DOCTOR OF PHILOSOPHY

'Not from a book' The acquisition of knowledge and its use in practice by social workers, with particular regard to alcohol.

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'Not from a book'

The acquisition of knowledge and its use in practice by social workers, with particular regard to alcohol.

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Dedication

To Dad and Gran – I wish you had seen this.

Abstract

This study is an inquiry into the knowledge acquired and used by social workers, with its focus on their understanding about alcohol and its use in practice. The thesis starts by outlining the relationship between alcohol and social work, and the profession's response to the increasing prevalence of alcohol-related issues in workloads and to calls for more effective intervention responses. It highlights how this is often reflected in demands for social workers to receive more education about alcohol. It then considers possible typologies of knowledge for social work and alcohol, exploring how these are likely to be composed of multiple sources, including both codified and non-codified elements. In reflecting on possible research approaches to gain a better understanding of these knowledge frameworks, it adopts a mixed methods qualitative design which employs extensive biographical interviews and case study vignettes with fifteen social workers. The presentation and analysis of the data is done within four distinct themes. Firstly, it considers how social workers have knowledge which is acquired from everyday experiences of drinking; it then examines how key work-based experiences of alcohol compound frameworks of understanding, before examining the relationship between formal and informal knowledge acquisition that is displayed within the data. The final chapter of analysis explores how the utilisation of spaces for extended dialogue, both within the workplace and research, can contribute to a greater understanding of the complexities of these typologies. The thesis concludes with a discussion of the implications of working with more holistic knowledge frameworks, for social work education, policy, practice and research.

Contents

List of Figures and Tables v

Acknowledgements vi

Author's declaration vii

Introduction 1

Part I - Attitudes to experiences - a question of design

Chapter 1: Alcohol and social work –a contextual history towards policy overload and professional indifference 5

1.1 Alcohol overview 5

1.2 Social work and alcohol 15

Chapter 2: Knowledge and skills acquisition – learning about alcohol and social work, constructing an explanation beyond education 22

2.1 Social work: the search for a knowledge identity 22

2.2 Relating wider knowledge construction considerations 30

2.3 Ways of learning 36

2.4 A model of typology of knowledge for social work (and alcohol) 44

Chapter 3: Towards a design and methodology– critiquing some of the potential research solutions 51

3.1 Questionnaires and measurements 52

3.2 Asking the wrong questions in the wrong way 55

3.3 Changing research paradigms. 57

3.4 Telling tales 60

Chapter 4: Design and methods – the adoption of an exploratory approach 64

4.1 Overall design considerations 64
4.2 Methodology and data collection 72
4.3 Sample design and selection 78
4.4 Ethical considerations 85
4.5 Pilot phase outcomes 87

Part II -'Not from a book' - personal and experiential tales of drink, drinking and drinkers – data overview, analysis and presentation

Chapter 5: 'Discovery' –an overview of data analysis method and findings 94

5.1 Commentary on data collection 94
5.2 Process of data analysis 96
5.3 Make-up of respondents 102
5.4 Personal knowledge trajectories into practice scenarios 113
5.5 A hard to reach population 119
5.6 Introduction of key themes 121

Chapter 6: Tales of everyday drinking - principal themes explored (i) 124

6.1 Learning from family drinking 124
6.2 Learning to (about) drinking: personal experiences of alcohol 131
6.3 Defining drinking: the use of drinking (and drug) language 136
6.4 Consistency of account with AUDIT 148
6.5 Relationships with alcohol 150

Chapter7: Working with drinkers –principal themes explored (ii) 153

7.1 The *'big case'* 153
7.2 Influence of placement 159
7.3 Vignette 163
7.4 Colleagues' drinking 169

Chapter 8: Academic, practice, professional and personal divides
- principal themes explored (iii) 174

8.1 Adequacy, legitimacy and support 174
8.2 Ivory tower: experiences of education 180
8.3 Codified and non-codified knowledge 185
8.4 Perceptions of where knowledge comes from 191

Chapter 9: Safe places to talk knowledge- principal themes explored (iv) 197

9.1 Supervision and support experiences 197
9.2 Reflections on the research process 211

Part III – Talking knowledge of relationships in practice

Chapter 10: Concluding interpretations 229

10.1 Conclusions for individual social workers, the profession and research 229
10.2 Limitations and strengths of the study 236
10.3 Concluding remarks 239

Appendices

1. Chronological summary of key research, policy and strategy documents 242
2. Strategy and policy documents: Content analysis word search 246
3. Comparing own typology with key published social work typologies 248
4. Translating: Orford, J. (2008) A summary of failings of existing treatment research and some necessary shifts in ways of conducting research: some initial applied considerations. 250
5. Structured Data Collection Questionnaire 252
6. Alcohol Unit Disorders Identification Test (AUDIT): Data collection tool 255
7. Semi Structured Interview Schedule 257
8. Consent Form for respondents 258
9. Vignette 259
10. Vignette Interview Schedule 261
11. Interview summary data 262
12. Examples of NVivo Coding 263
13. Sample of field and analysis notes 264
14. List of codes generated in NVivo 272

Bibliography **275**

List of Figures and Tables

Figure 1 - A model of knowledge for social work 46

Figure 2 - Phases of data collection 73

Table 1 - Summary of characteristics and content of interviews 106

Figure 3 - Corbin and Strauss test 237

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Introduction

There is ample evidence that seeks to establish the volume, patterns and changes of overall use of alcohol within the general population (Department of Health 2007; Dunstan 2012; Robinson and Harris 2011). In addition to these national perspectives on prevalence, there evidence of heightened levels of use amongst particular social work client groups (Galvani 2012; Livingston and Galvani *forthcoming;* Paylor et al 2012). The prevalence of such levels of use amongst large elements of the population often translates into a range of individual, familial and societal problems (Department of Health 2007), to many of which social workers are frequently expected, or required to respond. More specifically this can be identified into a range of specific client social work groups, most notably children and families (Forrester and Harwin 2011) and mental health (Galvani 2012, Galvani and Livingston 2012b).

As a consequence, alcohol use is a significant factor in many aspects of social work practice. Social workers through their roles, knowledge and skills are well placed to respond to the situations and concerns that arise from this prevalence (Livingston and Galvani *forthcoming*). However, current research (Galvani and Forrester 2001b; Galvani and Hughes 2010; Rassol and Rawaf 2008; Richardson 2008; Watson et al 2003), continues to echo the work of Shaw et al (1978) in identifying and evidencing social workers' perceived lack of training, confidence and role in directly working with clients experiencing concern with their own or someone else's drink or drug use. The traditional response to bridging this gap is to suggest it refers to an unmet training need for social workers (Adams 1999, Shaw and Palattiyil 2008).

Conducting a quasi-experiment to establish the most effective ways of meeting this training need was my original starting point. However, in seeking to establish an understanding of how and what people learn, and as a consequence of the literature research and supervisory processes, my subsequent thinking began to formulate an additional explanation for this apparent contradiction: the proposition that knowledge used in the context of this area of practice is much broader than the codified knowledge provided in any given classroom setting. This change of focus, onto one of knowledge and its acquisition and a clear contextual understanding of it, has thus become the subject of this thesis. In particular it explores what knowledge of alcohol

social workers have, how this knowledge is acquired and includes suggestions about how the use of this knowledge can most effectively be supported.

Consistent with this redefinition of the research question, the thesis adopts a qualitative approach, which utilises a case study design, mixed data collection methods with long semi-structured biographically framed interviews at the core, and a grounded theory approach to data analysis.

In documenting this process, this thesis is presented in three parts. The first part accounts for the elements of the research process prior to data collection. This is composed of three distinct literature search chapters on: alcohol and social work, considerations of knowledge typologies: and research approaches. It concludes with Chapter 4 which outlines the details of the chosen methodological approach. The second part presents the data. In the first chapter of this section an overview of the data and specific analysis considerations are presented. Chapters 6, 7, 8, and 9 present the data and my analysis of it. These, consistent with the grounded theory analysis, are presented as distinct conceptual discussions. Chapter 6 explores knowledge of alcohol which social workers acquire from their familial and personal experiences. This is followed by a chapter which examines knowledge acquired through work experiences. Chapter 8 presents the data which enables this acquired knowledge to be considered with regards to overall typologies. The final data chapter offers some reflexive considerations of environments within which acquired knowledge can be safely explored and supported, both as practice and research considerations. The concluding part of the thesis explores the implications and limitations of the data findings in a number of discussions for policy, practice and research.

This thesis is concerned with alcohol and drinking and not wider drug use. Thus whilst I do not deny that alcohol is a drug (Edwards 2002; Heather 2001; Royal College of Psychiatrists 1986), the thesis will make an argument for alcohol being distinct and more prevalent than other illicit and illegal drug use both in terms of its role in society and its occurrence within all social work practice. It will further make representations about the construction of an understanding of knowledge and language associated with describing the use and experiences of alcohol as belonging to a particular societal discourse, which whilst it overlaps with considerations of other drug use is nonetheless

distinct. Further consideration of the argument for an alcohol- only focus is contained with the explorations of the nature of the case study and the units of analysis.

In this context, the thesis uses some very deliberate terminology and terms of reference. It predominantly refers to social work and social workers and not social care. This argument is detailed in Chapter 4, but is about the distinct nature of the routes of qualification and possible knowledge acquisition associated with a very specific professional occupation rather than an entire workforce sector. It also refers to alcohol, problem drinking and drinkers, rather than alcoholism, alcoholics and addiction. It does this in acknowledgement of wider and personal philosophical perspectives on the understanding of the functional nature of alcohol use, rather than a belief in models of individual blame (Livingston 2012b). This is also a consciously sensitive approach to account for the role that such labels play in the models of anti-discriminatory practice and the application of social work values (Banks 2006; Dominelli 2008; Thompson 2012). Whilst there is and has always been much debate and change in the social work literature about the use of and terminology associated with those individuals and groups with which social workers engage, this thesis predominantly adopts the terms *service user, service users and carers*, rather than *client or clients*, (with the exception of referring to client groups), in a reflection of the current dominant expressions used within social work and alcohol literature. It does not deny, however, that for some service users the issue of how they and their drinking are described can lead to stigmatisation (Paylor et al 2012), or that these are any more neutral, objective and without implication (Seddon 2011). It deliberately avoids any reference to patients or offenders, other than in the most exact of contexts, seeing the first as consistent with a medical interpretation of alcohol use and the second as a labelling of individuals by a temporary behavioural trait.

Finally this thesis, and its case study, takes account of the increasing devolution of policy implementation for: alcohol-related concerns, social care, and social work education from the United Kingdom to the Northern Irish, Scottish and Welsh Governments. The implications are discussed in Chapter 4. The location of the study and researcher means that the thesis pays particular attention to the Welsh context although the interpretation of the main findings is not limited by this geographical focus.

Part I

Attitudes to experiences – a question of design

Chapter 1: Alcohol and social work –a contextual history towards policy overload and professional indifference

The introduction to the thesis will briefly outline a history that begins in the 1970s with the disestablishment of big Victorian psychiatric units and the establishment of Community Alcohol Teams following the seminal text by Shaw *et al* (1978). The developments of the relationships between alcohol and social work up until the early 1990s has been neatly summarised within the four key texts by: Barber (1995), Collins (1990), Collins and Keene (2000) and Harrison (1996). Additionally, since the beginning of the 1990s there have been: a number of significant political and policy directives about alcohol and its associated problems (Appendix 1), an increasing sense of policy preoccupation mirroring that associated with illegal drug use, an increase in defined problem drinking, a sharpened focus on alcohol and family interventions, and a growth in the specialist substance misuse service industry. Therefore, in these two contexts, this chapter concentrates its critical exploration on the subsequent developments from the mid-1990s to the current day.

1.1 Alcohol overview

Brief contextual history

Alcohol consumption and associated problems have been a constant part of human existence (Collins 1990; Drabsch 2003; Heather and Robertson 1985; Plant and Plant 2006). The specific history associated with twentieth century treatment and social care responses is well-documented (Barr 1998; Collins and Keene 2000; Davies 1997; Livingston 1996; Plant and Plant 2006; Shaw *et al* 1978). The story is one that in part mirrors the development of the wider health and social care professions. In other words, a journey from Victorian philanthropic and church interventions, through a post-Freudian establishment of big in-patient psychiatric units, to a post-war sense of state sponsored emerging professions and the influence of 1960s radicalism, finishing with a Thatcherite and New Labour approach to mixed economies of provision and increased focus on rights and responsibilities (Alcock 2008). Additionally and specifically, the alcohol tale is also one of the early rise of the temperance movement, in-patient hospital and abstinence based approaches (Collins et al 1990; Jellinek 1960;

Kurtz 1991), followed by the challenge and emergence of controlled drinking philosophies and community-based provision (Collins 1990; Davies 1962; Heather and Robertson 1981; Livingston 2012b), to the current debates about social and health costs, policy control, crime, anti-social behaviour and harm reduction (Alcohol Concern 2007; Department of Health 2007a; Plant and Plant 2006). The policy context continues to mirror developments of devolved government within the United Kingdom, (consistent with the case study approach outlined later, this chapter explores some of these differences with an emphasis on comparisons between England and Wales).

Modern approaches to working with service users and alcohol-related issues can be argued to have their origins in the establishment of local councils on alcohol, alcohol advisory services and Community Alcohol Teams in the 1970s and early 1980s. This history is well-documented, particularly within the work of Collins (1990) and Collins and Keene (2000). The councils on alcohol and alcohol advisory services were essentially voluntary-sector based organisations providing counselling orientated interventions supporting both abstinence and controlled drinking change in service users. Whilst representing the dominant provision in the latter part of the twentieth century, they have increasingly seem themselves under pressure to evolve or disappear as the twenty- first century agenda becomes one of multi- substance, multi-agency interventions, increasingly commissioned to deliver health and crime reduction objectives.

The notion of, and term, '*Community Alcohol Team'* was first adopted and described in the seminal text by Shaw et al (1978) within their experiment trying to improve responses to problem drinking. The adoption of this term '*Community Alcohol Team'* was specifically designed to reflect the changing position alluded to above; Community (as opposed to in-patient), Alcohol (as opposed to alcoholism) and Team (describing a multi-professional approach) (Shaw et al 1978). This initial experiment established Community Alcohol Teams as primarily consultants and trainers to generic professionals, like social workers, rather than a service which predominantly specialised in providing direct services (Shaw et al 1978).

Since this inception, the growth of Community Alcohol Teams, and more recently their fusion with drug services into Community Drug and Alcohol Services, has been rapid and expansive. These mixed substance and agency teams have become the increasingly dominant community-based provision rather than any voluntary sector alcohol advisory services. By 1998, a total of one hundred and twenty Community Drug and Alcohol teams were identifiable in England alone (Luty and Rao 2008). The current teams are not normally easily recognisable in the consultative role described by Shaw et al (1978). They are more usually identifiable as specialist multi-agency providers of direct services to drink and drug users. They are likely to sit within a health directorate, led by consultant psychiatrists, with a preponderance of Community Psychiatric Nurses. Whilst usually of multi-agency composition, other professions including social work are likely to be in the minority compared to health services and have seen their roles in all of these developments as limited.

Over the last decade the United Kingdom and other governments, including the Welsh Government, have produced a large number of strategy and policy documents relating to alcohol, whose implications for social work will be explored later. These documents can be viewed as both products of, and precursors to, a number of critical research and policy statements identifying the extent of alcohol consumption: its social, health and other costs (Appendix I). These documents alone provide an extensive and comprehensive list of the recent evidence for the extent of problems associated with alcohol use and misuse, which is further enhanced by other research and academic publications. They subsequently suggest a range of preferred strategic and service provision responses. The volume of material cited within these publications is too large for the minutiae to be explored here. These strategic framework documents have not received the same extensive meta and systematic analysis that treatment interventions have recently experienced (Drummond *et al* 2005, Rastrick et al 2006). Whilst there has been a small study exploring the orientation and integration of local and national alcohol policy (Hadfield et al 2009), the whole alcohol policy perspective could be the subject of further detailed and critically evaluative studies. However, the volume of research evidence for the identification of a perceived problem and possible responses to it is substantial, and there is consensus on a number of recurrent themes and concerns: increased consumption, consumption patterns associated with age and gender, social and health costs and criminal justice consequences, which are

highlighted below. These pictures are consistently summarised within the various strategy documents, of which the Alcohol Harm Reduction Strategy for England provides a useful summary source (Plant and Plant 2006).

Consumption patterns

There is compelling evidence that overall consumption of alcohol per capita in the United Kingdom has increased consistently and significantly since the end of the Second World War (Alcohol Concern 2009c; Department of Health 2007a; 2007b; Dunstan 2012; Gartner *et al* 2009; Home Office 2012; Prime Minister's Strategy Unit 2004; Plant and Plant; Robinson and Harris 2011). Within this overall consumption increase, there are more recent trends indicating a specific reduction in those who are drinking over recommended safe limits[1], and an increase in levels of danger for those who are exceeding these limits (Alcohol Concern 2009a).

Data from the annual General Lifestyle Survey (Dunstan 2012) show that 36% of men and 28% of women in the UK reported alcohol consumption above recommended levels on at least one day in the previous seven, with a substantial number (19% of men, 13% of women) drinking 'heavily' on more than one of the previous seven days. Drummond et al (2005) indicate that this sort of pattern suggests that: 38% of men and 16% of women in England (aged 16-64), or the equivalent of 26% overall or 8.2 million people, have an alcohol use disorder consistent with a treatment need. Further, that 3.6% or 1.1 million people in England are considered to be dependent on alcohol (Drummond et al (2005). More specifically in Wales, 45% of adults admit to drinking over the recommended limits at least once a week and 28% admit to levels of consumption consistent with binge drinking (Alcohol Concern 2009a, 2009c).

Parts of the literature seek to offer some explanations for this increasing trend, usually citing a mixture of affordability, availability and cultural acceptance. This increase in

[1] Government guidelines advise that people should not regularly drink more than the daily unit of 3-4 units of alcohol for men (equivalent to a pint and a half of 4% beer) and 2-3 units of alcohol for women (equivalent to a 175 ml glass of wine). 'Regularly' means drinking every day or most days of the week (Department of Health 2007a).

consumption is consistent with a falling price of alcohol[2] in real terms. The Department of Health (2007b) has indicated that alcohol had become 65% more affordable by 2006 compared with 1980 (Drummond 2004, Prime Minister's Strategy Unit 2004). Plant and Plant (2006) are in no doubt that this increased affordability has contributed to increased consumption.

Within this overall increase in consumption there are some discernible trends for different groups of the population. In general men tend to drink more than women, and older people whilst drinking more regularly than younger people, drink less heavily when they do so (Alcohol Concern 2009a; Department of Health 2007a; 2007b; Drummond *et al* 2005; Rastrick et al 2006). Men are less likely to abstain from alcohol consumption than women and on average their consumption will be larger and more sustained than women's (Alcohol Concern 2009c). Drinking amongst women in general is on the increase (Alcohol Concern 2009d, Plant and Plant 2006) and these levels of rising female alcohol consumption are expressed as being of particular concern (Alcohol Concern 2009d). This has implications for social work as women make up the majority of both the workforce and the social work client group. There is also evidence that suggests these increases are particularly acute amongst some young women (YWCA 2010).

Research indicates that the number of young people drinking alcohol has declined over the last decade, a suggestion of a probable later onset of first drinking episode. It further indicates however, that those younger people who do drink are drinking more, and consequently experience more associated problems (Alcohol Concern 2009e; Department of Health 2007a; 2007b; YWCA 2010). Levels of drinking appear to increase, and move from home and parentally supervised consumption, to open peer and 'park' drinking, and finally into public houses, with age (Alcohol Concern 2009e, Department of Health 2007a). Plant and Plant (2006) highlight how this pattern of teenage drinking in the United Kingdom is amongst the highest in Europe, and, further, that it is marked by a particular evident increase in young women's drinking.

[2] During the production of this thesis there has been on-going policy debate about the introduction of a minimum price for alcohol, with both the United Kingdom and Scottish government moving to legislation to support such a move.

In exploring this increase in drinking, the various strategies and research documents have sought to establish definitions of what can be considered problem drinking or not (Alcohol Concern 2009a). This is usually framed as a mixture of consumption level and consequence considerations. The Alcohol Harm Reduction Strategy for England identifies two groups of problem drinkers; binge drinkers ('*...those who drink to get drunk...*' p13) and chronic drinkers ('*...more likely to be aged over 30...*'p14) (Prime Minster's Strategy Unit 2004). Department of Health (2005a), Drummond et al (2005) and Rastrick et al (2006) use the World Health Organisation's groupings of International Statistical Classification of Disease and Health related problems which are: Hazardous, Harmful and Dependent drinkers. They clearly note however that while these descriptions are useful in distinguishing need and appropriate provision, they are not absolute, with overlaps existing between the categories, and drinkers moving from one type to another during their drinking careers. The ability to distinguish between types of drinkers and drinking problems, and to match these interpretations to appropriate service provision, will be highlighted further on as one of the significant challenges for social workers. These commonly used three types are explained as: Hazardous – drinking over recognised limits but without current alcohol related problems (risky or at risk); Harmful –rinking over recommended limits, showing signs of alcohol related problems and probably mild dependency; and, Dependent – symptoms of dependence (Department of Health 2005a; Drummond et al 2005 and Rastrick et al 2006).

Governmental research and strategies (Appendix 1) and Alcohol Concern, (2000; 2001; 2002; 2009a; 2009b; 2009c; 2009d; 2009e; 2009f; 2010) have consistently summarised a range of research findings which confirm the significant social, health and criminal justice costs of these levels of alcohol consumption, some of which are the consideration of the next section of this chapter.

Health and social consequences

Much of the evidence base for the consequences of this increasing per capita consumption is expressed in terms of health and criminal justice costs. While social workers operate within health and criminal justice arenas, the lack of a more detailed focus on social and community costs in part explains the development of strategies and

services which have a health and criminal justice focus rather than a social or social work focus. This emphasis is often reflected in influential policy documents, for example this statement from Sir Liam Donaldson:

> Alcohol misuse accounts for almost 10% of disease burden, surpassed only by tobacco and blood pressure. Up to 22,000 deaths each year are attributable to alcohol misuse and up to 150,000 hospital episodes. Alcohol misuse represents a major burden to the NHS and the wider health and social care systems (Rastrick et al 2006 :2).

The costs of alcohol consumption in health, social, economic and criminal justice terms have been well-documented (Home Office 2012). The Government estimated that alcohol misuse costs the health service in England between £1.4 and £1.7 billion per year (Department of Health 2005a; 2007a; Prime Minister's Strategy Unit 2004). The estimated annual spend on specialist alcohol treatment in England is £217 million (Drummond et al 2005). In cost terms, the Welsh Assembly Government (2008a) identifies the estimated health service costs of alcohol-related chronic disease and alcohol-related acute incidents are between £75 million and £85 million a year.

Alcohol is clearly an identifiable cause of a significant number of deaths. It is possible to identify some specific forms and patterns of death which are attributable to alcohol consumption (Prime Minister's Strategy Unit 2004). There is a strong evidence base to indicate that alcohol-related mortality increases as the per capita consumption of alcohol increases (Coghill et al 2009). Jones et al (2008), calculate alcohol attributable fractions by computing alcohol consumption estimates with risk estimates, suggesting that 3.1% of all deaths in England are caused by alcohol consumption. They caution that their calculations probably reflect an under reporting. Despite this, they conclude that a staggering 26.6 % of all deaths for males aged 16-24 are attributable to alcohol. The Department of Health (2007a) concurs with this picture, indicating that deaths related to alcohol consumption have doubled over the last two decades, and that people are dying at a younger age as a consequence of their drinking. The Prime Minister's Strategy Unit (2004) suggest that 22,000 premature deaths, including up to 1,000 suicides were associated with alcohol consumption. This correlation between heavy drinking and suicide rates is supported elsewhere (Alcohol Concern 2009b). In Wales, Gartner *et al* (2009) identify a figure of approximately 1000 alcohol attributable deaths per annum. These are rising trends, suggesting a doubling (from 9.1 to 18.3 per

100,000 men) of the likelihood of death being directly linked to alcohol consumption between 1991 and 2006 (Alcohol Concern 2009c, Department of Health 2007a).

The cost is not only associated with death, but also preventing death. Hospital admissions statistics provide ample evidence of the consequence of alcohol use. Different methods are used to define alcohol-related problems and admissions, but they consistently demonstrate a huge volume of burden upon hospitals and acute provision from alcohol use. Thus, Jones et al (2008) identify a hospital admissions figure of 459,836 per annum as being caused by alcohol consumption. The Department of Health (2007a, 2007b) suggests either a figure of 180,000 or 52,270 admissions with a primary diagnosis and 187,640 with a secondary diagnosis, and the Prime Minister's Strategy Unit (2004) highlights that 30,000 hospital admissions were as a consequence of alcohol dependence syndrome. The picture is a similar one in Wales. Gartner *et al* (2009) indicate 13% of hospital admissions (approximately 13, 000) as the current Welsh figure. The Welsh Assembly Government (2008a) highlight that 1,600 of hospital admissions are the consequence of alcoholic liver disease. Within these overall admission figures can be identified specific patterns for Accident and Emergency units, peak (weekend night) times and increasing numbers of younger people (Department of Health 2005a; Department of Health 2007b; Gartner et al 2009; Prime Minister's Strategy Unit 2004).

High levels of youth consumption are linked to wider negative health, social and criminal justice consequences (Department of Health 2007a). For example, The Prime Minister's' Strategy Unity (2004) identifies: up to 17 million working days lost, up to 1.3 million children adversely affected and increased divorce rates as a consequence of alcohol use. Much of social work is concerned with considerations of child welfare and protection, and thus even where those adults who experience problem drinking are not necessarily always social work service users, their children often are. The number of children living with parents with alcohol problems in the UK is estimated at between 1.3 and2.5 million (Alcohol Concern 2010, Prime Minister's Strategy Unit 2004). For Wales, this is a figure of 64, 000 (Alcohol Concern 2010). Rastrick et al (2006) highlight significant correlation between existence of alcohol problems and mental health problems. They indicate that this co-morbidity is a common problem: up to ten per cent for severe mental illness, up to fifty per cent for personality disorders and up

to eighty per cent for neurotic disorders. The detrimental consequences of alcohol misuse appear to be more significant in areas of economic and social deprivation (Department of Health 2005a, 2007a). Further, within the trends outlined above, it is also possible to identify certain societal groups as being more at risk to the consequences of drinking: pregnant women, individuals with mental health problems, those who experienced abuse in childhood, street drinkers, ex-prisoners, young people (Alcohol Concern 2009a, Prime Minister's Strategy Unit 2004).

There are close links between the consumption of alcohol and incidents of violent crime. For England a figure of 1.2 million violent incidents related to alcohol consumption is suggested by the Prime Minister's Strategy Unit (2004). The Welsh Assembly Government (2008a) suggests, for the years 2006-7, a total of 54, 000 incidents of violent crime were linked to the consumption of alcohol. While Garner et al (2009) give a more modest estimated 18,000 incidents in Wales. Alcohol is identifiable as a factor in a number of specific crime types: anti-social behaviour and violent crime (Department of Health 2007a). Nearly half of those individuals committing violent crime, including domestic or acquaintance violence, were thought to be under the influence of alcohol (Department of Health 2007a, Prime Minister's Strategy Unit 2004).

In summary, the combined criminal justice and health cost of 'excessive' drinking are estimated at £20 billion (Department of Health 2005a; 2007a; Prime Minister's Strategy Unit 2004), and £7.3 billion for the cost of crime and anti-social behaviour (Alcohol Concern 2009a, Prime Minister's Strategy Unit 2004). Social work is practised within these arenas, and frequently tasked with responding to these consequences. The more specific translation of these general population experiences into those of social work is explored further on in this chapter.

Strategy responses

This proliferation of evidence of consumption and its implications has figured in a rapid succession of strategy documents (Appendix 1). These strategic developments have not all been applied across the United Kingdom as a whole because of political devolution and the use of devolved powers and agenda setting. Alcohol strategy and

policy has therefore evolved with marked distinction between England, Northern Ireland, Scotland and Wales. Thus whilst the Welsh Office introduce a joint alcohol and drugs strategy for Wales in 1996, an alcohol strategy for England did not appear until 2004 (Drummond 2004; Prime Minister's Strategy Unit 2004; Welsh Office 1996). The United Kingdom government has, as illustrated in Appendix 1, been noticeably slower or more cautious, than its counterparts in formulating alcohol strategies and integrating approaches to alcohol with those of drugs. In April 1998 the Department of Health indicated that an alcohol strategy would be produced by the autumn of 1998 (Alcohol Concern 1999), yet the strategy did not appear until six years later. This void was filled by a succession of documents from the campaigning group Alcohol Concern and new strategies by the devolved governments. Whether or not co-joining drugs and alcohol policies has actually resulted in a greater profile for and development of alcohol services remains a debatable point (Hadfield et al 2009, Plant and Plant 2006). Centralised money particularly that associated with criminal justice service provision has predominantly remained restricted to drugs only, even where co-substance policies exist. This preference for financing drug interventions has had a restrictive impact on development of alcohol service provision. Hadfield et al (2009) in their evaluation of the impact of policy acknowledge this steer towards criminal justice and further identify tensions between the myriad of national and local government departments and focus on symptom rather than cause-orientated interventions as explanations for policy ineffectiveness.

Plant and Plant (2006:80-84) usefully summarise the critique of the Alcohol Harm Reduction Strategy for England, noting its migration from the previous consultation document resulted in the omission of a number of key themes (alcohol and family violence, issues of education effectiveness and considerations of tax increases). Subsequent bodies and individuals have viewed it as a document of compromise rather than effectiveness. Drummond (2004) critiques it as being good (highlighting the extent of the problem), bad (lack of targets, lack of money and suggestion of binge drinking as a new phenomenon) and ugly (ignoring and excluding of high impact strategies and previously presented evidence). Drummond (2004) goes on to conclude that at best it is a weak strategy and at worst, highly damaging.

An examination of the various national strategic frameworks (Appendix 1) highlights a commonality of approach and four themed targeted areas for change;

1. Preventing harm through improving educational information and influencing cultural change,
2. Better identification, support and provision of treatment services for those experiencing difficulty with their own, or someone else's, drinking,
3. Addressing the criminal and anti-social consequences of drinking,
4. Addressing issues of availability through use of voluntary and statutory codes of frameworks with the alcohol industry.

The strategies argue for the effectiveness of interventions in reducing the associated costs of consumption. The cornerstone of these arguments is a claim that every £1 spent on treatment will save £5 elsewhere (Gossop 2006, Rastrick et al 2006). The interventions that these strategies promote are frequently focused on health and criminal justice. In this context, social work is not seen as being as important as any nursing, medical or policing roles (Appendix 2). Yet despite this focus away from social work, there is substantive evidence for the prevalence of drinkers and drinking problems amongst the social work caseload.

1.2 Social work and alcohol

The volume of problems associated with alcohol use referred to above, would suggest, based on the law of averages alone, that social workers are likely to come regularly across problem drinkers and problems associated with drinking. However there has been enough research to establish that the prevalence of alcohol misuse and associated problems amongst social work service users is high, and that they can represent a disproportionate percentage of the population who experience and present problems with their drinking, (Collins and Keene 2000; Fanti 1984; Galvani 2012; Goodman 2007; Googins 1984; Kearney 2003; Leckie 1990; Livingston 1996; Livingston and Galvani *forthcoming;* Paylor et al 2012). This is perhaps to be expected as:

> ...alcohol misuse is a major component in many social and health care problems. It should therefore form a major component in the professional

> practice of social workers and other primary care workers who take the lead in identifying and responding to social and health care problems (Alasewski and Harrison 1992 : 331).

The estimates for the percentage of social work service users that experience alcohol problems, varies significantly, although Kearney (2003), suggests as much as 90% of families on social work caseloads have parents experiencing alcohol, drug and mental health problems.

There has been a significant volume of recent publications evidencing the (increasing) prevalence amongst a range of specific social work client groups (Galvani 2012, Livingston and Galvani *forthcoming*). These include: children and families (Advisory Council on Misuse of Drugs 2003; Forrester and Harwin 2011; Kroll and Taylor 2003; Templeton et al 2006), mental health (Bartels et al 2006; Galvani 2012; Manning et al. 2002), young people (Britton 2007, Health Advisory Service 2001), older people (Robinson and Harris 2011; Shaw and Palattiyil 2008; Wadd et al 2011), learning disability (Huxley et al 2005), physical disability (Beddoes et al 2010a, Turner et al 2006) and black and minority ethnic groups (Beddoes et al 2010b; Hurcombe et al 2010; UK Drugs Policy Commission 2010). Not only do these texts provide evidence base for particular patterns of consumption, they also highlight the specific consequences for each client group (Livingston and Galvani *forthcoming*). Often this is about a compound of interactions, where the alcohol use increases vulnerability to effects and risks, but equally plays a role in increasing behaviour and situations that are of concern to social workers (Galvani and Livingston 2012a; 2012b; Galvani and McCarthy 2012; Livingston and Galvani 2012 *forthcoming*).

This intrinsic alcohol element amongst the social work case load has brought about a re-evaluation of what might be considered the social worker's role and possible effective interventions. For example, providing brief interventions, delivering cognitive therapy or motivational interviewing, supporting families and peer groups (Livingston and Galvani *forthcoming*). Taylor and Kroll (2004) highlight that frequently children and families social services will have the child as their priority which can appear to be discordant with substance misuse services having the adult user as their priority. This sort of distinction has led to an increasing emphasis within strategy documents, service developments and treatment theories on more familial

interventions, most notably Social Behaviour Network Therapy, the 5 Step Model and Integrated Family Support Services (Copello et al 2000a; 2000b; 2002; 2006; Orford et al. 2007; Livingston 2013; Livingston and Galvani *forthcoming;* McCarthy and Galvani 2012; Welsh Assembly Government 2008b).

These developments aside, the general response over the last 30 years has seen the development of specialist roles associated with working with problem drinkers rather than an enhancement of the capabilities of generic social workers. The emergence of these roles within specialist community alcohol and drug teams has been outlined earlier in this chapter. This situation seems somewhat inconsistent, with the above description of the prevalence of problem drinkers amongst social work caseloads. Social workers and other non-substance misuse specialist workers are not referring all these drinkers nor would it be possible for them to do so. And it is probably inappropriate for all of these drinkers to be referred. Finally, they will not all want to be referred. It means that social workers may be left as the 'only' agency working with such individuals and families.

The evolution of social care services (including social work) over the last 30 years, as reflected in such things as: purchase-provider splits, care management, distinct national and local government departments, ever-changing training, and fragmented service delivery, has seen the development of specialist arenas of practice. This occurs within sectors by client group type for example children, adult and elder people and by role, for example, care/offender manager[3] and support services/interventions. In which context, alcohol services have increasingly sat (along with drug services) as specialist adult treatment (health) orientated provision This has contributed to a continued disenfranchisement of the social work profession from seeing alcohol work as part of its core business.

Governments have issued a number of strategy and policy documents that have identified the role of non-substance misuse specialist staff in working with alcohol problems. Of particular note are Models of Care for Alcohol Misuse (MOCAM)

[3] Offender Manager is the current title of those responsible for case management in the statutory criminal justice sector working for the National Offender Management Service, previously known as Probation Officers and the Probation Service.

(Department of Health 2006) and Hidden Harm (Advisory Council on the Misuse of Drugs 2003). However, it is also worth noting that when I conducted a brief word search of the key strategy documents (see Appendix 2), it was observed that social work and social workers appear to be identified as having a smaller contribution to make than other medical or criminal justice professions. The net result of this dichotomy has, for social workers, resulted in feelings of a lack of confidence in their role legitimacy, support and adequacy in working with alcohol (Galvani 2007).

The inception of specialist Community Alcohol Teams (Shaw *et al* 1978) was intended to provide an expert consultancy resource to generic workers (including social workers), however, as I have noted, they rapidly developed into highly specialist agencies that receive referrals rather than work to empower workers to work with their existing drinkers (Collins et al 1990). This development into 'referral' only services has resulted in the majority of social workers seeing them as agencies to which they refer service users rather than which they receive support in respect of their own work with such drinkers. Since 1980, there has been a massive growth in specialist alcohol and drug services (Harrison *et al* 1996), particularly combined with the even larger growth in specialist drug services (Luty and Rao 2008). The indication being that this has further distanced social workers from confidence in working with the client group, encouraging them to see these other services as the 'experts'. Consequently research has frequently been able to identify that social workers do not feel skilled, supported or legitimate in roles working with such drinkers, unless they themselves have had specific training or experience of alcohol or drug work (Adams 1999; Cartwright 1975; Galvani and Forrester 2011b; Galvani and Hughes 2008; Gorman and Cartwright 1991; Lightfoot and Orford 1986; Loughran et al 2010; Rassol and Rawaf 2008; Richardson 2008; Shaw *et al* 1978; Watson et al 2003).

This research has utilised the AAPPQ (Alcohol and Alcohol Problems Perception Questionnaire), an attitudinal questionnaire developed by Cartwright et al (1975), to inform their descriptions of social workers' experiences of inadequacy in the context of role support, knowledge, and legitimacy. Subsequently researchers have evolved this into the: Shortened Alcohol Attitudes Problems Perception Questionnaire (SAAPPQ) (Anderson and Clements 1987), Alcohol, Drugs and Alcohol/Drug Users' Problems Perceptions Questionnaire (ADPPQ) (Galvani 2007; Galvani and Hughes

2010; Gorman and Cartwright 1991), Drug and Drug Problems Perceptions Questionnaire (DDPPQ) and Co-morbidity Problems Perceptions Questionnaire (CMPPQ) Loughran et al (2010) and Watson et al (2003). All of these articles assert that social workers continue to demonstrate the same inadequacies or predictors of possible adequacy in their work with those experiencing drink or drug related problems. Further critical examination of these research pieces is contained within Chapter 3.

It is often assumed that the solution to this situation is to recommend greater inclusion of alcohol and drug-related content into qualifying and post qualifying education (Adams 1999; Galvani and Hughes 2010; Livingston 2013), particularly given that social workers do not normally receive any significant amount of pre or post qualifying education on working with alcohol (Galvani and Forrester 2011b). Curricula input on alcohol is not a compulsory element in social work qualifying programmes and its inclusion is very inconsistent (Galvani et al 2012). Harrison et al (1990) and Galvani (2007) have established that social workers receive on average 8 hours education on substance misuse throughout their formal qualifying education. Research has consistently demonstrated that quality and quantity of input about substance use as part of qualifying education is the exception rather than the norm, and social workers often feel that their qualifying programmes have not prepared them for working with alcohol (Galvani 2007, Galvani and Forrester 2011b; Galvani et al 2012). This often results in feelings of frustration and anger (Galvani and Forrester 2011b). More generally, Heggen (2008) has identified that social worker's perception of their qualifying education is to not to value any academic knowledge and see the education as not meeting their competency and practice needs. The picture is not particularly different in post qualifying education, which has to compete with a vast range of other priorities and is not always considered to meet candidates' specific developmental needs (Doel 2008, General Social Care Council 2009). Further, Adams (1999) has demonstrated that the majority of social worker's perception of qualifying training was of its inadequacy in preparing them for working with drug-using parents.

Formal education is not the only option to increasing social workers' and other social health care professionals' knowledge. Indeed one of the original premises of this thesis was that, in the context of much current supervision being caseload audit focused

rather than on going reflective environments, education as a stand-alone intervention represents an ineffective and inefficient approach to supporting work-based learning, and that supervision and consultancy probably have a greater impact on improving and reinforcing knowledge acquisition. Some of the literature highlights the possibilities of definitions, models and effectiveness for both consultancy and supervision within social work (Berragan 1998; Carpenter et al 2012; Cowburn 2000). What they have in common is an understanding of it as a facilitated process which enables practitioners to reflect upon, understand, increase, change and grow in their knowledge and learning about a subject. Research into this aspect of supporting social work to respond effectively to professional practice dilemma is relatively limited (Carpenter et al 2012). No references to its role in supporting the alcohol role confidence agenda could be found.

There are inherent tensions in these discussions about the purpose and function of social work education in providing preparation for working with alcohol and social work in working with alcohol. So despite the clear guidance and recommendations for alcohol-related content in social work education was provided by the Central Council for Education and Training in Social Work (1992) twenty years ago, the continual evidence is of a failure to meet perceived need. In this context, social work education is seen as being of a generic nature and alcohol work a specialist one (Livingston 1996). Social work education is measured against a set of Quality Assurance Agency for Higher Education (2008) benchmarks and National Occupational Standards (TOPSS 2002) that do not include reference to specific topics like alcohol, rather they emphasise generic skills and competencies. Moreover, they also reinforce a role for social work that is about competency and therefore perceived role confidence, in the demonstration of the generic skills associated with these standards.

Despite this lack of specific alcohol education, supervision or consultancy, these generic considerations are amongst the substantive volume of theories, models and tools open to social workers to provide effective interventions to service users experiencing problems (Livingston and Galvani *forthcoming*). These can be considered into two ways; those generic and inherent to the profession and those of a more specialist nature that might need either greater incorporation in core curricula or acquiring subsequent to any core education and qualification.

It is consistently argued that social workers have many skills and knowledge that are already well-suited to working with drinkers (Forrester and Harwin 2011; Galvani 2012; Goodman 2007; Paylor et al 2012). Indeed both Forrester and Harwin (2011) and Paylor et al (2012) argue that good alcohol and drug work is the same as good social work. In addition there are a number of well-evidenced interventions that can be effectively delivered by social workers within the context of both generic and specialist roles (Livingston and Galvani *forthcoming*). The alcohol and wider substance use field has developed a number of significant theoretical approaches, models and tools over the last 30 years (for example: brief interventions, motivational interviewing, cycle of change, cognitive behavioural therapy approaches, peer support, relapse prevention and family work) (AERC Alcohol Academy 2010; Babor et al 2001; Copello et al 2006; Lavoie 2010; Marlatt and Gordon 1985; Miller 1983; Livingston et al 2011; Prochaska and Diclemente 1982; 1983; 1986; Prochaska et al 1988; 1992, Rastick et al 2006; Velleman 1992). These are firmly established and of such a tangible nature that they are easily transferable in understanding and practice towards other professions like social work (Forrester et al 2012, Livingston and Galvani *forthcoming*).

The starting point for this thesis was the picture of an engrained historical and increasing consumption, leading to a range of social consequences that manifest themselves in social work caseloads, which in turn often result in social workers, and those educating and supporting them into some perceived limited responses. This chapter and the initial literature search process have supported the established argument; that the dichotomy between the prevalence of alcohol and social work and the response to it requires addressing. It has identified the existence of a dominant dialogue that suggests the solution lies in improving, through education, social workers' knowledge in respect of alcohol and ways of working with it. The following chapter takes a more critical exploration of this stance with regard to the nature of what knowledge for social work is, and how it is acquired and used. In doing so, it acknowledges Fook's (2002) critical analysis that that this picture might represent an assumption about the extent to which some basic knowledge acquisition might actually be happening.

Chapter 2: Knowledge and skills acquisition – learning about alcohol and work

In considering the efficacy of possible educational approaches to increase social worker role adequacy in working with alcohol, it became increasingly pertinent to this author also to explore the question of what, in the context of alcohol and social work, is considered to be 'knowledge' and how it is being both learnt and applied. This chapter will explore wider concepts of knowledge definition and acquisition and how these have been reflected in the social work literature, concluding with considerations of typologies of knowledge and how these lead to research design considerations.

2.1 Social work: the search for a knowledge identity

Social work has been referred to historically as one of the minor professions (Eraut 1994), in that it is suggested that its knowledge foundation is not one of the fundamental scientific and academic ones. As a consequence it has not been afforded the associated academic and professional credibility that is attributed to these subjects. This argument has been extended further, with social work also being viewed as having less of a knowledge base for practice than some allied health professions (Beddoe 2011a, Gould 2006). This perceived lack of a long established academic lineage, contributed to social work's thirst through the 1960s and beyond to develop a credible evidence base as part of its claim for professional status (Drury-Hudson 1997, Meemeduma 2001). Hodge et al (2012) argue that the sating of this thirst can be seen in- a distinct professional knowledge base in the form of- social work journals, which increased sevenfold between 1978 and 2005. This quest has resulted in the increasing identification of such a foundation and within this the development of an apparent polarised dialogue between theoretical and practice based knowledge (Klein and Bloom 1995, Wilson and Kelly 2010). Indeed discourse about the nature of social work knowledge and the evidence for practice, features regularly in the list of one hundred most cited articles in disciplinary journals (Hodge et al 2012).

Social work knowledge is often identified has having evolved from Freudian psychological theories (Howe 2009, Payne 2005) and subsequent challenges to these origins, resulting in the establishment of two main theoretical approaches which (can) often appear as opposites: those of individual and societal reform (Howe 2009). These

trends in theoretical alignment are well-established and maintained despite an unprecedented change and increase (in size, complexity and discordance) over the last twenty-five years in the broader knowledge upon which social work draws (Reid 2002). Social work knowledge (and in particular that ascribed to practice) is, additionally, more closely associated with specific, popular and influential practice movements (Reid 2002), for example, the systems and ecological perspective of the 1980s, each of which emphasised different forms of knowledge. Finally, there have been some recent publications that have proposed the existence of an emergent post-modernist discourse within social work, which establishes a more convergent repositioning of the theories and approaches within more inclusive concepts of narratives, empowerment and neoliberal economics (Ferguson 2008; Healy 2005; Payne 2005). The establishment of the claims to recognisable modern social work knowledge can be seen as a response to a number of trends: dissatisfaction with any existing and pre-existing formulations, new ideas from research and creative minds, impinging economic and social factors, changes in sources of knowledge production and substantive practice movements (Reid 2002).

Some authors argue, and it would appear reasonable to propose, that any claim to a unique or exclusive knowledge base in social work is fraught and tenuous (Drury-Hudson 1997). So what becomes interesting here is, whilst the very existence and titles of the recent (and past) core texts for social work theory (Beckett 2006; Ferguson 2008; Gray and Web 2009; Healy 2005; Howe 2009; Payne 2005) would suggest the reality of an argument for a unique social work knowledge base, what they often reference is a huge pantheon of much wider social science, philosophy, psychology and other disciplines. It is clear from the construction of these books and the sources they utilise, that the development of social work knowledge has drawn upon sociology, psychology, social policy, organisational theory and wider social movements (Drury-Hudson 1997). This seems a logical consequence of the above preoccupation with both the individual and society. Thus, for an example: Butler, Foucault, Freud, Giddens, Habermas and Marx, can all be identified as being highly influential in the development of social work theory (Gray and Webb 2009).

It is important to note here that not only does this historical evolution from other academic influences affect the type of knowledge utilised, it also reflects an acceptance

of the method of evidence collection supported by many of these disciplines. Thus, until the much more recent post-modernist discourse, social work has predominantly relied on developing a knowledge base derived from the positivist scientific paradigms and methods of scientific observation consistent with its psychological origins (Gould 2006). This criticism of an over reliant acceptance of a particular research paradigm, means that social work is still playing catch up with the wider social science field and its increasing use of alternative research designs and methodologies (Davies 2003, Phillips and Shaw 2011). The implications of these paradigms of social work research are explored later on in this text. Additionally, for the specific knowledge topic of this thesis, alcohol, this position can be compounded by the research design preoccupations of the addictions field as discussed in Chapter 3 (Orford 2008). It seems likely that a greater depth and diversity of research approaches will help to inform and strengthen any understanding of the social work knowledge base (Beddoe 2011b).

Individual social workers will train, practise and research in different times, and this in itself will mean that their own knowledge framework and the disciplinary influences will in part be a construct of that period (Gilligan 2007). Thus, for example, social workers formally trained during the late 1980s and early 1990s will have experienced a huge preoccupation with the establishment of theories and models associated with anti-oppressive or anti- discriminatory practice, and the writings of Burke, Dalrymple and Thompson (Payne 2005). This historical context to each generation, and the personal experience of social workers, will be shown, later on in this chapter, to be important in the construction of what might be called personal knowledge. It would be surprising to find a social worker who adopts or incorporates all of the possible knowledge bases that have been offered to and incorporated by social work over the last eighty years. What they do choose to adopt is likely to change with roles, agencies and time. Combined with exposure to so many possible theoretical considerations, it often leads to practice founded on eclecticism (Payne 2005; Parker 2007; Thompson 2010).

Collingwood (2005) also identifies two streams but sees these in terms of; knowledge for understanding the service user's situation and knowledge for informing intervention. These two themes reflect the influence of a) sociology, psychology, social theories and b) psychodynamic, person centred, and behaviourist approaches respectively. Additionally, it is possible to note that whilst these 'theory' texts reflect

on core knowledge, movements and practice diversity, they do give detailed consideration to organisational context and individual social workers' personal knowledge (Beckett 2006; Ferguson 2008; Gray and Web 2009; Healy 2005; Howe 2009; Payne, 2005). These additional considerations of organisational and individual knowledge are, in this context, frequently set within other conceptual frameworks and considered to be distinct from theoretical knowledge. Thus

> 'social work practice with individuals, families, and groups is rooted in a vast base of borrowed and indigenous knowledge consisting of concepts, theories, models, practice wisdom, and research findings' (Reid 2002 :6).

These discussions within social work literature often lead to the adoption of some prescriptive and narrow definitions of what is or is not constituted as knowledge. Frequently, social work writing seeks to describe the essential elements of social work as a combination of (the above distinct theoretical) knowledge, plus skills and values (Collingwood 2005; Fairchild et al 2006; Gambrill 1999; Thompson 2005). This distinction between knowledge, skills and values is reinforced within the national occupational standards (Topps UK Partnership 2004), but appears to be discordant with the wider accepted definitions of knowledge, which rather than maintaining any difference, usually incorporate skills within any definitions of knowledge (Eraut 2004). Indeed, social work often describes knowledge within the specific contexts of theory, or broader prescribed policy, procedures, legislation and academic knowledge; this is resonant with what might be referred to as codified knowledge within the wider knowledge discourse (Eraut 2004). This codified knowledge is often seen as distinct from practice, skills, values and ethical considerations (Nixon and Murr 2006). This distinction is also mirrored in attempts to distinguish between practice/clinical experience and other forms of experience.

What consistently emerges is that social work knowledge (even if we include skills and values) is most often described in the context of two perspectives: theory (academia) and practice (agency) (Healy 2000; Meemeduma 2001; Sheppard et al 2000). The notional divide between theory and practice, will be explored as this chapter unfolds. However, this sense of the social work knowledge theory and practice divide is reinforced by the use of specific terms in the context of particular client groups or an exclusive work setting. Thus social work texts are frequently either

generic, for example '*An introduction to social work theory*' (Howe 2009) or very specific, for example '*Violence against women in South Asian communities*' (Thiara and Gill 2009). As a further example of these more specifically focused texts, three concentrating on exploring social work with alcohol and other drugs were published during the period of the construction of this thesis (Forrester and Harwin 2011; Galvani 2012; Paylor et al 2012).

A striking example of the distinct rather than inclusive nature of texts for social work knowledge is seen when the notions of values and ethics are considered. These subjects are frequently referenced within separate chapters (Adams et al 2009(a); 2009(b); Lymbery and Postle 2007; Thompson 2005; Watson et al 2002) or even separate books (Banks 2006, Parrot 2010). Whilst these texts articulate values and ethics as fundamental building blocks of social work –indeed they are usually described as specific social work values - they nonetheless portray them as somehow distinct from the theoretical and practice knowledge frameworks. This is despite the fact that social work values and ethics are clearly influenced by the same range of wider theoretical and philosophical perspectives identified above (Banks 2006). In contrast, Walker (2003), in her exploration of the knowledge that nurses utilise in their assessment of pain, is keen to emphasise that matters of ethical and philosophical knowledge are given inclusive rather than distinct consideration by practitioners. She concludes with a call to embrace the diversity of the knowledge types rather than the preferential use of a singular knowledge form. The potential message for social work is clear. After all, it is this holistic understanding of individual complexity which leads to the deliberation of a social work value base, which in turn would seem to argue for social workers to recognise their individual and collective ethical perspectives as an inherent part of a knowledge typology and not an adjunct.

Despite this apparent portrayal of potentially discordant dialogues, it is possible to identify some social work literature which has sought to develop a more inclusive or holistic sense of a typology of knowledge (Drury-Hudson 1997; Meemeduma 2001; Gordon and Cooper 2012; Gould 2006; Osmond 2005; Osmond 2006; Trevithick 2008; 2012). These approaches seem to reflect a wider discourse on knowledge types and creation. They seek to incorporate some of the divides between theory and practice, knowledge and skills as highlighted above, aligning the theoretical, factual,

organisational, empirical and personal into singular typologies of social work knowledge. These frameworks are presented as overlapping and interwoven (Drury-Hudson 1997; Gould 2006; Osmond 2005; Trevithick 2008).

A more critical exploration of these typologies appears later in this chapter in the discussion associated with the creation of my own framework. However, at this juncture it seems important to highlight some of the common themes within these typologies. Firstly, Trevithick (2008) suggests three constituents of her typology: factual (including research), theoretical and practice/personal knowledge. Whilst the typology presented in this article is comprehensive, it appears that the inclusion of personal knowledge is really only framed as a process of knowledge creation rather than as an additional type. Drury-Hudson (1997) offers five components in her typology: theoretical, empirical, procedural, practice wisdom and personal knowledge. This typology goes onto suggest that the constituent elements form a totality we can call professional knowledge, which almost feels like an inherent contradiction. Neither of these two authors seeks comprehensively to incorporate the considerations of values or skills, so inherent in the wider social work literature, within their chosen framework. Nonetheless, the usefulness of both models is that they attempt to formulate singular frameworks that extend the notion of the social knowledge base to include a range of knowledge types in a manner which also bridges the perceived gaps of any theory and practice divide. Gould (2006) creates a framework for gathering evidence through different research methodologies which accounts for exploring both measurement and meaning. Through this process he generates, an understanding of knowledge that includes both tacit and experiential types in moving beyond the codified. Osmond's (2005) *'knowledge spectrum'* model is concerned with describing the process of social work knowledge creation, and perhaps, as a consequence of this process, is the most comprehensive of the existing typologies, incorporating: theoretical, conceptual, research, personalised, emotive, action, service user, situational, and organisational knowledge. Osmond (2005) suggests that these can be summarised as three interconnected knowledge categories; received/accepted, action and interactional-contextual. What we can see in all these constructs is an inclusive consideration of a range of different knowledge sources into singular frameworks. In this context, it is possible to observe that social work knowledge has been defined not only in terms of what it is, but where it comes from. Thus, Pawson et al (2003) in their review of social

work knowledge describe five distinct sources (and users) of social work knowledge: organisations, practitioners, policy community, research and service users and carers.

Service user and carer involvement in social work, and in particular research, helps us explore the claims and ownership of what is considered to be or not be knowledge (Biskin et al 2012; Fenge 2010; McLaughlin 2010). Typologies of social work knowledge are often described in the context of a profession or the individual social worker, and as such do not always explicitly incorporate service user and carer knowledge (Drury-Hudson 1997; Meemeduma 2001; Osmond 2005; Osmond 2006; Trevithick 2008). Beresford (2000) however, in an argument for including considerations of service user knowledge, suggests that it is fundamentally different to all other forms of social work knowledge in that it is also, and uniquely consequent upon, direct experience. This additional interpretation of what is social work knowledge is, can be seen in the possible ways of creating or acquiring knowledge, and the various sources of knowledge. Bradbury and Reason (2003 cited by Nolan et al 2007) define four interdependent forms of acquired knowing: experiential knowledge (based on direct contact with the world), presentational knowledge, (looking at how we share our experiential stories), propositional knowledge (drawing on concepts, ideas and theories) and practical knowledge- which collectively uses all the other three. Service user and carer knowledge, whether in the process of or the consequence of research, is likely to encapsulate these varieties of typologies (Biskin et al 2012). The point to be made here is that there is growing acceptance that there are different types and sources of social work knowledge none of which is necessarily 'right' or 'better than' the other (Nolan et al., 2007) although it would seem to follow that only knowledge drawing on all possible sources can begin to claim to be complete, and this must therefore, in terms of the profession as a whole include that of service users and carers.

Some of this literature introduces the concept of *practice wisdom*, which is adopted and explored as a more inclusive means of explaining an alternative position to the apparent divide between theory and practice (Klein and Bloom 1995). Drury-Hudson (1997) chooses to identify practice wisdom as one of her distinguishable and specific knowledge types, rather than in any wider sense. The general arguments being made here are consistent with wider knowledge explorations (Eraut 2004, 2007) in that the

elements of knowledge are considered to be overlapping rather than distinct, and the usefulness is in the merging of apparent distinctions. Moreover, it is claimed that experiential knowledge (practice) can be translated or communicated into more generic theoretical knowledge and that codified knowledge can similarly be converted into principles for informing action. Although Osmond (2005) does not utilise the term practice wisdom: she is clearly also describing integration between theory and practice that becomes knowledge in itself. Thus practice wisdom: is the merging of the objective with the subjective, or the integration of experiences gained through practice into existing theoretical knowledge (Klein and Bloom 1995, Trevithick 2008). This bridging (or not) of the gap between theory and practice is acknowledged within some social work texts and referred to as Praxis (Healy 2000, Thompson 1992). The translation between the systems of knowing allows normative attributable knowledge to be fused with the uniqueness of each worker and service user interaction, creating:

> ....a system of personal, value driven knowledge emerging out of transaction between client situation and use of scientific knowledge (Klein and Bloom 1995 :801).

