

Perceptions of social workers regarding their role in aftercare and reintegration services with substance-dependent persons

by

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To God be the Glory!

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ABSTRACT

Perceptions of social workers regarding their role in aftercare and reintegration services with substance-dependent persons

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DEGREE: MSW (Health Care)

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The goal of the study was to explore the perceptions of social workers regarding their role in aftercare and reintegration towards substance-dependent persons. The research was about the quest to unlock the perceptions that social workers, both in the employ of the Gauteng Department of Social Development and SANCA, have about their role in aftercare and reintegration services. Hence, the research approach followed was qualitative. Due to the nature of the study, the researcher used focus group interviews for data collection. An interview schedule, with guiding questions, was prepared in advance. The research also aimed to make comparisons between the Gauteng Department of Social Development and SANCA findings. Consequently, two focus group interviews were conducted for Gauteng Department of Social Development and SANCA, respectively.

The findings from the two focus groups conducted were packaged in three sections, namely, findings from Gauteng Department of Social Development, from SANCA Eersterust and the combined data. The key findings from the Gauteng Department of Social Development were that aftercare services were viewed as motivation of clients and providing emotional support. The causes of substance abuse relapse were due to a lack of support, boredom and stigma. There was limited knowledge amongst social workers on how relevant legislation and policies link up with aftercare and reintegration services. There was a lack of manuals or guidelines on how aftercare and reintegration services should be rendered, and lastly, there was a view from social workers that the Department of Social Development should play a leading role on issues of aftercare and reintegration services. The key findings from SANCA were that aftercare and reintegration services were more about a holistic approach. The causes of substance abuse relapse were mainly about triggers and lack of social infrastructure. The stumbling blocks for effective aftercare and reintegration services were part of an external locus of control, shortage of skills development centres and inadequate services in treatment centres. Aftercare and reintegration services should include

assessment, support groups for clients and families, skills development programmes and referrals. Lastly, the role of social workers when it came to aftercare and reintegration services included case management and support. The role of the social workers both from the Gauteng Department of Social Development and SANCA according to the participating social workers were as follows: resource management, therapy, empowerment, case management and support.

Recommendations were made for effective aftercare and reintegration services and for future research. The recommendations for effective aftercare and reintegration services were: (1) aftercare and reintegration services should include in their programmes sessions and activities on emotional support and motivation; (2) the holistic approach should be adopted when rendering aftercare and reintegration services to substance-dependent persons; (3) the Department of Social Development should take the lead on issues of aftercare and reintegration services and should be supported by NGOs; (4) social workers were best located and more effective as case managers for substance abuse and aftercare and reintegration services in particular; (5) specialisation of social workers in the field of substance abuse was recommended; (6) there was a need for workshops for social workers in the substance abuse field to be trained about relevant policy and legislation in the sector; (7) there was a need for a manual from the Gauteng Department of Social Development and SANCA which should sketch out the process and procedures of rendering aftercare and reintegration services to recovering substance-dependent persons.

The recommendations for future research were that this study was based on social workers from the Gauteng Department of Social Development and social workers from SANCA within the jurisdiction of the Tshwane area. It was recommended that a study be conducted in other areas of South Africa to make comparisons of the data. It was established that there were various legislation and policies which deal with issues of aftercare and reintegration services. There was however, a need to determine whether such legislation and policy were in line with the needs of the substance dependent people. Lastly, it was also recommended that there should be more scientific enquiry on issues of aftercare and reintegration services in substance-dependent persons in South Africa.

Keywords:

- Aftercare services
- Perceptions
- Reintegration services
- Role

- Social worker
- Substance abuse

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CHAPTER 1: General introduction

1.1 INTRODUCTION

Substance abuse is an escalating and complex phenomenon in South Africa and the world at large. According to the 2013 World Drug Report, it is estimated that between 167 and 315 million suffer from the use of illicit substances (United Nations Office on Drugs and Crime [UNODC], 2013:17). Although most of the social ills with which countries battle, such as poverty and HIV and AIDS, emanate from substance abuse, this notion cannot be regarded as absolute because there are also other factors, for example unemployment that contribute towards the increase in substance abuse. The *National Drug Master Plan 2013-2017* (hereafter referred to as the NDMP) (Department of Social Development [DSD], 2013:1) outlines substance abuse as a major contributor to crime, increased HIV infections, poverty and reduced productivity. In addition, the NDMP indicates that substance abuse contributes to loss of employment, increase in non-communicable diseases such as cancer, heart diseases and psychological disorders, dysfunctional family life, injury and premature death (DSD, 2013:1). These statements from the NDMP are confirmed in actual South African statistics. For example, in the Western Cape, statistics from the Drakenstein Police Station reflect that an estimated 80% of housebreaking and theft-related cases are substance abuse-related (Van der Westhuizen, Alpaslan & De Jager, 2010:222).

Substance abuse is undeniably a phenomenon which affects stakeholders such as government, the private sector and civil society. As a result, there is no consensus on the costs that are attached to substance abuse in South Africa. Based on the international data, the social and economic costs of substance abuse can be estimated at approximately 6.4% of the gross domestic product (GDP) or about R136 380 million per year (DSD, 2013:21). However, it should also be noted that there are emotional and social costs of substance abuse which may not be quantifiable, but are very severe. The NDMP does highlight that substance abuse does not only negatively affect the person

abusing it, but is also contributes towards social ills which necessitate enormous budgets from, among others, government to manage and eradicate it.

South Africa, as a developing economy, is vulnerable to the drug problem. Unemployed people and those trapped in poverty can engage in the illegal drug trade as a means of income, or abuse drugs in an attempt to escape their grim realities. South Africa's free market economy, lenient foreign trade policies and good infrastructure create an environment conducive for the inflow of illicit drugs which worsens the scenario (DSD, 2006:4).

The South African provinces that show high rates of substance abuse are the Western Cape with 11% of the population addicted to drugs, followed by Gauteng with 6% of the population being substance-dependent persons (Government Communications and Information System [GCIS], 2012:547). The drugs that are commonly used in South Africa are cannabis followed by opioids (UNODC, 2013:17). The negative impact is felt largely among young people who are expected to lead the future generation. According to Van der Westhuizen et al. (2010:222), there is an increase in the number of young people dying from substance abuse-related causes, while 40% of the adolescents treated for addiction end up suffering from other mental illnesses. The above-mentioned statistics of Gauteng, coupled with the devastating number of young people addicted to drugs, clearly indicate that substance abuse is certainly a social problem that needs to be addressed urgently in, amongst others, the Gauteng Province.

Unfortunately, substance use relapse undermines the effort of addressing substance abuse across different countries. According to Lewis, Dana and Blevins (2002:105), relapse is when a person resumes an abusive pattern of substance use after a period of treatment. Maringa (2009), the Social Work Manager of Community Corrections in the Department of Correctional Services, indicated that of all the offenders referred to treatment centres for rehabilitation, only two percent maintain sobriety beyond a month. In addition, Gorski (in Van der Westhuizen et al., 2010:222) indicated that the relapse rate of adolescents is estimated at 58%. Although these statistics do not reflect the

overall presence of substance use relapse in South Africa, it nevertheless seems that either treatment centres do not have the mechanisms in place to ensure that people recovering from substance abuse are able to maintain sobriety, or social workers fail to render aftercare and reintegration services to enable addicts to refrain from relapsing.

The South African government makes provision for aftercare and reintegration services within the *Integrated Service Delivery Model (ISDM)* and the *Prevention and Treatment of Substance Abuse Act 70 of 2008*. Moreover, Cabinet also adopted the NDMP as a barometer of time commitment and performance of government and its citizens in the field of substance abuse (Former Deputy Minister of Social Development, Dr Jean Benjamin, 2005:4). The NDMP stipulates the roles that different national departments will play in addressing substance abuse. Although the NDMP 2006-2011 (DSD, 2006:37) outlines that provinces must have local drug action committees which should aim to address substance abuse, it does not stipulate, in contrast to the ISDM, aftercare services or its importance in the service delivery chain. Ekendahl (2007:12) is of the opinion that aftercare services are often treated as optional and add-ons in the mentioned policy and, therefore, do not pressurise social workers in the employ of government to provide aftercare and reintegration services. In addition, NGOs appear reluctant to render aftercare and reintegration services due to, among others, limited funds and resources (Lombard, 2007:24).

Numerous scholars, such as Lombard (2007) and Sewpaul (2005), indicate how social work services are negatively affected by government's inadequate funding of welfare services. Hence, the question arises as to what is the role of social workers, irrespective of whether they are in the employ of government or NGOs to render aftercare services for substance-dependent persons. The rationale of this study is, therefore, to explore the perceptions of social workers regarding their role in aftercare and reintegration services with substance-dependent persons. The envisaged value of the study was to explore the perceptions of social workers with regard to aftercare and reintegration services with substance-dependent persons in order to make recommendations for social work

services to curtail relapse from substance abuse and the subsequent social ills attached to the phenomenon.

1.2 PROBLEM FORMULATION

Aftercare and reintegration services are two of the most important services to the substance-dependent person because they can enable the person to maintain sobriety following rehabilitation. The introduction clearly outlined that substance abuse is a serious social problem in, amongst others, the Gauteng Province with a significant number of people who relapse after treatment. Therefore, rehabilitation services are a significant item on South Africa's welfare agenda because relapse should be minimised not only to open up spaces in treatment centres for first time patients, but also to enable rehabilitated substance abusers to become active in the labour market and contribute to a better society for all.

Aftercare services are vital for the rehabilitated persons to adapt to everyday community life (Mittal, 2005:1). According to the *Prevention and Treatment of Substance Abuse Act 70 of 2008*, integrated aftercare and reintegration services are aimed at the successful reintegration of a person into society, the workforce, family and community life after undergoing rehabilitation. Unfortunately, the Act fails to provide direct guidelines as to whom and how aftercare and reintegration services should be executed. As a result, social workers may see the aftercare and reintegration services as 'add-ons or extras' which they do not necessarily have to do. Both the NDMP 2006-2011 and the Act are not clear on the specification of aftercare services.

The fact that there are no clear policy guidelines in rendering aftercare and reintegration services leaves a grey area within the social work field as to whether government or NGOs should render these services. Parry (2006:23) puts it clearly when he says that treatment services in South Africa have failed to keep up with the demand of substance abuse cases as well as rendering aftercare services. Social workers, both in the employ

of government and NGOs, have different ideas about who should take the responsibility for monitoring the recovery process of substance-dependent people. In an interview with Mr Noko Chokoe, a senior social worker in the psychiatric ward at Garankuwa Hospital, he highlighted that there are no clear guidelines to guide social workers to render aftercare services and to clarify their role. He emphasised that currently policy fails to pressure social workers to render aftercare services. As a result, aftercare and reintegration services are often neglected at Garankuwa Hospital (Chokoe, 2010). Although this situation is likely to occur at treatment centres across South Africa, it cannot be generalised. However, what cannot be denied is the fact that social workers have different perceptions regarding their role in aftercare and reintegration services with substance-dependent persons.

In summary, it is clear that substance abuse is a worldwide phenomenon, with South Africa being no different. Although South Africa has policies to guide service delivery in the field of substance abuse, aftercare and reintegration services seem to be lagging behind. Not only is it unclear who should take responsibility for these services, but it is also unclear exactly what it entails. Therefore, this study attempts to explore the perceptions of social workers regarding their role in aftercare and reintegration services with substance-dependent persons. Ultimately, recommendations are made for establishing or maintaining these vital services.

1.3 THEORETICAL FRAMEWORK

There was only one theory which guided the study. The theoretical framework which underpinned this study is the bio-psycho-social approach. The bio-psycho-social approach is a “way of understanding how suffering, diseases and illnesses are affected by multiple levels of organisation from the societal to the molecular” (Barrio-Carrio, Suchman & Epstein, 2004:576). The bio-psycho-social approach guided the study to take the angle of multidimensional perspective in interpreting data. The multidimensional approach includes biological, psychological and social perspectives. Du Plessis (2012:11) also emphasised that substance abuse can best be understood as a complex

disorder determined through the interaction of biological, psychological, and socio-cultural processes and not in isolation. More details on the theoretical framework follow in Chapter 2.

1.4 GOAL AND OBJECTIVES OF THE RESEARCH STUDY

The **goal** of the study was to explore the perceptions of social workers with regard to their role towards substance-dependent persons in aftercare and reintegration services.

The **objectives** of the study were the following:

- To contextualise the role of social workers in rendering aftercare and reintegration services to substance-dependent persons;
- To explore the perceptions of social workers in the employ of both NGOs and the Gauteng Department of Social Development regarding their role towards substance-dependent persons in aftercare and reintegration services; and,
- Based on the outcomes of the study, to make recommendations pertaining to the role social workers should play in rendering aftercare and reintegration services, and to make suggestions for further social work research.

1.5 RESEARCH METHODOLOGY

A qualitative research approach was used in this study. Qualitative research refers to “research that elicits participants’ accounts of meaning, experience or perception” (Fouché & Delport, 2005:74). The study focused on exploring the perceptions of social workers regarding their roles in aftercare and reintegration services to substance-dependent persons. Applied research was relevant to the study because this study attempted to address a problem that exists in society. According to Jackson (2008:14), applied research is the study of issues that have practical significance and potential solutions. The enquiry that the researcher attempted to address was to explore the perceptions of social workers regarding their role in aftercare and reintegration services

with substance-dependent persons. Within a qualitative approach, the use of a case study design was relevant for this study. Case study research design involves the study of an issue explored through one or more cases within a bounded system (Creswell, 2007:73). The study specifically followed the collective case study as research design.

Gravetter and Forzano (in Strydom, 2005:193) define sample “as a smaller section or a set of individuals selected from a population.” For this study, the sample consisted of five social workers in the employ of the Gauteng Department of Social Development, North Rand region, and the SANCA organisation in Eersterust, who were involved in aftercare and reintegration services to persons recovering from substance dependency. Within the non-probability sampling, the researcher used purposive sampling. Purposive sampling is based entirely on the judgement of the researcher, as long as the sample is representative of typical attributes of the population under study (Singleton in Strydom, 2005:202).

The criteria for the purposive selection of participants in the Gauteng Department of Social Development, North Rand region, were as follows:

- Must be a registered social worker with the South African Council for Social Services Profession (SACSSP);
- Social workers should have been involved with aftercare and reintegration services in the Tshwane Metropolitan area for at least six months; and,
- Must be in the employ of Gauteng Department of Social Development, North Rand region.

The criteria for the purposive selection of participants from SANCA in Eersterust, were as follows:

- Must be a registered social worker with the SACSSP;
- Social workers should have been involved with aftercare and reintegration services in the Tshwane Metropolitan area for at least six months; and,

- Must be in the employ of SANCA at Eersterust.

The data collection method used in the study was focus group interviews. Krueger (in Greeff, 2005:300), defines a focus group as “a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment.” The researcher had two focus group interviews. The first focus group comprised of social workers from the Gauteng Department of Social Development, North Rand region, and the second group was social workers from SANCA, Eersterust. The researcher used semi-structured interviews to facilitate the focus group interviews. The data analysis was done according to process of Creswell as outlined in De Vos (2005:333). The ethical issues taken into consideration included informed consent, avoiding harm, anonymity and confidentiality as well as action and competency of the researcher. The feasibility of the study was ensured through ethical clearance by the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria (See Addendum D). For a more detailed discussion of the research methodology and ethical considerations applicable to this study, see Chapter 3.

1.6 LIMITATIONS OF THE STUDY

During the course of the study, the researcher experienced limitations in accessing the data required for the completion of the study. The limitations below were noted:

- The study was limited to social workers from both the Gauteng Department of Social Development and SANCA who are based in the Tshwane region. Hence the study findings cannot be generalised.
- Social workers who participated in the study represented the respective organisations. As such, some information provided may be limited for the protection of such respective organisations.
- The literature in the topic of aftercare and reintegration services is limited more especially within the South African context which made information gathering process challenging.

1.7 DEFINITION OF KEY CONCEPTS

Within the context of this study, numerous concepts are used and needed to be interpreted uniformly. The following key concepts were applicable:

1.7.1 Substance abuse

Substance abuse refers to “the misuse and abuse of legal substances such as nicotine, alcohol, over-the-counter drugs, indigenous plants, solvents and inhalants, and the use of illicit drugs” (DSD, 2006:47). According to WHO (2009), substance abuse refers to “the harmful or hazardous use of psycho-active substances, including alcohol and illicit drugs”. In this study, the researcher defines substance abuse as the misuse or abuse of both legal and illicit drugs, which interfere with the bio-psycho-social functioning of a person and which affects the surrounding community.

1.7.2 Role

A role is an expected or prescribed working method of a social worker in specified situations which develop during social work intervention (*New Dictionary of Social Work*, 1995:54). A role is a way in which someone or something is involved in an activity or situation, and how much influence they have on it (*Longman Dictionary of Contemporary English*, 2001:1228). A role, in the context of this study, is conceptualised as the part, coupled with responsibilities and underpinned by professional knowledge and skills, which social workers play in the aftercare and reintegration services with substance-dependent persons.

1.7.3 Perceptions

Perceptions are “psychic impressions made by the five senses (sight, sound, smell, taste, and touch) and the way these impressions are interpreted cognitively and emotionally, based on one’s life experiences” (Barker, 2003:321). The *Collins Concise Dictionary* (2001:750) defines “perception as the act, power, process, or product of perceiving; knowledge through the senses of the existence and properties of matter and

external world”. According to the researcher, perception is the way a person views a certain subject or event, as influenced by his previous experiences, thoughts and values.

1.7.4 Social worker

A social worker is defined as a “professional who applies the science of helping other people to achieve an effective level of psychosocial functioning and effective societal changes to enhance the well-being of all people” (Barker, 2003:408). According to the Children’s Act 38 of 2005, a social worker is a person who is registered or deemed to be registered as a social worker in terms of the Social Service Professions Act, 1978 (Act 110 of 1978). The social worker in this study can be defined as a professional person, registered with the SACSSP, in the employ of the Department of Social Development or SANCA and who has specific perceptions regarding their role in rendering aftercare and reintegration services to substance-dependent persons.

1.7.5 Aftercare services

Aftercare services refer to “services that help recovering drug-dependent persons to adapt to everyday community life, after completing earlier phases of treatment and rehabilitation” (Mittal, 2005:1). According to the Prevention and the Treatment of Substance Abuse Act 70 of 2008, “aftercare means on-going professional support to a service user after a formal treatment episode has ended in order to enable him or her to maintain sobriety or abstinence, personal growth and to enhance self-reliance and proper social functioning.” The researcher explains aftercare services as a structured service, and executed as part of formal programmes, to assist the recovering drug addict through maintaining sobriety.

1.7.6 Reintegration services

Reintegration is about “the acceptance of people into the group or society again” (*Longman Dictionary of Contemporary English*, 2001:1222). According to the Center for Reintegration (2003), “reintegration services refer to all the things and processes that are done from the time of treatment to the recovery levels.” The researcher in this study

defines reintegration services as, services which the social workers render to the recovering substance-dependent person to assist him/her in re-joining the community in order to prevent relapses into substance abuse.

1.8 CONTENTS OF RESEARCH REPORT

The structure of the research report is set out below:

Chapter 1: General introduction

- The chapter provides the background and problem formulation of the research study, followed by a short overview of the research methods and conceptualisation of key terms.

Chapter 2: Aftercare and reintegration services for substance-dependent persons

- The chapter will consist of the literature review on aftercare and reintegration services to substance-dependent persons.

Chapter 3: Research methodology, empirical findings and interpretation

- The chapter comprises of five sections. The first section outlines the research methodology followed in the study, namely the research question, research approach, type of research, design, sampling techniques and the ethical considerations. Section two outlines the findings from Gauteng Department of Social Development while the third section reveals the data from the SANCA organisation. Section four highlights the combined data from both SANCA and the Gauteng Department of Social Development. The chapter concludes with section five which summarises the chapter.

