

Social work and substance use

Title: Social work and substance use: ecological perspectives on workforce development.

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Abstract

This paper offers a theoretical analysis of the place of substance use within social work education and workforce development in England. Using ecological systems theory as its theoretical framework, it explores the relationship between social work education and practice, and wider systemic and situational constraints which have helped or hindered social work's engagement with substance use issues.

Furthermore, it suggests that the current direct government intervention in social work education and practice, in addition to the cuts in budgets and its privatisation agenda, has been unhelpful in supporting change and professional development in relation to substance use. It will draw on the limited international data that show similar challenges for social work in relation to substance use beyond England and the UK. It will conclude with an argument for strengthening the social work voice in relation to substance use education and practice in spite of the systemic pressures.

Key words: Social work, substance use, ecological systems theory, workforce development

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Introduction

In 1964, an article entitled 'The Social Worker's Contribution in the Care of Alcoholics' was published in the *British Journal of Addiction*. Its author, W.A. Fransen, a Director of the Out-patient Clinic for Alcoholics at Eindhoven, Holland, emphasised the importance of understanding the context and structure of social work if we are to understand its contribution to the care of "alcoholics". He stated:

...if we are to give a clear, factual outline of the social worker's possibilities, we can do so only against the background of a given structure, a factual system of assistance in which the social worker functions.

(Fransen, 1964: 65)

More than 20 years later, two British psychologists highlighted the "situational constraints" faced by social workers in supporting people with alcohol-related problems compared to nursing colleagues (Lightfoot and Orford, 1986). Social workers, they stated, were constrained by time, departmental policy and lack of support for their work in this area.

Thirty years further on, this paper argues that the wider systems and context within which social work education and training is located continues to constrain social workers in England from working effectively with people who use substances, be they alcohol or other drugs. This, in spite of the increasing international evidence that social work practice involves working with people with substance problems (and overlapping problems such as mental ill health, domestic violence and homelessness) and that social work education is not equipping professionals to respond (Brandon et al., 2010; Decker et al., 2005; Quinn et al., 2010; Wilkey et al., 2013).

This paper offers a theoretical analysis of the extent to which social work structures and systems support social workers to work effectively with people using substances problematically. Using a framework of ecological systems theory (Bronfenbrenner 1977, 1986), it argues that historical and current changes to social work education and practice in England continue to set up social workers to fail people with substance problems and mitigate against effective workforce development. Ecological systems theory is most often applied to human development, children in particular. This paper, therefore, offers a unique perspective in applying the theory to the profession itself, rather than an individual, and its relationship with substance use education and practice.

Social work in England

There are currently over 93,000 social workers registered in England (Health and Care Professions Council, 2016). While all social workers specialise in one or more areas of practice, there are relatively few who specialise in substance use. The exact figure is not known as no data are collected on the disciplinary background or professional qualifications of the substance use workforce in England. This is a notable and significant failure in terms of workforce development and planning. The

majority of social workers specialise in areas such as mental health, older people, children with disabilities, brain injury, adoption and fostering, learning disabilities, palliative care, and child protection, to name just a few. There are some exceptions to this. Some statutory social workers in some regions of England, may have a wider adult care role, for example, social workers based within a hospital or community team are expected to work with all adults' needs, referring to specialist services if, and when, appropriate.

In England, social workers work in statutory, voluntary or private sectors and the systems within which they operate will vary accordingly. However, their route to social work registration and practice is the same. They all undertake social work qualifying education to degree level (post graduate or under graduate) to be able to register and work as a social worker. This education will differ in content according to where they study, although there are core criteria which all programmes must cover (Health and Care Professions Council (HCPC) 2012, 2014, 2016; Quality Assurance Agency, 2000). Substance use is not among them and research has repeatedly found significant differences in substance use education on social work programmes resulting in some social workers having none at all and others having very little (Galvani and Allnock 2014, Galvani and Forrester 2011). Once qualified, social workers face a lottery of further training opportunities. Each employer has its own workforce and training development programme which may, or may not, include courses on substance use. Research with local government employers in England, showed that such courses are more likely to be optional rather than required training (Allnock and Hutchinson, 2014).

