

Barriers Faced by Social Workers in Providing Substance Use Services to Adolescents

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Abstract

Substance use among adolescents is prevalent in South Africa. Social workers are instrumental in the provision of substance use services to adolescents. Among other services, social workers provide counselling and link adolescents to treatment programmes. As frontline workers, social workers face enormous challenges in their efforts to provide effective substance use services to adolescents. The study aimed to identify the barriers faced by social workers providing substance use services to adolescents. The study setting was the 10 service points of the Department of Social Development within the City of Tshwane Metropolitan Municipality. The study employed a qualitative research methodology incorporating both explorative and descriptive research designs. This approach allowed the researchers to gain in-depth insights into the subject matter while providing rich, detailed descriptions of the phenomena under investigation. Data were collected through face-to-face, individual semi-structured interviews with 11 social workers. Thematic analysis was used to analyse data. Established strategies to ensure rigour were applied to enhance the trustworthiness of the findings. Three themes emerged from the study: (1) barriers faced by social workers within the employer organisation, (2) the behaviour of adolescents during professional encounters, and (3) the lack of skills development centres. It concludes that social workers face a range of challenges that limit their ability to provide comprehensive substance use services to adolescents. It addresses a gap in the literature by highlighting the specific barriers that social workers encounter in delivering these services.

Keywords: adolescents; barriers; social workers; substance use; services



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Introduction

Adolescent substance use is a growing global public health crisis with potential long-term consequences for the adolescent substance user (Nxumalo and Nel 2024). In South Africa, its prevalence among adolescents continues to rise, with significant health and social implications (Carney et al. 2020). Masiko and Xinwa (2017) underscored the significant role that peer pressure plays in influencing substance use among adolescents. This dynamic is often driven by the desire to conform to peer norms, thereby facilitating social acceptance within the group. Nxumalo and Nel (2024) noted that adolescent substance use negatively impacts school performance, increases the likelihood of failure, and leads to higher unemployment rates. The 2018 World Drug Report revealed that adolescence represents a critical phase for the initiation of substance use, with the issue becoming increasingly pronounced among individuals aged 18 to 25 years old (United Nations Office on Drugs and Crime [UNODC] 2018). In the context of this study, adolescents refer to individuals aged 10 to 19 years (Mathibela 2024). Additionally, substance use is described as the consumption of alcohol, both legal and illegal substances, as well as prescribed medications in a manner that may cause harm to the individuals themselves and their significant others (McLellan 2017).

Adolescent substance use is a widespread issue across the African continent (Khanyi and Malesa 2022), with alcohol and tobacco identified as the most commonly used substances among adolescents in sub-Saharan Africa (Olawole-Isaac et al. 2018). The overall prevalence in the region is reported to be 41.6 per cent, with the highest rate recorded in Central Africa at 55.5 per cent. Across the continent, brief interventions—primarily carried out by social workers over one to four sessions—are increasingly recognised as an effective public health strategy for preventing and addressing substance use issues (Jaguga et al. 2024). In South Africa, the impact is particularly severe, as many adolescents struggle with substance use and its associated social and economic consequences. A notable pattern among users is poly-dependency, which refers to the phenomenon of using multiple substances simultaneously (Mkhize and Gutura 2021). This often involves the combination of one commonly used substance, such as alcohol or cannabis, with another type of illicit substance, resulting in complex patterns of substance use and increased challenges for treatment and intervention. Shadung (2024) noted that adolescents in South Africa can easily obtain substances, as they are widely available and accessible in many communities.

In the City of Tshwane, evidence indicates an increase in heroin trafficking and availability, along with a significant rise in the number of adolescents seeking treatment for substance-related issues (City of Tshwane 2021). This escalating substance use crisis is placing considerable strain on essential community services, including healthcare providers, law enforcement agencies, and homeless shelters. Additionally, Nene et al. (2024) reported that the usage of nyaope and heroin among adolescents is notably prevalent in the townships of Tshwane, areas historically designated for Black Africans during the apartheid era. Similarly, Mathibela (2024) highlighted the widespread

substance use among adolescents in the City of Tshwane. Nevertheless, families affected by adolescent substance use often express their challenges at the local social work office (Mamukeyani 2021).