Chapter 4: Conclusion and recommendations

- The concluding chapter discusses whether the goal and various objectives of the study have been reached. Subsequently, the key findings and conclusive

statements that could be drawn from this study are presented. Lastly, recommendations emanating from the study are made.

CHAPTER 2: Aftercare and reintegration services for substance-dependent persons

2.1 INTRODUCTION

According to Section 10, Chapter 2 (Bill of Rights), of the South African Constitution, 1996, everyone has inherent dignity and the right to have their dignity respected and protected. However, these rights are sometimes undermined by the scourge of substance abuse across the globe and, in particular, in South Africa. At the release of the *UN 2009 World Drug Report* in July 2009, the Central Drug Authority (CDA) announced that the drug consumption in South Africa is twice the world norm and that the use of cocaine and dagga had increased by 20% in the last two years (Government Communications and Information Services [GCIS], 2009:472).

South Africa is viewed as the regional hub for the exchange of illicit drugs and other dangerous activities (United Nations Office on Drugs and Crimes [UNODC], 2002). It is thus clear that substance abuse has devastating effects on the lives of people in South Africa. Moreover, during the *Second Biennial Substance Abuse Summit*, held in eThekweni, the delegates, who were representative of all the relevant stakeholders amongst government, the private sector and civil society, acknowledged that alcohol and substance abuse pose a serious threat to the achievement of the 12 key priority outcomes in the national government programme of action. Substance abuse contributes to unemployment, dysfunctional families, the escalation of chronic diseases, such as HIV and AIDS and premature death (Department of Social Development [DSD], 2006:4; DSD, 2011:3).

As a result of the devastating effects of substance abuse across the globe, there are various policy frameworks which guide the issues of substance abuse on the international, regional and local level. Internationally, there is the United Nations Office of Drugs and Crime (UNODC). It is the body of the United Nations (UN) which has been

tasked with the responsibility of taking a lead in substance abuse issues globally. In particular, the UNODC has got an aftercare and reintegration services booklet which gives guidance on aftercare and reintegration. In Africa, there is the African Union (AU), which is the body which deals with all issues affecting the African continent, including substance abuse. The AU Ministerial Conference is responsible for providing policy guidelines on matters of substance abuse on the African continent and will be discussed in detail in this chapter. In South Africa, the government has put policy frameworks and legislation in place to deal with the challenges of substance abuse, such as the *White Paper for Social Welfare* (hereafter referred to as the White Paper) (RSA, Ministry for Welfare and Population Development, 1997), the *Integrated Service Delivery Model* (referred to as the ISDM) (DSD, 2006), and the *National Drug Master Plan 2006-2011* (abbreviated as NDMP), as well as the *Prevention and Treatment of Substance Abuse Act 7 of 2008* (referred to as the Act). All the policy documents and legislation from the international, regional and local level will be discussed in this chapter. The chapter focuses on the objective of the study to contextualise the role of social workers in rendering aftercare and reintegration services to substance-dependent persons.

As a result, the chapter will, amongst others, critically discuss whether the said policies and legislation include aftercare and reintegration services in their proposals as an important part of substance abuse service delivery. The chapter will also critically look into the role of social workers in aftercare and reintegration services in substance abuse. The researcher will also describe and critically discuss different aftercare and reintegration models which exist and are in operation. Finally, the theoretical framework underpinning this study will be outlined.

2.2 POLICY AND LEGISLATION REGULATING AFTERCARE AND REINTEGRATION SERVICES

There are various legislation and policies which shape and give directives to the aftercare and reintegration services in South Africa. The researcher will critically discuss some of the policies and legislation relevant to aftercare and reintegration services in

substance abuse with special emphasis on their views regarding aftercare and reintegration services. This overview will focus on policy and legislation on the international, regional and national level.

2.2.1 International level

The UNODC is the main global institution which addresses the issues of substance abuse. The WHO and the UNODC also provide global statistics on the impact of substance abuse on different countries. In fact, local policies dealing with substance abuse are also influenced by the UNODC (Mittal, 2005:5). A booklet compiled by the UNODC offers policy guidelines on the concept of aftercare services, the benefits of aftercare services as well as the process of aftercare services (Mittal, 2005:3). However, the UNODC booklet does not refer to reintegration services in the context of substance abuse. Reintegration services are mostly talked about in the correctional services context. Therefore, it seems that there is a need for future studies to focus on the reintegration services within the context of substance abuse.

According to the UNODC, 'aftercare' refers to services that help recovering substance-dependent persons to adapt to community life after completing earlier phases of treatment and rehabilitation (Mittal, 2005:1). The UNODC does acknowledge the significance and the critical role that aftercare services play in the recovery of substance-dependent persons. According to Mittal (2005:3), aftercare services empower substance-dependent persons with sufficient resources and information to maintain their sobriety and be able to lead a positive life. The UNODC also gives guidance as to what are the procedures of doing aftercare and reintegration services to substance-dependent persons. Countries are encouraged to start and establish more aftercare and reintegration services in dealing with substance abuse. According to the UNODC, aftercare should be rendered by all the agencies dealing with substance abuse, but further outlined that it may not be feasible for all the agencies to do aftercare (Mittal, 2005:3). The UNODC emphasises that aftercare services should be done in communities and by a professional that is trained to conduct such services. The global agency does not give much information about the process of aftercare in substance abuse. In fact, there is not much said about the services of reintegration of substance-

dependent persons into communities. Furthermore, the UNODC fails to make it clear whether government or NGOs should take primary responsibility for aftercare and reintegration services.

2.2.2 Regional-Africa

Substance abuse is a cause of great concern in Africa according to a former Minister of Social Development, Dr Zola Skweyiya (DSD, 2006:1). Therefore, it is imperative that African heads of state find a common ground in dealing with issues of substance abuse and crimes. The AU is the organisation where African heads of state meet and discuss pressing issues that affect the African continent. To be precise, there are African Union Conferences of Ministers for Drug Control and Crime Prevention which deals specifically with the issues of substance abuse. One such Ministers Conference was held in Addis Ababa, Ethiopia, in December 2007 where an *Action Plan Document on Drug and Crime Prevention (2007-2012)*, was drafted for the African countries (African Union Conference of Ministers for Drug and Crime Prevention, 2006:2). According to the *Action Plan Document on Drug and Crime Prevention 2007-2012*, there are seven key priorities in dealing with the substance abuse and crime prevention (African Union Conference of Ministers for Drug and Crime Prevention, 2006:3). The seven key priorities are:

- Effective continental, regional and national policy formulation and coordination in the domains of drug control and crime prevention;
- Enhancing collaboration, shared responsibility and harmonised action to address drug trafficking, organised crime, corruption, terrorism, small arms-related violence and crimes within the community;
- Building institutional capacity for the law enforcement, criminal justice and forensic service systems on drug control and crime prevention;
- Mainstreaming drug and crime concerns into development strategies;
- Regional and national capacity building and training to enhance prevention and care of substance abuse and related HIV and AIDS;

- Enhancing the understanding of the dynamics of drugs and crime for policy making purposes; and,
- Broad based responsibility for the promotion of sport and culture in the services of social development to combat drugs and crime.

One of the relevant key priorities of the Conference to substance abuse is to have effective continental, regional, and national policy formulation and coordination in the domains of drug control and crime prevention (African Union Conference of Ministers for Drug and Crime Prevention, 2006: 3). The priority itself does not specifically refer to aftercare and reintegration services, but speaks to the umbrella field of drugs and substance abuse. The priority outlines the need for policy reform and formulations in many areas of substance abuse, including aftercare and reintegration services (African Union Conference of Ministers for Drug and Crime Prevention, 2006: 4). There are no clear policy guidelines which direct the process of aftercare and reintegration services. Therefore, the researcher is of the opinion that the different African countries need to table policies elaborating on the procedures of aftercare and reintegration services and also clarify whether governments or NGOs should take the lead in aftercare and reintegration services.

2.2.3 South Africa

South Africa has various legislation and policies that shape its efforts with regards to substance abuse. These policies and legislation are discussed below in detail with relation to aftercare and reintegration services.

2.2.3.1 White Paper for Social Welfare

The White Paper was drafted in 1997 as a response to the call made by the new South African government to all sectors of the society to revisit policies and approaches to demonstrate commitment to transformation and change towards a democratic society (Lombard, 2008:155). The White Paper gives a new vision to the welfare system which is to facilitate “the development of human capacity and self-reliance within a caring and enabling socio economic environment” (Republic of South Africa [RSA], 1997:15).

Among other priorities, the White Paper was meant to restructure the national social welfare structure through building consensus about a national social welfare policy framework; creating a single national welfare department; phasing out of all disparities in social welfare programmes; developing representative governance structures; restructuring partnerships between stakeholders; legislative reform; human resource development; developing a financially sustainable welfare system and developing strategies and aims to translate the aims, objectives; and programmes of the Reconstruction and Development Programme (RDP) (RSA, 1997:12).

The White Paper highlighted the severe effect that substance abuse had and still has on the South African population. The policy also emphasised that aftercare and reintegration services were critical in assisting the victims of substance abuse to reintegrate in communities (RSA, 1997:13). However, it fails to indicate how it should be implemented in practice.

Nevertheless, the researcher acknowledges that the White Paper, as policy, was meant to set a tone for the implementation of strategies and models in respective service areas such as people with disabilities, women, youth and the elderly within a developmental approach. Therefore, it is the responsibility of the Department of Social Development to come up with strategies that will unpack the process of reintegration and aftercare services, as well as to give an indication as to which stakeholder, between the government and the NGOs, needs to take the lead in establishing aftercare and reintegration services. One such initiative is now underway in the Gauteng Department of Health and Social Development. The Department is currently in the process of drafting an *Integrated Substance Abuse Prevention and Treatment Strategy* which will hopefully address the gaps in terms of aftercare and reintegration services for substance-dependent persons (Gauteng Provincial Government, 2011:2).

2.2.3.2 Integrated Service Delivery Model (ISDM).

The ISDM is one document that has brought some breakthrough within the social service sector. Nonetheless, the ISDM does not seek to address broader policy issues or replace the White Paper. In fact, the ISDM serves as a guideline for social service

within the context of a developmental approach, and provides a value chain for social development services (DSD, 2006:8). The ISDM outlines the social service from a developmental perspective. The ISDM categorically identifies levels of intervention such as prevention, early intervention, statutory and reconstruction and aftercare (DSD, 2006:11). In the context of substance abuse, the ISDM refers to aftercare and reintegration services as services which enable the substance abuse client to return to their families or communities where the professional helpers assist to reintegrate and support to enhance self-reliance and optimal social functioning (DSD, 2006:19). However, the model does not give clarity how the aftercare and reintegration services should be done from the developmental model, and also fails to give guidance regarding the stakeholders that should be undertaking aftercare and reintegration service.

2.2.3.3 National Drug Master Plan

The NDMP 2006-2011 is the policy which outlines the five year plan in dealing with the scourge of substance abuse. The *Prevention and Treatment of Drug Dependency Act 70 of 2008* makes provision for the establishment of the Central Drug Authority (CDA) to take a lead in dealing with issues of substance abuse. The CDA is the unit located in the chief directorate of social crime prevention and substance abuse responsible for ensuring the drafting and implementation of the NDMP of which the Ministry of the Department of Social Development is the secretariat (DSD, 2006:4).

The NDMP is characterised by the need to have all the stakeholders affected by substance abuse, to join hands and work together in finding a lasting solution to the issues of substance abuse. From a national level, the CDA is composed of government, private sector and civil society. Government initiated the CDA to consolidate efforts and resources of all the relevant stakeholders in dealing with substance abuse to avoid duplication and fragmentation of services (DSD, 2006:6). The NDMP also gives directive or allowance for the provinces to form Provincial Drug Action Committees, where all the relevant government departments together with other stakeholders are represented.

At a grassroots level, the NDMP gives directions for the establishment of Local Drug Action Committees in communities. All the Drug Action Committees, from the provincial

to the local level, are expected to come up with mini drug master plans to address the issue of substance abuse in their areas of jurisdiction in accordance with the NDMP.

¹According to the NDMP (DSD, 2006:37), the focus of the Provincial Drug Action Committees is on treatment and aftercare, prevention and education, community development, research and information dissemination. The same focus is also applicable to the Local Drug Action Committees. The NDMP does acknowledge aftercare and reintegration services as focus areas in dealing with substance abuse. According to the NDMP (DSD, 2006:37), the provincial substance abuse forums have the responsibility to assign a member of the forums to deal specifically with the portfolio of treatment and aftercare. However, the NDMP is not clear as to which social workers between the NGOs and government should take the responsibilities for establishing and rendering aftercare and reintegration services, although it clearly emphasises that the Department of Social Development should be the lead department in the substance abuse campaign.

2.2.3.4 Prevention and Treatment of Substance Abuse Act 70 of 2008

The Act is one piece of legislation that has brought a massive breakthrough in the government's fight against substance abuse. The Act could be considered as a major breakthrough, for two main reasons. Firstly, the Act re-emphasised the need for the establishment of the CDA which oversees the implementation of substance abuse plans and strategies located within the Chief Directorate of the social crime and substance abuse prevention within the National Department of Social Development (DSD, 2010:2). Secondly, the Act provides for the continuum of care which includes the prevention of substance abuse, early intervention, treatment of substance abuse and aftercare and reintegration services. In addition, the Act also provides for a basket of services to the substance-dependent person through the establishment of treatment centres and halfway houses, committal of certain persons to detention, treatment and training in

¹ The researcher is aware that the National Drug Master Plan 2013-2017 is in operation. However, in this study, reference will be made to the NDMP 2006-2011 as it was the guiding policy at the time of the literature review.

treatment centres which is more of holistic intervention to the substance abusing persons.

The Act highlights the following programmes for dealing with substance-abusing persons:

- Prevention programmes

The prevention programme aims at preventing the first-time use of drugs. The prevention programme refers to activities that will prevent the community from getting involved in substance abuse. The focus of the programmes is on community values with regard to drug abuse and aim to develop the personal and social skills of people.

- Early intervention and community based services

Early intervention programmes focus on preventing serious harm to a person already using drugs, while community-based programmes provide for preventative programmes, early intervention and treatment services or economic development.

- Treatment centres

The Act compels the government to establish one treatment centre per province for the treatment of persons using substances of abuse. There is also an allowance for private treatment centres who must register with the government on condition of meeting stipulated conditions.

- Aftercare and reintegration programmes

Aftercare and reintegration programmes focus on reintegrating the drug user into the society. The Act stipulates that aftercare services must allow interaction between substance users, their families and communities; promote relapse prevention and enable services for the person to stay clean from substance abuse, and promote group cohesion and allow users to share long-term sobriety experiences.

In the context of aftercare and reintegration services, the Act provides for support groups and halfway houses. It can be said that government, through the Act, provides

strategic guidelines of rendering aftercare and reintegration services but the structured implementation procedures is missing. At the time of writing this chapter, the regulations of this Act were also not yet available.

As a result, the chapter will critically discuss different existing aftercare and reintegration service models to substance-dependent persons in the next section of this chapter.

2.3 DIFFERENT EXISTING AFTERCARE AND REINTEGRATION SERVICE PROGRAMMES TO SUBSTANCE-DEPENDENT PERSONS

There are different kinds of strategies and programmes that are used as part of aftercare and reintegration models. Based on the literature study, the researcher identified four aftercare and reintegration models and will attempt to describe them, and explore their strengths and shortcomings, as well as their feasibility for the current trend of substance abuse in South Africa. The identified aftercare and reintegration programmes and models are the 12 Step aftercare counselling programme, the structured relapse prevention (RP), bio-psycho-social model and the systemic-motivational therapy model.

2.3.1 The 12 step aftercare counselling programme

This programme is grounded on the Alcoholic Anonymous (AA) conception of alcoholism as a disease of the spirit, body and mind (Brown, Seraganian, Tremblay & Annis, 2002:679). The 12 step approach was initially used by the AA in dealing with alcoholism. However, soon counsellors have been able to use the techniques and adjust it to fit their respective fields. The programme was therefore later adjusted to be called a guiding principle outlining a course of action for recovery from addiction, compulsion, or other behavioural problems (AA, 2007). According to Alcoholic Anonymous (2007), the 12 step aftercare counselling programme consists of the following:

- “Our common welfare should come first; personal recovery depends upon AA unity.

- For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
- The only requirement for AA membership is a desire to stop drinking.
- Each group should be autonomous except in matters affecting other groups or the AA as a whole.
- Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.
- An AA group ought never endorse, finance, or lend the AA name to any related facility or outside enterprise, let us not allow problems of money, property, and prestige divert us from our primary purpose.
- Every AA group ought to be fully self-supporting, declining outside contributions.
- AA should remain forever non-professional, but our service centers may employ special workers.
- AA, as such, ought never to be organized; but we may create service boards or committees directly responsible to those they serve.
- AA has no opinion on outside issues; hence the AA name ought never to be drawn into public controversy.
- Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.
- Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.”

The programme as one of the pioneer programmes in the aftercare and reintegration services is a good programme because according to the programme, substance-dependent persons are taught to accept that they have a problem which is evident from the first step. Healing and progress starts once the person has accepted that they have a problem with a particular issue. The positive element of the programme is that the programme is grounded on religious principles which regard God as the supreme and

almighty being. As a result, the programme gets to put the issues of morals and ethics as foundations of the programme which can take the substance-dependent persons a long way into their sobriety. Another positive aspect is the belief in something which has got power over everything can give hope to the people who want to give up the addiction of substance abuse (AA, 2007).

The sentiment can be seen from most of the steps that refer to God as the one that has the power to change substance-dependent persons' antisocial lifestyle to a socially acceptable one. The programme can be very beneficial to persons who have a religious background and have fear of God. However, the programme could be considered discriminatory against people who do not believe in religion, or God. For instance, South Africa has a reasonable number of people who believe in ancestors or gods as their protectors or providers. The same person who believes in ancestors might find it difficult to respond to an approach that differs from his/her beliefs.

Another shortcoming of the programme is over reliance on a Higher Power to heal the addicts, making an external locus of control possible. This should be avoided as addicts tend to blame and escape from their own liabilities. In the researcher's view, it is imperative to have an aftercare programme that aims to equip the substance-dependent persons to be responsible and take ownership of their own recovery and continued sobriety.

2.3.2 Structured Relapse Prevention model (RP)

Structured relapse prevention (RP) model is a cognitive-behavioural treatment that seems particularly well suited for the aftercare phase of the overall treatment process (Brown, Seraganian, Tremblay & Annis, 2002: 678). The model is aimed at ensuring that the recovering substance-dependent person does not revert back to the use of harmful substances. The model proposes a programme that runs over a period of 10 weekly sessions. Compared to the 12 step aftercare programme, the RP is quite therapeutic. Therefore, the therapeutic competencies of the counsellor are very important for the successful implementation of the RP programme. According to Brown et al. (2002:679), the phases of the RP are:

- Administration of questionnaires to assess high-risk situations for substance use;
- Initial counselling procedures which focus on change initiations; and;
- Modification counselling procedures which focus upon maintenance of change.

The RP model is good and relevant in that the model is straightforward and clear about its objectives and outcomes. The outcome of the programme is to see substance-dependent persons change their problem behaviour and change to pro-social habits. The model is also structured in such a way that it can be easily implemented as, for example, the questionnaires to determine risk areas in a person, are easily executable. However, the model seems to be very rigid, but economical as there are ten weeks allocated for the recovery of the substance-dependent person. Hence, the approach can save time and money for both the government and NGOs in the substance abuse field by implementing this model. The shortcoming of the model is that it deals with the behaviour of person as an individual with a problem and less emphasis is placed on the environment and other dimensions of human beings which might have a contributing impact on the substance abuse habit of the person. The approach is more of an office or indoor based, which increases the chances of the person relapsing after a while from the treatment as they were isolated from the challenges in their communities of origin. Lewis, Dana and Blevins (2002:105) indicated that close to 90% of all clients treated for substance abuse, relapse within one year after their discharge from treatment centres. High rates of substance abuse relapse can also be caused by approaches which do not follow up on their clients after treatment process has been completed. The model will need to involve all the dimensions of the substance-dependent persons that could ensure the person sustain the gains from the RP model.

