

EARLY FDAC
Families Do Achieve Change
Pilots in London, Coventry & Kent

Early FDAC is not currently running in FDAC sites. If you require more information about the model and the original pilots please contact: info.fdacnu@tavi-port.nhs.uk

Information for Professionals

WHAT IS EARLY FDAC?

Early FDAC is a new assessment and treatment service for pregnant women and where appropriate their partners, who have had one or more children previously removed from their care through court proceedings.

The Early FDAC programme is based very closely on the 'ordinary' FDAC model which aims to help parents overcome problems so that they can meet their children's needs in a timeframe compatible with those needs.

The range of problems Early FDAC works with includes domestic abuse, mental health and substance misuse. Parents **do not** have to have a substance misuse problem to be referred into the programme.

Early FDAC will continue to offer assessment, support and treatment through pregnancy and for a period of 2-years from the point of referral, irrespective of whether the infant remains in the mother's care after birth.

We envisage that social services will be involved in all cases from the start and that if they haven't already, it is highly likely the case will go into pre-proceedings and proceedings. As with 'ordinary' FDAC the Early FDAC team will give parents every possible help with overcoming their problems while at the same time testing whether they have made enough change to convince the local authority, and if necessary, the family court that they are able to bring their children up safely.

WHO IS THE PROGRAMME FOR?

- Mothers who are in their first or second trimester of pregnancy
- AND have already had at least one child removed from their care through court proceedings
- Fathers and wider family and kinship networks as appropriate.

Joining the Early FDAC programme is voluntary and it is important that the mother agrees to the referral being made. Once the referral is received the mother will have an opportunity to meet with a member of the team to find out more before she makes any commitment to be part of Early FDAC.

This is a pilot programme underpinned by ongoing research. In choosing to be part of this programme we hope the participants will also agree to be part of the ongoing research.

Full informed consent to be a research participant will be sought from each participant at the beginning of the programme.

THE EARLY FDAC APPROACH

At the heart of Early FDAC are the following principles:

- Believing in people's capacity to change
- Problem solving together
- Working together and building trusting relationships
- Working to help with loss, grief and trauma.

PROGRAMME AIMS

- To support the mother, (and partner as appropriate) to address the problems in her life in order to maximise her capacity to successfully parent her child(ren).

Specific aims:

- Address the impact of the loss of previous children and any on-going issues regarding contact
- Promote reflective functioning in order to help the mother better understand the issues that led to the decision to remove her previous child(ren)
- Help the mother develop better coping strategies for dealing with childhood and adult trauma
- Help the mother address any problems such as mental health, substance misuse, domestic abuse, other relationship issues
- Promote maternal bonding with her unborn/newborn infant
- Improve perinatal outcomes for mother and infant
- Build a supportive and safe network for the mother in her own community
- Offer practical support such as help with housing and debt
- Help mothers to better understand the reasons and prepare for any plan to remove an infant from her care, where safeguarding issues require this
- Help minimise chances of a rapid repeat unplanned pregnancy through support to access appropriate contraception

WHAT WILL HAPPEN IN EARLY FDAC?

The referral process:

Any professional working with the mother and her family can make a referral to Early FDAC. We want to engage with women **at the earliest point in pregnancy** and as such we need multiple referral routes.

We envisage the most likely route to be via **midwives** at the 'booking in' appointment. Midwives should also inform Children's Social Care, if they are not already aware, as per usual procedures, however we want to ensure the barriers that prevent early referral are minimised and that Early FDAC can work alongside or start before the local authority pre-birth process.

Any referral via a social worker should include agreement from the Head of Service or equivalent senior manager prior to referral. Any referral not known to the Local Authority will be discussed with the Head of Service by the Early FDAC Manager.

The initial assessment:

The team will work with the mother (and her partner where appropriate) to develop an individual treatment plan which will be delivered by specialists within the FDAC team and co-ordinated through her Key Worker. We want to put women in the 'driving seat' of change and build problem solving skills and confidence from the outset.

We have used the learning from a related programme of research funded by the Nuffield Foundation on recurrent care proceedings to inform this work: <http://www.nuffieldfoundation.org/vulnerable-birth-mothers-and-recurrent-care-proceedings>.

Learning from the research has involved **engaging birth mothers directly in the design of Early FDAC**. The design of the intervention is unique in acknowledging the legacy of past removals and trauma associated with loss of full-time care of children and mothers sense of connection to children, even through removed from her care. It comprises both practical support and specific interventions to meet the individual parent's needs. We are also drawing on best practice regarding support for pre-natal bonding and maternal reflective functioning.

Who are the Early FDAC team:

The Early FDAC team substantially overlaps with the 'ordinary' FDAC team. They are a mix of child social workers, adult treatment workers including substance misuse and domestic abuse specialists, a child and adolescent psychiatrist and an adult psychiatrist and in the London team a clinical psychologist. They all have additional skills and experience with assessing and treating families with complex child protection problems.

When does the programme start?

London will start working with women in July 2015 and has places for 14 women in the programme. Kent and Coventry will begin work in September 2015 with 8 places each.

Overview of Early FDAC process

Week 1

Contact Sheena Webb, Manager, or Fran Feeley, Senior Practitioner, at Early FDAC to discuss referral – 0207 278 5708
Referral form sent to Early FDAC by Midwife or Other Professional
Early FDAC inform Local Authority of referral.

Home Visit or Office appointment undertaken by Early FDAC team member to mother (& partner) to introduce programme and answer parent's questions.
Legal advice can be sought by parent
Plan assessment period with parent

Week 2-4

Assessment Period – Within the next 2 weeks, the FDAC Team will conduct the full assessment with the family. This will include assessment of needs, problems, situation and interaction with the child/ren so that the FDAC team can understand the full range of issues. They will work with the mother (& partner) to identify their strengths and obstacles, what needs to change, and in what timescale and what support they will need to achieve any changes.

