



16 feature **drugs & alcohol**

Evidence that social workers have received too little training in working with drug and alcohol abusing service users prompted a BASW special interest group to publish a guide in September aimed at bridging the knowledge gap. Social care journalist **Sally Gillen** takes a closer look at the problem and considers the views of a number of leading thinkers in this under-recognised area of social work practice.

Social work's blind spot

Asking difficult questions is at the heart of social work. An often tough, yet unavoidable, part of the job but one made easier with the right training and skills. When those questions are about substance misuse, however, many social workers, both novice and experienced, are hampered by little or no training in what is an increasingly prevalent issue within social work.

An Ofsted evaluation of 147 serious case reviews carried out between 2009-2010, published by the inspectorate in October 2010, cited parental drug and alcohol misuse as a key feature in many cases, alongside domestic violence and mental ill health. It is hardly news to many practising social work professionals or social care workers, such as Stephanie Carbert who is among those to have witnessed the extent to which drugs and alcohol impact on social work caseloads. Now studying to become a qualified social worker, Ms Carbert was formerly a social work assistant in a children's department. She recalls that just a handful of the hundreds of families she worked with were unaffected by substance misuse.

It is a challenge for social workers made harder by the difficulties in detecting what lay observers might imagine to be readily visible. She says she was often surprised by how effectively those misusing drugs were able to conceal the true extent of their problems from even the most experienced social workers. The complexity of some of

the cases was undeniable, she says, yet dedicated drugs and alcohol training was never offered. "I didn't get any specific training in drugs and alcohol issues but I did manage to find a couple of courses myself to attend," she says. Now a student social worker in the first year of a part-time degree, she adds: "It's absolutely essential that social workers are taught about these issues while studying for the degree, but also throughout their career."

Sarah Galvani, senior research fellow at the University of Bedfordshire and chair of BASW's Alcohol and other Drugs Special Interest Group, agrees. "We really need some decent all-round teaching and it has to be mandatory. It's not just some service user groups that are affected by drug and alcohol misuse. The focus tends to be on families and children but actually it affects people with learning disabilities and older people. It cuts across all service user groups."

It is also far from an emerging issue. Just why such an important issue has been so neglected within social work training is hard to fathom. Martin Barnes, chief executive of

charity Drugscope, says: "This is an issue that seems to come up quite often. You can go back to the 1990s and it was raised then." He speculates that the reason it may have been neglected for so long may be because historically drug and alcohol misuse has been viewed as a medical or health issue, rather than a social work challenge.

But awareness of this deficiency is growing, driven by those working in other services and by social workers themselves. In 2003 the advisory council published *Hidden Harm*, a report on drugs and children that recommended training for social workers. But it was one of the few recommendations from the report that the government rejected. Mr Barnes says the reasons for the government's decision are unclear but speculates that it may have felt it inappropriate to interfere in social work education.

"It is difficult to work out what the barriers are to making progress with this. My impression is a lot of social workers want to know more. There needs to be some prescription that it is part of the qualifying

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degree and we need to be looking at post-qualifying level too,” he argues.

Drugscope’s submission to the drugs and alcohol strategy makes an explicit call for mandatory training for social workers in this area and Barnes believes that only with more training can social workers be confident and competent and assisted in shedding preconceptions and stereotypes about those who misuse alcohol and drugs in order to carry out good quality assessments.

Trevor McCarthy, a trained social worker who co-wrote BASW’s pocket guide on working with people affected by alcohol and drug misuse, says that social workers can find it difficult to relate to people with substance misuse problems. “The fact is people don’t like those with alcohol problems. Social workers, as people first professionals second, are no different and are often the same. There is a general antipathy towards people with these problems.

“It makes people anxious and it’s scary. Social workers deal with a lot of other people that attract antipathy; those with mental health problems, people who smell, or who are violent. But they will get over that. It’s not just social workers. Lots of other professionals are the same, including GPs,” he adds.

“The truth is there is no magic course on drug and alcohol misuse. This isn’t about becoming an expert,” he argues. McCarthy’s view is that by taking some responsibility for learning about drug and alcohol misuse

social workers can help to fill the gaps in their knowledge. He recommends contacting local drug services, and making use of information on the internet, although he advises caution when using information available online. “A lot of information is undifferentiated and you can read a huge amount online that is nonsense. So it is best to take what you read with some guidance,” he says.

A good starting point for those who want to develop their knowledge of the area is contacting a local Drug Action Team, which exist in every local authority area and should be able to provide training, suggests Ms Galvani. Putting the onus on social workers themselves as much as their employers she emphasises that social workers have a responsibility for their own professional development.

Pervasive

With a growing movement for action in this area, and increasing statistical understanding of the pervasiveness of drugs and alcohol within ‘problem’ families, it may only be a matter of time before training in drugs and alcohol becomes an established part of the curriculum. As McCarthy points out, the momentum around misuse is building. In the last year, three pieces of guidance have been published by the National Institute for Health and Clinical Excellence and in Wales four councils are piloting an Integrated Family Support Service (IFSS), focussing on families

affected by substance misuse. The Alcohol Bill in Scotland was passed in November, with a welcome from BASW Scotland manager Ruth Stark who said: “The abuse of alcohol has historically been the major issue in child protection in Scotland.”

In a further indication of increasing societal recognition of the challenges posed by drugs and alcohol abuse the Bill will ban ‘irresponsible’ drink promotions in off-licences in a bid to end the sale of alcohol at heavily discounted prices. A more controversial measure aimed at introducing minimum alcohol pricing was, however, voted down by opposition parties.

Reflecting on the challenge facing social workers, Drugscope’s Barnes says ultimately it will be for practitioners to accept the need to address an often unspoken subject. “This issue is far too important and has been going on for far too long. It is time to grasp the nettle.” Trevor McCarthy agrees: “You just have to hold your nose and dive in. In this job you have to ask all sorts of difficult questions. You may have to say to someone we think you aren’t looking after your children properly. If you can do that then you can do anything.”

Weblinks:

www.drugscope.org.uk
www.addaction.org.uk
 BASW’s pocket guide on alcohol and drugs
www.basw.co.uk/special-interest-groups/alcohol-and-other-drugs/

