

Trouble and Love

The impact of drugs on family life

“We didn’t have any routine - everything revolved around drugs”

Young woman recalling her childhood

It is a simple but ignored truism that drugs have a big impact on families. The person who develops a problem with drugs or alcohol is also someone’s son or daughter, usually someone’s brother or sister and can be parents themselves.

The facts

- **1.3m children are growing up in families where a parent has a drug or alcohol problem**
- **Only a small proportion of children of problem drug users are known to social services**
- **Less than 1% of the drug treatment budget is spent on supporting the families of drug users**
- **45% of young people have used illegal drugs at least once in their lives**

Coping with a drug user’s behaviour is complex and can be experienced as a never ending sequence of negative events. The sense of an all encompassing family crisis creates massive tensions on a daily basis.

Families with substance misuse issues often live in an atmosphere of secrecy – evidence suggests situations where angry, agitated, scared or bewildered children are shut out of rooms or told to go away while mysterious activities take place, or accidentally stumbling upon adults taking substances or behaving strangely that is subsequently explained in a way that does not make sense, or not explained at all.

Children in substance misuse homes often end up in the care of other relatives most often the grandparents. They receive little or no financial support or practical or emotional support for their efforts.

In addition, families frequently complain about the persistent theft of goods and money from the home. Nothing can seem safe, leaving the families feeling as if they are under siege with daily rounds of disruptive rows.

Yet despite these pressures there is still inadequate support for the families of drug users, with less than 1% of the drug treatment budget being spent on supporting them through the chaos and fallout that families living with drug users experience.

“I was scared of losing my mum because of her drug use”

12 year old boy

Fear is a constant feeling for children

Fear is often a major feature of children's experience of living with drug using parents. Children are greatly affected by parents' violent behaviour which is a frequent occurrence in a large number of drug users' relationships. Even if the violence is directed at objects rather than partners or children themselves, they still experience fear as a consequence.

Children are affected by a fear of parents disappearing unexpectedly and the insecurity and uncertainty generated by these fears increases their general anxiety especially when they are not with them. Awareness of the fact that drugs causes death is also an omnipresent source of stress for some children, often exacerbated by finding parents unconscious and sometimes injured because of falls or fights with other people when misusing. Anxiety and fear about parents' welfare often causes children to miss school in order to keep watch over them and attempt to 'manage' their parent's misuse.

Children are reluctant to raise the subject of substance use for fear of causing further stress and division within the family. When harmonious moments within the family do arise children want to make the most of some normalcy rather than start discussions that can cause parents to get angry and then increase the likelihood of them later misusing. Children fear talking

about their home life to other adults such as teachers, who might be able to offer support. This is another burden that leaves children upset and isolated. Children are often encouraged to view outsiders with suspicion or mistrust, fearful that someone would find out about their parent's problems and this would lead to separation.

Another fear is that they will turn out like the parent who has the problem.

The child as parent

Some children and young people take on a caring role either looking after the parent with the substance problem or younger brothers or sisters. Becoming a young carer can hijack childhood and place adult burdens on young people at a very early age.

Caring responsibilities are often episodic depending on circumstances. Often children of substance misusers do not meet the criteria for support from young carers' services. Children are frequently denied their own feelings. Their good and bad days are determined by how their parents are and the way in which they behave under the effects of their drug taking or drinking.

Limited parental involvement with schooling has been shown to affect performance adversely. Substance misusing parents are far less likely to engage with schools. Often young children are not taken to school

or picked up at the end of the day, leaving them feeling neglected and embarrassed. Parents' evenings are missed and letters from the school ignored. The result is poor attendance and erratic time keeping.

Many children are in homes where there is a lack of structure and boundaries set by the parents. This imposes constraints on the child's development and increases the likelihood of children developing problematic behaviour when they get older.

Being picked on

Another dent to children's confidence and self esteem comes when peers reject them because of their unkempt appearance and their parents' anti-social lifestyle. Children feel different from others in class or the playground because of their exposure to both the culture and use of drugs and sometime the violence and aggression that accompanies them. Bullying and taunting as a result of parental substance misuse is also common. Compounding the shame and embarrassment children already feel about their family, bullying can lead to increased withdrawal from contact with peers resulting in social isolation and loneliness.

Many children cannot stay on after school due to lack of money to pay for the activities or their need to get home

to support their parents. This can add to their further isolation from their school friends.

Some children can have behavioural problems that reduce their ability to form friendships. This increases the chances that they will get into trouble at school and be excluded.