2.3.3 Bio-psycho-social approach

According to Kaplan (2006:18), the bio-psycho-social approach is a comprehensive, integrative, and elegant model that allows people to address all major areas of the presenting issue across three spheres: physical, psychological, and socio-cultural. The

approach is based more on the systems approach that there is constant interplay between disease process, psychological and social functioning or dysfunctioning (Sekudu, 2009:1).

The bio-psycho-social approach is of the view that all the dimensions of human aspects are very important to the intervention of the human being. In this case, diseases and illness can be understood by evaluating all the potential contributing factors (Sekudu, 2009: 01). In fact, the approach is more elegant that it is able to engulf most of the previous model and combine them into one approach in dealing with the human being. Kaplan (2006: 20) adds that the elegance of the bio-psycho-social model lies in the fact that it is the first paradigm that provides an assessment and intervention model that can be used by all specialities in the counselling profession. The researcher is of the view that the bio-psycho-social approach will be the most appropriate model in addressing the issues of substance abuse of its openness in dealing with the human being.

The cases of substance abuse are so complicated that dealing with them bit by bit will not fully address them. Hence the issues of substance abuse require an approach that is integrated, which will be able to address all the aspects of the substance-dependent person. According to the bio-psycho-social approach, the substance-dependent persons will be effectively dealt with when all the relevant aspects have been considered, such as the physical treatment of drug effects through medication, housing assistance, job placements, recreational facilities, availability of family support, counselling, group work and other relevant amenities. Hence, an effective aftercare and reintegration services will be effective if it can be able to follow the approach of the bio-psycho-social approach in dealing with the substance-dependent persons.

2.3.4 Systemic-motivational therapy model (SMT)

The SMT is one of the newest models for aftercare and reintegration services. The model is the combination of the systems theory and the motivational interviewing model (Steinglass, 2009:164). The systems approach is of the view that the person is part of the bigger whole and cannot be separated from its dimensions (Meyer, Moore & Viljoen, 2003:330). "The motivational interviewing (MI) model is about the adoption of a non-

pathologising therapeutic stance; the importance of therapist neutrality; the focus on therapist transparency; the development of interviewing techniques to get at underlying beliefs about the function of behaviours like substance abuse” (Steinglass, 2009:158).

MI alone was not seen as sustainable because of its emphasis on the interviewing skills of the counsellor and the recovery of the individual in a therapeutic setting. Hence, the combination of the systems theory and motivational interviewing bring together the element of intensive interviewing and motivational skills by the counsellor and the involvement of families and interpersonal relationships of the substance-dependent persons. For instance, instead of a focus on the cessation of alcohol or drug use as the sole criterion of success, family researchers have moved to an expanded view that includes the substance-dependent person’s interpersonal relationships and social functioning, a reflection of a more multi-dimensional definition of substance abuse (Steinglass, 2009:157). The following are the processes of the aftercare and reintegration services from the SMT model (Steinglass, 2009:162):

- **Assessment:** The phase focuses on helping family members examine their current views about alcohol/drug abuse and preparing the family for possible changes.
- **Family level treatment:** This is the phase where the family develops and implements an action plan centred around altering the ways in which drugs are abused.
- **Aftercare and relapse prevention:** This is the phase in which the family institutes substance-free routines and rituals and make decisions about the extent to which the family will involve itself in recovery/rehabilitation programmes.

The SMT model is so effective that it involves intensive counselling to the client and brings dimensions such as families and interpersonal relationships into the intervention process. The model is of the view that a substance abuse problem is not only a problem for the abusers themselves, but also a family problem that should be addressed by the family as a whole. Recent literature indicates that the involvement of family members

during the treatment process of the substance-dependent persons significantly improves the engagement of substance-dependent persons in treatment, retention in treatment and the long term outcomes of the substance abuse treatment (Steinglass, 2009:156). At the end of the day, the main purpose of the reintegration services is to reunite the substance-dependent persons with their families and communities. Hence, it will be important for the affected families to be actively involved in the treatment process of the substance-dependent persons.

However, a limitation of this model is that it relies on 'buy in' from families and communities. People under the influence of harmful substances are likely to resort to risky sexual behaviours which may expose their partners to sexual transmitted diseases and HIV and AIDS, theft and violent crimes such as domestic violence and murder to the perpetrators (GCIS, 2010: 453). As a result, families and communities are likely not to want anything to do with the substance-dependent persons by the time the affected persons is involved in the treatment process of substance abuse. As a result, the substance-dependent persons face more rejection from families and communities whom he/she has caused damages to. Hence, it can be challenging for the affected families to take part in the treatment processes of aftercare and reintegration services due to the lack of trust in the substance-dependent persons. However, the programme remains responsive to the issues of substance abuse, more especially, to the aftercare and reintegration services to substance-dependent persons.

There are various **reintegration programmes** which are mostly about reuniting people with their communities. However, most of the reintegration programmes that the researcher has studied are drafted from the perspective of corrections. The reintegration services in correctional centres are used to assist previous offenders to adjust well into communities. There were no reintegration programmes that could be identified, which were specifically designed to assist substance-dependent persons who are discharged from treatment centres to adjust well into their communities. Hence the researcher is of the opinion that discussing reintegration services programmes aimed at correctional centres will steer away from the purpose of this chapter. The researcher is of the view that there is a need for more studies which will focus specifically on the concept of

reintegration services in the context of substance abuse and its significance coupled with aftercare service programmes.

The next section of the chapter will critically look at the potential benefits of aftercare and reintegration services for substance-dependent persons.

2.4 THE POTENTIAL BENEFITS OF AFTERCARE AND REINTEGRATION SERVICES FOR THE SUBSTANCE-DEPENDENT PERSON

Aftercare and reintegration services play a critical role in the substance abuse service delivery chain. Recovering from substance-abusing habits is challenging and therefore requires proper support for the substance-dependent persons. The following are potential benefits of the aftercare and reintegration services (Mittal, 2005:5):

- Aftercare and reintegration services assist with recognition, review and consolidation of treatment gains

It is imperative that the substance-dependent person receives positive reaffirmation on the progress he/she has made in dealing with substance abuse addiction. Hence, the helpers/social workers in aftercare and reintegration services assist the substance-dependent persons to realise the progress they have made after being part of treatment programmes compared to the life before going to the treatment centres (Mittal, 2005:4).

- Aftercare services help address the issue of drug craving

In aftercare and reintegration services, the helper introduces services to the substance-dependent persons that will minimise the drug cravings. Identifying drug cravings by psychological and other cues that trigger cravings and the handling of cravings are factors which aftercare services can assist the substance-dependent persons to deal with (Mittal, 2005:2).

- Aftercare services establish social networks

The support structures in dealing with substance abuse are very important to the substance-dependent person. Substance-dependent persons need all the intimate and social relationships available to sustain their recovery process. Hence, helpers in aftercare services can assist the substance-dependent persons to reconnect and reintegrate with families and other rest of community members (Mittal, 2005:4).

- Change of lifestyle

It is important that the substance-dependent persons assume new roles and responsibility when they have been reintegrated into the community. Hence, aftercare and reintegration services link the substance-dependent persons with employment opportunities, recreational facilities, accommodation and other amenities to sustain substance abuse recovery (Ekendahl, 2009:23). The social workers in aftercare services assist substance-dependent persons to assume new positive roles, such as a parent, employee, student and the community member.

- Relapse prevention

One common challenge for substance-dependent persons is the temptation to relapse back to drugs if there are not enough programmes and activities to prevent it. According to Xie, McHugo, Fox and Drake (2005:1285), relapse is very common amongst substance-dependent persons within 12 months after treatment. Aftercare and reintegration services introduce the substance-dependent persons into programmes which will prevent them from substance abuse relapse. In the next section of the chapter, the researcher will discuss the role which social workers have in enabling, or facilitating, the substance-dependent persons to remain sober through the use of aftercare and reintegration services.

2.5 THE ROLE OF SOCIAL WORKERS IN AFTERCARE AND REINTEGRATION SERVICES IN SUBSTANCE ABUSE CASES

There are roles which social workers play within the field of aftercare and reintegration services. Hence, the researcher discusses the tasks and responsibilities of social workers in aftercare and reintegration services with substance-dependent persons.

2.5.1 Social work tasks and responsibilities

According to Ekendahl (2009:260), social welfare services in general has the statutory obligation to provide aftercare and reintegration services to promote the client's acquisition of housing and work or education, after discharge, actively and to ensure that the client acquires personal support or treatment in order to 'exit' from substance abuse successfully. Section 30, Chapter 7 of the *Prevention and Treatment of Substance Abuse Act 70 of 2008* states that "the minister ... must prescribe the integrated aftercare and reintegration services aimed at successful reintegration of service user to the society, the workforce and family and community life". The responsibility which the Minister of Social Development has on setting the standards of aftercare and reintegration services clearly indicates that aftercare and reintegration services are part of social welfare programmes. The researcher is of the view that aftercare and reintegration should not only focus on counselling but involve a whole range of services that will ensure proper reintegration of the client into the society.

One role that social workers can play to deal holistically with the substance-dependent persons is that of a case manager (CM). Case management is the approach of coordinating services across treatment settings and integrate with other types of services offered in the community, including housing, mental health, medical and social services (Alexander, Pollack, Nahra, Wells & Lemark, 2007:221). Social workers, by virtue of their training, have the capacity to perform the task of case managers. CM is a set of functions that help substance abuse clients access the resources they need to recover from their substance abuse problem (Alexander et al., 2007:222). Case management can be a very appropriate approach in dealing with substance-dependent persons who require not just single, but a whole range of services. The following are the

functions that the social worker will need to play as a case manager with reference to substance abusing clients (Alexander et al., 2007:222):

- Assessment

Assessment involves the systematic process of identifying the needs of the substance-dependent persons before their discharge in treatment centres. The social worker, as a case manager, can get to know what preparations are needed to assist the substance-dependent persons to be able to reintegrate into society. In the study done on the Bayview Medical Center at the Johns Hopkins Medical Institution in Baltimore, Maryland, Tuten and associates (2007) discovered that 73.5% of substance-dependent participants who wanted to take part in aftercare services needed individual counselling, 66.7% on finding employment, 61.8% on support groups, 50% on housing, education 43.1% and 37.3% vocational training (Tuten, Hendree, Jones, Lerch, Maxine & Stitzer, 2007:551). Therefore, the social worker will get hold of the file of substance-dependent person in a view to immerse him- or herself with the contents of the file. The social worker can also inform him- or herself more about the substance-dependent person through interviewing. In so doing, the social worker can become familiar with the needs of the substance-dependent persons, report the findings and proceed to the next phase of intervention, namely, planning.

- Planning

After assessment, planning can take place. Planning assist the case manager to take into consideration all the necessary arrangements needed to be done when discharging substance-dependent persons. One common practice that social workers do in discharging substance-dependent persons is placements in residential facilities and forgetting about them. In the study done with substance-dependent persons in three treatment centres in Sweden, a participant indicated that he was satisfied by being placed in a residential facility but very disappointed with the lack of monitoring by the social welfare sector (Ekendahl, 2009:15). Proper planning will reduce some of the loopholes in the substance abuse treatment service delivery chain. Thus the social worker needs to start, together with the substance-dependent person, to structure action

plans which will ensure that the substance-dependent person maintains sobriety. The structure has to have the needs of the substance-dependent person and the required resources and places at which relevant resources can be accessed in a form of a report. The needs of the substance-dependent person also have to be prioritised. For instance, the substance-dependent person may need accommodation and later employment.

- Broker

Case managers also have the function of locating the substance-dependent persons with the relevant resources in line with their recovery. “The case managers must mobilize needed resources, which requires the ability to negotiate formal systems, to barter informally among service providers, and to ‘work’ informal networks” (Alexander et al., 2007:222). Hence, social workers, as case managers, must know the relevant departments and organisations. The social worker needs to link the substance-dependent person with the required networks which can help in addressing a specific need. For example, the social worker can connect the substance-dependent persons with the ward councillors and Department of Human Settlements for accommodation.

- Monitoring

Monitoring refers to checking the work which is in progress at a certain period of time. When substance-dependent persons have been discharged, the case manager needs to monitor the progress of the client. Even if the social worker is not directly rendering aftercare and reintegration services, he/she should monitor the progress of his/her client from the social worker that is directly working with the client in the community. Monitoring has the potential to minimise relapses. Thus, social workers should ensure that they contact the substance-dependent persons often, preferably once a week. Contacts can take the form of support groups to reach out to more to clients simultaneously. Social workers should assess progress of substance-dependent persons in maintaining sobriety. If the substance-dependent person struggles to access some services, then the social worker can assist the client to gain access to those services. The substance-dependent person should also be afforded the opportunity to share challenges faced in maintaining sobriety. The social worker can also use support

groups where members can get to share experiences and successes and empower one another.

- Advocacy

As an advocate, the social worker plays the role by making demands for, amongst others, services on behalf of clients. As mentioned before, 50% of substance-dependent persons who take part in aftercare and reintegration services are in need of accommodation (Tuten et al., 2007: 551). However, the provision of housing, as prescribed by the Constitution of the Republic of South Africa, 1996, is still a challenge in South Africa. For example, in her *State of the Gauteng Province Address* on 22 February 2011, Gauteng Premier Ms Nomvula Mokonyane, emphasised that government has limited land to build houses for the people and will rely on purchasing private land (Gauteng Provincial Government, 2011). The Premier added that the availability of houses will be given as a priority to the people who deserved it the most. It is the responsibility of the social worker, as a case manager, to motivate the need for the recovering addicts to be prioritised in housing allocation. These roles, tasks and responsibilities of the social worker are operationalised through a process of aftercare and reintegration services, and is discussed next.

2.5.2 Process of conducting aftercare and reintegration services in the field of substance abuse services delivery

The UNODC has formulated standard procedures in conducting aftercare and reintegration services. The process will be discussed hereunder (Mittal, 2005):

2.5.2.1 Aftercare plan

The social worker and substance-dependent person contract with one another as per terms of conditions of the intervention just as for other services where social workers render services to clients. According to Mittal (2005: 3), the contract between the social worker and the substance-dependent persons must stipulate the time frame, frequency, place and nature of contact. The intervention must be systematically planned and every session must be concluded with a mutually agreed plan. The aftercare plan needs to

include assessments of and interviews with the substance-dependent person, monitoring of the progress, and participation in different activities towards the sobriety of the substance-dependent person. In conclusion, the plan must be reviewed periodically and modified as required.

2.5.2.2 Aftercare contact

After planning had taken place, the next phase will be the actual contact between the social worker and the client. There are different kinds of contact sessions that can be made during intervention, depending on the recovery stage of the substance-dependent persons. The contacts include personal meetings and interviews, personalised letters to the client, telephonic interviews, and home visits.

2.5.2.3 Clear entry and completion criteria

Both the social worker and client must clearly define the criteria and standards for entry into and 'graduating' from the aftercare programme (Mittal, 2005:4). The exercise ensures that the clients, who take part in the aftercare and reintegration programme, are aware of the commitment required to maximise benefits and reduces wastages of resources.

The UNODC does not give any procedures for rendering reintegration services in the substance abuse context. Therefore, there is a need for a study to clearly articulate reintegration services within the field of substance abuse.

2.6 THEORETICAL FRAMEWORK: BIO-PSYCHO-SOCIAL MODEL

The bio-psycho-social model has underpinned this study. The bio-psycho-social approach was developed by Drs. George Engel and John Romano (Peter, 2004:3). The model is a shift away from the singular traditional medical approach, or biological approach. According to Barrio-Carrio et al. (2004:576) the bio-psycho-social approach is a "way of understanding how suffering, diseases and illnesses are affected by multiple levels of organisation from the societal to the molecular". Peter (2004:4) adds that the

bio-psycho-social model emphasises that biological, psychological and social factors play a role in human functioning in the context of disease and social dysfunctions. The bio-psycho-social model developed out of the systems approach. The systems approach is of the view that a person is part of a bigger system including family, community and the environment. Hence, it is imperative that all aspect of relationship of the person are considered and diagnosed for proper intervention by considering the different levels of systems and the ecological system and how they interact in equilibrium or when experiencing entropy. From the consideration of the bio-psycho-social model the social worker, as part of the multi-professional team, should consider any problem that the human being encounters based on the interplay of the biological, psychological and social systems. The biological, psychological and social aspect of a person plays an equal impact in their life.

Tansey (2010:6) purports that the biological component of the bio-psycho-social model seeks to understand how the cause of any illness stems from the functioning of the individual's body. The psychological component of the bio-psycho-social model looks for potential psychological causes for a health problem, such as lack of self-control, emotional turmoil, and negative thinking. The social part of the bio-psycho-social model investigates how different social factors, such as socioeconomic status, culture, poverty, and technology can influence health. The concept is often used in fields such as psychiatry, health psychology, family therapy, clinical psychology and social work in health care. The model advocates for a multidimensional perspective when intervening in the life of human beings. All the aspects of the human being should be considered when dealing with people.

One of the limitations of the bio-psycho-social model is the fact that it proposes the exclusion of the spiritual aspect of human beings in intervention. There are, however, literature which indicate that a spiritual perspective indeed plays a significant role in human behaviour (Du Plessis, 2012:12). Another criticism to the model is that the approach seems to fragment a human being into pieces such as social, biological and psychological aspect of a person. Other scholars view a person as a single being either a spiritual, social or biological being (Peter, 2004:4). Psychiatrist, Hamid Tavakoli,

argues that the bio-psycho-social model “should be avoided because it unintentionally promotes an artificial distinction between biology and psychology, and merely causes confusion in psychiatric assessments and training programs, and that ultimately it has not helped the cause of trying to destigmatize mental health” (Tansey, 2010:10). However, the strengths of the model is that it implies that the treatment for medical conditions, for example type two diabetes and cancer, require that the health care team considers biological, psychological and social influences on a patient's functioning and treatment. In a philosophical sense, the bio-psycho-social model states that the working of the body can affect the mind, and the working of the mind can affect the body (Peter, 2004:6). The model takes into consideration all the biological, social and psychological factors of a person when making an intervention.

Therefore, the bio-psycho-social model has been chosen as relevant to guide the direction of the study because it is multidimensional in nature. The model takes into consideration different factors which might have an influence when a person is experiencing challenges. Biological, psychological, social, and other factors are considered when intervening in the persons' life. This study aims to explore the perceptions of social workers regarding their role in aftercare and reintegration services with substance-dependent persons. It is imperative that social workers consider biological, psychological, social and other related factors when rendering services to substance-dependent persons. Hence, aftercare and reintegration services could be effective when rendered from the bio-psycho-social model in order to enable and facilitate a journey to recovering from substance dependency where the biological, psychological and social factors are considered to render effective aftercare services and to succeed in re-integration.

2.7 SUMMARY

Substance abuse has been recognised as one of the greatest health and social threats in terms of reduced work productivity, dysfunctional families, unemployment, HIV and AIDS, escalation of chronic illnesses and premature death. Another challenge which

compromises the efforts made to reduce substance abuse is substance abuse relapse where substance-dependent persons slide back to the use of harmful substances after a certain period of sobriety. To deal with substance abuse relapse, there are aftercare and reintegration services which are recognised as one of the levels of dealing with substance abuse. However, it should be noted that, in contrast to aftercare services, there is not much information and programmes regarding reintegration services in the substance abuse field. Reintegration programmes are often used in the criminology context when dealing with previous offenders. So there is a need for more studies which will locate reintegration services with the substance abuse field.

There are policies and legislation which govern the aftercare and reintegration services on the international, regional and the local level. This chapter has attempted to discuss these in relation to aftercare and reintegration services. However, it was concluded that aftercare and reintegration services are often barely dealt with. There were different models and programmes of substance abuse aftercare and reintegration programmes which were discussed, such as the 12 step of aftercare counselling programme, structured relapse model, bio-psycho-social model and systemic-motivational therapy model. The benefits of aftercare and reintegration services were also highlighted. In addition, the processes of aftercare services, such as aftercare plan, aftercare contact and clear entry and completion criteria was also discussed.

