

## THINKING ABOUT DEVELOPING AN FDAC?

### SECTION 1 - INTRODUCING FDAC

*“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.”*

*[Parent after FDAC intervention, 2014]*

*“Clients in FDAC feel, not exactly relaxed, but they seem to take on board things a little bit more. They seem to understand better why they are doing something and they are happier with the process, even if it is not something they want.”*

*[Manager of adult substance misuse treatment service]*

#### **Parental substance misuse**

Parental substance misuse is the leading preventable cause of child abuse and neglect.

A quarter of a million children in England and Wales are estimated to have one or both parents with serious drug problems.<sup>[i]</sup> A third of the adults receiving drug or alcohol treatment have parental responsibility for a child.<sup>[ii]</sup> Parental substance misuse features in 3 out of 4 care proceedings and 1 out of 5 serious case reviews.<sup>[iii]</sup>

The human and financial costs of care proceedings are huge. There are some 11,000 new cases per year in England and Wales. The cost incurred is over £1,000m and two-thirds of this is local authority costs.<sup>[iv]</sup> Very few parents abuse or neglect their children unless they have major problems of their own, and these are mainly problems of substance misuse, mental health difficulties, domestic abuse, immaturity and past trauma. The good news is that many of these problems can be addressed. The even better news is that most parents want to address their problems and parent their children well.

#### **The Family Drug and Alcohol Court**

FDAC is an alternative form of care proceedings for children put at risk by parental substance misuse. It is a problem-solving court that is proven to work with these families. The outcomes for children and families in FDAC are far better than in normal care proceedings. Families and professionals prefer the highly-structured and collaborative approach during court hearings and in the intensive work between hearings. The coordinated interventions that result in improved outcomes bring significant cost savings.

## **The investment in FDAC by the Department for Education (DfE)**

The DfE's considerable investment and leadership role in FDAC is paying off, with the momentum growing apace. Established in London for 7 years, FDAC has spread from 3 to 6 London boroughs and is now established further afield - in Milton Keynes, Buckinghamshire and East Sussex. It has won prestigious awards, including from the Royal College of Psychiatrists, the Law Society, the British Medical Journal Group, and The Guardian newspaper. It is cited as an example of excellence in central government publications.<sup>[v]</sup> The Family Justice Review praised FDAC and recommended testing roll-out of the model beyond London. The President of the Family Division describes FDAC as “a vital component in the new Family Court”<sup>[vi]</sup> and is committing judicial resources to make FDAC available up and down the country.

The DfE have built on this remarkable progress by committing funds in 2015 and 2016 to scale-up the FDAC model so that more children and their families will reap the benefits of their investment. The government's Innovation Programme is funding the work of the new FDAC National Unit that brings together the information and the people needed to embed FDAC further, testing developments in the model and acting on lessons that will emerge in the year ahead.

## **The FDAC National Unit**

In particular, the National Unit is helping to design and deliver 4 new FDACs in the next year: in Coventry; Kent & Medway; Plymouth, Torbay & Exeter; and West Yorkshire. The DfE is matching the 50% start-up and running costs already secured by the local authorities involved.

The National Unit will also be nurturing the interest in FDAC that is being demonstrated in dozens of other potential sites. In each of the next 5 years we aspire to open 4 new FDACs, subject to some continued funding from central government. This will offer the chance of improved long-term outcomes for children and families in over half of the 44 Local Family Justice Board areas in England and Wales.

## **How FDAC helps**

FDAC is radical yet obvious. It strengthens parents' motivation to overcome their problems and it gets families working successfully with social workers, adult treatment teams and judges in court. Families get every possible support and treatment. Expectations are clear and honest and the tasks and timescales for each family are broken down into manageable steps. FDAC offers parents optimism about recovery and change, combined with a realistic understanding of the immense challenge they face.

FDAC is rooted in the idea of problem-solving justice, where courts use their authority to address the complex social issues that bring people before them. Specially-trained judges provide parents with direct, ongoing supervision and support throughout the court case and they work closely with a dedicated multi-disciplinary team who offer tailor-made care and treatment to the whole family.

The 5-year independent evaluation conducted by Brunel University between 2008 and 2013 compared 3 London boroughs using FDAC with 3 without FDAC. The results were impressive:<sup>[vii]</sup>

- Twice as many FDAC mothers were reunited with their children, having stopped misusing substances (35 v 19%).
- FDAC fathers were 5 times more likely to stop misusing substances (25 v 5%).
- After return home, fewer FDAC children had experienced abuse or neglect one year after proceedings (25 v 56%).
- FDAC reduced the local authority spend on alternative care during proceedings by approximately £4K per family.

The savings from the FDAC model extend beyond proceedings. Our modeling suggests that the return on the investment of almost £1.5m in the 4 new sites would be £2.57 for every £1 spent.



