

LAG

annual lecture

The 2011 LAG annual lecture was given by District Judge Nicholas Crichton, Dr Mike Shaw, consultant child and adolescent psychiatrist and Sophie Kershaw, service manager at the Family Drug and Alcohol Court (FDAC), in London in December last year. This is an abridged version of the speech, which discusses the work of FDAC. The full text is available at: www.lag.org.uk/lecture2011.

Drug and alcohol misusing families: getting them back on track

District Judge Nicholas Crichton:

The Family Drug and Alcohol Court, we call it FDAC, is a problem-solving court. We started it in January 2008 so we are about to be four years old; what we do not know is if we are going to live longer than four years and two months because we are funded at the moment until the end of March. The misuse of drugs and alcohol and the rearing of children are a worse mix than oil and water yet it is a mix that so many parents attempt.

In the courts we regularly remove and many of you have the privilege of representing parents who are having removed their sixth, their seventh, their eighth child. I have removed the 14th from one family. I know two judges in England and Wales who have removed the 15th. I have had women scream at me in court: 'Take this one away and I'll go on having one a year until you let me keep one.'

What a way to start a life because these children are born premature, suffering the agonies in many cases of drugs withdrawal – neonatal abstinence syndrome. If the psychiatrists are right, and I believe they are, we never receive more information than we do in the first eight weeks of life. Those eight weeks are crucial and yet some of these kids spend those eight weeks in an incubator fighting for life and they never catch up.

We know about the conditions that some of these kids live in at home, filthy home conditions, drugs lying around. We have had mums come into FDAC who have been heroin addicted from the age of nine or ten because that was all that was available in the house. Sodden beds, no bed clothes, sleeping in their day clothes.

If they go to school at all they go late. They are shunned by their peers because they are smelly and dirty. I am not telling you anything you do not know and it is an intergenerational cycle and we see it. I saw a case earlier this week where going back four generations that has been the picture.

We protect the children as best we can by getting them out but we do not seem to do very much to address the core problem. When I in court say to parents: 'Look, you have got to work with these people, you have got to work with these social workers, they are there to help you', quite often parents say to me: 'They are not there to help me, they do not support me. They are just sitting watching until I make a mistake so that they can take my child away.' Sometimes I feel that that is a justified criticism and sometimes I feel it is a terribly unfair criticism when I have seen social workers work so hard to try to support a family that just cannot or will not engage with them. But the system to them, the perception for them, is that it is a punitive system.

In 2002, I was lucky enough to be asked to speak at a world congress on children's rights in Melbourne, Australia, and I met a Californian judge called Len Edwards [Q1] who has been our mentor in setting up FDAC because they do something very similar in America. It started about 18–20 years ago now, I think, in San Diego, and there are now something like 350 of these courts across America because they are spreading like a rash. I went out to see him in 2004, the Ministry of Justice paid (it would not today) and brought back a lot of information, and hawked a video round

that he gave me. I got the London Borough of Camden interested, which got Islington and Westminster interested. We have now got Hammersmith and Fulham in and we are talking about other boroughs.

Four government departments have joined together, that is something of a record. We got four in one room on one afternoon and sold it to them and they each bought into it. We have another partnership between the Tavistock and Portman NHS Foundation Trust [Q2] and Coram which are combining to enable us to do it, and the FDAC team is based at Coram. It is independent of children's services and I want to come to that point at the end.

The FDAC team consists of social workers, substance misuse experts and a child and adolescent psychiatrist. We have access to an adult psychiatrist. We have a link into the housing departments of the boroughs that we are working with and we have parent mentors, people who have been there, people who have done it, and people who can give the message to our parents so much more clearly than a man in a suit and tie that they can do it. If we need anything else we can buy it in using the resources that local authorities have to use in such circumstances. We rarely do.

The ethos is to identify and build on strengths and from the very beginning these parents get a very strong message that this is going to be hard. If they genuinely want to turn their life around this is going to be their best chance and they need to be very clear about what this is about. This is about whether or not they can keep their child. I think it is very important that they should have that

experience of recovery from addiction, often have children and a fixed experience of care proceedings who are role models and they fulfil a role in the work. Then there are many, many other people that we work with. In many ways we are just the conductor of an orchestra and the other sections of the orchestra include the adult treatment services, obviously the child protection and social workers and the local authorities, housing, all kinds of elements.

Our job is to try and get this really quite considerable group of people working together. One of the really positive things with FDAC is that we have been able to get good outcomes, better outcomes but also some actual savings in terms of costs, and I think it is this coordination, the fact that everything is working together, that we are getting the best out of everybody's resources because they are matching up with the other parts of the process.

