

Changing Lifestyles, Keeping Children Safe:  
an evaluation of the first Family Drug and  
Alcohol Court (FDAC) in care proceedings

May 2014

**FDAC Research Team, Brunel University:** Professor Judith Harwin,  
Dr Bachar Alrouh, Mary Ryan and Jo Tunnard

*“When the opportunity came up it was like a godsend. A year ago I was at the bottom. I lost my kids. I had no confidence. I was doing drugs and drinking. I couldn’t get any lower. To be quite honest I was like a tramp.” [mother]*

*“This court is different. We don’t do conflict. We minimise hostility. This is about solving problems.” [judge, to a parent]*

*“I do think the model is good - and I think it could potentially help in all care cases. It’s a good model because it helps parents get focused on their problems. It should be the way the care system works, full stop.” [social worker]*

*“FDAC has been of enormous benefit to us. I have been freed from addiction, and my child has gained a father.” [father]*

This report and related documents, including a brief summary of findings and a free-standing executive summary, are available at [www.brunel.ac.uk/fdacresearch](http://www.brunel.ac.uk/fdacresearch).

## **THE FDAC EVALUATION TEAM**

### **At the Centre for Child and Youth Research, Brunel University**

#### **Brunel University**

Professor Judith Harwin - principal investigator

Dr Bachar Alrouh - data management, research fellow from 2011

Mary Ryan (RyanTunnardBrown) - consultant research fellows, qualitative data, analysis, and final reports

Jo Tunnard (RyanTunnardBrown) - consultant research fellows, qualitative data, analysis, and final reports

### **Other members of the evaluation team**

#### **Stage 1**

Dr Carla Matias (research fellow, June 2008 to August 2010)

Dr Sharon Momenian-Schneider (part-time research fellow, January to June 2008)

Dr Subhash Pokhrel (economist/costs study, January 2008 to May 2011)

#### **Stage 2**

Dr Christy Barry (team administrator, June 2011 to January 2013)

Sheila Harvey (part-time data collection, April to September 2012)

Mark Kalinauckas (part-time data collection, December 2011 to November 2013)

Dr Gemma Lewis (research fellow, January 2012 to April 2013)

## **CONSULTANTS ON RESEARCH MATTERS**

Dr Beth Green, formerly Vice President, NPC Research, Portland, Oregon (Stage 1)

Professor Jim Orford, Birmingham University

## **THE RESEARCH ADVISORY COMMITTEE (Stage 1)**

Amie Alekna, John Bowman, Sheridan Greenland and John Miller, HM Courts Service, Ministry of Justice

Professor Jennifer Beecham, London School of Economics

Professor Elaine Farmer, Bristol University

Professor Donald Forrester, University of Bedfordshire

Karen Gowler and David Oliver, Home Office

Helen Jones, Department for Education  
Professor Nicola Madge, Brunel University  
Professor Jim Orford, Birmingham University  
Nicola Singleton, UK Drug Policy Commission  
Dr Lorna Templeton, formerly Bath University  
Dr Jim Wade, York University  
Professor Harriet Ward, Loughborough University

## **REPORT CITATION**

This report should be cited as follows: Harwin J, Alrouh B, Ryan M and Tunnard J (May 2014) *Changing Lifestyles, Keeping Children Safe: an evaluation of the first Family Drug and Alcohol Court (FDAC) in care proceedings*. Brunel University.

**ISBN** 978-1-908549-13-6

## ACKNOWLEDGEMENTS

This has been a fascinating, complex and lengthy research project and it has been a privilege to be involved in the evaluation of a socio-legal intervention that breaks new ground. We have been extraordinarily fortunate in the support we have received from the many people who have helped bring it to fruition, putting themselves out for us despite all the other pressures on their time.

They include the Justices' Clerk for the Greater London Family Panel during the pilot, the judges and legal advisers in the FDAC court and their administrative colleagues who facilitated our access to vital court records at Wells Street Family Proceedings Court, and the Children's Services managers, lawyers and administrative staff in all six local authorities who gave us their time, commitment and practical support in accessing information from local authority files. Cafcass also played an essential role in helping us fulfil the research objectives, in particular by completing a form about case information at the end of each case. The support of government departments, and of Coram and the Tavistock and Portman NHS Foundation Trust, was invaluable, as was the interest and help of the FDAC Steering Group at Stage 1 and the Cross-Borough Operational Group throughout.

We owe a special debt of gratitude to the FDAC team, for their unfailing support and practical assistance, and to the parents who - at a particularly stressful time - were willing to share their experiences and provide unique feedback on the impact of FDAC on their children and themselves.

We benefited greatly from the wide-ranging knowledge and expertise of our two consultants. Professor Jim Orford provided the statistical input in this report and contributed to its development at each stage. Beth Green shared with us in Stage 1 her knowledge of the American Family Treatment Drug Courts and the lessons from conducting the national US evaluation.

Finally, we are grateful for the encouragement and financial support for the evaluation from the Nuffield Foundation and, at Stage 1, from the Home Office.



The Nuffield Foundation is an endowed charitable trust that aims to improve social well-being in the widest sense. It funds research and innovation in education and social policy and also works to build capacity in education, science and social science research. The Nuffield Foundation has funded this project, but the views expressed are those of the authors and not necessarily those of the Foundation. More information is available at [www.nuffieldfoundation.org](http://www.nuffieldfoundation.org)

# CONTENTS

EXECUTIVE SUMMARY .....	1
A. INTRODUCTION.....	1
Why was FDAC established? .....	1
What is different about FDAC?.....	2
B. THE FDAC EVALUATION.....	2
Stage 1 .....	2
Stage 2 .....	3
The samples .....	3
Data sources.....	4
C. MAIN FINDINGS FROM THE QUANTITATIVE PARTS OF THE EVALUATION	4
1. FDAC, and courts in ordinary proceedings, are dealing with ‘hard cases’.....	4
2. Outcomes at the end of the care proceedings .....	5
3. Possible explanations for the results about substance misuse and reunification.....	7
4. The follow-up of family reunification after proceedings ended .....	9
5. The costs study .....	10
D. MAIN FINDINGS FROM THE QUALITATIVE PARTS OF THE EVALUATION	11
E. CONCLUSIONS AND RECOMMENDATIONS.....	12
Conclusions .....	12
Recommendations .....	20
PART A –THE FDAC EVALUATION AND METHODOLOGY .....	22
AIMS AND OBJECTIVES .....	22
METHODOLOGY .....	23
Quantitative methods .....	23
Qualitative methods .....	23
The samples .....	24
Data sources.....	25
Data analysis .....	25
The use of percentages, and issues about testing for statistical significance....	26
Ethical approval.....	26
Evaluation challenges and limitations.....	27
Parent interviews.....	28
Ethical approval arrangements.....	29
PART B – HOW FDAC WORKS.....	32
B1. ESTABLISHING FDAC.....	32
The extent and impact of parental substance misuse .....	32

The poor response of services .....	32
Problems with the court process for care proceedings .....	33
Policy and practice developments to respond to these issues .....	33
Funding, aims, ethos, outcomes, and approach .....	35
Ethos.....	36
Outcomes.....	36
<b>B2. THE FDAC COURT.....</b>	<b>37</b>
Issuing proceedings .....	39
First hearing .....	39
Second hearing.....	39
Review hearings.....	39
Contested issues.....	40
Leaving FDAC early .....	40
Progressing to final hearing in FDAC .....	40
FDAC capacity and case selection.....	40
<b>B3. THE FDAC SPECIALIST TEAM .....</b>	<b>41</b>
Composition of the team .....	41
The FDAC team’s core service.....	41
Assessment work .....	42
Direct therapeutic work.....	42
Service co-ordination.....	43
Court work, including liaison with parties to proceedings.....	43
The role of volunteer parent mentors.....	44
<b>B4. FDAC FUNDING, GOVERNANCE, PROVIDER PARTNERSHIP.....</b>	<b>44</b>
Funding.....	44
Governance .....	45
Provider partnership.....	45
<b>PART C – QUANTITATIVE FINDINGS .....</b>	<b>46</b>
<b>C1. BASELINE INFORMATION: FDAC AND COMPARISON SAMPLES .....</b>	<b>46</b>
Summary points .....	46
Introduction .....	47
Information about the families .....	47
Information about the parents.....	48
Information about the children .....	56
Discussion.....	60
<b>C2. OUTCOMES AT THE END OF THE CARE PROCEEDINGS.....</b>	<b>63</b>
Summary points .....	63

Introduction .....	64
The samples .....	64
The additional 16 cases that declined or were excluded from FDAC .....	66
1. Was there any difference between the samples in the rate of parental substance misuse cessation at the end of proceedings? .....	66
2. Was there any difference in the rate of family reunification at the end of proceedings? .....	67
3. Was there any difference in time taken to place children in an alternative permanent home when reunification was not possible? .....	68
What might explain the findings described above? .....	72
Discussion .....	77
C3. A follow-up of family reunification after proceedings ended .....	79
Summary points .....	79
Introduction .....	79
Why and how we did this part of the study .....	80
1. Were there differences in the proportion of cases in which mothers were still with their children one year after the end of proceedings? .....	81
2. Were there differences in the proportion of cases referred back to court? ....	81
3. Were there differences in maternal relapse rates one year after the end of proceedings? .....	82
4. Were there differences in the proportion of families where children experienced further neglect or abuse? .....	84
5. Were there differences in the support services offered to families? .....	84
Three FDAC case descriptions, to show the range of family circumstances and outcomes .....	87
Follow-up for two and three years .....	89
Discussion.....	89
PART D – QUALITATIVE FINDINGS .....	92
Summary points .....	92
D1. COURT OBSERVATIONS .....	93
What we did .....	93
What we found .....	94
D2. THE VIEWS OF FDAC PARENTS .....	98
What we did .....	98
What we found .....	99
D3. THE VIEWS OF PROFESSIONALS.....	109
What we did .....	109
What we found .....	110
D4. DISCUSSION.....	126

A different approach to care proceedings .....	126
The role of the judges.....	127
Could the FDAC approach work outside the court setting? .....	128
Support once proceedings have finished.....	128
Parent mentors.....	128
Deciding which cases to refer to FDAC .....	128
The impact of changes to care proceedings .....	129
Difficulty in overcoming substance misuse .....	129
<b>PART E – CONCLUSIONS AND RECOMMENDATIONS .....</b>	<b>130</b>
Conclusions .....	130
1. Treatment efficacy.....	130
2. The need for better support for reunification .....	130
3. The contribution of FDAC when families are not reunited.....	132
4. The costs of FDAC .....	133
5. Challenges in maximising the benefits of FDAC .....	134
Recommendations.....	137
Rolling out FDAC more widely.....	137
Decisions about referral and early action.....	137
Tracking outcomes.....	137
More support after family reunification.....	138
Working with fathers.....	138
Support when reunification is not achieved .....	138
FDAC costs and cost benefits .....	138
Learning from new developments .....	138
<b>ANNEX 1: METHODOLOGY: TECHNICAL ELEMENTS .....</b>	<b>140</b>
How cases were identified.....	140
Exclusion criteria.....	140
How parents were recruited for interview.....	140
Ethical approval arrangements.....	141
Development of forms and questionnaires .....	143
Our approach to statistics: additional information .....	145
How we carried out the predictor analysis .....	145
<b>ANNEX 2: THE EFFECT ON THE RESULTS OF INCLUDING THE CASES THAT WERE REFERRED TO FDAC BUT DID NOT RECEIVE THE INTERVENTION ...</b>	<b>147</b>
Summary finding .....	148
Results, excluding and including cases that did not receive the FDAC intervention .....	148

ANNEX 3: CONVICTION RATES AND OFFENCE TYPES IN FDAC AND COMPARISON CASES.....	152
Summary findings .....	153
Timeframe 1: At any time before proceedings started .....	154
Timeframe 2: During the year before proceedings started.....	155
Timeframe 3: During proceedings .....	156
Timeframe 4: During the year after proceedings ended.....	157
Reunification v non-reunification (mothers only).....	158
ANNEX 4: FLOWCHART OF THE FDAC TEAM AND COURT PROCESS.....	160
ANNEX 5: FORMAL AGREEMENT SIGNED BY PARENTS.....	161
ANNEX 6: FDAC'S TRIAL FOR CHANGE ASSESSMENT AND INTERVENTION PROCESS IN RELATION TO SUBSTANCE MISUSE AND PARENTING CAPACITY .....	162
ANNEX 7: COSTS EXERCISE FROM STAGE 1 OF THE EVALUATION .....	163
Summary points .....	163
AIMS AND OBJECTIVES OF THE COSTS STUDY .....	164
COST ESTIMATION METHODS .....	165
THE FDAC ELEMENTS STUDIED .....	165
The FDAC team .....	165
Expert evidence .....	166
Court hearings.....	166
Child placements.....	166
SAMPLE SELECTION.....	166
RESULTS.....	167
The FDAC team costs.....	167
Costs of FDAC team using top-down approach.....	169
Comparing FDAC's 'expert evidence' work with expenditure on expert evidence by comparison authorities .....	169
Cost of court hearings .....	171
The cost of out-of-home placements for children.....	173
DISCUSSION .....	174
ANNEX 8: EXPLANATION OF COURT ORDERS IN CARE PROCEEDINGS .....	176
Grounds for making an order.....	176
Care order.....	176
Supervision order .....	176
Interim care and supervision orders .....	176
Residence order.....	177
Special guardianship order (SGO).....	177

## LIST OF TABLES

Table 1: The evaluation study components .....	30
Table 2: Differences between FDAC and ordinary care proceedings.....	37
Table 3: Number of families in the samples.....	47
Table 4: Pattern of substance misuse - mothers.....	51
Table 5: Pattern of substance misuse - fathers.....	51
Table 6: Type of substances - mothers.....	52
Table 7: Type of substances - fathers .....	52
Table 8: Previous involvement with Children’s Services .....	56
Table 9: Age of children .....	56
Table 10: Interim court order sought by the local authority .....	60
Table 11: The samples for comparing outcomes at the end of proceedings .....	66
Table 12: Maternal substance misuse status at the end of proceedings .....	67
Table 13: Paternal substance misuse status at the end of proceedings .....	67
Table 14: Length of proceedings by type of final placement .....	69
Table 15: Placements for all children at the end of proceedings.....	71
Table 16: The offer of services – sub-samples .....	72
Table 17: Community and residential substance misuse services offered to FDAC and comparison parents during proceedings.....	73
Table 18: Type of services offered to families for their children .....	74
Table 19: The sample of family reunification cases and the length of follow-up.....	80
Table 20: Type of services offered during the follow-up.....	87
Table 21: Ethical approval arrangements to view files and interview parents at each stage.....	141
Table 22: Outcomes at the end of the care proceedings (C2).....	148
Table 23: Services offered during proceedings (C2).....	149
Table 24: Predictors of substance misuse cessation AND reunification in FDAC cases (C2).....	150
Table 25: Follow-up outcomes one year after proceedings ended (C3) .....	151
Table 26: Mothers with convictions recorded on the MoJ extract of the PNC .....	153
Table 27: Fathers with convictions recorded on the MoJ extract of the PNC .....	153
Table 28: Convictions recorded at any time before proceedings started - mothers	154
Table 29: Convictions recorded at any time before proceedings started - fathers..	154
Table 30: Convictions recorded during the year before proceedings started - mothers .....	155
Table 31: Convictions recorded during the year before proceedings started - fathers .....	155

Table 32: Convictions recorded during the proceedings - mothers .....	156
Table 33: Convictions recorded during the proceedings - fathers .....	156
Table 34: Convictions recorded during the year after proceedings ended - mothers .....	157
Table 35: Convictions recorded during the year after proceedings ended - fathers	157
Table 36: Mothers with convictions recorded on the MoJ extract of the PNC (FDAC reunification v non-reunification).....	158
Table 37: Mothers with convictions recorded on the MoJ extract of the PNC (comparison reunification v non-reunification) .....	159
Table 38: FDAC assessment and intervention process: a four-phase approach....	162
Table 39: Court hearing costs per family .....	173
Table 40: Number of out-of-home placements.....	173
Table 41: Number and type of out-of-home placements .....	173
Table 42: Direct cost of out-of-home placements per child .....	174

## **LIST OF FIGURES**

Figure 1: The composition of the FDAC team (at May 2010, during the pilot).....	41
Figure 2: Ethnicity of mothers.....	49
Figure 3: Ethnicity of fathers.....	49
Figure 4: Ethnicity of children .....	57
Figure 5: Judicial behaviour – findings from court observations.....	94
Figure 6: The FDAC team and court process .....	160
Figure 7: FDAC team activity costs per family (£) in London and Outside London	167
Figure 8: Variation in FDAC team costs by family.....	168
Figure 9: The costs of the FDAC team per family over time (£) .....	168
Figure 10: The expert evidence costs per family .....	170

# EXECUTIVE SUMMARY

## A. INTRODUCTION

This report presents the findings from an independent evaluation of the pilot Family Drug and Alcohol Court (FDAC). FDAC is an innovative approach to care proceedings where parental drug or alcohol misuse is a key feature of the case.

The FDAC pilot began in January 2008 at the Inner London Family Proceedings Court in London. The pilot was funded by the Department for Education, the Ministry of Justice, the Home Office, the Department of Health<sup>1</sup> and three inner-London local authorities (Camden, Islington, and Westminster) – the pilot local authorities. Since April 2012, when government funding came to an end, the FDAC specialist team has been funded by a consortium of five London authorities, including Southwark and Hammersmith & Fulham as well as the original three. The specialist team is provided by a partnership between the Tavistock and Portman NHS Foundation Trust and the children's charity, Coram.

The evaluation was conducted by a research team at Brunel University and was funded by the Nuffield Foundation and the Home Office.<sup>2</sup>

### Why was FDAC established?

Parental substance misuse is a formidable social problem and a major risk factor for child maltreatment. It is a factor in up to two-thirds of care applications<sup>3</sup> and parents with substance misuse problems are often involved in repeat care proceedings in relation to subsequent children. There has also been a rise in the number of care proceedings since 2008,<sup>4</sup> so the scale of the problem is substantial.

FDAC has been adapted to English law and practice from a model of Family Treatment Drug Courts (FTDCs) that is used widely in the USA and shows positive results. The US national evaluation of over 2,000 cases found that, compared to proceedings in the ordinary court, more FTDC parents and children were able to remain together safely, and there were swifter alternative permanent placement decisions for children if parents were unable to stop misusing, all of which meant savings on the cost of foster care during and after proceedings.<sup>5</sup>

The catalysts for the UK pilot were the encouraging evidence from the US evaluation and concerns about the response to parental substance misuse through ordinary care proceedings in England. These concerns were about 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 length of proceedings and the cost of expert evidence.

---

<sup>1</sup> The HO contributed to the first three years and DH to the final two (Stage 2). Others contributed throughout.

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

<sup>3</sup>

<https://www.cafcass.gov.uk/media/6437/Cafcass%20Care%20Application%20Study%202012%20FINAL.pdf> (page 21).

<sup>4</sup> <http://www.cafcass.gov.uk/news/2013/november/october-2013-care-demand-statistics.aspx>

<sup>5</sup> Worcel S et al (2008) Effects of Family Treatment Drug Courts on Substance Abuse and Child Welfare Outcomes. *Child Abuse Review*, Vol.17, Issue 6, pp 427-443.

## What is different about FDAC?

FDAC is distinctive because it is a court-based family intervention that aims to improve children's outcomes by addressing the entrenched difficulties of their parents. FDAC is a specialist court operating within the framework of care proceedings. The distinctive features of the model are:

- **Judicial continuity** - judges deal with the same case throughout.
- **A problem-solving, therapeutic approach** provided via fortnightly court reviews. The reviews provide opportunities for regular monitoring of parents' progress and for judges to engage and motivate parents, speak directly to parents and social workers, and find ways of resolving problems. Lawyers do not usually attend the reviews.
- **A specialist, multi-disciplinary team** who work with the court. The team:
  - carry out assessments and direct work with parents
  - devise and co-ordinate an intervention plan
  - enable and assist parents to engage and stay engaged with substance misuse, parenting and other services to address needs identified
  - provide regular reports on parental progress to the court and to all others involved in the case, and
  - facilitate additional support for parents through volunteer parent mentors.

## B. THE FDAC EVALUATION

The desired outcomes of FDAC were to achieve higher rates of cessation of parental substance misuse, safer and more sustainable family reunification, and swifter placement with permanent alternative carers when reunification was not possible. The evaluation was carried out in two stages between 2008 and 2013. It aimed to:

- describe the FDAC pilot and estimate its costs
- identify set-up and implementation lessons
- compare FDAC with ordinary care proceedings, and
- indicate whether this new approach might lead to better outcomes for children and parents.

### Stage 1

Stage 1 findings, published in May 2011,<sup>6</sup> concluded that, at the end of proceedings, parents whose case was heard in FDAC were more likely to stop their substance misuse than parents whose case was heard in ordinary proceedings. As a result, FDAC parents were more likely to be reunited with their children. When return home was not appropriate, children in FDAC cases were placed in alternative permanent homes more swiftly. There were also cost savings for local authorities in FDAC cases, as well as potential savings for courts and the Legal Services Commission (now the Legal Aid Agency). The Family Justice Review in 2011 noted that the FDAC model was promising and recommended further limited roll-out and continued

---

<sup>6</sup> Harwin J, Ryan M and Tunnard J, with Pokhrel S, Alrouh B, Matias C and Momenian-Schneider S (2011) *The Family Drug and Alcohol Court Evaluation Project, Stage 1 Final Report*. Brunel University. <http://www.brunel.ac.uk/fdacresearch>

evaluation of the model.<sup>7</sup> These were the reasons for commissioning a second stage of research.

## Stage 2

Stage 2 extended the FDAC and comparison samples in order to increase the robustness of the findings. It also provided an opportunity to test the sustainability of family reunification in FDAC and comparison cases after proceedings had ended.

This is the final report from the evaluation. It presents findings based on all the cases in the FDAC and comparison samples from each of the two stages. The costs study was carried out in Stage 1 only. The present report supersedes previous reports.<sup>8</sup>

## The samples

**The FDAC sample** comprised the 106 families (149 children) whose case was listed to be heard in FDAC between January 2008 (the start of the pilot) and December 2010. The cases were referred by the three pilot authorities on the grounds that parental substance misuse was a key factor in initiating care proceedings. We call this the '*all referrals sample*'. The outcome results in the main report are based on the 90 cases where parents were offered and accepted FDAC and received their intervention for varying lengths of time. We call this the '*assessment and intervention sample*'. An appendix to the main report gives the outcome results on the 106 cases in the '*all referrals sample*'. This analysis incorporates the 16 cases where parents declined the service or were excluded according to FDAC's exclusion criteria.<sup>9</sup>

**The comparison sample** comprised the 101 families (151 children) subject to care proceedings due to parental substance misuse from another three inner-London local authorities. The comparison authorities used the same exclusion criteria as FDAC and the cases were also heard in the Inner London Family Proceedings Court. Case collection took longer for comparison cases (April 2008 - August 2012) because the third comparison authority joined the study only at Stage 2 and a number of their cases were heard in a different court (the Principal Registry of the Family Division).

All cases in each sample were followed up to final order.

We also followed up 24 FDAC and 18 comparison family reunification cases for one year after care proceedings ended. The sample was small, determined as it was by the number of family reunifications achieved within our research window (32 FDAC and 24 comparison cases), by the number of cases where at least a year had elapsed from final order, and by case attrition as families moved out of area and so case information was not available to us (because we did not have ethical approval to follow up those cases).

In addition, it was possible to follow up a small number of families for longer than a year, but only those for whom the care proceedings had finished earlier in the study. 20 FDAC and 13 comparison families were followed up for two years, and 14 FDAC and 8 comparison families were followed up for three years.

---

<sup>7</sup> Family Justice Review Interim Report, Ministry of Justice, March 2011, para 4.290.

<sup>8</sup> All available on the Brunel website <http://www.brunel.ac.uk/fdacresearch>

<sup>9</sup> The exclusion criteria were that a parent was experiencing florid psychosis; or serious domestic violence was posing a major risk to child safety; or there was a history of severe domestic or other violence, and help offered in the past had not been accepted; or there was a history of severe physical or sexual abuse of the children.

To address the question of whether more services were offered to FDAC families during care proceedings, for their substance misuse and other problems, we used a sub-sample of all the Stage 2 cases: 57 FDAC cases (from the ‘*assessment and intervention sample*’) and 82 comparison cases. It was not possible to include Stage 1 cases in this part of the analysis because the tracking period for Stage 1 cases ended six months after the first hearing.

## **Data sources**

Information supplied by the local authorities to the court when they made their care application was collected from court files and used to provide baseline data. Information on child and parent circumstances at the end of proceedings was collected from court files, parents’ NHS files held by the FDAC specialist team, local authority children’s files, and questionnaires that we had designed for children’s guardians to complete at the end of each case.

Information about convictions and offence types was supplied by the Ministry of Justice, from data extracted from the Police National Computer (PNC). Results based on aggregated data are presented as an annex to our main report.

Qualitative data was derived from semi-structured interviews, themed focus groups and court observations, using schedules that we designed for the study, adapted from the American Family Drug Treatment Court evaluation forms.

Interviews were held at Stage 1 with 37 FDAC parents during their involvement in the proceedings and at Stage 2 with five FDAC parents who had been reunited with their children for at least one year. At Stage 1, all parents whose case was being heard in FDAC were invited to be interviewed, but only some agreed. No interviews were held with comparison parents. Interviews were held at each stage of the evaluation with the FDAC judges, team and court staff and commissioners involved in the set-up and implementation of FDAC. Focus groups were held with parent mentors, and with professionals who had cases in FDAC between 2008 and 2013 (lawyers, guardians, social workers and staff from adult treatment services).

Court observations by the research team, to see how FDAC was operating as a problem-solving court, were conducted at every hearing in 2008 and 2009 and at two subsequent points in 2010 and 2013.

## **C. MAIN FINDINGS FROM THE QUANTITATIVE PARTS OF THE EVALUATION**

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

The case profiles of the 106 families referred to FDAC and the 101 comparison families revealed many common features. More than two-thirds of all the mothers and over three-quarters of all the fathers had been misusing for at least 11 years. Over a third of the mothers in each sample had current mental health problems, a history of being looked after, and one or more children removed from their care previously. The majority of the mothers and fathers had convictions and were unemployed. Over a third of all the mothers were living in temporary accommodation and more than half the families had had their first contact with Children’s Services at least five years before the proceedings started.

The children, too, had many similarities. Emotional and behavioural difficulties affected a third of each sample and health difficulties were common. Over a third of the children in each sample were under one and nearly two-thirds were under five.

There were also a number of statistically significant differences between the two samples, despite the use of the same selection criteria:

- A higher proportion of FDAC mothers and children were White.
- A higher proportion of FDAC mothers misused heroin, cocaine and prescription drugs, had been convicted of drug offences, and had received substance misuse treatment in the past.
- A higher proportion of FDAC children had health difficulties and were withdrawing from drugs at birth.
- A higher proportion of FDAC fathers misused cocaine and cannabis and had been offered services for substance misuse in the past, but a higher proportion of comparison fathers had been convicted of drug offences.
- A higher proportion of FDAC mothers experienced domestic violence.
- A higher proportion of comparison mothers had physical health problems.

This information led us to conclude that all the cases in each sample were 'hard' cases, in that the parents' difficulties were multiple and long standing. The parental profiles reinforced the picture found in other studies of the many difficulties parents experience in addition to substance misuse, especially the so-called 'toxic trio' of substance misuse, mental health difficulties and domestic violence.

However, the case profiles also drew attention to some problems that have received less attention hitherto. First was the proportion of mothers who had previously had children removed from them through care proceedings. Second was the prevalence of maternal physical health problems in the comparison sample. Its potential impact on parenting capacity and child well-being has received little attention in the child protection literature. Third, although the many similarities between the samples provide a reasonable basis for comparison, the findings of statistical difference between the samples suggest that FDAC mothers had a cluster of more severe substance misuse problems and higher rates of experiencing domestic violence. Both these findings might be expected to reduce the chances of good outcomes.

## **2. Outcomes at the end of the care proceedings**

Sixteen (15%) of the 106 cases referred to FDAC (the '*all referrals sample*') either declined the offer of FDAC or were excluded, sometimes after a brief assessment, according to the agreed exclusion criteria. All these cases had reverted to ordinary proceedings within a maximum of four weeks. Twelve of these mothers were still misusing at the end of the proceedings and three of them were reunited with their children.

The results below are based on the 90 FDAC cases in the '*assessment and intervention sample*' only and the 101 comparison cases.

We did also compare the results of the full '*all referrals*' FDAC sample with those for the comparison group, to ensure that this did not materially affect the conclusions presented here. On the whole, the results of this comparison were similar to those of the narrower '*assessment and intervention sample*' (albeit at slightly lower levels of significance), with the exception of cessation of maternal substance misuse where

the difference was no longer statistically significant.<sup>10</sup> These additional findings are included in an annex to the main report.<sup>11</sup>

The Stage 2 findings reinforce the learning at Stage 1: FDAC has helped more parents stop misusing substances and deal with other problems, and has harnessed their motivation to change, both of which have helped achieve higher rates of reunification. But, unlike at Stage 1, they show that swifter permanency planning was not achieved when reunification was not appropriate. These are the main findings:

- A higher proportion of FDAC than comparison parents had ceased misusing by the end of proceedings and the differences reached statistical significance:
  - 40% [35 of 88] of FDAC mothers were no longer misusing substances, compared to 25% [24 of 95]<sup>12</sup> of comparison mothers, and
  - 25% of FDAC fathers [13 of 52]<sup>13</sup> were no longer misusing substances, compared to 5% [2 of 38]<sup>14</sup> of the comparison fathers.
- In both samples, more parents continued to misuse than to stop.
- More FDAC [32 of 90] than comparison [24 of 101] mothers were reunited with their children (36% v 24%) but the difference did not reach statistical significance.
- However, the difference between the proportion of FDAC [31 of 88] and comparison [18 of 95] mothers who had stopped misusing and had been reunited with their children did reach statistical significance (35% v 19%). This was because some mothers in the comparison sample who had not stopped misusing, but had reduced their consumption, were reunited with their children.
- Placement with alternative permanent carers when reunification was not possible was not swifter in FDAC than in the comparison sample. This was judged by using the duration of proceedings (time between first and final hearings) as a proxy. The mean<sup>15</sup> length of proceedings for alternative permanent placement was similar (62 weeks).

---

<sup>10</sup> This was based on use of the more conservative two-tailed test. Using the one-tailed test, where there is a prior hypothesis, the result would remain significant, albeit at a lower level. The hypothesis here, based on the Stage 1 results, was that the difference would be in favour of the FDAC group- ie. Higher rates of maternal substance misuse cessation could be anticipated in FDAC than in the comparison group.

<sup>11</sup> <http://www.brunel.ac.uk/fdacresearch>

<sup>12</sup> Substance misuse status missing on 6 comparison mothers

<sup>13</sup> Substance misuse status missing on 5 FDAC fathers

<sup>14</sup> Substance misuse status missing on 15 comparison fathers

<sup>15</sup> Mean is the same as average. The median is the middle value, the one with an equal number of values on each side. It provides a useful comparison where a very high (or low) value has pulled the mean (or average) value upwards (or downwards).

### 3. Possible explanations for the results about substance misuse and reunification

The study investigated possible reasons for the difference between the two samples in the outcomes relating to substance misuse and reunification.

#### The offer of services

A central aim of FDAC is to provide parents with timely access to services to address the full range of their substance misuse and related difficulties. This is to be achieved by providing parents with direct help and treatment and by co-ordinating their access to other support services.

The results below are based on 57 Stage 2 FDAC families from the '*assessment and intervention sample*' and 82 Stage 2 comparison families for whom services were tracked to final order. It was not possible to include Stage 1 cases as the tracking period was only six months from first hearing.

Key findings here are that FDAC parents were offered more help than comparison parents for their substance misuse problems. This was not simply because of the support parents received directly from FDAC for substance misuse problems. They also were offered more support by other service providers. In addition, FDAC parents were also offered more therapeutic family services than comparison parents (in addition to the help they received from FDAC). FDAC played a significant role in this as they co-ordinated access to other community services.

The results below all reached statistical significance:

- More FDAC [52 of 55] than comparison [45 of 82] mothers were offered substance misuse services (95% v 55%) - in addition to the help from FDAC.
- More FDAC [28 of 48] than comparison [17 of 64] fathers were offered substance misuse services (58% v 27%) - in addition to the help from FDAC.
- More FDAC [19 of 57] than comparison [15 of 82] families were offered family services<sup>16</sup> (33% v 18%) - in addition to the help from FDAC.

Parents in FDAC cases were also offered more services than comparison parents for other non-substance misuse problems,<sup>17</sup> although this difference did not reach statistical significance. For children, the main input in each sample was help for their mental health and emotional difficulties, and here there was no difference between the samples in the offer of services to respond to those needs.

Our first conclusion from this analysis is that the intensive substance misuse treatment package made available to FDAC parents laid the foundation for the higher rate of substance misuse cessation by FDAC mothers and fathers, which in turn paved the way for reunification. Prospects for reunification were also enhanced in FDAC by the offer of more therapeutic support to improve parenting skills.

Our second, and linked, conclusion is that the results suggest that the quality of the programme offered is an important determinant of outcomes. Intensity and frequency

---

<sup>16</sup> Family services here include intensive family interventions, family therapy, parenting training, and family support.

<sup>17</sup> These other (non-substance misuse) services were housing and benefit support, health services, mental health services, domestic violence services, and support to make life-style changes.

of treatment, backed by regular testing, and underpinned by a motivating approach and therapeutic support, were intrinsic to the FDAC offer.

We also conclude that the difference in the offer of services to parents between the samples was linked to the activities of the FDAC team in identifying and co-ordinating services for parents in line with their agreed intervention plan.

Our final conclusion is that, as at Stage 1, the differences were about the inputs to parents, not the children.

### Case predictors

Professionals were hopeful that the evaluation would provide some indications of which cases were more likely to have successful outcomes. In the Stage 1 report, analysis of a range of variables showed that there were no clear predictors of which parents would be successful in controlling their substance misuse. Nor were there clear predictors of reunification, other than the main factor of cessation of substance misuse.

The predictor analysis reported here found that there were a small number of case characteristics that predicted outcomes but, somewhat surprisingly, the predictors were different for FDAC and comparison cases.

In FDAC, the factors that predicted outcomes were (a) experience of domestic violence, (b) misuse of crack cocaine, and (c) a history of more than five years' contact with Children's Services. Each of these **reduced** the likelihood of substance misuse cessation **and** subsequent mother/child reunification.

In the comparison sample, the only predictor identified was that a pattern of 'alcohol misuse only' **increased** the chances of achieving both substance misuse cessation **and** reunification.

Outcomes (in both samples) were not linked to other 'difficult' case characteristics such as the length of substance misuse history, the older age of the child, or the mental health profile of the mother.

A further analysis of predictors in combination was carried out, to focus on the interplay between carer and child characteristics. We combined the four maternal risk factors and the three child risk factors<sup>18</sup> that had been either significant or trending that way<sup>19</sup> in the single-factor analysis. A low score meant fewer problems and a high score (the maximum was 7) indicated many problems. We found that:

- if the case had a low level of child and parent problems, the rate of substance misuse cessation and family reunification was higher in the FDAC than the comparison sample (55% [22 of 40] v 16% [9 of 57]), and
- where there were multiple problems (3 or more), rates of substance misuse cessation and family reunification were low, and similar in FDAC and comparison cases (18% [9 of 50] and 20% [9 of 44]).

---

<sup>18</sup> The parent factors were domestic violence, a history of being looked after, a history of being known to children's services for more than 5 years, and physical ill-health. The child factors were emotional and behavioural difficulties, born withdrawing from drugs, and developmental delay.

<sup>19</sup> A trend is an association that falls short of statistical significance but which, if repeated with a larger number of cases, would achieve significance, as indicated in this study by a percentage difference between outcome groups of at least 10%.

These findings suggest that, unsurprisingly, where there was a greater combination of problems parents were less likely to control their substance misuse or be reunited with their children, and there was little distinction here between the samples. Where there were fewer problems, noticeably more FDAC than comparison parents were successful in achieving control of substance misuse and reunification with their children. This would suggest that FDAC was better able to build on parental capacity to change. It was interesting that predictors in the comparison sample were more random, in that there was no relationship between the number of problems and the likelihood of cessation and reunification.

Fewer problems for the purposes of the predictor analysis did not mean that the case was an 'easy' one: we have already noted the long-standing problems faced by the parents in both samples.

The conclusion from these single-factor and combined-factor analyses is that identification of risk factors is a relevant but insufficient explanation of outcomes.

#### **4. The follow-up of family reunification after proceedings ended**

We followed up FDAC and comparison cases where children had been reunited with their parents. The minimum length of follow-up was after one year had elapsed from the final order in the care proceedings. The sample was small, determined as it was by the number of family reunifications achieved, by the number of cases where at least a year had elapsed from final order, and by case attrition as families moved out of area and so case information was not available to us. We were able to follow up only a small number of families for two years and an even smaller number for three years.

32 FDAC families and 24 comparison families were reunited at the end of the care proceedings. Of these, we were able to follow up 24 FDAC cases (34 children) and 18 comparison cases (31 children) after one year had elapsed. All the children were living with their mothers. Most of the FDAC children and all the comparison children were subject to supervision orders that place a duty on children's social care to 'advise, assist and befriend' the child.

##### **What we found**

- At the end of one year, most FDAC (20 of 24) and comparison mothers (14 of 18) were still living with their children (83% v 78%).
- A similar rate of FDAC (3 of 24) and comparison cases (3 of 18) returned to court in the first year after reunification (13% v 17%).
- Less than half the FDAC (6 of 24) and comparison mothers (8 of 18) relapsed in the first year (25% v 44%).
- In both samples there was further neglect or abuse of children in the first year after proceedings ended. This was so for fewer FDAC (6 of 24) than comparison (10 of 18) families (25% v 56%), and for fewer FDAC (10 of 34) than comparison (17 of 31) children (29% v 55%). These findings reached statistical significance.
- Maternal relapse and further neglect or abuse occurred mainly in the first year after reunification.
- Maternal relapse after two or three years was extremely rare.
- In years two and three, maternal relapse and further neglect or abuse were lower in FDAC than comparison cases.

## What we found about services

We examined the services offered to support families during the first year of reunification. We found that:

- No more than half the mothers in each sample were offered substance misuse services in the year after proceedings ended.
- Only between a third and a half of all mothers were offered psychosocial, practical or health services, in addition to the input provided by Children's Services.
- There was considerable variation in the frequency of social work contacts during the year – they ranged from four to over 20 meetings.
- More frequent visiting was associated with new child protection concerns, and with return to court for an extension of a supervision order or for fresh proceedings.
- Only rarely did the court attach directions to a supervision order.

FDAC services and support to families had ended once the proceedings had been completed. Families in both samples were reliant on adult treatment services, on support provided by Children's Services, and on support that they could access for themselves. The qualitative evidence reflects the findings here - that support during the period of a supervision order is very variable.

The question posed by the findings is how all families can be supported better after reunification, in order to increase the chances of reunification being sustained and being safe and positive for children. Key to this is how to prevent relapse, because this was the trigger for further neglect or abuse in most of the cases where it arose.

## 5. The costs study

The aim of the costs exercise was to identify the cost of the FDAC team and, as 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. The analysis did not include the costs of any additional services provided as these were not delivered by FDAC. The focus was on FDAC as a new type of service.

Data on costs relates to a sub-sample of 22 FDAC families and 19 comparison families in the Stage 1 study whose case had reached final order by the end of May 2010. The FDAC families were those who had given consent for us to have access to their files. This exercise was part of the Stage 1 study only, as the costs element was not funded at Stage 2.

The exercise generated a model for calculating the cost of the FDAC specialist team that remains relevant. The model<sup>20</sup> included both the 'top-down' and 'bottom-up' approach to calculating costs, with the 'bottom-up' approach offering the advantage of calculations over different periods of time and taking account of the fact that different families 'cost' different amounts of money.

The key findings at Stage 1 were these:

---

<sup>20</sup> Harwin J, Ryan M and Tunnard J et al (2011) *The Family Drug and Alcohol Court Evaluation Project, Stage 1 Final Report*. Brunel University. Annex 6.

- The average cost of the FDAC team per family was £8,740 over the life of the case. This cost is offset by savings to the local authorities from more children staying in their families, both during the proceedings and after final order.
- FDAC reduced costs in other ways: through shorter care placements (£4,000 less per child), shorter court hearings and less need for legal representatives at hearings (saving local authorities £682 per family), and fewer contested cases. In addition, the specialist team carries out work equivalent to that done by experts in ordinary care cases, and this saved £1,200 per case.
- FDAC has the potential to save money in the longer term for adult treatment, health and probation services.
- The costing method used for this evaluation provides a solid basis for investigating the cost effectiveness and cost benefits of the FDAC model.

Although the model for costing the FDAC specialist team remains relevant, our findings would need to be reviewed in light of the changed context since the completion of Stage 1: shorter duration of proceedings, fewer hearings per case, less use of expert assessments, and the cut in expert fees. The evidence on cost savings in relation to local authority foster care placements would also need to be reviewed.

## **D. MAIN FINDINGS FROM THE QUALITATIVE PARTS OF THE EVALUATION**

Interviews with the FDAC judges and specialist team, and with professionals with cases in FDAC at different points during its five years of operation, confirm one central message – there is consensus amongst professionals of the value of the FDAC model. The perceived strengths are:

- **the role of the judge** (having the same FDAC judge throughout a case, and having non-lawyer reviews, both of which promote a problem-solving approach to the resolution of care proceedings)
- **an independent, multi-disciplinary team** that works closely with the court and other parties) and, as a result,
- **proceedings that are less adversarial** than ordinary care proceedings (providing a more collaborative court atmosphere, whilst retaining due formality).

Parents interviewed at either stage of the evaluation shared the same positive views:

- FDAC is a service they would recommend to other parents. Those with previous experience of care proceedings found FDAC to be a more helpful court process, one that gave them a fair chance to change their lifestyle and parent their child well.
- Parents value the practical and emotional support and treatment intervention from the FDAC team. They felt motivated by workers who knew how to help them regain responsibility whilst supporting them through difficulties.
- Parents would like more help to be available, from FDAC and other services, after care proceedings end.

Parents and professionals commented that a unique feature of FDAC is the regular and ongoing conversation that takes place between parents, judges, social workers and FDAC key workers at the non-lawyer court reviews.

Professionals thought that the Trial for Change approach of FDAC – support to parents closely monitored by the court – provided a fair and open test of parents’ capacity to change.

This made it more likely that parents would, if relevant, accept the decision that their children could not return to their care.

Some professionals thought that there was too narrow a definition of success in FDAC. They thought that FDAC achieved other successes, such as parents gaining insight into the impact of their substance misuse on children, or managing to reduce their substance misuse even if they couldn’t stop completely, or acknowledging that they were not able to parent their children and being able to help their children move to another permanent home.

Concerns were expressed throughout the pilot about parents being given too many chances to control their alcohol or substance misuse, when the chances of success seemed slim. The judges and the FDAC team agreed that this had occurred, especially in the early stage, and they recognised that greater attention should be paid to tracking timescales and making decisions on cases where progress by parents was slow.

There is a continuing minority view that the focus on parents in FDAC inevitably leads to a lack of attention to the child. The majority view is that this focus on parents is positive, and that it complements the focus of the local authority and the guardian, both of which are on the child.

There were mixed views about the value of supervision orders. It was recognised that this could be due in part to local authority policy and practice in relation to the status of children living at home under a supervision order. It was suggested that it would be helpful for local authorities to review the level of support provided to families whilst the order was in place.

Concerns were raised about the impact of the impending changes to legislation, including the 26-week time limit for concluding care proceedings and the extent to which this will help or hinder attempts to improve outcomes for children affected by parental substance misuse.

Amongst professionals there was a lack of clarity about which cases should be referred to FDAC, with some considering that the FDAC process is best suited for young children and others thinking it is better for older children. There were also those who thought that the age of the child was less important than parental motivation to change.

Commissioners were facing severe restrictions on budgets, and negotiations that some had had with Public Health colleagues or Clinical Commissioning Groups about jointly commissioning FDAC do not seem to have borne fruit.

## **E. CONCLUSIONS AND RECOMMENDATIONS**

This five-year comparison of FDAC and ordinary care proceedings has tracked the progress of some 200 families from six local authorities (3 pilot and 3 comparison). We set out below our main conclusions and recommendations.

### **Conclusions**

#### **1. Treatment efficacy**

The evaluation findings provide evidence that FDAC succeeds in helping more mothers and fathers than in ordinary care proceedings to overcome the substance

misuse that has placed their children at risk of significant harm; to be reunited with their children; and to continue living with their children with less recurrence of abuse or neglect. The findings also provide evidence of other benefits for the many parents who, despite help from FDAC, did not stop misusing drugs and/or alcohol.

The many similarities between the FDAC and comparison cases make it reasonable to infer that involvement in FDAC was an important contributory factor to the difference in outcomes in relation to cessation of misuse, reunification, and reduced risk of neglect or abuse after return home. It suggests that there is added value to be gained from the FDAC approach that combines treatment and assessment within care proceedings. The findings also suggest that FDAC helps parents access and stay in treatment, consistent with the national strategy on substance misuse<sup>21</sup> and its objective of helping people make a full recovery from drug and alcohol misuse.

We found that FDAC, in line with the problem-solving court model on which it is based, operates in a distinctively different way to the traditional court process involving expert assessment and evidence. The multi-disciplinary team works closely with the court and others throughout the case, providing their own assessment and interventions and co-ordinating the interventions of others. A likely consequence of this was our finding that more FDAC than comparison parents were offered substance misuse and family services over and above those they received from the FDAC team. The difference in the offer of additional substance misuse services and family services reached statistical significance.

The judges also played a different role and this, too, contributed to FDAC's success. Through the non-lawyer reviews, they motivated parents to change their lifestyle and make good use of services on offer, whilst keeping the case on track and being clear with parents about the court's power to remove children from their care. For all these reasons, parents and professionals would like to see FDAC rolled out more widely.

## **2. The need for better support for reunification**

Our follow-up of cases where children had been reunified with their parents at the end of proceedings showed positive findings, in the sense that the great majority of reunifications remained intact. But in each sample (albeit less in FDAC) there was a worrying message about children experiencing further neglect or abuse, mainly because of a mother's relapse into substance misuse or, in a few cases, because of her being subject again to domestic violence. The majority of these children were subject to a supervision order.

In some cases these findings posed questions about the appropriateness of the decision to return children home, especially in cases (in the comparison sample) where the mother had not stopped misusing, or (in both samples) where mothers were trying to care for several children who each had a range of problems. This poses some problems for local authorities and the courts, given that finding a suitable permanent home is likely to prove difficult for some older children and because older children who want to stay at home will choose to do so. With regards to returning children to mothers who had improved but not stopped misusing, there are also no easy answers. Courts will need to decide this question on a case-by-case basis

---

<sup>21</sup> Home Office (2010) Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life.

Another concern related to the very low level of support provided to vulnerable families after reunification. Recovery is a long process,<sup>22</sup> requiring different levels and types of support once treatment has ended. We know, from other research, of the ongoing failure to ensure that parents and children receive adequate support when children return home from care.<sup>23</sup>

The government's agenda for adoption reform<sup>24</sup> places emphasis on speeding up decisions and action in placing babies and young children with potential adoptive parents. When combined with the push to complete care proceedings within 26 weeks, and the research evidence about the fragility of reunification in some circumstances,<sup>25</sup> this could serve to heighten doubts about the value of FDAC's focus on supporting reunification in cases where that is appropriate.

It is, however, important to remember that it is not possible to narrow the role of the court to that of speeding up the move to adoption. Given the duty in legislation to keep children within their family where possible, reaffirmed in *Re B*,<sup>26</sup> reunification will remain an option for all children in principle and for many children in practice, and it is crucial to give due attention to supporting safe permanence for children who return home. Reunification can never be guaranteed to be risk free, but it is of note that parents who had been through FDAC did better than other parents in keeping children safe from harm after they returned home (although these results would need testing with larger numbers to increase confidence in the findings).

The proposal for offering greater support to parents at this stage was favoured by parents and professionals alike. Such a proposal builds on the evidence for long-term support to achieve recovery, as well as on the value of parents maintaining links with known and trusted professionals after receiving an intensive service, to reduce risk of relapse into substance misuse.<sup>27</sup> FDAC would, in effect, be providing a short-term bridging service to ease the transfer of the support role to the local authority.