Week 4-5

Intervention Planning Meeting – the team in collaboration with the parent/s and other professionals involved will develop an individual treatment plan which will be delivered by specialists within the Early FDAC team and co-ordinated through a designated Key Worker.

Every 6 weeks onwards

Review Intervention Planning Meetings will take place every 6-8 weeks
These will be a chance for everyone to make sure that the process is going well, to encourage parents, and to make changes to the intervention plan if there are problems.

At point of birth and afterwards

If a decision is made by the Local Authority to issue proceedings when the baby is born then the case would be heard within the FDAC court as per current FDAC work.
The mother would receive ongoing support and intervention for 2 years whatever the plan or outcome for the child.

HOW DOES EARLY FDAC PROGRAMME FIT WITH THE CURRENT FDAC PROGRAMME?

This is an offer of early assessment and help – to work with women in pregnancy. At point of entry it is likely that the woman may not yet have started pre-birth assessment work with the Local Authority. If a decision is made by the Local Authority to issue proceedings then the case would be heard within the FDAC court as per current FDAC work.

The assessment and support would continue through proceedings and beyond. The Early FDAC programme is working with women for up to 2 years from the point of referral regardless of any outcome.

HOW DOES EARLY FDAC WORK WITH CHILDREN'S SOCIAL CARE?

Early FDAC is offering an independent programme of assessment and intervention but we have a duty to share information with Children's Social Care. Working with Early FDAC does not mean that the local authority won't be involved. The social work teams from the local authority will make their own decision about what might happen but they will ask Early FDAC about parent's progress. Early FDAC will be open with parents and Children's Social Care about our assessment and any concerns we have but will also be clear about any changes we have seen while parents have been working with us. Parents will need to understand that the information we share is likely to form part of the local authority's assessment and decision about what happens next.

The FDAC team will always endeavour to be transparent with its service users about these arrangements. A detailed explanation will be given to mothers and if relevant their partners from the outset.

WHAT ABOUT LEGAL REPRESENTATION?

Following the initial meeting with the Early FDAC team, parents will be advised to seek legal advice about entering the process to ensure parents are clear about their rights and are making an informed choice about whether to join the programme.

Given the significant concerns due to domestic abuse, mental health, alcohol and/or drug misuse, and any other solvable problem, that result in a parent being referred to Early FDAC there is a high possibility that the case will progress to a Legal Planning meeting at some point.

(Therefore), it is the Early FDAC policy that if the case is referred to Early FDAC before a referral to Children's Social Care (CSC) has been made, by a midwife or other professional, then Early FDAC will discuss the case with CSC in conjunction with the parent and referrer.

FDAC will be treated as an independent expert in the case prior to any initiation of public law proceedings. They will not attend any of the Local Authority's parallel processes (i.e. Child Protection) prior to the initiation of proceedings but will provide reports and minutes to all parties.

If the Local Authority decides to start pre proceedings or care proceedings, then the parent will continue in the FDAC process and if the case enters court it will enter FDAC and not go through the standard family court process. It is important the parent(s) understand the differences prior to deciding to join the Early FDAC programme.

If a parent attends Early FDAC and the case enters Court they will retain the right to revert to normal. However, if the case exits FDAC at any initial or subsequent hearings, the Early FDAC team will be available to give evidence as a "pre proceedings expert" when the case reverts to usual proceedings.

If parents do not have a lawyer who will agree to advise them at this stage, then Early FDAC will offer them a list of solicitors who have agreed to offer pro bono advice at this stage.

WHAT ABOUT THE RESEARCH?

The new pilot intervention will be evaluated by a team from Lancaster University Parent and professionals will be asked to take part in the research. This will involve interviews, questionnaires and some observations. A detailed letter outlining the research will be given to all participants, and they will be asked whether they are willing to take part. They can also withdraw from the research at any point.

WHO DO I CONTACT?

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Early FDAC
Families Do Achieve Change

Referral form
Referral Checklist

- ✓ Has the mother been previously known to children's services and had a child removed thorough care proceedings?
- ✓ Is she in first or second trimester of her pregnancy?
- ✓ Is she over 18?
- ✓ Does she want an opportunity to address some of the issues in her life with the support of an expert team
- ✓ Has she had information about the programme and does she agree to consider being part of the research that forms part of the programme?

About the local authority

Please confirm that the case is either:

Currently open to social services

If yes that agreement for the referral has been sought by the social worker and agreed by Head of Service or equivalent senior manager

Name of social worker and contact details
.....

OR You have referred to social services

About the mother

Name

Age

D.O.B

EDD

No of weeks pregnant.....

How many children does the mother have?

How many have been placed out of her care?

What are the presenting issues?

.....

Mother's Address

Telephone number.....

Email

How would the mother prefer to be contacted:
Telephone/ Email/ post

Are the mother and father/partner in a current relationship? yes/no

About the father/partner (if known)

Name

Age

D.O.B

EDD

How many children does the father have?

How many have been placed out of his care

Address

Telephone number.....

Email

How would the father prefer to be contacted:
Telephone/ Email/ post

About You – the referrer

Name

Organisation

Job Title

Contact details

Have you made a referral regarding this woman's pregnancy to Children Social Care?
Yes/NO

Which Local Authority?

Date referral made

Are there any safety issues that Early FDAC needs to be aware of before visiting the
mother/father? Yes/No

If yes, what are they?

I confirm I have shared the Early FDAC letter with this mother and she has agreed to this
referral being made

Signed:

Date: