



# Substance Misuse

## Our service offer

Winter 2024

# Our Service Offer – Substance Misuse

## Introduction to the service

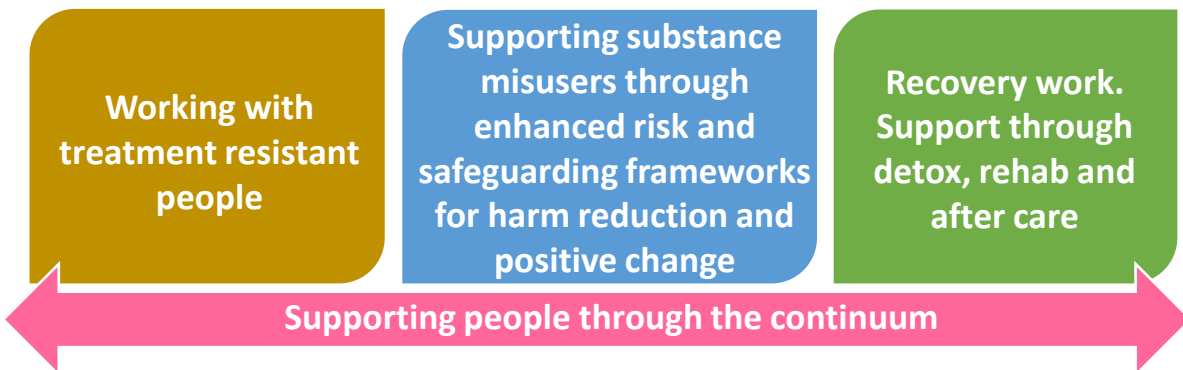
Our Substance Misuse Team is made up of **highly skilled practitioners** who apply a **huge breadth of knowledge, experience and passion** for what they do to empower some of Manchester's most vulnerable residents.

Their understanding and **application of theory** in this area means that **people are supported in the right way**, where they are at, and **without judgement**.

The team are **trauma informed** and look beyond a person's presenting behaviours, acknowledging that **somebody's past can physically and mentally impact their present and future**.

Our practitioners take the time needed to build **trusted relationships** with people, using motivational interviewing techniques to empower them to produce **their own solutions**. This enables people to feel in control of their own life, so that they can **reach their own goals** – however big or small.

The assessment process and access to rehab in Manchester has historically had a 70-80% success rate, year on year. This improves the lives, wellbeing, and health of the people we work with and their families. It also enables these people to give back socially and economically to their city of residence. Over the last 12 months, **the Substance Misuse Team has enabled 59 people to reach their goal of total abstinence**. 31 of these returned to Manchester and are economically active.



“My time in rehab really has transformed mine and my son's life. I'm able to appreciate the little things in life that just passed me by before, I feel such gratitude for my life. I have a brilliant support network around me which started with when I first got referred to the Substance Misuse Team. If someone told me a year ago this would be my life now, I'd of laughed and probably opened my next bottle. Rehab was a really challenging process, it wasn't easy at all and in a way, it broke me down, but it built me back up and I can say with certainty it was nothing less than a transformative experience that gave me hope, kept me alive and gave my son his mum back.”

Person we worked with

# Our Service Offer – Substance Misuse

## Our trauma-informed practice

Our practice is underpinned by a trauma-informed approach. There are **six key principles of trauma-informed practice**: Safety; Trust; Choice; Collaboration; Empowerment and Cultural Consideration. This is how we apply them:

### 1 Safety

- Making someone **feel emotionally safe** and able to express themselves **without judgement**.
- **Physical safety**, for example meeting in our offices, or in a café (an open space where people feel free to leave).
- Asking people, "What would make you feel safe?" and **not making assumptions around that**. If you feel constantly unsafe, how can you make any changes to your life or rational decisions?

### 2 Trust

- People might distrust services due to past traumas (e.g. interactions with police). Be realistic and manage expectations.
- **Once you have built trust you can challenge people** and their behaviours. Not everyone will change – accept that.
- Use carefrontation and professional curiosity. Ask questions.

### 3 Choice

- Give the person options and **information to make informed choices**, to improve the quality of their lives, whatever lifestyle that is and **whatever priorities they choose**.
- Meet the person on their own terms, giving them control and **equalising the power dynamic**.
- Change takes time, take baby steps, with the understanding that not everyone will want to change.

### 4 Collaboration

- The person is the expert in their own lives. Work with them to **ensure their voice is heard**.
- Collaborate with other agencies with the understanding that we are not always the right person to lead.
- Identify what the person wants and then give them responsibility to get there. This can **provide a sense of achievement** and ownership. People begin to take control of their lives.

### 5 Empowerment

- Empower people to become independent and have autonomy in their own lives so that they **realise they can do things**, for example, "Meet me at the doctors", then next time they can do it on their own.
- **Build self-esteem** and encourage people to **recognise their own strengths**. This can build their resilience.

### 6 Cultural Consideration

- **Work with the whole person** and everything they bring. Their identity and community.
- Being mindful of people's backgrounds and histories and **how that will impact their present life**.
- Class, race, gender, sexuality and other components will **intersect to shape people's experiences**. Different support will be required, depending on person's needs.

# Our Service Offer – Substance Misuse Our Criminal Justice Social Work

Our Criminal Justice Social Workers (CJSW) are **recovery focused** and **take a holistic approach** to assessment, support planning and risk. They explore rehabilitation options with people both in the community and on release from prison. The team focus on **greater partnership working** between the Criminal Justice Service, Manchester City Council and Change Grow Live, to **empower people** to access support for their substance dependency.

