

The risks faced by children of problem drug users are well documented. But there is little help for single mothers who want to go into rehab without relinquishing control of their children. **Sam Hart** visits a south coast rehab unit specifically designed to take in families

# Rehab revolution



**J**O is making a cake. It's for her son Tom's fourth birthday and she is working quickly to finish it before she picks him up from nursery. It's an ordinary enough scenario that could be lifted from any household in the country.

But Tom and his mother are not living in an ordinary household. They are among the 12 families living in the Trevi House Project – a rare residential rehabilitation unit in Plymouth that caters for women who are problem drug users – and their children. And such safe, domestic scenes are a far cry from the chaotic and violent lives that many of the residents will have left behind.

## AT RISK

There are up to 350,000 children in this country who have one or more parents with serious drug problems, according to *Hidden Harm*, a report by the Advisory Council on the Misuse of Drugs released in June 2003. These children are exposed to grave health and social risks such as poverty, physical and emotional abuse, neglect, dangerously inadequate supervision, interrupted schooling, criminal behaviour and social isolation. Left unchecked, these pressures can erupt into early substance misuse, behavioural and mental health problems in later life.

Despite the devastating and long term social consequences of parental drug use, strategies for dealing with the problem are patchy. *Hidden Harm* highlighted the lack of co-ordinated services for the children of problem drug users. It found that only 40 per cent of social work services had protocols for decision-making on children living in such families and fewer than half provided them with specific services.

Simon Southworth, Substance Misuse Care

Management Team Leader at West Kent NHS & Social Care Trust, who has referred families to Trevi, says there can be problems finding drug treatment that fits in with parenting duties. "Day programmes do not always fit in with school hours and mothers can really struggle to make their appointments unless appropriate childcare is found", he explains.

And experts fear that thousands of women are denying themselves treatment through fear that their children will be taken away from them if they admit they have a problem.

## FAMILY UNIT

Yet Trevi House Director Angie Brooks believes that learning to function as a family again can be integral to a mother's rehabilitation. "These families will have been through a lot," explains Brooks. "Learning to be a parent again is an essential part of the programme. We work to repair the damage that has usually been incurred by children as a result of their mother's drug misuse. The fact that their behaviour may have harmed their child can be a devastating realisation for a mother but it is key to recovery."

"At Trevi I got real," agrees Jane, a former resident, "It was painful but with care and support I was able to be strong and work things through."

Clients are referred to Trevi through social services, probation and drug action teams. Once assessed and accepted for treatment, the whole family becomes part of a regime that is both rigorous and caring.

The timetable at Trevi is structured and detailed dealing with every aspect of the women's lives including anger management, assertiveness training, diet and nutrition, health, budgeting and parenting classes. Leisure



Picture posed by models

time too is amply catered for with group activities and outings planned and special occasions celebrated.

The women play a role in the running of the project – taking on household duties and sharing the cooking and shopping rota, while the children are cared for at the centre's bright and cheerful nursery.

Strict rules ban aggressive behaviour, abuse towards children and taking drugs or alcohol on the premises – all necessary, says Brooks, to maintain Trevi's safe and stable environment.

A family can expect to stay at Trevi for between nine and 12 months. Towards the end of the stay key workers will help mothers start to rebuild their lives by finding suitable accommodation and a place at college or work experience.

"We make sure every family has a proper home to go to," says Brooks. "And that means making sure there is food in the fridge, curtains at the window and fresh sheets on the bed." The women are given aftercare through informal drop-in sessions for as long as they need it.

#### UP FOR ADOPTION

Trevi has worked successfully with the most seemingly hopeless cases such as Lucy, a pregnant mother of three who other agencies had all but given up on. Lucy started using alcohol when she was eight years old and spent

most of her childhood in and out of care. Her life followed a cycle of drugs, crime and prison, detox centres and failure. Her three children were placed in care and social services were on the point of putting her youngest child up for adoption.

When she arrived at Trevi she was on a methadone script and her unborn child was about to be put on the at-risk register. Through one-to-one sessions, staff at Trevi began the slow and painful process of showing her how to live without drugs. Eventually all three of her children were reunited with her at Trevi – again a challenging process, as her eldest son was angry and difficult. Lucy has been drug free for two years and is now studying at college.

At present, only a handful of projects like Trevi exist – one of which, Ashley Copse in Andover, Hampshire, is about to close through lack of referrals. Peter Emms, Chief Executive of Yeldall Christian Centres, which runs Ashley Copse, cites a lack of co-ordination over funding by social services, rather than insufficient demand for the project as the problem.

"The funding for the women and children is held in different pots," he explains, "and while the money for the mothers may be forthcoming, the funding for the children often is not. Consequently we've not been able to attract women and their children in sufficient numbers. We believe there is a great need for our services but we are left with no choice but to close. It is a tragedy."

Southworth is impressed by the quality of care offered by both. But, he says, family residential care is not always the way forward. "Sometimes it may sit uneasily with therapeutic needs. Mothers may not always feel that they can deal with parenting while they are in rehab. It may be best for the child to be looked after in a different environment."

He also points to the difficulties of persuading children's services to part with funding if the children in question are not known to the system as having any problems. "If the children are not known to children's services it is difficult to make the case that they need to go into a rehab centre with the mother. They may feel they are better off with relatives or in foster care. Evidently such decisions are based on the assessed need of the child and potential for harm."

#### EXPANSION

Last month the government published its response to *Hidden Harm* accepting the majority of the recommendations and promising "a co-ordinated range of resources capable of providing real support to families with drug problems".

Professionals like Brooks believe that these resources should include more family residential rehab places along the lines of Trevi House. "We are proud of our record and believe the Trevi model should be replicated throughout the country," she says. "Our residents say they couldn't face rehabilitation if they didn't have their children with them. They feel safe with us."

And Lucy agrees: "Everyone had given up on us. Thank God Trevi gave us another chance." ■  
*Some names have been changed*

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