

NEWS
AND BEST
PRACTICE IN
SUPPORTING
FAMILIES
AFFECTED BY
DRUGS AND
ALCOHOL

families up front

SEPT – NOV 2011 ISSUE 2

- > **In focus: working with men**
- > **Rebuilding families in treatment**
- > **Substance using fathers and care proceedings**



Adfam

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“Being a father is just brilliant! It’s full of challenges and I am learning all the time”

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“Does being a man in some way increase vulnerability to addictions?”

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“the workforce must be challenged to change their mainstream practices and better accommodate men”

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Adfam’s services include:

- Policy briefings to help keep the sector better informed
- Training for families and professionals to be better motivated
- Publications for different family members and people working with them
- Consultancy around providing the best possible services for families
- Regional forums for family support professionals to be better together

NEW Support+

Adfam’s new Support+ package will also support professionals to be:

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Welcome



THIS second edition of *Families UpFront*, as well as covering news and policy from the sector, offers a focus on the needs of men. We were heartened by the feedback we received both from readers and contributors to the first edition with its emphasis on grandparent carers – an important and often overlooked group of family members affected by substance use. Our in-depth look at working with men and their substance use issues starts on page 10.

Change in the drug and alcohol sector continues apace, with political and economic changes moving on from debate to action. Many services are seeing demand rise whilst funds fall due to spending cuts; but as you will see in this magazine, there is a tremendous amount of high-quality work being undertaken by professionals with a real passion for supporting families, without which our communities would be much worse off. We need to keep supporting these services.

Family support providers already facing a challenging financial environment will see yet more change with the introduction of Payment by Results measures to public services and the drug and alcohol sector. At Adfam we were disappointed not to see explicit recognition of family roles and relationships in the draft outcome definitions for Payment by Results for drugs recovery, a point which we made strongly in our response to the consultation.

And many thanks to all those who have signed up for Support+, our new service for professionals who want to expand and improve their work with families. We hope that *Families UpFront* proves a useful resource for you, and that our online forum and discounted training and publications will make Support+ a valuable investment in these tough times.

Vivienne Evans OBE, Chief Executive, Adfam

→ To read our
consultation responses
visit [www.adfam.org.uk/
consultations](http://www.adfam.org.uk/consultations)

→ For information about
Support+ please visit
[www.adfam.org.uk/
supportplus](http://www.adfam.org.uk/supportplus)

Counting the cuts

As statutory funding shrinks and other sources become more competitive, many third sector organisations are feeling the bite. According to the National Council for Voluntary Organisations, the sector stands to lose almost £3 billion in the next five years, and half of all local authorities are making disproportionate cuts to voluntary and community services – strengthening the argument that charities are seen as ‘easy cuts’. In tough financial times it is not only organisations which struggle, it is the individuals they aim to support – so many voluntary sector services have found themselves being asked to do more for less.

What next for early intervention?

Graham Allen MP has produced further reports on the topic of early interventions. He first wrote about early intervention in 2008 in a joint report with Ian Duncan Smith published by the Centre for Social Justice and the Smith Institute. He has this year produced two more independent reports for HM Government: *Early Intervention: The Next Steps* (January) and *Early Intervention: Smart Investment, Massive Savings* (July).

The reports continue to build the evidence base to support increased investment in early interventions and stress that cross-party political consensus is needed to drive the matter

forward; effective intervention provides the essential ‘social and emotional bedrock’ that children need to go on and become effective citizens and parents themselves; effective early intervention saves money in the long run; and that a major shift in political culture is needed to gain acceptance for early intervention as not just an idea but a ‘funded, sustained, practical programme of investment and returns’.

The reports are available at www.dwp.gov.uk/docs/early-intervention-next-steps.pdf and www.cabinetoffice.gov.uk/sites/default/files/resources/earlyintervention-smartinvestment.pdf.

Warning on young people’s treatment

Drug and alcohol agencies are not immune from the downturn. Recent research by DrugScope found that treatment agencies are experiencing heavy cuts – particularly those for young people and drug education initiatives. With early intervention and prevention in the drug and alcohol sector roundly praised as effective and cost-efficient – including by members of the Government – the true direction of travel seems to run counter to accepted wisdom. eATA has also warned that without a dedicated funding pool, local areas are swift to deinvest in drug and alcohol services.

Family Drug and Alcohol Court evaluated

Brunel University has now published its final evaluation of the FDAC pilot. FDAC is a court-based family intervention which uses two district judges and regular meetings to encourage discussion and progress for parents. In up to two-thirds of care cases parental substance use is involved, so FDAC represents a real and relevant opportunity for progress in the area.

This independent research was funded by The Nuffield Foundation and the Home Office and set out to describe how the pilot operated and how it might be implemented on a larger scale; how the FDAC compares to normal court proceedings in terms of both effectiveness and costs; and whether the FDAC might lead to improved outcomes for children and parents over current systems.

The full report, a summary of findings and highlights are all available at www.brunel.ac.uk/research/centres/iccfy/fdac.

Naloxone pilots ‘help save lives’

The NTA have released the results of a set of local pilots which provided families and carers with naloxone, an ‘antidote’ which temporarily reverses the effects of heroin and other opioids, giving sufficient time for medical help to arrive when overdose occurs.

Currently naloxone is a prescription-only drug, and can therefore not be given to anyone other than the patient. 16 pilots ran across England in 2009-10, covering nearly 500 family members and carers of substance users. Participants were trained in basic life-saving techniques and how to administer naloxone, which was used 18 times during the pilot trials – all 18 people survived. Parents and carers also valued the extra knowledge and confidence the training provided.

The report can be found at www.nta.nhs.uk/uploads/naloxonereport2011.pdf.



Adfam training directory

Adfam is putting together a simple directory for training on families, drugs and alcohol. It will exist to help anyone interested in commissioning this type of training, whether for themselves or their staff.

The directory is an objective listing system and does not offer any endorsement or validation of the training it details. All training submitted is treated in the same way and has the same information displayed. The directory is open to all training in England relevant to practitioners who support families affected by substance use. It is a useful platform for publicity and free to submit to. Email o.standing@adfam.org.uk for details.



DAVID COLLINGWOOD

Safeguarding in the spotlight

The Government has released its response to Professor Eileen Munro's *Review of Child Protection, A child-centred system*.

The starting point of the response is that previous attempts to improve safeguarding have not dealt successfully with the fundamental problems for children at risk. On top of this, previous attempts at reform, though well-intentioned, have created a system which is overly focused on compliance with rules and procedures rather than the real experiences of children and families, and have stifled trust in the judgment of frontline professionals.



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Professor Munro advised that the system needed to move from a concentration on 'doing things right' by adhering to policies and procedures to 'doing the right thing' and ensuring children and young people are given the help they need. The Government's response largely mirrors this, accepting 9 of Munro's 15 recommendations (plus another 6 'in principle') on the themes of valuing professional expertise; sharing responsibility for the provision of early help (for example



with mental health, substance use and domestic violence services); developing social work expertise and supporting effective practice; and strengthening accountabilities and creating a learning system.

Both the original Munro review and the Government response are available from www.education.gov.uk/munroreview.

LOCAL KIN CARE STRATEGIES DUE

As mandated by Family and Friends Care: Statutory Guidance for Local Authorities, local areas have until 30th September to publish a policy setting out their approach to promoting and supporting the needs of children living with family and friends carers. This local policy must address the needs of children in kinship care regardless of their legal status or whether they are 'looked after', and be made widely available.



Latest prevalence statistics published

The Home Office has released its annual report presenting a nationwide picture of drug use. As well as looking at general prevalence figures, it identifies trends over time and includes information on attitudes to drug use and the environments in which people use substances. The survey shows that 8.8% of adults (and 20% of people aged 16-24) had used drugs in the last year (3% class A), with a decline in the use of cannabis and cocaine but rises in the consumption of ketamine and methadone. According to the report, more men than women think occasional drug use is acceptable, and most users (60%) had last bought drugs in their, or someone else's, home rather than in parks or on the streets. The findings, Drug Misuse Declared, are available from www.homeoffice.gov.uk.



Draft outcomes published for Payment by Results

Under the Government's drive for a more effective and efficient public sector, Payment by Results measures will be applied to drug and alcohol services, rewarding them for the outcomes they secure rather than simple outputs such as the number of clients seen or interventions provided. The draft outcomes cover measures such as offending behaviour and abstinence from drugs of dependence, but do not mention outcomes relating to the family; you can read Adfam's views at www.adfam.org.uk/consultations.