Accordingly, since its establishment as a global professional discipline, social work has retained a strong connection to providing comprehensive services for individuals struggling with substance use (Carelse and Green 2019). This enduring association underscores the critical role of social work in addressing the complex needs of substance-affected individuals and facilitating their recovery processes. Essentially, social workers provide substance use services in South Africa, encompassing a range of interventions including prevention, early intervention, treatment, aftercare, and reintegration programmes (Madisha 2019). These services are designed to address the complex needs associated with substance use and to facilitate effective recovery and reintegration into society.

Although adolescents with substance use issues are often referred to social workers for intervention, these professionals face substantial barriers that hinder their ability to provide adequate services (DeLucia and Solano 2023). One significant barrier is the pervasive sense of low job satisfaction that many social workers experience, driven by feelings of underappreciation and burnout. Additionally, the reality of managing high caseloads often leaves social workers overwhelmed, limiting the time and attention they can devote to each case. Compassion fatigue, a condition where social workers become emotionally drained from their clients' struggles and traumas, exacerbates the situation (DeLucia and Solano 2023). In the same breath, Shadung (2024) affirmed that social workers in South Africa face challenges in providing psychosocial services to adolescents who use substances. As a result, these challenges can severely impact the quality of intervention social workers provide to adolescents using substances, subsequently making the whole process a futile exercise.

Related to the study, Mamukeyani (2021) emphasised that social workers employed by the Department of Social Development (DSD) often lack sufficient specialised training in substance use treatment, which can compromise their ability to effectively support adolescents facing such challenges. Similarly, Khanyi and Malesa (2022) note that social workers in South Africa face numerous challenges, including increasing bureaucratisation, insufficient resources, unclear role definitions, and the emotional demands of intense client interactions. Sekgobela (2021) further points out that the specific challenges faced by social workers in delivering substance use services to adolescents in South Africa remain under-researched, with limited literature addressing the subject. Thus, the current study seeks to fill this gap by exploring the barriers that social workers encounter in providing support to adolescents with substance use problems.

Building on this context, this study investigates how social workers perceive and experience the barriers to delivering substance use services to adolescents. The central

research question guiding the study is: What are barriers faced by social workers in providing substance use services to adolescents?

Theoretical Framework

The study employed a strengths-based approach, emphasising identifying and utilising individuals' positive qualities, skills, and resources (Manganyi 2015). By concentrating on these strengths, the research aimed to empower participants, enhance their inherent abilities, and promote more effective solutions to barriers they may face. This approach seeks to shift the focus from addressing problems to fostering growth and resilience by recognising and applying existing strengths within the individual. Accordingly, the strengths-based approach emphasises the positive aspects of individuals concentrating on what is functioning effectively and what brings people joy and fulfilment (Caiels et al. 2021). Embracing a strengths-based approach is essential in enhancing the effectiveness of social workers who serve as frontline providers of substance use services to adolescents. In line with a strengths-based approach, social workers have diverse strengths that enable them to effectively manage and navigate complex cases. These strengths include critical thinking, empathy, and advanced communication skills, which allow social workers to assess individual circumstances, identify clients' unique needs, and develop tailored interventions. By leveraging their expertise and resources, social workers can facilitate positive outcomes for adolescents using substances.

Research Method

Design

In line with the purpose of the study, a qualitative research approach with an explorative and descriptive design was adopted. Qualitative research focuses on exploring the who, what, and where of events and understanding the meaning participants ascribe to these events (Kim et al. 2017). Thus, the study explored the unknown barriers faced by social workers providing substance use services to adolescents. The descriptive research design enabled participants to share detailed information about the barriers they faced in providing substance use services to adolescents.

Settings

The study was conducted at the 10 service points of the DSD within the City of Tshwane Metropolitan Municipality in Gauteng. The location for the study was determined based on the high prevalence of substance use among adolescents in the City of Tshwane (Mathibela 2024; Nene et al. 2024). Notably, in South Africa, the DSD oversees the coordination of social services, and the 10 service points in the City of Tshwane Metropolitan Municipality serve as central locations where communities access various social services provided by social workers.

