THE FAMILY DRUG & ALCOHOL COURT

(FDAC)

EVALUATION PROJECT

FINAL REPORT

FDAC Research Team, Brunel University
March 2011

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

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

"It is effective. It is how care proceedings ought to be." [lawyer]

This report and related documents, including details of the next-stage evaluation study of FDAC, will be available at www.brunel.ac.uk/fdacresearch

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EXECUTIVE SUMMARY

INTRODUCTION

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

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

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

[1] The Home Office contributed to the first 3 years. The Department of Health contributed to the final 2 years (the extension). Other funders contributed throughout.

DIFFERENCES BETWEEN FDAC AND ORDINARY CARE PROCEEDINGS

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

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

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

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

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

THE EVALUATION

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

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

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

FINDINGS FROM THE FOLLOW-UP STUDY

1. FDAC, and courts in ordinary proceedings, are dealing with 'hard cases'.

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

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

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

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

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

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

Other key points in relation to services are:

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

3. Early outcomes are positive

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

- A higher proportion of FDAC than comparison parents had ceased misusing substances by the end of proceedings:
    - 48% of FDAC mothers (19 of 41) were no longer misusing, compared to 39% (7 of 19) of comparison mothers.

    - 36% of FDAC fathers (8 of 23) were no longer misusing compared to no comparison fathers.
- A linked finding is that more FDAC parents engaged with substance misuse services in the first six months, and a higher proportion remained engaged throughout the proceedings. More FDAC parents had plans to continue in treatment after the proceedings concluded.
- More FDAC than comparison families were reunited with their children. The children of 39% of FDAC mothers (16 of 41) were living at home at final order, compared with children of 21% of comparison mothers (4 of 19).

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

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

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

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

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

- it took on average eight weeks longer for children in FDAC to be reunited with their parents (50 compared to 42 weeks)
- it took on average seven weeks less for children in FDAC to be placed in a permanent alternative home (51 compared to 58 weeks).

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

The main causes of delay in reaching a final hearing in cases which exited FDAC were disputes over the plan for placement and the need for viability assessments of family members.

Fewer FDAC than comparison cases were contested at final hearing (whether concluded in FDAC or in ordinary proceedings). This indicates less delay in obtaining a final

hearing, reduced costs and greater agreement among the parties about the proposed course of action. Finally, more FDAC than comparison parents remained involved with the case throughout the proceedings.

5. The cost of FDAC – potential savings for courts and local authorities

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

Our conclusion is that there are savings in FDAC cases 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.

Key findings in relation to costs are:

- the average costs of the FDAC team per family are £5,852 for the first six months of the case and £8,740 overall, from the start of the case to the point when the parents graduate or otherwise leave the FDAC process

- the level of input required from the team diminishes over time, so the first six months are the most expensive

- some elements of FDAC's work (assessment, report writing and appearing at court) are similar to the work done by expert witnesses in standard care proceedings. The average cost of these FDAC activities was £784 per family. However, additional expert evidence, from a professional outside the FDAC team, was requested in some cases and the average expenditure on this was £390. Adding both elements together, the cost of the expert evidence element of the work of the FDAC team is £1,174 per family. In comparison, in the non-FDAC local authorities the average expenditure on expert evidence is £2,389 per family. This translates to a potential saving of £1,200 per family

- on average, FDAC cases had 15 court hearings, including non-lawyer reviews; 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 FDAC and comparison local authorities on each occasion (legal representative, social worker and manager) and on the unit cost of this attendance. The difference in average hearing length, and the fact that legal representatives are not always in court, translates to a saving to the local authorities of £682 per family on court hearings. We were unable to collect details on who attended court for other parties in comparison cases, but it is likely that the absence of lawyers at court reviews also produces savings for the Legal Services Commission

- children in FDAC cases spent fewer days in out-of-home placements: 153 days compared to 348 days for comparison cases. The median cost of out-of-home placement per child in FDAC cases is therefore lower (£7,875 vs. £12,068), leading to a potential saving for out-of-home placements of about £4,000 per child.

Our method of calculating costs[2] enables us to look at the varying costs for different families, at the relative cost of different FDAC activities and at costs over varying periods of time.

6. Gaps in administrative data

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

FINDINGS FROM THE INTERVIEWS AND FOCUS GROUPS

1. Parents Talking

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

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

Parents were overwhelmingly positive about the FDAC team for:

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

Parents were also positive about the judges:

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

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

[2] We used both the 'top-down' and 'bottom-up' approaches. See B4. 'Bottom-up' allows calculations to be made over different periods of time and recognizes that different families 'cost' different amounts of money

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

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

Other key points were:

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

2. A better model than ordinary care proceedings

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

I think FDAC is really efficient. It is effective. It is how care proceedings ought to be. (lawyer)

Because of the FDAC specialist team

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

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

Because of judicial continuity and approach

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

Judicial continuity is valued by the judges and all the professionals, as it was by parents. This is because it is seen as a considerable improvement on ordinary care proceedings in relation to case management and efficient use of court time. The role of the FDAC judges in engaging parents in the non-lawyer review hearings was also widely praised. Judges were deemed to be friendly, supportive and motivating of parents, but also able to give clear messages about the consequences if parents failed to comply with what was expected of them.

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

Because of regular court reviews without lawyers

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

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

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

3. Capacity issues

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

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

4. Issues in relation to assessment and timescales

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

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

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

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

5. Multi-agency working

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

6. The parent mentor programme

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

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

7. Number of cases entering FDAC over one year

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

CONCLUSIONS

The evidence from this evaluation suggests that FDAC is a promising approach. More FDAC than comparison parents had controlled their substance misuse by the end of proceedings and had been reunited with their children. FDAC parents were engaged in more substance misuse services over a longer period of time than comparison parents. There is evidence of financial savings in FDAC cases in relation to court hearings and out of home placements and the 'expert' activities of the FDAC team are less expensive than the costs of independent experts in ordinary proceedings.

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

Possible reasons for the results

A small-scale study can only make tentative suggestions as to the possible reasons for the results. The single biggest difference between FDAC and comparison cases was the receipt of FDAC. The two samples were very similar in their substance misuse profiles, treatment and children's service histories. No parent, child or service history characteristics in the FDAC sample predicted outcomes. It is therefore reasonable to conclude that the intervention itself plays an important part in explaining the results.

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

- the swift pace of starting assessment and treatment
- the extent and continuity of support to motivate parents to make radical changes in their lives

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

The challenges

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

Parent Mentoring

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

Reducing delay

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

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

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

Interagency coordination

The FDAC pilot itself is a good example of joint commissioning across local authorities and the evaluation found evidence of good inter-agency and multi-disciplinary communication and joint work. However there was also evidence of some continuing tensions between adult substance misuse services and children's services and of

difficulties in resolving problems in relation to housing. Continued attention to joint planning and commissioning and to 'whole family' approaches will be important in addressing these issues. Current developments in relation to pooling funding streams for families with complex difficulties should provide further support for such approaches.

The challenge of parental substance misuse

The study has shown how hard it is for parents to stop substance misuse. In both samples more parents continued to misuse than regained control of their addiction. It demonstrates the importance of identifying drug and alcohol misuse earlier and supporting parents whilst remaining very realistic about the prospects of change so that very young children are given the best possible chances for a secure childhood. Earlier identification and support requires a workforce equipped with the skills and knowledge to work effectively with parental substance misuse and a network of family focused treatment services.

Investment in FDAC at a time of financial constraint

Ensuring the sustainability of FDAC once the pilot period ends, and developing its wider roll out, is a particular challenge in the current economic climate. The costing method used for this evaluation provides a solid basis from which to investigate the cost effectiveness of the model and the cost benefits of this approach. The model has potential for improving longer term outcomes for children, reducing parental substance misuse and providing savings in relation to court costs and costs of placement. As a result it is not just local authority children's services who could benefit in the long term, but also adult services, health services, probation, the courts and the legal services commission. This needs to be taken into consideration when planning future funding.

All of these challenges are important and some not specific to FDAC. None detract from the main conclusion that FDAC is offering a promising way ahead.

The potential of FDAC - options for its development

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

1. Bringing cases to court earlier

Thresholds for care proceedings generally are high and this is potentially at odds with a problem-solving court approach. The evaluation found that the majority of the parents who entered FDAC had long-standing, multiple and entrenched difficulties which made them hard cases to deal with. Although some families did well against the odds, some children may have had better outcomes if their case had come to court earlier. Earlier proceedings may also have increased the chances of parents addressing their substance misuse and have improved the possibilities for the problem solving approach to resolve other psychosocial difficulties . Bringing cases to court earlier would be in line with the proposal in the feasibility study that as the pilot progressed, court action should not be seen as a last resort but rather one of early intervention.

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

7. Pre-birth assessment and intervention service for substance misusing mothers

Linked to the possibility of earlier intervention, the provision of a pre-birth assessment and intervention service provided by the specialist team is now being trialled in the three pilot local authorities. There is a strong rationale for this development given the risk of likely significant harm to the baby and the fact that maternal motivation to cease drug and alcohol misuse is likely to be high at this point. The expectation is that the earlier provision of support will increase the chance of good outcomes in relation to control of substance misuse and reunification. However poor engagement would lead to earlier exit from FDAC and quicker planning for alternative permanent care at an even earlier stage in the child's life.

3 . Providing a short term after care service for families living together at the end of the case

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

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

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

4. FDAC should be rolled out

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

Key considerations when planning any wider roll out are:

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

Pre-requisites for a wider roll out would be:

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

Recommendations

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

Care proceedings and outcomes for children in the care system continue to be a major source of concern for policy-makers and practitioners alike. There also continues to be a pressing need for effective, rigorously evaluated programmes catering specifically for parents with substance misuse problems where there are child protecton concerns. The early indications are that FDAC is promising. If the options for development outlined above were acted upon this would provide stronger evidence on the value of the model. It would be a good return for the initial investment by government and its efforts to find sound ways of breaking the intergenerational cycle of harm that makes parental substance misuse such a serious problem for children, families and society at large.

PART A: SETTING THE SCENE

A1 - HISTORY, RATIONALE, POLICY CONTEXT

PARENTAL SUBSTANCE MISUSE – THE PROBLEMS

A range of factors led to a Steering Group being formed in 2003 to look at the possibility of developing a Family Drug and Alcohol Court in a Family Proceedings Court in England.

These included:

- increased understanding of, and growing concern about, the impact of parental misuse of drugs and alcohol on children in the family
- the high percentage of cases in the child protection system and brought to court in care proceedings where parental substance misuse was a significant feature
- concern identified in research and other policy initiatives that responses from children's services and adult substance misuse services were often disjointed and un-coordinated and lacked a focus on the needs of the family as a whole, resulting in poor outcomes for children, and
- an interest in the approach of Family Treatment Drug Courts (FTDCs), set up in the USA from the mid-1990s, which were taking a specialist and problem-solving court approach to the USA equivalent of care proceedings where parental substance misuse was a key feature.

Hidden Harm, the report by the Advisory Council on the Misuse of Drugs (2003), and *Bottling it Up* by Turning Point (2006) had drawn attention to the negative and long-term impact of parental drug and alcohol misuse on children and to the high number of children affected by such misuse. *Hidden Harm* reported that at least 2-3 per cent (200-300,000) of children under 16 in England and Wales are living with one or two parents misusing illegal drugs[3] and up to 9 per cent (1.3 million children) are estimated to be affected by parental alcohol misuse[4]. Both reports recommended, among other things, an earlier response to families affected by parental substance misuse and improved co-ordination between adult drug and alcohol services and children's services in responding to families.

Research studies had identified that parental substance misuse was a feature in a high percentage of cases referred to children and family social care services. It accounts for up to 34 per cent of all long-term cases in children's services in some areas[5] and is a major risk factor for child maltreatment, especially neglect. Parental substance misuse also increases the risk of family separation, offending, poor educational performance and substance misuse by children and young people.[6] A range of problems in the responses from both children's and adult services have also been identified.[7]

[3] 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.
[4] Turning Point (2006) *Bottling it up: the effects of alcohol misuse on children, parents and families.* London.
[5] 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.
[6] Barnard M and McKeganey N (2004) The impact of parental problem drug use on children: what is the problem and what can be done to help? Addiction, 99, 552–559; Gorin S (2004) Understanding What

Developments since the publication of *Hidden Harm* have led to improvements in collaboration between adult and children's services but, even with improved early intervention and inter-agency collaboration, it is inevitable that compulsory state intervention through court proceedings will be needed to protect some children. In some cases family support and other children's service interventions will not succeed in safeguarding the child. There is, therefore, a crucial role for the court to play in these cases. Yet once court proceedings have begun the focus of attention is the collection of expert evidence about the extent of substance misuse, the prognosis for change and judgments about parenting ability. There is no consistent attempt at this stage to motivate and engage parents in substance misuse, parenting and family support services. Problem-solving courts offer a different, and promising, way ahead.

PROBLEM-SOLVING COURTS: FEATURES AND PHILOSOPHY

Specialist problem-solving courts have been developed over the last 15 years in other jurisdictions as a practical and more interventionist approach within the criminal justice system to specific issues such as drug misuse, domestic violence and mental health problems. They are based on the principles of 'therapeutic jurisprudence', the main principle being that the health, welfare and rehabilitation of the offender, as well as their punishment, are key issues to be addressed in sentencing. A number of these courts are now being tested in England and Wales[8].

Problem-solving courts have a number of key features. They focus on longer-term outcomes rather than simply the sentence or order that is made. People work in non-traditional ways in the court room. There is multi-disciplinary collaboration in the court setting and specially-trained judges or magistrates who play a key role in the regular monitoring of a defendant's progress in complying with, for example, substance misuse services. These elements have been extended to civil cases where it is personal - notably parental - behaviour that is under scrutiny. This is the approach that underpins the Family Drug Treatment Court (FTDC) in the USA, and it is the model on which FDAC is based.

A national evaluation of FTDCs[9] provides an encouraging picture of their impact. In comparison with standard court and services, under the new model:

Children Say. Children's Experiences of Domestic Violence, Parental Substance Misuse and Parental Health Problems. National Children's Bureau; Harbin F and Murphy M (2000) (eds) Substance Misuse and Child Care: How to Understand, Assist and Intervene when Drugs Affect Parenting. Russell House Publishing; Farmer E, Sturgess W and O'Neill T (2008) The Reunification of Looked After Children with their Parents: Patterns, Interventions and Outcomes. Report to the Department for Children, Schools and Families, University of Bristol.

[7] 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 and Harwin, 2006 (see footnote 4); Gyngell K (2007) Breakthrough Britain: ending the costs of social breakdown. Volume 4: Addictions. Policy recommendations to the Conservative Party Social Justice Policy Group, July 2007; 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.

[8] 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.

[9] 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; Green B et al (2007) How effective are Family Treatment Drug Courts? Outcomes from a Four-Site National Study, *Child Maltreatment*; Worcel S et al (2008) Effects of Family

- more children were reunited successfully with their parents
- there was swifter decision making to find alternative permanent new homes when reunification was not possible
- fewer cases ended in termination of parental rights, and
- there were cost savings, particularly on foster care services, because children spent less time in out-of-home care.

A crucial question is what mediates the results. The evaluation suggests that the court process and associated services played a central role. FTDC parents were more likely to:

- access substance misuse treatment faster
- resume treatment after a relapse, and
- complete treatment successfully.

Research shows that better outcomes are positively associated with both retention in services and user satisfaction with services.[10]

The encouraging USA evidence, and the need for new interventions in England at the point of care proceedings, were the catalysts for developing FDAC.

A FEASIBILITY STUDY: TESTING THE POTENTIAL OF FDAC

In 2005 the FDAC Steering Group commissioned a study to establish the feasibility of developing a similar model to the FTDC within the English legal and social care system. The steering group included representatives from adult and children's services in the three inner-London boroughs involved in the pilot project, the Inner London Family Proceedings Court, CAFCASS, relevant government departments and the legal profession.

The feasibility study was conducted by RTB Associates in association with Brunel University. It involved 57 interviews with practitioners in adult and children's services, third sector providers of services, children's guardians and solicitors, and parents who had been involved in child protection or care proceedings because of their substance misuse. Relevant research and policy was reviewed and the range of services available in the three boroughs was mapped. Details were collected of the number of care proceedings brought by each borough where parental substance misuse was a key issue; this was so for 60-70 per cent of cases in the year ending March 2005. The study, published in July 2006, supported the piloting of the FDAC initiative. [11] It proposed a model for the operation of the court and the make-up of the specialist team and it provided projected costs of the specialist team for a three-year pilot.

Treatment Drug Courts on Substance Abuse and Child Welfare Outcomes. *Child Abuse Review*, Vol.17, Issue 6, pp 427-443.

[10] Morris ZM and McKeganey N (2005) *Retention in Drug Treatment in Scotland: Accounting for Retention and its Implications for Policy and Practice*.

[11] 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.

OFFICIAL SUPPORT AND LAUNCH

By May 2007 funding had been secured for the specialist team, from the three boroughs taking part in the pilot, the DCSF (now DfE), the MoJ and the Home Office. A partnership agreement between the three boroughs assigned Camden to lead on commissioning, procurement and contract management with providers of the specialist team. A service specification for the team was developed, based on the proposed model in the feasibility report. An invitation to tender was published at the end of May 2007 and the successful joint bid by the Tavistock Portman NHS Trust Foundation and Coram Family was agreed in November 2007.

Besides the partnership agreement mentioned above, a governance structure was developed to support the strategic oversight and operational delivery of the FDAC pilot. This consists of the Steering Group and a range of operational sub-groups, including the Cross Borough Commissioning Group (CBCG) and the Cross Borough Operational Group (CBOG).

Between July 2006 and the end of 2007 the Steering Group retained oversight of work within the court, CAFCASS and the three boroughs to develop the systems and structures to support the operation of the pilot. The formal, public launch of FDAC took place on 25 November 2007 and the court began hearing cases on 28 January 2008.

FDAC ETHOS AND DESIRED OUTCOMES

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

Ethos

- This is a positive, proactive approach to addressing parental substance misuse. There will be a presumption that the parent acknowledges they have a substance misuse issue and is 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 that 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.
- This will be a model that is focused clearly on the impact on the child of the 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 plan for the parent 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 system 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 will be successfully reunited with their parents compared to traditional service delivery.
- A higher proportion of children will achieve permanency, 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 (mental health, domestic violence, housing, family planning).
- Children are able to achieve positive outcomes as defined in the Every Child Matters agenda – safety, health, education, achievement and enjoyment, and economic well-being.

THE POLICY CONTEXT OF THE FDAC PILOT

Since the agreement to fund the FDAC pilot in May 2007 there have been many changes to the policy context in which the court is operating. What has not changed is the extent to which parental misuse of drugs or alcohol is impacting on children: a study in 2009[12] suggested that many more children were living with parents with drug and alcohol problems than the numbers estimated in *Hidden Harm* and *Turning Point.*

In relation to the system for safeguarding children, including care proceedings, a number of developments have had direct relevance to the pilot. Shortly after the pilot began, the Public Law Outline (PLO) was implemented together with revised guidance on care proceedings, setting out procedures to be followed before proceedings were issued and while they were being dealt with in court. Although the aims of both FDAC and the PLO include a desire to ensure decisions about children are made quickly, there was a tension between the hope in FDAC to have court intervention earlier in the life of a case

[12] Manning A, Best D, Faulkner N and Titherington E (2009) New estimates of the number of children living with substance misusing parents: results from UK national household surveys. BMC Public Health, 9:377 doi: 10, 1186/1471-2458-9-377.

and the perception that the PLO and revised guidance placed more emphasis on taking court proceedings only when all other approaches had failed.

Court fees to be paid by local authorities when instituting care proceedings were considerably increased in May 2008. There was widespread concern about the possible impact of this on decisions about whether or not to institute proceedings, which was of relevance to the FDAC pilot. The review into court fees that was set up because of these concerns (the Plowden Review[13]) recommended that fees be abolished but it also raised other issues of great relevance to FDAC, about the expense of, and problems of delay in, care proceedings.

The publicity surrounding the death of Peter Connelly contributed to a rise in referrals to local authorities and a rise in care proceedings, both of which have had considerable impact on children's services departments, children's guardians and the capacity of the court system as whole, especially in relation to delays in obtaining hearings. It is not possible to report reliably on the proportion of care proceedings that involve parental substance misuse as no national statistics are collected.

The continuing, and increasing, problems of capacity and cost in the family justice system as a whole led to the setting up of the Family Justice Review[14] which will report in Spring 2011. The review is examining possible improvements to the system for both private and public law cases and the findings of this FDAC evaluation will be reported to it. Also of great relevance to the FDAC pilot is the Munro review of child protection[15], due to produce its final report and recommendations in April 2011. The recommendations and proposals from both these reviews will have considerable impact on any further developments or roll-out of the FDAC model.

The interim evaluation report noted that FDAC linked in well with a number of policy initiatives that were current in the first two years of the pilot. The previous government's *Ten Year Drug Strategy*[16] acknowledged that the impact of parental drug misuse on children can be significant and long lasting but had been underestimated previously. It contained commitments to ensure prompt access to treatment for parents, assessments which took account of the whole family's needs, and more 'family-friendly' drug treatment services which linked families into tailored packages of support. The current government's *Drug Strategy*[17] also recognises the impact on children of parental substance misuse. It refers to the importance of services being provided from both adult and children's services and highlights the need for professionals to follow the guidance in *Working Together to Safeguard Children*.[18] The strategy also makes reference to the FDAC pilot.

[13] Plowden F (2009) Review of Court Fees in Child Care Proceedings.
[14] See www.justice.gov.uk/reviews/family-justice-intro.htm
[15] See www.education.gov.uk/munroreview/
[16] HM Government (2008) Drugs: protecting families and communities. The 2008 Drug Strategy.
[17] HM Government(2010) Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life.
[18] Working Together to Safeguard Children (2010), Chapter 9, Inter-agency working to safeguard and promote the welfare of children. Department for Children, Schools and Families.

In 2009 the Chief Medical Officer's report[19] emphasised both the continuing rise in alcohol consumption in England and the negative impact of problem drinking, and it stressed the need for a step change in society's attitude to alcohol.

Under the previous government, the *Think Family*[20] approach recognised that where families are experiencing a range of risk factors there needs to be a focus on intensive and targeted multi-agency interventions for the whole family, to help address their complex and chronic problems. The present government has also recognised the need for intensive support for families with complex problems: from April 2011 a number of areas will be testing the *Community Budget* approach to developing local solutions to complex needs.

The policy and legal framework within which the FDAC pilot is continuing its work is currently undergoing many changes. Major changes to the NHS and Public Health systems will impact on substance misuse services; the current severe financial pressures will impact on substance misuse services, adult and children's services, CAFCASS, the legal aid system and the courts. It remains unclear what the implications of all these changes and pressures will be for the future development of FDAC.

[19] Department of Health (2009) Annual Report of the Chief Medical Officer.
[20] Cabinet Office Social Exclusion Task Force (2008) Think Family: Improving the life chances of families at risk.

A2 - HOW FDAC WORKS: A BRIEF DESCRIPTION OF THE COURT & TEAM

THE FDAC COURT

This section describes how proceedings in FDAC were being conducted at the end of the evaluation period (May 2010). Changes to the process that have occurred over the course of the pilot, and issues requiring further resolution, are discussed later in the report.

Proceedings in FDAC are care proceedings, brought by the local authority under section 31 of the Children Act 1989. The normal processes prior to the issue of proceedings are followed. If parental substance misuse is a key feature of a case the local authority contacts the listing office at the Inner London Family Proceedings Court at the point where they are considering issuing proceedings and notifies the court of a potential FDAC case. Throughout most of the evaluation period all potential cases were then listed for a first hearing in the FDAC court. However, between September 2009 and May 2010, because of a rise in the number of potential cases, the court listing office operated a process of random selection of cases.

We set out below the differences between care proceedings in FDAC and ordinary care proceedings (as applied in the comparison cases).

Table 1: Differences between FDAC and ordinary care proceedings

	FDAC care proceedings	Ordinary care proceedings
Judges	Two dedicated district judges and two others provide back up	No dedicated judges or magistrates – so very little judicial continuity
Specialist team	A multi-disciplinary team linked to the court, carrying out range of tasks including assessment, developing and facilitating an intervention plan, direct work with parents, linking parents into services, reporting to the court on a regular basis	No specialist team
Hearings	Regular court reviews of the case without legal representatives	No hearings without lawyers – little opportunity for parents to speak directly to judge or magistrate
Children's guardians	- A dedicated pool - Appointed straight away at start of proceedings - Appoint their own solicitor	No dedicated guardians, delays in their appointment common, solicitors often appointed first
Assessments	- Assessment, prognosis and an initial report to the court within 2/3 weeks of first hearing	- Assessments ordered by the court - Legal representatives for all parties agree whom to approach

	- Drug/alcohol testing via the FDAC team - Parenting assessments carried out by range of residential and community providers as well as by FDAC[21] - Final report prepared for final hearing or when case exits FDAC	and draw up lengthy letter of instruction to expert - Tendency for series of consecutive assessments - Reports usually arrive several months into proceedings - Delays common - Parents' solicitors responsible for organising drug/alcohol testing – delays can occur
Services	Services for parents co-ordinated by FDAC team	Little co-ordination of services for parents

FDAC court hearings take place on a Monday. There are two District Judges who hear the cases regularly, and two other District Judges who can cover for holidays and sickness. Five or six new cases can be selected each month (two to be heard on the first Monday and one each week after that). These limits are imposed by available time within the court and the FDAC specialist team. The total number of open cases each week was between 30 and 35 up to May 2010.

Once a case is selected for FDAC a children's guardian is appointed, from the dedicated pool of 12 guardians involved in the FDAC pilot, and they in turn appoint a solicitor to represent the child or children.[22]

The Public Law Outline (PLO) applies to FDAC care proceedings, with advocates' meetings, Case Management Conferences (CMCs) and Issues Resolution Hearings (IRHs) all taking place as usual. But there is an element of flexibility. In particular, the date for a final hearing is not set until there is some clarity about how the case is progressing.

First hearing

At the first court hearing members of the specialist team meet the parents and their legal representatives to explain what involvement in FDAC will mean in practice. In the early stages of the pilot volunteer parent mentors attached to FDAC were also available to discuss the process with parents. Parents decide, with advice from their legal representative, whether or not they wish to take part in FDAC. If they opt in, the process begins at once. As these are care proceedings where the local authority view is that the children are suffering or likely to suffer significant harm attributable to parental action or inaction, the local authority may be seeking an interim care order at the first hearing and the court will deal with this in the normal way. In all cases, the court orders the disclosure of all the papers in the proceedings to the specialist team and the court hearing is followed by a two-week assessment period. A process flowchart is at annex 1. There are

[21] From September 2010 the FDAC team will be taking on more parenting assessments and have developed a specific approach for these.
[22] On occasions cases from the pilot local authorities have transferred into FDAC having started elsewhere and in some of these cases the solicitor has been appointed before the guardian.

two other options for parents at the first hearing: they may choose not to join FDAC, and the case is then listed for ordinary care proceedings, or they may ask for more time to decide, and the case is relisted for the following week.

Second hearing

The case returns to FDAC three weeks after the first hearing (or four, if parents have taken longer to decide to take part). By then the specialist team will have filed the report of their assessment and their proposed intervention plan, which will have been discussed with the parents and local authority at the Intervention Planning Meeting. If the court and all parties are in agreement with the plan the parent signs a formal agreement to take part in the FDAC process (see annex 2). The local authority updates its care plan to take account of the intervention plan.

Review hearings

After the second hearing the case returns to court every two weeks, also on a Monday, for review by the same judge. The specialist team prepares a short written report each time. Reviews are attended by the parents, the key worker from the specialist team and the local authority social worker, and, usually, the social work manager. Legal representatives do not attend reviews and legal aid is not available for them. Children's guardians may attend if they wish and, during the earlier stages of the pilot, they usually did so. This has become more difficult for them because of increased work pressure arising from the rise in the number of care proceedings over the period of the pilot.

The court reviews are the problem-solving, therapeutic aspect of the court process. As well as providing regular monitoring of the parents' progress, they also provide an opportunity for the judges to engage and motivate parents, for direct discussion between the judge and the parents, and for the identification of ways of resolving any problems that may have arisen. If any party to the proceedings has serious concerns about any aspect of the case then the court will direct legal representatives to attend the next review and legal costs will be covered by the Legal Services Commission.

Contested issues

If a contested issue arises in an ongoing FDAC case, for example over an interim care order or over contact arrangements, the matter is listed for a non-FDAC day and may or may not be heard by one of the FDAC judges. This is because of capacity within the court, not because it is thought inappropriate for an FDAC judge to deal with contested issues. Before a matter is listed for a contested hearing there is full discussion in a review hearing (with lawyers attending) to try and resolve the disagreement.

Leaving FDAC

Parents who opt into FDAC may subsequently withdraw from the specialist court at any stage. Alternatively, the parties may agree, on the recommendation of the specialist team, that the case should exit FDAC. The grounds will be that parents have failed to engage with the process or that the time required for parents to address their substance misuse problems will be considerably longer than the appropriate time needed to provide the child with a long-term stable home. Cases leaving FDAC revert to ordinary care proceedings. Prior to the start of the pilot, it had been hoped that cases exiting FDAC

could continue to be heard by the judge who had dealt with the case while it had been in FDAC but, due to issues of court capacity and the availability of the judges, this has only been possible in a small number of cases (see section about capacity, C2.3).

Progressing to final hearing in FDAC

Cases progress as normal to a final hearing, with the same range of options for placement and for court orders as are available in ordinary care proceedings. Parents who have controlled their substance misuse and demonstrated that they are parenting satisfactorily receive a 'graduation' certificate at their final FDAC hearing (see also section C1). As noted in the service specification for the specialist team the FDAC model is focused on the impact on the child of the substance misuse. It is neither an 'abstinence model' nor a 'harm minimisation model'. The approach will depend on the circumstances of the case and so, in some cases, the recommendation will be abstinence

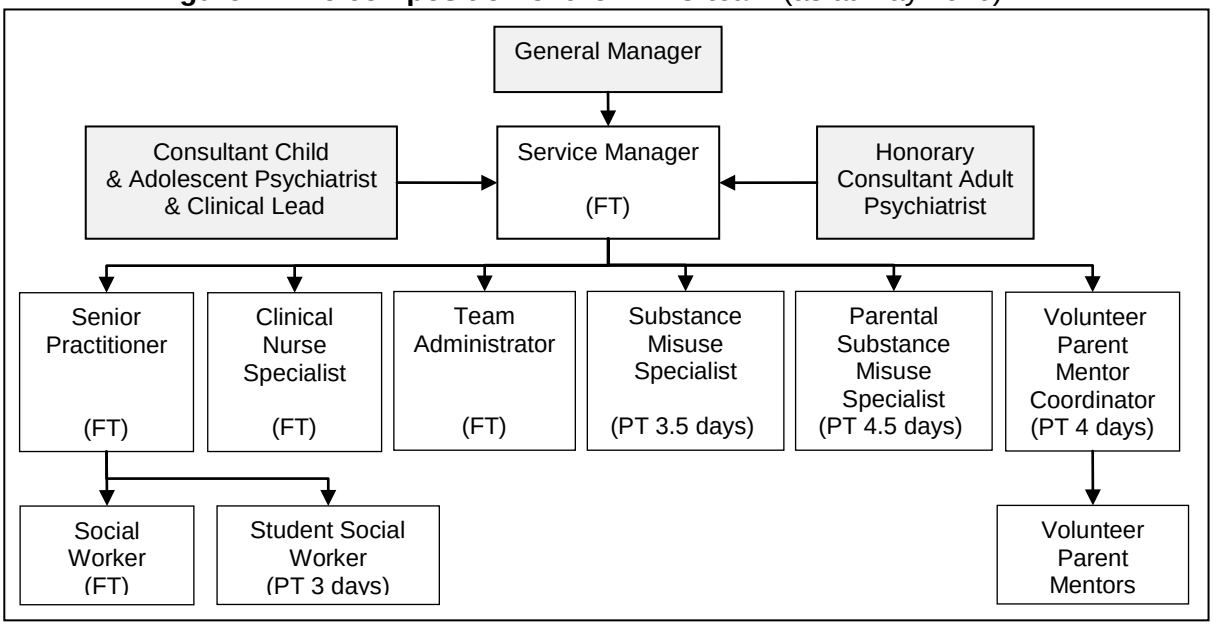
THE FDAC SPECIALIST TEAM

As for the court process described above, this is a brief summary of the specialist team and how it operates. It explains the position in May 2010, at the end of the evaluation period, and so incorporates changes that have occurred over the course of the project.

The specialist team is provided by a partnership between Tavistock Portman NHS Foundation Trust and Coram Family. The team works from a building on the Coram Family site which is about half an hour away from the FDAC court in central London. Space is limited: it includes administrative offices, a small interview room, and a larger room that is used for assessment and observation sessions with families and for intervention planning and review meetings with professionals and families.

There are three non-core team members - the general manager, who is based at the Munro Centre and spends a day a week on FDAC work; the consultant child and adolescent psychiatrist and clinical lead, based at the Tavistock and now working with the team two days a week; and the consultant adult psychiatrist, who works in private practice and is available for the team on average just over one day a month. The rest of the staff, as shown in the figure below, constitute the core specialist team.

Figure 1: The composition of the FDAC team (as at May 2010)



Court work

FDAC team members are in attendance at the FDAC court each Monday. The service manager and another senior team member are there every week, for a preliminary briefing session with the FDAC judge about particular issues in relation to cases listed for second hearings or reviews. They also deal with new cases and those involving lawyers. Other team members come later in the day, to be in attendance for cases where they are the parent's key worker. The team members play an active role in each hearing and, when not in court, are available for informal discussion and meetings. The court waiting area is reserved for FDAC use, and this space includes one small interview room which the team uses as its base for the day and two others that are available for any party to use for meetings.

Before going into the courtroom for the first hearing of a case, the team explain the process to parents, their legal representatives and other family members who are attending to support a parent or to be joined as a party to the case. For ongoing cases, they use the time in the waiting area to engage in discussions with parents, legal representatives and guardians. Immediately after a hearing they are available, as needed, to discuss what has happened in court, deal with any queries or concerns, and check that parents are clear what will happen next. They can also do some drug testing (mouth swabs and hair strand checks) whilst at court.

During the early part of the pilot, volunteer parent mentors also attended court (see below).

Assessment and intervention work

A flowchart showing the process of a parent's involvement with FDAC is at annex 3, and the model used for the team's approach to substance misuse and parenting capacity work (which the team calls their assessment algorithm) is at annex 4.

In brief, the assessment and intervention work is about preparing and discussing assessments, co-ordinating intervention plans, solving problems that arise, helping parents to engage and remain engaged with substance misuse and parenting services, getting feedback from services, and providing regular reports on parental progress to the court and all others involved in the case. The overall aim is to assess what needs to change for parents, provide them with every opportunity to make those changes, and measure how well they have succeeded.

Distinctive features of the team's work are the speed with which assessments are provided to the court; the holding of an Intervention Planning Meeting (IPM) involving parents, the local authority and the children's guardian, to agree the intervention plan once the initial assessment has been carried out; the regular feedback and link to the court through reviews; and the combination of direct therapeutic work with parents with assessment and the co-ordination of substance misuse treatment and other services. The team's work is also marked by a flexible approach to lessons emerging as the pilot has developed. All these matters are explored in detail later in the report.

Volunteer parent mentors

At the start of the pilot it was envisaged that the parent mentor role would fall into two phases. In the first phase, the mentor would provide initial support to the parent, from the first hearing and through the assessment and planning stage. This is why parent mentors would be at court, to be on hand for informal conversation with parents attending their first hearing, as part of the process of giving every parent the chance to decide whether they would like to have a mentor. If parents accepted the FDAC service, a mentor would then be matched to the parent, to offer particular support that had been agreed and included in the parent's individual intervention plan. There were also some core aspects to the mentoring role: helping parents to engage with the FDAC service and understand the court process, and accompanying and supporting them to access services specified in the intervention plan. Mentors are supervised by a part-time parent mentor coordinator, who is also responsible for their recruitment, selection and training.

Involving mentors from the start of a case is still viewed by the team as the ideal arrangement, but difficulties in recruiting mentors, the complex nature of the mentor role, and gaps and an unsuccessful attempt to appoint a new coordinator following the resignation of the team member currently acting in that post have constrained progress. As an interim measure, the team have developed a menu of support from which parents can identify the type of help they would like to receive from a mentor and, if they want that help at the early stage of their case and a suitable mentor is available for them, the two meet in the third week and their plans get incorporated into the report for the second hearing at court. A plan for the future is for a parent mentor to be on hand at court, in particular to support parents in their first hearing without lawyers which, whilst giving parents more time to converse with the judge, can also feel daunting.

Other FDAC work

The team has a broad liaison role with local agencies in the three pilot authorities, including a named lead in the team for each borough's housing, domestic violence, parenting, safeguarding and treatment services. This development helps to build good relationships and promotes strong communication. Close links are also fostered with children's services and adult services. The team also carry out a range of alcohol and drug use tests, including blood and urine testing, mouth swabs and hair strand checks. They do the latter two at court, if necessary. The team also run occasional training sessions for treatment services, about attachment and planning within children's timescales.

A3 - THE EVALUATION AND METHODOLOGY

This section describes briefly the overall objectives of the evaluation and a discussion of issues arising. It includes a table that summarises the various samples that underpin the findings. Annex 5 sets out in more detail the design and methodology, the specific research questions addressed, the limited exclusion criteria for FDAC, the data collection sources and the approaches used for analysis.

RATIONALE FOR THE EVALUATION

The study was commissioned by the Nuffield Foundation for two main reasons:

- to provide data to help policy makers and service planners decide whether FDAC is showing promising results that might merit longer-term investment, and
- to identify the set-up and implementation lessons for service planners and practitioners that might help inform decisions about whether and how to develop the FDAC model in other areas.

Supplementary funding from the Home Office covered the costs of interviewing FDAC parents.

EVALUATION OBJECTIVES

The overall objectives of the evaluation are:

- to make comparisons with ordinary court proceedings involving parental substance misuse, including a comparison of costs
- to describe the pilot, obtain the views of professionals and parents of FDAC, and identify set-up and implementation lessons, and
- to indicate whether this different approach might lead to better outcomes for children and parents.

These objectives are addressed by four inter-linked studies:

1. A comparison and follow-up study of FDAC and non-FDAC cases to monitor service receipt, case progress and child and parent early outcomes (sections B1,B2, B3).
2. An estimate of the costs of the FDAC team and comparison of the costs of the FDAC process with ordinary care proceedings and service delivery (section B4).
3. A description of FDAC and its operation (section A2 and parts of C).
4. Gaining the views of parents and service providers about FDAC (sections C1, C2).

The study uses a mixture of quantitative (B1-4) and qualitative methods (A2, C1, C2) to complement each other and achieve the objectives of the study.

The table below provides summary information about the separate components of the study .

Table 2: The evaluation study components

	TABLE OF STUDY COMPONENTS OF THE FDAC PROJECT IN 3 FDAC AND 2 COMPARISON (NON-FDAC) LOCAL AUTHORITIES (LAs)					
	Study sub-sample and purpose	**Families, professionals and parent mentors**	**FDAC LAs**	**Non-FDAC LAs**	**Sample size** (SM indicates father misuses substances)	**Activity, source of information and tool used**
B1	**Baseline information** To establish similarities and differences between FDAC and comparison families at start of proceedings	Families subject to care proceedings (Jan 08-June 2009) due to parental substance misuse Pilot cases heard in FDAC court, comparison cases in ordinary court, all at Wells Street Family Proceedings Court	√	√	**FDAC** • 55 mothers • 37 fathers (30 SM) • 77 children **COMPARISON** • 31 mothers • 21 fathers (13 SM) • 49 children	**Activity** One-off collection of information **Source** Administrative data (documents filed at court) **Tool** Researcher baseline questionnaire
B2	**Service engagement** To compare services received by parents and children	All FDAC parents who consented to researcher review of their files All comparison families	√	√	**FDAC** • 30 mothers • 21 fathers (13 SM) • 40 children **COMPARISON** • 31 mothers • 23 fathers (9 SM) • 49 children	**Activity** Tracking of cases for 6 months from first hearing **Source** Administrative data (court documents, children's services file, FDAC parents' NHS file held by FDAC team) **Tool** Researcher progress questionnaire
B3	**Early outcomes** To compare outcomes at the end of the court case (substance misuse, family reunification, speed of placement in alternative home, child safety)	All families whose court case had concluded by 31 May 2010, when data collection ended	√	√	**FDAC** • 41 mothers • 29 fathers (23 SM) • 56 children **COMPARISON** • 19 mothers • 12 fathers (6 SM) • 26 children	**Activity** Tracking of cases to end of court case **Source** Administrative data (court documents, children's services file, FDAC parents' NHS file held by FDAC team) **Tool** Researcher progress questionnaire End-of-case researcher form completed by children's guardian

B4	**Costs** To estimate FDAC costs, compare them with standard court and services, and compare placement data	All comparison families, and all FDAC families who gave consent to view their files, **and** court case had concluded by 31 May 2010, when data collection ended	√	√	**FDAC** • 22 families **COMPARISON** • 19 families	**Activity** Tracking of cases to end of court case **Source** Administrative data (court documents, children's services file, FDAC parents' NHS file held by FDAC team, information from local authority lawyers about court hearings and expert evidence) **Tool** Researcher schedules, including time-use survey, case file study, unit cost calculator
C1	**Parents talking** To canvas parents' experiences of FDAC	All FDAC parents who consented to interview	√	X	**FDAC** • 28 mothers • 9 fathers	**Activity** One-off meeting or phone interview **Tool** Researcher parent questionnaire
C2	**Court observation** To examine FDAC as a problem-solving court	Professionals and parents in FDAC	√	X	All professionals and parents attending court hearing	**Activity** Observation of all FDAC court hearings each Monday for 18 months **Tool** Researcher court questionnaire
C2-C4	**Professionals and parent mentors talking** To canvas professionals' experiences of FDAC To canvas the views of parent mentors	Judges, FDAC, court staff, commissioners involved in FDAC set-up and implementation All professionals with cases in FDAC in the first 18 months 3 parent mentors	√	X	**Interviews** • 4 judges • FDAC team • Commissioner • Chair of CBOG • Justices' Clerk • Legal Adviser **Focus groups** • 9 social workers + 10 managers • 12 FDAC guardians + manager • 9 LA lawyers • 15 lawyers for parents & children • 8 staff (adult treatment services from Camden and Islington) • 3 parent mentors	**Activity** Interview with judges and FDAC team in Years 1 & 2 Focus group with guardians in Year 1 & 2 All others – seen once **Tool** Researcher interview schedule and questionnaires

RESEARCH ISSUES ARISING

Ethical approval

The evaluation received approval from the Brunel University Research Ethics Committee, the Camden and Islington Community Research Ethics Committee (the relevant local committee for NHS research ethics approval), CAFCASS, and the FDAC and comparison local authorities. Separate and detailed applications had to be made for each of these five ethical approvals, which was a time-consuming process extending over the first 11 months of the study period. The basis for permission to access files and interview parents and NHS personnel is set out below.

