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**FAMILY DRUG AND ALCOHOL COURT HANDBOOK: APPENDICES**

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## SECTION 1: INITIAL PARENTING ASSESSMENT

## INITIAL PARENTING ASSESSMENT REPORT AND INTERVENTION PLAN

### Cover page

|  |  |
| --- | --- |
| Confidentiality:   | This report has been prepared for the court and should be treated as confidential. It must not be shown nor its contents be revealed to any person other than a party or legal advisor to such a party.  |
| Court name:  |   |
| Case number:  |   |
| Date of report:  |   |
| Report prepared by:   |   |
| In the case of:   | Child(ren)’s name and DOB  |
| Subject matter:  | FDAC Initial Parenting Assessment  |
| Our contact details are:   | Address: Tel: Fax: email:  |

|  |
| --- |
| TABLE OF CONTENTS |
| INTRODUCTION  |
|  Family structure (Short paragraph)  |
| * Names, dates of birth and relationship of all family members including details of separation
 |
|  Issues giving rise to the assessment (A few paragraphs up to a page and half)  |
| * Evidence of parental problems likely to cause child abuse and/or neglect
* Evidence of emotional, physical or sexual abuse and/or neglect of children
* Evidence children’s health and/or development has been harmed by abuse and/or neglect
 |
|  Information considered (List)  |
| * Family members seen
* Papers read (normally not listed more whether or not we have a court bundle)
* Professionals contacted
 |
| Team  |
| * Team members who carried out the assessment
* Team members who contributed to the initial formulation
 |
|  Initial formulation (Half a dozen short paragraphs up to a page)  |
| * Initial estimate of child(ren)’s timescales and level of need
* What the parents need to change
* The 2-3 most important things to get done in the next 6-8 weeks
* Any new information that has emerged, or is required, as a result of the assessment
 |

|  |
| --- |
|  ASSESSMENT  |
| What needs to change for parents to solve their problems in a timescale compatible with their children’s needs? (This first question is around parent’s own problems, such as substance misuse, domestic violence and mental health. Set this out as a table followed by narrative to give chronology and context)  |
| Protective factors (to build on)  | Risk factors (to manage and reduce)  |
| * Secure housing
* Positive relationships with partner, family and other support
* Positive relationships with professionals
* History of educational achievement and employment
* Periods of abstinence and/or better functioning
* Evidence of self-discipline and organisational skills
* Capacity to take responsibility
* Capacity to be reflective
* Motivation to change
 | * Learning difficulties as a child
* Any childhood history of trauma, disruption and loss including child abuse and/or neglect, other types of assault, separation from parents, including periods in care, bereavement
* Family history of drug and/or alcohol abuse
* History of adult relationships with drug or alcohol users
* Alcohol dependence, and/or narcotic dependence and/or benzodiazepine dependence and/or regular crack use and/or regular amphetamine use
* Adult intimate relationships involving domestic abuse
* Any other history of violence
* Adult involvement in sexual exploitation and/or crime
* Psychiatric history
* Suicidal/homicidal behaviour or thoughts
* Physical health problems including chronic pain, central nervous system disorders, blood borne viruses and dental decay
* Housing and/or debt problems
 |

|  |
| --- |
| What needs to change for parents to be able to meet their children’s needs within a timescale compatible with those needs? (Set this out as table followed by narrative to give chronology and context. This second question relates more specifically to parenting - emotional warmth, attunement, boundaries, insight, and understanding of risk to children. There is likely to be some overlap between this and the earlier section, repetition in the table may be appropriate and it may be helpful to relook at the parent’s problems from the perspective of their impact on the child, but it is up to the social worker writing this section to make sure that the narrative for the second question builds on the facts set out in the first so repetition of facts is kept to a minimum.)  |
| Protective factors (to build on)  | Risk factors (to manage and reduce)  |
| * Capacity to be sensitive and responsive to their children’s needs
* Capacity to see their child(ren)’s perspective
* Taking responsibility and feeling regret
* Capacity for reflection
* Motivation for change
* Positive relationships with partner, family and other support
* Positive relationships with professionals
* Independent reports of responding sensitively to their children
 | * Intergenerational patterns of trauma and poor parenting
* Previous children removed from these parents because of concerns about abuse and/or neglect and/or harm
* Younger children especially new-born babies with tight timescales dictated by window for normal attachment
* Evidence of significant abuse and/or neglect

(especially sexual or physical abuse) * Concerns over the child(ren)’s health and/or development
* Denial of risks and/or harm to child(ren) in the face of compelling evidence
* Poor attendance at contact and/or concerns about the quality of interaction at contact
* Other evidence that the parent’s problems are preventing them from meeting their children’s needs
* Associating with other parents who are failing to meet their children’s needs
 |