Population and Sampling

The study population consisted of social workers employed by the DSD within the City of Tshwane. It would have been ideal to include all social workers at the DSD within the City of Tshwane; however, studying everyone within the targeted population was impractical due to the population's nature, time, and financial constraints. Therefore, selecting a sample was necessary. Babbie (2017) explained the complexities of including an entire population in qualitative research, noting that this comprehensive approach is often impractical due to constraints such as time, resources, and accessibility.

The study utilised purposive sampling to recruit participants who satisfied the inclusion criteria established for the research. The sampling criteria participants to be both male and female social workers working at any of the 10 service points of the DSD within the City of Tshwane. Additionally, participants must have provided substance use services for over two years at the DSD and be registered with the South African Council for Social Service Professions. Participants were recruited with the assistance of a DSD gatekeeper. The sample size was not established in advance; instead, the principle of data saturation was applied, which involved continuing data collection until no new information emerged to determine the final sample size. In this study, the sample provided responses that reached saturation on the eleventh interview.

Participants comprised 11 social workers, of whom 10 were female and one was male. All 11 social workers were employed at the 10 service points of the DSD within the City of Tshwane. Their social work experience at the DSD ranged from a minimum of two and a half years to a maximum of 28 years. Furthermore, each participant held a bachelor's degree in social work.

Data Collection

Data were collected through face-to-face, individual, semi-structured interviews using an interview guide. According to Kabir (2016), semi-structured interviews are essential for researchers to acquire reliable qualitative participant data. A pilot test of the data collection tools was conducted with two social workers not part of the actual data collection process. Subsequently, no changes were made to the semi-structured interview guide after the pilot testing, as the feedback from the two social workers indicated that the existing questions were sufficient. The actual data collection commenced with the participants at their respective offices. All interviews were digitally recorded with participants' consent, ensuring ethical standards were maintained throughout the research. The duration of each semi-structured interview ranged from 40 to 60 minutes.

Data Analysis

The data analysis process employed thematic analysis—a method dedicated to identifying and interpreting patterns and themes within the data (Mathibela 2024). This approach allowed for a thorough examination of the data by listening to the recordings and reviewing the field notes. Afterwards, all transcripts were carefully reviewed to ensure a complete understanding of the participants' words. Consequently, themes were identified based on the data collected from the research participants. With the coder's assistance, related themes were combined, and consensus was achieved on naming these themes. The information was ultimately compiled as research findings, integrating the narratives with the existing literature.

Measures of Trustworthiness

A comprehensive approach outlined by Lincoln and Guba (1985) was employed to guarantee the trustworthiness and reliability of this study. This approach meticulously applied the principles of credibility, transferability, dependability (Kumar 2019). The study's credibility was established by employing various interviewing techniques, such as active listening, probing questions, and asking for clarification during the interview process. This approach ensured that participants articulated their experiences in detail. Transferability was accomplished by providing a comprehensive context for the study, ensuring that other researchers are afforded sufficient information to facilitate comparisons or further investigations of the research findings. Dependability was reinforced by enlisting an independent coder to validate the identified themes and subthemes. Finally, confirmability was achieved by ensuring the findings accurately represent the participants' perspectives on the phenomenon under investigation. In this regard, the researcher analysed data, and the independent coder kept an audit trail of the verbatim descriptions and themes.

Ethical Considerations

The study received ethical approval from the Health Research Ethics Committee of the Faculty of Health Sciences at North-West University, and ethics number 00025-18-A1 was issued on October 8, 2018. In addition, approval was obtained from the provincial office of the DSD. An informed consent form was signed before commencing to ensure all participants willingly participated in the study. Anonymity and confidentiality were maintained by using pseudonyms instead of participants' real names. To uphold the "no harm" principle, precautions were taken to safeguard participants' well-being, including avoiding the disclosure of any information that could harm their relationships with significant others. Free debriefing or counselling services were made available to any participants who might need support after data collection. However, none of the participants in this study required these services, and they were not utilised.