- The researchers have court authorisation under the Family Proceedings Court (Children Act 1989) rules (Rule 23A as amended) to access court files in FDAC and comparison authorities for the duration of the study, without parental consent. They also have written court approval to conduct parent interviews (subject to parents giving signed informed consent).

- Access to case files held by the FDAC team is subject to signed parental consent. The team has approval to interview the FDAC team and NHS personnel. These were the provisions of the ethical approval from the Camden and Islington Community Research Ethics Committee.

- Signed parental consent is required to access the children's files held by children's services in the three pilot authorities. In the comparison authority, parental opt out is agreed as the basis for accessing files. These arrangements have been approved by the senior management of each authority.

Sample size and reasons for the variations (seeTable 2)

Baseline sample: On the basis of the feasibility study (see section A1, history), the sample size for the research evaluation was set at 60 cases entering FDAC in a year. It became evident early on that this target would not be reached and a supplementary grant was secured from the Nuffield Foundation to allow the sample collection period to be extended by five months.

Services and costs samples: the sample size was reduced for the each of these study components for two reasons. 7 parents withheld consent to view their NHS file and 8 parents refused access to their local authority file. In other cases it was not possible to make contact with the parents. Most of these parents had left FDAC at an early stage in the project before the researchers obtained NHS ethical approval to approach the parents. Attempts to make contact with parents through their solicitors proved unsuccessful.

The final order (early outcomes) sample: Sample size for this study component was determined by the number of care proceedings that had finished by 31 May 2011, the date our fieldwork ended.

Comparison authorities

One London Borough was identified as a similar local authority to the pilot authorities and agreed to become the first non-FDAC comparison authority, with involvement from the start of the study. A second London Borough agreed to join after the study had begun and this helped increase the size of the comparison sample.

Tracking progress

The tracking period for which we were funded initially was six months from the first hearing in each case. However, this proved too short a period for generating useful information about outcomes for parents and children. The tracking period was therefore extended, to provide information on all cases where proceedings had ended by the time our fieldwork ended.

Outcome measures

With the exception of the description of children's well-being, all the outcome measures were chosen because they were capable of generating unambiguous information. The original intention had been to use 'recurrence of child maltreatment' as an unambiguous proxy of children's well-being. However, as this was unlikely to occur whilst care proceedings were running, we focused instead on the measures described in section B3.

The use of percentages and issues about testing for statistical significance

We have used percentages to highlight similarities and differences between the FDAC and comparison samples. Caution is needed in their interpretation because of the small numbers in the study and the unequal sample sizes. In some components, missing information has reduced the sample size further. In these cases we have excluded the missing cases when calculating the percentage, as advised by our research consultant, to avoid 'diluting' the results on account of the numbers being comparatively small and the amount of missing data quite large. We indicate when we do this and we explain the number of missing cases. The numbers in the study were too small to test for statistical significance.

Development of forms and questionnaires

To ensure consistency in data collection and court observation, we developed forms or questionnaires for each component of the study. Here we drew on the research instruments developed for the national evaluation of family drug treatment courts in the USA,[23] adapting them to fit the objectives of the FDAC pilot, as well as devising new ones ourselves. All instruments were piloted, as well as being commented on by the Research Advisory Committee and by the consultant to the project who had been a member of the American evaluation. The progress forms were piloted with the FDAC team and the FDAC local authorities and comments were received from the comparison

[23] 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.

authorities. The end-of-case guardian forms were piloted with the FDAC guardians. All the forms and questionnaires were revised in the light of feedback.

Standardised questionnaires

None of the agencies used standardised instruments to measure changes in child well-being or in adult substance misuse or other problems experienced by parents, such as mental health.

Study challenges and limitations

The study has faced a number of methodological challenges, and its limitations also need to be recognised.

First, the numbers overall are modest. Moreover, the variations in sample size have prevented us from being able to compare the data in all areas. A main challenge and potential limitation has been the number of different sub-samples we have needed to use in order to address the study objectives, and the fact that each has involved a different follow-up period.

The study also has a short window for tracking the cases and we are therefore not in a position to comment on how the families fared after the final court hearing. It would be unsafe to extrapolate the outcomes to the longer term. A further difficulty has been the lack of data derived from standardised instruments to measure change. Their use would have helped increase the robustness of our evidence.

The costing study provides a description of costs associated with FDAC but the short follow-up period prevented us from exploring questions of cost benefit or cost-effectiveness.

There have also been problems with gaps in information recorded on files, particularly acute in the case of fathers. The gaps made it impossible to collect reliable data on the time taken to access services and made it difficult for us to look in detail at the extent of parental engagement with services.

Provided these limitations are acknowledged, the methodology gave us the basis for examining whether FDAC produces sufficiently encouraging results to merit its support and further development.

PART B: QUANTITATIVE FINDINGS

B1 – BASELINE INFORMATION: FDAC AND COMPARISON SAMPLES

Summary points

The FDAC sample is 55 families and the comparison sample is 31 families.

The many similarities between the two samples include:

- a long history of substance misuse by parents
- high rates of domestic violence, mental health problems, history of parent being looked after, offending behaviour, unemployment and housing problems
- the majority of mothers in both samples had been in treatment for substance misuse in the past
- over half the families in each sample had had their first contact with children's services at least five years before proceedings started
- the majority of mothers in each sample were aged 30 or over
- children in the sample were experiencing a range of problems, with emotional and behavioural difficulties a common occurrence, and
- a lack of recorded information about fathers.

The differences include:

- a higher proportion of FDAC parents were White
- a higher proportion of FDAC families had had children removed from their care previously, and
- a higher proportion of FDAC children were very young and were born withdrawing from drugs.

INTRODUCTION

This section provides baseline information about the families subject to care proceedings brought by the three local authorities piloting the FDAC model (referred to as the FDAC sample) and the families subject to care proceedings brought by two other local authorities and dealt with in ordinary care proceedings (the comparison sample).

It describes the two samples and provides 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, followed by information about the orders and placements sought by the local authorities. It concludes with general observations, including a discussion of similarities and differences between the two samples.

It is important to note that the information in this section provides a snapshot of what was recorded by the local authority in their application 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.

For details of how the cases were identified and how the data was collected, see the section on methodology, A3, and annex 5.

NUMBER OF FAMILIES IN THE SAMPLES

Fifty-five (55) families, with 77 children involved in the care proceedings, were invited to join FDAC in the first eighteen months of the pilot. Fifty-five (55) mothers and 37 fathers were party to the proceedings.

Over the same period 31 comparison families, with 49 children, entered the study. Thirty-one (31) mothers and 23 fathers were party to the proceedings.

In all cases in each sample it was the mother's substance misuse that had prompted the local authority to initiate care proceedings.

Table 3: Number of families in the samples

Sample	Families	Mothers party to proceedings	Fathers party to proceedings	Children in proceedings
FDAC	55	55	37	77
Comparison	31	31	23	49

HOUSEHOLD COMPOSITION AND SIZE

Families headed by a lone mother predominated in each sample. There were no lone-father households. The biggest difference between the samples was the higher proportion of families in the FDAC sample where children were living with both parents.

Table 4: Household composition and size

Household composition	FDAC families	Comparison families
Child with both parents	15 [27%]	4 [13%]
Child with mother only	38 [69%]	25 [81%]
Child with mother and partner	2 [4%]	2 [6%]
Total	**55 [100%]**	**31 [100%]**

Families with one child subject to proceedings predominated in both samples and the proportion of families with two or more children was also very similar.

Table 5: Number of children in the case

Number of children in the case	FDAC families	Comparison families
1	41 [75%]	21 [68%]
2	8 [15%]	5 [16%]
3	4 [7%]	3 [10%]
4	2 [4%]	1 [3%]
5	-	1 [3%]
Total	**55 [100%]**	**31 [100%]**

In each sample there were parents who had had a child or children removed from the family home in previous care proceedings. This was so for a higher proportion of FDAC families (51% vs. 39%).

Table 6: Number of children removed previously

Children removed previously	FDAC families	Comparison families
0	24 [49%]	19 [61%]
1	10 [20%]	7 [24%]
2	8 [16%]	1 [3%]
3	3 [7%]	2 [6%]
4	2 [4%]	-
5	-	1 [3%]
6	1 [2%]	1 [3%]
7	1 [2%]	-
Total for the calculation	**49 [100%]**	**31 [100%]**
Unknown	6	-
Total	**55**	**31**

INFORMATION ABOUT THE PARENTS

AGE OF PARENTS

Mothers

Two-thirds of the mothers in each sample were aged 30 or over. There were few very young mothers.

Table 7: Age of mothers

Age – years	FDAC mothers	Comparison mothers
18-19	1 [2%]	3 [10%]
20-29	18 [32%]	6 [19%]
30-39	29 [53%]	16 [52%]
40-49	7 [13%]	5 [16%]
50+	-	1 [3%]
Total	**55 [100%]**	**31 [100%]**

Fathers

The main difference from the age spread of mothers is that the comparison sample has a higher proportion than the FDAC sample of fathers who are aged under 30. Correspondingly, the reverse is true in relation to older fathers. Like the mothers, there are few very young fathers.

Table 8: Age of fathers

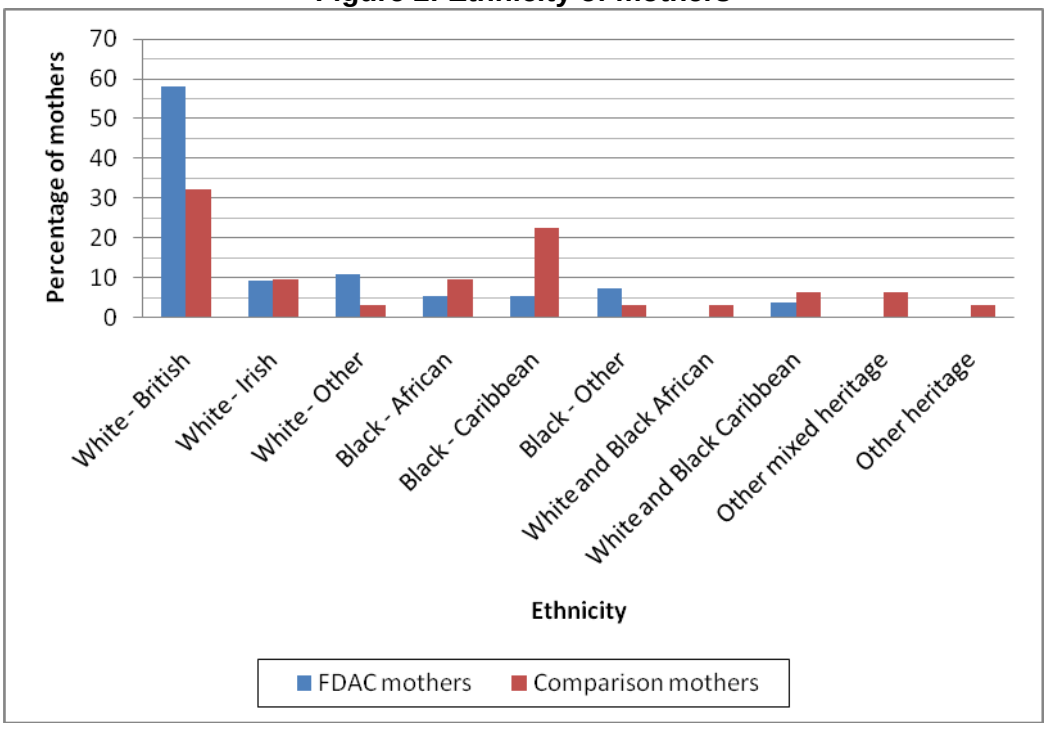
Age – years	FDAC fathers	Comparison fathers
18-19	-	1 [6%]
20-29	10 [27%]	8 [42%]
30-39	12 [33%]	5 [25%]
40-49	13 [35%]	4 [21%]
50+	2 [5%]	1 [6%]
Total for the calculation	**37 [100%]**	**19 [100%]**
Unknown	-	4
Total	**37**	**23**

ETHNICITY OF PARENTS

Mothers

The mothers in each sample were predominantly White (British, Irish and Other). In the comparison sample there was a higher proportion than in the FDAC sample of mothers who were Black Caribbean, Black African or of mixed heritage.

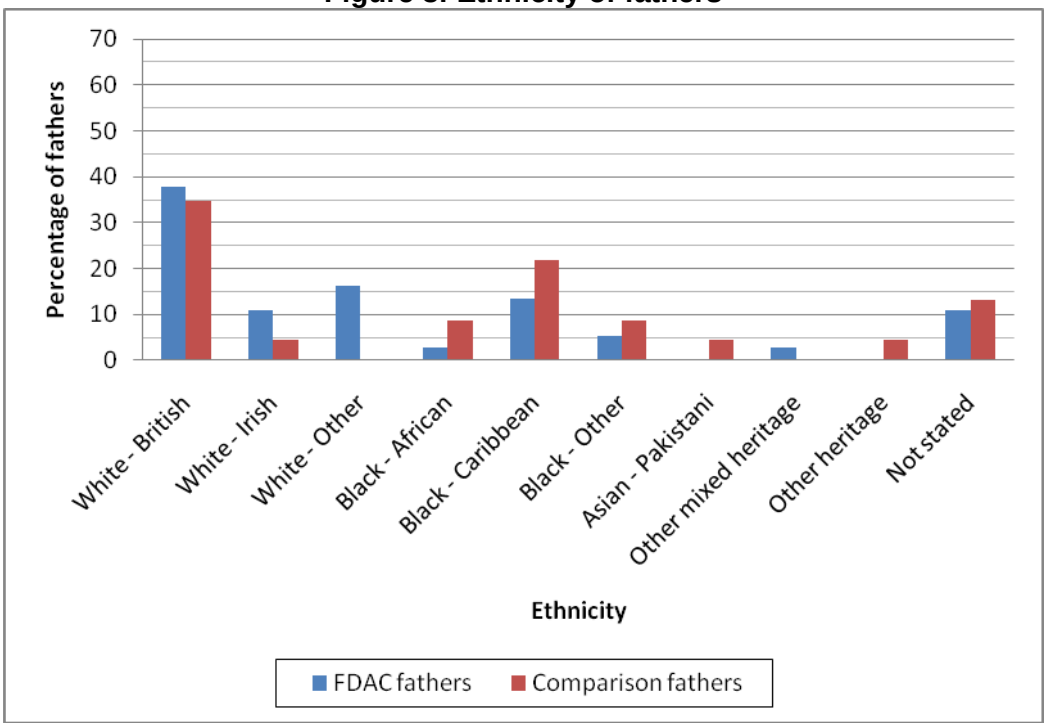
Figure 2: Ethnicity of mothers



Fathers

It is of note that data is missing about the ethnicity of the father of some children in receipt of local authority services. Where information is known, the similarity with mothers is the predominance of White (British, Irish and Other) fathers in each sample. A higher proportion of comparison than FDAC fathers were Black (Caribbean, African and Other).

Figure 3: Ethnicity of fathers



The ethnicity of the parents was compared to that of parents known to each local authority's Drug and Alcohol Team (DAAT), in order to compare the pattern in the study parents with the general pattern amongst parents in substance misuse treatment.

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. Fewer FDAC and comparison fathers were White British. The differences were particularly marked in two of the FDAC authorities and one comparison authority.

EMPLOYMENT, INCOME, HOUSING AND EDUCATION OF PARENTS

In both samples, information about work, income, housing and education was missing from the files more frequently than it was recorded. The gaps were particularly marked in relation to fathers.

A high proportion of the parents were unemployed in both samples. From the available information, around 95% of the FDAC mothers were unemployed and so were 89% of the comparison mothers. Nine FDAC fathers and seven comparison fathers were in paid work.

Many of the cases featured significant housing problems that included homelessness, the threat of eviction, overcrowding, sub-standard accommodation, and living in hostels.

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

PARENTAL SUBSTANCE MISUSE

All the mothers in each sample had substance misuse problems. More FDAC fathers misused substances than did comparison fathers (see table below). In the FDAC sample this included all but one of the 15 families where the mother and father were living together. There was no information recorded for almost a third of the comparison fathers.

Table 9: Fathers with substance misuse problems

Does father has substance misuse problem?	FDAC fathers	Comparison fathers
Yes	30 [86%]	9 [56%]
Alleged	-	2 [13%]
No	5 [14%]	5 [31%]
Total for the calculation	**35 [100%]**	**16 [100%]**
Unknown	2	7
Total	**37**	**23**

Pattern of substance misuse

The pattern of maternal substance misuse was very similar in both samples, with misuse of both drugs and alcohol more than twice as frequent as misuse of drugs alone, and with fewer mothers misusing alcohol alone.

Table 10: Pattern of substance misuse – mothers

Pattern of substance misuse	FDAC mothers	Comparison mothers
Alcohol & illegal drugs	29 [53%]	17 [55%]
Illegal drugs only	15 [27%]	8 [26%]
Alcohol only	11 [20%]	6 [19%]
Total	**55 [100%]**	**31 [100%]**

There was some difference in the pattern amongst fathers. In the FDAC sample, slightly more fathers misused both alcohol and drugs, as opposed to drugs only. In the comparison sample, there was a predominance of misuse of illegal drugs alone, but the information is too scant to discern a pattern.

Table 11: Pattern of substance misuse – fathers

Pattern of substance misuse	FDAC fathers	Comparison fathers
Alcohol & illegal drugs	13 [48%]	1 [17%]
Illegal drugs only	10 [37%]	4 [67%]
Alcohol only	4 [15%]	1 [17%]
Total for the calculation	**27 [100%]**	**6 [100%]**
Unknown	5	8
Substance misuse alleged only	-	2
Substance misuse is not a problem for the father	5	7
Total	**37**	**23**

Most of the mothers in each sample misused more than one substance, with just under half misusing three or more substances (FDAC 45% [25 of 55] v. comparison 42% [13 of 31]). The five drugs most commonly misused by the mothers in each sample were heroin, crack, cannabis, cocaine and alcohol, with alcohol featuring in three-quarters of cases in each sample. Proportionately more FDAC than comparison mothers misused heroin, while fewer misused cannabis. Other substances (often used in combination) were ecstasy, amphetamines, LSD, benzodiazepines and ketamine.

Figure 4: Number of substances misused by mothers

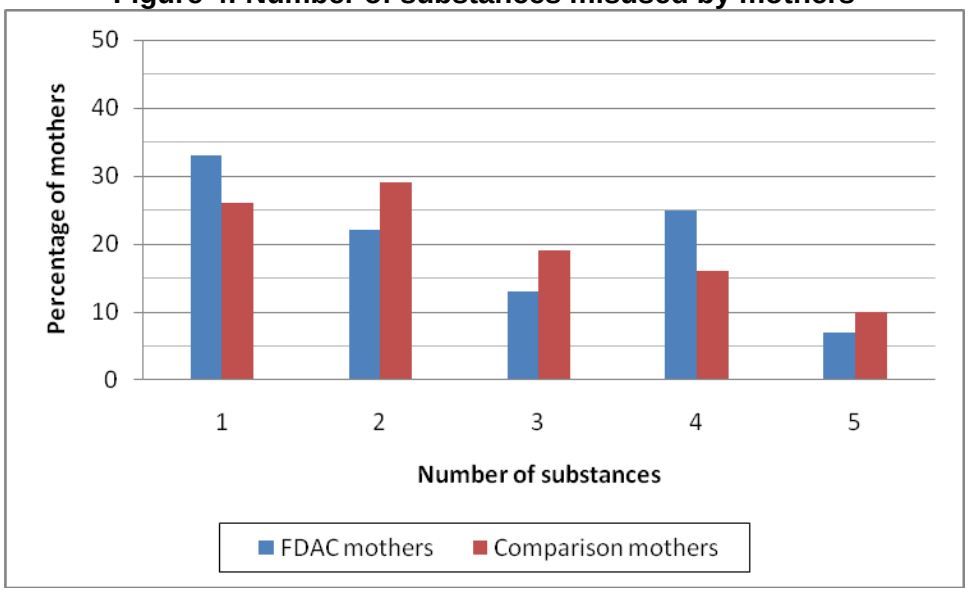
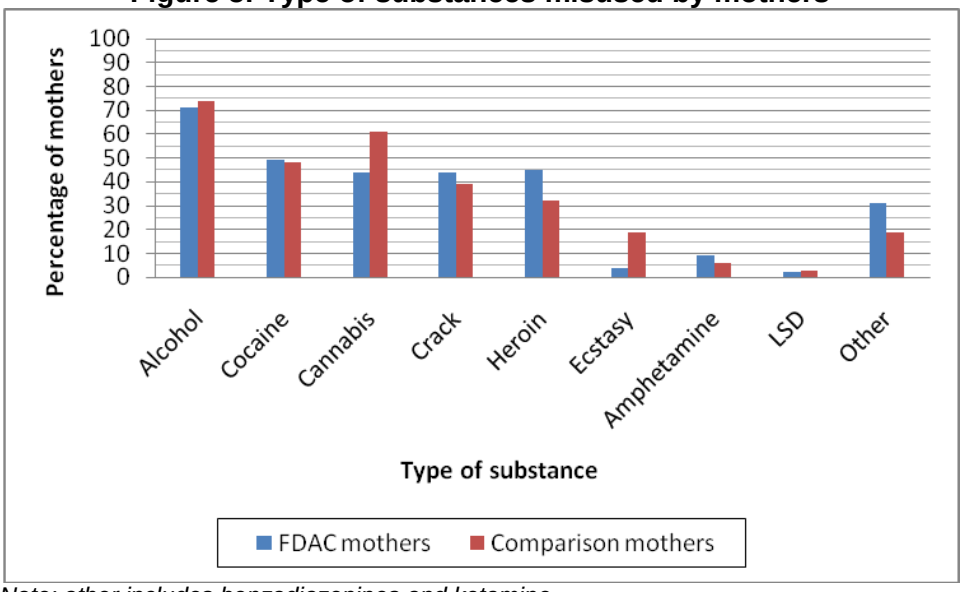


Figure 5: Type of substances misused by mothers



Note: other includes benzodiazepines and ketamine

The drugs used most commonly by all the fathers were the same five as for mothers. As for FDAC mothers, the most frequent misuse by FDAC fathers was of alcohol and illegal drugs in combination. Approximately half the fathers misused cocaine and/or cannabis, with smaller numbers misusing heroin and/or crack. The little information we had available about the comparison fathers suggested similar misuse across all drugs.

Length of substance misuse

A long history of substance misuse was common in each sample. Two-thirds of mothers in the FDAC sample had misused for 10 years or more, and this was so for just under half the comparison group.

There is less complete information about fathers on this count. From the information that was available, we know that misuse ranged from 11 to 20 years or more for five FDAC fathers, and was six and 15 years for two comparison fathers.

Previous substance misuse treatment of parents

The majority of mothers in each sample had been treated for parental substance misuse in the past (FDAC 80%, comparison 87%). There were gaps in relation to 9 FDAC and three comparison fathers. For the rest, the information showed that fewer fathers had had treatment previously (FDAC 62%, comparison 67%).

PSYCHOSOCIAL AND HEALTH DIFFICULTIES OF PARENTS

Information about psychosocial and health difficulties was patchy. We collected what was recorded on files but, as this information was not recorded on files systematically, it was difficult to know whether the absence of information meant that there was no difficulty or that it had not been noted.

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

- domestic violence was particularly widespread, featuring for over three-quarters of mothers in each sample
- mental health difficulties (primarily depression) were recorded for half the FDAC and a third of the comparison mothers[24]
- over a quarter of mothers had been in care as a child
- a fifth of FDAC mothers and almost a third of comparison mothers suffered from health problems that included pancreatitis, liver disease, hepatitis, fractures, vitamin deficiencies and sexually-transmitted infections.

Very little is recorded about the psychosocial difficulties of fathers. We found that four FDAC and one comparison father had been in care as a child, and that three FDAC and one comparison father had experienced mental health difficulties.

OFFENDING BEHAVIOUR OF PARENTS

Whilst there was no systematic recording of information about offending behavior in the documents provided to the court, we found that many parents in each sample had at least one past conviction, and several had multiple convictions. For mothers, proportionately more comparison than FDAC mothers had a previous conviction or had committed a criminal offence, with the reverse the case for fathers. Between a fifth and a quarter of all the parents had been to prison.

Offences related to various types of crime. Drug-related convictions were common, and were predominately for drug possession rather than drug dealing. The other most frequent offences were theft, fraud and property crimes. In each sample there were a small number of both mothers and fathers who had committed offences of Actual or Grievous Bodily Harm and a small number of mothers who had been involved in prostitution.

PARENTS' PREVIOUS INVOLVEMENT WITH CHILDREN'S SERVICES

A majority of the families had had contact with children's services 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. Just under half of the FDAC families had had their first contact with children's services five years before the start of proceedings, and for over half of that group the time period was ten years. In the comparison sample, over half had had their first contact at least five years before proceedings, and for all but two of them the time period was at least ten years.

Just over a third of FDAC families had been in contact with children's services for less than a year, and these were mainly families with a very young child.

[24] We tried (without success) to establish whether this was a diagnosis by a health professional.

Table 12: Previous involvement with children's services

Length	FDAC families	Comparison families
Less than 1 month	4 [7%]	1 [3%]
1-5 months	10 [18%]	1 [3%]
6-11 months	5 [9%]	3 [10%]
1-2 years	6 [11%]	5 [17%]
3-4 years	7 [13%]	3 [10%]
5-9 years	11 [20%]	2 [7%]
10 years or more	12 [22%]	15 [50%]
Total for the calculation	**55 [100%]**	**30 [100%]**
Not recorded	-	1
Total	**55**	**31**

INFORMATION ABOUT THE CHILDREN

Gender of the children

There were 77 children in the FDAC sample and 49 in the comparison sample. The gender distribution was fairly even: the FDAC sample had almost equal numbers of boys and girls, and the comparison sample had just a few more girls than boys.

Age of the children

A feature of both samples was the young age of the children, but with the FDAC sample relatively younger. Over two-thirds of the FDAC children were under five, and over half of those children were under a year. In the comparison group, over half were under five, with most of those under one. There were two children over 13 in each sample.

Table 13: Age of children

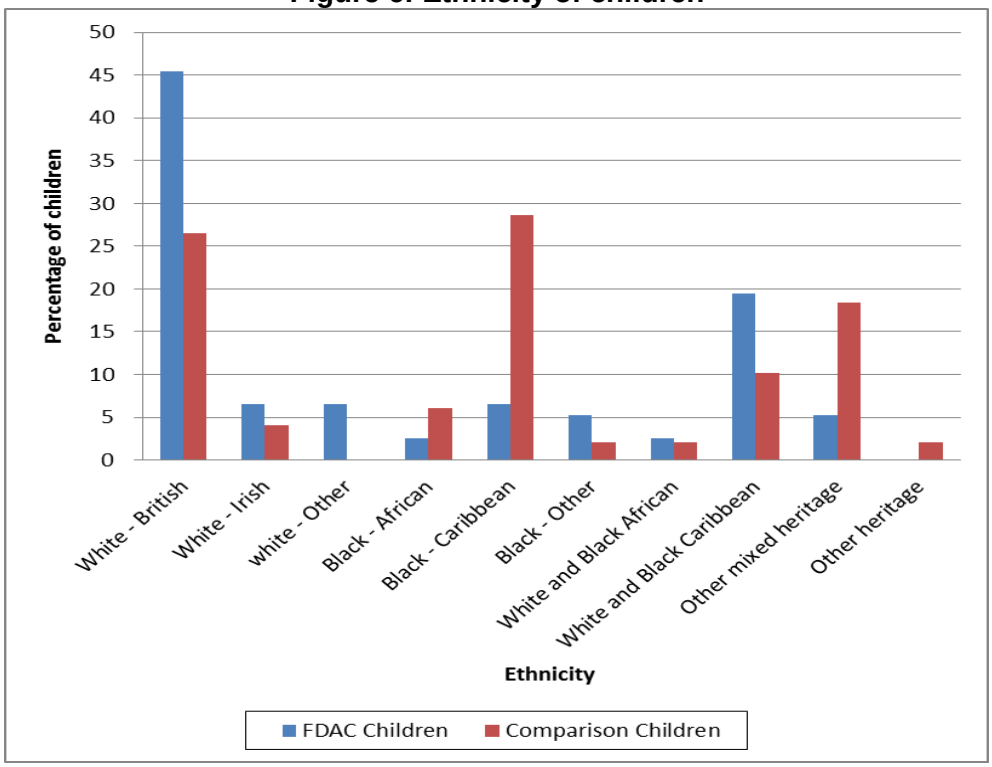
Age in years	FDAC children	Comparison children
Unborn	1 [1%]	-
Under 1	30 [39%]	17 [35%]
1-4	21 [27%]	9 [18%]
5-10	17 [22%]	13 [27%]
11-13	6 [8%]	8 [16%]
14	-	1 [2%]
15	2 [3%]	-
16	-	1 [2%]
Total	**77 [100%]**	**49 [100%]**

Ethnicity of the children

The majority of the FDAC children were White, mainly White British. Mixed-race children formed the second largest group. Smaller numbers were Black (African, Caribbean or Other). In the comparison sample, the largest number of children (over a quarter) were

Black, almost all of them Black Caribbean. There were similar numbers of mixed-race children and White children.

Figure 6: Ethnicity of children



Children's difficulties

Children in each sample had a range of problems, with some children having multiple difficulties. Emotional and behavioural difficulties were common in each sample. For younger children, these symptoms included temper tantrums, aggression, bed-wetting, anxiety, tearfulness, bullying and being bullied. For older children, the problems included aggression, bullying, verbal abuse and occasional physical abuse. The behaviour of these older children caused problems at home and at school (including falling behind in school work) and in some cases led to threatened or actual school exclusion.

The most frequent difficulties experienced by the FDAC children related to physical health. These were reported across the age range and, exceptionally, included very serious medical conditions such as cleft palate and congenital heart disease. More common problems were poor dental care, overweight or obesity, eyesight problems and difficulties arising from premature birth.

Developmental delay included both cognitive and motor delay.

A noticeable difference was the higher frequency of FDAC children born withdrawing from drugs, a finding that may be associated with the higher number of infants in the sample.
The detail about the above findings is as follows:

- **emotional and behavioural difficulties** – FDAC 26 children (34%), comparison 20 children (41%)
- **health difficulties** – FDAC 51(66%), comparison 23 (47%)
- **drug withdrawal at birth** – FDAC 21 (27%), comparison 3 (6%), and
- **developmental delay** – FDAC 9 (12%), comparison 8 (16%).

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 over two-thirds of the cases involved both actual and likely harm. Applications do not always specify the type of harm but, where the information was recorded, the most frequent type in each sample was the combined category of physical harm, emotional harm and neglect. Few cases were based on the likelihood of future harm only, particularly in the FDAC sample (FDAC 12% [8 of 66], comparison 31% [15 of 49]).

Where the children were living

At the start of the proceedings the children were living in various different settings. Just over a quarter of each sample were living at home – most with their mother, and a few with both parents or with their mother and her partner. Others were with relatives or foster carers and one older FDAC child was in a residential crisis centre.

Table 14: The child's living arrangements at the time of the first hearing

With whom or where the child was living at the start of proceedings?	FDAC children	Comparison children
Mother	13 [17%]	11 [22%]
Father	1 [1%]	2 [4%]
Both parents	5 [7%]	1 [2%]
Grandparent(s)	7 [9%]	2 [4%]
Other relative(s)	3 [4%]	6 [12%]
Foster carer	9 [12%]	16 [33%]
Hospital	18 [24%]	5 [10%]
Mother and partner	2 [3%]	1 [2%]
Mother or father, but not at home	7 [9%]*	2 [4%]**
Residential provision	1 [1%]	-
Other	-	3 [6%]
Total for the calculation	**76 [100%]**	**49 [100%]**
Unknown	1	-
Total	**77**	**49**

** 3 were with a parent in residential provision, 1 in foster care, 1 in hospital, and 2 unclear.*
*** 1 was in prison with their mother, and 1 unclear.*

The biggest difference between the samples was in the number of children who were in hospital. This was so for nearly a quarter of FDAC children but very few comparison children (FDAC 23% [18 of 76], comparison 10% [5 of 49]). Almost all these FDAC

children were infants. Some were on the neonatal ward, awaiting discharge to relatives or foster care, with or without their mother. Others were in Special Care Baby Units, withdrawing from drugs. The difference between the samples here might, in part at least, reflect the timing for starting proceedings: some children will have moved out of hospital and into foster care before that happens.

Court orders sought on the children[25]

The local authorities were seeking an interim care order (ICO) in more than two-thirds of the FDAC cases and in nearly all the comparison cases. In each sample this order was most commonly requested when the plan was for either foster care or a mother and baby residential parenting assessment.

An interim supervision order (ISO) was sought for just over a quarter of the FDAC children but in only one comparison case. In over half of these FDAC cases the order was sought to underpin a plan for the child to remain with their mother or parents. In such circumstances, the comparison authorities tended to apply for an interim care order instead.

In three cases in each sample the local authority did not seek an interim order initially. This was because the parent was not contesting the other elements of the plan for the child at that stage.

Table 15: Court orders and placements sought at the start of proceedings – FDAC

FDAC sample	ICO	ISO	No order	Not recorded	Total
Foster care	36 [47%]	-	-	-	36 [47%]
Friends and family	5 [6%]	6 [8%]	2 [3%]	-	13 [17%]
Mother & baby placement	1 [1%]	-	-	-	1 [1%]
No removal from parent	4 [5%]	10 [13%]	-	-	14 [18%]
Residential	8 [10%]	1 [1%]	1 [1%]	-	10 [13%]
Not recorded	1 [1%]	-	-	2 [3%]	3 [4%]
Total	**55 [71%]**	**17 [22%]**	**3 [4%]**	**2 [3%]**	**77 [100%]**

Table 16: Court orders and placements sought at the start of proceedings – Comparison

Comparison sample	ICO	ISO	No order	Not recorded	Total
Foster care	30 [61%]	-	-	-	30 [61%]
Friends and family	7 [14%]	1 [2%]	-	-	8 [16%]
Mother & baby placement	2 [4%]	-	-	-	2 [4%]
No removal from parent	2 [4%]	-	2 [4%]	-	4 [8%]
Residential	2 [4%]	-	-	-	2 [4%]
Return home	2 [4%]	-	-	-	2 [4%]
Not recorded	-	-	1 [2%]	-	1 [2%]
Total	**45 [92%]**	**1 [2%]**	**3 [6%]**	**-**	**49 [100%]**

[25] See annex 7 for an explanation of court orders.

DISCUSSION

A number of points have emerged from this analysis. One is that the similarities between parents in the two samples outweigh the differences.

This is particularly so in relation to the parents' substance misuse profiles and their psychosocial difficulties:

- All the proceedings were triggered by maternal substance misuse.
- A lengthy history of substance misuse was the norm, and combined misuse of illegal drugs and alcohol predominated.
- High rates of domestic violence, mental health problems, offending and experience of being in care in childhood were also widespread.
- Poor recording of socio-economic data limited the picture of parents' problems, but unemployment and housing difficulties were common.
- Many families had previous contact with children's services, not necessarily continuous but often over a long period, and many had had children removed in previous care proceedings.
- A majority of the mothers had been treated previously for substance misuse and, from the less-well recorded information, so had approximately half the fathers.
- Finally, an unexpected and unexplained similarity was that parents in this study were less likely to be White British than other parents in treatment in their own borough (according to data collected for the National Treatment Agency by DAATs).

There were also some similarities in relation to the children, especially about local authority concerns. In most cases, the significant harm that triggered the proceedings involved the combined category of physical harm, emotional harm and neglect.

The differences between the two samples also need highlighting.

- a higher proportion of FDAC children were young, both younger than five and younger than a year
- a higher proportion of FDAC children were born withdrawing from drugs
- more FDAC children had health difficulties
- a higher proportion of FDAC than comparison parents were White.

The age profiles of the children is potentially an important difference as age is a key determinant of placement choice and a strong predictor of child outcomes. There is less information available on the influence of ethnicity on substance misuse and outcomes.

As long as these provisos are borne in mind, it seems safe to conclude that the comparison sample does provide the basis for a useful examination of the similarities and differences between FDAC and ordinary proceedings, court process and services.

The profiles of the parents raise some more general issues. Proceedings were initiated because of maternal substance misuse although in many cases both parents were currently misusing substances and each had a long history of misuse. Typically, cases involved misuse of both illegal drugs and alcohol, with alcohol alone featuring less often. A similar finding by Forrester and Harwin[26] supports the indication from this study that swifter action is taken to bring care proceedings in cases involving illegal drugs compared to alcohol. The earlier research showed that, compared to cases involving babies whose parents misused Class A drugs, the children (mostly toddlers) affected by alcohol misuse were more likely to have experienced significant harm and neglect before their case came to court, and they were more likely to experience poor outcomes.

Parents in the sample are similar in profile to those found in other studies of parental substance misuse (Cleaver et al, 1999; Forrester and Harwin, 2006; Ward et al 2010) and of parents in care proceedings (Brophy, 2006; Masson et al, 2008),[27] where domestic violence, mental health problems, poverty and housing difficulties feature. All these difficulties are common in the present study. Past offences also feature strongly, a well-established link, as parents seek to fund their substance misuse (Cleaver et al, 1999; Kroll and Taylor 2003).[28]

As in other studies of children in care proceedings, the FDAC children are very young, and with a disproportionate number of babies. The proportion of children under a year was higher than in Masson's 2008 study of care proceedings (39 v. 29 per cent). The proportion of children aged under five in the present study also exceeds that in Masson's study (75 v. 57 per cent).

The children were vulnerable in other ways apart from their very young age. For some, there were serious child protection concerns. Over a third had physical health problems. Sixteen (16) per cent had emotional and behavioural difficulties, a rate similar to that found in other studies of looked after children.[29]

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[26] 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; 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; Forrester and Harwin (2011) *Effective Interventions;* Ward H, Brown R, Westlake D and Munro E (2010) Infants suffering, or likely to suffer, significant harm: A prospective longitudinal study. DFE-RB053; Cleaver H, Nicholson D, Tarr S and Cleaver D (2007) Child Protection, Domestic Violence and Parental Substance Misuse. JKP, London.

[27] Masson J, Pearce J, Bader K, Joyner O, Marsden J and Westlake D (2008) Care Profiling Study. MoJ Research Report 5/08, Ministry of Justice; 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; Brophy J (2006) Research review: Child care proceedings under the Children Act 1989. Department for Constitutional Affairs, Research Series 5/06; Ward H, Brown R, Westlake D and Munro ER (2010) Infants suffering, or likely to suffer, significant harm: a prospective longitudinal study, DFE-RB053.

[28] 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; Kroll B and Taylor A (2003) Parental Substance Misuse and Child Welfare. Jessica Kingsley Publications.

[29] Meltzer H, Gatward R, Corbin T, Goodman R and Ford, T (2003) The mental health of young people looked after by local authorities in England. London: TSO; Sempik J, Ward H and Darker, Al (2008)

The picture we have been able to present on fathers is much more limited than for mothers, due to patchier recording of information. This lack of information is a common but troubling finding because it implies that fathers are left marginalised by services, as well as disadvantaged in accessing the help they may need.[30]

There were important information gaps for both mothers and fathers. Many studies comment on the variability of information that can be obtained from administrative data and this study is no exception. It adds weight to the frequent call to close these gaps (in relation to substance misuse, mental health problems, other psychosocial difficulties and income, education and housing) in order to ensure that there is robust data available for policy, practice and management purposes.

Important questions are raised by this analysis, including whether cases might have been referred to FDAC earlier. We return to this in the final section.

Emotional and Behavioural Difficulties of Children and Young People at Entry into Care. Clinical Child Psychology and Psychiatry, Vol. 13, No. 2, 221-233.

