

# Under one roof

Michaela's life reached a crossroads when her daughter was born two years ago. She loved her child, but a serious drug problem meant she was incapable of looking after her. **Sam Hart** on a specialist residential rehab unit for families that helps drug using mothers confront their addictions while caring for their children.

On a wintry day in 2009, Michaela gave birth to a healthy daughter, Faith. Three days later she was in court fighting to stop her baby being taken into care. Michaela admits that she was struggling as a parent. Aged just 20, she had been taking drugs for half her life and had been in and out of care since she was nine. "I was really chaotic," she explains. "I was a first time mum. No family, no friends. I was lost. Scared. I wanted to use drugs to mask my feelings."

Michaela was thrown a lifeline when, instead of taking Faith away, social services referred them to a residential rehabilitation service which supports parents to deal with their substance misuse while continuing to live with their children. The service, run by Phoenix Futures Family Services, is based in a large, pleasant suburban house on the outskirts of Brighton. Residents have their own bedrooms and kitchens and access to fully staffed crèche.

Residents typically stay for six months. Michaela left late last year but today has brought Faith, now 18 months old, back for a visit. Staff make a fuss of them both and a delighted Faith is swept away to play in the crèche while Michaela settles into the sofa in the communal living room with a cup of tea and some toast. She looks comfortable, healthy and self-assured but the journey has been tough.

"When I first came in I was on skunk, subutex and diazepam so I had to detox," she explains. "I felt really low. I know that out in the community I wouldn't have been able to do it. Here you've got the support and the staff will have

the baby for an hour if you are feeling rough." Withdrawing from diazepam can lead to fits so Michaela had staff with her at critical times such as bathing Faith or carrying her up the stairs.

Dealing with the physical symptoms was just the beginning. Residents are expected to explore the reasons for their substance misuse through an intensive programme of group sessions and one-to-one work based on cognitive behavioural approaches. "There's also homework," says Michaela, "loads of it. You've got to write stuff in your feelings diary."

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For all residents, it is a gruelling and challenging process. Michaela admits she had some very difficult moments. "My sister died of an overdose shortly after I came in here," she explains. "That was really tough. I just felt like walking back out onto the streets. I had to really think about my daughter – that's what stopped me going." Being in the service also gave Michaela the chance to rebuild her relationship with her surviving sister: "She's never used drugs and didn't want anything to do with me when I was using. She trusts me now. I can be a

support to her which I couldn't be before. We helped each other when our sister died."

The service is run along therapeutic community principles in which service users are given increasing responsibility as they progress through the programme. This responsibility extends to monitoring the behaviour of others and residents are expected to confront and report anyone they see breaking the house rules. "That was one of the hardest things for me," says Michaela. "That's like being a grass and you don't do that where I come from. Now I understand that confronting people's behaviour is helping them. I've got a conscience now and it does my nut in!"

The service is unique in this country in that it offers places to single dads and couples as well as mums. But, in contrast to the national picture in which men make up three quarters of those in treatment, dads are very much in the minority here. This allows the service to cater for women service users who often have different and more complex needs, including domestic violence, prostitution and childcare issues. Fear of having their children taken away can be a powerful barrier to stopping women from accessing services, so the family-centred approach can be a huge incentive. Research has shown that this kind of whole-family approach results in better outcomes for women drug users. And keeping young children with their primary carers throughout their treatment also mitigates against attachment disorders which can result in behavioural and social problems later on.



Self acceptance is a key theme of the community. Residents start the day by reciting the service philosophy: *We are here because there is no refuge, finally, from ourselves.* “When I first came here that was just something I used to say,” says Michaela, “but it gradually became to mean something. I think after about 10 weeks I really started to do the programme seriously. I had been hiding from myself and masking my feelings by taking drugs. I’d been doing that since I was nine years old.”

Service manager Amanda Walderman says this gradual understanding of the programme and what it has to offer is a common theme. “People might come here initially because they don’t want their children taken off them, but they come to realise that it means something. When I walked into my first group session I could immediately tell how long people had been here. People who have been here longer look healthier, they have more confidence. They stop blaming. They are open and not defensive.”

As well as addressing their substance misuse, residents are expected to run the house and care for their children. The

rota of chores is completed by 9am each morning and residents are encouraged to challenge each other if they feel someone is not doing their fair share. According to Amanda, “staff run the programme, but the residents run the house”. The parents are also given advice on childcare: “Many of our residents had parents who were drug users,” explains Amanda. “So some have not experienced good, consistent parenting skills themselves. No interaction, no stories, no nursery rhymes, no real idea about healthy eating and cooking.”

Michaela admits that she didn’t have much of a clue about how to run a house before coming to the service. “Actually I am still a really bad cook,” she says ruefully. And she says that at first she found it difficult to take advice from the staff. “They would try to tell me stuff like I’d run out of nappies and I used to get defensive. But they were only trying to help me.”

Part of the programme is resettlement and residents put into place plans for when they leave. Supported by the staff, Michaela sorted a flat for herself and Faith, some support groups to attend as well as childcare for two days a week, “so

I can do my housework and shopping”. But she says that coping on her own was tough, “I couldn’t wait to leave here but when I did I was really lonely.” Her sense of isolation was made worse by the fact that she had to avoid former drug using associates and even her parents, both drug users themselves. “I have to keep them at arms length. It’s hard but I need to put Faith above my relationship with them. I’ve realised that I can’t save my mum and dad.”

Now, using the skills developed during her programme, Michaela is starting to shape a new life for herself. She attends several support groups a week and is enjoying spending time with her sister. She also says that her relationship with social services is much improved. “Before I was fighting them all the time. Now I realise that we can work together and they want what is best for me and Faith.” She is also doing voluntary work with a view to eventually becoming a drugs worker herself: “I think that people who have been there and done it are amazing at what they do. I would love to help people in the same situation as me.”

■ **Sam Hart** is a freelance journalist