Diary

● Delivering Drug and Alcohol Services: Rising to the challenge

DrugScope are running their annual conference, which will focus on the recent changes to the sector and how best new challenges can be met. Speakers will include Baroness Browning, Paul Hayes, Martin Barnes and Marcus Roberts and there will be a panel discussion. *Wednesday 2 November 2011, London. From £132* For details see www.drugscope.org.uk/newsandevents/drugscopeevents

● Mental health: following on from the strategy 'No health without mental health'

Westminster Social Policy Forum are running a seminar to review the early impact of the release of the Government's mental health strategy in February. It will look at stigma, the role of staff training and the links between physical and mental health. *Thursday 10 November 2011, London. £190 - for details see www.westminsterforumprojects.co.uk/forums/event.php?eid=326f*

● Sustainable funding roadshow

Clinks are putting on this event to discuss how the new financial climate impacts on services and how these problems can be met. Topics covered will include: budget cuts and uncertainty over future funding and how current government policy is changing. *Thursday 13 October 2011, Birmingham. £25 - for details see www.clinks.org/training/events/clinks-sustainable-funding-roadshow-west-midlands*



Information is such a simple thing to give, yet it is something Adfam has been arguing for services to offer to families for many years.

Families across the country, and for the decades that Adfam has been listening, have been asking for simple information about drugs, treatment and their loved ones' rights. As guidance continues to encourage the involvement of, and engagement with, families in treatment, information needs to be easily and readily available to them.

Understandably, families become distressed when they feel like their loved one is not offered the best care or support possible. Many families over recent years have argued that substitute prescribing has left their relative circling around their addiction and not actively moving into recovery. Families are often also hampered by the lack of decent information provided to them about treatment options and substitute prescribing, and methadone becomes the only visible aspect of treatment and sometimes fails to live up to their hopes. Family conversations can be characterised or dominated by frustrations over treatment or prescribing, and not focused on true recovery. As the debate about what a balanced treatment system looks like rages on, Adfam continues to argue that one of the key components required is choice and information. It is dangerous and divisive to rule out one form of treatment over another and the focus needs to remain with the drug or alcohol user's needs, and those of their family.

VOLUNTEERING

Many family support organisations across the country employ volunteers to increase their capacity and reach into the communities they support. However, one of the challenges faced by these well-established organisations is making the point that these wonderful and dedicated volunteers do not come for free – even if, as is often the case with family support organisations, they have been affected by substance use themselves and have

a keen, altruistic interest in supporting others. Some organisations report that as local authorities translate the ideals of the Big Society into practice and grapple with spending cuts, they identify volunteers as a free resource to be harnessed to fill gaps where funded provision has disappeared.

In order to address this issue, Adfam is running a project throughout 2011 which will culminate in a Toolkit on volunteering in the drug and alcohol sector. The Toolkit will contain background information on the policy and legislation that inform volunteering, as well as practical advice and case studies. We would like to include case studies of service users, ex-service users, family members or people with no direct experience of drugs and alcohol who have volunteered, as well as organisations both in and outside the drug and alcohol sector which have used volunteers to help provide services.

If you would like to appear as a case study in Adfam's Toolkit or know of a person or organisation who would, please contact Oliver Standing at o.standing@adfam.org.uk or on 020 7553 7656.

HIDDEN HARM

Parental substance use, and the children affected by it, are key social concerns. On top of the risks of neglect, serious harm and social and emotional effects, vulnerable families are also expensive to the public purse – the cost of early

intervention with these families is small compared to the later costs of welfare benefits, low attainment, crime, drug and alcohol use and poor mental health. There are also fears that the children of substance users are more at risk of using substances in the future, and mirroring their parents' coping strategies for dealing with negative feelings and difficult situations. Concerning alcohol, research suggests that young people who witness their parents drinking are more likely to binge drink themselves, hinting at intergenerational harms even at a relatively 'low' level outside the sphere of serious substance use.

Adfam is conducting a research project to review current and past guidance on responding to the needs of the children of drug and alcohol users, particularly since the publication of Hidden Harm in 2003 and using its recommendations as a yardstick of good practice and progress. This research will address the gap in knowledge between large-scale, national guidance and the true local, organisational and institutional responses to parental substance use and children at risk as a result of it, as well as investigating ways of improving responses to, and interventions for, the children of substance users and therefore improving outcomes for them.

If you would like to be involved please contact Oliver French at o.french@adfam.org.uk.

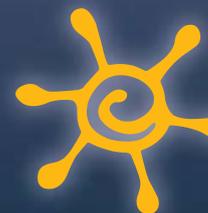
Adfam's candlelit carols

8th December 2011

St Bride's Church, Fleet Street, London

Every year, Adfam holds a Candlelit Carol Concert at St. Bride's Church on Fleet Street to help raise awareness of the difficulties families face, and to help raise funds to continue the important work of supporting families affected by drug or alcohol use. It is a very moving event featuring the personal stories of family members and as it is our only fundraiser, we aim to get as much support as possible. Sandi Toksvig, Adfam's Patron, hosts the event, which is taking place on Thursday 8th December 2011 and will be attended by celebrity supporters presenting festive readings and the winning entries from our Family Voices writing competition.

For additional information about Family Voices, tickets and sponsorship opportunities for the event, please visit www.adfam.org.uk. We hope to see you there!



ESCAPE Family Support is a vibrant charity based in Northumberland

ESCAPE Family Support has worked in Northumberland since it began as a self-help group in late 1994, initially providing education, support, counselling, advice, a phone line and empathy. We grew in just two years from an informal group of mainly bereaved parents who came together to support one another, with little in the way of resources, to registered charity status in September 1996, with a headquarters in Blyth and ten satellite bases throughout Northumberland's sprawling two thousand square miles, providing support to drug and alcohol users, their parents, carers, families and friends.

ESCAPE now delivers Tier 2 (advice, support, advocacy and information) and Tier 3 services (counselling, therapeutic and structured interventions) to substance users and their families and carers throughout Northumberland. Our ethos is on working with individuals and their families at all stages of their treatment journey or their involvement with the criminal justice system. Service users, carers and family members are fully involved by staff in the development and review of their own care plans, establishing their own goals and priorities and agreeing what interventions will be provided.

Our turnover for the past two years has been around £800,000 and, as we lost £267,000 from our commissioned contracts during this period due to cuts from local authority grants and contracts funded through pooled treatment budgets, the major challenge has been to weather this storm of statutory funding cuts. However, all was not lost as we had been proactive and anticipated cuts, submitting bids to the Ministry of Justice (MoJ) and a number of charitable trusts which were successful and helped us develop new projects to meet the needs of our local communities.

The MoJ funding enabled us to provide an innovative new service called SWAN (Supporting Women around Northumberland) in partnership with Fourth Action (agenda equality network),

Relate and the Women's Health and Advice Centre to empower women. SWAN works alongside women who need help or additional support where there is a vulnerability of potential or persistent offending behaviour; the project evaluation demonstrated a 72% reduction in reoffending for the women involved and as a result the project has now been funded for a further year.

In terms of our family work, although the funding cuts we experienced initially led to a reduction in hours for two of our Family Support Workers, our work with families has been bolstered by bids to charitable trusts which enabled us to recruit a Children's Safeguarding Officer (who is also the new manager of the family team), a Family Link Worker and a Young Offender Family Support Worker. Our carer drop-ins and support groups are thriving and very well attended, as were the events we ran during Carers Week which included trips out for strawberry picking, a pamper day, sessions to make hanging baskets, an all-day drop-in and much more. Some of our carers and volunteers were very proud when presented to Her Majesty the Queen and Prince Philip at a garden party at Alnwick Castle recently.

The family team are now using the Carer Support Outcome Profile (CSOP) developed by the Bridge Project in Bradford to enable them to track carer treatment and outcomes. Some carers have moved through their journeys and progressed to become volunteers, whilst another has fulfilled her lifelong ambition of gaining employment as an air hostess with support from our Education and Employment Support Worker. We look forward to receiving our first monitoring reports from the Bridge Project soon, as we will only be successful in increasing the level of funding that commissioners and funders allocate for family support and protecting this service provision by demonstrating the positive impact our services make on the lives of family members and carers.

The last year has seen increasing numbers of kinship carers accessing our family services who, with the help of ESCAPE's Family Support Workers, established a new self-help group to support the very specific needs they have whilst involved in care proceedings.



Some of our carers who were presented to Her Majesty the Queen at Alnwick Castle

Most group members are grandparents caring for grandchildren and are often attempting to continue supporting their adult substance using son or daughter too. Members of the group wrote to our local MP and the Children's Minister about issues they were experiencing due to local authority policy and practice, and the LA's failure to provide appropriate support packages and Special Guardianship Allowances in some cases.

