



# The Family Drug & Alcohol Court (FDAC) Evaluation Project

## Final Report (executive summary)

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*“FDAC has helped me be the sort of person I want to be. It’s helped me remain focused and motivated and instilled in me a real sense of achievement and confidence.” [mother]*

*“It’s always nice to be given a chance. If you then mess up you can never say you weren’t helped and given that chance. Normally if you’re on drugs, you’re seen as all bad.” [father]*

*“It is effective. It is how care proceedings ought to be ... and if parents have all the services they need offered to them, but still cannot control their substance misuse, this helps them accept that they cannot care for their child.” [lawyer]*

This summary, the full report on which it is based, and related documents (including details of the next-stage evaluation study of FDAC) are available at [www.brunel.ac.uk/fdacresearch](http://www.brunel.ac.uk/fdacresearch).

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# Executive summary

## Introduction

This report presents the findings from the evaluation of the first pilot Family Drug and Alcohol Court (FDAC) in England and Wales. FDAC is a new approach to care proceedings, in cases where parental substance misuse is a key element in the local authority decision to bring proceedings. It is being piloted at the Inner London Family Proceedings Court in Wells Street. Initially the pilot was to run for three years, to the end of December 2010, but is now to continue until March 2012. The work is co-funded by the Department for Education (formerly the Department for Children, Schools and Families), the Ministry of Justice, the Home Office, the Department of Health and the three pilot authorities (Camden, Islington and Westminster).<sup>1</sup> The evaluation was conducted by a research team at Brunel University, with funding from the Nuffield Foundation and the Home Office.<sup>2</sup>

FDAC is a specialist court for a problem that is anything but special. Its potential to help break the inter-generational cycle of harm associated with parental substance misuse goes straight to the heart of public policy and professional practice. Parental substance misuse is a formidable social problem and a factor in up to two thirds of care cases. It is a major risk factor for child maltreatment, family separation and offending in adults, and for poor educational performance and substance misuse by children and young people. The parents' many difficulties create serious problems for their children and place major demands on health, welfare and criminal justice services. For these reasons, parental substance misuse is a cross-cutting government agenda.

FDAC is distinctive because it is a court-based family intervention which aims to improve children's outcomes by addressing the entrenched difficulties of their parents. It has been adapted to English law and practice from a model of family treatment drug courts that is used widely in the USA and is showing promising results with a higher number of cases where parents and children were able to remain together safely, and with swifter alternative placement decisions for children if parents were unable to address their substance misuse successfully. The catalysts for the FDAC pilot were the encouraging evidence from the USA and concerns about the response to parental substance misuse through ordinary care proceedings in England: poor child and parent outcomes; insufficient co-ordination between adult and children's services; late intervention to protect children; delay in reaching decisions; and the soaring costs of proceedings, linked to the cost of expert evidence.

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<sup>1</sup> The Home Office contributed to the first 3 years. The Department of Health contributed to the final 2 years (the extension). Other funders contributed throughout.

<sup>2</sup> The views expressed are those of the authors and not necessarily of the funders.

## Differences between FDAC and ordinary care proceedings

FDAC is a specialist problem-solving court operating within the framework of care proceedings, with parents given the option of joining the pilot. Working with the court is a specialist, multi-disciplinary team of practitioners, the only such team in the UK.

The multi-disciplinary team is provided by a partnership between the Tavistock Portman NHS Foundation Trust and the children's charity, Coram. The team carry out assessments, devise and co-ordinate an individual intervention plan, help parents engage and stay engaged with substance misuse and parenting services, carry out direct work with parents, get feedback on parental progress from services, and provide regular reports on parental progress to the court and to all others involved in the case. Attached to the team are volunteer parent mentors to provide support to parents.

Cases in FDAC are heard by two dedicated district judges, with two further district judges available to provide back up for sickness and holidays. Cases are dealt with by the same judge throughout. Guardians are appointed to FDAC cases immediately. Legal representatives attend the first two court hearings, but thereafter there are regular, fortnightly, court reviews which legal representatives do not attend, unless there is a particular issue requiring their input. The court reviews are the problem-solving, therapeutic aspect of the court process. They provide opportunities for regular monitoring of parents' progress and for judges to engage and motivate parents, to speak directly to parents and social workers, and to find ways of resolving problems that may have arisen.