Our CJSWs offer **person-centred support** and will start with an introductory phone call, to gauge the person's **desire for change** and recovery. They will gain insight on the person's thoughts on wanting to access rehabilitation and any previous experience they might have. Practitioners find that this is often a driven cohort who are ready for change, following many years of involvement in the criminal justice system.

Our CJSWs offer **regular contact** with the person via phone, video-call, or face to face visits. It is **important for the person to lead this**; for them to think about their journey and make decisions for themselves. This ongoing dialogue also allows practitioners to **build a trusted relationship** with the person. People on community orders, are offered a bespoke tailored package of interventions through partner agency Change, Grow, Live, as part of their recovery and treatment plan. Our CJSWs seek to work with people in custody at the **earliest opportunity**, prior to their release (ideally six months). People in custody do not have the same access to preparation as those in the community. There is not always the opportunity to engage in recovery-based meetings or activities. This should never be a barrier to rehabilitation. Moving from the prison environment to rehabilitation is a big step. The person will be provided with information about the rehabilitation options available to them and be asked to complete worksheets so that more insight can be gathered about what they are thinking. Our CJSWs facilitate that preparation and fill the gap. Along this journey CJSW will **provide reassurance to the person about what comes next**, through to the next phase of support and independent living. They will arrange assessments with the chosen rehabilitation and the person. If someone is accessing rehabilitation post sentence and requires a detox this will be facilitated by the social worker and a panel request will be sought at the earliest opportunity. The person should move directly to the detox or rehabilitation upon their release.

The team also proactively engage with target groups within the prison system (Manchester residents only). In this scenario our CJSWs provide information around the Substance Misuse offer, promoting the opportunity for change. Our CJSWs provide information on the role of the team, the work needed by the individual, any rehabilitation offer and how a person's package of support is uniquely tailored.

# Our Service Offer – Substance Misuse Detox & Rehabilitation



## Detox

Our specialist team will work with the person to identify the change they are trying to achieve – what will be different this time? We take a holistic and multi-agency approach, looking at every aspect of a person’s life to maximise the potential for change and long-term abstinence. Practitioners meet regularly with the person to discuss referrals, and different detox providers. This might include specialist help for people with very complex physical or mental health issues or be informed by GP summaries or previous detox history. Detox from alcohol and/ or drugs is typically 10 to 28 days, depending on the substance and the person's physical and mental health conditions. This can be arranged either by the Substance Misuse Team or our partners at the nationwide charity Change Grow Live (CGL). When a person is referred for a detox programme, this will be sent for approval by the detox panel. The panel is made up of a social worker on the team and a lead nurse from CGL. In most cases, a strong post detox plan is paramount for the panel to accept any referral. This might mean for example aligning with rehabilitation dates if the person is taking that step following detox, or suitable accommodation for them to move into following discharge. In some instances, however, if the person is extremely poorly (with mental or physical health issues), the post treatment plan might not be as strong as in other cases.

## Rehabilitation (rehab)

Practitioners will initially work with the person to find something positive that can help them to make changes to their behaviour patterns. Examples might include education or volunteering opportunities. Prior to any recommendation for rehab, all other options in the community should be explored as the person tries to maintain abstinence. This can mean accessing support groups (such as via CGL), Alcoholics and/ or Narcotics Anonymous or other substance misuse recovery groups.

The Substance Misuse Team holds the funding for any rehab offer. Our social workers will complete a specialist Drug and Alcohol Care Act Assessment with the person as a tool to gauge whether they are rehab ready. In many cases, people experiencing substance misuse have experienced a lot of trauma. The team work with the person to understand why they are misusing substances and will often begin to unpick historical issues. The success in the cycle of change (see Slide 10) will vastly depend on the quality of the rehab preparation. Preparing for rehab is hard work and our specialist staff and partner organisation CGL work closely with people to ready them for what’s ahead. To note, in some cases CGL will not be appropriate, for example there is no elderly specific offer, and consideration is made to prevent a vulnerable person picking up another habit.

Cont...

# Our Service Offer – Substance Misuse Detox & Rehabilitation



The Substance Misuse Team access detox and rehabilitation facilities all over the UK. The people we work with can choose from a variety of offers. These include but aren't limited to 12 step programmes, a therapeutic offer, mother and baby unit, male only or Christian based. People are encouraged by the team to visit two or three sites and speak to other people who are there. Alongside justification within the assessment and placement availability, the person will choose the offer best suited to their needs.

As the placement develops, the person will be looking at reintegration into the community and mainstream life. This might mean volunteering in a shop, taking a course at a local education college or in some cases returning to work. For some people, the after care is a continuation of what they have already done – the activity in their recovery capital. Some people have connections prior to rehab that are almost exclusively negative, and the team will encourage the person to prepare to resettle in that recovery capital, therefore maintaining those connections.

A lot of people undertake voluntary work as part of aftercare. This might be through Manchester Adult Learning Centre Back on Track or through the rehab provider themselves. Back on Track will work with adults who are going through the process of rehabilitation or recovery and host projects that enable people to build the skills they need to lead meaningful and fulfilling lives. In addition to this, nationwide charity Emerging Futures offer structured therapeutic (emotional/ psychological issues behind addiction) support for when the person is wanting to engage in abstinence-based recovery groups.

A case will close to the team once the person is settled in their post rehab recovery. This will typically be around four weeks following rehab, with the offer to contact the practitioner should the person need to.

## **Chapman Barker Unit (at Prestwich Hospital)**

If a person has a complex issue with substances and co-existing mental and physical health concerns, an admission can be planned for the Chapman Barker Unit based at Prestwich Hospital. In this scenario a person would have worked with the Substance Misuse Team or CGL towards completing a detox admission and have a strong post detox plan in place as part of their aftercare plan.

Independent of the Substance Misuse Team, if a person requires detox from alcohol, but they have a primary presenting physical health issue and they are in hospital they can be referred by North, Central or South Manchester hospitals to the Champan Barker Unit at Prestwich Hospital. When the person is medically fit for discharge, if they still require detox, that can be completed at the unit during a seven-day detox. This alcohol pathway is called RADAR (Rapid Access Detoxification Alcohol Route), with a clinical decision made by a doctor in the unit as to whether the person is committed to maintaining abstinence.

NB. A criteria is in place to understand someone's readiness for detox, this includes consideration of previous detox timelines.

# Our Service Offer – Substance Misuse

## Our Ways of Working and Culture

Our Manchester

Our strengths-based practice is aligned with Our Manchester Behaviours. **We start with people's strengths**, because unlocking people's potential to lead a happy, independent, and fulfilling life, based on individual strengths and aspirations **is the right thing to do**.

We take time to listen and understand

We work to **understand what matters most to people**. We acknowledge that individuals are the expert in their own lives.

We **actively listen**, ensuring an individual's personal qualities, interests, abilities, personal resources and strengths are identified.

We "own it" - we're not afraid to try new things

We apply our curiosity and creativity to think about how we **enable people to have meaningful lives**. We don't assume that the person needs a service.

We **consider how technology can enable people to lead more independently**.

We work together, and trust each other

We take time to **build rapport and trust**.

We **trust the judgement of other professionals** and work together to understand how we can best enable people to lead the lives that they want to, **recognising that we all have capacity to grow and change beyond what we currently experience**.

We're proud and passionate about Manchester

We are driven every day by our passion to want to **make a difference to people's lives**.

We draw on each other's strengths, knowledge and expertise and have trusting relationships that enable us to support and challenge each other.

**NEW**  
We show that we value our differences and treat people fairly

We value and **celebrate the diversity in our city and workforce**, treating people fairly, with dignity and respect.

## Better Outcomes Better Lives

# Our practice is informed by: Blue Light Thinking

The Blue Light approach is a harm reduction and assertive outreach model for change resistant drinkers (the principles can also be applied across drug addiction). It proposes "Anywhere between 75% and 92% of dependent drinkers are not in treatment at any one time. This "treatment gap" – the difference between those identified with a problem and those accepting help for it – is the largest for any identifiable condition. It is also the big challenge for the alcohol treatment field. Too often the response to people with alcohol problems has relied on individuals seeking help themselves. This approach only helps a small, motivated, minority." Mike Ward, October 2019.

Blue Light Thinking is a model and way of working that proports to begin to bridge that treatment gap. It is built on the following principles:

- **Take every opportunity**
- **Not everyone will change**
- **Change is not the only option**
- **Whole system approach**
- **Holistic approach**
- **Recording unmet need**
- **Learning lessons**

In the Substance Misuse Team, beyond the people we work with, we talk to, learn from and teach our partners, impacting on wider practice so that we are all working in the same way. There's a lot of judgement around people in addiction, therefore it's important that we try to have those conversations with professionals to raise their awareness of entrenched addiction and the self-neglect that can follow. Our Blue Light thinking links to the Cycle of Change – if we can get the basics right, we can move on to promote change.





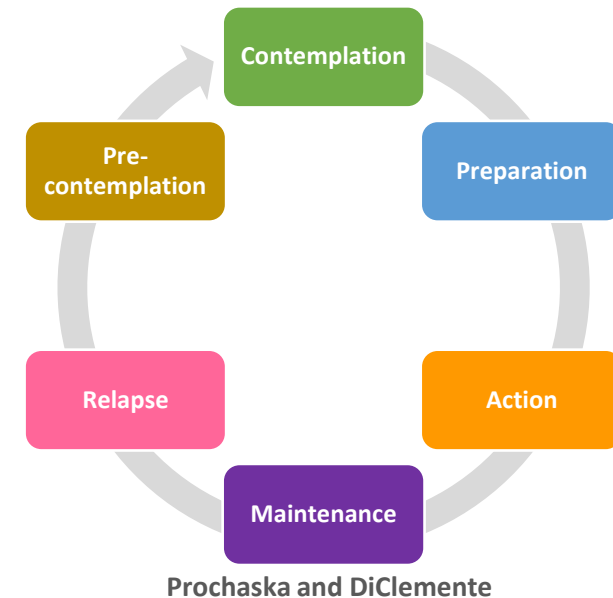
# Better Outcomes Better Lives

## Our practice is informed by: The Cycle of Change

The Cycle of Change is embedded in practice in the Substance Misuse Team. We use the Cycle of Change tool to understand, measure or explain where someone might be in the change process. The stages are:

- 1. Precontemplation:** The individual may not be aware that a problem exists or have no intention of changing their behavior.
- 2. Contemplation:** The person becomes aware of the problem and acknowledges the need for change but has not yet made a commitment to act.
- 3. Preparation:** The individual is motivated to act and actively plans and prepares to address the problem. This stage often involves gaining buy-in and increased self-efficacy.
- 4. Action:** The person is actively engaged in modifying their behavior and implementing the changes they have planned.
- 5. Maintenance:** In this stage, sustained change occurs, and the new behavior replaces the old one. It is important to note that the maintenance stage is considered transitional, as the person continues to work on sustaining the changes made.
- 6. Relapse:** Despite efforts to maintain the new behavior, the person may experience a setback and fall back into their old patterns of behavior.

When we look at someone's motivation, it can be small, incremental changes. Each time a person goes through the cycle, they can learn from each relapse and grow stronger. With each iteration, the hope is that the relapse becomes shorter or less devastating, leading to continued progress and growth.