The next chapter will focus on the research methodology that guided the empirical study, the research findings and an interpretation thereof.

CHAPTER 3: Research methodology, empirical findings and interpretation

3.1 INTRODUCTION

The aim of the study is to explore the perceptions of social workers with regard to their role towards substance-dependent persons during aftercare and reintegration services. The specific objective on which this chapter will focus is to explore the perceptions of social workers in the employ of both NGOs and the Department of Social Development regarding their role towards substance-dependent persons during aftercare and reintegration services. The focus of the chapter will be the research methodology, research findings and the interpretation.

3.2 RESEARCH QUESTION

Owing to the nature of the study, a research question was formulated as the study attempted to answer the '*what*' question of a particular phenomenon in the society (Fouché & De Vos, 2005:102). The research question of this study was as follows:

- **What are the perceptions of social workers regarding their role in aftercare and reintegration services towards substance-dependent persons?**

3.3 RESEARCH APPROACH

A qualitative research approach was adopted in this study. Qualitative research refers to "research that elicits participants' accounts of meaning, experience or perception" (Fouché & Delpont, 2005:74). Qualitative research is popularly known for its focus on

soft and in-depth data, whereas quantitative research is more about hard facts characterised by statistics. The study was focused on exploring the perceptions of social workers regarding roles in aftercare and reintegration services to the substance-dependent persons. The enquiry that the researcher has attempted to make was about the personal/professional understanding of people regarding a particular issue. Hence, the research approach in the study was qualitative in nature.

3.4 TYPE OF RESEARCH

Applied research was relevant to the study because this study has attempted to address a problem that exists in society. According to Jackson (2008:14), applied research is the study of issues that have practical significance and potential solutions. The confusion with regard to rendering aftercare and reintegration services between NGOs and government is the problem that exists, particularly in South Africa. The enquiry that the researcher has attempted to address is to explore the perceptions of social workers regarding their role in aftercare and reintegration services to the substance-dependent persons. Hence, the purpose of the research is exploratory.

3.5 RESEARCH DESIGN AND METHODOLOGY

The nature of the research project informed the direction and the research design method used. In addition to these, the population, the sampling method and the data analysis method used in the study are also discussed in detail.

3.5.1 Research design

Research design refers to “a set of logical arrangements from which prospective researchers can select one that is suitable for their specific research goals” (Fouché & Delport, 2005:82). Babbie (2007:87) adds that research is about the plan of a social enquiry. Within a qualitative approach, the use of a case study design was considered relevant for this study. Case study research design involves the study of an issue

explored through one or more cases within a bounded system (Creswell, 2007:73). Jackson (2008:86) highlights that case study research encompasses an in-depth study of one or more individuals in the hope of revealing things that are true to everyone. Thus, the researcher's attempt was to explore the perceptions of social workers regarding their roles in aftercare and reintegration services to substance-dependent persons.

Specifically, the collective case study was the most suitable for this study. A collective case study is used when one issue or concern is selected, but the inquirer selects multiple case studies to illustrate the issue (Creswell, 2007:74). The researcher had an interest in exploring the collective perceptions of social workers regarding the aftercare and reintegration services in substance-dependent persons. In the study, the researcher attempted to explore the perceptions of social workers within government and NGOs regarding their role in aftercare to substance-dependent persons.

3.5.2 Research population, sampling and sampling method

This part of the study outlines the research population of the study, sampling method as well as the data analysis process followed during the data collection phase.

3.5.2.1 Research population

Walliman (2001:276) describes a population as a collective term used to describe the total quantity of cases of the type which the study deals with. Due to the nature of the study, there were two research populations. The first population was the social workers in the employ of the Department of Social Development in the North Rand Region who render aftercare and reintegration services in the Tshwane Metropolitan area. The second population was the social workers in the employ of the South Africa National Council on Alcoholism and Drug Dependency (hereafter referred to as SANCA) in Eersterust, as an NGO, which renders aftercare and reintegration services in the Tshwane Metropolitan area.

3.5.2.2 Sample

Gravetter and Forzano (in Strydom, 2005:193) define a sample “[as] a smaller section or a set of individuals selected from a population.” A sample is just a portion of the subject to be investigated. For this study, the sample consisted of five employees from both the Department of Social Development in the North Rand region and the SANCA organisation in Eersterust who were involved or tasked to render aftercare and reintegration services to persons recovering from drug dependency.

3.5.3 Sampling method

There are two types of sampling procedures which are the probability sampling and non-probability sampling (Babbie & Mouton, 2005:166). The researcher used the non-probability sampling in this study. Non-probability sampling is any technique in which samples are selected in some way not suggested by probability theory (Babbie, 2007:182). Within the range of different non-probability sampling techniques, the researcher made use of purposive sampling. Purposive sampling is based entirely on the judgement of the researcher and whether the sample possesses the elements that contain the most characteristic, representative or typical attributes of the population (Singleton in Strydom, 2005:202). The criteria for the purposive selection of participants from the Gauteng Department of Social Development, North Rand region were as follows:

- Must be a registered social worker with the South African Council for Social Service Profession (SACSSP);
- Social workers should have been involved with aftercare and reintegration services in the Tshwane Metropolitan area for at least six months;
- Must be in the employ of the Gauteng Department of Social Development, North Rand region; and,
- The first five social workers who had fit the above criteria, and voluntarily consented, were selected.

The criteria for the purposive selection of the participants in the SANCA at Eersterust were as follows:

- Must be a registered social worker with the SACSSP;
- Social workers should have been involved with aftercare and reintegration services in the Tshwane Metropolitan area for at least six months;
- Must be in the employ of SANCA, Eersterust; and,
- The first five social workers who fit the above criteria, and voluntarily consented, were selected.

3.7.3 Data collection

There are different data collection methods, depending on the research approach. The data collection methods commonly used in qualitative research are interviews, focus group interviews and observations. The data collection method that was used in the study was focus group interviews. Krueger (in Greeff, 2005:300), defines a focus group as “a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment.” The advantages of focus group interviews are that key issues, ideas, and concerns are identified from multiple respondents at once; the data is qualitative in nature and is thus descriptive. The researcher had two focus group interviews. The first focus group comprised of social workers from the Gauteng Department of Social Development in North Rand region (Tshwane) and the second group had social workers from SANCA in Eersterust (Tshwane). The researcher used semi-structured interviews to facilitate the focus group interviews (See Addendum C). A semi-structured interview is when the researcher has a set of predetermined questions on an interview schedule, but the interview will be guided by the schedule rather than be dictated by it (Greeff, 2005:296).

For the purpose of pilot testing the instrument, the researcher provided the semi-structured interviews to two experts for their professional opinion regarding the contents

and format of the semi-structured interview questions as it is impractical to pilot a focus group discussion.

3.7.4 Data analysis

The data analysis was followed according to the process of Creswell as outlined in De Vos (2005:333) to identify themes (i.e, thematic analysis):

Step 1: Planning for capturing of data

The researcher should plan for the recording of data in a systematic manner that is appropriate to the setting, participants, or both; and in a manner which facilitates analysis, before data collection commences (De Vos, 2005:334). The researcher used the focus groups to collect data. The semi-structured interviews were used to facilitate the focus group interviews. An audio recorder was used to store the data. The recordings were transcribed onto hardcopies.

Step 2: Data collection and preliminary analysis

The phase involves collecting data while it is analysed and is called the twofold approach (De Vos, 2005:335). The researcher used focus groups while paying attention to the views and thoughts of the participants for preliminary analysis.

Step 3: Managing or organising the data

In this step, the researcher organises the data into file folders, index cards or computer files and convert their files to appropriate units for analysis either by hand or by computer (De Vos, 2005:336). The researcher used the hard copy of the transcribed focus group interviews to manage and organise the data.

Step 4: Reading and writing memos

According to De Vos (2005:337), the researcher continues the analysis by getting a feeling for the whole database by reading the transcripts several times. The researcher read the data captured and placed the data according to the similarities of the information.

Step 5: Generating categories, themes and patterns

The researcher identifies the salient, grounded categories of meaning held by participants in the setting in this phase (De Vos, 2005:338). The researcher created themes and sub-themes in which to categorise the data collected.

Step 6: Coding the data

The researcher applied a coding scheme to those categories and themes, and diligently and thoroughly marks passages in the data using codes (De Vos, 2005:338). The researcher coded the data collected in the themes in order to analyse it properly. The researcher used numbers to code the data in the themes.

Step 7: Testing emergent understandings

This stage entails a search through the data in which the researcher challenges the understanding, searches for negative instances of the patterns and incorporates these into large constructs (De Vos, 2005:338). The researcher analysed the data and critiqued the data according to the knowledge he had accumulated from the literature study.

Step 8: Searching for alternative explanations

In this phase, the researcher searches for other, plausible explanations for the data collected and for any links amongst them (De Vos, 2005:339). The researcher, apart from the main analysis and literature control, sought alternative explanations for the findings which were made.

Step 9: Writing the report

Finally, the researcher presents the data as a packaging of what was found in text, tabular or figure form (De Vos, 2005:339). The researcher has written the complete research report which will be circulated to the relevant parties such the Department of Social Development, National Research Foundation (NRF), SANCA and the University of Pretoria.

3.8 TRUSTWORTHINESS IN QUALITATIVE RESEARCH

Qualitative research is more of inquiring about the in-depth, personal and sentimental information about people. As a result, the issue of the reliability, validity, generalisability, objectivity and reliability of qualitative research has constantly been questioned in several instances by the positivists due to its nature of approach (Sinkovics, Penz & Ghauri, 2008:689). According to Harrison, MacGibbon and Morton (2001:324), trustworthiness is all about ensuring that the research project meets the criteria of validity and credibility. As a result, there are strategies in place to ensure that qualitative research meets the requirement of being trustworthy. For the research to be trustworthy, the research must meet the criteria of credibility, transferability, dependability and confirmability (Shenton, 2004:64). The researcher in this study has taken all the necessary measures to ensure that the study is trustworthy. The strategies of ensuring trustworthiness in the study will be discussed below as well as measures which had been taken to ensure that the criteria of trustworthiness are met as directed by Shenton (2004:64):

3.8.1 Credibility

Credibility in research is all about ensuring that the study measures or tests what is actually intended to measure. There are various strategies for ensuring the credibility of the research. One strategy in ensuring the credibility of the research is through the adoption of appropriate, well recognised research methods (Shenton 2004:64). In this study, the researcher has made use of the conventional and standardised manner of conducting qualitative research to ensure the credibility of the research. The research made use of focus group interviews as a method of data collection, which is one of the most widely accepted and credible methods of data collection. Another strategy of ensuring trustworthiness is an early familiarity with the culture of the participating organisations. The researcher had an interview with the management of Gauteng Department of Social Development in North Rand region and SANCA (Eersterust) in order to get acquainted with the culture of the two institutions. The frequent briefing between the researcher and the supervisor plays a role ensuring the credibility of the research (Shenton, 2004:67). The researcher in the study had frequent supervision

sessions with the allocated research supervisor before, during and after the data collection.

3.8.2 Transferability

Transferability is the external validity that is concerned with the extent to which the findings of one study can be applied to other situations (Shenton, 2004:69). There are ways of ensuring the transferability of the research in order to meet the criteria of trustworthiness. For the research to be transferable, the study must in itself provide the background data to establish context of the study and a detailed description of the phenomenon in question to allow comparisons to be made (Shenton, 2004:73). The goal of this study is to explore the perception of social workers regarding their role in aftercare and reintegration services for substance-dependent persons. Thus, the researcher had to provide sufficient background about aftercare and reintegration services to ensure that the future researchers in the same field are able to make use of the study.

3.8.3 Dependability

According to Shenton (2004:71), dependability is all about ensuring that the same technique in research used in particular study can produce the same outcome when used in the same context in the same methods with the same participants. Shenton (2004:71) adds that the researcher would need to clearly reflect on the research design and its implementation as used in the study so that readers of the study can follow the process and understand. In this study, the researcher had clearly shown which research methodology was used in the study to meet the understanding of the readers. Thus, the researcher was able to ensure that the study had met its criteria of trustworthiness.

3.8.4 Confirmability

Confirmability is all about ensuring that the research instrument used in the study is not dependent on the human skill which is basically referred to as objectivity (Shenton, 2004: 72). However, it can also be acknowledged that ensuring objectivity can be a challenge because the data collection instruments are made by humans which make it

vulnerable to bias (Shenton, 2004:72). In this study, the researcher had ensured that he assessed his prejudice and stereotypes which might hinder any objectivity in the study before the researcher could resume the study with the use of the supervision session. Thus, the researcher ensured that all the shortcomings were listed in the study, as well as making recommendations according to which they could be addressed.

3.9 FEASIBILITY OF THE STUDY

In terms of the feasibility of the study, the respondents consisted of social workers who were rendering aftercare services both in Gauteng Department of Social Development in the North Rand region and SANCA in Eersterust, both within the Tshwane Metropolitan area. Hence, the researcher wrote letters, and completed application forms in order to request permission from management to avail social workers from Department of Social Development in the North Rand region and SANCA in Eersterust, to participate in the study. Once the permission was granted and the social workers provided their informed consent, the researcher then continued to conduct focus groups with the two groups of social workers. The researcher received letters from the Gauteng Department of Social Development (see Addendum A) and at SANCA in Eersterust (see Addendum B) to grant permission to recruit their social workers in the study. The focus group interviews were held in the Gauteng Department of Social Department boardroom in Tshwane and at SANCA Eersterust offices. In this way, there were no transport costs for the participants that needed to be incurred.

The research project did not only need time commitment, but there were also financial implications attached to the process. The researcher took the responsibilities for the major costs of the research project. Most of the costs were incurred during the collection of data. The funds were available in part from scholarships from the University of Pretoria bursary and the National Research Foundation (NRF). The researcher has also received clearance from the Postgraduate and Research and Ethics Committee which provide weight to the feasibility of the study.

3.10 ETHICAL CONSIDERATIONS

All social research involves ethical considerations mainly because the sources of data collection are from people who have human rights which have to be respected (Punch, 2005:276). According to Flick (2009:36), codes of ethics are formulated to regulate the relations of researchers with the people and the field they intend to study. For the purpose of this study, there were specific ethical issues relevant to the studies which are discussed as follows:

- Informed consent

Informed consent is a norm in which subjects base their voluntary participation in research projects on a full understanding of the possible risks involved (Babbie, 2007:64). Social research often requires people to reveal personal information about themselves (Babbie & Mouton, 2005:521; Babbie, 2007:62). However, in this study, the participants were neither exposed to any risk, nor requested to share personal information. It is imperative that people are informed about the nature of the study and given an opportunity and room to decide whether or not to be part of the investigation. In the study, the researcher shared with the prospective participants the purpose, objectives, the process and benefits of the research. After the prospective participants agreed to participate in the research, they were given the informed consent letter to sign which comprised all the information about the research. Participants' attention was drawn to the fact that research data are to be stored for the period of 15 years in accordance with University of Pretoria's Policy (See Addendum E).

- Avoiding harm

Social research should never injure the people being studied, regardless of whether or not they volunteer for the study (Babbie, 2007:62). In the study, the researcher made use of focus group interviews as the method of data collection. As a result, the respondents were informed about the process of research and focus group in particular to avoid harm to the respondents. However, no harm was caused for participants of this study.

- Anonymity and confidentiality

A researcher guarantees anonymity when the researcher cannot identify a given response with the relevant respondents, whereas research guarantees confidentiality when the researcher can identify a given person's responses but essentially promises not to do so publicly (Babbie, 2007:64-65). As a way to address confidentiality, the researcher did not use names of the respondents during the publication of the findings in this study. Anonymity cannot be guaranteed as the identity of the participants is known to the researcher.

- Actions and competency of the researcher

Researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed investigation (Delpont & De Vos, 2005:63). The researcher in this study had completed a course on research methodology to make him competent to conduct the research inquiry.

- Release or publications of the findings

It is the responsibility of the researcher to present findings that are accurate and original. According to Strydom (2005:65), researchers should compile the report as accurately and as objectively as possible. The researcher in this study made sure the findings released are original and belong to the researcher himself. Furthermore, the researcher avoided plagiarism by acknowledging the work of other authors used in and outside the texts on the study. The research findings can also be submitted for publication in professional journals, and be presented at conferences.

3.11 RESEARCH FINDINGS AND INTERPRETATION

As mentioned earlier, the method of data collection used in the study was the focus group interview. There were two focus groups conducted. The first group consisted of social workers from Gauteng Department of Social Development in Tshwane region, and the second one was with social workers from SANCA, in Eersterust. Subsequently,

the data will be presented separately, before joined observations about the data will be offered.

SECTION A: GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

The section outlines the biographical information, as well as the discussion of data presented as themes and sub-themes pertaining to the social workers from the Gauteng Department of Social Development.

Sub-section 1: Biographical information

The biographical details of the participants were collected by mean of a focus group interview. The group comprised of five qualified social workers within the employ of the Gauteng Department of Social Development. Two participants were male and three participants were female. During data collection, the participants' ages ranged between 33 and 58 years. In terms of experience in the social work field, the range is between one and 33 years. The experience of the participants in the field of aftercare and reintegration services is between nine months and 18 years. Below is the summary of the biographical details of the participants:

TABLE 1: BIOGRAPHICAL PROFILE OF THE PARTICIPANTS: GAUTENG DSD

Participants	1	2	3	4	5
Age	38	58	58	33	34
Gender	Male	Male	Female	Female	Female
Qualifications	BSW	BA (Social Work)	BA (Social Work)	BA (Social Work)	BSW
Years in Social work profession	1 year	18 years	33 years	8 years	2 years
Experience in aftercare and reintegration services	9 months	18 years	10 years	03 years	2 years

The biographical information of the social workers from the Department of Social Development who participated in the study reveals that social workers are relatively balanced with two males and three females. The social workers in the Department of Social Development had between nine months and 18 years of experience in the field of aftercare and reintegration services. Subsequently, the focus shifts to the themes and sub-themes originating from the data collected from the DSD social workers.

Sub-section 2: Themes and sub-themes

This sub-section discusses the data of the social workers from the Department of Social Development as classified into themes and sub-themes. The themes are conceptualisation of aftercare and reintegration services, causes of relapse, relevant stakeholders for aftercare and reintegration services, national policies and legislation, departmental procedures and programmes for aftercare and reintegration services, stumbling blocks for aftercare and the recommendations for effective aftercare and

reintegration services. The themes and sub-themes have been illustrated below in a diagram:



Diagram 1: Themes and sub-themes Gauteng DSD social workers

Theme 1: Conceptualisation of aftercare and reintegration services

The data revealed that social workers from the Department of Social Development conceptualised aftercare and reintegration services as the provision of holistic support. Holistic support will be discussed below:

Sub-theme 1.1: Holistic support

The findings during the focus group interview showed that the social workers define aftercare and reintegration services as the holistic support of substance-dependent persons. Holistic support attends to all dimensions of the human being to ensure that chances of substance abuse relapse are limited. Aftercare and reintegration services are viewed as the “basket services” of support which are rendered to substance-dependent persons. The verbatim quotes from some of the participants are provided below:

“My understanding is that it [aftercare and reintegration services] is a holistically support to give to an individual after from [sic] rehabilitation centre; it involves family and those with influence.”

“All areas of the substance-dependent persons must be addressed as a package and not fragmented services.”

