

Evaluation of Pan Bedfordshire FDAC

Final evaluation report

November 2021

"[T]his could actually be different, like this might actually work" Parent

"A model that seems to have huge impacts, but not everywhere does it. So there's something about sustainability and getting the message out about the work and about what impact it can have and why it's a good thing. ... In this world of integrated care, it's like this is an exemplar of what integrated care could look like." FDAC team member

"It works for the parents and for children. It is a significantly better way of dealing with people who've suffered deep trauma and who are at risk of losing their children. It gives them the best chance of keeping their children and, just as importantly, it gives them a humane, empathetic way of dealing with a court process which will have implications for them and their children for the rest of their lives. So that's why I do it."
FDAC Judge

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Acknowledgments

The team would like to sincerely thank all the parents who took the time to share their views and experiences with us. We would also like to thank the FDAC team and other professionals who shared their views. We are also grateful to staff from Pan Bedfordshire FDAC and the three local authorities for compiling the monitoring and comparison data which informs this study.

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1. Introduction

Pan Bedfordshire's Family Drug and Alcohol Court (FDAC) was established in 2019 by a consortium serving Bedford Borough, Central Bedfordshire and Luton Borough. The founding partnership included the three Children's Services, Public Health from each local authority, Bedfordshire's Police and Crime Commissioner, Bedfordshire Clinical Commissioning Group and The Marks Trust. All are on the FDAC Steering Group.

The Pan Bedfordshire FDAC pilot was funded by the multi-agency consortium for two years from late 2019 to November 2021. This was subsequently extended to March 2022. Spaces were allocated for seven families per local authority in the first year and ten families a year from the second, allowing for 51 referrals over the two years. Its Steering Group commissioned an independent evaluation of the pilot from Research in Practice, to inform future commissioning decisions and to facilitate service improvements. An interim report on the first year of the pilot was delivered in December 2020. This final report presents the full analysis of the multi-method evaluation, combining data on parent characteristics, experiences and outcomes with the perspectives of professionals and comparative data from families in standard proceedings.

1.1 *FDAC as a model*

FDACs provide an alternative, problem-solving approach to care proceedings in cases where parental substance misuse is a key factor in initiating proceedings and there is no indication of severe sexual or physical abuse. The first FDAC began in London in 2008. The catalyst for setting up FDACs were concerns in the family justice and child welfare systems about the proportion of care proceedings involving parental substance misuse and the number of cases where parents with such problems had other children removed in subsequent care proceedings (Harwin & Ryan, 2007).

The FDAC approach and process was an adaptation of the Family Drug Treatment Courts (FDTCs) used for cases of parental substance misuse in the USA. FDTCs take a problem-solving approach first developed in the criminal justice jurisdiction and based on the principles of therapeutic jurisprudence, which see the court as having a role to play in addressing the 'revolving door' syndrome of repeat offending (Bowen & Whitehead, 2016). The model was adapted to fit the English and Welsh legal and welfare systems but key elements of problem-solving courts were retained. These key features are:

- specially trained judges who deal with the case throughout and are actively engaged in motivating and challenging parents through regular meetings held during the proceedings;
- support for parents and for the court from a specialist multi-disciplinary team, who provide expert evidence and co-ordinate wider services for the parents; and

- a focus on helping parents address and solve the problems that underlie their substance misuse.

A UK FDAC pilot ran in London from 2008 until 2012 and was independently evaluated.¹ The evaluation compared outcomes of FDAC cases with similar cases in standard care proceedings in the same court from different local authorities. Findings were positive, showing that at the end of proceedings parents in FDAC were more likely to cease misusing substances than parents in standard proceedings, and that children in FDAC cases were more likely to return home than children in standard proceedings. The evaluation also found FDAC was positively viewed by professionals – social workers, lawyers, Cafcass guardians, adult treatment service providers, and judges – as well as by parents. A small costs study indicated that FDAC was less expensive than standard care proceedings and likely to produce cost benefits for health, police and justice services in the longer term (Harwin et al., 2014). The researchers observed that it would be fairer if the cost of the specialist team (the main cost of FDAC) was spread across local authority Children’s Services, health and justice agencies.

London FDAC continued beyond the pilot, funded by six local authorities. The promising evaluation findings were followed by two other FDACs being set up in 2015, one funded by Milton Keynes and Buckinghamshire local authorities and the other in East Sussex funded jointly by East Sussex local authority and the local NHS Foundation Trust.

The Department for Education (DfE) provided funding in 2015-16 to roll out other FDACs, including funding to research longer-term outcomes of FDAC cases. This followed up FDAC and comparison cases from the original research and found the better outcomes achieved through FDAC were sustained. Five years on from a final order, FDAC families and children still had better outcomes than comparison families (Harwin et al., 2016). A linked study looked at problem-solving practice in both old and new FDACs and found a distinctive problem-solving approach in all FDACs (Tunnard et al., 2016).

The DfE funding provided for setting up an FDAC National Unit.² The Unit developed a training programme for FDAC sites, a handbook³ of the key elements of the model, and a range of guidance and documents for areas interested in setting up an FDAC (CJI, 2016). Its website provided a wide range of information about the model and about different sites.⁴ The Unit closed but the work of supporting and developing new FDACs in line with the original model is now carried out by the Centre for Justice Innovation.⁵

¹ Conducted by Brunel University, funded by the Nuffield Foundation.

² See Roberts et al. (2017) evaluation

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/597476/Tavistock_family_drug_and_alcohol_court_national_unit_evaluation.pdf

³ Current FDAC handbook developed by the Centre for Justice Innovation: <https://fdac.org.uk/wp-content/uploads/2020/04/FDAC-Handbook.docx>

⁴ <https://fdac.org.uk/>

⁵ <https://justiceinnovation.org/areas-of-focus/family-drug-and-alcohol-courts>

In late 2021, there were 14 specialist FDAC teams in England, covering 21 courts and 34 local authorities, with another due to open and a pilot FDAC in Wales.⁶ The teams have different commissioning structures but are based on the model. Ahead of the Spending Review 2021, the Centre for Justice Innovation set out a business case with a plan for ongoing provision and extension of FDACs, based on the evidence base of positive outcomes and cost avoidance.⁷

1.2 The Pan Bedfordshire FDAC pilot

Pan Bedfordshire FDAC pilot received funding or in-kind support from local agencies across Children's Services, policing, health and The Marks Trust. Joint commissioning like this was recommended in early research⁸, with Pan Bedfordshire being the first FDAC to receive funding from a Police Crime Commissioner, an approach that has since been utilised by other FDACs.⁹

Soon after the pilot's launch the Department for Education provided Supporting Families: Investing in Practice Programme grant funding. This funding enabled the recruitment of a team Psychologist, Primary Mental Health Worker and Assessing Social Worker. The FDAC Team Manager commented that such investment alongside that of partners has contributed to the service's development and positive outcomes.

The pilot had places for 51 families to be supported. Each of the three local authorities were allocated seven places in the first year and ten in the second. Over the first two years of the pilot, 45 families were referred.

Objectives and aims

As with all FDACs, Pan Bedfordshire FDAC has a problem-solving ethos and engages directly with parents to address both their substance misuse and the issues which may be behind it. The objective is to improve children's wellbeing and long-term outcomes by enabling safe family reunification, where possible, and early permanence where timely reunification is not possible. Achieving sustained abstinence (on prescribed substitutes in some cases)¹⁰ is fundamental to this objective, but improving parents' own wellbeing is also a goal itself. The key aims set for the pilot by the Steering Group were:

- Sustained abstinence by parents.
- Safe reunification, if appropriate.

⁶ <https://fdac.org.uk/current-fdacs/>

⁷ <https://fdac.org.uk/wp-content/uploads/2021/09/20210916-FDAC-roll-out-business-case-vfinal.pdf>

⁸ https://mk0nuffieldfounpg9ee.kinstacdn.com/wp-content/uploads/2019/11/FDAC_evaluation_summary_17_06_141.pdf

⁹ <https://www.thamesvalley-pcc.gov.uk/news-and-events/thamesvalley-pcc-news/2020/09/parents-affected-by-domestic-abuse-given-help-thanks-to-opcc-funding/>

¹⁰ For the purpose of the evaluation, a parent is considered to have achieved abstinence if they cease to use the substance(s) they were flagged as misusing on referral. A parent using a prescribed substitute under community recovery service treatment would be considered abstinent.

- Early permanence where reunification is not appropriate.

Team composition

Pan Bedfordshire FDAC works in two courts, Luton and Bedford, with three judges and a multi-disciplinary team. The team acts as an expert witness for the court and works directly with parents to address and reduce the issues which have brought them to proceedings. The team comprises the Manager, Senior Social Worker / Social Workers, Parental Substance Misuse Specialist, Domestic Abuse Expert, Primary Mental Health Worker and Psychologist. The team is supported by a Psychiatrist, employed by the NHS and provided by the Clinical Commissioning Group. The FDAC team is hosted by one of the three local authorities but is independent of each, and the Children's Services social worker retains cases responsibility for children.

FDAC process

Parental involvement in FDAC is voluntary. At the first FDAC hearing, if parent(s) agree, the case will be adjourned to allow the FDAC team to assess the parents. Following the assessment which can last for a day or longer, the team hold a formulation meeting to consider parents' situations and agree a draft plan. This is discussed with the parents and all relevant professionals at an Intervention Planning Meeting, where the care plan for the child is further developed and agreed. At the next court hearing this becomes the care plan and parents are invited to formally sign up to being part of FDAC and the 'Trial for Change'; the FDAC team and judge also sign the agreement (Maycock, 2017).

Being involved in an FDAC 'Trial for Change' requires parents to participate in an intensive programme of assessment and tailored support, as well as fortnightly court hearings with a judge, and drug and alcohol tests each time a parent is seen.¹¹

In the fortnightly non-lawyer reviews, parents attend court to discuss successes and barriers. The FDAC team manager and parents' key workers are present and update on parents' progress, screening results and contextual issues (such as housing problems). The core aim is for parents to talk directly with the judge about what is going well and where challenges remain, with the judge affirming what has been achieved, motivating parents to sustain this and explaining what more is required from them. These reviews provide opportunities for the judge to help parents understand why certain decisions are being made in the main hearings (no decisions are made in non-lawyer reviews).

The FDAC team serves both the court and the parents, providing a range of core support and connecting parents to other services. Provision from the team or partners includes:

- **Key worker support:** Weekly keyworker one-to-one sessions with parents. This comprises three stages: stage 1 to build abstinence and stability; stage 2 to

¹¹ The frequency of testing may vary between FDACs but in Pan Bedfordshire parents are screened every time they are seen as well as on some unannounced visits by team staff.

explore their child's experience of their difficulties and make connections that will sustain change; and stage 3 to support reunification. The FDAC homework / parent folders and the Breaking Free¹² self-help recovery app work is part of this.

- **Healthy relationship work:** FDAC's Domestic Abuse Expert conducts one-to-one healthy relationship work, covering the parent's relationships with themselves, any intimate partner as well as extended family, peers and professionals. The Domestic Abuse Expert works with those who are survivors of domestic abuse or who have perpetrated domestic abuse. Where both are within FDAC the Domestic Abuse Expert will work directly with one of the parents and the keyworker will do healthy relationship work with the other parent. There is the option for referrals for external support as necessary.
- **Recovery work:** Occurs within keywork sessions and through recovery services.
 - **Community recovery work** takes place with the treating recovery service either Resolutions or Path 2 Recovery (P2R). FDAC keyworkers liaise with these services at least fortnightly.
 - **Recovery service group sessions:** Peer-based group sessions delivered by local treatment and recovery services. This includes Community Led Initiatives activities and mutual aid groups (Alcoholics Anonymous, Cocaine Anonymous, Narcotics Anonymous, SMART Recovery Group).
 - **Peer Mentor:** Support from a volunteer with experience of substance misuse and recovery, overseen by treatment and recovery services.
- **Primary Mental Health Worker support:** Provides support and interventions to parents where mental health or psychological needs have been identified and helps families engage with community mental health support.
- **Attachment parenting group:** Begun in late-2021 in response to parents' needs, the group helps parents to understand what 'reparative' parenting looks like.

1.3 Structure of the report

The report sets out the methodology, and then presents the findings thematically, combining qualitative and quantitative data.

- **2: Methodology** sets out the evaluation questions, strategies for data collection and analysis, and limitations.
- **3: Families involved with Pan Bedfordshire FDAC** sets out referral and participation rates, case characteristics of FDAC families and comparison with non-FDAC families in standard proceedings.
- **4: FDAC approach** explains the ethos which informs all aspects of the FDAC.

¹² <https://www.breakingfreeonline.com/>

- **5: FDAC process** details how the proceedings operate, the frequency and format of hearings, the approach taken in hearings, the use of extensions and the length of proceedings and comparisons with standard proceedings in the same courts.
- **6: FDAC provision** describes the work delivered by the team and via community support services; it considers FDAC's engagement with other agencies involved in proceedings; and outlines what is offered and what happens after proceedings.
- **7: FDAC outcomes** focuses on the outcomes for FDAC families: the outcome of proceedings and comparison with standard proceedings, change in parents' substance misuse and wellbeing, and outcomes for children; it also discusses outcomes for other agencies and indications of cost avoidance and reallocation.
- **8: Conclusions** summarises the key findings and identifies the considerations for current practice and recommendations for development.

2. Methodology

The mixed-method evaluation was commissioned to provide insights into FDAC delivery and outcomes, with some comparison with standard proceedings. It combined a process evaluation of the FDAC court process and service provision with an impact and outcome evaluation of the FDAC approach, including comparison with standard proceedings.

2.1 *Evaluation questions*

The evaluation sought to answer the following questions:

How does Pan Bedfordshire FDAC work?

1. How does Pan Bedfordshire FDAC fit with the national model?
2. How do the cases accepted by Pan Bedfordshire FDAC compare to cases taken through standard proceedings in the three local authorities?
3. What have been the journeys and typologies of cases which have proceeded through Pan Bedfordshire FDAC?

What does Pan Bedfordshire FDAC do for families?

4. What are the outcomes for cases that conclude in Pan Bedfordshire FDAC?
5. What has engaging with Pan Bedfordshire FDAC been like for families?
6. Have parents in Pan Bedfordshire FDAC achieved and sustained abstinence?

What does Pan Bedfordshire FDAC deliver for agencies?

7. How do outcomes and timescales of concluded Pan Bedfordshire FDAC cases compare to cases through standard proceedings in the three local authorities?
8. Has Pan Bedfordshire FDAC led to cost avoidance or to cost reallocation for the three local authorities and other partners?

2.2 *Ethics*

Ethical approval was sought for the full evaluation from Central Bedfordshire Council's (CBC) Research Governance Committee, as CBC was the lead authority for the pilot. The evaluation protocol, approach materials and topic guides were submitted for interviews and surveys with parents, the FDAC team and external professionals.

In anticipation of interviewing two Pan Bedfordshire FDAC judges, an application was submitted to the Judicial Office in September 2021. Minor modifications to the topic guide were made following feedback and the application was reviewed by the Judicial Office and approved by the President of the Family Court.

2.3 *Fieldwork and data gathering*

The evaluation combined qualitative engagement with parents, the FDAC team, a judge and external professionals, and quantitative data from the FDAC and local authorities:

Qualitative data

- **Families:**
 - **Interviews:** Four parents who were currently or previously involved with the FDAC were interviewed online or by phone.
 - **Survey:** Eight parents who were currently or previously involved with FDAC answered a qualitative survey about their experiences of the FDAC.
- **FDAC team:**
 - **Focus group and interviews:** Seven members of the FDAC team attended a focus group and three attended subsequent separate interviews.
 - **Survey:** Four members of the FDAC team answered a follow-up survey.
- **FDAC judges:**
 - **Interviews:** An interview was held with one of the three FDAC judges.
- **External professionals:**
 - **Focus groups and interviews:** Three focus groups and one interview were held with 13 external professionals. Participants included local authority social workers, Children’s Guardians, solicitors and staff from recovery services.
 - **Survey:** Four external professionals answered a follow-up survey. Their roles included solicitor, Children’s Guardian and recovery service staff.