An important question is how such an aftercare service would be funded. One possibility would be a pooling of costs by those services most likely to benefit from such a development, especially Children's Services, adult social care, and child and adult health and mental health services. We go further and say that this should be a service that all local authorities – not just those using FDAC – should provide for all families, and for as long as needed, following a decision to return a child home.

---

<sup>22</sup> Advisory Council on the Misuse of Drugs (2013) What recovery outcomes does the evidence tell us we can expect? Second Report of the Recovery Committee.

<sup>23</sup> Wade J, Biehal N, Farelly N and Sinclair I (2011) *Caring for Abused and Neglected Children: Making the right decision for reunification or long term foster care*. London. Jessica Kingsley; Ward H, Brown R, Westlake D (2012) *Safeguarding Babies and Very Young Children from Abuse and Neglect*. London. Jessica Kingsley; Farmer E and Lutman E (2010) *Case Management and Outcomes for Neglected Children Returned to their Parents: a five year follow up study*. London. DCSF; Thoburn J, Robinson J and Anderson B (2012) SCIE: Research Briefing 42: Returning Children Home from Public Care. London. Social Care Institute for Excellence; Care Inquiry (2013) *Making Not Breaking: Building Relationships for our most Vulnerable Children*. Farmer et al (2011) *Achieving Successful Returns from Care*, BAAF, London. And see *Re B (A Child)* [2013] UKSC 33.

<sup>24</sup> An Action Plan for Adoption 2012; Further Action on Adoption 2013

<sup>25</sup> Wade J et al (above); Ward H et al (above) and Farmer and Lutman (above)

<sup>26</sup> *Re B (A Child)* [2013] UKSC 33

<sup>27</sup> McKay J (2009) *Continuing care research: What we've learned and where we're going*. *Journal of Substance Misuse Treatment* 36, 131-145.

The evaluation showed that there might be scope at policy as well as practice level to strengthen the monitoring and support for children on a supervision order. Proposals in the recent government consultation for improving permanence for looked after children, including those who are returned home, would be highly relevant to children returned home on a supervision order.<sup>28</sup> So, too, would the public health outcomes framework for looked after children, with its indicator for monitoring their emotional well-being, in recognition of the risk of *'an even greater increase in rates of undiagnosed mental health problems ... and alcohol and substance misuse'*.<sup>29</sup> Extension of this indicator to children on supervision orders is a possible hook on which to draw in extra health funding to support these children.

The lack of research into the outcomes of children returned home on a supervision order, or indeed data on their numbers, leaves us unable to contextualise some of our findings in relation to family reunification. We do not know, for instance, how many children return home on supervision orders to a parent or parents with substance misuse problems, or the frequency and timing of reunification breakdown and/or of return to court. The lack of national data about this contributes to this group of children remaining invisible as a policy priority. Anecdotal evidence that shorter care proceedings are leading to an increase in supervision orders supports the value of closer scrutiny of what happens to the children involved and of the potential for increasing the role of supervision orders and of court directions attached to them.

### **3. The contribution of FDAC when families are not reunited**

In both samples, the proportion of parents who did not keep their children exceeded the proportion whose children returned home. The qualitative evidence from the study indicated that the FDAC process was more positive than the ordinary court process in enabling parents to understand more clearly the concerns about their children's needs and to accept the decision of the court. We do not know what impact this help might have on parental behaviour in the longer term, and there might be value in FDAC teams monitoring these softer outcomes, such as improvements in the control of substance misuse, and in the quality of relationships with children who have not returned home.

There is increasing momentum to support parents who have recently had babies removed through care proceedings, in order to reduce the risk of repeat removals of children from their care. Such projects are sometimes part of a support package to promote parent and child health and well-being. A number of projects are already established or in development.<sup>30</sup> There would be value in the current, and any future, FDAC having links with such projects, especially given our finding that 40 per cent of the mothers had had children removed in previous proceedings.

### **4. The costs of FDAC**

Local authorities that have the option of using the current FDAC, or contributing to its development in other areas, will have to decide whether the costs of the team are justified. In 2011 the cost was calculated at £8,700 per family, and is now (2014) just

---

<sup>28</sup> DfE (2013) Improving permanence for looked after children: Consultation.

<sup>29</sup> Department of Health (2013) Improving Outcomes and Supporting Transparency. Part 1A: A Public Health Outcomes Framework for England 2013-2016.

<sup>30</sup> Broadhurst K and Mason C (2013) Maternal outcasts: raising the profile of women who are vulnerable to successive, compulsory removals of their children – a plea for preventative action. *Journal of Social Welfare and Family Law*, 35:3, 291-304.

over £12,000, a figure that is in line with other multi-disciplinary teams offering assessment in court cases or offering a specialist, intensive treatment programme for vulnerable families with complex needs.<sup>31</sup>

A main message from the costs exercise in our report at the end of Stage 1<sup>32</sup> was about the savings for FDAC cases through less use of experts, shorter hearings, and fewer hearings with lawyers present. There were savings, too, in the cost of foster care placements during proceedings and family reunification at the end. All these savings would need to be revisited in the light of shorter care proceedings generally (under the new legislation), the reduced fee levels for experts, less use of expert assessments overall, and the current cost of local authority placements and services.

The costs of the FDAC team need to be weighed against the potential longer-term savings to local authorities, adult treatment services and the courts that arise from the greater treatment efficacy of FDAC. The costs of repeat proceedings for a mother, with the same and/or a new child, the consequences of taking more children into care, and the potential savings on family reunification all need to be factored into the equation of whether investment in FDAC is likely to give a good return.

At times of intense financial austerity and an increasing demand on services it is particularly important to spend money wisely, and the evidence of FDAC's success in achieving outcomes relating to substance misuse cessation and reunification should help inform decisions about future commissioning of FDAC. The specialist team is now commissioned exclusively by Children's Services although good arguments can be made for contributions from the Legal Aid Agency, because it provides expert assessments for care proceedings; from Public Health, because it provides substance misuse interventions; and from Clinical Commissioning Groups, because they provide psychiatric and psychotherapeutic services to children and families.

Furthermore, it will be a noticeable gap if the extent of parental substance misuse, and information about its impact, is not included in relevant local needs assessments, particularly Joint Strategic Needs Assessments (JSNAs). The benefit of Children's Services commissioners pursuing this as an issue is that it would help acknowledge clearly how parental substance misuse can exert a negative impact on people's lives and this, in turn, might increase commitment to tackle the short- and longer-term consequences for children and families.

Finally, the robust methodology used to cost the FDAC specialist team remains relevant. It gives a breakdown of the cost of the different components of the input from the FDAC team. The costing generated a model for calculating cost variations per case, based on features such as the length of the case and the number of children, and this should be particularly useful. This approach could be used by

---

<sup>31</sup> *Evaluation of the alternative commissioning of experts pilot*, Legal Services Commission [http://www.legalservices.gov.uk/docs/stat\\_and\\_guidance/ACE\\_Pilot\\_Evaluation\\_Final\\_Report\\_June\\_2011](http://www.legalservices.gov.uk/docs/stat_and_guidance/ACE_Pilot_Evaluation_Final_Report_June_2011);

*Turning around the lives of families with multiple problems – evaluation of the Family and Young Carer Pathfinder programme*. DfE Research Report DFE-RR154. <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR154.pdf>.

<sup>32</sup> Harwin J, Ryan M and Tunnard J, with Pokhrel S, Alrouh B, Matias C and Momenian-Schneider S (2011) *The Family Drug and Alcohol Court Evaluation Project, Stage 1 Final Report*. Brunel University.

commissioners and service providers if they wished to develop a costing mechanism that offers more flexibility than the current flat-fee arrangement.<sup>33</sup>

## **5. Challenges in maximising the benefits of FDAC**

We found a number of ways in which the potential of FDAC, a young and evolving service, could be enhanced further.

### **(a) Reviewing how cases are selected for FDAC**

The predictor analysis makes clear that, in both samples, cases with more parent and child problems reduce the chances of substance misuse cessation leading to reunification. By contrast, in FDAC and comparison cases with a similar lower level of parent and child difficulties, FDAC was more successful in helping parents stop misusing and be reunited with their children. This would suggest that the practice we were told about, that intractable cases were referred to FDAC, must raise questions about whether FDAC is being used to best advantage.

### **(b) Bringing cases to court earlier**

Related to the above point, it had been anticipated that FDAC's approach of treatment intervention within the framework of court proceedings would encourage local authorities to bring cases to court earlier, in the belief that this might enhance the prospects of success. This was in light of research identifying that cases were coming to court later than they had before the implementation of the Children Act 1989.<sup>34</sup>

However, given the current legal and policy context of a strong emphasis on pre-proceedings activity before bringing proceedings,<sup>35</sup> it seems unlikely that local authorities will be prepared to consider early use of care proceedings in FDAC. The cost of issuing proceedings might be another factor here, as Children's Services face increasingly stringent budget reductions. It seems likely that, for the time being at least, the court will continue to be seen as a last resort, despite the opinion of the Family Justice Review to the contrary.<sup>36</sup>

This is a worrying scenario, all the more so given that the lengthy histories of parental substance in our samples meant that over half the parents found it impossible to control their drugs and/or alcohol misuse by the end of proceedings, and older children had high levels of emotional problems, having experienced many years of neglect. Encouraging local authorities to work intensively with families where care proceedings seem likely should not necessarily mean delaying taking cases to court for so long that children are harmed.

### **(c) Continuing to learn from parent mentoring**

Parent mentors are a distinct element of the FDAC approach. We found that a group of parent mentors, changing over time, has been in existence from the start of FDAC and now includes parents who have used FDAC themselves. It is clear that this element of the service needs adequate resourcing, to ensure that mentors receive

---

<sup>33</sup> Harwin J, Ryan M and Tunnard J, with Pokhrel S, Alrouh B, Matias C and Momenian-Schneider S (2011) *The Family Drug and Alcohol Court Evaluation Project, Stage 1 Final Report*. Brunel University (section B4 and annex 6).

<sup>34</sup> Aldgate J and Statham J (2001) *The Children Act Now: Messages from Research*. Norwich. TSO

<sup>35</sup> Practice Direction 36 C(2013): Pilot Public Law Outline

<sup>36</sup> Family Justice Review Final Report, Ministry of Justice, November 2011, para 3.50.

ongoing training and supervision and that the specialist team and parents can make best use of their input. It is also clear that those with experience of having or being a parent mentor valued the benefits that accrued from the experience.

Beyond that, we have not been able to draw any firm conclusions about the impact of this aspect of the FDAC service, though we are mindful that research into recovery from dependence on drugs and alcohol stresses the importance of mutual support, as well as social networks, in supporting sustained recovery.<sup>37</sup>

#### **(d) Improving ways of monitoring progress**

In FDAC cases when reunification was not appropriate, it took longer than in comparison cases for children to be placed with permanent alternative carers. This was contrary to what FDAC was hoping to achieve. It remains an issue for FDAC because of the tighter timescales stipulated in the new legislation. Better and more routine monitoring (by FDAC and the local authorities) of the length of care proceedings in every case, coupled with other measures to gain feedback on case performance, would help reduce the time children spend in care proceedings.

Another point about monitoring relates to the information collected by FDAC. Whilst producing some case analysis, for quarterly reports to commissioners, it makes little use of standardised measures. For instance, it does not use TOPS<sup>38</sup> to monitor parental substance misuse outcomes, or the SDQ<sup>39</sup> for measuring change in children's functioning. An added bonus of using these or similar instruments is that they would help FDAC benchmark their outcomes against other services.

#### **(e) Challenging the gaps in administrative data**

The many gaps that we found in the administrative data sources throughout our study were a matter of concern. In particular, the dearth of information about children's fathers left us feeling that Children's Services were ambivalent or unsure about how to work with fathers, and that fathers were left marginalised. The problem is one that has been identified in a number of other studies.<sup>40</sup> The practice exceptions that we found attest to the value of tackling these deficiencies. Without adequate information, agencies are hampered in their ability to work with individuals and to develop services to respond to common needs.

#### **(f) Remaining alert to the impact of the Children and Families Act 2014**

Meeting the 26-week timescale is a challenge for all courts, but some particular challenges arise for the problem-solving approach of the FDAC court, as professionals have pointed out in our consultation interviews and focus groups. Of note here is the comment of the President of the Family Division (overseeing the implementation of the new Public Law Outline) that the PLO should not be an obstacle to the functioning of a good model:

*... we must see how best the PLO can accommodate the FDAC model (I put it this way, rather than the other way round). We must always remember that the PLO is a means of achieving justice and the best outcomes for children and, wherever possible, their families. It is not, and must never be allowed to*

---

<sup>37</sup> Advisory Council on the Misuse of Drugs (2013) What recovery outcomes does the evidence tell us we can expect? Second Report of the Recovery Committee.

<sup>38</sup> The Treatment Outcomes Profile <http://www.nta.nhs.uk/top-brief.aspx>

<sup>39</sup> The Strengths and Difficulties Questionnaire - <http://www.sdqinfo.org/>

<sup>40</sup> Ryan M (2000) Working with Fathers. Radcliffe Medical Press.

*become, a straightjacket, least of all if rigorous adherence to an inflexible timetable risks putting justice in jeopardy.*<sup>41</sup>

Application of the new timescale will reduce the time available to test parents' motivation and ability to control their problematic drinking or drug use, through a therapeutic intervention overseen by the court. This might be an advantage in cases where it is clear that reunification is not appropriate, because it will mean that FDAC would speed up its decision making and ensure swifter permanency for some children. A spin-off of faster decision making in such clear-cut cases is that FDAC could devote more time to help the parents who have greater capacity to change.

The new legislation provides flexibility for the court to allow an extension of the time limit in exceptional circumstances, with no upper limit specified on the number of extensions.<sup>42</sup> The indications are that these will be considered appropriate for FDAC cases where parents are engaged with the service and where their child's return home seems likely. Enabling parents who are doing well to remain in the court process, to consolidate progress, will be important. A conclusion of the USA national evaluation was that family reunification cases stayed in court for up to a year, the maximum time allowed.

However, because extensions are not automatic under the legislation, there is a risk that the courts might prefer to conclude promising cases quickly, making a supervision order as a way of keeping the case under review and enabling its return to court, if necessary. There is some evidence of the increasing use of supervision orders. Our findings on the variability of support under a supervision order suggest that this might not provide enough support to consolidate the progress that parents have made in FDAC.

The most challenging cases will continue to be those where there are indications of a parent's capacity to change but their progress is uneven. FDAC might be able to have a greater role in pre-proceedings assessments, and this might enhance the prospects of a new-born baby living safely with their parents. A concern here is that the court would then be less likely to be the main arena for testing parental capacity to change. This is a concern because our findings are based on the value of the work of the specialist team in combination with the court process and the oversight provided by the FDAC judges. The impact of a reduced role for the FDAC court is uncharted territory.

### **A final note**

The climate in which FDAC operates at present undoubtedly poses challenges to the concept of a court that seeks to reunite families, and that needs time and specialist support to help bring about the changes necessary. The recent funding support from the Department for Education, to enable the model to be rolled out to new sites and to be developed and monitored, is a positive development that will provide further time to learn about what helps and hinders progress in improving outcomes for vulnerable children before, during and after care proceedings.

---

<sup>41</sup> President of the Family Division (2013) View from the President's Chambers, No 7 the process of reform, changing cultures  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/189397/DCSF-RB214.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/189397/DCSF-RB214.pdf.pdf)

<sup>42</sup> Section 32(5) Children Act 1989, as amended by section 14 Children and Families Act 2014; Ryder Mr Justice (2012) Family Modernisation Programme: Fourth Update.

## Recommendations

We consider that FDAC is a promising model for care proceedings and should continue. It has demonstrated its potential as a court that oversees treatment intervention as well as adjudicating on the matter of children at risk of significant harm attributable to parents.

### Rolling out FDAC more widely

- Local authorities and the court system should be encouraged to consider adopting the FDAC model.

### Decisions about referral and early action

- Local authorities should set clearer referral criteria for FDAC cases, with a focus on families with less entrenched problems and a greater capacity for change.
- FDAC should continue to pay attention to quicker decision making when parents do not engage with the service or show very little sign of progress.
- The development of a data tracking system would give FDAC clearer information and improve their feedback to the local authorities involved.

### Tracking outcomes

- The current FDAC team, and those established in other areas, should use a common system for tracking outcomes for children and parents and should make use of standardised measures to compare progress over time. The tracking should include the harder-to-measure outcomes in cases where parents are not reunited with their children.

### More support after family reunification

- A short-term FDAC aftercare service, starting at the end of proceedings, should be developed, to support the role of the local authority in family reunification cases.
- Local authorities should ensure that their policies in relation to supervision orders enhance the safety and sustainability of family reunification. Attention should be paid to how supervision orders could play a more useful role in supporting reunification, including the court's use of directions attached to the order.
- Government policy should consider harmonising the support available for children placed at home on a supervision order with that proposed for children returning home from voluntary care<sup>43</sup> or receiving post-adoption support.

### Working with fathers

- Local authorities should be more proactive in identifying and working with children's fathers.

---

<sup>43</sup> DfE (2013) Improving permanence for looked after children: Consultation. It includes proposals to strengthen support for children returning home from accommodation under section 20 of the Children Act 1989.

### **Support when reunification is not achieved**

- Support should be available for parents who are not reunited with their children at the end of proceedings, to build on any progress made in FDAC, to provide emotional support, and to help prevent untimely new pregnancies.

### **FDAC costs and cost benefits**

- The possibility of additional agencies contributing to the costs of commissioning FDAC should be pursued, including Public Health, Clinical Commissioning Groups and the Legal Aid Agency.
- The potential longer-term cost benefits of parents controlling their substance misuse and being reunited with their children should receive a higher profile.

### **Learning from new developments**

- FDAC should monitor carefully any new developments in applying the model, including pre-proceedings work, adapting to the 26-week timescale whilst applying for extensions where needed, embedding the parent mentor programme, and extending the FDAC model to cases where domestic violence and mental health problems are triggers for care proceedings.
- Consideration should be given to providing opportunities for judges involved in FDAC work to learn from each other and to access training in problem-solving court approaches.

## **PART A –THE FDAC EVALUATION AND METHODOLOGY**

This section describes briefly the overall aims and objectives of the evaluation and the methodology used. It covers the study samples and data sources, the ethical approval arrangements, the research issues arising, and some study limitations. It includes a table (Table 1) that summarises the various research samples in each section that underpin the findings. Annex 1 provides further information about technical aspects of the methodology.

### **AIMS AND OBJECTIVES**

The main aim of the evaluation was to establish whether the FDAC approach to care proceedings resulted in better outcomes for children and parents than those achieved through ordinary care proceedings. The desired outcomes anticipated for FDAC, on the basis of the findings from the USA national evaluation of Family Treatment Drug Courts (FTDCs),<sup>44</sup> were to achieve, compared to ordinary care proceedings, higher rates of parental substance misuse cessation and safe and sustainable family reunification; swifter placement with permanent alternative carers when reunification was not possible; and reduced costs to local authorities of alternative care placements during and after proceedings.

The elements of the evaluation included:

- describing the FDAC pilot and how it works, and estimating the costs of the FDAC team
- identifying set-up and implementation lessons, and obtaining the views of parents and professionals
- comparing the outcomes of cases heard in FDAC with outcomes in cases heard in ordinary care proceedings where parental substance misuse was a key factor in local authority concerns
- following up FDAC and comparison cases where children had been reunited with their parents at the end of proceedings, to ascertain whether reunification had been sustained and whether there was any difference in sustainability between FDAC and comparison cases, and
- so far as possible, comparing FDAC costs with costs in ordinary care proceedings.

The evaluation was funded and conducted in two stages. The main purpose of Stage 1 (2008-2011) was to establish whether the outcomes were sufficiently promising to merit a larger study. Stage 2 (2011-2013) extended the FDAC and comparison samples, to increase the robustness of the findings and provide an opportunity to track cases after reunification.

---

<sup>44</sup> Worcel S et al (2007) Family Treatment Drug Court Evaluation Final Report. Submitted to Center for Substance Misuse Treatment, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Sciences

## **METHODOLOGY**

The evaluation used a mixture of quantitative (C1-3) and qualitative (D) methods.

### **Quantitative methods**

We followed up all families referred to FDAC at the Inner London Family Proceedings Court by the three FDAC pilot authorities between January 2008 and December 2010. All cases in which parental substance misuse was a key factor in the local authority application for care proceedings were listed to be heard in FDAC.

We compared these cases with a sample of families referred to the Inner London Family Proceedings Court because of parental substance misuse by three other (non-FDAC) local authorities. These cases were referred between April 2008 and August 2012.

Before the pilot started it had been agreed that certain cases would be excluded from FDAC, and the same exclusion criteria were applied to comparison cases. The grounds for exclusion were that:

- the parent was experiencing florid psychosis, *or*
- there was serious domestic violence posing a major risk to child safety, or a history of severe domestic or severe other violence where help had been offered in the past and not accepted, *or*
- there was a history of severe physical or sexual abuse of the children.

All the cases in each sample were tracked until the end of the care proceedings.

In addition, and where possible, the FDAC and comparison parents who were reunited with their children at the end of proceedings were followed up for between one and three years after the final hearing in the case.

### **Qualitative methods**

There were four elements to the qualitative work.

First, we held semi-structured interviews with FDAC personnel (the judges, their legal adviser, and the FDAC team) at three different points, to capture their perspectives from the start of FDAC in 2008 to the end of the research fieldwork in July 2013.

Second, at two different points we carried out themed focus groups with the different professionals involved in FDAC cases. In total, they included approximately 140 guardians, social workers and managers, lawyers for the local authorities and for parents and children, staff from adult treatment services, and commissioners of the FDAC service. At Stage we held a focus group with three parent mentors.

Third, we interviewed some parents during their involvement in proceedings and a few other after their case had ended and they had been reunited with their children.

Fourth, we observed all the court hearings during the first 18 months of the pilot and did further observations in 2010 and 2013.

## The samples

### Deciding the target numbers for the Stage 2 study

The results from the Stage 1 study were based on a small and unequal number of cases (41 FDAC cases and 19 comparison cases). The main consideration in deciding target case numbers for Stage 2 was the wish to test for statistical significance on the quantitative outcome measures at the final hearing of the court case.

A statistical power calculation was carried out by Professor Jim Orford, consultant to the FDAC evaluation, based on the percentage differences in family reunification and cessation of substance misuse outcomes found at Stage 1. On this basis, the target numbers were set at 100 FDAC and 100 comparison cases, including the cases from Stage 1. If the differences found at Stage 1 were repeated at Stage 2, this sample size would enable us to say that the findings reached statistical significance.

**The FDAC sample** comprised the 106 families (149 children) whose case was listed to be heard in FDAC between January 2008 (the start of the pilot) and December 2010. We call this the '*all referrals sample*'.

The outcome results at the end of proceedings described in the main report are based on the 90 cases where parents were offered and accepted FDAC and received the intervention for varying lengths of time. We call this '*the assessment and intervention sample*'.

Annex 2 gives the outcome results on the 106 cases in the '*all referrals sample*' at the end of proceedings. This analysis incorporates the 16 families who were referred to FDAC but declined the service or were excluded according to the agreed exclusion criteria.

**The comparison sample** comprised the 101 families (151 children) subject to care proceedings due to parental substance misuse from the other three inner-London local authorities who had agreed to be part of the evaluation. Case collection took longer for these cases (from April 2008 to August 2012) because the third comparison authority joined the study at Stage 2 only and a number of their cases were heard in a different court (the Principal Registry of the Family Division).

All cases in each sample were followed up to final order.

In addition to these main samples, we used four smaller sub-samples to explore particular quantitative or qualitative issues.

**The 'family reunification sub-sample'** was 32 FDAC families and 31 comparison families derived from the FDAC '*assessment and intervention sample*' of 90 cases. Of these, we were able to follow up 24 FDAC and 18 comparison families for one year after proceedings ended. The sample size was determined by the number of reunifications where a full year had elapsed since the care proceedings ended, and it was limited by the number of families who moved to new areas where we had no ethical approval to follow up the cases. It was possible to follow up 20 FDAC and 13 comparison families for two years and 14 FDAC and 8 comparison families for three years.

**The 'comparison of services offered during proceedings sub-sample'** was 57 FDAC cases and 82 comparison cases from Stage 2, derived from the FDAC '*assessment and intervention sample*' of 90 cases. Stage 1 cases were excluded because the tracking period at that stage ended six months after the first hearing. This meant that we were not able to track most of those cases to final hearing, and it was not feasible to contact parents to ask for consent to view their files to update the information we had collected earlier.

**The 'FDAC parents sub-sample'** enabled us to interview 37 parents whilst their case was in proceedings (28 mothers and 9 fathers) and a further 5 FDAC parents who had been reunited with their children for at least one year after the end of proceedings (3 mothers and 2 fathers).

**The 'costs sub-sample'** (Stage 1 only) was 22 FDAC families who had consented to our looking 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.

## Data sources

We drew on four main data sources.

For baseline information at the start of proceedings, we collected from court files the information supplied by the local authorities to the court when making their care proceedings application.

For child and parent circumstances at the end of proceedings, we collected information from court files, parents' NHS files held by the FDAC specialist team, local authority children's files, and specially-designed questionnaires that guardians agreed to complete at the end of each case. These sources also provided information about the services offered to parents and children during proceedings.

For the Stage 1 costs exercise (see Annex 7), we obtained information from forms that we designed for completion by the local authority legal departments (about court hearings), by Children's Services (about placements), and by the FDAC team (this was a survey of Time Use Activity).

For convictions and types of offences, we drew on information supplied by the Ministry of Justice, from data extracted from the Police National Computer (PNC).

For qualitative data, we used information that we noted and/or recorded during interviews and focus groups, and - for court observations - we used a recording form that we had adapted from the US evaluation of their Family Treatment Drug Courts.

## Data analysis

All data relating to the quantitative baseline information and follow-up of cases was entered onto an Access database. Access, and SPSS (the Statistical Package for the Social Sciences), were used for analysis of quantitative data.

**Categorical data**<sup>45</sup> (for example, the fact that a child was reunited with parents) is presented as percentages, with cross-tabulation to show any emerging relationships or patterns with other case variables.

**Continuous data** (for example, the duration of treatment) is usually presented as averages, sometimes with a mean or median,<sup>46</sup> and with an indication of the variability of this data. Continuous data is always numeric (for example, number of days per week, age in years).

---

<sup>45</sup> Categorical data is data that can be sorted into categories. There are different types of categorical data - dichotomous data refers to a type that can be sorted into two sub-categories only (eg yes/no, male/female)

<sup>46</sup> Mean is the same as average. The median is the middle value, the one with an equal number of values on each side. It provides a useful comparison where a very high (or low) value has pulled the mean (or average) value upwards (or downwards).

Qualitative data was usually tape recorded and transcribed, with reference to detailed notes recorded at the time. The themes were analysed thematically using grounded theory and triangulation.<sup>47</sup>

### **The use of percentages, and issues about testing for statistical significance**

We have explored many differences in the report. Most of them do not reach the level of statistical significance but, when they do, we state this. Even then, caution is needed, because some of the findings would be expected to reach the conventional level of significance by chance alone.

For the main samples, numbers are presented at the start of each section and numbers and percentages are used in the main body of the report. When sub-samples are used, we present percentage differences in the main body of the report and include numbers as footnotes.

For some results, missing information has reduced the sample size. In these instances we have excluded the missing cases when calculating the percentage. We have done so on the advice of our research consultant, to avoid 'diluting' the results on account of the numbers being comparatively small and the amount of missing data quite large.

Where statistical tests were appropriate, the chi square test ( $\chi^2$ ) was used to test for the significance of differences between FDAC and comparison groups, and for associations between two variables, such as the association between a predictor variable and an outcome variable.

Further information on the approach in the report to statistics is at [Annex 1](#).

### **Ethical approval**

The evaluation received approval from the Brunel University Research Ethics Committee, the Camden and Islington Community Research Ethics Committee, Cafcass, the FDAC and comparison local authorities, and the Ministry of Justice.

For the duration of each stage of the evaluation the researchers had court authorisation to access, without parental consent, the court files of FDAC and comparison cases. This authorisation was granted under the Family Proceedings Court (Children Act 1989) Rules (Rule 23A as amended) and – for Stage 2 – under Rule 12.73 of the Family Procedure Rules 2010, and Practice Direction 12G.

The ethical approval arrangements for viewing other files also differed between Stages 1 and 2:

In Stage 1, signed parental consent was needed to access the parents' NHS files held by FDAC and the local authority children's files.

In Stage 2, access to the parents' NHS files was on the basis of parental opt-out. The basis for access to the FDAC local authority children's files was also parental opt-out, but the arrangement varied for the comparison authorities (see Table 21 in [Annex 1](#)).

---

<sup>47</sup> Strauss A and Corbin J (1990) Basics of qualitative research: grounded theory procedures and techniques. London: Sage.

## Evaluation challenges and limitations

We comment here on the methodological challenges for the evaluation and we explore the limitations that need to be recognised.

### Matching the two samples

Every effort was made to match the two samples as closely as possible. All the authorities - pilot and comparison - were asked to identify any case going into care proceedings where substance misuse was a key problem, and all agreed to use the same exclusion criteria (as explained above). We were, though, dependent on the authorities supplying us with details of the cases they had selected for the study as they entered care proceedings. As we did not study the process of case selection prior to the start of the proceedings, it is possible that some cases potentially suitable for FDAC entered ordinary proceedings instead. It is also possible that we were not notified about some comparison cases that would have been suitable for inclusion in the study.

We tried as far as possible to match the local authorities in terms of socio-economic profiles, drawing on the Children's Services Statistical Neighbour Benchmarking Tool<sup>48</sup> when selecting possible comparison authorities.

### Joining FDAC is voluntary

An important difference between the samples is that families referred to FDAC can choose between taking up their offer or having their case dealt with in the ordinary way. This could potentially introduce a selection bias. As noted earlier, a number of families did decline the offer of FDAC but, as we explain below, we have included the results of an analysis of outcomes that includes these families (see Annex 2).

### The FDAC samples: 'all referrals' and 'assessment and intervention'

A key issue was whether to have as the main focus of the report the 90 FDAC 'assessment and intervention sample' or the 106 FDAC 'all referrals sample'. The approach chosen would answer different questions and each question is important.

To avoid the risk of attempting to link case outcomes with an intervention that some parents did not in fact receive, we decided that the main report should focus on the 90 cases in the 'assessment and intervention sample'. However, to allow for the possibility that the 16 cases thus excluded from our analysis might have influenced the results, we have recalculated all the results that achieved statistical significance, this time including all 106 families. As already noted, the results are presented in Annex 2. Further information is provided in C2 on the 16 cases where parents did not take part in FDAC.

### Prospective and retrospective case collection

In Stage 1 all cases in each sample were collected prospectively. However, a number of cases in each sample had concluded by the time we started our Stage 2 case collection. For comparison cases, the risk here was that knowledge of the outcome might have affected the decision of the local authorities about which cases they were offering to us as suitable for including in the study. This was not a risk for

---

<sup>48</sup> Benton T, Chamberlain T, Wilson R and Teeman D (2007) Development of the Children's Services Statistical Neighbour Benchmarking Model: Final report. NFER. (Appendix 7)  
<http://files.eric.ed.gov/fulltext/ED502430.pdf>

FDAC cases because we had access to all the case outcomes for that sample, irrespective of whether the case had already concluded or was a new case at Stage 2.

### **The timeframe for case collection**

It did not prove possible to collect all FDAC and comparison cases in the same timeframe. Our first priority was to reach the target of 100 cases in each sample. We achieved this by December 2010 for the FDAC sample but it took longer to build up the comparison sample (from April 2008 to August 2012). This was partly because a number of cases from the third comparison authority were transferred to the Principal Registry and so were not heard in the agreed court for the study. Having to collect cases over a longer period might have had an effect on our results, particularly in relation to the length of proceedings, given the trend from 2012 towards quicker proceedings. A related impact of the longer time needed for case collection was that this reduced the number of comparison cases that we could track for at least a year after children had returned home.

### **The use of sub-samples**

Despite achieving the target numbers in the Stage 2 study, we still needed to use a number of sub-samples in order to address all the objectives of the evaluation. This is a potential limitation.

The number of families in the **follow-up of family reunification cases** is modest. It was determined by the number of cases that ended in family reunification, which was small at the end of Stage 1, but nevertheless important to include. The number of cases tracked beyond the first year of reunification was even smaller, in part because of case attrition, a common risk in follow-up studies.

The **costs** study provides a detailed description of the costs of the FDAC team, and the methodology we used (see Annex 1) remains a relevant tool for others seeking to establish these costs. The costs were not compared at Stage 2.

It would have been an advantage to present data on all cases in relation to the **services offered** to parents. However, the ethical approval arrangements for Stage 1 precluded this and so we used cases from Stage 2 only, by which time we were able to use parental opt-out instead of signed parental consent.

### **Limitations of the data on convictions**

In relation to parental offending, the main research question we set out to examine was the possible impact of FDAC on convictions and the sustainability of its impact after the FDAC intervention ceased. However, due to data protection issues, we did not receive permission from the Ministry of Justice to access data about individual parents; we received the data in aggregate form only. This meant that we were unable to track changes in convictions by parent and over time. It was, therefore, not possible to link conviction data with other outcomes at the end of the care proceedings or at the one-year follow-up. For this reason, the analysis of convictions is presented as a stand-alone analysis, at Annex 3.

### **Parent interviews**

It did not prove possible to interview parents who did not accept the offer of FDAC, despite vigorous efforts to contact them via their solicitors (who, in a number of cases, were no longer in contact with the parents). As a result, the interviews are based on parents still in FDAC, and at different stages in the process. The number of

parents interviewed in the family reunification sample was smaller than we had hoped to achieve.

### **Ethical approval arrangements**

The requirement to obtain written consent from parents affected our ability to collect data from FDAC files and from some local authorities. In Stage 1, just under half the FDAC parents did not give consent and this restricted the size of the sub-samples for the comparison of services and for costs. In Stage 2, a very small number of comparison parents in two authorities withheld consent to view their files. Otherwise, the shift to parental opt-out greatly eased our access to files, with only one FDAC and two comparison parents withholding permission.

### **Gaps in information**

There were problems with gaps in information recorded on files, particularly in relation to fathers. With the exception of services provided directly by FDAC, the gaps also made it impossible for us to collect reliable information on the receipt of services and the time taken to access them, and to report on the extent of parental engagement with services. This is why we restricted our comparison between the samples to the range of services that were offered to parents.

### **Standardised measures for outcomes**

Neither FDAC nor the local authorities used standardised instruments for the routine measurement of change in children's well-being or in the substance misuse and other problems experienced by parents, including domestic violence and mental health. This has limited our ability to compare results with those reported in other studies of similar populations.

All the above considerations need to be taken into account when considering the results of the evaluation.

**Table 1: The evaluation study components**

Aim	Time periods and participants	Stage 1		Stage 2		Total		Sources of information
		FDAC	COMP	FDAC	COMP	FDAC	COMP	
		3 LAs	2LAs	3 LAs	3 LAs	3 LAs	3 LAs	
<b>C1: To describe and compare FDAC and non-FDAC cases at the start of proceedings</b>	Start of proceedings	Jan 08 – Jun 09	Apr 08 – Jun 09	Jul 09 – Dec 10	Jul 09 – Aug 12	Jan 08 – Dec 10	Apr 08 – Aug 12	Court files  Total sample includes all Stage 1 & Stage 2 cases.
	Number of families	55	31	51	70	106	101	
	Number of mothers	55	31	49	70	104	101	
	Number of fathers	37	21	47	55	84	76	
	Number of children	77	49	72	102	149	151	
<b>C2: To compare outcomes at the end of proceedings (substance misuse, family reunification, speed of placement in permanent alternative family if reunification not possible)</b>	End of proceedings	Jul 08 – May 10	Feb 09 – May 10	Jun 10 – Jun 12	Jun 10 – Feb 13	Jul 08 – Jun 12	Feb 09 – Feb 13	Files held by courts, Children’s Services, FDAC team (parents’ NHS files), guardians (for questionnaires).  Cases that did not finish proceedings in time for the Stage 1 report were part of the Stage 2 sample.  Total sample includes all Stage 1 & Stage 2 cases.  * including <i>all referrals</i> FDAC cases. ^ excluding <i>all referrals</i> FDAC cases.
	Number of families	41* 33^	19	65* 57^	82	106* 90^	101	
	Number of mothers	41* 33^	19	63* 55^	82	104* 88^	101	
	Number of fathers	29* 23^	12	55* 48^	64	84* 71^	76	
	Number of children	58* 45^	26	91* 77^	125	149* 122^	151	
<b>C2: To compare offer of services</b>	Number of families	30	31	57	82			Tracking period in Stage 1 was 6 months from final hearing.  In Stage 2 it was to the end of the proceedings.  This report includes Stage 2 cases only.
	Number of mothers	30	31	55	82			
	Number of fathers	21	23	48	64			
	Number of children	13	49	77	125			
<b>C3: To compare outcomes one year after final order (proportion of families who remain together; return to court; maternal relapse and child neglect)</b>	Number of mothers					24	18	Children’ services files and LA legal files  8 FDAC and 6 non-FDAC families not available for follow-up
	Number of children					34	31	
<b>C3: To compare services offered in the year after final order</b>	Number of mothers/families					24	18	Children’s services, LA legal files and court files

Aim	Participants	Stage 1		Stage 2		Total		Sources of information
		FDAC	COMP	FDAC	COMP	FDAC	COMP	
		3 LAs	2 LAs	3 LAs	3 LAs	3 LAs	3 LAs	
<b>D1: To examine FDAC as a problem-solving court</b>	Number of observed court hearings analysed	79		35		114		Observation by research team
<b>D2: To canvas parents' experiences of FDAC during proceedings</b>	Number of mothers	28						Interviews
	Number of fathers	19						
<b>D2: To canvas parents' experiences of FDAC after reunification</b>	Number of mothers			3				Interviews
	Number of fathers			2				
<b>D3: To canvas professionals' experiences of FDAC, and the views of parent mentors</b>	Judges	4		3				Interviews and focus groups
	FDAC team	All		All				
	Chairs of CBOG	2		1				
	Lead commissioner	1		1				
	Commissioners	-		3				
	Court staff	2		-				
	Guardians	10		7				
	SWs/managers	22		28				
	LA lawyers	9		3				
	Treatment providers	6		9				
	Family lawyers	9		5				
Parent mentors	3							
<b>Annex 7: To estimate costs of FDAC, compare them with ordinary court, and compare placement costs</b>	Number of families	22	19					Final sample includes Stage 1 cases only.

## **PART B – HOW FDAC WORKS**

This section explains why and how FDAC was established and how the court and specialist team worked during the pilot period (January 2008 - March 2012). It then explains the past and current funding arrangements for FDAC and describes its governance structure.

### **B1. ESTABLISHING FDAC**

Key factors that influenced the development and funding of the FDAC pilot were concerns about:

- the extent and impact of parental drug and alcohol misuse
- the poor response of services, and
- problems with the court process for care proceedings.

#### **The extent and impact of parental substance misuse**

Reports by the Advisory Council on the Misuse of Drugs in 2003,<sup>49</sup> and by Turning Point in 2006,<sup>50</sup> drew attention to the negative and long-term impact of parental drug and alcohol misuse on children, and to the high number of children affected. Earlier research studies<sup>51</sup> had highlighted that substance misuse by adults is frequently linked to damaging experiences in their own childhood and to other problems later in life. As a result, parents with substance misuse difficulties are also likely to be affected by physical and mental health problems, domestic violence, and involvement in crime. In combination, these factors exert a harmful impact on children and help explain why there is a strong association between parental substance misuse and child maltreatment, particularly neglect.<sup>52</sup>

#### **The poor response of services**

Research had also identified that although parental substance misuse was a main cause of concern in a high percentage of cases referred to children's social care services,<sup>53</sup> there were a number of problems in the responses to this issue from both Children's Services and adult services. These included a lack of communication and co-ordinated activity between the two services and a poor understanding of the

---

<sup>49</sup> Advisory Council on the Misuse of Drugs (ACMD) (2003) Hidden Harm: responding to the needs of children of problem drug users. Report of an inquiry by the Advisory Council on the Misuse of Drugs. Home Office.

<sup>50</sup> Turning Point (2006) Bottling it up: the effects of alcohol misuse on children, parents and families. London.

<sup>51</sup> Cleaver H, Unell I and Aldgate J (1999) Children's Needs - Parenting Capacity: The impact of parental mental illness, problem alcohol and drug use and domestic violence on children's development. London: TSO.

<sup>52</sup> Tunnard J (2002) Parental Drug Misuse – a review of impact and intervention studies, and (2002) Parental Problem Drinking and its impact on children. Research in Practice.

<sup>53</sup> Forrester D and Harwin J (2006) Parental substance misuse and child care social work: findings from the first stage of a study of 100 families. Child and Family Social Work, vol. 11, no. 4, pp. 325–335.

impact of misuse on children, both of which could lead to delay in taking action.<sup>54</sup> In addition, concerns about alcohol misuse tended to lead to less, and later, intervention than concerns about drug misuse.<sup>55</sup>

### **Problems with the court process for care proceedings**

Early research into the working of the Children Act 1989 identified the growing problem of lengthy care proceedings and, as a result, the rising costs of proceedings.<sup>56</sup> An unofficial target for completing care proceedings within 40 weeks was introduced in 2003<sup>57</sup> but was being achieved in very few cases. Studies also noted that the threshold for initiating proceedings had increased since the implementation of the Act, and alongside this a view had developed that the court should be regarded as a last resort in work with families. As a result, there were delays in bringing cases into court proceedings.<sup>58</sup>

Policy reviews and research also noted the increasing use of expert evidence in care proceedings, which was identified as one element in the growing length of proceedings and in escalating costs.<sup>59</sup>

### **Policy and practice developments to respond to these issues**

Information disseminated at an international conference about Family Treatment Drug Courts (a new, problem-solving approach to care proceedings being widely used in the United States) led to the funding of a study into the feasibility of applying this approach to care proceedings in England. The feasibility study concluded that there were strong arguments in favour of testing such an approach.<sup>60</sup> It identified the changes that would be needed to fit with the English legal and Children's Services system and it recommended the piloting of the Family Drug and Alcohol Court.

---

<sup>54</sup> Hart D and Powell J (2006) *Adult Drug Problems, Children's Needs: Assessing the impact of parental drug use. A toolkit for practitioners*. London: NCB; Forrester D and Harwin J (2008) Outcomes for children whose parents misuse drugs or alcohol: A 2-year follow-up study. *British Journal of Social Work*, 38(8):1518-1535; Kroll B and Taylor A (2003) *Parental Substance Misuse and Child Welfare*. London: Jessica Kingsley; Kearney P, Levin E and Rosen G (2003) *Alcohol, Drug and Mental Health Problems: working with families*. Research Report No. 2. London: SCIE; Ryan M, Harwin J and Chamberlain C (2006) *Report on the feasibility of establishing a family drug and alcohol court at Wells St Family Proceedings Court*. Prepared for LB Camden, LB Islington, LB Westminster, Cafcass, Wells St Inner London FPC, and Brunel University; RSA (2007) *Reducing the harms from drugs: improving treatment and support*. *Drugs - facing facts*. Report of the RSA Commission on Illegal Drugs, Communities and Public Policy, RSA; Harwin J and Ryan M (2007) *The Role of the Court in Cases Concerning Parental Substance Misuse and Children at Risk of Harm*. *Journal of Social Welfare and Family Law*, 9 (3&4): 277-292.

<sup>55</sup> Forrester D and Harwin J (2008) Outcomes for children whose parents misuse drugs or alcohol: A 2-year follow-up study. *British Journal of Social Work*, 38(8):1518-1535.

<sup>56</sup> Aldgate J and Statham J (2001) *The Children Act Now: Messages from Research*. Norwich: TSO.

<sup>57</sup> (2003) *Protocol for Judicial Case Management in Public Law Children Act Cases'* [2003] 2 FLR 719

<sup>58</sup> Aldgate J and Statham J (2001) *The Children Act Now: Messages from Research*. Norwich: TSO.

<sup>59</sup> Booth M (1996) *Avoiding Delay in Children Act Cases*. London: Lord Chancellor's Department; Brophy J with Bates P, Brown L, Cohen S, Radcliffe P and Wale CJ (1999) *Expert Evidence in Child Protection Litigation: Where do we go from Here?* London: TSO.

<sup>60</sup> Ryan et al (2006)

Findings from the national evaluation of the US Family Treatment Drug Courts were promising. They showed (from over 2,000 cases) that more children were reunited successfully with their parents, that those who could not return home were found an alternative permanent placement more quickly, that fewer cases ended in the termination of parental rights, and that the reduced need for foster care placements during and after proceedings led to some financial savings.<sup>61</sup> There are now over 300 Family Treatment Drug Courts in 43 States in America.

In England and Wales there was already an interest in using problem-solving courts within the criminal jurisdiction, to reduce the rate of reoffending linked to substance misuse and mental health problems and to respond to public disquiet about poor responses to domestic violence.<sup>62</sup> Problem-solving courts are based on the principles of therapeutic jurisprudence, which sees the court as having an active role in resolving the problems that underlie offending behaviour.<sup>63</sup>

Therapeutic jurisprudence makes use of motivational approaches to promote adherence to treatment.<sup>64</sup> Its proponents argue that it goes beyond procedural justice to an ethic of care that gives 'voice, validation and respect'<sup>65</sup> to the offender or parent, as in the Family Treatment Drug Courts. The courts use a system of rewards and sanctions but, in the case of Family Treatment Drug Courts, the threat of loss of the child is often considered the most powerful sanction, as well as the most powerful motivator for parental change.<sup>66</sup> If parents are unable to make the necessary changes within their child's timescale, the treatment ends and the case is fast-tracked to seeking alternative permanency for the child. The FDAC feasibility study<sup>67</sup> rejected the use of a rewards system (such as giving parents vouchers for toys) but did accept the notion of graduation ceremonies, and FDAC does, for instance, sometimes make use of decreased court reviews if all is going well.

---

<sup>61</sup> Green B, Furrer C, Worcel S, Burrus S and Finigan MW (2007) 'How effective are Family Treatment Drug Courts? Outcomes from a four-site national study, *Child Maltreatment*, vol. 12, pp. 43–59.

<sup>62</sup> Matrix Knowledge Group (2008) *Dedicated Drug Court Pilots: a process report*. Ministry of Justice research service 7/08; Hester M et al (2008) *Early Evaluation of the Integrated Domestic Violence Court*, Croydon. Ministry of Justice, Research series 18/08; Winstone J and Pakes F (2010) *Process Evaluation of Mental Health Court Pilot*. Ministry of Justice.

<sup>63</sup> Plotnikoff J and Woolfson R (2005) *Review of the Effectiveness of Specialist Courts in Other Jurisdictions*. DCA Research Series 3/05, Department for Constitutional Affairs, London; King M and Wager J (2005) *Therapeutic Jurisprudence and Problem-Solving Judicial Case Management*. *Journal of Judicial Administration*, 15 (1), 28-36.

<sup>64</sup> Winick B and Wexler D (2003) *Judging in a Therapeutic Key: Therapeutic Jurisprudence and the Courts*. Carolina Academic Press

<sup>65</sup> King M. and Wager J (2005). *Therapeutic Jurisprudence and Problem-Solving Judicial Case Management*. *Journal of Judicial Administration*, 15 (1), 28-36.

<sup>66</sup> Levine G (2012) *A Study of Family Drug Treatment Courts in the United States and the United Kingdom: Giving parents and children the best chance of reunification*. Final Report. The Winston Churchill Memorial Trust of Australia; Edwards LP (2010) *Sanctions in Family Drug Treatment Courts*. *Juvenile and Family Court Journal*, Winter 2010, 55 - 62.

<sup>67</sup> Ryan M, Harwin J and Chamberlain C (2006) *Report on the feasibility of establishing a family drug and alcohol court at Wells St Family Proceedings Court*. Prepared for LB Camden, LB Islington, LB Westminster, CAFCASS, Wells St Inner London FPC, and Brunel University.

One distinctive feature of current English and Welsh problem-solving courts is that there is a multi-disciplinary team of professionals working with the judge and linked to the court. Another is that a specially-trained judge monitors closely the progress of a defendant or party in complying with requirements, such as engaging with substance misuse services. This requires judicial continuity, which has been identified as a key element in evaluations of the effectiveness of problem-solving court approaches.<sup>68</sup> Judicial continuity had already been recognised as important for care proceedings because of the evidence of tighter case management and decision making in those few cases where it had been achieved.<sup>69</sup>

At this time there was also a strong focus in government policy on the importance of improving multi-disciplinary, specialist support to parents and children in order to prevent the need for children to enter or remain in the care system and to improve their outcomes.<sup>70</sup> In particular, there was specific recognition of the impact on children and families of parental substance misuse. The proposed Family Drug and Alcohol Court pilot was seen, therefore, as an important part of the package of intensive and integrated support that should be available to families.<sup>71</sup>

### **Funding, aims, ethos, outcomes, and approach**

Following the publication of the feasibility study, all the above factors helped to persuade the Department for Children Schools and Families (now the Department for Education), the Ministry of Justice, the Home Office and three inner-London local authorities to fund the FDAC pilot. As it had been accepted that the specialist team working with the court should be independent of the local authorities involved, this element was put out to tender and was awarded to a partnership between the Tavistock and Portman NHS Foundation Trust and the children's charity, Coram.

