**FDAC POST-PROCEEDINGS INTERVENTION – PILOT 2016/17**

**MID WAY REPORT FOR THE DAVID ISSACS FOUNDATION**

**WHAT THE GRANT WAS AWARDED FOR**

During 2016/17 the London FDAC was awarded £30,000 to work with 12 families including parents and, as appropriate, older children and extended family members to provide post-proceedings therapeutic support.

The need for this intervention has been identified by FDAC parents in a series of focus groups, by the Cross Borough Operational Group (CBOG) compromised of London Children’s Services Local Authorities Leads in 2013, and also by the Brunel and Lancaster University research into FDAC ( 2014 and 2016)[[1]](#footnote-1) which recommended greater support for parents after reunification.

This aftercare package of therapeutic psychological support is intended to help parents avoid falling back into cycles of substance misuse, domestic abuse and poor mental health, which arise from their complex histories and experiences of trauma and loss. Falling back into former behaviour patterns may well result in them returning to court (if their children were returned to them) or undermining their treatment/abstinence progress achieved throughout FDAC proceedings.

The pilot aims to support:

1) parents about to resume care of their children

2) parents who have made considerable progress during FDAC intervention but who have not had their children returned to their care as their recovery timescales fall outside their child(ren’s) timeframes, and

3) children and families where a Special Guardianship order (SGO) has been made.

**THE POST-PROCEEDINGS MODEL**

Parents who might benefit from post- proceedings support are identified during the last three to four weeks of the proceedings. Discussions take place with the parents the social workers and members of the extended family as to the nature such support might take given the needs presenting at the time. At the final hearing, the post-proceedings support is discussed with all parties and a plan put in place to commence the work.

Parents’ post proceedings packages are individually tailored and can include supporting the parents to progress with treatment, to assist them in accessing psychological therapies, helping them build relationships with their children, supporting relationships within the wider family, helping parents engage with a local support system, and supporting the parents to make plans for the future, including accessing education and employment.

Key to deciding on what area to focus is thinking about the risks to the sustainability of reunification and/or recovery. The team look at the progress made, and the key foundations which underpin maintaining this progress. Anything that threatens the stability of these foundations, and that is not already being addressed within the local authority support plan or by other agencies, is considered. These risks include:

-tense relationship between separated parents

-unaddressed traumatic stress symptoms

-a parent who still requires treatment and who is having contact with their child

-where one parent has made progress but the other has not

Initially the plan was to offer 1 session per month for 6 months, and also to offer access to any groups being run. As will be seen below, this plan needed to be amended to ensure we could meet the changing needs of the families.

**PROGRESS SO FAR**

Of the total 12 cases, so far the FDAC team has offered aftercare to eight families. There are currently two further cases identified for post-proceedings support that are still in proceedings.

As intended FDAC used the monies to fund a part time family therapist to oversee the pilot project and to work directly with FDAC parents’ and their systems post-proceedings.

However, in the first pilot review (date, Quarter 1), the FDAC team identified that parents were not engaging with the post-proceedings offer as anticipated.The possible reasons for this are looked in the conclusions section below. In order to improve engagement, the FDAC team decided to amend the model so that the FDAC keyworker who has worked with the parents throughout the proceedings continues to support the family in the post proceedings phase under supervision from the Family Therapist, rather than the Therapist working directly with the parent/system. The funding for the project was therefore re-directed to accommodate this extra post-proceedings work within the workload of the team members.

In October 2016 (Q3), the social worker & family therapist leading on this project moved to another job, so the task of supervising the keyworkers has been taken over by the FDAC Team Manager (clinical psychologist).

In the current model, supervised by the FDAC Team Manager, the FDAC keyworker:

* designs the support package based upon an assessment of the current needs of the family
* maintains a relationship with the families after the conclusion of proceedings
* gets updates from the Local Authority about the case
* undertakes direct work with the families
* liaises with local treatment agencies to support ongoing work
* evaluates progress and makes changes to intervention on that basis
* is responsible for ensuring implementation of each package and the recording of case information for audit purposes
* collects qualitative feedback from family members and professionals about their experience of the support provided, after the intervention and/or during it, depending on the length of intervention provided

