PRACTICE BRIDGE

An Evaluation Model for Social Work with Substance Abusers

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Abstract:

In this article, the research topic is to develop an evaluation model for social work with substance abusers. It is studied by presenting an example of how the evaluation process could be carried out in practice. The study has been implemented with the Department of Social Services and Health Care's Centre for Recovering Substance Abusers in Finland (RSA Centre). The term "evaluation model" refers to a way of collecting client follow-up information and the way the information is used to develop social work practices. Firstly it is described, how the evaluation model was created at the RSA Centre. Secondly, some results are lifted up to show, what kind of information were used. Finally, it is discussed how the evaluation model should be developed further to support social work processes.

According to the results, the social work evaluation is possible to carry out in the side of social work with substance abusers. The model helped professionals to clarify Centre's main focus in the field of social rehabilitation and social work with substance abusers. In the long term, the model could enable to gain information about social work effectiveness. Disadvantages of the model were that it took a lot of time and resources from social work, and that the direct benefits of the model may not be available until only after some time. Evaluation's integration to the client database system should be studied more.

Introduction

In this article, the research topic is to develop an evaluation model for social work with substance abusers. It is studied by presenting an example of how the evaluation process could be carried out in practice. The study has been implemented with the Department of Social Services and Health Care's Centre for Recovering Substance Abusers in Finland (RSA Centre). The term "evaluation model" refers to a way of collecting client follow-up information and the way the information is used to develop social work practices. Firstly it is described, how the evaluation model was created at the RSA Centre. Secondly, some results are lifted up to show, what kind of information were used. Finally, it is discussed how the evaluation model should be developed further to support social work processes.

Creation of the evaluation model required reviewing several theoretical and methodological studies. After this, the objective of the study was formulated. The research topic was to develop evaluation model suitable for social work with substance abusers. It was seen that the evaluation is first and foremost a tool to do social work to track the changes with clients and develop social work accordingly. It was also seen that in the long run, the evaluation model should help clients and professionals to see the links between social work methods, mechanisms and goals. The "theory of change" links the evaluation with the intended improvements of practice. We believe that results and challenges of the evaluation model should be adequately researched and addressed before the evaluation model can contribute to evaluative practice improvement. (Rogers and Williams, 2006, p76-77.)

Katri Vataja (2012) has studied in her PhD thesis how workplace communities in social services apply the development approach in their processes and how evaluation is related to the development. It highlights the fact that developmental processes should be guided by an evaluative approach to the work practices. Vataja noticed that developmental processes are the sum of the interaction of social, human, technical and material factors. Utilising the results requires that the workplace community has a sufficient shared understanding of its basic function and has identified the shared tasks and development objects. (Vataja, 2012, p103-108.)

In the study, an evaluation model suitable for social work with substance abusers were developed. The given example from RSA Centre illustrates how social workers created the model and collected the information in their work with clients. The example also brings out how social workers could apply the findings in their daily work. In the end of the paper, the benefits and potential of the evaluation model are explored, including the critical points that emerged in the implementation of the model and its relation to other ways of contributing to the knowledge-base in substance abuse treatment and rehabilitation.

There is a great deal of published research information concerning substance abuse treatment, usually based on experimental approaches (e.g. Hansten, Downey, Rosengren, & Donovan, 2000) or quasi-experimental designs (e.g. Ettner, Dilonardo, Cao & Belanger, 2003; Watkins, et al., 2011, 2012). However, as most of these studies focus on individual interventions in certain contexts, there are often limitations in relation to the generalisability of the findings, and their replication or transferability in different contexts (Green & Glasgow, 2006; Cacciola, Alterman, Habing, & McLellan, 2011; Gone, 2012). Social work also has a diverse client population and problems vary. Social work usually consists of several context- and situation-bound methods of intervention (see e.g. Beder, 2008, p11; O'Brien & Stewart, 2009, p107). Clients' problems should be analysed in relation to certain cultural contexts, and it is important that a practice development is relevant to the clients' goals and targets

There are also several international standardised outcome measures for social work practice evaluation (e.g. Fischer & Corcoran, 2007a, 2007b; Shlonsky, Saini, & Meng-Jia, 2007; Thomlison, 2010). Examples of measures for substance misuse include Addiction Severity Index (Treatment Research Institute) and Addiction Severity Assessment Tool (ASAT) (Butler et al., 2005), which were not sufficient for our purposes. A method should fit to the context of the specific evaluation and research (Julnes & Mark, 1998, p47). Although some context-specific evaluations have been developed in Finland (e.g. Kemppainen et al., 2010) and elsewhere (Hancock, 2006; Luoma, Drake, Kohlenberg, & Hayes, 2011; Halterman, Rodin, & Walters, 2012), none of these included models for effectiveness evaluation among substance users in this respect. Therefore, an evaluation model for practice development that can be utilised in the practical settings of social work was needed.

According to the results, the social work evaluation is possible to carry out in the side of social work with substance abusers. The model helped professionals to clarify social work's main focus in the field of social rehabilitation with substance abusers. In the long term, the model could enable to gain information about social work effectiveness. Disadvantages of the model were that it took a lot of time and resources from social work, and that the direct benefits of the model may not be available until only after some time. Evaluation's integration to the client database system should be studied more.
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In summary, the evaluation itself is not enough. Collected information must be processed through a variety of stages before it can be said to be evidence. Furthermore, the evaluation should be integrated into social welfare offices' client databases. Then it could be used even if the social worker changes or the client moves to different area. However, the whole knowledge production system should be formulated in a transparent way.

Creating the evaluation model in the RSA Centre

The evaluation model has been mainly created by the RSA Centre's social workers in cooperation with evaluation experts at the Helsinki Social Services (currently the Department of Social Services and Health Care) and the National Research and Evaluation Centre for Welfare and Health, Stakes (currently the National Institute for Health and Welfare, THL). The starting point was that social workers at the RSA Centre wanted to find out if their intervention with clients were effective or not. And they wanted to know, what social work meant for different clients (see also Särkelä, 2001, p81).

Developing the model, the long-term goal was realist evaluation and its realisation that social work may have different effects on different human beings under different circumstances (Kazi, 2003; Pawson & Tilley, 1997, p63–78). Realist evaluation could help to investigate what works, for whom and in which circumstances.

The RSA Centre where the model was developed was part of the outpatient services of the City of Helsinki. Finnish municipal substance abuse services are principally targeted to all adult people living in the area and the local municipality pays for the services. At that time the RSA Centre had about 140 clients and a total of 1,560 client visits per year (City of Helsinki, Social Services Department, 2011).

There were four social work and healthcare professionals working at the RSA Centre. The RSA Centre was located in the same municipality as a registered peer support association Suojatie ("Shelter Road"). So peer support was available for the clients at a substance-free meeting point in the building. It was easy to make contacts between clients and peer support at the meeting point. Many clients also went to other peer support sessions, especially those of Narcotics Anonymous (NA) and Alcoholics Anonymous (AA).

The clients were seeking the RSA Centre's services when they had just finished substance abuse treatment. Typically, the clients had started substance use at the age of 14 years. Regular drug use had lasted about 16 years. The most commonly used drugs ("primary drugs") among the clients were amphetamine (42%), heroin (27%) and alcohol (15%). Alongside these drugs they had also used cannabis (29%) and alcohol (21%) as "secondary drugs". Furthermore, many of the clients had used benzodiazepine (Jauhiainen, 2006a, p18). Typically, clients of the RSA Centre had not undergone many periods of inpatient detoxification or inpatient treatment. At the beginning of the social rehabilitation, two in every three had been substance-free for about a year. These clients needed support in their substance-free lifestyle. Support was also needed in independent living and developing everyday skills and abilities required for reintegration into society.

Social rehabilitation is a social work orientation used with substance abusers. Social rehabilitation includes different phases. At first so called harm reduction might be the most important goal in the client's life. After this so called "low-level rehabilitation" starts for instance withdrawal treatment and rehabilitative treatment for substance use. Clients also need somatic rehabilitation and mental health support in their comprehensive social rehabilitation. Many of them are unemployed or don't have enough education, so vocational rehabilitation or work try-out practices might be under consideration. (Figure 1.)
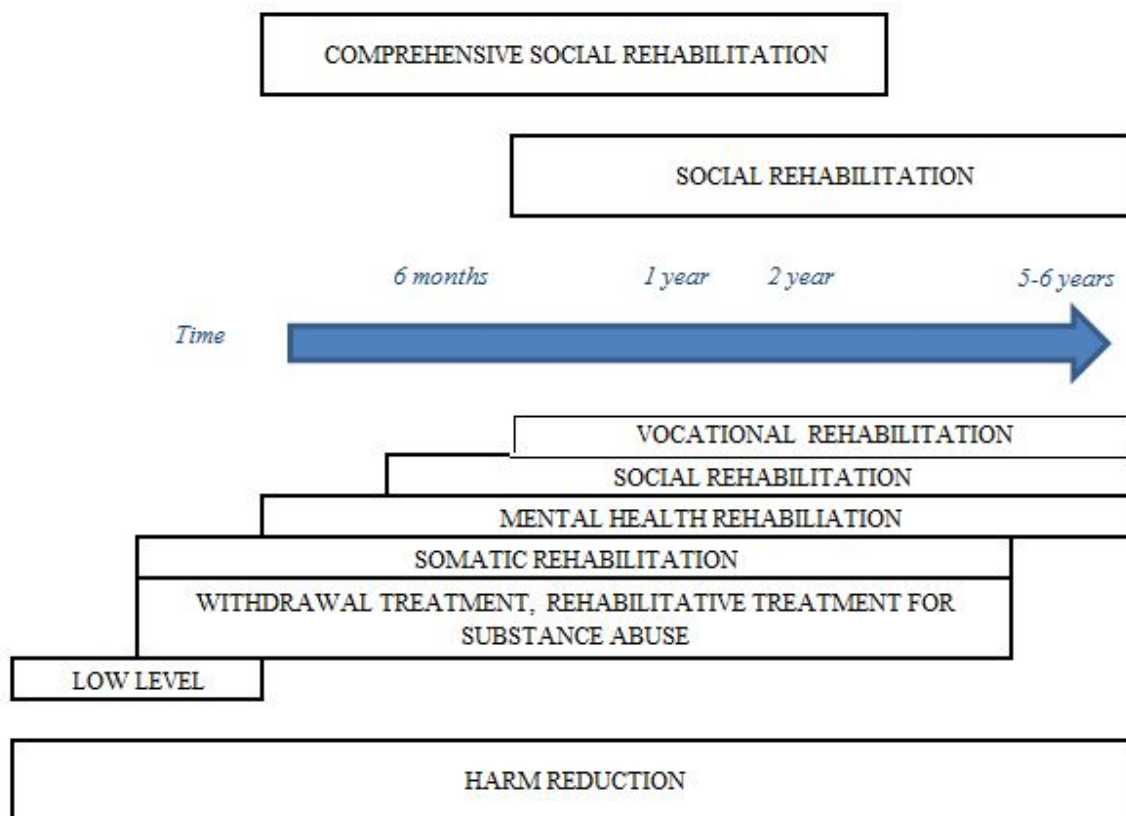
Figure 1. Phases and schedule in comprehensive social rehabilitation (Jauhiainen, 2006a).

The social rehabilitation approach used at the RSA Centre was case management, which included a wide range of activities. Rehabilitative operatives were customised according to each client's needs and situation. A case manager was a contact person between the client and her/his networks, services and life situation. Case management included substance abuse treatment, health care activities, financial support and occupational plans. The Centre did not deal with social assistance or other benefits but social workers supported those clients who were applying the financial support. (Jauhiainen 2006a, p3-4.)

The clients received support and mentoring in their new life situation without drugs. This meant establishing new social networks, hobbies and lifestyle. Usually, a wide range of different services were needed, such as healthcare and welfare services, child welfare and employment services. Debt advice was given, and unfinished criminal affairs and penalties have been sorted out. The workers were not service producers or administrative decision-makers. Instead, the workers assisted the clients in "navigating" through the service system but the Centre did not produce those services. (Jauhiainen, 2006a, p3-4.)

It was important that at the beginning of the rehabilitation the client and the worker learned to know each other better and assessed the situation together. Usually it might take several months to build a relationship based on mutual trust with these clients. So common goals were agreed gradually and plans for the next steps were made, including solutions to the problems in education, housing,

finances, employment and work. It was obvious that the client's situation, goals and plans could change during the process. The clients might undergo many life crises, such as changes in their family status, some of them had difficulties in employment or their economic situation has been be impaired for a long time. Therefore, important information about the client's current situation was collected and documented as the client-worker relationship is developed.

Support from the Department of Social Services and Health Care's management was highly important for the evaluation model. In 2003, the Department's Executive Board approved the evaluation and evaluation plan (City of Helsinki, Social Services Department, 2003), and the evaluation project described here was launched in 2004.

Linking the evaluation to the social rehabilitation

The social work evaluation model was built as a part of the client's rehabilitation process (Figure 1), so it should not be carried out as a separate function. Outcome measures were developed to track changes in the client's life situation consistent with the goals of the intervention approach (Jauhiainen, 2006a, p5).
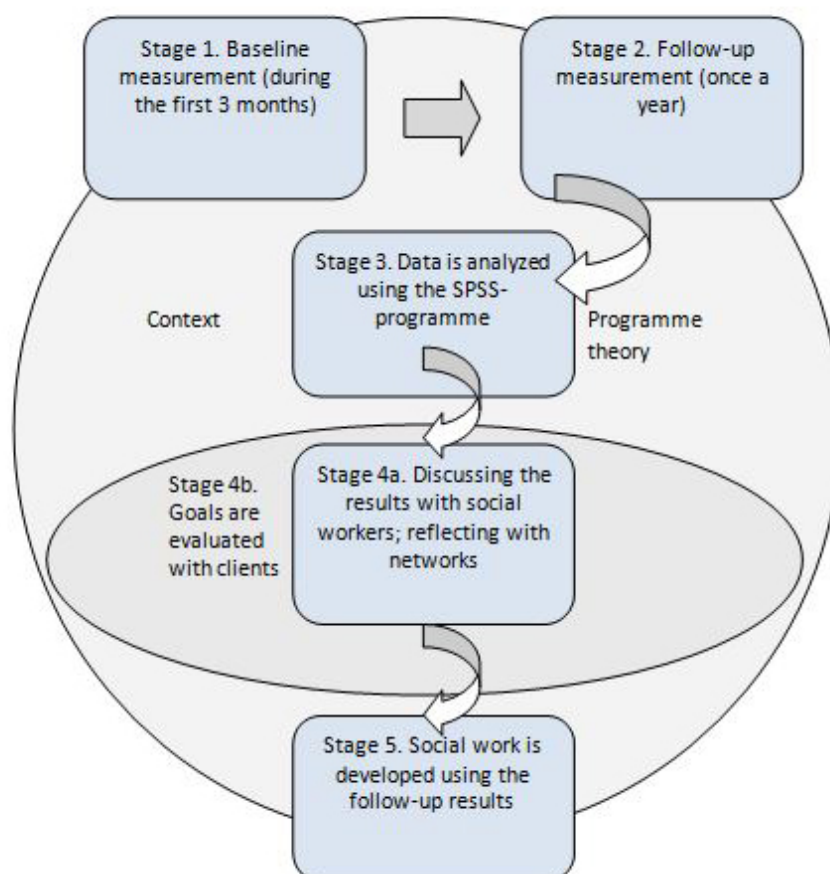

Figure 2. RSA Centre's evaluation model in social work.

At stage 1 in Figure 2, the baseline measurements were taken during the first three months. Information was documented during the different phases and processes of the work with the client. The client's situation was assessed using a

basic information form. The client filled out questions relating to his/her social situation, education, income, diseases, social problems, and substance abuse. The social worker recorded the treatment and support the client was receiving during the rehabilitation: (a) outpatient treatment and peer-support, (b) residential treatment and peer-support, (c) peer-support only, (d) replacement treatment, (e) outpatient treatment and no peer-support, (f) residential treatment and no peer-support or (g) no treatment or peer-support.