The distinction between social work education and training has been described as the difference between “know how” (training) and “know why” (education) (Croisdale-Appleby, 2014), where training is perceived to be skills based and focussed on a particular outcome. Education is considered to encompass training but additionally offer “a learning process that deals with unknown outcomes, and circumstances which require a complex synthesis of knowledge, skills and experience to solve problems” (Gibbs et al. 2004). Within this context, social work education provides an environment in which challenge, debate, and critical reflection, are built into learning styles (Fook and Askeland, 2007) thus allowing for a deeper level of understanding about the family, social and community influences on someone's substance use – indeed an ecological analysis rather than an individualised one. The additional time afforded to learning within a higher education context is appropriate for theoretical exploration of people's use of substances and societal reactions to it. It is also appropriate for learning about the wider policy context and debate about how different cultural, ethnic and gender differences impact upon substance use and responses to it. Allnock and Hutchinson's (2014) survey of local government training departments in 2013 found these were among the topics least covered in training. However, a concurrent online survey of social work qualifying education also found they were the topics least covered in education with effects of substances, reasons for use and values and attitudes among the topics most covered (Galvani and Allnock, 2014).

Ecological systems theory

The fundamental acknowledgement that people live within a wider, often complex set of interrelated systems is at the core of social work practice. Moving beyond an

acknowledgement of ecological influences to practice which operationalises this understanding of a person within their environment is arguably what differentiates social work from individualised approaches to health and social care.

Ecological systems theory is one of the key theories informing social work education and practice. Its originator was an American psychologist Urie Bronfenbrenner (1977) and his theory developed in the context of debate about research design. He proposed that research needed to move beyond laboratory-based experiments to consider wider influences on an individual's "activities"ⁱ. He described an approach which brought together experimental and naturalistic approaches to research design and referred to it as an "evolving scientific perspective" which would more accurately explain the "the ecology of human development" (p. 514). The theory was subsequently extracted from its original research design application and applied to the practice of social work.

In sum, Bronfenbrenner's early theoretical approach explained how an individual (often a child) is located within a nested structure of 'systems' (see figure 1 below): i) micro system, ii) meso system, iii) exo system, iv) macro system and v) chrono system (Bronfenbrenner 1977, 1986). His key premise was that the interaction between these systems has an impact on human development and in order to fully understand human development contextual factors need to be considered.

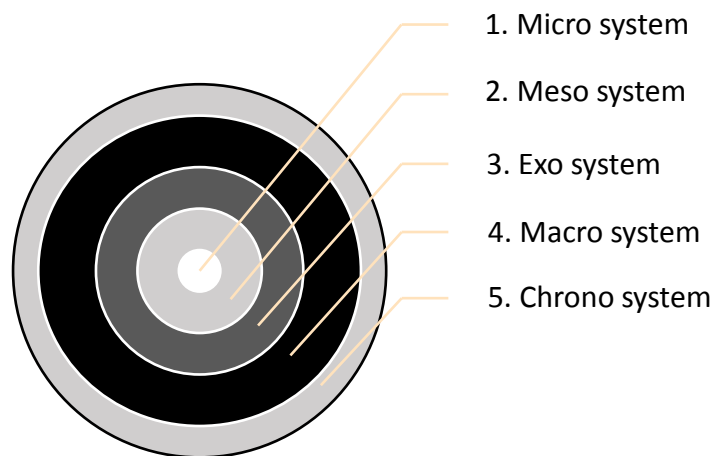


Figure 1: Bronfenbrenner's model of nested systems

The earlier versions of Bronfenbrenner's theory have been critiqued by himself and others for the lack of attention given to the individual's ability for self-determination and for ignoring the importance of the processes of human development (Siporin, 1980; Tudge et al., 2009). His later ecological model, Process-Person-Context-Time (PPCT), incorporated both the dynamic processes involved in interactions between people and/or organisations in their environment, as well as the agency of the individual (Tudge et al., 2009).

Ecological systems theory and substance use in social work education and practice

In ecological systems theory the individual would normally sit at the core of the nested systems and the application of the theory would allow consideration of the

individual's contextual and systemic influences at each level. In this analysis the individual is replaced by social work education and practice. Thus, each level of ecological systems theory is applied to social work education and practice with substance use.

