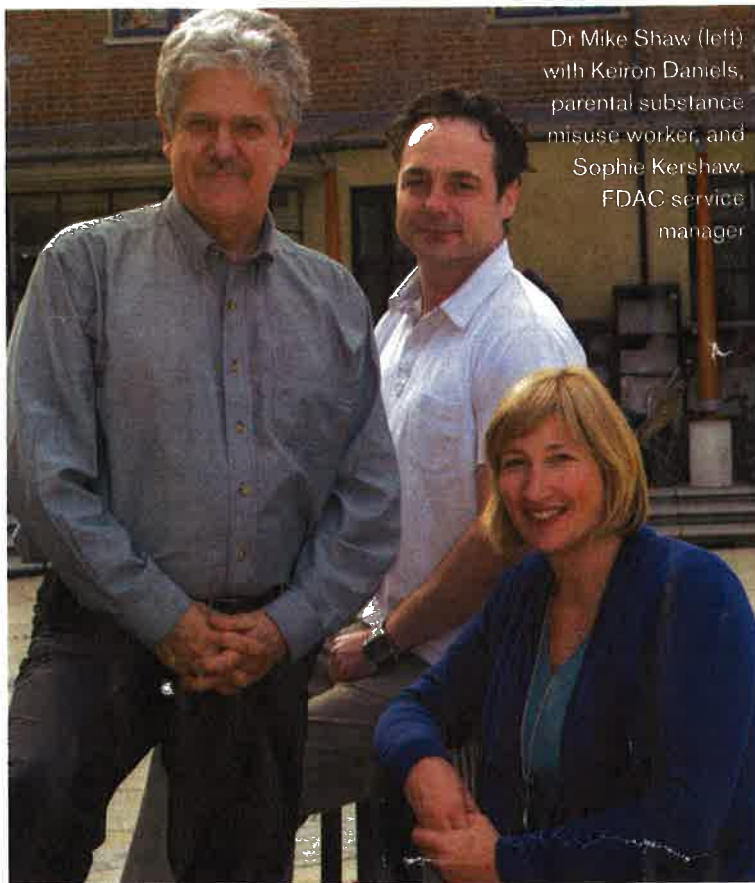


BIG INTERVIEW

A court with substance

A specialist family court, run from the aptly-named Well Street in central London, has achieved impressive results in its work helping parents with substance misuse problems recover and have their children returned to them. **Derren Hayes** meets Dr Mike Shaw, its clinical lead, to find out more about the service, the first of its kind in the UK

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Dr Mike Shaw (left) with Keiron Daniels, parental substance misuse worker, and Sophie Kershaw, FDAC service manager

“We tell them at the start ‘you need to show within the next nine months whether you care for your child’,” says Dr Michael Shaw, consultant child and adolescent psychiatrist and clinical lead for the Family Drug and Alcohol Court (FDAC). For many of the parents who come before the court that nine-month countdown has already started – nearly all have had children taken into local authority care (around half of them at birth) due to their, often longstanding, addiction to alcohol and/or drugs, and if the child is to be returned it needs to be before their first birthday.

Many will think this is a mission impossible, and for some it is, but the impressive thing about FDAC is that in many of its cases families are reunited.

Its impressive results have not gone unnoticed by the great and the good either: over the past 12 months it has won the Royal College of Psychiatrist’s Best Psychiatric Team of the Year, the London Safeguarding Children Award, and the Guardian Public Services award for children and young people.

FDAC, which is run from the Inner London Family Proceedings Court in Well Street, London,

was set up in January 2008 with funding from the Department for Education, the Ministry of Justice, the Home Office, Department of Health and four inner London councils – Camden, Islington, Westminster and Hammersmith and Fulham – that refer cases to it. FDAC receives six referrals per month from the four authorities on a rotation basis, and a fifth, Southwark, is due to join from April. It is a specialist problem-solving court taken from a model popular in the US, and has attached to it a multidisciplinary team of practitioners (nurse and substance misuse specialists, social workers, a family therapist, adult and child psychiatrists) provided by a partnership between the Tavistock and Portman NHS Foundation Trust and the children’s charity Coram.

Collaborative approach

The FDAC process differs from that used by standard family courts in that it takes a collaborative approach instead of an adversarial one, and focuses on parental recovery using a step-by-step therapeutic programme. Cases vary from teenagers with their first child to parents who have had numerous previous children taken into care. However, the group FDAC has shown to be most effective with is those in their 30s “because they’ve probably been muddling through for years and got sick of their drug use”, explains Dr Shaw.