## SECTION 2 – STARTER QUESTIONS AND TIPS FOR GETTING GOING

*As a potential FDAC site, you will be able to subscribe to the FDAC National Unit for additional information about the FDAC model and progress being made in existing and other potential sites; the training and mentoring that is valued by judges, local authorities and others; how to problem solve as your service becomes embedded; and ways of tracking and comparing child and family outcomes with those from the evaluated London service. This information will be available shortly from the FDAC National Unit website.*

This leaflet is about some key issues to discuss with local colleagues in order to help you decide whether, when and how to establish a local FDAC. It draws on:

- the frequently-asked questions from other interested areas
- the experience of the London FDAC specialist team, court and local authorities since 2008
- the five-year evaluation of FDAC (2014), funded by the Nuffield Foundation<sup>[viii]</sup>
- a study of the potential for rolling out and sustaining FDAC (2012), funded by the DfE<sup>[ix]</sup>
- tips from supporting the development of new FDACs in Gloucestershire, Buckinghamshire/Milton Keynes, and East Sussex
- regional meetings and other direct contact with interested local authorities and courts, and
- early lessons from DfE funding to establish FDAC in 4 new sites in 2015/16.

The leaflet explores the main starter questions from around the country, which are about:

1. The essential principles and service components for FDAC
2. Involving the right people in your early thinking
3. The governance structures that can be helpful
4. Scoping demand - understanding the size of the problem you want to address
5. Mapping provision - identifying relevant services and gaps
6. What the courts need to be thinking about
7. Thinking about the specialist team
8. Costs and funding
9. Evaluating the difference you will be making
10. Keeping up to date with developments.

## Q1 ARE YOU IN AGREEMENT WITH THE ESSENTIAL PRINCIPLES AND SERVICE MODEL COMPONENTS THAT UNDERPIN FDAC?

*“The [FDAC] model of really intensive support for parents to think about themselves and why they behave as they do is really important. For many parents it is the first experience of someone getting them to think about themselves in this way.”*

*[Children’s Services service manager]*

*“It’s very important for parents to have the same judge. They are good at recalling all the details. That helps cut down the animosity that is created by constantly revisiting past events in court. And messages to parents about their having to ‘shape up’ come more easily if they are from the same judge.”*

*[family lawyer]*

*“I have never heard parents speak so openly in court as they do in FDAC. I think it’s really healthy. Their confidence develops. They move from rigidity to feeling more relaxed and you see them build a relationship with the judge.”*

*[social worker]*

*“Parents say they don’t feel pushed around, patronised and intimidated like they do in ordinary care proceedings.”*

*[social worker]*

*“It’s crucial to prioritise attending the FDAC Intervention Planning Meeting because that’s where you have your say.”*

*[children’s guardian]*

*“She [the parent mentor] was brilliant. Please keep trying to get this part of the service in place.”*

*[family lawyer]*

The independent evaluation concluded that the improved outcomes in FDAC cases as opposed to comparison cases, in relation to cessation of substance misuse and reunification of children with parents, was clearly linked to the experience of being in FDAC.

There are some essential elements in the FDAC service model which we describe as critical success factors. The table below sets these out and lists alongside them the activity needed to achieve them.

The critical success factors are underpinned by the principles of FDAC that were developed for the original service specification for the London FDAC.

Diagrams of the FDAC model are at the back of this leaflet.

## The principles underpinning FDAC

- ▶ FDAC uses a problem-solving court approach to care proceedings, where the court plays a proactive role in addressing parental problems, assisted by a specialist, multi-disciplinary team.
- ▶ FDAC ensures that parents receive effective, timely and co-ordinated services for their substance misuse and related problems whilst maintaining a clear focus on the welfare of the child.
- ▶ The approach to addressing parental substance misuse is positive and proactive, with a presumption that parents can change and should be encouraged to do so. There is a presumption that parents acknowledge that they have a problem and are prepared to address it.
- ▶ The same judge reviews the parents' progress throughout their engagement with services and the court. The judge plays an important role in conveying to parents that people believe in their ability to change and in motivating parents to maintain their progress throughout the proceedings.
- ▶ The model has a clear focus on the impact on the child of their parents' substance misuse. It is expected that parents will aim for abstinence from street drugs and alcohol. The treatment and support plan for parents is grounded in what we know from research about effective interventions.
- ▶ Parents receive support and encouragement as they address their substance misuse and other problems, with the team and judges being honest with parents about the problems they need to address and how, and with strong support and information available for wider family members, such as through Family Group Conferences and direct work with father figures and other adults close to the children.
- ▶ Poor prognosis does not necessarily mean that a case should not be referred to FDAC. In cases where the specialist team considers that prognosis for change is poor, the timescale for showing engagement and commitment to the programme will be monitored closely, and timely parallel planning of alternative options for the child's future placement will be particularly important.