There are a number of key differences between FDAC and ordinary care proceedings. In ordinary care proceedings:

- There are no dedicated judges or magistrates and little judicial continuity.
- There is no specialist team attached to the court.
- Assessments may be ordered from a range of different experts and can take months to be carried out and reported on.
- There are no hearings without lawyers.
- Guardians are not appointed to cases immediately.
- There is little co-ordination of services for parents.

## The evaluation

The aim of the evaluation was to describe the FDAC pilot and estimate its costs, identify set-up and implementation lessons, compare FDAC with ordinary care proceedings including a comparison of costs, and indicate whether this new approach might lead to better outcomes for children and parents. The desired outcomes identified were more control or cessation of substance misuse, higher rates of family reunification and more rapid placement with permanent alternative carers when reunification is not possible.

The FDAC sample was the 55 families (77 children) from the three pilot local authorities who entered FDAC between January 2008 (the start of the pilot) and the end of June 2009. The comparison sample was the 31 families (49 children) subject to care proceedings due to parental substance misuse brought by two other local authorities during the same period. Cases were followed up for six months from the first hearing and it was also possible to track 41 FDAC and 19 comparison cases to final order.

Interviews were held with parents (37) and with the FDAC judges, team and court staff and commissioners involved in the set-up and implementation of FDAC. Focus groups were held with professionals who had cases in FDAC in the first 18 months (lawyers, guardians, social workers, staff from adult treatment services and FDAC mentors).

## **Findings from the quantitative study**

### **1. FDAC, and courts in ordinary proceedings, are dealing with ‘hard cases’**

Data collected from the local authority information supplied to the court at the start of care proceedings provided baseline demographic information about the parents and children and the nature of the child care concerns and parental difficulties that triggered proceedings. A key message here is that in the first two years of the pilot FDAC has dealt with very serious cases. This raises the question of whether cases could have been referred to FDAC earlier.

Parents in each sample had a long history of substance misuse. Typically, cases involved misuse of both illegal drugs and alcohol, with alcohol alone featuring only rarely. Similar findings in other research supports the indication from this study that swifter action is taken to bring care proceedings in cases involving illegal drugs compared to alcohol. The majority of mothers in both samples had been in treatment for substance misuse in the past. More FDAC than comparison mothers had misused for at least 10 years, and more misused heroin. Parents in each sample were predominantly White but in the comparison sample a higher proportion of parents were Black Caribbean, Black African or of mixed heritage.

In each sample there were high rates of domestic violence, mental health problems, criminal convictions, housing problems and a history of parents being in care. More FDAC than comparison families had a history of previous children being removed in care proceedings. Most families in both samples had a history of previous contact (long standing, though not necessarily continuous) with children’s services.

The children had many difficulties as well as child protection needs. Emotional and behavioural problems affected a third of the FDAC children and half the comparison children, and a quarter of all children had physical health problems. A higher proportion of FDAC children were under five and were born withdrawing from drugs.

### **2. Services – FDAC parents received more help, more quickly**

A central objective of FDAC is to provide parents with timely access to effective services to address the full range of their substance misuse (and related) difficulties. Key findings here are that FDAC parents accessed core substance misuse services quicker than comparison parents and they received more help than comparison parents for their substance misuse problems. This was not simply because they had drug or alcohol support from FDAC: they also got more from other service providers. FDAC played a key role here in that they ensured that parents accessed the FDAC core services within three weeks and they also co-ordinated parents’ access to other, community, services. In addition, although FDAC and comparison parents accessed a similar range of services for psychosocial problems, more FDAC than comparison parents received help from finance, housing and domestic violence services. This may well be linked to the fact that FDAC has developed a dedicated link with housing and domestic violence services in each pilot local authority.

Other key points in relation to services are:

- All FDAC parents received an individualised package of care from the FDAC team throughout their time in FDAC. This included assessment, intervention planning and co-ordination, relapse prevention, and sessions with a key worker.
- All FDAC parents had been assessed and an intervention plan agreed with parents and all parties and presented to the court within three weeks of the first hearing.
- FDAC assessments uncovered more unmet needs in relation to substance misuse, domestic violence and maternal mental health than had been identified by the local authority in the documents accompanying the application for care proceedings.
- Most community substance misuse services for parents, in both samples, were provided by the voluntary sector.
- There was no difference in the range and type of services received by children in the FDAC and comparison samples.