But at the core of this collaborative process is a collaboration which has essentially three strands to it. The first strand is the strand that the parent brings. We work with all kinds of parents who have on the face of it all kinds of degrees of problems. So the first strand of the collaboration is for the parent to say: 'I really want this, this is really important.' Usually we are starting at a fairly low ebb where parents are still taking drugs and alcohol on a fairly daily basis and Nick's had to remove their child at the beginning of the proceedings. But we meet them that day and we get to work, we assess them that week, and the following week we draw up a plan.

So the next strand in the collaboration is that Sophie and I and our team are able to say to them: 'Look, you are not alone. We have seen other people in your situation do this.' Then the third strand is the role of the court and the court says: 'You must do this, there will be consequences. We are, I am afraid, kind of watching you about what happens over the next weeks and months and depending on how things work out decisions will be made.' So those three elements are brought together and the stakes are high.

Sophie and my team will do our utmost to conduct the orchestra with Nick's authority to get the best possible combination of services for these parents. But there is a 'but' and it is a big 'but', and that is that we will put resources into a family to try and discover whether they can change enough to meet their child's needs but it needs to be in the child's



Dr Mike Shaw, District Judge Nicholas Crichton and Sophie Kershaw

timeframe. So that is the test: we get going quickly but the clock is ticking.

When we are thinking about timeframes, one of the critical milestones is attachment. Attachment is the special bond that children make with the people who are consistently there for them and meeting their needs in the first period of their life. It is a really good start in life to make a good attachment, it is very protective to the child. So we are really keen on attachment and from a developmental point of view we are very much thinking that we want to encourage it, and the critical period we think for attachment to form is sometime between six and 18 months. So that is our window of opportunity.

So we bear that in mind when we think about our intervention. We think we need to get this child home safely inside that window. So the way we do it is we think we want the child permanently placed by the time they are 12 months, working back from that we say by nine months we really have to call it. So we are often starting with a newborn baby who is in foster care and we are working with mum. We have really got nine months and then the baby can perhaps go home. Of course, it could be before then but it cannot be much after that because we need to have a plan B. We certainly want children to return home to their parents but we want something pretty much as good or almost as good for them if they cannot return home. So that means again we need to get them adopted or into a kinship placement and that takes a bit of time, and so we have to call it by nine months.

So we have got this pretty interesting deal where we have got the parents saying: 'I really want to do it and I have got to do this.' We are saying: 'You are not alone, we will help you, we actually believe you could do it' and we have got

the judge saying: 'You must do it, I will be looking at what you do and I will be having to make a decision for your child's sake', and now we have got a very clear timeframe. So we set off in a very transparent way with a declaration about all these kinds of key ingredients and again I think that is a very powerful aspect of the story.

Sophie Kershaw:

I am going to give you a whistlestop tour through a family's journey through FDAC just to give you an idea of the hard work they have to do once they are in FDAC. So this mum I am thinking about at the moment, she came into FDAC, her daughter was born addicted to methadone, and also she was still using heroin and crack cocaine on top of the methadone. She was actually living with her partner and her partner's father at the time. They were homeless and living with a father who was also an intravenous drug user who actually was supplying his son and daughter in law with the drugs. So they were very much in a culture of substance misuse and involved in some criminality, really a very unsafe environment to bring a child into. The child was not doing very well and spent a number of weeks in hospital coming off the methadone.

We met this mum in the first week and did this quite intense assessment. We came up with a plan focused around the aim to be able to call this at nine months as Mike was saying. In the first phase, which was the first month or two, we were looking for her to start the journey into recovery, beginning to show some abstinence from the street drugs. We were looking at her, engaging in key work with her key worker from the FDAC team in terms of motivational interviewing, so he would do some motivational interviewing sessions to help her move round that cycle of change. We started doing some testing:

on a twice-weekly basis she would come in and she would be tested with an oral fluid swab or a urine test to see whether she had actually stopped the on-top use which was our first level of commitment that we wanted to see from her.

We also weighed up, in terms of her treatment needs, whether we were looking at her coming off the methadone entirely or whether we would be looking at a maintenance programme with a slower detox. It was this mum's first time on methadone: she had started it about four weeks before the baby was due, so it was very early days into using methadone. Weighing up her particular treatment needs we thought we are going to work with her on the methadone. But we wanted her to start building relationships with her key worker, developing some trust with the local authority, attending some key work at the local community drugs centre, to start beginning to understand what was driving her substance misuse. We also had staff thinking about housing at this beginning stage.