### The essential service components (or Critical Success Factors) of FDAC

	Essential service components (Critical Success Factors)	What is needed to achieve this (the key issues to consider from an early stage)
1	Judicial continuity  (the same judge deals with the case throughout)	<ul style="list-style-type: none"> <li>• Court capacity (scheduling)</li> <li>• Pool of judges committed to this approach</li> <li>• Training for judges: about the FDAC problem-solving approach and other relevant techniques, including Motivational Interviewing</li> </ul>
2	Specialist, independent, multi-disciplinary team	<ul style="list-style-type: none"> <li>• Based in neutral location</li> <li>• Includes child and family social workers, substance misuse workers, clinical nurse specialist, adult and child psychiatrists, parent mentors and parent mentor co-ordinator</li> <li>• Works independently of the LA, with the LA as commissioner not service provider</li> <li>• Robust clinical governance and supervision, to ensure excellence in practice, strong safeguarding principles, and ability to cope with demanding work</li> <li>• Trained in relevant techniques: Motivational Interviewing, relapse prevention, drug testing, parenting risk assessment, mental health and trauma screening</li> </ul>
3	Problem-solving court approach	<ul style="list-style-type: none"> <li>• Regular court reviews for parents, without lawyers present</li> <li>• Specialist team attend court and work flexibly with the judge</li> <li>• Regular communication between specialist team and FDAC judges</li> </ul>

4	Support to parents from parent mentors	<ul style="list-style-type: none"> <li>• Suitable volunteers available, to be mentors</li> <li>• Arrangements in place for training, co-ordination and supervision</li> </ul>
5	Timely decision making (early assessment, plan of action, and intervention)	<ul style="list-style-type: none"> <li>• Timely referral of case by LA</li> <li>• Team initial assessment and plan of action within 10 days</li> <li>• Immediate connection of parent with treatment and other services</li> <li>• Assessment combined with direct work and co-ordination of other services by team key worker</li> <li>• Account taken of timescales for the child</li> <li>• Cases concluded within 26 weeks unless child is returning home, in which case extension to the timetable applied for</li> </ul>
6	Support and encouragement for parents, with transparency about problems and a clear focus on the welfare of the child	<ul style="list-style-type: none"> <li>• Strong team ethos of working alongside parents, building on glimmers of hope, and providing both assessment and direct work</li> <li>• Sufficient number of guardians, knowledgeable about FDAC</li> <li>• Clear timescales, linked to crossroads in child development</li> <li>• Regular court reviews</li> </ul>
7	Evidence-informed approach	<ul style="list-style-type: none"> <li>• Team and court use evidence-informed approaches to engagement with parents</li> <li>• Reflective practice and robust clinical supervision</li> </ul>

8	Good communication	<ul style="list-style-type: none"> <li>• Particular attention to developing an ongoing relationship between the specialist team and adult services</li> <li>• Awareness-raising information and training for social workers, lawyers, guardians and adult services, prior to implementation</li> <li>• Regular meetings (termly or quarterly) to allow judges, lawyers, social workers and guardians to give feedback, raise issues of concern, and be updated about progress and developments</li> </ul>
9	Commitment from the start to deliver in partnership	<ul style="list-style-type: none"> <li>• ‘Team around the child’ approach to delivery of the parent’s intervention plan</li> <li>• The intervention team co-ordinate the work of other treatment and support agencies and fill in any gaps in services that could delay overall time scales</li> <li>• Clear funding and governance arrangements for the specialist team</li> <li>• Strategic management group, to provide overall steer and scrutiny, including ensuring that FDAC meets its objectives and operates in line with national policy and legal frameworks</li> <li>• Operational management group, to engage local services and identify and resolve problems. This is a sub-group of the strategic management group, with members from operational staff only.</li> </ul>
10	Commitment to evaluation and outcome monitoring	<ul style="list-style-type: none"> <li>• Clarity about problems to be addressed, and how they will be tackled</li> <li>• Continuous attention to progress being made, with a mechanism for taking account of feedback from families and professionals</li> <li>• Mechanism for monitoring key outcome variables for children and parents on case-by-case basis, in order to evaluate FDAC performance at both individual and aggregate level</li> </ul>

## **Q2 ARE YOU INVOLVING THE RIGHT PEOPLE FROM THE START, TO GIVE YOU THE BEST CHANCE OF A GOOD START?**

### **Think about local champions**

You need two local champions: one influential person from the local authority children's services, preferably the Director or Assistant Director for children and families, and one from the court, preferably a Judge. Ideally, they will be co-leaders at the planning stage and become joint chairs of the Steering Group (see Q3).

These will be key people to promote the idea of FDAC to a wide audience, keep up enthusiasm, support those implementing it, and lead on a proactive approach to anticipating and solving problems as they arise.

They will also have an important role in fostering momentum, commitment and interest during what can be a protracted and frustrating process of partnership development, joint commissioning, and tendering and procurement of the service model.