It was hoped that FDAC's problem-solving court approach would:

- support more co-ordinated working arrangements between children's and adult services
- encourage local authorities to bring cases to court earlier, by incorporating treatment of the parent in the court process
- enable more children to return safely to their parents, by helping parents control their substance misuse (and thus break the pattern of parents having subsequent children who are also removed from their care), and
- save time and money, through the court ordering fewer expert assessments.

The service specification of the specialist team set out the ethos and anticipated outcomes for FDAC.

---

<sup>68</sup> Green et al (2007) *ibid*; Matrix Knowledge Group (2008) *Dedicated Drug Court Pilots: A process report*. Ministry of Justice Research Series 7/08. MoJ. London.

<sup>69</sup> Booth M (1996) *Avoiding Delay in Children Act Cases*. London: Lord Chancellor's Department; (2003) *Protocol for Judicial Case Management in Public Law Children Act Cases* [2003] 2 FLR 719

<sup>70</sup> HM Government (2006) *Care Matters: Transforming the Lives of Children and Young People in Care*. DfES. London.

<sup>71</sup> HM Government (2007) *Care Matters: Time for Change*. DfES. London; HM Government (2008) *Drugs: Protecting Families and Communities. The 2008 Drug Strategy*. Home Office, London.

## **Ethos**

- This is a positive, proactive approach to addressing parental substance misuse. There will be a presumption that parents acknowledge they have a substance misuse issue and are prepared to address that issue.
- It will ensure that effective services are provided in a timely and co-ordinated way for parents and at the same time there will be a clear focus on the welfare of the child, and the needs and wishes of children and young people will be identified and responded to.
- The same judge will review the parents' progress throughout the time they are engaging in services. The judge has an important role to play in getting the message across to parents that people believe in their ability to change.
- The model will focus clearly on the impact on the child of parental substance misuse. It is not helpful in this context to talk about either an 'abstinence model' or a 'harm minimisation model'. The approach will depend on the circumstances of the case and so, in some cases, the recommendation will be abstinence.
- The plans for parents and the services provided will be grounded in what we know from research about effective interventions.
- The wider family will be involved from the earliest possible stage and will be provided with support and information, unless it is assessed that it would be unsafe to involve some members of the family, for example in domestic violence cases.
- Parents should receive support and encouragement as they address their substance misuse.
- Parents who do not succeed in the programme, and then come back to court at a later stage in relation to subsequent children, should be able to access the programme again.
- All parents should be given the opportunity of entering the programme but where the prognosis is poor the timescales for showing engagement and commitment to the programme should be short.

## **Outcomes**

- A higher proportion of children are successfully reunited with their parents, compared to traditional service delivery.
- A higher proportion of children achieve permanency elsewhere, and more rapidly, where reunification is not possible.
- Parents are able to access and maintain treatment for their substance misuse.
- Parents are successful in achieving and maintaining controlled substance use or complete abstinence.
- Parents are successful in addressing related psychosocial difficulties and

accessing services (mental health, domestic violence, housing, family planning).

- Children achieve positive outcomes as defined in the [then] Every Child Matters agenda – safety, health, education, achievement and enjoyment, and economic well-being.<sup>72</sup>

## B2. THE FDAC COURT

FDAC deals with care proceedings under section 31 of the Children Act 1989, where parental drug or alcohol misuse is the main trigger for bringing proceedings. Certain exclusion criteria were agreed before the pilot started. These were cases where a parent was experiencing florid psychosis; or serious domestic violence was posing a major risk to child safety; or there was a history of severe domestic or other violence, and help offered in the past had not been accepted; or there was a history of severe physical or sexual abuse of the children.

The table below summarises the key features of the FDAC process and how it differed from ordinary care proceedings throughout the evaluation period. The last column (shaded) shows the changes that have been made to ordinary care proceedings since then.

**Table 2: Differences between FDAC and ordinary care proceedings**

	<b>FDAC proceedings</b>	<b>Ordinary proceedings, before Aug 2013 (during evaluation period)</b>	<b>Ordinary proceedings, since Aug 2013 (after evaluation period)</b>
<b>The role of the judge</b>	Two district judges hear all cases, with back-up from two others. They hear a case throughout, to provide judicial continuity, and to motivate parents.	No judicial continuity in family proceedings courts, and very little in other levels of court.  No role in motivating parents	The reforms to the family justice system aim to increase judicial continuity.  No role in motivating parents
<b>Hearings</b>	Regular court reviews of the case without legal representatives	No hearings without lawyers – so very rare for parents to speak directly to the judge or magistrates	No change
<b>Specialist team</b>	A multi-disciplinary team linked to the court, with tasks that include assessment, developing and facilitating an	No multi-disciplinary team linked to the court	No change

<sup>72</sup> HM Government (2004) Every Child Matters: Change for Children. DfES. London.

	intervention plan, direct work with parents, linking parents to services, and regular reporting to court reviews		
<b>Children's guardians</b> <sup>73</sup>	A dedicated pool, with guardians appointed immediately proceedings begin	No dedicated guardians, and their appointment often delayed	Guardians now appointed immediately, but with a more limited role
<b>Assessments</b>	<p>Assessment, prognosis and an initial report from the specialist team are presented to the court within 2/3 weeks of first hearing.</p> <p>Drug/alcohol testing via the FDAC team</p> <p>Reports for court reviews include relevant update/s</p> <p>Final report prepared for final hearing or as case exits FDAC</p>	<p>Assessments ordered by the court, with tendency to be ordered as a matter of course</p> <p>Legal representatives for all parties agree which expert to approach and draw up a lengthy Letter of Instruction.</p> <p>Tendency for series of consecutive assessments</p> <p>Reports usually arrive several months into proceedings.</p> <p>Delays common</p> <p>Parents' solicitors are responsible for organising drug/alcohol testing – delays can occur.</p>	<p>During 2013, following changes to Practice Directions and implementation of the revised PLO, courts have been encouraged to appoint experts only when 'necessary', as opposed to when 'reasonably required'.</p> <p>Tighter timescales for reports have been introduced.</p> <p>No change in parents' solicitors being responsible for organising drug testing, as before.</p>
<b>Services</b>	<p>Services for parents co-ordinated by FDAC team</p> <p>Parent mentors attached to the team</p>	Little co-ordination of services for parents	No change

Additional information about the way FDAC works is provided at the end of the report:

- The flowchart of the FDAC team and court process (Annex 4)

---

<sup>73</sup> Referred to as guardians in the rest of the report

- The formal agreement signed when parents accept the FDAC offer (Annex 5), and
- The FDAC team's Trial for Change assessment and intervention process (Annex 6).

## Issuing proceedings

Pre-proceedings, the local authorities participating in FDAC follow their normal procedures. If proceedings are about to be issued, and the case involves parental substance misuse, the local authority notifies the listing office at the Inner London Family Proceedings Court<sup>74</sup> so that the case can be listed to be heard in FDAC. One courtroom, and a waiting area and interview rooms, are reserved for FDAC's use each Monday. Review hearings are listed morning and afternoon, and new cases at 2 pm, to enable the team to talk to parents during the lunch hour and explain what FDAC is about.

## First hearing

At this hearing members of the specialist team meet parents and their legal representatives before going into court. They explain what FDAC will mean in practice and parents decide whether to opt in. If they do, the process begins at once.<sup>75</sup> There are two other options for parents during the first hearing: they can decide not to take part in FDAC, and the case is then listed for ordinary care proceedings, or they can ask for more time to decide, and the case is relisted for the following week.

## Second hearing

The case returns to the same judge two or three weeks later. By then the specialist team will have filed with the court their assessment report and proposed intervention plan, both of which will have been discussed with parents and the local authority at the team's Intervention Planning Meeting. If the court and all parties agree the plan, the parents sign a formal agreement to the FDAC process (see Annex 5) and the local authority incorporates the intervention plan into its care plan.

## Review hearings

The case then returns to court every fortnight, for review by the same judge. A short report, prepared by the specialist team, is circulated in advance. Reviews are attended by the parents, their key worker from the specialist team, and the local authority social worker and sometimes the social work manager. Legal representatives do not usually attend but, as in ordinary care proceedings, they do attend the Issues Resolution and Final Hearings. Guardians can choose to attend and they usually did so during the early part of the pilot.

These reviews are the problem-solving, therapeutic aspect of the court process. As well as providing regular monitoring of parents' progress, this is the place where the

---

<sup>74</sup> In April 2014, with the introduction of the single family court, the FDAC court transferred to First Avenue House (FAH) in central London, a short distance from its previous base at the ILFPC.

<sup>75</sup> See FDAC Process flowchart, at Annex 4

judge engages and motivates parents, where parents can discuss things with ‘their’ judge, and where everyone tries to resolve ongoing or new problems. If any party has serious concerns about any aspect of the case the judge directs legal representatives to attend the next review.

### **Contested issues**

If a contested issue arises that cannot be resolved by discussion, for example over an interim care order or contact arrangements, the matter is listed for a non-FDAC day and it might or might not be heard by an FDAC judge. This is determined by court capacity; it is not that it is deemed inappropriate for an FDAC judge to deal with contested issues.

### **Leaving FDAC early**

Parents can withdraw from engagement with the specialist team at any time. Similarly, the specialist team might conclude that their intervention should come to an end earlier than planned, either because parents have failed to engage with the process or because the time needed to address their substance misuse problems is too long for the child.

These cases revert to ordinary care proceedings, with the result that the fortnightly non-lawyer reviews are no longer held and the FDAC Trial for Change treatment intervention from the specialist team ends. Court capacity permitting, the case continues to be heard by the FDAC judge already holding the case, in order to retain the benefits of judicial continuity.

### **Progressing to final hearing in FDAC**

Cases progress as normal to a final hearing, with the same range of options for final orders as in ordinary care proceedings. Parents who have controlled their substance misuse and have been reunited with their children because they have demonstrated that they are parenting satisfactorily receive a ‘graduation’ certificate at their final FDAC hearing.

### **FDAC capacity and case selection**

One new case can start each week. This limit is dictated by court availability and the capacity of the FDAC specialist team. The work built up slowly in the first year of the pilot, with the number of open cases in each subsequent year averaging 35 (range 30 to 40).

The referral system to FDAC has stayed the same, both during the pilot and since the specialist team was commissioned by five local authorities from April 2012. Potential cases are identified at Legal Planning Meetings and referral is approved by senior officers in Children’s Services, often after discussion with the FDAC service manager about suitability and possible exclusions. The local authority lawyers and the FDAC service manager exchange weekly emails about forthcoming cases, and the lawyers negotiate informally with one another and with FDAC about which pending case should take priority in the unlikely event of a court slot becoming free.

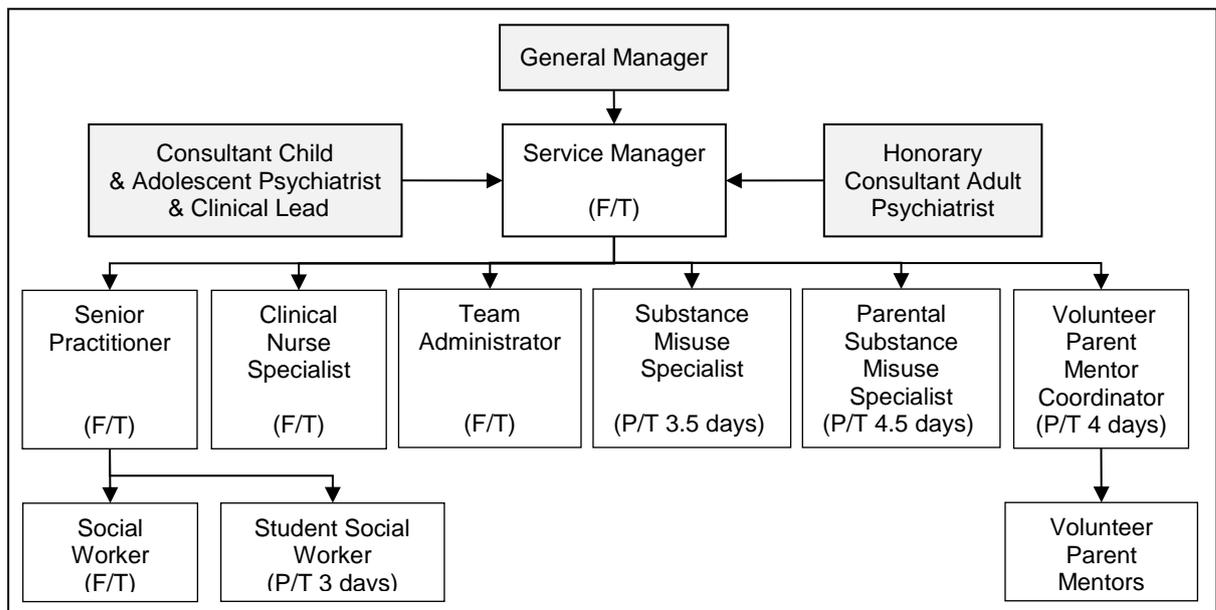
### B3. THE FDAC SPECIALIST TEAM

#### Composition of the team

The specialist team is based alongside the offices of Coram (one of the service providers), about half an hour from the FDAC court in central London. Space is limited: besides small administrative offices and an interview room, there is a larger room for assessment and observation sessions with families and for intervention planning and review meetings with professionals and families.

The team is multi-disciplinary. There are three non-core team members. The general manager is based at the headquarters of the Tavistock and Portman NHS Trust (the other service provider) and spends one day a week on FDAC work. The consultant child and adolescent psychiatrist and clinical lead, also based at the Tavistock, worked with the team for one day a week throughout the pilot project. The consultant adult psychiatrist works in private practice and is available for the team for just over one day a month. The other staff members (see below) make up the core specialist team.

**Figure 1: The composition of the FDAC team (at May 2010, during the pilot)**



#### The FDAC team's core service

Team members have a range of responsibilities. They do both assessment and direct therapeutic work with parents. They co-ordinate the other services that families need. Through their close contact with the court, they liaise with all parties to the proceedings. They use reflective practice to promote objectivity.<sup>76</sup>

<sup>76</sup> Munro E (2011) The Munro Review of Child Protection: Final Report. A child-centred system. DfE. (page 102)

## **Assessment work**

This is one aspect of the team's core service. An initial assessment is conducted within two or three weeks of the first FDAC hearing. Its remit is to explore the history of the parent's substance misuse and its impact on their parenting. The child and family social workers focus on the family and parenting parts of the assessment, including the impact of substance misuse on the children. The substance misuse workers and clinical nurse specialist focus on the history and extent of substance misuse and any mental and physical health issues. One or two workers take the lead on this initial assessment but the whole team, led by the child psychiatrist, are involved in formulating proposals for the intervention plan.

After the assessment, the team holds an Intervention Planning Meeting (IPM), to which all the parties to the proceedings, including parents, are invited, as well as any adult treatment professionals already working with the parents. The aim is to agree the assessment and proposed intervention plan before it is presented to the court at the next hearing. If subsequent changes are needed to this plan, a review IPM is held, again involving all parties, and an amended plan is agreed.

During the first year of the pilot, and in response to some early confusion about the precise nature of their assessment approach, the team developed an assessment and intervention model with a four-stage process. This is the team's Trial for Change intervention (see Annex 6), whereby parents are assessed and given support to control their substance misuse and parent their children safely. The assessment work continues, therefore, throughout FDAC's involvement with parents. It is about assessing parents' capacity to care for the children, including their capacity to engage with services and change their lifestyle, as well as their ability to control their alcohol and/or drug misuse.

The support that parents receive comes through FDAC's direct therapeutic work with parents and through their wide-ranging other work to respond to parents' needs, as explained in the next paragraph.

## **Direct therapeutic work**

This is the other aspect of the team's core service. It is broad ranging in scope, including the following:

- ongoing observation and assessment
- life-skills work
- brief interventions
- crisis intervention
- emotional support and encouragement
- anger management
- talking therapies (including CBT and CAT)<sup>77</sup>
- couple and family work

---

<sup>77</sup> Cognitive behaviour therapy (CBT) and cognitive analytical therapy (CAT)

- substance misuse work with older children
- physical and sexual health and advice
- blood-borne virus monitoring
- mental health screening
- drug and alcohol testing
- harm reduction
- relapse prevention
- advocacy, and
- applying for charitable funding (for practical needs, such as furniture).

### **Service co-ordination**

If parents are already in contact with substance misuse and other services when proceedings begin, the team incorporates these services into their intervention plan. In other cases, the team makes referrals to new services and helps parents access and engage with them. The services include:

- community and residential substance misuse services
- community and residential parenting assessment services
- children's services
- doctors, health visitors and hospitals
- community mental health teams
- domestic violence services
- support groups run by voluntary organisations
- hostels and housing support
- nurseries and schools, and
- job centres and advice agencies.

The service co-ordination is facilitated through the links that the team has developed in the local authority areas. For each authority, the FDAC team has a nominated lead for the local housing, domestic violence, parenting, safeguarding and treatment services.

Liaison with substance misuse services and testing agencies enables the team to co-ordinate and deliver services. They do blood and urine testing, mouth swabs and hair strand checks themselves (the latter two at court, if necessary). They also run occasional training sessions for treatment services, on child and parent attachment and decision making within children's timescales.

### **Court work, including liaison with parties to proceedings**

The FDAC service manager or senior practitioner is at court each week, for a briefing session with the judge about all cases listed for the day, and to be available for liaison about new cases and hearings that involve lawyers. Other team members come later in the day, to attend to cases where they are the parent's key worker and

to play an active role in the non-lawyer review hearings. Before the first hearing, the team spends time explaining the FDAC process, not just to parents and lawyers, but to other family members who are there to support a parent or to be joined as a party to the case. After each hearing the team is available, as needed, to discuss what has happened in court, deal with any queries or concerns, and check that parents are clear about what will happen next.

### **The role of volunteer parent mentors**

A few parent mentors (between two and six at any time) have worked alongside the FDAC team since about half way through the first year of the pilot. Their role is to offer parents support from another adult who has experienced similar difficulties to themselves in relation to substance misuse and concerns about children's safety. They help parents engage with FDAC, understand the court process, and access services specified in their intervention plan. It was envisaged originally that mentors would be on hand at court, to have informal conversations with parents attending their first hearing, and then be matched to any parent who wished to be linked to a mentor during their case. The mentors are recruited, trained and supervised by a part-time parent mentor co-ordinator.

## **B4. FDAC FUNDING, GOVERNANCE, PROVIDER PARTNERSHIP**

### **Funding**

Establishing the joint commissioning of the FDAC specialist team by three local authorities was complex and time consuming. This type of joint commissioning was relatively new in 2007 and the task was all the more difficult because of the need to secure additional funding from other sources.

One local authority took the lead in the commissioning process, with a senior commissioning manager leading the co-ordination of the partnership arrangement between the three authorities, the tendering process to appoint the team, and the negotiations for extra funding from government departments. The negotiations between the three local authorities lasted a year. Lawyers had to be satisfied that all risks had been identified and covered, and the project had to pass through a number of other checks and procedures before the commissioning process could be approved.

As a new approach was being piloted, and required evaluation, it was difficult to reconcile the process with normal local authority commissioning where the expectation is that advance evidence will be provided of proven effectiveness, value for money and anticipated annual savings. Also unusual was the need to specify the exact amount of money available for the team, rather than inviting those bidding for the tender to propose a budget. The commitment of the local authority lead commissioner, and her clear understanding of what the pilot involved, was crucial to the success of this commissioning process.

Since April 2012, the FDAC specialist team has been funded by five inner-London local authorities, with commissioning arrangements agreed year by year. One local authority retains the lead for commissioning and, as part of this, negotiates the service level agreement with the two providers, the Tavistock and Portman NHS Foundation Trust and Coram. The funding is based on an average cost per case, with each local authority buying an agreed number of case slots, up to an overall maximum of 47 for the year. The funding comes from Children's Services

departments only. There is no funding from health, adult services or the Legal Aid Agency.

## **Governance**

A Steering Group provided strategic direction and acted as a formal advisory body throughout the pilot period. Besides a chair who was independent of funding or service provision, it included representatives from the three local authorities, the court, Cafcass, the FDAC providers, and the government departments funding the pilot. The Steering Group continued to meet beyond the end of the pilot, with a similar membership and strategic role. Revised terms of reference took account of the need to lead on business case development, the sustainability of the London FDAC, and rolling out the model to other areas. The Steering Group was wound up in March 2014, as its work was complete, passing on responsibility for strategic direction to the Cross-Borough Operational Group (CBOG).

CBOG was established at the start of FDAC, with operational representatives from each local authority,<sup>78</sup> the FDAC team, the court, and Cafcass. During the early stages of the pilot it met each month, reducing over time to bi-monthly. It operates as a problem-solving and discussion forum for those directly involved in FDAC.

There was also a Commissioning Group and a Contract Monitoring Group, which merged into a single Commissioning Group during the pilot period, and this continues to meet quarterly.

## **Provider partnership**

The partnership between the Tavistock and Portman NHS Foundation Trust and Coram created initial challenges for both the providers and the commissioning local authorities, with negotiations about the contract and the respective roles of the partners lasting several months. Throughout the pilot, and for a further two years, there has been a service level agreement (SLA) between the lead local authority and the Tavistock and Portman NHS Foundation Trust, for the delivery of the FDAC team service. A separate SLA between the Trust and Coram provides for Coram's contribution of the costs of a social worker, senior practitioner and administrator, plus accommodation and fundraising support.

---

<sup>78</sup> From three pilot authorities until March 2012, and from the five commissioning authorities since April 2012.

## PART C – QUANTITATIVE FINDINGS

### C1. BASELINE INFORMATION: FDAC AND COMPARISON SAMPLES

#### Summary points

The FDAC sample is 106 families (the '*all referrals sample*') and the comparison sample is 101 families.

#### The main similarities between the two samples

- a long history of substance misuse by parents
- high rates of mental health problems, history of mother being in care, offending behaviour, unemployment and housing problems
- in over half the families, first contact with children's services at least five years before proceedings started
- the majority of mothers aged 30 or over
- for over a third of mothers, a child or children removed from their care previously
- for children, a range of problems, with emotional and behavioural difficulties a common occurrence
- a lack of recorded information about fathers

#### The main differences between the two samples

- A higher proportion of FDAC children were withdrawing from drugs at birth [\*].<sup>79</sup>
- A lower proportion of FDAC children were subject to child protection plans at the start of proceedings [\*].
- In FDAC cases, a combination of physical harm, emotional harm and neglect was mentioned more often in the application, and the local authority was more often seeking an Interim Supervision Order or a placement with family and friends [\*].
- A higher proportion of FDAC mothers and children were White [\*].
- A higher proportion of FDAC mothers misused heroin, cocaine and prescription drugs; had drug convictions for drug offences; and had received substance misuse treatment in the past [\*].

---

<sup>79</sup>Throughout the report, an asterisk after a finding [\*] denotes a statistically-significant difference (and the p values are given in the text). A finding of statistical significance is based on calculating the probability of error. The minimum level generally taken to indicate a significant finding is 0.05 (or 1 in 20). See Annex 1 for more information.

- A higher proportion of FDAC fathers misused cocaine and cannabis [\*] and had accessed substance misuse services in the past, but a higher proportion of comparison fathers had convictions for drug offences [\*].
- A lower proportion of FDAC mothers had physical health difficulties [\*].
- A higher proportion of FDAC mothers experienced domestic violence [\*].

## Introduction

This section provides baseline information about the families in the research study. It describes demographic information about the parents and children involved. It explains the nature of the child care concerns and parental difficulties that triggered the care proceedings, and the orders and placements sought by the local authorities. It concludes with some general observations, including a discussion of similarities and differences between the two samples.

An important note about the information in this section is that it provides a snapshot of what was recorded by the local authority in their application and supporting documents to court at the start of proceedings. It does not reflect any subsequent updating of information by the FDAC team, because we would not have been able to do any parallel updating of information recorded about the comparison cases.

Most of the differences we identify about the baseline information do not reach the level of statistical significance but, when they do, this is stated. More information about how the cases were identified, and how we collected and analysed the data, is provided in the section on [Methodology](#) and in [Annex 1](#).

## Information about the families

The study families are 106 families (149 children) from the three local authorities piloting the FDAC model (referred to as the FDAC ‘*all referrals sample*’) and 101 families (151 children) from three other inner-London local authorities (the ‘*comparison sample*’). The criterion for inclusion in the study was that parental substance misuse was a key factor in the local authority bringing care proceedings.

**Table 3: Number of families in the samples**

Sample	Families	Mothers	Fathers	Children
FDAC	106	104	84	149
Comparison	101	101	76	151

Fathers were parties to proceedings in approximately three-quarters of each sample (75% v 71%).<sup>80</sup> These fathers were not always living with the child’s mother (see below). In a small number of cases there were two fathers who were parties to proceedings, because children in the family had different fathers; this was so in five FDAC cases (5%) and four comparison cases (4%).

---

<sup>80</sup> The FDAC figures are cited first throughout the report.

## Household composition and size

Families headed by a lone mother predominated in each sample but the proportion was higher in the comparison sample (56% v 64%). There were very few lone-father households: two in the FDAC sample and none in the comparison sample.

More families in the FDAC sample had children who were living with two adults (42% v 34%). The adults were either both their parents, or their mother and her partner.

Families with one child subject to proceedings predominated, with a similar proportion in each sample (71% v 70%). Twenty (20) per cent of the FDAC sample and 17% of the comparison sample involved two children, and the rest involved three or four children. One case, in the comparison sample, involved five children.

A similar proportion of mothers had had a child or children removed from them in previous care proceedings (41% v 40%). It is not possible to say whether earlier removal of more than one child constituted the removal of a sibling group together or were about care proceedings at different times for different children.

## Information about the parents

### Age of parents

#### Mothers

The age spread for mothers was broadly similar. The largest cluster in each sample was of mothers aged 30 to 39 (59% v 47%), with the second largest cluster those aged 20 to 29 (24% v 28%). These clusters accounted for over three-quarters of each sample (83% v 75%). Proportionately more comparison mothers were aged 40 or over (14% v 20%). There were few very young mothers: three FDAC mothers (3%) and five comparison mothers (5%) were under 20.

#### Fathers

The age spread for fathers was also similar in each sample, with the largest cluster those aged 30 to 39.

One marked difference between mothers and fathers was that, in each sample, a higher proportion of fathers were in the older age bands: 43% of FDAC fathers and 34% of comparison fathers were 40 or over, whilst this was so for 14% of FDAC mothers and 20% of comparison mothers.

### Ethnicity of parents

#### Mothers

The mothers in each sample were predominantly White (British/Irish/Other), with the proportion statistically higher in the FDAC than the comparison sample (76% v 53%) [\*].<sup>81</sup> As Figure 4 shows, the FDAC sample also had a lower proportion of Black mothers. Black mothers ((Caribbean/African/Other) accounted in total for 13% of the FDAC sample compared with 25% of the comparison mothers.

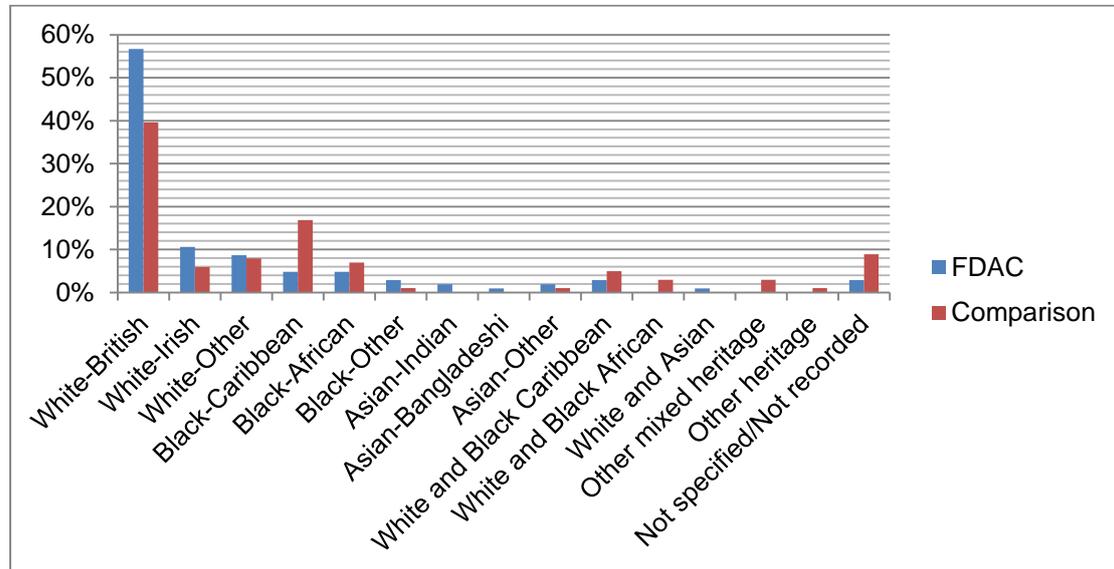
---

<sup>81</sup>  $p < 0.001$

When the mixed-heritage categories of White and Black Caribbean/African mothers were included with this cluster, the proportions rose to 15% and 32% respectively.

There were very few mothers of Asian, Chinese or Other ethnicity in either sample (6% v 5%).

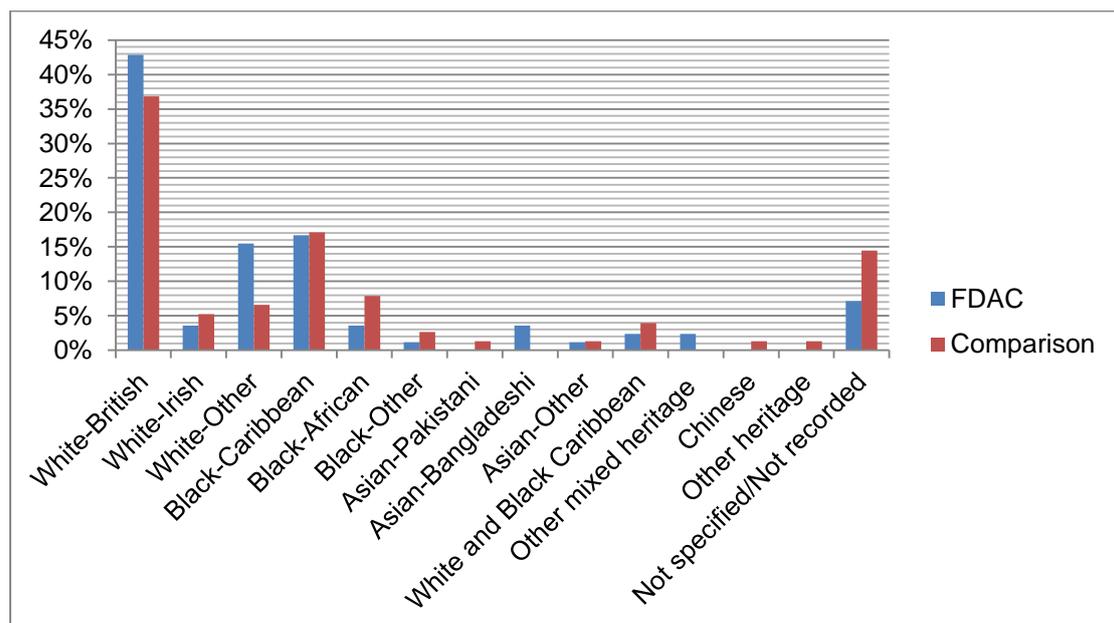
**Figure 2: Ethnicity of mothers**



**Fathers**

As with the mothers, the fathers in each sample were predominantly White (British/Irish/Other) (62% v 49%), and a lower proportion of FDAC than comparison fathers were Black (Caribbean/African/Other) (21% v 28%).

**Figure 3: Ethnicity of fathers**



In the evaluation report at the end of Stage 1,<sup>82</sup> we explained that we had compared the ethnicity of the parents in the study to that of parents known to each local authority's Drug and Alcohol Team, in order to compare the pattern in the study parents with the general pattern amongst parents in substance misuse treatment. We reported:

"The pattern was similar in relation to FDAC mothers in two of the pilot authorities, whilst in a third a higher proportion of mothers known to the DAAT were White (43% v 69% in DAAT). In relation to comparison mothers, in one of the areas a higher proportion of mothers known to the DAAT were White (20% v 55% in DAAT) whereas in the other, as in two of the pilot areas, the pattern was similar. A similar trend was found when fathers in FDAC and comparison cases were compared with information held by the DAATs."

We did not repeat this exercise at the end of Stage 2, but have no reason to believe that the pattern is different.

### **Housing, work and educational qualifications of parents**

In both samples, information about these issues was missing from the local authority files more frequently than it was recorded, with the gaps particularly marked in relation to fathers.

Many of the cases featured significant housing problems, including homelessness, the threat of eviction, overcrowding, and sub-standard or hostel accommodation. A high proportion of mothers in each sample (40% v 51%) were in temporary housing.

Very few parents were in paid work – 4% of FDAC mothers and 1% of comparison mothers. The figures for fathers were higher, with 17% of FDAC fathers and 9% of comparison fathers in work.

Information about school-leaving age and educational qualifications was recorded too infrequently to merit aggregating.

### **Parental substance misuse**

All the mothers in each sample had substance misuse problems. A higher proportion of FDAC than comparison fathers misused substances (FDAC 67 of 84, comparison 53 of 76) [80% v 70%].

#### ***Pattern of substance misuse***

##### **Mothers**

The pattern of maternal substance misuse was the same in each sample. A combination of alcohol and drugs was the largest category, followed closely in size by drugs only. In both these categories, there were slightly more FDAC than comparison mothers.

---

<sup>82</sup> Harwin J, Ryan M and Tunnard J, with Pokhrel S, Alrouh B, Matias C and Momenian-Schneider S (May 2011) The Family Drug and Alcohol Court (FDAC) Evaluation Project Final Report. Brunel University.

**Table 4: Pattern of substance misuse - mothers**

Type of misuse	FDAC		Comparison	
	Alcohol only	19	18%	24
Drugs only	39	38%	34	34%
Both	46	44%	42	42%
<b>Total for the calculation †</b>	<b>104</b>	<b>100%</b>	<b>100</b>	<b>100%</b>

† Missing on 1 comparison mother

## Fathers

The pattern of misuse by fathers varied more than for mothers, and more FDAC than comparison fathers misused both alcohol and drugs.

**Table 5: Pattern of substance misuse - fathers**

Type of misuse	FDAC		Comparison	
	Alcohol only	9	14%	10
Drugs only	26	40%	25	50%
Both	30	46%	15	30%
<b>Total for the calculation †</b>	<b>65</b>	<b>100%</b>	<b>50</b>	<b>100%</b>

† Missing on 2 FDAC and 3 comparison fathers. Calculations based on number of fathers with substance misuse problems (67 v 53), not total number of fathers in proceedings.

### ***Type and number of substances***

As shown in Table 6 and Table 7 below, the five drugs misused most commonly by mothers and fathers in each sample were alcohol, cocaine, cannabis, crack and heroin.

Alcohol (misused either on its own or with drugs) featured most frequently, both for mothers (64% v 65%) and for fathers (57% v 45%).

A higher proportion of FDAC than comparison parents (both mothers and fathers) misused cocaine, heroin and prescription drugs. For mothers, the difference reached statistical significance for each of these drugs.<sup>83</sup> For fathers, the difference reached statistical difference for cocaine (and also for cannabis).

Other substances (often used in combination) included ecstasy, LSD, benzodiazepines, ketamine and crystal meth.

---

<sup>83</sup> Mothers: cocaine p<0.001; heroin p<0.025; prescription drugs p<0.01. Fathers: cocaine p<0.001; cannabis p<0.05

**Table 6: Type of substances - mothers**

Substance	FDAC (104 mothers)		Comparison (101 mothers)	
Alcohol	67	64%	66	65%
Cocaine [*]	57	55%	32	32%
Cannabis	42	40%	38	38%
Crack	43	41%	37	37%
Heroin [*]	51	49%	33	33%
Ecstasy	2	2%	6	6%
Amphetamines	3	3%	5	5%
LSD	1	1%	1	1%
Prescription drugs [*]	26	25%	8	8%
Other drugs	12	12%	19	19%

**Table 7: Type of substances - fathers**

Substance	FDAC (67 fathers)		Comparison (53 fathers)	
Alcohol	38	57%	24	45%
Cocaine [*]	36	54%	12	23%
Cannabis [*]	26	39%	11	21%
Crack	19	28%	17	32%
Heroin	30	45%	16	30%
Ecstasy	2	3%	1	2%
Amphetamines	0	0%	0	0%
LSD	1	1%	0	0%
Prescription drugs	5	7%	1	2%
Other drugs	6	9%	6	11%

***Length of substance misuse***

Information about the length of substance misuse was missing from files in many cases in each sample. For mothers, there was nothing recorded for 29% of FDAC cases and 58% of comparison cases. For fathers, there were larger gaps, with information missing for 64% of FDAC cases and 81% of comparison cases.

Where information was recorded,<sup>84</sup> it pointed to a long history of substance misuse for many parents. Over two-thirds (69%) of mothers in each sample had misused for more than 10 years, and the picture was similar for the fathers. Only 10% of mothers in each sample had misused for less than five years, and this was so for just one FDAC father and for no comparison father.

---

<sup>84</sup> FDAC mothers = 74, comparison mothers = 42. FDAC fathers = 24, comparison fathers = 10.

### ***Previous substance misuse treatment received by parents***

Based on a sub-sample of Stage 2 cases<sup>85</sup> that we were able to track from first hearing to final order, a higher proportion of FDAC than comparison mothers had received substance misuse treatment at some point in the past (73% v 41%). This difference reached statistical significance.<sup>86</sup> The proportion of mothers in each sample who were receiving substance misuse services at the start of the proceedings was more similar (48% v 40%).<sup>87</sup> In most cases these were local community drug and alcohol services.

Very few fathers in either sample were receiving services at the start of the proceedings (20% v 13%), but more FDAC than comparison fathers had accessed services in the past (38% v 20%). This difference just reached statistical significance.<sup>88</sup> See [Annex 1](#) for technical information about statistics.

In summary, fewer fathers than mothers were receiving services at the start of proceedings or had received them in the past.

### **Psychosocial and health difficulties of parents**

#### **Mothers**

Information about psychosocial and health difficulties was patchy. We collected what was recorded, but it was difficult to know whether absence of information meant that there was no difficulty or that a difficulty had not been recorded.<sup>89</sup>

With that caveat in mind, we can report that FDAC and comparison mothers had a range of difficulties apart from their substance misuse.

- A higher proportion of FDAC than comparison mothers had experienced domestic violence in the past (80% v 63%) [\*].<sup>90</sup>
- Approximately a third of FDAC and comparison mothers had perpetrated domestic violence in the past (39% v 33%).
- The rate of mental health problems (primarily depression) at the time of the first hearing was 34% of FDAC and 41% of comparison mothers.<sup>91</sup>
- A history of mental health problems was recorded for over half the mothers (52% v 56%).
- A similar proportion of FDAC and comparison mothers had been in care as a child (28% v 32%).

---

<sup>85</sup> FDAC mothers = 63, comparison mothers = 82; FDAC fathers = 55, comparison fathers = 64.

<sup>86</sup>  $p < 0.001$

<sup>87</sup> FDAC mothers = 41, comparison mothers = 33

<sup>88</sup>  $p < 0.05$

<sup>89</sup> The information throughout the report is based on the source document stating that a parent had a particular problem. We have assumed that the parent did not have that problem if (a) there is a note to that effect on the source document or (b) there is nothing recorded to indicate presence or absence of the problem. This might result in an underestimation of the frequency of problems.

<sup>90</sup>  $p < 0.025$

<sup>91</sup> We tried (without success) to ascertain whether this was a diagnosis by a health professional.

- A lower proportion of FDAC than comparison mothers suffered from physical health problems (20% v 33%) [\*].<sup>92</sup> Hepatitis was the most frequent problem in each sample but there were other substance-misuse related conditions, including pancreatitis and septicaemia. The comparison sample included a wider range of health conditions, including deep-vein thrombosis, asthma, high blood pressure and epilepsy.
- Little information was recorded about learning difficulties. It was noted for 2% of FDAC mothers and 5% of comparison mothers.

## Fathers

The information recorded about the psychosocial difficulties of fathers is too sparse to report, other than for domestic violence, where we found that:

- a higher proportion of FDAC fathers had *perpetrated* domestic violence in the past (65% v 55%),<sup>93</sup> and
- a higher proportion of FDAC fathers had *experienced* domestic violence in the past (37% v 28%).<sup>94</sup>

Whilst we attempted to distinguish between current and past domestic violence in our data collection, this distinction was rarely made in the court files. Furthermore, it was not always possible to discern whether the domestic violence perpetrated or received by fathers in the past related to the mother in the current proceedings.

## Convictions of parents and offence types

The Ministry of Justice (MoJ) provided us with information on convictions, taken from their extract of the Police National Computer (PNC) (see [Annex 3](#)). Three-quarters of all the parents were recorded on the PNC.<sup>95</sup> Of these, 69% of mothers in each sample had at least one conviction of any type before the start of the care proceedings, and the rate was similar for the fathers (73% v 71%).

For mothers,<sup>96</sup> the most frequent convictions for ‘any time’ before the care proceedings were:

- theft and handling stolen goods (68% v 53%)
- drug offences (53% v 36%) [\*]<sup>97</sup>
- violence against the person (31% v 37%)
- fraud and forgery (28% v 21%), and
- burglary (11% v 14%).

---

<sup>92</sup>  $p < 0.05$

<sup>93</sup> Perpetrated domestic violence: FDAC fathers = 55 and comparison fathers = 42

<sup>94</sup> Experienced domestic violence: FDAC fathers = 31 and comparison fathers = 21

<sup>95</sup> FDAC mothers = 79 (76%), comparison mothers = 75 (74%); FDAC fathers = 65 (77%), comparison fathers = 56 (74%).

<sup>96</sup> Calculations based on 72 FDAC and 70 comparison mothers who were convicted in this timeframe.

<sup>97</sup>  $p < 0.05$

For fathers,<sup>98</sup> there was a similar pattern for ‘any time’ before the care proceedings:

- theft and handling stolen goods (66% v 65%)
- drug offences (57% v 76%) [\*]<sup>99</sup>
- violence against the person (49% v 52%)
- fraud (20% v 22%), and
- burglary (31% in each sample).

However, a higher proportion of fathers than mothers had convictions for violence against the person and burglary, and comparison fathers had the highest rate of convictions for drug offences when compared with all the parents (with FDAC fathers, and with mothers in each sample).

Other data from the PNC was about convictions in the year immediately before the care proceedings started. In comparing this ‘recent history’, we found that a similar proportion of mothers and fathers in each sample had at least one conviction in the year: this was (35% v 26%) for mothers and (32% v 39%) for fathers.

The breakdown of this information<sup>100</sup> shows that:

- Theft and handling of stolen goods was the most frequent offence, for mothers (31% for each sample) as well as for fathers (41% v 30%). This is an unsurprising pattern, given the established link between acquisitive crime and drug use.<sup>101</sup>
- The rate of violence against the person was very similar amongst the mothers (22% v 19%) whereas FDAC fathers had a much lower rate than comparison fathers (4% v 23%).
- The fathers in each sample had a higher rate of drug offences (37% for both) than mothers (19% v 15%).

### **Previous involvement of families with Children’s Services**

All but one family in each sample had had contact with Children’s Services<sup>102</sup> before the current care proceedings. The recorded information is not explicit about the duration of this contact, the time between different periods of contact, or the nature and level of any services provided each time. The largest group in each sample (34%) was of families who had had their first contact with Children’s Services more than 10 years before the start of proceedings. However, twice as many FDAC than comparison families (17% v 9%) had been in contact with Children’s Services for less than one year, and these were mainly families with a very young child.

---

<sup>98</sup> Calculations based on 61 FDAC and 54 comparison fathers who were convicted in this timeframe.

<sup>99</sup> p<0.05

<sup>100</sup> Calculations based on 36 FDAC and 26 comparison mothers, and 27 FDAC and 30 comparison fathers, who were convicted in this timeframe.

<sup>101</sup> Bennet T and Holloway K (2004) Drug use and offending: summary results of the first two years of the NEW-ADAM programme. Home Office Findings 179.

<sup>102</sup> We use Children’s Services (ie. with capital C and S) when referring to the services that the local authority has responsibility for planning and co-ordinating for local children and families.

**Table 8: Previous involvement with Children’s Services**

Length of involvement	FDAC		Comparison	
No previous involvement	1	1%	1	1%
Less than 1 year	18	17%	8	9%
1-3 years	17	16%	22	24%
4-5 years	15	14%	14	15%
6-10 years	18	17%	16	17%
More than 10 years	36	34%	32	34%
<b>Total for the calculation</b> †	<b>105</b>	<b>100%</b>	<b>93</b>	<b>100%</b>

† Missing on 1 FDAC and 8 comparison families

## Information about the children

### Gender of the children

The gender distribution amongst the 149 FDAC and 151 comparison children was even, with each sample having 51% of boys and 49% of girls.

### Age of children

A feature of both samples was the young age of the children at the start of proceedings. Over a third of each sample was under a year. The FDAC sample was relatively younger overall, with 65% under five years, as opposed to 59% in the comparison sample. Rather more comparison than FDAC children were aged eleven or over, but the difference was not marked.

**Table 9: Age of children**

Child age group	FDAC		Comparison	
Under 1	61	41%	57	38%
1 to 4	36	24%	32	21%
5 to 10	38	26%	41	27%
11 or over	14	9%	21	14%
<b>Total</b>	<b>149</b>	<b>100%</b>	<b>151</b>	<b>100%</b>

### Sibling groups

The majority of children in each sample had at least one half or full sibling (84% v 87%).<sup>103</sup> Not all these siblings were involved in the current proceedings. Each sample had a similar proportion of children with no siblings (16% v 13%) and, at the other end of the spectrum, 5% of the FDAC and 3% of the comparison children in each sample had between seven and 11 half or full siblings.

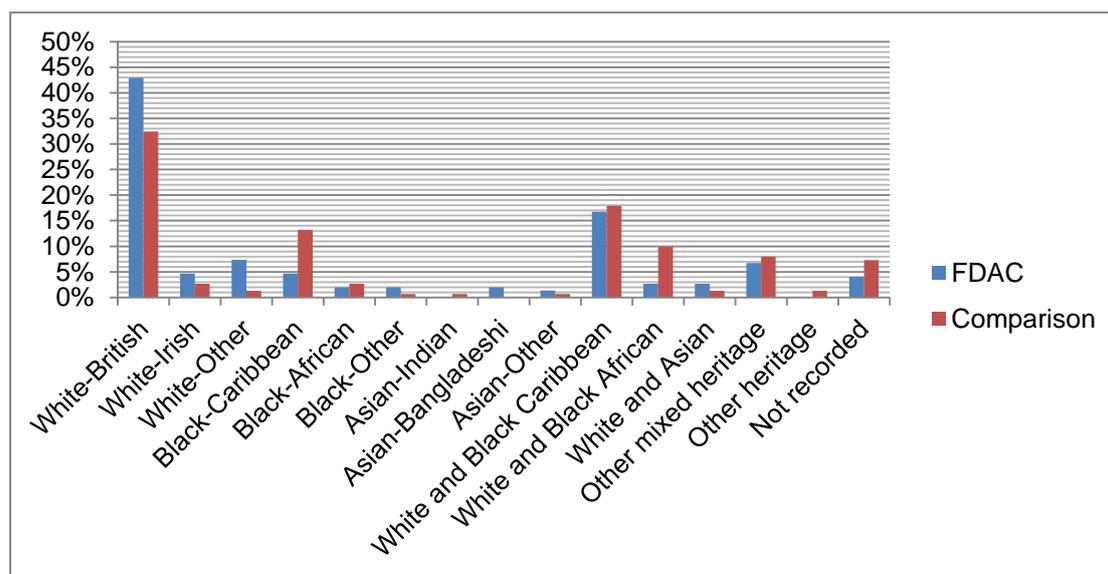
<sup>103</sup> 3 FDAC and 6 comparison children are not included in this calculation as information was missing.