Inviting friends home is often viewed as hazardous due to anxieties about the state a parent may be in or the way he or she may behave, combined with the importance of keeping the substance misuse a secret. Having friends for tea and birthday parties, childhood rites of passage, can't take place for fear they will shatter the normal façade presented to keep the secret from outsiders.

Struggling to be a parent

Not all substance misusers are bad parents, but their substance misuse reduces their ability to be good parents. Although parents recognise how helpful it might be for children to talk to someone about family problems they themselves are in the main reluctant to do so. Parents often assume that small children do not understand their behaviour.

Research has shown that children knew far earlier and in far more detail about drugs than their parents believed to be the case. Guilt, shame and denial on the parents' part also prevented

acknowledgement of what was really happening in the family and children were reluctant to raise the subject for fear of causing further confrontations.

The emotional costs

Children can be left feeling worthless, ignored by parents whose main preoccupation is to find drugs, or told to keep home life secret. Of particular significance are the invisible losses – the loss of a feeling of being loved and safe.

Children often express an acute sense of responsibility for what is happening and this has implications for their sense of anxiety, power and control. They experience significant stress not only as a result of parental arguments; parents saying bad things about each other and physical fights, but also in response to the views and behaviour of other family members, friends and neighbours.

Young people going through puberty may not get any support and understanding to cope with the changes they go through. Poverty, social disadvantage and family disorganisation are all associated with earlier engagement in sexual activities. There is also an increased chance that young person is at risk of sexual exploitation.

Tackling these problems is not easy. The parents and indeed other family members may have complex problems

that need intensive interventions from a range of services. Despite significant local initiatives such as Addaction's Breaking the Cycle it is clear that support is not available for the vast majority of drug users and their children.

The family culture of denial and secrecy has major consequences for how best even to open up a conversation. Often too little is offered too late and not enough is done to help families stay together nor to get children into a safer home environment where this would be in the best interests of the child.

All too often the drug user's drug problem is seen as the cause of difficulties rather than the symptom of a range of problems each of which needs addressing. The frequent chaos of family life coupled with the longstanding nature of the drugs use and the atmosphere of denial can be difficult to overcome.

However, the work of Addaction and other organisations shows that change is possible if there is a strong family focus when working with drug and alcohol misusers.

This requires more inter agency cooperation and a clear understanding of what works. It also calls for more resources to be devoted to this area of work by government, local authorities and drug treatment organisations.

“I just couldn't tell anyone, because if you did they might tell the police and your mum and dad would get took off”

7 year old boy

Government invests in family support

There is a huge gap between what is actually needed to support families and the money available from government.

The Government is heavily committed to ensuring that families are at the core of social policies. This involves focusing resources on those families most in need and ensuring the agencies work more effectively together in both identifying the families that need support and coordinating the support they receive.

Every Child Matters is national guidance that lays out goals until 2020. Linked to measurable indicators they provide both the aims and the framework in which services for children should be delivered locally.

The ten-year Drug Strategy published in 2008 prioritises families for the first time and outlines actions to reduce the harm that children experience from either their own or their parent's use of drugs, alcohol and volatile substances (glue, gas, solvents etc.).

These actions include:

- Taking a long-term view of prevention by intervening early with families at risk, improving treatment for parents with drug problems and protecting their children during and after the treatment period;
- Improving drugs education and strengthening the role of schools and children's services in identifying problems and intervening earlier;
- Integrating substance misuse issues within mainstream children's services and targeted youth support, improving access to positive activities and ensuring effective specialist treatment for under-18s.

Despite official commitments, there remains a huge gap between what is actually needed to support families and the money available from government. Voluntary funds have contributed to many pioneering projects with the families of substance misusers. Much of the work described in these pages would never have happened without voluntary funds. This ongoing voluntary support will be needed more than ever if we are going to break the cycle of substance misuse.

“I’d be left with Ian and I had to take care of him. Mum would wake up and take more stuff. She couldn’t even boil a kettle or make my young brother’s milk”

8 year old girl

Examples

- **Parenting Fund £12m (2009-11)**

- **Children, Young People & Families £46m (2009-11)**

- **Family Pathfinders £13m (2008-11)**

- **Family Intervention Projects £17m (2008-11)**

Only a small proportion goes to those affected by substance misuse. This involves focusing resources on those families most in need.

Ongoing voluntary support is vital if we are going to break the cycle of substance misuse.

