



**With the focus of national drug strategy shifting towards families, Rebecca Cheshire explains how Addaction's project will help DATs to tackle the impact of drug misuse on the whole family**

# Breaking the cycle

**OVER THE PAST DECADE** there's been a rapid growth in parenting and family interventions, which aim to support problems ranging from anti-social behaviour through to youth offending.

The next few months will see a further flurry of policy statements. A Families Green Paper from the Department for Children, Schools and Families (DCSF), due towards the end of this year, will introduce the next stage of the family policy. The NTA and DCSF will produce a paper on working with families, and the Conservative Party is expected to publish a discussion paper on the family ahead of the next general election.

At government and opposition level there's a strong wish to move towards holistic, 'whole family' approaches to delivering support and treatment, yet this area remains fragmented both in terms of policy and delivery. Very often local authorities, voluntary and public sector organisations are developing different responses to the same challenge. And these differing agencies are monitoring and evaluating their work differently, too – service structure, referral criteria and intervention types can differ greatly from one to another.

So while excellent local initiatives exist, it's been an area neglected at a national level in England – until now. In May 2008, the government launched its 'Think Family' initiative to ensure differing services work together to respond to the needs of the whole family. Fifteen local areas have been acting as 'pathfinders', testing and developing the initiative.

Drug Action Teams around the country face many challenges as they align themselves with this new family focus, however. A key one is how best to link these differing agencies, and their sets of figures and outcomes, into one cohesive, manageable whole.

For the last three years, Addaction has been piloting a project called 'Breaking the Cycle', funded by the Zurich Community Trust and set up specifically to help children in drug or alcohol-abusing families. The project has worked in different areas of the UK, from the capital to remote parts of Cumbria, and families were referred from a variety of agencies, including treatment organisations, children and family services and probation.

Previously, the work of social services and the drug service would not have been sufficiently coordinated to take account of the impact of drug misuse on the whole family. Workers look at family dynamics and use a 'genogramme' – a sort of sophisticated family tree to chart drug misuse – to unearth patterns of behaviour and pinpoint the psychological factors that may have a negative influence on familial relationships. The workers are often advocates for the

families, helping them access and negotiate support while devising strategies to reduce substance use and become better parents.

The results of the pilot, verified by the Mental Health Research and Development Unit (MHRDU) at Bath University, have been impressive. Over 450 families have been helped – three quarters of which have children (half of which are between one and seven years old). Eighty per cent of the parents involved in the project are mothers.

Parents involved in Breaking the Cycle significantly reduced their use of drugs or alcohol, improved their skills as parents and started putting the needs of their children first. Proper routines were instigated at home, and mums and dads improved their financial situations by looking for work or education.

And Breaking the Cycle taught us a lot about the level of organisation needed for cross-agency family work to work properly. We believe it provides a ready-made model for DATs, who will need to meet the protocols set out in the new drug strategy.

It works for two simple reasons. Firstly, Breaking the Cycle is based on the skill of an individual worker, whose advocacy on behalf of a client and their family (and the management of a caseload between agencies) sidesteps a potential mountain of bureaucracy. It also has the advantage of focusing resources on where they can be most effective.

Secondly, it works because of the project's systematic approach to evaluating impact. Addaction has developed an outcome-monitoring tool to chart a family's progress, and to provide project workers with an early indication of what works (and what doesn't). The tool measures against 14 outcomes, covering issues such as education, parenting skills, family finances, harmful behaviour and social competence.

Each month, what has been achieved is looked at, as is what needs working on. The value of this work is enormous, as it provides hard evidence on the impact holistic family interventions have.

So, as the focus of the drug strategy has changed, the treatment sector's focus has to adapt and change, too. We believe that sharing the experiences of effective work is not only the way to do this, it's essential in the building of effective interventions and getting help to the families who need it.

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*For more information, and a copy of the summary of the Breaking the Cycle report, contact [a.booth@addaction.org.uk](mailto:a.booth@addaction.org.uk) or ring 0207 017 2757*