Alongside that she was expected to come in front of her judge on a fortnightly basis for that problem-solving court review where the local authority social worker would be there, the key worker, the children's guardian, and occasionally her key worker from the treatment service would come as well to give a progress review. Those reviews were really looking at what is going well, what is not going well, what do we need to tackle next, are we on track, are we keeping along that timescale we need to? The other thing we thought about at this stage was matching her with a parent mentor to really give her that extra encouragement but also that emotional support from someone who had been there and achieved this.

So we hope that in that first phase we are going to see some commitment really and beginning to see some changes, so that we are then able to move on to a second phase which is really about something more intensive around drug and alcohol treatment. We like to use community-based programmes just in terms of a parent's prognosis: the more time they can be out in the community clean, abstinent, managing the risk factors of daily life, passing those trigger points for them and actually to be able to prove that they are managing that in the community.

So for this mum we managed to devise an individually tailored package of going to relapse prevention groups, going to a cannabis group, going to a self esteem

group. We also did something called social behavioural network therapy [Q4] which is a type of intervention that seems to be as effective as motivational interviewing but really gathers someone's social network around them to support their recovery. This mum's social network was incredibly isolated so we actually only had one person that was a non drug user that we could do that work with but it was really important for her to have that support formalised into something for her recovery.

We carry on testing so she is still being tested. Then at this stage with this mum we had got through some intensive treatment. She was still clean, she was still doing really well. Her daughter was about six months old so we decided to change the focus into intensive work around the parenting. So we can offer the community-based, parents' skills programme which for some parents is really important about routines and boundaries and meeting their child's needs. For others we focus more on the actual parent child interaction. So for this particular mum we did something called video interaction guidance, which is a way of working with mum where you video ten minutes of the parent and child together. It was actually me doing this piece of work and I would clip just three clips where I had seen something really special happening between the mum and child, a real positive moment, which you then feed back to the parent in what we call a shared review. It is really about an intervention to enhance communication and to actually improve that interaction.

When we first started doing this with the mum and daughter, this mum, although she was doing really well in terms of her misuse, her confidence was really low in terms of her parenting. We saw, after even just four or five sessions of doing this video work with mum, her bloom in confidence but also just understand how the relationship worked with her and her child. Also with this mum she attended a group that we

run for our parents around something called mentalisation which is about developing a parent's capacity to think about their own emotions, about their child's emotions, her idea of being able to keep a child in mind. So she attended that group for eight weeks.

Then the last phase for this mum was actually about reunion. We had identified housing. She had been living on her own for that last three months so had developed a place in the community where she could take the child. So the child was actually reunited with her and then the focus with the parent mentor actually shifted to how can we develop this child's centre and lifestyle? We need to start going to mother and toddler groups. We need to start developing friendships out in the community.

I can give you a nice outcome for this particular mum who is hopefully coming out of FDAC in January and the child will actually have been home for about four and a half months by then. She has been home just three months at the moment and things are going really well, and actually her partner has now joined her at home. They have still got work to do, they are still in treatment, they are still going to their groups, but they are really developing a very different lifestyle to where they were before.

Photographs by Robert Aberman

District Judge Nicholas Crichton was a solicitor in private practice for 15 years. He has been a district judge for 25 years and the resident district judge at the Inner London Family Proceedings Court since it opened in April 1997. He has been instrumental in setting up FDAC.

Dr Mike Shaw is consultant child psychiatrist and clinical lead at FDAC and the Monroe Family Assessment Service. Both services are part of the Child and Family Department of the Tavistock Clinic where he was Head of Psychiatry until recently. Sophie Kershaw is the service manager at FDAC.

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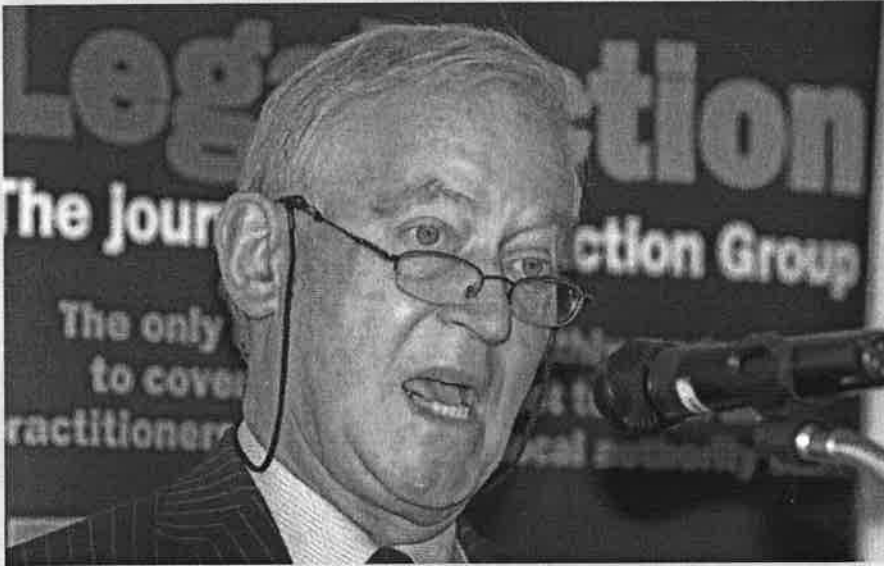