“My mum wouldn’t come home most nights. I just stayed up watching TV”

10 year old boy

- **Breaking the Cycle**
- **South West Glasgow Mother and Babies Project**
- **Residential Rehab – Maya**

Addaction’s pioneering work with families

Addaction Family is tackling the problem of drug and alcohol addiction in the family and its impact on children.

Addaction has been working in this area for some years. The projects range from Breaking the Cycle to residential care in the Maya Project to more generic family support services in Brent, Blackpool and Newcastle.

The Young Addaction Plus project works with the families of young substance misusers.

Recently Addaction has developed a strategic partnership with Chrysalis who provide creative therapy for children and support for families

affected by alcohol or drugs in Worthing, Shoreham and Littlehampton.

Supporting the family of a substance misuser is core to effective drug treatment. This is recognised by the government and by more and more organisations working with problematic drug users. Addaction Family is bringing together all of this family focused work into an integrated programme, which will increase knowledge and evidence of the approaches that work best for families affected by substance misuse.

Supporting the Family of a substance misuser is core to effective drug treatment.

Family Matters

Breaking the Cycle

Breaking the Cycle was set up in 2005 by Addaction with £1 million funding from the Zurich Community Trust. It is based in three pilot areas – Tower Hamlets, Derby and Cumbria. Local social service departments refer people with a substance problem to the Addaction teams. Since it began, it has helped around two hundred parents with drug or alcohol problems and over 350 family members, three quarters of whom are children.

About half of the children helped through Breaking the Cycle are between one and seven years old.

The vast majority (80 per cent) of Breaking the Cycle parents are mothers.

Addaction's

Breaking the Cycle approach

- Families engage in the scheme voluntarily and remain engaged because they want to, rather than being coerced by an external factor such as a parenting order
- A flexible approach means people get intensive support at times of particular need, rather than following a rigid pattern of visits
- Workers are in the unusual position of having expertise in substance misuse and working with families
- The intervention is time-managed rather than time-limited – clients each follow an individual care plan specifically tailored to their families' needs
- Families are able to re-refer themselves if things deteriorate – this flexibility is not always possible with other organisations

Independent research shows:

- About half of the children helped through Breaking the Cycle are between one and seven years old
- The vast majority (80 per cent) of Breaking the Cycle parents are mothers
- Two thirds are on benefits as their main income and one fifth has no income

- One third are using heroin as their main drug of choice and one third are using alcohol

The majority of clients (88 per cent) monitored showed:

- A reduction in substance use
- A reduction in harmful behaviours
- An improvement in social and parenting skills
- That they were more successfully prioritising the wellbeing of their children

Those involved with Breaking the Cycle feel:

- That change is possible and sustainable
- They have goals they are working towards
- They are aware that relapsing can be part of the recovery process and feel equipped to handle it.
- They report a more equal relationship with Addaction workers than with those of other organisations, making them more co-operative and willing to change.

South West Glasgow Mother and Babies Project

Coping with pregnancy is tough enough. Having to handle a drug habit as well adds to the challenges. Problem drug

use often results in the mother going to maternity services very late in her pregnancy. This means that any problems in the pregnancy may not be picked up and the opportunity to stabilise drug use may be missed. In Glasgow Addaction works with pregnant women who have a drug or alcohol problem. Based in the West End of the city it offers intensive support to drug users who are often very reluctant to seek support from official bodies.

Women are a minority of drug users accessing services. There is an increasing need for women focused services to meet their particular problems and concerns. There are likely to be many more women who are not accessing services and therefore not counted in the official estimates.

For many women getting off drugs is very difficult. Staying off them and being able to live again with their children is even more difficult. There is often a lack of places for women to go, as staying in the family home may not be the best way of getting away from drugs.

Residential rehab - Maya

Addaction's Maya Project offers a unique experience. It is a small residential rehab unit for women who have had a serious drug problem. What

makes it different from most rehab units is that the children can live with their mothers. There are also women without children who are committed to becoming drug free and getting their lives together.

The project helps women tackle their addictions in a supportive atmosphere and helps them to become better, more responsible parents. The six-month treatment programme involves one-to-one counselling and support in managing to live without drugs.

Many women find it hard work. But Maya's success among former residents shows it is possible if you're prepared to make it happen.

Women are a minority of drug users accessing services. There is an increasing need for women focused services to meet their particular problems and concerns. There are likely to be many more women who are not accessing services and therefore not counted in the official estimates.