Quantitative data

- **Monitoring data:** Over the first 24 months of the pilot, 45 families were referred. FDAC provided evaluators with anonymised details on 34 families who had been assessed or who were awaiting gateway screening in early-October 2021. This data was analysed to explore characteristics and outcomes for families.
 - Data included information about substance use, family circumstances such as domestic abuse, support received in FDAC and outcomes around abstinence and reunification for concluded cases.
- **Local authority comparison data:** The three local authorities were engaged in planning how to provide data relating to care proceedings within the authorities. Two data collection templates were developed after meetings with data leads:
 - **Summary data:** The first template requested summary data about all care proceedings in the authorities over the previous four years, including number / percentage of proceedings involving substance use, overall length of care proceedings and outcomes for all proceedings.
 - **Families’ data:** The second template requested data about ten families who could have been eligible for FDAC (i.e. their situations were initially

comparable with families who proceeded with FDAC) but who continued in standard proceedings. The request was limited to ten families as data leads noted the information may not be readily available for all families. Data were requested around length of care proceedings, use of expert reports, barrister representation, substance screening, care for children, and children's outcomes and permanency plans.

2.4 Analysis

Interview and focus group recordings were transcribed and anonymised to protect the identity of participants. The transcribed data was charted (structured by both individual and topic) and then analysed to identify common themes and key factors.

Monitoring data were analysed to explore characteristics of families referred to FDAC, types of support received and outcomes for families. Local authority comparison data were analysed to explore similarities and differences in the characteristics and outcomes for families involved with FDAC and families in standard proceedings. The quantitative analyses were conducted with the programming language R.

2.5 COVID-19 and other limitations

The COVID-19 pandemic and subsequent lockdowns began in the first six months of the pilot. This impacted the programme, particularly during the first lockdown from March 2020, with drug and alcohol testing reduced and hearings and much contact conducted virtually. However the FDAC remained operational throughout and resumed screening and in-person contact as soon as was safe and possible at the end of the first lockdown.

Due to varying recording systems and capacity, it has not been possible to obtain full comparator data across the three local authorities. However, the data which are available allow for valuable exploration of differences in outcomes between the two cohorts of families who proceeded through FDAC or standard care proceedings.

The evaluation heard from four parents in interviews and eight in qualitative surveys. There is possible self-selection bias if only parents with favourable outcomes engaged, but voluntary participation is an ethical imperative (e.g. Robinson, 2014¹³). For data protection reasons, parents had to be informed about the evaluation through the FDAC. Therefore, it was particularly important to ensure that parents saw any participation as voluntary and did not think that it would influence the case outcome.

The mixture of qualitative and quantitative data provides a detailed picture of the FDAC service: its ethos and approach; the court process; how the team works with families and external services; and the outcomes and experiences for families and professionals.

¹³ https://gala.gre.ac.uk/id/eprint/14173/3/14173_ROBINSON_Sampling_Theoretical_Practical_2014.pdf

3. Families involved with Pan Bedfordshire FDAC

This section sets out the numbers and profile of families involved with Pan Bedfordshire FDAC. It draws on the monitoring data and comparable data from the local authorities to outline the case characteristics both of families in FDAC and in standard proceedings.

3.1 Referral numbers

In the first two years of the pilot, 45 families were referred to FDAC. Of these, 9 did not progress beyond gateway screening. Gateway screening involves an initial meeting with the parent(s) where the FDAC process is explained, their situation and suitability for FDAC are discussed. This is not in the FDAC model, but is intended to identify obvious barriers early so parents do not go through the full assessment process unnecessarily.

Where cases did not progress beyond gateway screening, this was due to identification of barriers such as a couple parenting together where only one wants FDAC, or parents not acknowledging substance misuse; parents not engaging from the start; or the local authority withdrawing the referral due to a change in plan. Each of the local authorities referred different numbers of families, although all three had equal allocation of FDAC spaces. Reasons for this variation are considered at Section 6.1.

3.2 Case numbers

In early-October 2021, the FDAC team provided anonymised data on the 34 families who had been assessed or were awaiting gateway screening. The amount of data varied as the families were at different stages of FDAC involvement. Due to the low numbers of completed cases, it is not possible to draw firm conclusions at this stage, however promising indicative findings are recorded throughout the report.

As with the variation in referrals, the numbers assessed or awaiting assessment differed by local authority, with around twice as many from both Local authority 1 and Local authority 2 than Local authority 3. Where the allocated spaces were not utilised, agreement was sought for families from another authority to fill the spaces.

Table 3.1 Number of families referred and accepted from each local authority¹⁴

| Local authority | Total number of referrals | Number referred but not progressed | Number assessed or awaiting assessment |
|-------------------|---------------------------|------------------------------------|--|
| Local authority 1 | 16 | 1 | 15 |
| Local authority 2 | 18 | 6 | 12 |
| Local authority 3 | 8 | 1 | 7 |
| Totals | 42 | 8 | 34 |

¹⁴ Table 3.1 displays data received in early-October 2021; updated referral numbers were submitted in November 2021

In early-October 2021, the status of the 34 families assessed / awaiting assessment was:

- 17 families were in FDAC proceedings:
 - 15 of these were engaged with FDAC support as part of the proceedings
 - Two of these had finished their work with FDAC and were awaiting final hearing
- 11 families had completed FDAC proceedings:
 - Nine families' cases were completed
 - Two families were having reduced support post-proceedings ('soft exit')
- One family had exited FDAC during the course of proceedings
- Four families did not sign up¹⁵
- One family was awaiting the gateway screening

Each local authority submitted data about families for whom drug or alcohol issues were identified at assessment, but who went through standard care proceedings. Some details about the duration and outcomes of care proceedings were received in relation to 22 families; 14 families with identified concerns about domestic abuse were selected for the comparison group, to better match the circumstances of FDAC families.

Table 3.2: Local authority comparator families

| Local authority | Number of comparison families submitted | Number of families used in comparison group |
|-------------------|---|---|
| Local authority 1 | 10 | 9 |
| Local authority 2 | 10 | 4 |
| Local authority 3 | 2 | 1 |
| Totals | 22 | 14 |

3.3 Case characteristics

This sub-section profiles the comparison families alongside the FDAC families. There are limitations on the conclusions that can be drawn here. The comparison group was not randomly selected and there were an insufficient number of families to undertake robust matching. No tests of statistical significance are therefore provided and statistical significance should not be inferred from these data.

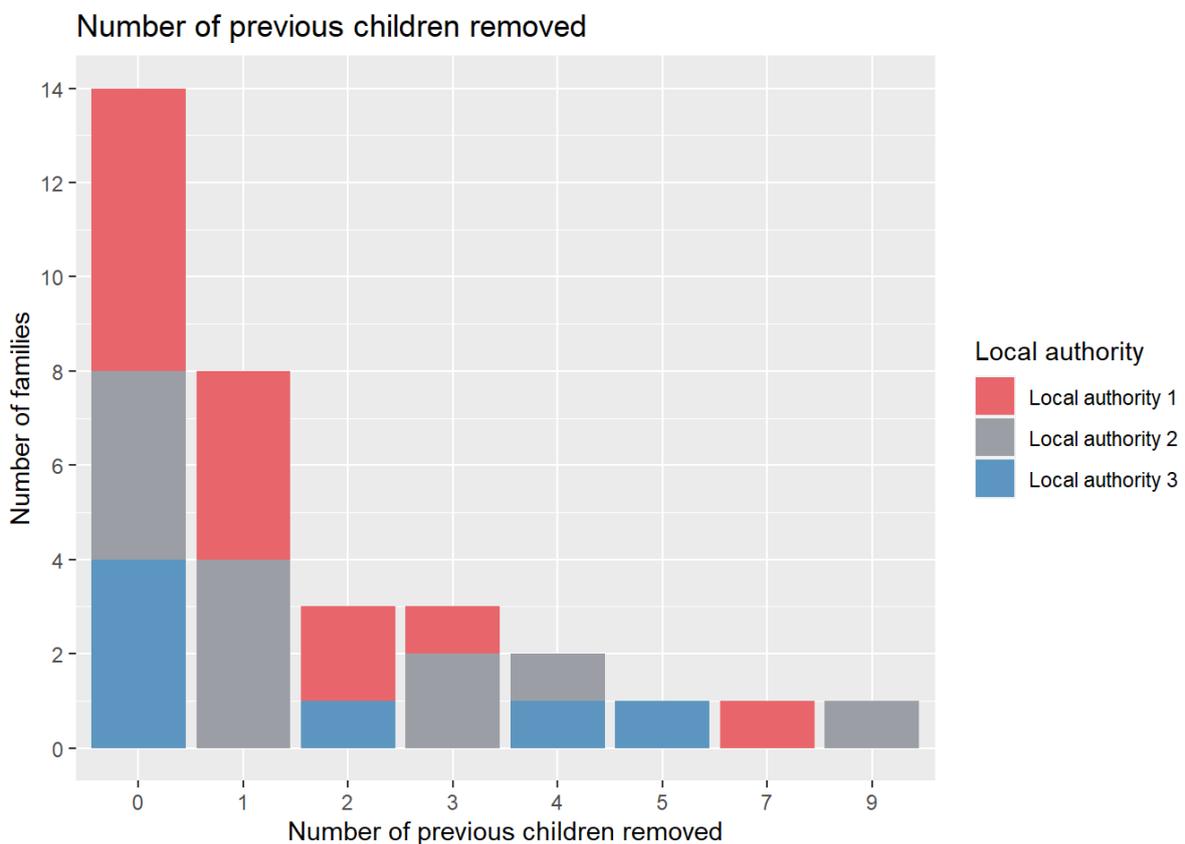
Pan Bedfordshire FDAC provided details of the numbers of parents, step parents and children involved with FDAC, plus details of previous proceedings. It should be noted that these figures include families who exited or did not progress through FDAC, as many these families still participated in assessments and received some team support.

¹⁵ Where families did not sign up, information was provided in three of four cases. In two cases this was due to a recommendation that the family was not ready for FDAC, and in one case the parent recognised their difficulties could not be addressed within the child's timescales and withdrew as a permanency option.

Across the 34 families:

- Overall, 61 children in these 34 families were or had been involved in FDAC proceedings.
- In 20 families one parent was involved with FDAC and in 12 families two parents were involved; where two parents were involved with FDAC, circumstances were mixed, with some parents living together and others in separate households. Data were not available for the remaining two families.¹⁶
- There were 14 families who had no previous removals and 19 families where children had previously been placed outside parental care with between one and nine children previously removed from these families (Figure 3.1). Overall it was reported that 52 children had been placed outside parental care previously from these 33 families. Data were not available for one family.

Figure 3.1: Number of children previously removed across families



¹⁶ Data about parent numbers were not available for two of the four families who did not sign up to FDAC.

Data on alcohol and drug use was available for 33 families, as one family was awaiting the gateway assessment. Substance use was recorded for all families where data were available. In most families, use of multiple substances was present, however there were five families where misuse of alcohol was present without drug use¹⁷. Overall:

- In 28 families, one or more parents used cocaine
- In 23 families, one or more parents misused alcohol
- In 19 families, one or more parents used heroin

Figure 3.2 displays the number of families using specific substances, by local authority.

Figure 3.2: Drug use pre-FDAC by family, substance and local authority

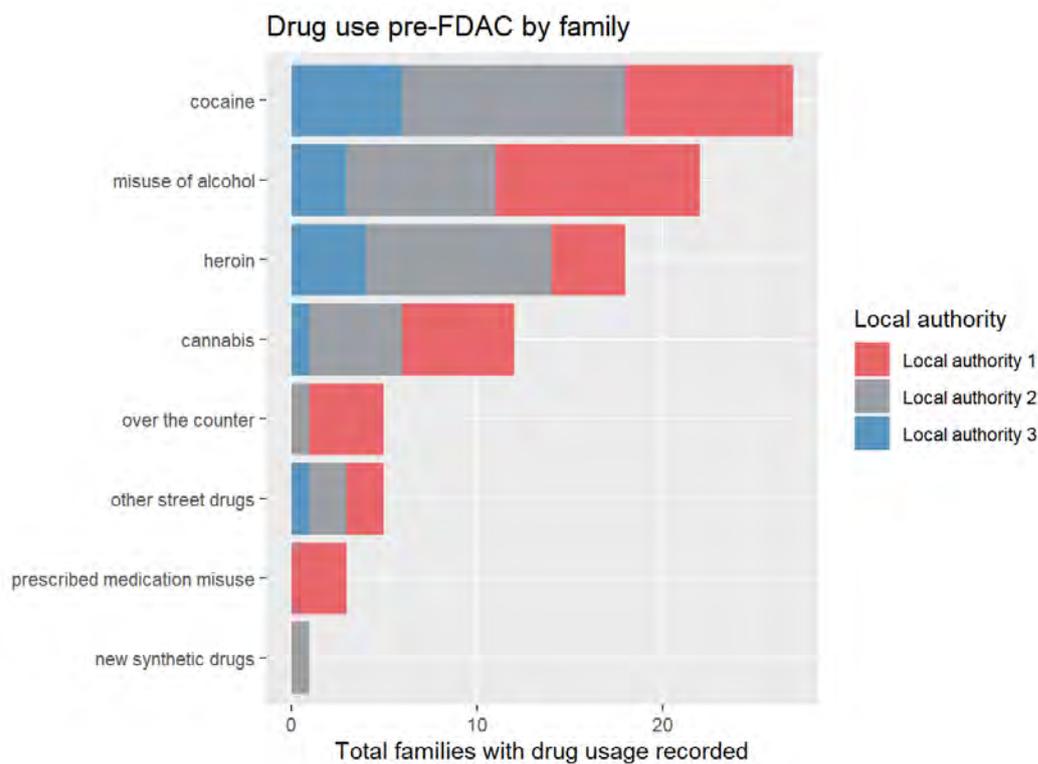
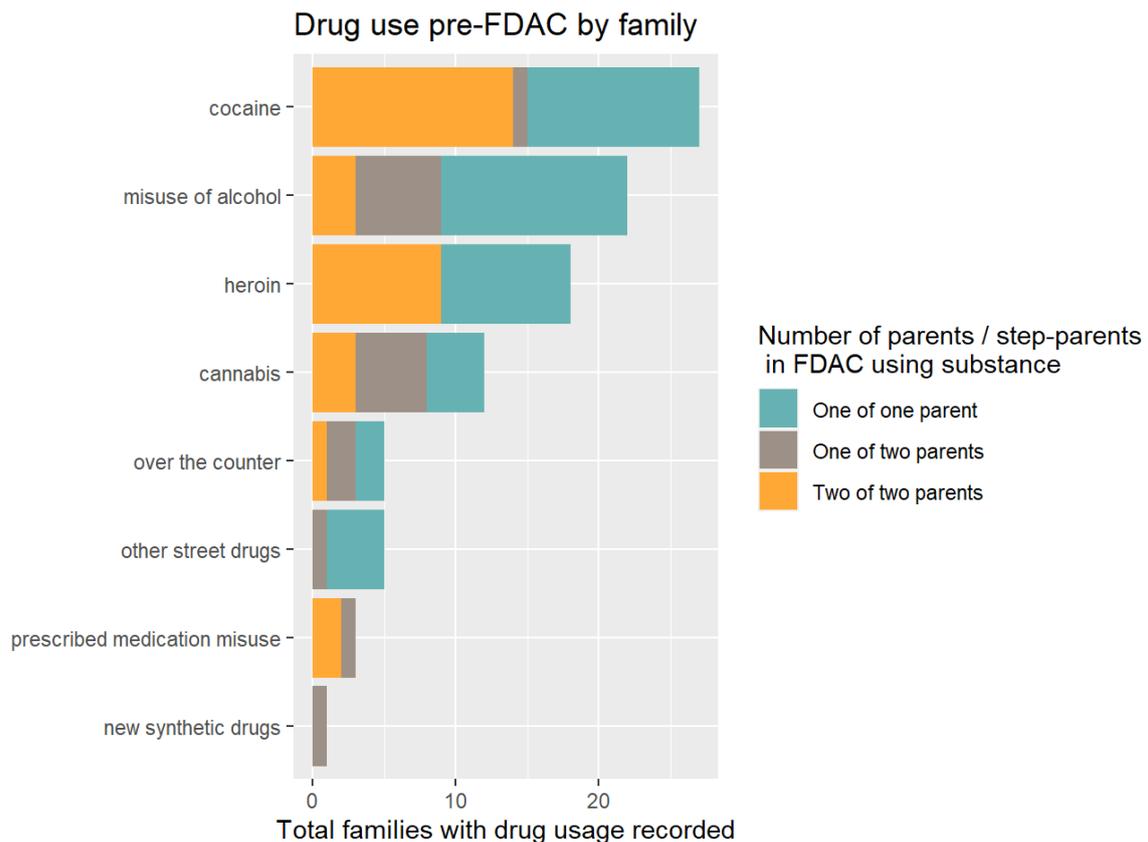


Figure 3.3 displays the number of parents in a family using specific substances before being accepted onto FDAC. Where cocaine or heroin was used, it was used by one parent in around half of families and by both parents in the other half. Where alcohol or cannabis was used, it was more commonly used by just one parent in a family.