If put forward by their local authority most will take the opportunity of going down the FDAC route because of its better results, although you do get “a

handful” who spurn the olive branch, says Dr Shaw. “Most will say ‘I have a problem that I need to address and I want to get my kid back’. There is a conflict going on inside of them: part of them wants to be a good parent but there are things getting in the way. We try and work with that bit of them that wants to do the best for their families.”

He says this positive and optimistic stance diffuses the potential for conflict that is inherent in the family court process where a local authority takes on the role of the prosecution. “Rather than a conflict within the parent it becomes a conflict with the authorities. FDAC encourages a parent to own their failure and that takes a bigger person.”

The support network of professionals and family (FDAC puts great emphasis on extended family being actively involved in a parent’s recovery) around the addict reinforces the message that “you’re not alone”, explains Dr Shaw. “You’re asking people to go into the room of their nightmares – doing that alone is much harder.

“It’s a very different approach to being lectured to that you’ve messed up and need to pull yourself together.”

The process

The week after being put forward for the programme, the parent has an assessment by the FDAC multidisciplinary team, an intervention plan is drawn up and the court and parent sign up to it making it formal. The first, and often hardest, part of the process is to get them abstaining from street drug use. This is because taking drugs and drinking alcohol is ingrained in almost every aspect of their lives. Dr Shaw says: “They often live in very socially and emotionally impoverished circumstances so it is important to encourage them to change the social circles they move in.” This, combined with simple changes in how they live their lives, can make all the difference. “Participants keep a diary: for someone so used

to living in the now it encourages them to look forward to things in the future,” he adds.

Understanding the “dangers” in an individual’s life that can influence their substance misuse is an important part of the FDAC process to minimise exposure to them. Social Behaviour Network Therapy – a programme developed in Birmingham – helps parents to build up a picture of the roles that different people play in their lives and their addiction. “We try and migrate their lifestyle from one that is substance misuse-centred to something family oriented and then further down the line a child-centred one,” he adds.

Such a lifestyle shift can take up to a year. So, with FDAC making a judgement after nine months as to whether a parent is going to complete the programme successfully, it is paramount they make sufficiently swift changes to their lifestyle. “The approach tests them out and identifies sooner [than standard family court proceedings] those parents that aren’t going to make it,” says Dr Shaw, who adds that this is so because the “intensity” of the intervention means experts can come to agreed conclusions quicker. “If they are not abstaining or going to treatment then we will have to call it [make a decision about the long-term care of the child] earlier. In those instances most parents will just walk away or say ‘I’m doing this because it’s the right thing for my child.’”

The prescriptive timescales are there because research into attachment suggests the period between 6-18 months in a child’s life is the most important for embedding the parent-child bond. “We tell them we want to find a permanent care placement inside 12 months, and to do that we need to make that decision after nine months. That’s when the emotional and intellectual language between baby and mum kicks in,” he adds.

“When parents are using and withdrawing from substances it is hard for them to be fully ‘present’ during the time the baby needs

them to be there. Parents who are ‘online’ [in tune] with their children help them make sense of the world at that early stage; those that are ‘offline’ leave their children to their own devices.”

Throughout the programme participants must attend court hearings with the judge (lawyers are not present but the FDAC worker, a social worker and children’s guardian attend) and prove that they are meeting the milestones set out in the intervention plan. “The parent will come to the court with their diaries talking about what has happened over the past two weeks and what is going to happen next – it says to the person if you don’t keep on track with the timescales then there will be consequences.”

After the initial stabilisation stage has been negotiated successfully – regular testing takes place to show abstinence is being stuck to – participants enter a 12-week intensive treatment programme, usually in the community, using “high quality psychotherapy” (cognitive behavioural and psychodynamic-oriented therapy) to find out what issues lay behind their behaviour.

Dr Shaw explains the rationale behind this stage: “Until they are clear about what is driving their abuse they can’t really be free. It is a high risk strategy and some of them will fall off the wagon and we are honest with them about that. You might see everything go to ‘pot’ [break down]; but that shows you what was put in place was not robust enough to take the strain.”