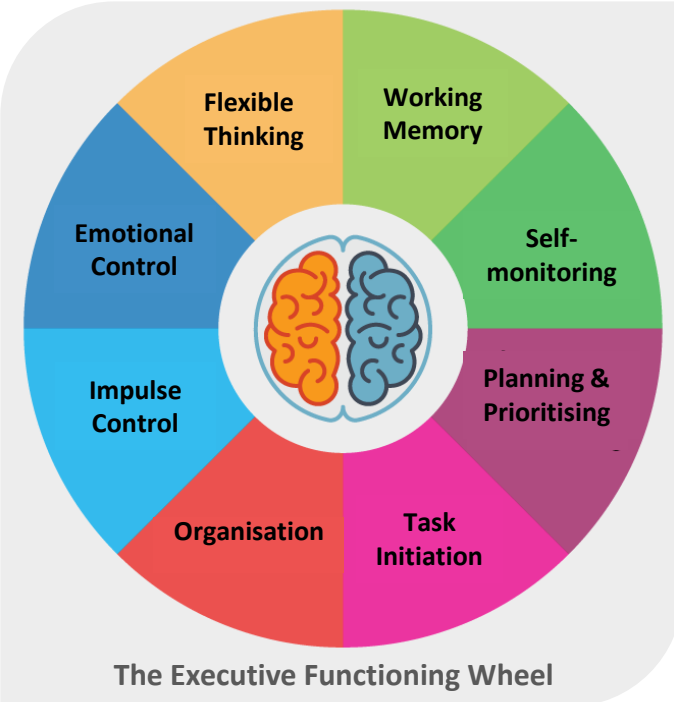
# Better Outcomes Better Lives

## Our practice is informed by: Executive Functioning Wheel

Impairments in executive functioning are thought to affect 30-80% of people with substance use disorder. The Substance Misuse Team use the Executive Functioning Wheel with people we consider might have an element of **neuro-divergence, recognising these subtle nuances as a hidden disability**. It allows us to assess someone's **capacity from a position of professional curiosity and compassion**, to understand behaviours **rather than blame somebody** for something they might have little control on.

The people we work with are highly complex. It is important however to understand that if you remove alcohol, drugs and chaos, you might still be left with a person who struggles with the activity presented on the wheel (for example issues with impulse control, or not making appointments).

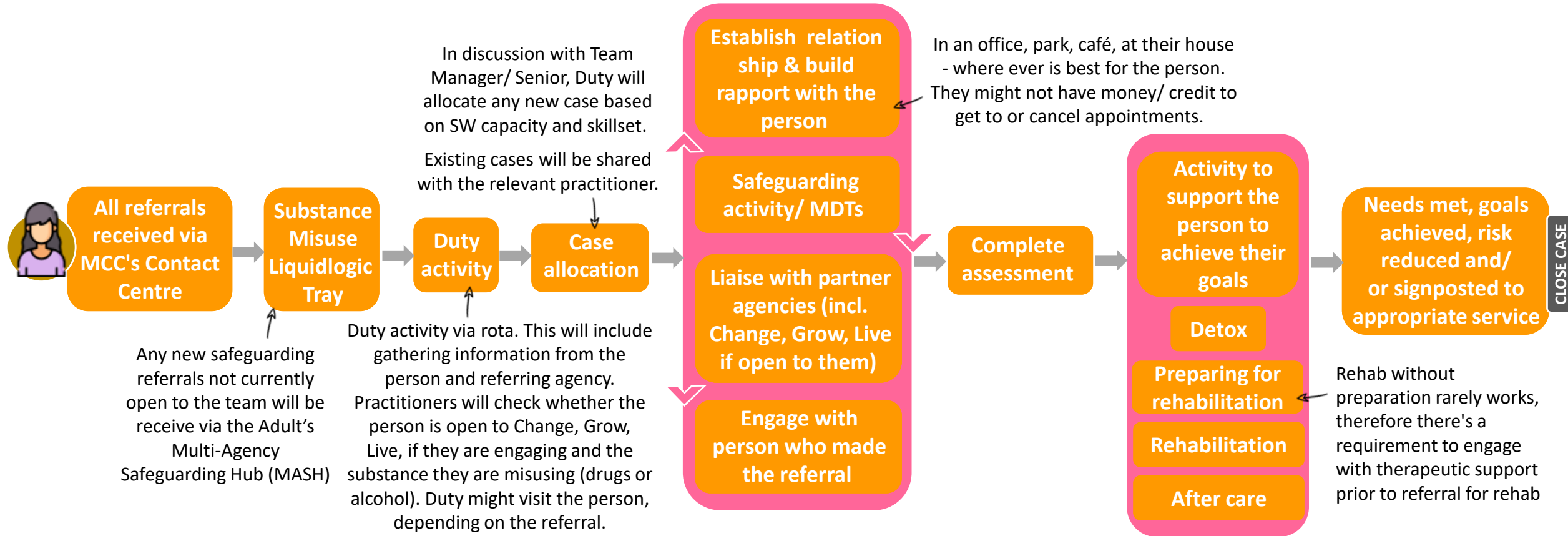
What we learn about people's executive functioning, using this wheel, **shapes our support plans** and our approach with the person and allows us to make reasonable adjustments. The environmental, emotional and social support is critical to people feeling safe and providing stability. Using the tool in discussion with partners allows us to share our awareness, so that there is a wider-system understanding and approach to inform reasonable adjustments for the person.



**Neuro-divergence can be linked to sustained trauma throughout someone's life.** For example, people in fight or flight mode during childhood, can impact their cognition in later life. Many of the people we work with experience multiple traumas before they engage in substance misuse and continue to do so once they are in addiction. It is important to consider this when working with people. Trauma can impact cognition and therefore executive functioning.