¹⁷ An additional case had alcohol use recorded, however the case was in the early stages and drug use had not yet been determined.

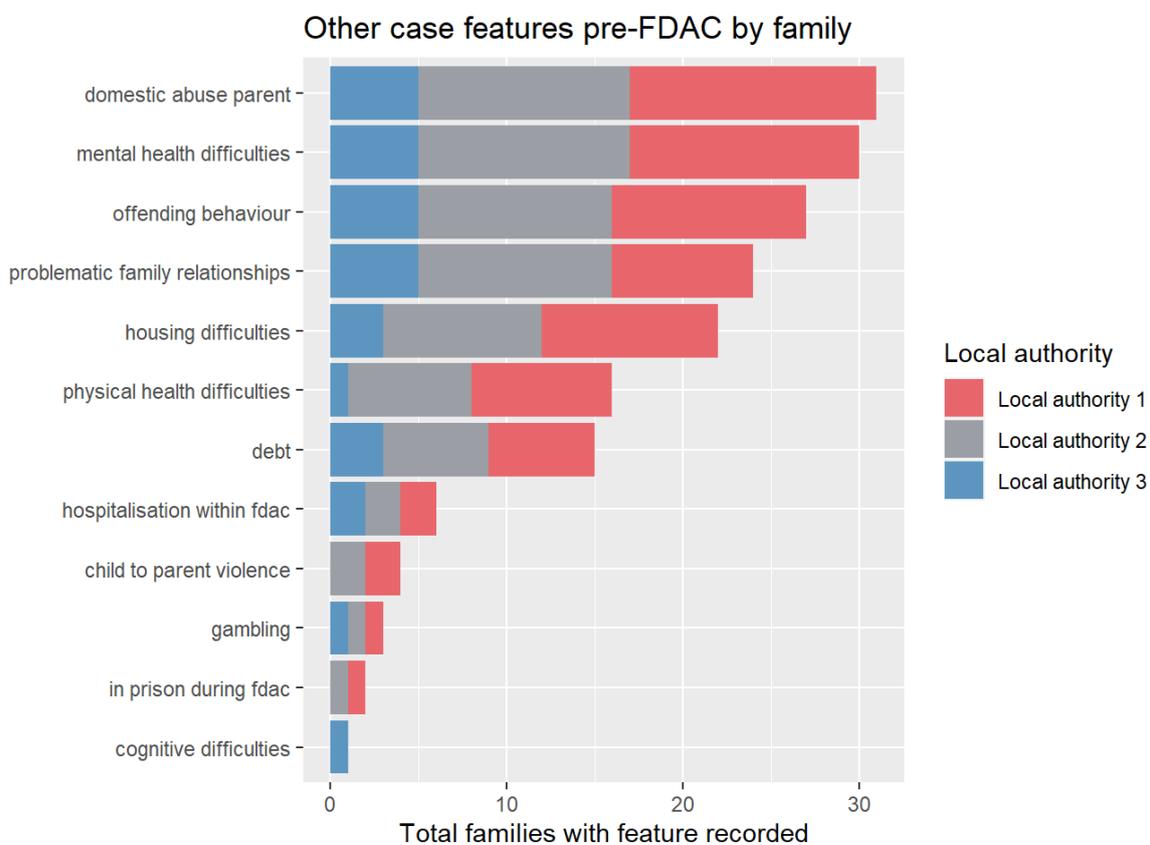
Figure 3.3: Number of parents in family using each substance



Other features identified are outlined in the figure below; data were available for 31 of the families. Current or historical parental domestic abuse was present in all 31 families where data were available, while mental health difficulties were experienced in 30 families. Many families also experienced offending behaviour (n = 27¹⁸), problematic family relationships (n = 24) and housing difficulties (n = 22). The data demonstrates the complex needs and histories of families involved with FDAC in Pan-Bedfordshire, which fits with the wider profile of FDAC families across England, from FDAC monitoring data compiled by the Centre for Justice Innovation which “*highlights the very complex set of challenges facing FDAC families, with very high levels of parental substance misuse and mental health issues and significant experience of domestic abuse*” (CJI, 2021).

¹⁸ Supplementary data provided in late-November 2021 identified that offending behaviour was present pre-FDAC for 30 of 34 families.

Figure 3.4: Other features recorded¹⁹



¹⁹ Supplementary data provided in late-November 2021 identified that offending behaviour was present pre-FDAC for 30 of 34 families.

4. FDAC approach

As with all FDACs, the Pan Bedfordshire FDAC was established to offer a fundamentally different response to standard care proceedings, prioritising children’s welfare through close engagement with and support for parents. This section sets out core aspects of the FDAC’s approach to parents, which informed both its court process and team provision, detailing how FDAC staff, parents and other professionals viewed and experienced this.

The message that parents get is, look, you have got a period of time – about five months, which we call a trial for change – where you have to demonstrate with our support and help that you can be safe parents. That’s the starting point. FDAC judge

4.1 Service ethos

The FDAC model prioritises the interests and timescale of the child(ren) throughout, whilst focusing on working with the parent(s). The approach was described by team members as meeting parents where they are and working together holistically to address the issues that led to care proceedings. The team described being open with parents about the intensity of the process so that parents understand “it’s not going to be easy”, and there will be difficult conversations.

“We call it walking alongside them, in a way to help them to feel safe and to be able to have those conversations and do those bits when they’re ready. I do think that for me with parents, part of empowering them is actually reminding them at the end of the day that the responsibility and the ability to do this, and make these changes, lies with them.” FDAC team member

Levels of parent engagement with the team varied, and one family left FDAC during proceedings. However, parents who participated in the evaluation described the FDAC ethos in similar terms to the staff, explaining they found the approach to be honest and non-judgemental in its assessment of where they began and inclusive in how it worked with them. The FDAC process was described by parents as “intense and [...] full-on”; they thought that this could be a barrier for some parents but had found it to be necessary for themselves in tackling deep-rooted issues.

External professionals who contributed to the evaluation emphasised the encompassing and responsive approach of the FDAC team as distinctive. The combination of specialists in the team was described across interviews and focus groups as key to its provision of broad, attentive and flexible support.

“There’s something about the team and the diversity of the team, including the judges, really changing the ethos and the culture around how people are dealt with through the courts.” FDAC team member

4.2 Relational practice

The FDAC was described by the team members themselves as “warm and welcoming” and “breed[ing] a lot of hope”. The self-selecting group of parents who engaged with the evaluation also spoke about FDAC in terms of the hope they were given by the team and judges and described being treated with dignity and respect. Professionals likewise spoke of the way parents are spoken about and spoken to as showing genuine respect, and staff said that respect continues when cases are discussed without parents present. For staff and the sample of parents, the FDAC approach is facilitated by the relationships built with parents over many months throughout the intense process.

“How we work alongside people to make those changes, to find ways forward as both people and as parents. I think that’s what we do as well. We’re looking at people as being people, as well as parents”

FDAC team member

“You see everyone so often, you really get to know them [...] they’re kind of invested in your story and in your case [...] it’s that kind of non-judgement that slowly becomes more obvious, and that willingness to help becomes more obvious. That is what kind of essentially, yes this is kind of different.” Parent

As part of this relational practice, FDAC team members discussed being conscious of the power imbalance between professionals and parents and of how language can block rather than build engagement. Communicating in an open, clear manner and not using jargon or terms parents would not be familiar with was felt to “reduce those barriers”, aid participation and support transparency.

The importance of trust and transparency was central to the process of building relationships. It was noted by FDAC staff that this “might be the only experience that somebody’s ever had of people believing in them, and trusting them”. Parents who were interviewed made the same observation, mentioning that the FDAC’s trust in them was a new experience. Parents appreciated how the team’s openness and trust helped them learn to trust and be open with FDAC.

“[We] hold these parents with unconditional positive regard. ... We just say, ‘We can get why this has happened, and we see you. ... We accept this, and we accept you, and we’ll work with you.’ I think a lot of the time, our parents haven’t had that from family members or other people in their lives, [...] If we can just be one example of someone who can do that, I think that’s really important.” FDAC team member

“That absolute faith, they had faith in me, that they believed me and then it [the challenge] all got resolved and it was fine. I was very aware that there is other situations where that faith wouldn’t have been there, so then that resolution wouldn’t have come about” Parent

4.3 Problem-solving practice

While standard proceedings can identify challenges, this may be “where standard care proceedings can stop - that conversation finishes” (FDAC team member). In contrast, any FDAC is focused on exploring the reasons behind parents’ substance use and working with them to understand what they need to make changes.

A team member described how at the start of FDAC proceedings, parents can be “hiding away in avoidance and substances, and alcohol, and crippled with shame”. Through the team’s sustained acceptance and support, parents can begin “understanding the trajectory of their life based on their early experiences”. Crucially, this enables parents to explore “how I got here and how this can be different”.

“It’s about building that person back up, and sending them off into the world as a healthier version of them than they were when they came in. Better equipped to deal with life, better equipped to parent their children and to manage the ups and downs, really.” FDAC team member

FDAC teams work with parents to address identified issues through keywork and other support and accessing recovery services. As a wraparound service, FDAC can address other difficulties, acknowledging interacting factors that influence drug and alcohol use.

“I think it’s a real dance of trust in that relationship throughout the whole thing, and sometimes there’ll be times when parents come forward and they’re able to, sometimes they’ll retreat because it feels really painful. I think it’s the skill in the work that the parent-facing people in this team do is to dance that really sensitively, knowing when to push. Knowing when to hold. Knowing when to stretch and when to contain” FDAC team member

The parents recounted how being involved with FDAC enabled them to see the challenges they were facing as problems that could be solved. Some parents said that working with FDAC had led them to frame some issues as problematic for the first time (for instance in their expectations in regard to healthy relationships) and valued the offer of support to address these.

“It’s all about helping you to be a better parent, and genuinely they want to keep your children with you. They want to keep families together.” Parent

4.4 Trauma-informed approach

At the core of the FDAC's approach to parents is the interpretation of substance-misuse and related issues as, in many cases, emanating from complex trauma (Webb, 2021). The definition of trauma was not specified, but staff described the trauma-informed approach as "a different side of social work ... trying to think about parent issues in a different way". This means considering underlying factors that led to the issues, taking a holistic view of the situation and a strengths-based approach to working with parents:

"We're definitely trauma-informed. That ripples into everything, from the way we work and the way we produce our reports and our assessments, and that we work on a strength-based model as opposed to a deficit model. This is where the empowerment from our judges and our team comes from, which ultimately supports the parent."

FDAC team member

The trauma-informed basis of the FDAC approach was also emphasised by the judge, who described it as paramount among the qualities required for judging these cases.

Being trauma-informed is right at the top of the list of - being able to be trauma-informed, actually, and then being empathetic towards people, but at the same time having your eye on the ball [of] timescales and resources. ... we have to get through quite a number of cases to make FDAC work so we can't be going on forever with cases.

It was suggested by the FDAC team that FDAC's approach was new to some external professionals and there was a sense that FDAC might be facilitating wider attitude changes, "getting people to think about things a bit differently on a broader basis".

Wellbeing of the FDAC team

The emotional impact of working in FDAC was noted by team members. The relational nature of FDAC is central to its ethos, and practitioners invest "emotionally" and "practically" in building relationships with parents for 26 weeks or more. There were descriptions of the "personal reward", and sense that the work is "important and it's making an impact and it's tangible". However, staff said they may find a case which does not end with reunification "devastating" and feel "a real sense of loss". The staff said the wellbeing of the team was sustained by strong working relationships and clear support structures, including space for reflective practice. There was an observation that the manager was instrumental to recognising the importance of this and maintaining it.

"I think also the ethos and the culture gets really set by the operational manager as well. Having somebody who promotes well-being and all of that self-care stuff is, I think it's really important for a team like this, and isn't afraid to address the dynamics that go on, which will always go on, when you're doing this sort of work." FDAC team member

5. FDAC process

This section describes how FDAC proceedings operate: the format of hearings, the role of the FDAC team and the judges' manner, the use of extensions and comparisons with standard proceedings in the same courts.

5.1 *Format of hearings*

FDAC role in court

As with all FDACs, Pan Bedfordshire FDAC supports the court's assessment of parents' capacity to care for their children and their progress towards abstinence. This includes psychiatric screening, psychological screening and testing of biological samples for drug and alcohol use.

The team also briefs each judge on cases before they begin hearings for the day. These briefings will highlight information from the progress review report regarding parents' wellbeing, progress and issues and indicate appropriate levels and focus of challenge and encouragement. These are led by the team manager but include updates from each parents' keyworker and the Domestic Abuse Expert. The team value being able to update the judge and explain where a parent is emotionally and "how to best engage with the parent within their non-lawyer hearing, to get the most out of them but also more importantly, to have their voice heard".

The FDAC team also describe how they value being able to advocate for parents within the court process "in a way that helps other practitioners within the court arena understand what their lived experience is, and what that might mean for the children", as a staff member explained. Separately, some parents also recounted how the FDAC team could mediate if challenges emerged between parents and other professionals in the court process.

Standard hearings

As a legal process, the format of FDAC proceedings have to be consistent across courts and to meet the agreed timescales. Families in FDAC care proceedings attend hearings at key stages with lawyers present, as they would do in standard proceedings. Within standard proceedings this is typically once or twice at the start of proceedings and twice at the end; one of these being the contested final hearing. FDAC lawyer hearings are attended by the FDAC judge, FDAC team, parents, Children's Guardian, social worker and lawyers for the parents, children and local authority. In Pan Bedfordshire FDAC, lawyer hearings allow parents to speak for themselves, when invited to speak by the judge and where the parent and their lawyer are in agreement with this.

Non-lawyer reviews

In addition, families will attend fortnightly non-lawyer reviews. This is distinctive to the FDAC proceedings and is intended to maintain pace and progress in the parents' ability to recognise and address the challenges which have led to the care proceedings. These are less formal opportunities for the judge to discuss with the parents, the FDAC team, the social worker and Children's Guardian what is and is not going well. The judge will hear from the team, reflect on written updates from the parents, including the feelings diaries and talk with them. In the account of the FDAC judge, team, other professionals and parents the non-lawyer reviews are a particular catalyst for change, facilitating and sustaining progress despite occasional lapses or issues. Three key elements stand out:

- the frequency of hearings;
- the opportunity for parents to be heard on their terms; and
- the combination of the judge's authority and humane approach.

5.2 Key features of FDAC hearings

Frequency

Parents described the proceedings as feeling "daunting" at the outset. The court setting, the presence of the judge, the multiple professionals (both in person and online during the pilot) and the fact that their children's care was under review made the process very difficult. In addition, many of these parents had difficult prior experiences of court, from care proceedings and criminal cases. Fortnightly reviews did not diminish what was at stake and the process could be daunting throughout, parents' experiences of attending court were said to improve over time as parents built relationships with professionals and received praise or encouragement from the judge. After an "initial period of mistrust", a parent came to "realise that everyone is there to support and help you".

I say to them, "this is tough, don't think that this is easy, because it isn't, and we can't do it for you. I can't do it for you, the team can't do it for you, you have to do it, but we're here to support you." FDAC Judge

In addition, parents reported how regular assessment of their progress in the fortnightly reviews further motivated them to succeed, with a parent describing how "you start to look forward to it because you can see your progress". Being able to reflect on progress was important itself but also maintains momentum over the longer FDAC proceedings:

"It is nice just to check in every two weeks and get that reassurance that you are doing well, because sometimes it gets to the point where you think, is this going to end? It just seems to be going on forever. I think you need that praise, and to know that you're going in the right direction." Parent

Parents' voices in court

FDAC proceedings are centred on parents being able to speak to the judge on their own terms. Parents valued being able to speak for themselves in court and, although it could feel 'tough' at the start, the frequency of the hearings and the judge's encouragement to speak were said to make it much easier over time.