## Ethnicity of the children

In the FDAC sample, White children were the largest group (55%),<sup>104</sup> with the second largest group being mixed-heritage children (29%). In the comparison sample, White and mixed-heritage children were also the two largest groups, 36% and 37% respectively.<sup>105</sup>

The comparison sample had nearly twice the proportion of Black children than the FDAC sample (9% v 17%), almost all of them Black Caribbean children.

Figure 4: Ethnicity of children



## Children's difficulties

Children in each sample had a range of problems, and some had multiple difficulties.

- **Emotional and behavioural difficulties** were experienced by a similar proportion of children (31% v 29%). Amongst the younger children the problems included bedwetting, hyperactivity, and withdrawn or attention-seeking behaviour. For older children, the problems included lack of self-confidence, difficult behaviour at home or school, and running away from home or school.
- **Physical health difficulties** were recorded for a higher proportion of FDAC than comparison children (56% v 45%).<sup>106</sup> In this group of children:<sup>107</sup>
  - **drug withdrawal at birth** was the most frequent health problem in each sample, but the rate was significantly higher in FDAC (48% v 28% of those cases with physical health problems) [\*].<sup>108</sup>

<sup>104</sup> p<0.001

<sup>105</sup> P<0.001

<sup>106</sup> P<0.05

<sup>107</sup> FDAC children = 84; comparison children = 68

- **premature birth** was slightly more common in the comparison group (13% v 19%), and
- **developmental delay** featured in each sample (17% v 22%). It included learning difficulties, delay in speech and language development, and children monitored because of being very small for their age.
- **Offending behaviour** was noted for five FDAC children (3%) and no comparison children.

### Local authority concerns about the children

As these were care proceedings, all the children were deemed to be suffering, or at risk of suffering, significant harm. In each sample, the majority of children were deemed to be suffering from actual *and* likely future harm (85% v 86%), with the other 15 or 14% of each sample considered to be suffering from likely future harm only.<sup>109</sup>

Applications in care proceedings do not always specify the type of harm, and this was missing for a fifth of the cases in each sample. Where it was recorded,<sup>110</sup> the most frequent type of harm in each sample was the combined category of physical harm, emotional harm and neglect, and the proportion was higher in the FDAC sample (56% v 37%).<sup>111</sup> Fewer FDAC children were deemed to be suffering, or at risk of, neglect only (8% v 22%).

### Where the children were living

At the start of proceedings the children were living in a range of places.

- **At home** Over a third of each sample were living at home (38% v 40%), mostly with their mother only (23% v 26%), a few with both parents or with mother and partner (13% v 12%), and a very small number with their father only (3% v 2%). A very small number in each sample (3%) were living in a residential setting with one or both parents.
- **In hospital** The next largest category was children in hospital (26% v 21%), mostly babies held on the neonatal ward or Special Care Baby Unit for safeguarding or health reasons, including treatment for drug withdrawal.
- **Foster care** came next in frequency, and related to fewer FDAC than comparison children (19% v 23%).
- **Family and friends**<sup>112</sup> were caring for a similar proportion of children in each sample (13% v 12%). The carers were grandparents, aunts, uncles or other relatives, with grandparents forming the largest group in each sample.

---

<sup>108</sup> p<0.025

<sup>109</sup> 1 child in the FDAC sample was categorised as suffering from actual harm only.

<sup>110</sup> FDAC children = 117; comparison children = 120

<sup>111</sup> p<0.01

<sup>112</sup> Also known as 'kinship care'

### **The route into the current care proceedings**

Almost all the cases in each sample had been issued in the normal way, on notice (95% v 86%). The rest had started as a result of an emergency protection order or a police protection order, with both categories higher in the comparison sample.

Some children in each sample were being looked after at the start of proceedings (under section 20, Children Act 1989). The proportion was slightly higher in the FDAC sample (32% v 27%). A similar proportion of children in each sample had been the subject of a previous court order (15% v 18%).

### **Children subject to child protection plans**

Fewer FDAC than comparison children were subject to child protection plans at the start of proceedings (52% v 74%) [\*].<sup>113</sup>

Neglect was the most common reason for a child protection plan, accounting for over half of each sample (56% v 60%).<sup>114</sup> The figures were even higher when neglect was combined with emotional abuse, or with emotional abuse and physical abuse. The second most common reason for being made subject to a child protection plan, but much lower than neglect, was emotional abuse (19% v 14%). In no case in either sample was physical abuse alone the reason for a child protection plan being in place at the start of proceedings.

A similar proportion of children in each sample had been subject to at least one child protection plan in the past (23% v 26%).

### **Interim court order sought on the children**

The local authorities were seeking an interim care order (ICO) for 72% of the FDAC and 78% of the comparison children. In each sample this order was requested most commonly when the local authority plan was for foster care.

An interim supervision order (ISO) was sought more frequently for FDAC than comparison children (20% v 10%) [\*].<sup>115</sup> In each sample this order was sought most commonly to underpin a plan for the child to remain with their mother or both parents. In a small number of FDAC cases and one comparison case an ISO was sought to underpin a family and friends placement.

In each sample, and for a small number of children, the local authority was not seeking any order (4% v 9%). The most common reason was that the plan was for the child to remain with their mother.

---

<sup>113</sup> p<0.01

<sup>114</sup> Calculations are based on the 78 FDAC and 111 comparison children who were subject to a child protection plan.

<sup>115</sup> P<0.025

**Table 10: Interim court order sought by the local authority**

Interim court order	FDAC		Comparison	
ICO	103	72%	116	78%
ISO	29	20%	15	10%
Interim residence order	6	4%	0	0%
No order	6	4%	13	9%
Other	0	0%	4	3%
<b>Total for the calculation †</b>	<b>144</b>	<b>100%</b>	<b>148</b>	<b>100%</b>

† Missing on 5 FDAC and 3 comparison children

### Immediate placement sought for the children

The most frequent type of placement that the local authority was seeking for children in each sample was foster care. No removal from parents was the next largest cluster.

Note that here we are referring to what was sought at the start of proceedings, not to what the local authority was proposing as the longer-term plan for the child.

**Table 11: Immediate placement sought for the child**

Immediate placement sought for the child	FDAC		Comparison	
No removal from parent	29	20%	30	21%
Family and friends	23	16%	10	7%
Foster care	72	51%	88	62%
Residential assessment	12	8%	7	5%
Mother & baby placement	1	1%	0	0%
Adoption	2	1%	3	2%
Other	3	2%	4	3%
<b>Total for the calculation †</b>	<b>142</b>	<b>100%</b>	<b>142</b>	<b>100%</b>

† Missing on 7 FDAC and 9 comparison children

### Discussion

This analysis has highlighted similarities and differences (between the samples) and both are important, because they might have a bearing on the relative outcomes for parents and children.

With regard to similarities, all the cases were 'hard' cases, in that the parents' difficulties were multiple and long standing. These common features provide a reasonable basis for comparing the outcomes of the two samples.

The differences that were found to be of statistical significance need to be noted.

Key differences include those relating to the nature of the parents' substance misuse and the extent to which domestic violence was experienced by mothers.

The cluster of substance misuse-related difficulties amongst the FDAC mothers might be a particularly important difference between the samples. Research suggests that recovery from the use of heroin is especially difficult.<sup>116</sup>

In addition, a higher proportion of FDAC than comparison mothers had convictions for drug offences and had had previous substance misuse treatment. And a higher proportion of their children were born withdrawing from drugs, notwithstanding the fact that the proportion of children aged under one year was similar in each sample.

Taken together, the findings suggest that FDAC mothers had a cluster of more severe substance misuse problems that might be expected to reduce the chances of good outcomes. As stated above, they also had higher rates of experiencing domestic violence, and this is another factor that might lower the prospects of success.<sup>117</sup>

What differences are noteworthy for the comparison sample?

One difference was that physical illness was more prevalent amongst the comparison mothers. We found very little research in the child protection and safeguarding literature about its association with parenting and child functioning, in marked contrast to the attention given to the 'toxic trio' of substance misuse, mental health difficulties and domestic violence.

Second, despite the fact that a survey of four London authorities had found that parental alcohol misuse is more prevalent than drug misuse in cases going for long-term allocation in Children's Services,<sup>118</sup> few cases in either sample in our study involved problems with alcohol only. Estimates that updated the 2003 ACMD and 2006 Turning Point reports reinforce the scale of both parental drug and alcohol misuse, but the latter is the larger problem.<sup>119</sup>

Third, our data sources showed important information gaps about parents' circumstances. This applies to parents generally in our study, but it is much more marked in relation to fathers. Many studies<sup>120</sup> have commented on the variability of information about fathers that can be obtained from administrative data, and this evaluation confirms those earlier findings. It adds weight to the frequent call to close these gaps (in relation to substance misuse; mental health problems; other

---

<sup>116</sup> ACMD (2012) Recovery from drug and alcohol dependence: an overview of the evidence. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/144114/acmdrecovery.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144114/acmdrecovery.pdf)

<sup>117</sup> Cleaver H, Unell I and Aldgate J (2011) Children's Needs – Parenting Capacity. Child abuse: Parental mental illness, learning disability, substance misuse and domestic violence (2<sup>nd</sup> Edition). London: TSO.

<sup>118</sup> Forrester D and Harwin J (2006) Parental substance misuse and child care social work: Findings from the first stage of a study of 100 families. *Child and Family Social Work*, 11(4): 325–335; Forrester D and Harwin J (2008) Outcomes for children whose parents misuse drugs or alcohol: A 2-year follow-up study. *British Journal of Social Work*, 38(8): 1518-1535

<sup>119</sup> Manning V, Best DW, Faulkner N and Titherington T (2009) <http://www.biomedcentral.com/1471-2458/9/377>

<sup>120</sup> Templeton L, Zohhadi S, Galvani S and Velleman R (2006) <http://www.scotland.gov.uk/Resource/Doc/135124/0033445.pdf> ; Munro ER and Manful E (2012) Safeguarding children: a comparison of England's data with that of Australia, Norway and the United States. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/183946/DFE-RR198.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/183946/DFE-RR198.pdf)

psychosocial difficulties; and income, education and housing), not just for continuity of information in social work practice but also to ensure that robust data is available for policy and management purposes and for the effective planning of interventions. The patchier recording of information about fathers is a troubling finding because it implies that fathers are left marginalised by services, as well as disadvantaged in accessing the help they might need.<sup>121</sup>

Fourth, the severity of difficulties highlighted by our analysis raises questions about whether cases might have been brought to court earlier. We return to this in the final section.

---

<sup>121</sup> Ryan M (2000) *Working with Fathers*. London: DH; Family Rights Group (2006) *Fathers Matter: research findings on fathers and their involvement with social care services*. London: FRG.

## C2. OUTCOMES AT THE END OF THE CARE PROCEEDINGS

### Summary points

The sample was 90 FDAC 'assessment and intervention' families who received the FDAC intervention and 101 comparison families.

At the end of proceedings:

- A higher proportion of FDAC than comparison mothers had stopped misusing substances (40% v 25%) [\*].<sup>122</sup>
- A higher proportion of FDAC than comparison fathers had stopped misusing substances (25% v 5%) [\*].
- A higher proportion of FDAC than comparison mothers were reunited with their children, but the difference did *not* reach statistical significance (36% v 24%).
- A higher proportion of FDAC than comparison mothers **both** stopped misusing **and** were reunited with their children (35% v 19%) [\*].
- When reunification was not possible, placement in an alternative permanent home was no quicker for FDAC than for comparison children.
- A small number of case characteristics predicted outcomes but they were different for FDAC and comparison cases.
- The likelihood of substance misuse cessation **and** reunification was reduced (in the FDAC sample *only*) if the mother had misused crack cocaine, or had experienced domestic violence, or had been known to Children's Services for more than 5 years.
- The likelihood of substance misuse cessation **and** reunification was increased (in the comparison sample *only*) if the mother misused alcohol alone.
- The rate of substance misuse cessation **and** family reunification was higher in the FDAC than in the comparison sample if the case had a low and similar level of child and parent problems (55% v 16%) [\*].

On a sub-sample of cases about the offer of services:

- A higher proportion of FDAC than comparison mothers (95% v 55%) [\*], and FDAC than comparison fathers (58% v 27%) [\*], were offered substance misuse services during proceedings, *in addition to* the services provided directly by FDAC to the FDAC parents.
- More FDAC than comparison families were offered family services (33% v 18%) [\*], *in addition to* the services provided directly by FDAC to the FDAC parents.

---

<sup>122</sup> [\*] denotes a difference that reaches statistical significance. P values are provided in the main text.

## Introduction

In this section we describe the outcomes for children and their parents at the end of proceedings and consider what might explain the findings.

We report first on findings from a comparison of FDAC and non-FDAC cases in relation to three key outcome questions that we explored:

1. Was there any difference in the rate of parental substance misuse cessation?
2. Was there any difference in the rate of family reunification?
3. Was there any difference in the time it took to place children in an alternative home when reunification was not possible?

Cessation of parental substance misuse (1 above) is a main goal of FDAC and a first step to family reunification. However, parents also need to be able to demonstrate safe parenting before reunification can be considered (2 above). When children cannot be returned home safely, permanency with alternative carers is the priority, and swifter decision making here can help reduce drift and uncertainty (3 above). The US national evaluation of Family Treatment Drug Courts<sup>123</sup> demonstrated better results than in the ordinary court for all these questions.

We comment next on possible reasons for our findings. We consider, in particular, whether any differences in outcomes between the samples might relate to:

1. the offer of services during proceedings, or
2. case characteristics at the start of proceedings.

As we discuss later in the section, research suggests that both these factors might influence outcomes. As in previous sections, we note any differences between the samples that reach statistical significance.

## The samples

We focus here on the 90 families (122 children) who received the FDAC intervention for varying lengths of time,<sup>124</sup> and we compare their outcomes with those of the 101 comparison families (151 children) (see

---

<sup>123</sup> Green B, Furrer C, Worcel S, Burrus S and Finigan, MW (2007) 'How effective are Family Treatment Drug Courts? Outcomes from a four-site national study, *Child Maltreatment*, vol. 12, pp. 43–59.

Table 11). We describe the 90 families as the FDAC '*assessment and intervention sample*'. A further 16 families, who were part of the '*all referrals sample*' described in C1, are excluded from the results presented in this section. We start with a brief description of these 16 cases and of the reasons for their exclusion, and then move on to discuss outcomes for the '*assessment and intervention sample*'.

**Table 11: The samples for comparing outcomes at the end of proceedings**

Sample	FDAC	Comparison
Number of families	90	101
Number of mothers	88 <sup>†</sup>	101
Number of children	122	151
Number of fathers	71	76
Of the above fathers, the number with a substance misuse problem at first hearing	57	53

† In 2 FDAC cases the father, not the mother, was the main carer.

### **The additional 16 cases that declined or were excluded from FDAC**

The 16 families referred to FDAC and included in the baseline description (C1) comprised 15% of the 'all referrals sample'. Ten (10) of these 16 parents declined the FDAC service and 6 were excluded according to the agreed exclusion criteria. All these cases reverted to ordinary care proceedings instead. They have not been included in the results in this section as it would risk attempting to attribute outcomes to FDAC when the families had not received its service (see Methodology).

Twelve (12) of the 16 mothers were still misusing substances at the end of the proceedings. Three (3) mothers had stopped misusing and were reunited with their children but, in one case where the mother had stopped misusing, the child was not returned home. As a result, children were placed with alternative carers in 13 cases. In 6 of these cases the placements were permanent and in the other 7 the child would need to make a further move after the proceedings ended in order to secure a permanent home.

The number of these cases is small so the inferences that can be drawn are limited. However, we did also compare the results of the full 'all referrals' FDAC sample (106 cases) with those for the comparison group, and this did not materially affect the conclusions presented here. Full details of the results are provided in Annex 2, and the key points are included in the discussion at the end of this section.

### **1. Was there any difference between the samples in the rate of parental substance misuse cessation at the end of proceedings?**

We measured this by using one of two categories to describe the situation of each mother and father at the end of proceedings. The first category - 'not misusing' - refers to parents who, in line with their treatment plan, were abstinent from alcohol and/or drugs. The second category - 'still misusing' - refers to parents who continued to misuse, and this includes those parents who reduced their consumption during the course of proceedings or changed to a less harmful drug but did not cease misusing altogether.<sup>125</sup>

---

<sup>125</sup> Evidence of improvement was not sufficiently robust to merit being presented separately. It was not clear whether a clinician had confirmed that a parent had completed their treatment programme and was free of all dependency and had become an occasional user only, as used by the National Drug

We found that a higher proportion of FDAC than comparison mothers stopped misusing substances in line with their treatment plan (40% v 25%) [\*].<sup>126</sup> However, the majority of mothers in each sample was still misusing at the end of proceedings (60% v 75%). This included eight FDAC and 12 comparison mothers who showed some improvement but continued to misuse.

**Table 12: Maternal substance misuse status at the end of proceedings**

Substance misuse status	FDAC		Comparison	
	Count	Percentage	Count	Percentage
Not misusing	35	40%	24	25%
Still misusing	53	60%	71	75%
<b>Total for the calculation</b> †	<b>88</b> ‡	<b>100%</b>	<b>95</b>	<b>100%</b>

† Missing on 6 comparison mothers, including 1 who died and 1 in prison

‡ Mothers were not involve in the proceedings in two FDAC cases

We checked the information available about paternal substance misuse over time (Table 13). As with the mothers, more FDAC than comparison fathers had stopped misusing substances at the end of proceedings in line with their treatment plan (25% v 5%) [\*],<sup>127</sup> but a limitation here was the high number of comparison cases in which the status of the father's substance misuse was not recorded.

As with the mothers, the majority of fathers in each sample (75% v 95%) continued their substance misuse. The figures include seven FDAC and 13 comparison fathers who had shown some improvement during proceedings but were still misusing at final order (13% v 34%). It is of note that a small number of fathers in each sample died during proceedings.

**Table 13: Paternal substance misuse status at the end of proceedings**

Substance misuse status	FDAC		Comparison	
	Count	Percentage	Count	Percentage
Not misusing	13	25%	2	5%
Still misusing	39	75%	36	95%
<b>Total for the calculation</b> †	<b>52</b>	<b>100%</b>	<b>38</b>	<b>100%</b>

† Missing on 5 FDAC and 15 comparison fathers, including 3 FDAC and 1 comparison father who died and 1 FDAC and 1 comparison father in prison

## 2. Was there any difference in the rate of family reunification at the end of proceedings?

There was a higher rate of family reunification in FDAC cases than comparison cases (36% v 24%), but it did not reach statistical significance. In all cases, reunification was with the mother.<sup>128</sup> It did not always involve all the siblings who had been party

---

Treatment Monitoring System in their categorisation of progress towards being drug free.  
<http://www.nta.nhs.uk/facts.aspx>

<sup>126</sup> p<0.05

<sup>127</sup> p<0.025

<sup>128</sup> Neither father who was a main carer at the start of proceedings regained care of the children.

to the proceedings: we have taken reunification to mean that at least one child returned home.

There was a strong association between cessation of misuse and reunification. Nearly twice as many FDAC as comparison mothers had **both** stopped misusing **and** were living with their children at final order (35% v 19%) [\*].<sup>129</sup> This association did reach statistical significance.

The majority of mothers who continued to misuse were not reunited with their children at the end of the case, and this included seven FDAC and seven comparison mothers who had shown some improvement during the proceedings. But in six cases (1 FDAC and 5 comparison) reunification did take place when misuse of alcohol, street drugs or prescription drugs - although reduced - continued.

Substance misuse cessation did not necessarily lead to reunification. A similar proportion of mothers in each sample who had stopped misusing or had shown some improvement did not regain care of their children (5% v 6%). In some of these cases return home was considered too risky because the mother had only recently stopped misusing only. In other cases, psychiatric assessment had concluded that the mother's unresolved emotional problems needed long-term treatment and this made reunification unsuitable.

In some cases these findings posed questions about the appropriateness of the decision to return children home, especially in cases where the mother continued to use illegal drugs or misuse alcohol. Of course, courts need to decide this question on a case-by-case basis. We return to the issue in the next section, when looking at the sustainability of reunification.

### **3. Was there any difference in time taken to place children in an alternative permanent home when reunification was not possible?**

In cases where reunification was deemed not possible, the local authority would be seeking an alternative permanent home for the child.

The base for this part of the analysis is different from the rest of the section in that it includes all 90 FDAC cases but only 78 of the 101 comparison cases (77%). This is because we include only those comparison cases that entered the study in the timeframe of the FDAC cases (2008-2010).<sup>130</sup> We have excluded the comparison cases starting in 2011 and 2012 for two reasons: first, to ensure consistency, and second, to eliminate the possibility that the later cases would conclude more quickly as a consequence of the new emphasis on reducing delay, following the Family Justice Review.<sup>131</sup>

There was no difference between the two samples in the average length of proceedings (time between first and final hearings), which was broadly in line with the London average at that time.

---

<sup>129</sup>  $p < 0.025$

<sup>130</sup> The full complement of comparison cases for the main analysis was those starting up to 2012, in order to reach the target number of cases to enable us to test for statistical significance.

<sup>131</sup> Family Justice Review (November 2011) Final Report. Ministry of Justice.

We found that FDAC cases did not finish more quickly than comparison cases when reunification was considered inappropriate (Table 14). Cases where children were in a permanent placement other than with their mother took on average 62 weeks in each sample. Cases where children were in a temporary placement<sup>132</sup> at the end of proceedings took on average four weeks longer in FDAC.

**Table 14: Length of proceedings by type of final placement**

	FDAC cases [started in 2008-2010]				Comparison cases [started in 2008-2010]			
	All placements	With mother	Other permanent placements	Temporary placements	All placements	With mother	Other permanent placements	Temporary placements
<b>Number of cases</b>	<b>90</b>	<b>32</b>	<b>33</b>	<b>25</b>	<b>78</b>	<b>21</b>	<b>30</b>	<b>27</b>
<b>%</b>	<b>100%</b>	<b>36%</b>	<b>37%</b>	<b>28%</b>	<b>100%</b>	<b>27%</b>	<b>38%</b>	<b>35%</b>
Average length [weeks]	62.21	62.44	62.48	61.56	60.62	62.67	62.00	57.48
Median length [weeks]	63.50	60.50	63.00	67.00	59.00	60.00	58.50	53.00
Maximum length [weeks]	105	105	102	98	132	104	132	109
Minimum length [weeks]	21	31	26	21	18	22	26	18

### **Children in a permanent placement**

We found that a high, and similar, proportion of all FDAC and comparison children (73% v 66%) were in fact living in a permanent placement (including home) at the end of proceedings.

In each sample, a return to mother was the most common plan for permanence. The second most frequent arrangement was a permanent home with aunts, uncles or grandparents. The third was a child's move to live with their father (see

---

<sup>132</sup> A permanent placement is one where children are intended to stay throughout childhood. A temporary placement is one from which children will need to move in order to secure a permanent home.

Table 15 below). In each sample, long-term foster care was used only for children aged six or over (with the exception of one younger comparison child) and most were aged 11 to 18. Cases in which children were already placed for adoption by the end of the proceedings were very rare.

**Table 15: Placements for all children at the end of proceedings**

FDAC intervention v comparison		FDAC children		Comparison children	
Permanent	At home	44	36%	41	27%
	With father	9	7%	13	9%
	With other relative	26	21%	34	23%
	In long-term foster care	6	5%	11	7%
	Placed for adoption	2	2%	0	0%
	Other	2	2%	0	0%
<b>Total permanent</b>		<b>89</b>	<b>73%</b>	<b>99</b>	<b>66%</b>
Temporary	In short-term foster care	33	27%	50	33%
	Residential	0	0%	2	1%
<b>Total temporary</b>		<b>33</b>	<b>27%</b>	<b>52</b>	<b>34%</b>
<b>Grand total</b>		<b>122</b>	<b>100%</b>	<b>151</b>	<b>100%</b>

### Children in a temporary placement

We looked at the long-term plan for the 33 FDAC and 52 comparison children in a temporary placement at the end of proceedings. In each sample, adoption was the most common plan for these children (79% in each sample).<sup>133</sup> In the FDAC sample the plan for the other seven children was long-term foster care. In the comparison sample the plan for the remainder of the children was placement with relatives (3) or long-term foster care (8). In each sample, a similar proportion of the children in temporary placements were aged 0-5 years (76% v 75%),<sup>134</sup> and children aged 0-2 formed the largest group (48% v 58%).<sup>135</sup>

### The orders made at the end of proceedings in relation to children

When children returned to their mother at the end of proceedings, a supervision order was the most frequent order made by the court. This was so for all 41 comparison children, and for the majority (89%) of the FDAC children (39 of 44). Four (4) FDAC children were made subject to no order and in one case a family assistance order was made.

When children went to live with their father, in nearly all cases the court made a supervision order combined with a residence order. This was so for 8 of the 9 FDAC children and for 11 of the 13 comparison children.

Placement with other relatives was underpinned by a range of legal orders, with a special guardianship order the most frequent in each sample.

---

<sup>133</sup> FDAC children in a temporary placement with an adoption plan = 26 of 33; comparison children in a temporary placement with an adoption plan = 41 of 52.

<sup>134</sup> FDAC children in temporary placements aged 0-5 = 25 of 33; comparison children in temporary placements aged 0-5 = 39 of 52.

<sup>135</sup> FDAC children in temporary placements aged 0-2 = 16 of 33; comparison children aged 0-2 = 30 of 52.

For children in temporary foster care at the end of proceedings, a similar proportion in each sample had a placement order as well as a care order, to pave the way for adoption, with current foster carers or elsewhere (7 of 33 v 9 of 52).

### What might explain the findings described above?

The findings have highlighted significant differences between the samples in respect of substance misuse cessation, which in turn influenced reunification rates. We now explore what might explain our findings. We look first at whether FDAC parents were offered more services than comparison parents. We then consider whether any case characteristics present at the start of proceedings influenced outcomes at the end of the case.

### Was there any difference in the proportion of FDAC and comparison mothers, fathers and families who were offered services during the proceedings?

In relation to services, it is well established that treatment influences outcomes and for this reason differences between the two samples in relation to the offer of these services during proceedings might be instructive. Exploring this point also tests whether FDAC met one of its main aims: to facilitate parents' access to services (in addition to the intervention provided directly by the FDAC team) to help address substance misuse and other problems. The comparison here is limited to the **offer**, rather than **receipt**, of services because we were unable to establish consistently from the case files whether parents and children attended the various services that were offered.

The results are based on all the Stage 2 cases in the 'assessment and intervention sample' (Table 16). This is because we could track all these cases from the start of proceedings to final order, whereas for Stage 1 cases the tracking period had ended six months after the start of proceedings.

**Table 16: The offer of services – sub-samples**

Sub-sample	FDAC	Comparison
Number of families <sup>†</sup>	57	82
Number of mothers	55 <sup>‡</sup>	82
Number of fathers	48	64

<sup>†</sup> We calculated the offer of services for families and children per family, not per child.

<sup>‡</sup> In 2 FDAC cases the father, not the mother, was the main carer.

We compared the services that were offered to families to address the range of problems that they experienced during the proceedings. We classified these as substance misuse, non-substance misuse, family, and child services and further details are provided in [Annex 1](#). This comparison is of services over and above those provided directly by the FDAC team because the families in the comparison sample could not, of course, access these core FDAC services (see [Part B](#)).

### What we found about the offer of substance misuse services

A higher proportion of FDAC than comparison parents were offered substance misuse services **of any type**, over and above the substance misuse help provided directly by FDAC. The results below reached statistical significance.

- A higher proportion of FDAC than comparison mothers were offered substance misuse services<sup>136</sup> (95% v 55%) [\*].<sup>137</sup> This was *in addition to* the help from FDAC.
- A higher proportion of FDAC than comparison fathers were offered substance misuse services<sup>138</sup> (58% v 27%) [\*].<sup>139</sup> This was *in addition to the help* from FDAC.

Most of these were community-based services and the difference in the proportion of mothers who were offered these local community services reached statistical significance (Table 17). In addition, a higher proportion of FDAC than comparison parents were offered residential detoxification/rehabilitation and also residential rehabilitation/parenting services, but these differences did **not** reach statistical significance.

None of the mothers who were offered residential rehabilitation/parenting had accessed this service previously. Three FDAC and five comparison mothers had received residential detoxification /rehabilitation prior to the current proceedings and one mother in each sample was in a residential facility at the start of the case.

**Table 17: Community and residential substance misuse services offered to FDAC and comparison parents during proceedings**

Type of service	FDAC (55 mothers)		Comparison (82 mothers)		FDAC (48 fathers)		Comparison (64 fathers)	
	n	%	n	%	n	%	n	%
Local community drug service [*] <sup>140</sup>	41	75%	33	40%	20	42%	12	19%
Self-help group <sup>†</sup>	9	16%	7	9%	3	6%	5	8%
Community psychosocial support	21	38%	4	5%	6	13%	2	3%
Criminal Justice <sup>‡</sup>	8	15%	5	6%	0	0%	0	0%
Residential detox/rehab (for parent)	14	25%	13	16%	6	13%	0	0%
Residential rehab (for parent and child), including parenting	7	13%	2	2%	2	4%	1	2%

<sup>†</sup> Alcoholics Anonymous, Cocaine Anonymous, Narcotics Anonymous

<sup>‡</sup> Programme in prison or via probation

<sup>136</sup> FDAC mothers offered substance misuse services **of any type** during proceedings = 52 out of 55; comparison mothers = 45 out of 82.

<sup>137</sup> p<0.001

<sup>138</sup> FDAC fathers offered substance misuse services **of any type** during proceedings = 28 out of 48; comparison fathers = 17 out of 64.

<sup>139</sup> p<0.001

<sup>140</sup> p<0.001

### **What we found about the offer of non-substance misuse services**

These services included practical support, health and mental health provision, domestic violence services, and services for emotional and behavioural difficulties and lifestyle change. A higher proportion of the FDAC parents were offered these services although the difference between the samples did not reach statistical significance. Services were offered to 22 of the 55 FDAC mothers and 24 of the 82 comparison mothers (40% v 29%). Similarly, a higher proportion of FDAC fathers (11 of 48) than comparison fathers (9 of 64) were offered non-substance misuse services (23% v 14%).

The main services offered to mothers, both FDAC and comparison, were help with domestic violence, and with mental health and emotional and behavioural problems. For FDAC fathers, the main services were practical support and help to deal with domestic violence towards their partner.

### **What we found about the offer of family services**

These services include intensive family interventions such as Family Intervention Projects, family therapy, parenting training, and family support. A higher proportion of FDAC families than comparison families<sup>141</sup> were offered these services and the difference reached statistical significance (33% to 18%).<sup>142</sup>

### **The offer of services for children during proceedings**

A similar proportion of FDAC and comparison families<sup>143</sup> were offered services for their children's difficulties (44% v 37%). The main type of service offered to families in each sample<sup>144</sup> (28% v 18%) was help for children's emotional and mental health problems. Other services were other health services, extra support with education, targeted support for adolescents, and practical support.

**Table 18: Type of services offered to families for their children**

Type of service	FDAC families (57)		Comparison families (82)	
Any type	25	44%	30	37%
Services for the child's emotional and mental health problems	16	28%	15	18%
Practical/family support	5	9%	8	10%
Extra support in relation to education	9	16%	5	6%
Targeted or specialist services for adolescents	2	4%	2	2%
Health services	4	7%	11	13%

---

<sup>141</sup> FDAC families offered family services of any type = 19 of 57; comparison families offered family services of any type = 15 of 82.

<sup>142</sup>  $p < 0.05$

<sup>143</sup> FDAC families offered services of any type for their children = 25 of 57; comparison families offered services of any type for their children = 30 of 82.

<sup>144</sup> FDAC families offered services for their children's emotional and mental health problems = 16 of 57; comparison families offered services for their children's emotional and mental health problems = 15 of 82.

### **A note about the core services provided by FDAC**

FDAC parents also received a range of services for substance misuse and other difficulties directly from the FDAC team, as well as being offered services by other local providers.

As part of FDAC's core package, they were allocated a key worker from the start, to assess them and do regular drug testing and one-to-one substance misuse work. Parents also received individual and group psychosocial support at FDAC for problems such as domestic violence.

In our report at the end of Stage 1 of the study, we reported that FDAC uncovered additional substance misuse problems in their assessment work than those provided by the local authority in their evidence to court when initiating proceedings. The FDAC team also picked up more evidence of domestic violence against mothers and they identified additional mental health problems. These fuller assessments enabled more tailored individual intervention plans to be developed.

### **Were there any case characteristics that influenced the likelihood of substance misuse cessation and family reunification at final order?**

It is important to investigate whether any case characteristics at the start of proceedings might influence outcomes at the end of the case because it offers the potential to inform case planning. For local authorities and commissioners, it might also offer guidance about which cases are most likely to benefit from being heard in FDAC.

Here we were interested in finding out whether there was an association between any of the baseline factors present at the start of proceedings (see section [C1](#)) and parental success in overcoming substance misuse and regaining care of their children. We focused on mothers only because the information on fathers was too patchy to merit analysis.

We identified 25 socio-demographic, psychosocial, substance misuse-related, child-related and service-related factors that might predict outcomes at the end of proceedings.<sup>145</sup> The factors drew on a range of studies about outcome predictors and the evaluation of the US model of Family Treatment Drug Courts.<sup>146</sup> We analysed

---

<sup>145</sup> Experienced domestic violence; perpetrated domestic violence; history of care as a child; history of children removed previously; physical health problems; current mental health problems; history of mental health problems; housing status; age of main carer; ethnicity; length of substance misuse; type of substance misuse (alcohol or drugs); alcohol; crack; heroin; cocaine; cannabis; being known to Children's Services for more than 5 years; age of oldest child in the case; age of youngest child in the case; at least 1 child with developmental delay; at least 1 child with emotional and/or behavioural difficulties; at least 1 child born affected by drugs; household composition; number of children in the case.

<sup>146</sup> Adamson et al (2009) Patient predictors of alcohol outcome: A systematic review, *Journal of Substance Abuse Treatment*, 36, 75-86; Drummond and Fitzpatrick in Gossop (ed) *Drug Addiction and its treatment*, OUP; Bernard M, Webster S, O'Connor W, Jones A and Donmall M (2009) *The Drug Treatment Outcomes Research Study: Qualitative study*. London: Home Office; Worcel S, Green B, Furrer C, Burrus S, and Finigan M (2007) Family Treatment Drug Court Evaluation, NPC Research, Portland, Oregon.

each of these baseline factors against cessation of substance misuse and reunification **combined as a single variable**, because these two outcomes were so closely inter-related. Annex 1 provides further information on how the predictor analysis was carried out.

This exercise showed that just three of the long list of baseline factors could be shown to predict outcomes, but *only* in the FDAC cases. When testing as many as 25 predictors, one or two would be expected to be significant at the  $p < 0.05$  level by chance alone. However, the three significant predictors for FDAC cases are significant at higher levels, thus suggesting that these are likely to be valid findings. Somewhat surprisingly, the predictors were different for the FDAC and comparison samples.

We found that the chances of substance misuse cessation **and** being reunited were significantly **decreased** in FDAC cases if the mother:

- had been known to Children's Services for more than 5 years,<sup>147</sup> *or*
- had experienced domestic violence,<sup>148</sup> *or*
- had misused crack cocaine.<sup>149</sup>

In comparison cases, there was only one single predictive factor. This was misuse of alcohol alone, which **increased** significantly the likelihood of cessation and reunification.<sup>150</sup> In FDAC cases there was a similar trend, but it was not significant.

No other socio-demographic, psychosocial, substance misuse-related, child-related or service-related factor on its own predicted outcomes.

A further analysis of predictors in combination was carried out, to focus on the interplay between carer and child characteristics. We combined the four maternal risk factors and the three child risk factors that had been either significant or strongly trending that way<sup>151</sup> in the single-factor analysis in the FDAC cases. The four parent factors were domestic violence, a history of being looked after, a history of being known to Children's Services for more than 5 years, and physical ill-health. The three child factors were emotional and behavioural difficulties, born withdrawing from drugs, and developmental delay.

A low score meant fewer problems and a high score (the maximum was 7) indicated many problems. We found that:

- if the case had a low level of child and parent problems, the rate of substance misuse cessation and family reunification was higher in the FDAC than the comparison sample (55% [22 of 40] v 16% [9 of 57]) [\*],<sup>152</sup> and

---

<sup>147</sup>  $p < 0.001$

<sup>148</sup>  $p < 0.01$

<sup>149</sup>  $p < 0.01$

<sup>150</sup>  $p < 0.025$

<sup>151</sup> A trend is an association that falls short of statistical significance but which, if repeated with a larger number of cases, would achieve significance, as indicated in this study by a percentage difference between outcome groups of at least 10%.

<sup>152</sup>  $P < 0.001$

- where there were multiple problems (3 or more), rates of substance misuse cessation and family reunification were low, and similar in FDAC and comparison cases (18% [9 of 50] v 20% [9 of 44]).

These findings suggest that, unsurprisingly, where there was a greater combination of problems, parents were less likely to control their substance misuse or be reunited with their children, and there was little distinction here between the samples. Where there were fewer problems, noticeably more FDAC than comparison parents were successful in achieving control of substance misuse and reunification with their children. This would suggest that FDAC was better able to build on parental capacity to change. It was interesting that predictors in the comparison sample were more random, in that there was no relationship between the number of problems and the likelihood of cessation and reunification.

Fewer problems for the purposes of the predictor analysis did not mean that the case was an 'easy' one: we have already noted the long-standing problems faced by the parents in both samples.

The conclusion from this single-factor and combined-factor analysis suggests that identification of risk factors is a relevant but insufficient explanation of outcomes.

## DISCUSSION

One of the main reasons for the Stage 2 study was to see if the promising findings at Stage 1<sup>153</sup> would be confirmed when the samples became large enough to make statistical comparisons. We have now been able to make those comparisons and the findings have added robustness to our earlier results.

The results show statistically-significant differences in outcomes between the samples in two key areas. First, FDAC mothers and fathers had higher rates of substance misuse cessation than comparison parents. The higher rate of cessation amongst FDAC fathers is important both in itself, although the numbers remain small, and because of the research evidence that cessation of misuse by one partner can help reduce the chance of relapse by the other.<sup>154</sup> It also potentially offers children a more positive role model. It has not, however, been possible to compare the substance misuse outcomes with national data as parents in care proceedings are a highly specialist group and published data is not available.<sup>155</sup>

Second, when reunification was based on cessation of misuse, FDAC also achieved statistically higher success rates. Many would regard cessation as a prerequisite to return home. We found, however, that this was not always the case: reunification took place in a small number of cases (one FDAC and 6 comparison) when mothers were still misusing substances, albeit at lower levels than previously or using less harmful substances.

---

<sup>153</sup> Harwin J, Ryan M and Tunnard J et al (2011) The Family Drug and Alcohol Court Evaluation Project, Stage 1 Final Report. Brunel University.

<sup>154</sup> ACMD (2012) Recovery from drug and alcohol dependence: an overview of the evidence. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/144114/acmdrecovery.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144114/acmdrecovery.pdf)

<sup>155</sup> We will be working with Public Health England over the coming months to compare the findings of our work with national outcomes for parents receiving treatment for alcohol and drug dependence.

The predictor analysis is relevant to an understanding of both the substance misuse cessation and reunification outcomes for parents who had stopped misusing. It suggested that FDAC might be more effective than ordinary court with those parents who had fewer problems over and above substance misuse, and therefore might have greater capacity to change their lifestyle. But there was no difference between the samples in the rate of substance misuse cessation and family reunification where there was a higher level of child and parent problems. However, fewer problems for the purposes of the predictor analysis did not mean that the case was an 'easy' one: we have already noted the long-standing problems faced by the parents in both samples. The predictor analysis also confirmed that very few factors – singly or in combination – did influence outcomes. The conclusion we have drawn is that identification of risk factors is a relevant but insufficient explanation of outcomes.

What else might explain the results? The analysis of the offer of services showing statistically-significant differences in the inputs to the two samples for substance misuse and family services has led to a number of conclusions. Our first conclusion from this analysis is that the intensive substance misuse treatment package made available to FDAC parents laid the foundation for the higher rate of substance misuse cessation by FDAC mothers and fathers, which in turn paved the way for reunification. Prospects for reunification were also enhanced in FDAC by the offer of more therapeutic support to improve parenting skills.

Our second, and linked, conclusion is that the quality of the programme offered is an important determinant of outcomes. Intensity and frequency of treatment, backed by regular testing, and underpinned by a motivating approach and therapeutic support, were intrinsic to the FDAC offer.

We also conclude that the difference between the samples in the offer of services to parents was linked to the activities of the FDAC team in identifying and co-ordinating services for parents in line with their agreed intervention plan.

Our final conclusion is that, as at Stage 1 of the evaluation, the differences were about the inputs to parents, not the children.

These results were based on the analysis of the 90 '*assessment and intervention*' families. We noted at the beginning of this section that a further 16 families were referred to FDAC, comprising 15% of the '*all referrals sample*' and that some of them did not meet the FDAC inclusion criteria, raising questions about the way in which the local authorities identify suitable cases for FDAC, a theme we explore in [Part D](#). It also raises a question about the impact of these 16 cases on outcomes that were statistically significant for the 90 cases. For this reason, we compared the results of the full '*all referrals*' FDAC sample (106 cases) with those for the comparison group (see [Annex 2](#)). On the whole, the results of this comparison were similar to those of the narrower '*assessment and intervention sample*' (albeit at slightly lower levels of significance. In two instances, the differences between the samples remained, but were no longer statistically significant. So, with cessation of maternal substance misuse, the difference was 38% of FDAC mothers (as opposed to 40%) to 25% of comparison mothers. With the offer of family services, the difference was 31% for FDAC cases (as opposed to 33%) and 18% for comparison cases. For both these results the explanation is the same. It is that the level of statistical significance on the 90 cases was just *above* the threshold when the 16 cases were excluded and just *below* when they were included. These points need to be noted but they do not alter the overall results and conclusions presented here.

### C3. A FOLLOW-UP OF FAMILY REUNIFICATION AFTER PROCEEDINGS ENDED

#### Summary points

Follow-up for one year after reunification, of 24 FDAC mothers (34 children) from the 'assessment and intervention sample' and 18 comparison mothers (31 children), showed that:

- Most FDAC and comparison mothers were still living with their children (83% v 78%).
- A similar proportion of FDAC and comparison cases had returned to court (13% v 17%).
- A lower proportion of FDAC than comparison mothers relapsed, but this difference was not statistically significant (25% v 44%).
- Further episodes of neglect or abuse occurred in fewer FDAC than comparison *families* (25% v 56%) [\*], and were experienced by fewer FDAC than comparison *children* (29% versus 55%) [\*].<sup>156</sup>
- Between a third and a half of all the mothers were offered substance misuse, psychosocial, or family/child services to help sustain family reunification.
- The frequency of social work contact with families ranged from four to over 20 meetings during the year. More frequent visiting was generally associated with new child protection concerns, or with return to court for an extension of a supervision order or fresh proceedings.
- It was rare for directions to be attached to a supervision order.

Follow-up of an even smaller number of families for two or three years showed that maternal relapse and further episodes of neglect or abuse occurred mainly in the first year after reunification.

#### Introduction

As described in the last section, in about a third of FDAC cases (36%)<sup>157</sup> and a quarter of comparison cases (24%),<sup>158</sup> the decision of the court at the end of the case was that the child or children should live with the parent who was the main carer at the start of proceedings, and in all of these cases this was the mother.

This section looks at what had happened in most of those cases at least one year later. It was not possible to follow up every case because some families had moved away from the original local authority area and the researchers did not have ethical approval to review records in other authorities, and in other cases less than a year had elapsed since the end of the court case. On the other hand, the long study

---

<sup>156</sup> [\*] denotes a difference that reaches statistical significance. P values are provided in the main text.

<sup>157</sup> [32 of 90]

<sup>158</sup> [24 of 101]

period for the two stages meant that we could track some early cases for longer than a year: some we followed up for two years, and a few for three (see Table 19). The number of cases followed up for more than a year was determined by two factors: whether a full two- or three-year period had elapsed since the original proceedings ended, and whether the case was still open to the local authority. If it was, we could still obtain information about the children even if they were no longer living at home.

**Table 19: The sample of family reunification cases and the length of follow-up**

Period	Cases followed up	As a proportion of the reunification cases in each sample
1 year	24 FDAC (34 children) 18 comparison (31 children)	= 75% of the 32 FDAC reunifications = 75% of the 24 comparison reunifications
2 years	20 FDAC (28 children) 13 comparison (23 children)	= 63% of the 32 FDAC reunifications = 54% of the 24 comparison reunifications
3 years	14 FDAC (18 children) 8 comparison (12 children)	= 44% of the 32 FDAC reunifications = 33% of the 24 comparison reunifications
None	8 FDAC (10 children) 6 comparison (10 children)	= 25% of the FDAC reunifications = 25% of the 24 comparison reunifications

### Why and how we did this part of the study

We wanted to review FDAC and comparison cases post-reunification, to see whether these reunifications lasted and, if so, to explore whether or not FDAC cases continued intact for longer than comparison cases. We also wanted to find out whether the reunifications succeeded in safeguarding the children's welfare, because sustaining a placement (of any sort) does not necessarily benefit a child.<sup>159</sup>

In order to answer these questions, we tracked the information recorded in the local authority legal and Children's Services files and looked for differences between FDAC and comparison families in the proportion of cases in which, by the end of the follow-up period:

1. children were still living at home
2. the local authority had referred the case back to court, and/or
3. mothers had relapsed, and/or
4. children had experienced further neglect or abuse, and
5. support services were offered to parents and children.

---

<sup>159</sup> Wade J, Biehal N, Farelly N and Sinclair I (2011) *Caring for Abused and Neglected Children: Making the right decision for reunification or long term foster care*. London. Jessica Kingsley ; Farmer E and Lutman E (2010) *Case Management and Outcomes for Neglected Children Returned to their Parents: a five year follow up study*. London. DCSF

The numbers in this section are small, determined by the total number of reunifications as well as case attrition (as explained above). For this reason, caution is needed with our results: larger numbers would be needed to improve robustness.

The quantitative information that follows is supplemented by three case descriptions that illustrate the range of outcomes for children and mothers.

### **1. Were there differences in the proportion of cases in which mothers were still with their children one year after the end of proceedings?**

We found that four FDAC and four comparison reunifications did not last for one year, which meant that a similar proportion of mothers (83% v 78%)<sup>160</sup> were still with their children one year after the end of proceedings. Of these four FDAC and four comparison cases, two in each sample were cases where the children had moved to live with other family members, by agreement. The other two cases in each sample were taken back to court by the local authority, as explained below.

### **2. Were there differences in the proportion of cases referred back to court?**

Three FDAC and three comparison cases, involving seven children in each sample, returned to court in the first year after reunification.

One case in each sample was an application to extend the supervision order, to give the local authority extra time to support and monitor the case. In both cases the supervision order was extended and the children remained at home. In the other four cases the local authority was initiating fresh care proceedings.

Return to court is a very serious step for a local authority to take, prompted as it is by concerns of actual or likely significant harm attributable to parents. In five of the six cases the further application to court was because the mother had relapsed. In one of the five relapse cases (an FDAC case) the mother had died from an overdose, highlighting starkly the risks posed by parental substance misuse. In the other four cases the relapse was seen as leading to neglect of the children by their mothers. The concerns recorded in Children's Services files included drugs and needles being left within the reach of children, dirty conditions in the home, or homes being used for drug dealing. Some cases also included emotional and/or physical harm, such as children being ignored by their mothers or presenting with unexplained bruises.

A feature of the relapses in the comparison sample was that, in all three cases that returned to court, the mothers had still been misusing at final order. During the proceedings they had reduced the frequency of their misuse, or had reduced the severity of the drug used or their pattern of use, and the court had returned the children on a supervision order. This was also a feature in one of the FDAC cases that returned to court because of maternal relapse.

The sixth case that returned to court (the third FDAC case) did not involve substance misuse. The significant harm stemmed from the mother experiencing domestic abuse from a new partner. This was a mother who had also experienced domestic abuse in the past.

---

<sup>160</sup> FDAC 20 of 24; comparison 14 of 18.

In all six cases that returned to court there were notes on the local authority files that indicated signs of things going wrong during the course of the supervision order. For example, mothers were not attending drug treatment services or appointments for drug testing, or they were not attending the parenting support or family therapy services that had been offered in accordance with the court recommendation at final order. Other worrying signs were mothers not taking children to nursery or to agreed treatment programmes and/or not responding to phone calls and messages.

It is noteworthy that these cases each had a trio of factors that increased the challenge of reunification lasting. These were the age of the children, the children's emotional and behavioural problems, and the number of children in the mother's care.