I heard about Addaction's work with families

Judy's Story

“That’s what I thought adults did - got wrecked and didn’t go to work.”

How Addaction helped:

- One-to-one family support
- Home visits

Judy is 22 years old with a four month old baby. She has two brothers aged 19 and 11, and a sister aged 10.

I started using ecstasy when I was 12. By the time I was 16 I was using cocaine, amphetamines and cannabis.

My mum used ecstasy, cannabis and cocaine. I was about 10 or 11 when I first remember her using drugs. My dad was there till I was 16. My mum used to get the school clothing grant and she spent it on drugs.

I thought it was alright to be like my mum. That’s what I thought adults did - got wrecked and didn’t go to work.

I had to look after my younger brother and the other two. I spent a lot of time off school. I had to change my baby sister, make sure my brother went to school, and make sure they were fed, from when they were born. I knew how to make bottles when I was eight.

It was when I got pregnant I wanted to stop using drugs. It was either that or losing my baby.

When I gave birth, my mum and partner

were snorting cocaine in the toilets.

I was going through domestic violence; my partner kicked me and my son out of the house. I lost my baby, he is in temporary foster care because of the drugs and violence his dad was doing towards me.

I heard about Addaction’s work with families through my drugs counsellor.

I don’t use drugs any more. I just get my prescribed medication for depression and methadone for when I was on heroin. I’m going to a domestic violence project for one to one sessions and I get to see my little boy four times a week. I work with social services. I see Addaction every Thursday. They come with me when I see my little boy.

It was difficult at first to stop using drugs because you have to pull away from all your friends. Then I got used to the medication and it was a lot easier. I had to get the help for my son’s sake.

I feel like I’ve wasted six years of my life. I am going to give him a better future than I ever had and to love him more and listen, like my mum never did when we had problems.

Learning to look after my own children

Rachel's story

How Addaction helped:

- One-to-one family support
- Healthy eating advice
- Parenting support
- Family mediation

When Rachel, 37, started getting pain in her back, she went to her doctor to get some pain relief and was prescribed codeine phosphate. Within six months she became addicted to the drug.

Rachel also relied on codeine to help her cope with a violent relationship. “The worst times were every time my ex-partner would hit me, I needed the codeine to get me through the day with him – having codeine made me feel I could take on the world but without it I was constantly living on my nerves.” Rachel ended up changing doctors in order to get more codeine. She started buying codeine-based tablets from pharmacies, taking as many as 40 tablets a day.

After she separated from her partner Rachel started to use heroin, in search of the high she had previously got from codeine. It was supplied to her by an acquaintance that used it. “My impression of a heroin user was someone who doesn’t wash and has straggly hair, but heroin addicts can look as smart as anyone.”

Rachel’s children were removed from her care by social services. She was put in touch with Addaction Derby, where she was prescribed methadone to help provide stability. But when her children were returned to her from foster care, she

struggled to adapt and was told about Addaction’s family programme.

“Not having my kids with me for 18 months, I was finding it difficult to find my feet again. When I met the Addaction worker, I knew she was someone I could trust. She gave me strategies to instil rules and routines again with my kids. While they were away they were able to do what they wanted and I was constantly shouting at them. Now I talk to them more like individuals and we have reward systems like star charts.

“The kids love it because when the whole chart is filled up they get a treat. Addaction is also working with me on my anxiety because I can’t start reducing my methadone dosage until I have got my anxiety under control. They help me deal with the panic attacks. They look at my diet too. At the moment I don’t eat very well, I eat the wrong sorts of foods. Now I try to give us all a more balanced diet, even if it is just one piece of fruit a day. In March next year, me and the children will be off social services’ records.

“At the moment we share joint responsibility for the children but in March that responsibility becomes mine and mine only – that will be our D-day! Until then I’m just taking it one day at a time.”

Working with pregnant drug users

Helens's story – support with the Mother & Baby Project, Glasgow

“It was clear that the women needed support but how could they get it if you couldn't meet up with them?”

How Addaction helped:

- **One-to-one Family support**
- **Home visits**
- **Practical support**
- **Childcare advice**
- **Social skills**

In our area there were a large number of pregnant women with drug issues. Many were often reluctant to engage with social services due to fear that their child would end up in care.

Reaching these women proved difficult at first. Many failed to attend appointments. Lack of childcare, lack of money and lack of motivation all contributed to this reluctance to even seek help.

It was clear that the women needed support but how could they get it if you couldn't meet up with them?