Other successes for ESCAPE in the past year were the achievement of the Investor in People gold standard and Investor in Health and Wellbeing standard. We also won a Local Innovation Bright Ideas Award in conjunction with Northumberland County Council and are due to disseminate the results of a feasibility study for Strengthening Families from Prison to Community later this year.

The past year for ESCAPE has been successful despite the challenges we faced, but our achievements have only been possible because of the dedication and commitment of our trustees, staff, volunteers, student placements and peer mentors. I think we have shown that smaller organisations can survive this current economic climate providing we forward plan and seize the opportunities that are out there rather than dwelling on adverse changes.

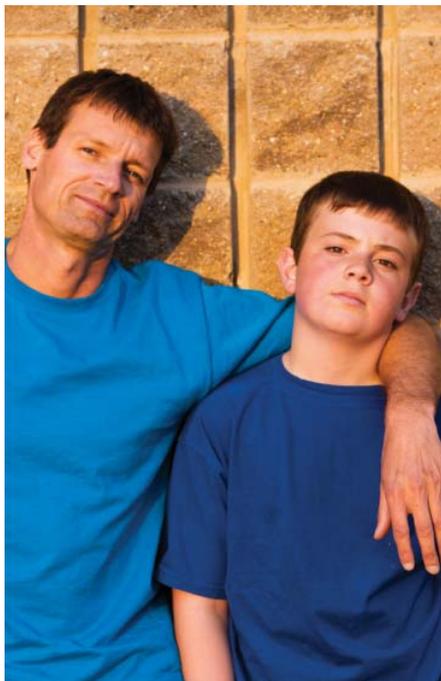
For more information visit
www.escapefamilysupport.co.uk

Rebuilding families

The Phoenix Futures Sheffield Family Service works with families in a residential setting, where parents receive support for their substance use whilst remaining care-givers for their children. Here a staff member discusses the negative impacts on children who grow up with a substance using parent, and how these may be lessened.

In 2009 it was estimated that around 430,000 children in the UK live with a problem drinker who also uses drugs and that approximately 72,000 children live with a drug user engaging in some form of treatment¹. Parental substance use can cause serious and lasting effects for children from conception, through childhood and into adulthood.

The potential problems for these children include being exposed to many sustained or intermittent hazards, including poverty; physical and emotional abuse or neglect; dangerously inadequate supervision; other inappropriate parenting practices; intermittent or permanent separation; inadequate accommodation and frequent changes in residence; toxic substances in the home; interrupted or otherwise unsatisfactory education and socialisation; exposure to criminal or other inappropriate adult behaviour; and social isolation².



What are the options for these children?

They could go into care and be separated from their biological parent(s) or they could be placed with extended family members and only see their parents at contact sessions. These options could potentially safeguard the child in the short term, but do not support parents to resolve their substance misuse issues or improve their parenting skills in order to be reunited in the long term.

It has clearly been identified that treatment for the adult also has major benefits for the child

Parents may want to work towards abstinence and consider a residential rehab placement. This would mean leaving their children in the care of others and being separated for many months and, again, would not necessarily support them to improve their parenting skills.

An alternative to separation

The Phoenix Futures specialist Family Service in Sheffield offers an alternative to separation and gives families the chance to be reunited safely. The service works with families in a residential setting for 26 weeks, and parents are supported to address and resolve their substance misuse whilst remaining primary care givers to their child(ren).

It has clearly been identified that treatment for the adult also has major benefits for the child. Utilising a Therapeutic Community model to treat substance misuse alongside Cognitive

Behavioural Therapy in the form of group work, written work, 1:1 key sessions, communal living and role modelling, parents can work to address their substance misuse issues 24 hours a day, every day for a period of 26 weeks.

There is a dedicated childcare team on site with a fully OFSTED registered crèche and nursery who work within the Early Years Foundation Stage (EYFS). Whilst parents are attending group work or 1:1 key sessions, the children are cared for in the childcare setting, which allows physical, cognitive and emotional development to be monitored on an ongoing basis.

Positive parenting

In the past two years the Sheffield Family Service has worked with 23 adults who have themselves grown up with their parents misusing substances. These adults have grown up in chaotic and unstable homes, with some in the care of local authorities. They acknowledge that they want to have better parenting skills than those they were exposed to, and give their children a positive childhood. During the placement parents are supported to build on their emotional bond with their children: one-to-one play sessions with the childcare team can enable parents to learn how to interact positively with their children and learn about the child's cues, and regular family activities give the opportunity for parents and children to spend quality time together.

Parenting skills are closely monitored to ensure that parents are offering

¹ Manning et al (2009), *New Estimates of the number of children living with substance misusing parents: results from UK national household surveys*, BMC Public Health 9:37

² Advisory Council on the Misuse of Drugs (2003) *Hidden Harm: Responding to the needs of children of problem drug users*



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excellent standards of care to their children. Advice and guidance is given where needed so parents can develop all aspects of their parenting, including the parent-child relationship, consistency, boundaries, routines and interactions. The children placed in the service benefit in many ways – not only do they get their parents back sober but they grow and develop in line with other children of their age. 50% of children enter the service with some kind of developmental delay; however, through the combination of support and guidance from the staff team and the hard work of the parents, 80% of children leave the service on or above developmental targets in line with EYFS.

At Sheffield Family Service we work with families from a variety of locations, backgrounds and experiences. We want to break the cycle of substance misuse and offer both parents and their children a chance for a new life as a family unit. By using the tools learnt in the placement parents can build the foundations for a substance-free life with their children.

For more information please visit
www.phoenix-futures.org.uk

CASE STUDY



My mum used drugs when I was growing up. Me and my sister lived in chaos, and had to look after ourselves a lot of the time. My boyfriend offered me heroin – I wanted to see what all the fuss was about and why my mum couldn't leave it alone. After a few months my habit spiralled out of control. My boyfriend beat me up after a row about drugs. It seemed things were going from bad to worse.

I'd tried to sort myself out and get on a methadone script but I'd always end up back on heroin. When I fell pregnant and gave birth to my son I realised things had to change and went to Sheffield Family Service. They helped me sort my life out. I was supported to open up about my past and my fears for the future. This helped me come to terms with things that had happened in my life. I was also able to make changes that made me a better person.

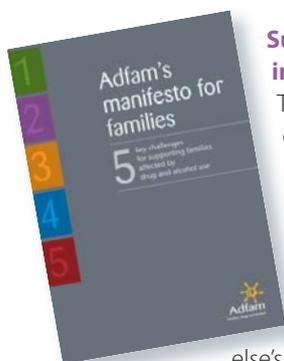
I was supported to be a better mum than my mum had been to me. I was helped to have a good routine for my baby, to understand his development and our bond got stronger every day.

Leaving Phoenix Futures was hard but I got a lot of support with housing and support services. I also got a place on a college course. It was hard work at Phoenix Futures but without the service I wouldn't be clean and I definitely wouldn't have my son.



Our Manifesto – one year on

In Summer 2010, Adfam launched a Manifesto for families in anticipation of a general election in a demanding financial climate. Adfam looks at what has changed in the turbulent times since then, what lessons have been learnt, and whether the five key issues identified in the Manifesto are still as pressing as they were a year ago.



Supporting families in their own right

The Manifesto called for a greater recognition of families' needs in their own right, and not just as a resource in someone else's recovery. This

work has often been at risk because, in guidance, strategy and policy documents, a pledge to support families does not entail supporting them in their own right, and 'work with families' can mean many different things – for example prevention work with parents and children.

The language of the drug strategy ('we will encourage local areas to consider support services for families in their own right') is not particularly strong. Without clear direction and accountability for family work – inclusion in local and national measurement frameworks, for example – moves to integrate it more effectively into the wider drug and alcohol sector may struggle.

With a move to increased localism and the need for services to 'sell' themselves to a whole new decision-making audience which may be inexperienced in the arena of drugs and alcohol (for example local GPs and directors of public health), small and informal family support services may find it difficult to shake off a 'tea and sympathy' image and demonstrate their vital effectiveness in community life. Best practice information built up over decades by family support organisations must not be lost in this transition.

Involving families in treatment

Despite the growing consensus in evidence and guidance of the positive outcomes a 'whole family' approach and family involvement in treatment can create, there is little standardisation in terms of practice. The Manifesto called for Government commitment to a continuous programme of education, training and supervision to support the involvement

of families in treatment when it is appropriate.