The concept of practice wisdom is also described in terms associated with practice learning, as an interaction between learning acquired in formal education and workplace settings, particularly where this is ascribed as a career-long, rather than qualifying process (Nixon and Murr 2006).

It can be seen, then, that the history of the use of alcohol and the associated understanding of the perceived problems it creates, are part of a wider social theoretical context and not the preserve of the academic and practice worlds of social work. In addition, if I consider as previously highlighted, that social work theory is drawn from a knowledge base of more than its own discipline, and that social work practice occurs by definition in a wider societal context, it seems necessary to seek to understand social workers' knowledge of alcohol by considering knowledge construction. This is consistent with Guba (1990) and the idea that in considering multiple or alternative paradigms, everything connects.

2.2 Relating wider knowledge construction considerations

Broader, non-social work specific, considerations of what can be defined as knowledge are extensive, with much of the writing focused on supporting understanding of the processes of education and learning (Eraut 2004, 2007). Eraut (2004, 2007) suggests that knowledge and learning can be seen from two perspectives: that of wider social and individual construction. This has echoes of those broad divides of the social work knowledge discourse, and reflects that whether considering total, or social work specific knowledge, it is possible to identify two common origins: one of the wider sociological discourse (for example Giddens) and the other of the individual (for example Habermas) (Ferguson 2009, Houston 2009). The social perspective accounts for collective construction of knowledge, and provides learning with its broad range of contexts and potential resources. Conversely the individual perspective enables us to explore the differences in interpretation each person gives to their learning (Eraut 2004). These two perspectives are often classified into typologies which include classification by dint of source or origin, acquisition and, occasionally, groups of users (Eraut 2004, 2007; Pawson *et al* 2003; Steward 1996; Tsang1997). Thus when exploring the wider knowledge literature it needs to be understood as learning, both in terms of potential typologies, processes and users.

When definitions of knowledge are constructed into simplistic typologies they adopt models divided into two broad types: those of explicit or codified knowledge, and those of the tacit or non-codified knowledge. In these simplistic divisions it is possible to see how the less inclusive academic/practice divide in social work literature is sustained. As these boundaries are far from distinct, the more elaborate typologies seek to manage the overlapping aspects of these groupings. For example, Eraut (2004, 2007), builds a typology based on three principle forms of knowledge: codified, cultural and personal. Not only can the resonance of these wider discourses be seen in the social work literature, but also in those of other professions. For example: Walker (2003) citing Carper (1978) suggests that for nursing there are four types of knowledge: empirical, aesthetic, personal and ethical. Walker's (2003) use of empirical and personal definitions is consistent with Eraut (2004, 2007). In exploring some of the wider educational typologies in detail, it is possible to see where elements

have or have not been incorporated into considerations of the professions like social work.

The clearest and most consistent agreement appears to be in identifying what is explicit knowledge; this is usually defined as knowledge that is acquired through formal learning processes. Eraut (2004, 2007) chooses to describe this as codified knowledge. Thus for him, codified knowledge is the accepted knowledge, frequently associated with academia, which has been through associated processes of construction, debate and publication via peer evaluation, books and journals. This knowledge is often discussed in terms of its truth and validity. This element seems relatively easy to identify within social work discourses; it is what is meant by 'theory', and includes legislative, policy and research considerations.

The other half of the knowledge spectrum is most often referred to as inexplicit or tacit knowledge, defined in terms of what it is *not*, as non-codified knowledge. It is often given a greater diversity of components and names within the various typologies. These include: cultural or personal knowledge, experiential and personal learning, intuition and organisational learning. It is argued that cultural knowledge plays a significant role in most work-based practice and activities (Eraut 2007) and as a consequence of the informal learning processes; also includes concepts of socialisation. Some consideration is also given to intuition as a different and legitimate knowledge. In considering these wider frameworks it is possible to see a consistency with some of the other elements in the social work discourse, such as skills and values.

Some of the discourse and thinking on knowledge typologies has arisen through exploring knowledge and learning which is particularly associated with business and organisational management and concerns itself both with the individual and collections of individuals (Gould 2000). In particular, there has been the development of the concept of the *'learning organisation'* (Tsang 1997). An exploration of this as a way of learning is discussed later in this chapter however, what is clear is that this sort of collective team knowledge does not necessarily fit easily within the frameworks discussed above. What constitutes the collective, as opposed to the individual, knowledge typology, and the way in which it is acquired, has a number of overlapping considerations. Where organisation knowledge might be seen as a mixture of cultural

and personal knowledge and not codified (Eraut 2004), would seem to be at odds with any understanding the professional organisation as a place of formal teaching, research and production of written summations of knowledge.

The theory (academic) practice (agency) divide, (a division between the codified and non-codified) and whether it exists and/or is a 'good or bad thing' is discussed in other contexts beyond social work. Where authors argue for its existence, it is usually portrayed as a problem, with either a relational divide between the two or a sense that neither actually reflects any relevance to the other (Allmark 1995; Meemeduma 2001; Nixon and Murr 2006; Sheppard et al 2000). Indeed Allmark (1995) goes as far as to suggest that theory and practice use different forms of knowledge. Professional debates, including those of social work, appear to reduce this to the most dichotomised conversations about the extent to which practice is science or art (Walker 2003). Aesthetics, or the 'art' of practice, is explored in the notion of the skill of the craftsman, or the influence of the intuitive. In his hugely influential book, England (1986) goes as far as to explore '*Social Work as Art*', and argues for the primacy of the subjective, and in particular intuition, imagination and experience (England 1986; Howe 1992; 2008; 2009; Parton 2002; Payne 2005; Thompson 2010). It is an acknowledgement of the widest possible definitions of knowledge, which suggest the widest range of influences on professional practice (Eraut 2007). The more inclusive and overlapping typological constructions can, in part be seen as the means by which authors seek to ameliorate any divides and suggest more integrated origins and use. In contrast, Frankel (2009) suggests improved effectiveness of training, rather than reconstruction of knowledge frameworks as the solution for managing any theory/practice divide. Thus one of the key questions posed by this thesis can be articulated as: is there a gap between social workers' theoretical knowledge and their practice with alcohol, and can this be met by more effective education or greater consideration of the knowledge being utilised?

Allmark (1995) argues that the notion of theory (codified knowledge) informing practice, which is so common to health and social care discourse, is an oversimplification. In proposing that the actual acts of nursing are practice, and not theory, he suggests that claims for nursing theory appear therefore to be oxymoronic. In this sense the idea of social work theory, rather than the theories which inform

social work (Beckett 2006; Ferguson 2008; Gray and Web 2009; Healy 2005; Howe 2009; Payne 2005) would also appear to be oxymoronic. After all they are not social work theories apart from the theories that social workers use. This might even suggest that whilst methods of social work intervention clearly exist, there might not be any social work theories as such. Perhaps what can be seen here, in the claims for social work and nursing theory, is the claim for the right to be identified as a profession with a clearly identifiable knowledge base. This claim is backed by pressures to deliver evidence based practice or clinical effectiveness, which results in reliance upon a narrow empirical (codified) knowledge (Walker 2003).

In exploring these typologies, and constructing a new framework of social work knowledge, the following have been considered: a) inclusive definitions made explicit in codified knowledge, b) the combination of more disparate elements into a grouping of non-codified knowledge and c) a framework with the additional component of personal knowledge, which combines both codified and non-codified knowledge through individual experiences.

Interestingly within some of these typological discussions, but more often missing in others, is the role of experience. In particular the question of whether or not experience is distinct from or a part of what might be considered as knowledge. It is easier to find the acknowledgement of experiential knowledge more in the wider literature rather than in social work (Carneiro 2007; England 1986; Howe 1992; 2008). However this is often still referenced to previous experiences of practice rather than also including personal 'other life' experience (Arbon 2004). Yet, it would seem important not to discount wider personal experiences and only take account of work based experiences. Beresford (2000) argues strongly for social work to acknowledge service user and carer direct experience, but in many contexts, social workers will also have direct personal rather than professional experience. Indeed, some of these can be critical influences on; values, beliefs, attitudes, understanding and acceptance of factual information (Arbon 2004; Banks 2006; Thompson 2012). In an exploration of understanding uniqueness, Davis (2001) usefully argues that the influence of historical, contextual and cultural knowledge affects our response to given situations:

> The older we become, the more the space on our life canvas fills with accumulated knowledge and experiences forming patterned categories (Davis 2001: 102),

This is echoed by the suggestion that each person has an individual frame of analysis (Gilligan 1997). It is argued that it is this human uniqueness that enables us to distinguish social work, nursing and other similar occupations from mere technical professional interventions (Arbon 2004, England 1986).

If experiences are treated as sequences of environmental and timeframes, the complexity of residual knowledge can be suggested as being a simple reflection, once removed, of experiences and environmental encounters (Anderson 1996). The important if somewhat obvious, thing here is that any given person's knowledge only reflects what they have been exposed to. Each worker's experience is unique (Arbon 2004). This is significant in the sense that it is assumed that qualified social workers have acquired similar core knowledge through their qualifying training experience. Yet the social work curriculum, if not that of any formal education and training, changes both with generations (time) and environments (countries and institutions). So with respect to the specific topic of this thesis, a valid question is what happens to social workers with alcohol, if they missed the very limited alcohol input in their training (Galvani 2007) or if they qualified when alcohol use was considered a disease rather than a social phenomenon (Livingston 2012b)? What knowledge then informs their understanding and subsequent practice? If the formal education has been missed or not given, it seems logical to suggest that knowledge is acquired somewhere else and is likely to be through cultural or personal experience rather than taking a codified form. The knowledge, and what informs the understanding and action of social workers, is probably not only a reflection of their own formal learning experience, but must include other forms of knowledge acquisition, whether complementary or gap-filling. Indeed this position is often acknowledged within recruitment for social work qualifying programmes, where prior experience is cited as a prerequisite for application. Experience is also frequently treated as a positive attribute, even a necessity, if job advertisements and person specifications are to be believed.

It is possible within this context to consider constituent elements (typologies) of experience or experiential knowledge. Thus, there are those of: education, the practice

or clinical perspective, personal life experiences beyond the classroom and workplace. Carneiro (2007) suggests this experiential knowledge reflects individuals undertaking a range of non-codified learning like: organising multiple sources of information, dealing with the social dimensions of knowledge formation, learning to self-regulate the effort to learn, learning to forget and un-learn whenever necessary and making room for new knowledge. This combination of out-of-classroom encounters is then about individuals learning from experiences. Carnerio (2007) further suggests, that it is the combining, in adequate dosages, of codified and tacit knowledge, and permanently converting inert into active knowledge, that forms some of the pressing challenges in establishing a wider learning culture.

Experience is additionally generational, in that different generations of social workers are exposed to different: trends in learning, emphases in curricula, ways of teaching, societal definition, construction and proposed solutions to perceived social problems, types of media, or more simply put, different periods of social and political history. Gilligan (2007) suggests that this is reflected in research identifying recently qualified social workers as perceiving anti-social and individual behavioural problems to be dominant, rather than structural societal problems. This in turn, he argues, is a consequence of exposure to the specific periods of political and media culture.

Whilst these discourses of non-codified knowledge make it possible to begin to offer some distinction here between formally, culturally and personally constructed knowledge, the location of concepts such as values, ethics and philosophies appear more difficult to place. Walker (2003) is clear that within nursing an increased emphasis is being given to the use of values and beliefs in interpretations of knowledge.

> In reality, it is often an amalgamation of knowledge pieced together to make a whole (Walker 2003 : 498).

Again, what begins to emerge here is the support for a wider definition of knowledge, which is more inclusive than the theory or practice driven polarisation outlined in the early part of the chapter. Thus, as intimated by Klein and Bloom (1995) in their arguments for the adoption of practice wisdom, the adoption of a polarised knowledge discourse means a failure to recognise, value or use all of the knowledge available,

which is likely to result in practice of a less informed manner. The importance of practice being informed, rather than just happening, is central to the arguments for the teaching of theory (Howe 2009; Payne 2005; Susser 1968; Thompson 2005; 2010), even where that theory is knowledge confined to that of the codified. The often cited Susser (1968) quote:

> ...to practice without theory is to sail in an uncharted sea; theory without practice is not to set sail at all... (Susser 1968 : v)

reflects these sentiments. The argument for inclusiveness of knowledge types would take this analogy further by suggesting that the sailor who does so with theory alone is the new qualified seaman and that the skilled sailor is the one who does this not only with the knowledge from sailing school, but also that acquired over their lifetime of sailing and other experiences. Put even more simply, inclusive knowledge typologies suggest different moments and ways of learning.

2.3 Ways of learning

If, as it appears, social work has only begun over the last decade to consider more actively the adoption of holistic definitions of knowledge, an explanation for some of these restrictions and future solutions probably means acknowledging how, where and in what ways social workers learn. Which particular forms of knowledge they prefer to adopt and utilise in their decision making and actions also needs to be discussed. This chapter now considers the role learning and decision-making have in the construction of social workers' knowledge. In doing so, it explores a selection of the vast pantheon of research and materials, thus providing a context to the exploration of knowledge, (styles and process of learning and education being one of the contexts to rather than the specific focus of this study). These discourses consider the learning style, and decision-making of the individual, and the environments in which learning takes place.

A purely neurological interpretation would suggest complexity, both in the 'origin of the chunks' (typologies) and 'production rules' (use of) (Anderson 1996), and argue for an incremental development of knowledge based on the gradual acquisition of lots of small pieces of information and no great leaps of insight. Perhaps this is the often-

cited 'desirable' person specification request for 'experience' made by those recruiting social workers: in other words, those with the most 'chunks'. Most social work qualification courses seek a level of prior experience (learning) as prerequisite admission criteria (General Social Care Council 2010b). It seems likely that an individual social worker's accumulation of these chunks will be personalised and have an influence on practice knowledge, in addition to any subsequent collective educational or professional acquisition of the chunks or the codified knowledge base. In this context, the overlapping complexities of knowledge typologies would suggest an overlapping complexity of ways of learning. It would seem likely that knowledge is acquired and learnt through formal and informal learning environments.

Gould's (2000) research into social work learning organisations suggests that there is likely to be a multitude of learning activities. These learning activities are experienced through one of two models: integrated reflexivity or discrete knowledge acquisition:

> ...integrated into a reflective cycle of action and inquiry, and learning of a more traditionally conceived activity which is discrete and separate from practice (Gould 2000 :589).

What can be seen here are echoes of the academic and practice dichotomy, and the probability that knowledge is being acquired through multiple learning processes, whether dichotomised, oversimplified or complex, it seems apparent that social workers use a number of ways of learning to develop knowledge typologies. Thus they come into the profession with prior learning (previously acquired knowledge) and the learning process is career long. They are required complete successfully pre and post qualifying elements of formal education, which include both classroom and work-based learning. Additionally they practise, and undertake, different ways of learning within the workplace, which are in turn influenced by individual and organisational preferred learning styles and processes (Osmond 2005). The apparent tension between two, or possibly three, potential components of the social worker's knowledge -the academic, the professional and the personal- are in part a reflection of the methods (ways of learning) drawn from the environments within which the social worker grows: formal education, the work place, society and private life.

The notion that different forms of knowledge beyond the codified and different ways of learning beyond the formal, are both desirable and probably intrinsic to social work, has implications for improving the effectiveness of formal education. Social work training, not unlike other professional training, has seen an increased emphasis on responding to a competency-based approach to education (Nixon and Murr 2006, Topps 2002). Thus social work education places increased emphasis on the role of practice learning, its integration into the formal college and post qualifying training, as well as the mandatory requirement for demonstrating on going professional development as part of professional registration. This emphasis can also be seen to be located within a wider policy drive to establish national occupational standards for many professions (Nixon and Murr 2006). Haegert (1987) sees this move to competency-based education as a change in emphasis from knowledge acquisition to knowledge use. Reid (2002) counters this by arguing, through some content analysis research, that social work qualifying programmes have increasingly become places where the potential different theoretical frameworks and/or practice movements are being taught in a synthesised manner. If the dominance rather than integration of the competency-based approach is the case, this reinforces some of the speculation in this thesis about where the wider knowledge acquisition is coming from. Critically, it might be asked how such an educational emphasis is enabling individual and professional creation of new (professional) knowledge.

The formal university setting has an impact on the ways of learning of social workers, and what is learnt. Meemeduma (2001) suggests the impact on universities of meeting the challenges associated with pressures to change from places of intellectual pursuit to business, has meant that social work practice (knowledge) is not valued where university corporate measures of success are research, publication and income generation. It is possible to critique this position by asking why many social work academics, in particular, have been slow to rise to the challenge of gaining heightened profiles via substantive research. But placing of social work education in the university setting has helped in: the striving for professional recognition, the move to competency-based degrees and policy makers' desire for a measurable lowest common denominator.

It can be argued that social workers consciously choose which knowledge to adopt when informing their practice. Rosen (1994) in researching the rationale used by community family services to support decision-making, established that there was a predilection for value-based normative assumptions over theory-concept and policy knowledge, and almost no use of research based knowledge was evident. Drury-Hudson (1997) supports some of this perspective, indicating that the literature demonstrates infrequent use of theoretical and empirical knowledge. This situation might suggest that social work is heavily influenced by prevailing public discourse rather than securely grounded knowledge, for example current preoccupation with risk management and child protection (Littlechild 2008, Monroe 2010). Preference for certain types of knowledge is also observable in nursing. Frankel (2009), found that qualified nurses disliked didactic and auditory teaching and preferred either hands-on practical (kinaesthetic) or visual teaching and consequential learning styles. He argues that this suggests that current teaching, heavily dependent on an auditory approach, is ineffective and thus does not enable staff to acquire new knowledge easily. In an analysis of learning style preferences for female Macmillan nurses, Astin et al (2006 p481) showed a strong to very strong preference for a reflector approach. Perhaps this is not surprising if the subject of practice contemplation is death. Equally Arbon (2004) notes that when people experience critical moments or are troubled by an experience (i.e. trauma or crisis), they make sense of this through the reformulation of existing meaning based on newly acquired knowledge.

Gould (2000) established that social workers identify that learning is integrated into their practice through a variety of means: supervision, learning logs, shadowing other colleagues, coaching, team meetings, joint working with others, practice learning teaching and through formal courses and training. Gilligan (2007) would suggest that these processes become the point of synthesis between the wider organisation and theoretical frames of reference and the individual frame analysis. In other words:

> frame analysis suggests that individual views are usually dominated by the mental shortcuts people use to make sense of the world (Gilligan 2007 :736).

Importantly in this context, workers are likely, through the adoption of the short cut to existing frames of understanding, to reject new knowledge where it does not fit with

their existing frame, rather than reject their own well-established frames of reference. This sense that different learning contexts and styles induce different value given to different knowledge deployment, is evident in the voluminous discourses about cycles of learning and preferred learning styles (for example the theories of: Dewey, Honey and Mumford, Kolb, Schon) that are used to support the exploration of social work education (Cartney 2000; Gibbons and Gray 2002; Rashick et al 1998; Ruch 2002).

Another environment for learning is that of the organisation. Social work is predominantly practised within organisations and teams, and it is important therefore, to consider how such groups acquire knowledge. The wider knowledge considerations outlined above have clearly shown that learning is not just the product of external training events and individual experience, but is also a set of processes located within organisations enacted by collections of individuals (Gould 2000). Nixon and Murr (2006) suggest that it is crucial that social work, in order to understand its own considerations of practice learning and the context in which it takes place, utilises the knowledge associated with learning in an organisational context. Indeed, it seems important for social work to add to its established understanding of individuals and adult learning theory the ideas associated with the notion of the learning organisation.

Gould (2000 p586-587) suggests that there has been very little consideration in social work research of the concept of the 'learning organisation'. The term 'learning organisation', which has numerous definitions, comes from management studies, and refers to an organisation that facilitates effective organisational *(collective and individual)* learning (Tsang 1997). Tsang (1997) further suggests that learning organisation is often used interchangeable with organisational learning, but clarity between the two can be seen where:

> ...a learning organisation is one which is good at organisational learning (Tsang 1997 :75).

There is a close relationship between individual learning and organisational learning, and avoiding confusion and establishing delineation between the two is not easy. Organisational learning can be said to have three aspects: cultural, cognitive and behavioural (learnt experience) (Tsang 1997). The parallels between these three types and those of individual knowledge as outlined above help contribute to my

construction of a knowledge framework which incorporates the influences of organisational learning within its construct.

We can describe organisational learning through formal processes, for example supervision and team meetings, and additionally through informal collective learning (Nixon and Murr 2006). Gould's study (2000) established: the primacy of teamwork within the possible processes of learning, evidence of epistemological hierarchies downplaying practitioner knowledge, the need to develop organisational memory and consideration of the incorporation of an evaluative enquiry approach within organisational process. The third of these considerations, organisational memory, is supported by Tsang (1997) who simply asks: if individual learning is stored in the brain, where is collective organisational learning being stored? The need for organisations and individuals to engage in continuous learning can be seen as a response to organisational change as a normative experience rather than an occasional adaption required in periods of significant stability (Gould 2000).

Organisations have their own knowledge base and learning styles which are greatly affected by size and orientation (Tsang 1997). Thus individual social workers will be influenced by both their current and previous organisational contexts in terms of perspectives and learning styles. It is very probable that statutory social work agencies, as potential learning organisations – and those social workers placed within them – are restricted by outdated knowledge, routines and difficulties associated with unlearning the old (Tsang 1997).

In terms of the organisational and professional, rather than individual way of knowing, it seems reasonable to ask on what basis social work claims its knowledge. It has already been indicated earlier in this chapter that social work is informed by, and draws on, a range of other disciplines in terms of knowledge. When considering any validity about collective knowledge claims, three variations might be considered: an anti-science or theory postulation without research, a heavy reliance on quantitative or Newtonian paradigms of science (particularly in the North American social work writing) and some tentative beginnings in evidence based on qualitative research (Davies 2003, Gambrill 1999). This thesis seeks to make a contribution to an understanding of the profession's, as well as the individual's, knowledge acquisition,

in particular through the third perspective of evidence derived from qualitative research.

Not only is the way of learning situated within the different contexts outlined, but it is also a product of, and can be seen in the analysis of, the decision-making undertaken by social workers. A number of studies have sought to establish which particular knowledge or theoretical constructs have underpinned social workers' decision-making (Rosen 1994; 2003; van de Luitgaarden 2009; Webb 2001). These have shown that often there is both an inconsistency about what knowledge is applied and a frequent predilection for one type of knowledge over another (Drury Hudson 1997). They often support a preference for naturalistic rather than analytical decision-making (van de Luitgaarden 2009, Webb 2001). This literature also reflects some of the notional divide between codified and non-codified knowledge, as it explores the application or not of evidenced-based practice. The suggestion is that the assumption of logical and deterministic applications of formal research based knowledge is not always borne out by an examination of decision making processes (Hudson 2009).

Beyond social work literature, decision-making processes have been subject to extensive research and literature analysis, with particular regards to business, the armed forces and education (Flin et al 1997, Klein et al 1993, Klein 1997, 2008). The traditional paradigm, prior to 1989, was to consider decision-making as a process where choices are made in a singular event amongst fixed sets of values, goals and purposes (Orasanu and Connolly 1993, Klein 2008). More recently the debate has changed to explore what is termed *naturalistic decision-making* (Flin et al 1997, Klein et al 1993, Klein 1997, 2008). This can be defined as:

> ...the study of how people use their experience to make decisions in field settings (Klein 1997 : 11).

This approach, with its emphasis on complex variables of the situation, both intrinsic and external to it (Orsanu and Connolly 1993), appears to resonate more closely with the reality of social work decision-making. These theoretical models and methods acknowledge decision-making as a complex activity with the potential for significant life-impacting outcomes. People in work settings continually make decisions, often in

stressful situations within pressures of time and uncertainty, and do so without recourse to perpetually going through full sequences of analytical procedures (Klein 1997). That is not to say that decision-making is not analytical, rather that it is not purely so: it blends analysis with the intuitive (Klein 2008). Additionally, naturalistic decision-making considers that in everyday situations the decision process is embedded in larger tasks that the decision maker is trying to accomplish (Orsanu and Connolly 1993).

This research literature suggests that experienced decision makers are distinguishable from less experienced decision makers by their situational assessment abilities rather than any cognitive reasoning ability (Orsanu and Connolly 1993). However, despite identifying experience as being distinguishable, there has been little research on how experience is used in the making of judgements (about typicality) that enable experienced decision makers to identify solutions, or actions for solutions, more rapidly (Klein 1993, Orsanu and Connolly 1993). Nonetheless, the natural decision-making approaches have established as a basic principle, the notion that:

> ...experts use their knowledge to recognise a problem situation as an instance of a type, and then retrieve from their store of patterns in memory an appropriate response associated with that particular problem type (Orasanu 1997 : 43).

Cohen (1993) suggests that these complexities seldom fit into analytical templates (for example assessment forms) and that the aides to decision-making should consequently take advantage of decision makers' knowledge and preferred approaches whilst guarding against any possible error or bias. It is possible that the use of such systematic tools (reflected in the desire for evidence based practice) does not take sufficient account of the use of tacit knowledge and situational awareness (Hudson 2009). From this might we wonder about a) what typicality or heuristics of alcohol are formulated by social workers and b) how they are used by them in their professional decision making practices. Further what role does experience play in this?

In concluding this discussion about the possibilities of complex typologies and processes associated with knowledge acquisition, it might serve to see them illustrated through the example of assessment. Undertaking an assessment with a drinker is

clearly an act of practice rather than theory, and is thus guided by knowledge of methods and processes. Assessment as such is further identified as unit 3 of key role 1 within the National Occupational Standards for social work (Topps 2004). Assessments by social workers normally take place within the framework of prescribed structured documents, with a suggested evidenced base and drive towards more consistent application, for example, the Unified Assessment (Seddon et al 2010). Yet the assessment outcomes that the social worker is supposed to conclude through the process are informed from a very much wider knowledge base than that of the process itself. For example, a social worker cannot conclude an assessment decision of, say child neglect as indicated by abnormal child development, if they do not previously know what a standard theoretical base of normative childhood development is. This specific and codified knowledge comes from a psychological theory base, as subsequently adopted by the social work profession. Social work literature in its reference to an identified process of practice usually cites three phases: assessment (beginning) action (middle) and review (endings) (Milner and O'Bryne 2002, Watson and West 2006). These texts refer to assessment as both a practice action and a process and in turn are the knowledge base which guides the social worker's action, that of a theoretical perspective (understanding the presenting situation) and of a process perspective. These complexities are added to by considerations of individual knowledge and ways of learning.

2.4 A model of knowledge for social work (and alcohol)

In order to be able to answer the question: about the knowledge that social workers utilise in their practice and decision making with alcohol, it seems appropriate to be able to identify, translate and group some of the divergent discourse about the nature of 'knowledge' into a working model.

In considering social workers' knowledge of alcohol, it seems that any model needs to be described within a wider rather than narrower typological framework. It needs to incorporate the three broad types of knowledge from the wider discourse: codified, cultural and personal, in a manner that allows an overlapping relationship. This inter-connectivity is consistent with Stevenson's (2000) suggestion that individuals should not have to segment types of knowledge, as the challenges they consistently meet in

the individual, society and workplace are all interwoven. This further resonates with Eraut's (2007) notion that an individual's personal knowledge reflects her/his own specific absorption of codified and cultural knowledge. Values and ethics will need to be included and, whilst they could be considered as a fourth distinct knowledge type, it is more plausible to see these as products of other knowledge types, rather than as necessarily distinct. Any framework needs to recognise within it the possible distinctions and interchanges associated with collective team and organisational knowledge, as opposed to that of the individual. Further, given the predominance of references to skills, values and practice that occur within the social work literature, it would need to identify where these concepts are incorporated. Finally it needs to reference how social workers actually learn this knowledge.

Figure 1 encapsulates what this model might look like diagrammatically. Initially in trying to establish a framework, a very narrow, one-dimensional and static Venn diagram-like approach was chosen. In that model, the three overlapping circles reflected the codified, cultural and personal knowledge groupings, with such concepts as values, ethics, skills, agency approaches being in the overlapping segments. However as the interaction between literature, propositions, supervision feedback and codification of initial pilot data unfolded, it became increasingly clear that the model did not have a sufficient complexity, even when taking into account the already limited but functional restrictions of such typologies. So what is presented in Figure 1, seeks to offer a more integrated diagrammatical interpretation of a typology.

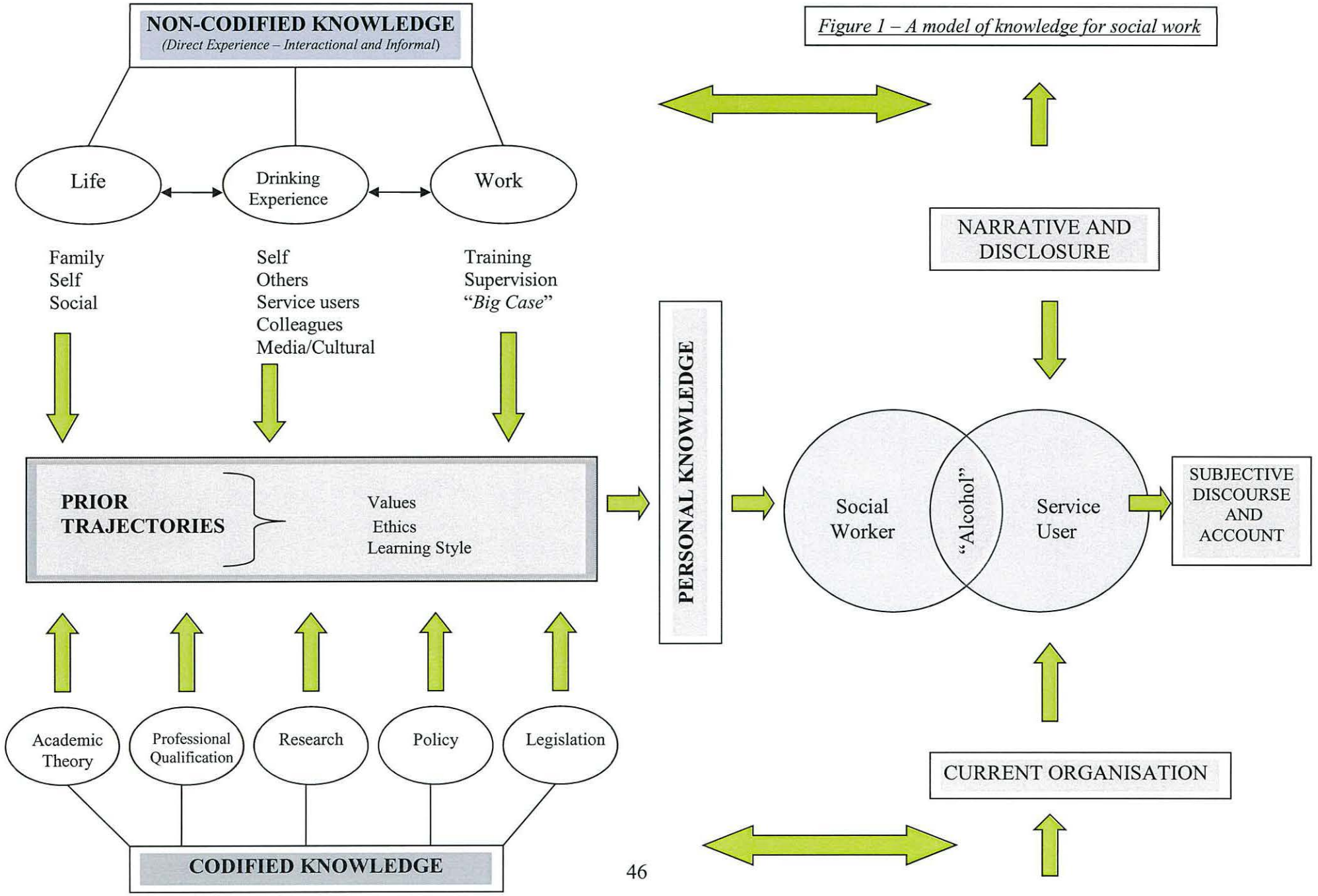

Figure 1 – A model of knowledge for social work

The model acknowledges that any interaction between a social worker and a drinker is a highly contextual one. The framework offered is the context of an interactionist perspective on such encounters. It is focused on a dialogue about alcohol, where that conversation between social worker and service user is a unique representation of a number of knowledge influences from both parties, and a construct within a specific contextual moment. However, as this study is concerned with what knowledge it is that the individual social worker brings to this discourse, and how the specificity of that knowledge impacts on the interaction, the predominant exploration and explanations of knowledge types and ways of learning are of the social worker and not the service user. It also does not expand on the construction of knowledge that might evolve as a consequence of the specific interaction, rather than previous interactions. The outcome of the interaction is viewed as a subjective discourse and account of what is going on and needs to be done. This resonates with the ideas of this author interpreting social work as currently a mix of post-modernist and constructivist theoretical frameworks (Ferguson 2008; Gray and Webb 2009; Healy 2005; Howe 2009; Payne 2005).

The model as presented acknowledges at least three substantive issues that could influence the practice moment and that would in themselves justify other detailed research studies. Thus they are present within the model but are not given any detailed exploration within the remainder of this thesis. These are: (1) that the service user will choose to disclose to the interaction their own knowledge from their distinct narrative journeys (thus if a fuller typological diagram were to appear this might to some extent create a similar mirroring image of knowledge types for the service user), (2) that the interaction between the social worker and the service user in turn generates knowledge, perceived truths and a specific language (a specific discourse analysis) and (3) that the account of the interaction has different interpretations and subsequent uses.

The model incorporates the concept of codified knowledge and personal knowledge; however, it finds the existing conceptualisations of cultural knowledge too limiting and prefers to adopt an overarching concept of non-codified knowledge. The adoption of codified knowledge as distinct seems appropriate and is designed to reflect that codified knowledge is both of the profession and acquired by the individual. The model suggests that a range of unique experiences combine to formulate individual knowledge frameworks. These are what an individual social worker takes into any

given work situation and, in the instance of this study, an interaction with a service user about issues of alcohol consumption. In this context, codified knowledge is incorporated through a number of origins: formal education, government legislation, research and government policy directives, which a social worker will experience on their route to the time of the dialogue with the service user.

The incorporation of non-codified knowledge is designed to reflect the complexities of accounting for individual experience within and outside of the realm of the formal or current work place. Social workers lead lives in families and communities; they consequentially experience wider societal and cultural perspectives, including those of alcohol. Additionally they are likely to have had prior work experience, both in social work and other environments. Specifically for this study, a particular reference to their knowledge and exposure to alcohol is needed, what has been termed 'the individual's drinking experience' within this thesis. Their exposure to these worlds will include positive and negative experiences from which they will have accumulated a range of understandings and interpretations. These are their individual and specific frames of reference (Gilligan 2007).

The model suggests that over time, the codified and non-codified become the personal narrative journeys or trajectories that influence the creation of personal value and ethical frameworks. This experiential and formal learning, along with an adopted value perspective, is translated into the individual's personal knowledge. It is possible, therefore, to consider a position, if reflecting on the idea of total subjectivity and relativity, that there is only one individual knowledge type, and that is the personal as acquired and experienced. In other words, the cultural, codified and other knowledge forms as used in individual practice are only those that the individual acquires and experiences. This perspective on personal knowledge is resonates strongly with Eraut's (2007) definition, yet is also specific to the thesis and knowledge matter in question. It can be suggested that the constituent elements of this personal knowledge are: absorbed codified, personalised values, ethics, accumulated experiential memories, absorbed cultural references, personal expertise (tacit) and individual knowhow.

Thus, whilst this model is designed to help explore the specificities of the contextual interaction between social worker and drinkers about alcohol use, it has a potential for

wider universality and transferability. The 'drinking experience' and 'alcohol' could be changed to say 'mental health experience' and 'schizophrenia' and the rest of the framework would stand.

Appendix 3 includes a table which explores some definitions and detailed groupings of this model and how it compares with the other three principle social work typological frameworks of Drury-Hudson 1997, Osmond 2005 and Trevithick 2008. However, diagrammatic or tabulated approaches cannot truly convey the complexity of the overlapping considerations, and to some degree the arbitrary preference of any given author, me included. The presentation of the intricacy, however limited, is an acknowledgement that to take a reductionist approach to knowledge and professional practices both fails to do justice to the complexities or to recognise the importance of difference in context and service users (Eraut 2007).

Developing of social work specific frameworks of knowledge enable us to see the social work profession as an 'applied field' rather than a discipline, with a rationale derived from its social purpose and not a specifically owned knowledge source (Eraut 2004, 2007). Its original knowledge is thus that of a wider range of disciplines. The process of professionalization has resulted in the creation of social work's own theories and the creation of a knowledge base drawn from both the theoretical (codified) and practice (cultural) incorporated. The individual social worker then experiences some of these to varying degrees and translates them into personal knowledge frameworks. This study seeks to explore which, if any of the knowledge types, ways of learning and sources of professional practice, is identifiable in social workers and their considerations of working with alcohol use. In moving towards a research design and clarity of conceptual understanding, this study has been mindful to avoid reducing the complex down to the simply measurable, as Eraut (2007) suggests:

> reductionist representations of complex professional practices, which fail to do justice to their complexity or to recognise the significance of differences in clients and contexts, also present obstacles to professional learning (Eraut 2007 :1).

To clients and contexts we could also add the difference between workers. Thus, an exploratory rather than an explanatory position has been adopted, incorporating a

highly contextual analysis of social workers' acquisition of knowledge about alcohol and its use in practice. In order to come to a final conclusion about what would be an appropriately sensitive design and methodology approach, it first seems appropriate to further appraise critically some of the previous research explorations of the salient issues.

Chapter 3: Towards a design and methodology– critiquing some of the potential research solutions

As indicated above, most previous research on social workers' feelings and understanding about working with drinkers has used attitudinal surveys, concluding with suggestions for more direct codified knowledge-based training to be offered to social workers. While this approach does allow consideration of wider conceptual frameworks of knowledge formulation, acquisition and utilisation there are alternative research designs and methods. This chapter explores some of these approaches within a more critical dialogue – and represents the steps by which a final design and methodological approach was chosen.

Until the turn of the century, literature, and more specifically research focusing on social work with alcohol, was relatively sparse (Livingston and Galvani *forthcoming*). Three key social work texts contained summaries of twentieth century developments: Barber (1995), Collins (1990) and Harrison (1990). In addition, there has been much influential research, primarily concentrated on social workers' confidence, preparedness and supportive educational experiences in undertaking work with alcohol and other drugs (Cartwright 1975; Galvani and Hughes 2008; Gorman and Cartwright 1991; Lightfoot and Orford 1986; Loughran et al 2010, Rassol and Rawaf 2008; Richardson 2008; Shaw *et al* 1978; Watson et al 2003). More recently a number of new summary texts on social work with alcohol and other drugs have appeared (Collins and Keene 2000, Galvani 2012, Goodman 2007, Keene 2010 and Paylor et al 2012). They have broadened the research literature not only by updating original concerns but also by focusing on specific client groups and practice interventions (Forrester and Harwin 2011, Galvani and Forrester 2011). Furthermore, there has always been an extensive volume of literature and research in the alcohol and drug domain, which is very relevant for social work. This chapter whilst concentrating on the research that specifically addresses social work and alcohol will additionally utilise some of the wider approaches to alcohol and knowledge research in order to clarify the design considerations in my[4] own research.

[4] This adoption of personal pronouns from this point on and through the rest of the thesis is a deliberate acknowledgement of my exploration of different (subjective) epistemological positions, the need to account for the unique influences on my research journey.

3.1 Questionnaires and measurements

As stated early on in the first chapter, an essential starting point for this thesis is the body of research that has consistently demonstrated that social workers experience problems with role adequacy, legitimacy and support when working with alcohol (and other drug) related-issues. This research has continued to develop the work of Cartwright et al's (1974) original attitudinal questionnaire, the AAPPQ (alcohol and alcohol problems perception questionnaire). These developments have redefined the questionnaire, its use and findings. They have despite the refinements, consistently returned to the same themes of evidencing the existence of role adequacy/inadequacy, legitimacy/illegitimacy and support (or lack of it) for social workers in their work with alcohol and other drugs (Cartwright 1975; Galvani and Forrester 2011b; Galvani and Hughes 2010; Gorman and Cartwright 1991; Lightfoot and Orford 1986; Loughran et al 2010; Rassol and Rawaf 2008; Richardson 2008; Shaw *et al* 1978; Watson et al 2003).

Much of this research comes from an essentially positivist position. It assumes that research can capture attitudes via questionnaire, that generic workers/general practitioners experience role problems with regards to working with drinkers, and that the same professionals are so busy that they need effective but 'short as possible' assistive tools –whether in their professional role or as research respondents. They further explore these with the theoretical acceptance that it is possible, via specific research methodology, and more specifically, statistical analysis techniques (in particular factor analysis), to redefine and validate questionnaires and additionally reduce data sets to validate shorter questionnaires. The use of questionnaires in research to measure attitudes is well established (Moser and Kalton 1971, Gilbert 2008), and seems an appropriate methodology to capture this specific aspect of the picture.

These approaches acknowledge and depend on an assumption that human behaviour is made up of a number of aspects, and each of these aspects is made up of a number of characteristics (Bryman and Cramer 1990). In this context, they suggest that practitioner attitudes towards working with drinkers could be considered to be made up of some of the following characteristics: their (codified) knowledge of alcohol, their

motivation, and the quality of support and training they receive (Cartwright 1975; Galvani and Hughes 2010; Gorman and Cartwright 1991; Lightfoot and Orford 1986; Rassol and Rawaf 2008; Richardson 2008; Shaw *et al* 1978; Watson et al 2003).They assume that these characteristics, otherwise called factors, and any correlations can be demonstrated this via factor analysis (Bryman and Cramer 1990, De Vaus 2005). This data analysis and its associated techniques, when employed within these design contexts, reflects consistent assumptions that come with predominantly positivist and objectivist ontological, epistemological and methodological perspectives (Guba 1990). The well-evidenced validity of these questionnaires, the factors they demonstrate and the theory they prove, are all thus framed within a particular professional training and developmental discourse.

The redefining of the original attitudinal questionnaire, including reduction techniques and the inclusion of drugs as well as alcohol, has been subject to some critique (Gorman and Cartwright 1991). Indeed Richardson (2008) in her research, as opposed to Galvani and Forrestor (2011b) or Galvani and Hughes (2010), deliberately maintained a separation between alcohol and drugs. Luty and Rao (2008) in their larger survey of professionals established an attitude that suggested the subsuming of alcohol within drugs agendas, had a negative impact on alcohol service provision. This thesis also seeks to critically justify the decision to focus on alcohol only rather than 'substance use' more generally.

In their development of a shortened version (SAAPPQ[5]) of the original, Anderson and Clement (1987) suggest, that poor response rates to research questionnaires amongst general practitioners (as opposed to social workers) are a consequence of time pressure. They argue that the original 30 question AAPPQ questionnaire is possibly too time-consuming for practitioners. The discourse about medical and social care professionals' busyness, and the need for shortened versions of established questionnaires, has been thoroughly explored in the alcohol field, especially with regards to the generation of appropriate shortened alcohol screening tools (Connor et al 2007, Patton et al 2004).

[5] The various subsequent adaptations of the question all have their specific renamed versions and acronyms. In this instance shortened alcohol and alcohol problems perception questionnaire; SAAPPQ. The list of these adaptions is identified on pages 18-19 in Chapter 1.

The most recent implementations of this attitudinal questionnaire (Galvani and Forrester 2011b, Galvani and Hughes 2010), acknowledge these limitations by adopting a mixed methodological approach. They essentially follow similar questionnaire methods, but augment this with the use of some limited open ended questionnaires at the end. Not only is there beginning to be an acceptance of the need to understand some of the reasons for these attitudes, but there is also more consideration of ideas to support social workers in this context. The recent affirmations suggest that research now needs either to seek to explain, or to offer solutions for, this situation. Extending this qualitative analysis rather than the quantitative measurement should augment the existing understanding. It could test the potential explanations for practitioners' resistance to questionnaires rather than just measuring its existence. A more direct challenge to these theoretical assumptions might lead to a different research design and methods being adopted. First though, it is worth considering some alternative positivist approaches to capturing other data that informs the debate.

Extending the discussion into wider attitudinal considerations and other questionnaires, Siegfried et al (1999) also demonstrated a lack of confidence in working with alcohol and drugs related to a deficit in (codified) knowledge in mental health care professionals. Researchers have also successfully used attitudinal questionnaires to contribute to an increased understanding of social and health care professionals' views on the experiences of working with the service user group and the development of effective service provision (Luty and Rao 2008, Siegfried et al 1999).

Both Miller and de Baca (1995) and Siegfried et al (1999) developed questionnaires that have successfully quantified health and social care professionals' codified knowledge of alcohol and drug effects and treatment responses. Measurement through questionnaires about professionals': acquisition, knowledge, confidence and use of specific codified information has been successfully established (Aitkin and Jacobsen 1997; Gerrard et al 1993; Pearson et al 2007). These approaches provide evidence of codified knowledge or attitudes towards its use through posing closed or Likert style questions. The limitation of these questionnaires is that they either only measure right and wrong answers to facts predominantly associated with codified learning, or ask about codified learning alone. They are in one sense just tests of recall and or demonstrations of a correlation between codified knowledge and education received

(Siegfried et al 1999).Thus it seems clear that one of the possible avenues for this thesis might have been to try measure more specifically the codified knowledge that social workers have about alcohol, through a large volume survey and questionnaire approach.

3.2 Asking the wrong questions in the wrong way

The subject matter of alcohol and drug knowledge, confidence in and working with it, have thus been subject to some consistent positivist and natural scientific analysis. It essentially looks for and reports on codified knowledge (as defined in Chapter 2). The review of literature and previous research has already shown that alcohol policy and service developments have taken place within a context dominated and directly influenced by medical and psychological perspectives. This is also true of the wider research field associated with substance misuse. Indeed any look at the extensive North American literature reveals a plethora of journals and publications originating from positivist, objectivist and experimental positions, producing a succession of random control trials which demonstrate minute variations and effectiveness in psychological, biological or pharmacological interventions.

Orford (2008) has suggested that these approaches to addictions research over the last 20 years can be summarised as having asked the wrong questions in the wrong way. Pivotal to this argument is the fact that the two largest alcohol random control trials of the last decade, Project MATCH and UKATT (United Kingdom Alcohol Treatment Trial), failed to demonstrate any significantly discernible difference in outcomes between different approaches to treatment (Orford 2008). This hugely influential paper[6], which offers a number of acute critical observations is summarised in more detail in Appendix 4. Orford (2008) concludes his arguments by highlighting that addiction research has not kept up with wider social science research in the adoption of design and methodologies beyond the quantitative. These alternatives incorporate broader considerations of what might be evidence, who might contribute to its

[6] This can be evidenced by a Google Scholar search consistent with the method outlined by Hodge et al (2012). In this instance the Orford article shows both a high number of overall citations but also a consistent citation use year by year. Citation analysis is an important but not the only way of measuring an articles impact (Hodge et al 2012). As alternative evidence for the papers influence, it can be noted that a version of it was offered as the key note speech for and adopted as the theme of a four day international alcohol conference in Belfast (Orford 2009).

generation and how it may be collected. In identifying that the random controlled trial approach has really only demonstrated the effectiveness of treatment in general rather than *specific* treatment approaches, he suggests the need for researchers to explore other factors that are likely to impact upon treatment effectiveness. To address this Orford (2008) outlines the following remedies: not concentrating on techniques but processes of change, encapsulating broader and longer-term perspectives on change, and a shift away from quantitative research. These are reflected in the final design of my research.

Gould (2006) also critiqued the overreliance on the random control trial within the context of mental health. His analysis highlighted that these approaches - ignored the social construction of any (social science) research question, overlooked the specific differences between interventions and their effects on particular service users, made an assumption of service users' commonality rather than recognising their uniqueness, and held the false belief that standardised delivery of interventions can be achieved, instead of acknowledging that different practitioners will deliver the same intervention with marked differences. He also concludes that the search for evidence should make greater use of qualitative research, epidemiological studies and those approaches which recognise practitioner and service user knowledge as equally valid. The need to use a multiplicity of research methodologies was also stressed by Eriksson et al (2011) in their meta-case study analysis of effective interventions by non-governmental organisations in Sweden.

The preoccupation with quantitative measures of behavioural change (and subsequent policy prescriptions), rather than observation of whether (and how) learning (sustained change) has actually occurred, mirrors some of the observations made by Tsang (1997) in exploring informed behavioural change in the organisational context. Additionally, Orford's (2008) remedies for this perceived ineffectiveness of the addictions field research -for example starting from the descriptive end of any prescriptive-descriptive continuum and looking at long term outcomes as indicators of sustainable change - are also those of Tsang (1997).

These fresh challenges offered by Orford (2008) have influenced my thesis journey, away from a design to measure the effectiveness of techniques in training and

supervision towards an exploration of wider perspectives on knowledge acquisition. Some further deliberations on the Orford (2008) analysis are detailed in Appendix 4 and guide my reflections on alternative methodology in the rest of this chapter.

Whilst Orford's preoccupation for a change in approach is aimed at 'treatment' research, the transferable application can be made, because we can as argued in Chapter 1, see social work as a part of the 'treatment' provision. Thus, it appears legitimate to conclude that some training or supervision for social workers on alcohol can easily be demonstrated as being better than none. Further, that perhaps most of these approaches will demonstrate a level of equality of outcome; that the relationship between the supervisee and supervisor and or trainee and trainer maybe more influential in the successful acquisition of learning than the supervision or training technique; and that sustained knowledge acquisition on alcohol is achieved by social workers over a prolonged period of time and takes place in, and is influenced by, a wider social context. These sorts of consideration suggest that a potentially more relevant research approach lies in not merely demonstrating the relative effectiveness of education or supporting environments, but also in understanding how social workers are acquiring knowledge on alcohol, and which parts of the knowledge are utilised to shape their practice. This is very consistent with trying to integrate the two dichotomies of the prescriptive 'how should' and the descriptive 'how does' an individual/organisation learn, as neatly explored by Tsang (1997).

3.3 Changing research paradigms

The impetus to include more interpretive research approaches to capture human and social complexities, has grown stronger in social science research (Bryman 2008; David and Sutton 2011; De Vaus 2005; Gilbert 2008). More specifically, there have been demands for, and emerging evidence of, innovations within social work research (Phillips and Shaw 2011) and greater use of qualitative approaches by social work researchers (D'Cruz and Jones 2006; McLaughlin 2007; Philips and Shaw 2011; Shaw et al 2009). As Drury-Hudson (1997) suggests:

> the real world of social work practice is not shaped by statistical facts, frequencies and distributions but is an assortment of recollected values, moral

> questions, myths and faiths which cannot be measured or concretised (Drury-Hudson :39).

For some authors this implies that qualitative approaches are more consistent with a social work value base and sense of purpose. This includes active consideration of whether research addresses issues of social injustice, action for change and service user involvement (D'Cruz and Jones 2006; Dominelli 2005; Philips and Shaw 2011). The adoption of these alternative methods reflects some significant shifts in epistemological perspectives and developments within social work research (Phillips and Shaw 2011, Somerfield and Hollenstein 2011).

A response to these considerations suggests alternative research approaches. In the broadest sense, this includes the use of open-ended questions to conclude the survey examinations within more mixed method approaches. It is, however much more, likely to imply the adoption of some fully qualitative approaches and methods to offer different and complementary pictures to the existing data. So, for example, the possible adoption of case study, narrative or ethnographic designs. Additionally the use of qualitative data collection methodology, such as narratives or focus groups, and finally the use of alternative data analysis methods like grounded theory (Bryman 2008, David and Sutton 2011). For example, social work research might consider how a grounded theory approach to exploring the on-line discussion in service user forums might contribute to a better understanding of the use of power and autonomy within social work (Leece and Leece 2011). More critically, social work researchers might suggest the adoption of approaches and designs like action research or critical discourse analysis, or even a fusion of these approaches (Mancini 2011). The remainder of this chapter cannot provide a critical exploration of all the qualitative approaches that have been utilised for social work and substance misuse research, but instead considers a smaller number that appear to have specific relevance or have been utilised in research related to the topic of this thesis.

Participant action research has a strong potential role to play in the process of considering multiple truths and extending epistemologies (Mancini 2011). This involves a process in which the power and influence traditionally held by the professional researcher is transferred to others who are involved throughout (Fenge,

2010, Mancini 2011). These approaches insist that the process of the research is as important as the outcomes. They involve non-linear exploration and require an understanding of knowledge that considers others' experiences and 'insider' knowledge as valid, which in turn helps generate actions which counter oppression (Biskin et al 2012). Whilst the ontological and value base is very consistent with my own beliefs[7], the adoption of such approaches requires a significantly different starting point for the research question and journey. It is almost as if the commitment to the ideals of the process precedes the shaping of any subject or investigation (Bryman 2008). It does, however, in the context of exploring knowledge typologies, imply that adopting such an approach is likely to lead to a different definitions and perspectives on social work knowledge, to those I have adopted.

Another interpretive approach, with the potential to contribute to critical examination of social work knowledge, is the explicit involvement of service users and carers in all aspects of the research process (Biskin et al 2012, Phillips and Shaw 2011). Apart from responding to the general call for more service user and carer involvement in social work (Beresford 2000, Warren 2007), this approach to research enables researchers to explore and address the claims and ownership of what is considered to be, or not to be, knowledge (Brown and Young 2008; Fenge 2010; McLaughlin 2010). Such approaches would be essential if wishing to take account of service users' and carers' interpretations of what knowledge about alcohol they perceive social workers' to possess and use in practice. For the purpose of this thesis, I have chosen to consider social workers' own perceptions, but further research might want to reflect on how service user perceptions differ to those of the recipients of the social workers activities. Given that the literature research has established that social work typologies of knowledge are normally described in the context of a profession or the individual social worker and as such do not always explicitly incorporate the service user and carer knowledge, there is a strong argument to include these specific service user focused methodological considerations (Biskin et al 2012). Beresford and Boxall (2012:165) also add that only by making such *'inroads into the academy'* will services user perspectives achieve legitimacy and influence.

[7] During the thesis production I have recognised this through other published research (Biskin et al 2012, Livingston et al 2011), but did not a sufficient understanding in March 2008, to have frame the thesis in this position from the outset.

These approaches are often criticised by those who believe that service users lack the necessary understanding of research to be able to participate meaningfully and the results of such research to be of poor quality. Beresford (2000) and Fenge (2010) have suggested these criticisms are best addressed by actions to generate greater inclusivity, equality of respect, equality of validity of contributions, equality of control and sufficiency of supportive training for service users and carers. Such measures would improve the ways of incorporating their knowledge into research. These participatory approaches are inherently critical of those who adopt more traddiitonal empirical designs (frequently favoured by policy makers seeking evidence-based practice of 'what works' - Beddoe 2011b, Smith, 2009). They argue that randomised control trials as the experimental design 'gold standard' (D'Cruz and Jones, 2007,) or researcher-as-expert approaches, are based on selective interventions and controlled variables which present distinct ethical and practical problems from a social work perspective. By taking a more inclusive approach to ownership of knowledge and a broader conception of legitimate knowledge they seek to increase the compatibility of social work values with research. There are genuine implications for research design (for example: cost, time, power, training and design) let alone a thesis, if a move towards higher levels of collaboration or service user and carer control is to be achieved (Biskin et al 2012). While this thesis has not adopt a service participative approach, it does acknowledge in its models (Chapter 2), and its limitations (Chapter 10) the role of service users in the creation social work knowledge, and, in its exploration of social workers' personal knowledge of alcohol a challenge to existing dichotomies.

3.4 Telling tales

Finally, this literature search and formulation of my ideas suggests the need for methods that account for personalised knowledge and in particular experientially acquired knowledge. In this light it seems especially pertinent to consider a possible role for biography and narratives in social work and alcohol research as ways to capture personal experiences. Narratives offer the ability to construct new maps and accounts of relationships to the world (Frank 1995), and to explore the interrelationships between (the process of) the telling and the knowing (Bruner 2002). Biographies focus more specifically on the key moments and themes of life journeys.

Whilst the use of narratives and narrative framed research have gained some limited momentum in both social work (Riessman and Quinney 2005; Phillips et al 2012; Somerfield and Hollenstein 2011) and alcohol and other drug research (McIntosh and McKeganey 2000; Pinns 2008; Rhodes et al 2010; Sandberg 2008), there appears to be very little research using such approaches to explore social work and alcohol as intertwined experience. Even Forester and Harwins' (2011) mixed method exploration of social work and parental substance use, in its employment of a qualitative element, stays within the confines of the extended semi-structured interview rather than the social worker narrative. Additionally, Riessman and Quinney (2005) show that the majority studies which employ narratives in social work focus on service user accounts, but note that narratives have the potential for exploring the perspectives of professionals, which Philips et al (2012) then suggest can contribute to research on social work education.

Several studies have utilised social work biographies, narrative accounts, to describe moves into the profession (Cree 2003, LeCroy 2002). These studies provide distinct accounts of social worker routes into, and motivation for, entering the profession, including some minor references to individuals' experiences of their own or other alcohol and drug use. Kyllonen (2004) has also used narratives with social welfare staff to explore the connection between biographies and interventions. In her work, she asserts that creating interpretative biographies of others is how social welfare staff construct '*normalising knowledge*' (Kyllonen 2004 p237), filtered through language and a process of determining what is or is not significant. There is some evidence of the effectiveness of narrative interviewing with other professions, like nursing and teaching (Arbon 2004; Chanfrault-Duchet 2004; Riessman and Quinney 2005; Reupert 2007). Chanfrault-Duchet (2004) uses teacher biographies to illustrate how in creating their professional identity, which is lined to personal identity, teachers' utilisation of professional knowledge is shaped by the singular way in which they load this with meaning. Similar use of life stories to explore connectivity between knowledge types and practice can be seen in other professions. Arbon's (2004) work with nurses, suggests that their understanding:

> ...considered the relationships between life experience, the way in which participants found meaning in their experience(s), the development of nursing

> knowledge, and the influence of these events and understandings on the clinical practice of experienced nurses participating in the research (Arbon 2004 :151).

Neale (2002, 2012), Prins (2008) and Sandberg's (2008), offer detailed narratives within the drug field but these are confined to the narratives of drug users rather than professionals. However, the readings of these and other rich contextual analyses, like those of Frankenberg (1957) and Schutze (2003) suggest that applications of biographical narrative analysis are likely to offer a much greater understanding of the complexities of the knowledge being used by social workers, than the answers to direct questions.

Biographical narratives, from whichever context, have the ability to transgress the boundaries between academic disciplines, present and past, self and others, and immediacy and memory (Merrill and West 2009). They have potential to support a thesis whose subject of investigation transgresses many boundaries. These personal experiences are likely to include consideration of social workers' own drinking and other alcohol-related experiences. Examining the nature of social workers' drinking, whether through positivist or exploratory methodology, will contribute to a closer consideration of the nature of the practitioner or the therapist, and how they influence the social work process (not simply undertake), and is one of the consequences of accepting some of the challenges posed by Orford (2008). It seems therefore that any final thesis design also needs to take account of how to capture and reflect upon not just social workers' learning about and working with alcohol, but also their own direct non-codified experiences of alcohol.

The key common themes from this brief chapter can be highlighted as: a challenge to social work and alcohol research to move away its quantitative preoccupation, the emergence of increasingly refined specific tools and approaches to capture understanding of knowledge acquisition, the adoption of methods that incorporate service user perspectives, the need for social work as a profession to be better informed about research (Beddoe 2011b); and the understanding that the capturing of any complex knowledge typology will require some mixed and complex methodological considerations (Gould 2006). These themes, along with the identified desire to understand the relatively unexplored nature of the connectivity between

social work constructions of knowledge, its incorporation of alcohol and how that impacts on practice, have shaped my final research design.

Chapter: 4 Design and methods – the adoption on an exploratory approach

4.1 Overall design considerations

I will now examine the specific nature of this project's research design; the methodological approaches which were initially preferred and then finally adopted.

It is possible to distinguish two broad research epistemological positions: theory testing (broadly framed within a natural science paradigm associated with causal explanation, positivism and the assumption that scientific truths can be deduced from appropriately detailed empirical observations), and theory construction (using interpretive accounts of phenomena and induction based on experience, perception, feelings, personal accounts and descriptions collected through less quantifiable and more contextual methods) (Bryman 2008; Davies 2003; De Vaus 2005; Guba 1990; Law 2005). The former is close to some of the research-naive positions I held and assumptions I made in the original thesis proposal. By this I mean that the original proposal envisaged an experimental (controlled trial) approach to demonstrate the relative effectiveness of supervision, training and consultancy in influencing social workers' knowledge in respect of working with alcohol. However, as explained in the preceding chapters: my exploration of the literature, and in particular an improved understanding of the nature of social work knowledge, how it is acquired and used, has led me to challenge my original perspective. This, in turn, has led to the adoption of a different epistemological stance; primarily that of *theory informing*, framed within a wider ontological belief in social realities as being constructed in part by those who inhabit them.

The critical factor which led me to redefine my research question and design was the realisation that any sense of training, supervision or consultancy informing social workers' knowledge, was to a large extent, based on the assumption that social workers predominantly use codified knowledge to inform practice. A further assumption was that measurable impacts on these professional forms of knowledge could be demonstrated through a controlled experiment with variables relevant to training and support. Yet the literature search suggested social work knowledge can be considered to have broader dimensions. Further, it revealed that when social workers'

and other social care workers' use of knowledge is examined, certain other forms of knowledge maybe preferred above those of academic (theory) and research (Rosen 1994). It was evident that these other forms could be explored and captured via alternative research designs and methods. This resonated with my own reflections on practice, in which I had for many years heard and observed social workers describe their knowledge of social work and alcohol in non-codified ways. Social constructivist approaches to research resonant with my ontological beliefs, and social work values, as well as the body of writings about critical, postmodern and constructivist approaches to social work (Beckett 2006; Ferguson 2008; Gray and Web 2009; Healy 2005; Howe 2009; Payne 2005).

I considered that the original proposal for an experimental study would be likely to demonstrate the obvious efficacy of a supportive input compared to any non-intervention but that it would be unlikely to lead to a greater understanding of the underlying explanations for this (Orford 2008). It seemed that a research project, testing the impact of quality experiences of consultancy or supervision compared to normative caseload management discussions, would only successfully demonstrate the causality of supportive environmental processes. It would not offer any fundamental exploration of wider knowledge spectrums and acquisition. It was, however, reasonable to hope that a more qualitative approach would retain some consideration of the differing impact of education, supervision and consultancy processes.

Whilst I recognise that different educators, supervisors and, consultants do affect social workers' understanding of practice with alcohol, the original experimental design proposal, because of its experimental design, would only be able to explore the effectiveness of the *method* of enhancing knowledge acquisition, without taking account of any educator or consultant variables (Orford 2008). It became clear that any research design that sought to research all of the following: efficacy of method, trainer, supervisor and consultant characteristics, types of knowledge being used and routes of knowledge acquisition, would be over-complex and would, have too many potentially competing variables to be viable within the constraints of a doctoral research project.

These considerations led me to formulate a new question and design. The more exploratory position encapsulated in the title of the study, is reflected in four core questions.

Research Questions

(1) What constitutes social workers' knowledge about alcohol?
(2) How is it acquired?
(3) How is this knowledge used in practice?
(4) What are the theoretical and typological considerations of what social work knowledge is?

Thus, the design of this project became more exploratory in nature, with it being informed by principles associated with case study design (Yin 2009). It acknowledges some of the overlaps in the continuum that exists between case study and experimental design, and further augments this with a small quantity of the who, what and where questions of any survey design. Finally, it utilises the potential of qualitative data for grounded theorising (Corbin and Strauss 1990; Glaser and Strauss 1967; Strauss and Corbin 1997; Strauss and Glaser 1970).

In deciding not to adopt any classical experimental design, I have not rejected the possibility of trying to capture some causal links between routes of knowledge acquisition and practice-based decision-making. For practical reasons I rejected any longitudinal dimension in the design, as the time available would only facilitate this through either a retrospective design analysis or through two relatively proximate moments of measurement. Neither of these seemed appropriate when considering the contextual complexities and long time frames associated with knowledge acquisition. However, De Vaus (2005:227) suggests that case study design is suitable for consideration of the time dimension, and in my design some retrospective analysis is possible using the biographical data and personal histories.

The detail of the design outlined below is *essentially* that of a case study *approach* and draws heavily on the *principles* associated with this form of design. Case study design offers us the opportunity to consider complex, fuller and integrated explanations of

phenomena than other designs (De Vaus 2005). The case study approach is adopted as a framework for, and not a method of, data collection (De Vaus 2005; Stake 2005; Yin 2009). It uses a variety of evidence and methodologies to maximise richness. It does this in a logically constructed and sequential set of data collection interventions.

Yin (2009) suggests there are three defining elements that need to be accounted for when adopting the case study as the principal design framework: a research question which has both a substance (subject) and form; a lack of control of behavioural events and a high degree of focus on the contemporary and contextual. Each of Yin's (2009) elements is echoed in this thesis:

1. The research question has as its substance social work and as its form the how of social work's acquisition of knowledge about alcohol. (This fits with Stake's (2005) suggestion that a case needs to be one among others. In this case, the alcohol knowledge is one form of knowledge amongst other forms, and social work is one amongst other professions. This is also consistent with the validity of some of the grounded method approaches and considerations of generalisation (Corbin and Strauss 1990).

2. It is evident that a researcher would find it impossible to experimentally control all the complex behavioural events that would have an impact here, for example: past drinking, familial experience, government policy, societal attitudes, work experience and team culture. De Vaus (2005) underlines the usefulness of the case study design when it is just not possible to account for all the variables.

3. Whilst it is argued that some knowledge acquisition occurs in past, personal, familial, cultural, policy and work experiences, social workers' knowledge of alcohol has a high degree of contemporary focus. It is socially constructed in the here and now, and would be different if viewed at other moments or locations in history. In this research the argument is made for a very specific contemporary context for social work with alcohol.

Stake's (2005) interpretation of these three defining characteristics is to suggest that the case studied, if it is to be consistent with case study design, must be specific, unique and a bounded system. Thus, this study seeks to explore a number of specificities: social work as a recognised profession, alcohol as a distinct aspect of knowledge, and a bounded political and educational context. Whilst it is anticipated the study will allow for some generalisations, it will remain a study of a relatively small and distinct population of social workers, who, if not unique, are a product of their own social location and practice contexts.

Some aspects of social work as a profession, alcohol as a practice subject and alcohol as a substance of use, have already been explored within the historical, theoretical and social policy contexts of the preceding three chapters. In reflecting on the chosen design it is important to explore this a little further, in order to answer some of the following questions: Why social workers and not all social and health care workers? Why alcohol and not all psychoactive substance use? Why North Wales and not, say, Manchester? This will reinforce the sense of a bounded system consistent with a case study approach.

The thesis design adopts a realistic ontological position in its recognition of social work as a distinct profession. Social work and social workers have some specific identifiers that have led the requirement for all practising social workers to register, and legal status and protection for the term 'social work' (Care Council for Wales 2011, General Social Care Council 2010c). The study will focus on social workers currently practising and usually living within a Welsh context, but it will also consider social work in a wider perspective. If cultural and personal knowledge about alcohol is at least important as codified knowledge, the cultural and personal aspects of alcohol and its consumption will define the extent to which the results of the thesis can be applied. Whilst it is possible to suggest that Welsh drinking has specific cultural connotations, they are not significantly different from English, Scottish or Irish drinking. Rather that the commonality of British drinking makes it distinct from most other drinking cultures (Barr 1996). However, when we consider the differences between Welsh, English, Scottish and Irish approaches to drinking laws, the training, recruitment and employment of social workers, and alcohol and drug policies, the narrower context and geographical specificity seems an appropriate limitation to the

study. Partial devolution means that Wales can be consider to, have an increasingly distinct political and structural approach to social work and alcohol policy. At the same time the specificity is not too limiting, North Wales, and especially North East Wales, is influenced by its proximity to the culture of North West (Liverpool and Manchester) culture as much as a Wales (Cardiff) culture.

The rationale for an early decision to focus on alcohol and not all psychoactive substances is outlined in Chapter 1. It is worth reiterating here that the status of alcohol as a legally controlled and condoned drug, engrained in the societal and cultural fabric, and probably used by more social workers and their service users than not, one which is, implies the possibility of complex knowledge sources and an their being intrinsic to most social work practice. In this sense, it is hoped that some of the implications for understanding social work knowledge acquisition, will transfer across to other equally normative social work practice agendas, such as: mental health, childhood or gender relations. Any study of social workers' knowledge acquisition of illegal or illicit drug use would probably be of a more specific nature and almost certainly involve distinct forms of knowledge and more specialised forms of social work practice. This is not to suggest that it would not be a subject worth researching, but rather, that it probably constitutes a more sub-specialism, that would require a different case study altogether, not generalisable to a whole '*substance use*' perspective, in the more common parlance of current policy narratives (see Appendix 1).

Yin (2009) suggests that case studies have five particularly important components; the study's question, the propositions within it, the units of analysis, a logic linking the data to any propositions, and criteria for interpretation of findings. These components are explored here.

Firstly, the study's question is, as has just been considered above, identifiable in social work and alcohol or what is often referred to as 'what is *it* a case study of?' (De Vaus 2005, Stake 2005). This study of social work and alcohol has boundaries of time and place, which help define it as a case (Ragin 2002, Yin 2009). What the case study design ensures is that it is the case, rather than any variables, that areis the point of focus (Ragin 2002, Yin 2009). In considering, the second of these components, it is possible to see that the study is directed by three principle propositions: i) that the

knowledge utilised by social workers in consideration of alcohol is probably of a personal and cultural nature as much as it is codified, ii) that the form and use of that knowledge is directly influenced by particular personal and societal constructs, as well as professional constructs, and iii) social workers continue to experience and articulate concerns about their role in working with alcohol (Cartwright 1975; Galvani and Hughes 2008; Gorman and Cartwright 1991; Lightfoot and Orford 1986; Rassol and Rawaf 2008; Richardson 2008; Shaw *et al* 1978; Watson et al 2003).

De Vaus (2005) emphasises the role of theory in case study design, and explicitly states that case studies must be informed by a theoretical position, where the findings of the study seek to support, rather than prove, those theoretical positions. Indeed, he makes the obvious point that no description of a case can be considered to be atheoretical; so what a biologist sees and describes is different to a sociologist. This study explicitly states its' theoretical propositions. Nonetheless it also generates and utilises emergent data to construct additional theoretical understanding, by the utilising of the specific methodological procedures of grounded theory.

Consideration of the third of Yin's (2009) components the study's units of analysis, helped to confirm my understanding of what the case is. If the unit of analysis is fundamental to defining what the case is, I came to realise the difference between the core data and contextual data (Yin 2009). Whilst this study is interested in where social workers studied and the culture of their teams, these are external contextual data, which influence the phenomenon, but, if taken as the unit of analysis, would constitute very different studies. My unit of analysis for this study are the social workers (collectively within the region) and their knowledge (not the relationship with any service user) and the data becomes the discourse and responses of these social workers. Yin's (2009) last two components are concerned with what happens after the data are collected and namely the logic of linking data to propositions and the criteria for interpretation of findings. The method of data collection and its subsequent analysis within this thesis are explored in greater detail below. The methods employed are designed to encapsulate the complex meaning of the case in a finite report, but also to present sufficient narrative to allow readers to experience and draw their own conclusions (Stake 2005).

Stake (2005) suggests that case studies are of three distinct types: the intrinsic (where the case itself is of primary interest), the instrumental (where the study of the case contributes to wider issues of generalisation) and the multiple or collective study (where the instrumental approach is extended to include several case studies). Whlie the aim of this thesis is primarily intrinsic, in that its focus is social work knowledge about alcohol, it is anticipated that it will also contribute to issues of wider generalisation. It does not consider multiple professions, arenas of knowledge or geographical areas.

The case study design is adopted with overt consideration of the possible critiques and limitations of the design (De Vaus 2005, Yin 2009). It offers its attention to detail as the antidote to any lack of exact replicabilty or control over variables. It is a design which yields naturalistic and plausible accounts of events and in doing so achieves high levels of internal validity. It is overtly conscious of any reactivity and the impact of research as a process on the results presented (Bryman 2008). Consistent with this is an emphasis on what can be learnt about the study as opposed to what can be generalised beyond it. Where it does draw out generalisations, they are derived from the methodological approach (Corbin and Strauss 1990).

To summarise some of the design considerations, it seems accurate to describe this study as being of a single case study design. In this study the unit of analysis is the community of north Wales social workers. It is thus a single case study with dispersed units of analysis. The case is social work *(substance)* and its acquisition of knowledge about alcohol *(form)* (Yin 2009). It is seeking to explore, contextual complexities and potentially numerous variables, from an informed theoretical perspective. The generalisations of this study are not statistical generalisations of a more positivistic approach, but those that are of a theoretical nature. The design, seeks to support the propositions through a notion of logical replication of a methodological approach amongst repeated units of analysis within the overall design (De Vaus 2005).

Much of the account in the preceding chapters reflects popularity of survey approaches. It is not been my intention to reject these contributions to knowledge. In fact, the design transforms some of these more straightforward who? what? where? how many? and how much? survey-type questions, into the more detailed and

contextualised how and why questions of a case study design. This has been achieved primarily through the qualitative method and supplemented by some small quantitative data collection. The design, and in particular the use of very open ended biographical and vignette interviews, is such that whilst survey type data are accumulated, they are not used to exclude the possibility of more serendipitous data emerging.

Having proposed the possibility of diverse sources of knowledge, it did not feel likely that these would best be captured through a narrow interview conversation that asked an initial question like 'where does your working knowledge of problem alcohol use come from?' It seems likely that this approach would close down the possible responses of social workers. The challenge of my own assumptions was important to find data collection methods and systems of analysis, which would allow additional theoretical ideas to emerge and not just test existing propositions. Thus the methodological procedures explained below consciously seek to provide opportunities for the social workers to elect what is important to them in terms of knowledge and experience, prompted only by a general statement of the study's interest in their knowledge of alcohol and its implications for practice.

4.2 Methodology and data collection

This thesis acknowledges that methodologies (as the means by which data are collected, processed and analysed) are not dependent on the design approach, and as such most methodologies can be used in the context of a range of designs (Bryman 2008, De Vaus 2005, Gilbert 2008). There is, however, some sense in which research has been and is, described as often being of either a qualitative or a quantitative nature, where design and methodology are frequently aligned to preferred ontological positions. In this regard, the presented design has a prevailing qualitative feel, reflecting my constructivist orientation. It accepts notions of collectively constructed and continually changing understandings, within specific contextual moments of time. Thus, its approaches to data collection, data analysis and processes are designed to allow multiple perspectives to emerge and to develop a deep rich contextual exploration of social work and alcohol.

The research collected data within a mixed methodological approach over three sequential phases, as summarised in Figure 2.

Figure 2 – Phases of Data Collection.

Phase 1 Pilot Study 3 x initial Interview and Questionnaire. + 1 x additional Confirmatory Interview and Questionnaire	*(Evaluation of design and informing data collection instruments in Phase 2, including the emergent themes and codes for data analysis)* *(Data to be used as part of main presented data)*	
	Phase 2 13 x Self-administered survey questionnaires 9 x Semi Structured Biographical interviews	*(Survey questionnaires to inform decision to invite to interview and possible areas for exploration in interview)*
(Vignette samples to be purposively chosen from above, to include some respondents who have undertaken a biographical interview and some who have not – for purposes of constant comparison methods)	Phase 3 1x testing Individual Vignettes 5x Individual Vignettes	

The initial data collection phase utilised a small pilot of three of the four principal data collection methods; a brief quantitative structured data collection questionnaire, the Alcohol Unit Disorders Identification Test (Barbor et al 2001), and a semi-structured biographically orientated interview. The fourth method, a practice vignette was only introduced in the final data collection stage. The pilot process, involved an initial analysis of the data collected and the data collection instruments. Additionally it utilised reflective dialogue with the respondents on their experiences of the process and field notes taken by me, to inform the subsequent data collection phases. As will be indicated at the end of this chapter, the quality of the data collection from this first phase was such that its substantive data was retained to be revisited and included within the overall data analysis and presentation.

The Alcohol Unit Disorders Identification Test (AUDIT) was included to establish the research respondents'[8] current levels of drinking[9] (Appendix 6). AUDIT is an internationally validated and standardised ten item questionnaire, predominantly self-administered, which explores individual frequency and consequences of alcohol use, across three domains: hazardous and harmful alcohol use, and dependency symptoms (Barbor et al 2001, Rastrick et al 2006). It uses a five point scale for each question, (scoring each response from 0-4), and individuals have a calculated score out of 40. Indicative ranges of scores have been developed to identify severe drinking problems or not, and associated interventions that might be required consistent with the identified score (Barbor et al 2001; Department of Health 2006; Hughes et al 2008; McCambridge and Day 2008; National Offender Management Service 2010; Rastrick et al 2006). The use of AUDIT was intended to not only give indicative information on individuals' current drinking, but additionally to provide a point of triangulation, to compare the spoken account of drinking with the measured one.

The second phase of data collection involved the use of slightly revised versions of the quantitative structured data collection (Appendix 5) and interview schedule (Appendix 7) in addition to the AUDIT tool. The questionnaire and AUDIT tool were always given prior to any interview, along with a summary guide and consent form (Appendix 8). Any invitation to an interview only occurred after these had been successfully returned. This also ensured that the respondents were left in no doubt about my primary interest in alcohol knowledge. The data collection tools used in phase two had only small adjustments from the pilot originals. These were: minor semantic revisions to the quantitative questionnaire occurring as a consequence of the feedback in the pilot phase. This reflective element of the pilot interview schedule produced sufficiently rich data, for it to be worth retaining in phase two.

The self-administered questionnaire gathered a range of baseline data which was used to establish details of demographics, qualifications, training, employment, current caseload experiences and a measure of respondents' current drinking levels. This data

[8] The use of the term respondents is a deliberate choice, consciously made to avoid the widespread parlance of participant. This is because my belief, consistent with a range of social work values, is that participation in research implies a degree of reciprocity, consistent only with Participatory Action Research and other service user involved designs (Biskin et al 2012).

[9] Respondents were given access to an information sheet to enable those unaware to interpret their AUDIT score and seek professional support if appropriate.

was also intended to ensure that the sampling of the population for the semi-structured interviews would reflect the diversity of social workers and social work experience. However, as the narrative of the sampling process and data collection unfolds, it will be apparent that the difficulty of engaging respondents led to an increasingly pragmatic rather than purposeful sampling approach. Respondents tended to be exposed to all three instruments at one time. This led to a lot of on-going data analysis integrated with data collection, through a highly reflexive and incremental process, and the utilisation of grounded theory approaches. The baseline data was further used to identify any individuals meeting the exclusion criteria as outlined below

The questionnaire also included an exploration of each respondent's perceptions of the volume of alcohol related work in their caseloads:

> Looking at your current caseload/workload what percentage of your clients experience problems with their own or someone else's drinking of alcohol? (Appendix 5).

This was designed to gain an understanding of how the respondents saw the role of alcohol in their work, how this was supported or not in any narrative account, and how these perceptions matched the literature.

This quantitative baseline data was followed by the use of the semi-structured interview schedule which explored six themes, timelines and process reflections through open ended questioning a biographical approach. A summative schedule was used by me to ensure a consistency of approach and any follow up questions used only material offered by the respondents rather than new researcher-led considerations (Appendix 7). Quality was assured by examination of the data in the thesis supervision process. The themes of the interview schedule were as follows:

- Individual familial context, both childhood and on-going adult.
- Experience of education, training and supervisory support
- Initial and formative experiences or working with service users
- Culture and influences of peers, colleagues and employing agencies.
- Own drinking and experiences of drinking cultures

- Reflection on the research respondent's experience of the research process and environment.

In collecting a limited baseline data set and subsequently using detailed biographical interviews, the design deliberately avoided any explicit capture of social workers' attitudes about their role, or factual information about alcohol. As anticipated, the exploration of the wider context of knowledge and practice uncovered a significant quantity of these elements, and provided some data resonating the previous research on attitudes. However, seeking to explore the existence of knowledge beyond a very limited codified construction meant that testing social workers' actual factual knowledge about alcohol and its effects, like Miller and C'de Bacc (1995), would not have been consistent with the design and methodology. It was anticipated that the broad narrative would allow social workers to show, through use in context, specifically acquired codified knowledge or not.

The interview schedule was deliberately constructed to provide space for the widest possible respondent-induced sources of knowledge and the emergence of theoretical concepts from the data analysis process. This schedule was designed to fit the unstructured end of any spectrum upon which qualitative research interviews lie (Bryman 2008). The following chapter explores in much greater detail the actual data analysis phase and the influence of grounded theory. But it is important to signal here, that the data collection procedures, in responding to Yin (2009), allowed both the exploration of the known and the not yet known.

Towards the end of the interviews, questions inviting individuals to indicate their own perceptions of where their knowledge of alcohol comes from were included. This conversation was added following the initial pilot interviews. It was deliberately left until the end so as to not influence any earlier offered data and narrative perspectives. However, it became increasingly obvious that asking this question not only generated data in itself, but also allowed respondents: perceptions to be compared with the actuality of their narrative.

Finally, the interview concluded with questions inviting respondents to reflect on the interview process. This had two functions: i) to explore whether facilitated and

reflective space to discuss alcohol is in itself useful in the development of social workers' understanding of alcohol and ii) to invite respondents to comment on their experience of the research process and researcher. The intention was to recognise and explore what has been known since the Hawthorne effect about research or assessment reactivity (Bryman 2008; Henn et al 2009; McCambridge and Day 2008).

The final phase of data collection involved the use of a vignette. Social workers were given a detailed case scenario (Appendix 9) and invited to explore their understanding of the scenario and the courses of action they might suggest (Appendix 10). The vignette was adapted from one I have been using over the last five years in education settings with pre and post qualifying social workers, where I have seen its value for facilitating diverse individual interpretation and generating differing perspectives. The discussion itself followed a similar structure to that of the narrative interviews in that it sought not to discuss alcohol initially but let the respondents identify first the role they felt it played. This method of discussion was a deliberate choice in preference to the knowledge map tool use by Gordon and Cooper (2012) or Osmond (2005, 2006) which seeks to explore a case through the constituent elements of a social work process model of assessment, planning, intervention and evaluation, and focuses on practice based knowledge.

Within the context of the overall case study design, particular individual social workers were chosen as a purposive sample for the vignette interviews, based upon information about them which arose during the earlier data collection phases. They included some who had given a biographical interview and some who had not. This mixed sample has the strengths of the constant comparative approach of grounded theory data analysis (Corbin and Strauss 1990; Glaser and Strauss 1967; Strauss and Corbin 1997; Strauss and Glaser 1970). A post vignette evaluation and process debriefing was used with the respondents, enabling them to reflect on the process and experience of the discussion with a view to this also providing some data on supportive and learning processes. The data collection phase also used detailed field notes which I compiled following each vignette session. Bryman (2009 p245) explores vignettes within a discourse on questioning, and describes them as a technique to extract people's normative standards or responses to given scenarios. He suggests that responses produced through the use of vignettes are more reflective than those of the

survey. The vignette was used in this study to explore themes in depth. This use of the vignette as one of several methodological data capture approaches, utilises one of the identified strengths of the case study design: its ability to deal with variety of evidence (Yin 2009).

4.3 Sample design and selection

The decisions made about the research population and sample units of the case that were affected by constantly changing circumstances and a variety of factors.

During the fieldwork preparation stage, it became evident that I needed to take a position on my unique status, as a practitioner, teacher and researcher, amongst the target research population. I brought rich contextual experience and understanding to the subject of the research but this also carried the likelihood of being known to the potential sample and a large percentage of the North Wales social work population. I qualified as a social worker in 1996, and subsequently established myself as practitioner, supervisor, manager, strategic leader and commissioner across a range of social work client groups and in statutory and voluntary settings. More specifically, I have spent the last decade working in alcohol work related settings. This work has led to a prominent role within local multi agency partnership fora, which is known to some of the research population. I have also undertaken roles with some national (United Kingdom) alcohol specialist research and interest groups, and bring these acquired understandings, perspectives and knowledge into the research process. I have consistently been involved in the education of students and practice teachers, through a substantial part-time role in the last ten years delivering modules within the qualification programme at Bangor University in north west Wales and, from approximately midway through the production of this thesis, through a full time role within the qualification programme at Glyndwr University, in north east Wales.

As a qualified social worker and social work educator practising in the locality, I was therefore not unknown to many of the practising social workers. It is highly likely that a significant number of social work teams and agencies in north Wales contain staff members who are either aware of my role in the wider substance use community agendas or have had direct experience of me as an educator or assessor. This

embededdness is consistent with the overall ontological and design position, it is what Stake (2005) refers to as an intrinsic relationship between the researcher and the case and what I see as an advantage which enables the idiosyncrasies of the specific context, issues and stories to be explored, with the case and me sharing social work, alcohol, and other contexts.

Considering the potential implications of my proximity to possible respondents, and the extent to which this would affect the research process and outcomes a number of exclusion criteria were applied to the potential respondents within the case study population. These were consistent with the degrees of proximity to me that potential respondents might have. The exclusion criteria adopted were as follows: those who had been taught at Bangor University on the degree in social work or diploma in social work where I was responsible for whole modules (within the last six years), those who had received external consultant supervision from me as part of any formal contractual arrangement, those who had received supervision from me in my capacity as a Practice Teacher and those social workers identified as having some other significant prior relationship with me. It was anticipated that these exclusion criteria would protect the research process from undue influence, whilst allowing the research to continue to benefit from my familiarity with the context. [10]

The social work workforce in north Wales is not a large one. Using the figures for social workers registered with the regulatory body, it is possible to identify a total population no larger than that of a small town: 5513 (Care Council for Wales 2009a) and a north Wales population no greater than the equivalent of a large village: 1139 registrants for the six counties of Conwy, Denbighshire, Flintshire, Gwynedd, Wrexham and Ynys Mon (Care Council for Wales 2009b). The public listing on this register is only by name and a 'county of employment' (Care Council for Wales 2009a). Consequently this register includes, but does not identify, social workers who work for statutory and non-statutory organisations, social work students, practitioners, managers, directors and educators. This total population of social workers is far too large to be researched within the qualitative approaches consistent with design.

[10] This proximity to potential respondents was accepted and evaluated as an influence on data construction and analysis. These considerations are explored at the end of this chapter, and then particularly in Chapters 5 and 9.

Consideration was given to the possibility of adopting a random sampling approach to the total population. This could conceivably have been done via the Care Council for Wales as the holder of the compulsory professional register, the British Association of Social Workers as the primary professional association or a list associated with all the principal statutory and non-statutory employers. But these sampling frames present significant pragmatic, self-selecting, ethical and design problems. The amount of information available via the public Care Council for Wales register is not sufficient to be able to be used in terms of random or non-random sampling approaches, as it does not provide a means of contacting the registrants. BASW[11] is not necessarily a representative sample of all social workers, in as much as it is a voluntary professional association, which only approximately 10% of registered social workers pay to join, as opposed to membership of a broader based union like UNISON (British Association of Social Workers 2012b; General Social Care Council 2010; UNISON 2010). The ethical considerations of approaching the Care Council for Wales or the British Association of Social Workers for access to their confidential lists appeared too problematic. Given the overall perspective of the design the intention to explore propositions based upon specific social worker characteristics and the need to exclude some respondents well known to the researcher, a non-random approach to sampling was identified as the preferred starting position.

Sampling was therefore purposeful, theoretical and non-statistical (Bryman 2008; David and Sutton 2011; Gilbert 2008; Henn et al 2009; Silverman 2010). The initial target sample was chosen to enable both the testing of some of the propositions, and also to be reflective of the case as a whole. The strategic sample was chosen by identifying specific clusters within the overall case study population and by selecting a diversity set of individuals within the clusters (Bryman 2008; De Vaus 2005; Frankenberg 1957). This was done through a tiered or stratified sampling process, with theoretical and propositional related judgements used at each stage. Following the pilot phase, a strategy was formulated with three broad tiers for the substantive data collection phases:

[11] The British Association of Social Work and the College of Social Work have continued to vie for and develop positions with regards to representing the social work profession, throughout the second half of the thesis production. This remained an unresolved matter at the time of the final write up (Samuel 2012).

1. Geographical and organisational clusters within the overall north Wales social work population
2. Self-selection by individuals to participate in the structured questionnaire
3. Purposeful selection for interviews and vignettes based on upon individual characteristics, either to ensure a range of the specifically sought personal attributes, for example, gender or personal experiences, such as length of career.

The rationale associated with the choice of the pilot phase sample is contained within the discussion of that phase further on within this chapter. Difficulties encountered in respondent recruitment required the final sample to be delivered through a more pragmatic and network sampling (or snowball) technique, as a specific example of convenience sampling (Bryman 2008, Gilbert 2008). Bryman (2008) confirms that such pragmatic sampling is consistent with theoretical sampling and qualitative research.

Thus the second phase (the semi-structured qualitative and biographical interviews) and third phase (vignettes) of data collection was initially sought from social workers within a combination of theoretically and strategically chosen geographical and organisational clusters, this clustering representing the first tier of sampling as identified above. Four agencies, as clusters, were initially identified. These were two unitary authority statutory social services departments [one in north east Wales (Local Authority A) and one in north west Wales (Local Authority B)]and two large non-statutory voluntary sector organisations (Voluntary Organisation A and Voluntary Organisation B). The inclusion of statutory and non-statutory sector clusters was deliberately designed to include a wider range of social workers, beyond those employed by local authorities, whereby any potential diversity in terms of the influences of career trajectories could be explored. Local Authorities A and B were chosen to reflect the differing geographies of urban and rural areas. Voluntary Organisations A and B were chosen for more pragmatic reasons: they were among the few large voluntary sector employers within the region which employ qualified social workers. North Wales is distinct from much bigger Welsh and English metropolitan areas in not having the plethora of non-statutory organisations that have emerged

through the purchasing culture of the last twenty years. After the four clusters were identified, each of the most readily identifiable senior managers was approached. The approaches and subsequent outcomes were all slightly different, possibly reflecting the differing pre-existing relationship that I had with each organisation.

Local Authority A, with whose executive management I had no obvious previous formal relationship, was contacted via an exploratory e mail, addressed to the director of social care. No response was received to this initial request. A subsequent follow up communication elicited a response indicating that the request for support had been discussed at a senior managers meeting and that they were unable to support the research. Bemused and uncertain about the brevity of the response, I contacted one of the senior managers with whom I had previously worked, and she/he was able only to confirm the non-support, without any further explanation, beyond intimating that the social work workforce already had too many competing demands on it to afford any time to contribute to research. Finally, an email was sent to another senior manager with whom I had also previously worked, who appeared to have a distinct role with Children and Family Social Services. This request also remained unanswered. This protracted approach to the Authority proved unsuccessful in recruiting any respondents to the research project. The possible explanations and implications of this are explored further within this chapter, and in the following chapter, when looking at the final composition of the research population.

Local Authority B, via a director of social care and housing, had already been consulted as part of a preliminary conversation to explore the feasibility and appropriateness of the research project. This was made possible by my shared membership, at the time, with the aforementioned manager on a local multi-agency substance misuse strategic forum. Consequently a pre-existing willingness to support the research existed and possible data collection with this Authority began following ethical and thesis committee approval in April 2010. Recruitment began with, at the request of the authority, attendance at a senior managers meeting, to explain the project and answer questions. All the managers agreed to invite their teams to participate, with initial information and contact details being provided through the administration for the director. However, a ponderous set of communications meant

that this initial meeting did not take place until September 2010. Following this I was invited to only one operation team's team meeting in December 2010, where a number of social workers agreed to participate. However, despite repeated follow up contacts, none of the individual social workers returned any initial baseline data or consent forms. This represented the only team from the whole of this unitary Authority's social work teams who made any sort of contact with me. In January 2011 the director was again contacted and given an account of the lack of participation, she/he agreed to enquire in to the matter with her/his senior management team. No subsequent contact was received. Thus, despite apparent senior management approval and support for the research, and following the local Authority's preferred route of engagement over a persistent and protracted timescale, no respondents were recruited through this cluster.

Voluntary Organisation A was contacted, on the advice of one of the first stage pilot respondents, via a named principal practitioner. A warm and enthusiastic response was received from the first team approached. Unfortunately during the period from identifying the organisation as a cluster through to the correspondence stage, the organisation had engaged in a process of closing its local operation and making its entire staff within that team, including its social workers, redundant. Consequently, by the time, I had caught up with individuals, only two social workers were able to respond and participate in the research. A second team manager was approached who was equally as warm and supportive in forwarding the invitations to participate to their social workers. However, no individuals were successfully engaged from this organisational cluster.

Following advice from a Voluntary Sector B field worker with whom I had previously shared membership of a project steering group, I was assured that the organisation and the management culture were supportive of engagement in research and I was encouraged to contact a named senior manager directly. The consequence was a warm and receptive phone call, during which the senior manager undertook to write to the four operational managers and actively encourage them to support the research. This undertaking was duly met, with me being copied into the electronic correspondence. None of these managers proactively contacted me, so I chose to write direct emails to them. Consequently, one manager responded positively and forwarded summary information and questionnaires to staff within their unit. These time-consuming

processes resulted in one staff member and the manager returning questionnaires and subsequently being invited to interviews. The operational manager also agreed to share their positive experience with the other operational managers in an attempt to encourage more participation, but this did not translate into any more responses from this cluster.

These experiences, based upon the initial theoretical purposeful sampling methods, struggled to provide the expected volume of data. The slowness of acquiring respondents meant that implementing the second phase of the sampling stratification was difficult. This resulted in most of the early respondents who provided a quantitative return being invited to participate in qualitative interviews. This seemed essential in order to maintain some momentum to the overall research process. Subsequent reflection in supervision conversations on the slow response rate led to the adoption of an additional sampling method to run alongside the original sampling method. I invited a number of social workers to participate through a less systematic network sampling technique by using existing networks within the overall case study population. However, I continued to use the transition from quantitative questionnaire to invitation to interview as a means of regaining some of the purposefulness of the sampling, actively seeking statutory sector respondents and ensuring, in consultation with my supervisor, that the exclusion criteria were still applied.

The selection of the individual social workers invited to participate in the second phase of data collection, and in particular the semi-structured interviews, was therefore, increasingly a pragmatic procedure to guarantee that the research project maintained momentum. Not all responses through snowballing process were taken up. Some individuals (n=5), whose relationship with me was too close remained excluded in order to avoid a pure convenience sampling approach, with its associated limitations (Bryman 2008). Ultimately the modified approach allowed the total interview sample to be broadly representative of a range of key personal attributes, which in turn enabled consideration of a number of the theoretical variables: gender, language spoken, type of qualification, length in career, types of clients worked with, current working environment and own levels of identified drinking. The consistency of the achieved respondent sample with that of the total sample population is explored in the overview of data presented in the next chapter.

4.4 Ethical considerations

The overall design also took account of a range of ethical considerations across the following broad themes: ethical approval, respondent informed consent, potential respondent distress and confidentiality. These were initially explored with members of the research thesis committee, before being approved by the ethics committee of the College of Business Social Sciences and Law at Bangor University.

The design engaged individuals who were able to give a high degree of informed consent. The research is not, in the arena where special care is needed in relation to vulnerable individuals or users of support services as described by the British Sociological Association (2004) or Department of Health (2005b). The design and sample did not involve any National Health Service agencies or service users and so did not need to be referred to a National Health Service ethics committee (Department of Health 2005b, Tinker and Coomber 2004). In involving only two rather than four or more multi-site local authority social services departments, it did not reach the threshold for referral to the Association of Directors of Adult Social Services (ADASS) Research Group (Association of Directors of Adult Social Services 2010). In addition, as part of the pilot phase of the research process, an interview outlining the intended design was had with the Director of Social Services of Local Authority B, who expressed support for the project and offered no ethical concerns, beyond individual's voluntary involvement. The level of identified ethical scrutiny should be proportionate to the level of identified risk (Dominelli and Holloway 2008). Research on a profession is a political activity which involves the establishment of relationships of trust, issues of power, and instances of personal disclosure, and it needs to be conducted within an established ethical framework (British Sociological Association 2004; Dominelli and Holloway 2008; Tinker and Coomber 2004).

The project involves research on social workers by a social worker. As members of a recognised profession, both the sample population and I are bound by a professional code of practice that is a condition of professional registration and comes with ethical value based obligations (Care Council for Wales 2010). In terms of any potential vulnerable third parties that might be identified through the research process, and require a breach of confidentiality in order to protect, there are clear binding policy

documents that fall upon both the respondents and myself, in particular the All Wales Child Protection Procedures and All Wales Policies and Procedures for Protection of Vulnerable Adults (POVA) (Children in Wales 2010, Social Services Improvement Agency 2010). Respondent acknowledgement of these responsibilities was included within the consent form (Appendix 8).[12][13]

All respondents were required to sign a consent form prior to commencement in the research process (Appendix 8). Throughout the process of approaching potential respondents, it was made explicit that their engagement was voluntary and could be withdrawn at any moment without prejudice. This essential quality of consent influenced the extent to which I felt able to follow up individuals within the increasingly fruitless clusters identified above. A persistent question I asked of the process was to what extent the non-engagement of individuals represented a positive statement of non-participation. Where participation would be offered or began but there was a lack of permission to record it was agreed to use the data in a field note form only.

The possibility that individuals might experience personal distress as a consequence of the telling of their own life, work and drinking experiences was also considered. Three possible measures could be taken: use a temporary suspension within an interview (break), offer the option to return to the interview on another occasion or treat the interview as incomplete but still useable as partial or observational data depending on the respondent's consent. My own professional qualifications and experiences as a social worker, counsellor and manager helped facilitate this approach and no additional training was required. The comfortableness of the social workers with the procedure was explored as part of the reflective end stage of each interview.

[12] This professional responsibility requires specific consideration of whether what might be considered normal boundaries of research interviews about drinking and other possible behaviour can be kept confidential by the researcher if they indicate possible practice implications about other vulnerable parties. In this context the criteria for the need to exercise any disclosure , was thus not the behaviour itself (i.e. excessive drinking) but any clear evidence of described risk to others.

[13] Whilst the AUDIT score data and content of interviews identifies some of the social workers drinking beyond government recommended levels, none of the respondents offered any information that led me to feel they presented any particular risk to others in their practice, consistent with any need to breach the bounds of the research confidentiality agreement.

The subsequent analysis and presentation of data takes account of the ethics which apply to the presentation, recording, and keeping of personal data. All data was stored consistent with the university's Data Protection Act Policy[14]. Presentation of data in the following pages has been done in such a way as to balance the demands of research integrity with individual anonymity. Thus individual biographical accounts are masked and presented using pseudonym coding and are unattributable to actual individuals. This has been done in sufficient depth not to expose individuals in the context of the relatively small population of north Wales social workers. Therefore, terms like early career or armed forces are used instead of identifying exact numbers of years or Royal Army Engineers. The use of grounded theory analysis assists this process in the way in which it distances the respondents from the conclusions and aggregates contributions to enhance anonymity (Oliver 2012). Individual respondents if reading the thesis might be able to identify themselves, but they would not be identifiable to others.

4.5 Pilot phase outcomes

The pilot phase was successful as a process of reflection, refinement and remodelling of the approach to data collection. Pilot data collection took place with three individual social workers: Gareth, Mair and Michelle[15]. All three were purposively chosen to offer a degree of diversity within the case study population and to ensure maximum possible testing of the data collection methods. There were two females and one male, reflecting the majority female perspective in social work. They worked in a diversity of settings, but all statutory, and had a range of qualifying experiences. Two were known to be Welsh born and one not. Two were known to be Diploma in Social Work qualified and one with a Certificate in Qualification for Social Work. All three were to varying degrees previously known to me, such that the influence of these possible relationships on the process could also be explored as part of a data set.

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[14] Bangor University (2012) *Data Protection Act Policy* http://www.bangor.ac.uk/ar/ro/recordsmanagement/dataprotection/DPPolicy.php.en {accessed 21-12-2012)

[15] Details on the approach used in presenting data and individual narratives occur in Part II, with the presentation of the substantive data and analysis.

The questionnaire was self-administered prior to the interview, and generally the three individuals found the questions unambiguous and straightforward to complete. Their responses suggested a number of minor adjustments were required to the structured baseline data questionnaire. These were of a grammatical nature and the suggested changes, all of which were adopted for the main data collection phase, were focused on further amelioration of any potential ambiguity that could be inferred from the questions. The detailed baseline data collected at this phase is incorporated and presented within the main data set and not given any additional discussion within this chapter.

All individuals in this initial phase were comfortable with self-administration of an Alcohol Units Disorders Test (AUDIT) and no problems were encountered. All three stated they had previously had experience or exposure to the test and so it was in part familiar to them. The respondents' AUDIT scores were consistent with the descriptions of their own (moderate) drinking as given through the semi structured interview.

The semi-structured interviews were all recorded and some observational notes taken during the process. Additional immediate field notes and reflective observations were taken that day. Preliminarily analysed of each interview was conducted through a simple aural and hand written process to develop manual coding and establish themes. All interviews were fully transcribed. The interviews, along with other field and researcher notes, were analysed using computer-assisted qualitative data analysis software (CAQDAS), in particular NVivo (Gibbs 2002). A more comprehensive analysis of this process and the data findings are presented in following chapters.

These interviews were pilots, in as much they tested the data collection tools. They were however the beginning of the iterative process of data analysis, proposition consideration and new theoretical developments. The three semi-structured interviews were successful in collecting data across the early identified topics of; codified knowledge, cultural knowledge, personal knowledge, value considerations and learning styles. In addition, the preliminary analysis of these interviews allowed the initial development of some other of topics, themes and data codes.

One new theme quick to emerge, was that personal knowledge appears to be influenced by the role of experiential practice knowledge, what I have coded the '*big case'*. This term was introduced by Michelle:

> So I had my big case – I've got two big cases I suppose …

Two of the three were particularly expansive and profuse about a particular identified service user experience (case) and gave the telling of these tales significant time within the interview process. In this context the word *case*, is used, as it is used in many professions, to refer to casework and is not referring to case in the sense of a unit in case study research. It is also worth noting that Ragin (2002) cautions against an *over* use of the term case in the analysis process and that it is important that the research maintains the distinction between the singularity of the case (as in design) and research that uses multiple cases (either multiple case study design, or more commonly, case as an example of phenomena). So for example Michelle contextualises this use thus:

> ...but I guess my general experiences of those cases and people informs my practice and how I encourage the staff to see…

These first interviews suggested that it might be appropriate to listen out for this *'big case'* possibility in others' telling of their tales. Why do they appear, and in what why are they different to the ordinary references to interactions with service users? Do they have a formative, normative or memory value?

It became apparent to me through these initial interviews that the data was beginning to form descriptions of potential trajectories into social work. *Trajectory* is used as a term consistent with it is use by grounded theory, as a way of making sense out of the disorder offered in biographical narrative accounts (Strauss and Glaser 1977, Prins 2008). As an individual who has been entwined in social work for the last twenty years, I was already subconsciously aware of a number of common themes to colleagues' and students' entries into the social work profession. These ideas had to some extent already been transferred from my own narrative and made implicit in the emergent knowledge typology. Conscious reflection of these ideas during the pilot phase suggested an additional thematic typology of four trajectories, with dominant trajectories identifiable, but also journeys influenced by more than one trajectory.

These trajectories are; *The Disillusioned Opportunist*, *The Passionate, The Familial* and *Been There,* and are discussed in much more detail in the subsequent chapter.

One of the questions posed through the explorations of design, was my own role and influence over the data collected. So consistent with the considerations above in section 4.3 the early interviews were important to establish the research reactivity, and how my own identity and approach influenced data collection. The specific nature of the respondents to a peer researcher, especially one likely to be previously known to them to varying degrees, was unclear. The possible impact was captured through a reflective space towards the end of each of the interviews. Individuals were invited to reflect on the process of being researched generally, and by me more specifically. All three of the pilot interviewees reported that they found the overall interview experience a positive one. For example suggests:

> ...it was quite therapeutic actually', '...enjoyed it actually...', '...comfortable doing it...

And Michelle:

> ...it's been fine.

Beyond the overview of the experience, it seemed important to establish an understanding of whether social workers, for whom it is normal to collect biographical and personal information from others, were able to engage in a process that saw them as the subject of investigation. The volume, richness and diversity of the initial data suggested that any possible pre-research concerns were unfounded. These early interviews began the iterative process of understanding how safe reflective interview spaces helped formulate knowledge. Thus as Gareth acknowledges, whilst:

> It is a bit different being on the other side of the table' ...'it is alright to reflect on my past. You forget sometimes...

And Michelle considers:

> It's sometimes also quite nice actually, just to share your story isn't it? It's like go and have that opportunity to kind of track the whole journey yourself...

Considering their perspectives of me as researcher, all of whom I'd known to a greater extent, than was likely with any potential respondents in the main phase – they did not comment upon my personal participation as being detrimental. Indeed if anything, they saw it as positive attribute. Gareth suggests:

> ...my knowledge of you as a person...I can be more comfortable and I know you wouldn't judge me ...

For Mair, this was contextualised in a previous difficult and sensitive conversation we had previously shared:

> ...and that is, makes me feel that, you know, that you're somebody I could trust with information, whatever information and I'm not sure if that makes sense?

Michelle adds considerations of respect:

> I think you're a more open, I think you are a more easy going person...and ... It's felt okay because I think I respect you, I respect you because of your knowledge and stuff for alcohol, I also respect you because of that social work background and the values.

The extent for the need of any social worker to trust the researcher before exploring their own personal and drinking histories, or whether, instead, trying to create some distance between the respondents and me with regards to shared experience, would have contributed to fewer difficulties in engagement, is a critique of the design that will be explored later on. What the pilot interviews showed though, was that there was no need to be excessively cautious of the fact that I inhabited some of the same worlds and possibly shared experiences with many of the respondents. It also began the incremental development of conceptualising this within the data analysis process. The result of asking the respondents to reflect on the experience they had just undertaken suggested that it would also provide some valuable additional data, which would have the potential to contribute to an understanding of whether such reflective spaces were intrinsic to helping developing social work knowledge.

Finally, it was clear that I took some of my own stereotypical and result expectations into the pilot interviews. I was very happy that some of these were not met. Most strikingly, one of the respondents (Gareth) was purposively sampled as having known to have been in the armed forces prior to entry into social work. I had the expectation

of a specific forces-type drinking culture influencing his experiences and knowledge (Ames et al 2009). However, Gareth subsequently described a previous heroin-using career and a lack of personal affinity to alcohol:

> ...probably the wrong one [drug] for me...

His understanding of alcohol appeared influenced far more by his father's own violent drinking episodes, colleagues' drinking habits and experiences of important alcohol cases he had worked with, than any armed forces culture of alcohol use.

Following this initial analysis, a fourth, interview was undertaken. This met two needs: the first being to affirm the amendments made as a result of the pilot interviews and the second being to keep some momentum for research (data collection, analysis and the on-going iterative relationship between them) during the protracted process of engaging the purposive sample. Like the first three interviews, data from this fourth interview is included and analysed within the substantive data presentation in Chapters 6-9. This presentation of all the analysed data together reflects the incremental contribution to and construction of the emergent conceptual considerations. This is preceded in the next chapter by an overview of the data and an exploration of the key analysis deliberations.

Part II

'Not from a book' - personal and experiential tales of drink, drinking and drinkers – data overview, analysis and presentation

Chapter 5: 'Discovery' – an overview of data analysis method and findings

5.1 Commentary on data collection

Difficulties in securing respondents meant that data collection for this study was carried out over an extended period of time - the twenty months period between January 2010 and September 2011. The protracted time scale reflects: the complications of accessing the sample, the part-time nature of the research and the simultaneously process of data collection and analysis. Sampling difficulties are critically examined later on in this chapter, but data was successfully collected in the following order:

3 initial pilot narrative interviews
1 additional narrative interview
4 narrative interviews from non-statutory staff, (2x Voluntary Sector A and 2 x Voluntary Sector B) (purposive sample)
5 narrative interviews from statutory sector social workers, (targeted snowballing)
(Some preliminary quantitative data returned, not translated into interviews –exclusion criteria applied or non-engagement)
1 initial vignette interview
5 subsequent individual vignette interviews

Data collection was concluded when my supervisory committee and I agreed that the data had reached a level of theoretical saturation (Bryman 2008, Glaser and Strauss 1967). This is not to suggest an absolute saturation point but the point at which any more data would be unlikely to make a difference to the story as I have told it (Oliver 2012).

The quality of the data collected from the four initial interviews was sufficiently high to be included within the overall data set. My pre-existing relationship with some respondents appeared to have no important impact on the nature of the data collected – a finding which is further borne out in Chapter 9. All respondents appeared to be at ease and positive about my role and their participation in the research process. (If anything, the lack of a pre-existing and trusting relationship is one of the possible

explanations for the difficulties I encountered in getting potential respondent to engage). Consistent with the reflections in Chapter 4, it was not likely for the me to be completely unknown to any of the respondents, and whilst I had not met all the respondents prior to engagement, it was evident through the interview process that the non-urban and relatively static nature of the North Wales social workforce, meant that I had shared similar points of reference and experiences with all of the individuals.

The second phase of data came in two specific waves: first, from the two non-voluntary sector clusters consistent with the original strategic and theoretical sampling intention. The next wave was purposeful sampling via the professional network using criteria to ensure statutory social workers dominated (reflecting the intention behind the original sampling strategy). None of these statutory social workers came from the original two identified cluster groups. In terms location, they were from one of the authorities within the central belt of north Wales, which embodied elements of both rural and non-rural and Welsh and non-Welsh speaking populations. This continual reviewing was rigorously reflected upon and agreed in the supervision process.

The initial data collection paperwork included a summary of the project, the AUDIT tool and some specific questions about alcohol, so the focus of the interview and its interest in alcohol was clearly signalled to all. Yet, despite this, fewer than half of the respondents made alcohol the main focus to their biographical interview and the majority of vignette discussions did not initially focus on alcohol. This approach to the process by the respondents is explored in greater detail, in Chapter 9. The average time gap between collection of the initial data and any subsequent interview was approximately two weeks.

Biographically structured narrative interviews lasted between 64 and 121[16] minutes and vignette discussions were between 32 and 58 minutes (see Appendix 11 for summary interview information). The majority of the narrative interviews took place in discreet rooms within offices where the social workers were employed. Just two were conducted within the individual social workers' home, reflecting the

[16] Although it should be noted that one respondent; Charlie had two interviews, with an aggregate greater than this.

independent/agency nature of their employment, and their preference to participate in their own, rather than employed time/space. One individual asked for the interview to be conducted on neutral premises - a university location was utilised. All vignette discussions were held in rooms within the social workers' place of work. Three data collection sessions had minor interruptions (phone calls, door knocking), none of which appeared to affect unduly the flow of the respondents' narrative discourse. Interviews were digitally recorded on an Olympus WS560M digital voice recorder. Some brief additional observational notes were taken at each session. These were augmented with some immediate post-interview reflective notes.

5.2 Process of data analysis

The majority of data was analysed using computer-assisted qualitative data analysis software (CAQDAS), specifically NVivo (Appendix 12), and primarily version 8, but with a switch to version 9 towards the end of the process (Gibbs 2002). The small amount of quantitative data from the self-administered structured and AUDIT questionnaires, was manually entered into an Excel spread sheet. This quantitative data consisted mainly of unambiguous answers to closed questions. However, some clarification of these responses was sought at subsequent interviews. Additionally, where some initial answers provoked particular research interest, this was noted and explored in subsequent interviews; individuals were notified of this intent at the start the interview. Most of these points of elucidation occurred naturally within the subsequent narrative discourse, but where they did not, they were explored at the end of the interview as more specific direct questions. The quantitative demographic data are presented in this chapter, while the qualitative data and analysis are offered as the substance of the Chapters 6-9.

The initial process of analysis was the recording of any *'field notes'* and my post-interview reflections (Appendix 14). Where these were particularly significant they were uploaded into NVivo. Substantial data analysis began as soon as possible after each interview, with a recording being listened to in its entirety, accompanied by a manual written record on A4 pages split into two columns (Appendix 14). I simultaneously identified, on one side, initial obvious respondent quotes (not verbatim), and, on the other side, I made a summary of main themes, content and

emerging considerations. Additionally each section of the interview corresponded to the overall interview schedule, and was identified by its start and finish time. (Some of these observations were typed into Word documents and uploaded into NVivo). These primary observations were used to provide a quick overview of each interview, rapidly locate different sections of interviews, and have on-going reflections to take into the supervision and theoretical conceptualisation processes. This approach ensured close familiarity with the interview data prior to working with the verbatim transcripts. This was the beginning of an important process, as the themes presented have derived through a consequence of this perpetual on-going interplay between initial propositions (consistent with the case design approach) and subsequent themes for the data (additional adoption of some principles and practices of the wider qualitative methodological approaches, in particular the data analysis techniques of grounded theory). The final data are thus confirmatory and interpretative. What I sought in some of the later interviews was not only the themes found in the initial literature search but also themes informed directly by analysis of the earlier interviews. This is not too dissimilar to the concept of nodes of integration described by Ames et al (2009).

Each interview was sent away for external transcription to a commercial provider[17] of this and other administrative services. I then checked these transcripts with an entire second -and in some instances third- listening to the interview to ensure verbatim accuracy. This additional listening, prior to any formal coding of data, continued to support a very reflective approach to the data analysis. With each subsequent listening I was able to identify further aspects of interest and begin to attribute extra and alternative meanings to the data. The verbatim transcripts were uploaded into NVivo as Word documents before being coded.

Coding of these various data sets was initially undertaken through the use of a combination of pre-named tree and spontaneous free nodes (Gibbs 2002). Coding in this sense is the:

> ...process of identifying and recording one or more discrete passages of text....that, in some sense, exemplify the same theoretical or descriptive idea (Gibbs 2002: 57).

[17] Typing Solutions, Torquay, Devon. http://www.typingsolutions.org.uk/.

This process of ascribing some value to the texts was pivotal in my initial exploration and understanding of the various discourses being offered. Indeed, Corbin and Strauss (1990:12) refer to coding as the *'fundamental analytical process used by the researcher'*.