Champions will ensure that the right local authority and court staff are on board with the development and understand the importance of communicating effectively with one another.

### **Think widely, in terms of potential partner agencies and people**

Others to enthuse and include in early discussions are:

- Local authority and private practice lawyers.
- Cafcass – Guardians and their managers will need to understand the different approach required and to facilitate discussion about the potential value of a dedicated pool of guardians for FDAC cases.
- Adult substance misuse treatment service providers and commissioners.
- Adult social care.
- Public Health representatives from the local authority. They will have expertise, and access to information, about the financial benefits of tackling public health problems, including substance misuse. They will be the commissioners of adult substance misuse services, as well as having responsibility for public health services for children, including those with young parents and parents with mental health problems. They will be involved with the local Health and Well-being Board, including its work developing the local Joint Strategic

Needs Assessment – a possible extra information source about the extent of parental substance misuse, mental health and domestic abuse problems and the range of services available.

- Clinical Commissioning Groups – given their responsibility for commissioning child and adolescent mental health services.
- Representatives from local authority and voluntary organisations involved in other relevant projects, such as reducing the number of mothers experiencing the removal of successive children in care proceedings and intensive support via the Troubled Families and Family Nurse Partnership initiatives.

### **Remember the advantages of early involvement in developing a new idea**

As in other work, involving people from the start will increase your chances of harnessing their ownership, commitment and good ideas. General experience points to the value of involving people who are already working together in some relevant way, rather than trying to start a new project from scratch. But, if in doubt, invite people to your preliminary discussions: you won't be sure what they can offer unless you invite them to contribute.

Bear in mind that FDAC should be regarded as a mainstream service, part of the whole system that exists to support families locally, including those going through the court process. So engage early with local authority and other colleagues who are responsible for developing strategies, re-designing services and making commissioning decisions in the longer term.



### **Q3 WHAT GOVERNANCE STRUCTURES MIGHT BE HELPFUL, TO STEER THE THINKING AND SUPPORT SET UP?**

Most new areas have moved quite quickly to establish a steering group, followed at a later date by an operational group.

#### **Steering Group (SG)**

Having a Steering Group is a good way of marking your intention to explore the FDAC option seriously and an essential part of successfully embedding FDAC in your area. The initial, informal purpose can be to provide a structure for the exploratory work: a place and time to meet, and a chair who will liaise with interested people, set agendas for discussion and circulate and follow up agreed actions.

Further down the line in your planning, the purpose of the SG will be to provide:

- general oversight of the service and of its strategic direction
- the development of the service specification
- the commissioning and appointment of the specialist team and of the staff who will manage the service, and
- agreement about the judicial and administrative locations where the specialist court and team will be based.

Members of the SG will be drawn from the key agencies integral to the success of FDAC. They are likely to include:

- senior local authority managers (social care and legal)
- judges, court staff (administrators and legal advisers) and Cafcass
- health, public health and substance misuse commissioners, possibly a representative from the local CCG/s, and
- the manager of the specialist team (if an existing team will be used for FDAC).

Once the FDAC is up and running the role of the SG will be to ensure adequate monitoring of activity against baseline data, consider the impact of the service on family members and professional practice, and have responsibility for determining and ensuring long-term viability of successful aspects of the service.

The Group might need to meet at least once a month in the early planning stages, moving to every 2 months once the detailed project planning is underway, and then quarterly once the service opens.

### **Operational Group (OG)**

This will be a sub-group of the Steering Group, with membership drawn from operational staff in the partner agencies – social work managers, lawyers and court staff, Cafcass, adult treatment services, and other relevant service providers.

Its main role will be the early identification and problem solving of practical difficulties encountered by the new service, and the development of processes for the smooth running of a multi-disciplinary service with a broad range of partners.

It is likely to meet monthly during the set-up stage and then every 6 to 8 weeks once the service opens. Regular reporting to the Steering Group will provide the SG with the information it needs to give the project strategic direction.

### **Project Manager**

Once you have key players on board and a shared intention to progress towards setting up an FDAC, having a project manager in place to carry out or coordinate the tasks set out in sections 4 and 5 below can be helpful. This will be a time-limited post and can be part time. The project manager can help ensure that actions from Steering Group meetings are followed through. They can also speed up the process of establishing whether there is a need for FDAC, developing the business case for investing in FDAC, and identifying ways of commissioning the service.



## Q4 SCOPING DEMAND – ARE YOU CLEAR ABOUT THE SIZE OF THE PROBLEM YOU WANT FDAC TO ADDRESS?

Your scoping of suitable cases for FDAC will indicate how many cases are likely to be referred to FDAC during a year.