Reality has come up short. The 2010 Drug Strategy states that 'evidence shows that treatment is more likely to be effective, and recovery to be sustained, where families, partners and carers are closely involved'; but it also says the Government will 'encourage local areas to promote a whole family approach to the delivery of recovery services', which issues no mandate, does not describe what the engagement of families in treatment might look like on a large scale, and sets out no measurement or accountability criteria by which this 'encouragement' will be monitored.

Monitoring Effectiveness

The Manifesto recognised the increasing importance of outcome measurement in justifying a service's existence to funders and Government, calling for the development of monitoring systems fit for purpose in family support settings.

The introduction of Payment by Results approaches to services not only brings questions of how to measure outcomes, but also of what to measure in the first place – and in the drug and alcohol sector there will always be arguments about what the ideal outcomes are. The 2010 Drug Strategy identified 'improved relationships with family members, partners and friends' and 'the capacity to be an effective and caring parent' as best practice outcomes, and identified social capital as a key constituent of recovery; however, in the recently released draft outcomes framework from the NTA, these are sadly not addressed.

Public services 'thinking family'

The Manifesto drew attention to the contact that families with multiple needs have with universal services, stating that referral to specialist agencies must be quicker and more efficient, and local strategic plans should reflect a whole partnership approach which facilitates joint working by different providers.

Though the term 'think family' left

the common lexicon with the Labour Government in 2010, the need for universal services to recognise drug and alcohol issues remains vital. Though the 2010 Drug Strategy noted that 'an increasing number of substance misuse and children and family services have accessed training to help them better identify safeguarding concerns and respond to the needs of the whole family', this training also needs to flow in the other direction – that is, public services working with children and families need training on drugs and alcohol, including recognising their signs and impacts, and this should form part of social work training and qualification. This greater mutual understanding between services – for example schools, hospitals, drug and alcohol treatment agencies, family support providers and Sure Start centres – would result in fewer families falling through the gaps.

Commissioning effectively

The Manifesto asked for commitments to local needs assessments which recognise the diverse policy agendas that family support can fulfil, and a commissioning environment accessible to small, community-led providers.

The drug strategy noted that 'recovery can only be delivered through...working with family support services' and identified joint design and commissioning of services as a key next step. In times of austerity there will be an inevitable temptation for local commissioners to blend the provision of drug treatment and family support (for example from the same treatment provider) in order to cut costs; but this risks alienating the expert workforce in small, independent family support providers and neglecting the needs of families whose relatives are not in treatment, including bereaved families.

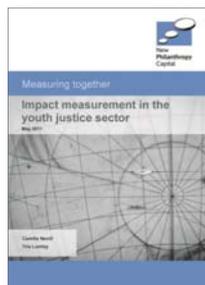
This article is an edited version of a longer policy paper discussing Adfam's Manifesto. The full document, and the original Manifesto, are available from www.adfam.org.uk.

Your organisation – top 5 resources

Recently published resources to help your organisation during this time of transition

1 Impact measuring in the Youth Justice Sector

New Philanthropy Capital



This report is part of NPC's *Measuring Together* series, which aims to help charities overcome barriers to impact reporting by working together and sharing methods and

approaches. The report also includes recommendations for improving impact measurement in the youth justice sector. A key quotation from this report helps emphasise the importance of charities working together:

'One day we'll look back with bemusement at the fact that charities used to have to work out how to measure their results from scratch, without coordination, competing to develop the best measurement framework which they would jealously guard. We don't ask doctors to come up with their own frameworks for measuring the results of their work. Or engineers. Or cancer researchers. One day we'll stop asking charities to do this, the framework will already be in place, and they'll be free to focus on delivering the best results.'

www.philanthropycapital.org

2 Powerful People, Responsible Society: the report of the Commission on Big Society ACEVO

ACEVO set up the Commission on Big Society to examine its progress as a policy agenda. After reviewing the evidence, the paper makes recommendations broken down by chapter headings: more definition; better partnership with the voluntary sector; more statecraft; and harnessing the power of the private sector. The paper suggests that clarity is lacking around the definition of the Big Society itself, with 78% of people believing that the Government has not done a good job of articulating the idea clearly

and 30% of CEOs from the voluntary sector feeling the same. It suggests that umbrella organisations have a vital role to play in bringing together opinions and consensus and representing them to the Government, and that there should also be better central coordination of the project from Whitehall..

www.acevo.org.uk

3 Giving White Paper Cabinet Office



As part of the broad Big Society initiative, this white paper sets out plans to increase the giving of time and money to good causes, and follows a Green Paper and consultation

on the same subject. The Paper states that most people want to give more but are put off because it is too difficult, not as rewarding as it should be, or they cannot find appropriate opportunities. The paper therefore looks at ways to make giving easy; how to make giving compelling; and providing better support to those that provide and manage giving opportunities. Specific initiatives named in the Paper include simplifying CRB checks for volunteers, rolling out cash machine donations, implementing Community Organisers and Business Connectors programmes to galvanise local neighbourhoods, and bringing in new tax rules to make charitable bequests more appealing.

www.cabinetoffice.gov.uk

4 Capable, Confident, Skilled: a Workforce Development Strategy Skills for Care

Skills for Care describe the workforce as 'our most valuable asset in social care', and this strategy examines how the most can be obtained from this asset. With the Government re-emphasising the importance of the social care sector, the

strategy outlines how commissioning, planning and development processes can all be used to help make the workforce as effective as possible in supporting vulnerable people. 'Self-direction, dignity, independence and choice' are all characterised as essential attributes, and it is also acknowledged that the workforce will become increasingly important in ensuring business sustainability for certain organisations as new delivery models emerge in a changing market.

www.skillsforcare.org.uk

5 The sustainable Sun Tool: steps to sustainability –

National Council for Voluntary Organisations



This tool describes the ten steps to sustainability for organisations, with the steps represented by rays and each ray

highlighting an area that contributes to financial sustainability. This tool can be used by groups or individually. The ten steps are spread across five levels of organisational effectiveness:

- 1 Unawareness - the organisation is at risk but the people in it are not aware of this
- 2 Awareness – people realise that bad practice is leading to risks for the organisation
- 3 Making changes – taking action, putting in place new initiatives to improve key areas
- 4 Delivering – new practices are established where needed
- 5 Strong or excellent – organisations consistently support and deliver their mission.

This document also demonstrates ten steps to a strategic approach to funding, income diversity, financial management, community success, external positioning, marketing and relationships.

www.ncvo-vol.org.uk

In Focus **Working with men**

AT Adfam, we are always listening to the needs of our supporters, and aim to provide anyone who comes into contact with families affected by drugs and alcohol with the tools to support them. With this in mind, each edition of *Families UpFront* takes an in-depth look at a key, complex issue where there is an identified need for knowledge and improvement, or where guidance may be lacking.

After we previously covered such pressing topics as domestic violence, fundraising and grandparent carers, this edition of *Families UpFront* tackles another key issue for family support providers: the under-representation of men. It is no secret that women are more likely to both access and provide the kind of support that families affected by substance use require, but rather than taking this as a given we wanted to challenge why it happens, and explore what can be done about it.

Varying social and cultural roles mean that men often find it difficult to access services, and the professionals who work to support them have corresponding challenges in providing effective help to men affected by drug and alcohol use. This section of *Families UpFront* offers insightful opinion and comment from contributors including The Fatherhood Institute, Working with Men and Families Plus, as well as invaluable input from a local voluntary organisation and fathers who have accessed support for the better.

Joss Smith *Head of Policy and Regional Development, Adfam*



Varying social and cultural roles mean that men can find it difficult to access services

Setting the scene

Context and background to inform your understanding of the issues around working with men and their families affected by substance use

All families affected by drug or alcohol use find it hard to come to terms with, and some find it harder still to seek help – whether on behalf of their family member or for themselves. Research indicates that there is still a great deal of stigma around substance use in society¹ and families can feel the effects of this too, which often manifests itself in the form of reluctance to access services.

Men are affected widely and profoundly by substance use. Grandfathers, fathers, sons, brothers, partners and husbands can all be affected by the substance use of loved ones in ways that can negatively impact upon their happiness, security and health. Grandfathers, for example, can end up caring for their grandchildren if their own children use drugs or alcohol and are unable to fulfil a parenting role properly – they therefore face many problems, from the financial pressure of providing for grandchildren to the unexpected demands of caring during old age when a period of retirement might have been expected. Uncles, cousins and brothers also end up as carers and sons and daughters have their fathers taken from them by substance use.

Men may find it difficult to access services for a number of reasons. As we will see throughout this magazine, men sometimes access services in a different way from women; may have different needs when they do interact with services; or seek help and communicate in a different way.