|  |
| --- |
|  INTERVENTION PLAN  |
|  Introduction  |
| * Date and place of meeting
* Names and relationship to the case of those present
* Any apologies
* Any new information shared with the FDAC team since the time of the assessment
 |
|  Parent’s goals  |
| * Usually expressed as 2-3 things they want to be different in 6 months’ time
 |
|  Child(ren) (The initial plan normally suggests the assessments that may be needed rather than interventions/treatment )  |
| * Recommendations on placement plus or minus contact arrangements
* Any children’s needs meeting and/or child psychiatric assessment
* Any treatment for the child might require
* Any Family Group Conference or assessments of relatives
 |
|  Overcoming problems (Normally a combination of assessments, testing and a few treatments in initial plan, with other treatments being added at the Review Intervention Planning Meetings depending on progress)  |
| * Potential further assessments or advice from FDAC
	+ Adult psychiatrist o Domestic abuse specialist o Local housing link
	+ Exceptionally psychologist for psychometric testing
* If appropriate substance misuse testing; usually a combination of:
	+ Hair strand analysis 3 monthly o Body fluids screening 1-2 per week o Breathalyser 1-2 per week o Scram-X for 30 days
	+ Blood tests for harmful alcohol 6 weekly (MCV, Gamma GT and Carbohydrate Deficient Transferrin)
* Diary review and key work with FDAC once a week
 |

|  |
| --- |
| * Three-way-meeting with current treatment workers to plan treatment pathway which could include:
	+ Drug prescribing
	+ Psychosocial substance misuse treatment
	+ Intensive day programme or exceptionally residential treatment
	+ Domestic abuse programmes
	+ Long term psychotherapy or psychiatry
	+ Advice and treatment for physical health problems
	+ Contraceptive advice
	+ Help with housing
	+ Education and training programmes
* Potential additional FDAC interventions (either from FDAC team or other local services)
	+ Introduction to a parent mentor
	+ Anxiety Cognitive Behavioural Treatment (CBT) group
	+ Individual CBT, Cognitive Analytic Therapy, Eye Movement Desensitization and Reprocessing or Narrative Therapy
	+ Family therapy
	+ Social Behavioural Network Therapy
	+ Trial of antidepressant medication

  |
|  Meeting children’s needs (Normally some assessment and treatment)  |
| * Observation of contact
* Potential non-FDAC interventions including parenting skills programmes
* Potential FDAC interventions including:
	+ Video Interaction Guidance
	+ Reflecting on feelings group
	+ Family therapy
	+ Social Behavioural network therapy
 |
|  Other  |
| * Mention of the local authority’s duties with respect to the family’s travel expense and out of hours emergencies
 |
|  Review Timetable  |
| * Date for the first Review Intervention Planning Meeting which is normally 6 weeks after the first IPM, but no later than week 10 of the proceedings
* Date for filing the FDAC Review Parenting Assessment which is normally no later than week 19 of the proceedings
 |

### Back sheet

|  |
| --- |
| Statement of compliance  We understand our duty as an expert witness is to the court. We have complied with that duty. This report includes all matters relevant to the issues on which our expert evidence is given. We have given details in this report of any matters, which might affect the validity of this report. We have addressed this report to the court.   |
| Statement of truth  We confirm that insofar as the facts stated in our report are within our own knowledge we have made clear which they are and we believe them to be true, and that the opinions we have expressed represent my true and complete professional opinion.   |
| Signature    |

## FDAC INITIAL PARENTING ASSESSMENT – Substance Misuse and Health Questions Guide

### Overall question to be answered: What needs to change for parents to solve their problems in a timescale compatible with their children’s needs?

*NB: This is a guide to questions the clinician/practitioner should ask during their initial and follow up assessments. Not all the information collected will be required for the Court report but it is important to ensure that the information that will be required for monitoring outcomes via the data tools is collected. The order in which the information is obtained will depend on the particular parent and the circumstances of each assessment.*

|  |
| --- |
| **Substance Misuse and Health Questions** |
| FDAC worker:Date of Assessment:  |
| **Personal Details** |
| Name:D.o.B: Age:Gender: Female  Male  Other Decline to state Home address:Postcode:Phone number(s):Is it ok to call you or leave a message on these numbers? Yes  No Is your child living with you? If not, where are they living? |
| **Accommodation Needs**Home Owner  Social tenancy  Private rented Supported housing  Staying with friends/family Temporary accommodation  Rent deposit scheme  Hostel NFA   |
| **Ethnicity** White: White British White Irish White Other (please specify): Mixed: Mixed White & Black Caribbean  Mixed White & Black African Mixed White & Asian Any other Mixed background (please specify): Asian or Asian British: Indian Pakistani Bangladeshi Any other Asian background (please specify): Black or Black British: Caribbean Somali Any other Black African (please specify): Any other Black background (please specify): Chinese or other ethnic group: Chinese Any other group (please specify): Not known Does the Client require an Interpreter? Yes  No If yes, what language? |
| **Immigration status**Legal status? n/a Indefinite leave to remain in the UK Discretionary leave to remain in the UK Please specify for how long: Recourse to public funds: Is the Client a Refugee or Asylum Seeker? Yes  No If yes, Country of Origin?  |
| **Education/Employment Status**Full time parent/carer Employed full time Employed part time Self-employed Maternity leave In education/training Unemployed Other  |
| **Next of kin** Name:Address: Postcode: Phone number(s):Is it okay to contact your next of kin in case of emergency? Is your next of kin aware of your substance use/misuse?  |
| **GP / Health Centre Details**  Is client registered with a GP or Health Centre? GP Name: Address: Postcode: Telephone Number: Fax:  Can we contact your GP? Yes  No  Is your GP aware of your substance use/misuse? Yes  No (Ensure consent to liaise form is signed) |

