



Family Drug and Alcohol Court (FDAC)

Selection of cases for FDAC

1. Which cases will FDAC hear?

FDAC will hear cases where parental substance misuse (drugs or alcohol or both) is a key factor in the local authority concerns about the children.

Parental substance misuse does not need to be the only factor in the case, in fact it will rarely be so, but it will either be the primary factor or one of the primary factors.

There are no substance misuse cases that local authorities should exclude automatically as potential referrals to FDAC. Although the London FDAC had listed some exclusion criteria at the start of the pilot, experience confirmed that this was not necessary. This is consistent with the FDAC

ethos of giving everyone a fair chance of turning their life around, especially in cases of substance misuse where there is such a high risk of parents losing care of their children for ever.

The overriding message so far, from experience and the research findings, is that you should not delay making a referral to FDAC. If there is a glimmer of hope, refer to FDAC rather than working with that yourself. Neither FDAC nor ordinary proceedings will work for all parents, but FDAC has been shown to be more successful at building on capacity to change.

You can download a summary of the research from the independent evaluation of FDAC, and the full report, at <http://wp.lancs.ac.uk/cfj-fdac/publications/> or on the FDAC National Unit website <http://fdac.org.uk/evidence-for-the-model/>



2. Are there some parental substance misuse cases that might be less suitable for FDAC than others?

Severity of problems?

All cases that end up in care proceedings are serious cases, and this is so for all the cases heard in FDAC since it began. However, the research found that with cases where there were slightly fewer pressing problems all present at the same time (in other words, when cases were less intractable) FDAC was notably more successful than the ordinary court process in supporting parents to control their substance misuse and be reunited safely with their children.

Poor prognosis?

The research findings show that the approach has achieved success in some cases where the prognosis was very poor indeed. So a poor prognosis is not grounds for saying that a case is not suitable to be heard in FDAC.

Parental unwillingness?

Parents choose whether to have their case heard in FDAC or in ordinary care proceedings. The research showed that, so far, very few parents have refused the offer to take part in FDAC.

3. Should we delay referring to FDAC in order to do more pre-proceedings work?

The research found that the majority of cases referred to FDAC were cases with a history of many years of contact with children's services, and where there were long histories of parental substance misuse and contact with treatment services. Now that you have the option of cases going to FDAC, don't delay bringing cases into the court arena. Where substance misuse is an issue and there is a child protection plan, always consider that referral to FDAC offers the possibility of avoiding the risk of long-term harm to children by giving parents an early chance of changing their lifestyle. This is particularly important given the finding, noted above, that FDAC is better at building on capacity to change.

4. What is the process?

Start identifying possible cases. Information about the local FDAC should be disseminated to all social workers, CP chairs, local authority lawyers and IROs, and they should begin to identify cases where parental substance misuse is a key factor causing or likely to cause significant harm to the child or children. (IROs are relevant because children of parents with substance misusing difficulties might be in s.20 accommodation). Details of possible upcoming cases should then be referred to the relevant senior managers on the FDAC Operational Group.

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

Communications with the FDAC team.

The FDAC team manager will liaise with local authority lawyers and the relevant children's services managers in relation to cases likely to be referred to the court.

Social workers and their managers and local authority lawyers should be encouraged to contact the FDAC team manager to discuss whether or not the case seems suitable for referral to FDAC.

Early identification

Where children are on a child protection plan, and it seems that an initial or review conference might recommend taking care proceedings, the CP chair should indicate whether or not the case involves parental substance misuse and would thus be a suitable case for FDAC. If care proceedings seem likely, the sooner the case can be referred to FDAC the better.

Legal Planning Meetings

When a case comes to a legal planning meeting one of the issues to be discussed should be whether parental substance misuse is an issue. If it is, a note should be made that if the case goes into proceedings, it should be referred to FDAC.

Keeping a note of reasons for referral into FDAC

It may not be possible, because of capacity issues or the constraints of funding, to refer all cases involving substance misuse into FDAC.

Keeping a brief note of the reasons

for referring a case to FDAC, and referring to this in the social worker's initial statement, will help inform later decisions about the numbers of cases likely to be dealt with by FDAC within different geographical areas.

Who explains FDAC to parents?

Private practice lawyers should have access to information about FDAC so they can explain the process to their clients. Members of the FDAC team will also be at court to explain the process at the first hearing. A short leaflet will be available for parents.