- In relation to age, all but one child was at least seven years old, and most were over 12.
- In relation to children's difficulties, all but two children had severe emotional and behavioural difficulties which rendered them extremely vulnerable. They had needs arising from learning difficulties, violent behaviour at home or school, poor educational attainment, school exclusion, absconding from home, and risky sexual behaviour.
- In relation to the number of children in their mother's care, one of the three cases in each sample involved a large sibling group, each with children who had a range of problems.

These case profiles raise questions about what it is realistic to expect vulnerable mothers to cope with and how far a child's well-being can be safeguarded in the face of multiple problems. It was also evident from the case files that where older children were involved the court could be reluctant to make a care order because of concerns about the feasibility of finding a permanent placement for older children with emotional and behavioural problems, who might also be likely to vote with their feet and return home even if an order was made.

### **3. Were there differences in maternal relapse rates one year after the end of proceedings?**

The fact that family reunification is sustained does not necessarily indicate the absence of parenting difficulties. With parental substance misuse known to be such a prominent feature in the breakdown of family reunification,<sup>161</sup> it was important to explore how many mothers maintained control of their substance misuse, why relapse occurred, and whether there were differences between FDAC and comparison cases.

Six (6) of the 24 FDAC mothers had relapsed by the end of the first year, and so had 8 of the 18 comparison mothers (25% v 44%). This difference did not reach statistical significance. The figures include the two FDAC and three comparison mothers whose

---

<sup>161</sup> Wade J, Biehal N, Farelly N and Sinclair I (2011) *Caring for Abused and Neglected Children: Making the right decision for reunification or long term foster care*. London. Jessica Kingsley ; Farmer E and Lutman E (2010) *Case Management and Outcomes for Neglected Children Returned to their Parents: a five year follow up study*. London. DCSF; Ward H, Brown R, Westlake D (2012) *Safeguarding Babies and Very Young Children from Abuse and Neglect*. London. Jessica Kingsley.

case had returned to court following their relapse at some stage before the end of the first year. So relapse did not necessarily lead to a case being taken back to court. It depended on whether it was a full relapse or a lapse (a distinction made by drug and alcohol treatment providers) and this would generally be about its severity, the type of drug involved, and the impact on the child. Most of the returns to problematic drinking or drug use recorded above were, judging from file information, full relapses as opposed to lapses. All the lapses were alcohol related and they were particularly associated with binge drinking that varied from 3 to 6 lapses within the period of the supervision order. In each sample, a pattern of alcohol misuse alone was less likely to lead to a return to court. Neither of the 2 FDAC mothers who had alcohol-related lapses went back to court and in one case the mother's lapse was brief and she made a full recovery. Five (5) of the 8 comparison mothers who relapsed in the one year follow-up period misused alcohol but there was a return to court in only one of these cases, on account of child neglect. .

It was not possible to pinpoint precisely when lapses and relapses occurred but, in three cases, the file notes indicate that the mother had started to misuse again within two months of the final order. All the mothers who lapsed or relapsed (in each sample) had misused previously for at least 11 years, but there was no common pattern about the type of misuse involved: drugs only, alcohol only, and both drugs and alcohol featured in each sample. Nor did we find a common pattern in relation to the nature or the length of past misuse amongst the mothers who did not relapse.

In both samples, relapses came to light through reports to Children's Services from nurseries, schools and the police, or from professionals noticing that appointments were being missed. In some cases the file recorded that a mother had contacted her social worker for help, and we cannot say how many of the reports via other services had been prompted by the mother's request for help, as opposed to professionals logging their own concerns.

There was little comment on files about the triggers that had led to maternal relapse, but each sample included one or more of the following features:

- resumption of a relationship with a former partner who was misusing substances
- stopping treatment for substance misuse
- experiencing domestic violence again, from a new partner or on return to a previous partner
- anxiety about managing complex family relationships, especially in relation to arrangements for contact
- deteriorating mental health
- deteriorating physical health (more prevalent in the comparison sample), and
- difficulties in parenting older children with behavioural problems and offending behaviour.

#### 4. Were there differences in the proportion of families where children experienced further neglect or abuse?

The acknowledged strong association between substance misuse and neglect is the reason for exploring this question.<sup>162</sup>

We found that there were further episodes of neglect or abuse of children in each sample in the year following the end of proceedings. This occurred in a lower proportion of FDAC (6 of 24) than comparison (10 of 18) cases, and it was experienced by a lower proportion of FDAC (10 of 34) than comparison (17 of 31) *children*. Although the numbers are small, the difference between the samples, in relation to both *cases* (25% v 56%)<sup>163</sup> and *children* (29% v 55%),<sup>164</sup> reached statistical significance. In each sample, neglect featured more than abuse.

In most cases (FDAC 3 of 6, comparison 8 of 10), the neglect or abuse was noted on file as being linked to mothers starting to misuse substances again. In the other cases, the neglect was noted as linked to mothers experiencing domestic abuse and/or to their deteriorating physical or mental health. The neglect or abuse included physical injury, witnessing domestic violence, being alone with a parent who was drunk, risk of sexual exploitation, being sent to school in unsuitable or dirty clothes, or being kept off school.

In cases where neglect or abuse did not prompt a return to court, the local authority kept matters under review through child protection plans or their children in need arrangements.

#### 5. Were there differences in the support services offered to families?

##### Support from Children's Services

In each sample, most of the children who were reunited with their parents were subject to a supervision order and this places a duty on children's social care to 'advise, assist and befriend' the child. This explains our interest in exploring how else - besides visiting - the local authorities discharged their role as lead agency.. We collected this information on most cases in each sample for the first year, and we found wide variation.

The number of home visits or office meetings ranged from four to over 20 in the 12-month period. In each sample we found that the main reason for more frequent visiting was when children were being, or had been, made the subject of child protection plans or when the local authority was proposing to return the case to court. Home visits or office meetings were less frequent when the case was going well. This might have been because others (such as health visitors) were doing the monitoring, or because the mother did not feel the need for regular contact. However, the

---

<sup>162</sup> Forrester D and Harwin J (2011) *Parents Who Misuse Drugs and Alcohol: Effective Interventions in Social Work and Child Protection*. Wiley -Blackwell; Davies C and Ward H (2011) *Safeguarding children across services: messages from research*.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/183231/DFE-RR164.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/183231/DFE-RR164.pdf)

<sup>163</sup> p<0.05

<sup>164</sup> p<0.05

reunification interviews suggest that some mothers would have liked more frequent contact with Children's Services during this period.

Help from Children's Services included a range of practical and psychosocial support. Financial help enabled one mother to attend substance misuse services and another to buy baby equipment. There were instances of payment for a childminder and of visits from a social work assistant to help with practical tasks. In several cases social workers liaised with housing officers because children were living in damp accommodation or because a family had to move to alternative accommodation. There was also regular liaison with health visitors, children's centres and schools. Social workers arranged speech and language therapy or other health treatment, and music therapy for one child. In relation to older children, there was a note on one file about a social worker arranging for a mother and child to visit the father in prison, and there were a few referrals to social support groups.

Some direct work by social workers with children was noted, and a little with parents. For children, this was about seeing the children on their own at home, and in one case a child who was withdrawn confided in the social worker. For mothers, there were notes on a few files of social workers supplementing the advice from CAMHS about how to manage children's behaviour.

### **Support from other agencies**

We also collected information about the level of contact mothers had with other services, and here we used the same service categories as in the previous section (see [C2](#)):

1. help to prevent parental substance misuse relapse
2. non-substance misuse services
3. ongoing practical and therapeutic support to parents and children, and
4. support to parents to meet their children's needs.

We focused on services **offered** to mothers and children because, as stated earlier, it was not possible to establish whether the services offered were in fact **received** by them. The most important point to emerge was that no more than half of the mothers in each sample were offered any service in each category.

It is, of course, possible that some mothers who were controlling their misuse no longer felt they needed to attend substance misuse services. Similarly, the offer of non-substance misuse services will be relevant only if there is a need for those particular services, and lack of information made that difficult to analyse. This last point is important: patchy recording of information might result in an underestimate of parents' needs, or agency responses, or both.

Table 20 shows the range of services offered. It is possible that practical support featured less than other services because some of this type of support was also being offered by Children's Services. The extra support for a child's difficulties came from a range of different agencies, including health and education.

**Table 20: Type of services offered during the follow-up**

Type of service offered	FDAC (24 mothers)		Comparison (18 mothers)	
Substance misuse relapse	10	42%	9	50%
Non-substance misuse	9	38%	9	50%
Practical support to family	8	33%	5	28%
Help to mother for a child's difficulties	9	38%	6	33%

### **The court's use of directions with supervision orders**

In most cases in each sample the supervision order was made for 12 months. In the other cases (four FDAC and one comparison) it was made for either six or nine months. In our court observations of FDAC cases we had occasionally seen parents negotiating with the judge for a shorter order, and this was something that also emerged in interviews with parents. Whilst parents recognised and accepted the need for an order, they did not necessarily welcome it.

The court can attach requirements to a supervision order that the child or parent (providing the parent consents) should comply with specified directions.<sup>165</sup> These directions could, for example, require a parent to attend drug testing or treatment services. We were interested in whether such provisions might provide an effective framework for post-proceedings support.

In fact, there were no cases where the court did attach requirements. There was one case in which a judge, when making a supervision order, recorded his wish for the authority to provide active support as well as monitoring, but this was not part of a formal requirement that placed clear expectations on the parents (and/or children) and the local authority. We found some instances in each sample of written agreements being used, but they are a weaker mechanism than directions.

### **Three FDAC case descriptions, to show the range of family circumstances and outcomes<sup>166</sup>**

#### **A case that went well**

Janine was in her late 20s and her daughter Sami was 2. She had experimented with drugs in her teens and everything spiralled out of control in her early twenties when she met Matt, who subsequently died from a heroin overdose. Soon after his death Janine got pregnant. At the start of the care proceedings she was lonely and depressed, living in a hostel and far from her family.

Janine opted for FDAC and made very good progress. She had stopped misusing by the end of the case, was engaged in counselling for her depression and her lack of confidence and anxieties around parenting, and had secured local authority housing.

---

<sup>165</sup> s.31 (1) (b) Children Act 1989 and schedule 3, paragraphs 2 & 3.

<sup>166</sup> Names and identifying details have been changed.

During the one-year supervision order she was visited six times by children's services, saw her health visitor regularly, and continued with the counselling. The case was then closed because she and Sami were doing well. Sami had reached all her developmental milestones and Janine had started to make friends at a mother and toddler group. On closing the case, the local authority agreed with the health visitor that she would continue to monitor Janine and Sami's progress. At the three-year follow-up stage, the case had not reopened, and Janine was still enjoying the occasional social events that FDAC organised for parent.

### **A case that unravelled**

Lorraine was in her mid-30s and had been misusing alcohol for over 20 years. Her children were 13, 10 and 3. She had been in care as a child and had lived with a number of partners who abused her physically and emotionally. She was diabetic and had Hepatitis C. Proceedings were initiated because she was drinking from early morning and her middle child was left to get the baby to nursery each day.

Lorraine did well during the proceedings. She split up from her partner, went for residential rehabilitation, and stopped drinking. The children were returned to her care at the end of proceedings. Things went well for a while but started to slip back when Lorraine moved in with a new partner who was jealous of the time she spent with the children. The school and police reported to Children's Services their concerns about Lorraine being drunk with the children, the children and home being neglected, and the older children being aggressive at school. Lorraine said she was constantly tired and couldn't look after and supervise the children. During the one-year supervision order the local authority made 20 home visits to the family and finally started fresh proceedings and removed the children.

### **A case that 'wobbled' and required extra support to get back on track**

Hayley was in her late 30s and had been misusing cocaine, alcohol and cannabis for many years. She had twin boys of seven who were behind at school and often absent. Two older children had been adopted following earlier care proceedings. The father of the twins, who was not involved in their care, had been in and out of prison for drug-related offences.

Hayley stopped misusing all substances during the proceedings and was getting help with her long-standing parenting difficulties. Input from the local child and adolescent mental health service helped the twins, too, and they were catching up in school and feeling more settled.

The supervision order went well for two months until a chance encounter with a former partner triggered an alcohol-related lapse that was picked up quickly by the school who were also worried again about the boys' behaviour. Hayley admitted that things were going wrong but was scared to ask for help for fear that the boys would be removed.

Children's Services increased their contact with the family, making 15 visits during the next nine months. The social worker arranged additional family support, and Hayley's attendance at the drug and alcohol service was monitored closely. When the supervision order expired, the local authority kept the case open as a 'child in need' case. There were two further reports of lapses but the home was found to be clean and tidy and there were no signs of the children being neglected. The school had some ongoing low-level concerns about emotional and behavioural difficulties, but on the whole was positive about progress. The case was closed two years after

the end of proceedings. Hayley rang her former social worker on one occasion, when stressed over Christmas, but the local authority decided there was no need to re-open the case.

### **Follow-up for two and three years**

The purpose of this exercise was to look at the sustainability of the reunifications over a longer timeframe than one year, as well as to identify any new concerns that had arisen. Although the number of cases we have been able to follow up is small, they highlight a few potentially important points, some of which might merit exploring with a larger sample.

#### **For two years**

The first point here is that most families in each sample continued to remain together throughout the two-year period. This was so for 14 of the 20 FDAC families and 9 of the 13 comparison families. In terms of the number of children, rather than families, 19 of the 28 FDAC children and 17 of the 23 comparison children remained with their mothers.

The second point is that mothers in each sample were less likely to relapse in the second year of reunification than in the first: only two of the 20 FDAC mothers and one of the 13 comparison mothers relapsed in year two. Further episodes of child neglect or abuse were also less likely than in the first year: neglect occurred in two FDAC families (three children) and no comparison family, and there were no incidents of abuse recorded. The neglect in one case was associated with maternal relapse and, in the other, with domestic violence from a new partner.

The third point is that there was some continuation of placement change and of return to court. In three FDAC and one comparison cases, the children moved placement for the first time in this period. Five FDAC and two comparison cases went back to court for the first time. Two of these FDAC cases and one of the comparison cases were private law proceedings to underpin a child's move to a different family member. In the other cases the children moved to foster care. The point here is that all these children were not yet settled in a stable and permanent home.

#### **For three years**

The analysis at the end of year three reinforced the main finding at the end of year two, namely that the first year of reunification was the critical period for substance misuse relapse or further episodes of neglect or abuse. No mother in either sample relapsed in the third year, and there was no recurrence of abuse or neglect.

### **Discussion**

The small number of cases that we were able to follow up makes it particularly important to be cautious in our comments on the findings. We start, therefore, by considering the general themes that have emerged from tracking the 42 families (with 65 children) who were reunited at the end of proceedings.

Overall, the evaluation adds to the body of existing evidence that family reunification is particularly challenging when parental substance misuse is involved.<sup>167</sup> Reunifications that last do not necessarily provide children with consistent parenting and a safe home that promotes their well-being.

In our samples, substance misuse relapse and further neglect or abuse of children was most likely to occur during the first year of reunification. Yet we have seen that the offer of substance misuse and psychosocial services during this period did not extend to more than half the families. There was also considerable variation in the extent of input from Children's Services, and a higher level of input was mainly in response to child protection concerns rather than as a response to the support that parents thought they or their children needed.

The difficulties we found should not obscure the positive experiences of the majority of parents who turned their lives around, took great pride in their children, established new friendships, worked to improve family relationships and connections, took opportunities to further their education and skills, and did not relapse.

In relation to differences between the FDAC and comparison families, there were indications that reunification in FDAC might be producing safer and more lasting change. Further episodes of neglect and abuse occurred in a lower proportion of FDAC families and affected a lower proportion of FDAC children and these results reached statistical significance. The lower rate of relapse by FDAC mothers seems likely to help explain these results. The findings would need testing with larger numbers before we could be confident about the promising trends indicated, but it is clear that the results are not a consequence of FDAC parents being offered more services than comparison parents post-proceedings, because by then the FDAC intervention had come to an end and similar levels of support were being provided to both FDAC and comparison families.

A further issue is whether there was over-optimism about the prospects of reunification, especially in cases where the mother had not stopped misusing, or where mothers were trying to care for several older children who each had a range of problems. With regards to returning children to mothers who had improved but not stopped misusing, there are also no easy answers. Courts will need to decide this question on a case-by-case basis. With regards to older children, this poses some problems for local authorities and the courts, given that finding a suitable permanent home is likely to prove difficult for some older children and because older children who want to stay at home will choose to do so. This is what we have come to see as 'the reunification trap'. It is of note that the ADCS have queried the appropriateness of care as a suitable way of responding to the needs of adolescents.<sup>168</sup>

---

167 Wade J, Biehal N, Farelly N and Sinclair I (2011) *Caring for Abused and Neglected Children: Making the right decision for reunification or long term foster care*. London. Jessica Kingsley; Ward H, Brown R, and Westlake D (2012) *Safeguarding Babies and Very Young Children from Abuse and Neglect*. London. Jessica Kingsley; Farmer E and Lutman E (2010) *Case Management and Outcomes for Neglected Children Returned to their Parents: a five year follow-up study*.

168 Association of Directors of Children's Services (ADCS) (2012) *What is Care For? A position Statement* <http://www.adcs.org.uk/download/position-statements/2012/ADCS%20Position%20Statement%20What%20is%20care%20for.pdf>

Most important of all, the findings raise a question about how families can be supported better after reunification, in order to increase the chance that return home will be successful. Key to this is how to prevent relapse, because this was the trigger for further neglect or abuse in most of the cases where it arose.

One option to consider is whether FDAC could play a continuing role after the end of proceedings, a proposal that was supported by FDAC parents and many of the professionals whom we consulted.

Another possibility is to make more use of directions attached to supervision orders, which were described as 'toothless' by some professionals. It is noteworthy that a requirement to comply with directions was not attached to any of the supervision orders made when children returned home. Such requirements might have had potential to strengthen the effectiveness of the supervision order, by setting out clearly that parents should comply with directions made by the supervisor, such as attending treatment services or parenting programmes. There is a dilemma here, though, in that before such requirements can be imposed on parents they must consent to them. Moreover, the court has no power to place any requirements on Children's Services or other service providers about ensuring that the necessary services are in place.

Finally, there is possibly a need for a more robust policy and guidance framework to support families in cases where children are returning home from care or accommodation. We return to these questions in our conclusions.

## PART D – QUALITATIVE FINDINGS

### Summary points

- The FDAC judges demonstrate principles of motivational approaches and a sound grasp of parental substance misuse and its impact on children and families.
- FDAC is a service that parents would recommend to other parents. Those with previous experience of care proceedings found FDAC to be a more helpful court process that gave them a fair chance to change their lifestyle and parent their child well.
- Parents valued the practical and emotional support and treatment intervention from the FDAC team. They felt motivated by workers who knew how to help them regain responsibility whilst supporting them through difficulties. They would like more help to be available, from FDAC and other services, after care proceedings end.
- There is consensus amongst professionals about the value of the FDAC model continuing, notwithstanding some concerns about its fit with some aspects of the PLO reforms and the need to make speedier decisions if parents are not engaging.
- The strengths of the FDAC model are seen to be:
  - **the role of the judge** (having the same FDAC judge throughout a case, and through the non-lawyer reviews) in promoting a problem-solving approach to the resolution of care proceedings, backed by the power to decide sanctions,
  - **an independent, multi-disciplinary team** that works closely with the court and other parties, and does intervention as well as assessment work with parents and, as a result,
  - **proceedings that are less adversarial** than ordinary care proceedings (providing a more collaborative court atmosphere, whilst retaining due formality).
- The concerns about the new PLO and the Children and Families Act 2014 relate to the extent to which implementation of the 26-week time limit for completing care proceedings will help or hinder attempts to improve outcomes for children and their families.

## D1. COURT OBSERVATIONS

### What we did

We observed FDAC court hearings throughout the first 18 months of Stage 1 of the evaluation. Two researchers sat at the back of court and completed a questionnaire that we had designed, recording information about the court process. Small samples of these questionnaires were analysed for the two reports about Stage 1.<sup>169</sup> The number of cases analysed reflected what was manageable in the time available, and the selection of cases aimed to ensure that we looked at hearings at the start, middle and end of the case.

The purpose of this analysis was to see whether and how far the judges were using a supportive, affirming and empathetic approach with parents, whilst reminding them of their responsibilities, in line with the principles of therapeutic jurisprudence and motivational approaches that underpin the FDAC model. We wanted to know if this approach was possible even when difficult issues had arisen and when a case was not progressing well for parents. The questionnaires we used enabled us to do some counting of the different aspects we were observing and so enabled us to analyse information that, although 'softer' than our quantitative data, was 'harder' than our qualitative data from interviews and focus groups.

The Stage 1 findings (summarised in Figure 5 below) showed that the judges were supportive, friendly and empathetic, but were also able to be firm, encouraging parents to take responsibility for their actions and pointing out the consequences of non-compliance. We noted that, as the pilot progressed, the judges took slightly fewer opportunities to comment on individual parental strengths or to comment explicitly on their interest in seeing parents make progress. On the other hand, they gave slightly more focus to explaining the decisions that were made in court.

How does the court work now, almost five years after the pilot started? To answer this question, four researchers, working in pairs, observed a further 50 hearings over three days, completing a similar questionnaire to the one used at Stage 1. As in the first two observation exercises, the cases were not a random or representative sample but we ensured that they provided a cross-selection of relevant features: they included cases heard by the two main FDAC judges and their back-up judge, cases brought by each local authority, and review hearings with and without lawyers.

Of the 50 hearings, we analysed in detail the 35 cases that were third or subsequent hearings, because these would tell us more about the way the judges interacted with parents. This means that the 2013 findings are slightly less comparable to the earlier findings, because the earlier analysis included hearings from the start of the case, but they do give a good flavour of how the court operated on three separate days at a late stage of our study.

We assessed the approach of the judges on the same measures as in 2009 and 2011. We were looking for and recording evidence, or absence of evidence, that the judges:

1. talked to parents directly

---

<sup>169</sup> We analysed 49 hearings for the Stage 1 Interim Report in 2009, and 35 for the Stage 1 Final Report in 2011.

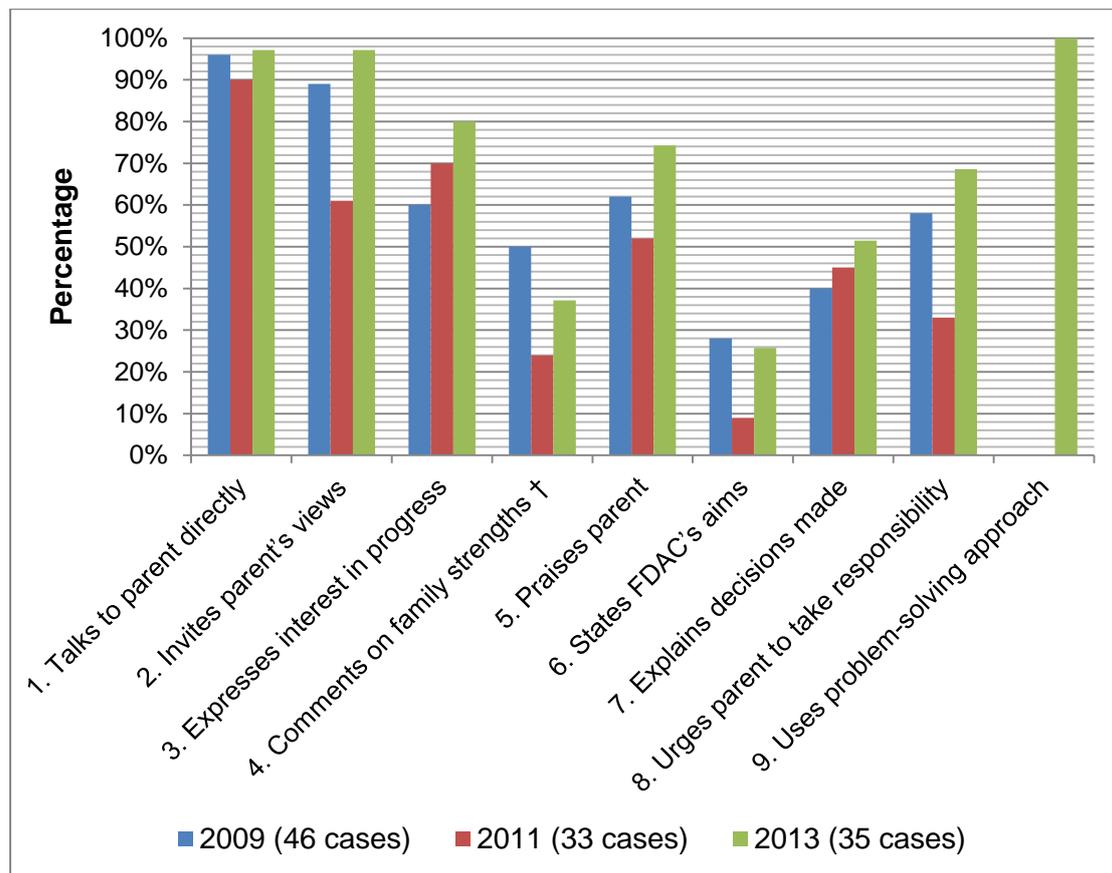
2. invited parents' views
3. expressed interest in progress being made
4. commented on family strengths
5. praised parents
6. stated FDAC's aims
7. explained decisions made, and
8. urged parents to take responsibility.

We added a further question at this stage, about evidence that the judges demonstrated a problem-solving approach to the case. By this we mean that the judges used the time in court to tackle the problems that they or others were identifying as needing resolution.

### What we found

Figure 5 presents our findings from the three court observation exercises.

**Figure 5: Judicial behaviour – findings from court observations**



† reflecting a positive comment each time a relative was in court with a parent

### **Did the judges talk to parents, invite their views, and express interest in their progress? (1-3 in the figure)**

Overall, the judges engaged extremely well with parents who opted into the FDAC programme. They greeted them warmly, put them at their ease, asked how their children were doing, and made it clear they wanted to know what they had to say. Even when they had something of concern to discuss with parents, their opening comments were welcoming and friendly.

*How are you doing? I hear there's good news on the job front. But there's been another incident. Let's talk about that.*

The judges expressed interest in understanding what parents were worrying about, probing for explanations and encouraging them to be open with them.

*Is there anything you want to say or talk about? What do you mean when you say things feel up in the air?*

They wanted to know how substance misuse treatment was working out for parents, and what lay behind their answers.

*Is it good to be linked in with [service]? ... Why do you say that? What has made the difference for you this time?*

They invited views about other important changes in a family's life, giving openings for parents to reflect on both positive and negative factors.

*Tell me what it feels like to have your child home ... Will you stay in touch with the foster carers given how well you got on with them? ... Did you take your child to school today? ... How was that? ... What are the things you find hard?*

The judges had less to say directly to parents at the hearings that involved lawyers, but they did make sure to acknowledge their presence:

*Do you have any worries about what is going to happen today?*

*I'm sorry, I've ignored you so far, whilst talking about the assessment, but now it's your turn.*

### **Did the judges acknowledge family strengths, and offer praise to parents? (4 and 5 in the figure)**

Grandparents and other family members were always received well by the judges, and generally thanked for their support and concern. The judges commented favourably, too, on what parents were doing to stay engaged in treatment and other services. They urged parents to keep going in the right direction, to take pride in how far they had come, to turn setbacks into opportunities for making further progress, and to stay focused on the plans in place. When things were going well for parents, the judges were open about the pleasure they took in their achievements, and they conveyed this in a warm and friendly manner. Even when there were concerns to raise, the judges sought to find something positive to say.

*Grandmas will always be welcome in this court. We appreciate the level of support that the family is providing.*

*Your child is a great credit to you both. You are doing so well. You deserve a medal for the changes you have made to your life. Thanks very much for that.*

*A lot of mothers would have stormed out of a meeting when told their child was not coming home, especially when some things have gone so well. So it was very brave of you to stay and talk. I know how well you've done and I think that's very important. Tell me how [child] was last week.*

### **Did the judges explain the aims of FDAC and decisions that were made? (6 and 7 in the figure)**

The judges were strikingly consistent in the words they used to explain the aims of FDAC. They did this much more in early hearings, reflecting the fact that there was less need to state the aims to parents who were familiar with the FDAC programme.

They did, however, take opportunities to remind parents of the commitment they had made when joining FDAC. What they said about this was clear and unambiguous, and often interspersed with questions to gauge whether parents had a grasp of what was happening, and to engage them in the court and FDAC process. They explained their own decisions well, though did so in only half the cases observed, and they also clarified what others had done and why.

*Can you tell me what the object of FDAC is? ... It's to help you provide the best possible parenting for your baby. It doesn't always work but we want to try it with you.*

*Do you understand what you are signing? Do you want to do this?*

*You sign, I sign and FDAC signs. This means you know you've got problems and we're all going to work on them.*

*I've read the papers. I'm briefed by the team before we come into court. If you are serious about [child] coming home you have to make significant changes in your life. We're going to meet every two weeks and you've got to be open and honest. This is the biggest thing.*

### **Did the judges urge parents to take responsibility? (8 in the figure)**

The judges were clear at the outset about what they expected of parents, and that clarity continued throughout the case. They said what they were looking for and, when necessary, they were explicit about what more they expected from parents, and the consequences of non-compliance. They were adept at commenting on positives whilst at the same time conveying concern about the negatives. Without exception, they were courteous and respectful.

*Can we get this sorted please? It's crucial you don't lose your [treatment service] place. You've got to be regular. If you don't stay connected they'll drop you out. We always said it was going to be tough but if it doesn't work out it will be tougher still.*

*You have to co-operate. How can we assess you if you don't engage? If you don't, I'm afraid that's it. It will be curtains.*

*This is the time to focus 100 per cent on your treatment ... your frustration [over contact] is understandable, but don't be deflected ... it's up to you at the end of the day.*

*Stay out of trouble, will you? Avoid people who don't like you. It's not looking as if things are changing. Children and drugs don't go together.*

*Everything I hear is good, except you let that man into your house. I hear your explanation, but it's not clever. He is a dangerous man. Your child wants to come home but you have just demonstrated why she should not do so ... we deal with a lot of domestic violence in court and he is one of the serious ones.*

### **Is FDAC still operating as a problem-solving court? (9 in the figure)**

In our previous reports we commented on the way in which the judges had used the time in court to tackle problems arising in cases. We now explored whether they had continued to do so, and we found evidence of a problem-solving approach in every case.

The judges were clear to parents and professionals that this was their approach.

*This court is different. We don't do conflict. We minimise hostility. This is about solving problems.*

They indicated that problem-solving was for everyone, not just themselves. For example, social workers were asked how they could provide parents with more information, in cases where parents felt they were being kept in the dark. They were also asked for their views about how to avoid a child having to make an extra placement move.

Parents, too, were expected to play their part in finding positive solutions. This was particularly evident in cases where parents were being confrontational towards the local authority. They were reminded that local authorities were under increasing pressure and that individual workers might sometimes forget to do something or run out of time. Parents were urged to stay calm, to avoid rushing to judgement, and to remember that everyone was human and capable of making mistakes. Such reminders about appropriate behaviour were then followed by requests or proposals for reducing similar problems in future.

*If things go wrong you must keep trying. You can't ignore the local authority, because they are an important part of the process. No-one here is trying to work against you. How are you going to communicate better? What will you do to make this work better for your child?*

Practical difficulties were explored in a direct and sympathetic manner by the judges. There were recurring problems – most notably about housing, but also about benefits, child care, baby equipment, safety in the home (including from abusive partners), immunisations and health appointments. The judges raised or picked up on such issues, sometimes offering practical solutions and at other times recognising their limitations.

*Your health is not good. Can we apply for a grant for a washing machine?*

*Have you got a panic alarm? You need to feel supported and protected.*

*I don't know what to say about the asbestos problem. It's beyond our powers. Housing is the biggest problem after drugs in this court. There is some such problem in every single case.*

Emotional difficulties were also explored with parents. The judges found ways of bringing problems into the open, searched for an understanding of what parents were

experiencing, offered tips if they could, and encouraged people to keep trying to resolve what was troubling them. They were effective, too, at probing uncertainty or ambivalence.

*I am keen to sort out the hostility between relatives, and with the local authority. It isn't helpful so we need to work out what to do.*

*Why is it that you don't attend regularly? What is getting in the way of you going? Can you help me understand that?*

Arrangements for contact with children were a particular source of frustration and here, too, the judges tried to find positive ways forward. They sympathised with parents wanting to see their children more often or for longer visits and they encouraged them to see why their request might be turned down.

*You must be patient. It's always better to agree these things. You can always come back to court if you can't agree the contact plan. For now, try to be a bit more flexible.*

The problems that children and young people faced were singled out for detailed attention, with the judges striving to find ways of engaging people to tackle them. These problems included practical decisions, such as travel time to school from a proposed new placement, or arrangements during the school holidays. But there were more complex issues facing older, disturbed children, as when one judge was searching for a way to get through to a teenage girl and another was probing whether a teenage boy was still under a curfew and whether he had committed more offences. The judges looked to the professionals to help them make progress.

*Who has seen this child? She clammed up with me. It's awful, she is near to secure accommodation and I want to avoid that if I can. Can we get someone to try and see her again?*

Despite the positive picture that emerged from our court observations overall, there were four exceptions noted by researchers. In two cases there was a note that the judge was pushing hard for a parent to graduate, rather than taking more time to resolve an ongoing problem or to firm up a proposal for securing a service for the child and parent when FDAC ended. In the third case it was recorded that the judge was not exploring the reason for negative drug tests or what back-up plans might be needed. In the fourth case, the observer thought that the judge was missing the opportunity to explore the options to help a very young father who was struggling to support his partner and baby.

## **D2. THE VIEWS OF FDAC PARENTS**

This section is about the perspectives of the FDAC parents we interviewed towards the start and end of the research study. We present the material in the order of a parent's journey in FDAC – from opting into the service, then time during the proceedings, and finally what happens after FDAC's involvement ends. We finish with some recommendations from parents about FDAC and local authority practice.

### **What we did**

During Stage 1 of the study (2009-2010), we interviewed 37 parents (28 mothers and 9 fathers). The interviews explored the parents' views and experiences of FDAC and their ideas about how the service might be improved. Understanding what parents

think of FDAC is important because, whilst a like or dislike of a service doesn't indicate whether the service is effective, satisfaction with services is well established as an important ingredient of treatment retention<sup>170</sup> and is often regarded as a pre-requisite for change.<sup>171</sup>

During Stage 2 of the study (2013), we interviewed three other mothers and two other fathers. Four of the five had been reunited with their children at the end of proceedings and the other was in close contact with his child who had been placed with a relative. The interviews explored the ways in which parents and children coped with their new situation, as well as the services and other supports available and drawn on. In the four reunification cases a supervision order had been made, and the order had expired between one and three years before our interview. The children in the proceedings were now aged between three and 15. Two mothers had had another baby since the end of proceedings.

At the Stage 1 interviews, the parents were all still involved with FDAC, although a small number of them subsequently left the process before the end of proceedings. At this point we were unsuccessful in contacting parents who had already dropped out of FDAC. Similarly, the parents we interviewed at Stage 2 could all be contacted by FDAC, and this is how we gained access to them. This might have some bearing on the positive nature of their comments about FDAC.

## What we found

### Reflections about joining FDAC

A few parents could not remember how they had felt when arriving at court for the first hearing. Most of the rest described being '*confused*', '*scared*' or '*in a daze*' and some had a clear memory of feeling terrified that their child was going to be taken from them. By the second hearing, all but one parent had accepted the FDAC offer.

Their motives in opting for FDAC reflected a mix of positive choice, drift and external pressure. The most frequent motive was the chance to keep their child. This was so for a quarter of parents, closely followed by the motive of seeing FDAC as an opportunity to sort out their own life.

*When the opportunity came up it was like a godsend. A year ago I was at the bottom. I lost my kids. I had no confidence. I was doing drugs and drinking. I couldn't get any lower. To be quite honest I was like a tramp.*

A number of parents joined FDAC on the basis that it '*can't do any harm*' and some talked of being willing to '*give it a try*'. Others were less positive; as one parent commented: '*I didn't feel I had much choice*'.

The memory of negative previous experiences of ordinary care proceedings was raised by several parents as a reason for choosing FDAC. Some had been through more than one set of proceedings already, and 15 of the 28 mothers had had previous children removed by the court. Parents said they had seen the judge in

---

<sup>170</sup> Barnard M et al (2009) The Drug Treatment Outcomes Research (DTORS): Qualitative Study, Report No. 26, Home Office, December 2009.

<sup>171</sup> Worcel S et al (2008) Effects of Family Treatment Drug Courts on Substance Misuse and Child Welfare Outcomes, *Child Abuse Review*, Vol. 17, pp. 427-443.

those cases only rarely, had felt treated as ‘junkies’ or ‘prostitutes’, and were made to feel that there was very little chance of being allowed to keep their child. They also talked of feeling unsupported outside court, with several commenting specifically on the difficulties of being left to sort out their own substance misuse treatment.

*I've been through 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. All that the social workers said was 'go to rehab'.*

A current stressful relationship with the local authority was the other reason for going into FDAC.

*Right at the beginning it felt as if they were trying to find the case to put against us, instead of trying to help us.*

### **Reflections about the judges**

The parents spoke about the judges warmly, describing them as ‘reasonable’, ‘encouraging’, ‘sensitive’ and ‘calm’. They said the judges ‘treated you like a human being’, ‘talked about normal things’ and ‘put you at your ease’. What the judges had said to parents, either supportive or cautionary, had stuck in parents’ minds.

Almost all the parents interviewed thought that the judge knew their case well and that a strong relationship had developed over time. For these reasons they were keen to have judicial continuity.

*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's 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.*

Earning the praise of the judge motivated parents, because it made them feel ‘hopeful’ and it confirmed their progress. It tended to be valued much more than praise from other professionals.

*No-one praised me before. My solicitor does, but I expect that. When I go to court I come out feeling really happy. My social worker never praises me, or never says it in a way that feels nice.*

Parents valued the fair way the judge treated them and others, and they felt this irrespective of whether they liked what the judge was telling them.

*At first I didn't like him because he was honest. He was saying it how it was and it was bad. It was horrible. But now I know it was the truth.*

The judges were seen as having an important role in relation to problem solving. Parents had high expectations that the judge would mediate between the different parties, and thought they would be particularly robust with the local authority, and this left a few parents disappointed that the judge was not more proactive on their behalf. When the judge did mediate and resolve problems parents were impressed and grateful.

### **Reflections about the non-lawyer review hearings**

Two-thirds of the parents interviewed were positive about the non-lawyer review hearings. They thought it was useful to have them every fortnight. They liked their informality and the fact that they ‘stopped problems from escalating’ and ‘kept

everybody up to date'. They enabled problems to be aired in a 'truthful and honest' way. They boosted parents' confidence.

*It is positive for us to see how we are progressing and have progressed, and we like everyone else to see how well we are doing too.*

A few parents took a different view, with one finding the hearings upsetting and others saying it was 'tiresome' or 'a waste of time' to attend so often.

*It's hard for me to understand what's going on and I really don't see why I have to go this many times.*

Most parents said that they could express their views and concerns in court, although some said they held back at times and a few had felt unable to voice their opinions in court. Feeling 'anxious' and 'nervous' and 'forgetting what I wanted to say' were common barriers, but parents also held back when they thought their views might prejudice their case.

*When I was in the FDAC programme I didn't want to disagree with anything, in case it went against me.*

Suppressing criticisms of the local authority was a common reason for holding back.

*It's not the court or the FDAC team that puts me off speaking my mind, it's the local authority.*

Occasionally parents gave the impression that they stayed silent because they wanted to please the judge:

*I feel like I can't say that I've had a really good week but that I've also been having a couple of bad days, because he's a judge and he's so powerful, so I'd rather talk to [my FDAC key worker] about the bad days. I think the judge wants to hear about successful cases – maybe I shouldn't have said that to you.*

### **Reflections about the FDAC team**

The parents were overwhelmingly positive in their comments about the team. They used terms such as 'helpful', 'supportive', 'life-changing' and 'fantastic'. Parents liked 'being talked to as normal' and 'not being judged straight away'. FDAC 'listened' and 'were always explaining things'. The few exceptions were comments that the team was 'over-worked' or 'stressed'. This was generally about meetings with workers sometimes feeling rushed, or meetings starting later than planned.

'Honest', 'strict', 'supportive' and 'kind' were the words used most often to describe individual team members. Parents said that the honest way in which team members spoke to them was particularly helpful in enabling them to talk about their problems in an open and realistic fashion.

*Instead of fibbing we're encouraged to be honest and if we relapse, or lapse even, we're told it wouldn't be the end of it, because they would work with us about that. They were being honest with us and making it easier for us to be honest with them.*

The criticisms of the team made by a few of the parents included one comment that the intervention plan was not structured or strict enough, one that the other treatment

services involved were more helpful than FDAC, and one comment that the support that was most helpful was what parents had organised for themselves.

### ***Support from the team in relation to regaining routine and structure***

Whilst the support offered varied for each parent, a general theme was the team's work in trying to help parents regain routine and structure in their life. Several parents commented on their chaotic lifestyle at the start of proceedings and described the practical steps the team had taken to enable them to start putting things in order.

*I was all over the place. I was missing appointments because I didn't know what the hell I was doing. When I got introduced to FDAC it was like they were my diary and they were telling me where I had to be. They were my rock and my support.*

Parents were given a paper diary to help them plan their week. After each court hearing the key worker met them, to go through the decisions of the hearing, check that any new appointments were in the diary, and agree whether the worker would accompany the parent to meetings with, say, housing or other agencies. Explaining things to parents clearly was another way of keeping parents on board, as was preparing parents for court and making sure that nothing came as a surprise.

*I have meetings during the week to prepare for court. I see my key worker at FDAC and he always asks me whether there is anything particular I want to go over. And I can see what he's written.*

Staff flexibility was also valued highly by parents, with praise for their willingness to take account of people's home circumstances.

*They worked around my job. It would have been impossible for me to come otherwise.*

### ***Support from the team in relation to substance misuse***

Parents were mainly appreciative of the substance misuse support from both FDAC and other specialist agencies, though a small number seemed to minimise their problem, or go along with the intervention plan in ambivalent fashion, or preferred to do things their own way.

*We just agreed with all of them because we were terrified of losing [child]. I have to go to the drug and alcohol service once a week. It's to talk about issues in my past. I don't see the point, because I've dealt with my past in my own way.*

Many parents had been in alcohol or drug treatment previously, some on more than one occasion, and a few were already in treatment when they joined FDAC. When asked how their current experience differed from earlier periods of treatment, some said that their contact with FDAC had helped them attend regularly this time, whilst others said they had a better understanding of the impact of substance misuse on their life.

*I'm much more aware of the issues about why I used drugs and why I was with that circle of people.*

For other parents, the real difference was that they were now ready to make the changes needed.

*This treatment experience is different from before, it's more helpful and I'm older now as well, so I feel more responsible and that also helps. Growing older has made me wiser. Trying this new treatment [FDAC] has changed my life.*

The parents with no previous experience of treatment services valued FDAC's role in getting them a referral, as in the comment: '*They've been very good about linking me in with services*'. At a later stage, when attending other community services – such as psychological counselling or help with domestic violence – several parents commented that their busy schedule made relapse less likely: '*It's a good idea because it fills up my day.*'

Finally, for some parents, having a child – or having this particular child – was what made the difference.

*I had been in treatment, but a long time ago. What has changed now has been having my daughter. She has changed me. I'm so busy with her, I wouldn't have time to drink now, even if I wanted to, which I don't.*

### **Support from the team in relation to parenting**

A few parents didn't think that FDAC had a key role to play in relation to parenting, either because they felt no need for such help or because they thought the focus of FDAC's work was on other issues – such as their own, personal, problems. For most of them, however, the support from FDAC had increased their confidence as a parent.

*This has helped me in my relationship with my son and with everyone. I'm now more ready to cope as a parent.*

### **Support from the team in relation to lifestyle and aspirations**

A feature of the parents who had been in FDAC for about six months was their reference to how being in FDAC was beginning to change them and their aspirations. They found it helpful to '*understand where the problems were coming from*' and they were beginning to take up new interests. Several had changed their circle of friends, to avoid temptation, others were trying to move to a new area for the same reason, and a few parents were re-establishing relationships with older children with whom they had lost contact. Some were looking into getting qualifications or voluntary work, with support from FDAC about suitable organisations, possible contacts and employment advice.

*I now go to college and I'm doing a health and social care course to get some awareness. It's a Level 1 course and I'm just about to start on Level 2. I feel proud of what I've achieved.*

Parents explained that they needed to change radically; it was not possible to only '*half turn the page*'. Rather:

*Your addiction is your best friend and your lover and your children. There's a big void when you give it up.*

### **Reflections about the parent mentor programme**

Whilst a few parents did not know what a parent mentor was, almost a third had met one on their first day in court or had had a mentor during their case. There was broad support for this aspect of FDAC. Two parents who had declined the offer of a mentor,

because they felt they were juggling too many appointments already, said they might welcome it later in their treatment.

A recurring theme was having someone who was there *'just for you'*. Most important of all was the fact that a mentor would understand you as a parent because they had been through a similar experience. This is what was valued by the parents who had had a mentor, provided that the experiences of mentor and parent were perceived to be similar enough to instil confidence in the parent.

*What's good about it is hearing someone else's experience and how they came through it. FDAC are all professionals, but the mentor is just like me. It helped a lot.*

Several parents said they would like to become a mentor in the future, as a way of repaying the help they had received from FDAC.

*I felt 'wow'. I was proud of what I achieved in FDAC. I would like to give something back and show parents that it can be done if you put the hard work in and believe in yourself. You can get through this. And it helps that the parents you mentor know you've been through it yourself. They believe you more, because you've got that connection with them.*

### **Reflections about social workers**

Relationships between parents and the local authority social workers were frequently difficult, particularly at the start of proceedings. Most parents indicated being wary of social workers and some said they didn't trust the one they had. When asked to explain what they meant, they described not being kept informed about decisions being made about their children or about their case in general, and feeling scared about what would happen if they held a different opinion from the worker.

Over time, some parents noted an improvement in their relationship with Children's Services, and for some this was linked to their feeling clearer about the role of their social worker.

*Being involved with FDAC has made me see social services in a positive light. I see now that they are not just there to pick on me. They are there for the safety of the children. They have social workers in FDAC and I have been able to speak to them a lot and see what their perspective is.*

### **Reflections about FDAC's involvement coming to an end**

All the parents interviewed said they would like, or would have liked, the chance to stay in touch with FDAC after their court case ended. They thought this would be a source of encouragement and support as well as help to prevent relapse.

*We're on our own now and that's how I wanted it really. But if people are vulnerable and have all the stress and strain then it could set them on the bad path again. You can't just be dropped when proceedings finish.*

*I'd like FDAC to stay on after the case finishes. I suppose because I've built up such a strong bond with my key worker that I feel I could talk to him about any concerns I've got. I haven't got that feeling with anybody else.*

Parents understood that this continuing role could not be imposed on parents and could be time limited only. But they saw it as crucial, especially to help facilitate

access to education, work, benefits and housing advice, as well as for the general emotional support mentioned above.

### **Reflections after moving on without FDAC**

Two main themes underpinned the comments of the five parents whom we interviewed at Stage 2, up to three years after their case had ended. One theme was their strength of feelings towards their children, the other their satisfaction at having overcome their substance misuse. Other themes reflected what they had gained from FDAC, the help they had received or wanted from services after their case ended, and the strengths and challenges posed by ongoing or new links with family members and others close to them.

#### ***Love for their children***

When asked about the best thing since their case had ended, the parents responded immediately, and in similar fashion. They all spoke of their joy at being with their children – watching them grow, having fun together, enjoying their school and other successes, and seeing them happy and confident. They talked of being emotionally available for their children, and of being proud and excited about having a ‘normal’ relationship with their child.

The parents showed insight into how their past misuse had affected their children. For older children, this was about fear of being left alone or let down, and worry that their parent was in trouble or out of control. A father commented:

*I could never let my child down now she has stability. Three years on, the joy I might get from one drink could never match the joy I have of seeing the release from anxiety in her about the way I was.*

And, for some parents, the above benefits continued for new children. Nine weeks after giving birth, a mother said:

*The biggest change is that I'm clean and sober and can appreciate my baby. Before, with my other two, I wasn't able to connect with them. I just did my duty.*

Another mother was clear about the impact her first child had had on her recovery.

*She's adorable, and I believe she saved me. If I didn't have her I honestly believe that I wouldn't be sitting here today.*

#### ***Overcoming substance misuse***

‘The biggest change is being clean and sober’ said one parent. It meant she could think of others, whereas before she ‘hadn't been nice to know’. All five parents made similar comparisons between the past and present. They talked of having been in relationships that were ‘dysfunctional’, ‘chaotic’ and ‘not based on love’. One said that the gap between life on drugs and life without was so huge that it was like learning to live all over again:

*My life was so crap, for such a very long time, that I had no idea how to change it.*

They all acknowledged their long-standing problems associated with past misuse. One spoke of growing up on an estate where ‘drink was always there and from very early on I never said no to it’. Others reflected on being raised by harsh and

controlling parents, or of experiencing violence throughout childhood, or of feeling they had had no voice in their family.