Parents valued being included in discussions. A strengths-based approach can be new for parents and being asked in court about their own needs and feelings was identified as particularly significant, with the judge taking a holistic view of them beyond issues of substance misuse. Parents experienced genuine concern and interest in their wellbeing, and felt recognised as people in their own right, not only as parents.

The experience of being in an FDAC court contrasted significantly for many parents not only with standard proceedings (see 5.3 below) but also with being in a criminal court, as the defendant. A substantial proportion of parents started FDAC involved in offending and many had extensive criminal records, so discussing their wellbeing, successes and concerns with a judge took some stark adjustment, as parents shared in the interviews.

The importance of understanding parents' prior experiences, including in court, is so central to the FDAC approach that these adjustments were described by parents and judge alike as being readily accommodated, even in the more challenging cases where parents had been sent to prison or had children taken into care in the same courtroom.

FDAC judges' contribution

The judges in Pan Bedfordshire provide encouragement, advice and challenge. In the accounts of parents and professionals, communication between judge and parents mirrored the FDAC team's overall approach; speaking with respect, facilitating parents' own accounts and voices, communicating with parents with honesty and clarity and showing genuine care about the parents as people in themselves.

"[Parents] really love their non-lawyer hearings and getting to talk to the judge. They really benefit from those, because they feel like the person who's making the decisions about their lives and their children's lives actually knows them and has actually taken the time to speak to them, and to hear them" FDAC team member

The consistency of having the same judge during proceedings was valued by parents; ensuring the judge knew their history and enabling parents to establish a rapport with the judge. The judges also perceive their involvement with the parents as relational, and set this out when explaining what FDAC would involve:

I say "We'll talk about what's gone well, what hasn't gone so well, what we need to work on. We'll build up a relationship. The purpose of those meetings is not to gather evidence, for or against you. It's simply there to help and, I hope, motivate you to change." FDAC Judge

The evaluation did not engage with a full cross-section of parents (see Methodology) and did not hear from parents whose children were not returned to them. However, the accounts from professionals and parents who did engage stress the importance of the judges' personal characteristics as key to FDAC success. In standard proceedings, a parent noted, "it can be a flip of a coin what sort of judge you get" but being able to have the judge's support in FDAC "makes a big difference". Characteristics considered important included being "personable", "mild-mannered", "genuinely caring", "non-judgemental" and "understanding" and wanting to help. The "kind, fair and honest" approach of the judges who "[treat] people as people" was felt to engender feelings of openness and honesty in parents, while also motivating parents to change.

"The every two weeks [meeting] with Judge was the best part of FDAC. The judge was so understanding and supporting; always finds positive way to help all my [issues] and the guardian was good as well" Parent

Having regular praise from judges was evidently motivating. However, parents also said that having support and encouragement from such an authority figure during difficult times was particularly sustaining. Parents explained that the FDAC judges helped them to keep perspective and focus through a combination of motivation and challenge, while reminding them that only they themselves – not professionals – could get to their goal.

"[T]here's obviously the praise, and that's wonderful but then if you're having a bit of a rubbish week and things haven't gone so good, it's that kind of non-judgement that slowly becomes more obvious, and that willingness to help becomes more obvious. That is what kind of essentially, yes this is kind of different." Parent

"The judge has got time to listen and get to know you [...] He said that he believes in me and if I open up, be honest with him and the team, that we can work through this together and get to the end goal – but it is me that has to do the work. Only I can do it for [myself]" Parent

The judges were described in positive terms, with parents calling them "amazing", "the absolute best" and like a "concerned friend". The evaluation did not hear from parents who disengaged from FDAC, contested the outcome or were at a very challenging stage (the last for ethical reasons), so other views may vary. There may also be a question of how fully parents understand the judge's authority over the outcome if they are seen as a concerned friend. However, professionals and parents alike described FDAC judges as maintaining an appropriate balance between their authority and their supporter roles – and FDAC judges are highly aware of the potential for tension in these contrasting roles:

You have two different hats, which some might see as polar opposites. You are a decision-maker looking at weighing up evidence and making a decision and giving reasons on the one hand. On the other hand,

you're part of a therapeutic motivational team building a relationship ... with parents which can evoke quite powerful emotions. ... That's an odd dynamic, [but] it's manageable from the judge's side. FDAC Judge

As a member of the FDAC team, the judges' role extends beyond hearings and reviews to lend authority and impetus to the FDAC's intervention in improving parents' lives. The issue of housing is one area where judges have contributed indirectly, by writing letters in support of parents, highlighting the progress they are making and the importance of their housing issues being resolved so the progress can be sustained – and children can be returned to live with them in suitable accommodation. Given the offending histories of many parents in FDAC, judges have also been in contact with prison governors and others in the criminal justice system to explain FDAC's role in enhancing parents' lives, and to request – in transparent ways – that the agencies enable FDAC to deliver on this.

5.3 Differences with standard proceedings

Parents' experiences of FDAC and standard proceedings

Where parents also had experience of standard proceedings, they saw stark differences in how they were treated in the two sets of proceedings. Being in standard proceedings was described in intensely negative terms – as overwhelmingly alienating, “a very dark part of my journey and very, very lonely” and sometimes prompting suicidal thoughts. Parents told how in standard care proceedings they were told what to do and then “left alone”, while the FDAC team worked collaboratively with the parents to make changes.

“FDAC couldn't be more different to regular proceedings, in those I had my children removed, was told to get clean and change my friends and then left alone for 6 months and expected to have done it. I didn't do it.” Parent

Previous proceedings were difficult to recall; parents were clear how bad they had felt but not about the details of what happened, only the conclusion. One parent described having no idea what was discussed and another said they could not remember a single person's name from throughout the proceedings, not even their solicitor's. By contrast, FDAC was said to be “100 and 1 percent better than normal court proceedings”.

“FDAC asked me how they could help me, they got me into therapy, taught me to form good relationships, referred me to recovery services, helped me deal with everyday parenting and life issues but mostly they supported and believed in me.” Parent

Professionals' experiences of FDAC and standard proceedings

This view was echoed by external professionals who saw the FDAC process as far more transparent and engaging for parents. The consistent opportunity to contribute and communicate directly with the judge were valued for making parents feel respected and

increasing their understanding of the process and what was required of them. As one professional commented, it is “the overarching respect that the process gives to the families that I work with that I think is the biggest contrast between the two systems”. Such regular and open communication was felt to encourage honesty and transparency from parents themselves, for instance in disclosing any substance use.

“I know other specialists have said, ‘Oh, I’m glad FDAC’s involved,’ because they feel the parents’ difficulties are addressed - which they wouldn’t necessarily in normal care proceedings.” FDAC team member

External professionals noted that the participation of parents and other agencies in non-lawyer reviews led to “a change in power dynamics”. This increased independence from the children’s social worker, with more voices, including the parents themselves helping to avoid the “echo chamber” or “confirmation bias” that can be experienced in standard care proceedings, where parents do not have the opportunity to speak directly in court. However, it was also acknowledged that this took a shift in mindset from professionals, who were used to working in the more scripted setting of standard care proceedings. A social worker stated, “*With FDAC, it’s so much more relaxed and when you’ve had years of being all bound up and doing it right and proper, it’s very difficult to let that go*”.

It was suggested that regularly being part of the FDAC court process, and described as part of the wider FDAC team in court, could also be empowering for social workers and children’s guardians. Those at the core of the FDAC process spoke about observing this and external professionals spoke about how liberating the process could be, and how it could enhance their work, even as it added to their work engagements. Perhaps in part because the FDAC court’s ‘team approach’ included the external professionals, parents talked with feeling about how their relationships with social workers and guardians had improved over the course of FDAC – where social workers and guardians stayed in post. It was also noted that solicitors, both for parents and local authorities, were supportive of FDAC as they started to see a pattern of better outcomes for their clients over time.

Duration of process

All care proceedings can be extended beyond 26 weeks if an extension is necessary in order to enable the court to resolve the proceedings justly. Court judgments have established that in FDAC cases it will be appropriate to extend proceedings where there is an expectation that the child(ren) will be returned home. This can include extension to test out parents’ ability to maintain the change they have made and further extension for FDAC to support reunification. Extensions for this purpose were widely viewed positively, with professionals citing a number of instances where this has led to positive outcomes for families, which would not have been secured within 26 weeks. FDAC was seen as a compromise between the need for timely outcomes for children and providing parents with support and time to address their often deep-seated issues: being trauma-informed while keeping an eye on timescales, as the judge explained.

6. FDAC provision

This section describes the work delivered by the FDAC team and via community support. It traces parents' involvement from referral and take-up, through the range of work undertaken during proceedings, to the opportunity of further support post-proceedings.

6.1 Eligibility, referrals and take up

Eligibility

Parent(s)' eligibility is assessed in discussion by the social worker and FDAC Manager/ FDAC Assessing Social Worker, and then with the family and concluded with a formal gateway screening before a family starts the full process. The purpose of this screening is to identify obvious barriers to FDAC, such as a couple who are co-parenting where only one parent wants FDAC involvement. This screening is intended to prevent a family going through the assessment process unnecessarily. Although not part of the original model, a number of FDACs now include this element.

If no barriers are identified, the case is listed in FDAC for an initial hearing to direct FDAC to do an Initial Assessment. The Initial Assessment, formulation and Initial Intervention Planning is completed and reported within three weeks. Following legal advice, a parent will then decide whether to sign up to FDAC. If the parent chooses to proceed in FDAC, a Case Management Hearing will be held in the fourth week to sign up and the formal FDAC Trial for Change period begins.

It seems there are differences in understanding between social workers and teams over who is 'suitable' for FDAC. There was some confusion over eligibility and also concern among professionals that the intensive work involved would not suit all eligible parents. As a professional commented, "It's a big resource to be using if there's uncertainty".

There was indication that FDAC spaces were considered a limited resource which should be reserved for those most likely to succeed. The FDAC team have said it is not possible to predict who will do well with FDAC, and there would be no reason to 'cherry pick' when participation numbers are below capacity and the outcomes unpredictable. Nevertheless, external professionals said that perceptions of FDAC as a limited resource had led some to select the cases seen as most likely to be successful.

As a professional described, "*we had to choose the best cases [...], [where] the parents are likely to get a positive outcome or likely to engage. Quite a few were left out*". This caution at 'using up' places may have reduced the referral rate as well as postponing referrals. Professionals felt a number of potentially eligible cases had gone through standard proceedings. Examples of families being referred to FDAC late included one diverted into FDAC from standard proceedings at the instigation of a non-FDAC judge.

Referrals

As Section 3.1 shows, referral numbers varied between the authorities, with 18 families referred from Local authority 2, 16 from Local authority 1 and 8 from Local authority 3 over the pilot. Although the number of referrals was below capacity, professionals spoke of a perceived caution around who they referred and suggested more available spaces might alleviate this caution, enabling a larger number of families to be referred.

The FDAC team felt that referrals should be considered at the earliest possible stage and external professionals support the intention of early consideration, but also cited examples where cases began in standard proceedings, feeling FDAC would have been worth pursuing at an earlier stage. Solicitors emphasised the need for local authorities to formally document that FDAC had been considered and state reasons for rejecting FDAC prior to starting standard care proceedings.

External professionals considered that timely referral is hampered by low awareness of FDAC. This was echoed by the FDAC team, with a sense that local authority referral rates were closely linked to awareness of FDAC. Challenges to awareness were linked to high social work staff turn-over and the impact of COVID-19, which halted weekly face-to-face ‘surgeries’ in each local authority, where an FDAC team member could discuss cases featuring substance misuse with social workers. At the end of the pilot, virtual meetings were being re-established and the team felt this had led to an increase in referrals.

Take up

Parents’ levels of initial engagement with FDAC was described by external professionals as varying. Some were said to believe in the FDAC process immediately, while others treated it as a series of hoops to jump through, gradually becoming committed. The team echoed this, feeling that “some people come into FDAC ready to make the changes, and some of them come into FDAC and become ready”. The team said that those with experience of standard proceedings start to trust and engage with the process fully as they begin to realise how the FDAC approach is different.

Families are typically informed about FDAC by the children’s social worker, although there were exceptions, such as being told about it during standard court hearings. Parents recalled being told that it might be suitable for them and given a leaflet about it. Although those parents involved in the evaluation had taken up the offer, they saw this introduction as inadequate and wanted clearer and more comprehensive information about the FDAC.

Parents recalled their uncertainty over the FDAC offer and process, not “understand[ing] what it was all about” or feeling cynical about it. There was an acknowledgment that for some, this was less about the medium and more about the message, its timing or the messenger. One parent commented, that for them being an addict had meant it “doesn’t matter what you put on the leaflet, I don’t believe it really until I experience it”.

A parent recalled being shown a video of how FDAC “can help people like me heal myself and get my [child] back home with me to help me get clean off the substance”. Crucially, that video highlighted how others with similar challenges had successfully completed the FDAC process and been reunified with their children. Indeed, parents who completed FDAC felt that information on the positive experiences of other families had motivated them to take part.

Another example of successful peer-based information was an anonymised letter the team had started sharing with parents who were referred to FDAC. The letter is from a Pan Bedfordshire FDAC parent whose case ended with reunification. New parents were said to “respond really well” to the letter, which was “doing wonders” in reassuring parents that others have overcome similar issues and FDAC is “really worth a try”. The letter was shared after parents who engaged with this research had started, so it was not mentioned, but it fits with their emphasis on the value of peer-based information.

Parents suggested encouraging those who had been through FDAC successfully to talk to prospective parents about what is involved practically and emotionally. This could be an additional role for mentors. Sharing successful experiences focuses parent’s attention on hope, which was a core component of the FDAC offer. However, hope needs to be balanced with insight into the practical and emotional challenge of FDAC and recognition of the chance of not succeeding - in terms of having children returned. Social workers identified their role in explaining to parents what is involved to maximise the chance of success. One explained the feedback they had from parents: “they do say it is intense ... perhaps it’s our role to be realistic in terms of what to expect before they start”.

6.2 Tailored support

Direct support

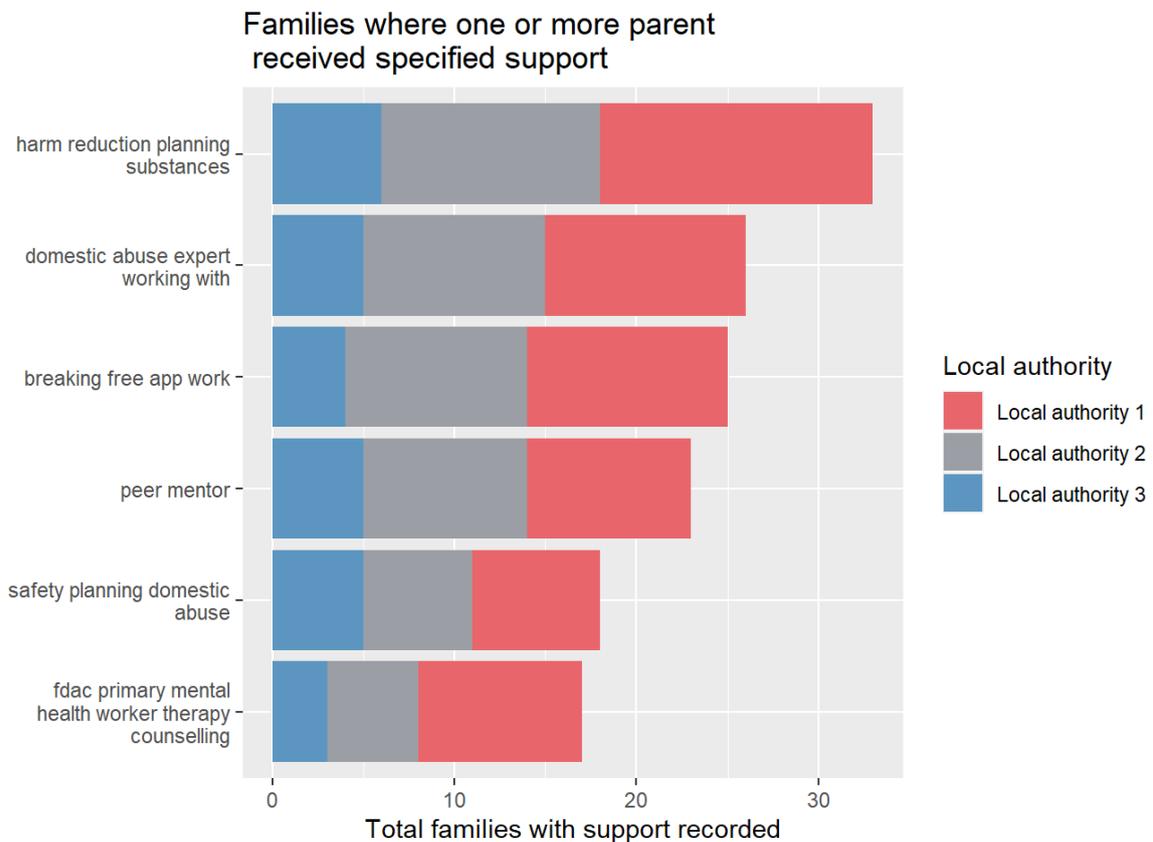
Once engaged with FDAC, families receive intensive support tailored to their needs as well as regular keywork sessions. Parents outlined the support they received, including therapy, healthy relationships work, exploring triggers, feelings, emotions and mental health as well as accessing support groups. One parent highlighted how the experience was personalised, based around their individual needs and history. The parent praised the collaborative process, with staff asking “what can we do to help you” and quickly forming a treatment plan while consulting with the parent. It was this process, being included by professionals rather than being ‘done to’, which began their “massive” trust in the process, despite their initial hesitance.