Aftercare and reintegration services in their nature should provide a holistic support to the substance-dependent persons. Chapter 7, section 30, of the *Prevention and Treatment of Substance abuse Act 70 of 2008* (hereafter referred to as the Act) makes “provision for aftercare and reintegration services which is aimed at the successful reintegration of a service into society, the workforce and family and community life”. The services should include admission, assessment, support groups, case management, therapy, clinic services and assistance with “wraparound” services in totality (Florida Department of Children and Families, 2001:9). However, the data in the Department of Social Development revealed that counselling and group work were the main components rendered within the aftercare and reintegration services (see Sub-theme 4.1)

The bio-psycho-social approach shares the sentiment of addressing substance-dependent persons from a multidimensional and multifunctional perspective, focusing beyond the biomedical school of thought (Borrel-Carrio, Suchman & Epstein, 2004:581). Du Plessis (2012:11) also emphasised that substance abuse can best be understood as a complex disorder determined through the interaction of biological, psychological, and

socio cultural processes. Hence, a holistic approach in the context of bio-psycho-social context in substance abuse is relevant in the sense that all areas of substance-dependent persons are covered during the aftercare and reintegration services.

Aftercare and reintegration services assist substance-dependent persons to maintain sobriety after treatment. Therefore, the theme which follows outlines the findings regarding the causes of the substance abuse relapse to substance-dependent persons.

Theme 2: Causes of substance abuse relapse

The causes of the substance abuse relapse have been identified as a lack of relevant infrastructure to support substance-dependent persons, inadequate empowerment of substance-dependent persons and the existence of substance abuse triggers in communities.

Sub-theme 2.1: Lack of relevant social infrastructure

The first cause of the substance abuse relapse has been identified in the focus group interview as the lack of facilities to support substance-dependent persons. The participants indicated that it was difficult for the substance-dependent person to maintain sobriety without social infrastructure support like recreational facilities and accommodation. Some of the participants' views have been quoted below:

“The reason for high relapse is because there was nothing to do when they [substance-dependent persons] came back to the society from treatment centres.”

“...lack of recreational facilities and other facilities make the clients to relapse after coming from the treatment centre.”

Employment and other components play a very important role in ensuring that substance-dependent persons are kept away from substance abuse. The lack thereof has a reverse effect on substance-dependent persons. Research has found that unemployment is strongly associated with relapse in substance abuse (Sharma, Upadhyaya, Bansal, Nijhawan & Sharma, 2012:34). South Africa has an unemployment

rate of over 25.6% of which the youth are the most affected (Statistics SA, 2013). These statistics could be one of the reasons of high substance abuse relapse.

Another element of the bio-psycho-social model is the social aspect which is about the human development and how they interact and adjust within the society (Tansey, 2010:5). This model indicates that the inaccessibility or the lack of relevant social infrastructure within communities is one of the major causes of substance abuse in communities (Tansey, 2010:6). The lack of social infrastructure creates boredom. Then boredom is likely to lead substance-dependent persons to use or abuse substances once again. Therefore, the process becomes a vicious circle of substance abuse, treatment centres, discharge, readmission to treatment centres, etc.

Sub-theme 2.2: The existence of substance abuse triggers

The participants expressed that triggers, such as shopping complexes and substance abusing people in communities, tend to make recovery substance-dependent persons to relapse back to the use of drugs and alcohol. The existence of substance abuse triggers speaks more of the environment which remains unchanged. The quotes of some of the social workers who participated in the focus group are given below:

“The other thing again is the triggers for the boys. For example, the places like Mabopane station can cause people to relapse.”

“Whenever they see the station ... the thing of taking drugs. Hence, we will need to deal with the environment because we cannot get rid of the station.”

One of the identified triggers for substance abuse relapse is when substance-dependent persons put themselves in a very risky situation like visiting their favourite bar or still being in contact with friends who abuse harmful substances (Mark Houston Recovery, 2009:7).

Psychological factors in bio-psycho-social approach are thoughts, feelings and behaviours surrounding and generated by addiction (Urell, 2013:44). Substance abuse triggers are caused by the feeling which has been conditioned with the abuse of

substance. One of the strategies of the *National Drug Master Plan 2006-2011*² is the supply reduction (DSD, 2006:4). Supply reduction is about ensuring that the supply of drugs and their suppliers are being dealt with. Substance-dependent persons are referred to treatment centres and come back to the same communities or environments where illicit substances are still accessible and this nullifies the progress made during the period in treatment centres.

Since the findings on the causes of substance abuse relapse have been discussed, it is imperative then to look at various policies and legislation that guide aftercare and reintegration services in South Africa.

Theme 3: National policy and legislation on aftercare and reintegration services

The findings will be discussed based on the *National Drug Master Plan 2006-2011* (hereafter referred to as NDMP) and the *Prevention and Treatment of Substance Abuse Act 70 of 2008*, and the review of the relevant legislation in aftercare and reintegration services form the sub-themes.

Sub-theme 3.1: National Drug Master Plan 2006-2011 and the Prevention and Treatment of Substance Abuse Act 70 of 2008

The findings with regard to the national policy and legislation in aftercare and reintegration services are that social workers are aware of the relevant policies and legislation. The social workers had the challenge of linking the relevant legislation with the actual aftercare and reintegration services which they render. Instead, social workers were only able to relate the said frameworks with substance abuse in general. As a result, social workers implement aftercare and reintegration services with the use of general social work knowledge. Below are the quotes from some participants:

“Yes, we are aware of the legislation dealing with aftercare and reintegration services such as the Prevention and Treatment and Substance Abuse Act and

² The researcher is aware that the National Drug Master Plan 2013-2017 is in operation. However, in this study reference will be made to the NDMP 2006-2011 as it was the guiding policy at the time of the literature review and empirical research.

the National Drug Master Plans within the Department, but the problem is that we do not get to kickstart the process as yet”.

“National Drug Master Plan is formed by all departments under Central Drug Authority.”

Social workers were familiar with the NDMP and the *Prevention and Treatment of Substance Abuse Act 70 of 2008*. The outcome is as a result of the social workers' participation in Local Drug Action Committees which are structures in communities provided for by the NDMP (DSD, 2006:18). However, there are also important documents on aftercare and reintegration services which include the *Policy on the Management of Substance Abuse* (DSD, 2008a) as well as the *Norms and standards on the management of treatment centres* (DSD 2008), which social workers should be familiar with. The Departmental *Policy on the Management of Substance Abuse* (DSD, 2008:14) acknowledges aftercare and reintegration services as another level within the substance abuse intervention chain. On the other hand, the document on *Norms and Standards for the Management of Treatment Centres* (DSD, 2008b:9) indicates that substance-dependent persons will need to be involved in aftercare and reintegration services after they have been discharged from inpatient treatment centres.

Lastly, there is a document called the *Model for the Treatment of Substance Dependent Youth in Residential Facilities* (DSD, 2009:4) which also highlights aftercare and reintegration services as another key area of the treatment of substance abuse. The data confirmed the need for social workers to be orientated and trained in order to shape and deliver their services in line with the policies and legislation guiding aftercare and reintegration services.

Sub-theme 3.2: Review of the existing legislation on aftercare and reintegration services

The Department of Social Development is the custodian of the relevant legislation which gives guidance to dealing with issues of substance abuse, including aftercare and reintegration services. The main legislation and policy include *Prevention and Treatment of Substance Abuse Act 70 of 2008*, the NDMP, the *Integrated Service Delivery Model*

and the *White Paper for Social Welfare*. All the mentioned legislation and policies fall short in giving specifications on “how” aftercare and reintegration services should be implemented. However, the *Prevention and Treatment of Substance Abuse Act 70 of 2008* does mention aftercare and reintegration services in the treatment of substance abuse.

The Act does not clearly outline how aftercare and reintegration services should be implemented in communities, and this uncertainty is not attended to in the applicable policy, namely the NDMP. The Act also does not indicate the body which should be entrusted with the responsibility of aftercare and reintegration services. The NDMP only guides relevant stakeholders in communities on how they should be able to work in dealing with substance abuse in general. The *Integrated Service Delivery Model* (DSD, 2006b) and the *White Paper for Social Welfare* (RSA, 1997) make provision for the social work services to be implemented from the developmental approach. *The Model for the Treatment of Substance Dependent Youth in Residential Facilities* policy document acknowledges aftercare and reintegration services as the crucial element in the young person's recovery (DSD, 2008c:15). Just like other policies and legislation, it does not outline how aftercare and reintegration services should be rendered and how the relevant stakeholders to take charge. Below are quotations from the participants:

“I know of the policies and legislation on substance abuse, but I don’t get what they say about aftercare to be specific.”

“... the policies must speak to the foot soldiers on the ground, but unfortunately, they are not specific and straight forward about the aftercare programme.”

In conclusion, the existing legislation and policies do not outline how social workers should implement aftercare and reintegration services and to actually specify which stakeholders between government and NGOs should be the leader in issues of aftercare and reintegration services. There is a need for a policy document which will provide more details regarding the services of aftercare and reintegration services and provide clarity of the roles.

The bio-psycho-social model is one of the models which recognise the importance of treating the whole person and not merely the addiction (Du Plessis, 2012:12). Hence, it is imperative that the legislation and policy guide aftercare and reintegration services to cover all dimensions which affect substance-dependent persons.

The themes which follow are the findings from the Department of Social Development and programmes about aftercare and reintegration services. The theme will also reveal the findings on the procedure of rendering aftercare and reintegration services.

Theme 4: Department of Social Development policy, programmes and procedures on aftercare and reintegration services

The process of rendering aftercare and reintegration services, as per the views of the Department of Social Development social workers, will be discussed below.

Sub-theme 4.1: Programmes and procedures of aftercare and reintegration services in the Department of Social Development

According to the Department of Social Development social workers, the procedures of aftercare and reintegration services include assessment, support groups with clients, parents, and family member support programmes which will be discussed.

- **Assessment**

The first phase of aftercare and reintegration services according to the participants is assessment. Social workers get to establish gains of the substance-dependent persons from the treatment centre. Below is the quotation from some of the participants:

“As social workers, assessment plays a very important role in getting to know our clients even better.”

“Clients of substance abuse come to our offices, meet social workers and explain their daily challenges. That is the package of assessment.”

Assessment is very important as it is the first step of aftercare and reintegration which can shape questionnaires and interviews (Mittal, 2005:4). The assessment assists social workers to get as much information as possible about the client. *The Model for the Treatment of Substance Dependent Youth in Residential facilities* (DSD, 2008c) also acknowledges assessment as an important part of the treatment, as well as aftercare and reintegration services. According to the model, assessment, or rather pre-admission as it is referred to, is a vital process necessary for identifying the need and motivation of each substance-dependent person (DSD, 2009:11).

- **Support groups with clients and their families**

The next phase of aftercare and reintegration services is identified as the involvement of clients and their parents in support groups. The whole family gets to understand issues of substance abuse better. The participants also stressed the significance of involving family members for the positive progress of the substance-dependent persons. Some of the participants have been quoted below:

“We have group sessions with them once per week with the clients. We also invite family members of the substance-dependent persons which is important for aftercare.”

“Families make aftercare to work and be effective. Hence, we need them although attendance is poor.”

According to the UNODC (2004:8), “other factors which contribute to resiliency for substance-dependent persons are organised family environment, supportive relations, family beliefs, family cohesion and flexibility, family problem-solving and coping skills, and communication”. As a result, the lack of support for substance-dependent persons by their families is likely to lead to relapse. The participants were very adamant that families and their support were the life blood and backbone of aftercare and reintegration services in substance abuse. The data also highlighted that there was a challenge due to a lack of participation from the parents and the family as a whole on

issues of aftercare and reintegration services. Smith, Hornberger, Brewington-Carr, Finck, O'Neill, Cavanaugh and Bender (2008:2) indicated that the lack of participation and support by affected families is as a result of a lack of understanding of their role and purpose within the whole process of aftercare and reintegration. It is incumbent upon government and other relevant stakeholders to ensure there is a roll out of training and workshops for the affected families to understand their contribution in helping their members in rehabilitating from substance abuse.

- **Skills development and referrals**

The last phase on the process of aftercare and reintegration services according to social workers from the Department of Social Development is skills development and referrals. After members have been discharged from treatment centres, substance-dependent persons should be involved in skills development to empower themselves with skills to be self-reliant and be employable. In addition, skills development serves to keep members busy and away from harmful substances. The social workers use the phase, and refer clients concerned to different areas depending on the needs of the clients.

“We also have skills centre where we work with and where we refer our clients for training in terms of carpentry and other handy skills. We keep them busy with these skills centres.”

“We also do training in town, but we obviously cannot force people to access our services but we can only make our services accessible.”

Smith, Whitaker and Weismiller (2006:102) confirm that skills development and referrals should be part of aftercare and reintegration services. However, participants have raised the issue of lack of a skills development centres or skills development centres which are not affordable to substance-dependent persons. Most skills development centres are only accessible right in the middle of the city (Pretoria) where clients need transport to get there. Participants reported that one client quit enrolment in the skills development course because he could not afford the transport fare of R20 per day. In addition to that, some of the skills development centres are privately owned which makes participation difficult for substance-dependent persons who do not have funds to register in such

institutions. The issue of unaffordability cannot be generalised. Mainly, the affected substance-dependent persons who are from poor socio-economic backgrounds are the ones who experience challenges with resources to ensure participation.

Social workers play a vital role in the process of aftercare and reintegration services for substance-dependent persons. Therefore, the data on the roles, tasks and responsibilities of social workers are discussed next.

Theme 5: Roles, task, and responsibilities of social workers

The social workers identified in the focus group support and case management as the roles, tasks and responsibilities of social workers in rendering aftercare and reintegration services. These sub-themes are now discussed.

Sub-theme 5.1: Role and task: Support

According to the findings, the role of social workers in aftercare and reintegration services is that of support. Social workers should avail themselves to the clients and link them with services which they understand will be able to assist in terms of reintegrating the members into communities and abstaining from harmful substances. The participants have been quoted below:

“We are there for the support as the social worker, but the client themselves must take responsibility for their progress.”

“We give them support through groups after organisations and family members take them for further care since they are community members.”

Social workers play the role of supporter to the clients. The role is empowering because clients take the lead role and social workers remain behind clients as part of the support system. Part of the support mechanisms by social workers is individual and group therapy. According to Asquith, Clark and Waterhouse (2005:4), social workers are very much needed to support those who have been affected by poverty and social injustice. However, the data revealed again that social workers have limited their support role to group work due to the lack of resources. As a result, clients easily get bored and lose

interest. To render an effective support role in aftercare and reintegration services, social workers will need to have access to relevant resources which substance-dependent persons might need to remain sober and committed.

Sub-theme 5.2: Responsibilities: Case manager

“Social work case management is the task and responsibility of providing services whereby a social worker assesses the needs of the client and client’s family, when appropriate, and arranges, coordinates, monitors, evaluates and advocates for the package of multiple services to meet the specific client’s complex needs” (National Association of Social Work, 2007:50). Social workers get to take ownership and manage the substance dependent clients from referral to the treatment centres to the involvement in skills development programmes. The findings revealed that social workers take a centre stage in ensuring that their clients receive the necessary service. Below are the quotes from the participants:

“Social workers should play the role of a case manager and know what is happening with their client and make a follow up.”

“We as social workers play the central role in ensuring the clients don’t get to use drugs again.”

One of the guiding principles of aftercare services indicate that the services should be capable of outreach and provision of services in order to keep clients engaged who might tend to drop out prematurely (Florida Department of Children and families, 2001:2). Social workers are the main agent in rendering aftercare and reintegration services in substance-dependent persons. Hence, it is imperative that social workers understand the bio-psycho-social perspective and be able to take into account biological, social, physical, spiritual and psychological dimensions of a substance-dependent person. Through the enforcement of the multidimensional approach and looking at multidimensional aspects, accuracy and treatment could be improved (Urell, 2013:32). The following theme will reveal some of the factors which make it difficult for the aftercare and reintegration services to be rendered with ease.

Theme 6: Stumbling blocks or barriers in aftercare and reintegration services

The findings from the focus group interview identified stumbling blocks of aftercare and reintegration services as an external locus of control, lack of skills development centres and inadequate services by inadequate in-patient treatment centres.

Sub-theme 6.1: External locus of control

The participants pointed out those most substance-dependent persons in aftercare and reintegration services are there because of other external pressures from family members. As a result, the clients tend to not commit themselves fully into the aftercare and reintegration programmes, because their involvement was not their initiative.

“I think one of the things is that the process of treatment has been initiated by parents and not the clients themselves. That is the reason that they still do not understand why they are in the centre.”

“Because of their pressures, parents are not that aware of their contributions to their children to relapse.”

Powis (2002) (in Van der Westhuizen et al., 2011:362) agrees that substance-dependent persons generally suffer from a fragile sense of the self. Substance-dependent persons are the clients of various substance abuse treatment services but the majority of the clients relapse because the idea was never from them. Van der Westhuizen et al. (2011:362) add that an improved sense of self-worth could therefore contribute to the behaviour change. The bio-psycho-social approach puts equally among other factors the psychological aspects of the persons initiative to change (Dogar, 2007:11). If the substance-dependent persons are coerced to quit drugs or forcefully sent to treatment centres, the impact becomes minimal. Substance-dependent persons can only be encouraged and be challenged to do something about their substance abuse situation (UNODC, 2007:44).

Sub-theme 6.2: Shortage of skills development centres

Another stumbling block that was identified was the shortage or lack of facilities such as skills development centres where recovering clients are exposed to technical skills and different kinds of training so that they can be employable in the market or start their own businesses. According to the participants, substance dependent persons will avail themselves for skills development, but social workers would not have facilities to render such services or even refer to. On the other hand, private skill development centres' enrolment costs are very high. The quotes of the participants from the focus group interview are indicated below:

“Lack of skills development centres. Most of the skills development centres are not for free.”

“We do not have skills development centres in our communities. It is a boredom for the client when we do not do anything in terms of skills development.”

The research conducted in India revealed that substance abuse and relapse were closely related to people with low education (Sharma et al., 2012:34). The low education status can also be linked to lack of skills. Ultimately, if one does not have the necessary skills, the chances are that the person will be unemployed. Hence, substance-dependent persons are likely to turn to substance abuse as a source of keeping themselves busy. Engaging substance-dependent persons into aftercare and reintegration services without skills development facilities to empower them to be self-reliant, will limit the effectiveness of the programme. Some of the participants in the study indicated that skills development centres were not accessible to substance-dependent persons for use to empower themselves. As a result, substance-dependent persons who relapse are those from a low socio-economic status (Sharma et al., 2012:34). Government and NGOs might need to work together in ensuring that skills development centres are accessible and affordable to make aftercare and reintegration services effective.

Sub-theme 6.3: Inadequate services by treatment centres

Another challenge in the aftercare and reintegration services, according to the participants, is the poor services which treatment centres render to the clients of substance abuse during the rehabilitation phase. It has been noted that most clients are discharged while they are not fully recovered. In some cases, clients are seen to have deteriorated into their substance abuse. The quotations below attest to this statement:

“The success rate of substance-dependent persons admitted in aftercare and reintegration services has deteriorated.”

“When people go to treatment centres for rehabilitation, most of the time when they come back, they are worse than they were.”

The standard statement regarding aftercare and reintegration services in treatment centres is to introduce programmes and support to enable a substance-dependent person effective transition from a treatment centre to their families and their integration into their communities (DSD, 2007:35). The participating social workers identified certain challenges which tampered with the intervention process for substance-dependent persons. One challenge identified is the lack of individualised services to the clients. Secondly, the social workers in treatment centres are said to lack follow ups on the progress of the clients after discharge.

The holistic intervention of aftercare and reintegration services would be able to minimise some of the stumbling blocks in rendering the service because bio-psycho-social approach looks at all aspects of the substance-dependent person. Tansey (2010:4) confirms that the bio-psycho-social approach retains or includes unique components and interactions between an individual and the environment to get a bigger picture of the situation. Treatment centres can only achieve better outcomes if they start to treat each client as an individual who requires a unique and multidimensional intervention. A one size fits all approach does not seem to be relevant when dealing with substance-dependent persons who need help in dealing with substance abuse (Mittal, 2005:4). The next theme will provide findings on the responsibilities of aftercare between Department of Social Development and NGOs.