It has long been acknowledged that women dominate the social care and support field, both as professionals and clients accessing services. Women are still often seen as the primary care giver in a family, but men's roles and influences – whether as fathers, brothers, partners or grandparents – can be just as important.

For men, admitting to having problems coping with a difficult situation and asking for help can be hard. They may feel as if they are

expected to cope with problems and support the family single-handedly, and this pressure can be particularly strong when issues of culture, tradition and religion are also involved. In some communities and families, asking for help may be perceived as negating or calling into question a man's masculinity or role as a provider.

Equality legislation clearly impels all practitioners and organisations to offer employment and provision of service to all people regardless of their gender. Though originally envisaged to protect women, the legislation also acts to ensure that men are adequately provided for. The Sex Discrimination Act (1975) and The Equality Act (2006) both exist to decrease discrimination on the grounds of gender or sexual orientation in all employment and opportunities.

The professionals who work with men have the capacity to make a real difference. A dedicated and skilled workforce can support men, allowing them to improve their own quality of life and consequently be a more effective and more willing carer.

Possible barriers

Factors discouraging men from accessing services may include:

- a genuine lack of knowledge in services of what men want and need
- the perception among men that support services are run by and for women, or provide 'tea and sympathy'
- a lack of opportunity to access services due to opening hours, family structure or other factors
- a perceived presumption that the masculine way to do things involves problem-solving and self-reliance rather than turning to others
- the traditional dominance of the caring professions by women and the consequent gender imbalance in the practitioners working in services.

¹ UKDPC (2010), *Sinning and Sinned Against: the Stigmatisation of Problem Drug Users*

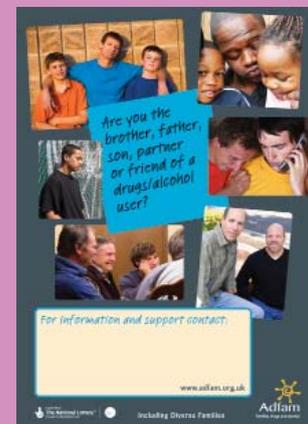
Further resources

Including Diverse Families Toolkit (Adfam)

This toolkit was developed by Adfam in 2010 to encourage good practice around engaging hard-to-reach families. The toolkit covers BME, LGBT, and rural families and also has a dedicated section for professionals working with men. Free download available from www.adfam.org.uk/docs/idf_toolkit.pdf

Journeys – for men affected by someone else's drug/alcohol use (Adfam)

This edition of the *Journeys* series has been developed specifically for men and contains the stories of men in different family roles - brother, partner, father and grandfather. It also contains links to useful resources and associations. Available to order from www.adfam.org.uk/journeys_series



Engaging Men Poster (Adfam)

Organisations can use this poster to advertise services or groups run specifically for men. It has a blank section to allow organisations to fill in the relevant details. Free download available from www.adfam.org.uk/docs/idf_menposter.pdf

Tackling Drugs, Changing Lives: Home Office diversity manual

A guide to working with diverse families. Available at www.spectrum-lgbt.org/downloads/health/HO-Drugs_DiversityManual.pdf

“I was a single parent and at my wits’ end...”

Eddie Concannon describes his own experiences as a parent and how he set out to work with other men and fathers.

When a family find out that they have a loved one who is misusing drugs or alcohol, it can be a devastating blow to all involved. In the society we live in we always look for reasons ‘why’, and if it’s your son or daughter, you look at blame and what you may have done during their upbringing to make them want to use drugs.

In my case I did exactly that; it was 1997, my eldest son was 14 years old and in trouble on a daily basis. He was also experimenting with his so-called mates with drugs. I was a single parent and at my wits’ end: he had been suspended from school for the umpteenth time and had been arrested for shoplifting. I did get support from some family and friends but didn’t have a clue about drugs or what they look like or anything, so I decided to learn about them for myself. This opened up a whole new (and sometimes scary) world that I never knew existed.

While looking for help I found a few organisations that supported families but they were very scarce, and there was virtually nothing in my local area. One of these organisations was RODA (Relatives of Drug Abusers) in Sheffield. I had been booked onto a drug and alcohol awareness course that was being run by the British National Temperance League (BNTL) and I met the development worker Joy and two trustees Vera and Yvonne from RODA. It quickly became very apparent that everyone I came into contact with or met to talk about what was happening in my family were almost all women! I felt that I seemed to be the only father around trying to sort out my son and his wild behaviour.

In many families, when something like this enters into your home it is the mum who takes the lead. I often say that when your child is younger, if they are ill it is mum who nurses them; if they have a fall it is mum who makes them better; and if there is a problem it is mum who usually ‘fixes it’. One of my friends and colleagues once said to me “it is as

though the umbilical cord on your child has never been cut”.

Mums tend to deal with things very differently to dads. Many men react with feelings of anger and look for someone else to blame; some fathers I have worked with have said that they thought that if they didn’t talk about it, it might go away on its own - yet we all know this won’t happen. I have been very surprised, though, by how many fathers and step-fathers I have come across over the years have been affected to the point that they are on prescription medication from their GPs for stress-related illnesses or sleeping problems.

I seemed to be the only father around trying to sort out my son and his wild behaviour

When you take a back seat and allow mum to sort things out, it can become very frustrating. Seeing the effect it is having on the mother or other siblings is usually when the anger starts towards the drug or alcohol using member of the family. When accessing support many fathers find ways of coping better and also dealing with the user in a better way, which has a knock-on effect with mum.

Drug and alcohol misuse in families can and does cause breakdowns within marriages if it is not addressed; many relationships suffer due to others not understanding the complex issues. Many parents lose touch with other family members and friends. When accessing support you start to look at how you can build bridges with the extended family and also be encouraged to contact old friends: accessing support allows you to bring the focus back on yourself and helps you to understand that you are powerless with someone else’s lifestyle and the choices that they make.

In 2002 DrugScope were looking for six pilot sites for working with hard to reach groups and I was working for a drugs project covering three communities in the South of Sheffield, so we put forward a bid for working with men and were successful. We were given £5,000 to cover training and running costs for twelve months, and the group was called NODS (Not Only Dads Support). We initially started a support group, which was very difficult to manage as the feedback was that they simply did not want to sit around in a group setting discussing what was happening in their families. It was decided that we would put on some activity evenings, which were very well attended – I took them ten pin bowling, go-karting and even arranged a spa session for them. All of these activities were successful simply because what they didn’t realise was they were actively talking to each other about what was going on at home. The downside to this work is that because it involves activities, it can be quite costly.

In 2005 I came to work for RODA and because they had been involved with the men’s group, the trustees agreed to taking on the group and I am very pleased to say it is still going. They meet on a Monday evening and the activity is always ten pin bowling. Some of the men that attend have been doing so for many years and things have changed so much at home that this is now the only support they have, but they tell me they want to continue so they can help and support any newcomers.

I value the work I do here at RODA and I would hope that if there are any men out there who are struggling, then please do all you can to support them. Men can be very stubborn and find it extremely difficult to talk about feelings and emotions, and some may be too proud to simply ask for help for fear of being seen as a ‘soft touch’.

This article was written in a personal capacity. You can find out more about RODA’s work at www.roda.org.uk

Why work with men?

Shane Ryan, Chief Executive of Working With Men (WWM), shares his thoughts on the developmental needs of young men and the importance of engaging with them.

There is nothing like listening to others' views for providing new insights and food for thought. At a recent workshop I attended, I encountered a senior manager from a women's organisation who gave me an overview of her work. I shared her enthusiasm for her much-needed projects, and pledged my support; but when I told her that the vast majority of our work was with boys and men, often from less affluent or seemingly marginalised communities, I could see that she was perplexed by the notion of a charity whose main focus was boys and men. She wondered how and why our funders would help an organisation working with just men, and said that she didn't see the need. Slightly taken aback, I replied, 'we get that a lot!' We later became firm friends, and are currently planning joint work utilising the considerable skills and expertise of both our organisations.

You would have to have been living in a vacuum for the last twenty years to have failed to notice the major changes in attitudes and perceptions towards issues of men and masculinity, not just by men but by women too. This has been shaped by socioeconomic factors, changes in technology and political ideology, and the role of men in society is evolving and being redefined to a point where some young men are unsure of their own identity or expectations.