|  |
| --- |
| **Current substance misuse** |
| 1 Inject 2 Sniffed 3 Smoked 4 Oral 5 Other (please indicate all routes including combinations) |
| **Substance** | **Age first used** | **Days used in past 28 days** | **Frequency** | **Daily amount/units / costs** | **Route: if injecting state where and how e.g. IM, IV, SC** | **What changes does client want to make?** |
| Alcohol (please refer to unit calculator) |  |  |  |  |  |  |
| Heroin |  |  |  |  |  |  |
| Prescribed methadone (specify liquid/Amps/Tabs) |  |  |  |  |  |  |
| Illicit methadone(specify liquid/Amps/Tabs) |  |  |  |  |  |  |
| OTHER OPIOD |  |  |  |  |  |  |
| BEZO |  |  |  |  |  |  |
| COCAINE POWDER |  |  |  |  |  |  |
| CRACK COCAINE |  |  |  |  |  |  |
| AMPHETAMINES |  |  |  |  |  |  |
| CANNABIS |  |  |  |  |  |  |
| TOBACCO |  |  |  |  |  |  |
| ANTI-DEPRESSANT  |  |  |  |  |  |  |
| OTHER |  |  |  |  |  |  |
| LEGAL HIGHS |  |  |  |  |  |  |

|  |
| --- |
| **Recent drug history**Substance misuse patterns, overdoses, injecting etc.How are you supporting your drug/alcohol use? |
| **Initiation of drug/alcohol use** |
| **Subsequent contact with treatment services and treatments**What helped?Any periods of abstinence/control?Examples of protective factors/strategies? |
| **Social Network Users/non-users?** (Map positive and negative influences. Some assessors prefer to write, some prefer diagrams) |
| **Genogram** Identify any prominent drug or alcohol use in the family (Text or diagram. NB, this may overlap with the social work assessment, so decide who is going to explore this with client to avoid duplication). |
| **Health** |
| **Mental Health**(Use screening tools (GAD 7 - PHQ 9 – TSQ 10 combined tool) alongside questions, or arrange to complete these in first key work session)  Mental Health History (including admissions, overdose history, deliberate self-harm):  Comment on Mental Health, current mood (low, congruent, high, suspicious, good/normal, euthymic):  Current Status (medications, CMHT Care Coordinator, CPA):  Sleep: Appetite: Libido:  Anxiety/Panic Attacks:  Psychotic Symptoms: (Do you hear voices? Visuals, tactile or unusual experiences? Do voices or thoughts distress you?) Delusions/Over-Valued Ideas: (Do you feel people are conspiring against you? Do you experience personal messages from the TV/radio?)  Risk (Thoughts about suicide/ending your life? Plans, intent, attempts?)Any current triggers? (ask to see any evidence)  |
| **Physical Health Screen**  Ongoing physical health issues (i.e. Diabetes, Asthma or other)?  Obviously/ visually over or under weight?  Ever had a fit or seizure?  Smoking (brief intervention)? TB: Do you cough a lot? When was your last chest x-ray?  Dental problems?  Chronic pain? History of Medication or ongoing treatment?Problems associated with Drugs and or Alcohol? (I.e. peripheral neuropathy, liver disease, pancreatitis, BBV, DTs, withdrawal signs or symptoms, breathing difficulties etc.?)  Status: (blood borne viruses, screening & immunisations?) Date last screened?  Hep B X C vaccinations – When and where?  HIV screening – when and where? Neurological problems: (Epilepsy, brain damage, learning disabled)? Any current wounds/abrasions? DVTs/ulcers/abscess   Set of obs BP/ temp/ pulse/ resp:Eating Disorders? (Anorexia/Bulimia)  Weight: Height: |
| **Disability**Is the client disabled? (If yes, is disability physical, sensory, or learning disability?) |
| **Sexual Health**(Status, screening, safe sex/risk factors?) Date last screened?  Are you using any contraception? If yes, what sort? Date of last period (if more than 4 weeks ago arrange pregnancy test)?  Discuss LARC  Do you have any concerns about STIs – e.g., rash or pain?  |
| **Analysis/Possible Recommendations**  |
| **Hopes/Goals** |
| **Impressions / Brief Interventions?**  |
| **Analysis/Possible Recommendations** Relapse prevention, abstinence, monitoring, rehabilitation, lifestyle change, addressing underlying reason/s for use.  |
| **Rating Scales** **Confidence in Change** Desire  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Ability  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 **Self-Awareness/Insight** Problematic Drug/Alcohol use – level of client insight  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Assessor Rating  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 |

*NB: Before the social work assessment, assessors will debrief to communicate initial impressions and whether there are areas that the second assessment could benefit from focusing on*.