[30] 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.

B2 – COMPARATIVE FINDINGS: SERVICE ENGAGEMENT

Summary points

- All FDAC parents received an individualised package of care from the FDAC team throughout their time in FDAC.
- All FDAC parents had been assessed, with an intervention plan agreed with parents and all parties, within three weeks of the first court hearing.
- FDAC assessments uncovered unmet needs in relation to substance misuse, domestic violence and maternal mental health.
- FDAC parents received more community substance misuse services than comparison parents.
- Both FDAC and comparison parents accessed a similar range of health, local authority and third sector services for psychosocial problems, with FDAC parents being slightly more likely to access these during the first six months of proceedings.
- In comparison cases psychological, psychiatric and parenting assessments were carried out for the purposes of court proceedings.

There was no difference in the range and type of services received by children.

INTRODUCTION

A central objective of FDAC is to provide parents with timely access to effective services to address the full range of their substance misuse (and related) difficulties. The national evaluation of the USA family treatment drug courts found that timely entry to substance misuse treatment services increased parental retention in services, their return to treatment after relapse, and the successful completion of treatment, which in turn increased the prospects of child and parent reunification.[31]

The service specification for FDAC requires that:

- parents are able to access and maintain treatment for their substance misuse
- effective services are provided in a timely and coordinated way for parents and, at the same time, there is a clear focus on the welfare of the child, with the needs and wishes of children and young people identified and responded to, and
- parents are successful in addressing any related psychosocial difficulties.

[31] 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; Hora P (2006) Family Dependency Treatment Courts in the United States. International Society for the Prevention of Child Abuse and Neglect (ISPCAN), September 3-6, 2006, England: York.

The expectation was that the team would have a key role in achieving these objectives. It would provide a range of direct services to parents, link parents into other services, and coordinate the work done by all the agencies involved.

This section explores FDAC's success in achieving these objectives. We were interested in learning about:

- any difference in the number and range of substance misuse and other services that FDAC parents access, compared to parents in the comparison group
- whether attention was paid to the needs and welfare of the children, and how they fared, and
- any possible explanations for the findings, and lessons that might be drawn.

The findings are based on an analysis of the substance misuse and psychosocial services received by the 30 FDAC families who gave us consent to view their files,[32] plus an analysis of all 31 comparison families (see methodology section, A3, and annex 5). The provision of services during the first six months of proceedings was tracked for all cases in each sample.

We use the following categorisation of services:

Table 17: Categorisation of services

Substance misuse services	Psychosocial services
Community prescribing	Housing
Community detoxification	Financial support
Relapse prevention	Family support
Counselling	Parenting provision
Family support	Mental health service
Residential detoxification	Domestic violence service
Residential rehabilitation	
Residential rehabilitation & parenting	

This section is in three main parts, all relating to activity in these first six months:

1. a description of the services received by FDAC parents **only** (because by its very nature, FDAC offered some services that were not available to non-FDAC parents)
2. a comparison of services received by both FDAC and comparison parents (these are the services where information was available for both samples and so it was possible to compare them), and
3. a discussion of assessments for the court.

After a brief comment about services for children, we end with reflections on the results.

[32] The NHS (FDAC) files and the local authority children's files.

FINDINGS

1 SERVICES RECEIVED BY FDAC PARENTS ONLY

The FDAC intervention core services

Throughout their time in FDAC, all parents received an individualised package of care from the specialist team in order to maintain their engagement in treatment for their substance misuse problems. The core ingredients of the package were assessment, the development and coordination of an individual intervention plan, relapse prevention, and other one-to-one work with an allocated member of the team (their key worker). Where indicated, FDAC offered some other direct services to parents, including joint work with couples or work around past trauma.

Assessment

An assessment was undertaken very soon after a parent entered FDAC and it provided an in-depth history of the case. This initial assessment, the team formulation meeting, the Intervention Planning Meeting (IPM), and the appointment of a key worker all happened within three weeks of the first court hearing.[33] At the second hearing the court received the first FDAC team report, including a case history and analysis, analysis of the risk and protective factors, and the intervention plan. There was no evidence of any slippage in these timescales as more families joined the pilot.

We found that FDAC often filled in gaps in information in the evidence provided by the local authority in support of their application to the court. A comparison of this local authority baseline data (see section B1) with that in the FDAC assessments presented to court, reveals that FDAC uncovered more unmet needs around maternal and paternal substance misuse, domestic violence and maternal mental health needs.

- **Substance misuse** – In half the cases (16 of 30), FDAC identified further substance misuse to that recorded in the local authority application. This was cannabis (8 cases), crack (4 cases), cocaine (4 cases) and alcohol (3 cases). In four cases more than one type of substance had gone unrecorded.

- **Domestic violence** – The FDAC initial assessments also picked up more instances of maternal domestic violence. In three cases maternal domestic violence was not recorded by the local authority and, in another, it was alleged only. In a quarter of cases (8 of 30) the local authority application recorded historical abuse, which the FDAC team identified as a current problem requiring intervention.

- **Mental health** – In four cases FDAC identified mental health problems where the local authority had not. In five other cases the local authority referred to a historical problem that FDAC considered was ongoing. There was one case where the local authority recorded mental health problems but FDAC did not.

[33] The FDAC assessment process is described in section A2 and C2, the FDAC team work is explained in the qualitative section (C2), and how the team work with parents is set out in the flowchart at annex 3.

Services provided by FDAC in addition to the core package

The FDAC assessments underpinned the individual intervention plans that were designed to respond to the specific needs identified and were updated as circumstances and needs changed.

The plan of 11 mothers included a recommendation for help about domestic violence, and seven of them (and two fathers) received this service in the first six months. Four mothers and one of the fathers joined an in-house domestic violence group organised for FDAC parents by the Tavistock Clinic whilst the other three mothers and the other father were referred to an external domestic violence service. The remaining four mothers (recommended for help) did not access a domestic violence service in the initial six months. An additional two mothers had domestic violence help from FDAC during this period, but did not have the need recorded in their plan.

The specialist team provided other direct services to parents in the first six months:

- a parent mentor (10 mothers, 2 fathers)
- couples' work on relationship issues (2 couples)
- social behaviour and network therapy (1 mother), and
- counselling (recipients unclear).

More parents than the above 12 were offered the parent mentoring service in their first six months but, as noted elsewhere, some decided against it and others felt the timing was wrong. Similarly, some offers of bereavement counselling and other services were not taken up at that time but were accepted later on.

2. SERVICES RECEIVED BY FDAC AND COMPARISON PARENTS

Here we were testing whether there was any difference in the type and number of services received by FDAC and comparison parents (in the first six months of the court proceedings). We analysed information about both substance misuse services and psychosocial services.

A substantial part of the FDAC key work role involved liaison with other agencies to co-ordinate the intervention plan and to help parents access substance misuse and psychosocial services that were not provided directly by FDAC. In the qualitative section of the report (C2), we report on the consensus view of professionals about the value and effectiveness of FDAC's co-ordinating role.

Given this focus on co-ordinating services, we might expect to find that FDAC parents accessed more services than comparison parents.

Non-FDAC substance misuse services

Community substance misuse services

FDAC parents received more community substance misuse services than comparison parents. This refers to services over and above those received directly from FDAC. More

FDAC parents than comparison parents attended two or more agencies, and mothers in each sample received more services than fathers.

Table 18: Number of community substance misuse services received in the first six months

Number of non-FDAC community substance misuse services received	FDAC mothers	Comparison mothers	FDAC fathers	Comparison fathers
None	3 [10%]	6 [20%]	6 [38%]	3 [33%]
One	10 [33%]	15 [50%]	4 [25%]	6 [67%]
Two	8 [27%]	5 [17%]	5 [31%]	-
Three	5 [17%]	3 [10%]	1 [6%]	-
Four or more	4 [13%]	1 [3%]	-	-
Total for the calculation	**30 [100%]**	**30 [100%]**	**16 [100%]**	**9 [100%]**
Unknown	-	1	-	-
Total	**30**	**31**	**16**	**9**

Most community substance misuse services, for parents in both samples, were provided by the voluntary sector. The most common types of help were one-to-one counselling, community prescribing, community drop-in services, relapse prevention, group work, and some whole family support. There was little use in either sample of community detoxification or attendance at a structured day programme, and few parents attended self-help organisations such as Alcoholics Anonymous and Narcotics Anonymous (FDAC - 4 mothers and 2 fathers, comparison - 2 mothers and 1 father). Six comparison mothers received drug-testing only. Some argue that drug testing is a service rather than a form of monitoring but the researchers did not hold this view and so had not included it in the analysis of services received by FDAC parents.

Residential substance misuse services

A small number of parents in each sample went into residential service provision, with slightly fewer FDAC than comparison mothers doing so. Slightly more comparison mothers received combined help for their substance misuse and parenting in a residential setting that offered these services jointly.

Table 19: Type of residential substance misuse services received in the first 6 months

Number of parents attending residential substance misuse services in the first 6 months	FDAC mothers (n=30)	Comparison mothers (n=31)*	FDAC fathers (n=16)	Comparison fathers (n=9)
Residential detoxification	3 [10%]	4 [13%]	1 [6%]**	-
Residential rehabilitation	2 [7%]	4 [13%]	1 [6%]	1 [11%]
Residential rehabilitation and parenting	1 [3%]	3 [10%]	-	-

* Data missing on 1 mother, so percentages calculated out of 30.

In relation to detoxification services, all the FDAC mothers accessing this service entered after joining FDAC and they all stayed for between 12 days and 4 weeks. The one FDAC father (** above) who received this service had been in residential

rehabilitation before entering FDAC and, after joining FDAC, had the detoxification service and then stayed on for further rehabilitation.

Non-FDAC psychosocial services

Parents in each sample had a wide range of psychosocial problems (see baseline section, B1) and FDAC and comparison local authorities, and health services in pilot and comparison sites, had a similar range of relevant services in place to meet these needs. FDAC parents were slightly more likely than comparison parents to access these services during the first six months.

- **Mental health** – A small number of parents in each sample (FDAC 5, comparison 3) received mental health services while their case was proceeding. Services were delivered by various providers, including GPs, psychiatric hospitals and community psychiatric nurses.

- **Parenting** – More FDAC than comparison parents attended a parenting programme (12 mothers, 4 fathers v. 3 mothers, 0 fathers). FDAC parents attended the *Strengthening Families, Strengthening Communities* or the *Webster Stratton Incredible Years* programme, or attended the parenting programme run by their drug and alcohol agency. Comparison mothers attended a parenting class or had rehabilitation after-care parenting support. No comparison father was referred to a parenting support programme: four received an assessment for parenting and mental health.

- **Other services –** Help during the first six months with housing, finance and domestic violence needs was also more frequent in the FDAC sample. In relation to housing, help was given to 11 (37%) FDAC mothers and three (14%) fathers, whereas this was so for 5 (17%) comparison mothers and one (4%) father. In relation to finances, seven FDAC parents and one comparison parent received help. In relation to domestic violence, as noted earlier, seven FDAC mothers and two fathers were helped (compared with three comparison mothers and two fathers).

3. PARENTING ASSESSMENTS AND MENTAL HEALTH ASSESSMENTS

As shown in the table below, just under a third of parents in the comparison sample had parenting, psychiatric and/or psychological assessments prepared as part of the court proceedings.

In just under half the FDAC cases there was specific attention to psychiatric issues in the assessment. All but one of these 14 psychiatric assessments were carried out either by the consultant adult psychiatrist who acts as a non-core FDAC team member or by the clinical nurse specialist who is a full member of the FDAC team. The comparison sample assessments were undertaken by consultant adult psychiatrists or, occasionally, by forensic psychiatrists.

The FDAC team does not include a psychologist. In relation to the five psychological assessments in the FDAC sample, one was undertaken by the Tavistock Clinic and another by the Monroe Clinic, in both cases as part of their arrangement to provide

occasional sessional help to the FDAC team. The other three were carried out by independent psychologists.

Parenting assessments focus on parenting capacity and issues such as attachment. They normally consist of interviews and observations of parental interaction with their children. They can take place in the community or in a residential placement. Some assessments are based on observations over a period of time, others are briefer. In the first two years of FDAC, more of the parenting assessments were carried out by external agencies, but FDAC undertook them for a third (7) of the mothers and a third (3) of the fathers, either jointly with the local authority or with the usual local authority provider. For more discussion of FDAC's role in parenting assessments see section C2.

Parenting assessments were more common for mothers than fathers and this was so for each sample. In relation to the type of parenting assessment, more FDAC than comparison mothers had a residential one (7 [23%] vs. 3 [10%]). Three of these residential assessments had started before the mothers joined FDAC.

Table 20: Type of assessments for the court

Type of assessment	FDAC mothers (n=30)	Comparison mothers (n=31)*	FDAC fathers (n=21)	Comparison fathers (n=9)
Psychiatric	14 [47%]	9 [29%]	2 [10%]	4 [44%]
Psychological	5 [17%]	4 [13%]	1 [5%]	-
Parenting	18 [60%]	9 [29%]	8 [38%]	4 [44%]
Of which (parenting), community assessment by FDAC (alone or jointly with the local authority)	7	-	3	Unknown
Of which (parenting), community assessment by non-FDAC agency	4	6	2	Unknown
Of which (parenting), residential assessment	7	3	3	Unknown

* Data missing in 1 case.

4. SERVICES RECEIVED BY CHILDREN

There was no difference in the range and type of services received by the children in the two samples. The main services were:

- assessments (such as checking developmental progress)
- health (teeth, hearing, eyesight, physiotherapy and cardiology)
- education and development issues (including speech therapy, art therapy, dyslexia screening), and
- psychosocial provision (family support, child and adolescent mental health service [CAMHS], youth offending service).

For the youngest children, a timely move to a safe placement was the main way in which their welfare was addressed. This was so in each sample.

DISCUSSION

The first six months is a good window in which to study engagement patterns because the journey of change is most likely to start early.

The results from this section show two important differences in service receipt that are in line with FDAC's objective to facilitate parents' recovery through support, treatment and timely access to services.

The first main difference is that, in the first six months of their case, FDAC parents (fathers as well as mothers) received more help than comparison parents for their substance misuse problems. This was not simply because they had drug or alcohol support from FDAC: they also got more from other service providers. FDAC played a key role in this in that they ensured that parents accessed their core services within three weeks and they also co-ordinated parents' access to other, community, services.

The second difference is that more FDAC than comparison parents got help from finance, housing and domestic violence services. But there was no evidence that FDAC parents received a wider range of services to address their psychosocial problems.

In relation to services received by the children, the analysis did not identify any differences: in both samples there was the similar range of health and welfare provision.

The differences, therefore, between standard treatment and FDAC were about the inputs to parents, not the children. What was noteworthy about this?

First, all FDAC parents were provided with help very swiftly. Assessment and treatment started almost immediately, in line with the service specification. This offered the potential for motivating and supporting parents and thus increasing the prospects of positive change.[34] Parents and professionals alike commented on the benefits of receiving, and being linked into, services quickly (see Part C).

Second, FDAC increased knowledge about the substance misuse profiles of the parents they were working with. The under-reporting of cannabis in 27% of the cases echoes other research[35] which found that mental health professionals were less likely to identify cannabis as problematic. However, the FDAC assessments also identified more evidence of Class A drug misuse than was included in the local authority evidence to the court. It illustrates the importance of substance misuse assessments being carried out by experts, to ensure that the interventions can provide an accurate response to the needs identified, to enhance understanding of risk and prognosis, and to increase the chance of achieving good outcomes.

The FDAC team also uncovered in its assessments more evidence of mental health and domestic violence than emerged from the LA evidence for courts. There are different

[34] Hora P (2006) Family Dependency Treatment Courts in the United States, International Society for the Prevention of Child Abuse and Neglect (ISPCAN), September 3-6, 2006, UK: York.
[35] Clutterbuck R, Tobin D, Orford J, Copello A, Preece M, Birchwood M, Day E, Graham H, Griffith E and McGovern D (2009) Exploring the attitudes of staff working within mental health settings towards clients who use cannabis. Vol. 16, No. 4, pp. 311-327.

possible interpretations of such variations. It could be that problems had emerged, or re-emerged, in the weeks between the local authority statement and the FDAC assessment. Or the FDAC assessment could be more thorough. Whatever the reason for the finding, the extra evidence gleaned from the FDAC assessment helped inform the intervention plan and increased the fit between need, care planning and services.

Third, as well as providing its own range of core services, FDAC could take advantage of its wider links with the Tavistock and the Monroe Clinic in order to provide extra services. Of note here was the domestic violence group and couple counselling. An advantage of this partnership was that parents could access these services quickly.

What also emerged from this section was that FDAC played a larger part in carrying out parenting assessments for the court than might have been expected from comments made by professionals.

The findings have also shed light on patterns of parental engagement. All were offered the same 'fair test' by FDAC, but there was considerable variation in the way parents responded to this. Some attended just one extra substance misuse service while others went to several. Some parents were more ready than others to take up domestic violence services or the offer of a parent mentor in the first six months. When they were interviewed, parents gave practical reasons for not always taking up services that were recommended, but they also indicated that sometimes they were not psychologically ready to examine particular issues. The differential take-up of services reinforces the point that personal motivation is an important feature of engagement and that this varies between individuals. The same point is made in the recent large-scale Home Office survey.[36]

Finally, the information we have presented raises some practice issues and challenges.

First, residential parenting assessments were used more frequently for FDAC parents than comparison ones. According to the five participating local authorities, this difference reflected contrasting practice in the use of these assessments in care proceedings generally, rather than being related to the specific problem of parental substance misuse. However, as we note in the section on costs (B4), these residential parenting assessments are expensive. This was a point also made by social work managers, and the FDAC team indicated in interviews that they were not in favour of residential parenting assessments because they did not fit well with their staged assessment approach (see C2).

Second, this comparison of services was originally intended to include detailed information about the time taken for parents to access services and the frequency and duration of services received. In the event, we were unable to do this because the information was not recorded systematically. This was a constraint on the research, but was a loss for practice, too. The missed opportunity to monitor parental attendance at services meant that the opportunity was lost to provide evidence to the court which could be used to reinforce good progress or to trigger an awareness that parents were becoming disengaged.

[36] Bernard M, Webster S and O'Connor W, with Jones A and Donmall M (2009) Qualitative Study, Key Findings. Research Report No. 26. The Drug Treatment Outcome Study (DTORS). Home Office.

B3 – COMPARATIVE FINDINGS: EARLY OUTCOMES

Summary points

- A higher proportion of FDAC than comparison parents had ceased misusing substances by the end of proceedings.
- There were no clear predictors of which parents would be successful: success was not linked to the length of substance misuse, the type or number of substances used, or the number or age of children.
- FDAC parents were more engaged with substance misuse services over time than comparison parents.
- More FDAC than comparison families were reunited with their children.
- More FDAC than comparison children had improved well-being at the end of proceedings, but this may be related to the FDAC children being younger.
- The average length of proceedings in FDAC and comparison cases was the same overall.
- In cases where children returned home, FDAC proceedings lasted on average 8 weeks longer than comparison cases.
- In cases where children were placed permanently away from home, FDAC cases lasted on average 7 weeks less than comparison cases.
- Fewer FDAC than comparison cases were contested at final hearing (whether concluded in FDAC or in ordinary proceedings).
- There were wide variations in the length of proceedings in both samples.
- The main causes of delay after cases exited FDAC were disputes over the plan for placement and the need for viability assessments of family members.

In the previous section we examined the first main research question of the evaluation, comparing the services FDAC and comparison families received during the first six months. We now turn to the second set of research questions, about early outcomes for parents and children. We set out to explore the following questions, comparing the experiences of families in the FDAC programme with those involved in ordinary care proceedings in the comparison authorities:

1. Was there any difference in the proportion of parents who had stopped misusing substances by the final court hearing?
2. Was there any difference in the proportion of parents who were living with their child or children by the final court hearing? And was there any difference in children's well-being at that point?
3. Were there any differences between the two samples in relation to the length of the proceedings when children returned home or were placed permanently elsewhere?

We deal with these questions in turn and offer some reflections on each set of answers. We conclude the section with discussion about some possible reasons for our findings overall.

The information on which this section is based is derived from tracking 41 FDAC cases (56 children) and 19 comparison cases (26 children) to final order (see methodology section, A3, and annex 5). The remaining cases (14 FDAC, 12 comparison) were not included here because they had not reached final order at the point our data collection ended.

FINDINGS

RESEARCH QUESTION 1 – CESSATION OF SUBSTANCE MISUSE

The first research question is about whether there is any difference in the proportion of FDAC and comparison parents who had stopped misusing substances by the final hearing of their court case.

Ceasing to misuse substances was defined as parents – in line with their treatment plan – being abstinent from alcohol and/or from street drugs (heroin, crack, crack cocaine, cannabis). This might have included temporary setbacks (lapses) along the way. A lapse is distinguished from a relapse in that a relapse is taken to mean a second or subsequent lapse that parents are not able to recover from and so they now count again as misusing substances.

A higher proportion of FDAC than comparison parents had ceased misusing substances by the end of the proceedings (see table below). All but three of the 19 FDAC mothers had addressed their substance misuse whilst in FDAC, where they had remained throughout the care proceedings. The other three had ceased misusing during the ordinary care proceedings to which they had transferred after leaving the FDAC programme.

In a few cases in each sample the mother had begun to make encouraging progress but was unable to sustain it. A further two FDAC mothers (and one father) re-entered treatment, and the mothers were still there at final order.

In each sample, slightly more parents had continued to misuse substances than had stopped. Three fathers died during the course of the proceedings, with substance misuse implicated in two cases.

Table 21: Substance misuse outcomes at final order

Substance misuse outcomes at final order	FDAC mothers	Comparison mothers	FDAC Fathers	Comparison fathers
No longer misusing	19 [48%]	7 [39%]	8 [36%]	-
Relapsed and re-entered treatment	2 [5%]	-	1 [5%]	-
Relapsed (and misuse continues)	3 [8%]	4 [22%]	2 [9%]	-
Misuse has been continuous throughout	16 [40%]	7 [39%]	9 [41%]	4 [80%]
Deceased	-	-	2 [9%]	1 [20%]
Total for the calculation	**40 [100%]**	**18 [100%]**	**22 [100%]**	**5 [100%]**
Unknown	1	1	1	1
Total	**41**	**19**	**23**	**6**

Possible influences on substance misuse outcomes

Was there any relationship between the characteristics of cases at the start of proceedings and substance misuse outcomes at final hearing?

Various baseline factors were examined to see if any would enable us to distinguish between FDAC mothers who addressed their substance misuse successfully during the proceedings and those who did not. We concentrated on FDAC mothers only: *mothers* because the number of fathers was small and the data patchy, and *FDAC* because numbers in the comparison sample were small.

In order to identify which factors to examine, we consulted a range of studies about outcome predictors,[37] as well as the USA Family Drug Treatment Court survey whose cases are similar to those in FDAC. We selected the following factors (or variables) as most promising:

- **socio-demographic** – maternal age, household composition, number of children in the current case, number of children removed previously by children's services
- **substance misuse related** – type and number of drugs misused, length of misuse
- **child factors** – age, problems in relation to health, development, education, relationships, safety, emotional and behavioural difficulties
- **service characteristics** – length of family contact with children's services.

Although a history of substance misuse treatment per se is frequently used as an outcome predictor, it was excluded from this analysis because almost all the mothers

[37] 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.

had such a history and so a comparison between them would be of no value. Domestic violence and mental health data were not included in the analysis because, although we had included some information about these issues in our baseline analysis, we would have needed more detail than was available to us in order to reach conclusions about them here.

We compared FDAC mothers who stopped misusing drugs and alcohol by the final hearing with those who continued. We analysed one variable at a time (univariate analysis). The small numbers precluded our conducting a more complex analysis, which would have allowed us to examine several variables simultaneously and to draw conclusions about the relative importance of each variable (multivariate regression analysis).

None of the socio-demographic factors was associated with good or poor substance misuse outcomes at final order. Young mothers were as likely to do well or badly as older mothers. So, too, were lone parents, mothers in two-parent families, and mothers with one or more child.

Nor was there any association between substance misuse outcomes and either child factors or the service characteristics that we examined.

That leaves the substance misuse related factors. We found that no individual factor had a bearing on the cessation or continuation of misuse. FDAC mothers who had misused substances for ten years or more were as likely to stop as those with only a brief history. Likewise, the number of substances misused and the type of substance (alcohol only, illegal drugs only, drugs and alcohol together) are not predictive of outcomes.

It is possible that with a larger FDAC sample these findings may change but it is interesting to note that the finding that case characteristics were not predictive of outcome is in line with the US evaluation of FTDCs, a much larger-scale research project. This found that there were no clear cut predictors based on parental characteristics or child factors and concluded that the features of the courts were more important predictors and mediators of outcome.

Engagement with services over time

With that in mind, we wanted to explore whether there were any differences between the FDAC and comparison parents in their engagement in substance misuse and psychosocial services during the proceedings and at final order. We planned to use information about whether or not parents were attending services in accordance with the care or intervention plan as a proxy measure for engagement. However, we found that detailed recording of parental attendance at substance misuse or psychosocial services in accordance with agreed arrangements was not available.

We were able to collect more reliable data on those mothers whose children were returned to them. We were also able to analyse information about engagement with services at the end of proceedings from the end-of-case forms that the guardians had agreed to complete for us. Guardians also provided some information about engagement with services during the course of proceedings.

Findings: substance misuse treatment services

All 16 FDAC mothers whose children were living with them at final order were attending appointments with their FDAC key worker regularly up to the end of proceedings. In addition, 14 of these mothers were also attending community substance misuse services, as were three of the four fathers whose children were returned. All four comparison mothers whose children were returned to them also attended a range of substance misuse services throughout the proceedings but only two were still attending these services at final order.

Information from guardians indicates that a higher proportion of FDAC mothers than comparison mothers stayed engaged with treatment services throughout the proceedings. In addition, proportionally more FDAC mothers had a plan about continuing to attend a named substance misuse service or services after the end of proceedings, in order to maintain progress and prevent relapse, though it needs to be noted that information about this was not available for 11 of the 19 comparison mothers.

Table 22: Engagement with substance misuse services

Engagement with substance misuse services	FDAC mothers	Comparison mothers
AT FINAL ORDER		
Parent engaged in treatment at final order	21 [55%]	3 [38%]
Parent not attending substance misuse services	15 [39%]	5 [62%]
Parent attending services sporadically	2 [5%]	-
Total for the calculation	**38 [100%]**	**8 [100%]**
Not known	3	11
Total	**41**	**19**
PLANS TO REMAIN IN SUBSTANCE MISUSE TREATMENT AFTER PROCEEDINGS END		
Mother intends to continue attending named treatment services	15 [38%]	1 [25%]
Mother has no plan to continue attending named services	24 [60%]	3 [75%]
Attendance not necessary (mistaken initial diagnosis)	1 [3%]	-
Total for the calculation	**40 [100%]**	**4 [100%]**
Not known	1	15
Total	**41**	**19**

Findings: psychosocial services and health services

The FDAC and comparison mothers who were living with their children at final order were also in receipt of community psychosocial services at the end of the proceedings. This was so for all four comparison mothers and for 12 of the 16 FDAC mothers. The services for FDAC parents included parenting programmes, counselling, financial assistance and vocational courses, as well as social work and health visitor and GP

services. In relation to the comparison group, the services included health monitoring, financial support, child care and social work.

Recording was too patchy to allow for a detailed analysis of information about the psychosocial services that the parents we tracked to final order had continued or started to receive whilst their case was progressing, or were still receiving at final order.

RESEARCH QUESTION 2 – CHILDREN'S LIVING ARRANGEMENTS AND WELL-BEING AT FINAL ORDER

The second research question is about the short-term outcomes for the children subject to the care proceedings in each sample. We explore this question by scrutinising what we know in relation to:

A. Which children stayed at, or returned, home – *Was there any difference between FDAC and comparison cases in the proportion of families whose children were living at home at the final hearing?*

B. Possible influences on reunification outcomes – *Was there any relationship between the characteristics of cases at the start of proceedings and family reunification outcome at final hearing?*

C. Other placement decisions, and contact – *What were the living arrangements at final order of children who were not then at home, and what contact arrangements were in place for them?*

D. Children's well-being – *Were there any differences between the two samples in children's well-being at the end of the case?*

A. Children living at home at final order

The rate was higher in FDAC than in the comparison sample: children of 39% of FDAC mothers (16 of 41) and 21% of comparison mothers (4 of 19) were living at home at final order. This included all 16 FDAC mothers who had remained in FDAC throughout the proceedings and had stopped misusing substances. In four cases the family unit included two parents who were both misusing substances at the start of the proceedings. None of the three FDAC mothers who stopped misusing after they left FDAC were living with their children at final order.

B. Possible influences on reunification

Various baseline factors were examined to see if any of them would enable us to distinguish between FDAC mothers who were living with their children at final order and those who were not. We used the same predictors that we had used to analyse possible influences on substance misuse outcomes. Unsurprisingly, as before, no clear predictors emerged, except that ceasing substance misuse was, of course, the critical factor in whether children returned home. Of FDAC mothers who misused one substance only, 58% were living with their children at final order, but so were 57% of those who misused three substances. There was no association between family reunification outcomes and either child factors or the service characteristics that we examined.

C. Other placement decisions, and contact, for children not at home at final order

Table 23: Children's living arrangements at final order

Children's living arrangements at final order	FDAC children	Comparison children
Permanent placement		
Living at home	22 [39%]	7 [27%]
Living with father (not lived with previously)	4 [7%]	3 [12%]
Living with member of extended family	12 [21%]	6 [23%]
Placed for adoption	1 [2%]	-
Placed in long-term foster care	-	2 [8%]
Sub-total	**39 [70%]**	**18 [69%]**
Temporary placement		
Living in short-term foster care	17 [30%]	7 [27%]
Living with a member of extended family	-	1 [4%]
Sub-total	**17 [30%]**	**8 [31%]**
Total children	**56 [100%]**	**26 [100%]**

Children in a permanent placement

Two-thirds of the children in each sample were living in a permanent home at the end of the proceedings. As shown in the table above, if the child was not placed back home with parents, placement within the extended family was far more common than any other option. A few children in each sample went to live with a father with whom they had not lived previously.

In the other third of cases the child's placement counted as temporary.

Children in a temporary placement (short-term foster care)

A placement was classified (for the research purposes) as temporary if the child would have to move on to a new home. The issues about why children were in short-term foster care had many similarities. The common issues were in relation to:

- babies or young children with an adoption plan (6 FDAC, 4 comparison)
- children where the plan was to live within the extended family (10 FDAC, 2 comparison), and
- placements for older children (1 FDAC, 1 comparison).

Temporary placement: with a plan for adoption

A key issue in each sample was whether a home had been identified for children with a plan for adoption. By final order, adoptive parents had not been found in any of the six FDAC cases, nor in three of the four comparison cases. A second issue related to the

age and adoptability of the child. In each sample there were two cases where the children were judged to be hard to place by virtue of their age and/or their emotional and behavioural problems.

Temporary placement: with a plan to live with members of the extended family

In cases where children were going to live with relatives, the move was imminent or already underway. This was so in each sample. In several cases the children were going to join half-siblings. Some of the local authorities (both samples) had put a support package in place, to strengthen the arrangement.

Temporary placement: plans for older children

Each sample included an older child with many problems. In the FDAC case, the young person was to have a current foster placement re-designated as a long-term, permanent home. In the comparison case, the young person needed to make the transition to adult social care.

The impact of the status of the placement (permanent or temporary) on the length of the proceedings is examined later in this section, under the heading about the length of proceedings.

A note about contact arrangements

There were very few differences between the two samples in the arrangements for contact between mothers and their children who had not returned to their care. All FDAC mothers, and all comparison mothers bar one, had an arrangement in place. For most mothers (80% FDAC, 73% comparison) this was face-to-face (direct) contact. For the rest, it was indirect contact, such as through letters and photos.

Just over half the fathers in each sample also had direct contact. One FDAC father was not allowed contact because of his continuing substance misuse at the end of proceedings.

In some cases, in each sample, disagreements over contact arrangements led to a contested hearing in court to resolve the issue.

Legal orders to underpin the placement arrangements

The legal orders[38] made by the courts at the end of proceedings, to underpin the various different placement arrangements for children, were very similar in both FDAC and comparison cases. One difference was in relation to children returning or remaining at home. A supervision order was made in relation to each of the seven children in the comparison sample who were living at home, and likewise for the majority of the FDAC children living at home. The exceptions here were one FDAC case where a family assistance order was made instead of a supervision order and three other cases where the court decided to make no order at all.

[38] See annex 7 for an explanation of court orders.

A supervision order provides a legal framework within which a local authority supervises and monitors the child and also has the power, while the order is in force, to go back to court to have the order extended or varied if there is concern about the child's welfare. This is recognised as being a more appropriate order to make than a care order in those cases where the child is to return or remain at home but where some element of oversight by the local authority is deemed necessary. A family assistance order is intended to ensure that focused, short-term help is provided to a family, either by a social worker from the local authority or by a CAFCASS officer. This order is rarely made in care proceedings.

If the court decides to make no order at the end of proceedings this does not necessarily mean that contact between the local authority and the family will cease. It will depend on what has been agreed between them. Services and support can continue to be provided to the family, in line with local authority duties to children in need.[39]

D. CHILDREN'S WELL-BEING

The proxy outcome measure for children's well-being in this early descriptive study is whether there is any evidence of maltreatment of the child. This was chosen as an indicator that would be measurable, but it is clearly more appropriate for a longer-term follow up of outcomes once proceedings have concluded. As standardised measures of child well-being were not used by FDAC or by the local authorities, it proved difficult to collect consistent information that would allow comparison of the child's well-being at the start and end of the case.

In order to have some information on which to make this comparison, we included questions about the child's well-being on the end-of-case form completed by children's guardians (see methods section, A2). We asked whether the children had any difficulties at the start of proceedings under seven domains: health, development, education, social relationships, attachment, safety, and emotional and behavioural difficulties. There was no attempt to match this information from the guardians with the information we had collected about baseline variables because the sources were different. Guardians were also asked whether any difficulties identified at the start of the case had improved by then end of the case, and what services had been provided for children.

The first finding is that there were more similarities than differences in the frequency of children's pre-existing difficulties:

- In each sample, very few children had no pre-existing difficulty (FDAC 6% [3 of 49] vs. comparison 8% [2 of 24]).

- In each sample, over half had more than one problem:

    - 55% (27 of 49) of FDAC children and 54% (14 of 24) of comparison children had up to three pre-existing difficulties, and
    - 39% FDAC (19 of 49) and 33% (8 of 24) comparison children had 4 or more difficulties.

[39] Section 17, Children Act 1989

Second, more FDAC children with pre-existing difficulties were considered by the guardians to have improved by the final hearing (82% [40 of 49] vs. 67% [16 of 24].

Several factors may help explain these findings. In each sample problems were more likely to persist amongst older children and the comparison group had proportionately more children in the older age bracket. The type of pre-existing difficulty may also contribute to the results. The FDAC sample had twice as many children with a pre-existing problem in relation to development (42% [20 of 48] vs. 21% [5 of 24]). These often related to initial concerns over neonates, most of which were considered to have improved or been resolved by the final hearing, often through placement in an alternative secure and stable home.

RESEARCH QUESTION 3 – LENGTH OF PROCEEDINGS

Here, as well as exploring whether there were any differences between FDAC and comparison cases in relation to the length of proceedings, we were also interested in any differences in relation to parental engagement with the court, and in any differences in relation to contested hearings.

The length of proceedings

There was no difference between the two samples in the average length of proceedings. On average, cases took one year, in line with the London average.

Length of proceedings: by final placement

There were, however, some differences in average case duration when a comparison is made on the final placement type:

- it took on average eight (8) weeks longer for the children in FDAC to be reunited with their parent/s
- it took on average seven (7) weeks less for children in FDAC to be placed in an alternative permanent home
- but there was no notable difference in the average duration of proceedings for children living in a temporary placement at final order.

Table 24: Length of proceedings by the type of final placement

	FDAC				Comparison			
	All FDAC	At home with mother	Other Permanent	Temporary	All Comparison	At home with mother	Other Permanent	Temporary
Number of completed cases	41 [100%]	16 [39%]	13 [32%]	12 [29%]	19 [100%]	4 [21%]	8 [42%]	7 [37%]
Average length [weeks]	52.12	50.81	51.38	54.67	52.79	42.50	58.25	52.43
Maximum length [weeks]	101	75	92	101	89	73	72	89
Minimum length [weeks]	21	31	26	21	22	22	36	33

Children who returned home - length of proceedings

Table 25: Length of proceedings: children who returned home

First to final hearing*	FDAC cases	Comparison cases
20-24 weeks	-	1 [25%]
30-34 weeks	3 [19%]	1 [25%]
35-39 weeks	3 [19%]	-
45-49 weeks	2 [13%]	1 [25%]
50-54 weeks	3 [19%]	-
60-64 weeks	1 [6%]	-
65-69 weeks	2 [13%]	-
70-74 weeks	-	1 [25%]
75-79 weeks	2 [13%]	-
Total	**16 [100%]**	**4 [100%]**
Average length [weeks]	50.81	42.50
Maximum length [weeks]	75	73
Minimum length [weeks]	31	22

* To save space, rows with no numbers have been deleted.

Several factors may help explain why FDAC reunification cases took on average eight weeks longer than comparison reunification cases. They may also shed light on why there were variations in case length *within* the FDAC sample:

- more FDAC parents had a residential parenting assessment. Although these did not always lengthen the case, they sometimes did

- the cases that involved substance misuse by both parents needed to take account of the timing and length of the treatment programme of each parent
- where older children were involved, the transition home needed to be managed carefully and at the right pace for the child
- cases were more likely to conclude quickly if there was only one child (and in almost all these cases the child was a baby)
- practical issues about housing and finances had a bearing on case length
- it is possible that FDAC's staged assessment model (see section A2) may have lengthened the process. This is because the model, deliberately flexible and tailored to the individual case, is based on the premise that parental progress needs to be tested for long enough to show that change has been consolidated and that the parent is ready to manage without FDAC.

Children placed in an alternative permanent placement – length of proceedings

The table below shows the duration of proceedings for FDAC and comparison cases reaching permanency away from home. On average, it took seven weeks less for FDAC children to be placed. Whilst there is considerable variation within each sample, a higher proportion of FDAC cases concluded in less than 40 weeks or concluded within the London average of one year. Conversely, more comparison cases took longer than the London average and more took longer than 60 weeks. The reasons for these variations were similar, irrespective of whether children were in a permanent or temporary placement at final order. They are discussed below.

Table 26: Length of proceedings: children placed in an alternative permanent placement

First To Final	FDAC cases	Comparison cases
25-29 weeks	1 [8%]	-
30-34 weeks	2 [15%]	-
35-39 weeks	1 [8%]	1 [13%]
40-44 weeks	-	1 [13%]
45-49 weeks	2 [15%]	-
50-54 weeks	2 [15%]	1 [13%]
55-59 weeks	-	-
60-64 weeks	4 [31%]	2 [25%]
65-69 weeks	-	1 [13%]
70-74 weeks	-	2 [25%]
90-94 weeks	1 [8%]	-
Total	**13 [100%]**	**8 [100%]**
Average length [weeks]	51.38	58.25
Maximum length [weeks]	92	72
Minimum length [weeks]	26	36

Reasons for variations in case duration in FDAC cases where children did not return home

In relation to all children who did not return home, whether in a temporary or permanent placement at the end of proceedings, we found that the overall length of FDAC cases

was determined not only by the time spent in FDAC but also by the number of weeks parents spent in ordinary care proceedings after their case transferred from FDAC.

(a) Time taken - from first hearing to leaving FDAC

As can be seen from the table below, cases excluded from FDAC[40] left the court (and the programme) quickly, within five weeks at most. While FDAC determined whether or not that should happen, it had no influence on the process thereafter. The average time taken for the larger group of families who exited FDAC[41] was also fairly short, but the averages conceal variations: six cases took less than 10 weeks to exit but three took between 40 and 60 weeks.

Table 27: Time from first hearing to leaving FDAC

	Excluded cases	Exited cases
Number of cases	4	21
Average length [weeks]	2.75	21.76
Maximum length [weeks]	5	56
Minimum length [weeks]	0	3

.

(b) Time taken - from leaving FDAC to final hearing

Six cases left FDAC quickly and then reached final order quickly – five of them in 36 weeks or less. In most of these cases the process reached the Issues Resolution Hearing (IRH) whilst the case was still in FDAC. The majority of the issues had been dealt with and so the final order could be made without much extra time. A number of these cases were ones where guardians expressed their appreciation of the way in which FDAC reached a clear and early conclusion that a parent was unable to control their substance misuse (see qualitative findings, C2).

However, recognition that the parent could not address their substance misuse, or could not parent their child satisfactorily, did not always lead to a speedy resolution. Nine (9) cases that were in FDAC for up to 16 weeks took much longer to finish once they had left FDAC. The reasons given by guardians for this included:

- the need for viability or special guardianship assessments to see whether family members would be suitable carers for the child (the reason given in most cases)
- disputes between family members about who should care for the child and the arrangements for contact, and
- delay because of disagreement between the guardian and the local authority about the care plan.

Two excluded cases which left FDAC within three weeks also took a long time to reach conclusion. One was particularly complex and the other involved a family dispute over who should care for the child.