Follow up measurements (stage 2) were done once a year, by using the same questions with the client. New variables were added to the evaluation questionnaire whenever new phenomena requiring monitoring have been emerged, such as eating disorders or learning difficulties. It was asked, what the client's situation with substance use was. Was he/she substance free, advanced, and was the situation unchanged, or gone to worse. The social worker recorded what kind of treatment and support the client was receiving during the rehabilitation: (a) outpatient treatment and peer-support, (b) residential treatment and peer-support, (c) peer-support only, (d) replacement treatment, (e) outpatient treatment and no peer-support, (f) residential treatment and no peer-support or (g) no treatment or peer-support.

At stage 3, the collected data was analysed using the SPSS (PASW) program. The results were discussed at the RSA Centre's evaluation meetings with the client across the four different phases (after six months, a year, two years and five to six years).

The evaluation model also included work with other service providers (stage 4a), because it was usually not possible to meet needs such as the client's debts or housing situation without the help of debt advisors and the municipal rental housing agency. Goals were evaluated with the client using the evaluation results (stage 4b) and they were also used in review meetings with social workers and other agency representatives.

Finally, at stage 5, conclusions were integrated into practice and used to make informed social work decisions (e.g. Jauhiainen, 2006b). Social work intervention was developed using the evaluation results, as reflected against the context and programme theory. According to Pekka Borg (2008, p24), a programme theory (change theory) could be drafted in a number of ways. A scientific theory could be adopted to develop specific social work intervention, and the practice improvement model could also be based on a theory developed by the participants, such as social workers and clients. However, was not always necessary to begin with a theory, as theories may emerge from the evaluation findings. In any case, results should be reflected against the best available knowledge from social work.

The social work context included organisational and larger social factors where the client process was implemented. Social work might have different effects on different clients living under different circumstances (Pawson & Tilley, 1997, p63-78). Evaluation results were reviewed taking into account these larger factors, such as deteriorated employment opportunities. Context (such as reduced resources) might also influence workers' professional views and also to the whole organisation (Flynn, Knight, Godley, & Knudsen, 2012, p113), which means that they will also influence the process of social work practice development.

From 2003 to 2011, the RSA Centre's evaluation database included 323 clients. Evaluation data was collected from all still active clients at the end of

each year. Thus, the database consisted of baseline measurements and a maximum of eight evaluation measurements per client. The average duration of the involvement of the RSA Centre was found to be 27 months. In 28% of the cases, the involvement had lasted less than a year, but another 18% had continued as clients for at least four years (City of Helsinki, Social Services Department, 2011).

All of the clients of the RSA Centre received case management services including different kinds of support and treatment.

Can the evaluation support social work with substance abusers?

The main task in this study was to develop an evaluation model suitable for social work with substance abusers. Next it is presented few examples, what kind of remarks it was possible to do by using the evaluation model in the RSA Centre and how these results were handled.

Firstly, it was noticed that evaluation information from social rehabilitation is possible to gather during the social rehabilitation process. It was seen that so called "silent knowledge" came visible. For instance, it was known that usually changes in housing, working, studying, income, debts and taking care of one's own children changed for the better during the social rehabilitation. Now the clients and social workers saw concretely how these changes were connected to the social work activities.

Changes achieved also through life areas and behaviours the service users could influence by their own choices. This has been observed in other studies as well (Kivipelto, Blomgren & Suojanen, 2013, p47). The client's motivation and ability to work towards their rehabilitation is close to the concept which Mark, Henry and Julnes (1998, p6) refer to as the "underlying generative mechanism". The clients' motivation seems to explain why case management works with substance abusers.

Table 1. Treatment during Social Rehabilitation and change in substance abuse.

Treatment during Social Rehabilitation	Change in substance abuse, second measurement			Total
	Substance free or advanced	Unchanged	Gone to worse	
Outpatient treatment + peer-support	53	1	13	67
	79,1 %	1,5 %	19,4 %	100,0 %
Residential treatment + peer-support	6	0	5	11
	54,5 %	,0 %	45,5 %	100,0 %
Peer-support only	58	0	6	64
	90,6 %	,0 %	9,4 %	100,0 %
Replacement treatment	11	15	13	39
	28,2 %	38,5 %	33,3 %	100,0 %
Outpatient treatment, no peer-support	19	11	19	49
	38,8 %	22,4 %	38,8 %	100,0 %
Residential treatment, no peer-support	1	1	7	9
	11,1 %	11,1 %	77,8 %	100,0 %