Scoping means collating information on the number of care proceedings issued in the most recent 12-month period that had parental substance misuse as a key feature. You will probably need to combine case information from the children's services legal department and social work teams with that held by your local court administrators. In Milton Keynes and Buckinghamshire, for example, an audit of cases by the local court proved particularly helpful in pinpointing both the number of potential FDAC cases and their geographical distribution, the latter being invaluable for helping determine where to locate the FDAC office and court hearing centre.

The evaluation of the London FDAC established that many cases also include parental mental health and domestic abuse issues. This is why scoping of case numbers should include those cases where substance misuse is part of a range of overlapping and complex problem.

Given the renewed emphasis on pre-proceedings work with families, it will be useful to establish how many of cases in the PLO pre-proceedings phase would be suitable for FDAC, in the event of the case being escalated to court.

Disseminating information about your proposal for a local FDAC service is another likely way of identifying possible cases. Interested professionals (social workers, CP chairs, local authority and family lawyers and IROs) can be invited to alert you to cases where parental substance misuse is causing or likely to cause significant harm to the child or children. IROs are relevant here because children of parents with substance misusing difficulties might be in section 20 accommodation.

Another way of approaching this task is to develop a profile of all the cases where - from the child's perspective - you should be seriously considering care proceedings, and then identify which of those cases involve parental substance misuse as a factor contributing to your concerns.

Whilst carrying out this exercise, it will be helpful to note what happened with the cases identified: the final orders made, how long the case took, whether the children were looked after children during the course of the proceedings, and what was spent on expert assessments obtained pre proceedings and/or during proceedings.

So, the information you need is:

- the number of care proceedings issued last year
- at what rate per month or week
- the proportion involving parental substance misuse
- from which local areas/post codes
- the number of cases in PLO pre-proceedings with parental substance misuse, and
- some information on case outcomes and costs.

## Q5

### MAPPING PROVISION – CAN YOU IDENTIFY RELEVANT SERVICES AND GAPS?

The FDAC team will be providing some of the interventions that parents are assessed as needing. They will also be helping parents access local services and so you will need to develop a clear picture of the relevant services that are available in the area and where they are located. Doing this exercise will also draw attention to any services that are not provided locally; you will need to consider how the specialist team might help respond to these gaps.

The independent evaluation concluded that the London FDAC team needed to liaise with the following range of services when delivering intervention plans for parents:

- community and residential drug and alcohol misuse services
- children's services
- doctors, health visitors and hospitals
- community mental health teams (adults and CAMHS)
- domestic abuse services
- parent support groups run by voluntary organisations
- hostels and housing support
- nurseries and schools, and
- job centres and advice agencies.

They also worked with local voluntary organisations who had trained past service users to be mentors for current service users, as some might also be suitable mentors for FDAC parents.

The Milton Keynes/Buckinghamshire FDAC team have also worked with a voluntary organisation to provide local volunteer drivers to help parents get to court hearings a distance from home.

And these are the services that the London FDAC specialist team have accessed for parents through local services or have provided themselves, as either one-to-one or group interventions:

#### **Drug & alcohol treatment**

- Methadone prescription
- Residential detoxification programmes
- Psychosocial interventions to achieve and maintain abstinence from street drugs & alcohol
- Community and residential intensive recovery programmes

### **Reducing health and mental health problems & intimate partner abuse**

- CBT group for anxiety
- Initiation on antidepressants and mood-stabilizing medication
- Brief individual CAT for complex emotional and behavioural problems
- Psychosocial interventions to prevent intimate partner abuse
- Group and individual psychotherapy for children & parents
- Dental repair and reconstruction

### **Strengthening relationships**

- Video-interaction guidance
- Mentalisation group work
- Family therapy and multi-family systemic therapy

### **Moving to a lifestyle centred on children & work**

- Help with housing
- Help into education, training & work
- Child-centred activities

So, the information to begin mapping is about provision and gaps in relation to:

- the range of adult treatment services (detox, prescribing, rehab)
- the psychosocial services for parents with substance misuse problems
- the services working with parents and children where parental substance misuse is an issue
- specialist midwifery services for pregnant women affected by substance misuse
- specialist health services for adults affected by substance misuse
- talking therapies for individuals/couples/families affected by parental substance misuse/mental health issues
- types of adult and child/adolescent mental health services
- support to women and children affected by domestic abuse
- services for domestic abuse perpetrators
- family support services
- existing mentor schemes, and
- volunteer transport schemes.

You will want to build up a picture of where services are located, what referral systems are used, what thresholds and exclusions apply, how many people can be catered for, the speed of entry to the service, and any identified gaps.

## Q6

### WHAT DO THE COURTS NEED TO BE THINKING ABOUT?

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

*“I have never heard parents speak so openly in court as they do in FDAC. I think it’s really healthy. Their confidence develops. They move from rigidity to feeling more relaxed and you see them build a relationship with the judge.”*  
*[local authority social worker]*

*“Your child is a great credit to you both. You are doing so well. You deserve a medal for the changes you have made in your life. Thanks very much for that.”*  
*[FDAC judge]*

*“Grandmas will always be welcome in this court. We appreciate the level of support that the family is providing.”*  
*[FDAC judge]*

Court staff and judges need to consider where the court should sit, with what frequency, which judges should hear FDAC cases, and how best to achieve judicial continuity throughout. The London FDAC had two main judges, with two back-up judges covering for occasional holiday and sick leave.