[40] Excluded means having to leave because of coming within the exclusion criteria underpinning FDAC (see court description, A2, and methodology, A3 and annex 5).
[41] Exited means cases leaving the programme on the recommendation of FDAC, for a variety of reasons including non-engagement or inability to control substance misuse within the child's timescales.

Finally, eight cases took a long time, both in FDAC and after leaving FDAC. In some cases parents had engaged in a range of services whilst in FDAC and then relapsed. Some included a placement in a residential parenting unit and this, too, lengthened the case. Delays once the case had left FDAC related, here too, to the need to carry out assessments of family members or to disagreements over the care plan.

In three cases which were excluded from FDAC, and six that exited, a psychiatric or psychological assessment was subsequently carried out, either on one or both parents or on the family. This is discussed in the section on assessment in C3. Guardians commented that this was a contributory reason for delay in one of the excluded cases.

The reasons for lengthy proceedings in comparison cases were similar to the above and included delays in waiting for assessments to be organised.

Parental engagement

Fewer FDAC than comparison mothers stopped attending their care proceedings (FDAC10% [4 of 41] vs. comparison 26% [5 of 19]). One of the four FDAC mothers withdrew whilst she was still in FDAC but the other three stopped attending court only after their case was transferred to ordinary proceedings. Besides the five comparison mothers who stopped attending court altogether, three other mothers attended court only sporadically.

Contested hearings

Another difference was that fewer FDAC than comparison cases were contested at the final hearing (FDAC15% [6 of 41] vs. comparison 26% [5 of 19]). None of the six FDAC contests arose whilst the mother remained in the FDAC programme: the final hearing in each case occurred after the transfer to ordinary care proceedings.

DISCUSSION

The tracking of the 41 FDAC cases (56 children) and 19 comparison cases (26 children) has shown some systematic differences between FDAC and standard court and services. These differences were found in relation to parental engagement with substance misuse treatment and outcomes, family reunification and placements in alternative families, and the length of court hearings. The results are all in line with the objectives of FDAC. We now discuss four important differences in the results and then consider some challenges.

First, FDAC seeks to help parents make better use of adult substance misuse treatment services. The results show that more FDAC mothers engaged with substance misuse treatment during the first six months and that a higher proportion remained engaged throughout the proceedings. More FDAC mothers had plans to continue in treatment after the proceedings concluded, in order to sustain and consolidate progress, although we need to bear in mind the lack of information available about comparison mothers. Better engagement with substance misuse treatment services was also found for FDAC fathers, in relation to both FDAC and community services.

Second, FDAC parents were more likely than comparison parents to have stopped misusing drugs and alcohol by the final hearing. Often parents had been misusing for

many years and most parents in each sample had been in substance misuse treatment before the current proceedings.

Third, the rate of family reunification was 18% higher in FDAC than in the comparison group. The single most important reason for this difference was that more FDAC parents ceased to misuse alcohol and drugs. It is of note that none of the parents who gained control of their drug and alcohol misuse after leaving FDAC were living with their children at the final hearing. This was because their improvement came too late for securing their child's long-term stability in this way. It does, though, show that a few parents did tackle their substance misuse difficulties later on and without the intensive support provided by FDAC. It is only possible to speculate on what part the input from FDAC earlier on had played in this process.

Fourth, the results also indicate a more constructive use of the court process and time for cases in FDAC. Fewer FDAC parents dropped out of the care proceedings and there were fewer contested hearings. Whilst proceedings were concluded more rapidly for children who needed a permanent home away from parents, this was not the case when children were to live at home at final order. Swift placement in an alternative home enabled some children to get the best possible chance to put down roots without drifting in the care system. For other children, those returning home, the longer court process provided the time needed to consolidate parental progress and to sort out practical and other difficulties before the end of the process. This differentiation in the use of court time for reunification and permanent alternative placement is also a feature of the American Family Drug Treatment Courts.

And what of the challenges posed by the results?

First, the findings highlight just how difficult it is to tackle parental substance misuse. In each sample more parents (mothers as well as fathers) continued to misuse drugs and alcohol than were able to give up. Despite the extensive and well-coordinated support from FDAC, and despite the powerful incentives the programme offers to families wanting to keep their children, many parents were still unable to bring their substance misuse under control and to change their lifestyle.

Second is the question of whether some proceedings could have finished more quickly. In many cases the delays were beyond the control of FDAC. These concerned long delays in obtaining a date for a final hearing or for getting a viability assessment carried out, disputes over contact and placement and, in some cases, the order of further expert assessment once the case had exited FDAC. There were also delays in obtaining a final hearing date when a case stayed in FDAC, but it was recognised that this was an issue at present in all care proceedings. However, in some cases professionals judged that FDAC delayed too long before concluding that progress was too slow to safeguard the child's need for long-term security and good parenting (see C2). These were mainly cases at the start of the pilot, but they do raise the important issue about when a decision should be taken that a parent has had long enough to test their capacity to change.

The results raise questions, too, about factors that might help explain the findings. Some readers may be disappointed to learn that we found no clear-cut socio-demographic factors, parental characteristics, child factors or history to indicate which parents might do well and which not. The only features to emerge as potentially important are the

number and type of substances misused. It would be worth continuing to test this finding with a larger number of cases because the most likely reason for the inability to identify particular profiles associated with outcomes is the small number of cases in the current study. It is also possible that our analysis excluded some factors with predictive value. However, the same overall result was found in the large-scale American research into Family Drug Treatment Courts: parent characteristics, child characteristics and socio-demographic factors were not predictive of outcomes.

This leads to an interesting conclusion. It suggests that people with wide-ranging and entrenched difficulties can still do well in treatment and that maybe it is programme quality that matters. A corollary to this is that it may not be possible to do an initial screening to see which parents would most benefit from the FDAC intervention although, on the face of it, this might be attractive as a cost-effective and efficient type of targeting. A more effective and just approach may be to continue to offer FDAC's fair and time-limited test of capacity to change to all parents who agree to join FDAC. This in turn raises the question of which parents should be offered FDAC in the first place.

There are two further conclusions. First, the findings suggest that FDAC may need to move even more quickly when exiting parents who are not able to take advantage of what is on offer from FDAC. Second is the need for work with the rest of the court system, to ensure speedy resolution of a case that leaves FDAC.

B4 – COMPARATIVE FINDINGS: COSTS OF FDAC AND ORDINARY PROCEEDINGS

The aim of the costing 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.[42]

The costing 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 attendance. The difference in average hearing length translates to a saving to the local authorities of £682 per family on court hearings.

[42] 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.

- Children in FDAC cases spent fewer days in out-of-home placements: 153 days compared to 348 days for comparison cases. The median cost[43] 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. I see we now only have explanation of median here – do we need a ref back to this explanation later as well?

- 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 COSTING STUDY

The study had two aims. The first was to focus solely on the innovative 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 children's 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

[43] 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.

having longer-term outcomes from both samples than was possible to derive from this study. The findings from the study may, 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 then 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 person. 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.[44] The second was used to log the frequency with which a set of agreed FDAC activities was undertaken with each family.

[44] Curtis L (2008) Unit Costs of Health and Social Care 2008. University of Kent: Personal Social Services Research Unit.

The third template was a time use survey completed by the FDAC team 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.[45]

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 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.

[45] See annex 6 for technical details of the costs study.

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.

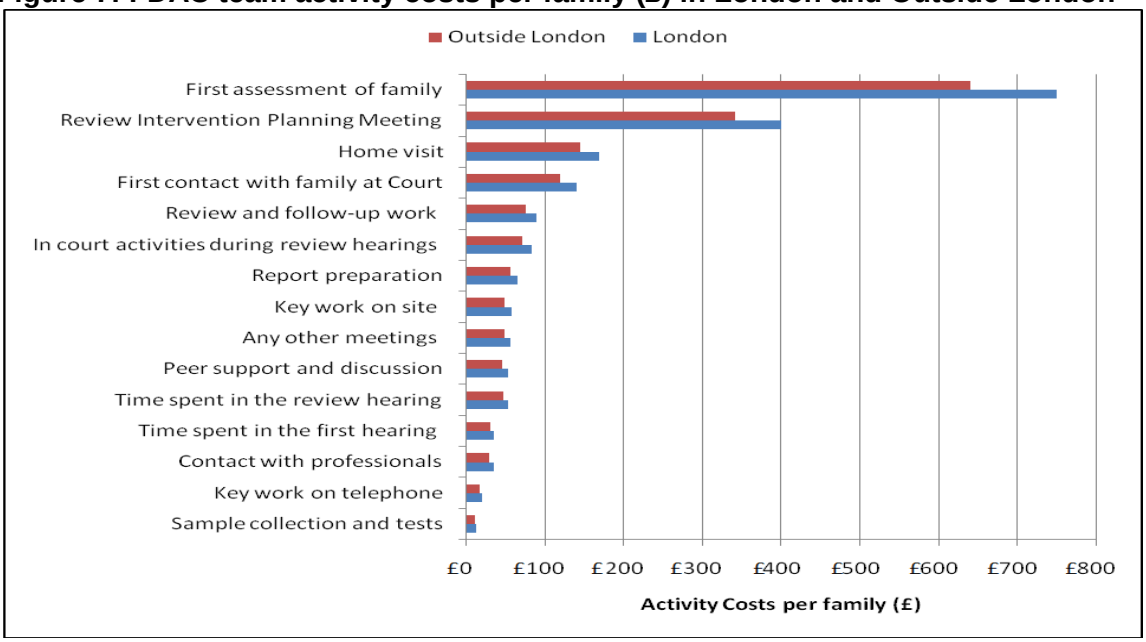
An analysis of the background characteristics of the FDAC and comparison families included in the costing exercise revealed similarities between the two samples. For example, about 60% of mothers in each sample were aged 30-40 years, about three-quarters of the families had one child in the proceedings, and 54% of the mothers misused both alcohol and illicit drugs. However, some differences were also observed. In terms of ethnicity, FDAC had a higher proportion of White parents (FDAC 68%, comparison 42%). In terms of children having being removed from parental care previously, whilst for the full samples this had occurred more frequently for FDAC families, here the reverse was true (FDAC 36%, comparison 56%). We are not sure of the extent to which the differences in ethnicity and history of child removal would make the two samples incomparable, given that other characteristics such as mothers' age and the nature of her substance misuse are similar.

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.

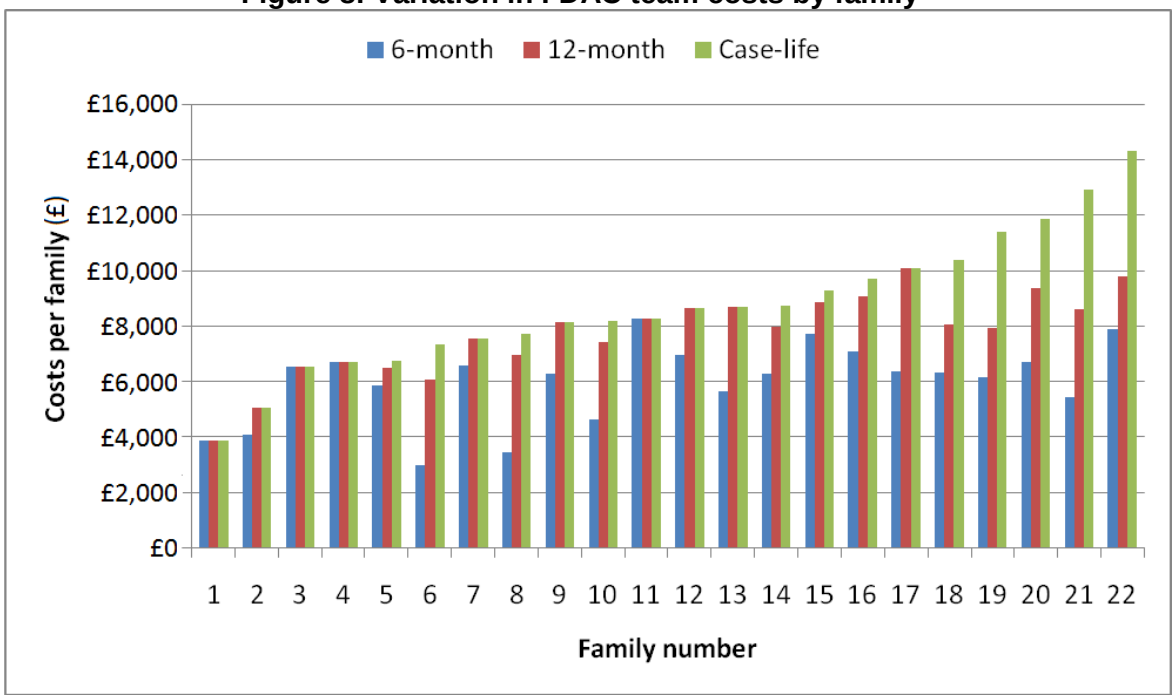
Figure 7: FDAC team activity costs per family (£) in London and Outside London[46]



[46] 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.

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 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.

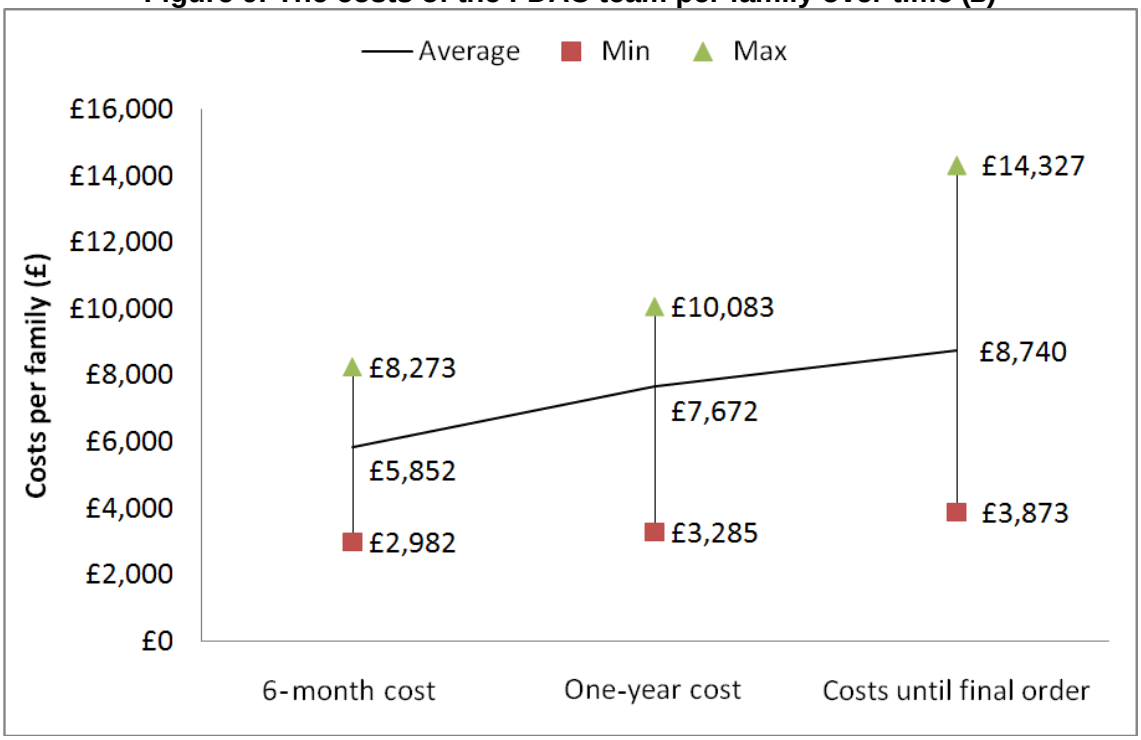
Figure 8: Variation in FDAC team costs by family



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 returns 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.[47]

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.

[47] 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.

Comparing FDAC's 'expert evidence' work with expenditure on expert evidence by comparison authorities[48]

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.[49] 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.

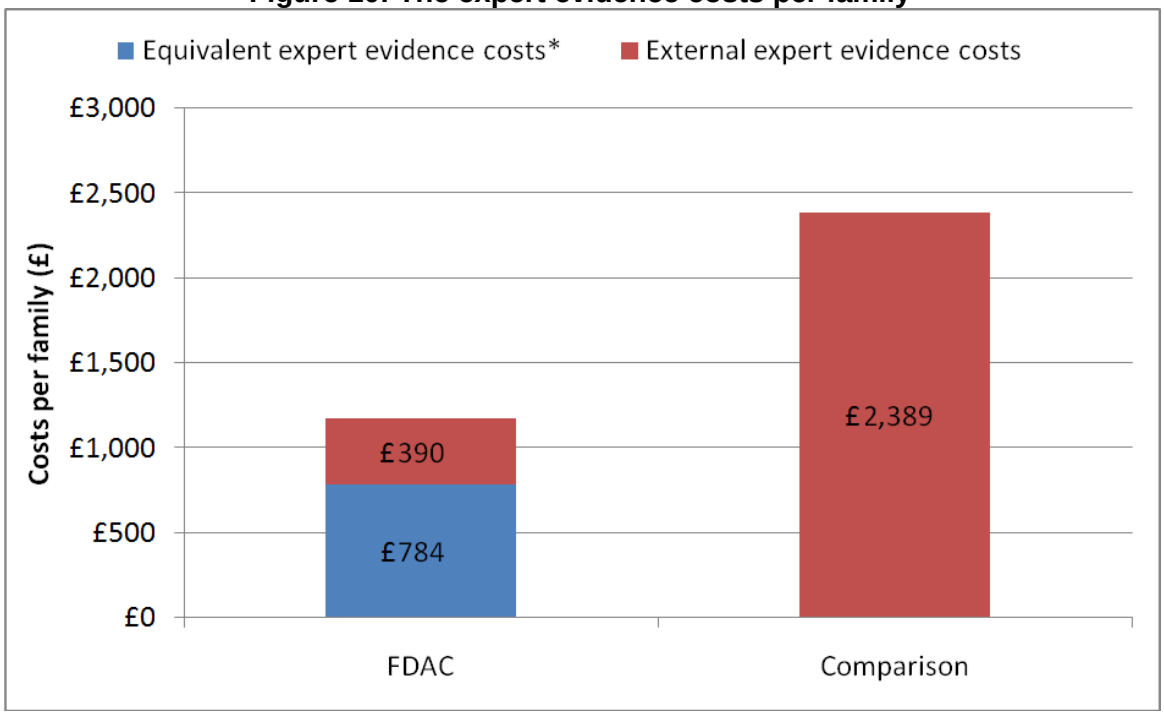
The FDAC activities that most closely resemble the work done by experts in ordinary proceedings are the first assessment, (in which, for the costs exercise we included the first IPM), report preparation, and time spent in the first court hearing. In addition, external experts were requested in six FDAC 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.

The cost annex (annex 6) gives more details of the amounts spent on different types of assessment. Although we did not include parenting assessments in this comparison of FDAC 'expert evidence' activities and similar comparison expenditure, it can be seen from the table in the annex that parenting assessments, particularly residential assessments which were more commonly used by the FDAC local authorities can be very expensive.

[48] See annex 6 for full details about costs.
[49] 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.

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.[50]

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.[51]

[50] Plowden F (2009) Review of Court Fees in Child Care Proceedings.
[51] 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 28 summarises the differences we found:[52] 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 28: The court hearing costs per family

Court hearings	FDAC	Comparison
Average number of hearings (and range)	**15** (8-21)	**10** (4-13)
Average length of hearing (minutes)	**20** (4-50)	**56** (10-180)
Likelihood of the presence of lawyers in the hearings	**75**%	**100**%
Costs to LA per family (£)	**£280**	**£962**

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 29: Number of out-of-home placements

Service	\Number of out-of-home placements		
	One	Two	Three
FDAC	13	5	2
Comparison	21	2	0

[52] See annex 6 for fuller details of court costs.

Table 30: Number and type of out-of-home placements

Type of out-of-home placement	First placement		Second placement		Third placement		Total	
	FDAC	Comparison	FDAC	Comparison	FDAC	Comparison	FDAC	Comparison
Kinship 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
Total	13	21	5	2	2	0	20	23

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 31 shows that the median[53] cost per case is lower in the FDAC sample (£7,875 v. £12,068). It shows, too, that the mean number of days in out-of-home placements is much lower in the FDAC sample (153 v. 348 days). When taken together, these findings suggest that FDAC has the potential to reduce local authority costs for out-of-home placements.

Table 31: 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

[53] See explanation of median on page 79

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 the FDAC team support change over time

The initial six months are the most expensive as this is when FDAC is making strenuous efforts to engage parents, including co-ordination of activity across agencies and work to help families through the crises that bought 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 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,[54] 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

[54] Plowden F (2009) Review of Court Fees in Child Care Proceedings.

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 overall costs. 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.

Finally, 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.

PART C: QUALITATIVE FINDINGS

INTRODUCTION

This section presents the findings from the qualitative data, drawing on all the available sources:[55] interviews with parents and a range of key participants in FDAC, focus groups with representatives of all professionals involved in FDAC and with parent mentors, observations of the court process and end-of-case questionnaires completed by children's guardians. The section is divided into different sub-sections. It starts with the main findings from the interviews with parents: parental views on all aspects of the FDAC process, including those covered in the subsequent sub-sections, are presented together here, rather than being dispersed across the rest of the section. The later sub-sections present the findings from all the other sources of qualitative evidence.

INTERIM REPORT FINDINGS

The interim evaluation report[56] of August 2009 drew on data collected from most of the sources listed above and examined whether, at the end of the first year of the pilot, there were any early indications of an emerging FDAC model that was operating as a problem-solving court. We concluded from the evidence that, although FDAC was under continuous development, there was a distinct model of a problem-solving court emerging and the model was widely perceived to be relevant and viable. The key features of the model were the specialist team providing parents with rapid assessments and speedier access to services, judges taking a non-traditional approach to parents and professionals alike, and good engagement of parents with both the specialist team and the court.

The main problem areas identified at that point were the slow development of the parent mentor scheme, queries about whether the court and the specialist team had sufficient capacity to take on the number of cases that had been planned for originally, some concerns in relation to the approach of the FDAC team to assessment, and queries about whether cases should be coming to court sooner than had been the case in the first year of the pilot.

We were particularly interested in exploring all these issues during the second stage of focus groups and interviews with everyone involved in the process.

The order of this section about qualitative findings is as follows:

C1 – PARENTS TALKING

C2 – VIEWS ABOUT THE FDAC PROCESS

1. The FDAC team
2. The FDAC judges
3. Capacity issues
4. Court reviews
5. The FDAC team approach to assessments

[55] See section A3 and annex 5 on methodology.
[56] FDAC Research Team (2009) FDAC Interim Report. August 2009.

6. Parenting assessments
7. Working with adults while keeping the child in mind
8. Timing of commencement of court proceedings

C3 – MULTI-AGENCY WORKING

1. Setting up FDAC
2. Joint working between the judges and specialist team
3. Joint working between the FDAC team and other professionals

C4 – THE CONTRIBUTION OF PARENT MENTORS

DISCUSSION

C1 – VIEWS ABOUT THE FDAC PROCESS: PARENTS TALKING

This section presents parents' views of FDAC. Understanding what parents think of the service is important. Whilst a like or dislike of FDAC does not tell us whether the service is effective, satisfaction with services is well established as an important ingredient of treatment retention[57] and is often regarded as a pre-requisite for change.[58]

Drawing on our interviews with 37 parents (28 mothers and 9 fathers),[59] we describe parents' views and experiences of FDAC, their perceptions of support, and their understanding of their own part in bringing about change. We then outline their recommendations for the future development of FDAC and discuss our main findings and the lessons that have emerged.

Summary points

All but two of the parents we interviewed would recommend FDAC to others in a similar situation.

Parents were overwhelmingly positive about the FDAC team for:

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

Parents were also positive about the judges:

- for being fair, sensitive, 'treating you like a human being'
- because they felt motivated by judicial praise and encouragement, and
- because they were aware of the authority of the judge and valued their role in mediating and solving problems.

Two-thirds of parents were positive about review hearings and valued being able to have their say in court.

Parents valued judicial continuity because it meant the judge knew about their case and knew them and their children.

The few parents who had been linked to a parent mentor were positive about receiving support from someone who had been through similar experiences.

Relationships between parents and social workers were frequently difficult, but some parents felt that FDAC had helped to improve that relationship.

[57] Barnard M et al (2009) The Drug Treatment Outcomes Research (DTORS): Qualitative Study, Report No. 26, Home Office, December 2009.
[58] 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
[59] See methodology section, A3, and annex 5.

Parents talked about the challenge of overcoming addiction. Key motivators were being ready for treatment and/or having a new child, together with intensive support from FDAC.

Parents expressed concern about the lack of support once their case ended and they left FDAC.

FINDINGS

1. THE EARLY DAYS: DECIDING WHETHER TO ENTER FDAC

Some parents could not remember how they had felt arriving at the first hearing. Others had no idea what to expect. Many of the rest described being '*confused*', *'scared*' or *'in a daze*' and some were terrified that their child was going to be taken from them.

By the second hearing, all but one parent had accepted the FDAC offer. Some described several motives, reflecting a mix of positive choice, drift and external pressure. They spoke of:

- the chance to retain or regain their child
- wanting help for their own problems
- being attracted by the FDAC approach
- following the recommendation of their solicitor or another professional
- drifting into the programme
- feeling coerced or with no other option, or
- having negative experiences of previous care proceedings or current practice.

The most frequent motive was the chance to keep their child. This was so for a quarter of parents, closely followed by seeing FDAC as an opportunity to sort out their own life.

> *I wanted to change my past behaviour with alcohol problems so I was willing to work with FDAC.*
>
> *I decided to take part because I needed to do something different. I was willing to do anything that would make me a better mum and to take on responsibility for asking for help.*
>
> *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, drinking. I couldn't get any lower. To be quite honest I was like a tramp.*

There were many different aspects of FDAC that parents thought would help with their own problems, and that they had learnt of through the team's explanations and information leaflets, and from solicitors. None predominated, but they included:

- a family-oriented approach
- access to a wider range of services
- being listened to, and

- a specialist service that understands the problems, gives hope, gives help to deal with problems with the local authority.

Solicitors, too, were a helpful source of information, especially in providing information and advising parents who were unsure what to do. They told parents that the FDAC process was likely to be '*quicker'* and '*more relaxed*' and '*would provide more support*' and be '*a more positive experience*' than ordinary care proceedings. They had also told parents that they could withdraw from the scheme if did not work out for them.

A number of parents joined on the basis that it '*can't do any harm*' and some talked of being willing to '*give it a try*', while others were less positive:

> *Because it wouldn't make any difference whether I stayed with this court or went to another court. They would still have made me go to the mother and baby home.*
>
> *I didn't feel I had much choice.*

The influence of unhappy past experiences of care proceedings was raised by several parents as a reason for choosing FDAC. Some had been through more than one case and 15 mothers had had children removed by the court. Parents said they had seen the judge 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 and left to sort out their own treatment.

> *I've been to an ordinary care case before and normally you wouldn't get any advice. This is what I think I need. In the other court no-one actually works with you. All that the social workers said was 'go to rehab'.*
>
> *A couple of years ago I lost two children … and there wasn't a lot of help around then. They just took kids away from us without working with the parents. It felt like a losing battle.*
>
> *All I can compare it to is normal care proceedings. This is much more intimate, more supportive. The regularity of hearings means that problems can be raised before they arise, in comparison with other courts where hearings are very few and far between. So if you have any problems by the time you get to the next hearing, the problem has often been left so long that it is hard to address.*

A current stressful relationship with the local authority was the other reason for joining. The worry for parents was feeling threatened by the local authority and worn down by the expressed negativity and sense of pessimism about the outcome of proceedings:

> *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. We were screaming out for help. We were both really chaotic but we didn't know how to pull ourselves out.*
>
> *When I left rehab social services were telling me that I'd never get my daughter back but FDAC and the guardian set up a meeting and all the professionals and my drug worker came. They were good and they agreed I should have an*

assessment. Social services couldn't be the only one to disagree so the assessment went ahead.

2. DURING THE CASE: THE PROCESS AND THE PEOPLE

The hearings

A distinctive aspect of the FDAC process is that most court hearings are non-lawyer review hearings, giving parents and judge frequent and regular opportunities for direct discussion. Two-thirds of the parents were positive about these review hearings. They thought it was useful to have them every fortnight. They liked their informality and felt they '*stopped problems from escalating*' and '*kept everybody up to date*'. They gave parents valuable feedback on their progress and 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.*

Parents were more likely to value the hearings if they felt able to have their say in court. Of the 24 parents who answered this question, half said that they could express their views and concerns, a third felt that this was mostly the case but that they held back sometimes, and two said they could not voice their opinions in court. Feeling '*anxious'* and '*nervous'* and '*forgetting what they 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.*

> *After being honest at the start, I've found it's better to keep my mouth shut. It won't do me any favours. I would have liked to explain what happened in hospital and set the record straight because in the eyes of the court it looked like we were bad parents.*

Suppressing criticisms of the local authority was a common reason for deciding to hold back.

> *I would like to say more about social services. They make me feel useless and put me on edge. They speak down to me. They keep changing things and because it's voluntary they can do what they like.*

> *It's not the court or the FDAC team that puts me off speaking my mind, it's the local authority.*

The judges

The parents were complimentary about the judges and had few criticisms. They were described as '*fair'*, '*reasonable'*, '*funny'*, '*encouraging'*, '*sensitive'* and '*calm'*. Parents said the judges '*treated you like a human being*', '*talked about normal things*' and '*put you at your ease*'. A number of them had remembered specific things the judge had said, either supportive or cautionary.

> *I know you want things to move more quickly. But this work takes time. It's not like a light bulb that you can switch on and off.*
>
> *I remember something he said at the very beginning which was the fact that being in FDAC is NOT a guarantee that I would get my children back.*
>
> *The judge today was very definite. I am back in court in two weeks and I could lose my child then. You know where you stand. It is upsetting to be told I might lose her, but I'd rather know – it means I've got a goal to work towards.*
>
> *He says if things don't get done please let him know that.*
>
> > *Usually the judge asks about how time has gone since the last review and whether there are any issues. He asked me why I was so upset about social services and he told me 'to keep my head up'. It encouraged me.*

The judge was important to parents in many ways. Winning his praise motivated them: it made them feel '*hopeful'* and it enabled them to see their progress whilst remaining mindful of the repercussions of non-compliance.

> *What the judge says is important. It makes me feel better when I walk out of court.*
>
> *The hearings make me feel good because I'm doing everything that I should be. The judge is full of praise. I leave feeling empowered and happy and proud of my achievements. But it could leave you completely the opposite - if I wasn't cooperating. It makes it all feel worthwhile, that all my hard work has paid off.*
>
> *If you engage and you do things right, he's very understanding and won't judge you and doesn't treat you differently. But if you mess about and you aren't committed, he will come down on you. So he's very fair.*

But parents did not always say what they really felt. Sometimes this was because they wanted to please the judge and were fearful of censure:

> *I feel like I can't say that I've had a really good week but I've 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]. But all he wants to hear about is successful cases – maybe I shouldn't have said that to you.*

Sometimes, parents were held back by their difficulties in marshelling their thoughts quickly:

There were things I'd like to have said. The judge turns to you and asks whether you've got anything to say. You start to say something and then he says thank you for that and then they finish.

Being praised by the judge was valued highly, much more so than praise from other professionals. It was a strong theme from several parents, though it was unclear quite what it signified.

My lawyer also tells me I am doing well but it's not the same.

My social worker tells me I'm doing well but it's just a little muttering under her breath.

No-one praised me before. My solicitor does, but I expect it. 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.

The judges were seen to have a particularly important role in relation to problem solving. The judge was described as the '*king'* and the '*man with the final word*'. The same parent explained that '*while you have to worry what the local authority says, the judge has the power to say what is or isn't happening*'. Parents had high expectations that the judges would mediate between different parties and be particularly robust with the local authority. A few parents were disappointed that the judge was not more proactive on their behalf or was unable to move the case along more quickly and they felt this was because the judge needed to be even handed in his approach. The majority view, however, was that parents valued the fair way the judge treated them and others. They said this even when they disliked what the judges were telling them.

I think he is a very fair man. He encourages me to do better. He gets the ball rolling when plans are up in the air, so he makes things happen. He rules.

I don't mind it when the judges say what I've got to do or that I've got to do more, like not miss appointments. I just see it as advice.

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.

I find the judge understanding. He does listen to the local authority but I know he can overrule things. He can look at both sides. I don't think social services will ever change towards me. He has dealt with families in all sorts of situations and he can see the good side of families.

When the judge did mediate and resolve problems parents were very grateful. There were several examples of this [see problem-solving section], as when a judge helped sort out a debt problem:

I'm so thankful. I can't wait to go back to court to tell him and thank them both.

Most parents thought the judges 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 is going on. That's important because the judge makes the decision at the end of the day so it's really important he gets all the information.

He knows my case because he's the only judge we've had. He's friendly. He always talks about football because my son supports Chelsea and my husband Arsenal and he supports Tottenham. He asks how I am, too, and says well done for sticking in and being patient. He knows me well enough to ask appropriate questions and he is up to speed.

He's knows about your case. He may forget something but he is always quick to remember again when you point it out to him. Like today, he remembered about us bumping into him in the street, and about us wanting more contact.

I feel they remember my case and it shows, because they say how much I've come on from the start.

The FDAC team

The FDAC team acted as a bridge between court and parent, and between parent and community. How far did the team succeed in meeting the expectations and hopes of parents about help from the team to cope with substance misuse and other problems?

The parents were overwhelmingly positive in their comments about the team. They described them in 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*'. Meetings with their key worker sometimes felt rushed, and sometimes it took longer to get into treatment with other agencies than they had hoped. One parent was expecting a stricter approach from FDAC and another wanted more in-depth treatment than was provided.

Overall, '*support'*, '*honest'*, '*strict'* and '*kind'* were the words used most often to describe team members. Parents felt honesty was particularly important in making them able to talk about their problems more openly and in a more realistic way. Those who commented further said the team's approach was not something they were used to in their dealings with professionals.

If I've got a problem, I know I can ring FDAC and anyone who picks up the phone there can help me.

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. You can think of the local authority and social services as ogres, but FDAC's involvement made the whole thing more honest and less faceless.

They take time to listen. They don't judge you straight away.

My key worker stands out … he's fair, not a soft touch, and he will say things that perhaps you don't want to hear. But he has your best interests at heart.

I like it because they are strict and they try to help and support you.

The support they give me is amazing. It can be about anything that's worrying me or getting me down. It's not just about drugs and it can be really, really silly and they'll still listen and help.

Practical and emotional support from the FDAC team was valued highly by parents. So, too, was staff flexibility, with their willingness to take account of the parents' life seen as especially important for parents who were in work.

They worked around my job. It would have been impossible for me to come otherwise.

They really make things get done, unlike other people you work with.

While the support offered varied for each parent, the team's work had broad themes. They tried 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 used to help them gradually put 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.

When you're on drugs you lose all sense of time and date and that means it takes people longer to do things. [My key worker] used to chase me up all the time and I need that. I do need chasing.

Parents were given a 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 appointment was in the diary, and agree whether the worker would accompany the parent to meetings with, say, housing or another agency. 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. These were important steps that parents valued and that made it more likely that they could benefit from treatment and other services.

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.

I bring my diary – I didn't need one before because I could remember everything but now that I have so many appointments I have to write everything down.

Parents were mainly appreciative of the substance misuse support from both FDAC and other specialist agencies. The relapse prevention guidance and the frequent drug–testing were helpful. The majority of parents could state clearly the goals of their

treatment, and most agreed with them and said they were helpful. A small number of parents seemed to minimise their problem, or go along with the intervention plan in ambivalent fashion, or preferred to do things their own way.

> *I have to keep out of unsafe situations, like not allow drug users in. I smoke a lot of cigarettes, and herbal tea instead of spliffs. Abstinence is the goal. I'm getting used to it and feeling better. I'm mid-way there.*

> *I go to the drug agency once a week and I go to FDAC and get drug tested there once a week. I have contact with my children twice a week for five hours at a time. I haven't been on drugs since I started in the court. I find it useful to go to the agency and have the tests. The aim is to keep me off drugs. I agree with it. It's knowing that I'm going to get my children back at the end. It's having so many people to support me, too.*

> *I don't see what the goal is … I thought I was going to have a plan which was much stricter than what I have now…I think perhaps this is to do with the fact that my case is not that serious to warrant something stricter.*

> *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.*

Parents were often attending several different services at the same time (see services section, B2) and had often accessed them quickly, thanks to the team's work on their behalf. All 12 parents who were interviewed between two and three months of their first hearing already had appointments with, or had started attending, non-FDAC substance misuse services and other psychosocial services. Parents with no previous treatment were appreciative of FDAC's role in getting them a referral, though some felt the process was too slow. Some of the parents in treatment before the start of proceedings said that their attendance had improved as a result of being with FDAC.

> *They've been very good about linking me in with services.*

Parents who were attending substance misuse and other services in the community – such as anger management, domestic violence and psychological counselling – felt that their busy schedule made relapse less likely.

> *It's a good idea because it fills up my day.*

> *It keeps me busy. I love to keep busy and it will keep me safe and away from drugs. It will sort out my life and maybe I can have [child] back.*

The impact of FDAC on parenting

Parents had different views on the role that FDAC did, or should, play in providing help over parenting. This variation in reply featured whether we interviewed parents at an early or late stage in the project or early or late in the course of their case. Some did not think that a key part of FDAC's role was to help them become a better parent, either because they did not think they needed help with this or because they thought the focus

of FDAC work was on other issues – such as their own, personal, problems. For other parents, however, the support from FDAC had increased their confidence.

> *It has helped me to look more at things and helped my confidence. I've more play time with [child] and I'm now doing more normal things with her – before I was always drunk. I had an alcohol counsellor before but I was still drunk. I now know a little more what to expect as a parent. I'm a lot more relaxed. I used to be hung over and anxious. Now I take my time. I'm happier in myself and so [child] doesn't cry so much.*
>
> *This has helped me in my relationship with my son and with everyone. I'm now more ready to cope as a parent.*
>
> *Yes, it has helped. I flew off the handle before, whereas now I'm more relaxed. I relate to my children better now.*
>
> *Obviously my substance misuse is in the background now and I do talk to my FDAC worker a lot about [child] and he has a lot of knowledge on what's best and gives me loads of advice about her needs.*
>
> *It's the most degrading thing if people say they are worried about your children. I thought they were making a mountain out of a molehill. No harm ever came to him, so why pick on us? I still feel that a bit but I know things weren't right, but they could have been worse. But that's just 'addict thinking'. Things are totally different now. And the children are appreciative of me being a dad to them.*

The impact of FDAC on lifestyle and aspirations

Some parents, and this was more a feature of those who had been in FDAC for about six months, talked of the way in which 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 actively moving to a new area for the same reason, and a few parents were re-establishing relationships with older children they had not seen for many years.

Some were making inquiries about getting qualifications or taking up voluntary work, with help from FDAC about suitable organisations, possible contacts and employment advice. Three parents (all had their children living with them at final order) were part way through a course.

> *I now go to college and am doing a health and social care course to get some awareness. It's a Level I course and I'm just about to start on Level 2. I feel proud of what I've achieved.*

Several other mothers aspired in the longer term to do volunteer or professional social care work – midwifery, youth work, nursery nursing. Others wanted to improve their qualifications so that they could help their children better.

> *Now I have my own son I panic because I'll have to help him with homework.*

Parents explained that change had to be radical: it was not possible to only '*half turn the page*'. The enormous challenges involved meant that the progress they achieved was equally huge.

> *Your addiction is your best friend and your lover and your children. There's a big void when you give up.*

Where substance misuse was long standing, parents had to '*re-learn about each other*'. They also had to acknowledge that relationships with their children had suffered.

> *He's getting everything he needs and that is because we are not taking drugs. I love him so much. I love all my kids. I keep looking back and thinking about my other kids. I loved them as much as I love [child] but I was just doped out all the time.*
>
> *I said to him "you know I love you, son" and he said "how can you? You haven't even got us with you." I said "I'm sorry, I made a mistake and I'm trying to put it right."*

How did parents explain why they had begun to change? The key themes that emerged were about being ready for treatment and being motivated by their baby, with both factors underpinned by the help available from FDAC.

Many parents had been in alcohol or drugs treatment previously, some on more than one occasion, and a few were in treatment when they joined FDAC. When asked how their current experience differed from earlier treatments, some parents felt that FDAC was better because it was helping them gain new knowledge about the impact of substance misuse on their life.

> *My [FDAC] worker explained about cocaine and what it was doing to me. It shook me.*
>
> *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.*
>
> *Whatever I am doing I am doing it for myself because then I can be a better parent and a better person.*
>
> *They wanted me to abstain totally but I couldn't do that at that time.*
>
> *This time around I know that I could lose my children, if I exploded again, and I'm not going to do that.*
>
> *Just wanting to do it is what's worked.*

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 am so busy with her – I don't have time to drink now.*
>
> *The main reason for the treatment working is because of the baby. [My partner] does really help. We are both now mixing with people who don't use drugs, who are clean. We are both feeling much better about ourselves, we're proud of our progress, of our baby, of how much better we look.*
>
> *The difference? My son, I think. He's given me the motivation, A to Z, and I feel comfortable.*
>
> *We basically did everything we were asked to and we stopped using drugs very early on and continued to be tested as our proof. We just wanted to get our lives back and were willing to do anything for [child] to achieve that.*

For some, all these things were rolled into one.