### **3. Early outcomes are positive**

There are indications that FDAC may offer a better way than ordinary care proceedings of ensuring that the court system can help improve outcomes for both children and parents in cases involving parental substance misuse. The tracking of 41 FDAC cases (56 children) and 19 comparison cases (26 children) showed that, at final order:

- A higher proportion of FDAC than comparison parents had ceased misusing substances by the end of proceedings:
  - 48% of FDAC mothers (19 of 41) were no longer misusing substances, compared to 39% (7 of 19) of comparison mothers.
  - 36% of FDAC fathers (8 of 23) were no longer misusing substances, compared to none of the comparison fathers ceasing.
- A linked finding is that more FDAC parents engaged with substance misuse services in the first six months, and a higher proportion remained engaged throughout the proceedings. More FDAC parents had plans to continue in treatment after the proceedings concluded.
- More FDAC than comparison families were reunited with their children. The children of 39% of FDAC mothers (16 of 41) were living at home at final order, compared with children of 21% of comparison mothers (4 of 19).

Although professionals were hopeful that the evaluation would provide some indications of which cases were more likely to have successful outcomes, analysis of a range of variables showed there were no clear predictors of which parents would be successful in controlling their substance misuse. Success was not linked to length of substance misuse history, type or number of substances used, or number or age of children. Similarly, there were no clear predictors of reunification, other than that the main factor here was cessation of substance misuse. Although the lack of clear predictors may be because of the small samples in this study, the same overall result was found in the large-scale research into Family Drug Treatment Courts in the USA.

This suggests that people with wide-ranging and entrenched difficulties can do well in treatment and that programme quality is a crucial influence on outcome. A corollary to this is that it may not be possible to screen parents out of the FDAC intervention.

More FDAC than comparison children had improved well-being at the end of proceedings but this may be related to the younger age of the FDAC children.

#### **4. Length of proceedings – a more constructive use of the court**

On average, the FDAC cases took as long to conclude as cases in ordinary care proceedings (52 weeks). There were, however, some differences in average case duration when a comparison is made on final placement type:

- It took on average eight weeks longer for children in FDAC to be reunited with their parents (50 compared to 42 weeks). It could reasonably be argued that this is 'purposeful delay', to help consolidate recovery and safe parenting.
- It took on average seven weeks less for children in FDAC to be placed in a permanent alternative home (51 compared to 58 weeks).

In relation to FDAC cases where children returned home, the qualitative data indicates a consensus view that the time in proceedings is used more constructively in FDAC than in comparison cases. For children placed permanently away from home, there is evidence that the FDAC approach is helping to ensure that placements are made more quickly, reducing the common problem of delay in care proceedings which can have a negative impact on outcomes for children.

Some cases continued for a long time after leaving FDAC. The main causes of delay in reaching a final hearing in cases that exited FDAC were disputes over the plan for placement and the need for viability assessments of family members.

Fewer FDAC than comparison cases were contested at final hearing (whether concluded in FDAC or in ordinary proceedings). This would have meant less delay in obtaining a final hearing and reduced costs and indicates greater agreement among the parties about the proposed course of action. Finally, more FDAC than comparison parents remained involved with the case throughout the proceedings.

#### **5. The cost of FDAC – savings for local authorities and potential savings for courts and the Legal Services Commission**

The aim of the costing exercise was to identify the cost of the FDAC team as a whole and, so far as possible, to compare FDAC costs to those of ordinary proceedings. The aim was not to establish the cost effectiveness or cost benefits of FDAC – this would have required a wider-ranging examination of costs and a longer follow-up period for measuring outcomes. Data on costs relates to a sub-sample of 22 FDAC families from whom we had consent to look at their files and whose case had reached final order by 31 May 2010, and 19 comparison families whose case had reached final order by the same date.

Our conclusion is that there are savings in FDAC cases for local authorities in relation to court hearings and out-of-home placements, and that the 'expert' activities of the FDAC team are less expensive than the cost of independent experts in ordinary proceedings. It is likely that shorter hearings, and fewer hearings with legal representation, will also produce savings for courts and for the Legal Services Commission.

Key findings in relation to costs are:

- The average costs of the FDAC team per family are £5,852 for the first six months of the case and £8,740 overall, from the start of the case to the point when the parents graduate or otherwise leave the FDAC process.
- The level of input required from the team diminishes over time, so the first six months are the most expensive.

- Some elements of FDAC's work (assessment, report writing and appearing at court) are similar to the work done by expert witnesses in standard care proceedings. The average cost of these FDAC activities was £784 per family. However, additional expert evidence, from a professional outside the FDAC team, was requested in some cases and the average expenditure on this was £390. Adding both elements together, the cost of the expert evidence element of the work of the FDAC team is £1,174 per family. In comparison, in the non-FDAC local authorities the average expenditure on expert evidence is £2,389 per family. This translates to a potential saving of £1,200 per family.
- On average, FDAC cases had 15 court hearings, including non-lawyer reviews, whereas comparison cases had an average of 10 hearings. However, hearings for the comparison cases took longer, on average 56 minutes, compared to an average of 20 minutes for the FDAC hearings. We collected data on who attended court for the FDAC and comparison local authorities on each occasion (legal representative, social worker and manager) and on the unit cost of this attendance. The difference in average hearing length, and the fact that legal representatives are not always in court, translates to a saving to the local authorities of £682 per family on court hearings. We were unable to collect details on who attended court for other parties in comparison cases, but it is likely that the absence of lawyers at court reviews also produces savings for the Legal Services Commission.
- Children in FDAC cases spent fewer days in out-of-home placements: 153 days compared to 348 days for comparison cases. The median cost of out-of-home placement per child in FDAC cases is therefore lower (£7,875 vs. £12,068), leading to a potential saving for out-of-home placements of about £4,000 per child.

Our method of calculating costs<sup>3</sup> enables us to look at the varying costs for different families, at the relative cost of different FDAC activities, and at costs over varying periods of time.

## 6. Gaps in administrative data

An important finding from the follow-up study was the lack of information about parents in the administrative data. These gaps in information were in relation to substance misuse, mental health problems, other psychosocial difficulties, income, education and housing. The gaps were particularly severe for fathers. This lack of information is a common but troubling finding: for all parents, it may mean that services are not appropriate for needs, and for fathers, it implies that they are marginalised by services.

## Findings from the interviews and focus groups

### 1. Parents talking

*I've been to an ordinary care case before and normally you wouldn't get any advice. This is what I think I need. In the other court no-one actually works with you. [parent]*

All but two parents would recommend FDAC to others in a similar situation.

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<sup>3</sup> We used both the 'top-down' and 'bottom-up' approaches. See section B4 in the full report. 'Bottom-up' allows calculations to be made over different periods of time and recognises that different families 'cost' different amounts of money.



Parents were overwhelmingly positive about the FDAC team for:

- motivating and engaging them
- listening to them and not 'judging' them
- being honest with them, and both 'strict' and 'kind'
- providing practical and emotional support, and
- co-ordinating their individual plan.

Parents were also positive about the judges:

- for being fair, sensitive, and 'treating you like a human being' and,
- because they felt motivated by judicial praise and encouragement.

Parents clearly respected the authority of the judge and understood the consequences if they were not able to commit themselves to controlling their misuse. In addition, they valued the judge's role in mediating and solving problems and they valued judicial continuity because it meant the judge knew about their case and knew them.

*We don't want to see lots of different judges, we want one person directing things all the way. Otherwise they don't know what is going on. That's important because the judge makes the decision at the end of the day so it's really important he gets all the information. [parent]*

Parents talked about the challenge of overcoming addiction. They gave a range of reasons for what was motivating them to engage in services: receiving intensive support from FDAC was identified as important, alongside their feeling that they were ready for treatment and/or the impact of having a new child.

Other key points were:

- Two thirds of parents were positive about review hearings and valued being able to have their say in court.
- The few parents who had experienced mentors were positive about receiving support from someone who had been through similar experiences.
- Relationships between parents and social workers were frequently difficult but some parents felt that FDAC had help to improve these relationships.
- A number of parents who had been in FDAC for some time and were progressing well expressed concern about how they might react to lack of support once they had left FDAC.