At WWM we have witnessed first-hand what happens to boys and young men when they fall through the gaps, something that is reinforced by some alarming facts. Historically, women have been under-represented in higher education, but by 1992 a 7.2% participation gap in favour of women had arisen for 17-30 year olds – a gap which seems likely to continue widening. This gender gap does not suddenly appear at the point of entry to higher education - it can be observed early on in the education system. In 2007, 65% of girls achieved 5 or more A*-C GCSEs or equivalent, compared to 55.8% of boys. Girls are also more

likely to stay on in full-time education at age 16 (82% of girls compared to 72% of boys). Girls are more likely to take A levels, more likely to pass them, and also more likely to do better (achieve an A grade)¹.

More than 80% of all inner city school exclusions are boys

This gap is even more marked for young men living in the most disadvantaged areas, with nearly one fifth of 18-year-old boys classed as not in employment, education or training – the highest proportion for at least 25 years. More than 80% of all inner city school exclusions are boys. Young men aged between 16-24 years are also most at risk of being a victim of violent crime: in 2008/9, 13.2% of young men in this age group experienced a violent crime compared to 5.5% of women². There are many other worrying statistics, such as the numbers of men that commit suicide each year, high reoffending rates and drug use by men in prisons, and health and homelessness statistics for men, which remain worryingly high.

This is not to suggest that the work on these issues is more important than that being done by women's groups or those with a more generic focus. In some areas, projects for women receive more than 1,000 times the funding of those for men, but the evidence for working with men as a distinct group is clear and begins to mount when scrutinised. Over the years our work has been informed by an understanding of gender, men and masculinity, and how factors such as race and economic circumstances play their part. This has underpinned our projects, and informed all our methods, styles and approaches.

We focus on the learning and communication styles of boys and men and seek to engage them when they are most motivated to do so. In many projects we aim to cultivate a specific set of skills and our most recent studies show that if given the right set of tools, young men can not only learn to resolve conflict without violence, but continue learning as they adapt their skills to new situations and environments. Effective interventions and approaches like this become particularly relevant, given their rigorous academic evaluations, at a time when the secretary of state is looking to improve the pupil referral system through the new education bill. Surely, if there is less money available we in the voluntary sector must work hard to provide evidence for the work we do, in addition to targeting gender gaps in relation to the presenting challenges.

We are often asked if we work directly with women at all and in some cases we do, particularly through our youth services, in schools and through our Boys Development Programmes (for mothers of boys). We have also more recently begun to work with women's groups to address some of the more universally challenging areas of work. We have a reputation for developing and establishing sustainable projects, programmes, and training that tackle difficult issues such as underachievement, violence, sexual health and parenting but more importantly, as an organisation, we see positive outcomes from our provision.

Working with Men is an award winning charity supporting positive male activity, engagement and involvement.

You can find out more on their website at www.workingwithmen.org or email info@workingwithmen.org.

¹ Broecke and Hamed (2008), *Gender Gaps in Higher Education Participation*, Department for Innovation, Universities and Skills

² Home Office (2009), *Crime in England and Wales 2008-09*

Finding fatherhood

Adfam spoke to Kenny and John, two dads who were involved with the Family Drug and Alcohol Court (FDAC) about their experiences as substance using fathers.



FDAC is a pilot project to address custody concerns and care proceedings in families

affected by substance use. It is a court-based family intervention adapted from an American model which uses two district judges and regular meetings to encourage discussion and progress for the parents. In up to two-thirds of care cases parental substance use is involved, so FDAC represents a real and relevant opportunity for progress in the area. Brunel University (funded by The Nuffield Foundation and The Home Office) recently evaluated the effectiveness of the FDAC, showing improved rates of families staying together safely and swifter alternative placements where appropriate. This evaluation is available at www.brunel.ac.uk/research/centres/iccfyr/fdac.

Kenny's story

Being drug dependent is painful enough – but being a father and dependent on substances including heroin was the most painful period of my life.

I have three children and my eldest, Liam, is now 18. He was born in 1992, which was a wonderful experience for me. I was 22, working and felt quite hopeful about the future, although at the time I was involved in a lifestyle that was definitely not compatible with being a father. I saw my drug and alcohol use as just recreational.

It wasn't long after Liam was born that his mum and I separated for a period of about four years, during which my substance misuse deepened. Liam's mum and I got back together to try and overcome our difficulties, which presented all sorts of problems. Then in 2001 my daughter was born. I was at

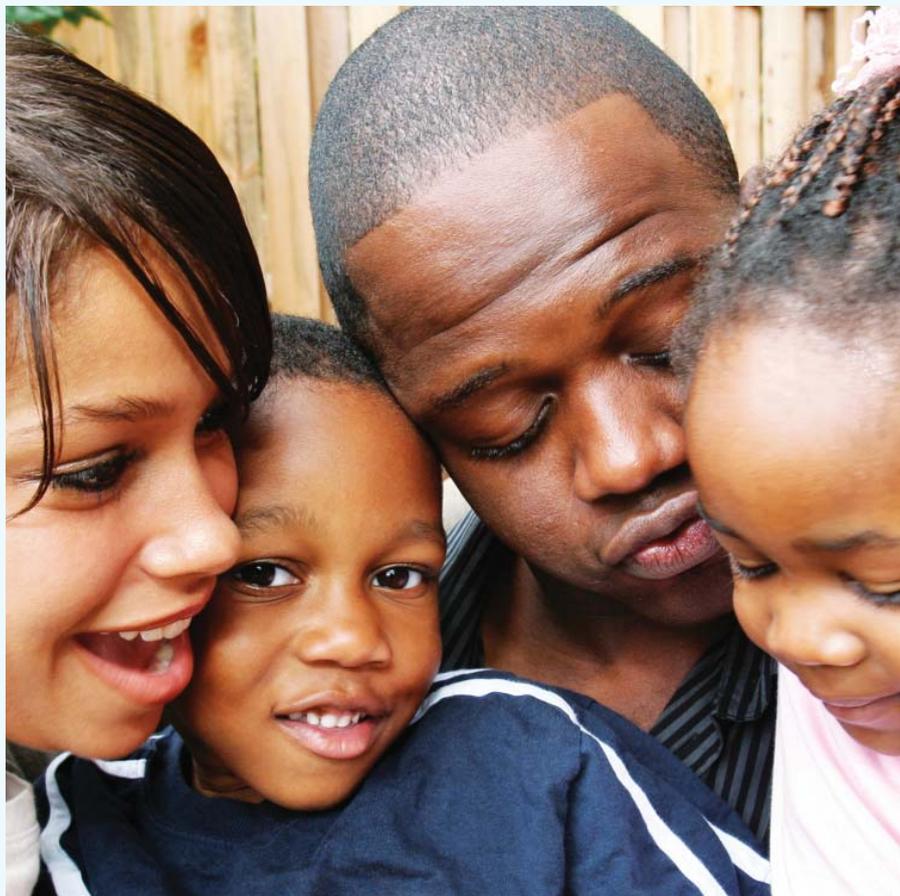
rock bottom and it was then that I began to access services.

It took about a year to get into residential treatment and looking back now, deciding to go was the best decision I ever made – although at the time it didn't feel like it. I didn't relish the idea of being away from my kids for six months – I was full of fear about what treatment might have in store for me and frightened of failure. I both wanted, and was scared of, change. Treatment turned out to be a painful but wonderful experience: it was where I rediscovered the generosity of humanity and began to find forgiveness within myself for my own failings.

I wish I could go on to say that life was a bed of roses after treatment but, although I feel I had a good foundation, things proved to be very challenging. By then my third child had been born and I made the difficult decision of separating from my children in order to move on with my recovery. I attended AA (Alcoholics Anonymous) meetings on a regular basis.

Shortly before my second year in recovery my eldest son came to live with me as his mum was finding things difficult. Liam was also finding things hard at school and I felt I needed to do something to support him, so I did a parenting course called 'Love and Limits', which really helped me with my parenting as well as dealing with some of the challenges teenagers go through. I was able to support my son through secondary education and thankfully he went on to gain six GCSEs and A-level business studies, which is far better than I ever did.

Taking on the care of my two youngest children was a big challenge and getting parental responsibility and a residence order (which states where a child lives) took some time. Moving them to a new area meant changing schools, which was stressful. Now, I feel very fortunate to have my kids with me and am grateful to the different professionals who helped along the



ISTOCK PHOTO

way – social workers, teachers and head teachers, child psychologists and housing support workers, to name but a few. My experience of working with professionals to get my children settled with me was very positive, particularly when I think back to a time when I may have had some prejudice towards them.

My children are now very settled with me and although there are still some emotional issues that come up sometimes, my main concerns are really just like anybody else's: I juggle a working life with being a single parent, I do DIY and I rush to get the kids to their gymnastic classes on time. Being a father is just brilliant! It's full of challenges and I am learning all the time. I have learnt over the years to relax a bit. I'm never going to be a 'superdad' but I feel I'm now a good one.