Nodes in NVivo are far more than labels. They are means by which the coded passages of data are connected with conceptual ideas and with other conceptual frameworks, and were used by me in this sense. The name given to each node is shorthand for the much larger conceptual thinking (Gibbs 2002). The process of ascribing these nodes was accompanied by numerous handwritten diagrams trying to assemble and reassemble the data in a coherently connected way (Gibbs 2002). The first established tree nodes (hierarchical groupings) were those of the propositional themes (knowledge types, and the Shaw et al (1978) adequacy, legitimacy and support considerations) and of the two rapidly emerging themes (social work career trajectories and respondents' reflections on the process) (Appendix 14). These two different groups of tree nodes represent axial coding approaches (data reassembled in a new way with regards to connections and relationships) (Bryman 2008; Corbin and Strauss 1990; Gibbs 2002). All other data was initially coded through the use of free nodes (open coding): looser concepts not yet formulated into any sense of an organised framework (Bryman 2008, Corbin and Strauss 1990) (Appendix 12 and 14). The combination of the use of the two node types reflect the confirmatory and exploratory analysis as described above, and the consistency that the software can provide with some of the characteristics of a qualitative approach: description, contextualisation, holism, process, flexibility, evolving structure, theories and concepts (Gibbs 2002:156-186). In addition, it utilises the function of coding to disassemble the data and represent the diversity of possible interpretations (Oliver 2012). The vignettes were analysed through the same system as the semi-structured interviews: filed notes, post-group session notes, initial listening notes on to split A4 page, external transcription, checking for verbatim accuracy, upload into NVivo, and mixed node or grounded theory coding. The use of NVivo for this work is highly appropriate as its precursor was NUD*IST which was specifically designed as a tool for grounded theory. With the connection between theory and tool made explicit, NVivo has a feel which is more like a database and so emphasises what the researcher does with data and avoids just processing data only (Gould 2000).

Through the protracted data collection period and this mixed use of coding, the framework which guided the analysis of the data was informed by the principles of grounded theory. Bryman (2008) suggests that grounded theory and analytic induction:

> ...has become by far the most widely used framework for analysing qualitative data (Bryman 2008: 541).

Further, Oliver (2012) argues that that grounded theory has been identified as particularly relevant to social work research, through being successfully employed within a range of theoretical perspectives and supporting investigation of individual perspectives and agency structures.

In particular, this thesis has adopted two core principles of the approach: emergent theory and iterative process (Bryman 2008; Corbin and Strauss 1990; Glaser and Strauss 1967; Strauss and Corbin 1997; Strauss and Glaser 1970). The first of these is the principle that theory is developed out of the data, that is to say the approach is not one of theory testing. This is not to dismiss the exploration of some propositions that were original starting points for the thesis consistent with a case study approach (Yin 2009), but the principle, emphasises the development of typological and conceptual constructions through the processes of ascribing value to the data. The second principle is that the process of data analysis is integrated with the collection of the data, rather than in a distinct and subsequent phase (Corbin and Strauss 1990). This iterative process sees data collection and analysis operating in tandem.

Whilst this thesis is a case study using a mixed qualitative approach, with data collection structured around narrative interviews and practice discussion, (and as such not purely concerned with grounded theory), it is, with particular regard to the data analysis and presentation, very reflective of grounded theory. In this sense I have tried to be true to the origins of grounded theory as a method of analysis with explicit procedures, rather than as a more general statement that theory has 'emerged' from the data or as an overall theoretical approach to the whole research process. Grounded theory, since its initial specification in the two seminal texts of 'Discovery' and 'Anguish' (Glaser and Strauss 1967, Strauss and Glaser 1970), has continued to be refined, with Strauss in particular developing an ever-increasing number of analytical

tools and processes (Bryman 2008; Corbin and Strauss 1990; Strauss and Corbin 1997). They include -theoretical sampling, coding, theoretical saturation and constant comparison- as wells as outcomes (concepts, categories, properties, hypothesis and theories) (Bryman 2008:542-544). In this sense I consciously used all four tools, as well as seeking to generate as many of the outcomes as possible.

More specifically I have, where possible, adhered to the following principles laid out in Corbin and Strauss' (1990) text.

1. Data collection and analysis as interrelated on-going process, which leads to the process of discovery which grounds theory in a reality. Concepts are initially provisional and earn their way into theory by being repeatedly presented.
2. Concepts as basic units of analysis, working with the conceptualisation of the data rather than the data per se.
3. Categories are developed and related (The idea of developing existing categories was important in the examination of the propositional elements of the case study design).
4. Theoretical sampling
5. Constant comparisons avoiding bias, and thus creating greater precision. (The data show both many repeated exemplars of constructs and the exceptions proving their rule).
6. Patterns and variations accounted for
7. The use of memos[18]
8. Not working in isolation and opening up on-going thoughts and work to scrutiny[19].

[18] Memos can be considered as field notes, commentaries on codes notes and theoretical musings, and come in a variety of forms from the very brief to short separate detached papers (Bryman 2008, Glaser and Strauss 1967) . The advantage of constructing these outside of a main transcript is that they can be free experimental excursions, exploring possible conceptualisations, without the hindrance of exact script. In this context I utilised all three types of memos, with the field and code notes as described earlier in the chapter and the theoretical ones often being in the form of cross tabulated diagrams and maps.

[19] In this context, I a) deliberately and throughout the process presented the research as it was emerging at a sequence of alcohol research focused conferences (Livingston 2010a, 2010b, 2011, 2012a) and b) participated in several professional fora where the research was discussed and active feedback sought.

Appropriately, grounded theory has an affinity with, and resonance with, the case study approach (Strauss and Glaser 1970). In particular, as a method of analysis it works with various data sources (Corbin and Strauss 1990). I have as Strauss and Glaser (1970) stress, adhered to a clear distinction between the case study as research design and case histories (individual accounts of experience). The data has been analysed, and the coding used, to make sense of material given over through the narrative telling or case discussion in a non-structured manner. Thus, mindful of the way telling one story requires us to touch on sectors of other stories, but consistent with the case study, I have sought 'abstractions and constructions' rather than to analyse or present the fullest possible story for its own sake (Strauss and Glaser 1970:183). These constructions are the data re-conceptualised into and presented through new interrelations (Ekins 1997). Finally, in this context, and consistent with grounded theory, I have analysed in order to theorise on the basis of an intimate appreciation of what I have studied rather than what I might have studied (Ekins 1997). Thus:

> The procedures of grounded theory are designed to develop a well-integrated set of concepts that provide a thorough theoretical explanation of social phenomena under study (Corbin and Strauss 1990 :5)

I have utilised them in this context.

Grounded theory as a method of analysis has been evidenced as consistent with the use of biographical, narrative and reflective interviews (Riessman and Quinney 2005, Sommerfield and Hollenstein 2011), especially where a whole design approach has not followed a total or distinct narrative or biographical one, such as those considered by, Brunner, Frank, Schutze or Wengraf (Bruner 2002; Frank, 1995; Merrill and West 2009). This thesis is not primarily about biographies or narratives, rather it utilises biographical interviewing (Kyllonen 2004) and as such, does not follow some of the very detailed and prescriptive methods like those of Schutze or Wengraf (Merrill and West 2009; Schutze 2003; Wengraf 2011). However, the analysis does give consideration to sequence and consequences, and how biographical information is selected, organised and evaluated for a particular audience, and how and why the data is offered and not just what is offered (Riessman and Quinney 2005). So, it is not necessarily the specifics of the story that is being told, but the way in which the

storytelling becomes the process by which we make sense of our experiences, which is significant (Bruner 2002, Bryman 2008). This biographical narrative data has been analysed through grounded theory methods.

The data is thus not presented as chronologically constructed life stories. There is present within the analysis an acknowledgement of individual respondents' trajectories; their (and my) perceived courses, rather than the actual course of events (Strauss and Glaser 1970). In doing this I have repeatedly used the same data to support the telling of different stories, often out of the chronological sequence, and where there is a danger of this appearing repetitive (Strauss and Glaser (1970). In this I have been mindful of reducing and forcing data to ease the development of higher abstract concepts. Rather I have treated the data as discussional and/or propositional (Glasser and Strauss 1967). In using contrastive comparisons, I have considered evidence of opposites to give credibility to what is dominant within the data, and remained conscious of where this initially leads to an over-generalisation or attribution in relation to the first findings, before finding substantiation through data saturation (Gould 2000).

As noted in the earlier chapters, this thesis journey was a marked by some key literature search moments. Amongst them was my making sense of Orford's (2008) call for a more qualitative exploration of the human and personal components of the substance misuse intervention rather than the intervention technique, and combining this with biographical narrative approaches to understand individual drug user stories (Prins 2008, Sandberg 2008). Both the data collection tools and the analysis approach were informed by elements of the theoretical frameworks for biographical narratives, the use of which has helped me raise the question of what it is to be a researcher and be comfortable with my shifts in those understandings (Merrill and West 2009).

5.3 Make-up of respondents

Seventeen social workers provided preliminary quantitative data returns and consent to participate. Two of these did not go on to participate in one of the two qualitative data collection processes. The first of these was too close to me and the exclusion criteria

were applied, the second proved elusive to arrange an interview with despite his apparent initial willingness.

The demographic composition of the respondents can be understood in both terms of degrees of representative-ness and as possible data variables. The characteristics of the case study population were informed by considerations of: gender, age, language, type and location of qualifying programme, any post-qualifying qualification educational experiences, nature of social work experience, and perception of alcohol-related cases in current work load and levels of personal alcohol use (AUDIT).

Social work is a predominantly and increasingly female occupation (Schilling et al 2008). The wider social care work force can be described as predominantly female, with only recent data since 2007 suggesting a small increase in numbers of males (Care Council for Wales 2006, National Minimum Data Set for Social Care 2008). Consistent with this, only four of the total number of respondents and three out of fifteen of those providing a subsequent interview were male. If anything, at a quarter to a third of respondents, this is slightly over-representative of the number of males in social work, where other studies might show only twenty per cent (Care Council for Wales 2006) or fifteen per cent as male (Loughran et al 2010).

Comparative demographic data on the wider social care workforce is collected and presented by the Care Council for Wales (2006, 2012). The data are presented predominantly as an all Wales and social care data set, and only in some instances is data available to the regions within the country, and North Wales in particular, or presented as a social work rather than social care. Nonetheless, an identifiable pattern of women over thirty, with a smaller percentage of these as Welsh speaking suggest the wider demographic characteristics of the respondent group generally reflect that of the wider social care work force (Care Council for Wales 2006). Thus the largest proportion of respondents had ages between: 30-50. The breakdown was: <30 (n=3), 30-39 (n=6), 40-49 (n=5) and >50 (n=3)]. Not surprisingly given the location of the study, four respondents identified themselves as first language Welsh speakers, and a further five with use of Welsh as a second language. Beyond this there were two other second languages identified (a non-European and Sign), and two respondents identified as having third and fourth languages.

In terms of qualifications, all four principle social work qualifications were captured within the data set; (CQSW n=1, CSS n=1, Degree n=3and DipSW n=11), with one further respondent having a Degree converted from a DipSW [20]. All but 3 had qualified since 2000, with qualification occurring in a broad range of years and no one predominant, identifiable cohort. The majority of the qualifications were obtained in North Wales; [Bangor University (n=8), Coleg Menai (n=4) and North East Wales Institute (n=2)], with one from another Welsh university and two from England (n=2). There was, as might be anticipated, with a group of social workers who nearly all had at least five years post qualifying practice, and a good spread of post-qualifying awards. Thus three of the social workers had a Masters degree and there were nine examples of respondents with, or studying for a post qualifying award, most commonly either the PQ award or the Practice Teacher Award.

The nature of their current and past employment was also broadly consistent with the wider professional demographic, with the sample group working in, and having experience of, a range of employing sectors but with a predominance of statutory children and family work. Thus ten of the respondents were currently employed by a Local Authority, with the others being dispersed across the voluntary (n=3), independent (n=2), recruiting agency (n=1) and criminal justice (n=1) sectors. They were currently employed in: practitioner (n=5), case manager (n=4), senior practitioner (n=3), management (n=4) and training (n=1) roles. Both current and previous experience was dominated by children and family settings, but with examples of adult and older people services present. Most respondents had worked in one than more service user group setting. Thus the sample is predominantly female, working in the statutory sector with children and families, and has qualified via the Diploma in Social work. It also includes some men, and experiences of other sectors, service user groups and qualifying programmes. It is very broadly representative of the social workforce in North Wales (Care Council for Wales 2006, 2012).

The structured questionnaire asked respondents to look at their: *'current caseload/work load (and estimate) what percentage of (their) clients experience problems with their own or someone else's drinking of alcohol?'* The answers varied

[20]Certificate in Qualification for Social Work (CQSW), Certificate in Social Services (CSS), Bachelor of Arts in Social Work (Degree) and Diploma in Social Work (DipSW).

widely: A (20% or less) n=2, B (21-40%) n=3, C (41-60%) n= 2, D (61-80%) n=2, E (more than 81%) n= 3, F (don't know) n=2 and no answer (no caseload) n=3. What is striking here is both the variation in perception and how much it differs from the suggested volumes in the literature. Only 5 respondents, fewer than a third were able to offer a perception (21-60%) that is consistent with the indicative or actual levels from the literature.

Twelve out of the seventeen of the respondents identified themselves through AUDIT as currently moderate drinkers, with a self-AUDIT score of 7 or less (Babor et al 2001). The highest AUDIT score offered was 12. These other five respondents have drinking, consistent with the first level of AUDIT concern, described as harmful or hazardous. None of the respondents crossed the AUDIT highest level of concern of twenty as an indicator for dependency. Whilst the AUDIT scores were predominantly supported as consistent by subsequent accounts of self-drinking, this was not a complete picture. For example, while three of the five scoring 8 or more did describe a number of significant episodes of heavy drinking, the other two did not, and would definitely not identify themselves as 'drinkers'. Further, one of the respondents suggested they had a drinking problem that was greater than their AUDIT score of 12. Such a low range of AUDIT scores appears, therefore, inconsistent with: national patterns of drinking, the social workers' own accounts of colleagues' and their own drinking. These possible discrepancies between the actuarial tool and the individual narratives, along with the extent to which this research population represents and describes an accurate picture of actual social workers' drinking is explored in Chapter 6.

The respondents and the data are presented in an anonymous manner, to ensure their confidentiality. In order to retain some of the narrative and biographical flavour within the data presentation, this anonymity is realised through the use of gender and culturally accurate pseudonyms. However, the data is primarily presented in four conceptualised themes which allow a detailed examination of the case study. This utilisation of a biographical component and a partially narrative approach, rather than a primary preoccupation with those stories, is consistent with a case study design informed additionally by aspects of grounded theory analysis, rather than one which adopts an explicit biographical narrative or life story method (Bryman 2008). As a

consequence of this approach, individual respondents' specific biographical narratives are never presented as a single complete story; rather they are presented in two distinct approaches. Firstly, summaries of each individual and a synopsis of their biography and interview content are provided (Table 1) to enable an overview and contextual point of reference for the reader. Secondly, where pertinent to the wider theme being explored, their contributions are accompanied by additional brief and specific references to relevant aspects of their biography.

Table 1 - Summary of characteristics and content of interviews

	Who	Type	Summary of Individual	Summary of content and themes of interview
1	Gareth	Narrative	5 years plus qualified. Practitioner in statutory sector youth justice since qualifying. Pre-qualifying career in armed forces and heroin use. Childhood in south Wales. Father heavy drinker. Parental divorce and domestic violence in childhood home. Trajectories (i) disillusioned opportunist, (iv) been there	Alcohol present throughout, but in limited role in early biography. Understanding of alcohol very much framed around definitions of problems being associated with violence rather than consumption. Very cautious specific and accurate terminology to describe drinkers. Alcohol as a destructive drug. References to cultural perspectives (valleys) and colleagues' drinking. Learnt to do what his parents did not. Lots of negative accounts of management and supervision.
2	Michelle	Narrative	10 years plus qualified. Senior practitioner in statutory sector children and families. Church and Christianity important part of life and value base. Lots of familial stability, outskirts of London. Early formative experiences in church youth work. Lots of post qualifying training. Trajectories (i) disillusioned opportunist, (ii) passion	Alcohol throughout narrative but not dominant. Tales of normalised youthful excesses. Important role of 12 step based placement and voluntary work experience, consistent reference to alcoholic. Enthusiasm for learning, mixed with ambivalence, and dismisses value of own dissertation. Introduces the '*big case*' and significance of experiential knowledge acquisition. Very reflective.
		Vignette		Vignette everyday fare. Explores as child protection rather than alcohol. Reference to big case locally – house burnt down. Consistent with narrative use of 'alcoholic' to describe drinker and AA as support service. Codified descriptions of universal and targeted services. Indicates social worker confidence in decision-making leads to role comfortableness.
3	Mair	Narrative	20 years plus qualified. Senor practitioner in statutory sector adult criminal justice. Family local to north west Wales. Welsh speaker. All qualified practice in adult	Alcohol only really discussed in latter half of interview. Expected researcher to look for Welsh stereotypes. Identifies key influential people in her education from 25 years ago.

			criminal justice. Trajectories (i) disillusioned opportunist (ii) passion	Positive accounts of supervision. Sense of alcohol and her relationship with it is quite dispassionate. Explores her trust in me as a researcher, rather than the researcher.
4	Dawn	Narrative	5 years plus qualified. No particularly long-term stable position, employer or client group worked with. Moved around the county. Currently self-employed practitioner. Several familial members described as heavy drinkers. Lots of previous and personal use of drugs and alcohol. Experience of own domestic violence relationship. Trajectories (i) disillusioned opportunist (ii) passion (iv) been there	Alcohol referred to throughout narrative. Some particularly negative exploration of educational and supervisory experiences. Explorations of alcohol being used in a very functional manner. Experiences and treats interview as a 'counselling session'
5	Eleri	Narrative	5 years plus qualified. Practitioner in voluntary sector children and families. Family local to north west Wales. No particular familial members with drinking histories. Trajectories (i) opportunist (ii) passion	Alcohol as strong theme and interest for participation, although not a significant element in first part of interview. Very brief, almost avoidance of, childhood. In descriptions of own drinking, affords trips to Accident and Emergency as 'the usual'. Lot of use of alcoholic and alcoholism as descriptors of a range of drinking.
6	Rosemary	Narrative	10 years plus qualified. Practitioner in voluntary sector children and families. Irish and Welsh family background. Family very important and large in size and influence. Trajectories (i) opportunist (ii) passion	Alcohol dispersed through interview. As a late returner to education, places a lot of value on experience (not necessarily knowledge acquired). Enthusiasm for post qualifying education. Real detail in recall of events and people. Utilises a couple of very big influential practice experiences. Discrepancy between own drinking and suggested drinking from AUDIT. Uses drink as a way of coping with professional and personal dilemmas Lots of contradictions within interview. Very big interview could have gone on longer
7	Angharad	Narrative	10 years plus qualified. Practitioner in voluntary sector children and families. Southern European and Welsh	Lots of focus on alcohol throughout the interview, a regular reference point. Establishing her identity very important.

			family background. Lots of alcohol in family catering businesses. Previous experience in police. Trajectories (i) disillusioned opportunist (ii) passion	Huge influence of placement in drug and alcohol agency. Answers often reflected in drugs as much as alcohol. Really happy story teller, very big interview could have gone on longer
8	Cerys	Narrative	10 years plus qualified. Manager in voluntary sector children and families. Identifies self as heavy, possibly problematic drinker. Family local to North West Wales. Trajectories (i) disillusioned opportunist (ii) passion	Lots of wandering off, I had to keep a focus on the schedule. Huge influence of experiential knowledge. Suggest social workers' levels of drinking will put them off participating in this type of research. Lots of commitment and value in education and supervision. Shows lots of self-analysis and reflection.
		Vignette		Compares vignette with own cases and work experiences. Emphasis on drinker 'denial'. Suggests some workers express role inadequacy and illegitimacy for this type of case. Contradiction between expressing not knowing and yet confidence in working. Affords me expert status. Very deliberate and mindful in interpretation of role of alcohol in vignette. Very reflective. Alcohol use as self-medication. Suggests a need for social work to be comfortable with its gaps in knowledge.
9	Patsy	Narrative	5 years plus qualified. Practitioner in statutory sector children and families. Born in Africa, where her family remain. Describes mother as 'alcoholic' and some very detailed childhood memories. Dislike of currently living in United Kingdom. Trajectories (i) disillusioned (ii) passion	Alcohol as a key and dominant part of the interview. Makes reference to two (non- social work) books. Lots of applied references to learning from experiences of living with her mother. Detail and influence of several key practice experiences. Lots of negativity in language, not demeanour (which was very warm). Clear about notion of her problematic relationship with alcohol as a consequence of mothers' drinking.
		Vignette		Starts with the alcohol rather than the child care. Alcohol as a big thing in society and this case as typical. Description of

				vignette always referenced to her direct experiential knowledge. As with narrative, makes reference to an actual book. Suggests problems with relying on service user self-assessment of drinking. Need for a father figure is very important. References to secretive drinking and denial. Suggest she knows more than enough about alcohol
10	Charlie	Narrative – part a	5 years plus qualified. Senior practitioner in statutory sector children and families. Lots of world travelling. A history of personal drug use as much as alcohol. Experiences of an adult partner with drink problem. Trajectory (i) disillusioned opportunist	Identifies lots of normative drinking cultures, Strong feminist identity. The detailing of the travelling is extensive (time consuming) but felt very necessary to allow at her pace. First interview not particularly preoccupied with alcohol.
		Narrative – Part b		Lots of alcohol focus (reflects second half of interview prompts). Identification of big case, powerful memory. Really considerate use of language in describing alcohol. Discussion of cultural and British drinking. Really detailed memories of own early formative drinking. Comfortable with not being an expert in alcohol. Functional model of alcohol frequently described.
		Vignette		Consistent with narrative vignette framed with regard to feminist and poverty-based perspectives. Lots of emphasis on domestic abuse. Suggests researcher or vignette setter as also feminist. Lots of focus on male, father and his role. Would want someone 'more experienced' supervising her in doing this work.
11	Nicole	Narrative	Less than five years qualified. Practitioner in statutory sector adult mental health. Left school to work in local industry for 10 years. Describes close (oppressive) community, a part-time father and mother with a very open house, lots of waifs and strays. Alcohol in early	Lots of self-doubt in own academic ability. First half narrative not alcohol focused. Always questioning the intent of interview questions, hard work for me. Lots of reflection in action, pauses and consideration to responses. Emphasises importance of supportive work colleagues. Reference to

			childhood and correlation with men, alcohol and violence. Trajectory (ii) passion	previous cases. Placements and a 'big *paedophile'* case influential. Suggests she has to work in secret with alcohol, otherwise cases will be thrown out to specialist services. Very functional model of alcohol. Very dismissive of support for alcohol in formal education of social workers. Emphasis on personal experience.
12	Julie	Narrative	5 years plus qualified. Senior practitioner in statutory sector children and families. Early familial experiences of alcohol, domestic violence and tight community. Time spent in armed forces. Pre-qualifying experiences of alcohol retail in off sales and wine merchants. Trajectories (i) disillusioned (ii) passion (iii) family	Alcohol present throughout the narrative. Describes self as having a 'relationship with alcohol'. Suggest she did therapeutic and social work type interventions when selling alcohol. Strong and dominant socialist telling of tale. Influence of key university lecturer. Identifies self as researcher. Very clear her knowledge comes from a lifetime of experience. Description of a social work drinking culture. *'Watering down the power of the booze'.*
13	Al	Narrative	20 years plus qualified. Self-employed in further education and also works with children leaving care. Left school with almost no qualifications. Describes himself has having an unusual childhood, in particular caring for mother. Father a 'two bottle of vodka a day' man, but 'functional'. Trajectory (i) disillusioned	Alcohol only really offered as a response to direct questions. Enters social work as disillusioned opportunist, talks of jobs offered rather than sought. Account of a lot of on the job and experiential learning, especially 'community social work'. Social work not what it used to be? Explores things from position of self as social worker, but also from the social work students he sees. Lack of any sort of quality supervision. Very functional model of alcohol use offered. Explores social workers' drinking.
14	Lucy	Vignette	*(Limited knowledge of personal background as vignette only)* Less than five years qualified. Currently practitioner in statutory sector children and families. Work in England post qualifying and recently moved to Wales. Indicates that her father having drink problems and a brother who uses drugs.	Initial focus on child protection and experiential learning. Reference to similar cases she has previously worked with. Further reference to big case in Northern England. Suggests the vignette would get different responses from different agencies. Teams having dominant cultures. Suggests personal and professional experience leads to confidence.

				Explores lots of colleagues' high levels of drinking
15	Scott	Vignette	*(Limited knowledge of personal background as vignette only)* 5 years plus qualified. Currently a practitioner in statutory sector children and families. Time spent in armed forces.	Initial preoccupation with limitations and ambiguities of case studies. Emphasis on intrapersonal dynamics and skills of relationship work. Relates to a *big case* of a 'feral' child. Very qualified description of dependency on alcohol. Emphasis on informal supervision rather than formal. He feels very competent in ability and role to work with such a vignette.

5.4 Personal knowledge trajectories into social work scenarios

Whilst the data are not presented as biographical or career accounts, it is worth noting that they did highlight thematic distinctions of some groups of journeys into social work, which in part influenced the acquisition of knowledge. These journeys, or trajectories (Prins 2008), are perhaps an inevitable consequence of the warm-up question *('please can you tell me something about how and why you became a social worker'?*), and occur as a natural outcome of the biographical structure of interview and subsequent narratives. The data provided much rich material to support these theoretical conceptualisations, and whilst not all of this is relevant to the principle research questions, the data are presented here to establish a context.

Four trajectories rapidly emerged from the initial pilot data which were affirmed and reshaped through the subsequent data collection and analysis processes.

1. Disillusioned Opportunistic –Where the respondents explore notions of not being happy with current career choices, having a need to change (often with an emphasis on doing something more meaningful) and whilst these feelings are present, social work is not necessarily the specific profession sought but an opportunity taken.
2. Passion – Here the respondents offer an innate sense of either wanting to help others or a desire to become an advocate for those being oppressed, possibly with an inherent close proximity to social work values.
3. Familial –Where the respondents have direct *experiences* of having social workers as part of their family life, either through their own family members as social workers or family members as users of social services.
4. Been There –Here the social workers explore the notion of having personally being a recipient of social work and the wider social care professions. This is often reflected in a desire to use this experience to change the system for the better or give something back.

The social workers all used more than one of these trajectories to describe their journey into social work. For some, a dominant trajectory might appear, with secondary and third influences, but for others, the multiple trajectories appeared to

carry equal weight. These trajectories have echoes of the texts that explore tales of becoming a social worker (Cree 2003; Humphrey 2011; LeCroy 2002), and in particular the three routes of entry into the profession; citizen, personal carer and service user as described by Humphrey (2011) and LeCroy's (2002) *'passion for justice'*.

So, for example Al, the opportunistic element is explicit in his perception that he is always *'offered'* jobs that have *'come up'* rather than sought them. However, he entered social work from disillusionment with the seasonal and inconsistent employment nature of archaeology, through which he had already begun to do some care work to fill in the void between archaeological digs. This sessional care work both provided opportunities and developed an increasing sense of passion and ease with social work. Angharad also succinctly shows how the two concepts of the disillusioned opportunist are fused into the singular trajectory, describing herself as *'a bit of an opportunist'*. She gives an account of not actively looking for but falling into social work following a period of an active dissatisfaction with her police employment:

> I think like a lot of social workers, I didn't plan on being a social worker, I just fell into it...[after joining] the police force, [I] realised it really wasn't for me.

She was not alone in the idea of falling into social work as it was an expression also used by Eleri, for whom, we can see that the suggestion of social work comes from a college tutor during her first undergraduate programme. Thus an opportunity presented by someone else, and that identification with social work, does not come until after entering the social work qualifying programme:

> Okay, well I think I – at one level I think I fell into it, I did my degree and then [name] was one of my lecturers, doing my sociology degree, I did joint honours, religion and sociology and then he mentioned the social work course. But before then though, I was working in the homeless hostel in [town] and I'd volunteered in [voluntary sector] in [town], so it was sort of there, but I'll tell people that I just sort of fell into it really and then so I started the course and

> just enjoyed it and really pleased that I did do it really 'cause having come here then, I just I love my work really, so and I enjoy it.[21]

Here, we can also see the crossing over of the trajectories as she alludes to previous experiences of working with typical social work client groups and hints at a passion to care or tackle social injustice and latent social work values. Eleri was not alone in responding to a college tutor prompt, as this is also highlighted by Rosemary. Gareth similarly crosses trajectories, with his evident *been there* drug use, a *passion* for social justice and young people, and disillusionment with the armed forces.

> I suppose dealing in Class A, B and C drugs to sustain a lifestyle that we felt we couldn't have because we didn't have the same opportunities as people in our social class really and didn't agree with that so decided to join the [armed forces], which didn't go too well and when I left the army I felt that the experience I had growing up and some of the young people I were associated with and some of the activities undertook, I felt that I could offer a service to young people in particular through a social work arena...

Cerys's disillusionment was couched in much stronger terms; *'I hated the nursing'*. Both Patsy and Rosemary also rejected nursing for social work and for Charlie there is an equally definite rejection of another profession;

> So I had a very strong vision that actually I don't want to be a teacher.

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[21] The process by which the data examples and respondent direct quotations are chosen for final presentation within the thesis, is worthy of a methodological note of explanation. These have not been simply extracted from selections that appear within NVivo nodes. The nodes and sources within NVivo, were primarily used to support the development of the coding and thematic construction. Instead, I have selected data through continual comparative triangulation between: the initial manual data analysis, field notes, selected transcript in NVivo and the full interview manuscripts. While I often started with text segments extracted for coding purposes, I then used NVivo to relocate them in context of the whole interview. As often as not, I used a different variation of the same section or a completely different selected quote. When I used revised coded selections these were sometimes, after reflection, placed in a very different section of the analysis, to the one initially used. The writing up of these four data analysis chapters started with my hand written notes and a re-reading of all 20 interviews in their entirety to see what they might say about the theme, rather than use of the node selections highlighted through the coding process. Reassuringly the 'memos', highlighted sections, asterisks and post it notes in all four sources frequently correlated and pointed to particular sections of the interviews. This was not always the case, however, and it is important to note, that some of the data presented, was identified late in the data analysis and writing process. Consistent with the grounded theory approach, new theoretical considerations emerged at the data analysis writing up stage.

In telling of her rejection of teaching, Mair expresses the duality of disillusionment and latent passion. She is not alone in qualifying her disappointment with a judgement about the failure of social concerns within other roles:

> [I] knew I didn't want to teach as a career...I'd always been interested in society, community and you know, and the way families, communities in particular have an effect on the way people function really and I don't think the education system as it was then, probably a bit better now, I don't know, was very successful in what it was trying to do.

The accidental nature of falling into social work, but having some regard for the wider caring professions is echoed by Michelle. So again, the data show this repeated sense of not necessarily actively looking for social work. Michelle expresses her rejection of psychology, something to which Patsy also explicitly refers. The opportunism is really evident in Michelle's narrative, with a sense of stumbling across a reliable employment opportunity.

> I never really planned to be a social worker; I planned to be an educational psychologist. So I did my psychology degree and then didn't want to do the PGCE teacher, train to be a teacher for a bit and then go back and do the educational psychology bit, just felt long kind of road really and after my degree, so I just started looking in the newspaper at what jobs were out there and there seemed to be a lot of social work jobs and I didn't really know what social work was, but there was lots of jobs. So I just started investigating it, because it sounded like it would suit me, so I just kind of took a chance really and applied for various places and got on, well I got offered a variety of positions on courses, but one of them being in [town] where I'd done my degree. So I stayed where I was and did the social work training. So I guess I didn't and I still then don't think I really understood actually what a social work job was, but I was already quite sort of socially action minded I guess, and doing work within the community, but I'd never ever met a Social Worker and I decided to do the social work course, so I don't know

There is a commonality here about already being in and around professional and/or social care work for example -teaching, psychology, policing and nursing- but also in finding these proximate professions as neither sufficiently rewarding nor adequate in addressing concerns about social justice. However, this dissatisfaction did not automatically mean a choice for social work, rather that social work became something that was stumbled upon or presented itself as an opportunity.

As we have already begun to see through the accounts of disillusionment and opportunism, the desire or passion to care for others, or to challenge perceived social

injustice, is also a strong trajectory into social work. For some of the respondents, this passion is identified as being present from an early age, and often sits as a latent drive that helps fuel the disillusionment. Dawn recalls this desire from her school years; *'it probably goes back to when I was in school'*, and Charlie suggests that her voluntary work and social science studies at sixteen were also leading her into social care:

> ...and also at that time I started studying social science so it was very clear from, I guess, post sixteen that I was going to be in some sort of social care setting, working with people.

This was not translated into action until after many years of travelling, weariness in that lifestyle, prompted her to settle down to social work. The desire to care is frequently expressed in terms of wishing to *'help'*, as here with Angahard:

> I think I had always...there's always been a kind of helper in me. I started off as a nanny.

The passion for challenging social injustice was repeatedly present in the data. Thus Cerys, who had already fulfilled a caring role prior to social work training, was inspired to enter the profession by the potential for empowerment of a role in social work to challenge abuse.

> I had been working in older people's homes. And really I had just seen the abuse that was going on and I made an official complaint to the local authority. Well to the manager at that time. And they didn't take it any further. So I thought to myself Okay I am not going to change things as a care assistant, I've got to take things further.

Julie's narrative provides particularly rich example of how a very personal (familial) and experiential (disillusioned) trajectory is fuelled by issues of wanting to address social justice concerns. Because of a focus on these *'socialist'* concerns, she identifies her previous roles and experiences as that of social work:

> I've always been a social worker. I think I've always been a social worker; I've always been chwarae teg[22]. I've always been very northern, Labour, socialist; I think it's a natural progression for me... There was social working involvement with my extended family, which I didn't think was very good, so that was why I came into social services, because I had already been doing it and I'd seen – I didn't like what I saw...And then sort of these memories of flashes of this kind of Labour socialist and it was very ground in the local community, very grounded and quite a political, yeah, quite a politicised community actually, maybe because it was quite a poor community...And then I'd kind of done everything that I could do in there, there wasn't anything else that I could do really and I decided, right well if I'm going to do something, I need to make a change now really....my dissertation follows right the way through from those very early red, northern days...So that kind of followed through that theme of sort of the injustice of it...there was the recognition there then that actually, yeah, I am quite a socialist and I am quite this and I am quite that, but it's definitely Marxist Feminist.

Not all the trajectory influences are obvious to the individual social workers. It is the process of being afforded time to reflect on themselves, who they are and what sense they are making of things, that enables them to understand some of these processes. The value of reflective spaces to facilitate understanding is explored in much greater detail in Chapter 9. Thus Al, who in his narrative talks about being a teenager at home with his dependent father, is able to with hindsight suggest *'that I was really sort of fulfilling a young carer role'*. This could be described as a *been there* trajectory, although it is important to acknowledge that Al, who is very much a disillusioned opportunist with some existing passion, perceives that experience, rather than education, has shaped his understanding of alcohol.

These trajectories are relevant as they are the social workers' journeys of knowledge acquisition. It is through the trajectories that the social workers acquire personal and experiential knowledge, which is sometimes as, with the passionate trajectory, deliberately carried into social work practice. On other occasions, as with the opportunists, personal experience is subsequently utilised to inform social work practice. It is possible to identify in my own journey from successful, but increasingly unrewarding hotel catering management, personal experiences of alcohol and active

[22] Chwarae teg – is a Welsh expression meaning fair play. In wider parlance it is often used to refer to giving people credit for effort or doing something good. It has been adopted in a more specific social care and social justice context to refer to the concept of social level playing fields or equality of opportunity. It is used in this sense as the formal name of a well-known organisation responsible for the economic development of women within Wales (Chwarae Teg 2012).

political past, mixtures of the *disillusioned opportunist, been there* and *passion* trajectories that have influenced my own knowledge journey into social work.

This unique and personal knowledge is supplemented by the formal codified knowledge of pre, post and qualifying educational experiences, but never consumed or subsumed by it. An important point to note is that echoes of the individual social workers' route are consistently reflected in their interpretation of the social world and practice. Thus, Nicole's motivation to enter social work as a means to improve both her and her daughter's lot, includes a *'passion'* for feminist social justice borne out of her own direct familial experiences.

> I think having a daughter really was what was the kick up the arse to do something and it was, you know, a real point of realising that, you know, for example, my mum's one of ten, there's five girls and five boys, none of the girls drive, all the boys do. And it was like this and knowing that actually this has to stop, whereas lots of the women on my mum's side have kind of let life happen to them as opposed to kind of really make decisions and that's what I was doing really. I think having a daughter it was like this really has to stop and I remember being quite conscious of that thought.

It feels to me that these trajectories are probably not unique to social work, and that, for example, the disillusioned banker may become an architect due to an existing passion for extensive home reconstruction or a disgruntled accountant may open her own restaurant driven in part by her early childhood exposure to her parents' obsessions with good food and restaurant dining. It may also be the case that they return to education for qualifications in architecture or catering management.

5.5 A hard to reach population? Difficulties in collecting data from social workers

Accessing a sufficient sample of respondents was not easy, and while social work service users and carers are often described as a hard to reach research population, social workers are not. The difficulties I experienced, as outlined in Chapter 4, suggested the need to consider a number of possible explanations: a resistance to research within social workers and their agencies, a fear of alcohol or the impact of my known profile? I will briefly explore two of these considerations before beginning the exploration of the thematic data analysis. The third will form part of Chapter 9.

The possible resistance of social work to research was intimated at both an organisationally and individual level. I was consistently refused access to social workers from one local authority. I subsequently established, via informal contact with other peer social worker researchers, that this appears to be this particular local authority's universal approach to such requests from small scale non-commissioned research projects. The local authority is known to participate actively in formal inspections as a means of research and where they have received grants, to deliver projects that have formal evaluation attached. It has further been suggested to me, that there is a possible fear within this local authority of attracting 'negative press'. This is perhaps not surprising in the context of a current organisational preoccupations with risk-aversity, and political and media responses to high profile cases. This is particularly relevant to cases of child protection (Monroe 2010). The obvious antidote to this is the personal approach; it did open a door for me in a different local authority. Although, even an open organisational door within the second authority and one of the voluntary sector organisations, did not result in individual engagement.

So despite me making myself consistently available to agencies, teams and individuals to discuss the nature of the research and any possible participation, and even some affirmations of management support and individual willingness to participate, social workers did not come forward. How the information was conveyed within agencies, how respondents were given the opportunity to participate, whether time was actually granted, or whether any issues of potential inclusion, exclusion or bias were discussed remains an unknown issue.

The second of these considerations is the extent to which individuals may have been reluctant to talk about their own drinking. As the process of data collection proceeded some respondents inevitably became aware of some of my difficulties in recruitment. Two respondents, Julie and Cerys suggested that, for some social workers, not being comfortable about their own (high) levels of drinking might have been a very specific factor in not volunteering to participate in the research process. Julie begins by suggesting she does not see this as problem, but concludes whereas she is reconciled to her own experiences of alcohol, others might not be and therefore be fearful of the possible self-examination of their drinking that might follow.

> I honestly – you see, I don't get it, I don't understand why there would be an issue with it, really, genuinely don't. But then maybe it's just kind of about because I've had a very long relationship with alcohol. A very long relationship with alcohol. And a lot of that is kind of integrated you know, I'm quite comfortable with. But I don't know, I think that maybe if people just think that what it is the questions that are going to be asked, you know, how much do you drink? Do you drink in excess? Are there times that you drink more, has your work been affected? You know and perhaps it's that, perhaps it's about their things, don't know…Yeah and then it becomes something that they're having to look at with themselves.

Similarly, Cerys suggests that despite the same possible initial fear and doubt about where the research questioning might probe, it is her self-honesty about drinking that enabled her to respond.

> Because I am quite honest about myself and who I am. And I have to be to myself as well really I wouldn't be the person I am. I think the process. ..er… initially, I think when it came through I thought Oh do I want to put myself forward for this? Do I really want to look at it and I think there was some sort of … sometimes it's easier if you keep something at bay, because didn't know what the questions would be. Would they be about my drinking? Would it be about how I've got to that stage or however. Or would it be realistically about … you know looking at, social work, alcohol, service users. And you know, what's out there really... So from that really I suppose, knowing I am quite honest, hopefully will help the process as well. But I think id try it put a little bit thinking do I really…? It can be quite uncomfortable took at something that you feel you've got an issue with anyhow. But from that, I think it's that…Which makes you think if people are not answering back, is that the issue? You know… and once I deny that I have…

She poses the question of whether other social workers have stayed shy of this research project to avoid any examination of their own alcohol use. The extent to which the data show a population of social workers who might be drinking heavily is discussed in the next chapter, but it is possible that if the AUDIT scores are taken at face value then it is those social workers not necessarily drinking or perceiving their drinking as a problem that have been more likely to come forward to engage.

5.6 Introduction of key themes

The interviews reflect both the semi-structured interview schedule and a biographically chronological structure (see Appendix 7). Data from these interviews consist of: a), tracts of conversational style discourse between two individuals about the nature of

social work, its training, organisational context, and the nature of alcohol drinking, and b) some biographical structured narratives increasingly focused on social work and alcohol. The second group of interviews provide respondent interpretations to a set case (vignette) that explore understanding, knowledge and practice considerations.

The biographical interviews provided rich additional data that can be utilised to explore other themes which are adjunct -but are not central to- this thesis. Indeed, one of the challenges for me has been trying to establish what data are relevant and what is not, when it all appears interesting. In this regard, the criteria used by me to identify what is significant were relatively restricted; concentrating on the two core themes of knowledge acquisition and alcohol. Having set off hoping to explore knowledge and alcohol as the two principle topics, what emerged was, indeed a large amount of data offering perspectives on social work knowledge formulations and its acquisition (both generic and alcohol specific) and some very explicit alcohol discourses. However, a number of particularly strong additional themes have emerged, most notably experiences and ways of learning (consequential of the knowledge discourse and reflected in narrative accounts) and accounts of life, families, careers and working relationships. They have been included in the data presentation where they seem to inform the wider construction of understanding about alcohol knowledge and social work. The presentation of data does not seek to escape the inherent subjectivity of the approach outlined in previous chapters. Thus that data which I have identified as significant is that as I have seen it. While a different researcher engaging with different respondents, if not the same researcher with the same respondents but at a different time, would produce different accounts, these would be likely to still identify the same themes. The presentation brings together collected conceptual themes, or amalgamated categories (Glaser and Straus 1967), that resonate with wider discourse, and are likely to be genralisabile (Corbin and Strauss 1990) in the context of similar research studies.

In order to make sense of the richness of the data, three overall theoretical and thematic constructs were initially identified. These incorporated the core propositional enquiries into social workers' knowledge of alcohol, and the wider contextual issues.

1. *Tales of everyday drinking* – Here the data, through the language and conceptualisation of the biographical discourses, underlines the role of non-

codified alcohol knowledge in the shaping of personal knowledge typologies through accounts of what might be considered very normalised, everyday accounts of experiences of drink, drinking and drinkers, what we might summarise as each individual respondents own particular relationship with alcohol.

2. *'Not from a book'* – Here the data on the alcohol-specific considerations is analysed with regards to my model of knowledge types. It reflects some of the original theoretical propositions of the case design. The early formulaic considerations generated through the literature and design stages of the process are tested by the case study, consistent with Yin (2009). The data echo some long standing discourses, about the nature of knowledge and social workers' confidence and perceptions working with drinkers.
3. *A safe place to talk* – The data is used to explore individuals' approaches to and their comments upon the processes of supervision, support and being a research respondent, which says something about learning, knowledge and environments to facilitate such understanding. Further it reflects upon the use of the research space as one such safe place to explore understanding of personal alcohol knowledge trajectories.

However during the processes of -writing up the data, the task of ordering thoughts and themes into a logical presentation- the iterative processes of data analysis, and presentation to wider audiences, the final reconceptualization of themes was resolved into four parts. This final step involved disaggregating the accounts of personal drinkers and drinking from experiences of work settings, and linking them with the typology of knowledge and ways to support learning. These four parts are:

1. Tales of everyday - familial drinking and personal relationships with alcohol
2. Working with drinkers – service user and colleague experiences
3. Not from a book – perceptions and typologies of knowledge
4. Safe place to talk – about self and alcohol

They have become the structure for the following four chapters of data presentation.

Chapter 6: Tales of everyday drinking – Principal themes explored (i)

This chapter examines the interview content which explicitly displays alcohol and alcohol knowledge. The data exhibit complex interweaving of codified and non-codified knowledge about alcohol, framed within highly personal perspectives. The analysis explores childhood, familial and personal encounters, as well as the language used in connection with drinking and relationships with alcohol. How these personal and experiences relate to wider knowledge frameworks is taken up in Chapter 8.

The roles attributed to alcohol within the telling of individual stories (and interpretations of practice) differed greatly among the social workers (see Table 2 in the previous chapter). These differences can be summarised in three broad ways. Firstly, some choose to focus on alcohol immediately as a consistent and regular part of the telling; for others, alcohol was an element that drifted in and out of the discussion; and for the remainder, it was a conversation that only took place when prompted by more direct alcohol-focused questioning. So despite the focus on alcohol being absolutely explicit, many social workers chose to make little initial reference to alcohol, and it only occurred as a topic when I gave direct prompts. Thus for some like Gareth, Julie and Angharad, alcohol is significant and central to their tales. For others, like Michelle and Rosemary it weaves in and out and for some like Al and Eleri it initially appears as unimportant. Similarly in the exploration of the vignette, there are those who have a continual alcohol focus and those who only concentrate on alcohol when asked directly. Despite these different approaches, all the respondents, without exception, showed a depth of understanding and alcohol knowledge. Their knowledge draws heavily upon lifelong personal and professional experiences, which begin with early familial experiences.

6.1 Learning from family drinking

Not surprisingly given the ingrained nature of alcohol within wider society (Barr 1998, Plant and Plant 2006), drinking and alcohol use is present in all of the social workers' family lives. In the very the first narrative interview, Gareth's father's violent drinking is pivotal to his knowledge acquisition experience. There is evidence of him turning experience into knowledge: *'I saw', 'I thought', 'I can understand'* and *'I had learnt'.*

Gareth's subsequent definitions of problem drinking are always framed with regards to violence:

> ...it was what I saw my dad become. My dad was a lovely guy, he'd go out on the weekend and play darts with his mates, he'd get drunk, come home and he'd be like that to my mother and be quite physical with her and, but a different bloke in the week and I thought oh, I don't want any of that, do you know what I mean. I saw what it does to people. How can you do that to somebody you love. I can understand if you don't love somebody and you have a bit of confrontation, you're not going to have the same empathy, the same feelings as you have for somebody you love, so for me, I'd learnt that from a young age really. I saw it at first-hand what alcohol can do to people, change them as a person, changes their character...

Gareth in his narrative identifies his not *'want[ing] any of that'* and tells a tale in which he turns to drugs rather than alcohol, later even eschewing the regular drinking of his armed forces colleagues. He reinforces this reference to going out at weekends and drinking as a social norm;

> ...the social culture in (town) was, at the weekends the men would go out and drink and the mother would be in the house looking after the children.

Gareth was not alone in having exposure to heavy parental alcohol use. In subsequent interviews, Al describes his father as a *'two bottles a day man'*, Dawn her father as *'quite a big drinker'*, Julie her father as an *'alchy'*, and Patsy her mother as an *'alcoholic'*. The reference to parental use is not confined to the narratives, so Lucy who is only interviewed for the vignette, indicates that her father has experienced some *'alcohol misuse'*:

> ...it's interesting that whenever alcohol comes up that I think about the battle in my own family, of my dad's alcohol misuse and things and that it's interesting that that comes straight to the forefront of my mind.

It is interesting to note here, the suggestion that even in a practice-based discussion such as the vignette, exploration of alcohol consistently triggers reflections of personal experiences. (The use of some of this alcohol-specific language and what it suggests about knowledge types is explored later on.)

Other non-parental but direct familial exposure to heavy alcohol consumption also

occurs in the data: Cerys refers to her grandfather as an *'alcoholic'*, Charlie experienced an ex-partner who *'had an alcohol problem'* and Nicole highlights her grandfather and an uncle as heavy drinkers. For some of the other respondents like Angharad, Eleri and Michelle, however, the immediate childhood familial exposure is described as more normative and social. For example, Michelle recounts a family life where alcohol is very much present but is taken or left accordingly, and no one appears to either heavily consume or maintain abstinence. The description is very much of an acceptable normality:

> Like whenever, at home I could have always had a glass of wine if I wanted one with a Sunday meal, but I never did, because I didn't like it. But that's my family's culture and then my parents will have a drink in the evening, like a drink with – while they're watching TV in the evening, a bottle of wine, not a bottle of wine, a bottle of beer or whatever and I guess that's the same for all my family members really, that they might have a glass of wine with a meal or a beer on a weekend and evening whilst watching TV or whatever. But none of them are particularly big drinkers, but no one is a non-drinker either.

She immediately qualifies, very consciously, the bottle of wine to be available rather than consumed in its entirety, and thus highlighting an accepted moderate use. Michelle's subsequent narrative and vignette exploration continue this theme of distinguishing between big drinkers and normal drinking experiences. For some respondents, there was very little early childhood exposure to parental or other family members' consumption of alcohol, so for Mair *'there was no alcohol in our house'* and for Rosemary *'the sherry trifle was about the nearest you got to alcohol'.*

Yet even those who do not mention alcohol as an overt element within immediate family life make reference to alcohol consumption and problematic alcohol drinkers in the wider family. So Mair, for whom there was no alcohol in her parental home, offers a collection of significant alcohol related experiences:

> My uncle, Uncle [name], I can remember he used to go out drinking, but I can't remember much just that, you know, he would drink. I can't remember any kind of value or anything being put on this, you know, and I can remember somebody in the village, [name] he was called, he was like an old soldier, I can remember him calling in one day and he'd had a bit to drink and I can remember...
>
> But my grandfather, wasn't a teetotaller but wasn't, he wouldn't drink really,

> he was … you remember the Band of Hope[23]...Now his father, [name], had an alcohol problem, so that's my great grandfather, and he then became teetotaller after one of the religious revivals…
>
> So I can remember trying little bits of wine there…and my Auntie [name] used to make wine as well, blackberry wine.

Whilst she does not make the explicit link between her great grandfather's drinking, and his subsequent conversion to abstention as a possible explanation for the lack of alcohol in her own parental home, the question to me about remembering, and her reference to the Band of Hope, implies an assumed cultural (alcohol) awareness and knowledge of these particular Temperance movement experiences. Whilst this might be realistic of a researcher specialising in alcohol, they are not necessarily typical or everyday points of reference for alcohol. The recollections also suggest that, despite these cultural movements and her no alcohol home, she was exposed to alcohol, drinking and drunkenness.

All of the respondents were exposed to alcohol and its use at an early age, and these experiences helped to shape an early understanding of what alcohol is and does. For Angharad, her immediate family environment of a hotel and a southern European father creates a very accepted and normalised use of alcohol.

> My father is [southern European]. My mother was Welsh. I grew up in a hotel in [Welsh town] so alcohol and food was always around me. Having a [southern European] background there's always wine on the dinner table. Which in the seventies I suppose was quite unusual at the time…but every Sunday a glass of wine with my meal.

This specific cultural perspective is reinforced with a reference to the wider family: *'my family in (southern Europe) and they had like a vineyard and stuff'*, and

> On my father's side, my grandparents had a (restaurant)[24] in (southern Europe). Well it was a (drinking house) which is a bit more… they sell less food and

[23] Band of Hope –one of the organisations of the late 19th century Temperance Movement, often strongly religious and concerned with social justice (Plant 2006 p13). They were an integral part of much of the history of the late 19th and early 20th century quarrying and Methodist communities, in whose shadow Mair was bought (Bruce 2010).

[24] I have removed specific European vocabulary, of a very specific cultural nature, which Angharad uses to describe the difference between the restaurant and the drinking house. Without this omission it would be possible to identify the European country and possibly lead to the respondent being much more easily identifiable.

> offer more alcohol. My father... my grandfather stood behind the... he sold the alcohol. My grandmother did the cooking.

Thus whilst completely different to Mair's experience of an alcohol-free home, it offers a very similar normalisation of the cultural, and identification of a particular personal experience of alcohol. Angharad, like Mair, has references to some problem drinking beyond those of normalised and accepted alcohol consumption. She says that her (Welsh) grandmother *'told me that he (grandfather) had been a violent alcoholic'* and suggests *'by the end she (grandmother) was known to be a bit of a drunk'.*

The contrast between an accepted normalised culture and problem drinking can also be seen in this recollection from Charlie;

> Well my dad was a drinker, certainly nowhere near having a dependency on alcohol, but again, coming from this culture that it's perfectly okay to be drunk twice a week and through my childhood, that's very much what I can remember, Dad would go out on Friday night, he'd come in drunk, he'd go out on Sunday daytime 'cause again I don't know if that's a [North Eastern England town] thing or a UK thing, but drinking on a Sunday daytime is quite common.

As will be explored later, Charlie's reference to dependency, rather than alcoholism, is a very deliberate construct of her own understanding deriving from her reflections about her experience and the sense of a cultural norm. Finally Rosemary, who suggests that the childhood trifle was the only alcohol in the house, reflects the cultural norms she was exposed to, both in the early years of abstinence, and later in her family's heavy alcohol consumption. For example, in considering her grandmother's distaste for alcohol, she has to qualify which grandmother, as though the (my) assumption might be that it would be her Irish grandmother who tolerated alcohol and her Welsh one who did not:

> ....my gran used to call it the demon drink, not my Welsh grandma, my Irish one, and I can still remember that now. I can hear her saying it. She hated alcohol. My mother was a bit the same and still is a little bit...

Yet despite this early familial frown upon alcohol, she offers an example of more recent heavier drinking in describing planning a recent holiday with her siblings;

> So I said to [brother], well how many bottles do you need? I said one for every night and he goes oh no, at least two. I thought what? Well he goes, [brother's wife] will drink half and I'll drink one and a half and I was like oh right, okay then, so we went across with a whole car full of clunking alcohol.

The expected consumption by her brother of more than one bottle a wine a night takes Rosemary by surprise. The contrast between her childhood and later family experiences is echoed in i) her changed drinking behaviour, where she suggests as a young adult she *'never really done the pub thing'* but would now describe her own consumption as *'more binge drinking probably',* and ii) her own children's alcohol consumption:

> ...in the sense that you know, my children drink and smoke and do what they want to do, whereas we weren't allowed to do those sorts of things...

Whether childhood, wider or more recent familial experiences, they all appear to have a strong influence on the respondents' understanding, language and knowledge of alcohol.

Familial and personal alcohol experiences appear also to shape the respondents' interpretation of the functions of alcohol use, and what does, or does not constitute inappropriate alcohol use. This defining of drinking and problem drinking is explored in more detail below, but it is worth noting here how this familial exposure shapes some of the respondents' understanding. So Angharad, even in recounting her father's habitual glass of wine with his dinner, is keen to suggest that this is has a non-problematic taste function and is therefore appropriate:

> ...ask him over to come over for a meal he will always look at the clock and make an excuse about he can have lunch but he can't have dinner and stuff. And then I asked him well why not.? And he goes it's just I like to have a glass of...I like to enjoy a nice glass of wine with my meal and stuff so he's very much...likes his alcohol but not in a kind of abusive way. It's more the kind of the taste and the appropriateness of a nice glass of wine with his meal.

Many of the respondents echo Angharad's sentiments. That their understanding of what is an alcohol problem is extends beyond questions of frequency and volume of consumption. So here we can see Rosemary, consistent with the account of her brother's daily drinking, suggest that she knows many people who drink with that

frequency but that in itself, is not a problem:

> ...you have to be careful really, because you know they might say oh yes, they drink every night. Well, hang on, I know lots of people drink every night. It doesn't mean they're abusing their children.

Nicole, whose familial exposure is not that of a parent but of a grandparent who *'had a real problem with drink'*, an uncle who was *'very, very, very abusive'* and her own ex-partner *'who drank very heavily'* suggests that a combination of exposure to alcohol, violence and men gave her understanding of and a personal critical perspective on drinking and the use of alcohol.

> So there was a connection between alcohol, violence and men particularly, there were kind of connections that I'd made in my early childhood, but got into a relationship myself with somebody who drank very heavily and did have a drink problem when I was fifteen, but he wasn't violent and there was lots of other stuff and my understanding from that kind of – but there was lots of in my personal life really that made me question things. Also seeing the really bad side of things, but question things and recognise and understand that, you know, people don't just do this willy-nilly.

Alcohol problems, even within the familial context, are seen to extend beyond issues of consumption and are often perceived in terms of some other behaviour. This is a common theme explored and shown by the data throughout the following chapters.

These various familial contexts provide direct learning opportunities about alcohol, its functions, uses and problems. This sense of significant learning about alcohol from parents and other family members is present in the literature. Valentine et al (2010) identified parents as the most important influence on young children's attitudes to alcohol. This is reinforced by Talbot and Crabbe (2008) who identify parents and other family members' drinking as very influential for young people's subsequent drinking attitudes and behaviour.

Another lesson learnt from these familial exposures, is that of alcohol as a coping strategy. Al, who chose to talk about his father, when discussing his childhood, rather than later in the interview, suggests that he learnt how alcohol was used by his father as a coping method, and that the way to such levels of drinking, was not to avoid alcohol rather to avoid a stressful occupation:

> ...and I think what – the message I got from that was, you know, not don't drink, don't be a doctor, 'cause I mean the pressure's on him.

This is interesting in that, as will be illustrated, the data show that several other social workers have similar understandings about their own and others' use of alcohol as a means to cope with the pressures of social work.

6.2 Learning to (and about) drinking: personal experiences of alcohol

Both the biographical narratives and the vignettes augment the accounts of familial drinking with those of direct personal drinking experiences. Consistent with their overall approach, some respondents include these accounts of their own drinking early on in their story telling and others wait for the more direct prompt. All of the social workers describe drinking alcohol as teenagers and young adults. Some describe heavy youthful drinking, and all of the respondents are still currently active consumers of alcohol. For most, their current drinking is at levels they would consciously describe as very moderate, the exception to this being Cerys who identifies herself as having a current drink problem.