## FDAC INITIAL PARENTING ASSESSMENT - PARENTING QUESTIONS GUIDE

|  |
| --- |
| Name of parent: Date of assessment: FDAC team members:  |
| Overall question to be answered: What needs to change for parents to be able to meet their children’s needs within a timescale compatible with those needs? *NB: This is a guide for questions the Social Worker may ask during their initial and follow up assessments. Not all the information collected will be required for the Court report. Ensure that the information that is needed for measuring outcomes through the data collection tools is collected.* *At the start or end of the assessment, or during the assessment help the parent to complete the SDQ* */ ASQ and, if screening indicates it is necessary, the IMPACT tool in relation to domestic abuse. If that is not possible, the SDQ/ASQ or IMPACT tool should be completed at the first or second key work session.*  |
| 1. Family genogram covering family history and parents own experience of being parented**:**
	* 1. Describe relationship with parents and their care of you?
		2. Trauma/abuse/domestic violence?
		3. Any experience of parental substance misuse?
		4. Any experience of parental mental health problems?
		5. Any experience of being in care themselves?
		6. What impact has this had on you, through adolescence and adulthood?
 |
| 1. Personal and social history, if not covered previously:
	* 1. Education/ Employment?
		2. Previous and current relationships, including with other parent?
		3. Social support networks, including family, friends, religious community?
		4. Engagement with professional networks so far including GP, health visitor, school?
 |
| 1. Knowledge of the children’s strength, difficulties and routines:
	* 1. Physical health and growth?
		2. Recent baby – birth weight
		3. Immunisations and other routine check ups
		4. Dental problems with children? Regular dental check-ups?
		5. Eating, sleeping and interests?
		6. Emotional functioning?
		7. Friendships and social functioning?
		8. Cognitive functioning and learning?
		9. Reaction to separations or stress?
		10. Their relationship with children?
 |
| Children’s involvement with professional support e.g. CAMHS?  |
| 1. If applicable,parents understanding of the impact of substance misuse during pregnancy**?**
 |
| 1. Awareness of impact of substance misuse on the children’s development:
	* 1. Exposure to substance misuse directly? (including in utero)
		2. Neglect or abuse resulting from substance misuse?
		3. Impact of disordered mood related to substance misuse?
		4. Impact of criminal or violent behaviour related to substance misuse?
		5. Impact for the children of intermittent treatment and relapses?
		6. Current risks to children?
 |
| 1. Awareness of impact of domestic violence on the children’s development (Domestic Abuse Screening Questions)**:**

*Start by reassuring, saying that we ask all clients, appreciate it may be distressing or frightening to talk about it*. *These should be asked about current partners, and also ex partners – whether or not they are the father(s)/mother(s) of the children subject to proceedings/pre proceedings. If parent not currently in a relationship the same questions should be asked about their previous relationship (s)* Questions re: parent* 1. Are you in a relationship? Co-habiting? How would you describe this relationship?
	2. Is this person the father of your children?
	3. Do you ever argue? Do you have a lot of arguments? What happens during arguments? What happens when your partner loses their temper and/or you lose your temper?
	4. You mentioned your partner’s / your problem with anger/stress/drinking. When this happens, does this lead to arguments?
	5. Every couple fights at times – what are your fights like at home? Do the fights ever become physical?
	6. When was the last argument / fight and what happened? viii. Have you ever been slapped, pushed or shoved by your partner? ix. Have you or your partner ever hit, kicked, hurt or threatened the other?
	7. Has your partner ever physically attacked you when you were pregnant?
	8. What was the worst fight/argument that you can remember?
	9. Are you afraid of your partner? Do you feel you are in danger? Do you think your partner is afraid of you?
	10. Do you feel controlled or isolated by your partner? How are decisions made? xiv. Is one or both of you in control of finances? xv. Do you have to account for where you are, what you’re doing, who you are with?
	11. Has your partner ever threatened to harm him/herself, you, a family member or the children as a way of controlling you? xvii. Has your partner ever stalked you / have you ever stalked your partner?
	12. Have you ever been made to do anything sexual when you don’t want to?

Questions re the children**:**  1. Were the children exposed to the violence?

 * + - Did they see the violence directly?

 * + - Did they hear violence?

 * + - Were they aware of the aftermath (e.g. see injuries, ambulance, police OR pick up on emotional tension and hostility)?

 1. Did the children intervene in the violence?

 * + - Did they physically try to stop the violence?

 * + - Did they verbally intervene?

 * + - Were the children accidentally caught up in the violence (hit by throwing object/getting in the way etc)?

 1. Were the children physically harmed in the violence?
	* + Harmed whilst intervening?
		+ Harmed by object being thrown?

 * + - Directly assaulted?

 1. Are the children disclosing violence?

 1. Did the children disclose violence then become silent following professional intervention?

 1. Are the children reporting being frightened?

 * + - For themselves?

 * + - For their siblings?

 * + - For their non-abusive parent?

 1. What are the children’s perceptions of the level of seriousness of the violence?

  1. Questions around impact of violence on the child?

e.g. nightmares, bed-wetting, aggressive behaviour, truanting, poor school attendance…. etc  |
| 1. Views on care proceedings
	1. Is there an understanding of why they are in proceedings/ LA concerns?
	2. If applicable, what do they think about the removal of the children?
	3. If applicable, what do they think about the placement?
	4. If applicable, what do they think about the contact arrangements?
 |
| 1. Insight into their problems and any motivation for change in parenting?
 |
| 1. What goals do you have in light of the concerns for yourself and your children?
 |

## SECTION 2: FORMS FOR PARENTS

## FDAC CONSENT TO LIAISE

To be taken to court at first hearing to obtain consent from parent/s to liaise and share information with other agencies

Name of Client:

Contact Number:

I give my consent for you to talk to all those agencies involved with my family which you consider can provide useful information for an assessment and treatment plan. (Please see list below).

|  |  |  |  |
| --- | --- | --- | --- |
| Agency  | Name  | Telephone  | Email  |
| GP  |   |   |   |
| Treatment Workers/ Keyworkers  |   |   |   |
| Treatment Workers/ Keyworkers  |   |   |   |
| Housing  |   |   |   |
| Family Support Worker  |   |   |   |
| Other  |   |   |   |
| Other  |   |   |   |

I understand that in the event that you have clear evidence of significant harm to myself or someone else, you may talk to other agencies without my consent.