## **2. A better model than ordinary care proceedings**

FDAC is unanimously regarded as a better court experience than ordinary care proceedings for professionals and parents alike. All professionals and parent mentors were in favour of a wider roll-out of the model.

*I think FDAC is really efficient. It is effective. It is how care proceedings ought to be. [lawyer]*

### ***Because of the FDAC specialist team***

*I think the team are great – approachable, highly professional, very dedicated. They present as a really solid good team. [social work manager]*

The specialist team is regarded as highly efficient and is valued greatly by professionals. Frequent comments were made about the speed and the quality of their assessments, their ability to engage parents, their efficient co-ordination of an often complex intervention plan, the speed and reduced cost of drug and alcohol tests, their role in getting feedback from adult substance misuse and other services, and their active promotion of partnership work and reflective practice.

### ***Because of judicial continuity and approach***

*The consistency of judges is a great benefit. They remember the cases. I'm often quite surprised about how involved they are and how enthusiastic.*  
*[local authority lawyer]*

Judicial continuity is valued by the judges and all the professionals, as it was by parents. This is because it is seen as a considerable improvement on ordinary care proceedings in relation to case management and efficient use of court time: judges do not have to start from scratch, and they can hold families to account in a different way. The role of the FDAC judges in engaging parents in the non-lawyer review hearings was widely praised. Judges were deemed to be friendly, supportive and motivating of parents, but also able to give clear messages about the consequences if parents failed to comply with what was expected of them.

A common view was that the judicial role in FDAC requires one person, continuity, confidence, knowledge, and skills in communication, supported by training. Also important is consistency of approach between different judges.

### ***Because of regular court reviews without lawyers***

*There is something about using the authority of the court to do social work that has been really helpful. [guardian]*

Professionals said that judicial continuity and regular reviews resulted in less conflict and antagonism than in ordinary care proceedings. The direct conversation with the judges in the non-lawyer review hearings meant that parents felt they were more active participants than in ordinary care proceedings. The majority of social workers also valued the opportunity to speak directly to the judge, although some found this daunting to begin with. Professionals commented that regular court reviews help keep cases on track and 'on the boil' and ensured that any problems were identified and responded to quickly. It was evident from court observations that review hearings were used as an opportunity for problem solving issues outside of the normal remit of the court, such as problems with housing, money, and the delivery of services.

It was felt that there was a more relaxed atmosphere in FDAC than in normal proceedings but that this did not detract from the authority of the court: the lawyers said it was possible, when required, to revert to a more formal and adversarial approach.

## **3. Capacity issues**

The capacity of the court and the team are ongoing issues. The current capacity for FDAC cases is 30-35 cases per year. At times the team feel overstretched with this number and there are risks of 'burn out' for team members working intensively with such complex cases where only a minority are likely to 'succeed'. Despite these strains, the team has had excellent staff retention, with only one person leaving during the first two years of the pilot.

The staff identify regular supervision and team meetings for reflective practice as key elements of staff support.

There are greater capacity issues in relation to the court. Pressure on court time and the current working arrangements for district judges mean that there is insufficient capacity for the FDAC judges to hear contested matters arising in FDAC cases, or to hold on to the majority of cases that need to exit FDAC. The view of most people interviewed was that it would be beneficial for the case to remain with the same judge throughout rather than transfer to a different court.

#### **4. Issues in relation to assessment and timescales**

All professionals value the speed of the initial assessment by FDAC and the majority of them regard the assessments as thorough, balanced, clear and helpful. As the pilot has progressed the FDAC team have developed a 'fair test' approach to assessment, in response to initial concerns about lack of clarity in their assessment model. The model has four stages: an initial period where parents are supported to control their substance misuse, a second stage to see that recovery can be sustained, a third stage focused on parenting, and a fourth stage of supported rehabilitation. The timescales set are relevant to the age and needs of the child. The 'fair test' approach involves giving parents every support to overcome their drug and alcohol problems so that they can demonstrate that they can parent their children safely.

There are, however, ongoing concerns from some professionals about whether the FDAC assessment will be sufficiently strong as evidence if cases revert to ordinary care proceedings. Linked to this was concern about delay when additional assessments were sought once cases exited FDAC. Guardians identified the need for viability assessments of family members or disputes over contact or placement as the main reasons for delay in cases reaching a final hearing.