Research Findings

Below is a discussion of the findings generated through data analysis with 11 social workers. Thematic analysis revealed three primary themes related to the barriers social workers face in providing substance use services to adolescents. The first theme, with six subthemes, outlines the barriers social workers face within the employer organisation. The second theme addresses the behaviour of adolescents during professional encounters. The third theme addresses the lack of skills development centres.

Theme 1: Barriers Faced by Social Workers Within the Employer Organisation

Participants identified barriers related to their employing organisation that hindered their efforts to provide effective substance use services to adolescents. Six subthemes emerged under this theme. These organisational challenges included a shortage of vehicles and office space, a lack of departmental framework, unclear post allocation, poor communication among colleagues, and high caseloads.

Subtheme 1.1: Shortage of Vehicles

Participants raised concerns about the limited availability of vehicles within the organisation, noting that this constraint significantly undermined their efforts to provide effective substance use services to adolescents in need. The lack of transportation made it difficult to reach clients and offer timely support, ultimately affecting the overall quality of service they aimed to offer. The following are selected examples of narratives from participants:

There is a serious challenge regarding transport amongst social workers in our organisation. There is only one car in our office, which we share amongst five social workers responsible for different programmes and areas. (Social worker 11)

We do not have enough cars to assist us in executing our work effectively. Consequently, we cannot conduct home visits regularly to assess the family and home circumstances of the substance user. (Social worker 5)

Elucidating this phenomenon, Madisha (2019) underscored the critical need for organisational vehicles to support social workers in delivering timely and high-quality client services. It was observed that only one vehicle is available for use across four offices, resulting in frequent unavailability. Consequently, social workers may have to wait as long as a month to schedule home visits, severely impacting their ability to serve clients effectively (Madisha 2019). Related to the study, Sekgobela (2021) found that some social service organisations in South Africa have one vehicle available for 16 social workers, creating an unsustainable situation. Thus, the shortage of vehicles prevents social workers from promptly attending to their assigned cases.

Subtheme 1.2: Shortage of Office Space

The shortage of office space within the social service organisation was identified as a barrier to the effective provision of substance use services tailored to adolescents. Inadequate office space hindered social workers' ability to provide quality services and to create a private and confidential environment for clients. The following are selected examples of participants' statements:

There is a lack of office space to provide sessions effectively. Our working environment is not conducive. We cannot give our clients the activities due to inadequate office space. (Social worker 3)

We share the office space with other colleagues, making it challenging to conduct a confidential session with a client. (Social worker 7)

Consistent with the above, Shadung (2024) identified the shortage of office space in social service organisations as the biggest threat to social workers' efforts to protect their integrity and provide professional services to the client system. Without adequate office space, social workers may struggle to maintain privacy, create a conducive environment for client interactions, and carry out their responsibilities efficiently, ultimately jeopardising the quality of care and support they offer those in need. Putting it differently, Jones (2018) described a social worker's office as a special space as it witnesses stories of joy, pain, dreams, lost hopes, secret desires, triumphs, inspiration, and deep emotional reactions through the psychotherapeutic process. This unique environment fosters a sense of safety and trust, allowing clients to explore their complex personal narratives openly.

Subtheme 1.3: Lack of Departmental Framework

Participants indicated that a departmental framework to guide the substance use intervention process was lacking. As a result, interventions relied more on individualised approaches than on standardised procedures, suggesting that the professionals' personal insights and experiences largely shaped the services provided. The following are selected examples of participants' statements:

I do not use any framework or model. I rely on my social work skills when I am facilitating substance use interventions. (Social worker 4)

We do not employ any specific framework at the department to guide us in the intervention process. (Social worker 5)

In line with the findings, Shadung (2024) pointed out a significant gap in the availability of documented guidelines specifically outlining how social workers should provide substance use services. This lack of clear, established protocols makes it challenging for social workers in the field to navigate the complexities of substance use treatment effectively. Similarly, Langer and Lietz (2015) emphasised that social work practice

must be underpinned by evidence-based approaches to ensure effective intervention. This requires that social work interventions be grounded in methodologies, frameworks, and policies that have been empirically validated.