The likely number of FDAC cases per year will inform decisions about how frequently the court sits, and the number of judges needed. The size and capacity of the FDAC team, and the way in which the team is commissioned, will impact on the number of cases likely to be coming into an FDAC court. In London, the number of FDAC cases per year is 47, with one new case starting every month. In newer sites, the aim is for around 20-25 cases in the first year, with more expected in subsequent years. The London FDAC court sits each Monday, with non-lawyer reviews held in the morning and the afternoons used for hearings involving lawyers, including the first hearing of new cases.

It is important to remember that these are cases that would in any event be coming before the court in care proceedings. The difference about FDAC cases is that they will have more hearings because of the regular non-lawyer reviews. There is evidence from the independent evaluation that this is counter balanced to a certain extent by a reduction in contested proceedings.

Special attention will be needed to decide where best to locate the FDAC court in areas covering rural or widespread populations. For example, in Buckinghamshire and Milton Keynes they decided to have two locations for FDAC: one at the care centre, and the other at a magistrates’ court, to ensure that parents from areas far away from the care centre will have less difficulty travelling to court regularly.

Thought will need to be given to transport for parents, especially given the frequent court attendance needed. In Buckinghamshire/Milton Keynes a scheme of volunteer drivers run by a voluntary organisation has been extended to cover parents needing help to get to court. In East Sussex the local authority provides families with travel expenses and travel warrants.

Also important will be consideration about facilities at the court. Traditional court room layouts are not the best for a problem-solving court approach and so, if possible, it will be helpful to identify a court room that can be modified to provide a more inclusive environment. On FDAC hearing days you will need to provide a room where the specialist team can be based, a room for private consultations for parents and lawyers, and a waiting area outside the court room for parents who are waiting for their hearing and for other family members and children who come with them.

### **Reflections about getting going at court, from the first UK FDAC judge**

*“It’s important to be more informal than in traditional proceedings, and not be too caught up in process.*

*Too many parents have said that they did not feel that they were really involved in proceedings in which their children were removed. Too many have said that their lawyers did all the talking and that it was as if they were not there. Too often they say that the proceedings seemed punitive.*

*At the same time it is important to retain the authority of the court. I do not believe that this is as difficult as some might think. On the whole people are predisposed to respect the authority of the court and, I think, more so when they feel supported by the process.*

*It follows that the layout of the court is important.*

*I am always happy for a child to be in the courtroom, unless there is a good reason why not. Usually it will be a child in a pram or pushchair, or a toddler. I put up with noise!*

*I think the judge should to be on the same level as everyone else, and that the parents to be next to their lawyers.*

*I always try to ask myself if I am being fair to the person I am dealing with. This seems particularly helpful in FDAC. You will be dealing with difficult cases and people who have such severe problems, and having to balance the best interests of children against the difficulties experienced by their parents.*

*And remember, none of this is quantum physics! Develop your own style. Be considerate, tolerant, empathetic, supportive, sometimes sympathetic, and above all human and humane. Remember how hard it must be to be taken to court about the thing that we all care about most – how we care for our children. But never lose the authority of the court.”*

## Q7

### WHAT THINKING IS NEEDED ABOUT THE SPECIALIST TEAM?

*“It is so much easier when FDAC is involved – everyone is at meetings, there is a clear plan, you don’t have to scabble around for experts or argue about resources. And a small point, I know, but they make sure the appointments don’t clash. This sort of joining up between services doesn’t happen in other cases.”*

*[family lawyer]*

*“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.”*

*[parent]*

*“I do more because of having to be at court for all the reviews but what’s less is that I don’t have to spend time liaising with everyone involved. FDAC does that and that makes it all feel more streamlined.”*

*[social worker]*

*“The assessments of the specialist substance misuse worker were brilliant. I learnt a lot from him and it’s helped my practice, too.”*

*[social worker]*

#### Approach

The evidence shows that the team’s way of working is an essential part of the process. It provides an early assessment to the court and the parties, does direct work with parents, co-ordinates the provision of services by other agencies, and gives the court and the parties regular feedback about how parents are doing.

The team needs to be committed to working well with other local services on the delivery of treatment and support for parents, as specified in their individual intervention plan.

#### Composition

The composition of the team will vary, depending on local conditions, but it should include child and family social workers and substance misuse workers, with regular access to a child and adolescent psychiatrist and, probably, occasional access to an adult psychiatrist. A parent mentor co-ordinator should also be part of the team. The London FDAC have found it helpful to have a clinical nurse specialist and a domestic abuse specialist on the team. The Gloucestershire team, working mainly with mothers of young children, have health visitor and speech and language input.