Only three respondents indicated histories of other drug use, and none of them suggested they were current users of illicit drugs. This aspect of the data helps to reinforce some of the reasons given in Chapter 1 for my choice to study alcohol as distinct from other drug use. Quite simply my group of respondents reflects the prevalence of alcohol within society, compared to other illegal and illicit drug use.

Memories of teenage drinking episodes consistently particularly strong and detailed which is likely to be indicative of these experiences being especially key learning moments. This is in stark contrast, for example, to the naming of any codified texts (as discussed in Chapter 8). There is a strong sense of condoned cultural rights of passage, and of drunkenness being a normative experience. Thus, Charlie identifies in her first instance of drinking *'more than a little bit'*, a normative role for cider and learning to get drunk.

> I think the first time I drank more than a little bit, I would have been about twelve and I drank cider, which was very common, it was what young people

> drank. And I think at the time I thought I was drunk, it was a friend's party, she was thirteen, her mum had gone out and left us in the house, so it felt like a grown-up party and I would guess I would have been tipsy but thought, you know, this is what being drunk is like...And then I think the second time I tried it, I would have been thirteen and I also remember this time very well, I drank two cans of Woodpecker cider, which is quite sweet cider, and I got drunk from this...and I was in a park, close, well about a fifteen-minute walk from where I...

The detail of the memory is sufficient to identify the brand of drink, in this instance a type of cider and number of cans. This drunkenness (extended to oblivion) and use of cider as normative youthful drinking is similarly portrayed by Rosemary:

> I can remember the first time I was ever drunk and I was about 13, on a bottle of Pomagne...

and

> Yeah, we used to get hammered on cider and whatever we could get our hands on really.

This use of *'hammered'* appears to allude to some wider cultural terminology and societal acceptance. Cerys, continues the cider theme, and extends this account into early underage pub drinking, again with detail for the type and brand (Merrydown) of alcohol and a level of cultural acceptance:

> And I looked older so I could get into pubs. But it would be that half a cider. And that half a cider would get me merry really. And then I think then sixth form, it was the Merrydown and the 20-20[25] and all that horrible stuff at that time. So that was quite heavy drinking.

In telling the story of her first drink, Julie is equal detailed recall of the specifics of the quantity and which brand. She also hints at the norms of the rite of passage, through suggesting that her generation did this at a later age.

> ...in fact my first drink was Cherry B[26], with a girl called [name], in my bedroom and I think we had three little bottles each and we probably thought we were very decadent and I was probably sick. I would have been about fourteen, fifteen, so in today's – what I work in – in today's society that's quite old.

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[25] 20-20 is a brand of fortified (fruit flavoured) wine, 13-18% proof, particularly popular in the 1990s. Sometimes known as Mad Dog or MD 20-20 (MD, as in Mogen David, the New York producers of the wine)

[26] Cherry B, is a brand of cherry wine. It is 11.5% proof in alcohol and sold in in small (113ml) bottles. It has been in production since 1950's and still available today.

Julie's observation about generational differences is then reinforced a bit later on when she suggests:

> You know, my generation we all started off with like cider and stuff like that, this generation it's neat vodka, it's just everything is neat.

What is really interesting here is the dissonance between the personalised account and some of the factual reality: in that she did not start off with cider, but rather Cherry B, and this in turn, whilst not a spirit, is a fortified wine: signifying a deliberate attempt at drunkenness. Finally, there is no suggestion of her and her friend drinking the Cherry B with lemonade, which was perhaps the norm, but rather doing so *' neat. '*

For Eleri, one of the younger respondents, this normative early years heavy drinking has extended into a norm for her peer group in which she describes her friends, who have limited opportunities to drink because of work and their own children, subsequently going out with the intention of drinking excessively.

> So even though when I see them, when we actually get to go out, we do tend to drink a lot because it's the only chance a lot of us get. So as soon as you're out, we'll drink as much as we can.

The extent, to which she has accepted this as normal *('the usual'),* is reflected in an almost embarrassed explanation of visiting Accident and Emergency hospital departments as an expected consequence.

> Quite a few times actually, just – this is going to sound really bad now, it's just, like I say, when we drink, I say, 'we' collectively, as in me and my friends, someone always tends to fall over or something happens or you know the usual, and then the next morning, I don't know how many times we've been – but you know, to casualty 'cause someone's wrist has swollen up or they can't walk the next day or something like that. So things like that I mean, injury 'cause of intoxication rather than me actually hurting them or them actually hurting, you know, I haven't actually got into fights or anything like that when I've been drinking, I've been lucky like that really. I know some people have. But it's more to do with injuries the next day and not quite knowing that you've hurt yourself until the next day really, so that's where that comes in.

It is interesting that demanding services of the health provider is an acceptable notion but getting involved in violence and with possible criminal justice consequences is not.

These accounts, with their acceptance of teenage experimentation, excess and drunkenness are common amongst most of the social workers. Only Angharad, suggests that an episode within her early years drinking was problematic rather than normative.

> I couldn't face going to school without helping myself to a bit of brandy in the morning [from the hotel optics] and at one point I actually came to school with rum and coke in my bag.

She was at this time experiencing her mother being ill in hospital and having to help her father with the hotel bookkeeping. These accounts of personal drinking, and the understanding formulated from them is not just confined to youthful drinking. All of the social workers are current consumers of alcohol and offered additional accounts of influential adult drinking experiences.

A number, like these examples from Michelle and Rosemary respectively, continue to demonstrate a theme of normative rites of passages and excess, through accounts of university life:

> So kind of drank what now I would think was probably excessive, but I guess an average amount for a student, you'd have a couple of pints a night and sometimes in the week you'd drink too much and then be sick and that was all part of the student experience.
>
> I'd never really done the pub thing really…I never had that student life.

Eleri, who is amongst the youngest of the respondents, suggests that her current drinking with her friends also contains a deliberate element of excessive drunkenness: *'we just get really drunk'.*

Patsy, who does drink alcohol, albeit very moderately and at levels which are tightly controlled, is consistently keen to emphasise that it is the experience of living with her '*alcoholic'* mother that has shaped her understanding about drinking:

> And I think, I don't know how I'd be, what I'd be like if it wasn't for my experiences of alcohol that I actually know how to draw – I know how to draw a line. But if I didn't know those experiences I had as a child and how embarrassing my mum was to me and what alcohol actually meant to me,

> would I actually have drawn the line or would I have just been a normal casual drinker?

Interestingly she translates this experience into an understanding that her drinking draws a line and is not even that of *'normal casual drinker'*. This line is reflected in her narrative about issues of control, and she vividly reflects *the one* occasion when she could not remember anything after drinking and attributes it to having her drink spiked, rather than her losing control or drinking too much. Additionally interesting here is the suggestion that the casual (not the problem) drinker may cross some line of acceptability, (this much personalised perspective can also be seen in her vignette explorations).

The social workers often reflect on how their own drinking impacts on their work and decision-making. Whilst this is explored in detail in the next chapter, it is worth noting two examples here that illustrate this process of acquiring understanding from current drinking. Firstly, Cerys, who is currently the most open about the state of her own heavy drinking, reflects parental responsibilities when she and her partner plan a night's socialising including drinking.

> But at the same time trying not to have double standards. I like my wine. I am drinking my wine. I have my daughter who is twelve, thirteen, whatever. Which one of us is the responsible adult? Do we get drunk? Where does that level even out. Where do you get to the stage where you are not capable?

She is very conscious about looking at her own possible incapacity through alcohol and how that might compare to judgements made in relation to child protection concerns in her workload, and the possibility of having 'double standards', between her own drinking practice and that of service users. Secondly, Scott, who is only interviewed for the vignette, suggests it is the nature of social work that makes him reflect on his own drinking.

> Alcohol, personally I drink, you know, I like a drink, and being in this job, yes I do question and reflect on myself and say, you know, 'Am I liking this drink or do I need this drink?' 'cause sometimes a hard day at work, you know, and really full-on and I always maintain that it is always about, for me, and I think it kind of helps me in my job as well to understand other people because it's not – you know, I would take a drink to relax, chill-out and that's it, don't need to get drunk, don't need to, you know, get off my head or anything.

We can see here that again, this reflection on his own drinking is informing some perception of what is a drink problem or not, and that alcohol can be used by social workers as a means of coping with the pressures of their job.

There is in all of these accounts of personal drinking an overwhelming sense of drinking providing either positive experiences, or being the provider of positive outcomes. So many examples of drinking alcohol are described in this light, both as pleasurable: *'I thoroughly enjoyed that, lots of excesses, which is how university life should be I think'* (Al), *'so I suppose I associate enjoyment and drink'*(Cerys), *'I guess good, funny memories; nothing bad happened'* (Charlie), *'but it was a fab and a really sociable thing'* (Julie) , and with good consequences; *'I can still enjoy being tipsy'* and *'very well behaved'* (Charlie).

Even within such tiny fragments of personal experiences, we can see the contribution to understanding of the functions of alcohol and any definitions of problem drinking. So for Charlie where *'nothing bad happened',* we can again see that it is not the consumption but the consequence of drinking that shapes an understanding of acceptable use of alcohol. It is this transformation of familial and personal experiences into an understanding of the acceptable and unacceptable through the use of some very specific language that I now wish to explore.

6.3 Defining drinking: the use of drinking (and drug) language

It would be normative for any social worker experiencing alcohol awareness sessions be exposed to the idea that the term *alcoholic* is a label associated with stigmatisation and that practitioners should consider using alternative descriptors (i.e. dependency or dependent drinker) as the more appropriate and accurate way to describe a distinct pattern of drinking (Mason 1989). We might consider the exploration of diverse drinking types and problems to be particularly important to social workers, where the understanding of stigmatisation as a component in models of service user oppression is at the core of social work values and practice models (Dominelli 2008, Thompson 2012). This linguistic reinforcement of oppression equally applies to the use of the term *addiction* (Collins and Keene 2000). One might expect social workers who have received Anti-Discriminatory Practice and/or alcohol awareness education, to reflect a

complex sensitivity to these considerations. Avoidance of such labels or limited interpretations of drinking could be seen as demonstrations of the use of codified knowledge. Yet the majority of respondents use the terms *alcoholic* and *alcoholism* with regularity. Only Charlie, Gareth and Nicole consistently hold onto specific descriptions of drinking that consciously avoids the use of the labels like *alcoholic.* This section explores how the respondents use a rich array of language to define their understanding of drinkers, drinking, and consequences of drinking.

Drinkers

The social workers frequently use the term *alcoholic,* or variations of it, in their description of drinkers. This is a term that has a particular codified context: that of 12-step philosophy[27], Alcoholic Anonymous, specific treatment perspectives and the Temperance movement (Collins et al 1990, Kurtz 1991). It can also reflect common parlance of 'problem drinking'. The social workers appear to use it in both senses. Thus Mair (and her familial experiences of the Band of Hope) Michelle (who worked in a 12-step agency) and Patsy, (whose mum and herself attended Alcoholics Anonymous and Al-Anon[28]), use the terms and have direct experience of them in their codified context.

Yet others, like Eleri, Julie, Rosemary and Scott also use them without evidencing the same direct experiences. For example, Eleri refers to one drinker from her childhood village as being known by everyone, as an alcoholic:

> I know one person in the village who's an alcoholic, well he is an alcoholic, and he owns his own business and everyone knows he is, and it's this thing of, 'Oh, you know, it's a shame isn't it?' 'cause it's like every now and again he will go on a binge drink and it's funny you know that he walks home and falls into the hedge …

Her use of the term appears somewhat confused, suggesting possibly that he is in fact a functioning business man who goes on an occasional binge. Interestingly she describes

[27] 12-step philosophy originated with Alcoholic Anonymous, but has become widely adopted and amended by various individuals and organisations, and 12-step treatment programmes have very distinct characteristics from Alcoholic Anonymous.(Humphreys 2002).
[28] Al-Anon is a self-help group within the Alcoholics Anonymous framework, but for family members rather than drinkers.

an attribute of this village alcoholic as falling into the hedge, yet for her friends to fall into Accident and Emergency is all part of the normal social drinking. Scott in his vignette exploration proposes that someone can be a *'functional alcoholic'*, by which he explains they must have a drink but this does not stop them working or meeting other responsibilities. Julie describes her father as *'alchy dad, wife beater'* and finally Angharad did not want to:

> ...associate my grandmother with being an alcoholic like her first husband. I kind of saw it as...she was drinking alcohol because she was forgetting that she'd drunk it. And that in itself had become like an addiction because she couldn't actually help it.

Here the use of the term alcoholic allies it with a concept of hopelessness that can be considered a construct of disease models of addiction, a sense in which the drinker cannot help or stop themselves. The use the social workers make of these terms to describe drinkers as a reflection of personal understanding rather than codified knowledge is perhaps best exemplified by Patsy who in her exploration of the vignette suggests:

> ...and if you look at the three children, it says that they lack praise, so they're not getting enough of that and with parents that are alcoholics.

Despite the vignette being deliberately written to avoid any descriptors or indicators of the characters being dependent drinkers, let alone describing them as alcoholics, Patsy automatically describes the parents as alcoholics. The use of the label is her own and, as we have seen above, almost certainly a direct consequence of her experience of her mother as an *'alcoholic'*.

Some of the social workers are very deliberate in their use of language, and avoid many of the wider colloquial terms to describe drinkers and their drinking. For example Charlie, in recounting her experience of living with a partner, is very particular to avoid describing him as a drinker, rather than focusing on the nature of his drinking.

> He had an alcohol problem, very clearly, I don't know to what extent I understood that at the time, but obviously I understand now he was dependent on alcohol.

She considers her father as a *'drinker'* but *'certainly nowhere near having a dependency on alcohol'*. Charlie's very conscious language use can also be seen in the numerous descriptions of service users she had worked with who *'had extensive alcohol related issues'*, *'trouble connected with alcohol'*, were *'very affected by alcohol'* or *'excessively over the legal limit'*. These phrases deliberately avoid descriptions of the person and instead focus on understanding the complexity of alcohol consumption. The latter description is subtle enough to explore the distinction between being over and excessively over the legal driving limits for alcohol consumption, a suggestion consistent with her understanding that Charlie sees gradations of alcohol consumption along a continuum rather than a characteristic of distinct populations. Finally, her careful consideration is also illustrated in the description of a long-term Aboriginal drinker whom she met on her travels and spent lots of time playing chess with: [he] *'had a very long-term severe alcohol problem'*.

Gareth is very similar in his caution and deliberation. In this description of his first *'client'* with alcohol experiences, he is quick to establish a description that is of the drinking rather than the drinker.

> I remember my first client, yeah.
>
> (me) Who had a drink problem? Yeah, tell me a little bit about that.
>
> When I say a drink problem, it's...Not a dependency where they need to drink alcohol but if I do go out at the weekend I'm going to get leathered and I'm going to have a laugh and that's how he was and that's how he explained his alcohol use really.

What is particularly interesting here is that Charlie and Gareth are the two of the three social workers who described themselves has having been very active users of illegal drugs in the past. They appear to have a very deliberate approach to their description of drinkers and drinking, which in part is also an understanding acquired through their drug using experiences. Their perspective is acutely non-judgemental, as though, because they have used drugs themselves, they do not see those using drink (or drugs) round them as a distinct population but rather as individuals on a continuum of users (of all substances) and non-users (Mason 1989). Gareth suggests this is a very clear and obvious consequence of his direct experience.

> If you're an addict yourself you see things differently to a person who doesn't use drugs.

He goes onto suggest that possibly, compared to his colleagues, he sees chaotic and disruptive drinking for what it is, rather than over-ascribing to it a status of addiction or dependency. This suggests that his years of daily heroin use, and the destruction that it caused him led to a different understanding of dependency: *'My interpretation of dependency is different to others because of my past I suppose'.*

Whilst Charlie and Gareth's deliberate use of language stands out, because they never appear to use any possibly stigmatising expressions, they are not alone in avoiding the use of the colloquial. Nicole throughout her interview is careful to ensure when she does refer to expressions like *'alcy'* she is repeating other's descriptor and not her own. Rosemary, at one point in her recounting of a particular service user's experience, expresses an uncertainty about what term should or should not be used; *'I don't know, do you use the term alcoholic? I don't know'.* She shows an awareness of its potential for stigmatisation, and does ask in a self-conscious way, almost seeking reassurance, about the correctness of using it. But it does not stop her regularly using it. This sense of caution and doubt about whether the language they choose to use is appropriate or accurate can be seen in other respondents. For example, Al in recollecting some early experiences of working with alcohol uses the term *'misuse'* and then immediately questions its validity.

> I think in my early jobs in mental health work there were a lot of people who did use alcohol, misuse alcohol, I'm not sure if 'misuse' is necessarily the right word because I think they were actually getting the effect they wanted, it dulled the pain, so is that misuse or is that just using?

Interestingly, here he goes on to demonstrate an acquired understanding from experience about alcohol as an effective and possibly appropriate pain killer.

Drinking

The respondents' accounts provide a rich array of description of types of drinking as well as the drinkers. These descriptions cover a whole spectrum from healthy social drinking through normalised cultures of excess to unacceptable consequences. The

respondents frequently used colloquial language that is associated with describing acts of drinking and drunkenness, for example: *hanging, necking, leathered, like a fish, plastered, rat arsed, sizzled, the usual, trolleyed,* and *wrecked*. This is very consistent with the *'drunk talk'* identified by Loughran (2010), the embedded and familiar nature of which may ameliorate perceptions of the dangers of such excessive drinking. This chapter has already described the respondents' allusions to normative cultural drinking, often with an acceptance of excess, for example Angharad's southern European experiences or Eleri's 'the *usual'*. It is possible to highlight some additional examples of this perception and understanding of drinking as a cultural phenomenon. Thus, Charlie describes her move from teenage drinking to university life as; *'I guess going from one normalised drinking culture to another'*. She also, like Gareth, identifies a localised drinking culture associated with sport, in which her father participates. However where Gareth refers to South Wales and rugby, she refers to the North East of England and football.

> I don't know if that's a [town] thing or a UK thing, but drinking on a Sunday daytime is quite common...depending on what matches are happening.

Gareth extends the reference to weekend rugby drinking to suggest that where he grew up; *'in (town) alcohol was, it is part and part of everyday culture really'*. Rosemary also identifies with the notion of a normalised culture, in this example that of young people:

> I think that's normal for the youngsters to be in a car park, swigging out of a bottle of Lambrini.[29]

All three respondents who spent time in the armed forces (Gareth, Julie and Scott) identified a specific drinking culture, as typified by this example from Julie: *'in the forces it's a big drinking culture...a huge drinking culture'*. Michelle ascribes her parents' regular evening glass of wine as *'my family's culture'*. Patsy provides a detailed exploration of drinking as an engrained culture. She identifies this across different countries, so in her narrative reference to her country of birth she implies a culture of all day drinking and driving as normal:

[29] Brand of 7% proof Perry, pear cider or light wine.

> I come from a country that people drink, you know, eleven o'clock over a weekend you'll be drinking, you know, you start at your barbecue, you start drinking, drink all day, get into your car, drive home drunk, it means nothing there.

This normality she extends into her understanding of the role of alcohol in Britain, suggesting that everybody takes pleasure in consuming alcohol:

> ...huge big role alcohol plays in a lot of people's households...I think it's just a huge, big – I don't think it's going to get any better, I think it's going to get worse, this alcohol thing...because everybody enjoys a drink.

Many of the respondents utilise a current cultural understanding of binge drinking. This is often understood as a modern description for an age old phenomena. Thus Al suggests that binge drinking has been around for a long time, and that the modern preoccupation would imply there were no teenagers or heavy sessional drinking in other eras:

> ...it's almost the problems of the thirties of binge drinking teenagers or binge drinking in young people, as they were, there were no teenagers in the thirties. I mean, you know, we've read reports[30] about problems with cheap booze and alcohol going back to 1935, so it's always been there, it's always been a problem, but I think people see it as, I suppose it's acceptable in some ways, it becomes a joke, you know, 'How much of last week did you forget?'

He further suggests that drinking to oblivion has become an acceptable social norm. Similarly, Angharad readily identifies her teenage drinking as having the same characteristics that are now labelled as binge drinking:

> I think I was like a lot of people; I was a binge drinker before binge drinking had like a title to it.

Charlie also explores this understanding of a modern label for what is possibly an older tradition. In doing so, she also adds the spectre of the role of the media in sustaining this perspective:

[30] This is a rare allusion to understanding acquired from formal codified knowledge or reading, as explored in Chapter 8.

> I think our culture of binge drinking is very encouraged and it's promoted in the media. Then we've got this new phenomena of women going out drinking, binge drinking, possibly they always did, but I guess it's also seen as a recent phenomena as well.

This use of binge drinking by the social workers is consistent with the idea of a very heavy drinking single occasion, and the construction of a definition of a culture of binge drinking (Loughran 2010), This concept has received particular media attention during the first years of the new millennium, and is associated with debates about increases to licensing hours and an epidemic of binge drinking amongst young people (Measham 2008, Plant and Plant 2006). The social workers do not appear to be utilising it in its alternative meaning: that of a prolonged episode (more than one day) of excessive and damaging drinking, which has been in longer and wider use by academic and psychiatry writers (Plant and Plant 2006).

Functions of drinking

Understanding alcohol use as having a role in social, psychological and physical functioning is frequently cited through direct experiential knowledge rather than with regard to one of the models or approaches that might be suggested from the literature (Collins 1990, Mason 1989). As Al suggests, it is his experience that has led him to understand that alcohol can be deliberately consumed for a specific period in order to provide a specific function.

> I mean, that is my experience really is that people use it for a period, it serves a function for them...as a lot of people using alcohol to dull pain and their experiences there as well.

He goes on to clarify this understanding through another explicit example of his understanding that alcohol is used to relieve physical and psychological discomfort. When I suggest this is a very functionalist approach, he replies by agreeing with this understanding and comparing alcohol to drugs. He offers a clear understanding that this interpretation suggests the need for interventions that do not concentrate on the drinking but the causes of the drinking.

> Well I think so, yes, it's like drugs, you know, drugs do fulfil a purpose and it's the purpose that they're fulfilling we need to – the reason, the root cause behind it we need to attack, not necessarily the drinking or the drug taking, but why are people actually doing it.

This sense of individuals and families using alcohol as a means to escape the experience of their current lives is echoed in another example from Al.

> So you quite often work with people whose lives are shit and who are handed the short straw, you know, throughout their life, their kids are in care and you see the generation upon generation of harm that does within families and you can't do the job without being affected. So I can quite understand why people might, you know, use it to dull the pain a bit.

In another example he suggests that this purpose is to cope with the reasons leading to drink; *'I think a lot more people actually see alcohol as a way of coping'.* This understanding of alcohol fulfilling functions drawn from personal experience is similarly echoed by Mair, who in her use of the word neutral seeks to acknowledge alcohol as the innate chemical (not the problem).

> To me, alcohol is neutral...and to me, any other kind of drug is neutral. Work is neutral. Sex is neutral. I think it's the person who chooses whatever and then that, and then it becomes a problem. I would say that some things are more of a problem to me and I have less control over them than alcohol. It depends doesn't it what your...how you function and how you view different things. Work for me, and I don't just mean paid work, but doing stuff for me is, can be a problem, can be addictive, can be obsessive, because while some people would use alcohol to block things out and to forget, I do things.

She goes onto suggest that she acquired her understanding through reflection on her own drinking and other forms of behaviour. Thus for her it is her work, rather than alcohol, that is used for psychological escape.

Several of the respondents point to experiences that have led to an understanding of alcohol being used as a form of self-medication. Cerys, in reflecting on the mother's drinking in the vignette, considers the concept of self-medication in general caseloads:

> ...you're just thinking and, you know, how often do they try and self-medicate or anxiety issues and they're trying to self-medicate and that's the difficulty really of finding, you know, you do go on home visits and you see the empty

> glasses on the side and you do have chaos in there, but you know if you refer them on nothing's going to happen either.

Here the tone and language reflect understanding acquired through multiple experiences. *'Nothing'* happening if referred on, is a reference to the general practitioner, who will only medicate through prescribed drugs. So this reinforces the idea of self-medication. Eleri identifies functional use of alcohol as self-medicating function *('a reason')* in this example of some young men's drinking.

> But just this one lad, it was just after a while it just became obvious he was drinking for a reason, self-medicating basically. But the others were doing it for a laugh...

Interestingly she distinguishes this use from those doing it for a laugh (as she and her friend do). She has a sense of one type of drinking somehow being more significant than the others. Another of the respondents who adopts this very specific language and understanding of alcohol as a function is Mair. Describing her response to her father's death as immersion in work, she also reflects that she:

> ...can see why some people could use alcohol as some form of self-medication or self...do you know what I mean to cope?

This notion of the self-medication is explored by Nicole in her description of the drinking of one of the young men she works with. Interestingly she notes that the young man is also aware his use of alcohol to deliver specific functions. Both the young man and Nicole see the outcome delivered by this self-medication as positive and preferable to the spectre of psychiatric prescribing:

> ...drinking is working quite well for him at the moment and he says that he would rather stay drinking than go to a psychiatrist and I can understand that, that he knows why he drinks, he knows it's because that's the only way he's going to get out the house, that it stops the nightmares and it's the only way that he's not going to be pacing up and down and having thoughts about self-harming...And he's been on medication, he's been on sort of anti-anxiety stuff before, medication, and he's not fared too well on it.

Consequences of drinking

The data has also illustrated that the respondents' understanding of drinking, and what is acceptable or not, is more likely to be framed by the consequences of drinking rather than specific levels of consumption: for example Gareth's framing around violence. Thus Rosemary's reference to the normality of youthful car park Lambrini drinking is justified in terms of consequences. In this sense the drinking is normal and acceptable.

> I think that's quite a normal upbringing really, as long as there's nothing untoward going on and you know, everybody's happy.

We have seen earlier that Eleri seemed to regard attendance at Accident and Emergency (A&E) unit as the *'usual'* consequence of drinking. Other respondents have used this A&E marker as a way to distinguish normative and unacceptable drinking. So Angharad, exploring her own drinking suggests the opposite to Eleri, and that her non-appearance at A&E is indicative of more acceptable and non-problematic drinking.

> I have woken up a few times with bruises on my feet from just falling over more than anything else. I don't think I have ever hurt anyone, I don't think I have ever injured anyone. I think I am a bit of gymnast when I am drunk and dancing. But I have never ended up in A&E.

Like Gareth she is also keen to assert violence as a marker of problematic drinking. Al also distinguishes inappropriateness according to violence and non-violence in this reference to his own drinking.

> I've never been arrested or got into trouble or have been moved on and yet, you know, when I think about it, you know, when I was sixteen, seventeen, you know, sort of wake up in churchyards the day after and things, never any fighting or scraps or street riots or anything else, it was all quite good natured, enjoyable really [laughs], I thoroughly enjoyed it.

Again like Eleri, the implication that *'day after'* consequences are normal and acceptable, but fighting is not. The theme of defining acceptability by scales of problem drinking is echoed by Dawn in her description of her father's drinking as; *'not violent, not abusive, not aggressive...just stupid!'*

Early on in the literature review I identified the dominant role of illegal drug use in the formulation of policy and implementation strategy, where alcohol, if included, is likely to understood as part of a *'substance misuse'* agenda. It is possible to see this governmental policy discourse, and its preoccupation with medical interventions, anti-social binge drinking and criminal justice perspectives, echoed in the language used by the social workers. In this sense even though the context of the telling may come from a very personal event, the language also reflects some wider cultural and even codified language. This is most obvious when the social workers are asked a specific direct question about alcohol, and the replies often came back in terms of drugs. It is possible, in keeping the Shaw et al (1978) ideas of role inadequacy in mind, to hear accounts of a fear of illegal drug knowledge obscuring or undermining the existing knowledge of alcohol. This consideration is explored further in Chapter 8.

In concluding this section it is possible to see social worker's explanations of drinkers and drinking being compounded by the diversity of individual experience. This is illustrated by Cerys, who suggests that a wider preoccupation with drug use and drug users, combined with a greater societal acceptance of alcohol use, contributes to difficulties in identifying drink and drinkers amongst social work caseloads. She considers that different workers will have different perspectives and experiences. Further, that their own levels of drinking influence interpretations of acceptability. She additionally summarises the problems beyond consumption, suggesting that there are *happy* (and non-problematic) drunks as well as *narky* ones, and in formulating this understanding draws on her own experiences with drink.

> But the reality of the scope of the problem is definitely not explicit. And I think [the] problem is more than what everybody realises. So saying everybody is going on the drug side. You know, that's the problem – alcohol is an accepted. And I think that's difficult for workers as well. Because what is your level of drinking? What do you find acceptable? And how different people would rate it differently. So there is inconsistencies on that side as well dependant on who the worker is, and what their alcohol intake is and what their experience of alcohol is. But you know… I think that's the difference really isn't it? Because from experience you think to yourself, well you get happy drunks, and then the narky ones. And then you know, you get those that just mellow out. So you know alcohol in itself hasn't been explored appropriately I don't think. And what can happen to one person after one drink might be completely different to what would happen to another person after five or six. How people react differently to it.

Cerys considers that it is important to understand workers perceived and actual levels of drinking. This chapter now explores this in terms of the respondents.

6.4 Consistency between tales and AUDIT

It is worth noting that there is a general positive correlation between the AUIDT scores provided by the respondents prior to interview, and their subsequent accounts of drinking. Most AUDIT scores suggest the social workers are currently moderate drinkers, and this is borne out by their accounts[31]. Only Gareth and Cerys indicate AUDIT scores that would suggest possible harmful drinking. Gareth, who does not drink much alcohol, having previously preferred a relationship with other drugs, has a high AUDIT score which consistently reflects past episodes from his chaotic drug taking days. Cerys, whose score is the highest, openly relates to herself as having a potential alcohol problem; '*I know my drinking is at a worrying level*'. Many of the other social workers who have moderate AUDIT scores offer accounts of moderate alcohol drinking. However there are a small number of inconsistencies between AUDIT scores and some respondents apparently honest accounts of their own alcohol consumption. Some of the social workers underplay their actual drinking, compared to their AUDIT score. This under-reporting is not inconsistent with the patterns of recording in the wider population (Boniface and Shelton 2013).

We have already seen how Eleri, whose AUDIT score would suggest non problematic drinking, offers some inconsistencies with this picture through her regular post drinking trips to Accident and Emergency. Julie, whose AUDIT score suggests very safe and moderate drinking, describes a life full of alcohol and, when asked if she still drinks now, replies '*Oh loads, loads and loads and loads*'. This discrepancy probably reflects her defining problem drinking in terms of violence or child protection rather, than as a health colleague might, in terms of physical consequences.

Perhaps the best example of inconsistency between AUDIT and narrative accounts is that of Rosemary. I left her narrative interview with a sense of someone who drank lots

[31] This small sample mixed method correlation, does not have any substantive research value in terms of evaluating the tool, as AUDIT is considered amongst the gold standards of alcohol screening tools, and has been extensively and repeatedly been validated elsewhere (Barbor et al 2001, Rastrick et al 2006).

and often, where alcohol had been a regular part of her teenage and early adult experiences, and that her drinking now continued in familial, work and stress-related situations. Yet her AUDIT score was eight, which would at best indicate a moderate concern, and she is consistently keen to describe herself as a moderate or normal drinker. This contradiction is illustrated here.

> I've never been a big drinker though, even though I do drink. I've never been you know a huge sort of quantities I suppose, more binge drinking probably…I don't know, but so, we were both quite young when we got married really, and alcohol was unfortunately quite a big element really. We used to fall out and fights and – not physical fights, but just…[verbal fights]…yeah, and it was always alcohol. Then we'd be hung over on the Sunday and that would lead to more fights and anyway.

Whilst she is keen to stress not having ever been a big drinker, she nevertheless acknowledges binge drinking. She suggests that alcohol played a *'big element'* in domestic quarrels, fuelling fights, and hangovers. This sense of her underplaying her drinking is also reflected towards the end of the interview when she is asked if there is anything else she wants to say about alcohol. She identifies the conflict with alcohol in her own personal life not as one of her own drinking but that of her friends.

> No, I don't think so. I do – sometimes I do have a conflict with like my personal life, because a lot of my friends who drink, I think, like I said before, possibly too much.
>
> (me) And is that a conflict because it's the stuff that would cause you concern if it was a case?
>
> Yeah.
>
> (me) And how do you resolve the conflict?
>
> I don't know. Have a drink… I don't know, I suppose with the type of work we do, I suppose we're hearing it all day and you're thinking I just want to sit down now and have a glass of wine.

Yet her resolution to this problem is to drink alcohol.

What is interesting is how this methodology (as will be seen in Chapter 9) of spending the time to listen enables a more honest and detailed exploration of alcohol. There

seems to be a complex infusion of alcohol messages and understanding acquired through a consistent exposure to drinking: what several of the respondents choose to refer to as their *relationship* with alcohol.

6.5 Relationships with alcohol

Many of the social workers offer not only past experiences of alcohol but also active on going use and exposure to others' drinking, like Angharad from her early family hotel to her current interest in wine; or Rosemary from a childhood home without alcohol to family holidays with vans clunking with drink. There is plentiful evidence of continuous experiences with alcohol that shape and re-shape understanding. More specifically, Julie, Patsy and Lucy have suggested that this exposure to alcohol through familial, personal (and work) experiences can be best summarised as our individual *'relationship with alcohol'*. It is this personal journey, assimilating acquired codified and non-codified knowledge about alcohol, frequently with an experiential emphasis which begins to encapsulate the sense of a personal knowledge trajectory.

So Julie, when reflecting towards the end of her narrative interview on her knowledge of alcohol and its origins, identifies the strong sense of a long term relationship with *'booze'*. She offers a sense in which her relationship has been about acquiring an understanding of alcohol that is neither the dark perspectives of her childhood or the carefree drinking of current cultures.

> Do you know what, it's been really interesting, it has been really interesting because I've always known that I've had a relationship with booze, always, you know it's been a sort of standing joke in my family. But some of the reflections on my contribution to making it a more sociable aspect rather than this dark and quite frightening, but then at times being reminded, you know, if you're working in bars, that it can still be and it is, for some people, a very dark and disturbing thing...So that I'd not really sort of made that connection between so it's kind of like a protective factor really, almost watering down the power of booze isn't it?...Yeah, I'd not actually really thought about it in those terms, I knew that my booze was very different to my formative experiences, I knew that and I was very clear about that, but I'd not really made the connection between just how much influence I had been having on maybe my children's[32] relationship with alcohol, you know, and giving it a less dark kind

[32] I was never clear in the interview whether she was referring to her own children or children she works with.

> of feel without all that rubbish that it can be quite a fun thing. So that's a – I'd not really made that sort of connection.

There is also a sense here of how the nature of the reflective space provided by the interview has enabled her to make *'connections'* between past experiences about alcohol and current interpretations about alcohol. Julie is not alone in this use of the term *relationship* to explain acquired understanding. So Lucy in her vignette interview suggests that any practice example about alcohol induces immediate connections with her personal experiences of drinking. She suggests her father's drinking creates a problematic relationship with alcohol for her. Like Julie, this is, for Lucy, a sense that we form our relationship with alcohol both through our own drinking but also our exposure to others' drinking.

> Just that it's interesting that whenever alcohol comes up that I think about the battle in my own family, of my dad's alcohol misuse and things and that it's interesting that that comes straight to the forefront of my mind…Just 'cause it's a significant part of – or it's always – no, it's maybe my only problematic relationship with alcohol as a subject and it continues and it's been a problem for years and continues to be a problem for years, so I guess it's the main thing I relate alcohol to, even though I drink socially and me and my friends drink socially,...and I suppose because it continues to be problematic, so if alcohol comes up with clients it's because it's problematic, it rarely comes up otherwise.

Patsy speaks of this sense of a relationship with an even stronger emphasis on the problematic. Again, like Lucy, ascribing to herself a problem with alcohol because of someone else's, rather than her own drinking. In this example, though Patsy refers to her ex-husband's and daughter's drinking, rather than her usual reference to her mother's drinking.

> And alcohol is always something that I've always really been interested…But when I talked to people I would say 'I've got the problem with alcohol, I have a …' when I said to people 'I have an alcohol problem' because I think I have got an alcohol problem, but it's not what people think as an alcohol problem, I've got a problem with alcohol and people close to me and I used to really get upset with him and with my daughter as well…

There has, for me, always been the question about to what extent this active experience of and interest in, alcohol (what Julie, Lucy and Patsy call the *relationship* with alcohol) has led the respondents to volunteer to talk about alcohol. In this context, the

question can be asked, to what extent is the data sample representative of social workers and the general population, rather than being representative of social workers with a specific interest in alcohol? Despite these qualitative constructionist musings, I consider that the data illustrates that *all* the respondents have familial and personal exposure to alcohol, not just those identifying themselves has having a relationship with alcohol. It is the intrinsic nature of alcohol to British or even human life (Barr 1998, Plant and Plant 2006), combined with the examples of the data, which suggests to me that all social workers have such a relationship. Further, as will be explored in the following chapters, this is influenced by and in turn influences alcohol in the context of the workplace and formulates a knowledge-base that is as much non-codified as it is codified.

Chapter7: Working with Drinkers –Principal themes explored (ii)

This chapter continues the theme of exploration of the social workers' experiences of alcohol and everyday drinking. It does this in through respondent's experiences of alcohol in a number of workplace settings. I present these practice-related discussions under four different headings: significant practice episodes, the influence of student practice experiences, interpretations of the case study vignette, and finally reflections upon colleagues' use of alcohol.

7.1 The *'big case'*

Early on in the data collection process, it became apparent that the social workers accumulate significant practice experiences which have a lasting impact on their understanding. These seminal practice experiences can be found in pre-qualifying, qualifying placement, immediate post qualifying and recent episodes. The specific concept of a significant practice episode was generated and shaped by the data collection and analysis processes. A pivotal practice experience was described by Michelle and succinctly referred to as the *'big case'*, an expression I have chosen to adopt. She explains:

> I think as a social worker, you always have a couple of cases that are your kind of big cases in your social work career as such that kind of take up a lot of your time and energy and still thought space maybe years on so… [and]…so I had my big case – I've got two big cases I suppose…

Michelle's idea of them occupying a lot of her *'thought space'* helps to explain their influence on practice beyond the specific instance.

I found repeated examples to support this conceptualisation. In the first narrative although I did not recognise it until the later, Gareth offers a vivid account of one particular case involving: a young man's violent weekend drinking, his mother's heroin addiction, his father's weekend drinking culture, pleasant manners and a funeral. This was the first service user Gareth worked with in his post qualifying role. The influence of formative early career experiences is similarly exemplified by Charlie.

> Yeah, I think in a work context, something very strongly comes into my mind, whether it's one of the first experiences in work I'm not sure, but the first thing that comes into my mind is when I was qualified and as a social worker here, and it was the first case I was ever allocated actually.

We can see the power of the experience, as Charlie identifies a case which immediately and *'very strongly comes to mind'*. Charlie's subsequent recollection of the case hints at why specific cases can have such enduring influence. She highlights a very poor outcome, a sense of being shocked by the extent of the alcohol dependency and damage. Finally, it also stands out because of it possibly being an exceptional experience, and thus in itself memorable:

> ...and I remember the most telling thing for me that we totally failed this young person...I think that it was the physical condition she was in I found very shocking, but also the state of her memory and what it had done to her, it just appeared to me to be very extreme really...I mean that was one of the very few cases, but it was also very extreme, quite an extreme dependency.

Consistent with her approach, we also see another example of Charlie's very deliberate use of *dependency* rather than alcoholism or addiction to describe the person's drinking.

This sense of an extreme experience can also be seen in this example from Eleri, who interestingly begins by suggesting she has not had any significant experience of working with drinkers but then contradicting herself by exploring one particular case in detail. What is striking here is not only the detail of recollection, but the emphasis on drinking as negative and unacceptable especially when considering her own acceptance of her regular trips to Accident and Emergency.

> Okay, I haven't worked as in, you know, someone outwardly saying that they have – that they are alcohol dependent, the only bad experience I can think of is working in [county] children were on the register and the mum was an alcoholic, but she wouldn't admit to it, the family were colluding in it, not intentionally, you know, they were supporting here basically, so the family were just going on and on and these children were just being taken from here, there, everywhere because the family were pitching in basically and helping, but by pitching in and helping, it was letting Mum do as she pleased and I just found it very frustrating going to see her and she would just justify it and she just didn't say anything and no problem with it. You know, her children were still going to school and they were still with her and I was thinking, yes but

> they're only with you because of your extended family being so supportive of you, do you know. And this thing of not – it might have just been her, but she just wasn't seeing the effect on her really and she had older children who were then taking care of the younger ones. And they were trying to see how – seeing her the way she was, 'cause she was very ill, because of her alcoholism as well. And she just didn't seem to get it and I was thinking, God, how can you – do you know, she can't be intoxicated all the time, she must have times where she must feel, God, you know, this isn't right. But she would never – that never came out in any of the reports or any of the work that we did with her, not once did I feel that she was taking any kind of responsibility for the effect she was having on her children. As far as she was concerned, she was drinking and she was in control of it and we were making a mountain out of a molehill really. So that's sort of the worst situation that I've had, frustrating as a worker to see and then the effect on the children and just them seemingly just not getting it, really not seeing the effect of it.

Like Charlie, Eleri highlights this case recollection in terms of outcomes and perceived extremes of consumption. Eleri appears to have difficulty in reconciling the mothers' drinking perspective with her own value base of right and wrong. It is also worth noting in this example the confused and contradictory use of both alcohol dependent and alcoholism, and a medical view of the drinker being ill but a concentration on social outcomes. Julie suggests that for her *'there was a really interesting one* [case], *you know'*, in which she also describes the power of witnessing extreme drinking:

> ...one week this kid had drank over two thousand units[33] of alcohol in one week and I know that was true 'cause I used to see her every morning. In one week, how she survived that, it was phenomenal, absolutely phenomenal. And she'd gone through three youth justice drugs and alcohol courses, it was just amazing, absolutely amazing.

Despite the possible doubt over the actual volume of alcohol that might have been consumed, what remains unquestionable here is the superlatives that help describe why the episode is importantly lodged in Julie's knowledge repertoire about alcohol. The specificity of these case examples is highlighted through vocabulary that suggests ways in which the case stands out amongst the many. Nicole provides us with another such example, in highlighting a case she recollected through its peculiarity; *'there was one particular couple'*. Finally Rosemary's exploration of *'something significant'*- an

[33] Two thousand units is the equivalent of approximately sixty bottles of whiskey or seven bottles a day. This seems a very contradictory use of codified and non-codified knowledge. The use of units to count consumption being consistent with some formal knowledge, yet a description of a level of drinking which despite the claim of seeing it and Julies' established experience with alcohol, appears to be impossible.

account of working with a particular drinker during her first placement- contains this same sense of the lingering influence of an extreme experience.

> It was quite a sad story really, but, that for me was extremely significant and I'm still scarred today.

Drawing upon strong case influences was not confined to the exploration of practice experience within the narratives, but was an equally important mechanism of reference in the vignette interviews. Examples of a case being used to help interpret the vignette are found in all six responses. In some instances these appear and feel more like *'big cases'* and in others more like a learning mechanism –reflections on similar or relevant past cases amongst a whole array of previous cases. Scott offers one such example of reflection on a particular case with strong vivid memories, in his consideration of child B and C's comfort at school:

> ...a little feral child, [who] would take food off...in the dining hall, he would take food off other pupils' plates.

Michelle also highlights one particular case in her exploration of the vignette. Interestingly in this instance, this is not necessarily one of her *'big cases'* but one of organisational memory (Gould 2006, Tsang 1997):

> ...no. But it's an interesting one because of a recent case in [county]. Where similar types of referral, offering support. No action. Parent...single parent but with other adults present in the house. Not wanting any support. On social work visits, not presenting as intoxicated. So dealt with as child in need. And then house fire. At which three children nearly died. And maybe one adult did die. I am not sure what the final outcome was. But at least two adults in intensive care.

So Michelle, like her narrative examples above, is drawing on a case where the outcome is extreme. This comparison of the vignette with her collection of *'big cases'*, utilises the previous experience to help make sense of the presenting one.

In other contexts, some respondents refer to a multiplicity of cases rather than a dominant case. So, for example, Cerys highlights how the vignette prompts her to recollect cases from her past experience.

> I think what came out to me was historical cases that are across the board and how we are not very good at challenging the issue of alcohol use and when we do and they say no, you know, how good are we at recognising what we can do with that then really. So some historical cases come here...

There is a sense of taking the current scenario and comparing it with similar previous ones. Lucy similarly highlights this process in which the current situation (the girls in the vignette) prompts her to utilise knowledge gained from previous cases (that resilience can come from experiences of neglect and chaos):

> ...the girls remind me of a few cases where there's maybe general neglect or chaotic kind of lifestyle going on and the girls have somehow managed to be resilient and bounced off each other and are coping with things.

Lucy actually chooses this method of relocation of old practice experience knowledge on six different occasions within her interview; *'I have known other people', 'it reminded me of a case' 'compare it to some cases', 'we have had lots of families', 'I did have a case recently'* and *'struck a chord'*. For example:

> ...it just struck a chord, I think it was from reading a case study I was trying to relate it to not just personal experience, but professional experiences as well and thinking of case studies and it just brought to light, you know, that reminding – I think that's how you either consciously or subconsciously that's how you approach most cases is triggering off things that you've learnt from other cases and from training, hopefully.

What is interesting here is how Lucy identifies the vignette interpretation as one that explores personal and professional experiences and other cases. She concludes by hoping that she might use any codified knowledge of formal training. Scott also has several references to previous case work, for example: *'I had a scenario'* and *'I had a case yesterday'*. Michelle, in addition to the big fire case of above, also refers to three other prior cases; *'we know that from serious case reviews', 'it was something really bizarre- from a spider bite or something'* and *'had some women who've said that they are forced into using drugs and alcohol by a violent partner'*. Through these examples, Michelle offers some more intimation of how extreme behaviour or poor outcomes are used as location for the memory.

I began to re-conceptualise my understanding of the *'big case'*. Through the iterative process of re-examination and coding of the data, the concept of the case beyond servicer users emerged. I felt that the narrative accounts of respondents' family members' drinking, as described in the preceding chapter, performed the same functions as the *'big case'* in influencing the social workers' experiential constructs of alcohol. Chiefly amongst these were: Al's *'two bottles of vodka a day'* father, Charlie's partner with an *'alcohol problem'*, Dawn's anger towards her *'introverted'* cousin, Gareth's *'violent'* father and Patsy's *'alcoholic'* mother.

In this context Patsy, during her vignette interview, draws on her mother as the *'big case'* in her exploration of the value of drinkers' self-assessments of their alcohol consumption.

> I think with alcoholics, the way that I know them, well my mum was one, is they don't want you to know how much they're drinking.

Within her narrative interview, Patsy describes a couple of specific, and possibly significant, case experiences. But even these can be seen within the wider context of the influence of her mother:

> ...and the first time I ever met her, I knew that there was something there, because she looked like my mother, she looked like a drinker, she had those sort of looks and extended stomach and she had just broken her arm and I'd asked her about how did she break her arm and she said she tripped outside, and I thought, yeah this sounds so familiar to me, there's something going on here.

The familiarity she refers to is all the memories she has of her mother (and father) trying to hide her mother's drinking from her brother and herself. What is particularly important to note here is the power of this very un-codified assessment method. She identifies a drinker by comparison with a personal benchmark, not by using a codified assessment tool. Julie also provides an example of the interplay between the familial case and work-based case experiences in her response to being asked to explore her own upbringing; so she suggests of her father's drinking and its impact, *'it was not dissimilar to some of the neglect cases that we have here'*. These references to a familiar case study are resonant with Sung-Chang's (2007) identification of the prior familiar practice learning frame upon which any new learning has to be imposed.

Whilst the *'big case'* was a recurring topic, there was one exception identified through the process of constant comparison. Mair's narrative does not hold any strong case reference within her reflections. In general, however, the *'big case'* can be seen as practical conceptualisation, which helps social workers to compensate for their lack of confidence in codified knowledge (Beddoe 2011b).

7.2 Influence of placement

In addition to the *'big case'*, experiences whilst on practice learning opportunities[34] during qualifying education play a significant role in the responses. Whilst some experiences within these placements became *'big cases'*, the placements also provide other layers of particularly significant learning. This was a theme which emerged from the data-theory interplay, as I only asked directly about placement experiences in later interviews, once the early respondents had kept highlighting them in their response to the more general enquiries about educational or work experiences.

For those who had a placement in alcohol or drugs specific settings, as one might imagine, it appears as formative in the acquisition of specific knowledge (Galvani and Forrester 2011). Thus Angharad, Mair and Michelle draw heavily on their alcohol and drug placement experiences in telling their tales. The influence of these experiences is particular acute in Michelle and Angharad's accounts. Michelle who experienced a residential rehabilitation unit, with a predominant 12-step model approach, identifies its prominence in her learning.

> So just the vast spectrum of people I met, even in that short space of time just was quite an eye opener and they were living to an AA kind of model.

She ascribed such value to it that she went onto volunteer in the setting for more than a year after the placement ended. As will be seen below, Michelle is only one of two social workers who consider that Alcoholic Anonymous may have a role to play as an intervention in the vignette, and as such we see a correlation between acquiring the

[34] Practice learning opportunities is the current preferred name given by the Care Council for Wales to work based learning experiences on qualifying courses in Wales. They remain however more universally referred to by practitioners and the literature as placements. I have mixed the two terms here, as the data suggests placements are strong learning opportunities.

knowledge of Alcoholics Anonymous in the placement and subsequently applying it to practice some ten years later. There is an interesting second note to add to this description, and that is the use of *eye opener*. She unconsciously uses this common parlance without acknowledging its probable relationship to alcohol use. Angharad undertook a statutory sector specialist team placement, and at one point in her account she attributes all her learning about alcohol to this placement; '*everything I leant, I learnt off the practice teacher on first placement'* and at another point as *'the bare bones of it comes from that placement'*. Her reflection of this experience is consistently referenced to what she *'learnt'* from it. She goes on to explore how the placement experience changed her views about users of drink and drugs, and perhaps places her in a more advantageous position than those social workers who have not had such experience.

> I think there is always that if you haven't worked... if you haven't got any kind of background in drug and alcohol, you kind of do have that kind of smug attitude - I am better than them and you know, there is no such thing as a good parent who is taking drugs and alcohol. But my first placement, that completely changed my attitude and left me quite open minded about parenting really.

In reflecting on the value of this learning opportunity she considers that without it, her understanding would have been significantly different.

> I think if I hadn't had experience on that placement...I think my knowledge base...and perception would be a lot different.

Finally, she is able to consider how such experiential learning compares with formal codified learning. Whilst it does not make her a specialist, it has been invaluable in her practice when alcohol and drug use is such a regular part of child protection work:

> ...and I believe that you can go on courses but it's your interest that actually... how much...you can go on a course and you can have the most interesting lecturer or facilitator. But what you learn is what you ... how much you participate, how much engage and how much you want to learn. And I think from having been on that first placement it's – I wouldn't say that I am a specialist at all, I wouldn't even say it's my niche area, but it's something in that given...we get...we've had so many calls, you need to really be on top of it.

Other non-alcohol and drug placements were also described as being important in offering experience of working with drinkers and acquiring knowledge. So Cerys, when asked to identify her first experience of working with drinkers, refers to a mental health placement; *'I think where it stood out more than likely was the MIND*[35] [placement] *experience'.*

The respondents also identified placements in general as being significant points of learning. So for Charlie, she *'got a lot out of it'* and Dawn *'loved'* all three of her placements (in stark contrast to some of her post qualifying experiences). Rosemary, for whom we have already identified the *'something significant'* as a big case for placement, suggests despite the brevity of placements, there is longevity to their influence:

> ...even though it was only a short time, gosh it does have an impact on you. I even recall things now, you know.

Although she acknowledges that this is perhaps only identifiable in retrospect.

> I think they are quite significant aren't they in students' lives. You just don't realise at the time how significant.

A couple of the examples described above refer to the 'developmental' non-assessed placement opportunity, which was afforded students on the previous Diploma in Social Work programme. This placement, with its emphasis on learning rather than examination is not a part of the current degree qualifying programme curriculum. Not all of the respondents choose to highlight or utilise placement learning. So as an example of the contrast, whilst Eleri *'enjoyed'* her placements and Patsy *'loved'* her second placement, they confine placement discussion to one sentence in their narratives.

Several of the respondents who did not chose to highlight formal placement experiences, did indicate a depth of learning coming from some pre-qualifying work settings. In particular Al, gave some very rich description of time spent in an old large,

[35] MIND is a national voluntary sector mental health agency, which has 160 independent local run charities (MIND 2012)

isolated, Victorian psychiatric institute prior to its closure with the advent of community care:

> ...they were the bins, that's where you threw people who you didn't want cluttering up the high streets, so you slung them in there.

In going on to refer to working in the new environment of supporting people from the psychiatric unit to live in smaller community projects, he cites the experiences as teaching him the value of such project work and experimenting with new approaches to practice.

> So I guess that's where I get a lot of the things that are done in social work have actually been sort of project based things as well and I think that probably comes from that era, you know, quite sort of radical and trying different things.

This theme of project and community work is carried on into his post qualifying work experiences. Nicole refers to some volunteering prior to joining the course, and one particular mental health agency as influential.

> I would say that the people being in that [agency] was where a lot of my kind of insight came from really and understanding.

Intrinsic to these placements and pre-qualifying work experiences is the role of influential individuals: of which an exploration of personal mentors in the knowledge acquisition process is discussed in Chapter 9.

This correlation between direct work experiences and knowledge acquisitions is consistent with previous research (Chanfrault-Duchet 2004, Siegfried et al 1999). The role of direct practice experiences, the utilisation of case description and case comparison as a way of encapsulating knowledge and understanding, whilst most overt in the themes of the 'big case' and placement experience, can also be found in other aspects of the narrative accounts. This data illustrates some of the processes by which the giving of meaning to professional experience helps to contextualise professional practice (Chanfrault-Duchet 2004).

Returning to the theme of alcohol and learning through work-based situations, the vignette interviews through their explorations of drinkers, drinking and drinking problems, illustrate how personal and professionally acquired knowledge is translated into interpretations of a practice scenario.

7.3 Vignette

The vignette had been previously tested and was considered by me to be a robust learning tool that reflected some realities of practice. This sense of the validity of the vignette was suggested by several of the social workers thus; Michelle implied that she:

> ...didn't think it was that unusual. It felt like something that we would get a CID16[36] in, in duty and assessment...

and Patsy, that *'it was a typical social work type of case'*. The vignette was deliberately written with sufficient ambiguity to allow the social workers to explore their own interpretations of the possible role of alcohol.

The respondents chose very diverse descriptors for the drinking, its possible causes, consequences, likely interventions and expected conclusions within the vignettes. The interpretations of the four respondents who had previously undertaken a narrative interview (Cerys, Charlie, Michelle and Patsy)[37] reflect much of the vocabulary and understanding illustrated in their narratives. More specifically, Cerys and Charlie continue their deliberate and measured considerations, whilst Michelle and Patsy more readily focus on alcohol as a problem together with explanations of alcoholism. Lucy and Scott (who were only interviewed for the vignette) also offered some interpretations that, without any narrative interview to compare with, nonetheless suggested evidence of both personal and work acquired knowledge.

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[36] CID16 –Police Referral Form –used by Police to Inform Social Services about child protection concerns (Gwynedd and Anglesey Local Safeguarding Children Board 2008).

[37] These four were purposefully sampled to ensure that they had offered some contrasting perspectives in their narratives, for example Charlie's careful description of a continuum of drinkers and Patsy's references to alcoholism and her mother's drinking, which might be carried through or not into their vignette analysis.

While we have already seen one example of Patsy's description of the parents in the vignette as alcoholics, here we can see her using a similar description in another context.

> Okay, well the parents if they're alcoholics, it's very difficult to know where you stand with them and where the normal person starts and begins and where the normal person actually ends because people with alcohol related problems, when they're drinking, they're actually really different I feel to when they're not drinking.

Both the use of *alcoholic* and the suggestion of a distinct population of abnormal drinkers reflect Patsy's accounts of her mother and other drinkers within her narrative. Patsy's defining of the drinking and understanding of the vignette is constantly referenced through this understanding of alcoholics and alcoholism. So, for example, she suggests that *'alcoholics have a way of drinking'*. She even suggests that knowledge about alcoholism is an important prerequisite.

> When a social worker goes in there, it's important for them to know a little bit about alcoholism and how it affects people and what's actually going on.

By contrast, but equally consistent with her narrative, Charlie elects to use very deliberate terms and language to describe the possible drinking within the vignette. When discussing Mr A she refers to the ascribed label within the vignette; *'he is being described as drunk'* and in relation to Mrs A, even if she accepts the potential of the deliberate gaps of ambiguity will only conclude: *'or is it because she is drinking heavily every day?'*

This deliberate identification of *drunk* as some else's descriptor is also explored by Scott. Thus whilst he acknowledges the limitations of the vignette, the possible ambiguity of interpretation of *drunk* and the need for him to investigate further, he is still able to conclude that the word *drunk* is *'indicating to me'* someone who drinks heavily or is dependent. This is a personal knowledge interpretation rather than a concrete evidential one.