But we kept at it. Home visits, dealing with each issue as it arose, helping people with their travel costs, this all helped to deal with some of the practical barriers of

engaging the women.

But there were also the emotional barriers the women faced. The level of social isolation and stigma came as a huge surprise. We were used to dealing with stigmas faced by drug and alcohol clients but nothing prepared us for the realities of being a drug user and pregnant.

Many of the women felt threatened by ante-natal classes or even a simple ante-natal check up.

What we had to do was win the women's confidence and then build their own confidence.

Here were parents who loved their children and wanted the best for them often under the most difficult of circumstances.

I hated the Maya Project, but I surprised myself

Sophie's story

“I only went into Maya to get my baby daughter back. I didn't go in there because I was ready to get clean.”

How Addaction helped:

- **One-to-one Family support**
- **Stress management**
- **Relapse prevention**
- **Life skills workshop**

I grew up in care and started with drugs when I was about 11. At 15, I had my first baby - and one by one, my kids got taken by Social Services. They took my baby girl a week after she was born, too, straight from the hospital. That was two years ago.

I heard that Maya could help me get her back, and so I went. I didn't go to stop using drugs or anything like that. I went to get my baby girl.

I'd never done recovery before and it totally did my head in. Loads of people were asking how I 'felt about this' and how I 'felt about that'. They spoke to me like I was an idiot. I hated the Maya and everything they stood for. I was a proper handful for them.

There was this timetable we had to stick to. It was all this pointless stuff, about being in a certain room or out of bed at a certain time. I remember thinking 'how is this getting me off drugs? How is this helping?' It was annoying as anything, and I told them as much.

But there's a method in their madness. Even the most trivial, stupid thing they

came out with - there was a reason for it. For the first time in my life, I've got a routine. I get up in the morning! I get things done and I do it all myself. I can rely on this routine Maya gave me. Before, only drugs were reliable for me. I'm sure you understand that.

So I hated Maya.

But I'm two years clean now, and I have a great house from the council and I live there with my baby girl. My other children come and visit all the time, too. We're a family again. That would never have happened without the help I got. I even know how to get on with Social Services which is just crazy.

There's one more thing I want to say. People I used to smoke with, they come up and say things like 'not everyone can do what you did' and say the help I got isn't for them.

But I only went into Maya to get my baby daughter back. I didn't go in there because I was ready to get clean.

I surprised myself.

When drinking took over the family

Mark's story

Mark found himself in the role of parent, looking after his young sisters, dressing them, feeding them, and getting them ready for primary school.

Mark was 11 years old when he started looking after his two younger sisters because his mother Joanne was an alcoholic. His dad had left home. Mark found himself in the role of parent, looking after his young sisters, dressing them, feeding them, and getting them ready for primary school.

Mark became scared of the number of strangers who would come around to drink. He began to text his grandmother Alison, frightened of what was happening with his mum. One day, Mark came home from football practice to find himself locked out. His mum had passed out inside. Someone had to break into the house to get to Mark's sisters. When Joanne finally came round, she rang her mother and asked where her kids were. Alison told Joanne she was looking after them. Joanne was confused,

saying "They're with you? I thought I'd left them over the road with my mate." Alison applied for a resident's order, which would give her legal responsibility for the children. It only took days to come through and Alison quickly found herself in the role of mother (yet she still relied on the same benefits for her income, and is registered disabled).

Addaction has helped Mark understand how alcohol has caused so many problems in his family. Mark's Addaction worker has also helped him to understand why his mum used alcohol to escape from her frustrations and problems. His family's situation has left Mark anxious, especially if he's around drunk and rowdy people, and fearful of even walking past the local pub. Joanne is now reunited with her two girls, but Mark is unwilling to return home and still lives with his grandmother.

How Addaction helped:

- Family mediation
- Substance advice
- Counselling

Growing up with drug overdoses

Des's story

Rachel was fostered out to an aunt when she was two because social services found out an older male relative had stuck a dummy dipped in methadone in her mouth 'for a laugh'.

How Addaction can help:

Des's story underlines the urgent need to break the cycle of substance misuse

Des started using heroin at 14, with his mother and step dad. They both died in 1988 from overdoses, 28 days apart.

Des is hepatitis C positive and had overdosed 10 times, although none were intentional. He is now on a methadone script and clean from illegal drugs. Des's real father died in June from a cocaine overdose. He was HIV positive from injecting drugs.