Theme 7: Responsibility of aftercare and reintegration services between the Department of Social Development and NGOs

The participants from the Department of Social Development have emphasised that the Department should be the leading department in issues of aftercare and reintegration services. The findings also revealed that the DSD is in a good position to lead because they are well resourced financially and the aftercare services are likely to be subsidised. It was indicated that NGOs who currently render aftercare and reintegration services are expensive. However, the NGOs can be able to supplement government with aftercare and reintegration services with the funding they receive. The quotes from the participants have been provided below:

“I do not think you can point as to which stakeholder should be responsible for aftercare and reintegration services. I think the Department [DSD] should be playing the leading part and the rest follow..”

“Department of Social Development should take a lead because it is a state agent with allocated money to eradicate substance abuse.”

According to the *Policy for Management of Substance Abuse* (DSD, 2008a:15), the services of aftercare and the reintegration for substance-dependent persons fall within the National Department of Social Development (DSD, 2006:24). NGOs can apply to render such services with the Department of Social Development according to the Act.

As indicated earlier, the bio-psycho-social approach emphasises the notion of different aspects brought together when rendering aftercare and reintegration services. Hence, stakeholders would need to work together to ensure that substance-dependent persons get quality aftercare and reintegration services. Aftercare and reintegration services could be more effective if government, NGOs and private sector would collaborate

Lastly, recommendations of social workers from the Department of Social Development for effective aftercare and reintegration services will be provided below.

Theme 8: Recommendations for improved aftercare and reintegration services

There are recommendations the participants have made in order for the aftercare and reintegration services to be enhanced. The recommendations will be discussed as sub-themes which include constant research on substance abuse trends, more funding for organisations in aftercare and reintegration services, with an emphasis on integrated approaches, and the specialisation by social workers on issues of substance abuse.

Sub-themes 8.1: Constant research on substance abuse trends

The findings from the social workers are that there is not enough research done in the field of substance abuse particularly on aftercare and reintegration services which creates missed opportunities to familiarise with the recent trends and developments. A clear example with regard to insufficient research is the availability of drug called Nyope which is the concoction of, amongst others, ARV tablets and other cheap drugs. The drug has recently been discovered in Tshwane. The drug is yet to be classified as a drug because of complications regarding its ingredients. The situation creates challenges for social workers when intervening within substance-dependent persons. See as shown below:

“The department needs to constant conduct research on new drugs such as Nyope, which is causing trouble in Tshwane.”

“There is a need for the Department of Justice to correctly classify and record special drugs such as the Nyope, but it is difficult without the research.”

Generally, it has been a concern that there is not much research done on issues of substance abuse and aftercare services in particular. Ekendahl (2008:261) also confirmed that there is a need for more scientific enquiry on issues of aftercare and reintegration services. The research will also be able to provide answers on developments regarding new, harmful, substance abuse trends.

Sub-themes 8.2: More funding for organisations in aftercare and reintegration services

The data revealed that there are not enough organisations within the field of substance abuse due to the lack of funding. Organisations which are currently in the aftercare and reintegration services are unable to render comprehensive services due to insufficient funds. The participating social workers indicated that there was a need for increased funding for organisations which render aftercare and reintegration services to complement what government is currently doing. The quotes have provided below:

“There are not enough organisations which deal with the aftercare services.”

“If the organisations were sufficiently funded, then there would be many organisations to render aftercare services.”

One of the objectives of the *Policy on Financial Awards for Service Providers* is to establish a funding relationship between the Department of Social Development and service providers (DSD, 2006:6). The funding includes organisations which render aftercare and reintegration services to substance-dependent persons. There is a view by participants that there are not enough organisations which render aftercare and reintegration services. As a result, aftercare and reintegration services become compromised. There is a need for the DSD and other stakeholders to prioritise organisations which render aftercare and reintegration services in their funding models.

Sub-theme 8.3: Emphasis on an integrated approach

The findings indicated that an integrated approach is very effective when applied in aftercare and reintegration services. All the relevant stakeholders, such as government departments, private sector, NGOs and CBOs should come together with a special mandate in rendering aftercare and reintegration services.

“...each department has a role to play in substance abuse. Social Development has a major role to play including provision of resources. If other departments can be able to come up with their resources, then we will be able to contribute a lot to aftercare services and not only on social development.”

“There is a role for everyone to play in dealing with substance abuse. We got South Africa, users, families and the entire communities. We also need SAPS, Justice and all the departments and role players in substance abuse.”

Chapter 7, Section 30, of the *Prevention and Treatment of Substance Abuse Act 70 of 2008* clearly states that aftercare and reintegration services should be conducted in an integrated approach. The NDMP prescribes the establishment of Local Drug Action Committees in communities where all relevant stakeholders in issues of substance abuse are involved (DSD, 2006:11). According to the bio-psycho-social model, addiction behaviour is best understood as a complex disorder determined through the interaction of biological, cognitive, psychological, and socio-cultural processes (Du Plesis, 2012:11). The model recognises that an effective intervention to ensure successful aftercare and reintegration services is created through bringing all relevant aspects pertinent to the recovery of substance-dependent persons.

Sub-theme 8.4: Specialisation on substance abuse by social workers

The findings highlighted that social workers should specialise in the area of substance abuse to be effective in aftercare and reintegration services. If the social worker is responsible for seeing substance abuse cases, that social worker should only do substance abuse cases. The quotations from the participants have been highlighted below:

“...this goes to our department. If we can have social workers specialising in substance abuse, it can help. If I am responsible for taking the boys to rehabilitation centres and later prepare for aftercare and reintegration services then I will be more focused, you know!”

“I think we should think of specialised sections which specialises, for example, in children and the one which specialises in substance abuse and not sharing the same responsibilities. All can be sorted by specialisation.”

Social workers in government generally provide services in a generic context to the communities they serve. For instance, a typical social worker in an organisation may be

responsible for rendering foster care, substance abuse, elderly services and women services. Fisher and Harrison (2002) (in Van der Westhuizen et al., 2011:358) argue that aftercare services should be specialised for better outcomes. For aftercare services to be fully effective, there is a need for an aftercare coordinator who will only be responsible for issues of aftercare and reintegration services (Florida Department of Children and Families, 2001:4).

SECTION B: SOCIAL WORKERS FROM SANCA, EERSTERUST

This section comprises of research findings from SANCA. The first sub-section provides the biographical information of the participants. The second sub-section discusses the themes and sub-themes based on the data collected from social workers in the employ of SANCA.

Sub-section 1: Biographical information

The biographical details of the participants were gathered with the use of the focus group interview schedule during the focus group interviews. Five qualified social workers within the employ of SANCA in Eersterust participated in the study. All the participants were female with their ages ranging between 21 years to 46 years. The participants had between six months to nine years experience in the social work field. In addition, the participants had between six months and three years' experience in the specialised field of aftercare and reintegration services. Table 1 provides a summary of the biographical information of the participants.

**TABLE 2: BIOGRAPHICAL PROFILE OF THE PARTICIPANTS: SANCA
EERSTERUST**

Respondents	1	2	3	4	5
Age	21	41	33	29	46
Gender	Female	Female	Female	Female	Female
Highest qualification	BSW	BSW	BA (Social Work)	BSW	BSW
Years in social work profession	3 years	10 months	9 years	1 year	2 years
Experience in aftercare and reintegration services	3 years	10 months	3 year	1 year	1 year

The data revealed that there were social workers who had between 10 months and 3 years' experience in aftercare and reintegration services within the field of substance abuse. Hence, the data showed that there was limited experience from social workers in terms of aftercare and reintegration services in the substance abuse field, per se. The themes and sub-themes from the data collected from the participants will be discussed in the sub-section that follows.

Sub-section 2: Themes and sub-themes

Data obtained through the focus group discussion conducted at SANCA had been organised into themes and sub-themes. Below is the schematic representation of the themes and sub-themes.

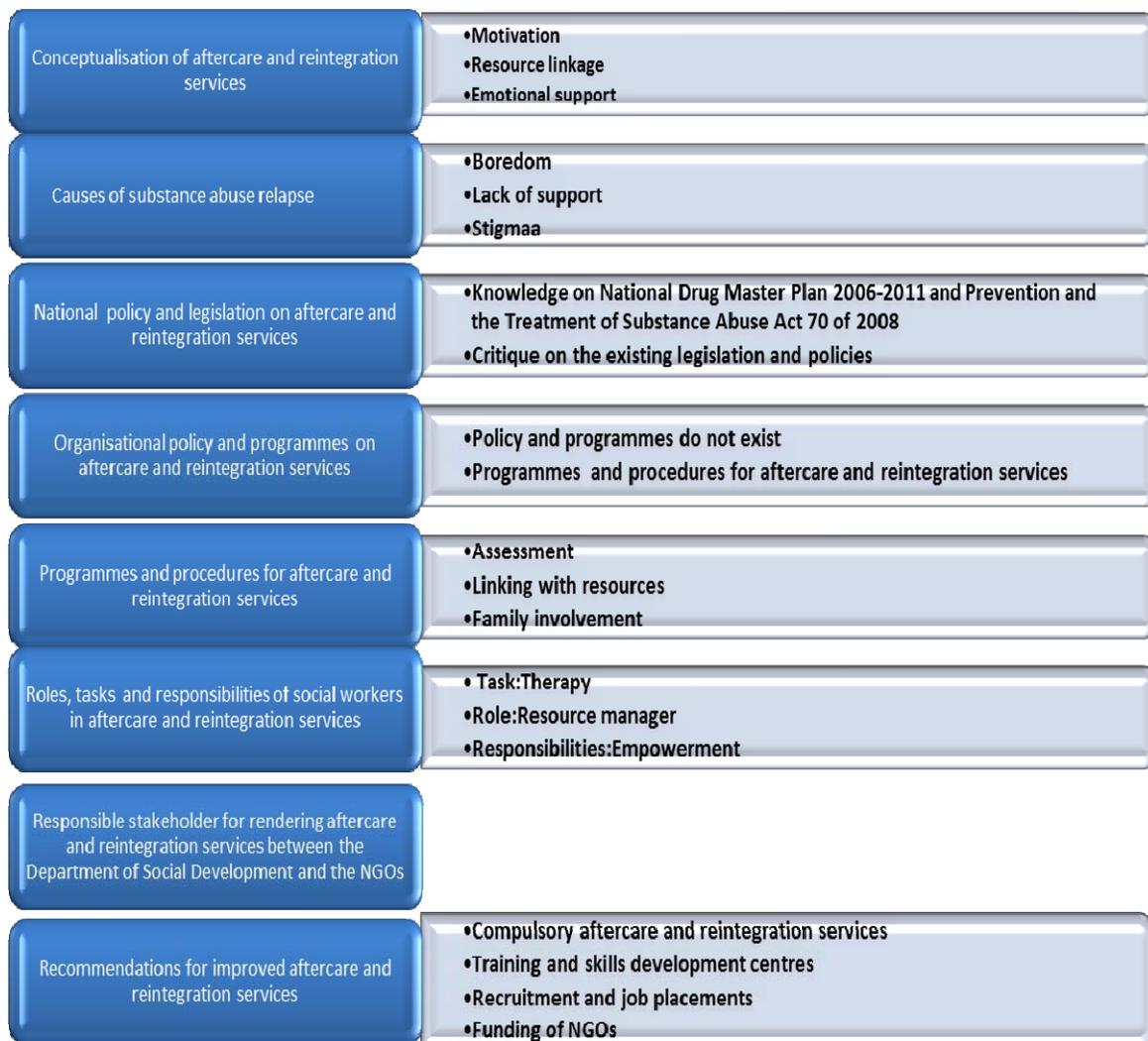


Diagram 2: Themes and sub-themes for SANCA social workers

The themes and sub-themes of the SANCA findings will be discussed in detail below:

Theme 1: Conceptualisation of aftercare and reintegration services

The study attempted to understand the level of conceptualisation of the participants with regard to aftercare and reintegration services. The following are findings as discussed in the form of sub-themes:

Sub-theme 1.1: Motivation

The data revealed that aftercare and reintegration services were viewed as about providing motivation to clients. Social workers are said to be the agents in the nerve centre of rendering motivation services to the clients. One of the participants reasoned as follows:

“... it is to motivate the client to remain sober and healthy. To find means which can be done to get their minds off drugs.”

“In aftercare, we ensure that clients remain motivated in their decision to quit drugs.”

Van der Westhuizen et al. (2011:357) describe the goal of aftercare as prevention of relapse through the maintenance of cognitive and behavioural changes made in treatment in order to sustain sobriety. In essence, clients can only reach the level of sobriety through self-motivation, motivation by professionals and other significant others in the life of clients.

The bio-psycho-social model brings into the picture the biological, psychological and the social aspects when dealing with a human being. The bio-psycho-social model is against the view that the body and mind are separate as believed by Descartes (Borrel-Carrío, 2004:577). In the context of substance abuse, this model is of the view that substance-dependent persons are not just objects which need healing, but are very active participation in their process of healing. The substance-dependent persons have the ability to motivate themselves and others to deal with issues of substance abuse.

Sub-theme 1.2: Resource linkage

The participating social workers added that linking clients with resources as another component of aftercare and reintegration services. Relevant resources included recreational facilities, jobs, housing and skills development centres.

“As social workers we should support them with skills and link them with NGO’s like the National Youth Development Organisation (NYDO) to get some skills to get something. So we should support the substance abuse clients for their recovery.”

“So that’s where we try to assist with resources and alternative activities. Linking them with resources.”

Mittal (2005:1) also emphasises that aftercare and reintegration services should be about offering support and guidance to the recovery journey of the substance-dependent person. Ekendahl (2008:261) and Tuten et al. (2007:549) added that aftercare and reintegration services should improve the living conditions of the clients comprising out of services such as counselling, housing, recreational services, support groups and employment. Brown, Seraganian, Tremblay and Annis (2002:677) also reiterated that finding a job, housing, employment, transportation and education were among the resources clients required during aftercare and reintegration services.

In the bio-psycho-social model, the client-professional relationship is very important and plays a role towards the recovery of the client (Borrel-Carrio, 2004:577). The professionals ensure that they link the client with resources which may be very relevant to their recuperation. As such, substance-dependent persons are also required to work with professional helpers like social workers who will assist them in their recovery journey

Sub-theme 1.3: Emotional support

The data showed that aftercare and reintegration services were also viewed as the provision of emotional support to the substance-dependent persons during the phase of aftercare and reintegration. Emotional support includes therapy, counselling and therapeutic groups. The following statements confirm this:

“With me, when clients are from rehab, they feel rejected and useless. They need someone like social workers who will deal with their emotions to be able to cope with their families and the community.”

“... the only thing we can do is therapy for aftercare people because substance-dependent persons needs it most when they are from rehab.”

Brown et al. (2002:677) maintained that counselling was the main aspect of aftercare and reintegration services. The bio-psycho-social perspective is an attempt to understand health and illness through an appreciation of how biological, psychological, and social elements persist in affiliating with one another (McKenry, Julian, Gavazzi, 2010:307). Emotional support serves as a psychological aspect in dealing with substance-dependent persons. According to the bio-psycho-social model, counselling, therapy and family sessions play a key role in ensuring a speedy recovery for the substance-dependent persons by getting their mindset in check. Hence, the emotional support forms part of the reintegration and aftercare services to substance-dependent persons.

The bio-psycho-social model advocates for the basic principles which have an emotional tone that engraves the relationship with such characteristics as caring, trustworthiness and openness (Borrel-Carr et al., 2004:580). Emotional support is very crucial to substance-dependent persons because that is a dimension which has the ability to take them to the level of sobriety.

It is also imperative to look at the causes of substance abuse relapses. These causes will be discussed in the theme which follows.

Theme 2: Causes of substance abuse relapse

The data revealed that there are numerous causes for substance abuse relapse amongst substance-dependent persons. The causes have been delineated with three sub-themes, namely boredom, lack of support and stigma.

Sub-theme 2.1: Boredom

The data reveals that boredom is one of the factors which cause the substance-dependent persons to relapse. The participants indicated that substance-dependent

persons turn again to harmful substances because there are no activities to keep them busy in the form of jobs, recreational activities and skills development centres. The two participants were quoted below to confirm that boredom is one of the causes of substance abuse relapse.

“Otherwise, we have 60% of the people who relapse because there is nothing for them to do”.

“Number one cause of relapse is boredom.”

Substance abuse serves as a recreational activity to substance-dependent persons. One of the triggers for substance abuse is having almost nothing to do and starting to think of drugs and alcohol (Mark Houston Recovery, 2009). When considering boredom as a cause of relapse from a bio-psycho-social model, it is proposed that if the physical aspects such as recreational activities and employment of recovering substance-dependent persons are not covered, the substance-dependent persons are likely to relapse (Du Plessis, 2012:11)

Sub-theme 2.2: Lack of support

The participants revealed that a lack of support from families and communities can contribute to substance abuse relapse for the substance-dependent persons. Support includes resources of any sort pertinent for the recovery of substance-dependent persons, such as families, housing, recreational facilities, employment opportunities and counselling. Any inadequate and insufficient supply of the above mentioned, can hamper the speedy recovery of the substance-dependent person.

“But when they come out, he is expecting something from us (social workers) but we don’t have those skills development resources. That’s why I say Social Development [sic] should assist us with resources.”

“... when the substance-dependent persons comes back from treatment centres, normally parents and other family members in the community reject them because they still cannot trust or believe the recovery addicts have changed”.

Sharma, Kupadhyaya, Bansal, Nijhawan and Sharma (2012:34) confirmed in their study that the lack of support for substance-dependent persons was associated with relapse. As a result, substance-dependent persons whose families were involved, professionals who link them with relevant resources and authorities offering basic services in their treatment had less risk of relapse than those without family support (Ellis, Berchichon, Yu, Roberts & Herrell, 2004:216). The statement confirmed that lack of support was also the reason of substance abuse relapse in substance-dependent persons.

The Florida Department of Children and Families (2001:6) speaks of “wraparound packages” for aftercare and reintegration services such as jobs, housing, employment, transportation, and child care. The lack of these is likely to cause substance abuse relapse in substance-dependent persons. In other words, without support either emotionally, or resource wise from family members and the community at large, it might be more challenging for the substance-dependent persons to maintain sobriety. In addition, government and other relevant stakeholders would need to make relevant resources available for the substance-dependent persons to reintegrate accordingly into communities.

Sub-theme 2.3: Stigma

Stigma is the isolation of substance-dependent persons from and by the society and families to which they belong. Communities and family support, as discussed before, play a critical role towards the recovery of substance-dependent persons (Mittal, 2005:1). However, the study showed that isolation, labelling and discrimination by communities and families can be crippling to the progress of the recovering substance-dependent persons.

“The families and communities stigmatise drug users so that they can cause them to relapse.”

“With me, when clients are from rehab, they feel rejected and useless or isolated.”

Ellis et al. (2004:216) are also of the view that stigma and isolation are other causes of substance abuse relapse as families and communities have a huge role to play during the healing process. The bio-psycho-social approach includes psychological, cognitive, social, developmental, environmental and cultural aspect when dealing with substance abuse (Brian, 2010). Therefore, substance-dependent persons rely on the availability of different support structures to assist them to remain sober. However, if the same support system marginalises and isolates the substance-dependent persons, then they are more likely to relapse.

Boredom, lack of support and stigma cause substance abuse relapses, because interventions in communities are not multipronged but single sided in most cases (Ellis et al. 2004:216). The interventions in communities are single sided and scattered because the services are not coordinated. Government may not be aware about the services of other NGOs within the field of aftercare and reintegration services. As a result, it becomes a challenge for relevant agencies in communities to do away with the known cause of substance abuse relapse because of a lack of coordination. The theme to follow will highlight the relevant national legislation and policies which regulate aftercare and reintegration services.

Theme 3: National policy and legislation on aftercare and reintegration services

The study attempted to establish the level of knowledge of participants with regard to national policies and legislation pertaining to aftercare and reintegration services. The data revealed that the knowledge regarding aftercare and reintegration services policies and legislation was limited to the NDMP and the *Treatment and Prevention of Substance Abuse Act 70 of 2008* which would be discussed in the following sub-theme. The researcher will also focus on critique about the available national policies and legislation on aftercare and reintegration services.