> You know, he's a drunk, no he's not a drunk, you know, just likes a drink. So that to me is when I would need to be in there and sort of do a bit more digging myself, but from the statement, 'He's a drunk', that is how Mum is perceiving

> it or that's how the wife is perceiving the husband to be, that he is a drunk, that is indicating to me that he drinks heavily, he relies on drink, that statement is relaying that, but it might not be the case once you're in there because he might just be a weekend drinker... But it is indicating to me that there is a dependency there, a possible dependency 'cause I can't, you know, but that's just an assumption, that's a gut feeling, that's what I'm hearing.

There is a strong sense of Scott consciously owning his interpretation from the non-codified place of his stomach. This use of bodily feeling to guide practice decisions, through a reflective dialogue is resonant with Sodhi's (2006, cited in Jordi 2011:185-186) research. Whilst there is not preceding narrative that might help to begin to contextualise this observation, Scott does, towards the end of the vignette, reflect on his own drinking and suggest that he associates getting drunk with need and loss of control.

> Alcohol, personally I drink, you know, I like a drink, and being in this job, yes I do question and reflect on myself and say, you know, 'Am I liking this drink or do I need this drink?' and that's it...I don't need to get drunk, don't need to, you know, get off my head or anything...

Michelle, who we have seen has a formative experience within a 12-step based agency, interestingly explores the parents as being in possible denial about their drinking. The centrality of denial and admitting to having a drink problem is often considered one of the distinct tenets of the Alcoholics Anonymous or disease model (Jellinek 1960, Kurtz 1991). So Michelle enquires about Mrs A:

> ...but she is denying – I think I am right in saying that she denies any alcohol use. Am I right?

And despite me restating that the vignette refers to Mrs A as having provided *'negative replies to assessment questions'* (see Appendix 9), Michelle very quickly returns to the idea of denial.

> If they are in...in a way if they had completely denied it, then it raises your concerns a bit more because they are in complete denial.

Consistent with the knowledge she has which is embedded in similar 12-step perspectives, Patsy also explores the idea of the family being in denial and not admitting to their alcohol use:

> ...and we have to start with the parents and see sort of where we're going to work with them, with their admitting to alcohol or not, I mean, the majority of people won't, they won't admit there's an alcohol problem.

In the preceding chapter the social workers narratives demonstrated a perspective on alcohol problems that reveals assessment preoccupations beyond levels of consumption. Some of the same specific considerations can be seen in the vignettes. Not only is Charlie's vignette exploration consist with her very deliberate defining of drinking, but her explanations of the presenting problems and causes within the vignette directly reflect the knowledge and understanding offered in her narrative, in particular her overt interpretations of the family's circumstances from a radical and feminist social work perspectives. In her narrative she describes herself as coming from a *'labour background'*, being *'very interested in gender issues'*, having a strong feminist identity and interest in domestic abuse. Consistent with this she, explores the vignette more than once in terms of there being a *'massive poverty issue'* and considers the possibility of *'sexual exploitation'* between Mrs A and the neighbour. While Michelle and Scott refer to financial difficulties the family experience, it is Charlie's specific knowledge that translates this into an issue of poverty. She goes on to consider the possibility of a domestic abuse explanation and acknowledges that this could be a direct reflection of her own specific interest.

> I am drawn to this being a potential – like domestic abuse is coming into my mind and whether that's reflecting on what my interests are and what I see in that, because someone else could not see that in the scenario at all.

Scott explores the drinking within the vignette by offering a distinction between an ability to function or not, and what may have been consumed. There is, interestingly, a mixed use of terms and knowledge showing that he is drawing on a range of influences. The suggestion of units implies an acquired codified way of counting consumption, yet none of the literature which aims to provide an understanding of units and its use in identifying drinking types would suggest that units can justify a label of alcoholic, only describe higher risk, hazardous or dependent drinking (Barbor et al 2001).

> And again, just because people like a drink, again it's about going back to, you know, it's like what I call a functioning alcoholic isn't it? If you spoke to

> people who didn't drink or after so many units you're classed as an alcoholic, but I look at it in two ways, I look at it, you know, do you need that drink to function or do you just like that drink? You know, I love tea and coffee, I could drink – if that was a thing, and then I would be an alcoholic because I just drink a lot of tea and coffee. But I would also look at a person's capacity as well, you know.

He finishes by implying that his understanding of a problem being more than consumption is acquired through reflection on his own use of other substances. He reinforces this understanding of the need to drink, and alcohol performing a function with regards to his considerations of Mr A's drinking as; *'a release, escapism, a coping strategy, possibly for Dad, an addiction.'* Again for Scott, his language and use of addiction, like that of alcoholism, places his perspective within a specific 12-step or disease model interpretation.

Within these examinations of the presenting problems are some partial references, never fully supported by detail, to some wider theoretical or codified learning. Perhaps the best example of this interaction of the personal and experiential, with a passing reference to the codified, is given here by Patsy.

> I think with alcoholics, the way that I know them, well my mum was one, is they don't want you to know how much they're drinking. So when you – the first thing I think that they would probably ask in the drug and alcohol thing is 'How much – how many units or whatever do you drink a day?' and it's like me with cigarette smoking, a doctor will ask me 'How many cigarettes do you smoke a day?' and I will say 'Five' and that's absolute rubbish.

We have her consistent use of *alcoholic* or *alcoholism*, the direct reference to her mum, the idea that she has alcohol knowledge because of her mum, the sense of denial or hiding, dismissive reference to the units, all compared with the direct experience of her own behaviour with regards to cigarette smoking.

In their narrative interview a number of the social workers adopt the language of the disease model (for example *alcoholic*). Only Michelle (who had direct placement experience of it) and Patsy (who had direct personal experience of it), refer to Alcoholics Anonymous, the organisation from which the language might be considered to have originated (Kurtz 1991). We have already seen how this has influenced some of their interpretations of the drinking and causes of drinking, but the

data also shows this specifically acquired knowledge reflected in their suggestion of possible interventions with the family in the vignette. Thus Michelle, when asked about what help she might want in this case, suggests that the family be offered a range of services including Alcoholics Anonymous. When I questioned her further about whether the offer of Alcoholics Anonymous is standard social work practice, her reply suggests that whilst social service families may access Alcoholics Anonymous she is less clear that it is normal practice for social workers to suggest the organisation as a possible intervention option:

> ...you know, if you want to engage with drug and alcohol service with AA, with whatever service out there that you feel best meets you for where you're at, then that option is there for them...
>
> (me) And do social workers offer AA? You said it, but do they?
>
> We certainly have er...a number of families that use AA. I don't know if that's...
>
> (me) That wasn't the question I asked. The way you described it...
>
> ...yeah. I am not that sure that's a result of...

Patsy even more specifically enquires about the possibility of the children accessing Alcoholics Anonymous Teen, something she attended herself as a child in respect of her own mother's drinking. Suggesting:

> ...they should be totally told the truth about alcohol, they should be totally told the concerns about that, that we have about why we're actually in the house, why we're actually trying to help this family, they should be informed on all those levels and they should...possibly go to some kind of help with ... Al Anon Teen I think they have, it's sort of with Alcoholics Anonymous, they actually have a separate group of children that actually are children of alcoholics...because we don't want them to also have a problem with alcohol, being alcoholics themselves or just abstaining from it totally, or not understanding the whole situation.

All of the social workers offer the possibility of a successful outcome for the family in the vignette; this is consistent with Adam's (1999) research about the optimism of social workers for the outcomes of drug using parents. This confidence in their own and agencies' ability to intervene successfully and the families' ability to change, would appear to contradict the identification of social workers with low levels of

therapeutic commitment to this client group influenced by pessimistic perspectives on outcomes, so resonant in the literature. However this optimism is also frequently qualified or set against the possibility of a more negative scenario.

Lucy encapsulates this two-sided perspective by suggesting; *'it could all become quite rosy, it could all get quite bad.'* Michelle is more detailed in her drawing of a similar conclusion, indicating that whilst a brief successful outcome might be possible, there is also the likelihood of further future incidents and referrals:

> ...and I thought ...by the end I thought this is a case that we wouldn't do much with probably by the time I got to end of it or where we were. And I thought that could then be a case that comes back to bite us on the bottom. Or it might be a one off thing - a family that we never see again. And its one of those that could fall into either camp really...We'd probably most likely get more referrals around other incidents...see if they've got any concerns around any neglect or alcohol issues. So because those agencies then come on alert, you're ... I guess more likely to get a referral is something more minor happens that maybe otherwise they wouldn't have referred in. Because they know that you've had a concern...

What is striking though, is her suggestion that this possibility of further agency involvement is increasingly likely as a consequence of a family being known, and therefore being more closely watched, rather than any suggestion of future significant events. The proposition that this family *'is one of those'* indicates that Michelle is interpreting this vignette through comparison with her previous work experiences. Finally, Scott also offers a belief in the possibility of positive change; '*I believe people can change and have the ability to change*' but more repeatedly emphasises that he '*also (has a) belief that time waits for no child'*. The latter belief, supported by previous case examples, suggests to him there is likely to be a moment; '*where do we call the point* [at which the] *parent/carer* [drinking] *isn't going to catch up* [with the child's need]*?'*

7.4 Colleagues' drinking

I had anticipated the prospect of being offered accounts of drinking associated with work cultures that might have an influence on the social workers' understanding of alcohol. However, these organisational influences, like possible media influences, did

not appear in the social workers' responses. That said, I found a more specific feature in a number of the narratives highlighting knowledge acquired from looking at colleagues' drinking, and some references to social workers' general levels of alcohol consumption, frequently as a way of coping with work pressures.

I have already explored how Cerys and Julie think that social workers' concerns over their levels of drinking may have been a potential inhibitor for participating in this research project. These possible levels of collegial drinking are also to be found elsewhere in the data. Gareth affords an image of his fellow social workers turning up for work still exhibiting signs of the previous night's drinking.

> I look at my colleagues, forty plus, they do like a glass of wine in the evening. The do smell of alcohol in the morning, when they come to work and they're driving to work.

He also alludes to some hypocrisy (given he currently works within a criminal justice setting) and the spectre of his colleagues' drink driving. Michelle explores some of these complexities through a sense that if a social worker was drinking to these levels she would imagine that they would want to try to hide such drinking from their colleagues.

> Like I have heard people say 'I have a glass of wine every night' and I'm quite surprised they would, I guess, admit to it.

Additionally, she explores the possibility of double standards between what the social workers may do in their private lives, in comparison with what they ask of service users.

> It's something I've thought about before, you know, it's like while we're really monitoring this family connected with alcohol, but... (me-we're all having a drink ourselves)...Yeah and how many people – I feel I've got it easy because I don't have children, so I don't need to have those kind of reflections, but very easily I could have children and I would be having to face those things. So yes the contradiction and the 'Us and Them' dynamic is interesting because everyone, the vast majority of people drink alcohol and the vast majority of people have children.

The spectre of the extent to which there might be a significant number of social

workers drinking and that drinking affecting perspectives about what is normal and or acquired knowledge was most startlingly raised by Lucy in her vignette discussion. I asked her about whether she had seen the AUDIT screening form before or not, and she described it being used as part of a recent in-house social work training session:

> ...they ran it there and people laughed hysterically about how their scores were really high and things. So – and I think it brought a lot of awareness for some people, yeah. And then that – the one where it's quite a jump was discussed...'Cause they were embarrassed and wanted to make light of it, it was so many people, I would say there was about fifteen of us or something, and I would say about ninety per cent of them had high scores. And it was so much so that I felt a bit embarrassed showing mine 'cause mine was pretty low, even though I was proud of how appropriate it was, it was just quite funny that in the room everyone was just like – and I don't – I didn't get the feeling that they'd faked their answers to look cool or whatever, as I might do if I'd done it with a set of teenagers or whatever, I got the impression they had answered honestly.

The extent to which this higher than '*appropriate*' drinking was accepted as normal by other social workers led Lucy to feel embarrassed in showing that she was drinking at government acceptable levels. A picture of large numbers of social workers drinking heavily was also offered by Rosemary, when she recalled her student social work cohort:

> ...we got banned from a hotel in Llandudno, so that'll give you a bit of an insight into our nights out.

This sense of seeing colleagues drinking, and the possible contradictions with their job roles is also reflected by several social workers in terms of their own drinking. I have already explored how Rosemary solves her professional and personal dilemmas by having a drink. In these contexts, Cerys is able to reflect on how she sees her drink problem as a reaction to increased pressures of work. So whilst indicating that perhaps she acquired an increased drinking habit through a personal relationship, it is the increasing stresses of management that fuels her current consumption.

> I was with him for five years, but progressively over that time...I drank more. But I don't think it was just down to that. When I was a social worker, I didn't drink much. When I become more managerial so the team leader post and a bit more stressful, I used it as a relaxant. Since I have become a manager I have just drank even more.

Scott similarly affirms this view of social workers drinking as a way of unwinding from the pressures of their day:

> ...cause sometimes a hard day at work, you know, and really full-on and I always maintain that it is always about, for me, and I think it kind of helps me in my job as well to understand other people because it's not – you know, I would take a drink to relax, chill-out.

Al combines these two perspectives into an understanding of how he sees other social workers responding to the pressures of the job by having a drink:

> ...how people can take those pressures home, how it can become too much.
>
> (me) So you're talking about social workers using alcohol ...
>
> I am, yes.
>
> (me)... in the same way perhaps you alluded to your father using it to ...
>
> Yeah, I mean, to help you get through the day, it dulls the pain as it were and for some people it does, you know, as other drugs do, for other people it might be gambling or something, so it's some form of risky behaviour in a way, so. You know, stamp collecting or gardening most probably do the same thing, but because there is no sort of rush with it, there is no – although I suspect it probably does, a lot of people very keen on gardening, can't see it myself, but you know.
>
> (me) I'm sure you're right, there must be some social workers who come home at the end of the day and ...
>
> And go down the greenhouse.
>
> (me)... yeah and as long as someone leaves them alone in their greenhouse for an hour and a half they'll come back restored, yes?
>
> Yeah, but for a lot of other people I'm sure that, you know, maybe a bottle of wine at the end of the day or a bottle of whisky or whatever.

Al's understanding is that for *'a lot'* of social workers alcohol is the way by which they cope with the days difficulties (perhaps not unlike their service users).

The respondents make explicit statements about having learnt from personal experience. These references are made in a range of contexts from personal life to actual work experiences with service users involving alcohol. So far, we have seen that

directly acquired alcohol knowledge, practice and work-based experiences, have all contributed to some very distinct knowledge trajectories that draw on non-codified sources as much, if not more, than codified ones. The third of the data analysis chapters goes on to explore these accounts with more explicit regard to theoretical and typological considerations.

Chapter 8: Academic, practice, professional and personal divides - Principal themes explored (iii)

Early in the production of this thesis, I developed a typology of knowledge which suggested that social workers would be likely to use a variety of knowledge types in the creation of their understandings about alcohol. This typology established the possibility that, social workers might have personal knowledge in relation to alcohol, acquired through both codified and non-codified forms. The preceding chapters have demonstrated that social workers have individual, familial, personal and work experiences of alcohol which have shaped their relationships with it. These experiences have been shown to help formulate their understanding of the function and uses of alcohol.

The existence of such complex personal knowledge typologies is fundamental to my approach. Had the thesis adopted a positivist approach to the subject matter, and in particular assumed that codified knowledge is dominant, the interview questions would have been those of: how much alcohol-related training, reading and input from other professionals on alcohol individual social workers had been exposed to. This would have reinforced some of the approaches outlined in Chapters 1, 2 and 3. However, I have started with a blanker page, choosing instead to explore which forms of knowledge are utilised. The data has revealed limited references to codified knowledge alongside greater volumes of non-codified knowledge. This third data analysis chapter will consider these findings within some of the wider knowledge and theoretical discourses.

8.1 Adequacy, legitimacy and support

One of the accepted positions contributing to this thesis is that the use of AAPPQ and other similar tools continues to demonstrate a lack of confidence among social workers about working with alcohol. Consistent with the original Shaw et al (1978) approach, this lack of confidence is indicated by expressions of role inadequacy, legitimacy and support. This position implies, if not assumes, that the provision of formal education on alcohol (codified knowledge), should lead to an improved sense of adequacy and

possibly legitimacy. My critique suggests that this presupposes the use of codified, rather than other forms of knowledge, and potentially places a value on education above other means of support for increasing social worker confidence, instead of enabling social workers to explore the diversity of their alcohol knowledge, as demonstrated in the previous chapters. Nonetheless, I was interested to see if a different methodology would support similar conclusions about role confidence and insecurity.

The data suggests a mixed picture and not one that wholly supports the existing wisdom. There are accounts of inadequacy, illegitimacy and lack of support, but these are by no means consistent and are further contradicted by many indications of confidence, adequacy and legitimacy. The contradictions occur both within and between individuals. The data does, however, appear to illustrate that lack of support is a universal experience and as such it will be explored in detail, with considerations of experiences of supervision, in Chapter 9.

There is data to support the suggestion of role inadequacy. For example, here we can see Eleri repeatedly talk about *'not knowing'*.

> With alcohol, 'cause it's just everywhere and why is it okay for one person and is it okay to drink every weekend, this binge drinking thing, you know, or is a glass of wine every night okay? I don't know. I don't know the answers, so I'd be very careful of asking it really 'cause I don't know what I would do with that information. And if they told me that they were having a glass of wine every night, is that okay, is that not okay? I don't know. So I don't know if I'd ask it because then I wouldn't know if it was affecting their parenting or not.

Interestingly, the cause of anxiety here is not a lack of specialist expertise (the normative legitimacy, especially relevant in relation to drug use) but because of alcohol being a normative societal experience, being *'everywhere'*. There is a sense of some knowledge, *'binge drinking'*, yet an inability to define this concept, which in turn causes the insecurity. Further, there is a sense of some generic skills being used to explore and ask about the topic, Eleri concludes by suggesting that she could not make a judgement on parenting, her expertise. This sense of inadequacy followed immediately by a statement reinforcing a lack of legitimacy:

> ...and when do you intervene and say, 'No, actually, this is a problem now' I don't know if I would be able to know what that point is really, I would definitely have to ask someone who is in the substance misuse service really.

Eleri thus uses insecurity about whether or not a daily glass of wine is acceptable to seek the support of a specialist agency, when the key question is one of parenting ability and not alcohol.

Rosemary, who when asked for her own perception of where her knowledge comes from offers explicit exploration of inadequacy, in that she states she does not *'really have a massive knowledge'*. However, this quote is worth considering in detail.

> I've read some stuff about alcohol, but I don't really – this is where I have a bit of a conflict and sometimes in a case conference I'm saying, well actually alcohol probably is easier than drugs really. I don't really have a massive knowledge. I know the common sense stuff like obviously there's a risk if they drive their kids in the car, you know there's – quite often there's a link to domestic violence or the other way round, having an impact maybe on their finances. I mean, that's the sort of thing we'd look at and the chaotic lifestyle maybe that goes with that, and all that sort of stuff, but I don't have maybe the theory of alcohol. Do you know what I mean? And like sometimes I've noticed, like the CDAS[38] workers and that, almost cringing when the social workers say you know, sometimes value laden stuff, because quite often we don't know what the impact is if you know what I mean. You know they'll sit you there running off while they're having, I don't know subutex or whatever they're on, methadone, but we don't really know what that means. You know, does it mean they're stable? How long are they going to be on it for? So we have to ask those questions really, which is a bit more difficult with alcohol, because it's not so prescriptive perhaps, I don't know, but yeah, I would like definitely, and I do attend training and things you know.

We can see an immediate contradiction between suggesting she has *'read some stuff'* but does not have *'a massive knowledge'*. This perceived lack of adequacy and in turn confidence, is expressed in the seeking of reassurance from me. The inadequacy is extended to the whole profession and a possible subjugation to the specialist or medical agencies, which resonates with Beddoe (2011a) and her research on New Zealand social workers. Further, and interestingly, the specific reference is to drugs and not alcohol. So through the lack of knowledge about drugs (which we might not

[38] CDAS –Community Drug and Alcohol Service, a statutory sector provider of alcohol and drug services. During the time of this PhD, following Health Board reorganisation it was renamed Substance Misuse Services, The service whilst multi-agency and multi-disciplinary is led and co-ordinated by the Betsi Cadwaladr University Health Board (2012).

expect all social workers to have a relationship with) the need to seek support from the specialist is extended to alcohol, even though Rosemary offers a narrative account that is rich in alcohol knowledge and reflective perspectives on its use. Finally, she suggests that the solution to this inadequacy lies in the provision of training.

Michelle offers the perspective that her lack of confidence is borne out of the difficulty in making decisions, not necessarily the lack of adequacy or legitimacy. In exploring the vignette she says that where there is a clear example of abuse, or a service user is evidently drunk, and the situation is unambiguous, confidence and decision making is easy. However, the more ambiguous scenarios, like the vignette, where neither the extent of alcohol use or its direct impact is evident:

> ...give social workers real headaches and they feel nervous about, they don't feel confident in their decision making. And most of the time it turns out fine. They've made the right decision. But then there's those cases where something goes wrong and you have a serious case review or a case file review. And people start questioning their decision making.

However, the social workers do not all present a picture of inadequacy. The most striking example is Patsy, who when asked what support she might need in working with the alcohol case study in the vignette, suggested that she was more than adequately able to respond.

> What about – oh, for myself, no I mean, as personally I'm fine with it, I can sort – I learnt so much about alcohol, I read up a lot about alcohol still, that I understand why people are the way they are, hmm. I understand the way my – why my mum drank, I know the history about all that, so

She expresses confidence that comes from the experiential knowledge that was a significant element of her narrative, and a suggestion of having *'read up'* about alcohol which was not evidenced in either of her interviews. Both Cerys and Charlie indicate that they are confident in not needing to know everything. Charlie in her narrative states:

> ...I think that the longer I'm in social care, the less I feel the need to have to know everything for myself and have confidence in well actually I'm never going to become an expert in attachment theory but that's okay because I can pick up the phone and I know a therapist who is an expert. You know, so I

> feel, I guess, confident in with that, you know, with not feeling that I need to know everything about alcohol.

This is an acknowledgement that the skill is in knowing where the expertise is and using it, rather than being intimidated by any lack of expertise. She goes on to affirm this perspective in her vignette discussion: *'I would hope I could get on with this case and not need overly that much support'*. This confident view is similarly articulated by Cerys at the end of her exploration of the vignette:

> ....it leaves me thinking that there are things that, as I said, you know, I've blocks of knowledge and then as you say you look at it then and think 'well, no I don't, I just don't have all the answers and never will have' I mean that's something I've just got to accept in myself.

Even if this is an acceptance of some knowledge inadequacy, it is not translated into role inadequacy or lack of confidence. There is an acceptance that a social worker cannot have, nor should expect to have, expertise or in-depth knowledge in everything and that any gaps in knowledge should not prevent role function. Finally Julie, who in expressing her ease, implied that others' role insecurity about alcohol, or lack of willingness to engage in this research, was coming from very personal agendas, rather than any inherent complexity about the issues of discussing alcohol with service users.

> No, I think it's just – isn't it interesting that you've struggled to find participants? So there obviously is a difficulty in the relationship with alcohol and social work.
>
> (me) And do you have any observation on that, why I struggle?
>
> I honestly – you see, I don't get it, I don't understand why there would be an issue with it, really, genuinely don't. But then maybe it's just kind of about because I've had a very long relationship with alcohol. A very long relationship with alcohol. And a lot of that is kind of integrated you know, I'm quite comfortable with. But I don't know, I think that maybe if people just think that what it is the questions that are going to be asked, you know, how much do you drink? Do you drink in excess? Are there times that you drink more, has your work been affected? You know and perhaps it's that, perhaps it's about their things, don't know.

Some respondents give constant and repeated demonstrations of being less confident in their own personal role legitimacy, they seem ready to defer to a specialist worker and agency. Some others convey a sense that personal knowledge does help to support

adequacy and legitimacy. This contradiction is reflected by Gareth, who notes that in his agency, managers require the generic workers to refer to the specialist every time alcohol or drugs are identified. He adds, however, that this is a mandatory' *tick box exercise',* which ignores the times when he is more than adequate in working with alcohol, meaning that these referrals are consequently a waste of resources.

In reflecting on the value of doing generic and holistic interventions beyond her own specialist role, as parenting programme tutor, Eleri suggests that role adequacy (confidence) comes from being legitimised and supported to work with service users beyond the narrow focus of a prescriptive intervention.

> I know it's incredible years and parenting is our main focus, but there's very much this idea of if we support them as a whole then the parenting will come and that ethos is really pushed here, so it just feels like you're in control of your own, the families that you work with and also it gives you a bit more confidence really in how you work.

Suggestions of a lack of confidence as a result of others having expertise was, in one instance, extended to me because I was perceived to be an alcohol expert. Thus Cerys, in her vignette, suggests that one of her initial thoughts was:

> ...'oh my god, here we go' it's like 'this is not my expertise' and, you know, because it is your expertise I think sometimes there maybe the sort of 'oh what if I say the wrong certain thing' or 'I don't know enough about this and' ...so I'm completely open and honest about how much I do and don't know about the subject matter.

The data are very mixed in both supporting and contesting some of the original Shaw et al (1978) perspectives on role insecurity. They however provide a much clearer alternative point of correlation for the work of Harrison (1990) and Galvani and her colleagues (2004, 2007, 2010, and 2011) which identifies that social workers rarely receive substantial educational input on alcohol and drugs. The fullest accounts of knowledge acquisition through the social work education process come from Angharad, Mair, and Michelle's accounts of their student placement within a specialist drug and alcohol agency, rather than any account of classroom-based input. These three's exposure to alcohol education is very much the exception rather than the rule. Gareth and Angharad consciously refer to a lack of any direct formal education on drug and alcohol, both pre-qualifying and post qualifying. Only Charlie identifies

having been on a specific two day post qualifying training programme about alcohol and other substances. It seems logical to assume therefore, that as different social workers are subject to different educational and placement contexts, and as the placement experiences are particularly influential, social workers inevitably qualify with very different (and personalised) knowledge bases.

The picture offered by the data is consistent with other research approaches in that only a few individuals received any formal educational input on alcohol, whether in the context of qualification or other learning contexts. Typical echoes from the literature are statements like this from Nicole:

> ...a complete lack of training and lack of recognition because it's [alcohol] there everywhere.

We can see here that Nicole identifies this as all the more woeful because of the ubiquity of alcohol in the social world. Those who have recollect direct teaching on alcohol do so by listing events or providers of education, rather than any course content.

8.2 Ivory tower: experiences of education

Having established that the data makes reference to the social workers experiencing very limited quantities of direct educational alcohol input, a perspective which supports the existing literature (Galvani and Forrester 2011), it seems apposite to explore accounts of education and its wider value as offered by the social workers. The narrative interviews support a noticeably mixed account of educational experiences and their value, from real enthusiasm through ambivalence, to straightforward dismissal. These different assessments occur both within and between individuals.

In the first of the narratives, Gareth offers a very negative account of qualifying education; *'...it never prepares you for the reality...'* Yet the two subsequent narratives, those of Michelle and Mair, provide some profusely positive reports on their experiences of education. These accounts are immediately followed by Dawn, who describes her qualifying education as *'woefully inadequate'*. This pattern of

contradictory value between the respondents is maintained throughout the narratives. Thus Patsy, Charlie and Julie all talk of *'loving'* their qualifying experiences and for Al, it is *'life changing'*, yet Eleri describes her experience as over-academic.

Within these accounts, even the positive exponents of the value of education come with some guarded contradictions. Thus, Michelle who describes education *'as a pleasure'* and training as *'helpful to practice'*, is highly dismissive of both her NVQ experience and Masters degree, suggesting of the latter:

> '...it's just kind of a document that sits on my bookshelf and isn't much use to anybody in the world'.

The contradiction within individual experience is supported by Patsy who whilst positive about her qualifying course, is very negative about her post qualifying experiences. Rosemary also reports mixed feelings, with negativity towards her qualifying education *('the undergraduate course I didn't enjoy'*) and positive accounts of qualifying education ('suited me *better'*). Cerys describes her pre-university experiences as unrewarding and her subsequent adult education experiences as *'good'*. The variation between individuals is then reinforced, through accounts of some individuals who alternatively maintain a constant attitude towards all of their education experiences, thus, Charlie, Julie and Michelle offer positive accounts and, Dawn and Rosemary and Cerys, negative accounts of formative educational experiences which are consistent with their accounts of qualifying and post qualifying education.

Despite this ambivalence, the respondents are generally very keen engagers in formal post qualifying education, which itself might imply that they attribute a value to this form of knowledge acquisition. However this is not consistently borne out by their explorations of these experiences. Firstly, there is a genuine sense of disappointment that after the intensity, of the qualifying training experience, the shorter forms of post qualifying education (one and two day training courses) are bland, compulsory and non-stretching. This notion of a step down, rather building on existing knowledge is most accurately reflected in Cerys's observation that:

> Several of the trainings were compulsory that you need to go on, these are one-day trainings that I'm talking about and you get to the point where you've

> wrote a thesis and then you drop to GCSE level and it doesn't kind of make any sense, you're thinking 'Well actually I've got a hundred things I need to be doing and I'm sitting here' and so often I was regularly disappointed with the quality of training that we were afforded...

These educational experiences are often cited in terms of meeting the agency agendas, or ticking boxes, rather than necessary personal development or knowledge acquisition. Longer post qualifying courses are credited with more value. Indeed, Charlie is keen to praise both her practice teaching course and a recent post qualifying award programme.

There are constant references to a lack of organisational support for education. So Eleri bemoans her organisation's continual push to undertake post qualifying training as not being met by organisational support in terms of time or money. Gareth is equally clear that the educational opportunities offered follow an agency agenda. These discussions tend to imply that it is not the social workers who undervalue the acquisition of educational knowledge but possibly their organisations.

Lucy reflects on the ephemeral effects of training:

> ...and then you go off and then you do that with those cases 'cause during the training, you've planned it all and you might do it with the few new ones that come in that week or that month and then after that it goes and probably that topic then suffers the most 'cause you're not going to repeat it again for quite – for say a couple of years, meanwhile you repeat, you do some others that have either expired or you've never done before.

She further considers that in this training context, it is the practice experiences (cases), that are utilised to make sense of any codified knowledge being offered in the training;

> I don't think it's actually from coming out of the training, I think it's when you're sat in the training, the only – the best way I think, well I do it consciously and I think some people do it unconsciously, the best way of storing what I've learnt is to compare it to some cases I've got at the moment and how it plays out whatever the tools are or the processes are

Throughout the narratives and vignettes, references are constantly made to identify and name specific educators, lectures, practice teachers and trainers who have been

specifically influential. The role of influential individuals in educational and other settings is explored in Chapter 9.

The social workers attest to (their) older qualifying programmes as being more valuable than recent or current qualifying programmes. As might be expected, this is more marked with those who have been qualified the longest. So Al and Mair, whose experiences predate the Diploma in Social Work, talk about their experience as being *'very hard work'*. Al, from his vantage point of currently being involved directly in the delivery of qualifying programmes, suggests that current students have a much easier experience. Angharad, the only other respondent to have been qualified before the turn of the century, refers to her course, in terms of *'in those days'*. Rosemary refers to her diploma as the *'old route'*, with an emphasis on the need to do a degree prior to qualifying study. Julie, whose qualification is less than five years old, refers to it as a *'long time ago'*. The remembered past is contrasted with the experience of today's students, perhaps mirroring the wider societal discourse about general school exams getting easier for each subsequent generation.

When the social workers explore their educational experiences, they refer regularly to and emphasise the wider discourse amongst social workers about a divide between academia and practice. So Rosemary, whose narrative expresses the value of qualifying and post qualifying education, suggests when she explores the use of codified knowledge in her role working for a helpline that it somehow does not carry the same weight as practical experience of working directly with service users.

> So I've done – you know, I feel as if I've been two pronged or twin tracked or whatever you want to call it, but probably with that side [learning] being stronger than the practice. So I wanted to even it out because I thought if I go for an interview, I'm going to, you know, fall over at the first hurdle really, because you do need the – you know, experience don't you, and sort of, face to face experience really. Although, we do exactly the same thing on the help line and go through the processes and we need to know all the up-to-date legislation and everything, it's still not the same as doing it face to face with somebody really.

This divide is explicitly mentioned by Dawn, *'It was a huge gap from being in college and actually being out there in the field'*, and Eleri in her description of a college course as too academic. These sentiments correspond to, Gareth's observation about

not being prepared for *'the reality of delivering a service'*, which neatly summarises a clear the idea that somehow the *'reality'* is out in practice and not college. This is echoed by Cerys: *'nothing can prepare you for the role'*. This notion that qualifying education does not meet practice realities and has less value was also echoed by the assistant director of one of the local authorities, who questioned whether the university is clear about what it is preparing people for, and that the *'lack of knowledge'* in new qualified staff is apparent (Field notes). Finally, and consistent with grounded theory analysis, there is the exception, in which Nicole, talks about being *'...really nicely surprised by the theory'* of her course, and it being *'on the whole a really positive experience'*.

Despite this critique there is a warm regard for educational experiences as well as recollections that suggest there is a greater role for formal educational outcomes, i.e. the acquisition of codified (theoretical, policy and research based) knowledge, than actually appears within the data. Perhaps most telling is Rosemary's account which describes her qualifying educational experience as *'...probably the best two years of* [her] *life'*. Given this statement, she can explicitly name and remember individual educators, yet, *'cannot remember much about the content'*. Even more poignant though, in the context of how the course contributed to her knowledge acquisition about alcohol, was the value she found in the social life and learning about how to drink. Like many students, and as can be seen Michelle's accounts of her head in the toilet, Rosemary gained much (personal and experiential) knowledge about alcohol;

> Yeah, so it was good. I enjoyed it in terms of the social side, because we always sort of – I mean, that was for me, a completely new world, because I didn't – I'd never engaged in that really before.
>
> (me) So you were quite social as a group of students then?
>
> Yeah, very. More than we should have been I think. Yeah we were. Yeah, we used to go to each other's houses and go to the pub and have nights out and yeah, we were quite social, definitely.
>
> (me) And you said you'd not really had that before. What did you mean by that?
>
> ...I'd never really done the pub thing really...I suppose that's what it is. I suppose I embraced that because I'd never – yeah I'd never had it had I, I'd never been – I never had that student life had I certainly...Not that you know,

> everybody's supposed to have a student life, but you know, I suppose I sort of – but I really enjoyed those two years, probably the best two years of my life to be honest.

And interestingly she attributes this value to the experiential knowledge rather than the codified by concluding that she '*...can't remember much about the content of what we learnt.*'

8.3 Codified and non-codified knowledge

In the first interview, Gareth, whose narrative as we have seen is heavily influenced by his father's violent drinking and his own choice to move away from alcohol, (he says of alcohol: *'probably the wrong* [drug] *one for me'*), continually refers to and defines inappropriate drinking by reference to violence, rather than wider policy preoccupations with consumption or health. An example of this is his description of one of the first service users he worked with on qualification. Gareth happily accepts the normality of getting *'leathered'* and *'rat arsed'*, as long as it is without any consequential violence. Within his own narrative, he condones his father's and community's rugby weekend drinking, but not his father's violence. This recognition of the personal and cultural knowledge being used to inform the practice scenario is further reiterated in the way Gareth expresses his empathy for the drinker because of his own exposure to heroin, rather than any generic skill or theory base for the development of empathic practice.

> Not a dependency where they need to drink alcohol but 'if I do go out at the weekend I'm going to get leathered and I'm going to have a laugh' and that's how he was and that's how he explained his alcohol use really and his mum was a heroin addict who had died after two years of me being with him, supervising him. So for some – yeah I suppose I felt a bit compelled to really do my best with him really. I understood where he was coming from with his mum and the attachment issues are lost, the lack of love and his frustration really that his mum couldn't change and couldn't be there for him, would manifest into him getting rat arsed at the weekend and as youths do, a young person would look at him in the wrong way, no malice there, no intent, but he would take it the wrong way and unable to control himself and became violent...

This notion of drawing heavily on the personal or non-codified source is quickly established in successive interviews. In the second, Michelle demonstrates a big

commitment to on-going education and professional development, yet explores her understanding of alcohol through work and service user experiences. Whilst she does not have the same personal and familial origin as Gareth's, she develops the concept and category of non-codified knowledge through her practice experience. So Michelle draws heavily upon a college placement and experiences of voluntary work within a 12-step based alcohol and drug agency, and what she refers to as her *'big cases'*.

These rich personal knowledge-based accounts are constantly repeated, with Mair, Dawn, Eleri and Rosemary all exploring combinations of influential personal, familial, service user and work based alcohol experiences, which I, through the process of analysis, was able to increasingly relate to the concept of non-codified rather than codified knowledge. These types of knowledge are consistent with Eraut's (2007) ideas of tacit knowledge. Thus, by the seventh interview, this sense that codified knowledge has a possible minor role in these discourses is best summarised by Angharad who, despite being the one social worker with direct experience of working within a statutory alcohol and drug agency, (and who perceives her knowledge to have its *'bare bones from placement'*), chooses to draw more heavily on her lifelong personal and familial exposure to alcohol. Thus, even when reflecting on her placement and its value to knowledge acquisition, she resorts to her own direct experiences of alcohol rather than using an example of a drinker from placement.

> Not every social work student is going to be lucky and have a placement like I had in [the alcohol and drug agency], with an enthusiastic practice teacher as well.
>
> (me) Should they?
>
> Yes. I think so. Because it does impact. You know, look at my grandmother. She had dementia, and yet there was an alcohol element in that. Then look at my family history and er...being able to draw up on my own family background I think has given me ...we kind of I suppose in some way as well only kind of put... alcohol or drug misuses into a certain pocket of society. But as a social worker I know it happens. It's not fussy.

In the subsequent interview, Cerys recounts a personal relationship marred by alcohol, offers some honest reflections about the probable problematic extent of her own drinking, and when asked where her knowledge comes from, provides the succinct non-codified answer; *'Not from a book'*, a phrase so striking that it has become the title

of this thesis. This overall presentation of non-codified and personal knowledge continues throughout the remaining narratives, and quite rapidly reached a point of saturation. Thus Patsy, for example, keeps returning to her experiences of her *'alcoholic'* mother. This can be illustrated by her description of an initial meeting with one of her post qualifying *'big cases'*, and the *'familiarity'* between the service user and her mother:

> ...and the first time I ever met her, I knew that there was something there, because she looked like my mother, she looked like a drinker, she had those sort of looks and extended stomach and she had just broken her arm and I'd asked her about how did she break her arm and she said she tripped outside, and I thought, yeah this sounds so familiar to me, there's something going on here.

Another example is Julie's tale of familial and personal drinking combined with experiences within wholesale and high street retail. When asked towards the end of the interview where she perceives her knowledge of alcohol to have come from, she offered an extended hand gesture to imply everything we have just discussed and says:

> Oh my lordy, please see the beginning of the tape, I mean, I think, you know
>
> (me) So okay
>
> I've had a relationship with alcohol before I was born haven't I, you know.

Before exploring the references to codified knowledge that are offered, it is possible to validate this overall picture of a dominant non-codified knowledge base through a more specific example of where codified knowledge is absent.

If we take references to texts or named reference sources as one explicit example of evidence of codified knowledge, I could conclude that almost no specific alcohol codified knowledge is ever used. Only Patsy makes any reference to named texts. In her narrative interview she refers to: '*The One Minute Manager*'[39] and '*The Little Prince*', neither of which are core social work texts nor specifically related to alcohol. Consistent with this, she is the only social worker to refer to texts ('*Helping the*

[39] By Blanchard, K and others, in various editions, a non-academic text on management and leadership of organisations.

Helpers not to Harm[40] and '*The Little Prince*[41]'-again) in her vignette exploration, and whilst the former text is vaguely social work related, it does not concern itself with alcohol. None of her references refer to any author by name, just by the book titles. What is most noteworthy though is that she is one of the social workers whose narrative and vignette exposition are particularly dominated by references to personal knowledge acquired through experiences of living with her *'alcoholic'* mother. Indeed the whole twenty three hours of interviews have almost no[42] reference from anyone to any individual writer, theorist or published author.

The data show some limited use of, and reference to, codified sources of knowledge: theory, research, policy, legislation and procedure. These are most frequent in the vignette explorations rather than in the narratives, and pay particular attention to organisational and procedural knowledge, rather than alcohol. Whilst the data has some minor general social work references in this context, for example a number of the social workers explore the children's behaviour in the vignette in terms of attachment theory; the data does not contain any explicit use of any alcohol theory, research, policy or legislation. My research therefore provides further support through qualitative method of the lack of formal alcohol and drug education received by social workers (Galvani and Forrester 2011).

More generally, the tales are, populated with talk which relates to the wider social work world rather than that codified knowledge of alcohol. In both the narrative and vignette interviews the social workers refer to the structures, processes and terminology of their profession and organisation. The most obvious of these displays was in the vignette explorations, where practice was highlighted through the use of professional and procedural language. So procedurally, Michelle refers to process of a section 47 assessment (a safeguarding duty of the Children Act 1989), Scott suggests that his practice is informed by use of the SMART acronym and Cerys, in her vignette, references Kolb's learning cycle. Some of the respondents show reflective awareness of their experience, and the capacity to describe it in relation to modern policy discourses. For example Angharad says:

---

[40] By Caplan, R.B. and Caplan, G. – psychology book concerned with mental health and families.
[41] The Little Prince – original children's tale by Antoine de Saint-Exupery.
[42] Apart from these three un-authored references from Patsy only Cerys in one instance refers to Kolb's learning cycle.

> I think I was like a lot of people; I was a binge drinker before binge drinking had like a title to it.

My interpretation of this emphasis on the non-codified is supported at the end of the narrative interviews by the responses to directly asked questions about where the respondents feel their knowledge has come from. Whilst there are occasional hints that formal knowledge has a part to play in informing their understanding of alcohol, there is an equally, if not greater, acknowledgement of the role of the non-codified. I have already highlighted Cerys's *'not from a book'* response, and Julie's hand gesture that tries to point back to the whole interview and refers to a lifelong *'relationship'* with alcohol. There are numerous other data examples which are explored in more detail below.

The use of explicit codified social work knowledge, let alone explicitly codified alcohol knowledge, within the interviews is relatively rare. Thus, we have social workers acknowledging in part a codified source of knowledge, but displaying predominantly non-codified and highly personalised knowledge of alcohol. This is evident in the sources of knowledge drawn upon, the aspects offered and the language used. As has been explored, common parlance from a wider cultural setting is more generally used to describe levels of understanding of drinking, rather than the language of any text book or education course. The references to non-codified knowledge consistent with my typology abound. I struggled to unpick these within a single sub heading, and this led to many difficulties and variations in establishing a framework in which to present the data coherently. There is a sense in which Chapters 6 and 7 relate only to non-codified and personal knowledge. Some specific thematic references to personalised and experiential understanding of alcohol are highlighted both in the telling of the wider biographical narrative, alcohol-specific tales and exploration of the vignette. The next section will conclude with an argument for summarising these knowledge acquisition journeys as individual knowledge trajectories.

All three of the principal non-codified elements of my typology -wider familial, direct drinking and work-based experiences- are important and pervasive elements for the respondents' personal knowledge constructions. It is the combination these different and unique knowledge journeys that I would claim is each individual's personal

knowledge base. Unpicking the concept of personal knowledge acquisition, its meaning and use in terms of informing learning and behaviour, is immensely difficult. Perhaps asking people to reflect biographically inevitably creates a sense of the 'personal' meaning of a totality of codified and non-codified learning experiences. A social constructionist methodology, like any other, has to work with the answers given to the questions asked (Orford 2008).

Before concluding this summary of the limited codified knowledge exhibited, it is helpful to emphasise the scarcity of this knowledge type by looking at another example through the process of constant comparison, repetition and exceptions. So an obvious instance of these partial claims to codified knowledge not really being borne out by the data, is that only three of the social workers made any reference to 'units', the current standard formal government measurement of quantity of alcohol used in identifying potential problem drinking. In his interview Gareth does use the official measure, but only in a manner that questions its value compared to some other interpretive knowledge.

> 'No I wouldn't, no. I suppose I'd use the – well I wouldn't actually use – I can't use the units, it's not acceptable, because you can go to a party, it could be your dad's birthday, you haven't seen him in two years, he comes over from Australia, you're going to have – it's just one of them, but just like – I don't know, it's, how can I put my finger on it, it's just not drinking to the point where – okay, if when you drink alcohol you become violent or aggressive, if that's you in a box, and you've got something you can drink until they fall off a chair but they're placid, happy, not a problem, you get them two people, bring them back, this person I would say you know, you need to have a limit of it, if I can drink four or five pints and I'm okay, that's it.'

He shows an awareness of the concept and for him it represents codified knowledge. But he goes on to significantly qualify the value of units as useful knowledge and then retreats to using his preferred measure of inappropriate or excessive drinking: its outcome in violence. If Gareth's critique of the codified knowledge is unusual, his possession of it should not be. It would be reasonable to expect that if the social workforce was conversant with, and using, codified knowledge, particularly the

alcohol-related knowledge of government recommend guidelines on drinking, then they would be much more likely to use the concept of units, than is found in the data[43]. If my conclusion is that the data is offering personal knowledge journeys, with non-codified contributions as greater than codified in the formulation process, then it is also useful also to consider to what extent respondents' conclusions about where their knowledge comes from are consistent with this.

8.4 Perceptions of where knowledge comes from

Towards the end of each interview, when directly asked, the respondents consistently emphasise their perspective of a primary influence of non-codified personal and experiential knowledge. This is an accurate reflection of the accounts in that the perceptions match what was previously offered. We have already seen how this is most succinctly reflected in Patsy and Julie's lifelong *'relationship'* with alcohol, and additionally with Cerys's *'not from a book'*

Despite this broad picture, the respondents' perceptions also, and interestingly, allude to the use of some codified knowledge that is not necessarily foregrounded in their interview narratives. Michelle suggests her knowledge has been acquired through a combination of research and experience.

> I think that I've acquired a lot of my knowledge through my own reading and research and experience, rather than receiving a lot of training on it from the department, but I guess my general experiences of those cases and people informs my practice and how I encourage the staff to see – I've seen the helplessness I guess sometimes and the kind of, the trap of addiction, so I guess that helps me. I have that view where I see a case and some professionals maybe getting frustrated say with their Mum and saying why does she keep bringing her drinking in front of her children? I think that I've from working with this, well from different cases I've seen a trap and how difficult that is to get out of, it's not that easy choice that some people might think that it is when they don't kind of necessarily understand addiction, but I don't think that I use my knowledge in my current role very much at all really.

The suggestion is that codified knowledge is self-acquired and not a formal organisational or educational output. Her narrative does not explicitly refer to any of

[43] Thus a group really conversant in codified knowledge would move onto the critique of this simplistic mechanism of quantifying alcohol (Gual et al 1999, Jayne et al 2012).

this reading or research. What is much more consistent with her narrative and its rich accounts of her 12-step philosophy-based placement experience and her *'big case'* is the emphasis she places on knowledge acquired through experience. Particularly interesting is the observation that in her current role as a senior practitioner supervising and supporting social work staff involved in work with looked after children, where there is lots of research to inform practice, she does not use any of this codified knowledge. This resonates with her preoccupation with the procedural and organisational policy perspective in her vignette exploration.

There are only two respondents who accentuate the codified above the non-codified. Firstly Mair, who lists a string of educational and training contexts, and attributes great importance to codified rather than non-codified knowledge sources:

> Where it comes from? Well initially from when I worked many, many years ago for the [voluntary sector provider of alcohol services] so I went on courses, you know, to learn. I can remember going to [town] to something they did there, going off on courses, community alcohol team as it was called then in [town]... and then when I worked in [criminal justice agency], you did PAT[44], you did an alcohol module on the [qualifying programme] and then in service I can remember going off and doing some alcohol stuff. I think I remember [trainer] doing stuff from [alcohol and drug agency]. That's it and any reading, that's where the alcohol comes for work.

This self-analysis is consistent with her narrative which, whilst having some minor references to personal and family drinking, is predominantly a tale of educational and work based experiences. Secondly, Eleri also notes that she has received educational modules that have provided her with alcohol knowledge, supplemented by personal reading and practice experience:

> ...modules I've done to start off with, but more just the reading up on it really and what I've seen of it and the effects of it on the child.

It is interesting to consider which the modules she is actually referring to (something I

[44] It is unclear what this reference to PAT is; it was not clarified in the interview. It is most likely to be an acronym for one of the many cognitive behavioural programmes adopted locally and nationally within the criminal justice systems for working with drinkers. Alternatively it might be a reference to the Paddington Alcohol Test (Patton et al 2004), one of a number of validated screening tools for alcohol recommended by the National Offender Management service for use in the context of working with drinkers in the criminal justice system (National Probation Service 2006). Either way it is a reference to codified knowledge.

unfortunately did not check in the interview), because the qualifying programme that Eleri completed did not run any specific modules on alcohol or other drugs, and she has not done any post qualifying training. She is most likely to be referring to the more typical exposure of one or two day alcohol and drug awareness education (training) provided either within the qualifying programme or accessed post qualifying in the community. The *'what I've seen'* reflects understandings of some very direct personal experiences of alcohol.

More typical are those perceptions that suggest the use of both overall knowledge types. Gareth suggests that some of the knowledge is self-acquired, but cites the internet rather than reading;

> ...a balance of I suppose research, information, the internet I use a lot and the knowledge of what I've done and what I've seen and what I've grown up with really in that, because in [the mining community] alcohol was, it is part and part of everyday culture really.

Consistent with his accounts of personal drug use, his father's violent drinking and exposure to community, is his sense of his own knowledge also being the personal and experiential. In this context Al also reiterates this sense of both knowledge types in combination, but he is much stronger in his emphasis on the personal and experiential, with an almost, 'by the way' reference to self-acquired codified knowledge.

> It becomes personal experience of my own, of working with people who perhaps have problems themselves, you know, coming from family members who perhaps have problems or issues or have used it. And I suppose working, you know, alongside people who have developed a problem, you know, perhaps why do they develop a problem?... yeah, but I suppose, you know, you read around the subject as well, but have I been on any training?

He does not answer the question here because this is an ironic allusion to the earlier part of the interview in which he has already described the lack of any training. His narrative, as this perception suggests, is populated with accounts of his own student drinking days, his father's vodka dependency and experiences of service users using alcohol. Nicole conversely is clear in her recollections of receiving training, but identifies it as very information-focused and with little application to practice. She suggests her knowledge is drawn from her direct familial and service user experiences:

> But I would say my knowledge really, yes from personal experience, I think there's a lot of that, I think I was lucky enough in a sense to have some of those personal experiences and really do, have made me question things more naturally, have made me not accept the things that I hear on the street.

Her reference to the street is an allusion to wider societal stereotypes about drinkers and their behaviour, and assumptions of negative outcomes. This mixture of knowledge is also echoed in Rosemary's response, where she can be seen to highlight her own drinking and the value of 'common sense', but also allude to the (unidentified or remembered) self-acquired knowledge through reading.

> I think from experimenting myself, I think, definitely. You know, having different drinks and seeing the effect on different people around me and all that sort of stuff. So personal I would say, but also since I've been a social worker obviously I've looked at you know, I've read some stuff about alcohol, but I don't really – this is where I have a bit of a conflict and sometimes in a case conference I'm saying, well actually alcohol probably is easier than drugs really. I don't really have a massive knowledge. I know the common sense stuff

In Rosemary's answers, we also see the echoes of the Shaw et al (1978) role inadequacy, in her self-proclaimed lack of knowledge and her reference to not knowing anything about drugs.

Patsy, Charlie and Dawn are much more explicit in their perception about the dominance of non-codified knowledge, and do so without any reference to codified knowledge. So for Patsy, her knowledge is firmly entrenched in the experiences of living with her mother's alcohol dependency.

> From experience, that I experienced as a child and how embarrassing it is for children to actually see their parents acting in a really strange way and when they're little they don't understand why they're acting that way but I think – and nor did I because I think alcohol didn't only start in my family when I was thirteen, fourteen, alcohol was a huge, big problem when I was really, really little.

For Charlie whilst her perception is still exclusively non-codified, it is described as coming from the wider cultural and societal experience of alcohol.

> I think it comes from my understanding of the culture that we're from, I see it as being part of our culture, it's an aspect of our culture.

Dawn, in cautioning against understanding being drawn solely from non-codified knowledge, is nonetheless clear that her own knowledge comes from these very same sources. For her, alcohol is a cultural encroachment on social work practice, which leaves social workers open to having their very personal (and possibly damaging) experiences disproportionately, impacting on their practice;

> I think it's a huge thing that encroaches on all parts of life really...and especially social work practice! I think most people are quite ill equipped; it's just what you pick up along the way...which is not always a healthy thing! [Laughter] It's not always the right thing because you end up bringing all your own baggage, as well!...Mostly from past experience, but also, learning on the job which isn't...I suppose there are some things you can educate people around but there's some you can't! There are some things...but then you come to the danger of...oh, that's common sense territory, which is always dangerous, to be honest! Now I think...to stand by what's said really...it needs more...social workers need more information on it really, not just leave it to themselves to come up with their own answers...and how to practice in a way that is fair to people who drink, really!

Dawn echoes the AAPPQ research approaches when she suggests that more education is the solution to this lack of codified knowledge.

Finally, it is Cerys's statement of *'not from a book'* that has become the defining expression for this thesis. In context we can see that she attributes great importance to her personal experience of drink, her exposure to others' drinking and her placement experiences. She has a very clear understanding that this is her perspective and one that is unique to her. She further, and very consistently within her narrative explorations of both the functions of her own drinking and what she sees in practice as a parenting concern labelled as an alcohol concern, is keen to stress her understanding that social work practice has to consider more than levels of consumption. She explicitly acknowledges the complex ambiguities within her highly personalised perspective.

> I think that's probably down to my life experience isn't it? Because of the experience of people in drink. So in a way I have seen how it effects somebody to be extremely violent. I have seen it in another way, where it affects somebody that they are quite happy .and they have nothing else in their lives, they are aware of what they are doing...and they have nobody else to be responsible for. But also how one drink can affect one person differently. So realistically the level of drink and the effects, mood swings, depression, everything like that, is different for individuals. It's not just about alcohol. As I

> was saying, you know life experiences. How its affected me isn't how it would affect another person. So I can't put my limitations on anybody else...Not from a book. So it's not theory based as it should be. I think I went into it when I was working on placement... But my information is very limited on it at the moment. But it's obviously something I do want to follow up on.

Thus Cerys provides us with a highly personalised knowledge-based perspective, reflecting her own experiences, recognising the lack of the codified knowledge, which in turn (once again) implies role inadequacy. Cerys is the best exemplar in the data to support the broad understanding of views social workers as possessors and users of large volumes of non-codified knowledge, often in preference to, and instead of, codified knowledge. The uniqueness of this can be seen in the complex knowledge sets, which reflect the individual social worker's trajectory into social work, and their chosen elements of acquired formal knowledge. The final chapter of the data analysis will explore how learning from these complex personal knowledge structures can be supported in different practice environments.

Chapter 9: Safe places to talk knowledge – principal themes explored (iv)

This final analysis chapter explores the use of extended dialogue to enhance understanding of social work and alcohol knowledge in both workplace contexts and research practice. It will show how smaller, more intimate spaces of discourse support learning. The evidence consists of the social workers' interpretation of their supervision experiences and their reflections and experiences of the research process contribute to such an understanding. Whilst these considerations are less explicit, than the three preceding chapters, in their focus on alcohol, they provide wealth and relevance to knowledge construction discourses. In this sense the chapter explores the *'embodiment'* of the narratives rather than just the content (Frank 1995), and explains how other spaces than formal education might contribute to individual social worker and the profession's knowledge acquisition. It considers how the ways we talk about the world become frameworks for understanding the world, which in turn contribute to the construction of that world (Fook 2002).

9.1 Supervision and support experiences

The extent of support provided to social workers is an important element in their confidence about their role in working with those experiencing alcohol problems (Shaw et al 1978). The data consistently show that the social workers have both good and poor experiences of support and supervision. These experiences are offered with reference to alcohol as well as other aspects of social work.

The empirical base for understanding supervision for social workers is relatively sparse (Carpenter et al 2012). Various definitions and interpretations of what is supervision exist (Australian Association of Social Workers 2010, Carpenter et al 2012), but they contain some common themes, namely the process of holding social workers to account and supporting them. Accountability is seen in formal organisational supervision including: line management, the permission to practice through role designation and monitoring of caseload and tasks. The supportive elements are concerned with the restoration of the social workers' emotional health or the development of their critically reflective practice knowledge. Supervision is identified as crucial in ensuring the effectiveness of any given alcohol intervention

(UKATT Research Team 2001). The data shows that the respondents consider supervision in both these contexts. However, despite the interview prompts always being in terms of support and supervision (see Appendices 7 and 9), the answers were predominantly framed by references to managers and management functions, rather than supportive reflective supervision.

Respondents emphasised the diversity of their experiences, both positive and negative. For some this also included periods without supervision. Cerys says of one particular residential job: *'supervision in the care home just didn't happen'*. The variety is clearly illustrated by Lucy, who starts by acknowledging how her supervision experiences varied. In noting those not aligned with line management she expresses surprise at how this results in *'dramatic'* changes:

> ...I feel like I've had quite a lot of different supervisors, sometimes they've been just supervisors or sometimes they're line managers as well, if you see what I mean. And it varies hugely and I never realised how much it would vary really and how the supervisor you get changes a lot of what you do in practice rather than just a portion or just the overall direction or – it just dramatically seems to impact, not – as well as on your wellbeing and your experience of work and the team environment things, but also directly on the practice.