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District Judge Nicholas Crichton delivers LAG's annual lecture

message right from the beginning because too often, and I understand how this happens, social workers who have tried to befriend families and tried to get families to work with them reach the point when it is not working. It is very difficult to become more professional and make it clear now that we are into the end game and we are about removing your child.

Psychiatrists tell us, don't they? I do not need another report in court to be told that a parent needs to be clean and sober for a year before we can think about letting them care for a child, we know that, it is a given. We do not get all the children home. It is a success if we enable a child to stay at home or to go home but it is just as much a success if we can identify quickly that this family actually cannot do it and we get this child moved on more quickly to an alternative permanence. Those of you who know me know that I am awfully fond of saying two months is one per cent of a child's childhood, and if we mess about for 18 months or two years, that is nine or 12 per cent of a child's childhood and we cannot give it back.

So we have got a balance to strike, haven't we? The kids who cannot stay at home, we have got to get them moved on but we have got to take enough time to do a proper assessment to make sure that this is a family that cannot do it, and that is part of the trick. Some of our cases are slower than 12 months but we only continue with them beyond 12 months when the signs are good and it is pretty intensive: regular drug and alcohol testing, detoxing, rehabilitation, various assessments, programmes, courses as identified, strengthening families

programme, fitting in contact at the same time. We think that the court is an essential part of the process.

At the very first hearing when a local authority bring to us a family who has got these problems, they meet the FDAC team outside the court room and they learn something of what we are about, and then they come into court and they meet the judge. All we want to know at that first hearing is: 'Is this something that you think is going to be interesting? Is this something that you think you want to do?' All we seek is an indication of interest and they all say yes. Then we send them away for three weeks and the team assess them. They come back three weeks later with an assessment report and an intervention plan that is tailor-made to this family. We have got that in three weeks and that is our platform for progress.

When they come back in three weeks' time we ask them if they are coming in, and if they are coming in, and I think there has only been about one who resisted, we make them sign a little agreement. The agreement is: 'You are going to share all the information among yourselves, I recognise that that is the only way you can help me. I will keep all the appointments you have given me. I will come to court as often as you tell me and I promise to be open and honest', and that is symbolic.

We then bring them back every two weeks to check on progress. I liken it to 'WeightWatchers'. You come every two weeks in front of the same judge and you answer for the last two weeks; you do not quite stand on the scales but it is pretty close to that. I hope the lawyers in the room will not be worried by this but we

only have the lawyers back for the significant hearings: the case management conference, the issues resolution hearing. If anything crops up two weeks by two weeks by two weeks that represents a problem we certify that we want the lawyers back in two weeks' time so we can talk about contact, we can talk about whatever has cropped up that needs to be talked about.

One of the problems we have had is that the local authorities have brought to us their hard end cases; we have had some really, really tough families to deal with. Several kids already into the care system, been engaged with the local authority for two years, not made any progress, and there has been a sense once or twice that the local authority is saying: 'We cannot get anywhere with this, you have a go.' What we need and what we are beginning to do is to get into the maternity wards. We actually need to get into the time of pregnancy but we are now beginning to do pre birth assessments and I think that is where we belong.

At the end of the process, the families that come out have a little graduation ceremony: we give them a certificate, we take their photograph shaking hands with me or the other judge. I alternate Mondays with District Judge Kenneth Grant [Q3] and in almost every case we make a supervision order because why would you not keep an eye on these families for another year at least to make sure that they have stayed on track?

We believe that we have got a model that offers something different and something significant. We believe that one multidisciplinary assessment, one report, and a team working closely with the court is a good way forward, a good model forward, and I think it is a model that could be adapted for other things. It could be adapted to mental health, learning disabilities. It could be adapted for domestic violence. I think it has all sorts of possibilities. The huge advantage of having a team which is independent of the local authority is that we get very little challenge to that initial assessment because it is seen to be independent.

Dr Mike Shaw:

I am going to concentrate really on two main themes: partnership and collaboration on the one hand, and timescales on the other. Judge Crichton mentioned that there are other social workers and adult psychiatrists in the team. We have people called parent mentors who are lay people who have experience of addiction,