**Case example from Apprentice Student Social Worker, Joanne Byrne working with River:** Childhood attachments are vitally important to the child's milestone developments and how they move forward in their lives forming relationships with others. Adverse Childhood Experiences (ACEs) are 'stressful, traumatic, events that breach safety, security, trust or bodily integrity' (Young Minds, 2018), the impact should not be underestimated. Developmental delays during River's early years support initial concerns that River may have additional learning needs and a lower-than-average IQ. Trauma is likely to have further compounded River's ability to engage in education settings and have affected her eight core executive functions (Atkins, 2023). Considering the impact on River's executive functioning enables me to develop a greater understanding of how she can answer questions. Additionally, it is equally important to assess River's ability to carry out actions. Adapting my approach could aid her decision-making ability and provide evidence to other professionals, that she has mental capacity to do so.

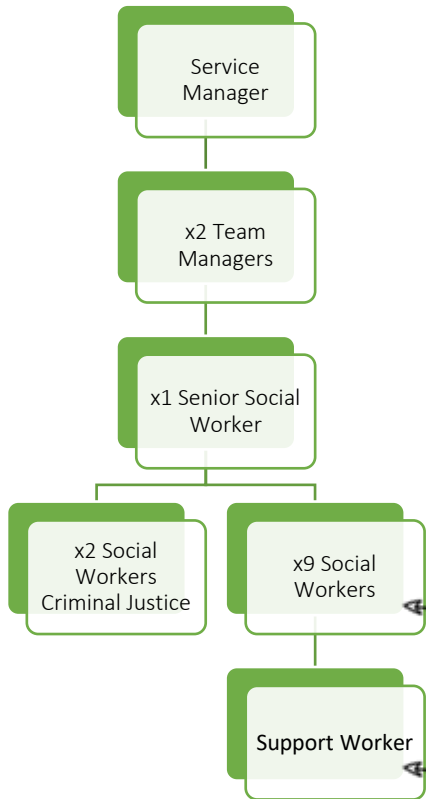
# Our Service Offer – Substance Misuse Referral Pathway



The team work with people whose primary need is addiction to support them to make positive change. For our service, there is **no time limit** on how long you can engage with a person and people will have often received treatment several times.

# Our Service Offer – Substance Misuse

## Our Structure & Footprint

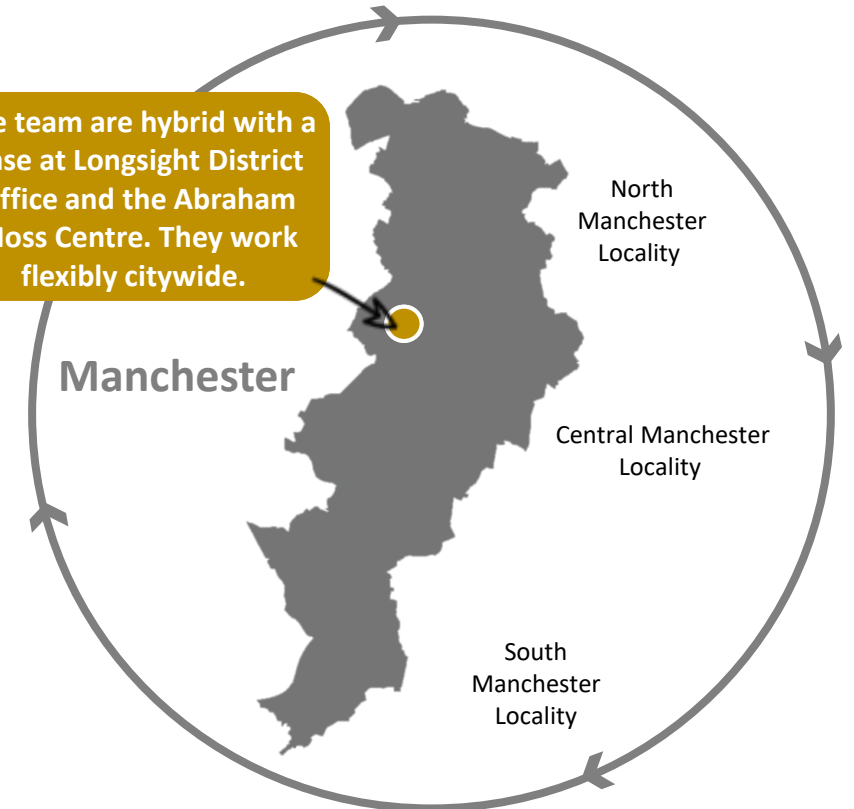


Our specialist **Social Workers (SW)** work with people who are misusing either, or both, alcohol and drugs. Substance misuse will be the primary problem and the person will be seeking support to address this and the harm the substance misuse might be causing. Our SWs design interventions to address the barriers that prevent the person accessing mainstream alcohol and/ or drug treatment services. This role includes support to stabilise or improve elements of a person’s life such as self-neglect, abuse or other areas of social functioning impacting their wellbeing. Many of the people we work with experience mental or physical ill health, and identification of these would not in itself exclude referral to the team.

We also provide support to families and carers of individuals who are affected by substance misuse, regardless of whether the substance user is accessing services.

Our **Support Worker** provides invaluable assistance to our assessment and social work input. The role holder focuses on welfare rights, debt, expertise in benefits maximisation, housing and rehousing navigation. They work with people to remove some of the everyday stress’s they experience, including access to specialist advice or the local community, supporting people to achieve sustained change.