Things were different now. One father spoke with pride of being able to take responsibility for his life and his child. Another said that the way he now met other parents and children socially was *'something I'd only ever dreamed of doing before'*. A mother spoke of turning the negatives in her life into positive forces. Another said that the drinking part of her past life no longer interested her because she had learnt to talk about her feelings. She had faced up to the fact that both her parents had died and she no longer needed alcohol to *'blot out the pain of losing them'*.

### **FDAC's help in sustaining progress**

A mother echoed the views of all the parents when she said that the FDAC staff had been *'quite exceptionally supportive'*. Some said that the benefits of the help received had continued beyond the end of proceedings. Having to talk about *'family stuff'* with FDAC workers had *'set me right for the future'* because it had led to work to build or rebuild family relationships. Parents had come to realise, too, that they had to be ready and willing to communicate with services if necessary, and they had gained knowledge about how to access services that might be useful.

Much of this was about self-confidence. The FDAC process had equipped the parents to make decisions, to see that daunting problems could be broken down into manageable steps, and to take pride in trusting their judgment. They spoke of FDAC *'being there for me throughout'*, of giving them *'belief in myself'*, of being *'the first thing I had ever succeeded at'*.

Despite this resilience gained through FDAC, the loss of support at the end of the case had hit parents hard. They were open about the difficulties they had faced.

*It was hard adapting to being back on my own, not having people to go to.*

*The changeover was difficult for me. I went from having someone to rely on, because I had FDAC there for me all the time.*

*It would have been good to have had some sort of support in finding my way in society generally. When my case ended I felt like I'd been released from a jail sentence in one sense, but it was also very supportive being in FDAC, so it was a real struggle when it was over. I know I did well in FDAC but I think it's partly luck if you find a way through it afterwards, especially on your own.*

### **Help from services after FDAC ended**

**Treatment services** Continued contact with Narcotics Anonymous and/or Alcoholics Anonymous provided a life-line for some parents. They used weekly group meetings *'to remind me how far I've come'* and *'to show that I can take responsibility'*, the latter comment made because one parent had become a leader for the group he attended.

Like FDAC, these organisations had helped parents set short-term goals and had given them the tools to achieve them, such as redecorating a flat one room at a time to turn it into a place their child could call home.

**Community services** Other services were valued, too, for their practical and emotional support. Ongoing therapy was welcomed by some parents. This included counselling, to help *'reflect on the past and give me a clearer base for making decisions about my child'*. Others were glad of the help gained from relationship advice, or help to manage and support a child's behaviour, or direct counselling at

school for an older child, or weekly art therapy for a parent who had had mental health difficulties.

Also experienced as helpful were health visitors who knew the mother's history, and the Citizen's Advice Bureau, the latter described as '*wonderful, really useful in getting my life back on track, because I was in such terrible debt*'.

**Children's Services** Views about Children's Services were mixed, with some parents positive and others disappointed with the level of support offered. The positive comments highlighted the value of what might be provided.

*They [the children's social workers] spoke to me in a really respectful way. They offered me support. They encouraged me to ring whenever I wanted a chat, and that was so good, and they were there if anything was going on at school. They helped me see my own strengths.*

Another social worker, described as '*just brilliant*', had ordered equipment for the parent's kitchen. She had also visited daily in the first two weeks, helping the parent establish a routine, and she had continued to visit regularly throughout the supervision order.

*She asked me to do things, and it was all realistic, so I could go with her plan. She did everything she said she would. She kept her word.*

The parents who were critical of Children's Services commented on similar things. One was about the constant change of social worker, with some parents having experience of four or five different workers. This, they felt, led to social workers not knowing them or holding incorrect information about them. It also resulted in children having to repeat their story to different professionals.

Parents felt let down, too, by the frequency and nature of visits during the supervision order period. The general experience was that visits had barely happened or had tailed off quickly. There was a strong sense that the stakes were high for parents – so they wanted as much support as possible, in order to succeed – but that being downgraded from a 'child protection' to a 'child in need' case had left them feeling forgotten and unsupported. They had expected to be visited every two weeks or so to begin with, then every four to six weeks, but it was more like a maximum of four visits throughout the year.

*It was hard. It made me think. I'd gone from being told what to do, where I can go and who I can talk to, and what I'm allowed to do, and basically had my life ripped apart and now all of a sudden because I am a child in need case my child doesn't matter anymore. It surprised me that I was left like that.*

*I was told they don't have the funding now it's not a child protection case, because it's not a high risk. And I said 'how's it not high risk when I've broken my leg and I'm on my own and I can't get out of the flat to do any shopping or anything and you're not willing to help?'*

*They were supposed to supervise me and make sure I was doing what I was supposed to be doing and that my child was OK. But even when they did come, they just sat there and talked to me and told me what I was doing wrong and made me feel like crap and then went. I thought they were supposed to see how my child was developing but it was never like that. I got cross and told them they were a joke.*

Another parent, informed by phone that her case was closed, was upset that her request for a letter confirming that decision was ignored.

### ***The ups and downs of family and personal relationships***

**Family relationships** All five parents said that someone in their family – one or both parents and/or one or more siblings – had been a great support to them since their case had ended. Those who lived close to their family had frequent or regular contact and felt supported by having somewhere to go, the prospect of having meals with others, occasional childminding, and sometimes the chance of a night or weekend off. But it was not all one-way traffic: a father said he now visited his parents less for support and more to keep his child in touch with them and to offer support to his sister who was also a lone parent. Relationships were not always easy, but parents spoke of how important it was to see their child *'surrounded by family'*.

The difficulties in family relationships for parents were linked intrinsically to the positive change in their own circumstances. Whilst all five parents, as noted above, had found great support from at least one family member, their freedom from drugs and alcohol had brought unexpected difficulties in their relationships with family members, and sometimes with a former partner.

For example, a father who described himself as having been out of favour with his family for decades spoke of *'battling to know how to behave at first'*. He was keen to have the support of his parents in caring for his son but worried about whether he was taking a liberty in expecting them to help him. Having worked through that dilemma he then realised that his time and work in rehab and with FDAC had clarified that he wanted to parent his child somewhat differently from how he had been raised. Whilst pleased to have the support of his family, he was not always happy to follow their advice, and he and they found that hard to deal with.

Similarly, one of the mothers said she was glad of her mother's offer to care for her children during proceedings, despite their poor relationship over many years, but regretted that she had not made more progress in resolving their difficulties.

Proximity to a former partner who had also had a drink or drugs problem could bring difficulties, the more so if the former partner was still misusing. If neither of them had moved from the neighbourhood it was hard to avoid at least passing in the street. That was difficult enough to cope with adult-to-adult but could become even more upsetting if the children saw what was happening. A father described his most difficult problem as working out how to explain what was happening to his child without upsetting either the child or his former partner. He understood her situation and her wish for contact, and was troubled about how to sort things out for the best.

**Friendships** Friends were important, too. A mother and a father each spoke of having a closer relationship with friends than relatives. The mother had met her friend when they did a parenting course together and their relationship had grown during the mother's new pregnancy. She described this friendship as the biggest support since leaving FDAC. The father spoke of the joy he derived from chatting easily with other parents in the park. Theirs was the common experience of new parents making friends as their young children start nursery and primary school.

Whilst some parents retained friendships made during recovery, others talked of losing good friends in the process, because those people had retained their old lifestyle whilst the FDAC parents had moved on and away from their painful past. Some parents were finding it harder than others to socialise, but all were clear that they needed other adults around them, for support and friendship.

## Parents' recommendations about FDAC

All but two of the parents interviewed at Stages 1 and 2 said they would recommend FDAC to others in a similar situation, and several parents said that nothing needed to change about the FDAC programme. The main reasons for hoping others would use FDAC were about FDAC giving you 'a voice' and 'a second chance'. It provides 'support and understanding' to parents and will help you 'if you want to be helped'. The two who disagreed said that FDAC, including the judges, sometimes put parents under too much pressure to succeed and this could feel like an extra burden on them.

Recommendations for the future included:

- running the FDAC court on two different days, to allow more flexibility with other appointments
- crèche facilities at the FDAC office, to give parents greater privacy in meetings
- help from the FDAC team for a short time after the end of a case, including tapering involvement during a supervision order
- more help to settle back into normal life after substance misuse, including help to find work and develop new interests
- more opportunities to continue meeting other FDAC parents, and
- FDAC making more of people's strengths, to build on the team and court ethos of treating parents with respect and acknowledging that they have things to offer as well as needs to be addressed.

A recommendation about services in general, as opposed to FDAC, was the wish for a more holistic approach to parents, with services focusing on the practical support that can enable people to thrive, rather than just survive, in the world.

## D3. THE VIEWS OF PROFESSIONALS

### What we did

This section describes what professionals thought about the FDAC court process and specialist team, and how they thought the model might need to develop, including consideration of some unresolved issues. A wide range of professionals were consulted during the evaluation period. Focus groups and interviews were held in 2009 and 2010,<sup>172</sup> and again in 2013. The comments reflected people's diverse experience of FDAC, from professionals relatively new to the process to those who had been involved from the start. Recent consultations have included comments on current as well as past cases and we have included these responses in our analysis.

The Methodology section gives fuller details about our consultations but, in brief, we held discussions with approximately 140 people, including FDAC judges and court officials, local authority and family lawyers, FDAC team members and managers,

---

<sup>172</sup> Harwin J, Ryan M and Tunnard J with Pokhrel S, Alrouh H, Matias C and Momenian-Schneider S (2011) *The Family Drug and Alcohol Court Evaluation Project. Stage 1 Final Report*. Brunel University

local authority social workers and managers, adult treatment service providers, guardians, local authority commissioners, and those involved in FDAC's Steering Group and Cross-Borough Operational Group. We also draw on the questionnaires that guardians completed for us at the end of a case and on what we learned from observing meetings, including the quarterly discussions that the FDAC team and judges held for lawyers, social workers and guardians.

## What we found

### Views about the court process

#### *The role of the FDAC judges*

The FDAC judges were seen by professionals as playing an important role in motivating parents. This is consistent with a problem-solving court approach and with the ethos of FDAC. All four judges<sup>173</sup> were described as enthusiastic and committed, as well as knowledgeable about substance misuse and its impact.

Whilst a few social workers, guardians and lawyers thought that the judges were not always as strict or clear with parents as they might be, the majority view was that they combined warmth and sympathy towards parents with stern messages, as necessary, about the serious consequences of not complying with the FDAC intervention plan. The views, as in the following comment from a social worker, are in line with those of parents, and with the findings from our court observations.

*The judge hears what is said and then gives his view, whether positive or negative. If positive, he impresses on the mother that she's doing the right thing. If not, he makes it really clear what parents have to think about. [social worker]*

Professionals noted that there had been concerns initially that the judges' role as motivator of parents might impede their ability to deal with contested issues or to adjudicate at final hearings, but that these fears had not materialised. One or two family lawyers and a few guardians did, however, query whether in some cases a judge's desire to help parents succeed might make it difficult for some parents to acknowledge the struggle they were facing (a point made also by a parent):

*Recovery is a difficult, long-term and staged process and in two cases now I have experienced the judge being too enthusiastic about how well the parent is doing. If this is done at a difficult point in the process it puts the parent under a lot of pressure. [family lawyer]*

Family lawyers noted that their fear of an overly-close relationship developing between the judges and the FDAC team had not materialised. On the contrary, they gave examples of the judges deciding contested issues against the recommendations of the team.

Most professionals thought it would be difficult for a bench of lay magistrates to motivate parents in the way the judges did. They pointed to the difficulty of parents

---

<sup>173</sup> Two main judges sit regularly in FDAC, with two back-up judges, one of whom retired during the pilot period.

developing a relationship with three people, as well as to the administrative problem of listing the same group of magistrates for the regular reviews.

The judges commented on the different approach needed for FDAC work and on the value of even the brief (half-day) training on motivational approaches that they had received after choosing to preside over FDAC cases:

*This is not everyone's cup of tea, and working in this way is not a skill all the judiciary [would usually] need. Some sort of training would be useful. If this scheme is extended it would be helpful for judges to learn from one another. Judges seldom see their colleagues in action. [judge]*

Professionals commented on the skills held by the FDAC judges. These were about having confidence, authority and expertise in care proceedings and cases involving substance misuse, and being able to both engage and challenge parents.

Professionals commented, as parents had done, on how helpful it was for parents to see the same judge throughout the case. The judges' regular involvement in a case meant that they were very clear about whether progress was being made and what issues they needed to raise with parents.

*It is very important for parents to have the same judge. They are good at recalling all the details. That helps cut down the animosity that is created by constantly revisiting past events in court. And messages to parents about their having to 'shape up' come more easily if they are from the same judge. [family lawyer]*

In addition, the judges' sound grasp of a case led to better case management.

*A key difference is that you get the same judge - it is very helpful for parents and for case management. They are on the case and it makes it a lot easier. [social worker]*

*The running of cases is much better in FDAC - normally you can be batted into a court where the judge knows nothing about the case. [family lawyer]*

### **Non-lawyer reviews**

Professionals noted that the benefits of having the same judge throughout the case were increased by the regular non-lawyer reviews. The regularity of the court's scrutiny of cases was seen as very helpful for everyone in the case, not just parents, because it kept cases on track, kept the court informed of progress, and reduced drift.

*If the parent is not engaging it is dealt with in the court arena a lot quicker than in normal proceedings. I think reviews are a way of the judges getting a regular update - it enables them to have a better overview of the case. [social worker]*

*[The non-lawyer review] is what gives FDAC a real handle on things and lawyers can be brought in quickly if things go wrong - this is a very important counter- balance to drift. [family lawyer]*

This lawyer went on to make a case management point about FDAC:

*So the case management in FDAC is really rigorous in comparison to cases under the new PLO where repeat hearings are frowned upon.*

When FDAC was being established, there had been concerns about the judges speaking directly to parents without legal representatives present. These concerns receded as the pilot progressed; all the professionals we consulted were positive about the reviews. The opportunity for direct discussion with the judge was described by professionals as boosting parents' confidence and encouraging them to take more responsibility for their behaviour.

*I have never heard parents speak so openly in court as they do in FDAC. I think it's really healthy. Their confidence develops. They move from rigidity to feeling more relaxed and you see them build a relationship with the judge. [social worker]*

Other professionals noted some of the other advantages of not having lawyers present:

*It is good not to have lawyers there - you can just speak - it is less adversarial and more a feeling of everyone working together. [guardian]*

*In normal proceedings you'll have solicitors presenting all the information and sometimes you feel they have got it completely wrong, so it's better in FDAC because you can say what you want to say yourself. [social worker]*

Some social workers had found attendance unnerving to begin with and one or two were upset that on occasions the judge had not asked their opinion. That apart, social workers said that attending reviews was very helpful because it kept them informed about what was happening and helped them inform others of their views.

Professionals also commented that the regular reviews helped parents feel treated fairly, even if they had not 'succeeded' in FDAC.

*The client was not happy with the result in the end but he felt that he had got a good service from FDAC. [adult treatment service]*

Social workers attend all non-lawyer reviews. A few commented that, when the case was going well, it would be better to reduce the frequency or release social workers from attending each time.

*I think they could look at the frequency of court reviews because they happen too often. Not too often for parents, no, but for social workers. One time when I was at court there were three other social workers from our borough and three social work managers. [social worker]*

Finally, court staff interviewed at the start of the evaluation noted that the reviews increased the administrative burden on the court. This continues to be the case: the FDAC court deals with at least twice the number of cases listed for a day in the courts hearing ordinary care cases. A few professionals (some guardians and some of the FDAC team) said that it must be tiring for the judges when usually 12, and sometimes as many as 17, reviews are listed for one day.

### ***A problem-solving approach to care proceedings***

The majority view was that supporting parents to overcome their substance misuse problems was the main focus of FDAC's work. This was through the non-lawyer reviews and through the FDAC team identifying and helping parents overcome barriers to accessing treatment services. Professionals noted that other problems, too, were tackled at court, and their comments here reflected the findings from the court observations. Examples were given of the judges negotiating for a reduction in

debts and supporting applications to charities for clothes, equipment or furniture. All this practical support was seen as helpful. Professionals commented on how important it was that parents felt that their concerns were being taken seriously, even if there might not be an immediate solution to their problem.

A particular problem was housing, which many professionals considered to be the overriding problem for parents, after substance misuse. There was general frustration that, despite the FDAC team's close links with local housing authorities, and letters from the judges to support requests for re-housing, there is little the court can do in the face of insufficient accommodation.

*If people have nowhere to live, it has a huge impact on timescales. The care plan can be wonderful, but not if a client is in a hostel and that's about to close and the lack of nearby housing means moving to an area away from their support network and treatment providers, which we all know are so important. [FDAC team]*

A number of lawyers, and the judges themselves, expressed disappointment that FDAC did not have access to the dedicated housing provision that is a feature of the problem-solving court approach in the USA, enabling parents to spend time with their children in supported accommodation before moving back into the community. The judges described this as 'a place to live, not a place to be assessed, a safe home for the time being, with other mothers around to give support.'

#### **A more collaborative atmosphere at court**

Recurring comments from professionals throughout the evaluation were that FDAC hearings were more 'relaxed' and less adversarial than ordinary care proceedings.

*In my experience in FDAC cases people are always much more in agreement and much less time is spent arguing outside court. [social worker]*

*A key advantage is the relaxed atmosphere at court. Cases are less contested, less acrimonious. Both clients and social workers appreciate this. [social worker]*

*In ordinary proceedings it is very much 'us and them'. It is very good for parents to see the lack of antagonism between the professionals in these cases. [family lawyer]*

None of this was seen as detracting from the formality of the court process. Lawyers said that they are not prevented from advocating on behalf of their clients, or from raising issues of concern or contesting matters that need to be challenged.

*Everyone is much more relaxed, but when you need to move into a more formal and legal mode you can. [family lawyer]*

Information collected from the end-of-case questionnaires completed by guardians indicated that there were fewer contests at final hearings in FDAC cases than in

comparison cases, and that this was particularly so for FDAC cases that remained in FDAC throughout.<sup>174</sup>

Professionals were clear that parents, too, welcomed the way the court operates. Social workers, lawyers and adult treatment providers had experience of parents saying that they found it easier to go to the FDAC court than other courts, and some talked about parents enjoying going, because of the encouragement they received when they were doing well.

*Parents say they don't feel pushed around, patronised and intimidated like they do in ordinary care proceedings. [social worker]*

*Clients in FDAC feel, not exactly relaxed, but they seem to take on board things a little bit more. They seem to understand a bit better why they are doing something and they are happier with the process, even if it is not something they want. [adult treatment service]*

Another observation by adult treatment providers was that they are impressed by the quality of the discussion when they attend the FDAC court, which they attribute to the knowledge and expertise of the judges and the involvement of the specialist team.

*It is much better going to the FDAC court - you get asked sensible questions about substance misuse - unlike in normal proceedings - and FDAC is much less confrontational and adversarial [adult treatment service]*

### **Views about the FDAC specialist team**

Professionals were positive about the multi-disciplinary composition of the team, their specialism, and the fact that they carry out interventions as well as assessments. They were also positive about the multi-agency working facilitated by the team whilst cases are in FDAC.

The multi-disciplinary nature of the FDAC team was seen by professionals as giving them easy access to a wide range of specialist knowledge – about substance misuse, child and family welfare, and health and mental health issues. It speeds up the administration of some drug and alcohol tests, because the team do this work themselves, and it gives workers quick information about what the results show and mean.

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

*The assessments of the specialist substance misuse worker were brilliant. I learnt a lot from him and it's helped my practice, too. [social worker]*

The FDAC workers themselves valued the range of professional expertise in their team. It helps promote a culture that supports workers holding different opinions about cases and it enables discussion that acknowledges and is respectful of the judgments of colleagues.

---

<sup>174</sup> The questionnaires completed by guardians showed contest at final hearing in 17 out of 84 FDAC cases (22%) and 20 out of 63 comparison cases (32%). Of the 17 FDAC contest cases, only 4 were cases that had been heard in FDAC throughout, as opposed to starting in FDAC and then transferring to ordinary proceedings.

The majority of social workers commended the team for listening to suggestions and occasional criticism, and for making changes to their work methods in response to concerns raised. An example of this, remarked on by various professionals, was FDAC's willingness to develop a specific parenting assessment (using a video-based family assessment model)<sup>175</sup> within their overall assessment process. Another example was the establishment of multi-agency 'children's needs meetings' for children over four. These meetings, chaired by the FDAC child psychiatrist, are held at the child's nursery or school soon after the case starts.

*FDAC now do the majority of the parenting assessments needed and I think the assessments they do are fine. I think children are much more central to the case now than they used to be. [social work manager]*

### **Providing intervention as well as assessment**

As stated above, professionals valued the fact that the FDAC specialist team not only assessed parents but also did direct work with them. This combined approach is what the team call a Trial for Change.

*Their model of really intense support for parents to think about themselves and why they behave as they do is really important. For many parents it is the first experience of someone getting them to think about themselves in this way. Traditional community models of treatment don't have the time or capacity to do that sort of intensive work for three months - but that's the effort needed to help someone completely change their lifestyle. [social work manager]*

Another perceived benefit of FDAC's approach is their readiness to go beyond working with parents only. Professionals welcome the way in which FDAC get a rounded picture of a family's situation, for example by being proactive about talking to other family members and asking to meet a mother's new partner.

Professionals find it helpful that the initial assessment is presented with an intervention plan that sets out clear objectives for the parents to work towards and gives details of the support and services needed to make the plan work for parents and children. They comment that this is unusual, as other multi-disciplinary providers of expert assessments for court have no involvement in the case beyond their assessment.

Professionals consider that the regular court monitoring of the parents' progress under the intervention plan, combined with the team's regular testing for drug and alcohol use, is a good test of the parents' capacity to change their behaviour.

*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. [family lawyer]*

Some professionals were concerned about the lack of evidential robustness of an assessment report prepared by a team, as opposed to one or more named experts,

---

<sup>175</sup> Kennedy H, Landar M and Todd L (eds) (2011) Video Interaction Guidance: A relationship based intervention to promote attunement, empathy and wellbeing. London. Jessica Kingsley.

but these concerns reduced over time, and they were not raised during the consultation focus groups held in 2013.

### ***How the specialist team works with others***

There was unstinted praise from professionals about the skilful way in which FDAC liaises with the different services identified in a parent's intervention plan. The team was seen as knowledgeable about the range of possible sources of help, and good at co-ordinating the ones that become involved, thus reducing fragmented responses and duplication of effort.

*It is so much easier when FDAC is involved - everyone is at meetings, there is a clear plan, you don't have to scrabble around for experts or argue about resources. And a small point, I know, but they make sure the appointments don't clash. This sort of joining up between services doesn't happen in other cases. [family lawyer]*

Many professionals commented on this sharp contrast with ordinary care proceedings, where parents struggle to get the treatment support services they need.

*It's a very focused programme for parents whereas in non-FDAC cases it's left to the parents to sort out a programme themselves. They have to show they are doing that and they struggle to do it and to get testing sorted. The fact that FDAC organises these things is a very big difference. [local authority lawyer]*

Social workers and guardians commented on how supported they feel when working with FDAC. They welcome, in particular, the regular planning and information sharing at intervention planning meetings (IPMs) and review hearings.

*It is crucial to prioritise attending the IPM because that's where you have your say. [guardian]*

*Every agency does their individual piece of work with the family. But FDAC gets the network to have regular meetings to share information and to review the plan of action. The parents attend these meetings and the deadlines are clear and strict. [social worker]*

*You feel safer making a decision when you have that expert knowledge behind you. It's good to know you are not standing alone. The group approach definitely works. [social worker]*

Social workers and adult treatment providers said they feel more involved in the process than when experts are instructed in ordinary care proceedings.

*The Intervention Planning Meetings are good - it is very clear what the plan is much clearer than in an ordinary court case. [adult treatment service]*

*We go to IPMs and it's interesting to be more included in the process than when other experts are used. So it's beneficial. We have more input. [social worker]*

The increased flow of information from adult treatment services is seen as helpful, with lawyers, guardians and social workers all reporting that this feedback about parents' progress or lack of progress is another advantage of a case being in FDAC.

*FDAC have good links with substance misuse services. For cases not in FDAC it's very hard to get information from substance misuse services, whereas in FDAC the services are there and there's discussion with them at the IPM. [social worker]*

*Adult services come to the IPMs - which is very helpful. It feels more like a team around the children approach. [social work manager]*

Most professionals commented favourably, too, on the impact of the FDAC team's work on their workload. The general view of guardians, lawyers for parents and children, and adult treatment providers is that there is less work for them in FDAC cases, largely on account of FDAC taking the lead in co-ordinating activity around the case.

*An FDAC case that is being properly proceeded with is less work than an average case for children and parents' lawyers and for guardians. [lawyer]*

Social workers were more mixed in their comments. Whilst they liked the regular contact with the team during proceedings, some had more reservations than others about the value of the extra time spent at court.

*It's a significant difference in my work. I do more because of having to be at court for all the reviews but what's less is that I don't have to spend time liaising with everyone involved. FDAC does that and that makes it all feel more streamlined. [social worker]*

*There should be more flexibility about whether the social worker needs to go to the reviews, particularly when the situation is stable. [social worker]*

Another aspect of multi-agency working is the role of the Cross-Borough Operational Group (CBOG) in providing a forum for collaborative problem-solving by the FDAC team, local authority lawyers and social work managers, court staff, service providers and the lead local authority commissioner. There has been consensus throughout the study period about the value of this forum. It is acknowledged to be a good mechanism for dealing with practical problems, debating ideas for new developments, raising strategic issues to be passed to the Steering Group, and enabling new local authorities to feel involved in the joint work.

*[CBOG] was absolutely critical through the whole set-up period. There were some really controversial matters that needed to be debated. It was a very good forum for all the different disciplines - social workers, lawyers, the court and the team - to name all the issues that were arising, and discuss and sort them. Things weren't left to develop and turn into problems – we dealt with them. [social work manager]*

### **Suggestions for increasing the scope of FDAC**

The report at the end of Stage 1 of the evaluation<sup>176</sup> included recommendations for intervening in cases earlier (through bringing proceedings to court earlier and through pre-birth assessment work by the specialist team), and for the development of an

---

<sup>176</sup> Harwin J, Ryan M and Tunnard J with Pokhrel S, Alrouh H, Matias C and Momenian-Schneider S (2011) *The Family Drug and Alcohol Court Evaluation Project. Stage 1 Final Report*. Brunel University.

aftercare service to increase the sustainability of family reunification. We sought further comments on these possibilities in focus groups and interviews in 2013, at Stage 2, and we also explored here whether FDAC might widen its scope to include problems other than substance misuse.

### ***Earlier intervention***

In Stage 1 of the study a number of professionals had commented that it would be helpful if some substance misuse cases could come into the court arena earlier.

*Often in cases where there is a drug problem the threshold in relation to likely harm will be met, so it comes down to whether the social workers feel they can manage the risk. It is partly a training issue and partly about government guidance that says local authorities should avoid court proceedings. [local authority lawyer]*

*It would be much better to go to court earlier. There is always the risk of delay when you are working with the child protection process and parents are just about co-operating. Those cases could go into FDAC sooner. [social worker]*

By 2013, the renewed focus on pre-proceedings work as part of the Family Justice reforms, and the new 26-week timescale<sup>177</sup> beginning to take effect in care proceedings, meant that some professionals had become more interested in the possibility of the FDAC specialist team beginning their intervention with families before proceedings began.

### ***Supporting parents after the end of care proceedings***

Consultation meetings during Stage 1 of the study had given a clear message about the need for some short-term aftercare for parents whose children returned home, to help sustain both recovery and reunification. By 2013 this message remained strong, with almost all professionals regarding this as a desirable development.

Their views were prompted by concern that, once the case is over, parents can rather suddenly find themselves on their own with their child, and with very little support. Whilst Children's Services and adult treatment services were acknowledged as having a role to play in supporting children and parents, this didn't always happen or didn't amount to much in practice. The majority view of professionals was that the relationship between the FDAC key worker and the parent was the most important one, and that it should taper off over time rather than ending abruptly. These views are in line with those expressed by parents. They are also relevant to the messages emerging from the follow-up of reunification cases for this study.

*Once FDAC ends the main responsibility falls on drug services - you rely on them to support the parents. Some social workers would think about the support needed for parents, but ultimately they see it as a role for adult services. [social worker]*

---

<sup>177</sup> Practice Direction 36C – Pilot Scheme – Care and Supervision Proceedings under the Children Act 1989 and Children and Families Bill clause 14

*Once a case is over what is lacking is co-ordination of services and the quick access to services you get through FDAC. Throughout the case the team talk as colleagues to other treatment or mental health services but once the case is over it's much harder to have communication at that level. [social worker]*

*In some cases the exit from FDAC at final order is too great a change - so some cases would benefit from a more gradual 'weaning off' or extended handover. It's partly about relationships as well - FDAC will have built up a therapeutic relationship with parents, and you can't suddenly create that with someone else. [lawyer]*

We explored with professionals the role of supervision orders, including as a possible source of support for parents. Views were mixed. Some professionals said they were useful only if a parent and an older child were willing to engage with the order. Others explained how they could be of some, albeit limited, help. For example, a supervision order reflected the fact that the court had decided that the threshold for an order had been met, and that some concerns remained at the end of the case, both of which were important messages for parents to hear. Or having the order made it easier to escalate the case back into care proceedings if that became necessary, as well as giving social workers an opening for doing home visits and checking progress.

A frequent comment was that there was merit in local authorities reviewing their procedures in relation to supervision orders. Of particular concern was the practice, common to all the local authorities participating in FDAC, of transferring cases to a new social worker when a supervision order is made and of reducing the level of monitoring.

*In some cases we have excellent social workers, who really enter into the spirit of FDAC. Then when you make a supervision order you can find they will no longer be involved. It is really bad practice to change the team at these key points. [judge]*

*In our authority we have a standard approach for all supervision orders. The focus changes in that we downscale our intervention and expect parents to access their own resources so that at the end of the supervision order we can pull out and close the case. [social worker]*

*Under a supervision order the child loses child protection status and becomes a child in need and things aren't reviewed soon enough. So the problem is really the local authority management of supervision orders rather than the orders themselves. [social worker]*

A local authority commissioner pointed to another reason for reviewing arrangements for aftercare:

*I'm new to FDAC and the local authority, but I wonder how many of our cases where reunification didn't work out would have lasted if help had been in place when the case ended. It's important for us to be clear about that because it links to value for money and cost benefits.*

Some professionals thought that some continuing support was just as important for some parents who had not succeeded in having their child returned, especially those who were making progress in controlling their substance misuse and had developed better insight into its impact on their children (and hopefully any future children). It

was noted that parents faced with permanent separation from their child received very little, and more commonly no, support from Children's Services.

*If the child has not gone home, no-one is involved with the parents unless they get a substance misuse treatment service. And at that stage parents often drop out of that service because they have lost motivation. [adult treatment service]*

Other professionals agreed that removing intensive support at such a difficult time was likely to make it harder for a parent to continue working towards recovery. They said that providing help after a case had ended was consistent with FDAC's aim of breaking the pattern of parents losing successive children. Others, however, urged caution here, thinking that offering help in such circumstances might give parents the mixed message that they still had a chance of their child returning home.

### ***Expanding the focus beyond parental substance misuse***

In 2013 we asked professionals to reflect on the possible value of using the problem-solving court approach for a wider range of cases. Those who commented said that expanding FDAC's work to cases that involved mental health and domestic violence problems as much as substance misuse would be a positive development, particularly as these problems are common features of current FDAC cases. Some commissioners thought that expanding the scope, and thus the number, of cases in this way would make FDAC a more desirable option for funding.

### ***Reviewing what counts as 'success' in FDAC***

A small number of guardians, lawyers and social workers were concerned that there was too narrow a definition of success in FDAC, in that the 'graduation' process is offered only to those parents who control their substance misuse and regain care of their child at the end of proceedings. They pointed to other 'successes' arising from involvement in FDAC, especially parents gaining insight into the impact of their substance misuse on their children.

So, a parent might engage in services and begin to get control over their misuse but recognise that they will not be able to make progress quickly enough for the child in question to live with them. Or a parent who is unable to control their substance misuse might acknowledge that their child needs to live away from them and might then co-operate in helping their child make that move. Such clear signs of progress should, it was felt, be seen and celebrated as markers of their 'success' rather than perceived as indicators of their 'failure' to retain care of their children.

*The good outcomes in FDAC that I was talking about are not so much about the child going home, more about the client feeling more included and having a better understanding of how their lifestyle is affecting them and others. [adult treatment service]*

*We should think more about 'successful failures', when parents accept they cannot parent this child and do so quicker than they would have done otherwise ... this helps the child ... in one case the mother was able to participate in the planning of the permanent placement and hand over care of the child in a way that made the child feel safe. [family lawyer]*

### ***Making more use of parent mentors***

The notion of parent mentors is acknowledged as helpful, and in line with substance misuse treatment services generally, but in practice they have been used relatively little so far by FDAC. Very few professionals taking part in focus groups had experience of clients having had a mentor, but most of those who had were positive about the gains for parents. As one lawyer had commented at Stage 1 of the study:

*She [the mentor] was brilliant. Please keep trying to get this part of the service in place.*

The parent mentors we interviewed at that early stage explained what they saw as a key part of their role.

*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.*

The FDAC team spoke warmly throughout the study of the contribution that parent mentors made to their work.

*Mentors are good for clients who don't really trust the team. A good relationship with a mentor can make all the difference to a case.*

*Their non-professional perspective is important because they might see ways of working that we don't understand ... their insights can be so useful ... he [a previous FDAC parent] does it so well, working with difficult parents in an empathetic but bounded way.*

### **Issues where there was less consensus**

There were a number of issues that produced a lack of consensus amongst the professionals we consulted or that prompted particularly strongly-held minority views. These were about the duration of FDAC cases and how well the model will fit with the new 26-week timescale for care proceedings;<sup>178</sup> whether the focus on working with parents detracts from a focus on children; which cases are best for FDAC; and, linked to this, whether parents should be allowed to return to FDAC with subsequent children.

#### ***The duration of cases***

Throughout the study period a small number of social workers, lawyers, and guardians have expressed more negative than positive views about FDAC, mainly because they felt that parents were given too many chances to control their alcohol or drug misuse, with the result that cases dragged on too long.

*Some cases have taken a considerably long time – these delays have been an issue in some cases and raise the question: is the process parent led or child led? [social worker]*

*FDAC are very good at saying no to parents who are hopeless, and doing so quickly. It's the ones where there are positives but they are harder to assess and take time – they can be extended for too long. [LA lawyer]*

---

<sup>178</sup> Repeat the ref

All the professionals, including the judges and some FDAC team members, acknowledged that some cases did take too long, but the majority view was that these were exceptions rather than the rule. They also pointed out that delays in FDAC cases were often caused by the issues that also cause delay in ordinary proceedings, such as relatives coming forward at a late stage for assessment as potential long-term carers for children, or guardians disagreeing with the local authority's plan. Our findings suggest that FDAC cases were lasting a similar length of time to comparison cases.

By 2013 the 26-week timescale for concluding care proceedings was at the forefront of everyone's mind. The FDAC team say that the national focus has influenced them, too: there is less of a tendency to hold onto cases and decisions are made more quickly.

*We are holding Intervention Planning Meetings more frequently - every six or eight weeks for each case now. More regular IPMs have definitely cut out drift. Everyone is more focused on timescales now, including us. [FDAC team]*

The majority of professionals interviewed at Stage 2 of the study agreed that FDAC was shifting to more rapid decision making, especially in cases with a poor prognosis of parents gaining sufficient control of their substance misuse.

*In the early days parents were given chance after chance. But since the 26 weeks came in I've noticed a big change. For instance, at the first IPM recently they said, in the nicest way, that the parents don't stand a chance. [social work manager]*

*FDAC have changed - they now recognise that things need to speed up and they are trying to fit with the timescales. [social worker]*

Professionals also commented on other ways in which delay has been reduced:

*The FDAC judges hold onto cases when they can, even when it has been decided that the children won't go home. That's much better than at the beginning when cases transferred to ordinary proceedings and you had to go through the whole process of assessment all over again. FDAC have really nailed that down now, so the only cases that leave altogether are those where parents drop out early on, and even then the team makes sure that there is a clear report available for the next judge or bench. This has reduced delay a lot. [adult treatment service]*

### **Impact of the 26-week timescale**

A minority of professionals took the view that the FDAC model did not fit the 26-week timescale. This view came most strongly from a number of social workers in local authorities that had been piloting the 26-week timetable ahead of it being introduced more widely.

A more common view, from professionals from all disciplines, was concern that the focus on timescales would lead to an unwelcome reduction in opportunities for parents to control their substance misuse and have their children returned home safely. Although the proposed legislation provides for extensions<sup>179</sup> to the time limit to

---

<sup>179</sup> Children and Families Act 2014, clause 14

be authorised where necessary, there was concern that the granting of extensions might be too limited. People questioned the reason for the deadline being set at 26 weeks and whether, in any event, it was an appropriate timescale for all care cases. Many social workers said that cases involving older children in particular could go on for longer if need be, provided that the child's needs were being addressed and the placement during proceedings was suitable. There was clear consensus that it would be difficult for an FDAC case to be concluded within 26 weeks if the plan was for the child to return home.

*One of the concerns about 26 weeks is that it doesn't fit cases where parents have addictions - the general view is that abstinence has to be sustained over a period of time, usually at least a year. [family lawyer]*

*You could argue that if you have a promising case, it should finish in 26 weeks, with a supervision order and monitoring of whether the parents can sustain this. But the problem with this is that you are not really benefitting from the FDAC model. [family lawyer]*

*Having 26 weeks to change isn't achievable if the parent hasn't got to the stage of thinking they want to clean up. You've got to go through the process of what motivates you and what triggers you have to work through. It's a longer journey than 26 weeks. It can take that long for parents to get to accept that they need to change. [adult treatment service]*

The FDAC team were confident that they could amend their model to fit the 26-week timescale, with the use of exceptions as necessary.

*We are clear that we should be able to meet 26 weeks if the child is not going home, especially if we've been involved pre-proceedings. When we are confident that the child is going home, and that we are not likely to make 26 weeks, we will seek agreement to an extension. [FDAC team]*

### ***Does the focus on parents detract from a focus on the children?***

There is consensus amongst professionals that FDAC as a whole (the specialist team and the court process) supports parents in an intensive way that is markedly different from what happens in ordinary care proceedings. The team is acknowledged to be very good at engaging parents quickly, to be nurturing in their approach, and to succeed in working with parents with whom social workers have struggled to build a relationship.

*Before they meet the team, parents are pacing and agitated. After the meeting they are like a different person. In all but one case, that has resulted in parents being very positive about giving FDAC a shot. [local authority lawyer]*

There is continuing disagreement, however, about whether the focus on parents is a positive or negative aspect of the model. The minority view is that supporting parents in such an intensive way leads to a regrettable lack of attention to the child. Most professionals, though, comment on it as positive, with FDAC's work seen as complementing that of the local authority.

*I agree that there was a sense at the beginning that children were lost and that the focus was much more on the parents. It still feels like that at times. [social worker]*

*When a case is in FDAC I don't feel I have to be on top of co-ordinating everything. I feel confident that FDAC are concentrating on the adult and we can focus on the child. This is why I feel much more comfortable when cases are in FDAC. [social work manager]*

*One of its strengths is that in Children's Services the emphasis is on the child, and FDAC puts more of a spotlight on the parent - it offers a balance, ensuring that parents are properly assessed. [social worker]*

The team, whilst affirming that they do indeed focus on parents, say they have addressed the concerns raised, in that their assessment process now sets out clearly that an assessment of the child's needs, wishes and feelings is part of each stage of intervention. Professionals have noted this shift over time.

*As FDAC has developed it has tightened up on parenting meetings and assessments, and has introduced child's needs meetings. These are good because they take the focus back to the child. [guardian]*

### **Which cases are best for FDAC?**

There is no clear consensus amongst professionals about which cases should be referred to FDAC, and this has been a recurring issue throughout.

In the early stages, some cases started in ordinary proceedings and were then referred to FDAC, suggesting that mechanisms for identifying relevant cases were perhaps not working as well as they might. Professionals commented that local authorities had sometimes found it hard to determine whether substance misuse was a key factor in the case, and so should prompt a referral, especially when parental mental health problems and/or domestic violence also featured.

Another factor was that the local authorities were hoping that the evaluation findings would help them identify the sort of cases most likely to benefit from FDAC, whereas analysis of the successful cases at Stage 1 did not produce any clear predictors of success, such as age of the child, length of substance misuse history, or parent characteristics.

Finally, FDAC is now a commissioned service, with each local authority paying for an agreed number of cases (between four and 12) for the year ahead. This has raised more starkly the ongoing question about which cases are 'worth' referring to FDAC.

*We have to bear in mind that we have a limited number of slots, so we need to use them well. [local authority commissioner]*

Some professionals take the view that the FDAC process is best suited to babies and children under three, because these children will have suffered less harm and because having a baby or a very young child is an important motivating factor for parents. Their concern about cases where children are older, and family problems entrenched, is that they feel that little can be done to ameliorate the situation, particularly in terms of helping children overcome years of accumulated harm or neglect.

Against this, many social workers and managers said that FDAC is better suited for older children and for 'intractable' cases. All five commissioners interviewed in 2013 said that initially their authority had referred to FDAC all the 'stuck' cases that they had been working with for years. One reason for reducing the number of cases over time was that these intractable cases had now been resolved by FDAC. The team

and the judges made similar comments about the difficult nature of early referrals to FDAC, both from the original local authorities and from those joining subsequently.

Another argument made in favour of using FDAC for older children is the value in taking a bit longer to try and support their parents to control their substance misuse, because the options for older children gaining a sense of belonging and permanence are so limited if they cannot return home or stay within their extended family. The same is not true for babies, a point made most strongly by a minority of social work staff from local authorities that were also piloting the new timescale for care proceedings. They thought it more likely to secure an early permanent placement for a young child via ordinary care proceedings that were working to complete cases within 26 weeks.

*The cases we have had in FDAC have taken varying amounts of time - so with older children cases have gone on longer. I think we should be prepared to be more flexible and recognise attachment issues for these children, but where the case concerns a baby then you have to be much quicker [than FDAC]. [social worker]*

Not everyone used age when thinking about appropriate cases for FDAC. Some professionals said that FDAC was a good process for any children, provided that it did not create undue delay in securing a young child's placement in a permanent home, either within the family or through adoption. Others took the view that a child's age was less relevant than a parent's motivation to change. In turn, this view was outweighed by those who said that at the start of proceedings most parents were likely to be in denial about the impact of their substance misuse, so the key issue was how likely it was that the FDAC team and the judge could motivate parents to want to change.

The decision about which cases to refer to FDAC cannot be separated from knowledge about the extent of need in an authority in relation to parental substance misuse. In 2013, commissioners confirmed that evidence of the effectiveness of FDAC in individual cases had influenced decisions to re-commission the specialist team. There was less clarity about how decisions were made about how many places they wished to commission each year.

As mentioned above, some felt that FDAC should be used for their entrenched cases whilst others thought that FDAC should get involved as early as possible, in order to maximise the chances of helping parents deal with their alcohol and drug problems.

### ***Should parents be allowed to return to FDAC?***

The FDAC service specification provides that a poor prognosis should not preclude a case from coming into FDAC. But should a parent come back a second time, as several parents have now done? Whilst a minority of professionals thought this was a waste of a scarce resource, with some saying they were opposed to it as a matter of principle, most thought that parents should be able to return to FDAC, either with the same child or with a new baby. Some thought that the suitability of a case for a 'second bite of the FDAC cherry' should depend on the extent of change since last time. Others took the view that it was useful for parents to have the option of coming back even when there had been very little change in their circumstances, or little time since their last experience in FDAC, because the knowledge held about them by FDAC meant that a decision could be reached swiftly. The most common view expressed was along the following lines:

*It's hard to have a blanket answer. It depends on the history of the case, the timescales for the child, whether the mother has a new partner, and what happened during the first time in FDAC. [social worker]*

### **Is FDAC a good model to retain for care proceedings?**

We asked this question of everyone at each consultation session. The unanimous response was that it should be retained, including those who were critical of the delay in deciding that the prognosis for parents was too poor to continue, those who were troubled by the level of focus on parents, and those who wondered how the model would work once the 26-week timescale became law. The following reflect the range of comments made.

*I'd rather it were there than not, there's enough to recommend it as a model, even with the problems of delay and the lack of support after an order is made. [social work manager]*

*Yes, it should continue, undeniably so. Families are given a fair chance and a fair degree of assessment that informs the decision, including when they are not managing to change enough, or quickly enough, for their children. Families learn how to work in partnership and a robust case is made to the court. It's a shame it's not like that in the ordinary court. [adult treatment service]*

*I do think the model is good - and I think it could potentially help in all care cases. It's a good model because it helps parents get focused on their problems. It should be the way the care system works, full stop. [social worker]*

*This is a really important model for cases involving addiction. [family lawyer]*

*It's effective. It's how care proceedings ought to be. [local authority lawyer]*

## **D4. DISCUSSION**

### **A different approach to care proceedings**

It is clear that proceedings in FDAC are very different from ordinary care proceedings. A unique feature of FDAC is the regular and ongoing conversation that takes place between parents, judges, social workers and FDAC key workers at the non-lawyer court reviews. Other distinctive elements of the FDAC model are the involvement of the specialist team in delivering as well as co-ordinating interventions for parents and the involvement of all parties to the proceedings in the Intervention Planning Meetings (IPMs) that are held at intervals during the proceedings.

The comments from parents and professionals indicate that parents were engaged in the court process and that many parents, over time, began to feel comfortable attending court. This is very different to the findings of earlier research studies into

the experiences of parents in care proceedings,<sup>180</sup> where parents attending court are described as *'isolated'*, *'confused'*, *'intimidated'* or *'excluded'*.

Professionals also commented that proceedings in FDAC feel less adversarial than ordinary proceedings, although that did not mean that contested hearings did not occur. By contrast, earlier studies comment on the adversarial nature of care proceedings<sup>181</sup> despite guidance on court process which encourages a focus on minimising areas of dispute.<sup>182</sup> It is likely that the informal and regular reviews of progress by the court play an important part in reducing antagonism as they reduce the possibility for arguments over what has been achieved or not achieved between hearings, as well as enabling the court and the parties to keep track of what is inevitably a dynamic situation. They might also reduce the need for contested final hearings when children are not going to return home, because parents, certainly according to the professionals we consulted, are more likely to feel that the court process has been a fair one, in contrast to the sentiments expressed by parents about ordinary care proceedings.<sup>183</sup>

On a similar theme, it was interesting that some parents commented that the experience of being in FDAC had helped to improve their relationship with the local authority, or their understanding of the local authority's concerns, and that the court observations noted the judges' attempts in non-lawyer reviews to help resolve disagreements between parents and the local authority.

### **The role of the judges**

This is a very different way of working for judges and, as pointed out by the judges themselves and by other professionals, some training would be beneficial for judges opting to work in this way.

The need for the judges to be able to follow cases closely (through fortnightly review hearings), together with the comments from parents about the importance of having the same person in control of their case, leads to the conclusion that it would not be possible for magistrates, as currently organised, to take on the judicial role in a court using the FDAC approach. Achieving the level of continuity required will remain problematic even following the introduction of the single family court in April 2014.

There was no suggestion during the study period that the judicial role of adjudication was impaired by the close relationship between the specialist team and the judges or by the role of the judges in motivating parents.

---

<sup>180</sup> Hunt J (2010) Parental Perspectives on the Family Justice System in England and Wales: a review of research. Family Justice Council and Nuffield Foundation [http://www.judiciary.gov.uk/JCO%2FDocuments%2FFJC%2FPublications%2FParental\\_Perspectives\\_final.pdf](http://www.judiciary.gov.uk/JCO%2FDocuments%2FFJC%2FPublications%2FParental_Perspectives_final.pdf) accessed 28 February 2013; Freeman P and Hunt J (1998) Parental Perspectives on Care Proceedings. The Stationery Office; Pearce J and Masson J with Bader K (2011) Just Following Instructions? The Representation of Parents in Care Proceedings. ESRC and University of Bristol.