No treatment, no peer-support	4	5	11	20
	20,0 %	25,0 %	55,0 %	100,0 %
Total	152	33	74	259
	58,7 %	12,7 %	28,6 %	100,0 %

Chi square p < 0.000

Evaluation helped to discover the importance of peer support (Table 1). Workers already knew the importance of peer support as a component of social work with substance abusers, but they did not have enough evaluation data to show it. It was observed when taking the second evaluation measurements that 79, 1% of clients who received peer support with an outpatient treatment were stayed substance free or advanced with their rehabilitation goals. 54, 5% of the clients who received residential treatment plus peer support had also stayed substance-free or advanced with their rehabilitation goals. (City of Helsinki, Social Services Department, 2011; see also Wood et. al., 2010). Treatments without peer support showed worse results, as only 38, 8% of those who received only outpatient treatment and 11, 1% of those who have received only residential treatment were advanced or stayed substance-free (see also Andreas, Ja & Wilson, 2010).

It was also observed that peer support helped to achieve more positive outcomes. Similarly, another study by Cosden et al. (2010) noted that successful participants engaged more frequently with family and friends while in recovery and, while in treatment, reduced contact with friends and family who used drugs. This also enabled them to make new friends among those who were also in recovery, and helped the rehabilitation process.

The RSA Centre's evaluation also indicated that at least half of the clients were in psychiatric or substance abuse therapies or other outpatient treatments, and that those attending peer support stayed substance-free more frequently. The evaluation enabled social workers to understand that peer support had to be included in the rehabilitation process also in the future.

The hardest and slowest improvement occurred in areas related to structural factors, such as income traps (Jauhiainen, 2006a). Clients participating in peer groups advanced better towards a stable income without social assistance than those clients of the RSA Centre who did not participate in peer groups. On the other hand, only half of those who stayed substance-free or reduced their substance abuse achieved positive changes in their income. The results also showed that it was important for the social workers to promote peer support in income issues.

According to the Tuula Jauhiainen's (2011) summary, the personnel have noticed several advances concerning the evaluation model:

- The team has involved to the common development process. They have realised common goals and targets for the development.
- Information from the evaluations have utilised in many situations. The information has helped to identify different clients and their needs.
- The evaluation information has enabled reflections between clients and professionals. It has been easy to talk with the results and reflect their meaning to the rehabilitiation process.
- Social work has become more open to the clients. The evaluation information has also been open for research.

- The development has clarified social works' place and function in the field of substance abuse services.

The RSA Centre has accumulated much information about what kinds of changes occur in the life situation of the clients in the long run. In addition, systematic information has been obtained concerning the problems and shortcomings of the interventions with clients. By tracking the changes, the RSA Centre can use the evaluation data to develop interventions to better meet the needs of the clients.

The RSA Centre has learned how to take corrective steps for the benefit of its clients. However, why peer support worked so well within case management for some clients and why others did not have peer support were not easily explained. There is a need for more studies about what lies behind the quantitative figures and how new strategies can be developed to help clients whose substance abuse problems reoccurred. These reflections are an essential feature of the development (see also Koivisto, Vataja & Seppänen-Järvelä, 2008, p1176).

The evaluation information has been helpful when proving the importance of the RSA Centre's work. Even though the organisation has evolved over the years, the main structures of client work have not changed. The RSA Centre has succeeded to assess the clients need more systematically and track the changes in their goals. However, the best thing was that professionals learned to use the evaluation information in their daily practice.

Discussion – social work needs a practical evaluation model with substance abusers

According to Michael Quinn Patton (2010, p26), social workers will be highly motivated if information helps them to improve practices (see also Kazi, Pagkos, & Milch, 2011, p59). It has been observed at the RSA Centre that the evaluation data can also be used in many other situations. The evaluation model developed in the centre has clarified the Centre's main focus in the field of social work and social rehabilitation with substance abusers. Professionals felt that they learned to know better their clients and the phenomena that are linked to their situation. The working agenda is getting clearer and it is also far easier to be more concrete with clients. (Jauhiainen 2011.)