**THE NATURE OF THE CASES AND PRESENTING ISSUES (OVERVIEW)**

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|  | **Case** | **Date concluded** | **Situation at closure** | **Threats to sustainability** | **Support offered** |
| **1** | Two parents, newborn baby. Substance misuse, mental health, DV. | 04/04/2016 | Baby remained with mother who was abstinent.  Father still using, homeless & chaotic. | Mother's relationship with father.  Mother's limited support network. | 1:1 mother, LA liaison, Couple work. |
| **2** | Separated parents, two primary aged children.  Alcohol use, mental health, DV | 09/05/2016 | Children returned to mother.  Mother pregnant. | Mother's new relationship.  Mother having a baby. Unaddressed trauma. | Co-parenting work, 1:1 mother, referral to treatment service |
| **3** | Separated parents, two primary aged children.  Alcohol use, mental health, DV. | 03/05/2016 | Children placed with father.  Mother to have contact. | Mother's mental health. Parents' strained relationship. | Co-parenting support, 1:1 mother. |
| **4** | Two parents, newborn baby. Substance misuse, mental health. | 09/05/2016 | Children placed with father.  Mother to have contact. | Mother's incomplete drug and alcohol treatment.  Parents' relationship. | Couple work. |
| **5** | Separated parents, toddler and newborn baby. Substance misuse, mental health. | 31/10/2016 | Children placed with MGM.  Mother and Father to have contact. | Mother just about to enter detox & still using. Father still using. Pressure on grandparents re managing contact. | Support entering detox, support family/SGO |
| **6** | Two parents, three primary aged children.  Alcohol use, learning disability, mental health, physical abuse. | 10/10/2016 | Children placed with Paternal aunt under SGO.  Parents to have contact. | Mother had a lapse on alcohol and wants more treatment.  Father has social communication difficulties. | Support mother's ongoing treatment to maintain abstinence. Look at support services for father. |
| **7** | Mother and secondary aged child.  Substance misuse, mental health, school exclusion. | 21/11/2016 | Child remained with mother. | Unaddressed trauma. Inadequate housing. Child has anxiety & educational difficulties. | Narrative Exposure Therapy for mother. |
| **8** | Separated parents, teenage child. Beyond parental control, physical health, mental health, historical DV. | 14/11/2016 | Child remains with mother.  Father to have contact. | Child has anxiety & educational difficulties. Father mental and physical health needs. | 1:1 Child, behavioural advice for parent if needed. Support father to access treatment. |

**SKILLS OF THE TEAM**

The FDAC post-proceedings multidisciplinary key work team is made up of professionals with the following skills.

1. Clinical Psychologist, trauma specialist
2. Child and Adolescent Psychiatrist & Family Systemic Therapist
3. Assistant Child and Adolescent Psychiatrist and Video Interactive Guidance (VIG) specialist
4. Clinical Nurse/Substance Misuse Specialist & Cognitive Analytic Therapist
5. Substance Misuse Specialist & trainee Family Systemic Therapist
6. Substance Misuse Specialist and Parent Mentor Coordinator
7. Senior Practitioner Social Worker & trainee Family Systemic Therapist
8. Social Worker
9. Forensic Psychologist

**CONCLUSIONS:**

In most of the eight cases listed above we have kept in touch with at least one member of the family and communicate regularly with the local authority on the family’s progress. This has meant we have been able to offer support over the phone and get involved in troubleshooting when problems arise. However it has proved more difficult to deliver planned therapeutic work. Although parents have expressed a willingness to engage in post proceedings support and often have been very enthusiastic about the package of aftercare being offered, attendance at key work sessions has to date been low.

In response to this, and as noted above, FDAC changed from a more formal process of identifying families and referring to a Family Therapist, to a system whereby keyworkers maintain their relationship with the parents who have been identified as needing after care and move straight into doing that work with them. This means the work continues within a trusted therapeutic relationship and without any delay. This has been more successful in achieving the engagement of parents and we plan to continue this approach.

Inevitably we have needed to be flexible with our plans for support and intervention which in some cases need to be amended as a result of family needs and circumstances changing once the proceedings are over. So in one case, a couple stopped having any contact with each other making couple work unnecessary. In another, the co-parenting relationship was disrupted by an incident that meant that therapeutic work needed to be put on hold.

We have identified a number of barriers to parents accessing post proceedings support as follows:

1. Travel cost for parents. Once proceedings have ended the Local Authority no longer pay for parents travel costs, and the FDAC team do not have the budget to fund parents travel.
2. Childcare – in cases where children have been reunited with their parents, a majority of parents don’t have childcare or funding for this whilst they have appointments with FDAC.
3. Break from intensity : The FDAC team have found that following the intensity of the FDAC court proceedings, parents need and want an understandable break from the intensity of their FDAC ‘trial for change’ despite their initial enthusiasm for this after care package.
4. Increased demands on parent for those parents who have taken on care of their children leaving less time for attending appointments.

We have also learnt that there is a need to be responsive to the immense changes that some parents have been through by the end of proceedings. Many are reunited with their children having been apart for a considerable time. Others have practical issues to sort out, and some are recovering from the emotional demands of the proceedings themselves. Having the flexibility to monitor the situation and be available to respond when the time is right is also important.

We are extremely grateful to the David Isaacs fund for the opportunity to test the delivery of post proceedings support. We will continue to work with the families listed above and to identify further families over the remaining period of the grant. Our final report will give further details of the work done with families and the immediate outcomes we have been able to identify.

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1. See http://wp.lancs.ac.uk/cfj-fdac/publications/ [↑](#footnote-ref-1)