<sup>181</sup> Ibid and Hunt J, Macleod A and Thomas C (1999) The Last Resort: Child Protection, the Courts and the Children Act 1989; Dickens J (??) article on representation of LAs

<sup>182</sup> Public Law Outline and Children Act 1989 Regulations and Guidance Volume 1

<sup>183</sup> Pearce J and Masson J above

## **Could the FDAC approach work outside the court setting?**

Whilst the specialist multi-disciplinary team is valued highly by parents and professionals for its expertise, its ability to engage parents, and its co-ordination of treatment services, the views of parents and professionals indicate that it is the combination of the team, the court process and the judge that makes the FDAC approach so different. The personal authority of the judges, and their status and role, were all mentioned by parents as important in motivating them and enabling them to change. Also important was the fact that the case was in care proceedings, with the ultimate sanction for parents of a care order being made.

## **Support once proceedings have finished**

Parents and professionals identified a range of issues linked to post-proceedings support that will merit attention in the future development of FDAC and that are also relevant for wider policy consideration. The strong message from interviews and focus groups was that some form of continuing but tapered support for those parents who were not able to resume care of their children – but had made some progress in controlling their substance misuse – might be effective in helping parents stay on the road to recovery, thus reducing the risk of care proceedings being brought in relation to subsequent children. These parents received no support service from Children's Services at the end of proceedings and they were expected to make their own arrangements with treatment services.

Some form of ongoing support was also identified as important for those parents who had been reunited with their children, although it was evident from our consultations that the level and nature of support that parents received varied considerably. The mixed views about the value of supervision orders suggest the need for attention to using them as a better framework for supporting families when care proceedings end in reunification.

## **Parent mentors**

Members of the FDAC team, and parents who had been linked to a parent mentor, spoke very positively about them and their role. Some parents aspired to be a mentor themselves, and some did achieve that, both of which is indicative of parents growing in confidence as they progressed in FDAC. The infrequency of comments about mentors from other professionals, and the lack of knowledge about their role, highlighted the fact that this continues to be the aspect of the model that is least well developed. A lesson here is that recruiting, training and supporting volunteer mentors is time consuming and needs adequate resourcing.

## **Deciding which cases to refer to FDAC**

The issue of which cases should be referred to FDAC has become more pressing since the end of government funding in March 2012, which has led to the specialist team being funded through the commissioning of an agreed number of cases per year by each local authority currently using FDAC. There have been no specific guidelines for which cases should be referred to FDAC, bar the exclusion criteria decided at the start of the pilot, and different views have emerged about the cases deemed most suited to the approach.

## **The impact of changes to care proceedings**

It is understandable that there is concern about the impact on FDAC of the new timescale of 26 weeks for completing care proceedings. Evaluations of London consortia projects trying to achieve this timescale in their first year of activity<sup>184</sup> show that this has proved possible for just under half of proceedings (although outside London the proportion of cases completing quickly is higher).

The new legislation allows for time extensions to be granted, where this is necessary to enable the court to resolve the proceedings in just manner.

It seems likely, as noted by the FDAC team and a number of the other professionals we consulted, that some, and perhaps many, FDAC cases can be concluded in 26 weeks. There will also be other cases where the prognosis is clearly promising, thus providing the evidence needed for an extension of time in order to consolidate the progress that parents are making. The challenge will be those cases where progress is being made but where a positive prognosis is less certain because that might result in parents being ruled out before they have been given sufficient opportunity to achieve the change that is needed.

The clear message from focus groups and interviews is that FDAC should be retained, and is a good model for care proceedings generally, so it is helpful that the Department for Education has provided funding to help identify other areas of England willing to test out the FDAC model and to support the development of the model to take account of the 26-week timescale.

## **Difficulty in overcoming substance misuse**

The interviews with parents shed light on how fiendishly difficult it is for people to overcome alcohol and drug misuse. They also indicate the mix of elements that can help with the process of change needed to do so: being determined to do everything possible for the sake of their children, aspiring to and being ready to change to a more normal lifestyle, and being willing to accept professional support and reminders of personal responsibility and accountability.

---

<sup>184</sup> Beckett C, Dickens J and Bailey S (2013) Concluding Care Proceedings Within 26 Weeks: Report of the Evaluation of the Tri-borough Care Proceedings Pilot.  
<http://www.uea.ac.uk/documents/3437903/0/Triboro-Report.pdf/3ca637ea-543e-4354-869e-40bef566c021>

## **PART E – CONCLUSIONS AND RECOMMENDATIONS**

This five-year comparison of FDAC and ordinary care proceedings has tracked the progress of some 200 families from six local authorities (3 pilot and 3 comparison). We set out below our main conclusions and recommendations.

### **CONCLUSIONS**

#### **1. Treatment efficacy**

The evaluation findings provide evidence that FDAC succeeds in helping more mothers and fathers than in ordinary care proceedings to overcome the substance misuse that has placed their children at risk of significant harm; to be reunited with their children; and to continue living with their children with less recurrence of abuse or neglect. The findings also provide evidence of other benefits for the many parents who, despite help from FDAC, did not stop misusing drugs and/or alcohol.

The many similarities between the FDAC and comparison cases make it reasonable to infer that involvement in FDAC was an important contributory factor to the difference in outcomes in relation to cessation of misuse, reunification, and reduced risk of neglect or abuse after return home. It suggests that there is added value to be gained from the FDAC approach that combines treatment and assessment within care proceedings. The findings also suggest that FDAC helps parents access and stay in treatment, consistent with the national strategy on substance misuse<sup>185</sup> and its objective of helping people make a full recovery from drug and alcohol misuse.

We found that FDAC, in line with the problem-solving court model on which it is based, operates in a distinctively different way to the traditional court process involving expert assessment and evidence. The multi-disciplinary team works closely with the court and others throughout the case, providing their own assessment and interventions and co-ordinating the interventions of others. A likely consequence of this was our finding that more FDAC than comparison parents were offered substance misuse and family services over and above those they received from the FDAC team. The difference in the offer of additional substance misuse services and family services reached statistical significance.

The judges also played a different role and this, too, contributed to FDAC's success. Through the non-lawyer reviews, they motivated parents to change their lifestyle and make good use of services on offer, whilst keeping the case on track and being clear with parents about the court's power to remove children from their care. For all these reasons, parents and professionals would like to see FDAC rolled out more widely.

#### **2. The need for better support for reunification**

Our follow-up of cases where children had been reunified with their parents at the end of proceedings showed positive findings, in the sense that the great majority of reunifications remained intact. But in each sample (albeit less in FDAC) there was a worrying message about children experiencing further neglect or abuse, mainly

---

<sup>185</sup> Home Office (2010) Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life.

because of a mother's relapse into substance misuse or, in a few cases, because of her being subject again to domestic violence. The majority of these children were subject to a supervision order.

In some cases these findings posed questions about the appropriateness of the decision to return children home, especially in cases (in the comparison sample) where the mother had not stopped misusing, or (in both samples) where mothers were trying to care for several children who each had a range of problems. This poses some problems for local authorities and the courts, given that finding a suitable permanent home is likely to prove difficult for some older children and because older children who want to stay at home will choose to do so. With regards to returning children to mothers who had improved but not stopped misusing, there are also no easy answers. Courts will need to decide this question on a case-by-case basis

Another concern related to the very low level of support provided to vulnerable families after reunification. Recovery is a long process,<sup>186</sup> requiring different levels and types of support once treatment has ended. We know, from other research, of the ongoing failure to ensure that parents and children receive adequate support when children return home from care.<sup>187</sup>

The government's agenda for adoption reform<sup>188</sup> places emphasis on speeding up decisions and action in placing babies and young children with potential adoptive parents. When combined with the push to complete care proceedings within 26 weeks, and the research evidence about the fragility of reunification in some circumstances,<sup>189</sup> this could serve to heighten doubts about the value of FDAC's focus on supporting reunification in cases where that is appropriate.

It is, however, important to remember that it is not possible to narrow the role of the court to that of speeding up the move to adoption. Given the duty in legislation to keep children within their family where possible, reaffirmed in *Re B*,<sup>190</sup> reunification will remain an option for all children in principle and for many children in practice, and it is crucial to give due attention to supporting safe permanence for children who return home. Reunification can never be guaranteed to be risk free, but it is of note that parents who had been through FDAC did better than other parents in keeping children safe from harm after they returned home (although these results would need testing with larger numbers to increase confidence in the findings).

---

<sup>186</sup> Advisory Council on the Misuse of Drugs (2013) What recovery outcomes does the evidence tell us we can expect? Second Report of the Recovery Committee.

<sup>187</sup> Wade J, Biehal N, Farelly N and Sinclair I (2011) *Caring for Abused and Neglected Children: Making the right decision for reunification or long term foster care*. London. Jessica Kingsley; Ward H, Brown R, Westlake D (2012) *Safeguarding Babies and Very Young Children from Abuse and Neglect*. London. Jessica Kingsley; Farmer E and Lutman E (2010) *Case Management and Outcomes for Neglected Children Returned to their Parents: a five year follow up study*. London. DCSF; Thoburn J, Robinson J and Anderson B (2012) SCIE: Research Briefing 42: Returning Children Home from Public Care. London. Social Care Institute for Excellence; Care Inquiry (2013) Making Not Breaking: Building Relationships for our most Vulnerable Children. Farmer et al (2011) *Achieving Successful Returns from Care*, BAAF, London. And see *Re B (A Child)* [2013] UKSC 33.

<sup>188</sup> An Action Plan for Adoption 2012; Further Action on Adoption 2013

<sup>189</sup> Wade J et al (above); Ward H et al (above) and Farmer and Lutman (above)

<sup>190</sup> *Re B (A Child)* [2013] UKSC 33

The proposal for offering greater support to parents at this stage was favoured by parents and professionals alike. Such a proposal builds on the evidence for long-term support to achieve recovery, as well as on the value of parents maintaining links with known and trusted professionals after receiving an intensive service, to reduce risk of relapse into substance misuse.<sup>191</sup> FDAC would, in effect, be providing a short-term bridging service to ease the transfer of the support role to the local authority.

An important question is how such an aftercare service would be funded. One possibility would be a pooling of costs by those services most likely to benefit from such a development, especially Children's Services, adult social care, and child and adult health and mental health services. We go further and say that this should be a service that all local authorities – not just those using FDAC – should provide for all families, and for as long as needed, following a decision to return a child home.

The evaluation showed that there might be scope at policy as well as practice level to strengthen the monitoring and support for children on a supervision order. Proposals in the recent government consultation for improving permanence for looked after children, including those who are returned home, would be highly relevant to children returned home on a supervision order.<sup>192</sup> So, too, would the public health outcomes framework for looked after children, with its indicator for monitoring their emotional well-being, in recognition of the risk of '*an even greater increase in rates of undiagnosed mental health problems ... and alcohol and substance misuse*'.<sup>193</sup> Extension of this indicator to children on supervision orders is a possible hook on which to draw in extra health funding to support these children.

The lack of research into the outcomes of children returned home on a supervision order, or indeed data on their numbers, leaves us unable to contextualise some of our findings in relation to family reunification. We do not know, for instance, how many children return home on supervision orders to a parent or parents with substance misuse problems, or the frequency and timing of reunification breakdown and/or of return to court. The lack of national data about this contributes to this group of children remaining invisible as a policy priority. Anecdotal evidence that shorter care proceedings are leading to an increase in supervision orders supports the value of closer scrutiny of what happens to the children involved and of the potential for increasing the role of supervision orders and of court directions attached to them.

### **3. The contribution of FDAC when families are not reunited**

In both samples, the proportion of parents who did not keep their children exceeded the proportion whose children returned home. The qualitative evidence from the study indicated that the FDAC process was more positive than the ordinary court process in enabling parents to understand more clearly the concerns about their children's needs and to accept the decision of the court. We do not know what impact this help might have on parental behaviour in the longer term, and there might be value in FDAC teams monitoring these softer outcomes, such as improvements in

---

<sup>191</sup> McKay J (2009) *Continuing care research: What we've learned and where we're going*. Journal of Substance Misuse Treatment 36, 131-145.

<sup>192</sup> DfE (2013) Improving permanence for looked after children: Consultation.

<sup>193</sup> Department of Health (2013) Improving Outcomes and Supporting Transparency. Part 1A: A Public Health Outcomes Framework for England 2013-2016.

the control of substance misuse, and in the quality of relationships with children who have not returned home.

There is increasing momentum to support parents who have recently had babies removed through care proceedings, in order to reduce the risk of repeat removals of children from their care. Such projects are sometimes part of a support package to promote parent and child health and well-being. A number of projects are already established or in development.<sup>194</sup> There would be value in the current, and any future, FDAC having links with such projects, especially given our finding that 40 per cent of the mothers had had children removed in previous proceedings.

#### 4. The costs of FDAC

Local authorities that have the option of using the current FDAC, or contributing to its development in other areas, will have to decide whether the costs of the team are justified. In 2011 the cost was calculated at £8,700 per family, and is now (2014) just over £12,000, a figure that is in line with other multi-disciplinary teams offering assessment in court cases or offering a specialist, intensive treatment programme for vulnerable families with complex needs.<sup>195</sup>

A main message from the costs exercise in our report at the end of Stage 1<sup>196</sup> was about the savings for FDAC cases through less use of experts, shorter hearings, and fewer hearings with lawyers present. There were savings, too, in the cost of foster care placements during proceedings and family reunification at the end. All these savings would need to be revisited in the light of shorter care proceedings generally (under the new legislation), the reduced fee levels for experts, less use of expert assessments overall, and the current cost of local authority placements and services.

The costs of the FDAC team need to be weighed against the potential longer-term savings to local authorities, adult treatment services and the courts that arise from the greater treatment efficacy of FDAC. The costs of repeat proceedings for a mother, with the same and/or a new child, the consequences of taking more children into care, and the potential savings on family reunification all need to be factored into the equation of whether investment in FDAC is likely to give a good return.

At times of intense financial austerity and an increasing demand on services it is particularly important to spend money wisely, and the evidence of FDAC's success in achieving outcomes relating to substance misuse cessation and reunification should help inform decisions about future commissioning of FDAC. The specialist team is now commissioned exclusively by Children's Services although good arguments can

---

<sup>194</sup> Broadhurst K and Mason C (2013) Maternal outcasts: raising the profile of women who are vulnerable to successive, compulsory removals of their children – a plea for preventative action. *Journal of Social Welfare and Family Law*, 35:3, 291-304.

<sup>195</sup> *Evaluation of the alternative commissioning of experts pilot*, Legal Services Commission [http://www.legalservices.gov.uk/docs/stat\\_and\\_guidance/ACE\\_Pilot\\_Evaluation\\_Final\\_Report\\_June\\_2011](http://www.legalservices.gov.uk/docs/stat_and_guidance/ACE_Pilot_Evaluation_Final_Report_June_2011);

*Turning around the lives of families with multiple problems – evaluation of the Family and Young Carer Pathfinder programme*. DfE Research Report DFE-RR154. <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR154.pdf>.

<sup>196</sup> Harwin J, Ryan M and Tunnard J, with Pokhrel S, Alrouh B, Matias C and Momenian-Schneider S (2011) *The Family Drug and Alcohol Court Evaluation Project, Stage 1 Final Report*. Brunel University.

be made for contributions from the Legal Aid Agency, because it provides expert assessments for care proceedings; from Public Health, because it provides substance misuse interventions; and from Clinical Commissioning Groups, because they provide psychiatric and psychotherapeutic services to children and families.

Furthermore, it will be a noticeable gap if the extent of parental substance misuse, and information about its impact, is not included in relevant local needs assessments, particularly Joint Strategic Needs Assessments (JSNAs). The benefit of Children's Services commissioners pursuing this as an issue is that it would help acknowledge clearly how parental substance misuse can exert a negative impact on people's lives and this, in turn, might increase commitment to tackle the short- and longer-term consequences for children and families.

Finally, the robust methodology used to cost the FDAC specialist team remains relevant. It gives a breakdown of the cost of the different components of the input from the FDAC team. The costing generated a model for calculating cost variations per case, based on features such as the length of the case and the number of children, and this should be particularly useful. This approach could be used by commissioners and service providers if they wished to develop a costing mechanism that offers more flexibility than the current flat-fee arrangement.<sup>197</sup>

## **5. Challenges in maximising the benefits of FDAC**

We found a number of ways in which the potential of FDAC, a young and evolving service, could be enhanced further.

### **(a) Reviewing how cases are selected for FDAC**

The predictor analysis makes clear that, in both samples, cases with more parent and child problems reduce the chances of substance misuse cessation leading to reunification. By contrast, in FDAC and comparison cases with a similar lower level of parent and child difficulties, FDAC was more successful in helping parents stop misusing and be reunited with their children. This would suggest that the practice we were told about, that intractable cases were referred to FDAC, must raise questions about whether FDAC is being used to best advantage.

### **(b) Bringing cases to court earlier**

Related to the above point, it had been anticipated that FDAC's approach of treatment intervention within the framework of court proceedings would encourage local authorities to bring cases to court earlier, in the belief that this might enhance the prospects of success. This was in light of research identifying that cases were coming to court later than they had before the implementation of the Children Act 1989.<sup>198</sup>

However, given the current legal and policy context of a strong emphasis on pre-proceedings activity before bringing proceedings,<sup>199</sup> it seems unlikely that local

---

<sup>197</sup> Harwin J, Ryan M and Tunnard J, with Pokhrel S, Alrouh B, Matias C and Momenian-Schneider S (2011) *The Family Drug and Alcohol Court Evaluation Project, Stage 1 Final Report*. Brunel University (section B4 and annex 6).

<sup>198</sup> Aldgate J and Statham J (2001) *The Children Act Now: Messages from Research*. Norwich. TSO

<sup>199</sup> Practice Direction 36 C(2013): Pilot Public Law Outline

authorities will be prepared to consider early use of care proceedings in FDAC. The cost of issuing proceedings might be another factor here, as Children's Services face increasingly stringent budget reductions. It seems likely that, for the time being at least, the court will continue to be seen as a last resort, despite the opinion of the Family Justice Review to the contrary.<sup>200</sup>

This is a worrying scenario, all the more so given that the lengthy histories of parental substance in our samples meant that over half the parents found it impossible to control their drugs and/or alcohol misuse by the end of proceedings, and older children had high levels of emotional problems, having experienced many years of neglect. Encouraging local authorities to work intensively with families where care proceedings seem likely should not necessarily mean delaying taking cases to court for so long that children are harmed.

### **(c) Continuing to learn from parent mentoring**

Parent mentors are a distinct element of the FDAC approach. We found that a group of parent mentors, changing over time, has been in existence from the start of FDAC and now includes parents who have used FDAC themselves. It is clear that this element of the service needs adequate resourcing, to ensure that mentors receive ongoing training and supervision and that the specialist team and parents can make best use of their input. It is also clear that those with experience of having or being a parent mentor valued the benefits that accrued from the experience.

Beyond that, we have not been able to draw any firm conclusions about the impact of this aspect of the FDAC service, though we are mindful that research into recovery from dependence on drugs and alcohol stresses the importance of mutual support, as well as social networks, in supporting sustained recovery.<sup>201</sup>

### **(d) Improving ways of monitoring progress**

In FDAC cases when reunification was not appropriate, it took longer than in comparison cases for children to be placed with permanent alternative carers. This was contrary to what FDAC was hoping to achieve. It remains an issue for FDAC because of the tighter timescales stipulated in the new legislation. Better and more routine monitoring (by FDAC and the local authorities) of the length of care proceedings in every case, coupled with other measures to gain feedback on case performance, would help reduce the time children spend in care proceedings.

Another point about monitoring relates to the information collected by FDAC. Whilst producing some case analysis, for quarterly reports to commissioners, it makes little use of standardised measures. For instance, it does not use TOPS<sup>202</sup> to monitor parental substance misuse outcomes, or the SDQ<sup>203</sup> for measuring change in children's functioning. An added bonus of using these or similar instruments is that they would help FDAC benchmark their outcomes against other services.

---

<sup>200</sup> Family Justice Review Final Report, Ministry of Justice, November 2011, para 3.50.

<sup>201</sup> Advisory Council on the Misuse of Drugs (2013) What recovery outcomes does the evidence tell us we can expect? Second Report of the Recovery Committee.

<sup>202</sup> The Treatment Outcomes Profile <http://www.nta.nhs.uk/top-brief.aspx>

<sup>203</sup> The Strengths and Difficulties Questionnaire - <http://www.sdqinfo.org/>

### **(e) Challenging the gaps in administrative data**

The many gaps that we found in the administrative data sources throughout our study were a matter of concern. In particular, the dearth of information about children's fathers left us feeling that Children's Services were ambivalent or unsure about how to work with fathers, and that fathers were left marginalised. The problem is one that has been identified in a number of other studies.<sup>204</sup> The practice exceptions that we found attest to the value of tackling these deficiencies. Without adequate information, agencies are hampered in their ability to work with individuals and to develop services to respond to common needs.

### **(f) Remaining alert to the impact of the Children and Families Act 2014**

Meeting the 26-week timescale is a challenge for all courts, but some particular challenges arise for the problem-solving approach of the FDAC court, as professionals have pointed out in our consultation interviews and focus groups. Of note here is the comment of the President of the Family Division (overseeing the implementation of the new Public Law Outline) that the PLO should not be an obstacle to the functioning of a good model:

*... we must see how best the PLO can accommodate the FDAC model (I put it this way, rather than the other way round). We must always remember that the PLO is a means of achieving justice and the best outcomes for children and, wherever possible, their families. It is not, and must never be allowed to become, a straightjacket, least of all if rigorous adherence to an inflexible timetable risks putting justice in jeopardy.<sup>205</sup>*

Application of the new timescale will reduce the time available to test parents' motivation and ability to control their problematic drinking or drug use, through a therapeutic intervention overseen by the court. This might be an advantage in cases where it is clear that reunification is not appropriate, because it will mean that FDAC would speed up its decision making and ensure swifter permanency for some children. A spin-off of faster decision making in such clear-cut cases is that FDAC could devote more time to help the parents who have greater capacity to change.

The new legislation provides flexibility for the court to allow an extension of the time limit in exceptional circumstances, with no upper limit specified on the number of extensions.<sup>206</sup> The indications are that these will be considered appropriate for FDAC cases where parents are engaged with the service and where their child's return home seems likely. Enabling parents who are doing well to remain in the court process, to consolidate progress, will be important. A conclusion of the USA national evaluation was that family reunification cases stayed in court for up to a year, the maximum time allowed.

---

<sup>204</sup> Ryan M (2000) Working with Fathers. Radcliffe Medical Press.

<sup>205</sup> President of the Family Division (2013) View from the President's Chambers, No 7 the process of reform, changing cultures  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/189397/DCSF-RB214.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/189397/DCSF-RB214.pdf.pdf)

<sup>206</sup> Section 32(5) Children Act 1989, as amended by section 14 Children and Families Act 2014; Ryder Mr Justice (2012) Family Modernisation Programme: Fourth Update.

However, because extensions are not automatic under the legislation, there is a risk that the courts might prefer to conclude promising cases quickly, making a supervision order as a way of keeping the case under review and enabling its return to court, if necessary. There is some evidence of the increasing use of supervision orders. Our findings on the variability of support under a supervision order suggest that this might not provide enough support to consolidate the progress that parents have made in FDAC.

The most challenging cases will continue to be those where there are indications of a parent's capacity to change but their progress is uneven. FDAC might be able to have a greater role in pre-proceedings assessments, and this might enhance the prospects of a new-born baby living safely with their parents. A concern here is that the court would then be less likely to be the main arena for testing parental capacity to change. This is a concern because our findings are based on the value of the work of the specialist team in combination with the court process and the oversight provided by the FDAC judges. The impact of a reduced role for the FDAC court is uncharted territory.

### **A final note**

The climate in which FDAC operates at present undoubtedly poses challenges to the concept of a court that seeks to reunite families, and that needs time and specialist support to help bring about the changes necessary. The recent funding support from the Department for Education, to enable the model to be rolled out to new sites and to be developed and monitored, is a positive development that will provide further time to learn about what helps and hinders progress in improving outcomes for vulnerable children before, during and after care proceedings.

## **RECOMMENDATIONS**

We consider that FDAC is a promising model for care proceedings and should continue. It has demonstrated its potential as a court that oversees treatment intervention as well as adjudicating on the matter of children at risk of significant harm attributable to parents.

### **Rolling out FDAC more widely**

- Local authorities and the court system should be encouraged to consider adopting the FDAC model.

### **Decisions about referral and early action**

- Local authorities should set clearer referral criteria for FDAC cases, with a focus on families with less entrenched problems and a greater capacity for change.
- FDAC should continue to pay attention to quicker decision making when parents do not engage with the service or show very little sign of progress.
- The development of a data tracking system would give FDAC clearer information and improve their feedback to the local authorities involved.

### **Tracking outcomes**

- The current FDAC team, and those established in other areas, should use a common system for tracking outcomes for children and parents and should

make use of standardised measures to compare progress over time. The tracking should include the harder-to-measure outcomes in cases where parents are not reunited with their children.

### **More support after family reunification**

- A short-term FDAC aftercare service, starting at the end of proceedings, should be developed, to support the role of the local authority in family reunification cases.
- Local authorities should ensure that their policies in relation to supervision orders enhance the safety and sustainability of family reunification. Attention should be paid to how supervision orders could play a more useful role in supporting reunification, including the court's use of directions attached to the order.
- Government policy should consider harmonising the support available for children placed at home on a supervision order with that proposed for children returning home from voluntary care<sup>207</sup> or receiving post-adoption support.

### **Working with fathers**

- Local authorities should be more proactive in identifying and working with children's fathers.

### **Support when reunification is not achieved**

- Support should be available for parents who are not reunited with their children at the end of proceedings, to build on any progress made in FDAC, to provide emotional support, and to help prevent untimely new pregnancies.

### **FDAC costs and cost benefits**

- The possibility of additional agencies contributing to the costs of commissioning FDAC should be pursued, including Public Health, Clinical Commissioning Groups and the Legal Aid Agency.
- The potential longer-term cost benefits of parents controlling their substance misuse and being reunited with their children should receive a higher profile.

### **Learning from new developments**

- FDAC should monitor carefully any new developments in applying the model, including pre-proceedings work, adapting to the 26-week timescale whilst applying for extensions where needed, embedding the parent mentor programme, and extending the FDAC model to cases where domestic violence and mental health problems are triggers for care proceedings.

---

<sup>207</sup> DfE (2013) Improving permanence for looked after children: Consultation. It includes proposals to strengthen support for children returning home from accommodation under section 20 of the Children Act 1989.

- Consideration should be given to providing opportunities for judges involved in FDAC work to learn from each other and to access training in problem-solving court approaches.

## ANNEX 1: METHODOLOGY: TECHNICAL ELEMENTS

This annex supplements the section in the main report about methodology. It explains how we identified cases for the study, gained ethical approval for different aspects, recruited parents for interview, and developed forms and questionnaires. It also covers how we categorised the services offered to parents and gives further information about our approach to statistics.

### How cases were identified

#### The FDAC sample

At both Stage 1 and Stage 2, all care applications that involved parental substance misuse as a key concern were issued by the local authority in the same way as they issued in ordinary proceedings, but they specified that the case was suitable for FDAC. Each week the court notified the research team of any new cases entering FDAC from the local authorities. At the Inner London Family Proceedings Court, where the FDAC court was based, a team administrator and legal adviser took special responsibility for FDAC, and this included notifying the research team of new cases and keeping a record of all FDAC cases.

#### The comparison sample

Comparison cases were identified by the local authority's Legal Services Department in conjunction with the designated liaison officer in Children's Services. In case of uncertainty, senior managers from Children's Services confirmed whether the case was suitable. The comparison local authorities used the same grounds for exclusion of cases as the FDAC local authorities and the FDAC team (see below). The local authorities kept the research team updated on all applications for care proceedings where the main concern was parental substance misuse.

### Exclusion criteria

Before the pilot intervention started it was agreed that cases would be excluded from FDAC if:

- the parent was experiencing florid psychosis, *or*
- there was serious domestic violence posing a major risk to child safety, or a history of severe domestic or severe other violence where help had been offered in the past and not accepted, *or*
- there was a history of severe physical or sexual abuse of the children.

### How parents were recruited for interview

**Stage 1:** The court agreed to contact parents during proceedings. They did this after the second hearing, sending a letter that described the research and included an introductory letter from the research team. The court letter told parents that the researchers would approach them at court, at the first review hearing, to explain more about the research and to offer them an interview.

If parents had exited FDAC before the timing of the court's letter, a similar letter of introduction was sent to them, but through their solicitor, as suggested to us by the Law Society. Strenuous efforts were made to interview this group of parents, in order

to increase the representativeness of the sample, but we had very little success here, despite attempts to contact them through the children’s guardian as well as the family solicitor.

**Stage 2:** FDAC parents in the family reunification follow-up sample were sent a letter by the FDAC team administrator, explaining this aspect of the research and providing an introductory letter from the research team. The administrator kept a log of the parents who confirmed their willingness to be approached by the research team, those who refused, and those who did not reply. The ones who did not reply were sent another letter one month later, as a final attempt to secure permission for contact from the researchers.

Interviews were offered at a time and venue of the parents’ choice and those interviewed were offered a £10 (Stage 1) or £15 (Stage 2) supermarket voucher in recognition of their time and contribution.

### Ethical approval arrangements

**Stage 1:** Parental opt-in was preferred by the pilot local authorities because of concern that families might be able to be identified in our reports, given the relatively small case sample overall. Opt-in meant that parents had to give written consent to researchers looking at their file that was held by the FDAC team and at their child’s file that was held by the local authority. The need for this action by parents led to problems of case attrition (not uncommon in research studies) and necessitated our use of several sub-samples of different sizes in order to explore each aspect of the study.

**Stage 2:** We obtained approval from the FDAC Cross-Borough Operational Group and the FDAC NHS team to view the files of parents and children on the basis of parental opt-out. Opt-out meant that consent was assumed to be given if parents did not respond. This arrangement was approved by the Camden & Islington National Research Ethics Service Committee. The value of the approach was that it ensured we would have a large number of cases that had reached final order and so case outcomes could be compared more robustly.

The table below details the process for obtaining access to the various data sources.

**Table 21: Ethical approval arrangements to view files and interview parents at each stage**

Nature of authorisation, and organisation approached	Nature of approval sought	Signed parental consent required? Stage 1	Signed parental consent required? Stage 2	Reasons for seeking approval
Court authorisation under Family Proceedings Court (Children Act 1989) rules (Rule 23A as amended)  And, at Stage 2, under Rule 12.73 Family Procedure Rules 2010 and Practice Direction	Permission to review court files without parental consent (FDAC and comparison authorities)	No	N/A	To ensure viability of the study  Court records were the primary data source.

12G				
<p>Court authorisation under Family Proceedings Court (Children Act 1989) rules (Rule 23A as amended)</p> <p>And, at Stage 2, under Rule 12.73 Family Procedure Rules 2010 and Practice Direction 12G.</p>	To interview FDAC parents during care proceedings	<p>Yes</p> <p>Court contacted parents by letter after 2<sup>nd</sup> hearing, with introductory letter from the researchers.</p> <p>Court letter explained that researchers would approach parents at court to explain more about the research.</p> <p>If parents had already left FDAC, introductory letter sent via parent's solicitor.</p> <p>Parents offered voucher in recognition of time and contribution.</p>	N/A	To ensure that parents could exercise their rights about whether to take part in the research
Camden and Islington Community NHS Research Ethics Committee	To access parent's NHS file held by the FDAC team	Yes	<p>No</p> <p>All parents contacted at least twice by FDAC administrator, with log kept of written and telephone contact, and parents encouraged to contact researchers direct</p> <p>Researchers notified of outcome of this process and whether they could proceed</p>	<p>Concerns at Stage 1 over the potential impact of the research on parents' treatment</p> <p>At Stage 2, research team arguments were accepted: access was similar to an NHS audit; larger numbers would preserve anonymity; many parents were no longer known to services.</p>
Local authority (FDAC pilot authorities)	To access child's files held by local authority	Yes	No	Concern in Stage 1 that parents might be identifiable due to

				small scale of research  Need to maximise case numbers in Stage 2
Local authority (comparison authorities)	To access child's files held by local authority	No  Parents were contacted by Children's Services with a letter from the researchers.  They were invited to discuss the invitation to participate in the study with the liaison officer in Children's Services and/or their legal representative. before making a decision.	No (2 LAs). Yes (1 LA).  The 'yes' LA required parental signed consent if the case was no longer in proceedings, on the grounds that the parent would no longer have access to legal advice.	As parents were not receiving a new intervention, participation was on the basis of parental opt-out (Stage 1).
Ministry of Justice	To access MoJ extract of the Police National Computer database of offenders	Request not relevant at this Stage	No  Only depersonalised aggregated data could be provided	To comply with Data Protection Act

## Development of forms and questionnaires

To ensure consistency in data collection and in the recording of information during court observations, we developed forms or questionnaires for each study component. Here we drew on the research instruments developed for the national evaluation of Family Treatment Drug Courts in the USA,<sup>208</sup> adapting them to fit the objectives of the FDAC pilot, as well as devising new ones for our specific purposes. All instruments were piloted, as well as being reviewed by our Stage 1 Research Advisory Committee and by the consultant who had been involved in the US

---

<sup>208</sup> Worcel S et al (2007) *Family Treatment Drug Court Evaluation Final Report*. Submitted to Center for Substance Misuse Treatment, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Sciences; Worcel S et al (2008) Effects of Family Treatment Drug Courts on Substance Abuse and Child Welfare Outcomes. *Child Abuse Review*, 17, 6, pp 427-443.

evaluation. The end-of-case guardian forms were piloted with the FDAC guardians. All forms and questionnaires were revised in the light of feedback.

### **The end-of-case guardian forms**

The support of guardians was enlisted to maximise information collection about the results in cases that had reached final order, particularly those that had left FDAC before then, as there was so little other information available to us. This ensured that, as for the comparison sample, we could provide information about all cases in the sample, and irrespective of whether there was parental consent to examine files.

The forms were completed by each guardian after proceedings had ended. The form asked for the same information on all cases: about the court process and duration, legal orders, placement decisions, the children's well-being, parental substance misuse at the end of proceedings, and (where relevant) the status of the case if it had exited FDAC. A higher proportion of forms were completed by guardians in FDAC cases (98 of 106) than in comparison cases (63 of 101) (92% v 62%).

The quantitative data was then transferred to the Access database for analysis.

### **The categorisation of services for parents and children (Stage 2 only)**

We divided the services into four main categories:

- substance misuse services for parents
- non-substance misuse services for parents
- family services, and
- child services.

We also specified, as appropriate, whether services from each category were provided directly by the FDAC team or offered by other agencies.

The substance misuse services were divided into the following categories:

- local community drug services (included community prescribing/detoxification, and structured day care programmes)
- self-help ( Alcoholics Anonymous, Cocaine Anonymous, Narcotics Anonymous)
- community psychosocial support (relapse prevention, including support from services working with the whole family, as for example Core Trust, Family Alcohol Service, CASA family services)
- criminal justice (services provided through prison or probation)
- residential detoxification/rehabilitation, and
- residential rehabilitation with parenting.

The non-substance misuse services for parents were also grouped into six categories:

- practical support (housing, cash help, benefits and other advice)
- health services
- mental health services

- domestic violence services
- emotional/behavioural support (eg mentoring, anger management, women's groups, men's groups, counselling), and
- support to change lifestyle (eg support into education, to stay out of crime).

The family services were classified into:

- intensive family interventions
- work to improve parenting
- family therapy, and
- family support.

The child services were classified as follows:

- support for emotional and mental health problems
- extra support in relation to education
- targeted or specialist services for adolescents, and
- practical support.

Information was collected (from files and guardian end-of-case forms) to build a profile of the services offered to each parent and child prior to the start of the study, during the course of proceedings and, for family reunification cases only, during the follow-up period after the end of the case. This information was about services offered to comparison and FDAC cases *in addition* to those provided directly by FDAC to cases in the FDAC sample.

The data collected was entered onto the Access database.

### **Our approach to statistics: additional information**

As noted in the methodology section of the main report, the statistical approach taken in the report is a simple and straightforward one. Here we give some information about the approach chosen and alternative possibilities.

The approach relies on testing the significance of individual associations between variables using the basic non-parametric chi square test to examine the strength of an association between any two dichotomous variables in a 2 x 2, 4-cell cross-tabulation matrix. We emphasise in different places the need to be cautious in interpreting the results when several such tests are carried out, because some would then be expected to pass the threshold of statistical significance by chance alone. Under such circumstances, it is usual to require a higher level of significance (e.g. a chance probability of 1 in 100 as opposed to a mere 1 in 20 probability) before interpreting a result as significant.

### **How we carried out the predictor analysis**

The predictor analysis was carried out by reviewing baseline case characteristics that might predict the likelihood of substance misuse cessation **and** reunification combined together as a single variable (substance misuse cessation PLUS reunification). Each of the 25 factors identified from research (listed in C2) that might predict outcomes was examined separately to see if there was any statistical association between the particular factor and substance misuse cessation PLUS

reunification. The second part of the analysis focused on predictors based on carer and child characteristics. We combined the four maternal risk factors and the three child risk factors that had been either significant or strongly trending that way in the single-factor analysis in the FDAC cases. A total score was generated from the number of problems and each problem scored 1. The maximum total number of problems was 7. A low score meant fewer problems and a high score indicated many problems.

There might be possibilities for taking the analysis of this data beyond the approach we have adopted for this report. For example, there could be an appropriate multiple regression analysis of the prediction of the outcome following FDAC, which would take into account the possible co-variance between predictors, although it is possible that such an analysis would run up against the limitations of numbers and might not add greatly to the results reported here.

## ANNEX 2: THE EFFECT ON THE RESULTS OF INCLUDING THE CASES THAT WERE REFERRED TO FDAC BUT DID NOT RECEIVE THE INTERVENTION

In the report section (C2) that compares case outcomes at the end of proceedings, the results are based on an FDAC sample of 90 ‘assessment and intervention’ families. This excludes the 16 families who, though referred to FDAC, did not take part. Similarly, in the section (C3) about the follow-up of family reunification cases one year after the end of proceedings, the results are based on an FDAC sample of 24 reunification families. This excludes three reunification families from the group of 16 who were referred but did not take part in FDAC.

Excluding those cases that were referred but did not take part in FDAC might have influenced the results, for example by excluding difficult ‘FDAC’ cases whilst including equally-difficult cases in the comparison sample. As a check against this possibility, we have therefore recalculated all results that achieved statistical significance, this time using the ‘all referrals sample’. This gives 106 families for C2, and 27 families for C3.

For each recalculation, we give the exact chi square value ( $\chi^2$ ) obtained – this is a measure of the degree of association between two dichotomous variables. A chi square value of zero indicates a complete absence of association between the two variables. Otherwise, the higher the chi square value, the stronger the association.

We also give the probability level (p) – this indicates how statistically significant the obtained value is.

- Values of at least 3.84 are significant at the 0.05 (or 1 in 20) probability level. This means that this degree of association would be expected to occur only one time in 20 by chance alone. That is the minimum level generally taken to indicate a significant finding; lower values than that are not considered significant.
- Values of at least 5.02 are significant at the 0.025 (or 1 in 40) probability level.
- Values of at least 6.64 are significant at the 0.01 (or 1 in 100) probability level.
- Values of at least 10.83 are significant at the 0.001 (or 1 in 1,000) probability level. This degree of association would be expected to occur only one time in 1,000 by chance alone and is therefore highly significant statistically.

When showing the results of statistical tests here and in the main body of the report, the more conservative ‘two-tailed test’ has been used to determine whether the result is significant, although in some cases a ‘one-tailed test’ would have been justified. The latter is the case when there is a prior, stated hypothesis about the *direction* of a difference. For example, based on the findings in Stage 1, the hypothesis about substance misuse cessation was not simply that there would be a difference between FDAC and the comparison group, but also that the difference would be in favour of the FDAC group. The effect of using a ‘one-tailed test’ is to halve the probability level of a given chi square value.

## Summary finding

The figures presented below show that, on the whole, the significance of the results remains much the same when the 16 families who did not receive the FDAC intervention are included.

Chi square values are more often smaller, rather than larger, than when those families are excluded but, with two exceptions (cessation of maternal substance misuse and the offer of additional family services), the associations remain significant, albeit in some cases at a reduced level.

As Table 22 shows, maternal substance misuse cessation was near the edge of significance, falling just above the threshold when the 16 families were excluded, and just below when they were included. Similarly, as seen in Table 23, the offer of family services fell just above the level of significance when the 8 families in the Stage 2 sub-sample who did not receive the FDAC intervention were excluded, and just below when they were included.

## Results, excluding and including cases that did not receive the FDAC intervention

**Table 22: Outcomes at the end of the care proceedings (C2)**

	FDAC (excluding cases that did not receive FDAC) v comparison sample	FDAC (including cases that did not receive FDAC) v comparison sample
Mother had stopped misusing substances at the end of proceedings	[35 of 88] v [24 of 95] 40% v 25% $\chi^2 = 4.40$ $p < 0.05$	[39 of 104] v [24 of 95] 38% v 25% $\chi^2 = 3.44$ p is not significant ( $p > 0.05$ )
Father had stopped misusing substances at the end of proceedings	[13 of 52] v [2 of 38] 25% v 5% $\chi^2 = 6.16$ $p < 0.025$	[14 of 61] v [2 of 38] 23% v 5% $\chi^2 = 5.41$ $p < 0.025$
Main carer <sup>209</sup> had stopped substance misuse <b>AND</b> the family was reunited	[31 of 90] v [18 of 101] 34% v 18% $\chi^2 = 6.89$ $p < 0.01$	[33 of 106] v [18 of 101] 31% v 18% $\chi^2 = 4.93$ $p < 0.05$

<sup>209</sup> We use the term 'main carer' to include, in addition to the 88 mothers, 2 fathers who were looking after the child at the start of the care proceedings.

**Table 23: Services<sup>210</sup> offered during proceedings<sup>211</sup> (C2)**

	<b>FDAC (excluding cases that did not receive FDAC) v comparison</b>	<b>FDAC (including cases that did not receive FDAC) v comparison</b>
Mother offered substance misuse services	[52 of 55] v [45 of 82] 95% v 55% $\chi^2 = 25.06$ $p < 0.0001$	[55 of 63] v [45 of 82] 87% v 55% $\chi^2 = 17.50$ $p < 0.0001$
Father offered substance misuse services	[28 of 48] v [17 of 64] 58% v 27% $\chi^2 = 11.52$ $p < 0.001$	[29 of 55] v [17 of 64] 53% v 27% $\chi^2 = 8.54$ $p < 0.01$
Family offered family services	[19 of 57] v [15 of 82] 33% v 18% $\chi^2 = 4.12$ $p < 0.05$	[20 of 65] v [15 of 82] 31% v 18% $\chi^2 = 3.11$ $p$ is not significant ( $p > 0.05$ )

---

<sup>210</sup> For FDAC cases, these services were *in addition* to the help received directly from FDAC.

<sup>211</sup> The offer of service analysis is based on a sub-sample of cases followed up in Stage 2 and tracked to the end of proceedings. There were 8 Stage 2 cases that did not receive the FDAC intervention, making a total of 63 cases for the analysis to examine the effects of including the additional cases.

**Table 24: Predictors<sup>212</sup> of substance misuse cessation AND reunification in FDAC cases (C2)**

<b>Circumstances at the start of proceedings</b>	<b>FDAC (excluding cases that did not receive FDAC)</b>	<b>FDAC (including cases that did not receive FDAC)</b>
	<b>Substance misuse cessation AND reunification</b> v <b>no cessation or no reunification</b>	<b>Substance misuse cessation AND reunification</b> v <b>no cessation or no reunification</b>
The case had been known to Children's Services for more than five years	[8 of 31] v [39 of 59] 26% v 66% $\chi^2 = 13.23$ $p < 0.001$	[10 of 33] v [44 of 73] 30% v 60% $\chi^2 = 8.17$ $p < 0.01$
The main carer was experiencing domestic violence	[18 of 31] v [51 of 59] 58% v 86% $\chi^2 = 9.15$ $p < 0.01$	[20 of 33] v [64 of 73] 61% v 88% $\chi^2 = 10.12$ $p < 0.01$
The main carer was using crack cocaine	[7 of 31] v [30 of 59] 23% v 51% $\chi^2 = 6.71$ $p < 0.01$	[8 of 33] v [36 of 73] 24% v 49% $\chi^2 = 5.88$ $p < 0.025$
The combined main carer and child problem score (2 or less) <sup>213</sup>	[22 of 31] v [18 of 59] 71% v 31% $\chi^2 = 13.47$ $p < 0.001$	[22 of 33] v [28 of 73] 67% v 38% $\chi^2 = 7.31$ $p < 0.01$

<sup>212</sup> Based on case characteristics at the start of proceedings

<sup>213</sup> The combined score was calculated out of a maximum of 7. Statistically significant differences were found only in cases with a score of 2 or less (see C2).

**Table 25: Follow-up outcomes one year after proceedings ended (C3)**

	<b>FDAC (excluding cases that did not receive FDAC) v comparison</b>	<b>FDAC (including cases that did not receive FDAC) v comparison</b>
Cases/families in which further neglect or abuse occurred in the one-year follow-up period (data per case)	[6 of 24] v [10 of 18] 25% v 56% $\chi^2 = 4.07$ $p < 0.05$	[6 of 27] v [10 of 18] 22% v 56% $\chi^2 = 5.24$ $p < 0.025$
Children who experienced further neglect or abuse in the one-year follow-up period (data per child)	[10 of 34] v [17 of 31] 29% v 55% $\chi^2 = 4.32$ $p < 0.05$	[10 of 40] v [17 of 31] 25% v 55% $\chi^2 = 6.60$ $p < 0.025$

## ANNEX 3: CONVICTION RATES AND OFFENCE TYPES IN FDAC AND COMPARISON CASES

This analysis is based on information supplied by the Ministry of Justice from its extract of the Police National Computer (PNC). The purpose of this Stage 2 component of the evaluation was to try and scrutinise more robustly the link between convictions and offence types, substance misuse and the receipt of FDAC. Whilst we had tried this at Stage 1, we had found that the conviction histories and the offence types of parents had been recorded only patchily in the administrative files that we drew on at that early stage.

The main research question to examine was the possible impact of FDAC on offences and convictions and the sustainability of its impact after the FDAC intervention ended. Could FDAC reduce the frequency of convictions and type of offences?

However, we did not receive permission to access personalised data, and so were unable to track changes in convictions per parent and over time. It followed that we could not link conviction data with other outcomes, either at the end of care proceedings or at the one-year follow-up of reunification cases. For this reason the analysis here is presented as a stand-alone analysis. The results are based on the 'all referrals' sample to FDAC (106 cases) and the 101 comparison cases.

The main results are for mothers and fathers<sup>214</sup> at four different timeframes:

1. at any time before proceedings started
2. during the year before proceedings started<sup>215</sup>
3. during proceedings, and
4. during the year after proceedings ended.

We also present results of a comparison of conviction rates for mothers who were reunited with their children and those who were not. These analyses focused on maternal convictions only because all the reunifications were to the mother.

We were interested to find out:

- whether there was any association between - on the one hand - maternal conviction rates and offence types *during proceedings* and - on the other hand - the decision to reunite mother and children or place the child with alternative carers *at final order*, and
- whether there was any association between maternal conviction rates and offence types *in the year after proceedings ended*, both when mother and children were reunited and when they were not.

---

<sup>214</sup> Fathers were the fathers of at least one child in the proceedings. The mothers and fathers were not necessarily living together at any of the four timeframes. They were all party to the care proceedings.

<sup>215</sup> Timeframe 2 is part of timeframe 1. This was used to provide a picture of recent convictions and to ensure a similar window to timeframes 3 and 4.

We tested these association by comparing:

- all reunifications with all non-reunifications
- FDAC reunifications with FDAC non-reunifications, and
- non-FDAC reunifications with non-FDAC non-reunifications.

### Summary findings

- There are no statistically significant differences between the samples in the proportion of mothers (and fathers) who have convictions in any timeframe.(see Table 26 and Table 27 below)
- In each sample, '*violence against the person*', '*theft and handling stolen goods*', '*drug offences*' and '*other offences*' were the most common types of convictions in each timeframe, for both mothers and fathers.
- In each sample, mothers who were reunited with their children were less likely than other mothers to have convictions recorded during the proceedings and during the one year after the end of proceedings.

**Table 26: Mothers with convictions recorded on the MoJ extract of the PNC**

	FDAC (104 mothers)	Comparison (101 mothers)	$\chi^2$	p value
Found on the PNC <sup>216</sup>	76%	74%	0.08	0.778 (NS) <sup>217</sup>
At any time before proceedings started	69%	69%	0.00	0.991 (NS)
During the year before proceedings	35%	26%	1.91	0.167 (NS)
During proceedings	24%	18%	1.19	0.274 (NS)
During the year after proceedings ended	25%	19%	1.15	0.285 (NS)

**Table 27: Fathers with convictions recorded on the MoJ extract of the PNC**

	FDAC (84 fathers)	Comparison (76 fathers)	$\chi^2$	p value
Found on the PNC	77%	74%	0.30	0.587 (NS)
At any time before proceedings started	73%	71%	0.05	0.826 (NS)
During the year before proceedings	32%	39%	0.93	0.334 (NS)
During proceedings	30%	30%	0.00	0.945 (NS)
During the year after proceedings ended	25%	20%	0.63	0.426 (NS)

<sup>216</sup> At any timeframe

<sup>217</sup> NS: Not statistically significant

### Timeframe 1: At any time before proceedings started

- More than two-thirds of the mothers and fathers in each sample had convictions at some time before the start of the proceedings.
- **Significantly more FDAC mothers** than comparison mothers had convictions for *drug offences* during this timeframe (53% v 36%) [\*].
- **Significantly fewer FDAC fathers** than comparison fathers had convictions for *drug offences* during this timeframe (57% v 76%) [\*].
- There were non-significant differences between FDAC and comparison mothers (and fathers) in relation to the other offence categories.

**Table 28: Convictions recorded at any time before proceedings started - mothers**

	FDAC (72 mothers)	Comparison (70 mothers)	$\chi^2$	p value
Violence against the person	31%	37%	0.69	0.407 (NS)
Sexual offences	1%	0%	0.98	0.322 (NS)
Burglary	11%	14%	0.32	0.570 (NS)
Robbery	7%	11%	0.86	0.354 (NS)
Theft and handling stolen goods	68%	53%	3.43	0.064 (NS)
Fraud and forgery	28%	21%	0.77	0.380 (NS)
Criminal damage	11%	10%	0.05	0.829 (NS)
Drug offences	53%	36%	4.19	0.041 (<0.05)
Other offences	86%	83%	0.29	0.592 (NS)

**Table 29: Convictions recorded at any time before proceedings started - fathers**

	FDAC (61 fathers)	Comparison (54 fathers)	$\chi^2$	p value
Violence against the person	49%	52%	0.08	0.775 (NS)
Sexual offences	0%	0%	N/A	N/A (NS)
Burglary	31%	31%	0.00	0.969 (NS)
Robbery	20%	15%	0.47	0.493 (NS)
Theft and handling stolen goods	66%	65%	0.01	0.932 (NS)
Fraud and forgery	20%	22%	0.11	0.737 (NS)
Criminal damage	23%	24%	0.02	0.887 (NS)
Drug offences	57%	76%	4.40	0.036 (<0.05)
Other offences	89%	87%	0.06	0.808 (NS)

## Timeframe 2: During the year before proceedings started

- 35% of the FDAC and 26% of the comparison mothers had convictions recorded in the 12 months before proceedings started.
- 32% of the FDAC and 30% of the comparison mothers had convictions recorded in the 12 months before proceedings started.
- There were non-significant differences between FDAC and comparison mothers in the types of convictions.
- **Significantly fewer FDAC fathers** than comparison fathers had convictions for *violence against the person* during this timeframe (4% v 23%) [\*]. There were non-significant differences in relation to the other offence categories.

**Table 30: Convictions recorded during the year before proceedings started - mothers**

	FDAC (36 mothers)	Comparison (26 mothers)	$\chi^2$	p value
Violence against the person	22%	19%	0.08	0.775 (NS)
Sexual offences	3%	0%	0.73	0.392 (NS)
Burglary	0%	0%	N/A	N/A (NS)
Robbery	0%	0%	N/A	N/A (NS)
Theft and handling stolen goods	31%	31%	0.00	0.986 (NS)
Fraud and forgery	0%	4%	1.41	0.236 (NS)
Criminal damage	3%	0%	0.73	0.392 (NS)
Drug offences	19%	15%	0.17	0.680 (NS)
Other offences	69%	77%	0.42	0.515 (NS)

**Table 31: Convictions recorded during the year before proceedings started - fathers**

	FDAC (27 fathers)	Comparison (30 fathers)	$\chi^2$	p value
Violence against the person	4%	23%	4.54	0.033 (<0.05)
Sexual offences	0%	0%	N/A	N/A (NS)
Burglary	4%	3%	0.01	0.940 (NS)
Robbery	0%	0%	N/A	N/A (NS)
Theft and handling stolen goods	41%	30%	0.72	0.396 (NS)
Fraud and forgery	4%	0%	1.13	0.288 (NS)
Criminal damage	0%	3%	0.92	0.339 (NS)
Drug offences	37%	37%	0.00	0.977 (NS)
Other offences	81%	60%	3.13	0.077 (NS)

### Timeframe 3: During proceedings

- 24% of the FDAC and 18% of the comparison mothers had convictions recorded during the proceedings.
- 30% of the FDAC and comparison fathers had convictions recorded during the proceedings.
- There were non-significant differences between FDAC and comparison mothers (or fathers) in all types of convictions.

**Table 32: Convictions recorded during the proceedings - mothers**

	<b>FDAC (25 mothers)</b>	<b>Comparison (18 mothers)</b>	<b><math>\chi^2</math></b>	<b>p value</b>
Violence against the person	8%	11%	0.12	0.729 (NS)
Sexual offences	0%	0%	N/A	N/A (NS)
Burglary	4%	6%	0.06	0.811 (NS)
Robbery	4%	0%	0.74	0.391 (NS)
Theft and handling stolen goods	48%	28%	1.79	0.181 (NS)
Fraud and forgery	0%	6%	1.42	0.233 (NS)
Criminal damage	0%	0%	N/A	N/A (NS)
Drug offences	16%	0%	3.18	0.075 (NS)
Other offences	60%	78%	1.51	0.220 (NS)

**Table 33: Convictions recorded during the proceedings - fathers**

	<b>FDAC (25 fathers)</b>	<b>Comparison (23 fathers)</b>	<b><math>\chi^2</math></b>	<b>p value</b>
Violence against the person	12%	9%	0.14	0.708 (NS)
Sexual offences	0%	0%	N/A	N/A (NS)
Burglary	4%	9%	0.45	0.502 (NS)
Robbery	12%	0%	2.94	0.086 (NS)
Theft and handling stolen goods	40%	35%	0.14	0.709 (NS)
Fraud and forgery	0%	0%	N/A	N/A (NS)
Criminal damage	0%	0%	N/A	N/A (NS)
Drug offences	32%	26%	0.20	0.653 (NS)
Other offences	72%	78%	0.25	0.617 (NS)

#### Timeframe 4: During the year after proceedings ended

- 25% of the FDAC and 19% of the comparison mothers had convictions recorded after the proceedings had ended.
- 25% of the FDAC and 20% of the comparison fathers had convictions recorded after the proceedings had ended.
- There were non-significant differences between FDAC and comparison mothers in convictions for all types of offences.
- **Significantly more FDAC fathers** than comparison fathers had convictions for *drug offences* during the year after proceedings: none of the comparison fathers had convictions of this sort in this timeframe (38% v 0%) [\*]. There were no statistically significant differences between FDAC and comparison fathers for any other types of convictions.
- **Significantly fewer FDAC fathers** than comparison fathers had convictions for *theft and handling stolen goods* during the proceedings (33% v 67%) [\*].

**Table 34: Convictions recorded during the year after proceedings ended - mothers**

	FDAC (26 mothers)	Comparison (19 mothers)	$\chi^2$	p value
Violence against the person	12%	21%	0.76	0.384 (NS)
Sexual offences	0%	0%	N/A	N/A (NS)
Burglary	0%	0%	N/A	N/A (NS)
Robbery	4%	5%	0.05	0.820 (NS)
Theft and handling stolen goods	50%	42%	0.27	0.600 (NS)
Fraud and forgery	0%	5%	1.40	0.237 (NS)
Criminal damage	4%	0%	0.75	0.387 (NS)
Drug offences	31%	11%	2.60	0.107 (NS)
Other offences	69%	89%	2.60	0.107 (NS)

**Table 35: Convictions recorded during the year after proceedings ended - fathers**

	FDAC (21 fathers)	Comparison (15 fathers)	$\chi^2$	p value
Violence against the person	10%	0%	1.51	0.219 (NS)
Sexual offences	0%	7%	1.44	0.230 (NS)
Burglary	14%	7%	0.51	0.473 (NS)
Robbery	0%	0%	N/A	N/A (NS)
Theft and handling stolen goods	33%	67%	3.90	0.048 (p<0.05)
Fraud and forgery	0%	0%	N/A	N/A (NS)
Criminal damage	0%	0%	N/A	N/A (NS)
Drug offences	38%	0%	7.35	0.007 (p<0.01)
Other offences	76%	60%	1.08	0.298 (NS)

## Reunification v non-reunification (mothers only)

- FDAC mothers who were reunited with their children at the end of proceedings were significantly less likely to be recorded on the PNC than FDAC mothers who were not reunited with their children (64% v 85%) [\*]. The difference between the two groups in the comparison sample is not significant.
- In each sample, there were non-significant differences between the proportion of mothers with convictions in the reunification and non-reunification sub-groups at any time before proceedings started and in the 12 months before proceedings started.
- FDAC and comparison mothers who were reunited with their children at the end of proceedings were significantly less likely to have convictions during the proceedings than those who were not reunited (FDAC 11% v 30% [\*] and comparison 0% v 23% [\*]).
- FDAC and comparison reunification mothers were significantly less likely to have convictions recorded in the 12 months after the end of proceedings than non-reunification mothers (FDAC 9% v 33% [\*] and comparison 4% v 23% [\*]).

**Table 36: Mothers with convictions recorded on the MoJ extract of the PNC (FDAC reunification v non-reunification)**

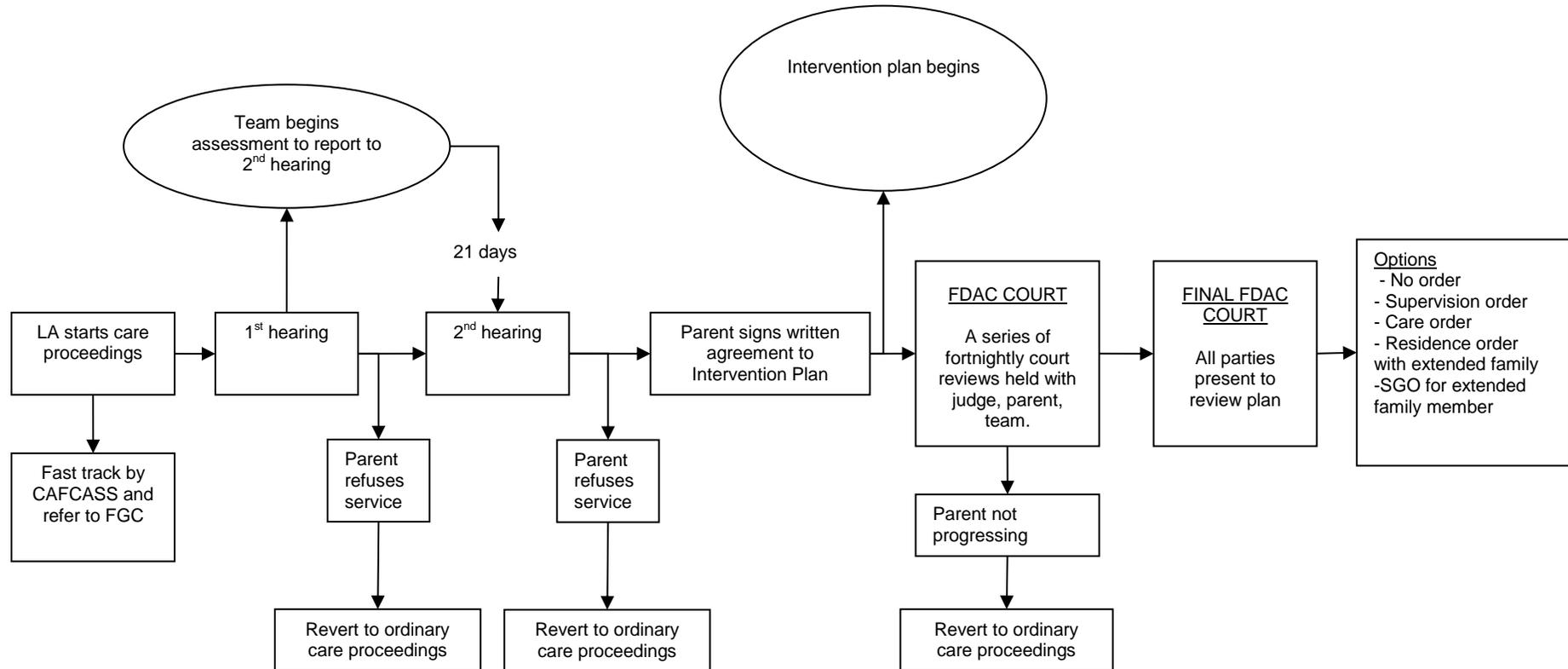
FDAC mothers	Reunification at the end of proceedings (35 mothers)	Non-reunification at the end of proceedings (69 mothers)	$\chi^2$	p value
Found on the PNC	63%	83%	4.96	0.026 (<0.05)
With at least one conviction at any time before proceedings started	57%	75%	3.62	0.057 (NS)
With at least one conviction during the year before proceedings started	34%	35%	0.00	0.960 (NS)
With at least one conviction during the proceedings	11%	30%	4.59	0.032 (<0.05)
With at least one conviction during the year after proceedings ended	9%	33%	7.59	0.006 (<0.01)

**Table 37: Mothers with convictions recorded on the MoJ extract of the PNC  
(comparison reunification v non-reunification)**

<b>Comparison mothers</b>	<b>Reunification at the end of proceedings (24 mothers)</b>	<b>Non- reunification at the end of proceedings (77 mothers)</b>	<b><math>\chi^2</math></b>	<b>p value</b>
Found on the PNC	71%	75%	0.19	0.660 (NS)
With at least one conviction at any time before proceedings started	71%	69%	0.03	0.853 (NS)
With at least one conviction during the year before proceedings started	29%	25%	0.19	0.660 (NS)
With at least one conviction during the proceedings	0%	23%	6.83	0.009 (<0.01)
With at least one conviction during the year after proceedings ended	4%	23%	4.42	0.036 (<0.05)

## ANNEX 4: FLOWCHART OF THE FDAC TEAM AND COURT PROCESS

Figure 6: The FDAC team and court process



## **ANNEX 5: FORMAL AGREEMENT SIGNED BY PARENTS**

### **FAMILY DRUG AND ALCOHOL COURT AGREEMENT**

CHILD/REN'S NAME(s):

CASE NUMBER:

DATE:

NAME OF PARENT:

I agree to participate fully in the Family Drug and Alcohol Court (FDAC), and participate fully in the Intervention Plan that has been prepared by the FDAC team. I agree to be open and honest with the Court and the Professionals working with me and my child(ren).

I understand that the FDAC team is recognised by the Court as an independent expert team, authorised and appointed to carry out an assessment of me and my family, and I accept that the FDAC team is independent.

I will attend all appointments fixed for me by the FDAC team and FDAC court hearings on time.

I understand that the FDAC team will liaise and share information with all Professionals involved with my family, and that all the Professionals involved will receive a copy of the Intervention Plan.

I will report to the FDAC as directed by the Judge or as otherwise required in my Intervention Plan, and I will engage in discussions in open court with the Judge as to my progress with the Intervention Plan.

I understand that if any issues arise at my Review Hearings which the Court considers requires me having legal advice my case will be adjourned to another date for me to see my Lawyer.

In the event that the Court decides that I should not continue in the FDAC scheme, or in the event that I end my participation in the FDAC process, I accept that I will be excluded from the FDAC scheme.

#### Signatures

Parent:

Parent's Solicitor

Approved

Judge:

FDAC team:

## **ANNEX 6: FDAC'S TRIAL FOR CHANGE ASSESSMENT AND INTERVENTION PROCESS IN RELATION TO SUBSTANCE MISUSE AND PARENTING CAPACITY**

**Note** This process is a general guide that the FDAC team adapt for individual family circumstances. For example, parents might move straight to Phase 2 because their substance misuse is under control when they join FDAC, or some parents will be working to reduce their use of methadone.

**Table 38: FDAC assessment and intervention process: a four-phase approach**

<b>Phases of work</b>	<b>Time period</b>	<b>Main interventions</b>
1. Abstinence from street drugs and alcohol	First 1-2 months	Foster care & contact Motivational interviewing Testing Medically-supervised withdrawal and narcotic substitute therapy Housing
2. Drug & alcohol treatment	Next 3 months	Relapse prevention strategies Social Behaviour and Network Therapy (SBNT) Intensive day programmes Testing
3. Assistance with parenting, with attention to child's needs	Next 3 months	Parent skills training programmes Video-assisted parent-child interaction therapy Mentalisation (reflections) group for parents Multi-family systemic group on intra-family violence Testing
4. Reunion	Next 3 months	Child and parents reunited Help to develop a child-centred lifestyle Mentalisation group for parents Testing

## ANNEX 7: COSTS EXERCISE FROM STAGE 1 OF THE EVALUATION

*Note to readers - This annex is the chapter on costs (B4) from the evaluation Stage 1 Final Report.*<sup>218</sup>

The aim of the costs exercise was to identify and describe FDAC's components and activities, estimate the associated costs and, in so far as possible, compare FDAC costs to those of ordinary care proceedings and services. The objective was not to establish the cost effectiveness of the FDAC service, nor to carry out a cost-benefit analysis.<sup>219</sup>

The costs exercise is based on 22 FDAC families for 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.

### Summary points

- The average costs of the FDAC team per family are (1) £5,852 for the first six months of the case and (2) £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 ordinary 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; for comparison cases the average number was 10. 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 local authority on each occasion (legal representative, social worker and manager) and on the unit cost of this

---

<sup>218</sup> Harwin J, Ryan M and Tunnard J, with Pokhrel S, Alrouh B, Matias C and Momenian-Schneider S (2011) *The Family Drug and Alcohol Court Evaluation Project, Stage 1 Final Report*. Brunel University.

<sup>219</sup> A cost-effectiveness study would be exploring whether an intervention (care proceedings in FDAC) is less costly and as effective, or equally costly but more effective, than an alternative intervention (ordinary care proceedings). If an intervention is both more expensive and more effective than an alternative, judgement is needed to determine whether the extra benefit justifies the extra cost. A cost-benefit analysis would help in reaching this judgement: it would study whether money spent now on the FDAC intervention is likely to save money in the long term because of the improved outcomes it achieves for children and parents.

attendance. The difference in average hearing length translates to a saving to the local authorities of £682 per family on court hearings.

- Children in FDAC cases spent fewer days in out-of-home placements: 153 days, as opposed to 348 days for comparison cases. The median cost<sup>220</sup> 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 conclusion is that there are savings in FDAC cases in relation to court hearings and out-of-home placements, and the 'expert' activities of the FDAC team are less expensive than the cost of independent experts in ordinary proceedings.

## AIMS AND OBJECTIVES OF THE COSTS STUDY

The study had two aims. The first was to focus solely on the FDAC specialist team, identifying and describing its components and activities and estimating their costs. This perspective was intentionally narrow.

The second aim was, as far as possible, to compare FDAC costs to those of ordinary care proceedings and services. Resources did not allow us to collect detailed information on every aspect of activity in the comparison sites, so we identified three components that were similar in FDAC and comparison cases and for which we could collect information to provide some comparative findings. These components were court hearings, expert evidence and out-of-home placements.

It is likely that FDAC had some impact on a range of other service providers, such as substance misuse services, social work support and Cafcass guardians, but it was beyond the scope of this initial evaluation to explore the potential cost impact of these services. Our assumption was that FDAC might sometimes reduce the workload of agencies (because of FDAC doing some of the work the agencies would otherwise be doing) and might sometimes increase that workload (because of professionals attending more hearings and feeling under closer scrutiny). There might also be extra work in the short term for substance misuse treatment and other services, whilst cases are held by FDAC, though this activity might produce service savings in the longer term.

It is important to note that the study was not designed to model the longer-term economic or financial impact of FDAC, nor its relative cost effectiveness. The scope and sample size of the project were insufficient to allow these analyses. So, too, was the duration of the project: an analysis of the cost effectiveness of FDAC would require us having longer-term outcomes from both samples than was possible to

---

<sup>220</sup> Why have we used a mix of median and mean in this section? It is because the mean cost per child is the total cost divided by the number of children. However, the mean hides relatively low or high costs – perhaps where a child from a very difficult family situation needs quite a long placement, or where just one or two days away from home are needed. In these cases, the median value can be useful. This is the middle value, the one with an equal number of values on each side and it provides a useful comparison where a very high (or low) value has pulled the mean value upwards (or downwards). Here, the mean value is affected by the fact that there are three children in the FDAC sample and two in the comparison sample with placement costs higher than £50,000. If these are excluded, the direct placement cost per child in FDAC is less by about £4,000 per child.

derive from this study. The findings from the study might, however, help such evaluations in the future.

## **COST ESTIMATION METHODS**

There are two main ways of costing services: top-down and bottom-up. Both approaches have been used in this exercise to estimate the costs of FDAC.

The top-down approach adds up the costs of the service components – such as staff, office expenses, and overhead charges. This data is often taken from the annual income and expenditure accounts of the service under scrutiny. The total is then divided by the annual case load to provide an ‘average cost per case’ which assumes that all clients have received the same level of input.

The bottom-up approach starts by looking at the different elements of support provided to clients – such as home visits, assessments, and liaison with other professionals. A unit cost is estimated for each of these activities and this too is commonly based on the income and expenditure accounts. The researcher counts how many of these ‘activities’ each client has used and multiplies this number by the unit cost for each activity in order to arrive at a total cost per client. This total cost is specific to each client. The approach recognises that clients are not all the same, that workers will respond to their circumstances and needs differently, and that each client will therefore ‘cost’ the service a different amount of money. It also has the advantage of allowing a calculation to be made of costs (per family and overall) over different periods of time, for example over six months or over the period of care proceedings, rather than only over one year.

In services where all clients receive the same amount of the same input, costs derived from the top-down approach will be as accurate as those from a bottom-up approach. But in services that provide their users with different types of support, and in different amounts according to their needs, the bottom-up approach will give a far more accurate picture of who gets how much of each type of support.

The bottom-up approach is far more appropriate for complex support systems such as FDAC.

## **THE FDAC ELEMENTS STUDIED**

A number of data sources were used to estimate our bottom-up costs, including court files, FDAC family files, local authority responses to requests for information, and the court observation by the research team.

### **The FDAC team**

Details about the activity of the FDAC specialist team were collected using three templates developed for this purpose. The first was used to estimate the hourly costs of staff, based on an established standardised method.<sup>221</sup> The second was used to log the frequency with which a set of agreed FDAC activities was undertaken with each family. The third template was a time-use survey completed by the FDAC team

---

<sup>221</sup> Curtis L (2008) Unit Costs of Health and Social Care 2008. University of Kent: Personal Social Services Research Unit.

in order to identify how much time each activity took for each family. All this data was combined to arrive at the cost of FDAC team activities for each family.<sup>222</sup>

### **Expert evidence**

Information was collected about the frequency and type of expert evidence ordered in both FDAC and comparison cases. We classified expert evidence into four categories: adult psychiatric report on a parent; clinical psychology report on a parent; child and adolescent psychiatric report on a child; and other, such as an independent social work report. The local authorities provided expenditure details for these assessments. We collected information on the expenditure on parenting assessments but excluded these from our calculation of comparative expert costs. We did this because, in a number of cases in both the FDAC and comparison sample, the assessments had begun before the proceedings had commenced. (See B2, about services, and C2, about assessments, for more about issues around expert assessments.)

### **Court hearings**

It was not possible to observe all court hearings for all FDAC cases. Instead, for 21 of the 55 cases, during the first six months we collected information about the frequency and duration of hearings, who was present, and the number of hearings per family. Unit costs were estimated for each FDAC team member and other professionals attending court, in order to calculate the average cost of court hearings per family. The comparison local authorities provided similar data about court hearings, except that the information about those attending hearings was limited to the local authority staff and the local authority legal representative. The same cost estimation method was applied to this more limited data.

### **Child placements**

All local authorities provided information about the length and type of out-of-home child placements used between the start of proceedings and the final hearing, and about the amount paid for each placement. The average cost per child was calculated by dividing the total expenditure by the number of children in the sample.

## **SAMPLE SELECTION**

Thirty-seven (37) families agreed to take part in FDAC in the first year and a further 18 families entered in the next six months. Thirty (30) of these 55 families gave us consent to look at their files, and 22 of these had reached final order by 31 May 2010, when data collection ended. Our FDAC cost estimates are based on these 22 families. The length of time the families were supported by FDAC varied from 21 to 83 weeks. However, in relation to the costs of court hearings, we have excluded four families who left FDAC and reverted to ordinary care proceedings. We did this, in part because we had only scant information about them, and in part because – when looking at the number of hearings per case – we wanted to focus on those cases

---

<sup>222</sup> See Annex 6 of the Stage 1 Final Report for technical details of the costs study.

which stayed in FDAC throughout proceedings and so would give us a better sense of the likely number of hearings when FDAC was working as intended.

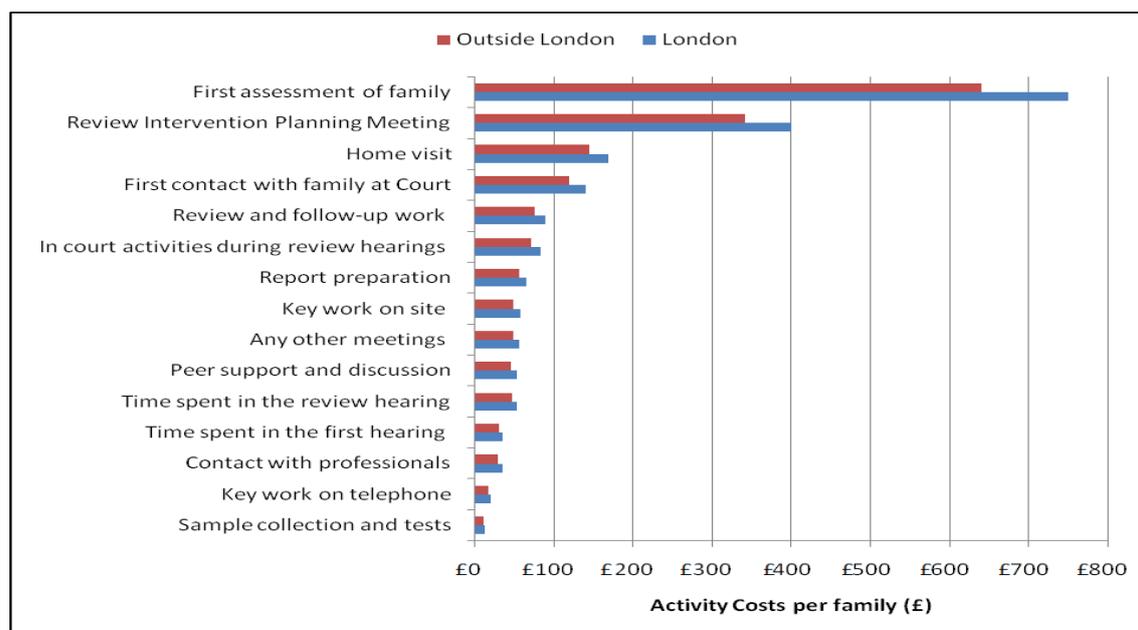
Thirty-one (31) families were identified as potential comparison families, and the 19 whose case had reached final order by 31 May 2010 formed the comparison sample for the costs of expert evidence and court hearings.

## RESULTS

### The FDAC team costs

Figure 7 shows the unit costs for each activity carried out by the FDAC team to support families. The first assessment, which includes the intervention planning meeting (IPM), is the most expensive, at £749 per family, followed by the review intervention planning meeting, which includes a further assessment. The first assessment is a one-off activity but others, including review intervention planning meetings, can happen more frequently.

**Figure 7: FDAC team activity costs per family (£) in London and Outside London**<sup>223</sup>

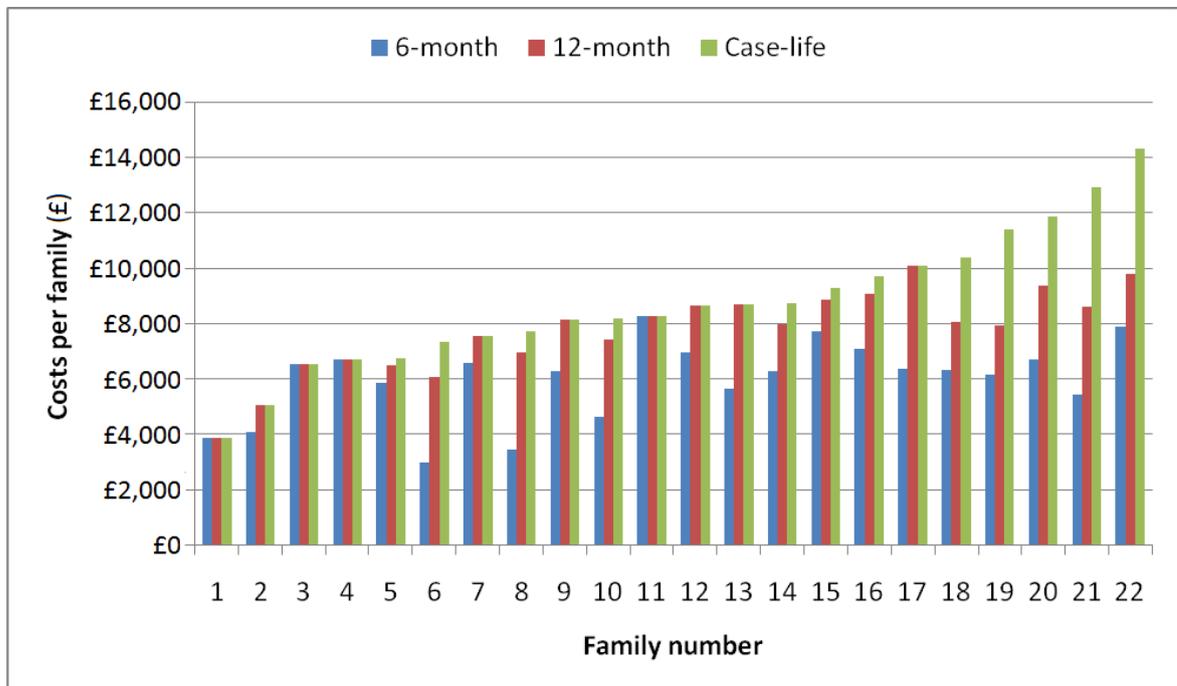


The cost for each type of support was multiplied by the number of times each family received each type, allowing us to calculate the costs per family. This is shown in Figure 8 and illustrates the importance of our bottom-up approach: it enables us to show both the costs per family and the costs over different periods of time (we used 6 months, 12 months, and the whole case period). During the first six months there is

<sup>223</sup> Unit costs can be calculated as a national average, a cost for London and a cost for outside London. For more detail on methodology see Annex 5. Calculating costs for outside London was important to inform any further development of the FDAC pilot.

a two- to three-fold difference between the least and the most costly case. Over the 'case life' the most expensive case is almost five times as expensive as the least expensive one, in part driven by the length of time the family is supported by FDAC, but also by the number and type of activities undertaken.

**Figure 8: Variation in FDAC team costs by family**



Note: 4 cases in this sample (1, 3, 4, 11) exited from FDAC before 6 months had passed and therefore have the same cost indicated at all 3 time points.

Figure 9 summarises these findings by showing the 'case life' costs of FDAC cases from the start of proceedings to either graduation or the date when a case returned to ordinary care proceedings. When the FDAC model was devised, one hypothesis was that, once a family had engaged with FDAC, the level of inputs from the team would reduce over time. Figure 9 shows this to be the case: the average cost is £5,852 per family in the first six months compared to £8,740 per family until the case graduates or otherwise exits from FDAC.

**Figure 9: The costs of the FDAC team per family over time (£)**



## Costs of FDAC team using top-down approach

Since most social care services continue to use a top-down approach to costing, it was important for us to calculate costs in this way, too, in order to check how different these might be from our bottom-up costing.

The top-down costs of the FDAC team were estimated by taking the relevant expenditure in the first year of operation (2008-09) and dividing it by the number of families (37) supported during that year. Using this method, the average costs were £9,252 per family if we assume that all the families were supported for the full year, and £7,762 per family per year if we take into account that not all 37 families remained with FDAC for the full year.<sup>224</sup>

This second top-down figure is similar to that shown as the average cost per year in our bottom-up method in Figure 9, suggesting that much of the variation in costs can be ascribed to the length of time that the family is supported by FDAC. However, as mentioned earlier, the top-down method does not allow us to see the variation in the costs of support. Nor does it enable us to explore the costs per case where support is provided for either less than, or more than, one year.

## Comparing FDAC's 'expert evidence' work with expenditure on expert evidence by comparison authorities<sup>225</sup>

Figure 10 shows the costs of expert evidence per family for the FDAC and comparison samples. We did this comparison because of continuing concerns about the cost of expert evidence in care proceedings.<sup>226</sup> The comparison was difficult, and the findings are not directly comparable because, even though we have identified a set of activities that look broadly similar, the FDAC team works in a very different way from the experts who are asked to provide assessments and opinions in ordinary care proceedings in the comparison authorities. The boundaries are blurred between, on the one hand, FDAC's assessment and provision of 'expert opinion' and, on the other hand, its provision of a wide range of more general support for families – through their therapeutic and proactive support, their direct work, the ongoing assessment and regular reviews, and their liaison with other services. Moreover, we are comparing the carefully estimated (bottom-up) FDAC costs with expenditure data from the local authorities which is at times based on assumptions about similar costs in other cases.

The FDAC activities that most closely resemble the work done by experts in ordinary proceedings are the first assessment (in which, for the costs exercise, we included the first IPM), report preparation, and time spent in the first court hearing. In addition,

---

<sup>224</sup> As families stayed in FDAC for a variable length of time the simple average cost needs to be adjusted. This was done by applying an approach called 'weighted average' - the annual expenditure is multiplied by the length of stay of each family and this sum is then divided by the total number of families.

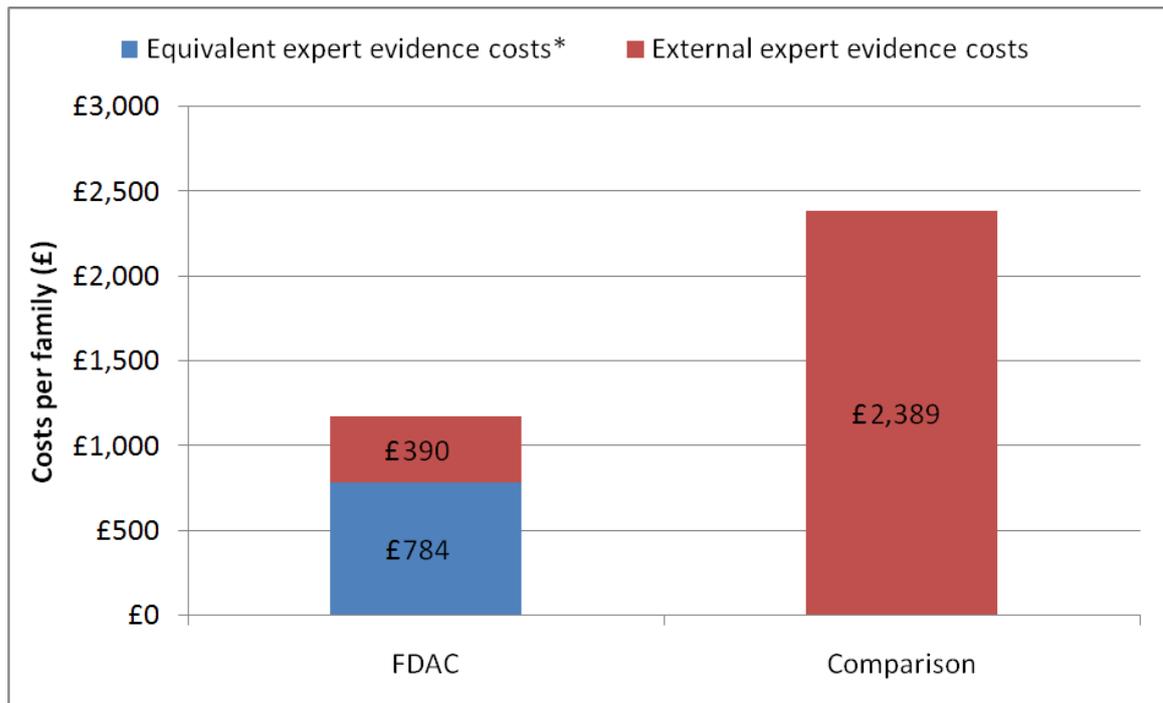
<sup>225</sup> Harwin J, Ryan M and Tunnard J et al (2011) The Family Drug and Alcohol Court Evaluation Project Stage 1 Final Report. Annex 6 gives full details about costs.

<sup>226</sup> Plowden F (2009) Review of Court Fees in Child Care Proceedings. See also the Family Justice Review [www.justice.gov.uk/reviews/family-justice-intro.htm](http://www.justice.gov.uk/reviews/family-justice-intro.htm).

external experts were requested in six FDAC cases and the expenditure on these has been included. It is shown in red (the top section) in the FDAC column in Figure 10.

The average cost of expert evidence in comparison cases was £2,389 per family, compared to £784 for FDAC cases. If the costs of the additional experts are included, this element of the FDAC work rises to £1,174 per family. The difference is a saving of £1,215 per FDAC case.

**Figure 10: The expert evidence costs per family**



\* These include the costs of the activities carried out by the FDAC team which most closely resemble work done by other experts: first contact with the family, the first assessment and IPM, report preparation, and time spent in the first court hearing.

## Cost of court hearings

It was important to compare the cost of court hearings in FDAC with hearings in non-FDAC cases. This is because of our assumption that whilst there would be more hearings in FDAC than in ordinary proceedings, because of the regular court reviews of parents' progress, the hearings were likely to be shorter and costs would also be saved by virtue of fewer hearings being attended by legal representatives. It was also felt important to cost court hearings using the bottom-up unit cost approach. This is because there is currently a lack of clarity about the precise costs involved in court proceedings, in part because they are estimated in different ways by local authorities, the Ministry of Justice and the Legal Services Commission.<sup>227</sup>

To estimate the cost of court hearings we looked at the cost of attendance by the different people involved. It was beyond the scope of the project to study all the associated costs of the hearings (such as preparation, waiting time and administration). Furthermore, the research data is not fully comparable because, although we collected complete information about everyone attending court in the 21 FDAC cases that we observed, the information about those attending hearings in the comparison cases was limited to the local authority staff (social workers and social work managers) and the local authority legal representative.<sup>228</sup>

---

<sup>227</sup> Plowden F (2009) Review of Court Fees in Child Care Proceedings.

<sup>228</sup> The FDAC and comparison local authorities gave us details about whether legal representation was provided by local authority solicitors or by counsel, and about the expenditure on these different types of representation.

Table 39 summarises the differences we found: about the average number and duration of hearings, about whether legal representatives were present, and about the subsequent costs for the FDAC and comparison samples (18 and 19 families respectively) based on the first six months of the study.

There was legal representation at all hearings in the comparison sample but in only three-quarters of FDAC hearings. It is important to note that the FDAC cases which provided the data for this analysis were cases from the early months of the pilot, when there were fewer review hearings which were not attended by lawyers. In part, this was because it took a while for lawyers in FDAC cases to feel confident that they did not need to attend review hearings. Had this exercise been carried out towards the end of the evaluation period it is likely that we would have found that legal representatives were attending fewer hearings overall.

This data suggests that FDAC saved the local authorities £682 per family on court hearings: although there were more hearings in FDAC cases, they tended to be much shorter than in the comparison cases, thus off-setting the higher frequency. Although we were not able to explore this aspect, it is also likely that there were similar savings for the Legal Services Commission, in relation to the costs of legal representation for children and parents.

**Table 39: Court hearing costs per family**

<b>Court hearings</b>	<b>FDAC</b>	<b>Comparison</b>
Average number of hearings (and range)	<b>15</b> (8-21)	<b>10</b> (4-13)
Average length of hearing (minutes)	<b>20</b> (4-50)	<b>56</b> (10-180)
Likelihood of the presence of lawyers in the hearings	<b>75%</b>	<b>100%</b>
<b>Costs to LA per family (£)</b>	<b>£280</b>	<b>£962</b>

### **The cost of out-of-home placements for children**

Information on child placements was obtained from all three FDAC local authorities and both comparison local authorities. Sixteen (16) of the 22 FDAC families had at least one child placed in out-of-home care (20 in total were placed away from home). Of the 19 comparison families, 18 had at least one child placed in out-of-home care (23 in total were placed away from home).

**Table 40: Number of out-of-home placements**

<b>Service</b>	<b>Number of out-of-home placements</b>		
	One	Two	Three
FDAC	13	5	2
Comparison	21	2	0

**Table 41: Number and type of out-of-home placements**

<b>Type of out-of-home placement</b>	<b>First placement</b>		<b>Second placement</b>		<b>Third placement</b>		<b>Total</b>	
	<b>FDAC</b>	<b>Comparison</b>	<b>FDAC</b>	<b>Comparison</b>	<b>FDAC</b>	<b>Comparison</b>	<b>FDAC</b>	<b>Comparison</b>
Kinship (family & friends) care	2	6	1	1	1	0	4	7
LA foster care	4	11	4	0	1	0	9	11
Private/voluntary/IFA	6	2	0	0	0	0	6	2
Residential	0	1	0	0	0	0	0	1
Residential – mother & baby	1	1	0	1	0	0	1	2
<b>Total</b>	<b>13</b>	<b>21</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>20</b>	<b>23</b>

We calculated the direct cost of out-of-home placement per child, using the information we collected about the type, length and actual expenditure of each placement.

Table 42 shows that the median<sup>229</sup> cost per case is lower in the FDAC sample (£7,875 vs. £12,068). It shows, too, that the mean number of days in out-of-home placements is much lower in the FDAC sample (153 vs. 348 days). When taken together, these findings suggest that FDAC has the potential to reduce local authority costs for out-of-home placements.

**Table 42: Direct cost of out-of-home placements per child**

	Number of cases	£ Mean	£ Median	£ Min	£ Max
Number of days in placement per child					
FDAC	20	153	100	9	477
Comparison	23	348	368	18	511
Direct costs of out-of-home placement per child					
FDAC	20	19,693	7,875	144	11,8486
Comparison	23	20,683	12,068	851	10,2000

## DISCUSSION

FDAC is a complex intervention that involves a number of agencies – local authorities, treatment services, the Family Proceedings Court and Cafcass – as well as the FDAC team itself. This is the first attempt to estimate the cost of such a service and, in so doing, we have focused on the FDAC team (the new aspect of these proceedings) rather than the other agencies. To provide some comparison with ordinary care proceedings we also estimated the costs of the court hearings, the out-of-home placements for the children, and the FDAC work that is equivalent to providing expert evidence in ordinary care proceedings.

The key message is that FDAC is potentially cost saving. It is hard to be more definite in this conclusion, because of the small sample size and the limited data that we collected from the comparison sites. But we can be confident that the findings are promising.

A few final points are worth emphasising:

### **The average costs of support from the FDAC team change over time**

---

<sup>229</sup> The median is the middle value, the one with an equal number of values on each side. It provides a useful comparison where a very high (or low) value has pulled the mean (or average) value upwards (or downwards).

The initial six months are the most expensive as this is when FDAC is making strenuous efforts to engage parents, including co-ordinating activity across agencies and working to help families through the crises that brought them to the attention of the court.

**Additional detail is highlighted through our bottom-up approach to calculating the costs of supporting families**

The variation in cost per case indicates that FDAC works differently with each family, probably in response to their different needs, with the more costly cases being those that are also the more complex. It is perhaps unsurprising to find that the longer a family is supported by FDAC, the higher the costs involved, but we also need to bear in mind that costs reduce after the first six months, as stated above. Note that we also found a four-fold variation in the costs of support for the first six months, suggesting a variation also in the *intensity* of FDAC's work with different families.

**There are savings in relation to expert evidence**

The comparison of the cost of the 'expert evidence' activities of the FDAC team with expenditure on expert evidence in the comparison sites indicates that this element of FDAC work is less expensive than equivalent expert assessments in ordinary care cases. It is likely, therefore, that savings are being made in FDAC cases by the Legal Services Commission. It is interesting that the details of expenditure on expert assessments provided by the pilot and comparison local authorities suggest a lower expenditure on assessments than that provided for the Plowden Report,<sup>230</sup> where assessment costs range from £19,700 to £31,000.

**There are savings in the cost of court hearings**

We were not able to estimate the full costs of the care proceedings. But in relation to one costly element, the cost of court hearings, we found that FDAC differs from ordinary care proceedings in terms of the number and length of hearings. Unlike ordinary proceedings, there are also hearings without lawyers present. Although the FDAC model led to more frequent review hearings, these took less time than in the comparison cases, resulting in lower costs overall. If the estimated savings to the local authorities of £682 per family held true for all 55 FDAC cases, the three pilot local authorities saved £40,000 over three years on court hearings. Hearings without the presence of lawyers will also contribute to savings for the Legal Services Commission.

**FDAC is potentially cost saving in terms of out-of-home placements**

On average, FDAC children spent fewer days in out-of-home placements than the comparison sample, suggesting lower costs. There were a small number of placements under FDAC that were more expensive than comparison cases: it may be that these few longer placements can be justified on the grounds of the intensive support needed.

---

<sup>230</sup> Plowden F (2009) Review of Court Fees in Child Care Proceedings.

## **ANNEX 8: EXPLANATION OF COURT ORDERS IN CARE PROCEEDINGS**

### **Grounds for making an order**

Before a court can make a care or supervision order it must be satisfied that the 'threshold conditions' have been established. The threshold conditions are that the child concerned is suffering, or is likely to suffer, significant harm, and that the harm or likelihood of harm is attributable to the care being given to the child not being what it would be reasonable to expect a parent to give him, or the child being beyond parental control.

In addition, the court has to be satisfied that making the order would be better for the child than making another sort of order, or no order at all, and it must have regard to the principle that the welfare of the child is the paramount consideration.

### **Care order**

If a care order is made in respect of a child the local authority acquires parental responsibility for the child. The local authority shares parental responsibility with the child's parents but it has the power to determine the extent which parents can meet their parental responsibility. In particular, it can make decisions about where the child should live. The local authority's proposals about placement will have been in their care plan submitted to the court. Care orders are usually made where it has been decided that a child cannot return home or live with extended family members. A care order will last until the child reaches 18, unless it is discharged before then.

### **Supervision order**

If a supervision order is made the supervisor, normally the local authority, is placed under a duty to advise, assist and befriend the child, to take such steps as are necessary to give effect to the order and, where the order is not wholly complied with, to consider whether to apply to the court for the variation of the order. A supervision order can have specific requirements attached to it. Initially, it can be made for a period of up to one year only but it may be extended, on the application of the supervisor, for a total period of three years. A supervision order can be an appropriate order to make if children are to return, or remain at, home but the court considers that the child would benefit from continuing supervision by the local authority, with the option of returning to court quickly if problems arise.

### **Interim care and supervision orders**

These orders can be made when a court adjourns an application for a care or supervision order, either at the time the proceedings start or at any time before a final order is made. They have the same effect as a full care or supervision order except that the court determines how long they can last. A first interim order can be made for eight weeks and second or subsequent orders can be made for up to four weeks. Before making an interim order the court must be satisfied that there are reasonable grounds for believing that the threshold conditions exist. The court must also consider whether any other order or no order at all would be better for the child, and it must regard the child's welfare as paramount.

## **Residence order**

This is one of the other orders a court can make in care proceedings. A residence order settles the arrangements about where a child should live. It can, for example, be made in favour of the child's father or in favour of relatives or friends. In the case of relatives or friends, the making of the order gives the person named in the order parental responsibility for as long as the order lasts. They will share this with the parent or parents. Interim residence orders can be made during the course of proceedings and a supervision order can be made alongside a residence order.

Once section 12 of the Children and Families Act 2014 comes into effect, Residence Orders will be replaced by Child Arrangements Orders and these will deal with both whom the child should live with and with whom they should have contact.

## **Special guardianship order (SGO)**

This is another order the court can make in care proceedings. Like a residence order, it settles the arrangements about where a child should live and it transfers parental responsibility to the person named in the order. Although parents continue to retain parental responsibility, the person with the special guardianship order can exercise parental responsibility to the exclusion of anyone else with parental responsibility. This gives them greater freedom to make decisions about the child and greater security than a residence order. This order can be the most appropriate where a child is going to live permanently with relatives or friends.