In order to understand the micro level challenges, it is important to start first by understanding the higher system level context.

Chrono

According to Bronfenbrenner the Chronosystem allows for the influence "of changes (and continuities) over time" within the person's environment and the impact of such changes on their development (Bronfenbrenner 1986: 724).

Applied to social work's engagement with substance use, the evidence is clear. There has been an historic, and well documented, lack of engagement with substance use in social work education and practice. For more than 30 years there have been calls for improved and consistent substance use education within qualifying and post qualifying social work programmes although this has resulted in minimal attention and improvement. Despite the guidance for the 'new' Diploma in Social Work in 1992 (Central Council for the Education and Training of Social Workers (CCETSW), 1992) and the curriculum guidance from the College of Social Work in 2012 (Galvani 2012), both documents remained guidance only and effected no known change. Substance use continues to have limited, if any, coverage in current qualifying social work programmes with research showing only a few notable exceptions, for example, Lancaster University's full module which has been running for more than 20 years (Galvani and Allnock, 2014). In the UK, the successive changes over the last few decades in the level and structure of the qualifying social work award have failed to embrace recommendations for the inclusion of substance use education within all social work qualifying programmes.

Anecdotally, this lack of engagement by social work with substance use appears to be an international issue but evidence on qualifying education is limited to North America. In a web based survey of 216 graduate social work programmes Quinn (2010) found only four with a mandatory substance use component and referred to the paucity of substance use education as 'institutional denial/minimization'. Russett and Williams (2014) reviewed 89 undergraduate social work programmes and found only three requiring one course in substance use and a further 40 offering electives. At Master's level, one of 58 programmes had a module requirement with 37 offering electives.

Other data report the lack of substance use education on social work programmes as reported by social workers (Richardson, 2007) or on improved social workers' responses following the delivery of a training module or their preparedness or attitudes to working with substance use (Bina et al. 2008).

Macro

Bronfenbrenner describes the Macro system not in terms of particular settings or contexts affecting an individual, rather he refers to "general prototypes" which could be either "informal and implicit" or explicit, such as shared ideologies or sanctioned laws and regulations (p.515). There is arguably a shared ideology that substance

use is not part of mainstream social work, evidenced by the lack of inclusion to date in qualifying programmes. There is no requirement in England, or the UK, for social workers to learn about alcohol or drug use and effective interventions which will allow them to identify or respond to problematic substance use. As a result, many social workers still see their role as signposting to specialists only (Galvani et al. 2011). There are no policy drivers to support changes in qualifying education or practice and central government departments, for example, the Department for Education and the Department of Health, determine the content of the core curriculum. National policy in the UK has identified substance use as a health or criminal justice issue (see Galvani and Thurman 2012 for review) reinforcing this perception. Where social care is mentioned in policy it is generally in the form of supporting children negatively affected by parental substance use (H.M. Government, 2015).

In England, Governments change every four years. Ideology and commitment to social work and social care, and those who receive it, are politically influenced and affected. Two reports commissioned by central Government regarding social work education recently came to different conclusions about which way to take forward social work education in general (Narey 2014, Croisdale-Appleby 2014) with Narey recommending specialised degrees for children and family social work and Croisdale-Appleby arguing for a generic degree with specialisation as people progress through their careers. It is difficult therefore, to determine Government-based direction about course content given the conflicting conclusions reached by the reports' authors.

Exo

The Exo system does not contain the individual but is a system which can affect the individual's immediate settings. Bronfenbrenner (1977: 515) gives examples such as "the major institutions of the society...the world of work, the neighborhood, the mass media, agencies of government (local, state, and national), ..., and informal social networks."