Being a father is just brilliant! It's full of challenges and I am learning all the time

John's story

I have two children. My daughter is approaching 12 years old and my son is 19 months. I used drugs for about ten years before my daughter was born and thought I would stop then, but found that I couldn't. Her mum was also using, which made things very difficult.

Continuing to use, trying to bring up my daughter and really wanting to stop was horrible and painful for both me and my daughter. Most of the time I wasn't – and didn't feel capable of being – a father and wasn't sure of what being a father really meant. Eventually my partner went to rehab and my daughter went to stay with her auntie. I continued to use.

I got with another girl and had a little boy – he was taken into care and then I decided to do something about my problem. I went into detox and set



about trying to gain custody of my son. First I went on a day programme to gain an understanding of addiction – I was 41, had been using for nearly 25 years and didn't really have a clue. After the day programme there was a period of time to put a bit of structure into my life.

I went to a parenting group, still had contact with my kids and then eventually did a parenting assessment, which was very tough but a great experience. It gave me an understanding of what being a father was all about. Being with other parents in similar situations was very helpful. I also did a short programme with my daughter and partner around the impact of my addiction.

At the time of writing, my son has been living with me for just over three months. When he was taken into care I became involved in proceedings with the Family Drug and Alcohol Court (FDAC), which was difficult but very rewarding. They have supported me through the court process – I've had monthly reviews with the same judge all the way through and the opportunity to speak and put my views across. FDAC also gave me support through parenting groups, one-to-one keywork sessions and a parent mentor. I have really had to learn that things take time. I had to wait for housing before my son could come and live with me, which happened just after Christmas. I continue to receive

support from FDAC, social services and family and I'm now looking forward to the future.

Some names have been changed

Useful organisations

The Fatherhood Institute works to improve family life for fathers through increased flexibility at work and education for young men in schools.

www.fatherhoodinstitute.org

Men's Advice Line is a helpline for men experiencing domestic violence from their partner: 0808 801 0327.

www.mensadvice.org.uk

Respect is the UK membership organisation for domestic violence perpetrator programmes. The Respect Phonenumber can be used by perpetrators looking for help and for those looking for help for their abusive partners. You can call on 0808 802 4040. www.respect.uk.net.

The Stella Project is the UK's leading project dedicated to substance use and domestic violence. They offer resources and training for practitioners and carry out research. www.avaproject.org.uk.

Working with Men is a charity that supports positive male activity and engagement through projects, policy, training and research. www.workingwithmen.org.

Gender difference

Cinzia Altobelli, leader of Therapeutic Services at Families Plus, raises some questions around the impact gender has on the addiction field and in the context of therapy.

An overview of gender differences

In recent years much work has been done to change the population's attitudes and the stigma attached to mental health problems, with an emphasis on being more open about seeking psychological treatment. In reality, though, many men still find it hard to acknowledge issues around mental health and seek help late compared to women.

In 2009 the Samaritans' report *Young Men Speak Out*¹ reported that macho stereotyping meant that young men were reluctant to ask for help and were more likely to use violence and antisocial behaviour to express themselves rather than telling someone how they felt.

According to figures from the Office for National Statistics, men are three times more likely than women to be alcohol dependent; they are also more likely to use illegal drugs and develop an addiction. Between 1993 and 2004, men's deaths from drug misuse totalled 12,687 compared to 3,401 deaths amongst women. 62% of violent crime offenders were found to have been drinking at the time of

Does being a man in some way increase vulnerability to addictions, violence and death?

the crime. Men also seem to be more vulnerable to death by suicide than women, accounting for 75% of all suicides in the UK. Research suggests that men with high level of masculine Gender Role Stress (MGRS) are more likely to use substances than women to enhance social, emotional and cognitive function².



These figures raise certain questions: does being a man in some way increase vulnerability to addictions, violence and death? Or does men's more prevalent use of the left brain hemisphere give fewer protective factors than women benefit from? What role does gender socialization play in this and does it pose a barrier to seeking and receiving help?

We cannot deny that early socialization's 'scripts' such as 'big boys don't cry' or 'don't be a girl', and the promotion of self-sufficiency over dependency and vulnerability, are still major contributors to the context in which aspects of male self concept are developed.

Gilligan³ describes the difference in self concept of adolescents, with men generally defining themselves in terms of work and achievement and women more in relational terms.

Our modern expectations of men often set them up with the impossible quest of being tough and competitive, but at the same time vulnerable and in touch with their emotions. This can be extremely confusing!

Neuro-imaging can shed some light on understanding men's need to be more task-oriented, less emotional and less talkative. Men's use of the left hemisphere is more prevalent than women's, who move between the two sides. Neurobiology provides some explanation of the chemical processes behind men and women's different handling of stress: women produce hormones enhancing the benefit of oxytocin, manufactured by the body to cope at time of stress, whereas hormones produced by men at this time reduce the positive effect of oxytocin.

As therapists we need to work in a 'gender sensitive way', acknowledging gender's cultural, sociological, biological and psychological differences. We also need to be aware of our own feelings, beliefs, and expectations around gender

1 Samaritans (1999) *Young Men Speak Out*

2 Rabinovitz, F.E. (2010) *Crossing the No Cry Zone: Psychotherapy with Men*

3 Gilligan, C. (1987), *Adolescent Development Reconsidered, New Directions for Child Development* 37

and finally be prepared for any potential unconscious bias.

Couples therapy: lost in translation?

Heavey et al⁴ and Jacobson⁵ describe partners entering marital therapy with different expectations and goals: women hoping and aiming for change and men wanting to preserve the 'status quo'. It sounds like a recipe for trouble!

When working with couples I often think of my role as similar to that of an interpreter or translator. The partners have different emotional literacy and ability to articulate it. I try to facilitate communication in a way that is meaningful to both. At first couples may need to lower their expectations of each other in order to get back to the basics of communication.

I advocate a systemic approach which can go beyond their immediate relationship, embrace contextual complexities and the generational legacy, and can challenge the potential to transmit these generational patterns of behaviour to their children. It is important to acknowledge and validate differences but without becoming 'part of the problem'⁶.

Three in a relationship: living with addiction

Addiction is the antithesis of relationships and becomes the family or couple's organising principle. It affects communication and intimacy, generating guilt, shame, anger, fear, resentment and ultimately loss.

The more the partner of the addicted person feels addiction is taking hold, the more controlling he or she may become in an attempt to counteract this fear. The more 'controlled' the addicted person may feel and the more their relationship with addiction feels threatened, the more protective of the relationship they become. "The addict, unlike their partner, sees the substance as the problem and the solution"⁷. He or she will do anything to safeguard it. In a relationship affected by addiction, trust cannot easily be established or maintained. The focus is often on who is to blame as opposed to exploring what the problem may be. Boundaries and reality become blurred to be replaced by hyper-vigilance.

Couples where one partner suffers from an addiction or is in early recovery are usually at very different stages. Men are more 'solution focused' and 'action

oriented' – they prefer to focus on the future, as the past may be painful and shaming. On the contrary, female partners often need to talk about the past, to be heard, to understand and be understood, in order for communication and trust to be rebuilt. Key factors in helping couples work together include education about the impact addiction has on both partners; acceptance of where each individual is at;

When working with couples I often think of my role as similar to that of a translator or interpreter

encouragement; and a non-judgemental, safe space to talk.

Working in this field can challenge the more traditional models of couples therapy, which can struggle to address fully what families are faced with. In my experience, even when the addicted person moves into recovery, this can generate difficult issues. The couple or family needs to redefine itself, many issues need to be talked about and a process of mourning undertaken before re-building or separation is to follow. Couple therapists therefore need more education around addiction and its consuming relationship. Families Plus has responded to this need by providing bespoke training for Relate.

A number of studies have considered how Behavioural Couples Therapy (BCT) influences substance use. "BCT works directly to increase relationship factors conducive to abstinence"⁸.

The findings show that couples who received BCT fared better than those who received individual therapy. They achieved a higher rate of abstinence,

4 Heavey et al (1993) *Gender Conflict and Structure in Marital Interaction: a replication and extension*, Journal of Consulting and Clinical Psychology 61, 16-27

5 Jacobson, N S (1989) *The Politics of Intimacy*, The Behaviour Therapist 12, 29-32

6 Gilbert, M and Shumukler, D (2001) *Brief Therapy with couples An integrative approach*, Chichester: John Wiley & Sons Ltd.

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happier relationships and lower separation rates. In my experience increased insight and modified behaviour alone are not enough to generate meaningful and durable changes.