The final stage of treatment looks at developing the parent-child relationship. Parenting skills are built up using a programme popularised by Professor Stephen Scott, consultant child and adolescent psychiatrist at the Maudsley Hospital/Institute of Psychiatry; while a mentalizing group where parents share experiences gives added support. Video Interaction Guidance (VIG), a clinical-based intervention to understand actions and behaviour by watching recorded footage, →

← has proved to be an effective and powerful tool, says Dr Shaw.

"I'm looking for the positive interaction between mum and child. I may distil hours of footage down to a 15-second clip to show her. These parents don't believe in themselves – many ask 'is that me?'" Dr Shaw says the experience for the parent can be transformational: "The process makes them hungry to learn things about their child."

A three-day workshop on violence in relationships using multi family therapy, a systemic approach for dealing with conflict, is the final piece of the jigsaw.

Evaluation

An evaluation by Brunel University published in May 2011 tracked all 55 families that had entered FDAC in its first 18 months of operation and compared the outcomes against those of 31 families with parental substance misuse going through regular care proceedings. The researchers found that of the 41 FDAC mothers tracked to the final court order 48% were no longer misusing substances compared to 39% of the regular group; while 36% of FDAC fathers were no longer misusing substances compared to none in the comparison group. In addition, 39% of mothers were reunited with their child by the final court order but just 21% were in the regular group.

Other findings from the evaluation showed that the average length of cases was the same in both groups, however it took on average seven fewer weeks for children to be placed in a permanent alternative family when parents could not control their substance misuse. FDAC cases where parents were reunited with children took eight weeks longer due to helping consolidate recovery and safe parenting.

The average cost of delivering the FDAC programme per family is £8,740, a figure equivalent to little more than one month's public care for a child. FDAC also saved £4,000 per child in care placements costs; £682 per family in legal

fees due to shorter court hearings; and £1,200 per case in bringing in external experts.

The findings are confirmation of the success of the approach and further evidence that it should be applied in a wider set of circumstances, says Dr Shaw. "You could have a similar approach with adult mental health or domestic violence as the main focus rather than substance misuse." He also thinks the savings will help in their negotiations over FDAC's future funding arrangements – the initial funding ends in March 2012.

For Dr Shaw the key to FDAC's success is the combination of finding parents who really want to change their lives, having the support available to offer them the chance to do that alongside a court process that says there will be consequences if changes



aren't made. "We're talking about creating a change process: it is the treatment of last resort but some need the muscle of the court to change," he adds. ■

FDAC evaluation report from www.brunel.ac.uk/fdacresearch

The impact on the child of substance misuse:

With around 60% of children being taken into care due to parental substance misuse, the impact that drugs and alcohol has on these children's health and wellbeing is substantial. And due to the near one-third rise in the number of children being taken into care over the past three years (903 in January 2012 compared to 666 in January 2009, according to figures from the Child and Family Court Advisory and Support Service) the number of children likely to be affected by this is expected to rise further.

Even when born, many of the children of substance misusing parents will be dependant on either alcohol and drugs and will need their withdrawal managed through a cocktail of drugs.

"Withdrawal for the child can be pretty unpleasant," says Dr Shaw. "With alcohol we're clear about the long-term impact on the child: the brain has parts it can recover. It is more uncertain with street drugs."

FDAC is increasingly working with parents before they have given birth – "it gives us a three months head start", says Dr Shaw – to give it the best chance to minimise the impact of substances on the developing foetus. But in cases where older children have been taken into care, the effects of living in a chaotic home can already be seen. "They are all at sea," says Dr Shaw. "Foster carers will say they eat

like animals, hide food and put it under their mattress because the world feels unpredictable. Food is linked with love and they feel emotionally empty."

The chaotic, and often dangerous, circumstances in which these children live can also leave them more exposed to experiencing traumatic events. "Substance misusing parents have their danger radar down: I know of one case where a young child saw her mother, a street drinker, raped by a stranger she'd invited into the home. Guns are common place in the world of street drugs, and seeing domestic violence is terribly damaging for the child," says Dr Shaw.

FDAC works with the foster carers of the children of its clients building on the routines that have been established and looking at how the parent can structure their world to fit into that. This is supplemented with art therapy to help express feelings about their experiences. Ensuring the parent and child can communicate their feelings effectively makes a successful reunion more likely, says Dr Shaw.

"The child that grows up being loved and listened to feels good about themselves, but the one that misses out feels the world isn't interested in them. If you have a good attachment then it can be treated but it is harder the older they are."