In the UK, austerity measures and budget cuts have hit hard for a range of statutory and voluntary sector services leading to difficult decisions about where to allocate funding. Existing substance use services are facing frequent retendering of services with reduced funding available. The austerity measures have also hit health and social care hard (Local Government Association (LGA)/Association of Directors of Adult Social Services (ADASS), 2014). During such times, thresholds for intervention for social work services have increased and job vacancies are not filled leaving an environment that is unlikely to be receptive to suggestions for additional knowledge and interventions not previously perceived as within their remit. The few substance use specialist social work services or roles that existed have been reduced in cost cutting exercises. Specialist substance use services in both local government and charity sectors have been reduced (Adfam/Recovery Partnership, 2015) thus depleting their ability to support social work colleagues in joint working. Similar challenges of sector cuts have been reported in a range of European countries, particularly in relation to residential treatment availability (European Monitoring Centre for Drugs and Drug Addiction, 2014) thus putting increased pressure on community and family-based support.

The surrounding context of substance use education and practice is one of ongoing negative mass media reporting of social workers and their responsibilities for tragic incidents, usually involving children. Social work education and practice in the UK receives largely negative press and media coverage (Jones 2014). While this is not specific to work with people with substance problems, substance use is often present in cases where social work has been seen to fail children and vulnerable adults (Brandon et al., 2010). However, this does not appear to be an adequate driver for change in policy, practice or education.

Meso

Bronfenbrenner describes the Meso system as “a system of microsystems”. The interrelations between these systems and the resulting impact on the individual comprise the Meso system.

In England, SW education and practice sits within a number of micro systems which interrelate. Both practice and education are mandated to respond to a wide range of pressures including the needs and wishes of key partner agencies/employers in the community, student feedback, HEI requirements, HCPC requirements (the registration body for social work), Professional Body requirements, e.g. British Association of Social Workers (BASW), and Government directives and initiatives. None of the formal requirements of the regulating bodies or the HEI themselves includes a requirement for course content on substance use. Student feedback is limited in scope as people don't miss what they've not known. However, a postal survey of 284 newly qualified social workers found “anger” and frustration at their qualifying courses which, they stated, had not prepared them for the “realities and challenges of front line practice” in relation to substance use (Galvani and Forrester 2011: 429). The British Association of Social Workers has a position statement on substance use education for social work training (McCarthy and Galvani, 2010) but BASW's relationship with social work qualifying programmes is not one of influence at present. The challenge at the meso system level is to ensure all the micro systems speak to each other. History has shown that even when one organisation recommends substance use is included within the social work curricula (CCETSW 1992), without agreement and monitoring, such recommendation effects no change (Galvani and Allnock, 2014).

Micro

The Micro system is the system in which an individual relates to their environment in a particular role, for example, a practitioner within their workplace, a mother within a family home.

In this application, social work education sits within an increasing range of higher education settings and qualifying routes in England.

Traditionally, qualifying social work education in England has been located within both under graduate and post graduate education frameworks. In recent years, four additional qualifying routes have been introduced largely in response to child deaths where social workers have been roundly criticised (Jones 2014; Laming 2003). Two of the four routes focus on children and families social work practice only: *Step-Up to Social Work* and *Frontline*. The third route, *Think Ahead*, focusses on mental health social work practice only while the fourth, *Teaching Partnerships* retains a wider focus.

Step-Up to Social Work started in 2010 and targets post graduates from any discipline providing they have a good undergraduate degree and paid or unpaid experience with children and families. It is an employer-based, 14-month full time intensive programme specialising in children and families social work (Cooper et al. 2016). *Frontline* is a 'fast track' route for post graduate social workers and was introduced in England in 2014. Its focus is on child protection social work only and teaches systemic approaches to practice and motivational interviewing. Five weeks is spent in the classroom – a summer institute - followed by teaching and learning in practice. It has a strong leadership focus (Maxwell et al. 2016). *Think Ahead* is based on the Frontline model and was introduced in 2016 for graduates and "career-changers" wanting to work with people with mental health problems (Think Ahead, 2016). As with Frontline, it has a "summer institute" comprising six weeks of classroom based teaching followed by "on the job" learning and has a strong leadership component (Think Ahead, 2016). All three of these models attract financial bursaries far higher than traditional under-graduate or post-graduate programmes. Finally, the Social Work Teaching Partnership (SWTP) model was piloted from September 2015 with the goal of bringing closer together higher education institutions and employers to "improve the quality of education received by social work students" through "more clearly defined" skills and knowledge requirements (Berry-Lound et al. 2016: 6).