“[T]his could actually be different, like this might actually work” Parent

The diversity of support is shown in monitoring data; most families received six other types of support in addition to keywork (Figure 6.1):

- 33 families completed harm reduction planning around substance use
- 26 families worked with the domestic abuse expert
- 25 families used the Breaking Free app
- 23 families worked with a peer mentor²⁰
- 19 families carried out safety planning around domestic abuse
- 17 families participated in therapy / counselling with FDAC’s primary mental health worker²¹

Figure 6.1: Additional support received by families



The team work on the understanding that a parent is less likely to feel safe opening up if the team member is also working with their partner who may have unhealthy or abusive behaviours. Therefore, separate keyworkers are allocated to each parent.

During the pilot, there was one Domestic Abuse Expert so only one parent in two-parent families was provided with one-to-one healthy relationship work with the Domestic Abuse Expert; the parent who had the most significant needs in this area. The other parent did healthy relationship work with their keyworker. This was supported indirectly by the Domestic Abuse Expert. In some cases, parents also completed separate work around domestic abuse, such as through external domestic abuse support programmes.

²⁰ Peer mentors are provided by local recovery services.

²¹ FDAC’s primary mental health worker started in post 29 November 2020, therefore would not have been available to all families.

A second Domestic Abuse Expert is due to join the team so that each parent can access one-to-one healthy relationship work with a Domestic Abuse Expert separately.

The multi-disciplinary team was perceived as key, by team members, professionals and parents. Team members' different backgrounds and perspectives were seen to enhance the holistic nature of FDAC's work. The team described the differing expertise and roles as enabling a "dynamic and multi-dimensional" understanding of parents' experiences, while also providing opportunities for professionals to reflect on different perspectives. It was suggested that the careful selection of team members was a particular strength.

"I think they recruited really well to the posts [...] I think the staff team is really important to their success to be honest." External professional

"The more diversity in the team, the better the care" FDAC team member

If a particular type of support is recommended, often there is "somebody in the team who can do all of it". The strong relationships between team members mean that while parents do not work with all members of the team, they will work with several team members and further opportunities for indirect support were described through internal conversations and advice; having the expertise in house, was also felt to enable faster case progression.

There was a sense from parents that the team "listen", assessments were conducted "very well", the process was "really quick" and work began "quite gently". However some felt there was a lack of clarity in the early days, feeling unclear about what assessments would entail and the frequency and types of contact to expect. Although it is appreciated that contact is likely to vary across families and throughout a case, therefore providing exact estimates would be difficult.

Some parents appreciated having appointments spread throughout the week as this provided structure and reduced opportunities of returning to substance use due to a lack of activity. Travelling to appointments and groups could be a challenge for others, however. Having a support network could help attend appointments, but it was felt that those without support might be "living half their life on a bus or on a train". There were suggestions that holding consecutive appointments could reduce the amount of travel required or suit short appointments which have time for a break.

The team were conscious that parents should not have too many appointments in a day, and parents' accounts of being "left upset" after appointments, bore this out. A description that FDAC "practically picked me apart" highlights why the team feel it is in parents' interests to space appointments out to enable recovery and reflection – even though this account was given to show the intensity of a process that was described positively by the parent.

Engagement with other services

Engaging with external support groups is supported through FDAC. The FDAC team and judge encourage attendance at groups, providing additional support where appropriate, for example through supporting attendance at a first session. Monitoring data displays that a variety of onward referrals are included in a parent's intervention plan, with drug and alcohol recovery services and parenting programmes frequently listed.

The FDAC team were described as working closely with drug and alcohol recovery services, with strong working relationships and a single point of contact supporting effective communication and fast referrals where appropriate.

The top ten onward referrals listed with intervention plans were²²:

- Use of the Breaking Free app (substance use)
- Community Led Initiatives (provide Peer Mentors and support for substance use)
- Solihull Parenting Programme (parenting)
- Narcotics Anonymous (substance use)
- Luton Total Wellbeing (physical and emotional health)
- Freedom Programme (domestic abuse)
- Cocaine Anonymous (substance use)
- Alcoholics Anonymous (substance use)
- Path 2 Recovery (substance use)
- Community Mental Health Team (mental health)

Additional referrals outside a parent's intervention plan were also noted, with support around housing particularly apparent.

The team described advocating for parents with other agencies and explaining the importance of receiving an appointment quickly. In some cases this was successful, and with the team's support appointments with external agencies were arranged promptly. However the criteria of external agencies were respected and acknowledged and where a service was already at capacity, it was not always possible for appointments to be arranged quickly.

“So sometimes, those timescales of other agencies, where you're really trying to get them that help, can delay things.” FDAC team member

FDAC's involvement sped up the process of external referrals, with team members able to “take the lead on that and engage with professionals”. Parents and professionals provided examples of access to and engagement with external services facilitated by

²² The team reported that most parents were already referred to drug and alcohol treatment agencies (such as Path 2 Recovery and Resolutions) when starting with FDAC, so did not need referring by FDAC.

FDAC support, while team members described encouraging parents to engage with community support or take medication for their mental health where recommended.

“I was waiting to get referred to [a recovery service by another service] for ages, FDAC did that [within] a week” Parent

Joining these services was felt to reduce isolation and facilitate community integration, which could act as enduring support once the parent had exited FDAC.

All parents who participated in the evaluation reported engaging with recovery services outside of FDAC. Feedback about these groups was generally positive, with reports that “these have helped [...] so much” and enabled parents to develop a wider support network for their recovery. The team were felt to be flexible with FDAC appointments, to facilitate attendance at other groups.

“Through these services I have learned to make friends, to share my joy and my struggles but mostly that I have something to offer and that I can help others and make a difference.” Parent

“I gained a recovery community there and started going to groups, something I had avoided before due to fear - my keyworker and peer mentor helped me overcome that” Parent

Some parents reported being hesitant to attend external groups at first, but were able to do so with support and encouragement from the team. In some cases, parents described initially attending as they had been asked to by the team, but opting to continue to attend after FDAC. However there were suggestions that the quality could vary, with one parent feeling some groups were not helpful and describing challenges with other attendees in the external groups.

There was also a sense that FDAC involvement supported attitudes to and engagement with other professionals, with a parent describing how FDAC “definitely has changed my view”, explaining:

“I think you know that they're there to help you, and not to make you fail. I think in the beginning before all of this, social workers were involved, but you feel that they're against you all the time. I was going to say they are in a way - they're not, but you just feel that they're there just for the children and everything, but no, in this process I really feel that they're there for me, to help me, and they want me to succeed, they don't want me to fail.” Parent

In addition, keyworkers were felt to support families navigating the different agencies and services, something which would have been more challenging without professional support. This approach ensured smooth communication between agencies and that “everyone was on the same page”.

“I was involved with so many agencies [...] For me on my own to go through that process by myself and deal with all them different agents by myself, I'd have really struggled. I would have dropped the balls, I would have got confused, I wouldn't have known who I was needing to do what with, and where, but [keyworker] made it so that everything went through her.” Parent

The joint commissioning approach utilised by Pan Bedfordshire FDAC was felt to bring substantial benefits through partnership working and also ensuring recommendations are based on what is available, rather than what would ideally be available. However it was also noted that partnership working results in additional work through the requirement for extra reporting for a substantial number of partners.

6.3 Impact of COVID-19

When a family starts with FDAC, their local authority is asked to provide a device and unlimited data to ensure the family can access the platforms and tools required in FDAC. This has broadly been successful in supporting digital inclusion, however a few challenges relating to mobile signal were reported.

The FDAC team emphasised that the ongoing COVID-19 pandemic had made the process of delivering FDAC more challenging. Substantial efforts were reported as having been made to support parents during the initial lockdown, with weekly rather than fortnightly non-lawyer reviews offered. Provision of a tablet device and unlimited data appeared broadly successful in ensuring digital inclusion at a time many community services were conducted online. The Breaking Free app was utilised successfully and has become a regular part of intervention plans and feeds into keywork for parents.

Prior to the first lockdown, all meetings had been held face-to-face, to encourage close working with parents and the development of trust. At the beginning of the COVID-19 pandemic, virtual assessments were used when necessary, however some felt this “wasn't very successful” and returned to face-to-face when possible. Challenges arose due to parents' particular needs, difficulties in reading non-verbal signals, and in some circumstances awareness of safety concerns, for example conducting assessments or domestic abuse work in a parent's home where their partner is present.

Reflecting on the challenge of balancing the need for intense support with pressures for remote contact, the team described proactive and responsive measures (Morris, 2021a, 2021b). While drug and alcohol screening was heavily restricted in the first lockdown, this resumed as soon as possible and was not reported as having made a substantial impact. Similarly virtual court attendance was necessitated at the start of the pandemic, but in-person attendance resumed as soon as possible. While parents, the judge and the FDAC team usually attend in-person, external professionals have the opportunity to attend virtually. As the initial lockdown eased, FDAC sessions returned routinely to in-person, whilst tailored to individual parent need, in some cases being held remotely.

Understandably, parents who were with FDAC at the start of the pandemic were more impacted than those who started more recently. Parents who were affected by COVID-19 spoke of the team offering flexibility in meeting locations to ensure comfort and safety. Little impact of COVID-19 was reported by the parents currently working with FDAC, with one noting all their appointments were conducted in person. However the enduring impact of COVID-19 on external services was apparent at the end of a case, with a team member noting fewer community services to transfer people onto.

6.4 Parents' experiences of support

The eight parents who completed the feedback survey were extremely positive about the support received from the FDAC team. Four of the parents who responded were still involved with FDAC and four were not.

Parents were asked the extent to which they agree or disagree with a series of positively-worded statements, with all parents agreeing or strongly agreeing to all but two of the statements (Table A.1, Appendix A). The one point which might warrant further exploration is the one parent who disagreed that the judge explained why they made the decisions they did.

One parent who completed the survey took the time to list all members of the team, detailing how each team member's unique approach had supported their recovery. This sense of gratitude was present among other parents who contributed to the evaluation, and reinforces how core the multi-disciplinary team is to the FDAC approach.

Parents described the "hard work" and difficulty in needing to "pull up the past and open old wounds", however a sense of optimism and hope was present, with parents describing having recognised "I have got to get myself together and I can do it". Talking in keywork sessions was raised as particularly valuable as a space to discuss worries and concerns.

"I have learnt through FDAC that by talking about stuff, really does help [...] learning to deal with your emotions as well. Instead of pushing things down and trying to forget about them, just deal with it head on, and talk about things. That has been the main help for me, and I do feel I talk about things a lot now" Parent

On the whole the support was considered useful; where it was felt to be less useful, this typically related to changes in the parent's current needs and circumstances, which caused the parent to feel support was no longer required, rather than the quality of the support itself. However, regardless of the usefulness of the support provided, parents described how attending lots of appointments for support was in itself a helpful input, especially at the start of the process of abstaining from drug or alcohol use. The intense approach provided daily activities and ensured focus was maintained, preventing a

sense of “oh what am I going to do today then?” as one parent described it, while another noted:

“You have something to do, near enough every day of the week, because at the start, that’s important, having something to do, because this is where a lot of people go wrong when they’re trying to get clean, they’ve got nothing to do” Parent

A degree of frustration was expressed where a parent was recommended support which they did not feel they needed, but were required to complete because it was in their intervention plan. A further challenge was raised around the length of the process and the fact that proceedings and high levels of support continued while parents felt they were in a good place. There were suggestions from parents that it is important to ensure families know how long it will last when signing-up to FDAC. Conversely, a different view was presented by another parent, recommending that while support might not feel necessary at the time, there could be long-term benefits.

“Grab every opportunity they present, even if you think you don’t need it, do it because you may actually benefit from it.” Parent

Despite some specific reservations, parents suggested the “whole process” was useful, supporting them to keep “on track and [...] focused”.

“The entire team were friendly, supportive, full of guidance - they boosted me, believed in me and called me on my rubbish when needed but in a loving way. I have so much love and gratitude for my entire team and absolutely no negative aspects.” Parent

There was a sense of gratitude from parents who participated in the evaluation. As well as unconditional acceptance, the team provided tools and space for parents to address the challenges which had brought them into FDAC.

“[It’s] an amazing journey, tough but so empowering.” Parent

“If I didn’t get a chance to get the help and support from FDAC team I don’t think I would be here” Parent

Team members and parents emphasised how empowering FDAC could be, with parents feeling safe and listened to, with key themes emerging around: hope; trust; safety; respect; honesty; and transparency.

Trust and openness are crucial to success in FDAC and parents appeared aware of this from the outset. This transparency is necessary, but one parent described how difficult they found building trusting relationships with the team in the early days, as it can take a “long time to build up trust with people”. However this became easier as time progressed and the parent reported feeling able to be open and honest. There were also

descriptions of parents seeing their keyworker as a friend, and of how comfortable the team and judge made parents feel during difficult conversations, gently supporting exploration of an “awful past I was too terrified to look back on”.

“[T]hey tell you from the very beginning that you've got to trust in these people and that you've got to be honest, and that if you're not honest it's not going to work” Parent

“The judge [and] the FDAC workers made me feel [comfortable] about talking about stuff I was never really wanting to ever discuss never did I feel like I was judged [...] all that was ever asked from me when I joined FDAC was to be honest and [...] abstinent and if I needed help to ask” Parent

“We also talk about being open and honest at all times. That's one of the things from day one that we say that they will get from us, and that we expect from them.” FDAC team member

Even where initial uncertainties were expressed, parents were extremely positive about FDAC and the team, describing their personal growth and feeling they would recommend FDAC to other parents. One parent who had finished their work with FDAC discussed how they continue using some of the techniques they had learned through FDAC and were inspired to help others “find the blessings that I have”.

“Don't expect to be judged, this team do not judge, they understand and want to help. They want you and your children together, healthy and successful.” Parent

“FDAC changed my life, the team gave me my family back and helped me to become a better parent and a better person. They believed in me and supported me, something I had never had.” Parent

“I would definitely recommend the FDAC, and I would say to people that you do get a hell of a lot of support.” Parent

External professionals also recounted positivity among parents about the FDAC process that focused on the ways in which parents had been treated and helped, regardless of outcome. This position was encapsulated by one professional who explained how:

“I've had parents who've gone right the way through this process, out the other side successfully and not so successfully, and the universal message is, 'I was treated with respect. I understood what was going on. When I didn't understand what was going on, I asked, and they told me what was going on!’” External professional

Professionals' experiences

External professionals working with the FDAC team described positive relationships and good team collaboration, driven by close working and regular, fluid and often informal, contact. It was frequently emphasised that these elements were felt to lead to positive outcomes for parents and that the closer the different professionals involved in FDAC worked together, the more positive parents' outcomes were likely to be. There were professionals who favoured even closer team working, with a greater sharing of reports and updates on parents' progress beyond the FDAC team for example.