Subtheme 1.4: Post Allocation

Participants expressed concerns about being allocated positions in the central business district (CBD) while being expected to provide services in the townships, where most service points and clients are located. This arrangement requires social workers to travel long distances daily to reach their clients. Consequently, the lack of transportation not only affects their efficiency but also highlights the geographic disconnect between their assigned roles and the communities they serve. The following excerpts illustrate participants' responses:

The main challenge is that all my clients are based in the township, and I am stationed in Tshwane CBD. It is impossible for me to report to the township because of my post allocation. (Social worker 8)

It is not always possible to reach out to clients as I am stationed in Pretoria CBD while they are located in the townships. (Social worker 10)

According to Dhludhlu (2015), social workers employed by the DSD are centralised in the CBD of Pretoria—an area experiencing significant development and urban growth. However, this focus on the CBD means that the needs of impoverished communities in nearby townships are often overlooked. These townships, home to many individuals and families facing socioeconomic challenges, require targeted support and resources from social workers to address issues such as substance use. This disparity in the distribution of social work resources highlights a critical gap in the DSD's efforts, as assistance is not reaching those who need it most. Arguably, Shadung (2024) calls for the government to assist in providing social work services to the communities they serve.

Subtheme 1.5: Poor Communication Among Colleagues

Participants highlighted concerns about the insufficient communication among colleagues, noting that this challenge often impacts effective collaboration in substance use services. Participants shared instances where clients were referred to inpatient treatment programmes. However, they identified a notable communication gap as there was insufficient ongoing communication about the clients' progress with the social worker assigned at the treatment centre. Subsequently, this lack of communication impeded the continuity of intervention for the client, post-inpatient treatment. The following quotations highlight participants' experiences:

There is no communication between me and the treatment social worker once the client is admitted for inpatient treatment. (Social worker 5)

Once the client is admitted, there is usually no communication between the referring social worker and the social worker at the treatment centre. (Social worker 6)

Consistent with the findings, Ditlhake (2024) refers to the silo approach, which leads to the fragmentation of social services, lack of professional relationships, and communication and coordination efforts at the community level. Dhludhlu (2015) highlights the critical importance of integrating services among social workers within the DSD. Subsequently, improved collaboration and communication between social workers could enhance the overall effectiveness of social services, leading to better outcomes for clients. Additionally, Mpanza et al. (2020) advocate for establishing collaborative relationships between referral social workers and those employed within inpatient treatment services.

Subtheme 1.6: High Caseload

Participants conveyed feelings of being overwhelmed by the organisation's substantial caseload. This situation poses a serious challenge, as it places significant pressure on social workers and often forces them to compromise the quality time and support necessary to make a meaningful impact in their interventions with individuals facing substance use challenges. The following are selected excerpts from participants' statements:

Due to the heavy caseload and time, it is difficult to provide intense intervention. (Social worker 8)

As a result of the high caseload, I do not call to check on the progress of my clients while at the treatment centre. (Social worker 11)

Accordingly, the Framework for Social Welfare Services (2013) states that a social worker whose workload consists of 50 per cent casework, 10 per cent group work, and 20 per cent community work should manage 37 cases and facilitate groups of 40 individuals each month. For community work, the number of people is determined by the size of the target community. In contrast, Nhedzi and Makofane (2015) found that one social worker handled 250 cases a month. Dhludhlu and Lombard (2017) highlighted a tendency within the DSD to focus more on the high number of clients seeking help than on the impact of the services rendered; hence, social workers struggle with excessive caseloads.

The organisational challenges faced by social workers are multifaceted and jeopardise their ability to make effective interventions for adolescents dealing with substance use issues. One major challenge is the shortage of office space, which limits the ability of social workers to meet with clients in a private and conducive environment. Additionally, the lack of a clear departmental framework creates confusion regarding roles and responsibilities, making it difficult for social workers to collaborate effectively. Insufficient post allocation further exacerbates the problem, as many social

workers are overwhelmed with their caseloads, leaving them with limited time and resources to devote to each client system. Poor communication among colleagues can lead to missed opportunities for support and cooperation, which makes it harder to develop comprehensive treatment plans. Together, these challenges result in an environment that undermines the social workers' efforts to provide necessary support to adolescents struggling with substance use, ultimately jeopardising the effectiveness of interventions designed to help them.