There has been confusion over the role of the FDAC team in relation to parenting assessments. In response, the FDAC team have developed a process for more in-depth assessments of parenting in those cases where substance misuse is successfully controlled in the early months of the proceedings. This process also uses a 'fair test' model, and it began to be used in September 2010.

There have been ongoing concerns from some professionals that in some cases parents are allowed too long a period of time (from the perspective of the child's needs) in which to show they can control their substance misuse, although this was less of an issue after the end of two years than it was at the start of the pilot.

#### **5. Multi-agency working**

The evaluation found evidence of good multi-agency working in FDAC cases, using a 'team around the child' approach. An important message for any further roll-out of FDAC is that the process of joint commissioning of the specialist team was complex and lengthy. A key role was played by a commissioner in the lead local authority, supported by leads in the other two local authorities. Also important has been the commitment of those involved in the Cross Borough Operational Group and the Commissioning Group which has supported ongoing partnership work across services in the local authorities, CAFCASS and the court and has provided a forum for the resolution of operational issues. Finally, the commitment to the pilot from the judges and court staff has been crucial.

## 6. The parent mentor programme

*Mentors can speak to parents at their level quickly whereas professionals can be too wordy and too directing. It works the other way too – we can explain to professionals the words, the street language, the mannerisms. [parent mentor]*

The parent mentor programme is potentially one of the most distinctive features of the FDAC model – offering help from non-professionals who act as a positive role model based on their own life experiences – but our main conclusion is that the mentoring component is the most poorly developed part of the pilot. Given the low number of mentors in the programme, far below the target figure of 15-20, there is insufficient information to draw any conclusion about whether it made a difference to outcomes for parents and children. There is, however, some compelling anecdotal evidence from various quarters that it can offer benefits, so efforts should continue to be made to develop the work.

## 7. Number of cases entering FDAC over one year

In the first year of the pilot 37 cases entered FDAC. This was fewer than the 60 cases anticipated as a result of the feasibility study carried out prior to FDAC receiving funding. Possible reasons for the lower number of cases included lack of clarity about the pilot in the early months and lower use of FDAC by one of the pilot local authorities. In any event, it became clear as the pilot progressed that between 30 and 35 active cases was the number that the team and court could cope with at any one time.

## Conclusions

The evidence from this evaluation suggests that FDAC is a promising approach. More FDAC than comparison parents had controlled their substance misuse by the end of proceedings and had been reunited with their children. FDAC parents were engaged in more substance misuse services over a longer period of time than comparison parents. There is evidence of financial savings in FDAC cases in relation to court hearings, out-of-home placements, and the reduction in the number of contested proceedings.

FDAC is operating as a distinctive model of a problem-solving court. All those involved in FDAC thought that this was a better approach than ordinary care proceedings. Nearly all parents would recommend FDAC to other parents in their situation. The professionals and parent mentors were clear that FDAC should be rolled out.

## Possible reasons for the results

A small-scale study can make only tentative suggestions about the possible reasons for the results. The single biggest difference between FDAC and comparison cases was the receipt of FDAC. The two samples were very similar in parental substance misuse profiles, treatment received and children's service histories. No parent, child or service history characteristics in the FDAC sample predicted outcomes. It is therefore reasonable to infer that the problem-solving court approach combined with the expertise of the multi-disciplinary team plays an important part in explaining the results.

The FDAC model has many ingredients which are not found in ordinary care proceedings. These include:

- the swift pace of starting assessment and treatment, reducing delay from the outset
- the extent and continuity of support to motivate parents to make radical changes in their life

- a multi-disciplinary team committed to tackling the wide range of parents' problems, not just substance misuse, and promoting good inter-agency co-ordination, care planning and service delivery
- a transparent process, promoting honesty
- an approach that conveys a sense of hope that change is possible whilst remaining focused on the child's need for permanency
- judicial continuity and regular court reviews without lawyers, leading to improved case management, problems identified and responded to quickly, less antagonism and improved parental engagement in the proceedings, and
- a supportive and reflective learning culture to keep motivation high when dealing with hard cases.

## **The challenges**

The evaluation has also identified some challenges facing the FDAC pilot, some of which are likely to be addressed over time while others will need wider system changes beyond FDAC if they are to be addressed.

