

ARBD Conference

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Story

At the start of my social work career, I worked with a man called Tommy (not his real name). Tommy was a white, working-class, middle-aged man who had been rough sleeping and insecurely housed for eight years when I met him.

Tommy cried when I first met him. He cried a lot. He spoke about his mum and how he'd lost his relationship with her. He cried for his relationships with his brothers, one he'd fallen out with, one was in prison, and one had died.

Tommy's story was one of chronic childhood trauma, violence and abuse. He had grown up surrounded by adults who harmed him. He had grown up using violence as a means of communication. He had grown up using alcohol, as a way of fitting in, and then as a coping mechanism. He used alcohol to escape the pain of his trauma.

Tommy drank large amounts of alcohol a few times a week. He had black outs. He experienced raging, erratic behaviour, that led to him smashing up his accommodation, fighting with people, harming himself. He had hours sometimes days of memory loss. He was always distressed by what had happened. He felt huge shame and self-loathing. He felt confused. Tommy often expressed his anger at me, focusing his fear, his shame and his hurt towards me. Whenever I left a session with Tommy I always told him I would be back.

It is likely that Tommy had undiagnosed alcohol related brain damage. He had never wanted to speak to a GP or work with alcohol services. The focus was on meeting Tommy's basic needs, ensuring he had somewhere to sleep and something to eat.

Tommy had been barred from all the city support, health and social care services, for behaviour that was recorded on numerous sets of notes as aggression, violence, intimidation, anti-social behaviour. He had had multiple Anti-social behaviour orders. He had been barred from all the city hostels.

I saw Tommy three times a week. I worked alongside him, getting to know him, being flexible, being open. We built trust. In close collaboration with a city hostel I

supported Tommy into accommodation. Many adjustments were made, and high levels of flexibility were negotiated. We all agreed to take it a day at a time.

Using an allocated personalisation budget I would take Tommy out to the countryside every week, to spend time with horses, which he loved very much. He was supported by a therapist. Tommy would walk and groom the horses. He would talk to the therapist as he did this.

Our car journeys to the countryside were a connecting space. He would talk about memories from his childhood, tell me stories of his teenage years, as we drove out of the city, and he passed familiar yet long forgotten landmarks of his life. Many of these memories were dark and painful; yet they were his memories.

Tommy kept his accommodation for many years. He decreased the amount of alcohol he drank. He had less erratic and aggressive outbursts. Tommy was able to connect to his achievements. Tommy said he felt seen beyond his alcohol use. He started to engage with a GP. He started considering a referral to the alcohol team. Tommy said being listened to, being heard, being respected helped him to feel like he had a choice in what he did. He said he knew he mattered.

Listening in to Tommy's story offers me hope in the power of relationships, of connection to self and others, of being heard and being seen.

Stories of today

Twenty years on, the stories that I hear are:

- People are doing their best with limited resource.
- people are tired.
- people are struggling to know when they've done a good job.
- people are over-assessed and under-served.

Everything changes.

The stories I hear less of are about relationships and connection.

There is little talk of belonging and collective purpose.

There is little sense of autonomy.

The stories I'd like to hear more of are:

- How surprised we feel when we realise what can be achieved.
- the energy that is felt by coming together.
- the creativity that can thrive when we nurture relationships.

Context

The current context of the drug and alcohol sector is fascinating;

- Alcohol use is the biggest risk factor for death, ill-health and disability in the UK.
- Hospital admissions and death linked to alcohol are increasing.
- Accessing treatment in specialist alcohol services has decreased.

From Harm to Hope is the Government's new ten-year Drug Strategy. The strategy addresses alcohol support and treatment services too, yet the focus is on drug treatment services and reducing drug related deaths.

There is new financial investment. Yet in real terms, the current budgets are similar to 2010 levels.

We have new investment that opens up opportunities for innovation, yet what is being focused on is numbers in drug treatment, without focus on the unintended consequences of this, such as the exclusion of underrepresented groups including people with ARBD.

What rings in my head is the offering of the new public management paradigm that what's measured is what matters.

All this in the context of

- Brexit
- A European War
- A cost-of-living crisis.

We are living in a highly politicised and divided society.

Reflection

Sometimes we feel hopeful, excited, connected - need this to connect and to work with each other.

Sometimes we feel hopeless, disillusioned, tired, fearful. The psychological impact of feeling like this which can lead us to disconnect from each other.

We go into survival mode. Our primary concern becomes about how to look after self.

This is natural behaviour for humans. It then becomes hard to look out, to connect with others.

People have feelings of isolation, powerlessness, helplessness, compassion fatigue and exhaustion. People don't know how to do something different.

This is what I am seeing in the sector right now.

People are feeling unheard and marginalised.

How do we do something different to inspire hope and change?

Relationships

Relationships are everything.

As we navigate our way through multiple contexts and on-going uncertainty, what remains solid is the importance of relationships.

Relationships are at the core of human connection and human connection is at the core of change. With strong relationships we build strength, wellbeing and resilience.

Deep listening, active collaboration, shared learning, kindness and trust are all behaviours that fuel strong relationships.

And these strong relationships lead to new possibilities. Relationships are the essence of collective impact. This is where change happens.

Relational Practice

We can co-create new conditions for relational, integrated practise.

Relationships are at the heart of social work, health and social care professions.

Relationships are often the intervention itself. They are not a method of approach.

Relationships are complex, requiring an awareness of 'self' and the negotiation of inter-personal boundaries.

Ethical practice and ethical decision making are rooted in robust relationships. The quality of relationships and the ability to empathise affects thoughtfulness and decision making in complex situations.

Research shows us that people want care, recognition, flexibility, and sharing of self.

Being present and building relationships consciously, means entering into them with consideration, they have a sense of purpose and connection.

This connection is felt and enables us to work alongside people to create equality and power-with, where boundaries are dynamic and flexible.

Looking forward

The support for alcohol related brain damage transcends sectors and services, calling for multi-agency collaboration.

Relationships transcend all sectors, agencies and professions.

We can go beyond the socially constructed boundaries of teams and services towards integrated and relational practice.

We can connect so that we understand each other's roles and responsibilities. Work towards shared goals, collective planning, cross sector collaboration.

We all have the skills we need to create relationships, to create shared plans and visions to nudge change in the systems we are in.

We can use the principles of Meg Wheatley's healthy communities, that sustain and regenerate over time:

- People support what they create.
- If we want to change the conversation, let's change who is in it.
- Focusing on what is working gives us energy and creativity.
- We, Humans, can handle anything as long as we're together.

Choice

We know that change starts with new patterns of relationships, not new structures. We can be the change we want to see.

I offer you this question - how do we shift relationships to better serve people with alcohol related brain damage?

And let's think about Tommy. Being heard and being seen got Tommy through dark times. If Tommy can heal there is hope that the whole system can heal.

How we show up is our choice.

Acknowledgements

[Alcohol statistics | Alcohol Change UK](#)

Bec@rippleshift.co.uk

Beven, G. and Hood, C. (2006) *What's measured is what matters: Targets and gaming in the English Public Health Care System*

[Home - Relationships Project](#)

[The Relational Work of Systems Change \(ssir.org\)](#)

[Relationship-based practice: emergent themes in social work literature | Iriss](#)

[10 Principles for Healthy Communities by Meg Wheatley | by Fabian Pfortmüller | Together Institute | Medium](#)