

THINKING ABOUT DEVELOPING A FAMILY DRUG AND ALCOHOL COURT (FDAC)?

SECTION 1 - INTRODUCING FDAC

*“Our children should get the best – not just get by”
[The Local Government Association 2017]*

*“It’s the healing, the mental ability to change patterns that you get from FDAC ...FDAC got me where I want to be...”
[Parent after FDAC intervention]*

*“FDAC is important because it works and we know it works. The academic research that has been done proves it works. Secondly, it saves money, lots of money and that’s important. But most of all it is important because it solves problems, it means the parents can move forward with their children into a better life than they would have had without the FDAC approach, and it means that parents, mothers and fathers are reunited with their children in circumstances they wouldn’t be without the FDAC approach.”
[Sir James Munby, former President of the Family Justice Division, 2017]*

THE FAMILY DRUG AND ALCOHOL COURT MODEL

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. FDAC was set up to address the issue of parents, particularly mothers, having children removed through care proceedings on a recurrent basis, without attention being paid to the parental problems underlying the need for removal. The FDAC model is an adaptation of a model developed in the United States. Cases which come into FDAC are commonly those where parental substance misuse is impacting on parental capacity, but in the majority of cases there are also concerns about domestic abuse and parental mental health problems. The FDAC process takes place within care proceedings and involves a multi-disciplinary specialist team working closely with the court, specially trained judges who deal with the case throughout, and regular judge-led reviews of the parents’ progress, which are attended by parents, the specialist team, the social worker and the child’s guardian. Parents have a key worker in the specialist team who does direct work with the parent and co-ordinates the other services involved with the child and family. The local authority holds responsibility for the child. FDAC processes have been adapted to take account of the 26-week timescale in care proceedings and its multi-disciplinary teams are co-located and dedicated to FDAC work. Teams have a trauma-informed approach to working and use a range of evidenced-based approaches including Motivational Interviewing and Video Interaction Guidance.

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.

HISTORY AND SCALE UP OF THE FDAC MODEL

THE FDAC PILOT

FDAC started as a pilot in London in January 2008, pioneered by retired District Judge Nicholas Crichton in collaboration with three London Local Authorities and the Tavistock and Portman NHS Trust. The pilot received cross-government funding for the first four years. The [independent evaluation of FDAC, funded by the Nuffield Foundation and carried out by a team at Brunel University](#) between 2008-13, found that FDAC was more successful than ordinary proceedings in helping parents achieve abstinence from drugs and alcohol and in enabling more children to be reunified with their parents. These promising messages from research resulted in more London boroughs taking part in the central London FDAC and the expansion of the model to Milton Keynes and Buckinghamshire and to East Sussex. FDAC won prestigious awards from the Royal College of Psychiatrists, the Law Society, the British Medical Journal Group and The Guardian newspaper. It was cited as an example of excellence in the Government's Drug Strategy in 2010 and the Munro Review (2011) [i]. It is recognized as an important intervention in the revised Drug Strategy (2017) [ii]. The Family Justice Review praised FDAC and recommended testing roll-out of the model beyond London [iii]. The President of the Family Division described FDAC as “a vital component in the new Family Court”[iv] and encouraged the judiciary to work to make FDAC available up and down the country.

ESTABLISHMENT OF THE FDAC NATIONAL UNIT

Building on this progress, in 2015 the Department of Education (DfE) Children's Social Care Innovation Programme committed funds to establish the FDAC National Unit. Its aim was to extend the benefits of the FDAC approach to more children and families by supporting the growth of new FDACs that reflect the intervention model that research had found to be promising. By the end of its first year, the National Unit had helped to establish 5 new FDACs working across 12 local authorities, nurtured interest in the model in a range of other potential sites, and established mechanisms for evaluating the progress being made across all FDAC sites in achieving the desired outcomes for children and families. Funding for the National Unit was originally awarded for one year. Subsequently, funding was obtained for a further two years from the DfE and Ministry of Justice.

FDAC LOCATIONS

At the time of writing, September 2018, there are currently 9 specialist FDAC Teams, working in 12 courts and serving families in 21 local authorities in: London, Gloucestershire, Milton Keynes and Buckinghamshire, East Sussex, Coventry, Kent and Medway, Southampton, Leeds, and Armagh. Formerly there were also FDACs in South West Peninsula (Devon, Plymouth and Torbay) and in West Yorkshire

(Calderdale, Bradford, Kirklees and Wakefield) but unfortunately, due to funding challenges, these FDACs closed down. For more information about each model, contact details and to arrange a visit see: <http://fdac.org.uk/existing-sites/>.

CURRENT STATUS OF THE NATIONAL UNIT AND SUPPORT FOR FDACS (SEPTEMBER 2018)

In September 2018 funding for the FDAC National Unit ceased, but the materials developed by the NU remain on the FDAC website and advice and information is also available. For an interim period between September 2018 – April 2019, the NU will be running at a minimum operational level while discussions continue about the NU in the longer term. It is hoped that from April 2019 the FDAC National Unit will be re-established and will be able to support new sites setting up an FDAC. To get in touch with the interim National Unit email: info.FDACnu@tavi-port.nhs.uk or contact Steve Bambrough on 07791 334968.

In the meantime, there are also various [FDAC advocates and consultants](#) who are all experienced in setting up an FDAC who are happy to be contacted for one off advice, longer-term support or training, subject to availability.

FDAC RESEARCH

The funding from the DfE Children's Social Care Innovation Programme 2015-16 also funded some additional research into FDAC:

BETTER OUTCOMES FOR CHILDREN AND PARENTS

The Centre for Child and Family Justice Research at [Lancaster University and RyanTunnardBrown](#) carried out a continuation study of outcomes of cases included in the [original](#) Family Drug and Alcohol Court study, mentioned above. The research report provides information on child and maternal outcomes at the end of the care proceedings using a larger number of FDAC cases than before. It also has a longer follow-up period, reporting on outcomes up to five years after the end of proceedings. The study found:

- A significantly higher proportion of FDAC than comparison mothers had ceased to misuse by the end of proceedings (46% v 30%);
- A significantly higher proportion of FDAC than comparison families were reunited or continued to live together at the end of proceedings (37% v 25%);
- A significantly higher proportion of FDAC than comparison reunification mothers (58% v 24%) were estimated to sustain cessation over the five-year follow up;

- A significantly higher proportion of FDAC than comparison mothers who had been reunited with their children at the end of proceedings were estimated to experience no disruption to family stability at 3 year follow up (51% v 22%).

Read the full report [here](#). Read the highlight report [here](#).

VALUE FOR MONEY

The [Centre for Justice Innovation](#) undertook a financial analysis of the London FDAC. Their research demonstrates that savings generated by FDAC exceed the cost of the service within two years of the start of the case and for each £1 spent, £2.30 is saved. [Read the executive summary and full report here](#).

BETTER JUSTICE

Expanding on their 2014 research, Lancaster University and Ryan Tunnard Brown undertook a review of FDAC problem-solving court practices. The researchers found clear evidence that adherence to the principles and practice of the FDAC problem-solving approach is at the heart of the FDAC courts nationwide, and that the judges were unanimous in their support for the FDAC approach, which they described as a more compassionate way of responding to the parental difficulties that put children at risk of harm. The study made a strong case for continuing to: roll out and sustain the FDAC model; ensure fidelity to the FDAC model through initial and ongoing training by the FDAC National Unit; and generate local and national discussion about which other types of care proceedings would benefit from the FDAC problem-solving approach.

Read the [full](#) or [summary](#) report [here](#)