Signed (Client)…………………………………………… Date: / /

Signed (FDAC Worker)…………………………………. Date: / /

## FDAC PARENTS AGREEMENT

### Parental sign-up form: parent’s agreement to commit to FDAC Intervention Plan (signed 2nd hearing)

CHILD/REN’S NAME(s):

CASE NUMBER:

DATE:

NAME OF PARENT:

I agree to participate fully in the Family Drug and Alcohol Court (FDAC), and participate fully in the Intervention Plan that has been prepared by the FDAC team. I agree to be open and honest with the Court and the Professionals working with me and my child(ren).

I understand that the FDAC team is recognised by the Court as an independent expert team, authorised and appointed to carry out an assessment of me and my family, and I accept that the FDAC team is independent.

I will attend all appointments fixed for me by the FDAC team and FDAC court hearings on time.

I understand that the FDAC team will liaise and share information with all Professionals involved with my family, and that all the Professionals involved will receive a copy of the Intervention Plan.

I will report to the FDAC as directed by the Judge or as otherwise required in my Intervention Plan, and I will engage in discussions in open court with the Judge as to my progress with the Intervention Plan.

I understand that if any issues arise at my Review Hearings which the Court considers requires me having legal advice my case will be adjourned to another date so that I can take advice from my Lawyer.

In the event that the Court decides that I should not continue in the FDAC scheme, or in the event that I end my participation in the FDAC process, I accept that I will be excluded from the FDAC scheme.

**Signatures**

 Parent: …………………………………

 Parent’s Solicitors ………………………………….

Approved

 Judge: …………………………………

 FDAC team: …………………………………

Please tick if you agree for the Initial FDAC parenting assessment report to be disclosed to any treatment agencies FDAC identifies to support your recovery.

Signed………………………………. (Parent)

## FDAC CONTACT DETAILS SHEET FOR PARENTS

Contact Details Sheet - Information collected at 1st hearing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Name  | Agency  | Address  | Telephone  | Email Address  |
|    | Mother  |     |   |   |
|    | Mother’s Solicitor  |     |   |   |
|    | Father  |     |   |   |
|    | Father’s Solicitor  |     |   |   |
|    | LA Social Worker  |     |   |   |
|    | LA Team Manager  |     |   |   |
|    | LA Solicitor  |     |   |   |
|    | Guardian  |     |   |   |
|    | Guardian’s Solicitor  |     |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name  | Agency  | Address  | Telephone  | Email Address  |
|    | Foster Carer  |     |   |   |
|    | Other Family  |     |   |   |
|    | Other- please specify  |     |   |   |
|    | Other- please specify  |     |   |   |
|    | Other- please specify  |     |   |   |
|    | Other- please specify  |     |   |   |
|    |   |     |   |   |
|    |   |     |   |   |
|    |   |     |   |   |

## PARENT CONSENT TO FOLLOW UP RESEARCH

Dear Parent,

FDAC always wants to do better. Over the course of working with you we will be asking for your feedback about our service. We want to make sure we are providing parents and children with a good service.

We very much hope that you will have achieved your goals by the time we finish our work together and we hope you go on doing well for many years to come.

While we are working with you, we ask you for information so that we can ensure you get the treatment, services and support you need. We will also want to know how things work out for you and your children by the end of our contact with you. We keep your information because it might be needed if we see you again.

The information we keep also helps us to look at how our service is doing. For example, we can look at how many cases we have dealt with, whether or not parents have been helped to overcome their problems and what happened at the end of the care proceedings. This will help us to develop and improve services for families.

We would be very grateful if you would give permission for us to share information about your case with the Centre for Justice Innovation and other third party researchers. This will help them build up a picture of the outcomes for parents and children from all the different FDACs across England.

The Centre for Justice Innovation works to extend the FDAC service across England and Wales. As well as supporting the development of new FDACs, it carries out research and evaluation in order to strengthen and improve the delivery of FDAC.

Your full name and address are NOT passed onto the Centre for Justice Innovation and other third party researchers although some details are sent to minimise the risk of you being counted twice: for example, your initials, date of birth, gender, ethnicity and local authority of residence. In any reports produced by the FDAC National Unit there will only be total numbers of people and there is nothing in the information that could be used to identify you.

Detailed information from your case, such as reports, will not be sent to the Centre for Justice Innovation and other third party researchers. If you wish to know more about the Centre for Justice Innovation and other third party researchers, including what type of information will be shared, please ask your key worker.