> *[Child] being taken off me made the difference. And it was easier because I didn't have a long history with drugs. And then the support I've had from FDAC. I've had motivation from them.*

The parent mentor programme

Although a few parents did not know what a mentor was, almost a third had met one on their first day in court or had had a mentor during their case. A few said they had declined the offer, because they felt they were juggling too many appointments already, but might welcome it later in their treatment.

There was broad support for the idea of a mentor programme, on the grounds that it was:

- a good idea
- an amazing source of inspiration
- great to speak to someone more on your level
- good to get support from a parent who knows the difficulties the process can present
- a help with the fears and worries of parents, and
- provides good information.

A recurring theme was having someone who would be there 'just for the parent'. Most important of all was the view that mentors 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 close enough to instill confidence.

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.

It's a relief to see her because she's not a professional, so you feel more comfortable.

She understood addiction but she hadn't lost her child. I saw her once a week. She asked how I was doing. We just had a coffee together. She was really really nice, but it didn't help me. A mentor who had lost custody would have given me hope that you can go through this in a really hard court case and can win.

Several parents said they would like to become a mentor in the future, as pay back for the help they had received.

I would like to do something like that myself. If it meant I could give FDAC something back, for all the support and help they've given me. I would love to, and if it means helping other families, that's great.

Views about social workers

Relationships between parents and the local authority social workers were frequently difficult, particularly at the start of proceedings. Parents felt that they could not trust the social workers and were not kept informed about decisions being made about their case, but they were too scared to voice a difference of opinion. Some felt frustrated that decisions took a very long time. They looked to social workers to help sort out their housing, arrange transport and link them into educational courses, and they were critical when this did not happen.

I'm frightened to criticise social services in court in case they take [child] away. At the beginning it made me feel low but the last few hearings have made me feel good. Social services haven't had anything nasty to say.

Social services don't tell me in advance what's going to happen and sometimes they spring things on me, including in court.

It's OK in court with the judge but the thing I feel most upset about is that the local authority has had 8 or 10 weeks to work with us and do things and they haven't done any of that.

Over time, some parents noted an improvement in their relationship with children's services and found they were 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.

Before FDAC were involved I didn't realise what social services had meant by a lot of what they said. It's upsetting to be told that I might lose [child], but I'd rather know. It means I've got a goal to work towards.

FDAC has made my relationship better with the local authority because I never got on with social workers before.

3. AFTER PROCEEDINGS END

The prospect of moving on without FDAC

All the parents would have liked to be able to stay in touch with FDAC after their court case ended. They saw this as a source of encouragement and support as well as helping prevent relapse.

The support should continue even if it's voluntary for the parents so that if there are issues you could refer back to your key worker or the team.

We're on our own now and that's how I wanted it. 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 to still be able to see my key worker for a while. It would be nice to stay in touch and have catch-ups and for him to see me with [child]. Say for 6 months, that's a decent time.

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.

I think they (FDAC) could help by writing letters to colleges to get a door open to you. Right now every single door is closed.

The last day in court

In line with the practice of problem-solving courts in the USA, this pilot set up a system of 'graduation' for those parents whose children returned to, or stayed with, them when the final order was made. This formal graduation happens at the final hearing: parents are congratulated on their success and presented with a certificate. We comment on this process in more detail elsewhere.

Parents who were at an early stage in FDAC had rarely heard about the graduation ceremony. The four who were near to final order, or whose case had finished and their child was living at home, were broadly in favour.

It is a good idea because it marks out your achievements.

It's like having a degree basically. You've achieved something which you thought you would never have been able to complete.

It's never really appealed to me about getting the certificate. But when I see others going for graduation I'm pleased for them.

I found it slightly embarrassing – not in a bad way but just that the lights were on me. But you do want a pat on the back and to have some recognition. It was the first thing we'd ever graduated from in our life.

Parents' recommendations

All but two parents would recommend FDAC to others in a similar situation. Their main reasons were that FDAC gives you '*a voice*' and '*a second chance*'. It provides '*support and understanding*' to parents with drug and alcohol problems and will help you '*if you want to be helped*'. The two who disagreed said that FDAC put parents under too much pressure too quickly.

One slip can go against you for the rest of your life.

If you mess up with FDAC, you can't go back after that [with another child].

Several parents said that nothing needed to change about FDAC. Suggestions made by others included:

- less frequent court hearings
- help for a short time after the end of a case
- hearings on two separate days, to allow more flexibility over attendance
- crèche facilities at the team's office so that parents could have greater privacy in meetings.

DISCUSSION

The central message from parents is that this is a service they would recommend to others. Those with previous experience of care proceedings felt that this one provided a superior and more helpful process. All parents felt that FDAC gave them a fair chance to change their lifestyle, turn their life round and parent their child well.

Strong themes emerged about the qualities valued in the FDAC judges. These were about building engagement with parents, being responsive to their individual needs, and being fair minded and authoritative. The judges succeeded in reducing parental anxiety about coming to court. They did so through their informality or light-touch approach, sometimes using humour and consistently being viewed by parents as kindly, courteous and sincere. The encouraging approach of the judges increased parents' self-esteem and served to raise their hopes that opting into FDAC would have a positive outcome for themselves and their children.

Parents were impressed by the judges' sensitive approach to their needs and circumstances. They felt that the details of their case were held in mind firmly, that their progress and setbacks were remembered, and that the judges found ways of engaging with them in a personal way. Fairness with everyone was valued particularly highly – parents commented on this even when they did not like what the judges had said to

them. They were impressed, too, by the authority that the judge held over their case: being kind and friendly was not at odds with taking command when a strong steer was needed.

Could FDAC operate with the team alone, without the involvement of the judges and the court process? The interviews with parents sound caution about this option. The personal authority of the judge, and his status and role, were all important parts of the motivation and change process. In addition, using the court as a forum for open review of problems and achievements, and for coordinating the views of all professionals, worked well for parents and seemed to be another cornerstone of change.

There was strong support, too, for what the FDAC team offered. Their practical and emotional support was crucial for parents. They felt motivated by people who helped to empower them, support them through difficulties, and help restore dignity and responsibility. They were not afraid to share their worries and concerns, and they knew that FDAC was at the end of the phone and would respond.

The team was praised for what they did and for the way they did it. They helped parents understand the court process, coordinated their plan, gained access for them to local services and strengthened arrangements already in place. They were knowledgeable and skillful and their help was praised for being clear and well organised. At times they were able to repair fractured relationships with children's social workers, through liaising with the workers and through working with parents around insights into their own behaviour and its impact on their children. Instructive here is FDAC's use of motivational interviewing, a well-evidenced way of tackling denial and minimization of problems and of avoiding confrontation.[60] It enabled workers and parents to focus on the things that needed to change and to avoid getting stuck on criticism and negativity.

The interventions with parents highlighted the vulnerabilities that had brought them into FDAC in the first place. They lacked confidence in court, some more so than others, and they differed with professionals over plans for their future, again to varying degrees. The brief glimpse into parents' lives when they are living with their child after the final order revealed their potential vulnerability in the future also. They highlight the importance of planning how best to help parents make the transition from a highly intensive service to one without FDAC. The role of the local authority social worker will be important here as theirs will be the only agency with a formal remit to continue monitoring families under a supervision order after care proceedings. In this regard, the picture that has emerged of parents' generally poor relationships with social workers is troubling, notwithstanding some encouraging signs of FDAC's ability to help build bridges with children's services.

Finally, the interviews shed light on parents' perceptions of their own part in the change process. They show how fiendishly difficult it is for people to overcome addictions. They show that it requires '*turning the page completely*'. They also show the mix of elements that can help wind up the process of change: being determined to do everything possible for the sake of their child, aspiring to and being ready to change to a more normal life, and being willing to accept professional support and reminders of personal responsibility

[60] Miller W and Rollnick S (2002) *Motivational Interviewing: Preparing People for Change* (2nd Edition). New York: Guilford Press; Forrester D and Harwin J (2011) Parents Who Misuse Drugs and Alcohol: Effective Interventions in Social Work and Child Protection, Wiley- Blackwell.

and accountability. With these three ingredients in place, parents who had been misusing substances for many years felt they had found a recipe for change.

A rather different picture may have emerged if more interviews been held with parents who had left FDAC and did not regain care of their children. Nevertheless, the interviews with the parents who were still in FDAC showed that parents felt able to criticise FDAC and to identify both strengths and weaknesses. This balanced picture lends additional weight to their overall recommendation – that FDAC is a helpful service for parents whose substance misuse problems are so severe that their children are subject to care proceedings.

C2 – VIEWS ABOUT THE FDAC PROCESS: PROFESSIONALS TALKING

Summary points

All professionals thought that FDAC should be rolled out more widely.

All professionals valued the FDAC team for:

- their skill and dedication
- being multi-disciplinary
- their specialist knowledge
- their ability to engage parents
- the speed of their initial assessments
- their efficient co-ordination of services, and
- their partnership working, including reflective practice.

FDAC is unanimously regarded, by professionals and parents alike, as a better court experience than ordinary care proceedings because it is more focused, less antagonistic and more informal, but sufficiently rigorous when needed.

Judicial continuity was valued by all professionals, in part because it leads to better case management and shorter hearings.

Judges were praised for their role in engaging with and motivating parents and for being firm with them when necessary.

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

The capacity of the court and the team are ongoing issues:

- 30-35 cases a year is seen as the maximum for current capacity
- the team are overstretched at times
- there is insufficient capacity for judges to hear contested matter or hold on to majority of cases which exit FDAC, although most professionals would support this approach, and
- court capacity issues require changes to the wider system.

All professionals are in favour of regular court reviews without lawyers because they:

- keep cases on track and ‘on the boil’ and reduce drift
- identify problems early so solutions can be found
- keep parents motivated, and
- enable social workers and guardians, as well as parents, to speak directly to the judge.

1. THE ROLE OF THE FDAC TEAM

How the team describes its role and approach

The FDAC team describe their work as a mixture of direct therapeutic work with parents, co-ordination of substance misuse and other services, and ongoing assessment and reporting to the court and the parties to the proceedings. The team are clear that their approach is one of motivating and engaging parents from their first contact with them:

> *It is important to be warm and empathic … there is a lot of information gathering but I prioritise open questions regarding goals and expectations … building a therapeutic alliance, using motivational interviewing techniques. [FDAC team]*

The team identified a range of theories and approaches which underpin their work, including:

- motivational interviewing (MI)[61]
- attachment theory
- systems theory
- psycho-dynamic approach
- cognitive behavioural therapy (CBT)
- cognitive analytical therapy (CAT)
- social behaviour and network therapy (SBNT)[62]
- solution focused therapy , and
- client-centred approaches.

The direct work of the team includes:

- ongoing observation and assessment
- life-skills work
- brief interventions
- crisis intervention
- emotional support and encouragement
- anger management
- talking therapies (like CBT and CAT, above)
- couple and family work
- adolescent substance misuse work
- physical and sexual health and advice
- blood-borne virus monitoring
- mental health screening
- drug testing
- harm reduction
- relapse prevention
- advocacy
- accessing charitable funds, and

[61] Miller W and Rollnick S (2002) *Motivational Interviewing: Preparing People for Change* (2nd Edition). New York: Guilford Press.
[62] Copello A, Orford J, Hodgson R and Tober G (2009) Social Behaviour and Network Therapy for Alcohol Problems. Routledge.

- referral to and liaison with other services.

In addition, by the end of the evaluation period (May 2010), the team were planning to start a parenting assessment intervention, using video-assisted parent-child interaction therapy. They began using this intervention in September 2010.

The team see it as very important that they are able to provide a preliminary assessment within the first few weeks of the first court hearing, based on an analysis of the available background information and their own observations and interviews with parents, and with children who are old enough.

> *You get a better grasp of the issues sooner. [FDAC team]*

The team's approach to assessment, and the positive and negative views of other professionals about this approach, is covered in more detail in the sub-section on assessment.

The referral and liaison direct work with other agencies, to arrange and co-ordinate services for parents, is seen as an early priority for the team.

> *Even before the second hearing we try and get people into services … through engaging the family and meeting the service providers.*
>
> *We make sure parents get services. We co-ordinate the network and encourage parents to attend.*
>
> *We make arrangements for referrals, give feedback to other professionals, get feedback from treatment agencies.*

Some parents are already in contact with substance misuse and other services when proceedings begin, in which case the team will incorporate these services into the intervention plan. The range of services that the team communicate with, either because they have linked families into them, or because families were already receiving help from them, include:

- community and residential substance misuse services
- children's services
- providers of community or residential parenting assessments
- GPs
- hospitals
- community mental health teams
- support groups run by voluntary organisations
- hostels
- nursery staff
- schools
- benefit offices
- housing, and
- domestic violence workers.

It's about brokering relationships, collaborating with all professionals while helping the parent.

We make sure that things are happening … we phone up and advocate. And they know we'll be doing that, and that we'll be ringing back.

They regard it as a strength that they are a 'multi-modal' as well as a multi-disciplinary team, able to move between different approaches, depending on the needs and circumstances of the different people they are working with.

> *The approach is more behaviour focused for some families. For others it is more psycho-dynamic.*

The team appreciate the value placed by other team members on their different professional expertise; there is strong support within the team for holding different opinions about cases and for acknowledging and respecting the judgements of colleagues. The team also value the regular opportunities (every six to eight weeks) for reflective team meetings which they regard as essential in supporting them to work effectively. Reflective practice helps them to problem solve, to be realistic about the possibilities for change in the parents' behaviour, to cope with the stress of the work, and to deal with the tensions about particular cases that can and do arise in the professional network. Each team member also has regular one-to-one supervision sessions.

The team describe themselves as highly motivated. Managers point to the good staff retention across the team since the start of the pilot, something which they acknowledge may well be linked to being part of a high-focus pilot project. They recognise that, if there is a wider roll-out of FDAC, it may be difficult to ensure that future specialist teams have the same level of motivation.

How other professionals involved in FDAC view the team

The overwhelming majority of participants in interviews and focus groups were, like the majority of parents, extremely positive about the FDAC team, describing them as highly professional and dedicated. Their multi-disciplinary composition was seen as an important bonus and there was also consensus that the team as a whole are easy to work with, accessible, immediately responsive to queries, and thus helpful in avoiding delay.

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

> *The staff are very good. They show great respect to our staff. It is easy to discuss cases with them and people enjoy working with them. [adult services]*

Many professionals commented on how much more supported they feel when working with the FDAC team. They welcome, in particular, the regular planning and information sharing which occurs across the network of professionals and services.

> *I feel safe within FDAC because we are all pulling together, there are regular meetings to discuss things, and real opportunities for reflective practice. [guardian]*

I think 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]

The end-of-case forms completed by guardians included questions about the perceived benefits and drawbacks of cases being dealt with within FDAC. Analysis of answers shows that, in the vast majority of cases (31/37[63]), guardians recorded benefits only, with a mix of benefits and drawbacks recorded in four other cases and drawbacks only in two cases (one of which was excluded from FDAC after three weeks).

The benefits described in the 31 cases clustered into four categories: the specialist knowledge of the team, their approach to working with parents, the team's skill in mobilising services, and the speed and clarity of the team's multi-disciplinary assessment. These were all issues identified as benefits by other respondents also and they are dealt with in more detail below. The drawbacks identified in the six cases included concerns about the length of the proceedings (2 cases), a focus on substance misuse rather than parenting (2 cases), too much pressure on parents to succeed (1 case), and the possibility that parents were ruled out of FDAC prematurely (1 case).

There were other concerns raised in interviews and focus groups with lawyers, guardians and social workers about the assessment process and about timescales in FDAC cases and these are considered in more detail in the section on assessment. A smaller number of these professionals also raised some concerns (as had parents) about the possible adverse impact on parents of the loss of intensive support from FDAC when their case ended. This issue, too, is dealt with in more detail below.

Almost without exception, those who voiced criticisms or concerns made it clear that they were very positive about the team itself. A very small number of social workers expressed more direct criticism of the team, but all of them also stated that the team take on board concerns raised with them and take action to address them.

Specialist knowledge

Comments by guardians on the end-of-case forms indicated that they valued the specialist knowledge held by FDAC substance misuse workers: about drugs per se, about drug and alcohol use and misuse, and about drug treatment.

It was clear from focus group discussions that many social workers and lawyers also valued this specialist knowledge:

The specialist substance misuse worker assessments were brilliant. I learnt a lot from him. It's helped my practice, too. I learnt about the effects of opiates on a parent, the effects on their motivation, the different features of the cycle of addiction. [social worker]

Another side of this was that respondents valued having a specialist team as part of the court process, not separate from it, with professionals on hand to offer advice about

[63] 41 end-of-case forms were completed, but 3 were pilot versions of the form and did not include this particular question.

substance misuse, to administer drug and alcohol tests and to help interpret the results. The comments earlier about the multi-disciplinary nature of the team are relevant here, too, in that several respondents commented on the benefits of being able to discuss issues with members of the team who are experienced in child and family social work and child and adolescent psychiatry.

Engaging parents

Professionals were unanimous in their view that FDAC as a whole (the specialist team and the court process) supported parents in an intensive way that is markedly different from what happens in ordinary care proceedings.

> *The intensity of the relationship FDAC builds with parents is good. Parents see them as a team that really is trying to help them keep their child. FDAC can establish that relationship very quickly. [social work manager]*
>
> *Parents feel respected, included and involved in the process, [social worker]*
>
> *Clients say they don't feel pushed around, patronised and intimidated like they do in ordinary care proceedings. [social worker]*

There was consensus, too, that the team is very good at engaging parents. In particular, it was noted that team members are good at building relationships with parents very quickly, are nurturing in their approach, and succeed in engaging parents with whom social workers have not been able to build a relationship. Several respondents said that parents are more willing to work with the FDAC team than with the local authority. One reason given for this by various professionals (and which echoes the views of parents, above) was that the team and the court start from a belief in the possibility of change.

> *The whole FDAC philosophy is that the approach CAN work – and parents get that message very early on, whereas in other cases parents feel everyone has given up on them. [lawyer]*

Respondents also noted that parents are given every opportunity right from the start to engage and have the onus placed on them to show that they can change, that they are encouraged to be proactive in addressing their problems, that they know what is expected of them, and that there is clarity about the things they must change and about the timescales for doing that. *Open* and *transparent* were words commonly used to describe the FDAC process.

Guardians recorded specific examples of why the team's ability to work in partnership with parents was valued: it enabled parents to work co-operatively with the FDAC team and others; it helped parents consider their substance misuse seriously and honestly; it helped parents to start to deal with long-standing and hitherto unresolved problems other than substance misuse; it meant that parents' cultural needs were noticed and attended to; and it gave the chance for parents to find ways of rebuilding relationships, for example with older children and other relatives.

> *FDAC supported them to acknowledge that they could not do it in time for their son [control their substance misuse] which led them to accept the plan for permanency ... if the case had not been in FDAC the usual substance misuse*

assessments would have been undertaken and would have probably reached the same conclusions as FDAC. But FDAC enabled the parents to reach this conclusion themselves and so to think positively about substitute care. They did not feel alienated by the court process and they continued to attend contact meetings regularly. [guardian]

A small number of guardians and social workers commented that fathers are more involved and supported in FDAC cases than in ordinary proceedings. This ties in with our findings (in the services section, B2) that fathers in FDAC cases were more engaged and more likely to receive services than fathers in the comparison sample.

Fathers get a better deal in FDAC. They are involved appropriately and they get support. [social work manager]

Fathers are much more involved in FDAC cases than in normal proceedings. They are considered more, and they receive much more encouragement. [social worker]

It was also noted by many respondents that, although the team is nurturing in its approach and the FDAC process as a whole is supportive of parents, it is not an easy option. The range of services that parents are expected to engage with and the regular court reviews of their progress place them under considerable pressure, in terms of both time and emotional investment.

A parent who has limited commitment to stop using drugs would probably find FDAC very difficult to deal with because there is so much expectation and the programme is very much 'in your face'. [guardian]

I think the process in FDAC, although it is very tough, is actually much kinder than the standard social work process, which is often quite hostile. FDAC is much more supportive. But it is not easier – parents say it is very tough. [lawyer]

What was commented on as particularly helpful was FDAC's readiness to support parents with this tough agenda, for instance by helping them cope with remembering all their appointments and getting to the right place for the right time.

Speedy responses

There was clear satisfaction with the timing of the FDAC assessments. The judges said that these assessments at an early stage speeded up the whole process. Guardians mentioned their speed and clarity as a benefit in a majority of cases (21 of 38). More details on this are in the section on assessment. All other respondents, even those more critical of some aspects of the assessment process, highlighted the value of the team's quick response. A common thread was that FDAC avoided the frustrating delays that occur in ordinary care proceedings once the initial burst of activity is over.

There are no delays in the process – it starts straight away. [social worker]

The timing is better. Delays happen more in ordinary cases and you get frustrated by the slowness of how things happen. [social worker]

This was compared to what happens in ordinary proceedings:

> *The letter of instruction is agreed and assessments are waited for and then when you get back to court after 3 or 5 months, nothing has happened. [social work manager]*

Accessing services

The service specification states that FDAC:

> *... will ensure that effective services are provided in a timely and co-ordinated way for parents.*

Ensuring that parents have an early opportunity to access substance misuse and other services is as important as ensuring that there is an early assessment available to the court and parties. It is one of the key differences between FDAC and ordinary care proceedings. Findings from the quantitative data (B2) indicate that parents in FDAC are accessing a wider range of services, and doing so sooner and for longer.

Many respondents commented that in non-FDAC cases parents struggle to get the support services they need; almost everyone said that FDAC made sure that the parents they worked with got timely access to what they needed. A quarter of the guardians indicated what this difference was about. It was that FDAC was able to identify which services were the ones needed, mobilised and liaised with them on behalf of parents, thought about the full range of possible sources of help, and was skilful in co-ordinating the services that did become involved, thus helping avoid fragmentation and duplication of effort.

There was unanimous praise from respondents in focus groups and interviews, too, for the skillful and coherent way in which FDAC organised and coordinated the different services.

> *It's helped eliminate some of the issues in ordinary proceedings – there's no difficulty in getting services. FDAC arrive and just co-ordinate services so that reduces delay and helps in the proceedings. [social work manager]*

> *I've had cases where clients get access to services through FDAC that they have been trying to access for a least a year without success. [lawyer]*

> *It is so much easier when FDAC is involved - they make sure the appointments don't clash. This sort of joining up between services doesn't happen in other cases. [lawyer]*

A number commented that the team know of a wider range of resources and services than social workers, guardians or lawyers, and that this increases the options open to parents.

Another unanimous view from lawyers, guardians and social workers was that the team are very good at getting feedback from adult services about parents' progress or lack of progress. Several said that in ordinary care proceedings it was much harder to get such feedback from adult substance misuse services. Interestingly, both the FDAC team and

some representatives from adult services were critical of the poor communication between them (see section on multi-agency working, C3.3) but, from the perspective of the other professionals involved, the communication was noticeably better than in standard care cases.

The team reported that delay in accessing substance misuse services was not a problem in relation to either community or residential drug treatment services but that there could be delay in getting a residential placement for alcohol rehabilitation. This was confirmed by a number of children's guardians, but they also commented that in the event of a delay in getting parents into residential treatment the FDAC key worker would be doing helpful work to prepare them for the placement.

A number of respondents, including the FDAC team, said that although services for parents were usually in place very quickly, it has proved harder to ensure access to services for children and young people, particularly therapeutic services, in the small number of cases where this was needed.

Aftercare

Concerns raised by a number of respondents (and also by parents, see section C1) was the uncertain or variable amount of aftercare support available for families and the possible negative impact on parents of the sudden withdrawal of FDAC's support. It was noted that parents who had succeeded in having their children returned to them would have spent a long period of time in an intensive process that entailed a lot of support from a wide range of people. Once the case is over, they can find themselves on their own with their child, and possibly without much support. This sudden loss of support and services is also an issue for those parents who stay in FDAC for some time but then transfer to ordinary proceedings. A number of people raised the need for better exit planning.

> *I think the FDAC court should look more carefully at the ending of the process, possibly preparing people better. [guardian]*
>
> *So many people are involved when a case is in FDAC. It means that if it doesn't work out all of a sudden parents are on their own with no support, plus they've lost their child. [voluntary sector service]*

2. THE ROLE OF THE JUDGES

A key feature of problem-solving courts is the role of the judge in monitoring progress and motivating people to make changes in their lives and stay engaged in treatment. Research in other countries, including the FTDCs in the USA, suggests that when judges are involved and proactive in this way they are more effective than in other courts at getting people to engage and stay engaged with services.[64] The FDAC service specification states that 'the judge has an important role to play in getting the message

[64] 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 12*, pp. 43-59; Edwards L P and Ray JA (2005) 'Judicial Perspectives on Family Drug Treatment Courts', J*uvenile and Family Court Journal,* Summer, pp. 1-27; Petrucci C (2002) 'Respect as a Component in the Judge-Defendant Interaction in a Specialised Domestic Violence Court that Utilises Therapeutic Jurisprudence', *Criminal Law Bulletin*, 38, 2, pp 263-295.

across to parents that people believe in their ability to change'. The majority of respondents agreed that judicial continuity, and the role of the judges in motivating parents in the non-lawyer court reviews, are key elements of the problem-solving court approach, and act as a strong motivator to parents.

Judicial continuity

It was intended from the start that the judge who conducted the first hearing in FDAC would also preside over the regular reviews, to help develop a relationship with parents that would encourage and motivate them. Although the illness of one judge in the first months of the pilot meant that judicial continuity was not achieved immediately, it has been a consistent feature of the pilot in the second and third years of operation. As noted earlier, there are two main FDAC judges and two others able to provide holiday or sickness cover.

> *There is a staggering lack of judicial continuity in the family court system throughout the country at every level, but it is possible to achieve – we have done it here! [judge]*

There are some limits to judicial continuity in FDAC cases, notably in cases with contested hearings or where parents exit the programme, and these issues are considered in more detail later (see section on court capacity, C2.3).

There was unanimity among respondents that having the same judge throughout a case was extremely helpful and very different from ordinary proceedings. Of particular note were the advantages stemming from the judges' sound grasp of the case: better case management; no need to repeat the history of the case each time, thus reducing the length of hearings and the animosity caused by revisiting past events; and the much clearer view by judges of whether parents were making progress.

> *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. When solicitors are there the judge can just say I know that and you don't have to go over everything [social worker]*

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

> *It is very important for parents to have the same judge. They are good at recalling all the details. Messages to parents about shaping up come more easily if they are from the same judge. 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. [lawyer]*

> *It's good to have the same judge because if things aren't going so well they also know about the things that have gone well in the past and that can help parents feel less bad. [social worker]*

Motivating parents – views from interviews and focus groups

All the respondents who had experienced being in court for FDAC cases felt that all four judges who sit in FDAC were involved and enthusiastic and that their involvement was an important part of the process and helped motivate parents. A number of people commented that the judges had got through to parents in cases where this would not have been expected at the start of proceedings.

> *Some of the cases that have been successful have been cases we didn't expect to be successful, with quite deep-seated issues. The FDAC judges and team seem to have got through to the parents and have engaged better than we had anticipated ... that wouldn't have happened in normal care proceedings where parents go to court maybe four or five times and see lots of different judges. [local authority lawyer]*

The judges were clear about the importance of motivating parents.

> *Maybe I have an over-inflated idea about the role of judges. I think it can be effective if a judge makes direct comments, for example to a mother about parenting. If there is any mystique or respect for our role then the act of congratulating them [parents] will be positive. [judge]*

Many respondents involved in proceedings valued the 'enthusiastic but robust' approach of the judges. On the whole, they felt that the judges achieved the right balance between being engaging, and stern if necessary. A few felt that the judges were not always as clear as they might be with parents when things were not going well.

> *The comments they make are pretty spot on. They praise when praise is needed but also get parents back on track when that is necessary. Their involvement definitely has a therapeutic effect. [social worker]*

> *Judge [X] relates well to parents. He talks to them directly and is not afraid to be very stern when necessary. [local authority awyer]*

> *I would have liked Judge [X] to have been more transparent with the mother. He didn't make it clear to her that it wasn't going to work. The mother was testing positive every time for cocaine. I felt the judge wanted me to be the explicit one. He'd like me to take on that role – he almost deferred to me. [guardian]*

A number of respondents said that the judges had much less direct communication with parents in cases where lawyers were attending reviews more often.

Some lawyers and guardians were disappointed that the judges were not more assertive with the local authority when there was delay in implementing agreed action. They felt this would also signal to parents that the judge was listening to their concerns.

> *I'm slightly disappointed that the judges are not more assertive ... I think they hold back when lawyers are there. In particular, I think they hold back from having a go at the social worker about the delays by the local authority. [guardian]*

I think parents need to feel a bit more that the judge will listen to them and will do something about what they are saying. [guardian]

Whilst the judges were clear that direct contact with parents was more difficult when things were not progressing well, they felt that they were able to get their message across:

That is the not so palatable side of it. You have got to be courteous but you shouldn't mince your words.

I think I treat all parents with consideration, but that doesn't stop me from being robust.

It was noted by a number of respondents that the judges had different styles. For example, some talked to parents directly more often and at more length, some were more assertive and robust, some were more friendly and less formal than others. It was acknowledged that different styles could suit different parents but those who raised this issue felt that greater consistency should be aimed for in the judicial approach.

There are definitely differences between them, so a parent used to one approach might find it a bit strange if they get a different one later. If possible, there should be a consistent approach. [lawyer]

The judges received no special training before presiding over FDAC cases, other than one half-day session on Motivational Interviewing. As one of the judges commented:

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. I think if this scheme is extended it would be useful for judges to learn from one another. Judges seldom see their colleagues in action. [judge]

Respondents identified the following key characteristics of the judicial role in care proceedings in a problem-solving court: confidence, knowledge and experience of care proceedings and of cases involving substance misuse, authority, and an ability to engage parents and challenge them where necessary. Most thought it would be difficult for a bench of lay magistrates to motivate parents in the way FDAC required. It would be much harder for parents to develop a relationship with three people, leaving aside the practical problem of ensuring that the same three magistrates were available for regular reviews.

Risk of over-investment in cases

Some respondents were concerned because, on a couple of occasions, they felt the judge had been so enthusiastic about cases which were apparently going well that he had lost sight of problems. It was felt that more recognition is needed that recovery is a difficult and long-term process. Without that, there is a risk that parents can be put under too much pressure to succeed, when they still have some way to go to reach full recovery and need to be able to be honest about any problems they may be experiencing.

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. [lawyer]

I wonder whether, in wanting [parent] to be an example of how the system can work, we made it difficult for her to admit she was struggling and to ask for help. [guardian]

What is meant by 'success' in FDAC?

Linked to the above point, a small number of guardians and lawyers were concerned that there was too narrow a definition of success in FDAC, in that the 'graduation' process was offered only to those parents who control their substance misuse and retain or regain care of their child at the end of proceedings. They pointed to other successes arising from involvement in FDAC, such as when parents engage in services and begin to get control over their misuse but recognise that they will not be able to do enough within their child's timescale. They also felt it could include parents who, although not able to control their substance misuse, acknowledged that this meant their child needed to live elsewhere and then co-operated in helping their child make that move.

We should think more about 'successful failures' when parents accept they cannot parent and do so more quickly than they would have done otherwise ... this helps the children ... 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. [lawyer]

Motivating parents – findings from our court observations

In the interim evaluation report, we took a small sample of cases and analysed the information we had collected on the forms we completed during court hearings. We included seven cases and checked seven forms from each case, taken from different stages of the court case. We did this analysis to see how far the judges were using a supportive, affirming and empathetic approach with parents, in line with the principles of Motivational Interviewing. We also looked at how well they addressed difficult issues and were firm with parents when the case was not progressing well.

We found 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. As the pilot progressed, we wanted to see whether there had been any change in the judges' behaviour over time and so we analysed forms completed in cases which had started in FDAC at least nine months later than the cases used for the previous exercise. All these hearings were conducted by the two main FDAC judges, apart from one hearing presided over by one of the two back-up judges.

For each case, we selected for analysis five of the 33 observation forms we had completed between the start and the end of proceedings. The forms were selected to cover the first and second court hearing in the case, the first and second review hearing, and the seventh hearing. This range was chosen to give a feel for how the judges fared throughout the case, and in hearings both with and without lawyers present. The cases

are neither a random nor a representative sample. They were selected to include all three pilot authorities and to cover different substance misuse problems and different trajectories of parents in the FDAC programme. We included seven cases in the exercise, the same number as for the first exercise. Summary details about all these cases are set out in the boxes below.

Summary information about seven 'early' FDAC cases

In this group of 7 families, four children were newborn babies and the others were 3 months, 2 years and 4 years old. Mothers were aged between their mid-20s and mid-30s and five of them had older children, some living with relatives and others in care. Fathers were involved in three of the cases, and other relatives featured in each case.

The main substance misuse problem for four of the mothers was cocaine, with problems for two of them long-standing, having started in their early teenage years. Alcohol was the main problem for two others, and amphetamines for the other mother. For fathers involved in the case, the problem was a combination of alcohol and other drugs.

One mother was to be helped through community-based substance misuse and parenting services, two through mother and baby foster care and the remaining four through residential mother and baby treatment services. In all cases FDAC was providing, or aimed to provide, parents with a relapse prevention service.

At the six-month stage, one set of parents had exited from FDAC for lack of sufficient engagement and, in another, there were ongoing concerns that the mother continued to misuse drugs. In the other five cases all was going well and, in two cases, parents who were dealing well with their substance misuse and showing good parenting capacity exited FDAC two or three months later because they had successfully completed the FDAC programme.

Summary information about seven 'later' FDAC cases

In these 7 families there were 9 children involved in the proceedings. Two were under a year old, four were aged 2 or 3, and the other three were of school age (9, 10 and 15 years). One mother was 24 years old, the rest aged 29 to 35, and four had an older child not involved in the proceedings. Five fathers were involved in the proceedings, with domestic violence an issue in 4 of these 5 cases.

In 3 cases children were living at home with their mother. In the other cases they were in foster care, in a residential placement with their mother or in voluntary care with grandparents. In 2 other cases an aunt and an uncle were helping out with occasional care of children.

Three mothers misused heroin, speed or cannabis, one with alcohol also, and another mother misused alcohol alone. The length of use varied, from 5 and 6 years in two cases to 18 and 20 years in the other two. The other 3 mothers misused cocaine (for 5 years), cannabis and heroin (for 6 years), and a mixture of 4 drugs (for 2 years). One father was not involved in substance misuse himself (this mother used alcohol only). Another, the husband of the mother using poly-drugs, also used 4 drugs and had been doing so for over 20 years.

There was little information about the other fathers.

Two of the mothers were to be helped through residential treatment services and the other five through community-based services, all followed by relapse prevention and counselling or group work support. In addition, one mother was provided with structured parenting programmes,

another two with housing support and three with couple or individual group support. Three fathers received services other than from FDAC: these were residential substance misuse treatment and community-based relapse support, couple counselling, and a fathers' parenting group.

At the six-month stage, the mother whose husband had no substance misuse problem had ceased to misuse alcohol. In all but one of the other cases, the mother was making steady progress. Very little positive change had occurred for the mother and father using poly-drugs: they continued to test positive for drugs and were engaging only partially with services.

One case returned to ordinary care proceedings, exiting from FDAC because of continuing domestic violence and lack of engagement in drug treatment. In the other six cases, mothers left FDAC some months later, having completed FDAC successfully.

In reviewing these cases, we assessed the approach of the judges on eight measures. These were (1) talking to parents directly, (2) inviting parents' views, (3) praising parents, (4) expressing interest in progress being made, (5) urging parents to take responsibility, (6) commenting on parent or family strengths, (7) explaining decisions made, and (8) stating the FDAC aims.

What we found about the approach of the judges

The table below presents our findings. Overall, at the second analysis point the judges continued to follow Motivational Interviewing principles. They were supportive to parents whilst at the same time emphasising parental responsibility for their actions. They made active efforts to engage the parents, to show interest in their lives, and to be friendly and supportive. At review hearings, opening and closing remarks were particularly welcoming.

> *Keep going. You're doing very well. You have a lot going on but you've made a cracking start.*
>
> *I'm pleased you came today, and all the other agencies want to help you make things work out.*

The judges also expressed empathy, conveying to parents that they understood something of the pain they were experiencing: struggling to cope with not seeing their children often enough, or having to confront the prospect of not being allowed to care for them in the future, or dealing with their other problems. They used these strategies well, to help build trust and promote parents' engagement in the process.

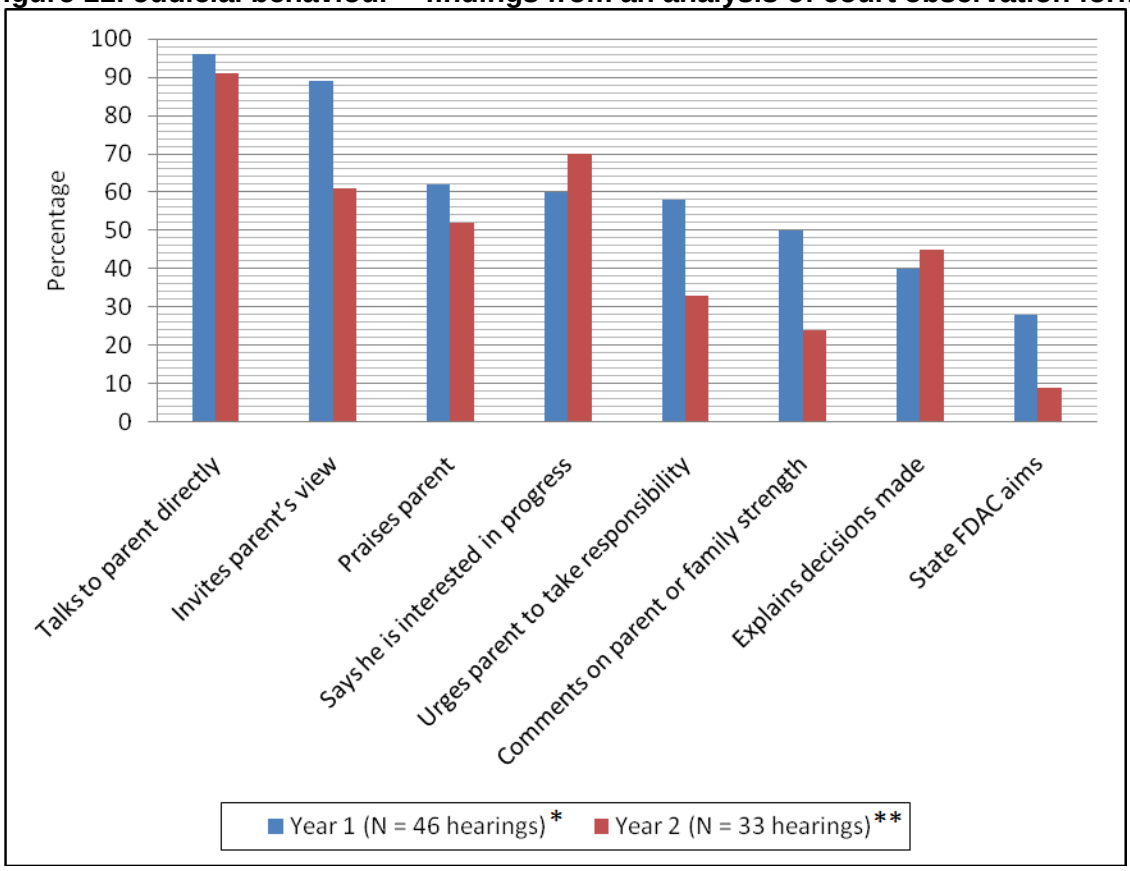
> *We do know how painful this is, and everyone feels for you.*
>
> *I can't take away your frustration at not seeing your child as much as you'd like. But we are not here to punish you. Good contact is the way back, so keep on doing what you are doing.*
>
> *It's very important that you get help. I know people who have the same condition [depression] and I know they can function perfectly well if they have treatment. We need to get that for you.*

There was some variation in style between the judges when it came to addressing difficult issues with parents, but all were at pains to give clear messages to parents about the need to comply with what was expected of them, as well as conveying their knowledge of the difficulties confronting parents as they tackled their substance misuse.

> *There are difficult decisions to make. You need to engage. I wish you well but it won't be easy. There's a lot of room for misunderstanding and it's crucial that everyone is honest and upfront. This means you, too.*
>
> *We can't guarantee you anything but we'll work very hard to get you to achieve recovery. The team will expect you to follow the agreed plan and you will need to attend all the hearings here. We expect you to work with us.*
>
> *We're pretty blunt in this court. If you want to get your children back, this is where it starts. There are deep-seated problems I've read about and you can't just come in and out. The time to do it is now and you will have a lot of support from the team and others.*
>
> *These things are very hard to talk about. Relapse isn't an absolute process and it affects people in lots of different ways. I was worried you weren't going to survive the first crisis. I'm really pleased you came. We don't expect a smooth path. It will be rocky.*

On a few measures the judges scored less highly than in the earlier exercise. They took slightly fewer opportunities to comment on individual parental strengths or to make explicit comments about their interest in watching the parents make progress. They were also less likely to restate the aims of FDAC, although in the earlier exercise this had been done infrequently, too. They did, however, give slightly more focus to explaining the decisions that were made in court.

Figure 11: Judicial behaviour - findings from an analysis of court observation forms



*3 forms not completed, so analysis completed on 46 of 49 hearings.
** 2 forms not completed, so analysis completed on 33 of 35 hearings.