## **Team links with the local authority**

It is important for the team to be seen as independent of Children's Services – the evaluation of the London FDAC found that this was felt keenly by parents, lawyers and guardians in particular. But this does not mean that the team cannot be commissioned by the local authority.

If there is already a multi-disciplinary team in your area that provides court assessments, this might be developed to work within the FDAC approach, as in East Sussex.

If not, you will need to consider how to set up an FDAC team. There are various options that have been or are being tried and tested. The FDAC National Unit will be providing regular updates about its experience of helping areas develop a package that is suited to their particular local circumstances.

## **Four options for setting up an FDAC team**

### ***Option 1: Commission a new, local, independent FDAC team***

You can develop a service specification for an FDAC team that the local authority then commissions via a tendering process. The strong advantage of this option is that it will help ensure fidelity to the model that has been evaluated and found to be effective. Who commissions the service will need to be decided; preferably it should be jointly commissioned by health and children's services. You might also have a number of local authorities coming together to commission the team jointly.

### ***Option 2: Build an independent FDAC team from an existing local service***

You can create an FDAC team from another multi-disciplinary service already established in your area. This is likely to involve getting agreement from the relevant commissioners of that service to change the existing Service Level Agreement (SLA).

### ***Option 3: Use a local authority in-house team to deliver FDAC***

A variation of the standard FDAC model is where the local authority provides an in-house specialist team to work with families and report to the court. This model is being used in one site (Gloucestershire) but has not yet been evaluated. Its close link with the FDAC National Unit will facilitate on-going comparison with the FDAC model and outcomes for families.

### ***Option 4 – Have a new, local, independent FDAC team, set up by the Tavistock & Portman Foundation Trust (TPFT)***

This option has been used in one area and it might remain an option for other areas, especially those close to London. TPFT procured the team and established the new service, and then provided management, supervision and clinical governance for several months. It worked with interested local partners, supported the Steering Group to commission a new team, and trained the team and others to apply the FDAC model.

## Parent mentors

Setting up a parent mentor scheme has proved the most difficult aspect of work to establish and sustain. Experience shows the importance of paying attention to this from a very early stage, and of allowing sufficient time and resources to ensure that the recruitment and selection process for mentors is robust, with good systems in place for subsequent supervision and training.

You might be able to join forces with a relevant established scheme, such as mentoring provided to people who are using local substance misuse services. Some of those mentors might be parents who have had contact with children's services in the past because of concerns about their parenting. This is the model being developed by the Buckinghamshire/Milton Keynes FDAC service.



## Q8

### WHAT ABOUT COSTS & FUNDING

*“Imagine a child about to be born to a mother misusing substances. The mother could have treatment costing about 12K, with a 40 per cent chance of the child then able to stay with her mother. If you were being child centred you would say ‘yes’ to that, because it would improve the likelihood of the child staying in her family.”*

*[Assistant Director Social Care, at FDAC national network meeting in October 2014]*

*“It is so much easier when FDAC is involved – everyone is at meetings, there is a clear plan, you don’t have to scabble around for experts or argue about resources. And a small point, I know, but they make sure the appointments don’t clash. This sort of joining up between services doesn’t happen in other cases.”*

*[family lawyer]*

*“I do more because of having to be at court for all the reviews but what’s less is that I don’t have to spend time liaising with everyone involved. FDAC does that and that makes it all feel more streamlined.”*

*[social worker]*

The commissioned cost of an average family going through the London FDAC process is approximately £13,000. This would mean that a new FDAC service would cost approximately £260,000 per year for 20 families. Additional initial start-up costs vary, depending on the situation in the new FDAC locality, but can be about £50,000. This average cost per case of £13,000 is equivalent to the charges of other multi-disciplinary teams providing assessment in care proceedings.

The London FDAC now commissions individual packages for both pre-proceedings and post-proceedings work with parents, and this work is costed as a proportion of the average cost per case.

The cost of the team will depend on the number of staff needed and this, in turn, will depend on the likely number of cases and the availability of local services. If there are fewer local treatment services, or other parenting services, the team will need greater capacity to do more direct work with families themselves.

A cost benefit analysis was carried out as part of the DfE-funded work in 2012 about the sustainability of FDAC. This model was developed further, to provide a value-for-money (VFM) case study about the proposed work to establish 4 new sites during 2015/16. Part of the work of the National Unit during this period will be the development of a robust VFM money model and cost avoidance tools.

Note that the cost savings identified in the independent evaluation of the London FDAC were about fewer hearings with lawyers, fewer contested proceedings, less expenditure on expert assessments, and less expenditure on placements for children during proceedings. These anticipated savings need revisiting in light of the implementation of the revised PLO and the 26-week time limit for care

proceedings. There are also likely to be longer-term cost savings in relation to the cessation of substance misuse, improved parental and child physical and mental health, and a reduction in repeat removals of children from mothers with substance misuse problems.