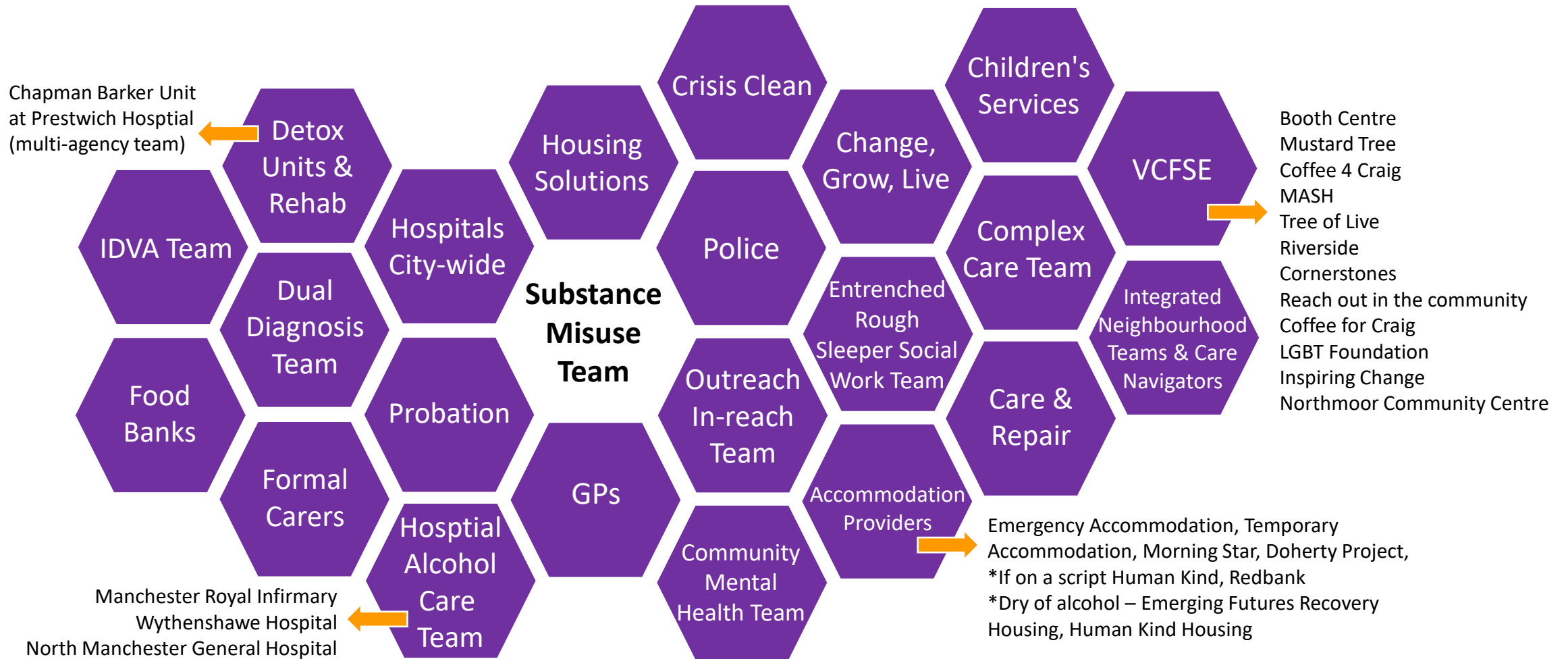
The team are hybrid with a base at Longsight District Office and the Abraham Moss Centre. They work flexibly citywide.



“Hello Sarah and Laura, I just wanted to share with you some compliments I received from Councillor Azra Ali about yourselves. It was actually in her capacity of working for CRG - she actually phoned me to tell me how good you had been and later followed it up in writing. In her words, she said " you were both exceptionally good and an asset to Manchester. Totally impressed by both." Laura, she went on to say..."You would not think Laura is a student. She is so thorough, professional and good in building rapport with complex clients. Could not ask for better. If she's so good now, can you imagine what she will be like after she has qualified." Well done to both of you for the great feedback and huge thanks from me too - you really are assets to Manchester, keeping the people we serve at the heart of everything you do. Bernie. Executive Director of Adult Social Services

# Our Service Offer – Substance Misuse

## Our Partners



# Better Outcomes Better Lives

Hear how Apprentice Student Social Worker Joanne empowered a vulnerable Manchester resident...

Celebrating you  
Joanne Byrne

Will's been in drug addiction most of his life, he's 52 years old. Back in 2018 he felt he'd had enough and wanted to change. Through our partner agency Change, Grow, Live (CGL), Will was able to detox and get into supported accommodation with his own tenancy. He got a job and was doing quite well. Then COVID-19 hit.

**Apprentice Student Social Worker Joanne Byrne tells us...** Lockdown took Will out of his structure and his comfort zone. He was unable to work and struggled with being isolated and alone. He subsequently resumed his drug use. Once lockdown ended, whilst he was able to go back to the workplace, he was still in addiction. Before long Will went off sick and his drug use escalated. He went back to CGL for treatment and was referred to the Substance Misuse Team. When I first met with Will he was very closed. He never wanted me to go to his property – saying it was a mess. Instead, we'd meet at McDonalds in the city centre and I'd buy him a brew and some food. We'd chit-chat about lots of things (we'd talk about football, even though I'm not well up on that!) – as well as his situation. I was persistent in making sure we met at least every two weeks. I could see he wasn't eating, so it was win-win.