### ***Parent mentoring***

The main set-up lessons from the mentoring programme are that mentoring schemes need adequate funding and support, and sufficient time to allow development. The rationale of parent mentoring being part of FDAC remains, though is not yet proven, and the team has developed new strategies to take the scheme forward. FDAC is already building up a group of parents who have been through the programme and are interested in becoming mentors themselves. It will be important to find ways of developing and sustaining long-term links with these parents, to ensure their commitment to mentoring does not fade away.

### ***Reducing delay***

Greater attention to parallel planning at an early stage (including greater use of family group conferences) in cases where parental progress in controlling substance misuse is poor, might help avoid the delay that arose when cases returned to the ordinary court and new members of the extended family came to light as potential carers at a late stage, or where there were family disputes about placement.

In addition, the concerns over FDAC assessments once cases have left FDAC raise broader issues over the relationship between FDAC and the ordinary courts that take on the exited FDAC cases. The opportunity for an ongoing dialogue with other courts would be valuable. The recommendations of the Family Justice Review and the Munro Review of Child Protection will also have an impact on the issue of expert assessments.

Finally, increasing the capacity of the court and the FDAC judges to continue to deal with cases which have exited FDAC would also reduce delay, and might lead to quicker decisions for children. This would require changes to the working arrangements of district judges.

### ***Inter-agency co-ordination***

The FDAC pilot itself is a good example of joint commissioning across local authorities, and the evaluation found evidence of good inter-agency and multi-disciplinary communication and joint work. However, even with the extra attention paid to co-ordination as part of FDAC, there was also evidence of some continuing tensions between adult substance misuse services and children's services, and of difficulties in resolving problems in relation to housing.

Continued attention to joint planning and commissioning, and current developments in relation to pooling funding streams for work with families with complex difficulties, should provide further support for such approaches.

### ***The challenge of parental substance misuse***

The study has shown how hard it is for parents to stop substance misuse. In both samples, more parents continued to misuse than regained control of their addiction. It demonstrates the importance of identifying drug and alcohol misuse earlier and of supporting parents, whilst remaining very realistic, and not over-optimistic, about the prospects of change so that very young children are given the best possible chance of a secure childhood, even if that means finding them an alternative home. Earlier identification and support requires a workforce equipped with the skills and knowledge to work effectively with parental substance misuse and a network of family-focused treatment services.

### ***Investment in FDAC at a time of financial constraint***

Ensuring the sustainability of FDAC once the pilot period ends, and indeed developing its wider roll-out to improve services for children, is a particular challenge in the current economic climate. The costing method used for this evaluation provides a solid basis from which to investigate the cost effectiveness of the model and the cost benefits of this approach. The model has potential for improving longer-term outcomes for children, reducing parental substance misuse, and providing savings in relation to court costs and the costs of placement. As a result, it is not just local authority children's services that could benefit in the long term, but also adult services, health services, probation, the courts and the Legal Services Commission. This should be taken into consideration when planning future funding: it requires all the different services to look at the family as a whole, rather than in piecemeal fashion.

Even in the face of these challenges – most of which are not specific to FDAC – the pilot has demonstrated ways of improving service co-ordination and achieving appropriate speed in decision making.

### **The potential of FDAC – options for its development**

This small-scale study using different sources of evidence suggests that FDAC is a promising approach for one of the most complex but common problems in care proceedings. There are four main ways in which FDAC could be developed further. The first three of these, building on the experience of the existing FDAC pilot, would establish whether earlier intervention increases the chances of good outcomes and whether an aftercare service would be useful. The fourth, wider roll-out of the model, would allow the model to be tested more broadly to see whether its results could be replicated or improved upon in other areas and with different personnel and systems.

#### ***1. Bringing cases to court earlier***

Thresholds for care proceedings generally are high and this is potentially at odds with a problem-solving court approach. The evaluation found that the majority of the parents who entered FDAC had long-standing, multiple and entrenched difficulties which made these care cases hard ones to deal with. Although some families did well against the odds, some children might have had better outcomes if their case had come to court earlier. Earlier proceedings might also have increased the chances of parents addressing their substance misuse and might have improved the possibilities for the problem-solving approach to resolve other psychosocial difficulties. Bringing cases to court earlier would be in line with

the proposal in the feasibility study that, as the pilot progressed, court action should not be seen as a last resort but, rather, one of early intervention.