To help the Centre for Justice Innovation and other third party researchers carry out its work of evaluation of outcomes they will from time to time, and only with consent, follow up information about parents held by the National Drug Treatment Monitoring System (NDTMS) managed by Public Health England.

We are asking for your consent now but you are free to opt out if at some future date you change your mind.

Whatever you decide now will not affect the help you will receive from FDAC or any other service. It will not affect any decision made about you and your family.

 *[Please tick the appropriate boxes]*

|  |  |
| --- | --- |
|  |  **Yes No**  |
| I have read and understood what is being asked. |  |
| I have been given the opportunity to ask questions. |  |
| I give consent for my information and that of my child/ren to be shared with the Centre for Justice Innovation and other third party researchers |  |
| I give consent for the Centre for Justice Innovation and other third party researchers to follow up my progress from time to time by accessing data held by NDTMS /Public Health England  |  |
| I understand that I can withdraw my permission at any time |  |

 Name of parent Date Signature

FDAC Staff Date Signature

## SECTION 3: CHILDREN’S NEEDS

## CHILDREN’S NEEDS MEETING MINUTES

|  |
| --- |
|  MINUTES  |
|  Date and place where meeting was held  |
|  List of names of people who attended  |
|  Overview of how each child is managing (2-3 pages per child at most)  |
|  A few conclusions about each child’s health and development and the need for any further child psychiatric assessment  |

## CHILD PSYCHIATRIC/PSYCHOLOGY REPORT

|  |
| --- |
|  CHILD PSYCHIATRIC/PSYCHOLOGY REPORT  |
|  Grounds for believing an assessment was necessary (few sentences)  |
|  Information considered in drawing up report (list who seen when and where what read)  |
|  Summary of significant assessment finds (4-5 pages per child at most)  |
|  Conclusions and recommendations including:  |
| * Psychiatric diagnosis if relevant
* Likely causation
* Treatment and or support required
 |

## SECTION 4: REVIEW INTERVENTION PLANNING

## REVIEW INTERVENTION PLANNING MEETING (RIPM) MINUTES

|  |
| --- |
|  REVIEW INTERVENTION PLANNING MEETING MINUTES  |
|  Introduction  |
| * Date of the RIPM
* Week of proceedings reached and Age of Child/Children
* Names and roles of those present
* Apologies
 |
|  Review of progress  |
| * Up-dates on the child’s health and development, placement, contact, treatment and so on
* Up-dates on the parent’s test results, attendance, treatment programme, housing and so on
 |
| Timescales  |
| * Review of the timescales for the children’s development, the parent’s recovery and the court
 |
|  Development of the ‘trial for change’  |
| * Next steps for the intervention plan
 |
| Review  |
| * Date of next RIPM
* Date of IRH or other hearing with lawyers
 |

## REVIEW PARENTING ASSESSMENT REPORT

|  |
| --- |
|  INTRODUCTION  |
|  Family structure (Couple of sentences)  |
| * Names, dates of birth, and relationship of all family members
* Ages of the children
 |
|  FDAC involvement  |
| * Length (in weeks) and dates of any involvement prior to proceedings
* Date came into proceedings
* Week of proceedings
 |
|  Initial formulation  |
|  As appeared in Initial Parenting Assessment  |
|  Conclusions of the Children’s Needs Meeting +/- Child Psychiatric/Psychology Assessment (A couple of short paragraphs)  |
| * Any psychiatric diagnosis made
* Whether or not child has additional needs,
* Whether or not evidence children’s health and/or development has been harmed by abuse and/or neglect
* Any support or treatment recommended
 |
|  Up-date on the Children’s Timescales (A paragraph at most)  |
| * What did we say in the Initial Parenting Assessment?
* If different now – why
 |

|  |
| --- |
|  CONCLUSIONS OF RE-ASSESSMENT  |
| Are the parents on track to overcome their problems inside their children’s timescales? (The table followed by narrative)  |
| Protective factors  | Risk factors  |
| * Secure housing
* Positive relationships with partner, family and other support
* Positive relationships with professionals
* History of educational achievement and employment
* Periods of abstinence and/or better functioning
* Evidence of self-discipline and organisational skills
* Capacity to take responsibility
* Capacity to be reflective
* Motivation to change
 | * Learning difficulties as a child
* Any childhood history of trauma, disruption and loss including child abuse and/or neglect, other types of assault, separation from parents, including periods in care, bereavement
* A family history of drug and/or alcohol abuse
* Adult history of relationships with drug or alcohol users
* Alcohol dependence, and/or narcotic dependence and/or benzodiazepine dependence and/or regular crack use and/or regular amphetamine use
* Adult intimate relationships involving domestic abuse
* Any other history of violence
* Adult involvement in sexual exploitation and/or crime
* Psychiatric history
* Suicidal/homicidal behaviour or thoughts
* Physical health problems including chronic pain, central nervous system disorders, blood borne viruses and dental decay
* Housing and/or debt problems
 |
| The narrative: * Should come to conclusions about where the parents are in the cycle of change and how their timescales for change fit with the timescales for the children’s development and the court.
* Where families have made substantial progress we would expect the protective factors to have increased and the risk factors to have reduced or even changed to be protective factors.
 |
| Are the parents on track to create a safe enough environment and meet their children’s needs inside their children’s timescales? (The table followed by narrative)  |
| Protective factors  | Risk factors  |
| * Capacity to be sensitive and responsive to their children’s needs
* Capacity to see their child(ren)’s perspective
* Taking responsibility and feeling regret
* Capacity for reflection
* Motivation for change
* Positive relationships with partner, family and other support
* Positive relationships with professionals
 | * Intergenerational patterns of trauma and poor parenting
* Previous children removed from these parents because of concerns about abuse and/or neglect and/or harm
* Younger children especially new-born babies with tight timescales dictated by window for normal attachment
* Evidence of significant abuse and/or neglect (especially sexual or physical abuse)
 |
|  Independent reports of responding sensitively to their children  | * Concerns over the child(ren)’s health and/or development
* Denial of risks and/or harm to child(ren) in the face of compelling evidence
* Poor attendance at contact and/or concerns about the quality of interaction at contact
* Other evidence that the parent’s problems are preventing them from meeting their children’s needs
* Associating with other parents who are failing to meet their children’s needs
 |
| The narrative: * Should come to conclusions about where the parents are in the cycle of change and how their timescales for change fit with the timescales for the children’s development and the court.
* Where families have made substantial progress we would expect the protective factors to have increased and the risk factors to have reduced or even changed to be protective factors.
 |

|  |
| --- |
|  RECOMMENDATIONS  |
|  Whether or not the children should remain/be returned to their parent’s care  |
| * Now
* In the foreseeable future
 |
|  Whether or not further evidence is required before the case can be concluded  |
| * For instance, is there enough evidence to say the parents will or won’t be able to solve their problems and meet their children’s needs in a timescale compatible with those needs?
* If not what further evidence will be required? For example; o To see how the mother and baby settle in their new independent accommodation o To see what happens when the father is reunited with the mother and baby o To see what happens when treatment services are reduced slightly o To see whether the situation stabilises after a mild lapse o And so on
 |
|  Whether or not the FDAC team will be recommending proceedings extend beyond 26 weeks  |
|  Where there are grounds to suggest further evidence is needed, does this mean proceedings continuing beyond 26 weeks (normally extensions are for 8 weeks at a time)?  |
|  Further monitoring, support, treatment or training needed  |
| * This is independent of whether or not the children are to remain/be returned to their parents or further evidence is required before the case can be concluded
* This could be an aftercare plan or a plan as part of continuing proceedings
* Some parents will want to continue to work with FDAC towards their goals even when FDAC has ruled them out as viable carers for their children
 |

## ADDITIONAL QUESTIONS FOR REVIEW PARENTING ASSESSMENT:

*NB: This review will usually take place in week 16/17 in preparation for the final report in week 18.*

*The following questions can be used for a more detailed parenting assessment:*

|  |
| --- |
| 1. In addition to the influence of their own parents, where else have they learnt about parenting**:**
	* Taking care of younger family members?
	* Friends with children?
	* Structured programmes?
	* Books, TV, media? Etc…
 |
| 1. Understanding of the role of a parent:
	* Emotional support and love?
	* Teaching, modelling and learning?
	* Setting boundaries and discipline?
	* Safety and environment?
	* Practical care e.g. food and shelter?
	* Ability to prioritise children’s needs?
 |
| 1. Describe three strengths and three difficulties in parenting?
 |
| 1. Understanding of the timescales for the children?(NB Attachment critical period between 6-18 months of age)

  |
| 1. How would you describe your journey through the FDAC process, and what have you learnt?
 |
| 1. How do you nowview the concerns from the outset of proceedings?

 * + What were they?
	+ Did you accept the concerns?
	+ How do you view the concerns in relation to the impact on your child?
	+ Are there remaining concerns, either your own or that of the professional network?
 |
| 1. Would you do anything differently?

 * + Access to treatment/drug and alcohol use?
	+ Engaging with Local Authority concern?
	+ Access to antenatal care?
	+ Early stages of child/ren's life?
 |
| 1. How have you addressed the concerns from the outset of proceedings**?**
 |
| 1. What concerns and risks do you face going into this next phase**?**
	* Child/ren’s special needs?
	* Risk of lapse?
	* Parenting?
	* Relationships?
	* Paternal family?
	* Isolation?
 |
| 1. Describe your child/ren in three words and give examples**?**
 |
| 1. Describe your relationship with your child/ren in three words and examples**?**
 |
| 1. What goals do you have for this next phase?Name your strengths and difficulties in achieving these?
 |
| 1. If you were asked to design a Child Protection Plan, what would this look like?
 |

## SECTION 5: COURT REVIEWS

## NON-LAWYER HEARINGS REVIEW REPORTS

|  |
| --- |
|  REVIEW REPORT  |
|  Introduction  |
| * Names and ages of the children and parents
* Date of the hearing
* Week of proceedings reached
* Thumbnail stretch of the case in a few sentences
 |
|  What’s going well about the ‘trial for change’  |
| * Includes something about the children and each parent under separate subheadings
* Usually expressed in terms of general impressions of progress, appointments kept, negative tests recorded, new steps achieved and so on
 |
|  What’s not going well about the ‘trial for change’  |
| * Similar to above
 |
|  Problems to be working on in the next 2 weeks  |
| * Practical issues that potentially hold the key to further progress including housing, arranging child care so that appointments can be attended and so on.
 |