Social workers and employees must be proactive in making use of the evaluation data. It was noticed that the employees and management also learned how to control their activities on the basis of the evaluation information. However, more work is required to improve the model and its' implementation to practical social work and management settings before it could be said to inform practices. Also it should be worked more with attitudes towards social work monitoring and evaluation. There still remains fear and prejudice against research and evaluation in social work practices.

Disadvantages of the model are that its application takes up the workers' and clients' time and resources, and that the direct benefits of the model may not be

available until only after some time. Better database systems would make recording easier and more fluent.

It has noticed that the clients' expectations toward the treatment are important, along with the workers' attitudes, personalities and their relationship with the clients (Cloud & Granfield, 2008; Kuusisto & Saarnio, 2012). Therefore, any social work evaluation and evaluation by the use of a single research method may provide only a partial reflection of reality, for instance the use of only experimental designs or Campbell and Cochrane reviews (see e.g. Hansten et al., 2000; Ferri, Amato, Davoli, 2006; Hesse, Vanderplasschen, Rapp, Broekaert & Fridell, 2007; Kaner et al., 2007; Amato, Minozzi, Davoli & Vecci, 2011; Smedslund et al. 2011). This study illustrates that it is important also discuss and reflect on what works and under which circumstances, taking into account the clients' contexts and the different components of the interventions applied.

In summary, the evaluation model succeeded in raising a variety of questions. For example, are the client-centred methods effective enough in adult social work if the reason behind the problem is societal, such as the lack of jobs and services? Even though it is generally accepted that clients' problems are born out of social and structural conditions, social work methods mainly focus on the individual level (Juhila, 2008). Could the effectiveness be higher if structural social work were used more? The underlying reason is usually said to lie in the resources: case work and social assistance are primary duties and there are no resources for structural or empowering social work. Community work, structural social work and political social work should be evaluated more.

Conclusions

Already the early pioneers of social work claimed that the practice should be grounded on systematic and scientific analysis (Gredig & Marsh 2013, p64). The RSA Centre's follow- up model was developed by social workers and social work researchers to enhance this by research based practice in the area of social rehabilitation. The model was created and tested in the RSA Centre, but it needs further developing and testing in concrete situations.

Different tools can be used in theory construction for improving the evaluation model towards more systematic evaluation research. Effectiveness evaluation methods carried out in real life conditions have evolved greatly in the last decade (Kazi, 2003; Chen, 2005; Mark & Henry, 2005; Madhabi, 2007). For example, logic models may enable theory-based and systematic evaluation (see, e.g. Chen, 2005, p73-79; Innovation Network; Knowlton, & Phillips, 2009). The primary objective should not be to prove some of the interventions ineffective and others effective. Instead, the objective should be to explain why certain goals are reached or not. So it is very important to do careful needs assessment and baseline mapping with clients to define the goals they would like to achieve (Figure 3, Stage 1.)
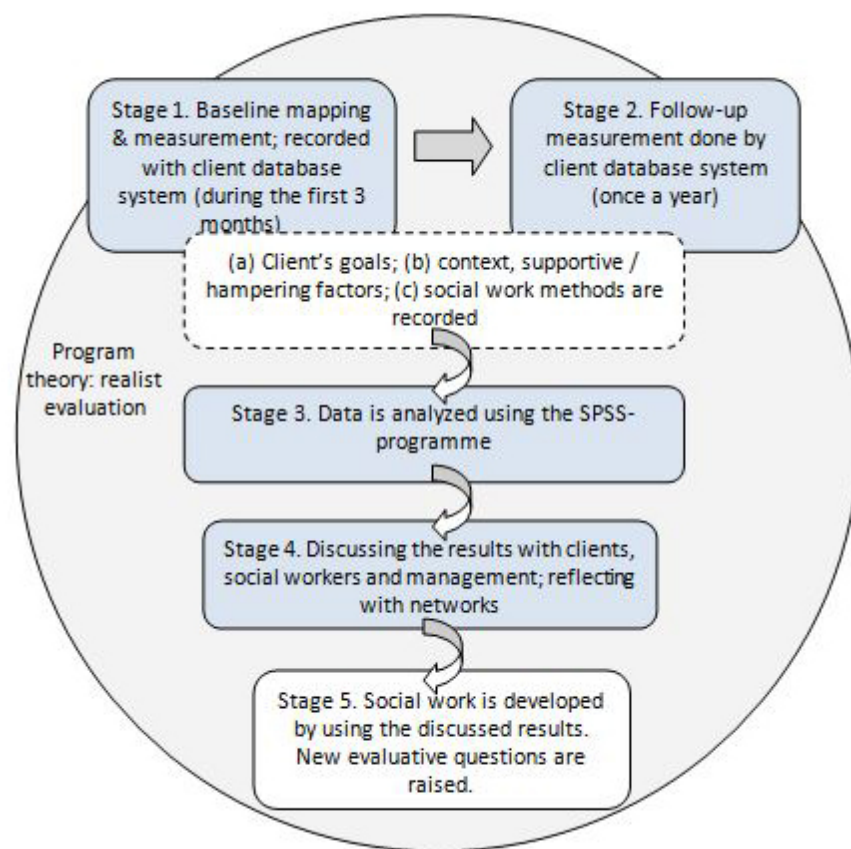
Figure 3. An evaluation model for social work with substance abusers