Bringing proceedings earlier would have cost implications, but also has the potential to produce savings in the long term if there are improved outcomes in relation to child welfare and parental substance misuse.

## **2. A pre-birth assessment and intervention service for mothers misusing substances**

Linked to the possibility of earlier intervention, the provision of a pre-birth assessment and intervention service provided by the specialist team is now being trialled in the three pilot local authorities. There is a strong rationale for this development, given the risk of likely significant harm to the baby and the fact that maternal motivation to cease drug and alcohol misuse is likely to be high at this point. The aim is that the earlier provision of support will increase the chance of good outcomes in relation to the control of substance misuse and family reunification. However, poor engagement at this stage would lead to quicker planning for alternative permanent care at an even earlier stage in the child's life. This development is in line with the emphasis in the recent Allen Review<sup>4</sup> on the importance of effective interventions in the first three years of a child's life.

## **3. A short-term aftercare service for families living together at the end of the case**

The third way in which FDAC could develop is through the development of an aftercare service to increase the sustainability of the family reunification outcomes. A crucial question is whether parents sustain their recovery and continue to parent effectively once proceedings end. Research shows that reunifications when parents misuse substances are particularly fragile.

At present, FDAC has no role after proceedings finish. In most reunification cases a supervision order was made, but this provides only limited input by the local authority to support parents. It would be possible to build in directions on the nature and duration of the FDAC input on a case-by-case basis. Part of the role could be joint work/liaison with children's services, as well as providing more general support and practical assistance to parents.

Developing an aftercare service would have resource implications, but it seems likely to be a valuable long-term investment.

## **4. Rolling out FDAC**

Given the positive findings from this early evaluation it is important that the model is tested more widely.

Key considerations when planning any wider roll-out are:

- ensuring there is sufficient volume and concentration of work to merit the creation of an FDAC, and
- determining how best to ensure judicial continuity.

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<sup>4</sup> See <http://grahamallenmp.wordpress.com>

Pre-requisites for a wider roll-out would be:

- a good network of local substance misuse services and parenting support, and strong local authority partnerships and joint commissioning to share the development costs involved, and
- champions for the project within the courts and local authorities.

## Recommendations

The FDAC approach, of using care proceedings to motivate parents to engage with treatment and of providing multi-disciplinary support, with a focus on the whole family, is in line with the government's *2010 Drug Strategy* (page 22). Furthermore, it is endorsed in two recent reviews undertaken for the government. The interim report of the Family Justice Review notes that FDAC shows 'considerable promise' and 'potentially justifies a further limited roll out' (page 141), and it is positive about using multi-disciplinary teams for court assessments.<sup>5</sup> The Munro Review of Child Protection – also positive about the FDAC approach – refers to the benefits of multi-disciplinary teams carrying out intensive assessment and therapeutic work with families based on the findings from these assessments. The report encourages local authorities to consider setting up such teams as part of their provision for children and families. (Munro final report, pages 101-104<sup>6</sup>)

Our view is that FDAC should continue, so that it can consolidate progress, tackle some of the challenges, and test out the contribution of an expanded pre-trial and aftercare service. In addition, FDAC should be set up in one or two further sites, to develop learning on implementing the model in different circumstances. This would also provide an opportunity to test whether the model is replicable, and to deal with the possibility that there is something special about the FDAC team, the FDAC court and perhaps the local authorities involved in this pilot.

Care proceedings and outcomes for children in the care system continue to be a major source of concern for policy makers and practitioners alike. There also continues to be a pressing need for effective, rigorously-evaluated programmes catering specifically for parents with substance misuse problems where there are child protection concerns.

The early indications are that FDAC is promising. If the options for development outlined above were acted upon this would provide stronger evidence on the value of the model. It would be a good return on the initial investment by government and on its efforts to find sound ways of breaking the inter-generational cycle of harm that makes parental substance misuse such a serious problem for children, families and society at large.

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<sup>5</sup> See [www.justice.gov.uk/reviews/family-justice-intro.htm](http://www.justice.gov.uk/reviews/family-justice-intro.htm)

<sup>6</sup> See [www.education.gov.uk/munroreview/](http://www.education.gov.uk/munroreview/)