterview.org/>

**Intensive family support services**, for example, the Option 2 service in Cardiff<sup>5</sup>, which also provides intensive support with all family members over an initial six-week period. It combines a crisis intervention and therapeutic service and practitioners have very small caseloads. Early evidence suggested it reduced the need for care and therefore saved local authorities money.

**Family drug and alcohol courts**<sup>6</sup> are emerging in a variety of forms. Common themes include: regular meetings with a designated judge who actively manages the case; a focus on recognising and rewarding achievements; better coordination of services for families; and a specialised team who work with families to improve such coordination. More children remained with their birth parents and, where this could not happen, decisions to accommodate them were usually quicker.

## 2) Workforce Development

The second part of the review sought information on the development of social work professionals in relation to substance use. Key findings included:

1. **Training** social workers on substance use problems can improve their attitudes, knowledge and work in this area, although to maintain changes, training and support needs to be ongoing. Negative attitudes leading to the stigmatisation of service users was identified as a concern in the literature<sup>7</sup>.
2. Where social workers feel it is a **legitimate part of their job** to address substance use, training has a greater impact.
3. There are a range of **educational barriers** for social workers at agency and formal training/education levels that need to be overcome to ensure social workers are equipped for working with problem alcohol and/or drug use. These range from a lack of teaching on substance use in social work education to a lack of informed supervision in practice

**Managers and staff must overcome barriers to identifying and addressing alcohol and other drug problems**

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<sup>5</sup> Further information is available from <http://www.option2.org/>

<sup>6</sup> Further information is available from <http://www.nuffieldfoundation.org/evaluation-pilot-family-drug-and-alcohol-court>

<sup>7</sup> A recent review of stigma and substance use by the UK Drug Policy Commission is available at [http://www.ukdpc.org.uk/resources/serious\\_about\\_stigma\\_summary.pdf](http://www.ukdpc.org.uk/resources/serious_about_stigma_summary.pdf)

4. “**Situational constraints**” can be created by organisations that do not consider working with substance use to be their focus. These include not enough time to engage with the issues, lack of departmental policy to support this work, and lack of clarity about whether or not engaging with substance use is part of their job.
5. In services with **specialist substance use workers** both staff and service users report more positively about their knowledge, skills and support.

### 3) Roles and functions

There was a lack of evidence relating to the distinct roles and functions of social care professionals – however the following findings emerged:

1. Overwhelmingly the literature highlighted the fact that social workers are well placed to play an active role in supporting people with alcohol and other drug problems because of the **profession’s holistic and ecological approach**.
2. An ongoing and **intensive involvement** with service users may often be an appropriate role for social workers to fulfil rather than a shorter, time limited involvement.
3. Attention needs to be paid to **challenges for social workers** attempting to engage with service users’ substance use. These challenges include a lack of training, role support and legitimacy, and tensions between conflicting roles, such as care versus control and personal versus professional beliefs about substance use.

In summary, the literature was clear that for decades social work and social care staff have received very little training or support to develop their skills, knowledge and values in relation to substance use. This suggests that if social workers are to engage fully with those with substance use problems then changes are needed at individual, team and structural levels. While some of the recommendations above require structural change, there are actions that individual social care professionals can take in the short and medium term.

# What can be done now

The evidence has highlighted a number of key actions that social workers, social care workers and their managers and supervisors can begin to address immediately.

## **Action 1** When did you last have communication skills training?

Evidence shows that skilful communication is at the heart of all therapeutic work, including good assessment practice, successful interventions and most importantly, relationship building. Do not take your communication skills for granted nor fall into the trap of thinking you can't improve them.

## **Action 2** How often is substance use discussed with your team?

One research message is that social workers need to accept that working with substance use is part of their job. What takes place within your team to reinforce this message? Discuss routine questioning of all service users and get advice on what these questions should be and what the implications of this are.

## **Action 3** What is your level of knowledge on substance use?

The evidence says that most social workers have little to no education on substance use. Social workers and managers need to take responsibility for ensuring they can respond competently and confidently to someone with a substance problem. Drug and alcohol awareness is a start but it is not enough. Shore up your continuing professional development by inviting in speakers from local drug and alcohol agencies.

## **Action 4** What barriers need to be overcome?

Any professional and personal barriers to working with substance use need to be overcome to ensure you are able to take on the required learning and skills to work with substance use. Situational constraints may also be prohibiting professionals from developing their practice further. Take time to reflect on what your barriers may be.

## **Action 5** What supervision and guidance is available?

Evidence shows that for knowledge and skills to be maintained over time, informed supervision is needed. If you are a manager or supervisor, what support are you providing on how to respond to people with substance use problems? Where could you get help to learn more?