Theme 2: The Behaviour of Adolescents During Professional Encounters

Participants raised concerns about the behaviour of adolescents who attend professional encounters while under the influence of substances. Social workers often perceive the behaviour as a lack of commitment, as it disrupts communication and impedes meaningful engagement. As a result, social workers find it challenging to offer the necessary support to the adolescent. Participants noted that this behaviour undermines a supportive environment essential for adolescents seeking to engage fully in recovery. Below are selected examples of participants' experiences:

While we advise them against attending sessions under the influence of substances, many continue to do so. Additionally, the reality is that out of every 10 substance users sent to an inpatient treatment centre, only one or two are likely to complete the programme successfully. (Social worker 1)

Some attend sessions while under the influence of substances. Subsequently, they become sleepy during sessions, jeopardising our efforts to help them. (Social worker 6)

Findings from a related study by Mahlangu and Geyer (2018) revealed that substance users often display uncommitted behaviour because they feel betrayed by their family members, as they sense that they were coerced into going for treatment. In addition, minor substance users felt forced to commit to treatment without their consent. Similarly, Khanyi and Malesa (2022) found that individuals often exhibit uncommitted behaviour by attending therapy sessions while still under the influence of substances. As a result, social workers felt that they were not doing their work effectively because users showed little change before and after therapy and continued using substances. To mitigate the circumstances, Mahlangu and Geyer (2018) recommend using motivational interviewing as an approach to therapy with substance users.

Theme 3: The Lack of Skills Development Centres

Participants emphasised the essential role of skills development centres as an important component in providing aftercare and reintegration services for adolescents re-entering society. These centres are designed to provide vital training and resources that help adolescents acquire the skills necessary for leading successful, independent lives. However, participants expressed considerable concern over the lack of these centres in their communities, identifying this lack as a challenge that undermines their ability to

provide holistic and effective aftercare and reintegration support. The following are selected examples of participants' experiences:

The lack of effective skills development centres jeopardises our efforts to provide aftercare and reintegration services. Consequently, we are not providing aftercare and reintegration services. (Social worker 4)

Lack of skills development jeopardises our efforts to provide post-inpatient treatment. (Social worker 5)

The above is consistent with the finding that there are no proper aftercare and reintegration services following the successful inpatient treatment programme for recovering substance users in South Africa (Madisha 2019). This lack of support hampers the recovery process and increases the likelihood of relapse, as recovering substance users often struggle to transition back into their daily lives without ongoing assistance and resources. In the same vein, Mpanza et al. (2020) found that in South Africa, aftercare and reintegration services for recovering substance users are inadequate and, if provided, lack continuity and are deemed superficial at best, resulting in the user being lost within the system. In addition, the cooperation of different stakeholders in developing skills and employment opportunities for substance users is highly recommended (Mpanza et al. 2020). Accordingly, despite a strong demand for skilled workers, South Africa faces one of the highest youth unemployment rates globally (Habiyaemye et al. 2022).

Discussion

The study aimed to gain an in-depth understanding of the barriers faced by social workers providing substance use services to adolescents. It is important to acknowledge that numerous governments, including South Africa's, face significant challenges in adequately financing basic social services. This situation has contributed to increasing inequality and considerable difficulties in service delivery (Heywood 2021). Consequently, government departments, including the DSD, may be compelled to reduce their services because of inadequate funding. The current study identified organisational barriers while acknowledging the presence of more general ones. It also underscored the critical role of vehicles as essential tools for social workers, enabling them to provide services. According to Masombuka (2021), the inadequate availability of vehicles within the DSD significantly impedes social workers' ability to fulfil their professional responsibilities effectively. Similarly, the results revealed that the organisational physical space allocated to social workers is inadequate and unfavourable. This limitation impedes their ability to carry out their duties efficiently, ultimately affecting the quality of client services.