Another approach would be more pragmatic, developing theories of effectiveness through the regular analysis of data investigating patters between demographic information, the intervention and outcomes (Kazi, 2003; Kazi et al., 2011). This study has demonstrated that the evaluation model could be developed further to study which approaches work for whom and under which circumstances. This would support an evidence-based practice which is defined as a process of using research findings to assist the clinical decision-making in social work (Gredig & Marsh 2013, p71).

So in the future, theory-driven evaluation, based on realist evaluation, and theory testing should be integrated into the model. Thomas A. Schwandt (2009, p197) points out that it is more important to reflect on the responsible application of collected information than to discuss methods. Theory-driven evaluation aims to do so by answering questions arising from the results of the evaluation for the practice improvement model: how we can achieve this result? Why do these actions cause certain outcomes? In order to answer these questions as fully as possible, the evaluation should be integrated to the daily social work practice.

The evaluation and evaluation of social work should also be done while taking into account the clients' complex and multidimensional situations. Not only clients' goals are recorded but also different factors that support or hamper the attainment of goals. Social work methods are needed to the evaluation to see, which methods are causing positive change, and which methods are not.

The client database systems are too inflexible at the moment what comes to the systematic evaluation. Data gathering is possible to integrate to the system, but there are no possibilities to integrate the data to other data sources. So at the moment, many professionals have to record client information to many different forms, files and systems. There is need for comprehensive models where clients' needs, problems and goals are compared to their situation and environment and the results are discussed thoroughly with different stakeholders (clients, social workers and other collaborating welfare agencies).

More elaborated client database systems would help to collect more comprehensive information as well as analyse and study clients' situation in relation to all possible evaluation information from social-, health- and human services. (Figure 3, Stage 3.)

The RSA Centre's social work evaluation -model generates a knowledge base of client cases and provides a basis for the utilisation of evidence-based research. Furthermore, any data from the case records and client self-assessment reports cannot be used as evidence until it has been interpreted (Gray, Plath, & Webb, 2009, p17). There is a need for wide-ranging discussions about producing evidence-based knowledge and the ethical questions related to it. Such discussions are already being held in many countries (Gray, Plath, & Webb, 2009; Greene, 2009; Schwandt, 2009). (Figure 3, Stage 4.)

Finally, social work should be developed by using the evaluation results (Figure 3, Stage 5). The national goals of social work are usually not very clearly stated. This makes the final stage challenging. Because social work takes place in the interaction between individuals and society, its effectiveness is not an insignificant matter. In some studies in Finland, social work has been observed to be mainly about integrating and adapting clients into the society. Critical or emancipatory social work and social work targeting structures are less common (Juhila, 2002; Kivipelto, 2004). Measurable national targets would help in assessing the findings and developing social work accordingly.

In Scandinavia, there are both tendencies towards a narrow view for evidence-based knowledge and long traditions of qualitative inquiry (Shaw & Bryderup, 2008, p24). However, these different views are not converging towards a consensus and actors are mostly staying in "separate camps". Instead of this, the focus should lie on which types of evaluation and evaluation could improve the knowledge base of social work and make social work to more evidence-based.

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