## **Action 6** Are changes to service delivery possible?

Is it possible to vary service hours to ensure greater access or vary the amount of time allocated to work with service users? The evidence suggests that where services do more to meet their service users' needs, engagement is greater.

It also shows that longer term support is more likely to be beneficial than short term interventions.

**Action 7** *What can you offer other social care staff or students?*

Placements in substance use agencies or with people with substance use expertise are a good way of helping colleagues learn. Social workers with expertise in substance use or who are working in a specialist team can support staff and students by offering social work guidance, mentoring, or work placements.

## Implications for policy and practice

1. *Review care management in Scotland*

The evidence on *case* management interventions highlights a number of key features that contribute to its apparent effectiveness with people with substance use problems and co-existing needs. Given the similarities with *care* management approaches, current care management in Scotland should be reviewed to determine the extent to which these key features are present.

2. *Evaluate care management approaches*

No evaluations of Scottish or other UK care management approaches to substance use were found in this review. Priority should be given to evaluating current care management approaches, in particular their impact and effectiveness on substance use problems.

3. *Define and evaluate social work and social care interventions*

There was a dearth of evidence relating to substance use interventions with older people, people with disabilities, those suffering domestic abuse and children who are looked after or accommodated. Current approaches need to be identified, defined, and fully evaluated to determine effectiveness and establish an evidence base for interventions with these groups of people. Where effective interventions are lacking priority should be given to developing new approaches for working with these vulnerable groups.

### ***Consider mandating substance use education on social work curricula***

4. *Improve education and training on substance use for the workforce*

Consideration could be given to mandating substance use education within the social work curricula. Attention also needs to be paid to the training and education of social care staff that fall outwith the social work curricula.

5. *Ensure organisational support and responsibility*  
All social care services should review the extent to which they train, support and supervise their staff to work effectively with substance use. Organisations have a responsibility to ensure their workforce has the skills and support to help people with substance problems.
6. *Develop and monitor relationship skills*  
Good communication skills are vital to effective engagement and to establishing successful therapeutic relationships and need to be at the core of professional development. Organisations have a responsibility to support such skills and to monitor their effectiveness.
7. *Ensure effective and informed supervision*  
Supervisors need to receive appropriate training to support workers to work confidently and sensitively with drug and alcohol issues, and to support the further development of social workers' interpersonal and relationship building skills.

***Confident supervision and staff support is needed***

## **Conclusion**

This review of the current literature provides clear messages that social work is, and should be, a key profession in helping people and communities affected by drug and/or alcohol problems.

Social work's ecological approach to working with people allows it to move beyond interventions focusing solely on the person's substance use to a focus on the person within their environment

Social workers are in daily contact with people with alcohol and/or other drug problems and are dealing with overlapping problems that are not usually addressed in health led specialist substance use services (SWIA 2010 ). While substance use treatment studies often exclude substantial numbers of individuals with additional or complex problems, social work interventions tend to be focussed on this very complexity. This highlights the importance of social work and social care involvement in supporting people with substance problems and evaluating what we do.

# Useful resources

## **Alcohol Focus Scotland**

[www.alcohol-focus-scotland.org.uk](http://www.alcohol-focus-scotland.org.uk)

## **Scottish Drugs Recovery Consortium**

[www.sdrconsortium.org](http://www.sdrconsortium.org)

## **Scottish Health Action on Alcohol Problems**

[www.shaap.org.uk](http://www.shaap.org.uk)

## **Scottish Training on Drugs and Alcohol**

[www.projectstrada.org](http://www.projectstrada.org)

## **Alcohol Information Scotland**

<http://www.alcoholinformation.isdscotland.org/>

## **Alcohol Concern**

[www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

## **BASW Special Interest Group in Alcohol and other Drugs**

[www.basw.co.uk/networks/alcdugs](http://www.basw.co.uk/networks/alcdugs)

## **Scottish Drugs Forum**

[www.sdf.org.uk](http://www.sdf.org.uk)

## **Alcohol Scotland**

[www.alcoholscotland.org](http://www.alcoholscotland.org)

## **Scottish Families Affected by Drugs**

<http://sfad.org.uk>

## **Scottish Drug Services Directory**

<http://www.scottishdrugservices.com/sdd/homepage.htm>

## **Drug Misuse Information Scotland**

[www.drugmisuse.isdscotland.org/index.htm](http://www.drugmisuse.isdscotland.org/index.htm)

## **Adfam**

[www.adfam.org.uk](http://www.adfam.org.uk)

## **Scottish Government/COSLA Statement on Supporting the Development of Scotland's Alcohol and Drug Workforce**

<http://www.scotland.gov.uk/Resource/Doc/254429/0110090.pdf>

[www.adsw.org.uk](http://www.adsw.org.uk)

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