However, such multi-agency working sometimes required some adjustments in terms of individual roles and overall hierarchies. Social workers in particular sometimes felt that the coordinating role of the FDAC team could make them feel that their role was impinged upon. This could particularly be the case where they had a pre-existing relationship with the family in question. As one social worker put it, "as a social worker, my role was being usurped". However, there was also a wide recognition that, given the different professional perspectives of those involved in FDAC, a certain level of disagreement was healthy and not to be discouraged.

Professionals recounted instances where the views of professionals involved with FDAC had diverged. Such disagreements had typically been resolved through professionals' meetings outside of the fortnightly review process and these, on the whole, were felt to have been successful.

There were reflections from the FDAC team that independence from the child's social worker was a benefit of FDAC. There was appreciation that this might be frustrating for social workers, however this was felt to be "just a general human psychological thing. It's sometimes seeing someone who's separate and outside of things makes people feel less judged and feel safer".

"[In standard proceedings] there's an element of distrust, and like, 'Well, how independent are you, really, when you're working with that person who said that I couldn't parent my children?' [...] I think with FDAC, sometimes it literally is just as simple as having someone that is being seen as separate that makes them feel that they can say things that they don't to their own social workers." FDAC team member

As well as the standard FDAC support, the team described supporting parents when their basic needs were not being met, for example providing food vouchers where parents did not have access to food and pro-actively checking in to ensure wellbeing.

6.5 Families' exits from the FDAC service

Previous research in FDAC has highlighted the need for greater support after proceedings have concluded (Harwin et al., 2016). Pan Bedfordshire FDAC offers some extended support post proceedings, which the team refers to as a 'soft exit'.

A soft exit is available for all families whose cases conclude in FDAC regardless of outcome, and is intended to help families to transition out of a period of intensive support. While two families were in the soft exit process at time of data submission, data show the FDAC soft exit period was accessed in eight cases, with notes suggesting parents were provided with between four and 24 weeks of additional support.

Given the intensive nature of FDAC, external professionals expressed some degree of concern about what would happen once FDAC support ceased. However, in a number of instances, professionals described soft exits from the FDAC process, where parents had continued, but less regular, contact with judges, or where they continued to receive support from relevant agencies and support groups – but on a less regular basis. While such soft exits were viewed positively, and generally reported to be working well, a degree of uncertainty remained regarding parents' longer-term outcomes once this reduced level of support was removed. Parents felt further support from FDAC during the soft exit would be useful, noting "it's hard" and that "local authorities don't help like FDAC help".

Linked to this, a number of families who completed the FDAC process successfully had their children returned to them on a gradual basis, recognising that reducing the support available to them whilst increasing their responsibilities could potentially cause stress and anxiety that might undo the progress they had made. This was an approach parents appreciated, as it gave them time to incrementally adjust to their parental responsibilities, by re-uniting with one child at a time. In one instance, a parent felt that it would have been very challenging to be re-united with all of their children at once, at the same time as their regular FDAC support had been removed. However, it was regarded as imperative by parents and professionals that families were aware of the possibility of the gradual return of children at the outset. One parent, who had not been aware that their children might be returned gradually, described feeling anxious and stressed, beginning to doubt whether all children would ultimately be reunified:

"Then they never said that in the beginning. Nothing like that came in the beginning, so that was a bit of a shock" Parent

It will not be possible to specify the progress of FDAC at every stage in advance as cases will progress differently. However clear communication with families is important in this regard and other families highlighted how much they had appreciated being updated on possibilities as they developed.

The team also felt exiting FDAC could be challenging for parents. Holding a ceremony at the end of proceedings was valued, giving families “that closure and that ending [in FDAC], a positive ending is something really different”. The post-proceedings support appeared tailored to an individual’s needs, with descriptions from parents and the team of a parent calling a team member when they were struggling, or continuing to access therapy from an FDAC team member. This ongoing contact also highlighted where parents continued to engage with other services after leaving FDAC; this was felt to be “really helpful, and just really a nice refresher of why we do this”. One parent also became a peer mentor and the team found it “lovely to see” the parent learning about data protection and confidentiality, and having a new “viewpoint as a professional”.

Where follow-up hearings had occurred, it was felt to be “early days”, but “really good”. The process was seen as “very relaxed”, with the judge showing interest in both the children and parent.

In general, there were suggestions that soft exits were “an area of development”, as parents had only accepted the offer of a soft exit where a case was successful, despite attempts by the team to offer this option to parents whose cases did not end in reunification. There was sometimes “a sense of loss” for parents as FDAC support ended; for some parents FDAC might have been the first opportunity they have had to discuss their lives and experiences.

“They like getting their normality back in their lives, but also, they miss some of what we were doing. So it’s like a real... It’s quite a tricky time for them” FDAC team member

7. FDAC outcomes and impact

This section focuses on the outcomes for families involved with FDAC: the outcome of proceedings and comparison with standard proceedings, evidence of change in parents' substance misuse and wellbeing and outcomes for children. It also discusses outcomes and indications of cost avoidance and reallocation that relate to FDAC and other agencies.

As additional context, the national FDAC outcomes framework²³ outlines seven expected outcomes for families and five process outcomes involved with FDAC and lists sources of data which can be collected to evidence impact in each area. The table in Appendix C outlines these outcomes and our assessment and current evidence for each.

7.1 *Outcomes for families*

The team, external professionals and parents identified a range of outcomes for FDAC families. These related to key outcomes of interest for the evaluation (safe reunification, abstinence and early permanence where reunification is not appropriate) and outcomes that demonstrated the wider impact of the FDAC intervention and support. They include:

- Family reunification: seen as a particular achievement for parents with a history of children being removed;
- Prolonged abstinence: evidence of abstinence during engagement with the FDAC and indications it was likely to be sustained, but it was not measured post-FDAC;
- Parents' recognition and understanding of their own and their children's needs: Where reunification was not recommended there are reports that parents gained insight into why reunification was not possible at present, and what would have been necessary to achieve reunification;
- The "gentle work" of FDAC supporting parents to trust and open up to the team, helping get to the root of their substance use; this was supported by the expert team in FDAC, and the additional time which allowed problems to be properly addressed;
- Improved parental circumstances, with parents in more suitable housing and able to save money to buy a car to transport their children to activities

In a number of instances, professionals compared the 'success rate' of FDAC favourably to that which they had seen from standard care proceedings.

Whilst in some cases children had been returned to parents, with some parents undergoing a 'soft exit', there was a nevertheless a widespread recognition that short-

²³ <https://www.researchinpractice.org.uk/media/3930/section-2-fdac-outcomes-framework.pdf>

term success did not necessarily equate with long-term abstinence and that, in many cases, some uncertainty remained in this regard. Though it should be noted that Harwin et al. (2016) reported parents who had been through FDAC were more successful at maintaining abstinence and keeping their children in their care than parents in standard proceedings.

There was an over-riding feeling that, even if a parent did not achieve positive outcomes from FDAC, in terms of reunification with their children, they nevertheless described the process and experience positively – and in many instances had secured improvements to their circumstances.

Priorities

The surveys for parents, the FDAC team and external professionals asked what was most important to parents about FDAC, both when they started and when they finished.²⁴ This was to assess how taking part in FDAC might influence parents’ priorities. Respondents were asked to rank all statements from 1 to 6, such that a ranking of 1 reflects the most relevant / important statement and 6 reflects the least relevant / important statement. The options reflected aspects of parents’ lives which FDAC seeks to support and improve plus them potentially identifying no priorities or being unclear about what FDAC does. Results of these rankings are in Table 7.1 below and additional tables in Appendix A.²⁵

Table 7.1: What was most important to parents before and after starting FDAC

| Item | Parents' ranking at the start of FDAC | Parents' ranking after involvement with FDAC |
|---|---------------------------------------|--|
| Helping me keep my child(ren) | 1 | 2 |
| Helping me with my relationships | 2 | 5 |
| Helping me with my behaviours | 3 | 3 |
| Helping me understand how I feel | 4 | 1 |
| Helping me with practical things | 5 | 4 |
| Nothing / I didn't know what it would do / It didn't help | 6 | 6 |

This small sample showed that before involvement, parents saw keeping their children in their care as the most important part of FDAC. Once they had been involved however, parents saw helping to understand their own feelings as the most important part. None of the parents put ‘nothing’ as a priority, although FDAC team members thought parents might have seen FDAC as offering nothing before they engaged with it. Parents ranked ‘helping with relationships’ as the second most important aspect of FDAC before starting but fifth once they were involved, indicating that they had increased recognition of the wider range of issues it could help address.

²⁴ One FDAC team member included their own suggestions in the rankings. These rankings were recalculated with the additions removed so results could be reported consistently.

²⁵ Ranking is based on a score which is generated through a weighted calculation. Items ranked first are valued higher than the following ranks, the score is a sum of all weighted rank counts.

The shift in the importance parents put on understanding their own feelings was most marked, moving from being ranked fourth of five items to being identified as the most important element of FDAC. This shows, in parents’ own terms, recognition of the core premise of FDAC and its holistic approach – that it is for parents not just to address a set of issues but to understand themselves better in order to succeed over the longer-term.

“People can stop using for a bit, they can separate from their abusive partner, take medication. But if they have not had the opportunity to renegotiate their relationships with themselves, to learn how to regulate their emotional states and to form balanced relationships with others there will always be the risk of future problems” Webb, 2021: 65

In addition, FDAC team members ranked what they view as most important about FDAC for families (Table A.4; Appendix A) – this was asking what they as professionals believed to be key, not what they thought parents’ own priorities were. The FDAC team ranked helping to understand feelings as being most important. In this they were close to parents’ own assessment of what proved to be most important about FDAC once they were involved. This is in line with FDAC’s recovery work, which supports parents to reconnect with feelings and manage them in healthier ways.

Where respondents noted additional priorities, these included help around substance use, trusting people, mental health and support around addressing past experiences and traumas. One parent described how FDAC had helped with their relationship, feeling “[my partner and I were] a team again which we hadn’t been for a long time”.

Timeframes

For the 11 concluded cases, monitoring data showed in which week the case concluded. Table 7.2 below displays the range and mean length of FDAC cases by outcome.

Table 7.2: Mean length of cases (weeks)

| | Mean (weeks) | Range (weeks) | Number |
|--|--------------|---------------|-----------------|
| All cases | 52.91 | 28 - 82 | 11 |
| Cases where Supervision Order granted | 62.17 | 53 - 77 | 6 ²⁶ |
| Cases where Care / Placement Order granted | 31.75 | 28 - 35 | 4 ²⁷ |

On average, cases where reunification was granted lasted over twice as long as cases where reunification was not granted, however it is worth noting that all cases which did not end in reunification also concluded outside of 26 weeks. Although in those cases that did not end in reunification, the recommendation for this was made in week 19 of

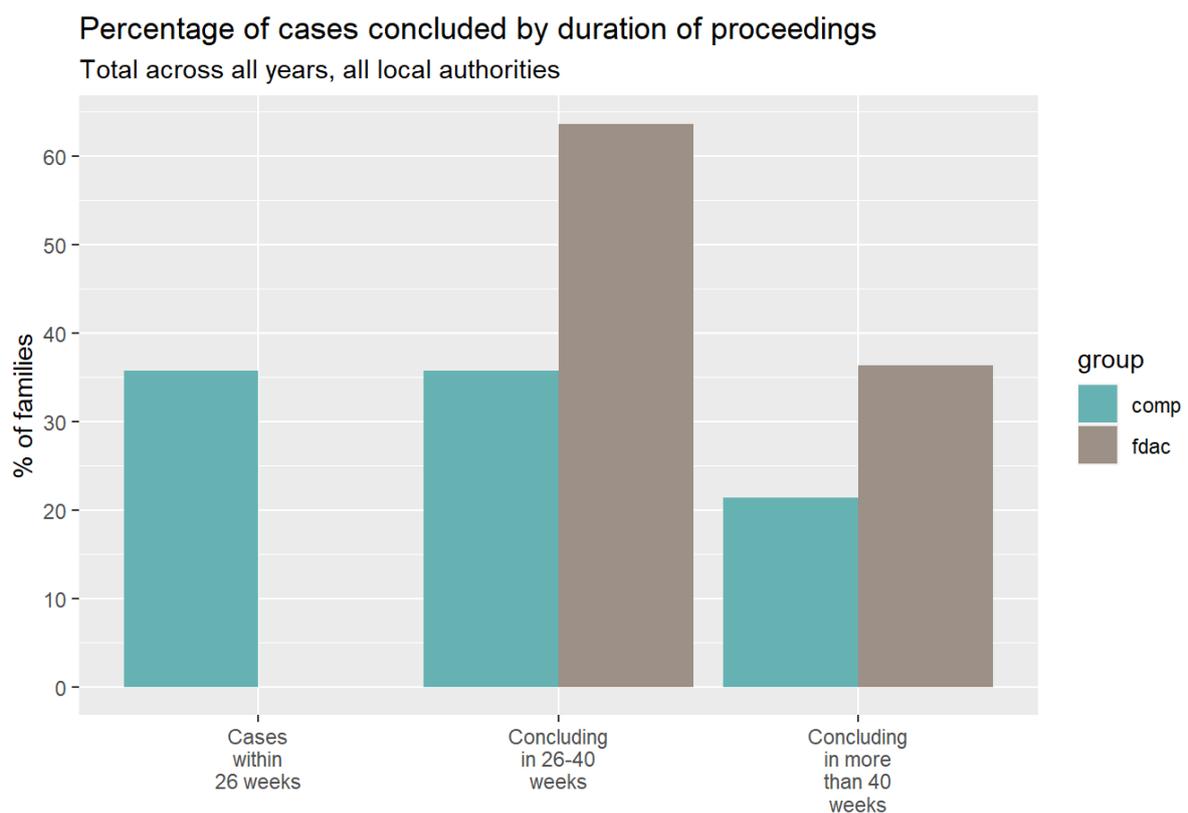
²⁶ One case which was granted both Supervision and Care Orders is not included in this calculation.

²⁷ One case which was granted both Supervision and Care Orders is not included in this calculation.

FDAC. Notes submitted with the data provide some context for this; COVID-19 understandably caused delays, particularly in the early stages of the pandemic. Other reasons for delays include where cases were referred to FDAC having already progressed through standard proceedings, along with other family circumstances which were outside of FDAC’s control.

FDAC proceedings took longer than the standard care proceedings experienced by the comparison group, where over 30% of cases completed within the 26 week target timescale. The longest duration in the comparison group lasted 70 weeks. This should be seen in light of the outcomes above – only one of the standard care proceedings ended in reunification at the end of proceedings.