Given the increasing demand on HEIs to deliver the wide range of social work courses, existing staff teams are left with little space to think creatively about curriculum content; staff are spread thinly across more programmes with few new posts until the courses have demonstrated recruitment potential; new awards require new programme design and revalidation which are lengthy processes and leave little time to consider new course content that is not supported by benchmark statements or curricula requirements. Further, the rapid introduction of *Think Ahead* and *Frontline* initiatives has been led by central Government departments in England. Such routes include much less time for class room based teaching, thus 'new' topics like substance use are even less likely to be on the curricula.

Similarly, social work practice is delivered within a range of voluntary, statutory and private sector agencies – all with competing pressures of funding cuts and the quest to maximise outputs with minimal resources. Within such situational constraints, taking on the additional work required to improve substance use practice across the agency is less likely to happen without strong leadership supporting practice and policy drivers.

Until 2015, there had been no documented guidance on the roles and capabilities of social workers to work with substance use to inform all education routes and all specialist areas of social work practice. Thus, combined with no policy drivers, social work educators and managers had no direction on what social workers needed to know. However, the 2015 document, once again, remains guidance only and is not mandated nor monitored.

There have also been several guidance documents on curricula content in relation to substance use (Galvani and Forrester, 2009; Galvani, 2009a; Galvani, 2012b; Galvani, 2015), and on the involvement of specialists (professionals or people with

experience of substance problems) in the education of social workers (Galvani, 2009b) but, again, their implementation has remained optional. Effecting change has relied on individual academics' knowledge of them and their commitment to putting them into educational practice (Galvani, 2012b; Galvani and Forrester, 2009). This seems to be the case in the U.S.A. where decades of research evidence about the need for, and positive impact of, substance use education for social workers is not evident in the later surveys (Quinn, 2010; Russett and Williams, 2014).

In sum, an ecological analysis of the structure and context surrounding social work education and practice demonstrates a wide range of constraints on workforce development in relation to substance use, be it at qualifying or practice levels. This, in turn, means individual social work students or practitioners are not receiving clear direction or messages from their profession that identifying and responding to substance use is part of their remit.

Individual responses

One of the key components of Bronfenbrenner's later PPCT model (Tudge et al. 2009) was the focus on the person and their agency in influencing at least part of their development trajectory. Applied to this analysis there are two possible interpretations of the individual:

- i) Individual social workers
- ii) The individual social work programmes

Individual social workers

If clarity and direction on wider levels is lacking, what remains is individual action and what Berben et al. (2012) refer to in their ecological analysis of medication adherence as "patient level factors". In addition to factors such as age, gender, ethnicity, are individual levels of knowledge, and individual personal and professional experiences, all of which can contribute both positively and negatively to their responses to substance use among service user groups. The need for critical reflection on such individual influences is most appropriately addressed as part of social work education where values and attitudes are explored.

For social workers who specialise in substance use in England, there are some organisations who are able to support their knowledge and practice development including national charities such as Adfam, Alcohol Concern, the Federation for Drug and Alcohol Professionals (FDAP) and the Society for the Study of Addiction. In addition, individual professional groups have developed specialist interest groups or communities of practice to offer some support for the failings of professional education in relation to substance use, e.g. the British Association of Social Workers Special Interest Group in Alcohol and other Drugs. However, such resources are limited and are often skills and practice focussed. While important, they are unable to offer the depth of analysis and critical reflection found in an educational environment.

Further, all social workers in the UK are required to take responsibility for their continuing professional development (CPD) in order to maintain their professional registration but there is little substance use training available in England that is designed from a social work perspective. Much of what is available is underpinned by medical and disease models which, in themselves, fail to consider the impact of

an individual's social history and environment on the start, reduction or cessation, of a person's problematic substance use. The last decade has seen an increasing number of online or textual resources developed for and with social workers (Cleaver et al., 2011; Galvani, 2012a; Galvani et al. 2015; Paylor et al., 2012). The challenge is ensuring social workers view substance use as part of their remit in order to motivate their CPD on this topic.