We try to step into where that person is at. With Will it was difficult because I knew there were things he wasn't telling me. Will made an attempt on his life out of desperation. I went to visit him at the Park House Mental Health unit, and that's when he started to confide in me. He was being cuckooed and was threatened with a gun if he told anyone. His flat had been taken over, and they were making him go out each day, so he was walking the streets and was in a poor health condition. Will told me "I can't believe I've got myself in this position. I'd worked hard on my recovery". He cried and cried. Through this conversation I was able to help him identify that although he'd come off drugs and got a job, he hadn't dealt with what he needed to emotionally. We explored rehab options and again this worked well. Through his treatment he was able to truly be honest with himself about what had happened in his childhood. Will had experienced physical and sexual abuse from his father. He explained how guarded he was around that, the fear of letting go of that information. Will is now clean, with his own accommodation and working again, helping other people in addiction. He recently sent me this text message:



Hi Joanne, At a time in my life when I needed support you went the extra mile in a professional way. Something that I have not experienced throughout my life. You are the most authentic person I know, and I greatly appreciate the time and effort you went to in making me realise where I was in my life and how best to move forward. So, hats off to you lady! You are one of a kind in your professional environment. Anyway, enough about you. I'm doing very well thank you and will contact you soon. Take time to really pat yourself on the back for what you did. Your empathy, understating and awareness has empowered me so much.



Joanne continues...He's happy and away from everything. I'm not here for the praise, just to help people understand how we work and the success that brings.

# Better Outcomes Better Lives

## From vulnerability and substance misuse to safety, independence and sobriety...

Celebrating you  
Paul Whittaker



Lisa has lived in Manchester all her life. She'll make reference to a "horrendous" childhood. Whilst she doesn't discuss it, we do know that Lisa grew up with a brother who got her into a lot of trouble with local drug users, and that was brought into the home.

**Substance Misuse Social Worker Paul tells us...** We initially received a referral from Greater Manchester Police (GMP) regarding drugs being sold at Lisa's property. **It wasn't clear whether she was being cuckooed.** We knew that whilst she did partake in drug taking, Lisa was extremely vulnerable. I pulled together a safeguarding MDT with GMP, Guinness Housing Trust and the Anti-Social Behaviour team (ASB). We knew Lisa was in a high-risk environment, (due to the drugs and weapons that had been found,) so discussed how we might work with her, and safely move her.

It was agreed I'd be the best contact for Lisa. I met with her to start to build a relationship. A week later however, her house was targeted by a local gang who used a firearm on her front door. Following an urgent MDT, the ASB team did not want to complete a full closure as Lisa would then be on the streets, so it was a race against time to make her safe due to the incident that had happened.

Part of the problem in engaging with Lisa was that she was very difficult to get hold of, and initially very reluctant to engage with services. She told me she'd been let down a lot by services in the past. I bought her a mobile which **worked well in getting her to engage more** – she would always call or text when she wanted a chat or if she had any concerns. **I started to meet with Lisa three or four times a week, in our offices, in the city centre – wherever she felt comfortable.** I'd take her food packages and we'd discuss her drug and alcohol use. I talked to her about support that was available and tried to get her to see the benefit in letting us help her to move properties. It was difficult because she only knew the part of Manchester that she had lived all her life and was adamant that she wasn't at risk. I always speak to people the way I'd like to be spoken to and this worked well with Lisa. **Whatever I said I was going to do, I did,** and if I couldn't do it, I'd let her know why, so we **started to build a trusted relationship.**

After about a month, Lisa agreed she wanted to go to detox. We didn't want her to move back into the same environment afterwards, so together put a plan in place that following three weeks in detox, she would stay in a hotel – until she was found another property. **I supported Lisa at the hotel, going with her for her script, and looking at groups in the community.** She had a few friends over and did really well. She stayed there until she was found another property – in another part of Manchester - which is where she's living now. Lisa's working closely with Change, Grow, Live and visits them once or twice a week for support with her recovery. She still goes back to the area she lived previously – she has a lot of friends there – **but is now safe, free from the high risk and remains sober with her own flat.** Every couple of weeks she gets in touch, especially if there's a crisis, but now this will be something like a gas bill, which I help her to sort out. **We're taking small steps together.**

**Paul's Manager, Sarah Durkin tells us...** Paul worked tirelessly to build up a **trusting relationship** with a **trauma informed approach** whilst also **managing a very high level of risk.** He identified that Lisa's basic needs weren't being met - a safe home and food - and used his **knowledge of Maslow's Hierarchy of needs** to "go back to basics"- how can people work on their addiction when they are not safe and have no access to food and funds. Paul was **very flexible in his approach and never gave up on Lisa.** Paul is **empathetic** and **warm** and was someone **consistent** in Lisa's life when she had no other stability. Paul's multi-agency working and management of risk demonstrated excellent and professional practice. Well done Paul. **This is social work at its finest.**



# Better Outcomes Better Lives

Hear how Substance Misuse Social Worker Perparim's approach led to an incredible outcome for one Manchester family...*"You helped me believe I could do it, I could change, that I could fight for my children"*

Tiana is a mother to five young children. She has been addicted to alcohol for many years and when we received the referral, a court case was scheduled to determine whether her children should be removed.

**Social Worker Perparim tells us...**When I first met Tiana, she was very anxious and withdrawn. Tiana's is a complex case. She experienced many severe childhood experiences and family on her ex-partner's side were an extremely negative influence. When she met this partner in her teens, she was easily coerced, exploited and abused – for the duration of their long-term relationship.