Figure 7.1: Percentage of all cases concluded by duration of proceedings

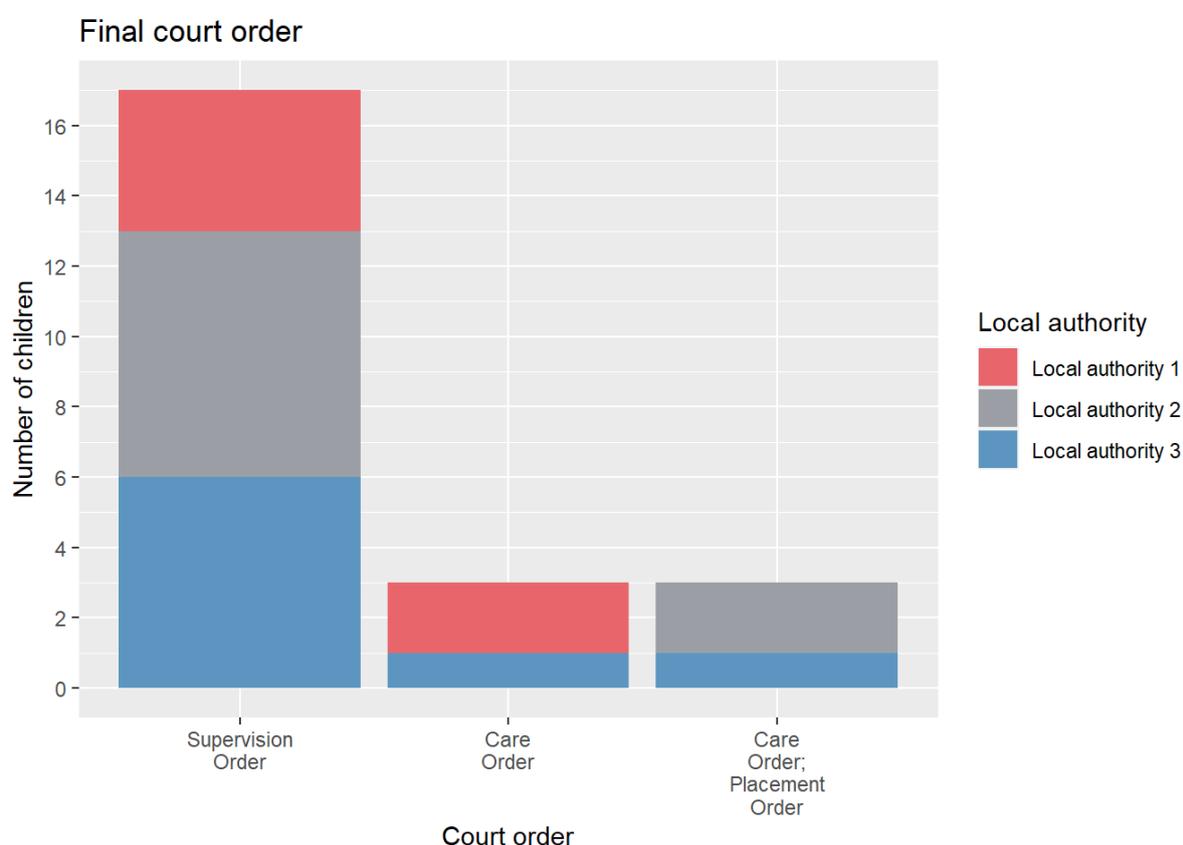


The FDAC team emphasised that, in most cases, children should not be asked to live with the uncertainty associated with care proceedings for more than a year, and that “unproductive” delays should be avoided at all costs. However, where it was considered that a parent could succeed with FDAC, they were usually offered an extension of 12 weeks – to assess whether the progress they had made to date could be “sustained in reality”. The FDAC team’s view was that the initial 19 weeks duration of the programme was only relevant for those parents from whom it would become apparent within this time-frame that they would not make sufficient progress to justify FDAC recommendation for an extension.

7.2 Reunification

Previous research into FDAC has found a reunification rate of 37% in FDAC and 25% for a comparator group of families in standard proceedings (Harwin, et al., 2018).²⁸ Of the 11 cases which had concluded in Pan Bedfordshire FDAC, seven had a Supervision Order granted, while five had Care / Placement Orders. These figures include one family where Supervision Orders and a Care Order were granted for different children. Therefore reunification was granted for 64% of these 11 families²⁹. While these early findings are promising, data from more families will be required to draw conclusions. Outcomes for the 23 individual children children are displayed in Figure 7.2 below. A Supervision Order was made in respect of 17 children, while six children were made subject to a Care Order and for three of those six children Placement Orders were also made due to a plan for adoption.

Figure 7.2: Final court order by local authority



These outcomes for families in FDAC can be compared with the comparison group of families experiencing standard proceedings. The difference is striking.

- None of the 18 children in the 14 comparison families identified were subject to a Supervision Order. One child from a family with both drug and alcohol concerns

²⁸ <https://doi.org/10.1093/lawfam/ebv006>

²⁹ In one case, reunification was granted for all but one child; this plan was agreed by the parents.

and domestic abuse in the comparison group had no order at the end of proceedings; therefore this child's case ended in reunification. As a result, 7% of cases in the comparator group involved reunification (1 of 14 families); this figure is substantially lower than the rate for FDAC families (64%; 7 of 11 families).³⁰

- No FDAC proceedings have concluded in a Special Guardianship Order, compared to two cases (three children) in the comparison group; though it is clear from the FDAC notes that family members are considered as potential carers, where available and should reunification fail.

Further detail of these families' experience of previous children being removed, or the range of services that they may have received is not available, limiting the ability to identify the causes of these differences.

For FDAC families, where reunification was not recommended, the outcome was contested in all but one case; this case involved reunification for most children with another child remaining in long-term foster care, a plan that was agreed by parents.

Notes alongside the data provide additional context, suggesting in some contested cases, parents accepted they could not have their children in their care, and contested the plan for adoption in favour of another plan. Details about the length of hearings is available in section 7.2 below.

Extensions were granted for all cases where reunification was the outcome, while no cases which concluded in a Care Order or Care and Placement Orders for all children were granted extensions (the length of these cases were due to other delays not related to FDAC). This shows appropriate use of extensions where reunification is a possibility, and indicates that the extra time FDAC can provide to families supports reunification.

The first figure below (Figure 7.3) explores outcomes by whether the family had a history of child removals. Reunification was granted for all families³¹ without a history of child removal (n = 4), while outcomes were more mixed where previous children had been removed; three of these cases ended with reunification, while four concluded with Care / Placement Orders.

The second figure (Figure 7.4) displays outcome by average number of the six additional support types received by families, explored in section 6.2. Average numbers of support types varied slightly across outcomes; from 6 types where Supervision and Care Orders were granted, to 4.33 types where Care and Placement Orders were granted. This suggests a high level of support is received across families. While the numbers are slightly higher for cases where reunification was granted, this might be expected due to the number of extensions for these cases which granted additional time. Alternatively, where cases concluded outside of parental care, this could be due to a lack of engagement with services resulting in parents' difficulties not being addressed.

³⁰ In the larger comparison data supplied, one family without domestic abuse identified (and therefore not included in the final sample of comparison families) was subject to a Supervision Order, and one child was made subject to an Interim Care Order which was subsequently withdrawn.

³¹ This includes one family where reunification was granted for all but one child.

Figure 7.3: Final court order by history of child removals³²

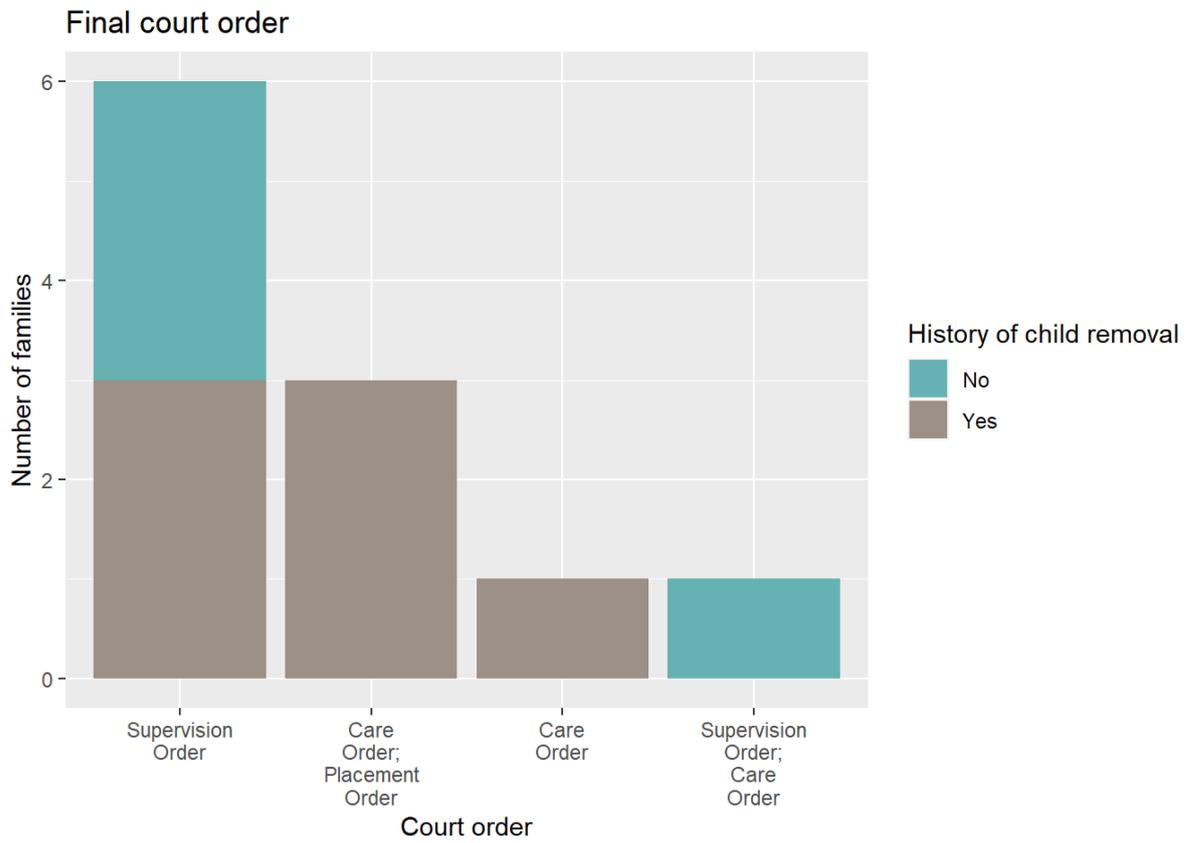
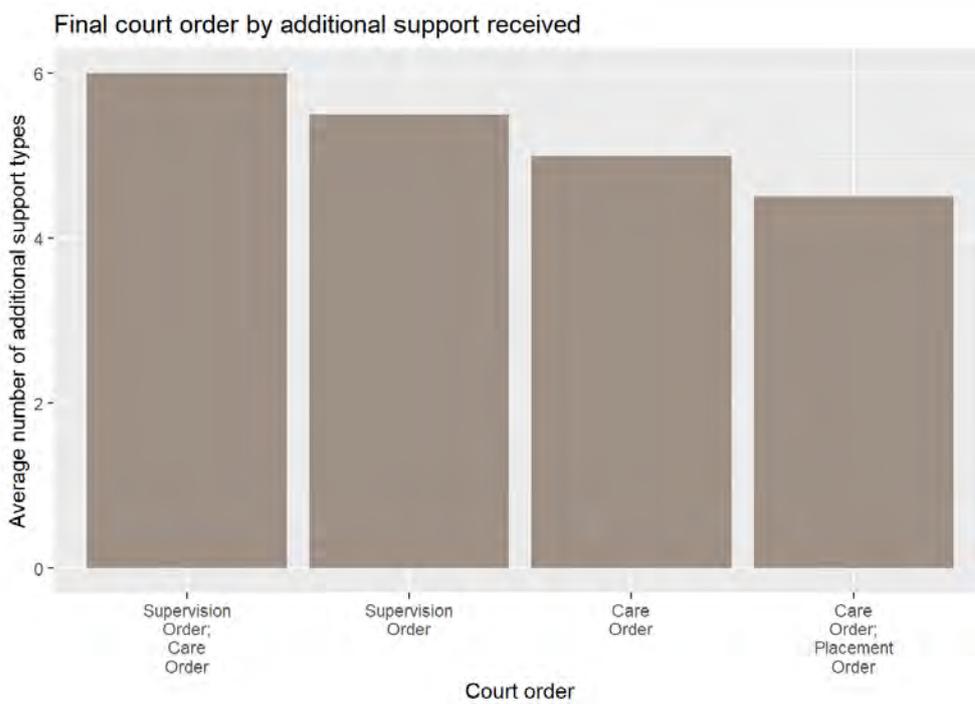


Figure 7.4: Final court order by number of support types³³

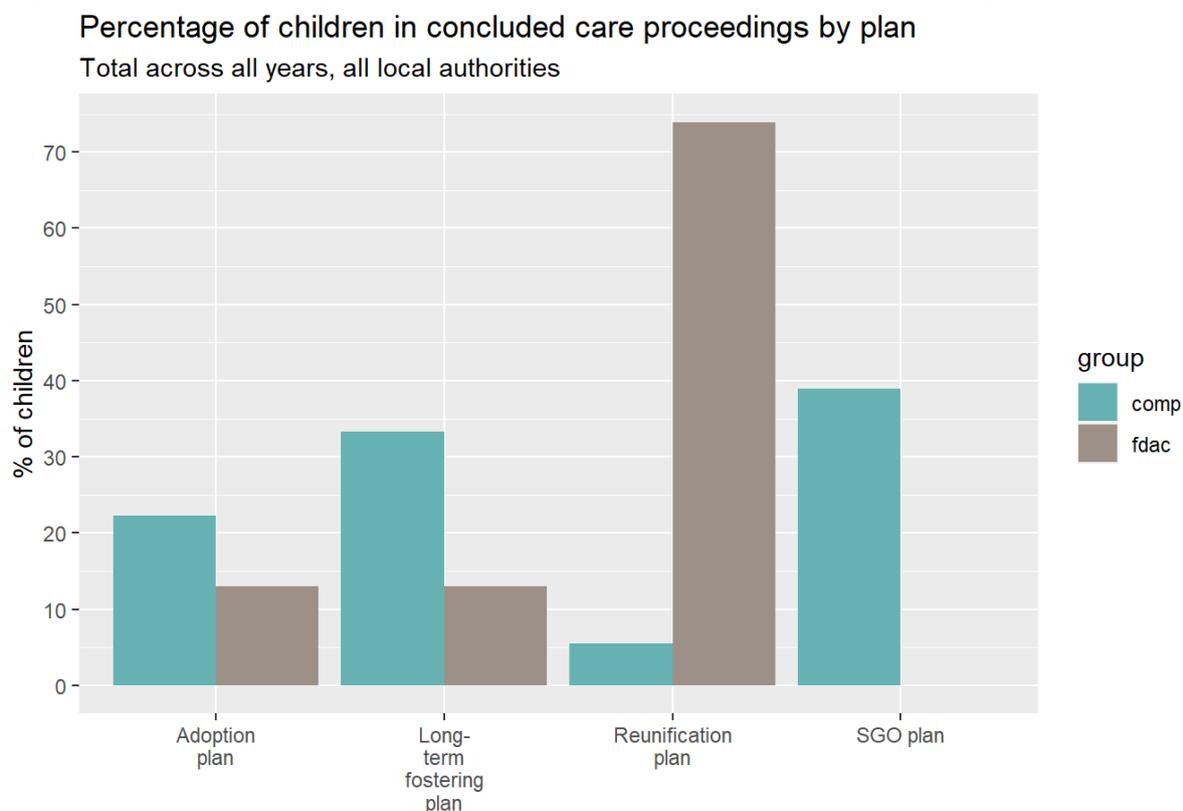


³² The family in the final bar was granted a Supervision Order for three children and a Care Order for one child.

³³ The family represented in the first bar was granted Supervision Orders plus a Care Order for one child.

As suggested by the data on order types, individual children in FDAC families were more likely to have a plan which includes reunification. In FDAC, those children who did not return home were evenly divided between those with a plan for adoption and those with a plan for long-term fostering, while nearly 40% of the comparison group had a plan for, or were already living under, a Special Guardianship Order. It should be noted that for cases in FDAC, it remains the local authority’s responsibility to identify and progress extended family and friend permanency options.

Figure 7.5: Percentage of children in concluded care proceedings by plan



Data were reviewed to explore whether there was a relationship between outcomes and the estimated³⁴ age of the youngest child in proceedings. While there is not enough data available to draw conclusions, all Care and Placement Orders were granted where the youngest child was aged four and under, while Supervision Orders were granted across ages. There were no such patterns in the comparison group.

Where reunification is not possible, an FDAC team member described how they hoped to support parents to “make as much progress as they can, and potentially achieve early permanency or just permanency that maybe looks a bit different”. A team member noted “where reunification doesn’t happen, I want to feel like I’ve left that family in a

³⁴ Age at the end of proceedings was calculated using the year of birth of the youngest child in proceedings, based on a mid-year birthday (2 July).

better position when they finish FDAC, in a way that they can continue with and is going to be sustained”. Examples were provided where although reunification was not the outcome, successes were still evident where the parent had made substantial progress, but had not been able to address all of their difficulties within the child’s time-frames.