Individual social work programmes

Evidence shows that in the absence of guidance from social work's governing bodies, individual social work programmes are taking matters into their own hands. Research using an online survey sent to all qualifying social work programme leads in England in 2012 resulted in a 40% return rate (n=63/157) (Galvani and Allnock, 2014). It found that only 12 social work programmes in England were running specialist substance use modules which carried academic credits within their programmes. An additional 32 ran specialist workshops or sessions averaging 4 hours of input (mode = 2 hours) (Galvani and Allnock, 2014). While this shows there are models of social work education that can fit substance use education into a packed curriculum, it also demonstrates that it is more luck than judgement as to whether student social workers receive substance use education as part of their qualifying programme.

Anecdotal evidence suggests that the specialist modules are run by faculty with particular interest, and expertise, in substance use, and that any staff changes can result in the dissolution of the specialist teaching. This was acknowledged by a review of social work education in 2014 (Croisdale-Appleby, 2014). This has to change. Core subjects, such as substance use, have to remain a staple diet on the social work menu resourced by external and associate staff until substance specialist social workers are able to deliver it.

Creating system change?

Given the contextual and structural constraints previously identified, solutions for creating change within each system need to be found if future social work education is to avoid replicating past failures. Changing attitudes, ideologies, policy drivers, practice and education are possible where there is a will and adequate leadership.

Chrono level

Chrono systems level change happens at key transition points in people's lives or, in this case, at key moments of change for social work education and practice development. Social work in England continues to go through tumultuous times without clear leadership and with direct Government intervention from different departments. There has been almost a decade of continual reform, reviews, task forces, and inquiries into social work education and/or practice – often based on tragic events where social work has been judged as failing children (Jones, 2014; Laming, 2003). These have led to reflections on the “contested nature of social work” and its currency for modern practice (Higgins, 2015). There are continuing debates at all levels from students (Higgins 2015) to government advisors (Croisdale-Appleby, 2014; Narey, 2014) about whether social work has, or should, become a narrower, task focussed, and process-driven profession, or whether its remit should remain more broadly focussed with values of emancipation and human rights underpinning a broader ecological perspective practised at family and community

levels. This climate of review for social work qualifying programmes in England could offer such an opportunity for change, however, there needs to be a consistent position on social work's engagement with substance use and its duty to respond. Recommendation: Use the current climate of change in social work to introduce mandatory engagement of social workers with people with substance problems. This will need to be done by lobbying the government departments leading the change processes, that is the Department of Health and the Department for Education.

Macro level

At the Macro level there needs to be an ideological shift away from social workers not working with substance use to an understanding that identifying and responding to substance use is the remit of the social worker: it is not just a specialist role. Such responses do not require an in-depth specialist knowledge, rather they require a level of practitioner knowledge and skill that supports people to effect change. Policy drivers which inform social work education and practice need to support that view and monitor their effectiveness in operationalising the policy. In its brief life, the College of Social Work required inclusion of substance misuse (among other topics) within the curriculum in order for programmes to receive its endorsement. This has now gone. Recent Government commissioned reviews on social work education at least recognise alcohol and other drugs in the lives of social work service users (Narey 2014, Croisdale-Appleby 2014) if not the profession's responsibility to respond to it. Recommendation: Policy drivers and subject benchmark statements need to consistently reference the role of social workers in supporting people with substance problems such that it enables a shared understanding of this aspect of social work practice.

Exo level

At an exo system level, it is clear that the funding of social care and substance use services is set to decrease further in England ultimately having a negative impact on the role, availability and scope of social care and substance use services (LGA/ADASS, 2014; Adfam/Recovery Partnership 2015). Without political recognition of the need for, and importance of, these services, change will need to be effected at the micro and meso system levels. Recommendation: The profession must recognise that as economic austerity continues to hit social care and substance use services, people with substance problems will continue to present to front line health and social care services and they need to be prepared adequately to respond.

Meso level

Meso level systems change will require agreement, across the partner and professional agencies, that substance use knowledge and skills are a required part of social work education and practice. There needs to be a commitment at this system level to introducing substance use into key documents dictating course content. Guidance has been produced for social work education in recent years to support courses to do so (Galvani, 2012b; Galvani and Forrester, 2009). The Government elected chief social workers for adults and children's social care recently produced Knowledge and Skills Statements (KSS) (Department for Education, 2014; Department of Health 2015). While the statements are somewhat different in terms of quality and depth, both statements mentioned the need for social workers to understand the *impact* of substance misuse but this is inadequate for practice. Understanding the impact of substance use in theory, and knowing how to

identify, assess and respond in practice is quite different. If the KSS statements are to lead the future direction of social work, and the type of social workers being trained, they need to be more rounded and nuanced documents than they currently are.