Sub-theme 3.1: Knowledge on National Drug Master Plan 2006-2011 and the Prevention and Treatment of Substance Abuse Act 70 of 2008

The findings from the focus group discussion revealed that the social workers had very limited knowledge with regard to national legislation and policy on aftercare and

reintegration services. The participants identified the NDMP as the document which sets out Local Drug Action Committees in communities to deal with issues of substance abuse in general where relevant stakeholders are involved. Social workers are aware of the existence of the Act, but did not understand its relevance to issues of aftercare and reintegration services. What follows are some quotations from the participants elaborating on this:

“According to my knowledge, the Act was revisited because it was more focused on prevention and intervention. So the issue of aftercare and reintegration services was not included as such. I am not sure if the process was finalised.”

“Last year we went to Mamelodi Local Drug Action Committee meeting and we were talking about the Master Plan. Most people were concerned with resources regarding the implementation of the Master Plan. So even now they are still talking about it”.

These quotes paint a clear picture that social workers have limited knowledge on issues of legislation which regulate aftercare and reintegration services. Other than the NDMP and the Act, there are also relevant policies on aftercare and reintegration services such as the *Policy on the Management of Substance Abuse* and the *Norms and Standards for the Management of Treatment Centres* (DSD, 2008). The *Policy on the Management of Substance Abuse* emphasises which roles different stakeholders have in dealing with substance abuse. Interestingly, the policy makes provision for aftercare and reintegration services to be rendered by both the Department of Social Development and NGOs (DSD, 2008a:9).

On the other hand, the *Norms and Standards Document for the Management of Treatment Centres* outlines how treatment centres should be managed when rendering services to substance-dependent persons. The policy, however, does not speak much about aftercare and reintegration. Van der Westhuizen et al. (2011:360) concur that a lack of knowledge impacts negatively on the ability of social workers to plan and execute aftercare and reintegration services successfully. Social workers are the agents of change with regard to aftercare and reintegration services. If the knowledge on issues of

aftercare and reintegration services is limited, then the latter services are less likely to be given the necessary attention.

Sub-theme 3.2: Critique on the existing legislation and policies

The Act is the major legislation on issues of aftercare and reintegration services. *The Policy on the Management of Substance Abuse, Norms and Standards on Management of Treatment Centres* and the NDMP are the main policies on issues of aftercare and reintegration services. The Treatment and Prevention of Substance Abuse Act gives provision for the availability of aftercare and reintegration services within the chain of the treatment of substance abuse for substance-dependent persons. However, the Act does not give a directive on which stakeholder should be responsible for aftercare and reintegration services. The participants have been quoted as saying:

“I know that there is the Act and the Master Plan on drug abuse but they do not say anything about aftercare services. Everyone just use their own thinking.”

“...we need policy guides which will be specific to issues of aftercare services so that we do the same thing as NGOs in substance abuse sector.”

The Act makes provision for the aftercare and reintegration services and the organisation which intends to render such services. The Act also gives guidance standards which should give aftercare and reintegration services which is expected from the legislation. However, there is no follow up manual which should give clear guidance and procedures on how aftercare and reintegration services should be conducted. In turn, different NGOs render any kind of services which they deem to be aftercare and reintegration. Government, the Department of Social Development in particular, would need to introduce a manual which will guide the aftercare and reintegration services to substance-dependent persons.

The *Policy on the Management of Substance Abuse* clearly mentions aftercare and reintegration services as one of the intervention strategies of substance abuse.

Aftercare is the central component of the continuum of interventions and support in the total treatment process (DSD, 2006:30). The policy also outlines national government and the NGOs as the stakeholders which should render aftercare and reintegration services.

The policy on the *Norms and Standards for Management of Treatment Centres* also gives guidance that substance-dependent persons should attend aftercare and reintegration program after their discharge from treatment centres. The policy also does not outline who should render aftercare services and how the process should unfold. The NDMP stresses the roles which different stakeholders ought to be playing in dealing with the scourge of substance abuse from the strategic level to the community level. The stakeholders which have a role in issues of substance abuse are the DSD, South African Police Service, Home Affairs, Labour, Defence Force, Health and Justice (DSD, 2006:15).

The findings on the study emphasised that it was imperative that the government comes up with a manual which will expand further the concept of aftercare and reintegration services and how those services should be rendered. It is imperative that government comes up with a manual which will specifically give out the process of aftercare and reintegration (Westhuizen et al., 2011:360). The legislation on aftercare and reintegration services should not be one sided but be able to cover the biological, psychological, and the social aspect of dealing substance abuse. The bio-psycho-social model stipulates that a healthy lifestyle, support groups, families and other relevant resources as mechanisms of protecting substance-dependent persons from relapse (Brian, 2010: 23). Such a manual will serve as a guideline to different stakeholders on issues of aftercare and reintegration services. The next theme will look into the organisational policy and programmes of aftercare and reintegration services for SANCA.

Theme 4: Organisational policy and programmes on aftercare and reintegration services

The researcher attempted to establish whether there are programmes and policies in SANCA which guide social workers in terms of rendering aftercare and reintegration services to substance-dependent persons. Sub-themes of the findings are that policy and programmes do not exist, use of general knowledge in the absence of clear policy guidelines, programmes and procedures of aftercare and reintegration services for substance-dependent persons.

Sub-theme 4.1: Policy and programmes do not exist

The researcher has established from the participants that SANCA does not have specific programmes and policy for aftercare and reintegration services in place. Instead, the participating social workers resort to general social work knowledge to render aftercare and reintegration services. The common practice for social workers was to conduct group sessions focussing on different life skills topics as their aftercare and reintegration services. The quotes are available below for confirmation:

“For us as social workers, we are doing the best we can in rendering aftercare and reintegration services with the use of general social work knowledge”.

“I am not sure about policy but what I know is that when the client is in in-patient treatment centres, the social worker in the centre must communicate with us about the progress of the client”.

The data revealed that SANCA social workers referred mainly to group work and topics when they speak about aftercare and reintegration services. As a result, it became a challenge for the participating social workers to identify a link between SANCA documents and aftercare service. For any professional to be effective and efficient in rendering services, there is a need for guidelines in particular expertise. The same applies to social workers. There is a need for clear guidelines in the form of clear organisational policies and protocols which should guide aftercare and reintegration services in substance abuse.

Sub-theme 4.2: Programmes and procedures for aftercare and reintegration services

The participating social workers identified procedures and programmes which should be included in rendering aftercare and reintegration services based on their experience. The procedures that the participants outlined as informing their services will be provided.

- Assessment

Assessments are done when the substance-dependent persons visit the office of the social worker after their release from treatment centres. The social workers enquire about the progress of the client during their period in treatment centres. The report from the social workers in treatment centres becomes part of the assessment. The social worker who referred the substance-dependent person to the treatment centres should do the assessment as the overall part of the aftercare and reintegration services. The quotes below are the views from the participants on assessment:

“I think, maybe the first step would be when the client comes for the first time in our offices from treatment centres, you get to find out from clients what they have gained and benefited in treatment centres”.

“With us, when we do assessment, clients are motivated to quit drugs because they want to help their families and children”.

Alexander, Pollack, Nahra, Wells and Harris (2007:222) and Mittal (2005:3) also note assessment as one of the phases in rendering aftercare and reintegration services to substance-dependent persons. Mittal (2005:3) further acknowledges assessment as the first aftercare contact session.

- Linking with resources

The participating social workers included linking the substance-dependent persons with resources as the next phase of aftercare and reintegration services. Social workers get to assist substance-dependent persons through linking them with needed resources

such as job placement, skills development centre and schools. The quotes below bear testimony:

“Yes. Some of them still wondering. Like you know after drugs, what do you do after drugs? Everyone would want something to do after drugs. So that is where we try to assist with resources and alternative activities. Linking them with resources.”

“There are recreational facilities which the clients should be involved into at least keep them busy and stimulated”.

After the social worker has done assessment, the outcomes will provide a way forward in terms of the resources which the clients require for them to recover accordingly (Florida Department of Children and Families, 2001:8). Social workers should be competent in networking for them to link substance-dependent persons with needed resources.

- Family involvement

Family involvement and support also forms part of aftercare and reintegration service procedure. Families and parental factors contribute towards the capacity of the substance-dependent persons to overcome any challenges ahead of them. The involvement of family members in the aftercare and reintegration services motivates substance-dependent persons to take responsibility for their lives and aspire them to lead a drug-free life. The quotes of that effect have been provided below:

“Aftercare and reintegration services to me I feel the parents should be involved. Although we have parents support programmes but most parents do not attend”.

“Also I think that families should be involved”.

According to Smith, Hornberger, Brewington-Carr, Finch, O’Neil, Cavanaugh and Bender (2008:2), involving families in substance abuse treatment planning, service design, delivery and policy produces better outcomes for individuals, programmes and

systems. In fact, the Act clearly states that aftercare and reintegration services should allow substance-dependent persons to interact, amongst others, with their families.

According to Mittal (2005:5), the process of aftercare and reintegration services should be multidimensional and inclusive of different aspects such as culture, social, environment, physical, psychological, biological and other important aspects as in bio-psycho-social approach.

As the procedures of aftercare and reintegration services have been discussed, it is also imperative to look at the roles, tasks and responsibilities of social workers with regards to aftercare and reintegration services.

Theme 5: Roles, tasks and responsibilities of social workers in aftercare and reintegration services

The data revealed that there was a need for more understanding with regard to the roles, tasks and responsibilities of social workers in aftercare and reintegration services. The roles, tasks and responsibilities of social workers in aftercare and reintegration services will be discussed according to the following sub-themes which are therapy, broker and empowerment.

Sub-theme: 5.1: Task: Therapy

Counselling is significant when dealing with substance-dependent persons as a tool to give hope to them. Hence, therapy is also the task which social workers are expected to fulfil when rendering aftercare and reintegration services. Quotes from the participants have been included below:

“Because even with us here, the only thing we do is therapy for aftercare people”.

“So we have to help the client to continue with positive status irrespective of their challenges they face when they are in the community”.

Aftercare and reintegration services should involve therapy for effectiveness. Brown et al. (2002:677) add that aftercare and reintegration services should include two sessions a week of counselling for over a period of 3-6 months for substance-dependent persons.

Sub-theme 5.2: Role: Resource manager

The role which the social workers are supposed to play as identified in the findings is that of a resource manager which is basically linking the clients with needed resources. The social worker should be empowered so that they can be resourceful to the substance-dependent persons when rendering aftercare and reintegration services. The quotes from participants are below:

“Hence, it is important that the social worker should know where different resources are, so that they can be able to link the clients very well”.

“Social workers can serve as the link and find out like where the training facilities can be located and things like that”.

One of the roles of social workers include referring clients to inside and outside service providers (Alexander et al., 2007:222). This is confirmed as the role of brokers played by social workers which was identified in the findings.

Sub-theme 5.3: Responsibility: Empowerment

The responsibility which social workers have in aftercare and reintegration services as per the findings is empowerment. The social worker should play their part with their skills of taking the substance-dependent person to the level of self-reliance and self-belief. Some of the participants who felt strongly about empowerment have been quoted below:

“In this organisation, when we have clients, we assist them with drafting business plans and CVs so that they can be able to in a position to stand on their own”.

“Parents of the substance-dependent persons are also involved in the support groups just to help them to deal with their children”.

Mittal (2005:1) concurs that aftercare and reintegration services comprise imparting new skills to substance-dependent persons for maintaining recovery including helping with everyday responsibilities as well as managing family relationships. Support groups are very important in ensuring that both the clients and their family structures are in a position to understand each other even better. On the other hand, substance-dependent

persons require survival needs such as jobs. Hence, assisting clients with drafting CVs and business plans puts them in a position of self-reliance and empowerment.

The theme which follows aims to establish the responsible stakeholder for aftercare and reintegration services between the Department of Social Development and the NGOs.

Theme 6: Responsible stakeholder for rendering aftercare and reintegration services between the Department of Social Development and the NGOs

The research also attempted to establish from the participants who they consider should be responsible for aftercare and reintegration services between the Department of Social Development and the NGOs. The findings are that the Department of Social Development should take the lead in issues of aftercare and reintegration services but be supported by NGOs, like SANCA. However, the Department of Social Development must make a reasonable investment and funding in NGOs for them to render quality and effective aftercare and reintegration services.

“ Department of Social Development should take the lead on issues of aftercare and reintegration services with the support of other stakeholders such as NGOs and the private sector”.

“Aftercare and reintegration services rely require finances and other resources for its roll out. At this stage NGOs do not have such resources. As a result, it is important that the Department of Social Development be in the forefront in terms of rendering aftercare and reintegration services”.

Ekendahl (2008:260) emphasises that aftercare and reintegration services are the statutory responsibilities of authorities. The *Policy on Management of Substance Abuse* (DSD, 2008a:22) also includes aftercare and reintegration services as part of the services rendered by the DSD. The policy also acknowledges that NGOs play a major role in the field of aftercare and reintegration services.

The bio-psycho-social approach is multidimensional and emphasises the multidisciplinary mode of dealing with issues of substance abuse which include aftercare and reintegration services in particular (Urell, 2013). The notion implies that different stakeholders should cooperate and share resources towards rendering aftercare and reintegration services to substance-dependent persons. The data below also reveal the recommendations which could improve aftercare and reintegration services in the field of substance abuse.

Sub-theme 7: Recommendations for improved aftercare and reintegration services

During the focus group interview, the participants made recommendations regarding the ways in which aftercare and reintegration services can be improved. The recommendations are in the following sub-themes: compulsory aftercare and reintegration services, training and skills development centres, recruitment and job placement and funding of NGOs.

Sub-theme 7.1: Compulsory aftercare and reintegration services

The findings revealed that the attendance will be enhanced if aftercare and reintegration services were made compulsory. Currently, substance dependent people can only be coerced into rehabilitation in treatment centres by a means of a court order. Aftercare and reintegration services remain within the discretion of the substance-dependent persons themselves. These are quotes from some of the participants:

“If it was a situation where people are told that if they do not attend aftercare services, then they would be arrested, then people will attend”.

“If all of us including the courts can stand together and say that aftercare services are compulsory and we enforce it then it can work”.

Van der Westhuizen et al. (2011:366) recommended in her study of social workers that aftercare and reintegration services would be effective and would add value if the services were compulsory. In Sweden, aftercare and reintegration services are compulsory but the findings regarding the approach were that the service was not as effective as it would if it was not compulsory (Ekendahl, 2007:137). If coercion was

applied in the aftercare and reintegration service programme participation, substance-dependent persons were less likely to be going to commit themselves to the programme. When the decision to attend the aftercare and reintegration services comes from substance-dependent person themselves, they are more likely to be committed to the cause.

Sub-theme 7.2: Training and skills development centres

The participating social workers indicated that the presence of training and skills development centres in communities would enhance the effectiveness of aftercare and reintegration services. The quotes from the participants proved this:

“If the clients can be kept busy then the chances of relapse can be smaller”

“The value of things can make people to attend. If they can come to us and we do talking non- stop, then we are boring them. Every day we are talking to them as individuals or groups. If the clients want to go to school, let’s give them channels to go to schools. If they want skills empowerment, let’s provide them with those channels”.

The Act outlines that aftercare and reintegration services should have restructured programmes to assist substance-dependent persons with recovery. In addition, the *Model for the Treatment of Substance Dependent Youth in Residential Facilities* also acknowledges that skills development is the key towards a successful aftercare and reintegration services programme (DSD, 2009: 11). Empowering substance-dependent persons with skills imparts self-reliance on them which is an investment in the long run. Any kind of a job requires a certain level of a skill. If the substance-dependent persons have skills of any sort, their chances of securing employment and businesses are likely. However, the programmes mostly held in skills development centres are few and other centres are not affordable (Du Plessis, 2012:11).

Sub-theme 7.3: Recruitment and job placements

The findings also indicated that recruitment and job placements play an important role in aftercare and reintegration services. Below are the quotes from the participants:

“We also supposed to be part of the guidelines on how do we help the clients going forward. If the client is looking for a job, what kind of a job is he looking for and where?”

“Then I think that during that three months where the client will be in the treatment centre, the social workers should be able to look for those resources such as jobs so that when the clients is released from the centre, we are able to link them with certain places”.

In the study conducted in Cornerstone Treatment Research Center in Maryland, USA on aftercare plans, it was discovered that employment was one of the needs which the participants listed for typical aftercare and reintegration services (Tuten et al., 2007:551). It was revealed in the earlier sections that one of the causes of substance abuse relapse was boredom. Employment provides substance-dependent persons with something to do when they wake up in the morning. Aftercare and reintegration services which support recovery, risk avoidance and employment heighten one’s chance of complete recovery from substance abuse (Jason, Davis & Ferrari, 2007: 804).

Government and NGOs with the assistance of other stakeholders should ensure that substance-dependent persons be included in the recruitment and employment programmes. It should also be noted most employers are very sceptical in employing someone with a history of substance abuse. However, with education and awareness, possible employers are likely to understand the role which employment has on substance-dependent persons

Sub-theme 7.4: Funding of NGOs

The participants highlighted that there was a need for more funding for NGOs, such as SANCA, who render aftercare and reintegration services. The funds were specifically requested from the authority which is the DSD in this regard. See the quotes below from the participants:

“It [aftercare and reintegration services] will work if they [Department of Social Development] delegate the responsibilities with money. It could not work if they just delegate without money”.

“If the government can fund NGOs like Vim Africa who assist with computer skills, then it [aftercare and reintegration services] would be to work”.

There are about 33 registered NGOs and private sectors which render aftercare and reintegration services in the Gauteng Province (DSD, 2007:48). The organisations which render aftercare and reintegration services are not sufficient compared to the need for the services. Van der Westhuizen et al. (2011:362) also concur that there is a need for more funding on causes which focused on aftercare and reintegration services.

Now that the data from both SANCA and the Department of Social Development have been discussed, it is also imperative to make comparisons between the two sets of data. As a result, the next section will attempt to look at differences and similarities between the findings from SANCA and the Department of Social Development.

SECTION C: COMBINED DATA INTERPRETATION

The researcher conducted two focus group interviews for data collection. The first focus group interview included social workers from DSD and the second group comprised of social workers from the SANCA. Similarities and differences of the two stakeholders with regard to the data collected during the focus groups will be discussed as follows:

Sub-section 1: Similarities between Gauteng DSD and SANCA

Participating social workers from both SANCA and the DSD shared the view that the DSD should take the lead in terms of rendering aftercare and reintegration services. The NGOs can complement services which the department of social development is already rendering. Ekendahl (2007:137) also concurs that aftercare and reintegration services are the competence of an authority in this case the DSD.

Both focus group interviews concluded that there is a need for funding in organisations of which their priorities are in aftercare and reintegration services. Van der Westhuizen et al. (2011:366) are also of the view that there is a need for funding on issues of aftercare and reintegration services for the latter programmes to be effectively implemented.

There was a unanimous agreement between NGOs and the DSD that constant research on aftercare and reintegration services was of paramount importance in the field. Ekendahl (2008:261) also asserts that the field of aftercare and reintegration services has not yet been thoroughly investigated. There is a need for more research to keep the society on par with the latest developments of issues of aftercare and reintegration services.

Sub-section 2: Differences between SANCA and Gauteng DSD

With regard to knowledge on programmes and policies guiding aftercare and reintegration services, the social workers from the DSD seemed to know more thereof than social workers from SANCA. Social workers from government were aware of policies and legislation directing aftercare and reintegration services such as the NDMP, and the Act. Social workers from SANCA were even straightforward enough to indicate that there were no policies in their organisation, and less is known about national policies on aftercare and reintegration services. Van der Westhuizen et al. (2011: 359) allude to the fact that there is not enough capacity building in terms of training to the service providers on issues of aftercare and reintegration services.