Lucy is clear about the impact of supervision on practice. This variety is also echoed by Al, whose comparison of three different experiences highlights a number of approaches, including supervisor expertise, directive management and shared learning:

> ...in [town], support and supervision was something that was constant, I mean, it was, there was always people around, we could go and see the director, deputy directors about anything, anytime, because all the people there were specialists and they all had knowledge and experience and it was very much more a sort of hands-on approach in [town]. In [county], well the [district] area where I worked originally as the childcare officer and it was very much a, I think as a social worker you were seen as a worker, you know...and you do as you're told. And when I moved over to [another district] and the [specific] response work and went to [another county] it was very much more sort of shared experience.

Al offers us a sharp contrast between his experiences, and identifies accessibility, supervisor knowledge and mutual experience as being the positive elements of any

supportive environment. Others echoed these experiences; including Dawn who indicates that she has received *'a mixed bag'* of supervision.

Some respondents gave positive accounts of supervision. Eleri refers to one particular supervisor as *'supportive'* and *'regular';* Mair had strong recollections of receiving *'brilliant'* supervision during her qualifying training and Patsy indicates she had *'one good supervisor '*. The social workers often cite support as an element consistent with their positive supervision experiences. Charlie, Michelle and Rosemary regularly refer to the quality of support, even when they might question the content of supervision. Thus, Charlie comments that she has *'always felt valued and I've always felt supported'*. More typically though, the positive experiences are not always maintained. Lucy, despite saying that supervision had been *'useful'*, qualifies this with *'I mean, supervision when delivered effectively I find really useful'*. Her use of the *'when'* implies some inconsistency of experience.

So whilst positive experiences were identified by most of the social workers, some of the variety of supervision was of a limited or negative nature. Thus Charlie suggests that her '*supervision experiences have been quite varied'* and included:

> ...[a] period, quite a long period, and probably a vast majority of my time in direct practice, [when] I wasn't happy with the quality of my supervision.

Similarly, Michelle states that she does not *'think* [she has had] *necessarily....great supervision as a social worker'*. Dawn is much stronger in suggesting one particular experience was a *'disaster'* and *'awful':*

> ...and it was just in a disaster...it was...I found it awful working there because I couldn't trust the manager I was working under, awful things were going on there and so I went down...

Part of this negative experience for Dawn reflected a lack of trust in an individual supervisor, in this instance the manager. In another example Dawn identifies one particular employer where, supervision was very much an agency-led process:

> ...in [county], it was more of a tick-box exercise. They didn't really want to talk in depth about issues relating to families.

Patsy is equally strong in comparing her current experiences to her previous *'good'* one, saying that now *'supervision to me isn't supervision at all; it's a load of rubbish'.* Lucy also recounted one particular experience that was especially dissatisfying[45].

Interestingly, these tales of supervision are consistent with the preceding chapters, in that a number of the social workers highlight that amongst the best and most influential of their supervision experiences were those that were part of their practice learning opportunities. This emphasis on a difference between the college placement and subsequent work-based experiences of supervision is exemplified by Patsy who, consistent with her narrative, suggests that there no theoretical discussion has taken place in her post qualifying supervision:

> ...it's just so different to what you experience in college, you know, at college you've got the time to think and decide what sort of theory you're going to use, nothing like that over here.

Michelle offers a number of explanations for why her experiences of supervision have not been particularly satisfying, citing busyness, pressures of work, supervision treated as *'second place'* and notions of supervisors who, perhaps knowing less than the supervisee, just affirm rather than question practice. This latter point is reinforced by Patsy, who states that the providers of supervision, often managers, have become too removed from direct practice experience (knowledge):

> ...and I think it's difficult for them to supervise because they must also know that they haven't been in the field for a long time, so we actually know a lot more than they do, so they need to actually come out in the field and sometimes actually have cases.

Julie reports that less-than-positive experiences occur when the supervision session is not meeting her needs:

> ...so there have been times that I've not had great support and supervision and when it's kind of not working for me.

[45] I am unable to offer a more detailed example here, as Lucy, fearful of repercussions about the recounting of this episode, asked me explicitly - post interview- to not include any direct quotation or identifiable characteristics from this example. At the heart of these concerns were the implicit power relations that come from a social worker who might want to challenge or shape the supervision process, but for whom the provider of the supervision is also their immediate line manager.

Julie differs from the majority of the other social workers who feel that the responsibility for this lies with the organisation, suggesting instead that she *'owns'* the supervision and needs to take responsibility for challenging her supervisors to meet her needs. Gareth additionally refers to the disappearance of a *'personal touch'* from his supervision experiences within the same agency, indicating an ever increasing preoccupation with a managerial agenda and performance monitoring through the supervision process.

This data provides evidence for a lack of role support (Shaw et al 1978, Galvani and Hughes 2010). Some of the explanation for this is to be found in the use of supervision as a process of accountability, rather than to support developmental understanding. Al, in reflecting on the accounts he hears from current social work students, suggests that what they tell him about what they are receiving does not meet his definition of supervision. He interprets this as a preoccupation with meeting agency agendas rather than individual development.

> From what my students tell me and, you know, some of them are actually on placement, they don't actually get supervision at all, they might get case management meetings, but that's not supervision. And it seems to be something which is forgotten about largely and I think people suffer as a consequence...Yeah, I mean case management tends to be about what can you close and what can we pile onto you? That's my experience of case management and I mean, supervision should be about offering challenges, offering support and making sure that people are equipped to do the job that you're asking them to do and to check and make sure that is the situation, you know, what support, what services people actually need from you as well, you know, as a supervisor...

What is interesting here is when he suggests *'that's not supervision'*; we have already seen this understanding has been influenced by his experiences as a supervisee rather than references to text book models. We can almost hear echoes of his experience as a *'childcare officer'*. In another example, Cerys emphasises this focus on case work content for supervision; *'....when I went to local authority* [it] *tended to be case. You know going through the cases?'* In an empathetic response, Patsy recounted an episode when she challenged her dislike of what she perceived as very case-orientated supervision.

> I actually told her, I actually said to her 'I've never had – this is the worst experience' coming into supervision, I actually hate it and it's something that I feel that you should actually look forward to, but I absolutely hated it and I told her she was the worst supervisor that I'd ever come across....I'd had enough, the supervision wasn't supervision, it was 'So what are you doing in your cases?' and I knew exactly what I was doing in my cases, there wasn't that much help there either, you know, I'd say 'This is what I've done' 'Okay that's fine, that's fine, shall we talk about Mrs X then?' 'This is what ...' 'Okay that's fine' and you walk out there, well that's not supervision, that's not asking you, or even asking you how you're feeling.

Patsy, like several of the other social workers, is clear that she knows what she is doing with her cases and needs other things from the supervision process[46]. This corresponds closely with the findings of Carpenter et al (2012) who show that good supervision moves beyond a focus on task effectiveness and considers other factors like emotional support and the quality of supervisee and supervisor relationships. Similarly, Julie, who we have seen wants to own the supervision process when it is not meeting her needs, explicitly refers to the caseload management agenda, but in a way which suggests that this narrow process is also probably not working for the supervisor either. She implies that she is more than capable of providing a case audit trail, but that this listing of her workload could take place outside of the valuable supervision time. She goes onto suggest that where she has offered this challenge, *'those three supervisors they've always responded really well to that'*.

In my interview with a director of social services, he also emphasised this current preoccupation with caseload monitoring. He expressed very strong views on supervision and suggested that often the roles between team leadership and supervision had become too blurred. He further explained that the current care management approach, or interpretation of it, results in experienced staff not doing supervision but monitoring workloads and adherence to processes. His argument was that qualified social workers should not need telling how to manage or monitor professional workloads and that the current approach was stripping them of any knowledgeable

[46] Whilst the interviews did not necessarily explain the scarcity of the provision of highly reflective supervision, they do perhaps allude to a number of explanations for this current preoccupation within social work for case management accountability as the lead supervisory agenda. These are a) the increased use of supervision space to fulfil monitoring and audit functions, and often by line managers, b) the provision of supervision by managers and c) any feeling of being unsupported turning into organisational blame through the management.

autonomy. He concluded by proposing that the authority and the profession need to change from an emphasis on management to supervision which would better support complex decision making. (Field notes). Implicit within these critiques of a current preoccupation with caseload audit is the idea that good supervision is something much more than this (Carpenter et al 2012).

The social workers readily identified poor supervision experiences, but they could also identify the constituent elements of good supervision. Thus Angharad, in referring to a positive supervision experience, identified it having lots of components, '*So I felt that the supervision was good because I was getting the whole full gamut'*. She consistently used the word *'proper'*, so I asked her what she meant by this. Her answer refers to experiences of giving supervision as well as receiving it and describes a distinction between case preoccupations and safe reflective spaces. In this extract it is possible to see the comparison between the positive and the negative, with the good experience offering the *'gamut'* of accountability, personal development and theory:

> … I feel that you should be… you should feel safe. You should be able to tell your manager exactly what's going on. My first, very first experience of supervision as an unqualified social worker was pretty horrendous…It was just sitting down and going through who I could shut. There was nothing there about…I didn't learn anything. It was just paper exercise. And then I had a really fantastic line manager... So we were having supervision in terms of the business side going through all the referrals and taking about the cases…I was getting supervision in terms of the personal development. And in that it was …she was giving me a little bit about social work theories that I hadn't really touched on at all before …So that for me was probably the best supervision I ever had…So in terms of what is proper or effective supervision I think…I like to be able to reflect on a piece of work and be able to say now I wish I'd done this or you as a line manager tell me how I could have improved.

Angharad identifies the *'best'* and *'proper'* one experience as the one which enables reflection on practice rather than caseload management, the other being without learning.

Dawn states that good supervision goes beyond a *'tick box'* exercise and offers depth and detail in its exploration of case work, and explores the needs of the individual social worker. She suggests that this is enabled by a well-engaged relationship between the supervisor and supervisee.

> It's about interconnecting on an interpersonal level for me. I feel supported when I feel someone has actually listened and taken on...they've engaged me in the discussion about things that are happening with families, you know, and really taking on board the difficulties you are having with families...Also, providing a bit of personal support...instead of having...going back to the tick box criteria as well, you know...wanting to discuss families and their difficulties in...in real detail and coming out with a solution that really is in the best interest of everybody involved...

Mair, in her reference to her *'brilliant'* supervision experience, adds to this perspective by indicating that four elements are required in supervision for it to *'all'* be there: the case, the personal, the theoretical and the impact on the individual:

> ...he would go through personal supervision and case supervision and also academic, how it linked theory to practice, how the work I was doing was affecting me personally. What else did we cover? Well, it was all there really you know?

In referring to another named individual who provided her with good supervision, Mair suggested that this was because *'he would take it into a wider context of people and learning and stuff like that?'* We can see Mair's' sense of the *'all'* resonates with Angahard's of the *'whole full gamut'*. Finally, Mair reformulates the elements suggesting that good supervision combines casework, individual accountability, support, and reflection:

> ... it's being accountable for the work you're doing, it's developing you as you do the work, it's developing you personally, but also developing the work, it's making sure that you're on the right track, it's also checking to see how the work is affecting you, it gives you time to reflect on how you do things, how it's affecting you, how you're affecting it, it's holding you to account, but it's also giving you support.

Nicole is able to identify good supervision as that which allows her to get angry and explore her frustrations.

> But I think there are some things that I just can't keep quiet about and I think having a manager who appreciates that and supports you and can see that and doesn't say to you 'Oh, don't worry about that, you don't need to get so cross' that's really important to me.

Charlie expressed her personal preference for directive guidance in supervision, yet acknowledged that supervision should amount to more than just a work task-focused

conversation. Perhaps, consistent with her narrative of travel, drugs, and alternative perspectives, she feels the need to keep some distance between her non-work self and her employer.

> I generally tend to want task-focused work, I want to sit with someone who knows more about process and procedures than I do and can be very much, 'You can do this, this, this' and that's very much what I wanted and that probably affects how I supervise others, and I know it's not the whole of supervision, but I'm not into sharing my issues and problems within a work context you know.

Cerys articulated an extensive understanding of the possibilities and functions of supervision. She gives an account of supporting and developing models of peer supervision in the agency she manages. In considering her own role as a supervisor, she was keen to suggest her function in facilitating learning rather than advice; *'others want advice. I am not there to advise. Supervision is not an advisory role'*. She identifies an array of supervisory functions including: exploring potential worker collusion with service users, challenging the worker's areas of discomfort, stopping *'them getting dragged in'*, helping them see *'the wood from the trees'*, supporting *'learning development'*, and promoting *'self-care'*. She explores the need for supervisors to recognise the diversity of individual social workers and to explore unique rather than the common ways of working with service users.

> Because you've got such a broad range of thoughts and even individuals that work within social work. This family wouldn't get the same reaction from any two workers, more than likely. So there's those inconsistencies across the board as well, of people going in and doing things differently and no one tool kit to work with or to try and – and who do you bring in and any answers. And that's the importance of supervision.

She suggests that it is important to understand the individual, not just the functions they are performing;

> ...if you don't know where the worker is at the beginning and if you don't realise them as a person, not just as a worker, then you cannot unpick what's happening within that work setting or how they can be pulled in or how are they feeling at that certain time, which can affect how you work with service users.

This understanding may be a consequence of her having had direct supervision training

as part of both an Institute of Leadership and Management award and a National Vocational Qualification (level IV). However, it is probably also a reflection of her own experiential learning and exposure to supervision as a supervisee, which she clearly suggests did not offer any developmental learning.

> When I worked in statutory it was pretty much task orientated. You went through your cases one by one. Not at any point was I asked how was I myself and the self-care issue of it before you started, you know, my learning and development wasn't looked at in every single session.

The data supports the view of Carpenter et al (2012), who imply that good supervision involves a multiplicity of functions. There is a sense in which the right supportive space enables learning and reflective use of acquired knowledge.

In citing variety in volume and quality of supervision experiences, the social workers were very specific in references to named supervisors[47]. Thus Michelle, whilst acknowledging that her organisation was supportive and had structures in place for supervision, was keen to highlight how influential the individual supervisor was in the affecting whether the supervision received was of a quality nature or not.

> I think that the structures are in place for better supervision, but I think it's down to the individual managers and I've had quite a few managers and it really does depend on the manager that you have, as to how good your supervision is really.

This focus on the quality of the supervisee and supervisor relationship, and references to specific supervisors was a common theme. Cerys mentions that she *'did have a very good relationship with the supervisor'*. Dawn explains that her positive experiences come from the individual rather than the agency:

> ...it's relied on those individuals, it's not really been a local authority wide policy. So, I had [name] at [authority] and she was really good at providing supervision, really supportive and I felt she would genuinely take on board what you were saying.

[47] The social workers would use the expressions 'supervisors' and 'managers' interchangeably when discussing supervision and support. This further illustrates the blurring of roles and boundaries described in this chapter.

In another example, Mair could recount detailed personal qualities and name a supervisor from twenty years previously, and her CQSW placement.

Those who were line managers or providers of supervision reflected the lack of supervision specific training. Cerys had some supervision training as a consequence of undertaking wider management qualifications, but this was not the norm. Yet it is acknowledged to be best practice (Australian Association of Social Workers 2010). Charlie indicates that:

> I haven't been given much training on how to supervise staff at all, I started supervising staff with no training.

She refers to her Practice Teacher education programme as the only place where she received any inputs on supervision and even then only a couple of hours within a broader session. Julie indicates that it is only the *'clinical'* case audit model of supervision that is offered:

> ...it's not a taught skill necessarily, outside of the clinical model it's not a taught skill, it's well you know, of course you learn how to supervise people and so then it generates into this some sort of case management supervision.

Mair suggests that how she supervises is mainly a consequence of using her own experiential learning from the supervision that she receives, and attempting to emulate good experiences and role models:

> ...because now I supervise obviously and I think you can reflect on days where you go that wasn't a great or helpful supervision today, or times where you go I know that I'm doing a better supervision than what I experienced and you can see where others kind of maybe didn't do the best job and that helps you do a better one at least, because you can recognise what you missed out on. But at the same time, if you have really good supervision, you'd be able to take that model hopefully and use it, but I'm not sure that...

The implication from these social workers is that no one is receiving any formal education in supervision. At best, some supervision dialogue within other post educational experiences occurs. It is only through the actual provision of good supervision that they are able to formulate an understanding of supervisor (and, where appropriate, their own) approaches to giving supervision.

It seems that the social workers particularly identify with, and learn from, certain individuals. The value of named individuals as inspirational figures, educators or role models of good practice, was not just confined to supervision. We have already seen that practice teachers are significant figures for students and their influence carries on into post qualifying practice. Some of the social workers also identify trainers and lecturers as influential whether positively or negatively. Angharad says:

> ...and we actually had [name] come in. and he did a whole section on the assessment framework and out of that [second name] came and did a day and I thought he was just amazing as a talker because he was just so...very passionate about the subject ...

Whilst Angharad refers to a codified assessment framework, she is equally keen to stress his personal qualities as an orator and the inspiration of his passion. In contrast, Lucy has strong recollections of a provider of a day's education who had no connection with the audience and social work.

> I can't really pin down a lecturer that made that striking difference to me, whereas I can remember the man that did the motivational interviewing 'cause I still feel sceptical about how he presented it, you know, and that he didn't, you know, it was clear to me sat in the audience that he had no idea about the work we did as social workers.

Both Angharad and Lucy's comments make interesting references to named codified knowledge but do not display further understanding of it, or its subsequent value for practice. The individual educator's personal qualities appear to be resonating longer in the memories of the social workers. Lucy's observation provides a contrast other respondents in suggesting that no particular individual from her qualifying programme experience made any significant impact on her. Rosemary, however deliberately names three different university lecturers, suggesting that one *'had quite a big impact on me'* and another *'had a big influence on me'*. Amongst a number of those students who attended Bangor University, one particular lecturer was named repeatedly as an inspirational figure[48].

[48] I was also exposed to this lecturer in my qualifying education, and similarly still hold onto her as a key point of reference in my own social work trajectory and knowledge acquisition.

These accounts of individuals make occasional reference to a specific piece of codified knowledge. This can be most obviously summarised in the following example exploring Julie's learning about policy. The example starts with the topic, and even offers a specific element of the codified knowledge in a reference to the Poor Law. Yet moves from a dismissal of other codified learning; *'little degrees'*, and quickly moves into emphasising a lecturer's personal qualities and how he made her feel valued as a student. This experience is made all the more important for Julie because his role beyond the classroom gave him credibility.

> I was so lucky because on the policy side, there was a guy called [name] who was just so damn knowledgeable, who was so cool and he kind of, he sort of really, for me, captured my imagination because we kind of went right the way through from sort of the Poor Law right the way up to the present day. And he was, you know, he wasn't some little guy that had done his own little degrees and what have you, you know, he'd gone and he just – you could talk to him, you could ask him anything and he would just know it and he was just so kind with his time and never made you feel stupid, you know, even though you knew, well it was a really stupid question, you know, he never made you feel stupid and he was kind of some bloody bigwig government adviser.

Finally, Lucy in her vignette explains how managers, through their own particular areas of interest, can influence the theoretical orientation of or dominant knowledge used by the team:

> ...managers can be particularly hot and particularly worried about certain areas and so that team is then aware of that area. So some might be really worried about attachment disorders and others might be more focused on a different aspect of like domestic violence, and so that team is really hot on these...
>
> (me) So if a manager is interested in attachment that becomes a dominant cultural conversation of the team, then that becomes something they pick up and ...
>
> Yeah and in terms of kind of unconscious rewards as well, you're more likely to get resources given to that family who's suffering from that problem because they're more sympathetic to the cause but they won't sign off on resources and causes they're not sympathetic to...

What is striking here is how a managers' interest extends into the likelihood of getting resources for service users or not. Whilst this is only a small element within the data, it is clear across a number of themes that individuals as much as supervision topics, or

processes, have a significant role in influencing social workers and their journeys, including their potential knowledge acquisition.

The respondents note that supervision experiences are linked to increased feelings of pressure. Al's reflects on the inadequacy of the supervision given to current social work students and how pressures are being taken home:

> ...and I think that's a real danger and I think that's one of the dangers that isn't always recognised, I think, you know, it's all very well to talk about, you know, supervision, clearly there's students who aren't supervised properly and how people can take those pressures home, how it can become too much.

Charlie suggests that the supervision she received in her early social work career led to her *'to get on with it'* and *'make it up':*

> ...certainly when I was in practice, I very much was probably left to get on with it too much, to the point where I think back when I came into practice, and it's a bit scary really, because I don't really think I knew what I was doing, I was to an extent, I guess, making it up, you know, what's the best thing to do?

Several of the social workers talked about being able to compensate for the limitations of supervision experiences through other mechanisms. So we have already seen from Charlie the sense that she takes from supervision what she wants, but seeks support for more personal explorations in non-work arenas. Dawn, in reflecting on difficult supervision experiences, suggested that whilst the supervision was a *'disaster',* the *'team itself were really, really good'.* Scott reiterates that team support outside of any formal supervision is a vital additional element in reflecting on practice. Again, it is interesting to note in his observations some self-assurance about managing his own casework and that what he needs is a *'sounding off'* space. The implication for him in not having this space is being unable to stand back, working in a *'bubble* 'or getting *'drawn in'.*

> So it's about having your own sounding off blocks to have and I wouldn't necessarily say, you know, that once a month supervision or anything...And I'd kind of look at it in – without blowing my own trumpet, but I'm very good at knowing when I need help and when I'm ok ay and I'm not afraid to ask for help, you know, or if I'm unsure about something and I think – so for me, I would want my supervisor/manager to be there or fellow workers, to be there

> conveniently when I need to sound off, air stuff out. I don't think this is, you know, a lot of what we do isn't one-man shows, you have to have – 'cause you get drawn in and I think sometimes you need somebody to be looking in rather than you know, you're in this little bubble working away and I also think you need to step out of that bubble and look into it yourself, but if you don't have that ability to do that then you need to draw on other people to do that for you.

The diverse experiences of supervision, including the lack of it inform the quality of practice. Literature surveys of the workforce show that social worker stress is exacerbated by this situation (British Association of Social Workers 2012a, Carpenter et al 2012, Lombard 2011) while accounts of supervision and support, suggest that when these spaces are well provided by respected individuals they are likely to play a significant role in the knowledge acquisition process. My data supports one of the starting assumptions for this thesis: that in order to improve social workers' role adequacy in working with alcohol, supervision has as much of a role as education in increasing in their confidence. It does this through reflections on knowledge acquired and providing supportive learning environments. This sense of safe and reflective intrapersonal spaces provides additional verification for the claim that the knowledge social workers have and use about alcohol is as much personal and experiential as it is codified. The extent, to which this conclusion might be a product of the research methodology, is the final data analysis consideration.

9.2 Reflections on the research process

This final section of analysis includes a critical examination of the respondents' approach to the interviews, their reflections upon the research process, the impact of the methodology, and any influence that might stem from my and both as a fellow-professional and a researcher.

The data show three broad approaches to the role alcohol by the respondents. Angharad Julie, and Patsy's narratives, in addition to Patsy's vignette have alcohol as an immediate, continuous and central point of reference. For example, we can see alcohol right at the front of Patsy's immediate response to the tentative opening question in the vignette interview schedule.

> Well unfortunately, my first thoughts on this is it's a typical kind of family that we – that I think not only Social Services has or to be aware of, but I think the sort of scenario might be more than typical of what is actually happening in maybe in Britain and Africa, as I am African, and maybe in America, all different places today, because I think alcohol plays a huge big role in the home...

The second approach is that of alcohol references being dispersed throughout the interviews or vignettes but not necessarily as a continuous or dominant theme. This approach can be seen in Cerys, Charlie, Dawn, Gareth, and Rosemary's interviews, and the majority of the vignette responses. Others however, like Al, Eleri, Mair, Michelle and Nicole, appear to leave any detailed exploration of alcohol until asked about it, even where I might consider them to have had significant childhood, family and personal alcohol experiences.

I captured a sense of the role of alcohol as early as the first interview (Field notes) and deliberately monitored it. Sometimes the lack of alcohol in the discourse became an open part of the interview discussion; so when I signalled to Dawn an explicit I would introduce the topic of alcohol, she suggested she *'had forgotten about that'* (the alcohol) and at the end of Charlie's first narrative interview she comments *'but we haven't talked about alcohol'*. Charlie's decision not to concentrate on alcohol in the first half of her narrative is her choice rather than a consequence of initial questions not explicitly signposting alcohol, because when asked:

> (me) So I wonder if you can begin by telling me something about your just early childhood and family upbringing?

She responds

> Uh-hmm, connected with alcohol or not connected with alcohol?

When I suggest that these are her choices not mine, she elects to just tell her story and offer some brief glimpses of alcohol (rather than none, as her *'we haven't talked about alcohol'* suggests). She neither constructs her narrative around alcohol nor ignores it, but clearly makes a conscious choice that it was not important to her, even whilst acknowledging it was my interest.

In part however, these differing responses, and those without obvious alcohol references, reflect the deliberate structure of the early questions. So for example one of my standard early questions in the narrative interviews was; '*Tell me something about your early child hood and familial experiences?'* and not 'tell me about your early childhood and familial experiences in the context of alcohol' or 'what role did alcohol play in your childhood?' The intent was to see what the social workers would spontaneously choose to tell. Yet even if we take this natural scene setting and narrative starting point into account, the initial avoidance of any alcohol discussion is also a clear reflection of the respondents' choice about what is important to them[49].

I had a sense that many of the social workers had thought a lot about the interviews prior to the process. Lucy, in her reflections on the vignette interview, says:

> ... when I read through this the day I got it and the next day, I did start to think would I have the right answers? Would it, you know, it reminded me of interviews for social work jobs where you have to answer what exactly do you do next, you know, statutory processes and stuff and I was like, urhh, I wonder if he knows I haven't got any of those answers to hand...

Not only is there a sense of preparation but it is also another example of role inadequacy and, as will be discussed further on, this is reinforced when she feels the conversation is with a perceived expert in alcohol (in this instance me). This exploration of existing knowledge and learning before the interview is one of the positive aspects that reflective spaces can induce, in contrast to perceiving oneself as a recipient of others' codified knowledge. This prior exploration is illustrated in a response to the opening narrative question from Charlie: *'I wasn't expecting that question'*, which implies that she had considered possible questions prior to the interview. Dawn, when asked to reflect on her childhood experiences, exclaims *'right that far back...okay!'*, as though in her preparation she had imagined a conversation only about the here and now. Some of the responses which were indicative of preparatory thoughts also suggest that these thoughts were vague and non-specific. So Eleri, when reflecting on the process says:

[49] The choice to focus on alcohol or not is often a defining factor in whether social workers receive any formal educational input. Alcohol is often only offered through elective modules, awareness sessions, assignments and dissertations, which can be avoided as much as chosen (Galvani and Forrester 2011).

> I didn't have a clue what to expect really to be honest with you and I just thought, don't worry about it, just go in and just answer anything.

Some respondents acknowledge that it is their active interest in alcohol which encouraged them to participate in the research. Early on Patsy suggests:

> ...alcohol is always something that I've always really been interested in...[and] so when you sort of came up and said to me you were doing something with alcohol that's why I sort of replied.

I had worried about whether there was a disproportionate interest in alcohol serving as a motivation to volunteer in the research process. But reassuringly, any deliberate interest in alcohol is not evident in the majority of the interviews[50]. This is indicated by the three alternative manifestations of the alcohol theme in their responses. Others said that they thought I might be specifically looking for social workers with an active interest in, or with, their own alcohol problems. So Angharad, in yet another reference to accident and emergency, offers: *'I have never ended up in A&E. I don't know if that's disappointed you in any way'*. Her implication being that perhaps that this meant she was not the sort of social worker I might be looking for.

This lack of continual focus on alcohol also reflects the, taken for-grantedness of in everyday life. In the second half of her initial vignette response, Patsy emphasises the typicality of the case study because of the everyday role in *'most houses'* of alcohol:

> ... don't think people are that aware of the dangers of alcohol and because it's not an A Class drug, it's something that people feel that they can do, that it's something that makes you happy, it's something you can share with other people. So my first thoughts are that this is a, I would say an average sort of things actually happening in most houses today.

Some of the social workers, despite agreeing to participate, were cautious about sharing alcohol-related tales. Those who were more reserved about launching into discussing alcohol, especially in a familial and personal context were, I sensed, either waiting for them to establish their trust in the process and me, or reflecting some of the

[50] If the social workers of this study are non-representative, it is their commitment to and interest in research itself (Chapter 5). All of the social workers showed a genuine desire to contribute to the professions knowledge base and influence best practice through their participation in research (Field notes).

caution that might come from discussing familial and personal drinking when one's job is to make judgements on others' drinking. When Eleri, who said she did not know what to expect, considers the possibility of answering personal rather than practice and questions, comments:

> I knew you'd be asking something about me 'cause I was thinking they won't just ask about what I feel about, you know, working with families who use alcohol, I was thinking there must be something and I was trying to think is there anything that would come out – you know, it's that horrible feeling isn't it, 'cause you're you and you know it's all okay, but it's just having someone ask you questions, you feel, oh God.

When Cerys, the one social worker who identifies herself as having a drink problem, is asked to reflect on the process of getting involved in the research, she suggests that a fear amongst social workers of not wanting to talk about their own drinking may be a contributory factor in them not coming forward to participate: *'it can be quite uncomfortable to look at something that you feel you've got an issue with'*. Angharad endorses this interpretation by stating that the interview process was painless because she did not have anything to hide or fear.

> No. I haven't found anything painful. I haven't hidden anything either. I have been quite lucky. I haven't really got any... skeletons in the cupboard aren't kind of horrendous as other peoples.

Additionally she attributes this to luck, possibly alluding to or acknowledging her own skirmishes with heavy drinking or heavier levels of other social workers' drinking. Charlie also hints at discomfort, by suggesting that all social workers have their own history with alcohol that might not be that dissimilar to that of those with whom they work with.

> I think there's something interesting about how practitioners may feel about child protection and alcohol because we've all got our personal histories with it and I don't know how comfortable people feel with that.

This research has accepted and worked with the inescapable element of me being a part of the community being studied. I avoided excessive proximity by applying certain exclusion criteria (see Chapter 4) and I collected data on the impact of my research interviews and my role as a researcher. The social workers tended to offer two

broad responses: some deference towards the expertise of research/ers and/or myself, and comment about the ability to trust research/ers and, more specifically, me personally.

The first response is illustrated by Cerys, who when asked for her first thoughts on the vignette, retreated to a typical role inadequacy position by suggesting that alcohol was not her 'expertise', and in doing so attributed a level of expertise to me.

> No, it's just when you had the case study – 'oh my god, here we go' it's like 'this is not my expertise' and, you know, because it is your expertise I think sometimes there maybe the sort of 'oh what if I say the wrong certain thing' or 'I don't know enough about this and' so I'm completely open and honest about how much I do and don't know about the subject matter.

Similarly Rosemary in her question, *'I don't know, do you use the term alcoholic?'* seeks clarity from me and shows sense of inadequacy about her own knowledge. Lucy, whose response to being asked for her first thoughts on the vignette, offers doubts about her answers being *'helpful'*, *'it might not be relevant'* and *'I hope it's helpful, I hope they're the right kind of answers'*.

Secondly, and in line with my interpretation of supervision spaces, the social workers also considered to what extent they could trust the research interview and me as a researcher. So Julie is very clear about having to make a conscious decision:

> You know, so there will have been some sort of judgement made.
>
> (me) Okay, so you made some judgement about this space then?
>
> Yeah, I would have made my own little dynamic kind of risk assessment, right, you're not a boss, you're not a service user, you're not somebody that's got any control over here, I'm not somebody that's going to influence anything on you, so actually therefore my boundary check is about okay, you know, if we …
>
> (me) And then that's giving you the permission?
>
> Yeah, I think – and I would imagine that whether people are aware of it or not, that maybe that that is in play for a lot of the exchanges that we have, you know, and I have quite autistic boundaries obviously.

Interestingly the space is safer or bounded, because I am neither a manager nor a service user. She further suggests that this checking of the safeness of spaces is perhaps something that goes on a lot more than social workers are consciously aware of.

In several instances the respondents explicitly check out the trust and confidentiality of the interview before it is used. So Mair, who had begun to describe a colleagues' drinking, asked *'I'm breaking confidentialities aren't I?'* and responded to my reassurances about the confidentiality with *'are you sure?'* She concludes that the space is safe enough to continue to explore her colleague's significant alcohol problem. Similarly, Gareth prior to the moment of disclosing his most significant drug-related arrest, seeks to establish the safety of the interview; *'right, obviously this doesn't go anywhere does it?'*

Whilst some of the reassurance is drawn from the normative frameworks of data protection, confidentiality statements and social work code of ethics, some is explicitly expressed as trust in me. Thus Charlie is clear that her disclosures of illegal drug use might not have occurred with another researcher. In doing so, she indicates that it is her perception of my individual qualities that enable her to feel safe to tell those particular tales.

> Yeah, I think – I don't know, I think you're – because you – I've been taught by you, although in the past, that's had an impact on how open I've been with you because I perceive you to be very liberal, a liberal person, connected with I guess one of the things I was worried about was how – and I did mention using other substances in the first part, I don't think I would have – well I know I wouldn't necessarily have said that to someone I didn't have that familiarity with, again connected with me being a very private person, but also having to acknowledge that I can't separate that from my life experience because it's very much been part of my past life experience. So I think my perception of you has altered, probably my willingness to have told this and to give as much detail as I have, which I think is a healthy thing really.

Her reflection concludes with the comment that having made the disclosures and acknowledging their inescapable role in her understanding is a good thing. Nicole suggests that:

> I would say I put you in the category of the kind of managers where I feel more free to say what I want really and be real and that's kind of a good thing, it is a good thing...

Cerys describes her ease at conversing with me; *'you are very easy to talk to'*. Gareth, with whom I had some previous contact, similarly reflects on some perceptions of my personal qualities as an enabler in his responses.

> I think you're a more open, I think you are a more easy going person. Some people are anal. I feel more compelled to be honest with you because of the way you are and the perception that you give of yourself and how you are with people.

Mair is able to suggest that it's the combination of expertise, professional and personal values that leads to her sense of trust in me and the interview:

> ...and that is, makes me feel that, you know that you're somebody I could trust. It's felt okay because I think I respect you, I respect you because of your knowledge and stuff for alcohol; I also respect you because of that social work background and the values.

This implies perhaps unsurprisingly that individuals (social workers) need to trust the space or provider of the space, if they are to share their knowledge and understanding.

At the end of the biographical and vignette interviews, all respondents were invited to comment on their experience of the process. I have identified several themes in these invited reflections: pleasure, forgotten memories, therapeutic value and issues of reflexivity. These are the considerations of the remainder of this chapter.

When being invited to reflect on the interviews, with their openness to biographical experiences and shadowy areas like their own drinking, it is interesting to see that all respondents describe the process as *'fine'*, positive rather than negative. A significant number like Angharad, Rosemary and Patsy, go further than this and describe it as pleasurable. Angharad, who said she *'enjoyed it'*, felt an element of surprise after the possible fear of what might have happened: she accounts for the enjoyment in relation to not having had any *'skeletons in the cupboard'*.

Not only was the response of the social workers to express surprise in the pleasure they experienced in the process, but for many, this was consistent with their description of the research interview as *'therapeutic'*. Most of these therapeutic considerations were offered as invited reflections on the process. However two of the social workers, Cerys and Dawn, referred more regularly to the possible parallels with a therapeutic process. For Dawn, this was about the session feeling as it was going along *'like a counselling session'*, and Cerys made several comments expressing conscious awareness of being self-analytical. For example: *'you know, and I self-analyse like hell'*, *'I constantly self-analyse'* and *'what I do is...I psychoanalyse don't I?'* More typical is Charlie's response, which starts by suggesting that her lack of trauma means that she has therefore not had any need for therapy. She suggests that the research interview experience is a positive one that she would like to repeat:

> ...so I don't think if I'd experienced trauma I don't know if I could've spoken about that. But generally my life has been sort of really, really positive and rich, which I'm very lucky about therefore. So it's a positive experience...I've never experienced therapy...I quite like it, I want to sit down and talk about my life...

This sense of pleasurable surprise at the therapeutic value of reflecting on the self is also considered by Gareth. He connects this perspective with the positive process of accessing forgotten memories:

> No, it was quite therapeutic actually.
>
> (me) Was it?
>
> It was yeah, it was alright to reflect on my past. You forget don't you sometimes I suppose.
>
> (me) Yeah.
>
> It's good to remember because it prompts those feelings, good and bad memories I suppose. I enjoyed it actually as well.

Patsy and Rosemary also adopt the therapeutic label to describe their experience of the process. Rosemary agian highlights it as pleasant, because it was a chance to be listened to rather than being the listener.

> Yeah, I found it quite therapeutic actually. I've quite liked – I don't talk about myself at lot actually. I've noticed that. I think I've got friends who like to talk about themselves, so I back off a bit and let them bore me to death about the same story I've heard about twenty five times.

In a fascinating continuation of this theme, her reflection on the process includes an account of a difficult crossover between the personal and professional, and in particular of one friend's drunken tale. Interestingly, she concludes her normal response to hearing others' stories and their tales of drinking is to want to have a drink herself. In contrast she compares the process of being listened to as therapeutic.

> When she rings me up it's like an hour and a half on the phone and I know she's drunk and it's like, I feel as if my tolerance is going, whereas ten years ago, it wasn't so bad, but I do feel now like, I don't know, I suppose with the type of work we do, I suppose we're hearing it all day and you're thinking I just want to sit down now and have a glass of wine. I don't want to you know, do the social work thing at home, type thing, but no I found it quite therapeutic. Yeah, it's been good.

Al, albeit with the use of a slightly different word, re-iterates this sense of the power of being the listened to, rather than, the listener.

> It's been quite cathartic [laughs] yeah. Well I suppose nobody ever, you know, it's the old thing, nobody ever sits down and asks you what you think about things, you just get on with things, chip in a little bit every now and then.

Whilst this interpretation of the experience as therapy is supported by the data, there is less indication in the data of why this may be so. Riessman and Quinney (2005) using evidence of narratives with service users rather than practitioners, suggest that therapeutic value is explained by the discovery of competencies and resilience. This is consistent with Charlie, Michelle, Patsy and Rosemary's' accounts.

We have seen that the respondents entertained feelings of trust in me as a researcher, and that trust is essential for quality of supervision. The trusting relationship is important in not only creating but also promoting and protecting a reflective learning space. I have previously been trained as a psycho-therapeutic counsellor and almost certainly bring some of the attributes of this into my interviewing style, which when combined with a very deliberate open ended question approach, may have also contributed to the elicitation of these sentiments. It seems very likely that, for busy

professionals who spend much of their time listening to others, the experience of being the listened to rather than the listener, is as therapeutic for them as it is for the service users they work with. As Michelle suggests:

> ...it's sometimes also quite nice actually, just to share your story isn't it? It's like go and have that opportunity to kind of track the whole journey yourself, so.

Interestingly within these accounts of pleasure and therapy, several of the social workers use the words *'forgotten'* to account for some of the memories that they recount in the interviews. Striking amongst these is Angharad's recollection of a particularly difficult period in her childhood and her own drinking before school.

> Now there was a time actually when...oh...I was about fifteen. I can't remember what... when I was fourteen or fifteen my mother was very, very ill. She was in hospital for most of... for about six months. And that time she in hospital I was doing my school work but I was coming home and doing the books for my dad because he couldn't really do the wages and write the menus. And I couldn't face going to school without helping myself to a bit of brandy in the morning and at one point I actually came to school with rum and coke in my bag.

Later on the interview, her reflections on the process are drawn towards identifying these as *'forgotten'* and recalled by the interview process.

> There were some parts that I realised that I had forgotten about like you know, like being drunk in my lunch hour at school. I had completely forgotten about that.

For Charlie this process is encapsulated in three elements; the memory, reflection and the generation of a wider perspective:

> ...and so it was prompting memories and things I perhaps haven't thought about for a while and I guess looking at a bigger life story of myself, so it definitely promoted reflection.

Finally Mair, in her recollections of her first drinking experiences remarks that she had *'forgotten'* the memory of trying her auntie's homemade wine and being ill on it. There is a distinct pause as her reflective thoughts access the experiential knowledge:

> So I can remember trying little bits of wine there.- [pause] - And my Auntie [name] used to make wine as well, blackberry wine, I'd forgotten this – I had forgotten this. And I can remember my cousin, [name] and me going into the shed and stealing a bottle of blackberry wine, must have been about thirteen and drinking it and not liking it at all because I can remember being totally disorientated and feeling sick and she was sick.

Like Mair's recall of the blackberry flavour of the wine, I was continually struck, throughout the narrative interviews, by the extent to which the reflective space would lead to some remarkable detailing of the non-codified knowledge in a way which had no parallel in the codified. Most notable was the process of recounting early drinking experiences, where, in Chapter 6, we have already seen some very specific detail about volume and brand of alcohol consumed in formative drinking episodes, and again in Angahard's *'rum and coke'* above.

In a sense these *'forgotten'* accounts are examples of answers acquired to the questions asked (Orford 2008). A different research methodology would generate different data. Much of the existing research into social workers' knowledge about alcohol has not sought to explore personal and experiential knowledge and has therefore not found it. These are possibly not so much forgotten memories, as recollections of knowledge prompted by being questioned for first time about them. Not only does the reflective space enable the memories to be recaptured, but it supports a developing understanding of them in the context of social workers knowledge and practice.

The spaces created by qualitative research interviews, like good supervision, invite exploration and reflexivity. The very last element of the data includes some of the social workers considerations of this. Notions of reflexivity and the reflexive practitioner have been appearing more frequently in social work discourses (D'Cruz et al 2007, Schon 1996, Jordi 2011), although there is no consensus on definition (D'Cruz et al 2007). The value of the space and of a process that enables reflection was a strong constant theme identified by all the social workers. Reflection was specifically mentioned, but it was equally expressed in other language. Being invited to explore the past, Al says this enabled him to consider: *'looking back on it* [and in doing so], *it strikes me'*. This notion of taking time to reflect or *'look back'* on previous experiences and either learn from them or apply subsequently acquired learning from them into new understanding, is shown by numerous data examples.

Firstly, Cerys in reflecting back on her grandfather's drinking, highlights how her evaluation of this has changed over time and she has acquired new understanding:

> ...my grandfather I would say in hindsight was an alcoholic. The one we moved to live with .because he would have Special Brew in the cupboard. And he would have one every night...

There is a sense in which the daily drinking of Special Brew is something she would now recognise as being associated with a particular type of drinker: an *'alcoholic'*. Lucy understands the process as creating knowledge through reflection. She indicates that she had not thought about *'value'* until invited to do so, and now that she has considered it, she has a new understanding.

> Yeah, so but I hadn't even thought about where that came from, the value stuff until you asked the – and now I know it is direct from there.

In a third example, Eleri considers that as the process unfolds, she moves away from her initial assumptions and begins to connect her personal past experiences with her current work practice. True to the sense of reflexivity as an on-going process, she concludes with the sense of work begun rather than finished.

> Well no, because I'm making assumptions about what the point is, so I'm thinking, okay, so my own history and then how I've got to where I am now, my own drinking and then how that reflects in my work. So I'm sort of working along those lines, but I still haven't worked out the connection between all of them.

Patsy, who we have consistently seen has a knowledge base heavily influenced by her experiences of her mother's drinking, illustrates how the process of *'looking back'* offers an explanation. Reflecting on her personal experiences through her social work eyes enables her to re-evaluate the personal experience so that it becomes a different piece of learning and understanding:

> ...looking back at it as a social worker, I can understand it must have been a huge, big problem for her 'cause she'd sort of lost everything...

This process has enabled Patsy to synthesise the personal with the professional and to reconsider her understanding of the functions that alcohol must have played for her

mother, rather than the problems it caused her as a child. Rosemary would regularly use the means of *'looking back'* to access knowledge, reflect and similarly reformulate her understanding. In this example, considering her perception of herself as a supportive individual having a *'thirst for knowledge'*, she does so twice. Interestingly she highlights the importance of those spaces outside the classroom or the office, in this instance the space of the car journey home after work.

> So, looking back now, 20 years ago, I must have had that element in me that I could be approached I suppose to help out, although I had loads to do myself, just in case. I look back and I think I had...So I think they were...but I was thinking about this the other day when I was driving home. I was thinking about where did I get that thirst of knowledge from?

We can almost hear her accessing the thoughts and processing the learning as she recounts the experience.

A final illustration of the process induced by a particular space is offered by Scott when asked to reflect on the vignette process. He offers a detailed account of how it has afforded him the opportunity to reflect. He intimates that this is something that happens following each similar conversation, rather than just big formal moments of learning, and that reflection is an inherent element of social work and the social worker's being.

> I think even from this, I will go away and think about what I've said and whether or not I would actually – you know, not necessarily agree with everything, but just say – 'cause I, you know, I have been honest and I have been open, but I would go away and think do I need to look at something I've said a bit differently now? 'Cause that's what this job is all about, it is continuously talking, not just listening, but talking yourself about how you would do things and then reflecting back on, you know, is that the best way?

Like Scott, many of the social workers would not only attribute the space and process of facilitative dialogue as inducing reflection, but would also consider themselves to be reflective. So Cerys quite simply accounts for some of her contributions by suggesting *'that's the reflector in me, I suppose isn't it?'* Similarly Patsy asserts the value of the interview and suggests she is someone who regularly reflects.

> Yes, definitely have helped me because I am a person that reflects a lot and I do sometimes step in and say things without actually thinking and that's something I need to reflect on.

Returning to Scott, we can see that he suggests that, *'I do a lot of reflecting on myself'*. In doing so he goes on to describe the process of visualising himself caught up in a practice moment and encouraging himself to step out of this and try to look beyond the immediate presenting situation.

> So I was quite happy to jump out of this bubble and look in and think, 'Ooh what's [Scott] doing in there now? Oh, you know, maybe we should be looking at this or what's happening, what's really happening?'

It is the merging of the facilitated reflection and the perceived self as reflective that is utilised by the social workers as a means of understanding acquired knowledge. This corresponds with Jordi's (2011) notion of reflection as a process which can encourage the integration of learning and experiences, and D'Cruz et al's (2007) suggested variations of reflexivity which enable the processing, creation and questioning of knowledge. This is clearly articulated by Charlie, who in re-evaluating the drinking of an ex-partner, voices awareness that her understanding is probably far clearer now than it was at the time. The clarity of the knowledge is very specific from something she understood as a drink problem to something she now knows as being typical of a specific type of drinking; dependency.

> I started a relationship as well with someone which wasn't a very positive relationship, he was a lot older than me and wasn't particularly a very nice person. He had an alcohol problem, very clearly, I don't know to what extent I understood that at the time, but obviously I understand now he was dependent on alcohol.

The value of the reflection, represented by qualitative exploratory discussion, and its contribution to acknowledging previously acquired experiential knowledge is highlighted in this final example.

The interview with Nicole was the one punctuated with the largest number of reflective pauses, for both her and me[51]. Nicole suggests that she neither, perceived herself suited, or prepared for, work with alcohol, yet as a consequence of the invitation to explore her alcohol knowledge acquisition journey, she now realises that she can have more confidence in doing such work. She additionally compares this to the lack of any training on working with alcohol.

> I don't think I've stumbled across things – I think I've probably, it's made me realise that I know a lot more from personal experience than I kind of thought I had. I think I probably felt more – I would have said that – before certainly going out to practice I would have said that I didn't have enough, I wasn't well equipped to work with alcohol issues really, whereas from this process I think actually I recognise much more from my past than I'd thought about too much before, in other words, how lacking [laughs] any training is.

This sense of feeling pleasure and therapy with acquiring refreshed understanding within safe spaces, suggests a highly relational rather than consciously objective process for knowledge formulation (Jordi 2011).

This final data analysis chapter has shown how having safe (and supportive) spaces to talk about self, practice and knowledge are likely to contribute to understanding how knowledge (on alcohol) is acquired and how the personal perspectives from which this comes can impact on practice. Additionally, it has shown how extended open question conversations, as used in this research, exemplify such safe spaces. The data within this chapter strongly suggests that the social workers feel a need for such spaces to remain within the social work practice world, not necessarily as a substitute for formal educational experience or codified learning (or even management accountability) but as a complement to them. In this context, reflection becomes a *'conscious bringing to the surface of different forms of knowledge'* (Davys and Beddoe (2009; 920). This is best exemplified by Michelle, who in her reflections on the research process identifies how the positive experience, preparation and reflection, enabled her to access alcohol knowledge that would otherwise have been ignored.

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[51] I noted this volume of reflective pauses (Field notes) and then considered the possibility that even with my psychotherapeutic counselling and supervisory experience, a relatively inexperienced researcher (like me), might seek to fill an excess of scary silence inappropriately. This chapter is concerned with respondents and supervisees use of reflective spaces, however, this observation implies there also a number of considerations about the approach, use and skills by researchers and supervisors that are worthy of further investigation and deliberation.

> Yeah it's been fine. I mean I guess I've, since knowing what the topic was, you've got those thoughts going around in your mind, thinking well how did I acquire knowledge and it wasn't – I think one of the questionnaires made me remember the voluntary work, the [agency], which I had completely forgotten about it. When I first kind of was thinking about it, that wasn't in my mind-set, but then I kind of remembered it and it's just kind of a help, reflection, because I'm a practice teacher, you can kind of encourage students to do reflection and that often helps you reflect anyway, but I guess I haven't really spent much time reflecting on the issue of drug and alcohol, but it makes you realise where you did pick up knowledge from and if you hadn't had the opportunity for that placement, or you hadn't done that, then would you have handled things differently, or thought about things in a different way.

Not only is this an observation on the space, but also the research method. Merrill and West (2009) suggest research has the ability to provide transitional spaces of learning for all. The last part of this thesis will take these and the other conclusions from the data analysis and synthesise them into a critique of alcohol-specific knowledge and wider implications for social work education, research and practice.

Part III

Talking knowledge of relationships in practice

Chapter 10: Concluding interpretations

This project has undertaken a highly qualitative exploration of social workers' acquisition and use of alcohol knowledge. It has generated richly detailed data which indicates that social workers experience complex, personal journeys in acquiring codified and non-codified knowledge. It has further demonstrated that these personal knowledge frameworks are then taken into practice, shaping the social workers' understanding, interpretation of and interventions with individual drinkers and their families. Beyond these personalised perspectives, it is possible to identify a number of wider implications for social work education, policy, practice and research.

My analysis of people's knowledge through the methods of biographical interviewing and vignettes has generated a range of conclusions (Merrill and West 2009). I have chosen to explore their implications through the following themes: the perspectives of the individual social worker; the profession as a whole; research; and how the analysis contributes to the key issues and debates identified in the initial literature enquiry. The validity of this thesis is inherently linked to the application of the qualitative method, so the strengths and limitations of the analysis will also be discussed within this chapter.

10.1 Conclusions for individual social workers, the profession and research

The literature search indicated the high prevalence of alcohol in social work practice and the data re-iterated this with all the respondents regularly encountering alcohol in their work. The data strongly suggests that all social workers have acquired knowledge of alcohol and have a *'relationship'* with it (see Chapter 6), which they take into their qualifying education, and continue to develop in and beyond the work context. This relationship is acquired through familial, personal and work based experiences, whether these are perceived as excessive, normal or abstinent. Its prevalence in social work, and in the lives of the workers, is no surprise given the ubiquity of alcohol in current society (Barr 1998, Plant and Plant 2006).

The research data echoes Galvani et al's (2011) finding that alcohol is frequently defined by social workers in terms of its social consequences, an understanding that is

shaped by knowledge acquired through past personal and professional experiences. In the current arena which increasingly requires that social work adopt multi-professional and multi-agency perspectives; this raises questions about how clear communication can be achieved with other individuals and organisations who may be using very different definitions of drink, drinking and drinkers. Carpenter and Hewstone (1996) have identified the benefits of integration of inter-professional education as a response to this situation.

The starting point of this thesis was the work of Shaw et al (1978) and a) their demonstration of social workers feeling a lack of role adequacy, legitimacy and support, and b) the continued development and use of attitudinal questionnaires. I have shown how adapted versions of these questionnaires have continued to emphasise the predictors of role adequacy. This thesis has challenged the primacy of formal education, as the means to bridge this gap, and has adopted a very different methodology to explore how knowledge types are acquired and used by social workers, and how they can be supported.

Despite the adoption of different propositions and methods, this thesis continues to support some of the accepted interpretations. It has shown social workers lack confidence in their role adequacy and lack belief that they have the knowledge to work with alcohol. In terms of role legitimacy, the research has provided evidence that a qualitative approach can also establish social workers are uncomfortable with their role in alcohol. It has demonstrated that social workers continue to struggle to find support for their role from colleagues, supervisors and the agency. It has also re-iterated that this is influenced by some of the same core characteristics (predictive factors) that the previous research has identified, namely; education, practice experience and support (Loughran et al 2010). However, it has extended these characteristics, to show the limited influence of codified education, suggesting that experience is not just work-based but familial and personal, and that supportive environments have a crucial role in supporting knowledge frameworks, which in turn increases feelings of role adequacy.

The research agrees with much many of the findings of previous research studies. It has provided further evidence that pre and post qualifying training about alcohol is

rare, and that it does not prepare social workers for working with alcohol (Galvani 2012, Paylor et al 2012). Where it differs is in that it suggests that the traditional conversation neglects the evident abundance of non-codified knowledge social workers possess. In other words, the nature of the previous research approaches seem to have looked for evidence that social work education fails to prepare social workers adequately for working with alcohol.

The conclusion drawn from previous research is to suggest that social workers need more education on alcohol to improve their knowledge and confidence in their legitimacy to practice. The response of some of the social workers in this research would not deny this need. However, it would suggest two very important caveats: i) that the content of any such education should not just consider providing social workers with information and knowledge of a codified nature but, should also enable them, more than it currently does, to acknowledge the non-codified alcohol knowledge they already have, and will go onto accumulate, and ii) that educators, supervisors and managers should not automatically expect social workers to utilise and incorporate knowledge acquired from formal education in their practice, but should expect this to be subsumed within a much wider, and at times more influential, personal knowledge framework, which utilises non-codified knowledge.

These implications have strong implication for the profession, especially in educational and supervisory contexts. There is a need to robustly 'work with the past' that practitioners have. Specifically that it is likely that large numbers of, if not the majority, will have significant personal or familial relationships with alcohol. There is a need to much better develop teaching and learning opportunities that can complement, inform and utilise the evident non-codified knowledge, as well as be the provision of codified knowledge. Working with this active diversity, is a challenge the profession should not ignore in favour of assuming standardised competency driven solutions to the apparent inadequacies of inconsistent practice education. Social workers, their families, friends, colleagues and those they support drink, and this needs to become a much more accepted mainstream professional discourse.

There are several implications to be drawn from the repeated demonstration that social workers feel unsupported in their role and work with alcohol. The data shows, if

anything that the clarion calls for more education should be directed towards those who provide education and supervision, as much as the recipient workforce, and in addition that supervision needs to return to supporting people not just (agency) processes (Orford 2008). It should invite reflection and development of practitioner knowledge rather than simply to monitor adherence to competency-based approaches (Davys and Beddoe 2009, Sung-Chan 2007).

The different methodology also provides an alternative to the accepted wisdom based on sample surveys. The evidence suggests that social workers, when invited to consider and acknowledge their own complex typologies of alcohol knowledge, will actually insist that they are adequate to the task. For some, this adequacy of personal knowledge then legitimises their interventions in practice. In addition where the social workers might acknowledge some inadequacy they may also feel comfortable in working with such gaps in their knowledge. In other words, a lack of specific knowledge does not always imply lack of confidence, insecurity or illegitimacy. Security can come from confidence in the generic role, knowledge and skills. Thus some of the social workers are comfortable with their role, knowledge and skills and already heed the message that social workers are well placed to intervene with alcohol (Galvani 2012, Galvani and Livingston 2012a; 2012b; Livingston and Galvani 2012 *forthcoming,* McCarthy and Galvani 2012).

The thesis further suggests that in the current language of strategy and policy discourse, with its emphasis on substance misuse, combined with the move over thirty years away from distinct alcohol practice and into community drug and alcohol teams, many of the feelings of inadequacy and illegitimacy expressed by social workers come from a lack of drug and not *alcohol* knowledge. A lack of knowledge about methadone becomes a lack of knowledge about substance misuse, which in turn leads to deference towards a specialist. There are potential policy implications in this perspective. If there is a continued increase in the combined use of alcohol and other drugs and policies formulated accordingly, then how do agencies, practitioners and policy makers retain the distinctiveness of alcohol, given its different and more prevalent role in society? It even raises the question of whether 'substance misuse' dialogues are desirable if they cloud the focus on alcohol. However, if alcohol is given a separate policy context, will it inevitably become a Cinderella topic (Plant and Plant 2006)? The thesis therefore

suggests, a need to research the extent to which the growth of specialist teams has resulted in the erosion of social workers' confidence and roles, and further whether this has had the effect of undermining their commitment to working with drinkers and their families. At the heart of these questions is the possibility that if we can support social workers, (and other front-line workforces), more effectively in their understanding of working with alcohol, then alcohol specific services may not be needed for blanket referrals rather than acute specialist interventions. This position suggests the possibility that the transformation of specialist alcohol and other drug services, from their inception as consultancy agencies (Shaw et al 1978) to mass providers, needs to in-part to be reversed.