3. CAPACITY ISSUES

The FDAC team

The team reported feeling under resourced and under pressure with the current workload of 30 to 35 active cases. The average case load for a full-time worker is 8 to 10 cases. The need to attend court on Mondays and to devote a day to assessment and planning meetings leaves two or three days each week for direct work with parents, liaison with other services and report writing. The team feels that the pressure of work and the lack of slippage time means they can devote less time than previously to building relationships with parents and with other services.

One of the FDAC team managers commented that the majority of cases held by an individual team member are unlikely to 'succeed', in the sense of parents retaining or being reunited with their children. This increases the risk of 'burn out' because there is no other work to dilute the burden of these cases.

Respondents noted a lack of specialism in learning disability. The team and others also felt there was a skill gap in relation to responding to adult mental health problems, given the limited role of the adult psychiatrist and his focus on substance misuse. The mental health expertise of the clinical nurse specialist has helped address this gap and will continue with any new appointment. The team feel they would benefit from another full-

time child and family social worker. Ideally, the manager would like the team to include a social worker senior practitioner, three social workers with a children and family background, and five substance misuse workers (with a clinical nurse seen as essential).

The court

The capacity of the court was also raised as an issue. The Inner London Family Proceedings Court is fortunate in being able to set aside for FDAC one court room for one day each week, and in having space to allocate two interview rooms and a room for the FDAC team on court days.

The judges and court staff felt that the current level of 30 to 35 active cases was about right for the court to deal with in one day a week. It was noted that the regular reviews that are a feature of FDAC cases had increased the administrative burden on the court.

The number of review hearings held in a day was raised by judges, the team and guardians. Over time this has increased to up to 12 per day, heard alongside any first or second hearings also listed for the day. Guardians said that on very full days the judges were noticeably less good at engaging with parents as the day wore on. Some of the team questioned the appropriateness of dealing with so many cases in one day, and one judge thought that eight reviews was probably the optimum number.

Two other issues were raised about court capacity. The first was that contested hearings in FDAC cases often cannot be heard by the relevant FDAC judge. The second was that cases that exit FDAC are, more often than not, dealt with by other judges or magistrates. There was a strong preference for the relevant FDAC judge conducting contested FDAC hearings and continuing to deal with cases exiting FDAC. This had been the original intention when the pilot started.

> *I think it helps to have the same judge. [If the case exits] they know all the history, all the ups and downs. It helps to have the consistency. They've had an overview from the beginning. [social work manager]*

> *In one case of mine the same judge continued with the case and did the final hearing. He had more of an attachment to the client and in-depth knowledge of the case and that led to a more balanced view. I think it makes the hearing more just. [social worker]*

Lawyers in particular were alert to the possibility that parents could object to the FDAC judge continuing to hear the case once it had exited FDAC. But the majority of respondents felt that the regular review of cases, with the transparent and open discussion about the parents' progress or lack of progress, would mitigate concern about bias. It was also noted that the FDAC judge would be aware of parents' strengths as well as continuing problems and that the benefits of continuing with a judge who was so familiar with the case outweighed the dangers.

Judicial continuity in both these circumstances – contested matters within FDAC and hearings when cases exit FDAC – is not possible at present for two main reasons: the working arrangements for District Judges, and the high number of care cases currently before the courts in ordinary proceedings. Apart from the presiding judge at Wells Street, district judges are contracted to do only eight weeks of family work a year, if they have

opted to do it all. The rest of the time they sit in the adult criminal court or the youth court. This severely limits the time available to provide consistency in FDAC cases. The high number of current care cases means there are long delays before time can be found for contested hearings, so they tend to be listed wherever an early date can be found. This might be in another court, let alone before a different judge or bench of magistrates at Wells Street.

4. COURT REVIEWS

The judges use fortnightly review hearings to monitor and motivate parents. These are attended by parents, their FDAC key worker, the social worker and, if they are able to attend, the children's guardian. Legal representatives attend reviews[65] only if particular problems have been identified which require their attendance or if the review is being combined with one of the stages of case management set out in the Public Law Outline,[66] such as the Case Management Conference or the Issues Resolution Hearing. This type of regular review, without legal representatives, is a feature of other 'problem-solving' court pilots in England.

All respondents saw the regular court reviews of the case as very helpful for all the parties to the proceedings and for the judge.

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

Keep cases on track and reduce drift

There was a unanimous view that the regular reporting to the court keeps cases on track, keeps the court informed of progress and, as a result, reduces drift. This was compared with ordinary proceedings where the long delays between hearings can mean that problems go unaddressed and the opportunity for change is reduced significantly.

> *The advantage of FDAC reviews is that the case is kept on the boil whereas in ordinary proceedings you lose the window of opportunity for change. The case just fizzles out. The review process is easy and much less cumbersome than in ordinary proceedings. [social work manager]*

> *Non-lawyer reviews are one of the beneficial aspects of FDAC – it is quite beneficial for the parent to go before the court to have that regular check. Both judges remember the details of the case and how it has been progressing, and it's not just encouragement, they can be quite stern as well. I think that the regular check is quite positive. [local authority lawyer]*

> *They mean a high level of activity for everyone, but it's necessary because you can flag up what's going well or not well quickly. [social worker]*

[65] Legal Services Commission does not grant legal aid for these hearings unless the judge indicates that lawyers are needed.
[66] Revised Public Law Outline April 2010.

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 FDAC team see review hearings as an important way of monitoring how well the intervention plan is going, updating the court and other parties, and resolving problems as soon as they arise.

It's a way of … celebrating the strengths of the family and challenging them on the difficulties they have been having. [FDAC team]

I think it makes social workers more accountable … decisions are made more quickly, the judges are more confident, they have better continuity and as a result better understanding of the case. [FDAC team]

The judges made similar points: regular reviews helped promote better and faster decision making, as well as enabling them to speak to parents directly and immediately problems are identified.

An initial fear was that FDAC would slow down care proceedings. In my experience so far what it does is shine a powerful searchlight on the family and applies the resources of FDAC on them and, if anything, care proceedings will ultimately be speeded up … The FDAC team is very good at identifying parents who cannot cope. [judge]

We are finding out about people's engagement and commitment much sooner because this system shows up parents who can't make changes, or can't make them quickly enough … This does mean you can make decisions about children early. [judge]

Hearings without lawyers – early concerns

All professionals involved with court hearings felt that non-lawyer reviews were good for parents. They were seen as a positive, empowering experience, with direct discussion and praise from the judge seen as ways of boosting self-esteem and helping keep parents engaged. If things are not going well, parents have the chance to put their point of view and, where necessary, they get a clear message from the judge about the consequences of, for example, failing to control their substance misuse. Some social workers voiced reservations, feeing that the judges did not always express reservations strongly enough.

Without solicitors there it is much better for families. They can speak their mind and be heard. [FDAC team]

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]

If drug tests are coming through positive you can talk to parents directly about this. For example, I have regular conversations with one couple about why they should be abstinent all the time ... it doesn't help that they are only taking a little amount at certain times. Talking directly with parents gives you a much greater

insight into what the professionals working with the parents are coping with. [judge]

Parents appear to like the opportunity to share their feelings, receive praise for abstinence and feel heard. I feel that sometimes it is very parent focused and that the parents are never spoken to in a way that says 'this is very serious, you need to make significant changes to your life'. [social worker]

During the first year of the pilot, at the regular meetings set up to enable lawyers to discuss the progress of FDAC, they raised concerns about reviews taking place without them. The main worry was about parents being unrepresented when the case was not progressing well. These concerns had largely disappeared by the time of the focus groups with lawyers at the end of the evaluation period. The only remaining concern was about the timing of receiving the report being submitted to the review (which is dealt with below).

The contribution of social workers to reviews

Social workers attend all non-lawyer reviews, usually with their managers. Responses in questionnaires and focus groups indicate that the vast majority feel that the judges seek their opinions and that it is easy to contribute openly and honestly, although a few found attendance unnerving to begin with. A number of social workers said they preferred being able to speak for themselves rather than relying on lawyers to present all the information. Most did not feel that the collaborative nature of the proceedings made it harder to raise difficult issues. In contrast, some social work managers were worried that some social workers might lack confidence in expressing concerns if a case was not going well.

Many social workers said that the regular reviews left them feeling more supported by the judge than in normal proceedings and several were appreciative of the fact that the judges understand the issues facing local authorities.

I have felt very supported in the reviews because the judge has an interest in the cases and has a good case knowledge, which does not always happen in regular courts. [social worker]

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 to be able to say what you want to say yourself. [social worker]

It can feel very intimidating at first to present your case update. However, I feel that the judges are aware of this and are supportive until you feel comfortable to speak. [social worker]

I don't feel able to say everything I want in court and feel sometimes that I am 'frowned upon' [as a representative for the local authority]. [social worker]

I think it's been quite challenging to be in court but the hearings are informal and relaxed. It is quite different to the usual experience of court. It takes a bit of

getting used to. It's knowing whether you can say something like you think there should be a lawyer's review. It's that that takes getting used to. [social worker]

It's hard for social workers to raise problems. The social worker may have concerns about the long-term prognosis and don't always have confidence to say so. It's hard voicing the negative, especially if the parents are violent. So, inexperienced social workers are only able to speak if the team manager is present. If the manager is not there, and in the absence of legal representatives, social workers aren't getting the guidance they need about what should be said. [social work manager]

A different court experience overall – reviews and other hearings

Another unanimous view from respondents was about the more relaxed atmosphere at court in FDAC cases, something appreciated by both parents and professionals. Although the court process appears quite informal, the judges control it well and make sure that the social workers, as well as the parents, get an opportunity to speak. Lawyers noted that the relaxed atmosphere did not prevent them from advocating on behalf of their clients, raising issues or contesting matters as necessary.

Social workers and lawyers said that parents had told them that they find it easier to go to the FDAC court, and some had even talked about enjoying going, because they feel encouraged when they are doing well. When the case is not going well, social workers and lawyers thought that the consequences are made clear to parents, and in a sympathetic way. Some social workers said that they, too, looked forward to attending reviews.

Lawyers, social workers and guardians all noted that there is much less conflict and antagonism in FDAC cases than in ordinary care proceedings, particularly between parents and the local authority. A number commented that it is good for parents to see professionals working together well.

The collaborative nature of proceedings did not serve to hinder progress of this case in any way, or cause tensions amongst involved parties. If anything, the atmosphere generated at FDAC allowed for more open discussion and exploration about the best way forward. [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 normal 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. Everyone is much more relaxed, but when you need to move into a more formal and legal mode you can. [lawyer]

Suggestions for improvements about reviews

Although lawyers were positive about non-lawyer review hearings, they did remain concerned about the lack of a written account of what had been discussed during the review. This was an issue for all lawyers but for local authority lawyers in particular. Social work managers gave the lack of written record of non-lawyer reviews as one

reason why they always attend reviews with social workers. There had been a suggestion at the regular FDAC meetings with lawyers and social workers that notes of the discussion in review hearings should be circulated to all legal representatives, but this did not appear to have been implemented. This was raised subsequently in a CBOG meeting, with the suggestion that note taking should be rotated between those present, but this idea was not implemented either. Lawyers were clear that a detailed note of what had been said at a non-lawyer review was particularly important if issues had been raised which led to their being asked to attend the next review.

Some guardians felt that some cases had too many reviews with lawyers present. These tended to be cases where there were ongoing concerns about progress, but the format detracted from the ethos of FDAC and made it hard to distinguish the case from ordinary proceedings.

Local authority lawyers wanted greater clarity about the purpose of non-lawyer reviews. They felt that they should be there to represent the interests of the local authority if a review hearing was to consider problem-solving issues connected with housing or viability assessments of family members.

The majority of respondents thought the reports on parental progress that were circulated before review hearings were clear and helpful and informed ongoing planning. A minority view (expressed by a couple of lawyers) was that the even-handedness of the review reports might risk leaving parents unsure about the gravity of concern about lack of progress if things were not going well. A majority of lawyers would prefer to receive the review reports earlier than at present, to allow them to take instructions or consider seeking a review with lawyers present.

One or two guardians took the view that review hearings should focus more on parallel planning issues when the case was not progressing well, in order to minimise the possibility of delay in finding a permanent out of home placement for the child, when that became necessary.

Problem-solving issues other than substance misuse

Identifying and helping to overcome barriers to accessing services is another feature of the problem-solving court approach. Given the range of other problems impacting on parents in FDAC cases, such support is clearly of great importance.

Housing

The FDAC team have developed a protocol with housing services in the pilot authorities. They alert their housing link officer in each area to all new FDAC cases so that the team knows about any housing issues right from the start. Communication is good and the link workers are felt to be very helpful. Nevertheless, housing was identified by all respondents as a particularly problematic area because of the dearth of available options for resolving problems.

Judges spoke of housing being a problem in a number of cases. Their responses had included making it clear to the local authority that they expected the problem to be sorted by the time of the next review hearing, requiring the attendance at court of senior housing officers, writing letters on behalf of parents, and persuading social workers or

FDAC team members to accompany parents to meetings with housing officials. Other respondents commented favourably on the FDAC team's efforts to help parents negotiate the complexities of housing entitlement.

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 FTDCs in the USA, where parents can spend time with their children in a supported setting before moving back into the community.

Domestic violence

Domestic violence is another common problem in FDAC cases. One member of the FDAC team has been appointed as the named lead on domestic violence. She meets regularly with the named domestic violence link workers in the three boroughs, attends local forums, and has developed pathways for parents to access local authority resources. Domestic violence workers in the boroughs report that the team have responded positively to suggestions about how to manage cases, in meetings and at court, where domestic violence is an issue. The team have also developed their own responses to domestic violence, including referring parents to a multi-systemic group on intra-family violence that is run by family therapists from the Tavistock Institute and funded by FDAC.

Other issues

Other examples of problem solving by judges included asking local authorities to reconsider arrangements for contact, attempting to resolve problems parents had with their own or their children's placements, making applications to a charitable fund to help parents with the cost of fittings and furniture when they were re-housed, and helping parents clear debts incurred through unpaid court fines.

Court observations as well as interviews confirmed that the FDAC team generally take a problem-solving approach. This is noticeable in relation to housing, welfare benefit entitlement, and ensuring parents have time to attend all their appointments. They are prepared to challenge other professionals to do more in this regard, including negotiating with children's social care over contact and other problems that may arise. In one case, they succeeded in persuading the community mental health team to keep in contact with a parent rather than proceed with their decision to close the case.

The FDAC team and judges have tried regularly to negotiate issues of travel expenses and child care fees with the local authorities, though not always with success.

The court observations in the 14 cases (see section C2.2, above) confirmed that all but one of the seven early cases involved some degree of problem solving by the judge and that the later cases had evidence that the judges continued to recognise the importance of helping parents resolve other problems that impacted on their recovery and ability to parent.

Who has the key to solving this problem?

Why not invite someone from housing next time? I need them to think outside their box. They are part of something exciting here and we need them to be part of its success, not slow us down.

The attempts of the judges to problem solve in these cases produced mixed results. Some difficulties of contact by fathers were resolved, and the encouragement mothers got from judges to stick with a particular placement also worked. They pressed local authorities to speed up action, where needed, and they suggested ways of doing that. They involved parents in thinking about solutions they could consider for themselves. They persisted in exploring how housing difficulties might be resolved, albeit often unsuccessfully.

5. THE FDAC ASSESSMENT PROCESS

Summary points

- The FDAC team have developed a four-stage, 'fair test' approach to assessment in response to initial concerns about lack of clarity in their method.
- All professionals value the speed of the initial assessment and the majority regard the assessments as thorough, balanced, clear and helpful.
- There are ongoing concerns from some professionals about whether the FDAC assessment, carried out as a team, will be sufficiently strong as evidence if a case reverts to ordinary care proceedings. This would cease to be a problem if cases remained in FDAC.
- In 30% of cases which exited FDAC and reached a conclusion by the end of May 2010, further psychiatric or psychological assessments were ordered.
- There has been ongoing concern and confusion over the role of the FDAC team in relation to parenting assessments and when these should be carried out. In response, the FDAC team have developed a process for doing these.
- There are some continuing concerns that parents are allowed too long to gain control of their substance misuse. This is less of an issue than it was at the start of the FDAC pilot.

From the start of the pilot, the FDAC team's method and process of assessment is the issue that has generated the most debate and disagreement among professionals. The assessment process has changed and developed during the pilot, in response to concerns raised about the lack of clarity about how the assessment was being conducted and about its focus. Notwithstanding these changes, there are still differences of opinion about several issues.

The FDAC service specification envisaged that the assessment would be comprehensive and quick and that it would be combined with supporting parents to access services. There was also an expectation that, having agreed that the case should be heard in FDAC, parties would not seek additional expert assessments.

At the point of referral, a lead member of the team will undertake an assessment, looking at the parents' substance misuse, its impact on parenting, the needs and wishes of the child, the family's history, environmental issues such as housing and money, past contact with agencies, capacity for change, and services required. This assessment will be intensive, comprehensive and completed within 5 to10 days.
All parties will be encouraged not to commission separate expert assessments, but to sign up to the programme recommended by the FDAC team … the role of the team is to mobilise services in the two-week period between the second hearing and the first review. [FDAC service specification]

The FDAC team 'fair test' approach to assessment

The FDAC team see assessment as part of process of engaging parents.

Assessment is our chance to engage and motivate. We can use it as a relationship building exercise as well … it is the way you do it that matters … engaging is as important as getting the information. [FDAC team]

An initial assessment is carried out within two or three weeks of the first hearing in FDAC. It covers the history of the parent's substance misuse and the impact this has had on their parenting. A detailed family history is taken and local authority documents, including any other earlier records, are obtained and read. Information is collected, too, about any previous substance misuse treatment. The team members with a child and family social work background focus on the family and parenting parts of the assessment, including the impact of substance misuse on the children. They use interviews and observation in the work with parents and use play, drawing and other approaches with children. The substance misuse workers focus on the history and extent of substance misuse and issues of mental and physical health. One or two team members take the lead on this initial assessment but all of them, including the child and adolescent psychiatrist, are involved in the process.

Once information has been collected and analysed the team hold a formulation meeting, chaired by the child and adolescent psychiatrist, to agree their proposals for an intervention plan. This is followed immediately by the Intervention Planning Meeting, chaired by the child and adolescent psychiatrist or the service manager, when the proposed plan is discussed and agreed with the local authority, parents and the children's guardian. The assessment and plan are then presented to the court at the next hearing.

The role of the adult psychiatrist in the assessment process changed during the pilot. Initially, he took part in the formulation meeting for each case but in the latter part of the evaluation period he instead met the team once every three weeks to give advice on particular cases where the team felt his expertise was needed. In some cases he also carries out an assessment of the parents.

There has been limited use of standardised measures as part of the assessment process. Substance misuse team members used the Treatment Outcomes Profile[67] at the start and later developed their own assessment tool. The team considered using a measure such as the Strengths and Difficulties Questionnaire, used to measure the emotional well-being of looked after children and outcomes for children and young people in contact with CAMHS[68] but, as the majority of children in FDAC cases are under four years old, it was not considered an appropriate tool. In the third year of the pilot the team received some training in the use of a recently-validated tool for measuring positive attachment between children and parents (Coding of Attachment Related Parenting - CARP).[69] This training subsequently informed their observations and other work but the tool itself is not being used.

In response to the early concerns about the precise nature of their assessment, the team developed an assessment model, with a four-stage process (see annex 4).

> *We've developed the idea of an algorithm for every case … a basic algorithm, but with a number of variations on that according to needs. By algorithm we are implying that the decision-making process has identifiable steps and a sequence, with time limits for each. [FDAC team]*

The first stage of the model has a focus on supporting parents to control their substance misuse within an appropriate time-frame. The second stage is about whether recovery can be sustained. The third stage looks at parenting and whether the parent has the capacity to meet the child's needs and achieve satisfactory long-term outcomes for the child. The fourth stage is supported rehabilitation. The team are clear that the child's needs, strengths and difficulties must be kept in mind throughout this four-stage process. There are no rigid timescales[70] for each part of the assessment process as this depends on the age of the child and the particular factors of the case.

If the parent cannot achieve control of their substance misuse during the first phase (usually two or three months), the team recommends that the case exits FDAC. Controlling substance misuse will usually involve abstinence, though it is recognised that some parents will need to be stabilised on methadone before they can achieve this. If parents are able to control their substance misuse, the second stage takes a further three months (sustaining recovery), followed by another three months (on parenting). If it appears at any of these later stages that recovery cannot be sustained, or that the parent does not have the capacity to meet the child's needs, the team will recommend that the case exits FDAC.

The team describe this as a 'fair test' approach, where parents are not only assessed but also given support to make a success of overcoming their drug and alcohol problems in

[67] This is the standardised measure developed by the National Treatment Agency for substance misuse services.
[68] See www.sdqinfo.org/
[69] The CARP is an observational measure of parent-child interaction based on attachment theory (Matias C, Scott, S & O'Connor TG (2006) *Coding of Attachment-Related Parenting (CARP)*. Unpublished manuscript, Institute of Psychiatry, King's College London, UK). The good reliability and validity of the measure are shown in studies evaluating the effectiveness of parenting programmes (see Scott et al, 2006, at http://www.adsscymru.org.uk/media/doc/3/i/What_makes_parenting_progs_effective.pdf).
[70] The issue of timescales is considered in more detail below, in section C2.7 (about keeping the child in mind).

order to parent their children safely. The support comes through the FDAC team working directly with parents and co-ordinating and monitoring the implementation of the intervention plan which has been agreed by all the parties. Reports on progress are provided at the regular court reviews. Where changes to the intervention plan are needed a review intervention planning meeting is held, involving all the parties as before, and an amended plan is agreed.

Views about FDAC assessments from others – the positives

Respondents were unanimous that the team's substance misuse assessments are quick and very helpful, providing full information on the history of the substance misuse and any treatment and on the impact of the misuse on the parent and family. All used words such as *thorough*, *balanced* and *clear*. Many made specific comments about the team being knowledgeable about the type of drug and alcohol tests needed, when they should be carried out and how results should be interpreted.

> *Their initial reports and analysis are outstandingly good and usually turn out to be spot on. [lawyer]*
>
> *In those cases where things go wrong then the outcome is much clearer, the issues have been resolved more than in ordinary cases. [lawyer]*
>
> *The assessments by the team were thorough and specific and allowed for a balanced judgement to be made about the progress and likely outcome of FDAC's involvement. [social worker]*

The judges said the team assessments were of good quality and they considered that the independence of the FDAC team was a particular strength in helping to ensure an impartial assessment.

In just over two-thirds of the end-of-case forms completed by guardians the clarity and speed of assessment was noted as a benefit of the case being in FDAC. For over half of these cases the particular benefit was the early indication that parents would not be able to control their substance misuse within the child's timescale. For the remainder, the quality of the assessment was deemed crucial in enabling parents to retain or regain care of their child. Linked to the assessment, what was also valued was the ability to set clear objectives for parents to work to, clear plans for a child's permanent placement, and clear ideas about the extra help needed for children and adults if plans were to have the best chance of succeeding.

> *FDAC provided a structured and supportive framework with regular reviews and clear goals. This prevented the fragmentation of services and provided a positive co-ordinating role that allowed for a clear assessment of the parents' drug misuse and the impact on their care of the child. [guardian]*

Views about assessments – the concerns

The particular issues or queries that have arisen include the following:

- the possible need for additional expert assessments because a particular discipline is not available within the FDAC team

- the ability of parties to seek additional expert evidence they wish to do so
- whether the FDAC assessment will be sufficiently strong evidentially if the case exits FDAC and reverts to ordinary care proceedings
- whether individual team members can be called to give evidence if that becomes necessary, even though the assessment has been carried out by the team as a whole, and
- whether the team should be engaging in more detailed assessments of parenting and of children, including making recommendations about contact and children's placements.

Experts additional to FDAC

In the first year of the pilot some guardians and lawyers felt it was unclear whether expert evidence, additional to the FDAC assessment, could be ordered by the court if it was felt by one or more party that the particular expertise needed was not held by the FDAC team.

The team say they would support this approach if the skills needed are not available in the team. The forms completed by guardians indicate that a clinical psychology assessment was carried out in five cases while they were still in FDAC (see services section, B2). It seems that the issue of additional experts may have become less of a concern over time as it was not raised in the later interviews and focus groups, including those with solicitors acting for parents. The one exception was criticism from a social worker and her manager who had sought additional expert evidence (from a clinical psychologist, an adult psychiatrist, and a child psychiatrist) in both cases they had been involved in as they felt that the FDAC team were biased in favour of parents.

Concerns about expert evidence

Strength of the evidence

The main concern about the assessment process is whether it provides sufficiently strong evidence for cases exiting FDAC. This concern was expressed by the local authority lawyers, a small number of social workers and managers, a small number of guardians, and some solicitors acting on behalf of children. The majority of those raising this concern acknowledged that the initial assessment and report from the team was good and helpful but that problems arose if the case began to go wrong several months later.

The worry is that the absence of the kind of expert evidence normally presented in care proceedings might have a negative impact on the ability of the local authority to prove (once the case has transferred to ordinary care proceedings) that the parent would not be able to parent their child. In particular, an assessment by an adult psychiatrist would be deemed important, to give a prognosis of the parent's capacity to change within the child's timescales. For this reason they felt that the adult psychiatrist should assess all FDAC parents and should also be asked to give a prognosis whenever a parent lapses.[71]

[71] Lapse is used by the FDAC team to refer to a temporary lapse from control over substance misuse, as opposed to a relapse, which is used to mean a complete return to misuse.

Sometimes there are conflicts with the FDAC team because they can be quite reluctant to do psychological or psychiatric assessments. Especially for cases where you are doing parallel planning for a permanent placement outside the family, then you need all these assessments ... when we are clear it is a case for permanency outside the family then we have to demonstrate in whatever way we can that the parent is not an option. [social worker]

I was very disappointed when FDAC was first set up that there wasn't going to be an adult psychiatrist for FDAC. Although I don't question the abilities of drug-trained social workers, the reality is the courts are used to having psychiatrists give a diagnosis of what is a psychiatric condition [parental substance misuse] and give a prognosis, and the fact is that any parent who disagrees with FDAC will want an expert of their own challenging what could be seen as an opinion from a lower-level or a differently-qualified expert. Whereas, if the parent has agreed to an adult psychiatrist in the FDAC team making an assessment, they then don't have room to argue for another expert assessment. We are in forensic proceedings which are making serious decisions and the court will be reluctant to decide that a child should be removed from their parent if the evidence it gets is insufficient. [local authority lawyer]

The team, including both the adult and child psychiatrists, disagree that an assessment by an adult psychiatrist is needed in every case. They consider that the 'fair test' approach provides sufficient evidence in the majority of cases: if parents are not able to control their substance misuse over three months, despite considerable support to do so, they will not be able to show they can parent safely within the child's timescales. They also point out that the team consult the adult psychiatrist when necessary. The findings on assessments (see services section, B2) show that the adult psychiatrist or clinical nurse specialist carried out an assessment of a parent in 14 out of 30 FDAC cases.

The team acknowledge that a prognosis is important in those cases where parents control their substance misuse, move to the second stage of the assessment with its focus on parenting but then experience one or more lapses from abstinence. They say they do provide a prognosis in such cases, usually after discussion with the adult psychiatrist, but that they do not necessarily ask him to see the parent. There seem to have been a number of disagreements between members of the team and social workers and local authority lawyers in relation to the appropriate response to a lapse and whether behavior constitutes a lapse or a relapse.

A small number of guardians and lawyers took a similar view about the role of the child and adolescent psychiatrist. Whilst acknowledging that he was always involved in the assessment process, they would have preferred his involvement to be more direct.

The view of the judges and the team is that the concerns about the evidential strength of the FDAC assessment stem largely from legal and social work practitioners being used to a particular approach towards expert evidence in care proceedings. The team are of the view that a multi-disciplinary approach to assessment is preferable to an assessment by a single expert.

The worry, I think, for lawyers is that the FDAC process doesn't cross every T and dot every I. It is more enabling. It focuses on the real issues, those which are relevant to this particular case – rather than looking at every possibility. The

approach to expert evidence in normal proceedings may be the safest from the legal point of view but it is cumbersome, expensive, time-consuming and unsatisfactory. [FDAC team]

The judges consider that the evidence in FDAC cases was as strong as in ordinary care proceedings.

Are we falling short on evidence in FDAC? I don't think so. We have social workers, substance misuse workers, adult and child psychiatrists who have all had input into the process … We've got to satisfy ourselves that the evidence for excluding a case is good, and if necessary deal with what is lacking ... I think that the evidence, combined with the work of the FDAC team, is enough. I think we have reached the point in normal care proceedings where we require too many assessments. There are a number of cases when lawyers, both in and out of FDAC, say we must instruct Dr So-and-So and I ask them why, because I know what he'll say in his report.

I think that the team approach and way of working is different but equally good in comparison with wasting six months for a long assessment report that adds nothing.

Issues being addressed in the assessment

It was acknowledged by those expressing concerns that they were used to specifying in letters of instruction which aspects they wanted assessed and the background documents they wanted read. A number suggested that a standard letter of instruction at the start of FDAC cases might be a useful way of enabling legal representatives to highlight issues to be. A small number of social workers and managers in one authority acknowledged they were used to going to particular experts for a range of reports to support their position in care proceedings and that it was difficult to adapt to a new way of doing things.

Whom to call as witnesses

Respondents also wanted the team to identify more clearly who was 'leading' on the assessment. They pointed out that in other situations where a team carried out an assessment, for example a parenting assessment, it was usually clear who had led the assessment and authored the report and therefore who should be called as a witness. The FDAC team report that individual members have been called to give evidence in only a couple of cases that have exited FDAC.

Are further assessments ordered when cases exit from FDAC?

Different views were expressed by legal representatives, guardians and social workers about whether cases were in fact delayed in reaching a final conclusion when they left FDAC by virtue of further expert assessments being ordered. This reflects the mixed picture presented by the analysis of the end-of-case forms completed by guardians, as mentioned earlier.

The detail about the duration of 25 cases which exited FDAC and concluded within the time frame of the evaluation shows an average time of 21 weeks from exiting FDAC to

conclusion, but considerable variation between cases. As indicated in the results section, there are three main factors to take into account when looking at how long cases take to finish after leaving FDAC. These are first, how much time they spent in FDAC; second, the time it can take to obtain a final hearing in the courts, particularly if there is a contest; and third, whether or not extra assessments are ordered and the nature of those assessments. Four of the 25 cases were excluded from FDAC within a matter of weeks, because they fell within the exclusion criteria, and one further case dropped out of FDAC after four weeks, so any expert assessments ordered subsequently in these cases could not be attributed to concerns about the FDAC assessment. In 12 of the remaining 20 exited cases (62%) the following additional expert evidence was obtained:

- 3 adult psychiatric reports
- 4 clinical psychologist reports
- 2 child psychiatrist reports, and
- 7 viability assessments of family members.

The psychiatric and psychological assessments were carried out in six of these 20 cases (30%) and all but one of the six were early FDAC cases. One of the clinical psychology reports was a follow-up report by a clinical psychologist working with the family in the residential unit they had been placed in by the local authority before proceedings began, and another was ordered in a case which had left FDAC after nine weeks.

In all cases that exit FDAC, apart from some from the very early days, the team have completed a closing report. Guardians and some lawyers have commented positively on these reports, saying that in a number of cases they have been sufficiently comprehensive that the court taking over the case decided that no further assessment was needed before making a final order.

6. PARENTING ASSESSMENTS

Parenting assessments focus on parenting capacity and issues such as attachment. They normally consist of interviews with the parents, and children if old enough, and observations of parental interaction with their children. They can take place in the community or in residential placements. Some assessments are based on observations over a period of time, others are briefer. The feasibility study preceding the pilot assumed that where a detailed parenting assessment was needed it would be provided by existing services used by the three boroughs.[72] The service specification for FDAC did not refer specifically to parenting assessments but did indicate that the FDAC assessment should look at the impact of substance misuse on parenting capacity and that the FDAC reports to court reviews should cover issues of parenting capacity.[73]

All three pilot authorities have service level agreements with local community providers of parenting assessments and, in addition, it is accepted practice in each authority to use providers of residential parenting assessments in order to keep babies with their mother.

[72] 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.
[73] FDAC service specification (2007) paras 4.6.1 and 4.7.1.

From the start of the pilot there have been concerns and some confusion about parenting assessments in FDAC cases. These have been about who should carry out the parenting assessment and when it should happen. Respondents had different views about whether a parenting assessment is needed in every case. The earlier section on services shows that they were used in 18 out of 30 cases. Some social workers and managers acknowledged that there were differing views about the value of a residential parenting assessment and some social work managers expressed concern at their cost (see section on costs, B4). The two comparison authorities make much less use of residential parenting assessments.

The FDAC team take the view that residential parenting assessments are not helpful in FDAC cases. They consider that it is better for parents to be separated from their children at the start of proceedings, to give them those first two or three months to concentrate on controlling their substance misuse. In the case of babies, the team's position is that the crucial age for the development of attachment is from six months onwards and so a separation of baby and mother in the first three months is less problematic.

The team also point to the difficulties and tensions that can arise if the local authority has already decided on, and commissioned, a residential parenting assessment before the case comes to court and before the team have the opportunity to make their own recommendations. They feel that in a number of cases the residential parenting assessment (usually lasting twelve weeks, and sometimes longer) had prolonged proceedings unnecessarily and had made it much harder for parents to stay focused on the control of their substance misuse in the first few months. They consider that there is no need for an expert analysis of parenting capacity if parents are unable to control their substance misuse.

A small number of guardians and social workers do not share this view. They maintain that parenting capacity should be under assessment from the start of proceedings, alongside assessment of whether parents can control their substance misuse. In one case in particular, the guardian was critical of FDAC's focus on the father's substance misuse which had led to insufficient attention being paid, by both FDAC and the local authority, to the mother's problems with parenting.

> *I understand and agree with FDAC's approach that drug and alcohol issues need to be tackled first but there needs to be a holistic analysis at the start, taking into account all the dimensions in the 'triangle' set out in the 'purple book' rather than just focusing on drugs and alcohol, even if the treatment priority at the initial stages is drug and alcohol issues. [guardian]*

Guardians and lawyers have stated, at meetings during the course of the pilot and in interviews and focus groups, that it would be more straightforward if FDAC were responsible for all aspects of assessment, including parenting assessments. The fact that FDAC does assess and do direct work around parenting as part of their assessment process, particularly in the third stage, can sometimes lead to confusion when another parenting assessment has been carried out. The FDAC team have been clear throughout that they would like to do parenting assessments but initially lacked capacity to do in-depth work. In response to concerns raised over the issue of parenting

assessments, they are now developing a process for parenting assessments,[74] similar to that used by existing providers, including observations and interview, but also applying the 'fair test' approach developed for substance misuse assessments. This would involve agreeing goals with parents, videoing observations, and using edited sections of the video to provide positive feedback to parents and facilitate discussion about to enhance their parenting capacity and skills. There was a positive response from most respondents to the proposal that FDAC should carry out parenting assessments in more cases.

A small number of guardians and lawyers also reported a lack of clarity about the team's role in giving an opinion about issues such as alternative placements for children who cannot return home and contact arrangements. This is because opinions are given in some cases but not in others.

7. A FOCUS ON PARENTS WHILST KEEPING THE CHILD IN MIND

An intervention for parents?

The FDAC approach is to focus on resolving parental difficulties in order to help the children in the family. The logic in this approach is that providing intensive help to parents in relation to their substance misuse is a pre-requisite to addressing their parenting capacity and thus meeting their child's needs.

Throughout the pilot some professionals have expressed concern that the focus on supporting parents to control their substance misuse has led to inadequate attention being paid to the child's needs and timescales. In contrast, others take the view that this approach does not lead to less of a focus on the child. Those advocating this point of view say that the court is working within care proceedings and these are focused on the welfare of the child.[75]

> *It hasn't felt focused on the child – it is very parent focused. We have felt the need to go outside FDAC to get the child's perspective. [social worker]*
>
> *It is refreshing to see the emphasis placed on parents where that is appropriate. [lawyer]*
>
> *They [FDAC] do focus on children and that's what they get parents to do. I've seen a client get insight into how substance misuse has impacted on her child and before that she didn't link her drugs to her child's problems. FDAC made the difference. [adult substance misuse service]*

The team's view is that although they start at a point which is distant from the child, they do not lose sight of the child. It is an intervention with the parents, with the object of meeting the child's needs. The FDAC assessment process now sets out clearly that an assessment of the child's needs, wishes and feelings is part of each stage.

> *I think the whole process is predicated on the child's timeframes. The biggest danger, we know, is drift and the ducking of important issues – but that is less*

[74] These FDAC parenting assessments started in September 2010.
[75] Section 1, Children Act 1989 - the child's welfare is the court's paramount consideration.

likely in a dynamic process. We do recognise that we can't really get to the main issues round the child until we've got the drug and alcohol misuse sorted. So we do start at a point that is distant from the child. To some degree it must be seen as systemic ... it is an intervention with the parents but with the purpose of meeting the child's needs. The starting point is the drug or alcohol abuse … our job is to get the children the best chance of keeping their parents. [FDAC team]

Several respondents felt that the team were aware of the risk of being seen as too parent focused, and both the team and the judges felt that over the course of the pilot they had become more skilled at addressing the parental substance misuse whilst also keeping children in mind. It was pointed out that discussion about the progress of the children, as well as parents, occurs at each review, with judges asking about the children and often able to see the babies and small children who attend review hearings regularly with their parents. The team have worked with guardians to facilitate the attendance of some older children at reviews. When this has happened guardians and lawyers reported that the children had been pleased to have the opportunity to talk to the judge.

Children's timescales

The FDAC team state that their planning is driven by the child's needs and timescales. They say they have become more robust in keeping the child's timescales to the forefront and they believe that parents are aware that this is what they are doing. In cases concerning babies, the aim is to ensure that a permanent placement has been identified within a year. Timescales can be longer if children are older and in a settled placement.

We are quite tough – it may slip a bit – but a general rule is that if they are still using after three months then we are unlikely to persist with a plan for the return of the children. [FDAC team]

Some respondents, however, were concerned that although the team's staged assessment indicates that parents should be allowed up to three months to control their substance misuse, this part of the process often seems to take longer. It was felt that the desire of the team and the judges to support parents to change could lead them at times to lose sight of the child's timescales and allow cases to stay in FDAC longer than they should.

FDAC strives for permanency within the first year of the child's life, but there are times when parents have been given extra opportunities to show they can care for their children and this has not been within the timescales of the children. [social worker]

An equal number of respondents felt that the team gets the balance right, with less of a tendency to hold onto cases as the pilot has progressed. A number also noted that when parents have such a lengthy substance misuse history it is not surprising that it can take time for them to control their misuse. The team and judges acknowledge that some early cases did stay too long in FDAC, but maintain that they are getting better at making the difficult decision to exit a case.

I'm not sure you reach a conclusion any earlier in ordinary care proceedings. [lawyer]

The very nature of care proceedings means that you can't apply a formula to them. I don't think FDAC cases are any longer or shorter than normal proceedings. When things are going well you need time to see if that will continue. I haven't come across any preposterous delays. [lawyer]

In the end-of-case forms guardians commented in 13 cases (13 of 38) that the benefit of being in FDAC was a speedy and timely decision that parents would not be able to control their substance misuse within the child's timescales. In four cases they said that delay in reaching a conclusion was a drawback to being in FDAC.

It was recognised at the start that the mother was not going to be able to confront her alcohol addiction. If the case had been in the ordinary court it would have taken longer to reach this point as there would have been a wait for a psychiatric report. [guardian]

The benefit to the child was a much speedier resolution to her case, with proceedings having concluded much sooner due to her mother being unable to break completely away from her chaotic 'street' lifestyle. It was especially timely given the child's age and the lack of clear planning previously. [guardian]

A drawback has been the length of time it has taken to reach a definitive decision about this child's future. The mother was given probably more opportunities to turn things around than she would have been given had FDAC not been involved. [guardian]

There was some concern from guardians and local authority lawyers about insufficient attention to parallel planning in cases involving babies and where the prognosis was particularly poor. Analysis of the information on the guardian forms shows that the reasons for the longest delays in exited cases reaching a conclusion were disputes among relatives about children's placements, disputes over contact, or family members coming forward at the last moment to offer themselves as carers.

The delay in one of my cases is down to the local authority and their slowness in carrying out viability assessments. [lawyer]

This finding suggests that there would be merit in earlier attention to parallel planning in cases where parents are not making good progress.

Safeguarding

A number of social workers took the view that key workers with substance misuse expertise have insufficient understanding of child development and child protection issues. In contrast, a number of other respondents noted that the team had been successful in getting parents to recognise, for the first time, the impact of their misuse on their children. In addition, a number of examples were given of how the team had given helpful advice on child development issues or had identified and raised child protection concerns that had not been reported previously.

8. TIME OF COMMENCEMENT OF COURT PROCEEDINGS

Summary points

- There was an equal division between those who thought that too many cases came to court later than they should and those who disagreed.
- A majority of respondents thought cases could come to FDAC earlier than might be the case in ordinary proceedings.

A stated aim for FDAC in the feasibility report was that 'court action should not be seen as a last resort and that the ethos of FDAC is one of early intervention'.[76] To that end, the boroughs were to be encouraged to bring cases to court sooner rather than later.