NGOs are of the view that aftercare and reintegration services should be compulsory. On the other hand, participating social workers from the Gauteng DSD believe that services should not be compulsory. In countries like Sweden, aftercare services are compulsory for substance-dependent persons to attend after their discharge from treatment centres (Ekendahl, 2007:260). In their study, Van der Westhuizen et al. (2011:366) also recommended compulsory or mandatory aftercare and reintegration services for effectiveness and efficiency. However, the findings are that compulsory

aftercare and reintegration services reflected negatively on the progress of the substance-dependent persons (Ekendahl, 2007:262).

3.13 SUMMARY

This study provided the researcher with an opportunity to explore and conceptualise aftercare and reintegration services from the perspective of social workers both in the DSD and NGOs. The social workers who participated in the focus group interviews viewed aftercare and reintegration services as emotional support services and a platform for linking the clients with necessary resources. The participating social workers both from NGOs and DSD viewed stigma, inadequate empowerment, substance abuse triggers, boredom, lack of support and insufficient resources as the main causes of substance abuse relapse.

Social workers from NGOs could not pinpoint specific policy and programmes used in rendering aftercare and reintegration services except the general use of social work knowledge. Social workers from the DSD made mention of the NDMP and the Act as the famous tools used in rendering aftercare and reintegration services. However, there is the national *Policy on the Management of Substance Abuse* and other relevant documents of the DSD which social workers were not aware of. The latter is a sign of limited knowledge which social workers have regarding the policies of aftercare and reintegration services.

The procedures of aftercare and reintegration services, according to social workers in the DSD, include assessment, support groups for clients and families, skills development and referrals, while NGOs added linking with resources to the list of procedures. Lastly, focus areas which are recommended for effective and efficient aftercare and reintegration services included an investment in substance abuse research, compulsory services, more funding for NGOs, specialisation by social workers and an integrated approach in rendering services.

The next chapter, Chapter 4, will offer the key findings from the study, conclusions and recommendations.

CHAPTER 4: Conclusions and recommendations

4.1 INTRODUCTION

This chapter completes the research report. As a point of departure, the researcher will articulate as to whether the goal and objectives of the study were achieved or not, and subsequently will answer the research question. Thereafter, the key findings of the study will be presented from which conclusions and associated recommendations will follow.

4.2 RESEARCH GOAL AND OBJECTIVES

The goal of this study was to explore the perceptions of social workers regarding their role towards substance-dependent persons in aftercare and reintegration services.

The goal of the study was achieved through accomplishing of the following three objectives:

- **Objective 1:** To contextualise the role of social workers in rendering aftercare and reintegration services to substance-dependent persons.

Based on the in-depth literature review, the role of social workers in aftercare and reintegration services has been discussed at great length. The areas that covered the roles of social workers in aftercare and reintegration services were the sections on the social worker tasks and responsibilities (see Paragraph 2.5.1, Chapter 2). To create more of an understanding about the role of social workers in aftercare and reintegration services, the processes of rendering aftercare and reintegration services were also articulated (see Paragraph 2.5, Chapter 2). There are different legislation and policies which were discussed in the study which also pronounced the role of social workers in aftercare and reintegration services. The legislation includes the *Prevention and Treatment of Substance Abuse Act 70 of 2008* (see Paragraph 2.2.3.4, Chapter 2). The policy that has also clarified the role of social workers in terms of aftercare and

reintegration services is the *National Drug Master Plan 2006-2011* (refer to Paragraph 2.2.3.3, Chapter 2).

- **Objective 2:** To explore the perceptions of social workers in the employ of both NGOs and the Gauteng Department of Social Development regarding their role towards substance-dependent persons in aftercare and reintegration services.

Chapter 3 of the study outlines the processes which were followed to explore the perceptions of social workers regarding their role in aftercare and reintegration services towards substance-dependent persons. Two focus groups interviews were conducted, namely one with social workers in the employ of the Gauteng Department of Social Development, North Rand region, and the second with social workers in the employ of SANCA at Eersterust. The perceptions from social workers in the employ of the Gauteng Department of Social Development revealed that aftercare and reintegration services were part of holistic support to the substance-dependent persons. The knowledge of the DSD social workers regarding the relevance of the *Prevention and Treatment of Substance Abuse Act 70 of 2008* and the *National Drug Master Plan 2006-2011* on aftercare and reintegration services was limited (see Diagram 1, Chapter 3 for the summary of the findings). On the other hand, the perceptions of social workers from SANCA revealed that the aftercare and reintegration services were more about motivation, resource links and emotional support. The role of social workers included therapy, resource management and empowerment. Therapy is mainly about the emotional support social workers render to substance-dependent persons. In resource management, social workers play the role of a broker to substance-dependent persons by linking them with relevant resources. Lastly, in empowerment, social workers assist substance-dependent persons to be self-reliant (See Diagram 2, Chapter 3).

- **Objective 3:** Based on the outcomes of the study, to make recommendations pertaining to the role social workers should play in rendering aftercare and reintegration services, and to make suggestions for further social work research.

The objective has been accomplished as indicated in paragraph 4.5.1 and 4.5.2 of this chapter (Chapter 4).

The research question of this study was as follows: *“What are the perceptions of social workers regarding their role in aftercare and reintegration services with substance-dependent persons?”* The role of the social workers both from Department of Social Development and SANCA according to the participating social workers are as follows: (1) resource management where the social worker plays the role in ensuring that he or she links the substance-dependent persons with resources required for their recovery. Resources may include housing, employment and skills development centres; (2) therapy, the social worker provides emotional support to substance-dependent persons while they are in the process of recovery; (3) empowerment, just like resource management, social workers provide substance-dependent persons with the necessary professional support for them to take charge of their own healing and recovery process; (4) case management, social workers in this role become the central agent in the recovery process of substance-dependent persons by ensuring that substance-dependent persons are able to access services which they need and advocate for their best interest; (5) support, social workers render professional support to substance-dependent persons through advocating for them against poverty and social injustice.

The research also provides an answer to which stakeholder between the Department of Social Development and the NGOs should take a lead on issues of aftercare and reintegration services for substance-dependent persons. The findings reveal that the Department of Social Development should be on the forefront of issues on aftercare and reintegration services and be supported by the NGOs. The Department of Social Development must also provide sufficient funding on issues of aftercare and reintegration services to NGOs for an effective programme.

4.3 KEY FINDINGS

The key findings are a summary of the data collected from Gauteng Department of Social Development and that of the SANCA.

4.3.1 Gauteng Department of Social Department

Below are the key findings from the focus group interview with social workers from Gauteng Department of Social Development:

- Aftercare and reintegration services refer to rendering services from a holistic perspective to the substance-dependent persons.
- Substance abuse relapse is due to a lack of relevant social infrastructure and the existence of substance abuse triggers.
- The factors which stifle effective aftercare and reintegration services are external locus of control, among the recovering substance-dependent persons, shortage of skills development centres, inadequate services in treatment centres.
- Aftercare and reintegration services should include assessment, support groups for clients and families, skills development programmes and referrals.
- The role of social workers when it comes to aftercare and reintegration services includes case management and support.
- The DSD should be on the forefront of rendering aftercare and reintegration services. NGOs and the private sectors should come in as supporting agents to the programme.
- The *National Drug Master Plan 2006-2011* and the *Prevention and Treatment of Substance Abuse Act 70 of 2008* are the main directives for aftercare and reintegration services. There are, however, other legislation and policies which social workers do not pay much attention to.

- Social workers view aftercare and reintegration services as motivating clients, providing emotional support and also ensuring that the clients receive the necessary resources.
- The causes of substance abuse are mainly due to a lack of support from family, communities or government, boredom and stigma.
- Social workers are more familiar with the *National Drug Master Plan 2006-2011* and the *Prevention and Treatment of Substance Abuse Act 70 of 2008*. There is, however, limited knowledge on how the legislation link to aftercare and reintegration services.
- Social workers are not familiar with other relevant legislation and policies on aftercare and reintegration services such as *Norms and Standards on Treatment Centres* and the *Policies on the Management of Substance Abuse*.
- The *Prevention and Treatment of Substance Abuse Act 70 of 2008* makes provision for aftercare and reintegration services but falls short of elaborating as to which stakeholders should be on the forefront. In addition, the Act does not outline concrete information on the procedures of rendering aftercare and reintegration services.
- There is no manual or standard operating procedure (SOP) which outlines how aftercare and reintegration services should be rendered.
- However, social workers were of the opinion that aftercare and reintegration services should include assessment, linking with resources and family involvement.
- The role of social workers in aftercare and reintegration services includes therapy, resource management and empowerment.
- Government, in particular the DSD, is in a better position to take a lead in rendering aftercare and reintegration services, while NGOs could play a supporting role. NGOs are willing to take over the whole function of aftercare and

reintegration services provided there are adequate funds available for the programmes.

4.3.2 SANCA

The following are the key findings from the focus group interview conducted with social workers from SANCA:

- Social workers view aftercare and reintegration services as the motivation of clients, provision of emotional support and also ensuring the clients receive the necessary resources.
- The causes of substance abuse are mainly due to a lack of support from family, communities or government, or boredom and stigma.
- Social workers are more familiar with the *National Drug Master Plan 2006-2011* and the *Prevention and Treatment of Substance Abuse Act 70 of 2008*. There is, however, limited knowledge on how the legislation link to aftercare and reintegration services.
- Social workers are not familiar with other relevant legislation and policies on aftercare and reintegration services such as *Norms and Standards on Treatment Centres* and the *Policies on the Management of Substance Abuse*.
- The *Prevention and Treatment of Substance Abuse Act 70 of 2008* makes provision for aftercare and reintegration services but falls short of elaborating as to which stakeholders should be on the forefront. In addition, the Act does not outline concrete information on the procedures of rendering aftercare and reintegration services.
- There is no manual or standard operating procedure (SOP) which outlines how aftercare and reintegration services should be rendered within SANCA.

- The internal policies and programmes on issues of aftercare and reintegration services do not exist within SANCA.
- However, social workers were of the opinion that aftercare and reintegration services should include assessment, linking with resources and family involvement.
- The role of social workers in aftercare and reintegration services includes therapy, resource management and empowerment.
- Government, in particular the Gauteng DSD, is in a better position to take a lead in rendering aftercare and reintegration services, while NGOs could play a supporting role. NGOs are willing to take over the whole function of aftercare and reintegration services provided there are adequate funds available for the programmes.

4.4 CONCLUSIONS

Conclusions will be drawn from the key findings of the study in terms of the Gauteng Department of Social Development and SANCA findings, respectively.

4.4.1 Gauteng Department of Social Development

- A holistic approach is very effective in rendering aftercare and reintegration services to substance-dependent persons. It is imperative for helping professionals to familiarise themselves with the holistic approach when they deal with clients.
- It can be concluded that measures to prevent substance abuse relapses such as social infrastructures are important parts of an effective and successful aftercare and reintegration services programme.
- External locus of control amongst recovering substance-dependent persons, shortage of skills development centres, and inadequate services in treatment centres remain a threat in rendering effective aftercare and reintegration services.

- It is concluded that unless the DSD and NGOs put plans in place to address the above mentioned impediments, aftercare and reintegration services will remain ineffective.
- Assessment, support groups for clients and families, skills development programmes and referrals form integral parts of aftercare and reintegration services which cannot be ignored.
- In case management, social workers will play the role of ensuring that the clients (substance-dependent persons) are able to receive all the resources pertinent to their recovery. Social workers advocate for substance-dependent persons in this role.
- All the relevant stakeholders, such as the DSD and NGOs are important in dealing with substance abuse issues. However, the DSD seem to be in the best position to be at the forefront in terms of taking the responsibility for aftercare and reintegration services.
- Aside from the NDMP and the Act, there are other policies and legislation on aftercare and reintegration services and social workers should be aware of these and how they relate to substance abuse.

4.4.2 SANCA

- Motivation, providing emotional support and resources play a critical and central role in rendering aftercare and reintegration services to substance-dependent persons.
- Substance-dependent persons need programmes which will foster support from families, communities and government to maintain sobriety. In addition, substance-dependent persons require jobs, and recreational activities to keep them occupied and away from harmful substances.
- Social workers have limited knowledge on different legislation and policies which give guidance on issues of aftercare and reintegration services.

- There are other relevant policies on aftercare and reintegration services such as the *Norms and Standards on Treatment Centres* and the *Policies on the Management of Substance Abuse* which social workers are not familiar with.
- Manuals or guidelines are necessary to elaborate further about aftercare and reintegration services from the Act and the NDMP.
- Manuals or guidelines on aftercare and reintegration services are important for NGOs to serve as a reference for social workers when rendering aftercare and reintegration services.
- It can be concluded therefore that SANCA does not have clear programmes and policies on aftercare and reintegration services which should serve as a guide to social workers on the best practice method of aftercare and reintegration services.
- Processes of effective aftercare and reintegration services contain assessments, linking with resources and family involvement.
- It can be concluded that social workers could be effective in resource management and therapy in the aftercare and reintegration services role to substance-dependent persons.
- If NGOs had enough capacity and resources, they could be in a position to solely render aftercare and reintegration services. However, for the time being, the DSD seems to be better positioned to be the leading stakeholder in rendering aftercare and reintegration services.

4.5 RECOMMENDATIONS

The recommendations from this study are two pronged. There are recommendations aimed at ensuring role clarity in terms of aftercare and the reintegration services rendered by social workers from both SANCA and the DSD. The second set of recommendations is for future research.

4.5.1 Recommendations aimed at ensuring clear roles in terms of aftercare and reintegration services

- Both the DSD and NGOs should advocate for the establishment of more recreational facilities and other social infrastructure to reduce substance abuse relapse.
- Aftercare and reintegration services should include in their programmes sessions and activities on emotional support and motivation.
- More investment by both government and NGOs should be made on the establishment and maintenance of skills development centres in communities.
- There is a view that a “human being is a sum of the whole”. As such, the holistic approach should be adopted when rendering aftercare and reintegration services to substance-dependent persons. Every dimension of the human being should be attended to.
- It is recommended that the DSD should take a lead on issues of aftercare and reintegration services and should be supported by NGOs. SANCA social workers also added that there was a need for more funding to be allocated to NGOs in the substance abuse sector.
- Social workers are well equipped to be effective as case managers for recovering substance-dependent persons during aftercare and reintegration services in particular.
- Therefore, the specialisation of social workers in the field of substance abuse is recommended.
- There is a need for workshops for social workers in the substance abuse field to be trained about relevant policies and legislation in the sector and their implication for aftercare and reintegration services.

- There is a need for a manual from the Department of Social Development and SANCA which should sketch out the process and procedures of rendering aftercare and reintegration services to substance-dependent persons.
- During the drafting of the manual: assessments, linking with resources, family involvement and support groups should be incorporated as part of the aftercare and reintegration procedures. In this regard, the bio-psycho-social model could underpin the programme development.

4.5.2 Recommendations for future research

- This study has been based on social workers from SANCA and social workers from the DSD within the jurisdiction of the Tshwane area. It is recommended that a study be conducted in other areas of South Africa to make comparisons of the data.
- It was established that there are various legislation and policies which deal with issues of aftercare and reintegration services. There is, however, a need to determine whether such legislation and policies are in line with the needs of the substance-dependent people. The reason being that this study focused on the perceptions of social workers, and not service users.
- There is a limited literature on aftercare and reintegration services in South African. Therefore, there is a need for more scientific enquiry on issues of aftercare and reintegration services for substance-dependent persons.

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ADDENDA

Addendum A: Permission letter Gauteng Department of Social Development

Addendum B: Permission letter SANCA

Addendum C: Focus group interview schedule

Addendum D: Ethical clearance

Addendum E: Informed consent letter

Addendum A: Permission letter Gauteng Department of Social Development



Umnyango wezempilo no Kuthuthukiswa Komphakathi
Lefapha la Maphelo le Tshebeletso le Ntshetsopele ya Sechaba
Department of Health and Social Development
Departement van Gesondheid en Maatskaplike Ontwikkeling

Enquiries

: Refilwe Makapela
011 355 7676 ; Cell No. 082 489 3127
Sub-directorate Research and Policy Co-Ordination
Dir.: Research and Demography
CD: Development and Research

Dear Mr. T. F. Maluleke

RE: YOUR APPLICATION TO CONDUCT RESEARCH WITHIN THE DEPARTMENT

Thank you for your application to conduct research within the Gauteng Department of Health and Social Development.

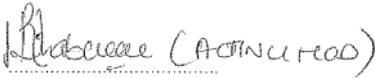
Your application on the research on "The Perception of Social Workers regarding their role in aftercare and reintegration services with substance dependant persons" has been considered and approved for support by the Department as it was found beneficial to the Department's vision and mission.

The approval is subject to the Departmental terms and conditions as endorsed by you on 12/07/2010

May I take this opportunity to wish you well for the research.

Looking forward to a value adding research and a fruitful co-operation.

With thanks.


.....
DR. K. S. CHETTY

HEAD OF DEPARTMENT

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Addendum B: Permission letter SANCA

SANCA THUSONG

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THE DEPARTMENT SOCIAL WORK & CRIMINOLOGY
UNIVERSITY OF PRETORIA

We hereby grant permission to mr. Tinyiko Fortune Maluleke to conduct a **focus group discussion** with the social workers regarding aftercare, at a date and time still to be arranged, as part of his studies at the University.

Regards

MRS. E. AUCAMP
HEAD OF OFFICE

Addendum C: Focus group interview schedule

FOCUS GROUP INTERVIEW SCHEDULE

- 1 What is your understanding of aftercare services and reintegration services with regards to substance-dependent persons?
- 2 What do you consider the causes of relapses amongst people recovering from substance dependency from a social service delivery point of view (e.g. insufficient training, unclear policy, human resources, funding)?
- 3 What are the obligations of social workers with regards to aftercare and reintegration services to substance-dependent persons by legislation and policy (incl. international signatories)?
- 4 If we assume that aftercare and reintegration services are essential services for substance-dependent persons, what is the role (including tasks and responsibilities) of social workers in rendering aftercare and reintegration services at your workplace?
- 5 Based on your organisation's policies/programmes/strategies/procedures, what does aftercare and reintegration services entail?
- 6 Are aftercare and reintegration services the responsibility of government departments, NGOs, or both?
- 7 Relapses occur frequently in society. What are your recommendations for improving the effectiveness of aftercare and reintegration services?

Addendum D: Ethical clearance



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Office of the Deputy Dean

6 April 2011

Dear Prof Lombard,

Project: Perceptions of social workers regarding their role in aftercare and reintegration services with substance-dependent persons
Researchers: TF Maluleke
Supervisor: Prof LS Geyer
Department: Social Work and Criminology
Reference number: 25118057

I am pleased to be able to tell you that the above application was **approved (with comment)** by the **Postgraduate Committee** on 15 March 2011 and by the **Research Ethics Committee** on 31 March 2011. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof John Sharp
Chair: Postgraduate Committee &
Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: john.sharp@up.ac.za

Addendum E: Informed consent letter

- 5 **Benefits:** I as a participant understand that there are no known direct benefits for me participating in this study. The results of the study will, however, assist the researcher in gaining understanding of the perceptions of social workers regarding their role in aftercare and reintegration services to substance-dependent persons.
- 6 **Participant's rights:** The participant may withdraw from the study at any time.
- 7 **Financial compensation:** I will receive no financial compensation from the researcher for my participation in the study.
- 8 **Confidentiality:** In order to accurately record what I say during the focus group, a tape recorder will be used during the focus group. The tape will be listened to by the above-named researcher and authorised members of the researcher team. I understand that the data obtained will be kept confidential unless I ask that it released. The result of the study may be published in the researcher's final researcher document or professional journals, or it may be presented at professional conferences. However, neither records, nor identity will be revealed unless required by law.
- 9 **Queries:** If I have any questions or concerns, I can call Tinyiko Fortune Maluleke at 0789720710.

I, the participant, understand my rights as a research participant and I voluntarily consent to participation in this study. I understand what the study is about, how and why it is being done. I am aware that the data will be stored for 15 years.

Signature of Participant

Date

Signature of a researcher

Date