Des has two children, Rachel, 13 and Lee, 16. Rachel's mother was a heroin user from Nottingham who died of an overdose, date unknown. Rachel was fostered out to an aunt when she was two because social services found out an older male relative (not Des) had stuck a dummy dipped in methadone in her mouth 'for a laugh'.

Last year Rachel moved out of her aunt's to live with Des and his partner Claire, who has no drug problems. Rachel is anti-drugs but her friends, most her age, are experienced drug users and class A drugs are very prevalent in the area in which she lives.

Lee has lived with Des and Claire on and off since his mother died. He dabbled in solvents in April and was excluded from school for assault, but has no drug problems and is applying for a construction course at college.

Des and Claire are keen to end the cycle and to look after the kids who both live with them. After his father's death, Des told Addaction: 'This stops right here. My kids are not going to go through this.'

“I walked into the room and they were taking stuff and there were other people who I didn’t know”

10 year old girl

The impact of parents using drugs

The study found many of the children of drug using parents – average age 12 – had already started using drugs themselves.

The two year study by Brynna Kroll and Andy Taylor involved 144 in-depth interviews between 2006 and 2008 with children of problem drug users, drug misusing parents and drug, health and social care professionals in the south west of England

The study found many of the children of drug using parents – average age 12 – had already started using drugs themselves. A quarter of the 10 to 14 year olds had started using drugs, compared to half of those aged 15 to 17.

- Several said they were introduced to heroin by their parents. Children’s drug use was often in direct response to their parent’s use, through learned behaviour, pain management or a combination.
- Children often said that drug misuse was ‘catching’. For some, drug use seemed to stem from an ‘if you can’t beat them join them’ attitude, while for others it appeared they had begun to use drugs in order to identify with parents. Heroin was the main drug used by their parents followed by amphetamine, cannabis and alcohol.
- Children said that they were worn down by broken promises, multiple disappointments, failed treatment or precarious recovery. They also had to cope, especially in small, rural communities, with the stigma of being known as the ‘junkies’ kid’. Some said that witnessing their parents’ addiction had acted as a stark warning to avoid drugs at all costs.
- A significant majority of the parents interviewed, many of whom were identified as problematic users with child welfare concerns, had also experienced their own parents’ substance misuse. As with the children spoken to in the study, parents identified a strong link between their use and that of their own parents.
- Many said they had started to use substances to manage traumatic childhoods and the drug problems of their parents. Most parents acknowledged that drug misuse and parenting don’t mix, had high levels of guilt and denial about its impact on their children and said they found it hard to confess to relapses for fear of their child’s removal.
- A culture of denial was one of the major barriers to helping families. Both parents and children were scared of the perceived consequences – parents getting into trouble and children being taken into care – of owning up to drug problems. Family members commonly viewed social workers with fear and suspicion.

Addaction's recommendations for good family practice

Support for children and families affected by substance misuse needs to be better coordinated and integrated across services. Here's a checklist of what we need to do to make it happen.

- A cross-government working group needs to be formed, as outlined in the drug strategy to provide stronger direction from government on the issue.
- Each area should be directed to provide quality support to the children of parental drug or alcohol users and the families of young drug or alcohol users.
- Support for carers within the family.
- More effective identification of children at risk is needed.
- Support for children in problematic drug user homes to engage in positive relationships with adults out of the school environment in order to cope with family circumstances.
- More effective inter-agency coordination, particularly across services dealing with children and adults.
- Re-training of social workers and other frontline staff in substance misuse.
- Improved training and awareness amongst teachers and other school staff so that they can identify children with substance misuse problems or living in such families.
- Ensuring that drug users with children undergo a multi-agency assessment, so that decisions can be taken on parental capability and care plans with goals and timetables can be agreed and implemented.

“I can't put into words how grateful we are to you and glad your organisation exists”

A grateful mum, Ann Brown

If you would like more information about Addaction's work with families or would like to support us please give **Anna Walton** a ring on **020 7017 2753**

For further information please contact **Alan Booth**

Addaction

67-69 Cowcross Street
London EC1M 6PU

T: **0207 251 5860**

email: info@addaction.org.uk
www.addaction.org.uk

Registered Charity Number: 1001957

Acknowledgements

Addaction project workers who provided many of the examples used in the report; Breaking the Cycle staff, Addaction's family workers and Addaction's Communication Team. The words were written by Alan Booth and designed by Sheran Forbes.

Copyright Addaction 2009. All rights reserved. Reproduction in whole or in part is forbidden without prior permission. Most names have been changed throughout the report.