It took two or three meetings to do the initial assessment. I had to ensure she understood the position she was in in terms of her addiction, where she stood in the Cycle of Change, and how it was affecting her family dynamics. Once I learnt Tiana had young children my full attention moved to them. I asked what she thought was most important in that household? Her children. I supported her to self analyse and reflect and to understand the position she, the children and services around her were in. The pressure Tiana was under crushed her belief that she could change. But she had hope as well. She hoped that one day she would be able to train to become a Paramedic. She wanted to have a career, but also to become a role model for her young children. I told her that what was good about her parenting was her love for her children. This empowered Tiana. I said, you have this love, but you know it's at risk – because of what – addiction. How do you think you can address this? She started crying and saying she didn't want her children to be taken away. I told her, I can support you, tell me how I can help you? I took a motivational interviewing approach, letting her talk and interfering with her monologue only for her to say more.

**Tiana recently reflected...**I wasn't looking at you, but I was following your every move. My initial thought was – here's another man, men are who I've suffered harm from. But then I noticed you closed your laptop and turned to my baby and started to talk to her like she could understand.

**Perparim continues...**It was relational work, a whole family approach and motivational interviewing, Tiana felt able to trust better. She could see I wasn't there to judge her or be critical of her parenting skills. I told Tiana I was going to work around her parenting needs. At the end of the first meeting, Tiana said to me, "Do you know, this is the first time in my life I have been honest. I think I can trust you. You seem to understand me and why I was being dishonest". Tiana was forced to be dishonest from a very early age in order to survive, because she had no other option. From the point she trusted me, I knew I could help her.

I brought in Children's Services, Health Visiting, School Nursing, Change Grow Live and the GP, so that we were all on the same page. Initially it was very difficult to change their professional mindset in her favour. I talked to them about the Cycle of Change and how it affects her ability to have the capacity to change, and to help her children. We made a good MDT. One of the things we agreed was for Children's Services to hold the court case – as that would stall the change. We agreed we would continue with child protection meetings and that I would regularly update them on Tiana's progress.

I concluded Tiana was suitable for residential rehab but was not rehab ready, which meant she had to do a lot of rehab preparation with me first, to understand the therapeutic models and what it takes to succeed there. She needed to choose which model her life narrative would fit best with.

Cont.



# Better Outcomes Better Lives

Celebrating you  
Perparim Demaj



## Hear how Substance Misuse Social Worker Perparim's approach led to an incredible outcome...

There are some therapeutic models that could help with the trauma, but it was her choice. She started working with me very proactively over three months to prepare for rehab. She didn't want to go without her two younger babies. I had to make her case with rehab panels and Children's Services, advocating that it would be better for the mother for the children to be with her. This took some work. I informed Children's Services Social Worker so they could explain to their managers. Together, the MDT coordinated this very well.

Tiana wrote a letter to the rehab panel herself, to express why she needed to go to residential rehabilitation. She told them she had tried to take her life 10 years old. She couldn't understand why she had been shifted between family members – there was a lot of confusion.

I asked Tiana to make a list of the things that she thought she definitely needed to do before she went in. She listed over 50 items, so we worked together for two hours, listing them between "Highly Important" and "Not Important". This was so she could settle quicker when she went to rehab and empowered her to make choices with her parenting responsibility.

When you work with a family like this, every turn can bring difficulties. For the three older children, following a visit to their fathers in London, he wouldn't allow them to return home to Tiana. I spoke to Tiana and explained the advantages and disadvantages if she stalled with change and that she had a better chance of fighting for them if she was abstinent. She thought about it and was admitted into the mother and baby unit residential setting.

*Tiana reflects...* You always said to me in advance, what the next step was going to be. This meant I was less anxious. Like, hadn't you told me before admission that I wasn't going to be allowed a mobile phone in rehab, I would probably have left on the first day. But I knew, because you taught me so during rehab preparation. This turned my anxieties into exactments about my change. I have so much to say.

Tiana is still vulnerable but doing very well. She's now accessing therapy and exploring the life narrative – her trauma. She's amongst like-minded peers who she can share stories with and learn from. Social Work in London are keeping a close eye on the older children's father to ensure he meets the children's needs.

Tiana said her journey to where she is today wasn't easy to start with but continued..."It's has been great. I got what I wanted and needed. Rehab in a mother and baby rehab unit is like bringing home with you to rehab as I am still a mother that cares for her children every day; this continuity has helped me very much because I also hope my children see a happier mummy getting better alongside them; I see them grow and learn new things every day while I access therapy myself. My daughters' mood has improved; their personality is growing, and they are learning good manners. I have improved myself significantly, as well, as I have learnt about my anger issues and to think before I speak. I have become better at articulating things, and this started since you started supporting me culminating with you asking me to write the letter to the rehab panel, which I did, and I was very happy to open up afterwards. **You taught me about everything, how to get from a mother whose children could have been taken away because of my addiction, to this place of learning and recovery - you helped me believe I could do it, I could change, that I could fight for my children.**"

From being in child protection the two youngest children are now down to child in need status. When she leaves rehab, she can go to court to bring her older children home as a non-alcoholic mother.

# Our Service Offer – Substance Misuse

## What's Next?

1. Expansion of the Criminal Justice Social Work role to provide drop-in sessions in prisons to explain our role and what we can offer to break the cycle of release, return to homelessness, addiction, crime and repeat.
2. Recruitment of two Outreach Support Workers, with the purpose of providing assertive outreach for change resistant drinkers and/ or treatment naive poly drug users to support with getting people ready to make small positive changes, managing risk and prevention of need for long-term service involvement through higher intensity input.
3. Further work to be developed around partnership working with Children's Services, parents in addiction and specific family focused rehabilitation providers.
4. Applying a transitional safeguarding approach and early identification of young people who based on risk factors will be likely end up in services later in life as a preventive measure.
5. Develop better preventative partnership working with organisations outside of MCC via drop-ins, surgeries and outreach with the purpose of increasing awareness of our service and what we offer, providing short-term early help and prevention of people being under complex risk and/ or safeguarding.