In addition, the study's findings highlighted a significant gap in departmental guidelines, leaving social workers without clear directions in providing effective substance use services to adolescents. Due to the lack of a departmental framework,

social workers made discretionary decisions when providing substance use services to adolescents. In a related study, Madisha (2019) found that many social workers continue to rely exclusively on the knowledge and skills obtained through their university education when providing substance use services. Conversely, the study found that the post allocation of social workers is a barrier to providing substance use services, as they are located in the CBD while their clients reside in townships. The physical distance between social workers' post allocation and the service areas creates difficulties in accessing timely and necessary support services for individuals struggling with substance use. Thus, social workers have expressed concerns that travelling long distances from their offices to service areas negatively impacts their regular contact with clients (Masombuka 2021).

The study also revealed that inadequate communication among colleagues is a barrier to social workers' efforts to provide holistic substance use services. This lack of communication can lead to misalignment in strategies and a diminished overall impact on clients seeking assistance. According to Madisha and Skhosana's (2022) study, one significant factor contributing to the high caseload of social workers is the broad range of services they provide. Rather than specialising in a particular area, social workers often cater to a diverse clientele, each facing unique challenges.

The study identified adolescents' behaviour during interactions with social workers as a barrier to providing substance use services. In many instances, this behaviour is characterised by intoxication, poor concentration, and sleepiness during professional consultations. Such conduct is generally viewed as inappropriate and poses a significant obstacle for social workers attempting to provide essential support. Moreover, the study highlighted the critical absence of skills development centres, which severely limits social workers' capacity to offer effective post-treatment services to adolescents recovering from substance use. Accordingly, Mahlangu and Geyer (2018) emphasise that skills development centres are vital resources for individuals recovering from substance use after completing inpatient treatment. These centres offer skills training, job readiness programmes, and personal development workshops that empower individuals to reintegrate into society and build healthy lifestyles. Additionally, creating employment opportunities for individuals facing substance use challenges is important as it can help them build self-esteem, develop new skills, and foster a sense of purpose.

Limitations of the Study

It is worth noting that the province of Gauteng consists of five regions: City of Ekurhuleni, City of Johannesburg, City of Tshwane, Sedibeng, and West Rand. Due to cost and time constraints, it was not feasible to focus on all regions in Gauteng; therefore, the emphasis was placed solely on the City of Tshwane. The findings cannot be generalised but may be applicable to similar settings, such as other regions. Moreover, while the barriers discussed have been acknowledged and raised, it is essential to note that social workers might have faced other challenges in the provision

of substance use services to adolescents that have been overlooked. In addition, there was minimal diversity in terms of gender because most participants were female social workers; the perspectives of male social workers may have yielded different findings.

Conclusions and Recommendations

While the study acknowledges certain limitations, it offers significant insights into the organisational barriers faced by social workers in providing substance use services to adolescents. It specifically enhances the understanding of these challenges and highlights areas for improvement in service delivery. Thus, a recommendation is put forth for the DSD to ensure a professional working environment within the organisation to enable social workers to provide effective substance use services to adolescents. It is also recommended that adequate resources be provided to enable social workers to serve the client system effectively. A call is made for national policies, such as the National Drug Master Plan, to mandate the provision of resources, including readily available vehicles, private office spaces, and a clear departmental framework on providing substance use services to adolescents.

Additionally, the study concludes that the behaviour displayed by adolescents during professional encounters can significantly pose a challenge and undermine the effectiveness of the support and services the social workers aim to provide. A recommendation is presented for comprehensive training programmes in motivational interviewing designed to equip social workers with the skills necessary to effectively manage the behavioural challenges faced by adolescents resulting from substance use. The study concludes that the lack of skills development centres threatens social workers' ability to provide effective and comprehensive substance use services. It is recommended that accessible skills development centres be established and that employment opportunities be created through the DSD and the Department of Employment and Labour collaboration. Finally, it is recommended that future research could aim for a more gender-balanced sample and include social workers from diverse regions and different organisational settings to enhance generalisability and capture a broader range of experiences.

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