The encouragement to bring cases to court at an early stage was also based on previous research findings. These had shown that while cases concerning babies of mothers misusing illegal drugs were brought to court quickly, there was a tendency in cases involving alcohol misuse, and in those involving misuse of illegal drugs where children were older, for there to be repeated assessments, with cases closed after a period of intervention and then re-opened later. Care proceedings in these cases were frequently started only when a crisis arose, rather than as part of a clear plan. This often had damaging consequences to child welfare and to the chance of future placement stability.[77]

Our interim evaluation report noted that in the first year of the pilot the majority of cases had involved parents with a long history of substance misuse and involvement with children's services. As a result, the potential of the court to play a role in cases with less entrenched histories of harm remained untested. This has continued to be the case during the third year of the pilot.

Impact of the Public Law Outline

The FDAC pilot began just before the implementation of revised guidance on care proceedings which incorporated the Public Law Outline (PLO), a practice direction to local authorities on the process to be followed before issuing care proceedings and to judges and magistrates on the management of care proceedings.[78] As the pilot progressed, concern was raised in open meetings and interviews and focus groups that

[76] 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, p38.
[77] Forrester D and Harwin J (2007) Parental substance misuse and child welfare: outcomes for children two years after referral. British Journal of Social Work, Vol. 38, No. 8, pp 1518-1535 (18); Hayden C (2004) Parental Substance Misuse and Child Care Social Work: Research in a city social work department in England. Child Abuse Review (13) pp18-30; 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.
[78] DCSF (2008) The Children Act 1989 Guidance and Regulations – Volume 1 – Court Orders. London: TSO (para 3.7); and Revised Public Law Outline April 2010.

the revised guidance and PLO were making it less likely that cases would be brought to court at an earlier stage.

The guidance emphasises the importance of 'fully exploring' the possibilities of working on a voluntary basis with families prior to making an application to the court, but also adds 'provided this does not jeopardise the child's safety and welfare'. The PLO is primarily focused on the management of care proceedings once an application to the court has been made. The overall aim is to ensure that, through active case management, cases will be dealt with expeditiously, fairly and consistently, and will be less costly. The PLO also requires the local authority to ensure that cases are prepared properly before proceedings are issued and it includes a pre-proceedings checklist setting out the documents a local authority is expected to file with the application. It is clear that proceedings can be started without such documents if this would be necessary for the safety and welfare of the child.

A number of social workers and lawyers noted a tension between the requirements of the PLO and the encouragement to bring cases to FDAC sooner rather than later. In particular, some expressed anxiety that if they had carried out fewer assessments before bringing a case to court they might then face criticism by other courts if the case were to exit FDAC. Lawyers for one of the pilot authorities said they were more flexible about the PLO requirements for cases that were going into FDAC, while lawyers for the other two authorities felt that they treated FDAC and non-FDAC cases in the same way. Some private practice lawyers said there was a flexible approach to the PLO case management requirements once the case was in FDAC.

A number of social workers and managers thought that, although the PLO involved local authorities in more work before the proceedings, it had not reduced the number of expert assessments then ordered in ordinary care proceedings. This point was made in the independent review of the impact of increased court fees.[79]

> *We are struggling in ordinary proceedings with the PLO. You have to wait to get all the assessments done, then wait for the report, then wait for a court date, then when we get there the court says the assessment is out of date and we need another one. [social work manager]*
>
> *The PLO hasn't changed practice. It just requires a huge amount of work to be done before issuing, but I don't know whether it has achieved better prepared cases. [lawyer].*

The threshold for the making of a care or supervision order is that the child is suffering or likely to suffer significant harm as a result of parental action or inaction.[80] Research indicates that even if this threshold is established in cases concerning parental substance misuse, care proceedings will not necessarily be brought if it is considered that work can be done with the family on a voluntary basis. It is, of course, the case that local authorities need to consider whether intervening in family life through care proceedings is a proportionate response to the situation, in accordance with the Human Rights Act 1998. In addition, they need to bear in mind the principle that the court should

[79] Plowden F (2009) Review of Court Fees in Child Care Proceedings. Ministry of Justice.
[80] Section 31, Children Act 1989

not make a care order unless satisfied that this would be better for the child than making no order or another sort of order under the Children Act.

It was acknowledged by local authority lawyers that, in a high proportion of cases involving parental substance misuse, the threshold of likelihood of harm would be met early on, but the issue would then be whether social workers felt that the risk was manageable, which is usually dependent on the level of parental engagement in services. Many other lawyers, and some social workers and guardians, felt that in a number of cases the threshold had been present for some time before proceedings were initiated, action which often arose as result of a particular crisis.

> *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 which says local authorities should avoid court proceedings. [local authority lawyer]*

> *Yes, cases should come to court earlier. It isn't an issue about thresholds, they just bring cases too late. [private practice lawyer]*

A future role for problem-solving courts?

The ability of a court to solve problems is made more difficult if cases come to court at a very late stage, when the prospects for change are severely limited. Respondents were asked whether they thought cases could be brought to court earlier and what the issues were in relation to this. Some local authority lawyers and social workers thought that they were bringing some cases to FDAC sooner than they would if the case was going into ordinary care proceedings, but others felt that they were applying exactly the same threshold test. Different views were expressed by local authority lawyers and social workers, with the lawyers saying that if the threshold was met, social workers might argue that a case should be managed outside the court process, while social workers tended to feel that lawyers were the ones who decided whether the case should be taken to court.

> *Now you think about it, it's ironic that we are instructing them, but we allow ourselves to be guided by them on things like thresholds. [social work manager]*

A small number of respondents thought that the court, including FDAC, should be the place of last resort. More respondents thought that more cases could come to FDAC earlier than at present.

> *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 to FDAC sooner. [social worker]*

A couple of lawyers commented that pursuing a problem-solving court approach in care proceedings was more complex than in criminal proceedings where the problem-solving or treatment aspect occurred after a guilty plea or after conviction.

Selection of cases

Respondents were not asked specifically about the nature of cases that should come into FDAC, but a significant minority did raise the issue of whether it would be possible to target cases that were more likely to benefit from the intervention. The hope was expressed that the evaluation would be helpful in indicating which cases were more likely to have a successful outcome although, as indicated in the results section, unfortunately this has not been possible. A number of respondents said they had been involved in cases which had had a successful outcome despite a very poor prognosis. Others commented that they had been involved in successful cases involving older children, as well as cases involving babies.

C3 - MULTI-AGENCY WORKING WITHIN FDAC

Summary points

- The joint commissioning of the FDAC pilot between three local authorities was complex and time consuming. A key factor in ensuring the success of the process was the commitment of the lead commissioner who had a clear understanding of what the pilot involved.
- Ongoing co-operation between the pilot boroughs throughout the course of the pilot, and a problem-solving approach to the system and process issues that arose, is facilitated through the Cross Borough Operational Group (CBOG) and the Commissioning Group.
- The model of multi-agency working while cases are in FDAC is that of a 'team around the child' approach. There is evidence of good multi-agency working and communication between all those involved in FDAC, with some continuing room for improvement in relationships between children's and adult services.
- Any wider roll-out of the model in the future will need to include time for training for the local FDAC team, judges and court staff, as well as for professionals likely to be involved in cases.

1. JOINT WORKING: SETTING UP FDAC

The commissioning of the FDAC team and the development of the governance structures to support the pilot are examples of effective partnership working and joint commissioning.

The funding for the pilot is complex and has created particular challenges for the three local authorities who are contributing to the funding as well as participating in the work. This type of joint commissioning is relatively new and it was made more complex by the need to secure additional funding from other sources. Camden took the lead in the commissioning process, with a senior commissioning manager taking responsibility for co-ordinating the partnership arrangement between the three authorities, for the tendering process to appoint the team, and for the negotiations with government departments for additional funding.

Achieving the partnership agreement between the three boroughs was time consuming, requiring negotiations over a twelve-month period. Legal representatives for each borough needed to be assured that all risks had been identified and provided for and the project had to pass through a range of other checks and procedures before the commissioning process could be approved. As this was piloting a new approach, and requiring evaluation, it was difficult to reconcile the process with normal local authority commissioning where the expectation is that evidence will be provided of effectiveness, value for money and year-on-year 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. A final difficulty was that the key decision makers were not always clear about what the pilot involved or what it was aiming to achieve.

Further complications arose because delays in securing complete funding meant that the pilot did not start until the last quarter of the first financial year of its existence. Government departments and local authorities normally expect money to be spent in the financial year in which it is allocated and it was extremely difficult to achieve the flexibility needed. The commitment and knowledge of the senior commissioning manager in Camden, who had been closely involved with the project since 2005, was key in resolving these complex arrangements.

The partnership between the Tavistock Portman NHS Trust Foundation and Coram Family is another interesting element of the pilot and one that created challenges for both the providers and the commissioning local authorities. Negotiations about the contract and the respective roles of the partners took several months. There is a service level agreement (SLA) between Camden (as the lead borough in the partnership) and the Tavistock Portman NHS Trust Foundation for the delivery of the FDAC team service, with a separate SLA between the Foundation and Coram Family.

The operational sub-groups of the FDAC Steering Group are further examples of partnership working. The Cross Borough Operational Group (CBOG) meets every six weeks while the commissioning group and contract monitoring sub-group meet quarterly.

CBOG has representatives from the three boroughs, the FDAC team, the court and CAFCASS, with a member of the research team in attendance. It has provided a helpful forum for discussing issues and resolving problems that have arisen during the past three years. In the interim evaluation report we noted CBOG's difficulties in sustaining the involvement of adult treatment services and engaging adult mental health services. This would merit further attention in the future, to build on the successful participation of one borough's substance misuse representative during the past year.

On the whole, this governance structure has worked well during the first years of the pilot. It requires ongoing commitment from borough representatives as well as dedicated time for servicing the relatively frequent meetings. At times, there has been uncertainty about which governance group is best placed to deal with concerns raised. But there is no doubt that CCOG has worked hard and well in fostering an atmosphere of collaboration between the pilot boroughs' social work and legal representatives, in discussing new and continuing issues with a view to finding practical solutions, and in bringing relevant matters to the attention of the Steering Group.

2. JOINT WORKING: THE JUDGES AND THE FDACTEAM

A number of respondents, including the judges and members of the team, acknowledged the possible risk of bias arising from the close relationship between the team and the judges. Although this had not been identified as an issue in any particular case so far, some respondents felt that occasionally the judges could have been less reliant on the FDAC team.

The team and the judges report that they have a good relationship. They do not always agree, and they feel that the risk of the team influencing the judge is reduced by the open approach within FDAC. Ongoing discussion about progress, through meetings and

court reviews, and clear planning mean that everyone is aware when things are not going well: there are few surprises.

3. JOINT WORKING: THE FDAC TEAM AND OTHER PROFESSIONALS

Many respondents described the Intervention Planning Meetings (IPMs) and review IPMs as very helpful, bringing everyone and everything together in a focused way right from the start, and setting and reviewing clear timescales and expectations. It was also noted that the IPM is an opportunity for everyone to air their anxieties and discuss the best course of action. Social workers talked positively about being involved in the process and being asked for their opinions on the plan.

> *It feels safer when cases are in FDAC, safer for children and for professionals. The team pull everything together and hold the risk and tension very well. [social worker]*

The FDAC team take the view that cases are dealt with through a 'team around the child' approach, with the team focusing on parents and liaison with adult services, while social workers and guardians focus more on the child. Focus groups and interviews with other professionals explored the issue of working together within this framework and of whether there was clarity about the roles played by different professionals.

Working together with social workers

The majority of social workers also said that when cases were in FDAC they saw themselves as part of a team. They felt able to challenge the views of different professionals if necessary and, as the pilot had progressed, they had become clearer that the social work role was to focus on the child while the FDAC team focused on the substance misuse and the parents. Some felt more comfortable when a case was in FDAC because of this certainty – they could focus on the child knowing that FDAC were concentrating on the parent. Several said there was clear recognition that everyone involved needed to contribute and share information.

> *Every agency carries out their individual piece of work with the family. However, the network has 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]*

> *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. I feel much more comfortable when cases are in FDAC. [social work manager]*

> *Parents are carried, supported and nurtured in quite an intensive way so our role is much more focused on the child. [social worker]*

A small number of social workers felt it odd to hand over the planning of the case in relation to the parents to the FDAC team, but they recognised that this was part of the 'teething problems' of a pilot programme. Some also suggested that there was a need for greater clarity around the respective roles of the social worker and the FDAC key

worker when children remained living at home with their parents throughout the proceedings.

A number of examples were given of specific disagreements between social workers and the FDAC key worker. These were about responses to lapses, different interpretations of lapse and relapse,[81] and the frequency of testing. Concerns raised by some social workers about FDAC being too parent focused have been explored earlier.

The FDAC team thought their relationships with social workers were variable, and largely dependent on personality. They have been surprised to find very different approaches within the same team. They noted that their own team's reflective practice provides support to individuals when there are tensions with social workers, but acknowledged that there is a continuing tendency for work to be less collaborative in those cases where relationships are not good. Such cases often became more complicated as a result.

Some guardians and lawyers felt that when a case was in FDAC the local authority would 'take its eye off the ball' and be insufficiently proactive in relation to planning. Linked to this, lawyers also expressed concern at local authority delays in organising and carrying out viability assessments of extended family members, although others took the view that on the whole these were organised reasonably quickly once a case had started to go wrong.

Working together with guardians

FDAC has a dedicated pool of guardians who have continued to be appointed in each case at the start of proceedings. Judges, social workers and lawyers are all appreciative of this system. They also value highly the quality and experience of the guardians allocated to FDAC.

The interim report noted that guardians, and others, had initially felt a lack of clarity about the role of the guardian in FDAC and that some guardians and lawyers had felt that guardians were being marginalised. By the end of the first year of the pilot this was already changing, with a majority of guardians much clearer about their role.

> *I think my role is to ask questions from a different angle.*
>
> *We've discovered we're assertive and it's working well. At the beginning there was definitely a feeling that we were less in control and the 'experts' were determining what was going on. Now it's much more collaborative.*

By the end of the evaluation everyone involved in the court process were clear that the guardian's role in FDAC cases is to ensure that the focus is on the child throughout, that child protection issues are identified and responded to, and that concerns are raised (through negotiation with the local authority and, if necessary, through contest) if guardians are unhappy with the recommendations in the care plan. A number of guardians also saw their role as ensuring there was a focus on parallel planning for permanency away from parents if the prognosis in the case was poor.

[81] Lapse is used by the FDAC team to refer to a temporary lapse from control over substance misuse, as opposed to a relapse, which is used to mean a complete return to misuse.

Their role is good. They are totally focused on the child. That brings us back to that focus as well. [FDAC team]

There is a potential lack of focus on children [in FDAC] and it is up to guardians and lawyers for children to help ensure there is a focus on children all the way through. In FDAC it is good that they are there from the beginning. If that didn't happen it would be a grave concern. [lawyer]

The presence of guardians at reviews reduced over the period of the evaluation due to their increased workload following the rise in care proceedings. But their attendance at reviews was something singled out as being of great value, particularly by social workers. Guardians are concerned that they will 'fall out of the loop' now they have less time to attend these non-lawyer review hearings.

Guardians were very positive about the nature and level of communication with the FDAC team.

The early Intervention Planning Meeting is very helpful ... you have an early plan and everyone can air their anxieties there ... as a guardian you are fully involved from the beginning. It is so nice to discuss things with [members of the FDAC team] because they have very good knowledge and expertise.

In the end-of-case forms guardians were asked to comment on their role in FDAC cases. In three of the 38 cases guardians had no comment because the case had stayed in FDAC for too little time. In a third of the others, the view was that their role and input did not differ significantly from non-FDAC cases. Differences were described in the other two-thirds. Some were about needing less time for a case, which is dealt with in more detail below.

Other differences were less tangible. Several said they felt less stressed than in ordinary care proceedings either because the supportive professional network that FDAC facilitated was of benefit to themselves as well as other professionals and family members, or because there was less anxiety about how to engage the right services in a timely way. Another difference was that their role of ensuring a clear focus on the needs of the child was helped by knowing that someone - FDAC - was giving due consideration to the particular needs of the parents.

Working together with lawyers

The interim report noted that interviews and court observations indicated that lawyers had had the most difficulty adjusting to the FDAC process and, as noted earlier, had been particularly concerned about non-lawyer review hearings and issues around expert evidence. Although some lawyers continue to have some concerns about these issues, the majority who took part in focus groups were extremely positive about FDAC.

There is a clear plan being run by competent professionals.

In normal care proceedings lawyers and guardians have to drive the case because of the failings of the local authority. We shouldn't have to do that, and with FDAC we don't. That is how cases should be.

The judges and the FDAC team feel that lawyers are working well with the FDAC approach and process and find legal representatives to be good, clear and thorough.

Both judges and lawyers noted that it was not unusual for legal representatives who were unfamiliar with FDAC to struggle at first with the more informal and partnership approach and that this occasionally created problems. The team also felt that lawyers for parents have sometimes taken an unnecessarily adversarial line, although this reduces noticeably as lawyers become familiar with the process.

> *There is definitely a feeling from some lawyers, usually those acting for parents who, when they first experience FDAC, show almost open hostility. They don't get it initially. Once they get past the first assessment then they start to change. It is invariably solicitors who are unaware of the process. In reality it is the best possible chance for their clients.*

It was suggested that an improved flow of information about FDAC to the legal profession would help reduce this antagonism.

Working together with adult services

Since supporting parents to stay engaged with treatment services is a key desired outcome of the pilot it is important to have good partnership working in place between the FDAC team and adult treatment services. Also important is good communication between the team and the wide range of services providing treatment and support to parents, so that the team can keep an accurate track of parental engagement. A final aspect to the relationship with adult services was the hope that the presence of FDAC would contribute to improved communication between adult treatment services and children's services.

A small number of representatives from a range of adult services attended focus groups or responded to questionnaires.[82] Their responses divided equally: some thought that communication and joint work with the FDAC team was good overall and they felt informed and involved appropriately in decisions about treatment, whilst others felt that communication was poor, with lack of clarity about roles and responsibilities, both between FDAC and adult treatment services and between FDAC and children's services.

> *There's lots of communication and no problems over that. [housing]*
>
> *They are good at getting minutes to us quickly and inviting us to reviews and involving us in decisions about where to go for treatment. [voluntary sector alcohol service]*
>
> *Communication starts off well and then slides ... you have to chase them to find out information. [adult substance misuse service]*
>
> *Communication is not good really. There is the expectation that treatment services can just drop everything and attend a meeting or write a report at a moment's notice. I do not have a sense that we work in partnership, despite the rhetoric. [adult substance misuse service]*

[82] See section on methodology, A3, and annex 5.

They noted some overlap in work being done by substance misuse treatment services and FDAC and said that sometimes there was tension about, for example, what to prescribe and how much to prescribe. The tension arises because adult services can feel that parents are being put under pressure to withdraw from treatment too quickly. Nonetheless, it was also stated that where there was a possible duplication of roles FDAC were good at getting people together to work out the best approach. FDAC is seen as having a flexible approach to treatment and a willingness to try and do things in different ways. Some respondents from services providing therapeutic interventions felt that there was sometimes insufficient delineation between their role and that of FDAC.

Representatives from adult treatment services acknowledged that there was no routine feedback to FDAC about whether parents were attending appointments as planned, although they would always contact FDAC if they were concerned. More routine feedback, such as a treatment service's record of appointments kept, was identified as a helpful way of guarding against drift.

Adult services respondents did not feel that the existence of FDAC had improved relationships with children's services, which they described as 'difficult', although it was pointed out that relations with other adult services, such as mental health, are also difficult. Children's services respondents also described difficulties in their relationship with adult substance misuse services. It was acknowledged that FDAC did try to improve communication between adult and children's services in individual cases and it was also acknowledged that the flow of information between adult and children's services is better when a case is in FDAC.

The team felt that there was more work to be done on improving relationships with adult services and that there was a particular need to deal with their different priorities in relation to timescales. Work was also needed around the tensions stemming from the abstinence-based approach used in most FDAC cases and the harm-minimisation approach more familiar to adult services.

Does FDAC create more or less work for others?

Some social workers took the view that although attending reviews was time consuming, there was a corresponding saving in time because of the reduced need to write updating statements for the court. Another view was that, although you might go to court less frequently in ordinary proceedings, you were at court for a longer period and the time was used less productively. Some thought FDAC cases involved less work because there was less drift and less duplication to deal with. Others thought that having to attend reviews and, as a result, prioritise FDAC cases created extra work.

Many social workers and some managers felt that FDAC cases involved them in less work with parents. This was because it was much harder to engage parents in ordinary proceedings and because workers had to spend time chasing information from other agencies.

Managers generally had different views, with some recognising the time-saving aspects of FDAC and others more concerned at the time spent attending reviews. More managers than social workers expressed concern about the impact of frequent court reviews on social work time management.

A number of lawyers and guardians took the view that in ordinary proceedings they often have to 'drive the case' because of the failings of the local authority, but that this is not a problem in FDAC cases.

A number of lawyers said there was less work for them while cases remained in FDAC. There was consensus, too, that once a case began to go wrong and left FDAC there was a similar amount of work as in ordinary proceedings.

> *An FDAC case that is being properly proceeded with is less work than an average case for children and parents' lawyers and for guardians. The real work for us in FDAC comes when things start to go pear shaped. [lawyer]*

> *It is definitely less work for parents' solicitors. You don't have to scrabble around to find experts and all that. [lawyer]*

Guardians also noted that the extra meetings and court hearings in FDAC cases brought advantages in that 'there is a whole team of people involved' and this meant there were fewer administrative tasks needing to be done by guardians.

> *… fewer phone calls to other agencies, less working just to keep in touch, and fewer lengthy reports, because FDAC has often said it all. [guardian]*

Guardians pointed to other advantages, too, many about the time saved by FDAC. The team's practice of taking a full social history early on means that guardians and others do not have to ask parents to repeat their background history. The regular attendance of other professionals and parents at reviews, intervention planning meetings and review IPMs provided good opportunities for guardians to exchange information and keep up to date. The work of the FDAC team in liaising with adult services saved time when compared with ordinary proceedings. All this contributed to FDAC cases taking up less time for guardians. They felt they did not have to keep such a close eye on cases as in ordinary proceedings, particularly there were several changes of social worker during the course of a case. Like the lawyers, guardians noted that the work load increased if parents exited FDAC because they had failed to engage.

As already noted, the number of court reviews on FDAC days increases the administrative burden on court staff.

Training

The feasibility study for FDAC had noted that a key lesson from research into problem-solving courts in the USA and other places was the importance of training for all the different professionals involved. This included training for members of a new multi-disciplinary team, training for the team alongside the judges and court staff, and training for all the professionals likely to be working with adults and children involved in the proceedings.

The interim evaluation report noted that the training plans for FDAC had not taken place as envisaged in the feasibility study. The very short time period available to recruit the team before the start of the pilot put paid to plans for the team, the specialist judges,

court staff and guardians to have preparatory multi-disciplinary sessions about FDAC's aims, approach and procedure.

In January 2008, shortly before the court opened, an away day was held for the team, the judges, court staff, some guardians and some key personnel from the three local authorities, and this helped to consolidate what had already been done to prepare for the pilot. Nine months later the team and the judges had a half-day session together on Motivational Interviewing, which followed earlier training on MI for the team alone. FDAC team members have been able to access a range of other training during the first two years of the pilot and have also benefited from sharing skills within the team. The team has welcomed all these training opportunities. They are clear, however, that a prerequisite of rolling out the model more widely is time for a multi-disciplinary specialist team to train together before taking on cases. At the very minimum, this will enable the different disciplines to become more familiar with the roles and work of their team colleagues.

The feasibility study had proposed that lawyers and social work staff and managers should have awareness-raising sessions and other information about the FDAC approach and process. The need for information and training for social workers and team managers was also recognised by the Cross Borough Operational Group and, as a result, a half-day training programme had been developed for use in all three boroughs before the pilot started. Delivery of the training was more thorough in two of the boroughs. An added complication was that extensive training for social workers on the implementation of the Public Law Outline was being delivered at the same time. This created some confusion among staff. So, too, for solicitors and barristers did the inevitable failure of presentations about FDAC to reach all lawyers likely to be involved in the new arrangements.

More opportunities for training before the opening of the court might have helped avoid some of the early confusions about role voiced by guardians and social workers and some of the uncertainties about process which concerned lawyers at the start of the pilot. The team and the judges hold quarterly meetings about FDAC at the Inner London Family Proceedings Court. These are designed to disseminate information about the progress of the pilot and to respond to questions, issues and concerns of social workers, guardians and lawyers. The meetings are valued by those who attend them. The focus groups and interviews did, however, highlight continuing misunderstandings about FDAC and this raises the question of how best to ensure that professionals involved in FDAC cases are clear about the process.

C4 – THE CONTRIBUTION OF PARENT MENTORS

Summary points

- Establishing a parent mentor scheme has proved to be a daunting task. Problems have been in relation to:
  - funding
  - recruitment and retention, and
  - a need for greater clarity about the role and responsibilities of mentors.
- There is consensus among professionals about the potential benefits of parent mentors.
- Mentors valued the benefits that parents were able to derive from their involvement.
- Mentors also appreciated the benefits to their own development from being involved in FDAC.
- It is acknowledged that the parent mentor scheme is the least developed part of the pilot.

The parent mentor programme is potentially one of the most distinctive features of the FDAC model. It is the only component where help to parents is provided by non-professionals. The aim of the parent mentors is to provide a positive role model based on their own life experiences. In the feasibility study, the plan envisaged was that parent mentors would be parents who themselves had lost their children to the care system as a result of parental substance misuse but had gone on to rebuild their lives and parent successfully.

This section of the report brings together views about mentors from a focus group with three parent mentors and interviews and focus groups with the FDAC team and other professionals. The views of parents about mentors are included in the 'Parents Talking' section (C1).

Establishing a parent mentor scheme was harder than had been anticipated. In part, this is because recruitment was slow and retention low, with numbers falling far short of the target figure of 15 to 20 needed for 60 cases a year. When FDAC opened its doors early in 2008, five mentors had already been recruited. This counted as the first recruitment wave. A second wave, later that year, resulted in three further appointments and four more mentors were recruited early in 2010, during the third wave. But, by the end of the evaluation (May 2010) there was only one mentor involved in the work although another (from the first wave) considered himself to be still on the books and available to help.

Another practical difficulty was that parent mentor activity was put on hold for six months soon after FDAC started. This was because it became clear that work was needed to clarify the selection criteria and the role and responsibilities of the mentors. It was also

felt that the mentors were more exposed, professionally and emotionally, than the FDAC team and that time was needed to clarify boundaries and put support mechanisms into place. A half-day consultation was held with the five mentors already in post, after which they worked with the FDAC team over several months, identifying training needs and establishing sound working arrangements.

Problems with funding also restricted the development of the mentor programme. More money was needed than had been available and the lack of stability in funding made it particularly difficult to allocate sufficient time for the recruitment, training, supervision and support work that was considered essential. As other agencies find, volunteer co-ordination is a skilled and time-consuming task.

It was a cause of frustration also that money could not be found for the top-up training that was planned for parent mentors after their first six months in post. Mentors relished the training opportunities they were offered at the start of their involvement and they were keen to build on what they had learnt and to hone their skills in working alongside parents. Advertising costs were also mounting, though mentors in particular thought more progress might have been made through direct contact with local organisations.

> *There are definitely people out there. It's part of recovery, because so much of that is about giving something back. And there will be people with experience of care, not just drugs and alcohol. I'd say 80 per cent of women with drug problems have also had problems with social services, so you'd get the combination needed.*

Despite these difficulties, there is consensus about the benefits to be achieved from having a mentoring element to FDAC's work. This was the view of the FDAC team and their managers. In part, they thought mentors had a symbolic importance, with their involvement demonstrating that the team acknowledges that tackling substance misuse is not easy for parents. They were clear that mentoring worked well, and was valued, by parents who opted for that service, and some team members thought that parents who had been through similar experiences should be included in some way in every FDAC case.

> *Their non-professional perspective is important. They may see ways of working that we don't understand.*

The guardians who had had experience of parent mentors being involved with their cases were all very positive about their role in providing support to parents. The few lawyers and social workers who had come into contact with a mentor were also positive. As one lawyer put it:

> *She was brilliant. Please keep trying to get this part of the service in place.*

Several professionals expressed disappointment that a team of mentors had not been developed as planned and that the chance of accessing a mentor had not been extended to all parents. One of the judges commented that he had not seen a mentor for a long time and that it was a shame that the scheme had fizzled out.

The mentors themselves valued the gains they have seen in the parents they mentored, watching them come to realise that there are people they can trust, and realising that

they can turn their life around. They valued, too, the personal gains for themselves – increased self-confidence and self-esteem, feeling a valued team member, seeing their past traumatic experiences of substance misuse put to good use, learning new skills, and moving into a new career. All these positive spin-offs were viewed as life changing by mentors.

> *I felt appreciated, wanted. I was part of the organisation, not just an add-on. I felt valued.*
>
> *For me this was a bridge to professional work. I realised I loved the care field and drug work so I looked for qualifications and did training and now work in a service supporting homeless people.*
>
> *I've never sat in an office before or read files or looked at computers. It's a new skill. So for me it's about growing and developing and forging a new career path.*

Reflections about parent mentors

The findings highlight both the difficulties and benefits of this aspect of FDAC's work. Our main conclusion is that the mentoring component is the most poorly developed part of the pilot. There is insufficient information to draw any conclusion about whether it made a difference to outcomes for parents and children. There is, however, some compelling anecdotal evidence from various quarters that it can offer real benefits to both parents and parent mentors, and that its fit with the overall approach of FDAC means that every effort should continue to be made to develop the work.

An important finding is that a mentoring programme is not something that will grow of its own accord. It needs careful planning, dedicated time and stable funding, all of which have proved difficult to provide. The numerous other demands on the team have tended to dominate, probably because they are more driven by external deadlines (of the legislation, the court process and local authority planning). This has made it hard to carve out a regular and ongoing space for the contribution of parent mentors. There is a sense – from the team as well as from the parent mentors – that this aspect of the work has not yet been championed as well as it might have been.

A recurring theme has been whether parent mentors need to have had experience of both substance misuse problems and child care problems stemming from that misuse. The parent mentors and parents feel strongly that both criteria are essential if parents are to have confidence in mentors as role models for the lifestyle changes that are needed. The team are seized with the difficulties of getting enough people with both type of experience, but are willing to keep trying.

Attempts to recruit a new parent mentor co-ordinator provide a timely opportunity for a renewed focus on the parent mentor aspect of the FDAC model. Planning for this appointment has prompted a review of the arrangements put in place over the past year. These are about parent mentor recruitment, the stage at which a mentor becomes involved with parents, the use made of local training courses and ways of managing frustrations and expectations in the gap between training and starting work, the support needed from the FDAC team and other mentors, and a review of the possible availability of mentors previously involved but not acting as mentors at the moment.

Time and effort is needed – in any service – to ensure that volunteers feel supported in their role and that those who offer their services are open and non-judgemental in their attitude to service users. The mentors we spoke to were clear that FDAC achieved this, and everyone thought it was worth making a fresh commitment to making the scheme work as intended.

> *You have to understand why parents might reject FDAC – because they've had bad experiences with judges before or they've not been listened to by workers. Or it's fear.*
>
> *People are scared when they think they'll have to stop using drugs. They need someone who understands, who won't judge them about their substance misuse, who understands their lifestyle and their language.*
>
> *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.*

DISCUSSION ABOUT THE QUALITATIVE FINDINGS

The last question asked in focus groups and interviews was whether FDAC should be rolled out more widely. The response from all respondents, even those with criticisms of the process, was that it should be. The reason given was that it was a much better way of dealing with care proceedings than the current system.

The qualitative evidence at the end of the evaluation period confirms the findings that were emerging after the first year of the pilot and which were set out in the interim evaluation report. FDAC is operating as a problem-solving court which has a distinct model of a specialist multi-disciplinary team attached to the court and regular non-lawyer court reviews of parental progress, overseen by a judge who takes responsibility for the case from the start of proceedings.

The FDAC team members are highly regarded by the vast majority of respondents. They are noted for being skilled at engaging parents, for producing speedy assessments and for good co-ordination of services for parents and of the professional network. The evidence indicates that the judges are taking active steps to support, motivate and challenge parents. While the team could carry out similar work with parents outside of a court setting, the regular reviews within the formality of legal proceedings and the role of the judge in motivating parents and overseeing progress is clearly an equally important aspect of the model.

Concerns and discussion about the assessment process in FDAC continued into the second year of the pilot and are likely to continue into the future. There is now a clear four-stage assessment process and, as at the end of May 2010, a plan for the FDAC team to begin more in-depth assessments of parenting in those cases where substance misuse is successfully controlled in the early months of the proceedings. There are, however, likely to be continuing disagreement and discussion about the level of involvement of both the adult and the child and adolescent psychiatrist in the assessment process.

Given that the current concerns are about what happens in cases once they exit from FDAC, these discussions will need to take account of the wider context and the approach to expert evidence in care proceedings in general. Ongoing dissemination of the FDAC approach to other courts is clearly important, although it is also important to note that it was not that common for psychiatric and psychological assessments to be ordered once a case had exited FDAC. We do not have information on whether these subsequent expert opinions reached different conclusions to those of the FDAC team, but we do know that in none of these cases did children return to their parents. It is, therefore, quite probable that these experts confirmed the FDAC team assessment. Any future developments may well be affected by the recommendations for change that emerge from current reviews of family law and the safeguarding of children.

There may also be continuing debate about whether parenting assessments should take place only after substance misuse has been controlled. This is the approach favoured by the FDAC team, but it is queried by some respondents. It does seem logical to argue that there is little point in assessing parenting if substance misuse cannot be controlled, but it could also be argued that the FDAC system has in-built delay if any issues with parenting are not identified until some months into the proceedings. These are, however, likely to be more complex cases where a range of issues are impacting on parental ability to parent and will inevitably take longer to resolve.

Another outstanding issue in relation to parenting assessments is the difficulty and tension that can arise if parents are already in a residential setting for this purpose before proceedings begin. This could be resolved if there was agreement between FDAC and participating local authorities that such placements would not occur in cases being brought to FDAC. This would require greater certainty than at present that the case would be heard in FDAC, but it could link in with proposals for the FDAC team to become involved in assessments of pregnant women whose expected babies are likely to be made subject to care proceedings.[83]

A recurring question throughout the pilot is whether FDAC is too focused on parents. The evidence from interviews and focus groups is that those involved in FDAC cases continue to hold different views about this, with slightly more respondents concluding that the process is not overly parent focused. Timescales is a key issue in this debate, in particular whether parents are given too many opportunities to overcome their substance misuse and show they can parent. Here, too, as many respondents thought the timescales were appropriate as felt they had been allowed to slip to the detriment of the child.

It is certainly the case, as can be seen in the section on results, that some cases have taken an extremely long time to reach conclusion – both those which stayed in FDAC throughout and those which exited. There is also a clear acknowledgement by the FDAC team and judges that some early cases were allowed to drift, but they are confident that they have a clearer sense now of when to decide that a case should not continue in FDAC. There remains the concern about delays in resolving cases after they exit FDAC, which respondents acknowledged was attributable to a range of reasons, most frequently connected with issues in relation to placement. As noted in the results section, this cannot be resolved within FDAC: it links to the wider discussions and independent reviews into the way care proceedings are dealt with in court.

[83] The Steering Group authorised this work to start in January 2011, as a pilot project of a few cases.

The regular non-lawyer court reviews are widely seen as a particularly useful part of the process. They aid effective case management, enabling problems to be identified and responded to quickly, helping to motivate and engage parents and contributing to a less antagonistic and more informal court process. Lawyers are broadly supportive of the system although they continue to have concerns that information from discussions at reviews is not reported back to them. The frequency of reviews creates issues about time management for social workers and their managers, the latter being more concerned about this than social workers, many of whom felt time spent attending reviews was offset by time saved through better case management. Information collected for the costs study indicates that, overall, social workers and managers were spending less time at court in FDAC cases.

The number of review hearings held in a day creates workload pressures for judges, the FDAC team and the court administrative staff. There is also evidence that an excessive number of review hearings in any one day reduces the ability of the judge and the team to give each case the attention it deserves. Towards the end of the evaluation period there tended to be eight review hearings a day and the court and team seem in agreement that the optimum number is between eight and ten.

The number of reviews is obviously linked to the number of cases in FDAC overall at any one time and thus to the capacity of the team. They are clear that they are at full stretch with a caseload of 30 to 35 open cases which is the approximate number of cases dealt with over a year. This is below the service specification expectation of 60 cases per year, but it is fair to say that the work of the team is more intensive and protracted than had been anticipated. The risk of worker 'burn out' have been raised, with options for avoiding this including staff working part time in a different and less intense setting or increasing the size of the team, both of which would have implications for the costs of the team. Another possibility is for cases to come to FDAC earlier than they would to ordinary care proceedings because this might result in more cases being successful and in cases concluding more quickly.

Other capacity issues relate to the judges and the availability of court time. Respondents were unanimously appreciative of the fact that the same judge deals with a case throughout its time in FDAC. This is seen as both a key distinction from ordinary proceedings and a key benefit of FDAC. Like regular reviews, it helps case management and ensures that all hearings are more productive. Although regular reviews are time consuming, the judges spend much less time preparing for them because they are familiar with the background to the case. The majority of respondents would like FDAC judges to deal with contested hearings in FDAC cases and to continue hearing cases that exit FDAC.

Whilst it is possible that parents might challenge this continuing involvement there has been no challenge so far in the few cases where the judge has been able to continue with the case. It would be interesting to see whether cases concluded more quickly if the FDAC judge does continue to hear exited cases. As indicated in the section on capacity above, the problems here arise from the general pressure on all courts in London in terms of time and space to hear contested cases and barriers arising from the way in which the District Judge system operates. These concerns can be addressed only through system-wide change.

Review hearings provide opportunities for FDAC to solve other problems facing parents, such as housing, finances, the placement of their child, or contact. There is evidence of regular involvement in problem solving on these wider issues by judges and the FDAC team although the court has no power to require that a service be provided. As anticipated, housing has proved to be a particularly problematic area and it seems unlikely that this situation will change in the near future.

The role of the judges in motivating parents has been welcomed widely. Some respondents noted that the four judges have different approaches and that greater consistency would be preferable. Given the limited nature of the initial training for those directly involved in FDAC, including the judges and the specialist team, thought should be given to the sort of training that would be helpful in future, who it should be for and how regularly it should be delivered.

The evidence indicates that everyone involved in FDAC is much clearer about their role than they were at the start of the pilot, although some issues still need clarification. A clear picture is emerging of a 'team around the child' approach that involves the FDAC team, judges, social workers, guardians, lawyers and service providers, all with a distinct part to play.

An important message for any further roll-out of FDAC is that the process of joint commissioning of the specialist team was complex and lengthy. A key role was played by a committed commissioner in the lead local authority, supported by committed leads in the other two local authorities. Also important has been the commitment of those involved in the Cross Borough Operational Group and the Commissioning Group, both of which have supported ongoing partnership work across services in the local authorities, CAFCASS and the court and have provided a forum for the successful resolution of operational issues. Finally, the commitment of the judges and court staff was an essential element in the implementation of the pilot.

PART D: CONCLUSIONS

The evidence from this evaluation suggests that FDAC is a promising approach. More FDAC than comparison parents had controlled their substance misuse by the end of proceedings and had been reunited with their children. FDAC parents were engaged in more substance misuse services over a longer period of time than comparison parents. There is evidence of financial savings in FDAC cases in relation to court hearings and out of home placements and the 'expert' activities of the FDAC team are less expensive than the costs of independent experts in ordinary proceedings.

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

Possible reasons for the results

A small-scale study can only make tentative suggestions as to the possible reasons for the results. The single biggest difference between FDAC and comparison cases was the receipt of FDAC. The two samples were very similar in their substance misuse profiles, treatment and children's service histories. No parent, child or service history characteristics in the FDAC sample predicted outcomes. It is therefore reasonable to conclude that the intervention itself plays an important part in explaining the results.

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

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

The challenges

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

Parent Mentoring

The main set up lessons from the mentoring programme are that mentoring schemes need adequate funding and support, and sufficient time to allow development. The

rationale of parent mentoring being part of FDAC and its innovative features have not been questioned and there are new strategies to take the scheme forward. FDAC is already building up a group of parents who have been through the programme and are interested in becoming mentors. It will be important to find ways of developing and sustaining long term links with these parents to ensure their commitment to mentoring does not fade away.

Reducing delay

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

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

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

Interagency coordination

The FDAC pilot itself is a good example of joint commissioning across local authorities and the evaluation found evidence of good inter-agency and multi-disciplinary communication and joint work. However there was also evidence of some continuing tensions between adult substance misuse services and children's services and of difficulties in resolving problems in relation to housing. Continued attention to joint planning and commissioning and to 'whole family' approaches will be important in addressing these issues. Current developments in relation to pooling funding streams for families with complex difficulties should provide further support for such approaches.

The challenge of parental substance misuse

The study has shown how hard it is for parents to stop substance misuse. In both samples more parents continued to misuse than regained control of their addiction. It demonstrates the importance of identifying drug and alcohol misuse earlier and supporting parents whilst remaining very realistic about the prospects of change so that very young children are given the best possible chances for a secure childhood. Earlier identification and support requires a workforce equipped with the skills and knowledge to work effectively with parental substance misuse and a network of family focused treatment services.