One implication of the data that justifies future research is how the blurring of personal and professional boundaries might affect questions of professional integrity. If social workers' relationships with alcohol are born out of significant past episodes, how are these accounted for in suitability to practice conversations and as on-going influences on individuals' behaviour? Some of the social workers raised these questions in their exploration of their colleagues' or their own consumption of alcohol. There are direct policy implications here for those who recruit social work students and employ social workers. This not to suggest that a relationship with alcohol should mean they cannot enter the profession. This thesis has demonstrated that such a position would mean we would have no social workers at all. It is worth noting that whilst individuals are often recruited into social work with explicit alcohol relationships, similar direct experiences of illicit drug use or crime are often usually more likely to be perceived as reasons not to recruit someone into the profession. There needs to be greater acknowledgement of the reality of these past routes of non-codified knowledge acquisition, More research is needed to understand how to incorporate that which exists, rather than keeping it at bay through selection procedures, training, manualised interventions, or by managed professional boundaries. As relationships with alcohol are not static this also has implications for workplace policies in relation to alcohol and drug use by staff and their family members. Working with social workers' pasts and changing personal lives thus needs to be more actively considered for recruitment, teaching, learning and support considerations.

The second theme of the literature considered the nature of knowledge which is utilised in response to these practice considerations. The data has highlighted social workers' knowledge about alcohol and where it comes from. In doing so it has reinforced the value of the more complex typologies of knowledge suggested by amongst others: Drury-Hudson (1997), Gordon and Cooper (2012), Gould (2006), Osmond (2005) and Trevithick (2008). The data presentation commenced with some identifiable career trajectories into social work. Whilst these included some that might be considered common to many occupations, for example, the disillusioned need for a change, or following in familial members' footsteps, many of the others suggested are more specific to the social and health care professions. It is perhaps no surprise, in the context of these journeys into social work, that the post qualified social worker uses a combination of previously acquired non-codified knowledge and subsequent codified knowledge. There is therefore, a need for educational programmes and policy responses to more readily acknowledge the use of multiple knowledge types by social workers. This thesis has begun to explore how these different knowledge types are used in practice, but further research is needed.

These wider typologies put in question the exclusive use of codified knowledge or narrow policy and procedural directives to ensure the delivery of standardised intervention methods (evidence-based practice). They draw attention to the value of non-codified (tacit) knowledge within effective practice (Attree 2006, Hudson 2008). Additionally, this study supports some of the literature (Kyllonen 2004), which suggests that social workers utilise interpretative methods to develop knowledge of given service user tales to fit their own practice and policy realities. It adds weight to Philips et al's (2012) call for greater use of narratives within social work education. If interpretation of complex ways of knowing is to inform practice, a reductionist solution to practice deficits which insists on exclusive standardised adoption of codified knowledge, is inappropriate.

These considerations are acknowledged in some current recruitment contexts. It is a common requirement for admission to social work qualifying programmes, as well as in job descriptions, for emphasis to be placed on the personal attributes and experiences of candidates, as well as their formal (codified knowledge) credentials. There is a need for research on how experiential (non-codified) knowledge is valued or

not in social work recruitment, by both the interviewee and interviewers. There is an apparent contradiction between procedures at recruitment that value non-codified knowledge and the post-qualification preoccupation with processes of audit monitoring and evidence-based practice that seeks to minimise the non-codified knowledge. Interestingly, this relates to the current dichotomised discourse within social work, which on the one hand stresses professionalism and codification, and the other hand increasingly embraces service user knowledge, much of it non-codified (Apitzsch et al 2004).

One interpretation of the data is that social work education may be about acquiring permission to and registration for practice as much as it is about acquiring direct or new knowledge. Consideration of the possible dominant functions and/or outcomes of social work education, whether long intensive qualifying programmes or short topic specific training sessions, seems to be worthy of further research. A related implication for policy would be not to confine the formative educational process to the period of qualifying training or classroom environments, but to explicitly include the period of transition from student to post-qualified practitioner status (Moriarty et al 2011). This is a perspective that appears to be gaining ground in the social work literature and in policies about the nature and functions of post-qualifying support and education (Social Work Task Force 2009).

This research study questioned the notion that of relying on professional knowledge to inform professional practice. It has shown that the evaluation of the effectiveness of education to inform, develop and prepare social workers for (evidence-based) practice is a question of complex and mixed research paradigms and methodologies (Attree 2006, Gould 2006, Moriarty et al 2011). This is consistent with Orford's (2008) call to the drug and alcohol world and the call to social work for '*more complex research methodologies that encompass a broader range of perspectives*' (Moriarty et al 2011:1340). What this study has illustrated is that often-cited and paraphrased observation by Mark Twain: *'Do not let your sons schooling interfere with his education'* (Haegert 1987). The schooling of social workers needs to acknowledge and work with this other knowledge from beyond the classroom.

This connects with another theme of the literature search. This thesis has explored a subject matter that at one level has been attracted a lot of previous research. But at another level, social workers' knowledge of alcohol has received little previous research. It is the exploration of my approach that is now utilised to examine the study's limitations and strengths.

10.2 Limitations and strengths of the study

This study has taken social workers as the focus of its investigation. Yet social work is an interaction between workers, service users and communities. My beliefs and understanding of research methods associated with service user, carers and community involvement continued to be developed as the process of the my doctoral research and other research activity unfolded (Biskin et al 2012, Livingston et al 2011). At the time of deciding on the methodological approach to the research questions, I had insufficient understanding of the implications to adopt these approaches. I recognise that this thesis only accounts for the professional aspect of the knowledge discourse. To overcome this limitation would require research to explore the perceptions of service users and other non-social workers about what they experience and understand as social workers' knowledge about alcohol, and its application to practice (Moriarty et al 2011).

If one of the strengths of this thesis is the unique way it has explored across subjects (social work, alcohol and knowledge) using mixed methods, then the converse of this is one of the possible critiques. The thesis does not adhere strictly to a single theoretical framework. It could be maintained that it is eclectic, and eclecticism can be the ill-informed assembly of conflicting ideas. There is an argument that suggests all social work, given its diffuse theoretical origins, is eclectic by nature (Payne 2005). To ensure that my approach has validity, I have drawn on cross-curricular knowledge and methods, with a consistent and explicit approach. This is what Payne (2005: 32) refers to as the *'cautious, considered and planned'* use of eclecticism, synthesising ideas; where they effectively meet need, avoid unhelpful options, and developed from core theoretical understanding.

Consistent with this approach was my choice to adopt narrative interviewing as the primary data collection method (Kyllonen 2004), but not formal narrative theory and analysis. Thus, while I have sought to make transparent the necessary analytical attention of the narrative scholar (Riessman and Quinney 2005), it is not a narrative enquiry and thus can be critiqued for not applying some of the specifics of methods and analysis. These interviews were designed and have been analysed, for the purpose of the thesis.

A fundamental strength of this thesis is its depth of focus and deliberate, consistent use of grounded theory as an analytical framework. Corbin and Strauss (1990) suggest that even within a qualitative grounded theory approach, there is a genralisability that comes with the degree to which the concepts evolved are abstracted. While this study has provided a rich qualitative exploration of social workers' acquisition of knowledge about alcohol, and evidenced complex social work knowledge typologies, there is potential for generalizability beyond the individual social worker and topic of alcohol. Yet it displays evidence of individual knowledge which reflects the personal nature of each trajectory into social work, mine included. In this sense the thesis has been both a process of inquiry about the case and a product of that inquiry (Stake 2005).

The data was collected from a small population with specific characteristics. There are limitations in the extent to which any such sample can be said to represent a wider professional population, a critique could be further extended, given the need for the study to modify the original sampling strategy and adopt a more targeted approach. Despite this the group of respondents has many features of the wider social work demographic. The qualitative focus of the research has lent itself to an extensive answering of its first, second and fourth research question, but its dominant evaluation of non-codified knowledge with a small sample of social workers (and even smaller number of vignette considerations) has opened up rather than fully considered the third research question (see P.66). Thus more research is needed to consider how social workers use their different knowledge types in practice. However, it is the resultant intensity of detail and focus which is one of the study's key strengths, giving it validity and integrity intrinsic to the grounded theory method. Corbin and Strauss (1990) suggest four tests that can be applied to the analysis of research data to establish how closely it conforms to the grounded theory method. The figure below briefly considers

this research against those four tests in support of its claims for validity or the *'integrity of the conclusions'*, despite the limitations (Bryman 2008: 32).

Figure 3: Corbin and Strauss test

Corbin and Strauss test	Evidence in thesis
Data are valid, reliable, and credible	• This thesis deliberately offered significant volumes of the original data within the overall presentation of the data, allowing any reader to test the credibility (Chapters 4, 5, 6, 7, 8 and 9). • Despite the inevitable selection of data to present there is sufficient evidence from multiple respondents to support the observations being made. • The data provides constant comparative exemplars drawn across all respondents to support claims being good.
Theory/theories offered are plausible and of value	• Two key theoretical propositions are explored -The thesis adds to our understanding of the construction of social work knowledge typologies (Chapter 2 and 8). -Issues of role adequacy, legitimacy and support have been developed and refined (Chapters 1 and 8). • The data has generated and evidences some new theoretical themes -Trajectories into social work (Chapter 5) -'*Relationship'* with alcohol (Chapter 6) -The '*big case*' (Chapter 7) -Own taxonomy of knowledge (Chapters 2, 6, 7 and 8)
Research process has been outlined and followed	• This thesis has paid particular attention to accounting for the research process. • It has offered a clear explanation and justification for the shift in design and methods. (Chapters 1, 3 and 4) • Methodological and ethical considerations are explicitly detailed throughout (Chapters 3, 4 and 5) • It has accounted for and provided an evidence of examples of its analytical approach and conclusions drawn (Chapters 5, 6, 7, 8 and 9). • It has taken transparent cognisance of the role of the researcher and my influence on the process (Chapters 4 and 9). • It has sought to acknowledge some of the limitations of the study (Chapter 10)
That the findings are empirical and borne out by the data	• Accepting Orford's (2008) challenge, this thesis has empirically constructed a new set of questions and answers

Corbin and Strauss (1990) further suggest that confidence can be placed in a piece of grounded theory research if it demonstrates that concepts are generated from the data, are systematically related, that there is conceptual density, variations are acknowledged and explored, the process has been taken into account and the findings feel significant. Thus, whilst this research started with some propositions as opposed to matters for testing, it has, through a clearly meticulous application of process, generated substantive empirical and conceptual results. It has been particularly attentive to the saturated demonstration of concepts in the data and explaining exceptions. Finally it is evident that the findings have a meaningful contribution to make to the research and practice worlds of social work and alcohol. Responding to the call from Orford (2008), this thesis has offered substantive exploration beyond that of the intervention manual, effectiveness measurements and random control trials, and in doing so, has made available a rich exploration and explanation for important dimensions of practice, and in particular the nature of the knowledge of one of the key actors: the social worker.

10.3 Concluding remarks

Like many PhD theses, this one accounts for the transformational journeys of the research project and the doctoral student, and like all research it is the *'ultimate telling of a story'* (Phillips et al 2012:785). It began with exploring the possibility of demonstrating the relative effectiveness of interventions designed to support an increase in social workers' codified knowledge about alcohol, and it has concluded with some rich interpretative analysis of the nature of social workers' knowledge acquisition about alcohol. It contains within it a deliberate and transparent portrayal of my own awakening to how the research process can be constructed and conducted in a manner consistent with individual researcher's philosophy, whilst paying attention to key considerations of validity. As Beddoe (2011a) identifies, the social researchers' frame of reference influences the approach, research, selection of investigation and subsequent interpretation of data.

However, at its heart, it is a thesis that demonstrates a set of more complex journeys than these. It has offered a detailed critical exploration of fifteen social workers' personal voyages in acquiring their knowledge and understanding about alcohol and its

relationship to social work practice. This is the social workers' own *'relationship'* with alcohol. In doing this, I have been able to identify a number of common trajectories into social work that help explain how different types of knowledge are gathered and utilised. It has drawn these individualised accounts into one single conceptual framework that considers the likely routes that all social workers go through in the construction of their knowledge about alcohol. It has established that this begins prior to any social care or social work practice, and is rooted in familial and personal experiences. This is added to through pre and post qualifying experiences of education and work, which result in a fusion of the non-codified and codified. It has suggested that for many social workers their knowledge of a topic like alcohol (which is engrained in societal and cultural perspectives and is a significant element in most social work practice and policy responses) is likely to be as dominated by what they have acquired *'not from a book'* as by formal learning.

In reflecting on these journeys, the thesis has suggested that there are implications for research and policy which are centred upon gaining a better understanding of the context of the relationship between the social worker and service users, as much as it is concerned with the exact mechanics of treatment interventions. This reflects the often expressed view about social workers' generic (transferable) knowledge and skills being as useful in alcohol-related social work as any acquired specialism (Collins 1990, Forrester and Harwin 2011, Galvani 2012, Livingston 1996, Livingston and Galvani *forthcoming*). As a director of social services suggested to me any *'layer of specialism on a weak foundation ...will fail.'* (Field notes). So any sense of getting social workers to assess formally the nature and impact of others' drinking without relating it to a broader understanding of the nature and impact of drinking to which they have previously been exposed, and the skills they already have at exploring sensitive subjects, seems likely to expose their feelings of inadequacy and incompetence rather than utilise their feelings of adequacy and competence. As Forrester and Harwin (2011: 228) conclude: *'good practice with parental substance misuse is pretty much good practice full stop.'*

I am also a social worker and have my own relationship with alcohol which extends from rich familial and practice experiences. It is as equally personal and non-codified as it is codified, despite the volume of formal education and reading associated with

my specialist job roles and doctoral studies. This thesis, consistent with its design and methodological positions, has not sought to escape this subjective context in its construction and presentation; it is a narrative of its time and maker (Frank 1995). Nonetheless, with my commitment to methodological rigour, I feel confident that, whilst this is my own view about what I have heard and seen, other researchers and social workers will, if they look, see very similar alcohol knowledge acquisition journeys.

This thesis thus has three central messages. Firstly social workers need support in identifying the non-codified knowledge they have as much as the codified knowledge they do not have. Secondly, this non-codified knowledge will be utilised to inform practice and needs to be given more legitimacy. Finally, the processes which support social workers to identify their own knowledge typologies, and which they can use confidently, safely and effectively in practice, need to be reinforced both in the classroom and workplace. Social work education frequently begins with encouraging student social workers to understand how their own values and experiences might impact on practice, but all too frequently colludes with a governmental and employer preoccupation and assumption that the idiosyncrasies of this inherently personalised perspective are best countered by demonstrating skills and competencies, utilising manualised interventions and close audit monitoring of caseload management. Perhaps what this thesis does best is provide evidence to support those calls for a return to an emphasis on, and an understanding of, support for social work as relationship-based interventions between social beings, and in this instance, within a society awash with alcohol.

Appendix 1

Chronological summary of key research, policy and strategy documents

Author	*Date*	*Title*	*Comment*
Health Advisory Service Report	1996	'Children and young people, Substance Misuse Services: The substance of young needs'	Review published 2001
Welsh Office	1996	Forward Together: A strategy to combat drug and alcohol use in Wales	A joined policy, but emphasis of funding and delivery remained on illegal drugs (Plant and Plant 2006).
Home Office	1998	Tackling drugs to build a better Britain	Reference to Britain, yet policy devolving. No alcohol Guidance indicates alcohol strategy to come late 1998.
Alcohol Concern	1999	Proposals for a National Alcohol Strategy	Filling a government void.
Alcohol Concern	2000	Britain's Ruin: Meeting government objectives via a national alcohol strategy	Evidence trail of the cost of alcohol associated problems.
Department of Health, Social Services and Public Safety (Northern Ireland)	2000	Strategy for reducing alcohol-related harm	More devolution
The National Assembly for Wales	2000	Tackling substance misuse in Wales: A partnership approach	Consolidating the joined alcohol and drug approach.
Alcohol Concern	2001	Alcohol on everyone's lips	A review of attitudes and changing public attitudes.
Alcohol Concern	2002	100% Proof: Research for action on alcohol	Building the arguments for change.

Social Issues Research Centre	2002	Counting the cost: The measurement and recording of alcohol-related violence and disorder	Portman Group: Alcohol industry supported publication
Scottish Executive	2002	Plan for action on alcohol problems	Updated 2007
Skills for Health	2002	Drugs and alcohol National Standards	Updated 2007
Advisory Council on Misuse of Drugs	2003	Hidden Harm: Responding to the needs of the children of problem drug users	Whilst about drugs, influenced social service and other agency responses to broader service user group.
Prime Minister's Strategy Unit, Cabinet Office	2003	Alcohol Project: Analytical report	Precursor to strategy.
Prime Minister's Strategy Unit, Cabinet Office	2004	The Alcohol harm reduction strategy for England	Six years later, than first signalled.
Department of Health	2005a	Alcohol misuse interventions: Guidance on developing a local programme of improvement	Post strategy guidance.
Drummond, C., Oyefeso, A., Phillips, T., Cheeta, S., Deluca, P., Winfield, H., Jenner, J., Cobain, K., Galea, S., Saunders, V., Fuller, T., Pappalarado, D., Baker, O. and Christoupoulos, A.	2005	Alcohol needs assessment research project (ANARP)	Significant systematic review.
Scottish Executive	2005	Licensing Scotland Bill	Again - Scotland ahead of English parliament, where licensing law changes wait until 2009.
Department of Health	2006	Models of care for alcohol misusers (MOCAM)	Significant document - identifies provision across tiers of intervention, implications for social work.
Department of Health, Social Services and Public Safety (Northern Ireland)	2006	New strategic direction for alcohol and drugs 2006-2011	Continued devolution and focus on alcohol.

National Probation Service	2006	Working with alcohol misusing offenders: A strategy for delivery	Significant and detailed commitment from non-health sector, and ahead of any social service perspective.
Rastrick, D. Heather. N. and Godfrey. C	2006	Review of the effectiveness of treatment for alcohol problems	Significant academic review.
Alcohol Concern	2007	A Glass half empty? Alcohol Concern's review of the impact of the Alcohol Harm Reduction Strategy	Strong critique of lack of real impact of strategy.
Department of Health	2007	Safe, Sensible, Social: The next steps in the national alcohol strategy	Governmental response and signal of the pressure of the alcohol discourse.
The Information Centre (National Statistics –Department of Health)	2007	Statistics on alcohol: England, 2007	Big highlighting of extent of concerns accompanying new strategy.
National Audit Office	2008	Department of Health reducing alcohol harm: Health services in England for alcohol misuse	Further (devolved) critique.
Welsh Assembly Government	2008a	Working together to reduce harm: The substance misuse strategy for Wales 2008-2018	A more concerted effort to readdress the balance between illegal drugs and alcohol
Welsh Assembly Government	2008b	Consultation on stronger families through a new approach to Integrated Family Support	A move to look at multi-agency approaches, using strength rather than deficits based approach. Unique Welsh government development.
The Scottish Government	2008a	The road to recovery: A new approach to tackling Scotland's drug problem.	Important adoption of the new recovery paradigm in formal strategy document.
The Scottish Government	2008b	Costs of alcohol use and misuse in Scotland	Web only. Continued evidencing gathering as 'Price per Unit' conversations begin to emerge.

Coghill, N.; Miller, P. and Plant M.	2009	Future Proof: Can we afford the cost of drinking too much? Mortality, morbidity and drink driving in the UK	Alcohol Concern publication which continues to suggest gap between policy rhetoric and reality
Gartner, A., Cosh, H., Gibbon, R. and Lester, N.	2009	A profile of alcohol and health for Wales	Welsh Centre for Health publication , another significant evidence of harm document
Home Office	2009a	The practical guide for preventing and dealing with alcohol related problems: What you need to know	A guide on licensing and Community Safety Partnership (CSP) work.
Home Office	2009b	Guidance on drinking Banning Orders on applications – For Local Authorities, Police forces, magistrates and course providers within England and Wales.	Evidence of alcohol being treated like drugs with treatment through criminal justice interventions. Evidences that for criminal justice approaches Wales continues to lack devolution.
UK Government	2010	Drug Strategy 2010, reducing demand, restricting reply, building recovery: supporting people to live a drug free life	Adopts the wider 'recovery' discourse.
Home Office	2012	The Government's Alcohol Strategy	No reference to social services or social work. Challenge to industry and spectre of 'Price per Unit'. Transfer of some responsibility for public health to local authority.

Appendix 2

Strategy and policy documents: Content analysis word search

	1*	2	3	4	5	6	7	8	Average
Content word/s searched									
Social Care	14	11	16	20	11	3	13	2	11.25
Health	204	152	188	184	335	26	281	148	189.75
Social Work	0	3	0	0	11	0	0	8	2.75
Social Workers	0	0	0	0	4	0	8	6	2.25
Nurse	8	2	3	15	17	1	12	5	7.875
Police	74	12	5	8	2	0	6	13	15
Probation			2		3		2		2.66

Documents searched

(Numbers in table correlate to document below)*

1. * Department of Health. (2007a) *Safe, Sensible, Social: The next steps in the national alcohol strategy*, London, Department of Health.
2. Welsh Assembly Government. (2008a) *Working together to reduce harm: The substance misuse strategy for Wales 2008-2018,* Cardiff, Welsh Assembly Government.
3. Department of Health. (2006) *Models of care for alcohol misusers*, London, Department of Health.
4. Department of Health. (2005a) *Alcohol misuse interventions: Guidance on developing a local programme of improvement*, London, Department of Health.
5. Rastrick, D., Heather, N. and Godfrey, C. (2006) *Review of the effectiveness of treatment for alcohol problems*, London, National Treatment Agency for Substance Misuse.
6. Drummond, C., Oyefeso, A., Phillips, T., Cheeta, S., Deluca, P., Winfield, H., Jenner, J., Cobain, K., Galea, S., Saunders, V., Fuller, T., Pappalarado, D.,

Baker, O. and Christoupoulos, A. (2005) *Alcohol needs assessment research project (ANARP): the 2004 national alcohol needs assessment for England,* London, Department of Health.

7. Health Advisory Service. (2001) *The substance of young needs: review 2001*, Brighton, Pavilion Publishing.
8. Scottish Executive. (2007) *Plan for action on alcohol problems: update*, Edinburgh, Scottish Executive.

** Note – The new 2012 Strategy has no reference to either social work or social servicers

Appendix 3 -Comparing own typology with key published social work typologies

Own Typology Groupings	Own Definition	Included in own typology	Drury Hudson*	Osmond**	Trevithick***
Codified	Knowledge that is formally written researched and taught. Delivered to individuals through formalised organisational, educational and information processes.	Academia Theory Research Government policy Law Agency policy	Theoretical Empirical Procedural *(including organisational procedural considerations)*	Explicit Received/Accepted Theory Concepts Research *(acknowledges variety of sources of knowledge)*	Theoretical Factual
Non-codified	Knowledge acquired through other contexts, particularly experiential.	Life experiences (family, self and social) Drinking experience (own, familial, cultural, media) Work (supervision, support, training, '*Big Case*', culture)	Procedural Personal Practice Wisdom *(makes reference to the wisdom of others colleagues and not just the individual)*	Tacit Action of Clients of Situations Organisational	*(Non-codified sources are not really acknowledged with practical knowledge being considered the process of making use of the factual or theoretical)*
Personal	The individual synthesis of codified and non-codified knowledge over time.	Absorbed codified Absorbed culture Personalised values and ethics Accumulated memories Personal expertise (tacit) Know how	*Personal (intuitive, cultural and common sense) (identifies the experiential within this framework)* Practice Wisdom	Interactional- Contextual Personalized Emotive Embedded	Practice Practical Personal

* Drury-Hudson, J. (1997) 'A model of professional knowledge for social work practice', *Australian Social Work,* **50**(3), pp. 35-44.

** Osmond, J. (2005) 'The knowledge spectrum: A framework for teaching knowledge and its use in social work practice', *The British Journal of Social Work,* **35**(6), pp. 881-900.

*** Trevithick, P. (2008) 'Revisiting the knowledge base of social work: A framework for practice', *The British Journal of Social Work,* **38**(6), pp. 1212-1237.

Appendix 4 -Translating: Orford, J.(2008) A summary of failings of existing treatment research and some necessary shifts in ways of conducting research: some initial applied considerations.

Orford	Own research
Necessary shifts in ways of conducting research	
I. Instead of focusing on the comparison of techniques, the focus should be upon exploring common change processes. Candidates for study include: self-liberation, approach coping, working alliance, in-treatment events, social support for change. Work needs to be done on developing good, general addiction change theories.	I, Knowledge not fixed. Not comparing different techniques of improving knowledge. Change process; is this the interaction between learner and teacher (Sung Yang?). Team transfer and place of learning and culture. Knowledge as a trajectory (people forget as well as learn) (quality of relationship),
II. Adequate change theories need to move beyond a focus on the 'treatment session'. A broader and longer-term view needs to be taken which would involve, among other things, study of treatment organizations, networks of health and social care agencies and familial and community settings, as well as behavioural trajectories over time.	II, Long Term view. Beyond the immediate drinker facing the social worker, escaping the past. Bigger range of alcohol knowledge needed and impacting on practice. Extensitivity; how does knowledge and perceptions change over time
III. The field needs to embrace a greater variety of ways of accumulating knowledge. Quantitative research should be used less, and qualitative more, and research design and method should involve closer collaboration between researchers, and service users and therapists as active respondents, particularly drawing on action research and participatory research traditions.	III. Radical models, would have social workers as respondents in the research, yet original proposal as quite quantitative/RCT structured. Considerations of participatory, narrative, biographical approaches
Failings of existing research	
1. It fails to consider the possibility that well-delivered psychological treatments are, in most important respects, the same, which would account for supposedly different types of treatment having equivalent outcomes.	1, Well delivered training, supervision, and consultancy; same outcome? How does the social worker appear as a variable in this?
2. Although many service users and practitioners	2. Supervisor relationship in knowledge

believe that the therapy relationship is the most important aspect of treatment, existing research has neglected it.	acquistion?
3. Treatment research has been conducted independently of research on unaided change, leading to theories of change that are incomplete.	3. Social workers acquire confidence, skills in alcohol work despite no training and support. (If doing a case study type approach, interesting to compare and contrast accounts of training, in-put of knowledge, compared to confidence and skills).
4. Research designs have been based on a timescale that is inappropriate for a chronic, relapsing condition	4. Big limitation. Would be appropriate to do a really longitudinal study over 10-20 years, impact of policy change, agency, role, experience, own drinking, life and family experiences and media portrayal. Would there be change? (Is there any available data that has longitudinal aspect to it?) (Biographical/Narrative approaches to capture long term perspectives).
5. Research has focused too narrowly on treatment technique, failing to take account of the fact that treatment is embedded within broader settings, family and social networks, and sets of circumstances.	5. Knowledge beyond the codified.
6. Research has privileged expert, outsider theories of treatment, ignoring practitioners' own theories about what they are doing.	6. Case study with emphasis on Practitioner. Ask them, their views on own perceptions, open ended very loose structured interviews.
7. The role of drinkers in treatment research has been a passive one, as providers of data, rather than that of active contributors to knowledge about the change process	7. Acknowledge the lack of a Participant Action Research approach.
8. Unlike in the social sciences generally, in the addiction treatment research field there has been a failure to engage with postmodern critiques of logical empiricism and the search for a more satisfactory way of conducting science	8. Discourse and Constructionism.

Orford, J. (2008) 'Asking the right questions in the right way: The need for a shift in research on psychological treatments for addiction', *Addiction,* **103**(6), pp. 875-885.

Appendix 5 – Structured Data Collection Questionnaire

Data Code……..

Structured Data

Thank you for agreeing to fill in this questionnaire.
All responses are stored as coded data and will not be presented in a manner which can allow the identification of individuals.

Name

Location/Setting/Agency

1. How would you describe your gender? *(Please circle as appropriate)*

Male	Female	Other

2. Which of the following age groupings do you belong to? *(Please circle as appropriate)*

Under 30	30-39	40-49	50+

3. What is your primary language? *(Please circle as appropriate)*

English	Welsh	Other

4. Do you have any other working languages? *(Please circle as appropriate)*

English	Welsh	Other

5. Which Social Work Qualification do you hold? *(Please Indicate)*

Degree	Diploma in Social Work	CQSW
Other please specify		

6. In which year did you qualify? *(Please specify)*

7. From which Institution (University, College etc.) did you qualify? *(Please Specify)*

8. Which post qualifying awards or qualifications do you possess? *(Please specify)*

9. Are you registered as a social worker? Yes/No
   If Yes with which registration body *(Please specify)*

10. Which one of the following best describes your current employer? *(Please circle one answer)*

Local Authority
National Health Service
Criminal Justice (Police, Probation, Youth Offending)
Voluntary Sector/Charitable Organisation
Private Sector
Recruitment Agency
Independently self employed
Other

11. What best describes your current job role *(Please circle one answer)*

Management
Senior Practitioner
Training
Case Management
Practitioner
Group Worker
Support Worker
Other

12. Have you ever worked for any of the following? *(Please circle as many answers as appropriate)*

Local Authority
National Health Service
Criminal Justice (Police, Probation, Youth Offending)
Voluntary Sector/Charitable Organisation
Private Sector
Recruitment Agency
Independently self employed
Other

13. Can you indicate which is the principal client group you currently work with *(Please circle one answer)*

Children and Families
Young People Substance Use
Young People Other
Adult Mental Health
Adult Learning Disabilities
Adult Physical Disabilities
Elder People
Adult Criminal Justice
Adult Substance Use
Other

14. Can you indicate which of the following principal client groups you have worked with in the past *(Please circle as many answers as appropriate)*

Children and Families
Young People Substance Use
Young People Other
Adult Mental Health
Adult Learning Disabilities
Adult Physical Disabilities
Elder People
Adult Criminal Justice
Adult Substance Use
Other

15. Looking at your current caseload/work load what percentage of your clients experience problems with their own or someone else's drinking of alcohol? *(Please circle one answer)*

Less than 20%
21-40%
41-60%
61-80%
More than 81 %
Don't Know

16. *Please complete the attached AUDIT questionnaire*

Appendix 6- Alcohol Unit Disorders Identification Test (AUDIT) – Data Collection Tool

Please answer the following questions by drawing a circle around the answer that describes you best. For example, Question 1 asks 'How often do you have a drink containing alcohol?' If you drink alcoholic beverages almost every day, draw a circle around '4 or more times a week'. If you do not drink at all circle 'never'.

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	**Never**	**Monthly or less**	2-3 times a month	3-4 times a week	4 or more times a wee
2. On days when you drink, how many standard drinks containing alcohol do you usually have?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. **Men:** How often do you have EIGHT or more drinks on one occasion? **Women:** How often do you have SIX or more drinks on one occasion?	**Never**	Less than monthly	**Monthly**	**Weekly**	**Daily or almost daily**
4. How often during the last year have you found that you were not able to stop drinking once you had started?	**Never**	Less than monthly	**Monthly**	**Weekly**	**Daily or almost daily**
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the past year		Yes, during the past year
10. Has a relative or friend, or a Doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, on one occasion		Yes, on more than one occasion

Standard Drink = ½ pint of beer or 1 glass of wine or 1 single spirit

Summary AUDIT Information sheet

AUDIT generates your score of being 'at risk' from your drinking. It generates 4 levels of risk:

I - Score 0-7 -Not at risk -usual intervention is one of Alcohol Education.
II – Score 8-15 – Hazardous –usual intervention is some simple brief advice about moderating drinking behavior.
III -Score 16-19 Harmful –usually intervention extends advice with brief counseling and monitoring of drinking.
IV –Score 20-40 –Possible Dependency –usual intervention would suggest need to see or refer to a specialist assessment and intervention.

IF your AUDIT score gives you concern you could seek support and advise from

- Your doctor
- CAIS –Cover all North Wales -01492 523 690
- Substance Misuse Services –Cover all North Wales -01978 261125
- National Helpline -0808 808 2234

Further information and advice can be found at

Alcohol Concern - www.alcoholconcern.org.uk

Alcohol Learning Centre - www.alcohollearningcentre.org.uk

http://www.alcoholconcern.org.uk/files/20030910_143338_Screening%20factsheet%20final%20for%20web%202pdf.

http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf

Appendix 7- Semi Structured Interview

Preamble

-Thank you for giving up your time and agreeing to participate
-Confirmation of purpose of the interview (links between social work and ***alcohol***) and use of data (confidentiality)
-Recording
-Outline structure of interview
(i) A number of open ended questions following some life story themes. Please answer as fully as possible. (I may offer some additional prompts, where appropriate).
(ii) A number of more closed questions that will be used by me to capture some answers and/or asked of you to either confirm information given and or capture one or two specifics points.

Biographical *(Point of Handover)*

Warm Up	• Please can you tell me something about how and why you became a social worker?
Childhood/Family	• Can you please tell me something about your childhood and *(familial)* up bringing • Describe you current family *(circumstances)* and how that has changed over the years
Education/Training	• Please describe your career or history as a social worker • Say some more about your experiences of your formal training to become a qualified social worker. • And something about any post qualifying training that you have had
Team/Organisational	• Describe in more detail the your current agency, the team and colleagues within which you work • Reflect on current and past experiences of supervision and support
Experience with Problem Drinking	• Describe some of your first or early experiences of working with clients experiencing problems associated with drinking • How does your current experience of working (around) these issues differ?
Own Experiences of Drinking	• Reflect on you current personal experiences of drinking, both as a drinker *(or not)* and as an observer of others drinking, and perhaps how have these changed over time.
Summary and Process	• Finally thinking about the interview so far, is there anything else you might want to reflect upon about how you see alcohol and drinking fitting in to your social work practice? • Looking back where do you perceive your knowledge about alcohol comes from? • How has this interview process been for you

(Anything else you would like to say or ask -Thank You)

Appendix 8 - Consent form for respondents

Title of Research Project:	The acquisition of knowledge about alcohol by social workers and its use in practice
Researcher(s):	Wulf Livingston
1. I confirm that I have read and have understood the information sheet dated March 2010 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that I will be interviewed about personal history and how this may have affected my subsequent practice.	
3. I agree to the interview being audio digitally recorded □ (Please Tick)	
4. I understand that any information I give will remain confidential. Breaches of confidentiality will only occur consistent with All Wales Child Protection Procedures 2008, Protection of Vunerable Adults scheme (POVA), and the Care Council for Wales –Codes of Practice for Social Care Workers	
5. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected.	
6. I understand that, under the Data Protection Act, I can ask for access to the audio taped interview I provide. Data wil be kept in alocked secure system. Data will be destroyed 5 years after completeion of anaysis.	
7. I agree to take part in the above study.	

Respondent Name Researcher Name

Signature Signature

Date Date

The contact details for any subsequent issues of concern

Removed

Appendix 9 – Vignette

You're working in a statutory sector social services intake team (a combined children, adult and family team), and are responsible for initial assessments of referrals, identifying need and priority associated with cases. Acute cases are forwarded onto the appropriate long term casework teams, and with the other non-acute cases you are expected to do a brief preventative intervention, (of a maximum of six weeks) usually consisting of an extended assessment and/or short piece of work, either facilitating a further referral on to another team or case closure.

Family A are referred to you by a Sergeant of the local police force, following an episode the previous night. During which the families' three children B, C, and D, were found alone at the house by a neighbour, Mrs E, who then called the police. Subsequently, the police quickly located the mother, and after a brief discussion they were happy to leave the children with her, but felt the situation of potential child abandonment was one that needed further investigation by social services.

Over the next three weeks you make three visits to the family and establish the following.

Family A is made up of Mrs A and Mrs G (Mrs A's mother in law) and B (female child aged 9), C (female child aged 8) and D (male child aged 5). All three children appear physically well and show no obvious signs of any physical abuse. The level of physical care seems good, no obvious signs of any neglect. The school report excellent attendance, few behavioural problems and average educational achievement for B and excellent achievement for C. They are offer less information about D. You find both B and C engaging and polite children and are unconcerned for any issues of normative mental or physical functioning. You note however that both girls are keen to want to talk and seek praise. You have over each visit felt that D, is very quiet, if not speechless and particularly withdrawn, he further seems to be acutely attached to Mrs A. You also sense a level of strain, tension between Mrs A and Mrs G. It appears Mrs G's husband recently died, leaving large debts and forcing Mrs G to leave her family home.

You are told that the father of all three children, Mr A is rarely present. He is described by Mrs A as either being inside or drunk. Mrs A says that his contribution to the family over the years gets less and less. She also states that he's not particular involved with the children, although when around seems keen to engage his son, and play rough and tumble, football, and other such games with him. Mrs G is always very praising and defensive of her son.

Mrs A seems to be managing practically but is frequently nervous, anxious, forgetful, tearful and occasionally angry in your presence. You are encouraged by her efforts, but are none the less concerned that her struggle is impacting on the children and in particular D. You have begun to do some background work with GP, health visitor to establish more information about D. The GP further offered that Mrs A has been occasionally prescribed diazepam for depression.

The family live, in social landlord housing- a three bedroom flat, in an estate with a higher than average number of social service clients. The girls have one bedroom, Mrs G another and Mrs A shares her bedroom with D, unless Mr A is around and then D sleeps with his grandmother. Over your visits, whilst noticing the house is clean and usually tidy, you also see holes in the carpet, threadbare furniture, and sense all the white goods are old and severely deteriorating. Mrs A clearly tries to provide a suitable home environment.

On further investigating you find that on the night of the Police call out, that Mrs G was out socialising and Mrs A was to be found in a near neighbours , having gone to borrow some food and money, and "got caught in conversation".

Over weeks 4-6 you begin to establish a difficult but working rapport with Ms A. You occasionally find her words difficult to follow, that she is distracted and speech is often mumbled. Despite this she is generally more forthcoming and you develop a greater knowledge of her story. The near neighbour that she was borrowing the money from transpires to be a close male friend. Mrs A is reluctant to say any more about her friend. You are unclear about the nature of this relationship and its impact on the home situation.

You have more recently learnt that Mrs A had a particularly difficult childhood. Her own mother was subject to large amounts of domestic violence and both her sister and she were fearful of their father, especially on pay days and weekends. She has never had any paid employment moving straight from her parent's household into relationships with men. On your third visit you smell alcohol and notice the left hand side of her face is heavily bruised. You now suspect that Mrs A is drinking both secretively and excessively, despite previous negative replies to assessment questions.

Appendix 10 - Vignette Interview Schedule

-What are your first thoughts?

-What might be going on in this case study?

-What would you do next and why?

-What do consider the likely future scenario/s to be?

-Can you say (say some more) about what you think the role alcohol is playing in this case study?

-What support, if any, might you want in working with such a case study?

-Is there anything else you want to comment upon?

Appendix 11 - Interview Summary Data

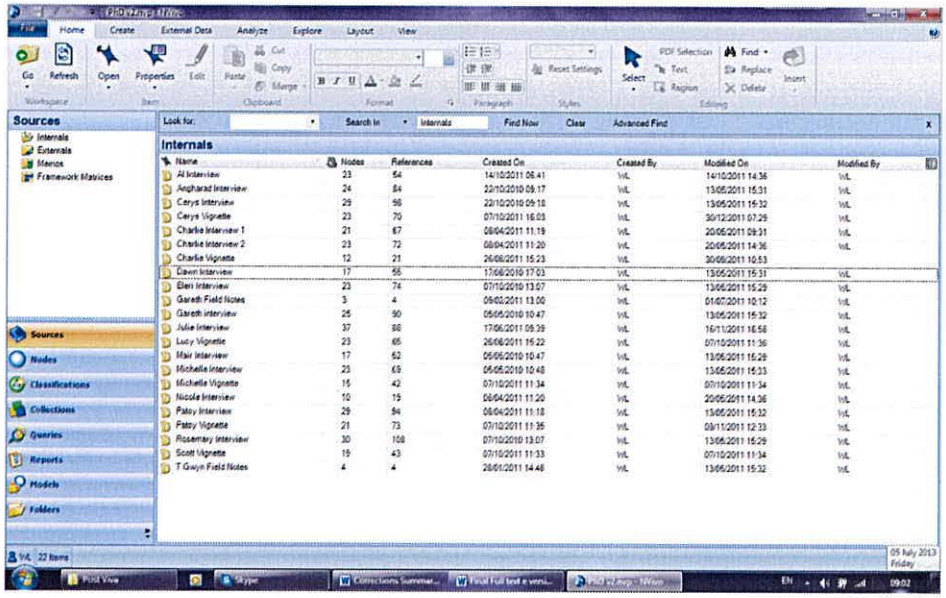
15 Respondents - 9 - Narrative only

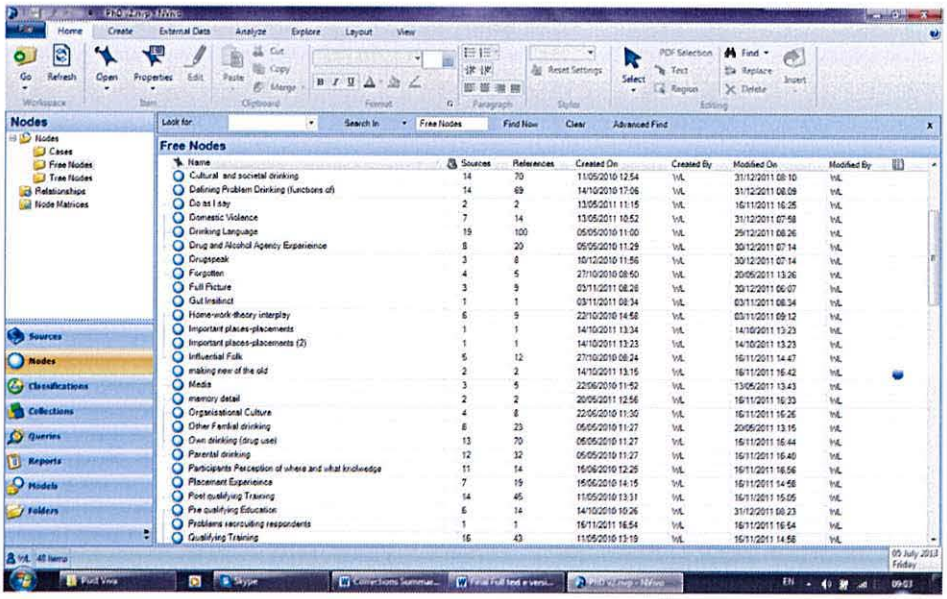
2 - Vignette only

4 - both Narrative and Vignette

	Date	Who	Type	Duration
1	19-01-2010	Gareth	Narrative	01:07.25
2	27-01-2010	Michelle	Narrative	01:12:21
3	19-07-2011	Michelle	Vignette	00:43:58
4	08-02-2010	Mair	Narrative	01:30:32
5	13-07-2010	Dawn	Narrative	01:04:57
6	24-08-2010	Eleri	Narrative	01:06:24
7	09-09-2010	Rosemary	Narrative	01:35:06
8	14-09-2010	Angharad	Narrative	01:32:41
9	15-09-2010	Cerys	Narrative	01:27:34
10	22-09-2011	Cerys	Vignette	00:54:11
11	02-03-2011	Patsy	Narrative	01:20:59
12	02-09-2011	Patsy	Vignette	00:48:55
13	11-03-2011	Charlie	Narrative	01:13:53
14	17-03-2011	Charlie	Narrative	00:48:06
15	21-07-2011	Charlie	Vignette	00:32:15
16	25-03-2011	Nicole	Narrative	01:19:43
17	10-05-2011	Julie	Narrative	01:44:36
18	20-06-2011	Al	Narrative	01:08:09
19	28-07-2011	Lucy	Vignette	00:51:36
20	13-09-2011	Scott	Vignette	00:58:15
				23:01:36

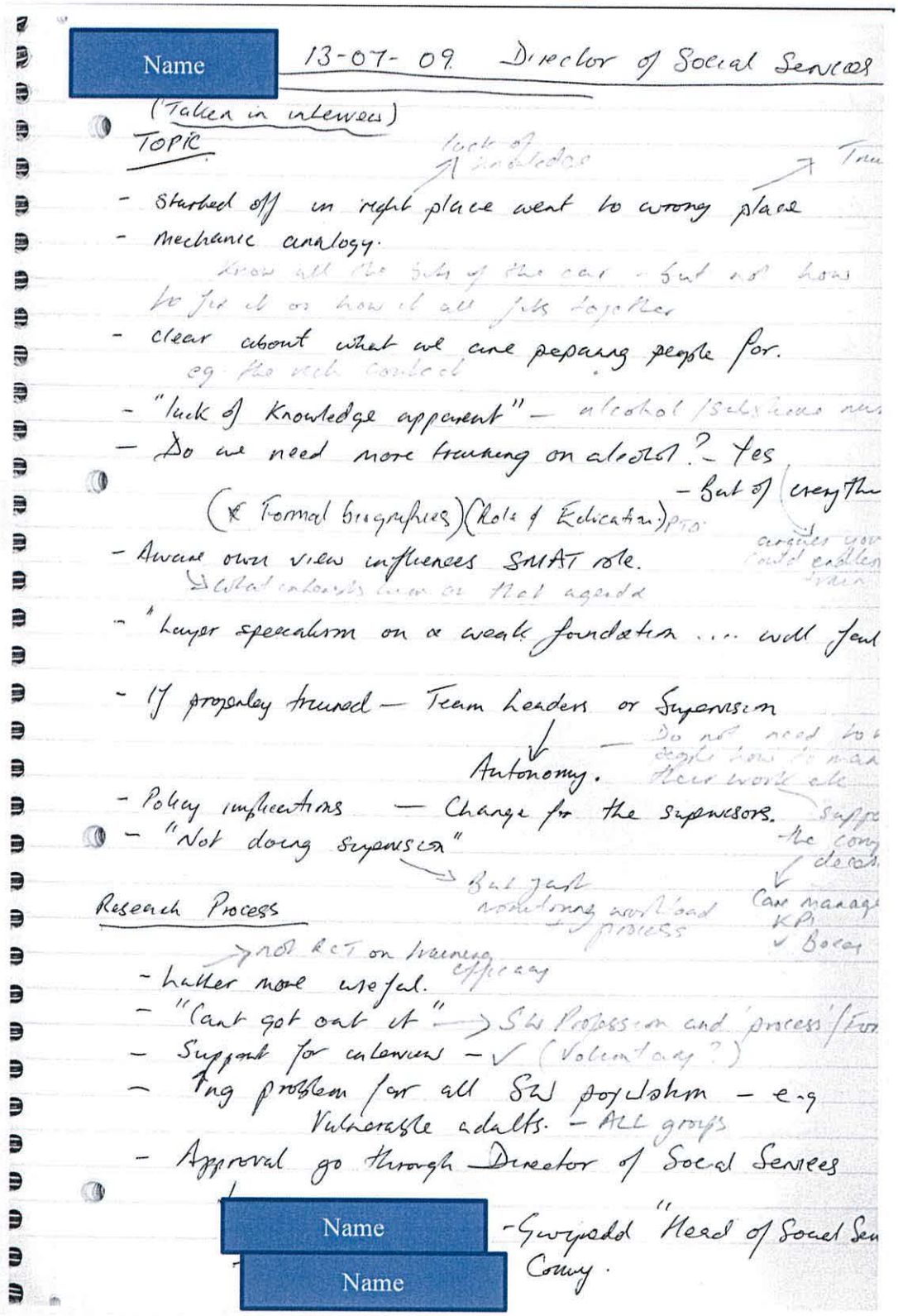
Appendix 12 – Examples of NVivo Coding



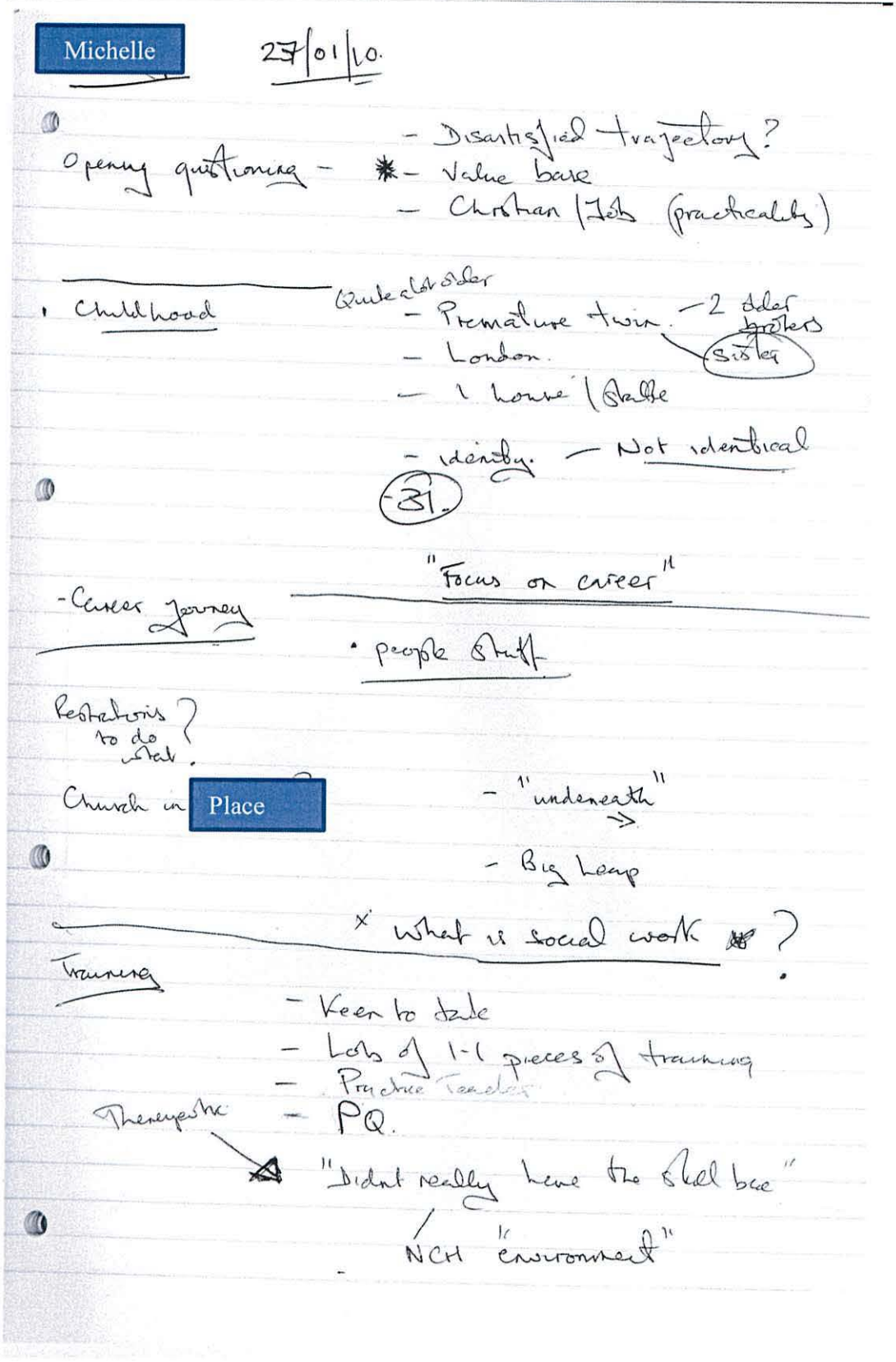


Appendix 13 – Sample of field and analysis notes

1. **Field Notes from interview –Director of Social services**

2. 

2.Field Notes and reflections on narrative interview –Michelle



- education (essays) as helpful to practice.

— Purpose -

ganisational

- only "social worker"
- Non social worker.

my teams earlier 'understaff'

"Supervision as 2nd place"

lcohol work experience

— C Agency

"Big Cases"

(1) Drug and Alcohol.

"Alcoholic"

Really happy to say tell - guided reflective.

- cognitive processing.

drinking

Very 'normative'. — accepting

(unaccepting of the social worker")

* Maybe relevant - I kind of dismissed this but it says a negative about value of some learning.

MA → X

Michelle – Evening notes

Themes
- Value base / Religion
- Reflective. (knows where she knows it from.
- 'Big Case' *
- T12 → via (church – Christian) } experience
- Academic

- Thought a lot about interview – prior to interview
- Very open – given story.

Did it Work

Yes.

- Natural talk
- Willingness to tell.
- Sense of where.
- Open
- Some alcohol.
- Some ref to learning

* Again comfortable.

No

- Would we have ever touched on alcohol (without me asking)
- Does it matter if not working with / not front line?

3. Analysis Notes –Patsy narrative interview

Patsy

How and Why Social Work 0020 3-12.

"it was their incident (Dennis Taylor) that decided me to do social work"

"always interested in people" 1-10.

Childhood + Family 3-24 — 14-00

3.50 "loads of parties"

4.28. "I realised mum had a problem with drink ..... driving mini"

"she was drinking too much.

(6.03) "I realised then there was a huge big problem in her family with drinking"

"alcohol is something I have always been interested in"

- Place (Pyschology) ↳ rejection of maths
- SPECIFIC Entry point.
- 'Florence ... Church.
- Nurse Place (DISILLUSIONED) ↳ rejection of.
- Going to be a single mum, ... , no qualification.
- Place ... culture - only men get qualified.)
- Place
- South Africa.
- Rich life.
- Place
- 13-14 yrs , Wellington , move region

(Loss of moving)

- Move to Caravan / Brother leaving home. (Fear / Change and causes of alcohol, understood in reflecting on mothers experience.
- FRAMED her understanding of functional model through experience.
- Influence of genes.

Volunteered for research as consequence of this experience.

8.00.
"awful." (Exploration of this.)

DESCRIBES family composition

↳ Mums drinking

.31.
"(family) starting to disintegrate because of alcohol"

0.112 "Suffering alone at home"

↳ Physical violence.
- episode with 'Macbeth'.

.300 "...because she was so drunk"

Big drinking event: (Loss of time over to alcohol).

-00 -20) "Journey to North Wales"/Current Family

-Fuller telling of life as we are to pay for mothers alcohol

.08 "I was, again, alone with this problem. The alcohol getting worse"

-Getting tired with ar... Place (Flight)

.10. "A higher power" ✱ — nor informal church.

-(Rhyl.) Friend - needed company.
- Brother now carer.
- Met future husband.

✱ Learning - from mother re baby (Childhood)

- Husband, living with his family introduces friends.

"I never really made close friends"

- Parents of ... Place ... making return more difficult

.40 "I am making that sacrifice really do not like things here"

Daughter as British.
- personality of mum
- fears of daughter drinking

"never ever drunk" ... (as teenager)

"always in control" ....

"I used to drunk, I do drunk but know I can stop it" 1:03.44

- "get to certain level when I can start talking. (1.05.)
"for about three months feeling really awful.
"I always like to be in control." (1.07.42.)
"devastating"

1.09. Anything Else? 1.12.

"wasn't much about it in the training".
or "nothing really to do with alcohol and its role."

"I don't know what the answer is" (1.16.30)

"maybe I should start thinking about that."
"I haven't really thought about it."?

Respect of Law.
Rave Parties - stop drinking.
TALKS alot ambiguously about people CLOSE.
Recounts - cousins party.
- Trips over 'sober' and breaks leg. (1.00 - 102.)

Episode of 'spiking'. (Ref AUDIT.)
-
↳ fear of loss of control
- embarrassment.
- BIG experience, really connected to other thoughts

- Talks about alcohol crossing a 'clears' (does not use this word)

- reference to press/ pressure

"I think it is just going to get worse than alcohol thing". (1.12)

1-12-48

Perception of Knowledge. 1-18.47

"... from experience ... as a child .... how embarrassing for a child ... "Alcohol evil"

- alcohol gives courage .... stepping stone when it gets out of hand. (1:13)

"Everybody enjoys a drink"

"If I didn't know those experiences ..... (1.14

"I have the problem with alcohol"

"judging" (1.18.40

- 'vague awareness of DAWN Cen

'Al-anteen. - couple of times
\ did help.
\ 'not your fault.'

-Mum 'Champagne Queen.'

-reference to Gene. conversation

- Haven't got close friends
- worry about husband.

- Talking about drink

- Talks about leaning going ou the window with daughter cuttin self harm.

- Put 'pressure' on daughter beca of her history with alcohol.

Appendix 14 - List of codes generated in NVivo

Tree Nodes

- Adequacy , Legitimacy and Support
- Knowledge Types
    - Codified
    - Experiential
    - Personal
    - Ways of Learning
- Respondents reflections on Process
- Trajectories
    - Disillusioned Opportunist
    - Passion
    - Been There
    - Familial

Free Nodes

- AA
- Approaches to interview
- Assessment –Audit
- Audit correlation
- Big (other) Cases
- Client* (other) drinking
- Colleagues drinking
- Cultural and societal drinking
- Defining problem drinking (functions of)
- Do as I say
- Domestic violence
- Drinking language
- Forgotten

- Full picture
- Gut instinct
- Home (and) work theory interplay
- Important places/placements
- Influential folk
- Making new of the old
- Media
- Memory detail
- Organisational culture
- Other familial drinking
- Own drink (drug) use
- Parental drinking
- Participant* perceptions of where and what knowledge
- Placement experience
- Post qualifying training*
- Pre-qualifying education
- Problem recruiting respondents
- Qualifying training
- Reflexivity
- Relationship with alcohol
- Researcher impact experience
- Safe place to talk
- Stereotypes, labels and stigma
- Supervision and support
- Talking to clients* (about alcohol)
- Team or organisational learning
- Trusting the researcher
- Values
- Vignette intervention and methods
- Vignette outcome
- Vignette problem

- What is social work

- Some label terms for free nodes are not consistent with those finally adopted in the writing up. This is consistent with the grounded theory approach as ideas that only subsequently become clear or informed by the data and analysis of.

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