So, how can we better promote men's access to therapeutic support and lower some of the existing barriers? Without doubt, the provision of gender sensitive support is essential. There is also much evidence that affected others, once they access support for themselves, begin to make positive changes in their own life which in turn impact on the addicted person, often leading them to seek treatment. For this reason men, whether as the addicted person or the concerned other, need our support as professionals to maximise positive change in their lives for everyone concerned.

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www.actiononaddiction.org.uk

Families Plus has provided therapeutic support to family members and significant others affected by another's addiction since 1988. The team provides individual, couple and family counselling, residential therapeutic programmes and support groups. In response to demand in the field they have developed and provide a number of training courses accredited by the University of Bath.

DOMESTIC ABUSE CAN HAPPEN TO ANYONE – REGARDLESS OF GENDER, SEXUALITY, AGE OR BACKGROUND.

However, adult women are most commonly the victims of domestic violence. Domestic violence is rarely a one-off incident, and should be seen as a pattern of abusive behaviour where the abusive partner seeks to exert power over the victim through physical, emotional, sexual, financial or other types of abuse.

Whenever working with men, practitioners should be aware of any possible domestic violence issues and feel confident in where to signpost and seek help should these issues arise. See the useful organisations section on page 15 for further information on where to get help.

Don't forget dad

Adfam spoke to the *Fatherhood Institute* to better understand the national picture of engaging fathers in services for families affected by drugs and alcohol, focusing on treatment and support for young people using drugs and alcohol.

What do you consider are the potential barriers for fathers to access services?

Sometimes practitioners hold certain stereotypes regarding the engagement of fathers – that working with them is hard, that it requires a male worker to be successful, or that men are violent. Safety issues should always be considered, but often the reality is quite different. Fathers are often present within their families and contributing towards their wellbeing. There are some families, of course, where the father is non-resident and this can have a negative impact or influence on young people's behaviour. But it is crucial that the role of the father is not ignored.

It is also sometimes the case that mothers step forward and engage with services, and fathers sit back – women are much more compliant with services

generally and don't need as much convincing as men to access. Our experience suggests that mothers often make the first contact with statutory services when expressing concerns about their child. This can be down to many factors, including the opening hours of helplines, fathers feeling reticent about phoning from work or less flexible working practices. Mothers also often carry out the day-to-day management in the home and therefore take charge when difficult situations arise. Mothers may be much more aware of the problem and sometimes mothers are more over-anxious.

If we use the example of Sure Start, one of the major reasons fathers don't engage is that they are often unaware of the service, and even when men do know of its existence they see it as a

service for women and mothers. It is relatively rare that a concerted effort is made on the part of professionals to get the father there, as often it is thought that 'mum can handle it' and assumptions are made that it isn't important for dad to be there as well.

Are there any specific barriers when considering the engagement of fathers in drug and alcohol services?

Sometimes fathers are only known to social services when they erupt onto the scene in violent ways – this needs to change. Men should simply be engaging alongside women right the way through the process. Services for young people need to engage with the father right from the beginning, building up a history of the family that is inclusive of fathers. Many serious case reviews point to a lack of information about fathers as a major gap in understanding about the whole family, which is central to safeguarding processes. Professionals need to be encouraged to consider all important members of the family on a 'risk and resource' basis. Engaging fathers is often cited by professionals as less time-efficient than engaging mothers as it necessitates having two conversations instead of one – however by engaging both, you get a better and clearer picture.

The current benefits system also contributes to the lack of engagement with men in family services. When a man is a non-resident father the system considers him a single, childless man – it doesn't ask if he has caring responsibilities. This lack of questioning feeds into the whole adult care system – professionals may not even be aware he is a father, or even if they do they may not think it is significant. This is a missed opportunity as working with men as fathers can be a good motivation to change. Often substance using fathers minimise or deny the impact their substance use is having on their children, which signifies the powerful motivator for change it can be.

TOP TEN TIPS FOR WORKING WITH MEN

- 1 Improve recruitment of male staff members and encourage men to volunteer in the service.
- 2 Be aware that certain traits are sometimes valued as masculine, which may discourage men from seeking help – for instance problem-solving, self-sufficiency and independence.
- 3 Don't assume there is no dad around when dealing with mums.
- 4 Be aware that sometimes a mum's negative picture of a dad may not be the full story.
- 5 Consult with men on how they want the service to be developed.
- 6 Have flexible opening hours and develop e-resources to accommodate men working long hours and those who can't make it to the service in person.
- 7 Be prepared to hold a men-only group if there is demand for it.
- 8 Develop promotional literature (posters/leaflets etc.) that include positive illustrations of men and that explicitly state that men are welcome at the service.
- 9 Help men acknowledge the important role that they play in the lives of their children.
- 10 Be proactive in engaging men – identify their needs, understand how to respond to them and take reasonable steps to ensure services are accessible, welcoming and suitable.



Have you identified any areas of good practice or where services have been accessible for fathers? How can representation be improved?

In order for practitioners to develop their responses and improve engagement with fathers, there needs to be management support and influence. Do workers get asked in supervision how the referral forms are set up? Are the main referring agencies routinely asked for the dad's information?

the engagement of fathers matters a great deal and can be useful

One example we cite is a local CAMHS (Child and Adolescent Mental Health Service) which works with a roughly 50-50 split of mothers and fathers. This success can be attributed to very simple but wholesale changes: the team started by collecting data on the numbers of men who attended parenting programmes and therefore were able to take steps to rectify any gender imbalances. All the team shared

the belief that it was really important to engage with the father and due to this certainty and conviction more fathers attend. The workforce had very persistent and high expectations of the fathers and their attendance and engagement in the programme.

Family Nurse Partnerships are a useful example of practice and have a range of systems set up to work with dads. At the outset a genogram is conducted and the father is identified as having an important role to play. This process identifies fathers and works with them from the outset; however there are obviously regional and site variations.

The Youth Offending Team in Birmingham also persistently engages with men in the support of their young people. If the father is non-resident they also attempt to engage with him as both a risk and a resource in the support structure of their child.

A Health Visiting practice we have worked with wanted to encourage greater engagement with fathers and simply changed their introductory letter from 'Dear Parent' to 'Dear Mum and Dad'. The practitioners and management recognised that it may impact on single mothers; they however felt that the benefits of potentially engaging with the fathers were greater.

What kind of support should men be offered?

Group settings are often less attractive to men but from what we know about men in family therapy, most are absolutely capable of talking about their feelings, although women may be less inhibited by the situation and more likely to speak with 'outsiders' about what is going on in their family. Once you encourage men to understand they are in a safe place, they are perfectly capable and eager to discuss their feelings. Professionals should not have high expectations too early in the process - it's about presenting the intervention with clear practical goals and it should be based on strengths, rather than weaknesses. Fathers sometimes state that they feel they should be coping with it themselves, and often need to be offered reassurance that their engagement matters a great deal and can be useful.

Engagement with fathers is not just about running a fathers' group, or leafleting an entire football match. It is often tempting to stereotype men as a special group in need of special attention: instead the workforce must be challenged to change their mainstream practices and better accommodate men.

www.fatherhoodinstitute.org

Find out how to engage fathers and fatherhood in your work...

Working with fathers: a fatherhood guide for drug & alcohol services is a down-to-earth, beautifully illustrated guide packed with information and ideas to help drug and alcohol workers engage fathers and fatherhood when working with addiction.

We developed the guide (when we were known as Fathers Direct) in partnership with Adfam, the leading national organisation working with and for families affected by drugs and alcohol.

It is available for just £4.95 plus postage and packing from our online shop.



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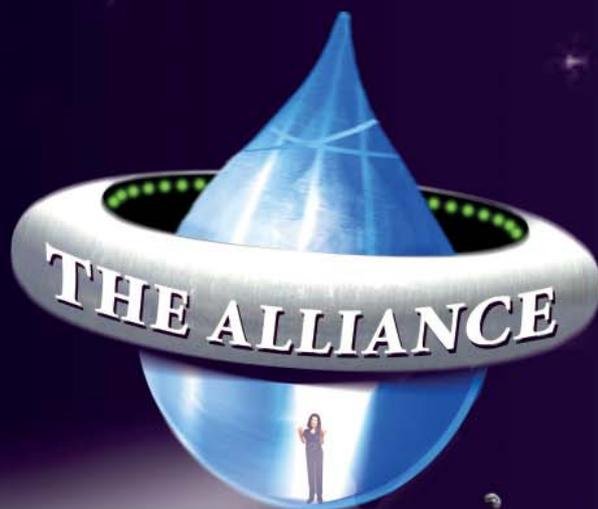
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