Changes within the British Association of Social Work (BASW) since the dissolution of the College of Social Work in 2015, are likely to reflect greater interest in social work education as well as practice. This may provide opportunities to promote better the need for substance use knowledge and to seek support for, and operationalise, BASW's position statement on substance use in social work education (McCarthy and Galvani, 2010). Further, researchers in this area need to do better at feeding back their research findings to policy makers. Recommendation: The knowledge and skills statements and other documents dictating the national curricula for social work need to embed the existing guidance on course content for substance use into their education frameworks and practice development offer.

Micro level

System change at the micro level is likely to happen only if changes at the meso, exo and macro levels are effected. History has evidenced how substance use will not be a core part of social work education unless there are requirements to do so. In addition to the evidence base on social worker's practice with substance use (Dance et al. 2014), local authority training provision post qualifying (Allnock and Hutchinson, 2014), and substance use education within qualifying programmes (Galvani and Allnock 2014), there is now clarity and guidance on the roles and capabilities required for social workers in order to work with substance use in whatever their specialist area of practice (Galvani 2015). This was drawn together with a group of key social work and social care organisations, as well as social work practitioner representation. It is not a mandated document and unless it is embedded in the core curriculum it is likely to have as limited impact as its predecessor, *Substance Misuse: Guidance Notes for the Diploma in Social Work* (CCETSW, 1992). In the meantime, however, increasing the use of external service providers in the delivery teaching and learning, as well as the use of experts by experience, can provide expertise while freeing up pressured staff time.

What is also on the horizon for social work education in England is the merging of health and social care education following the merger of local government health and social care budgets (Campbell, 2012). This may provide opportunities to ensure a rounded delivery of teaching on substance use that gives attention to the social aspects of substance use as well as the potential health and social impacts of problematic substance use. The extent to which any merger will impact social work education, as distinct from other social care education programmes, is yet to be seen.. Recommendations: individual social work programmes need to ensure their students are adequately prepared for social work practice with people with substance problems by taking the initiative and using external and internal resources to provide substance use education to social work students and practitioners regardless of ongoing changes to the programmes and models of social work education and practice.

Concluding thoughts

Social work as a profession must engage with substance use as part of its core work and therefore as part of its core education curriculum. Failure to do so results in an ongoing failure of social work service delivery and of its duty of care to people affected by problematic substance use. Using an ecological systems theory framework has facilitated an analysis of the structural pressures and constraints, currently and historically, on social work education and practice in relation to substance use. As Siporin (1980) stated decades ago: "Such a perspective avoids blaming the [individual] and places responsibility on systemic relationships, rather than upon any evil motives of men" (p516). Overcoming these systemic constraints remains a challenge within a profession that lacks a single leadership body and is being constantly restructured and reviewed in a political and public way. Furthermore, these systemic failures and situational constraints conspire to put social workers in the firing line for the failures of the broader environment and context that directs and governs social work education and practice.

There is no simple solution but a start would be to mandate social work course content to include a focus on substance use. To date, mandatory curricula, outwith select subject benchmarks, has been eschewed by the social work academy but history and evidence show that unless this happens little will change.

Second, strong national leadership on curricula development is also needed. While we await government clarity on its support, or lack thereof, for Social Work as a profession, a much firmer role in curriculum development needs to be led by professional bodies such as the British Association of Social Workers.

Finally, social work research must help to build the evidence base for substance use education and practice by social workers. The national and international evidence is limited and, while the volume of anecdotal evidence is substantial, the lack of research evidence on education and practice adds to the paucity of policy drivers and practice leadership, and makes calls for change considerably more challenging.

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ⁱ Bronfenbrenner deliberately eschewed the term 'behaviour' as he felt it did not adequately represent the relations between the individual and the setting which they inhabit at any one time