## COURT HEARING MINUTES FORM

*To be completed at all hearings by FDAC key worker from 2nd hearing onwards; by relevant FDAC team member at first hearing*

|  |
| --- |
| DATE OF FDAC HEARING:   |
| FAMILY NAME:   |
| HEARING 1st 2nd CMH IRH Lawyer Non L        TYPE:  |
| PARENT SIGN UP:  MOTHER YES / NO  |   FATHER YES / NO  |
| JUDGE:   |
| CONTESTED:   | IF SO WHY:  | LENGTH (No. DAYS):  |
| EXTENSION REQUESTED:   | WAS IT GRANTED:  | NO. OF WEEKS ALLOWED:  |
| PARENT MENTOR PRESENT: YES / NO   |
| DATE FOR FDAC TO FILE A REPORT:  | TYPE OF REPORT:   |
| LIST ANY ADDITIONAL EXPERT REPORTS ORDERED/AGREED HERE:    |

ISSUES RAISED

ACTION POINTS

 Signed (FDAC Team): Date:

## SECTION 6: FEEDBACK

## PARENT FEEDBACK FORM

### TELL US WHAT YOU THINK ABOUT FDAC (Parents)

Your views about FDAC are really important to us and we welcome suggestions of what we can do better. Please think about your experience of FDAC. For each statement, please cross the box (e.g. ☒) that best describes what you feel about the services for you and your child/ren.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neither Disagree or Agree** | **Disagree** | **Strongly disagree** |
| About the FDAC Team |  |  |  |  |  |
| I was treated with respect by FDAC staff | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt listened to and that my views mattered  | ☐ | ☐ | ☐ | ☐ | ☐ |
| My key worker helped me resolve problems and difficulties I was facing  | ☐ | ☐ | ☐ | ☐ | ☐ |
| I found the parent mentor helpful (Skip this one if it doesn’t apply to you)  | ☐ | ☐ | ☐ | ☐ | ☐ |
| FDAC has put me in touch with other services that I needed  | ☐ | ☐ | ☐ | ☐ | ☐ |
| Being involved with FDAC helped me get along better with the local authority social worker  | ☐ | ☐ | ☐ | ☐ | ☐ |
| About the FDAC court process  |  |  |  |  |  |
| I was treated with respect by the FDAC judge  | ☐ | ☐ | ☐ | ☐ | ☐ |
| I was able to speak freely in court without my lawyer being present  | ☐ | ☐ | ☐ | ☐ | ☐ |
| General things  |  |  |  |  |  |
| The FDAC process is open and honest  | ☐ | ☐ | ☐ | ☐ | ☐ |
| The FDAC process is fair  | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel able to cope better with my problems  | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel more in control of my life  | ☐ | ☐ | ☐ | ☐ | ☐ |
| FDAC helped me be a better parent  | ☐ | ☐ | ☐ | ☐ | ☐ |

Please write comments in boxes below.

|  |
| --- |
| Has your case ended? If yes, what was the judge’s decision?  |
| What was most helpful about being in FDAC?  |
| Were you in care proceedings before this case? If yes, how different was your experience of FDAC?  |
| Is there something we could do better to help parents and children?  |
| Is there anything else you want to tell us about the service from FDAC?  |

Thank you for filling in this form.

## PROFESSIONAL FEEDBACK FORM

### TELL US WHAT YOU THINK ABOUT FDAC (Professionals)

Your views about FDAC are really important to us and we welcome suggestions of what we can do better. Please think about your experience of FDAC. For each statement, please cross the box (e.g. ☒) that best describes what you feel about the services for you and your child/ren.

|  |  |  |
| --- | --- | --- |
| Profession:  |  Working with FDAC since:  |  Date:  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neither Disagree or Agree** | **Disagree** | **Strongly disagree** |
| The FDAC process is fair compared to standard care proceedings | ☐ | ☐ | ☐ | ☐ | ☐ |
| Please provide reasons for your answer |
| The process in FDAC is clearer and more transparent than in standard care proceedings | ☐ | ☐ | ☐ | ☐ | ☐ |
| Please provide reasons for your answer |
| In FDAC cases parents have a better understanding of what is expected of them compared to standard care proceedings | ☐ | ☐ | ☐ | ☐ | ☐ |
| Please provide reasons for your answer |
| There is better communication between parties in FDAC cases than in standard care proceedings | ☐ | ☐ | ☐ | ☐ | ☐ |
| Please provide reasons for your answer |
| FDAC gives parents more opportunity to take responsibility for their lives compared to standard care proceedings | ☐ | ☐ | ☐ | ☐ | ☐ |
| Please provide reasons for your answer |
| The coordination by the FDAC team of services for parents means parents have more access to services compared with parents in standard care proceedings | ☐ | ☐ | ☐ | ☐ | ☐ |
| Please provide reasons for your answer |
| Reports in FDAC are more helpful and clear compared to reports in standard care proceedings | ☐ | ☐ | ☐ | ☐ | ☐ |
| Please provide reasons for your answer |

Please write comments in boxes below.

|  |
| --- |
| For this case, was there anything in particular that you valued about FDAC? |

Thank you for filling in this form.