Investment in FDAC at a time of financial constraint

Ensuring the sustainability of FDAC once the pilot period ends, and developing its wider roll out, is a particular challenge in the current economic climate. The costing method used for this evaluation provides a solid basis from which to investigate the cost effectiveness of the model and the cost benefits of this approach. The model has potential for improving longer term outcomes for children, reducing parental substance misuse and providing savings in relation to court costs and costs of placement. As a

result it is not just local authority children's services who could benefit in the long term, but also adult services, health services, probation, the courts and the legal services commission. This needs to be taken into consideration when planning future funding.

All of these challenges are important and some not specific to FDAC. None detract from the main conclusion that FDAC is offering a promising way ahead.

The potential of FDAC - options for its development

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

1. Bringing cases to court earlier

Thresholds for care proceedings generally are high and this is potentially at odds with a problem-solving court approach. The evaluation found that the majority of the parents who entered FDAC had long-standing, multiple and entrenched difficulties which made them hard cases to deal with. Although some families did well against the odds, some children may have had better outcomes if their case had come to court earlier. Earlier proceedings may also have increased the chances of parents addressing their substance misuse and have improved the possibilities for the problem solving approach to resolve other psychosocial difficulties . Bringing cases to court earlier would be in line with the proposal in the feasibility study that as the pilot progressed, court action should not be seen as a last resort but rather one of early intervention.

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

8. Pre-birth assessment and intervention service for substance misusing mothers

Linked to the possibility of earlier intervention, the provision of a pre-birth assessment and intervention service provided by the specialist team is now being trialled in the three pilot local authorities. There is a strong rationale for this development given the risk of likely significant harm to the baby and the fact that maternal motivation to cease drug and alcohol misuse is likely to be high at this point. The expectation is that the earlier provision of support will increase the chance of good outcomes in relation to control of substance misuse and reunification. However poor engagement would lead to earlier exit from FDAC and quicker planning for alternative permanent care at an even earlier stage in the child's life.

3 . Providing a short term after care service for families living together at the end of the case

The third way in which FDAC could develop is through the development of an after care service to increase the sustainability of the family reunification outcomes. A crucial question is whether parents sustain their recovery and continue to parent effectively

once proceedings end. Research shows that reunifications when parents misuse substances are particularly fragile.[84]

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

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

4. FDAC should be rolled out

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

Key considerations when planning any wider roll out are:

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

Pre-requisites for a wider roll out would be:

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

Recommendations

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

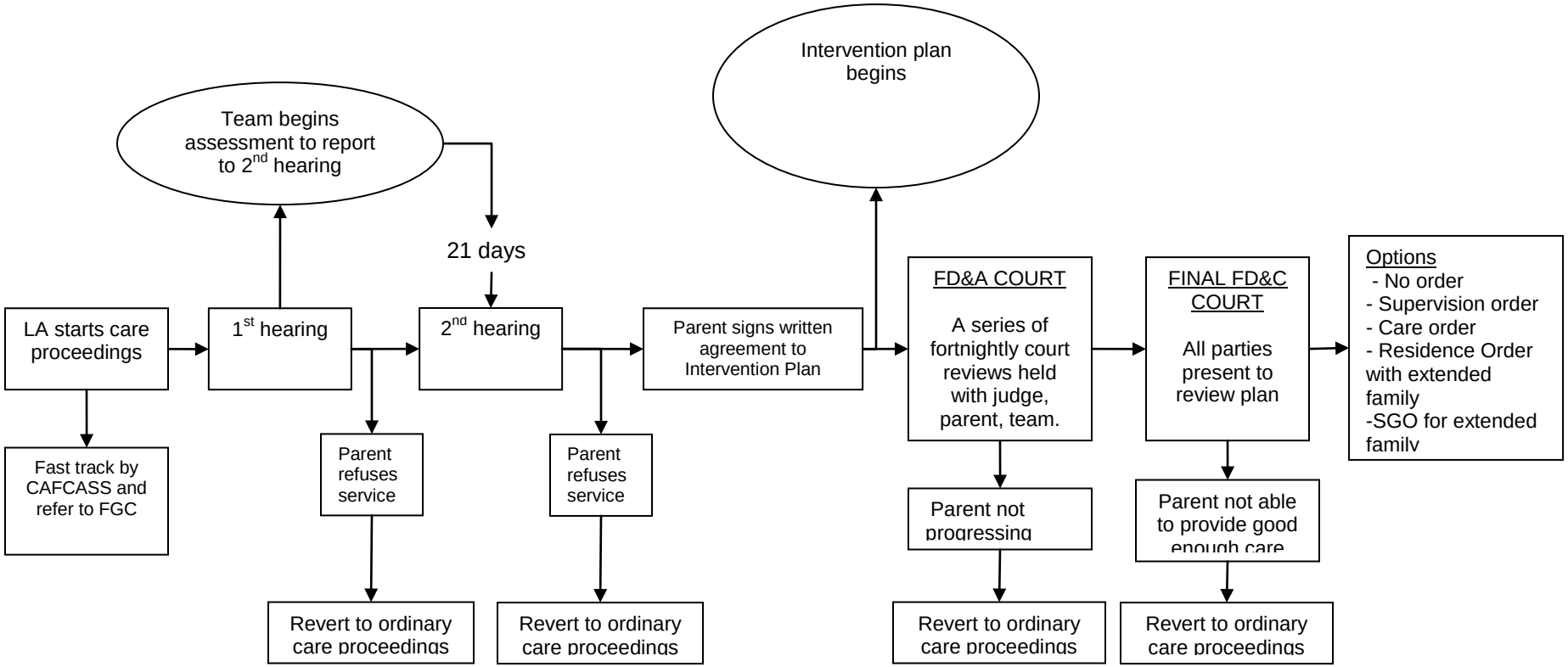
Care proceedings and outcomes for children in the care system continue to be a major source of concern for policy-makers and practitioners alike. There also continues to be a pressing need for effective, rigorously evaluated programmes catering specifically for parents with substance misuse problems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

[84] Farmer E, Sturgess W & O'Neill T (2008) Reunification of looked after children with their parents: patterns, interventions and outcomes, DCSF-RBX-14-08; Wade J, Beihal N, Farrelly N & Sinclair I (2010) Maltreated Children in the Looked After System: a comparison of outcomes for those who go home and those who do not. DFE-RBX-10-6; Ward H, Brown R, Westlake D and Munro E (2010) Infants suffering, or likely to suffer, significant harm: A prospective longitudinal study. DfE research brief DFE-RB053.

above were acted upon this would provide stronger evidence on the value of the model. It would be a good return for the initial investment by government and its efforts to find sound ways of breaking the intergenerational cycle of harm that makes parental substance misuse such a serious problem for children, families and society at large.

Annex 1 – FDAC court process

……..month 1……..month 2……..months 3 -12…



Annex 2 – 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.

<u>Signatures</u>

Parent:

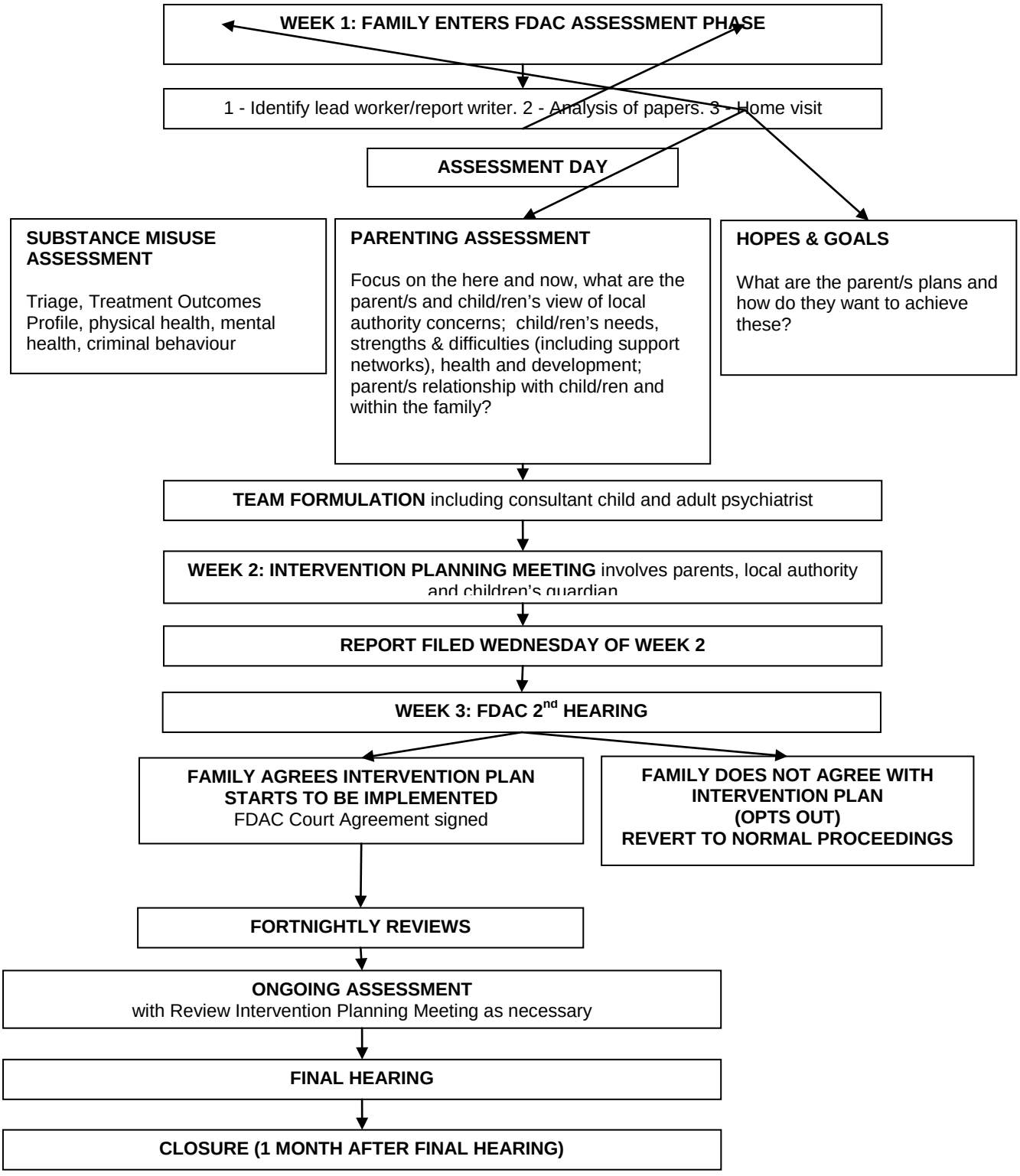
Parent's Solicitor

Approved

Judge:

FDAC team:

Annex 3 – FDAC team process flowchart



Annex 4 – FDAC assessment and intervention process in relation to substance misuse and parenting capacity

Note - This process is a general guide which the FDAC team adapt for individual family circumstances. For example, parents may 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 32: FDAC assessment and intervention process: a four phase approach

Phases of work	Time period	Main interventions
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 5 – Evaluation and methodology: technical elements

This annex supplements the section in the main report on evaluation and methodology (A3). The numbering of the studies (quantitative B1-B4, qualitative C1-C4) follows that used in the contents list and the report. The quantitative studies include both FDAC and comparison authorities whilst the qualitative studies relate to FDAC only.

OVERALL DESIGN

All families from the three pilot FDAC authorities and two comparison authorities who were the subject of applications to the Inner London Family Proceedings Court (ILFPC) under section 31 of the Children Act 1989 because of parental substance misuse were followed up for six months from their first hearing and, where possible, up to their final hearing. The families were recruited over an eighteen-month period, from January 2008 (the start of the pilot) to the end of June 2009.

The data was aggregated into two samples. One sample comprised cases from the three local authorities piloting FDAC (we call this sample 'FDAC'). The other sample comprised cases in ordinary care proceedings from the two comparison local authorities (we call this sample 'comparison').

EXCLUSION CRITERIA

Before the pilot 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.

The same exclusion criteria applied to the comparison cases.

No record was kept of the number of cases excluded by the local authorities on these grounds, but four cases that entered FDAC were excluded for one of the above reasons shortly after the first court hearing. As they had entered FDAC, they were included in the FDAC sample.

THE QUANTITATIVE STUDIES (FDAC & COMPARISON AUTHORITIES)

B1 – BASELINE INFORMATION

Research task

To describe and compare the two samples at the start of the proceedings

How the cases were identified

FDAC sample

All care applications that involved parental substance misuse as a key concern were issued in the same way as in ordinary proceedings, but specified that the case was suitable for FDAC. Each week the court notified the research team of any new cases entering FDAC.

If FDAC received a higher number of applications than the court or team could deal with each week, the court listings officer was to allocate cases randomly to FDAC or ordinary proceedings. As the number entering FDAC was lower than originally anticipated, this procedure was used only once in the first eighteen months and, even then, the case allocated to ordinary proceedings was transferred to FDAC within a week.

Comparison sample
The local authorities kept the research team updated on all applications for care proceedings where the main concern was parental substance misuse.

The FDAC and comparison cases comprised a similar proportion of the total number of care proceedings initiated by the five local authorities during the pilot period. This proportion ranged from 16 to 34 per cent in the FDAC authorities and 11 to 31 per cent in the comparison authorities. We have included this information because of the large differences between authorities.

Sample size

Fifty-five (55) families, with 77 children involved in the care proceedings, were invited to join FDAC in the first eighteen months of the pilot. All 55 mothers (and 37 fathers) were party to the proceedings.

Over the same period 31 comparison families, with 49 children, entered the study. All 31 mothers (and 23 fathers) were party to the proceedings.

How we collected the information

A baseline questionnaire was developed for transferring data about the FDAC and comparison cases from the court files – this information was extracted from the application filed with the court by the local authority at the start of proceedings and from its accompanying documents (chronology, social work statement and care plan).

This review of file evidence was undertaken to provide a profile of the parent/s and each child in the family at the start of the proceedings. The information collected on each parent is about their socio-demographics, substance misuse, other psychosocial difficulties, any convictions, current and any past involvement with children's services, and legal information about the application for care proceedings. The information collected on each child in the case covers their physical health, their behaviour and development, their education (if old enough), any history of neglect or abuse, and current and any past legal orders and placements.

The information we collected was entered onto our database to permit quantitative comparison.

B2 – COMPARATIVE FINDINGS: SERVICE ENGAGEMENT

Research questions

A central premise of FDAC is that service delivery differs from standard treatment. To examine this premise, we asked four research questions.

1. What services do FDAC and comparison parents receive to address their substance misuse and related psychosocial difficulties? What are the similarities and differences?
2. Is there any difference in the time taken for parents to receive services?

3. Is there any difference in the pattern of take-up between the two samples?
4. What services do FDAC and comparison children receive? What are the similarities and differences?

The sample

To answer these questions we needed to obtain information from the parent/s NHS file held by the FDAC team and from their child's file held by children's services. In accordance with the ethical approval of the NHS and the requirements of the three FDAC local authorities, we were required to obtain written parental consent to access these files. Just under half of the FDAC parents did not give this consent and so we could not track progress in every case in the baseline sample (see also under ethical approval, below). By contrast, the two comparison local authorities approved an 'opt out' approach to parental consent and, as no parent chose to opt out, we were able to include all comparison families in our service and outcome tracking work.

How we collected and analysed the data on services

We tracked cases for six months from the initial hearing, using information contained in court files in every case, and from some of the parent and children files, as described above. Initially we attempted a fortnightly logging of the dates when services were first received by parents and children, and whether or not they attended appointments as planned, but gaps in file information indicated that the data would be too incomplete to provide a meaningful analysis. In response, we devised a 'progress form' to try and capture better information about services. We used the form to collect information on all the services that were *offered* and, where it was possible to glean this from the file, on all the services that were *received* by parents and children during the first six months. The form was completed first by the researchers, from file information, and was then sent to the FDAC team and the local authorities so they could check the data and add any extra information.

We divided the services into two broad categories – substance misuse services and psychosocial services. We also specified whether or not services from either of these two categories were provided directly by the FDAC team. The substance misuse services were divided into residential, day care and community services and into the type of intervention also (relapse prevention, drop-in, group work, individual counselling, help for the whole family). The psychosocial services were also sub-divided into categories (parenting, physical health, mental health, domestic violence, financial, housing).

A profile was built up of the services received by each parent and child over the first six months and the data entered on the Access database (see data management, below).

B3 – COMPARATIVE FINDINGS: EARLY OUTCOMES

Research questions

To find out whether FDAC can produce better outcomes than ordinary care proceedings we explored whether there was any difference between the two samples in:

1. the proportion of parents who had stopped misusing substances by the final court hearing
2. the proportion of parents who were living with their child or children by the final court hearing, and the children's well-being at that point, and
3. the length of the proceedings when children returned home or when they were placed permanently elsewhere.

Children's well-being was examined by comparing their health, development, education, social relationships, attachment, safety, and emotional and behavioural difficulties at the start of proceedings and at their conclusion.

How we collected the evidence

The results in this section are based on tracking all cases that had reached final order by 31 May 2010, when our data collection ceased. The following sources and tools were used to collect the evidence:

- Court files.
- Progress forms completed by researchers, the FDAC team and the FDAC and comparison local authorities (as outlined above and, for the FDAC cases, subject to the same issues of consent). In addition to services offered during the first six months, the form also collected information on services being received at the end of proceedings, children's placements, whether parents were still misusing substances, and the extent of any psychosocial difficulties at the end point.
- End-of-case forms completed by the children's guardians.

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 exited FDAC as there was so little other information available. This ensured that, as for comparison cases, we could provide information on all FDAC cases completed after the researcher six-month tracking period had finished, 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 welfare, parental substance misuse at the end of proceedings and, as appropriate, on the status of the case if it had exited FDAC.

The quantitative data was then transferred onto the Access database for analysis.

B4 – COMPARATIVE FINDINGS: COSTS

Research questions

1. To identify and describe FDAC's components and activities and estimate their costs.
2. To compare FDAC costs to those of ordinary care proceedings and services, including the cost of children's out-of-home placements.

See annex 6 for detailed information about the methodology and data sources for the cost study.

Quantitative data management and analysis

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

Categorical data (e.g. the reunification of child to parent) has been presented as percentages, with cross-tabulation to show any emerging relationships or patterns with other background variables. Continuous data (e.g. duration of treatment) is usually presented as

averages, sometimes with a mean or median, and with an indication of about the variability of this data.

THE QUALITATIVE STUDIES (FDAC ONLY)

The qualitative elements of this project provide an in-depth and richer insight into the FDAC process, thus enabling us to gain a better understanding of the quantitative findings.

C1 – INTERVIEWS WITH PARENTS

Research questions

1. What are the views and experiences of parents who are offered FDAC?
2. What is their perception of the support offered, and what is their understanding of their own part in bringing about change?
3. What are their recommendations for the continuation of FDAC, its development and/or its change?

No comparison parents were interviewed as we were not funded for this.

How parents were recruited

Parents were identified and contacted by the court. A letter sent out after the second hearing described the research and included an introductory letter from the research team. The letter from the court informed parents that the researchers would approach them at court, at the first review hearing, to explain more about the research and offer them an interview.

In the case of parents who exited FDAC, a similar letter of introduction was sent to them but through their solicitor, as suggested by the Law Society. Strenuous efforts were made to interview this group of parents, in order to increase the representativeness of the sample. But, despite attempts to contact them via the children's guardian as well as their solicitor, we had very little success.

Parents were offered a £10 Tesco voucher in recognition of their time and contribution.

How we collected the information

Parents were interviewed once, during the course of the proceedings or, exceptionally, after their case had ended. There were no exclusion criteria about which parents might be interviewed.

The interviews took place any time after the second court hearing, at which point the parents have decided whether to enter FDAC. This delay ensured that the parent's decision was not affected by the researcher process. Parents decided where and when to be interviewed, whether a friend should accompany them, and whether couples were interviewed together or separately.

The parent interview schedule

We used an open-ended interview schedule to collect information from parents about:

- their expectations of FDAC and why they decided to accept the FDAC offer
- their experience in court
- their view of the judges and the FDAC team

- the support received from their family and others
- their engagement in substance misuse treatment from FDAC and other agencies, any previous experience of treatment, their understanding of the treatment process and their treatment goals and plans for the future, and
- their recommendations for FDAC.

A shorter interview was held with parents who entered the programme in the second year.

C2-C4 – INTERVIEWS WITH PROFESSIONALS & PARENT MENTORS

Research questions

1. **For professionals** – what are their views about FDAC, its similarities and differences from standard court and services, its benefits and drawbacks, any challenges and how they have been addressed, and recommendations?
2. **For parent mentors** – what are their experiences, views and recommendations for FDAC?

The lead judges, FDAC team manager and the child and adolescent and adult psychiatrists were interviewed in both the first and second year. FDAC team members were interviewed separately in the first year and as a focus group in the second. This approach enabled us to track changes in views over time and to discuss how issues identified in the first year had been addressed. The second-year interviews and focus groups were held towards the end of the study, to ensure that perspectives were based on the most up-to-date information about FDAC.

Additional interviews were held in the first year with a commissioner for the London Borough of Camden (the lead on the commissioning process) and the then-Chair of the Cross Borough Operational Group (Manager of Drug and Alcohol Services, London Borough of Islington). In year two, we interviewed staff at the FDAC court.

Additional focus groups were held with parent mentors, social workers in the pilot local authorities, and their managers, guardians and their manager, local authority lawyers and lawyers for parents and children, and practitioners and managers from Adult Treatment Services in Camden and in Islington.

Sources of information

We drew, too, on the following sources of data:

- qualitative comments made by guardians on the 41 FDAC end-of-case forms
- information collected from the CBOG through regular attendance at their six-weekly meetings, and
- information from attending the meetings held by FDAC for lawyers and social workers during the first two years of the pilot.

Qualitative data analysis

A verbatim record was kept of all interviews and focus groups, and most interviews and focus groups were tape recorded (with consent) and transcribed soon after. Two researchers conducted an independent analysis of the themes arising in the qualitative data and then

compared and merged findings (an application of grounded theory[85] and analyst triangulation[86]).

Observing what happens in the FDAC court

Research purpose

1. To explore the way in which the FDAC team carried out its multiple roles both within and outside the courtroom.
2. To describe how far the court was operating in line with the ethos of a problem-solving court.

Method

Throughout the 18-month period following the opening of the FDAC court, a member of the research team sat at the back of the court each Monday (bar very occasional absence through sickness) and completed the questionnaire that the team had designed for collecting information about the court process. They used time in the court waiting room in between hearings for discussing the evaluation with the different parties and for obtaining parental consent for interview. Quantitative data from the questionnaires was transferred to the evaluation database and qualitative comments retained for manual analysis.

[85] Strauss A and Corbin J (1990) Basics of qualitative research: grounded theory procedures and techniques. London: Sage.
[86] Patton MQ (1990) Qualitative evaluation and research methods (2nd edition). Newbury Park: Sage Publications Inc.

Annex 6 – Costs: technical elements

The approach to costing

The 'bottom-up' approach used in this research generated a more accurate 'unit cost' because the calculation is based on having a detailed description of each component of the service and because it takes into account hidden costs such as capital overheads. There are four steps in the calculation:[87]

1. **description** of the service ingredients, such as staffing

2. **identification** of the activities and the unit of measurements, such as the frequency and time spent on direct contacts with families

3. **estimation** of the cost implications of the service elements – this means assigning a monetary value to each service component, and

4. **calculation** of the total costs, using the information obtained at steps 2 and 3.

The approach required us to estimate the cost of each service component for each service recipient. This made it possible to analyse the variation in costs, both between service recipients and over time. Moreover, the amount of detail provided about how costs have been estimated means that the same exercise can be repeated – by other people, at other times, in other places or settings. This comparative element is a crucial strength of the bottom-up methodology. The approach was chosen as the best way of costing FDAC, in order to take full account of variations in the service offered to different families, to include the impact of overheads and other hidden costs, and so that the model could reflect the price differences in service provision (as, for example, in and out of London).

The table below shows how the four steps can be applied to costing FDAC.

Table 33: Steps applied to costing FDAC team

Step	Activity carried out	Example in FDAC	Example in comparison LA
1 Describe service ingredients	Informal interviews with key players. Observation of court proceedings. Review of court files.	FDAC team. FDAC court.	The legal costs, mainly expert evidence and court attendance
2 Identify activities and unit of measurements	Several levels of inputs identified for each service ingredient. Data recording forms devised and data collected.	For the team: - staff type. - type of event (eg. contact, assessment, court attendance). - time spent on activity/ event	Legal costs: - type and frequency of expert assessment and reports ordered by the court. - type of staff attending court and time spent.
3 Estimate the costs implications	The data is pooled to estimate average amount of time spent by each group of individuals on each activity/ event identified.	For the team: - costs of direct contacts. - costs of	Legal costs: - costs of expert evidence. - costs of court attendances

[87] Allen C and Beecham J (1993) Costing services: ideals and reality. In Netten A and Beecham J (eds) *Costing community care: Theory and Practice*. Avebury, Aldershot. Ward and colleagues have applied the framework to estimate costs of looked-after children: Ward H, Holmes L and Soper J (2008) *Costs and Consequences of Placing Children in Care*. Jessica Kingsley Publishers; Ward H and Holmes L (2008) Calculating the costs of local authority care for children with contrasting needs. *Child & Family Social Work*, *13*, 80-90.

	The data on time use is converted into costs by applying unit costs. *	assessments. - costs of court attendances	
4 Calculate the total costs	The figures above are added together, to arrive at total costs.	Cost of FDAC broken down by: - cost of team. - cost of FDAC court.	Cost of standard care proceedings broken down by: - costs of expert evidence. - cost of court.

*Curtis L (2008) Unit Costs of Health and Social Care 2008. University of Kent: Personal Social Services Research Unit.

Costing the FDAC team

To calculate the costs of the FDAC team, we developed three templates (see table below) and linked them together.

Table 34: Templates for costing FDAC team

Data source	Data description
1 Staff unit costs	This is information about pay, overheads (management and capital) and working hours, combined to arrive at the unit cost per hour for each team member. The unit cost can be calculated as a national average, a cost for London and a cost for outside London. We use the standardised model suggested in Curtis (2008).
2 Frequency of activities by case	This is detailed information extracted from FDAC case files where we have signed parental consent, about activity under a number of headings. The activities (table 3) are those agreed with the FDAC team as capturing the range of work undertaken. A member of the research team has collected information on the number of times these activities were carried out in each case during the six-month tracking period that starts from the date of the first FDAC court hearing.
3 FDAC team survey of time and activity	This is information collected during a seven-week survey (from 23 February 2009) to record how each team member spends time on new and ongoing cases. The survey form asked each member of the team to record the time spent on each activity and the number of cases the activity related to. The forms were completed on a daily or weekly basis. The data was used to calculate the total time each team member spent on each activity for each case.

In order to estimate the costs of the FDAC team, the data from source 1 (unit costs) was linked to that from source 3 (time and activity survey) to arrive at the team's total costs per activity. This figure is then linked to source 2 (frequency of activities) to estimate the activity unit costs for the team. The estimates take into account the fact that:

- the team members do not undertake every activity – some activities are carried out primarily by particular team members
- different salaries and their associated overhead costs means that the estimated costs need to reflect both the time spent and the type of professional engaged in particular activities, and
- the team costs reflect London figures, but it will be useful to record the cost of delivering the service in other parts of the country.

Tables 39 and 40 at the end of this annex provide examples of (a) how staff unit costs were calculated, (b) how activity unit costs (ie. the cost per family of providing an activity such as

key work) were estimated using the mix of staff unit costs and the time use survey, and (c) how overall team costs per family were calculated by combining the activity unit costs with the number of times such activities were carried out by the team on each family.

Table 42 shows how top-down costs were estimated.

Costing expert evidence in ordinary care proceedings

The comparison local authorities provided data on frequency and type of expert evidence commissioned in accordance with a court order. The FDAC local authorities and FDAC team provided data on the frequency and type of additional expert evidence commissioned in FDAC cases. This allowed us to compare the cost of expert evidence in ordinary care proceedings with that in FDAC. To estimate the cost of expert evidence, we first identified the type of expert evidence and then counted the number of times such evidence was sought on each family until final order. These were classified into four categories: (1) adult psychiatric report on a parent, (2) clinical psychology report on a parent, (3) child and adolescent psychiatric report on the child/family, and (4) other, which included reports such as independent social work reports. The local authorities provided the actual amount they had spent on these assessments. In a few cases information was missing and so we imputed the values by taking an average of the available values. Given the size of the study samples this simple approach to missing values, although not perfect, seems reasonable. The total cost of expert evidence per family was obtained by adding together the costs of any of above four assessments that were ordered. We also collected from the FDAC team and all the local authorities details of parenting assessments and, where possible, the amount spent on these.

Table 35: Costs of FDAC team and comparative expert evidence costs

	No of cases	Mean cost per family (£)	Standard deviation (£)	Min(£)	Max (£)
FDAC team's total cost					
6-month cost	22	5,852	1,460	2,982	8,273
One-year cost	22	7,672	1,654	3,285	10,083
Cost until the final order	22	8,740	2,460	3,873	14,327
Equivalent expert evidence cost (ie. part of the FDAC team cost that can be regarded as equivalent to expert evidence in ordinary care proceedings) *	22	784**			
Additional expert evidence cost (ie. not provided by FDAC team) ***	22	390	864	0	2,819
Total cost of expert evidence in FDAC	22	1,174	864	784	3,603
Total cost of expert evidence in comparison local authorities	19	2,389	1,976	0	5,991
Savings on expert evidence in FDAC		**1,215**			

**The work done with families by the FDAC team is much greater than that done by experts carrying out assessments and preparing reports for court. We therefore calculated separately the costs of*

those activities carried out by the FDAC team which most closely resemble work done by other experts. Included in this calculation is the first assessment and the IPM, including the first report to the court, and time in the first court hearing.
***As the costs of these activities were derived as 'activity unit costs' as shown in the table above and these activities happened only once to each family, there is no minimum, maximum and standard deviation associated with this.*
****This includes any further expert evidence provided from outside the FDAC team.*

Table 36: Additional Expert evidence in FDAC and comparison cases

Type of expert evidence	FDAC			Comparison	
	N	Average amount paid (£)		N	Average amount paid (£)
Adult psychiatric report on parent	1	2,819		30	1,815
Clinical psychology report on parent	4	881*		9	881*
Child & adolescent psychiatric report on child/family	1	2,819		2	3,910
Parenting assessment report	10	32,960		21	5,297
Independent social work report				7	2,228

**Estimated from Local Authority information*

Costing the court hearings

For FDAC

We observed the length of hearings and who was present in a limited number of FDAC cases (n=21) over the first six-months of the pilot. This provided enough data to estimate the court hearing costs. Although this does not reflect the total cost to the court of the proceedings, it does enable us to see whether the frequent but short hearings of the FDAC model are more expensive overall than the more infrequent but longer hearings of ordinary care proceedings.

The first step was to calculate the average length (***l***) of hearings using the court observation data. Next, the attendance (***a***) of a professional attending the court hearing was estimated by counting the number of times the professional was present and dividing it by the total number of hearings. The unit costs (***c***) of the professionals were then obtained using the method described above in the costing of the FDAC team. The product of these three figures was then multiplied by the number of hearings (***h***) each family had, to arrive at the cost of hearings on each family (cost on each family = ***l*** x ***a*** x ***c*** x ***h***). The cost of court hearings per family was the average of these costs over all 21 families.

For the comparison sample

The comparison local authority provided data on the type and frequency of the hearings and on who attended from the local authority. This allowed us to compare the cost to the local authorities of FDAC and non-FDAC cases. The unit cost of each professional (obtained as described above) was then multiplied by the number of hearings, adjusted for their length, and an average over all families was taken, to arrive at the hearing costs per family.

Table 37: Cost of court hearings per family

Attender	FDAC (n=18)	Comparison (n=19)
Mother's legal representative	115	
Father's legal representative	74*	
Local authority **	280	962
FDAC team	232	
Child's legal representative	125	
Children's Guardian	98	
Court staff	773	
Total costs	**1,697**	

**The lower cost than for mothers reflects the fact that the child's father was not always a party to the case.*
***Includes the local authority legal representative, social worker and/or team manager/senior practitioner.*

Costing child placements

The three FDAC and two comparison local authorities provided information about the length and type of any child placement until final hearing. The actual amount paid for each placement was also provided so our estimates of the 'direct placement costs' are based on this actual expenditure. Any placement made before the first hearing or after the final order have been excluded, so as to provide a consistent and comparable time window. Finally, only out-of-home placements are included: any time that a child spent at home with their mother between the first and final hearing has been deemed to be a zero direct placement cost. To derive the cost per child (our unit of analysis in this case), the expenditure on all placements on each child were added together and then an average cost obtained across all children in the sample.

Table 38: Activities included in FDAC team costing

Activity	Description
First contact with family at court	Meeting with parents and other professionals, paperwork etc. carried out at the court. *Excludes: time spent in the hearing.*
Time spent in the first hearing	Time spent in the hearing. *Exclude: first contact with family at court.*
First assessment of family	Meeting with family, background reading, internal meetings, parenting assessments, writing first court report etc. *Includes: first intervention planning meeting because that is part of this process.*
Activity at court on day of review hearing	Meetings with parents and/or professionals at court, support work for parents etc. *Excludes: time spent in the hearing and doing first contact with a new family.*
Time spent in the review hearing	Time spent in the review hearing. *Excludes: activity outside the hearing.*
Key work at the office	One-to-one meetings with families at the FDAC office.
Key work on telephone	Telephone discussion with families. This includes any calls, of 15 minutes or longer, to discuss any issues with parents.
Home visit	Visiting parents at their current residence, and may involve key work sessions.
Contact with professionals	Face-to-face meetings, telephone conversation, paper mail or email exchanges with local authority social worker, GP, psychiatrist etc.
Sample collection and tests	Hair sample collection, breathalysing etc.
Review Intervention Planning Meetings (IPMs)	Includes preparation, assessments and the IP meeting.
Review and follow-up work	Desk work on any active case. *Excludes: time spent for the first assessment.*
Report preparation	Preparing reports for the court and for any other agency. *Excludes: first assessment report.*
Any other meetings	Any meeting not included above.

	Excludes: contact with professionals.
Peer support and discussion	Supporting colleagues and participating in internal discussions.
Management and administration tasks	Day-to-day management and administration. Applies mostly to the Service Manager and Administrator. For other staff, any time left over after direct client work, as revealed by the survey, has been considered as management time.

An example of FDAC team costing

Table 39: Staff unit cost calculation

Costs and unit estimation		**Title (anonymised for confidentiality reason) NHS pay band XX (anonymised for confidentiality reason)**	
		Estimates	**Notes**
A	Pay band	**52337 to 67179**	NHS pay band XX (taken from NHS Employers, Agenda for Change, Pay Circular (AforC) 3/2008. The figures are distorted for confidentiality reasons.
B	Annual wages (pay band mid-point)	**59758**	Based on the full-time equivalent basic salary for AforC Band XX, as of NHS Employers, Agenda for Change, Pay Circular (AforC) 3/2008
C	17.7% of salary for employer contribution to superannuation	**10577.166**	Employers of social care staff in a local authority setting contribute about 17.7 % of the employee salary to the NHS pension scheme and superannuation. NHS pensions: (Netten, Curtis, 2008)
D	Employer annual national insurance	**6925.02**	National Insurance for the current year based on monthly payment of salary for an employee participating in a contracted-out salary-related superannuation scheme. (letter D). NHS Revenue & Customs.
E	Total salary on-costs (=c+d)	**17502.186**	(=c+d)
F	Overheads	**20473.94929**	According to Coram's financial report 2008, cost of central management, administration + premises, legal and other support equals 26.5% of the total spending on staff and employees (wages, salaries, social security, and other pension cost).
G	Capital overheads	**11589.0279**	According to Coram's financial report 2008, cost of depreciation on tangible fixed assets equals 15.0% of the total spending on staff and employees (wages, salaries, social security, and other pension cost).
H	Qualifications		Not included
H	Working time	**40.7 week p.a. 37.5 hours/wk**	Includes 29 days for annual leave and 8 statutory leave days. Assumes 10 days for study/training and 9.6 days sickness leave.
I	Working time in hours	**1526.25**	Working time in hours
K		**71.63**	(B+E+F+G+H)/J
J	Unit cost per hour excluding qualification	**71.63**	(B+E+F+G)/i
K	London multiplier	**1.16*B +1.49*G**	It is assumed for consistency that the London multipliers of social care staff in a local authority setting (1.16*B + 1.49-*G) apply here. (Netten, Curtis, 2008)
N	Unit cost per hour including qualification costs	**81.61**	(B*1.16+E+F+G*1.49+H)/J
L	Unit cost per hour excluding qualification costs	**81.61**	(B*1.16+E+F+G*1.49)/i
M	Non-London multiplier	**0.96*B +0.96 * G**	It is assumed for consistency that the non-London multipliers of social care staff in a local authority setting (0.96*B + 0.96-*G) apply here. (Netten, Curtis, 2008)
Q	Outside London - unit cost per hour including qualification costs	**69.76**	(B*0.96+E+F+G*0.96+H)/J

N	Outside London - unit cost per hour excluding qualification costs	**69.76**	(B*0.96+E+F+G*0.96)/i

(b) Activity unit cost estimation

Table 40: Activity unit costs of FDAC team

Activity	Average person minutes	Activity weight* %	Multiplier**	London (£)	Outside London (£)
First contact with family at court	96	6.97	2.00	**139**	119
First assessment of family including the first IPM and the first report to the court	247	35.73	4.00	**749**	640
Time spent in the first hearing	56	2.01	1.00	**35**	30
Activity outside court at review hearing	81	4.38	1.50	**82**	70
Time spent in the review hearing	42	3.05	2.00	**53**	46
Key work on site	74	3.34	1.25	**57**	48
Key work on telephone	30	1.07	1.00	**20**	17
Home visit	183	9.90	1.50	**168**	144
Review Intervention Planning Meeting	172	18.64	3.00	**399**	341
Contact with professionals	54	1.95	1.00	**34**	29
Sample collection and testing	20	0.72	1.00	**12**	11
Review and follow-up work	87	3.15	1.00	**88**	75
Report preparation	98	3.55	1.00	**64**	55
Any other meetings	81	2.92	1.00	**56**	48
Peer support and discussion	36	2.61	2.00	**53**	45

**This is the share of a particular activity from the total activities carried out with the family and is presented here to show the relative importance of activities in terms of time and costs. For example, the most time-consuming activity (and hence the most expensive) is the first assessment.*

***Not all team members are involved in a particular activity at any one time. This figure, estimated by the team, shows how many members of the team are usually involved in a particular activity. This number is then used as the multiplier of the number of minutes per person in column 2 to arrive at the activity unit costs.*

Table 41: Example of how an activity is costed

	Example activity: First contact at court	Professionals			
		P1	P2	P3	P4
A	Average minutes/case/activity/professional (from survey data)	30	45	20	50
B	Unit costs/min (from staff unit costs)	0.79	0.2	0.65	0.35
C	Multiply A by B	23.7	9	13	17.5
D	Add C from P1 to P4	63.2			
E	Divide D by number of professionals (=4) to obtain the average costs/family/activity/professional	15.8			
F	Average number of professionals involved per family at any one time (estimated by the team)	3.5			
G	Multiply E by F to obtain the activity unit costs (£) expressed as 'costs per family per activity' in 2008	£55.3			

Notes to the above example: The 'average minutes per case per activity per professional' (A) obtained from survey data is multiplied by the unit cost of the respective professionals (B) and added up to arrive at 'total costs per family per activity' (D). This is then divided by the number of professionals (in this case, 4) to obtain the 'average costs per family per activity per professional' (E). Because typically (or on average) certain members (1 or more) of the FDAC team are involved in carrying out the listed activity at any one time, this average (E) is multiplied by the 'average number of professionals involved in a family at any one time' (F), which is estimated by the team. The final product is the activity unit costs, expressed as 'costs per family per activity'. This process is repeated for each other activity.

Also included in 'A' above are the management costs. These are calculated by subtracting the minutes that go directly to client activity from the total minutes and allocating the remaining minutes according to the percentage of the total time spent on each activity.

(c) Cost per family calculation

The activity unit costs obtained above is multiplied by the 'number of times such an activity was carried out on one family' (the 'frequency') obtained from the FDAC files for a given period (6 months and/or until the case is closed) and added up. This process is repeated for all families (who have given consent to access their files), to gather 'frequency' data. This is then divided by the total number of families, to obtain the average FDAC team costs, expressed as 'total costs to FDAC team per family per first 6 months' or 'total costs to FDAC team until the family exits FDAC' (through graduation or through reverting to ordinary care proceedings).

Table 42: Top-down costs of FDAC

	Quarter1	Quarter2	Quarter3	Quarter4	Total
Salary and on-costs	66,166	83,461	53,227	83,116	285,970
Utility	10,707	10,958	11,822	22,861	56,348
Other	3,623	2,891	1,154	6,174	13,842
Total	**80,496**	**97,310**	**66,203**	**112,151**	**356,160**
Expenditure comparable to bottom-up costing	76,873	94,419	65,049	105,977	342,318
Number of families	37				
Average cost per family (unadjusted for length of stay)	9,252				
Average cost per family (adjusted for length of stay)*	7,762				

**This is the average cost weighted by the length of stay. Note that, as families stayed in FDAC for variable lengths of time, the simple average obtained in the second-to-last row needs some adjustment. This is done by applying an approach called 'weighted average' in which the annual expenditure is multiplied by the length of stay of each family and the sum divided by the total number of lengths of stay.*

Annex 7 – 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 locally 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.

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.