Since the end of the original pilot project, Children's Services alone have borne the costs of the London FDAC team, but there are good arguments for joint commissioning with other services. Wider funding offers the prospect of sharing ownership as well as risks. The specialist team is jointly funded by health services and Children's Services in East Sussex and in Gloucestershire, and health are contributing funds in Milton Keynes/Buckinghamshire.

It is recommended that new sites explore the possibility of joint commissioning with other parts of the council, and with adult treatment services (Public Health), other health services, and other agencies that might benefit from a successful FDAC in their area.

### **Reflections about getting colleagues interested in talking about funding, from an early FDAC commissioner**

*"I first heard about FDAC in October 2010. There were so many elements that made immediate sense to me. I like the emphasis on the problem-solving court and the non-adversarial approach. I could see the sense in diverting resources away from spending on lawyers and expert witnesses. As the Senior Commissioner Manager I was convinced there was potential to make significant savings compared to the normal care proceedings route.*

*But most important of all I was attracted to working with parents with substance misuse problems so that the social work relationship was still intact at the end of proceedings - regardless of whether the child returned to the parent's care.*

*I spent a long time seeming to get nowhere and the lowest point was when a generally sympathetic senior manager told me to go away and stop obsessing about FDAC. The turning point came 20 months later in June 2012 when a new manager who could see what I was 'going on about' agreed for me to run a one-off multi agency information session. This was led by colleagues from the London FDAC. The results were electric. By the next morning I had calls of support from several agencies and in particular from our local judiciary. We heard our first case in July 2014.*

*What was the learning point for me? When you are operating in complex and highly pressurised environments like social work, simple and elegant ideas like the FDAC find it hard to capture the attention of senior managers. You need to run the risk of appearing a little obsessive."*

## Q9

### WHAT ABOUT EVALUATING THE DIFFERENCE FDAC WILL BE MAKING?

Ongoing evaluation of outcomes will be important and this will be helped by the use of standardised measures to determine the health, well-being and lifestyle changes achieved for children and parents. Careful tracking of case variables will also facilitate the collection of information about timescales and costs. The monitoring of longer-term outcomes for parents and children – beyond their involvement with FDAC – will be useful.

The London FDAC has developed a database to monitor and analyse key outcomes. If new FDACs use the same database we will have a useful way of tracking and reporting on outcomes for a larger and national sample of parents.



## Q10

### HOW CAN YOU STAY INFORMED?

Setting up a new FDAC takes commitment and energy! And time – it will probably take up to six months, and maybe longer, especially if you will need to commission and recruit the specialist team.

The main drive of the FDAC National Unit in the coming months will be to help open an FDAC service in the 4 new sites funded by the DfE Innovation Programme and to identify potential sites for funding in 2016-17.

In the meantime, there are ways we can support your local work:

- The National Unit website will be updated regularly with news and views.
- There will be national meetings, for networking and sharing tips.
- If you can get going without the need for extra funding, we can offer a tailored package of training and consultancy, some parts at no cost and others at a charge.

Good luck – we wish you well in improving outcomes for children and their parents.

For further information or queries, contact the National Unit administrator, Sarah Harrison: [sharrison.fdacNU@coram.org.uk](mailto:sharrison.fdacNU@coram.org.uk) or 0207 278 5708

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

[<sup>ii</sup>] National Treatment Agency Media Release (2009) *Moves to provide greater protection to children living with drug addicts*. Cited in the government drug strategy – Home Office (2010) Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life (page 11).

[<sup>iii</sup>] Forrester D and Harwin J (2011) Parents Who Misuse Drugs and Alcohol: Effective Interventions in Social Work and Child Protection. Wiley-Blackwell.

[<sup>iv</sup>] Family Justice Review Final Report, Ministry of Justice, November 2011 (page 91 for care application figures, and page 203 for costs).

[<sup>v</sup>] See, for example, the government drug strategy 2010 – Home Office (2010) Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life; Munro E (2011) The Munro Review of Child Protection: Final Report. A child-centred system. DfE.

[<sup>vi</sup>] 12<sup>th</sup> View from the President's Chamber, 9 June 2014: *The process of reform: next steps*.

[<sup>vii</sup>] Harwin J, Alrouh B, Ryan M and Tunnard J (May 2014) Changing Lifestyles, Keeping Children Safe: an evaluation of the first Family Drug and Alcohol Court (FDAC) in care proceedings. Brunel University.

[<sup>viii</sup>] As [<sup>vii</sup>] above.

[<sup>ix</sup>] Ernst & Young and RTB (2012) FDAC Development Project: Options for sustainability and roll out. Final Report. Extracts to be available on FDAC National Unit website.