“It’s about those parents and children moving towards where they need to go, even if they can’t do it within the timescale of these proceedings.” FDAC team member

Another crucial element raised by both team members and external professionals, is how even where reunification is not recommended, children will be able to look back in the future and know every effort was made, by parents and professionals, to keep the family together.

“[T]hat’s [...] something that comes up again and again and again in looking at children’s life stories. I think that this adds a very different flavour to those stories for those children. I think that’s really important, even when it hasn’t ended as a reunification.” FDAC team member

“[T]hey will know that their parent did everything that they could and they really tried and that will be explained in copious reports that are child-centred and compassionate to their parents. That will really help their life understanding, I think, it’s such a valuable thing.” External professional

7.3 *Abstinence*

There were a total of 17 parents involved in the 11 cases which had concluded in FDAC. Monitoring data shows that 11 of 17 (65%) parents achieved full abstinence from the substances they were flagged as using on referral. Reviewing this by substance, by the end of proceedings:

- One parent identified as having misused alcohol but not drugs was abstinent;
- Seven of nine parents who misused drugs but not alcohol were abstinent; and
- Three of seven parents who misused both drugs and alcohol were now abstinent.

The numbers are too small to draw conclusions but indicate a link between abstinence and reunification. Across the 11 families:

- Where all parents in the family achieved abstinence (six of 11 families), reunification was granted in all cases.
- Where no parents in the family achieved abstinence (three of 11 families), reunification was not granted in any cases.
- Where one of two parents in the family achieved abstinence (two of 11 families), reunification was granted in one of the two cases.

Where abstinence was not achieved, data suggest that some parents reduced their drug / alcohol use by the end of proceedings; further data records parents who achieved at least a month of abstinence, but this was not maintained. In these cases, it is promising to see that parents who do not achieve abstinence within the required timeframes are still able to make progress in FDAC; this progress could develop and continue after FDAC support has ended.

An FDAC team member described how FDAC screens parents for substance use throughout their time with FDAC, whereas in standard proceedings parents might only be tested at the start and end of proceedings. The team felt that parents find it “really encouraging and seeing it [negative drug / alcohol screen] on paper”, potentially providing additional motivation for parents, but also supporting parents to learn to self-disclose and providing opportunities for professionals to be aware of lapses early and offer appropriate support in attempt to prevent relapse.

If a parent does use during FDAC proceedings:

“It's mentioned in court but they're not told off for it. They're not shamed for it. We say, 'We understand, it's been a difficult time, do you want to tell me about why this has happened?' It is acknowledged but it's not highlighted and everyone knows about it.” FDAC team member

This would then be explored further in the safety of keywork, to identify triggers and explore how the situation could be managed differently in the future to prevent further lapses. This approach was felt to be successful, with the mutual honesty between parents and the team appearing to enable parents to be open about substance use.

External professionals were highly positive in reporting the outcomes of parents who had abstained from drug and alcohol use during the FDAC process and beyond, and particularly in comparison to standard care proceedings, although there remained a degree of uncertainty amongst this group regarding the permanence of such changes. However, FDAC was seen as working to identify and address the “root cause” of parental addiction, whilst standard care proceedings were seen as encouraging abstinence, without addressing the underlying issues.

7.4 Wellbeing

Depression and anxiety levels

Pre-validated measures are used to screen parents for depression (PHQ-9³⁵) and anxiety (GAD-7³⁶) at every assessment; Research in Practice analysed scores at the start and end of a parent’s time with FDAC to explore any changes. For both scales, a higher score is

³⁵ <https://pubmed.ncbi.nlm.nih.gov/11556941/>

³⁶ <https://pubmed.ncbi.nlm.nih.gov/16717171/>

indicative of more severe depression or anxiety. Changes in these scores across time points are explored below, though it should be noted that there is debate³⁷ about the effectiveness of the use of screening tools to monitor progress.

Data were available at initial and final screening for a total of 19 parents in 14 families. This included 13 parents (from 9 families) whose cases had concluded, and 6 parents (from 5 families) who were nearing the end of their time with FDAC, but had not yet had a final hearing.

Reviewing scores for parents with data available at the start and end of their time with FDAC, there is a substantial decrease in mean scores during this time.

Table 7.3: Average PHQ-9 depression screen for all parents where complete data are available

| | Initial PHQ-9 depression screen | Final PHQ-9 depression screen |
|--------------------|---------------------------------|-------------------------------|
| Mean | 8 | 3.95 |
| Standard deviation | 5.91 | 4.56 |
| Number of parents | 19 | 19 |

Table 7.4: Average GAD-7 anxiety screen for all parents where complete data are available

| | Initial GAD-7 anxiety screen | Final GAD-7 anxiety screen |
|--------------------|------------------------------|----------------------------|
| Mean | 7.42 | 4 |
| Standard deviation | 5.26 | 5.02 |
| Number of parents | 19 | 19 |

Where PHQ-9 depression scores are available at both initial and final assessment (n = 19 parents), a substantial decrease is observed, with an average score of 8 at initial screen and 3.95 at final screen. A paired samples t-test indicates the reduction in scores (-4.05, 95% CI[-7.42, -0.68]) is statistically significant $t(18) = -2.53, p < .05$. However it is important to note the small sample size when interpreting the result.

This pattern is also apparent where GAD-7 anxiety scores are available at both initial and final assessment (n = 19 parents), with an average score of 7.42 at initial screen and 4 at final screen. A paired samples t-test indicates the reduction in scores (-3.42, 95% CI[-5.99, -0.85]) is statistically significant $t(18) = -2.80, p < .05$. However it is important to note the small sample size when interpreting the result. This suggests that parents'

³⁷ <https://www.bmj.com/content/370/bmj.m3313.full.print>

scores on depression and anxiety screening tools significantly improve between the start and end of their time with FDAC.

Wellbeing changes by outcome

Changes in wellbeing scores were also analysed to explore if there was a relationship between increased wellbeing and outcomes (Figure A.1; Appendix A). For each family, average wellbeing changes on the PHQ-9 depression and GAD-7 anxiety screens at initial and final assessment were calculated for all parents. A reduction in scores indicates less severe depression / anxiety and therefore increased wellbeing.

Figure A.1 (Appendix A) shows that overall wellbeing increased in most families, with a very small reduction in two families. There was no clear link between wellbeing changes and outcomes, with the largest increase in wellbeing occurring in a case which did not end in reunification. While the sample size is too small to draw conclusions, it is positive to note increased wellbeing in families regardless of outcome, suggesting that even where reunification is not granted, FDAC can have a positive impact with parents. This reinforces one of the evaluation's core findings, that the process of being part of FDAC brings about broader improvements in parents' lives than the substance misuse which prompted their referral – and that there are indications these improvements can be independent of care outcome and, as such, may prove sustainable for many parents.

Qualitative data also gave insight into other ways FDAC had impacted wellbeing. Through healthy relationship work, a team member relayed how a parent gained insight into the domestic abuse they were experiencing and “realised that she was worth more than that and she now knows what a [healthy] relationship looks like”. Meanwhile another couple who were “communicating a lot better now than they were prior to FDAC” and had become “more involved in the community”,

Team members described how FDAC enables parents to address internalised stigma about mental health difficulties and are supported to access community mental health services. Some team members will talk to families about their attitudes and experiences around mental health, and help normalising mental health difficulties, noting “we can do that educational work in FDAC to break down a bit of that stigma and help them challenge some of the beliefs”. Where appropriate, the team can also refer or advocate for parents with community mental health services to facilitate prompt assessments / appointments. In some cases parents then accessed community services and it was felt by the team that this would not have occurred without FDAC's involvement.

“A lot of them think being mentally ill is weakness, and there's a lot of [talk] about weakness and strength and so they feel like they're weak and they failed if they admit that they are struggling with their mental health. That anti-stigma stuff, it can sometimes be the thing that will persuade them to go and seek some help.” FDAC team member

Regardless of outcome, team members said that parents “learn a lot about themselves” and FDAC “can also help them build wider networks with other services”. One parent described how mindfulness work is “something I still use daily”, therapy helped them to understand the impact of substance use on their “body and mind”, while counselling supported with confidence and seeing their “own value and [...] self-worth”.

7.5 Outcomes for children

The FDAC team does not work directly with children, however staff might meet children through Child’s Needs Meetings, unannounced screening visits, for psychological screens or when observing family time. Parents expressed interest in the team having more contact with their children and it might be worth considering whether there is scope for a parent’s keyworker to meet the children or observe the relationship more frequently. Children are kept very much in mind, however; a team member described the FDAC process as “parent-focused but child-centred”. Professionals are aware that the child’s needs and timescales are central to all decisions and that this can create challenges given that establishing recovery from substance misuse can take time.

“I really feel for our children, that I really want them to be able to look back and think that everything was tried; that everyone did everything, and that their parent really tried as well.” FDAC team member

While decisions are ultimately based on children’s needs and timescales, difficulty was described where parents were making meaningful progress but would not reach their goals in line with these timescales. The importance of making this clear to parents was also raised; that while the FDAC team understand that the process takes time, and where appropriate can offer additional time compared to standard proceedings, there comes a point in FDAC where time begins to run out.

“Sometimes that’s really heart-breaking when you can see that a parent is on the cusp or wants to get there [...] who’s got so much insight and desperately wants to get there, but just isn’t going to [...] I think that’s where sometimes there’s a hard balance.” FDAC team member

Parents spoke of how FDAC had helped them become better parents, a team member described children as “generally happier [...] you could see that things were changing over time and they were relying on their parents a bit more than they were before”. Team members also felt that FDAC’s work around parenting and attachment would support outcomes for children and young people.

“The other impact would be about secure attachments and being able to form functional healthy relationships as they go into adulthood. There’s so much work on that, that you would hope that the parents leave with some of those skills so that their children learn and have a

role model that shows them how functional relationships work.” FDAC team member

External professionals were conscious that social workers needed to work closely with children, particularly older children, to support with any uncertainties where reunification was recommended. Examples of uncertainties were provided where children were not aware of their parents’ progress, and were concerned about returning home.

7.6 Other outcomes

While reunification was seen as the primary goal, the team highlighted the multifaceted support provided by FDAC, noting that whether or not reunification is possible, “parents’ personal growth and development” are also central to FDAC. Many parents have “complicated trauma backgrounds”, often experiencing “years and years of developmental trauma compounded by trauma in adulthood”; FDAC facilitates a space to address the “impact that it’s had on their personality, their development”.

The team spoke of work with wider family members to “help repair and resolve those relationships”, “recognise where their substance use has come from” and “supporting them to resolve some of those traumatic experiences that they’ve had”.

Impacts on housing and offending behaviour and were also discussed, with indications that FDAC is also able to offer additional support around employment and training.

Through close involvement with parents, FDAC identified that of the 27 families where offending behaviour was present before FDAC, parents from 12 families had reduced or ceased offending behaviour during their time with FDAC. Supplementary data provided in late-November 2021 suggests that offending behaviour was present in 30 of the 34 families and that one or more parents in 23 of these families reduced or ceased offending behaviour during their time with FDAC. In total, 30 parents had reportedly reduced or ceased offending behaviour.

This most frequently related to reduced / cessation of drug possession, however other examples include cessation of violent behaviour and increased engagement with probation. The team report an example of this impact for one family, where before FDAC both parents had a substantial number of convictions and had received repeat prison sentences. Both parents ceased offending following FDAC and neither returned to prison; this family was successful in achieving reunification.

A parent described how FDAC helped them move on from offending behaviour, recognising that the people they used to take drugs with were “associates” rather than friends. The parent was able to move forward with their life and stop contact with people who were involved in their past drug use.

“I realised that I have no need to stop and talk to these people. I owe them nothing, and if they can't understand, if they want to continue to live that way, then that's up to them, but I'm on my next chapter. I've got no reason to stop and chat.” Parent

7.7 Cost avoidance / reallocation

Avoidance or reduction in emergency services call-outs was recorded for ten families. Instances where call-outs were reduced / avoided following FDAC involvement included:

- avoiding police call outs for parental domestic abuse, child-to-parent conflict and offending behaviour,
- avoiding ambulance call-outs for mental health crises and overdoses.

This highlights how the support that FDAC provides can help parents stabilise and reduce demand on high-cost services. Potential cost avoidance for the NHS, CCG and criminal justice system relating to parents who were abstinent from alcohol and / or drugs at the end of their case are outlined below. Figures were calculated from the Greater Manchester Combined Authority Unit Cost Database.³⁸ Where cases had concluded, parents recorded as abstaining from the substances they were flagged as using on referral are included in the first table below. The figures below include three parents who were abstinent from both drugs and alcohol at conclusion.

Table 7.5 Potential savings for other agencies from parental abstinence (concluded cases)

| Item | Information | Estimated annual unit cost | Number of parents | Estimated one year cost avoidance |
|-------------------------|---|----------------------------|-------------------|-----------------------------------|
| Abstinence from alcohol | Based on costs from the Greater Manchester Combined Authority Unit Cost Database and information provided by FDAC | £2,133 | 4 | £8,532 |
| Abstinence from drugs | Based on costs from the Greater Manchester Combined Authority Unit Cost Database and information provided by FDAC | £3,994 | 10 | £39,940 |
| Total | | | | £48,472 |

³⁸ [Research: Cost Benefit Analysis - Greater Manchester Combined Authority \(greatermanchester-ca.gov.uk\)](https://www.greatermanchester-ca.gov.uk/research/cost-benefit-analysis)

The second table displays potential savings for current cases, where parents were reported as abstinent from the substance listed for at least a month by data submission. The figures include eight parents who were abstinent from both drugs and alcohol.

Table 7.6 Potential savings for other agencies from parental abstinence (current cases)

| Item | Information | Estimated annual unit cost | Number of parents | Estimated one year cost avoidance |
|--|---|----------------------------|-------------------|-----------------------------------|
| Abstinence from alcohol for at least a month | Based on costs from the Greater Manchester Combined Authority Unit Cost Database and information provided by FDAC | £2,133 | 11 | £23,463 |
| Abstinence from drugs for at least a month | Based on costs from the Greater Manchester Combined Authority Unit Cost Database and information provided by FDAC | £3,994 | 11 | £43,934 |
| Total | | | | £67,397 |

Timeframes

Of the concluded cases, four concluded at Issue Resolution Hearing (IRH) / Early Final Hearing (EFH)³⁹ and seven at final hearing. Of the cases that concluded at IRH / EFH, three of these ended with reunification. Table 7.7 below outlines the average lengths of final hearings⁴⁰. Understandably, cases which were granted a Supervision Order were substantially shorter than cases where the outcome was a Care / Placement Order. This highlights an area for further exploration of potential cost-avoidance by FDAC.

Where cases were contested, there was substantial variation in length of final hearings; one hearing lasted 3.75 hours, two lasted 15 hours and one lasted 41.25 hours. This will warrant further exploration as more data become available. Notes for the four contested final hearings suggests that in three cases, the parents accepted they could not care for their children; in two of these cases the plan for adoption was contested, while in the third case the contested hearing centred on a potential family placement.

Table 7.7: Mean length of final hearing (hours)

| | Mean (hours) | Range (hours) |
|---|--------------|---------------|
| All cases | 11.36 | 1 – 41.25 |
| Cases where Supervision Order granted ⁴¹ | 1.50 | 1 – 2 |
| Cases where Care / Placement Order granted | 18.75 | 3.75 – 41.25 |

³⁹ Data are available about three of four cases which concluded at EFH; all three lasted for an hour.

⁴⁰ Length of final hearing was provided in hours and days. For consistency, all data were converted into hours, assuming 7.5 working hours in a day.

⁴¹ This includes two cases which would have concluded at IRH but could not for reasons outside FDAC's control.

Other potential cost savings emerge from the data, including:

- Four cases where child(ren) were supported by FDAC to remain with their parents during proceedings and a further five cases where child(ren) were partially in parental care
- Six cases where child(ren) returned home during proceedings
- A child who was not subject to care proceedings or social care involvement was born to a family who had been involved with Pan Bedfordshire FDAC

Cost effectiveness

This report has highlighted some differences in outcomes for families receiving FDAC and the comparison group in standard proceedings. Children in FDAC families are more likely to be placed with their parent(s), resulting in savings on placement costs. It has not been possible to quantify these costs, due to limited data about both the FDAC families and the comparison group.

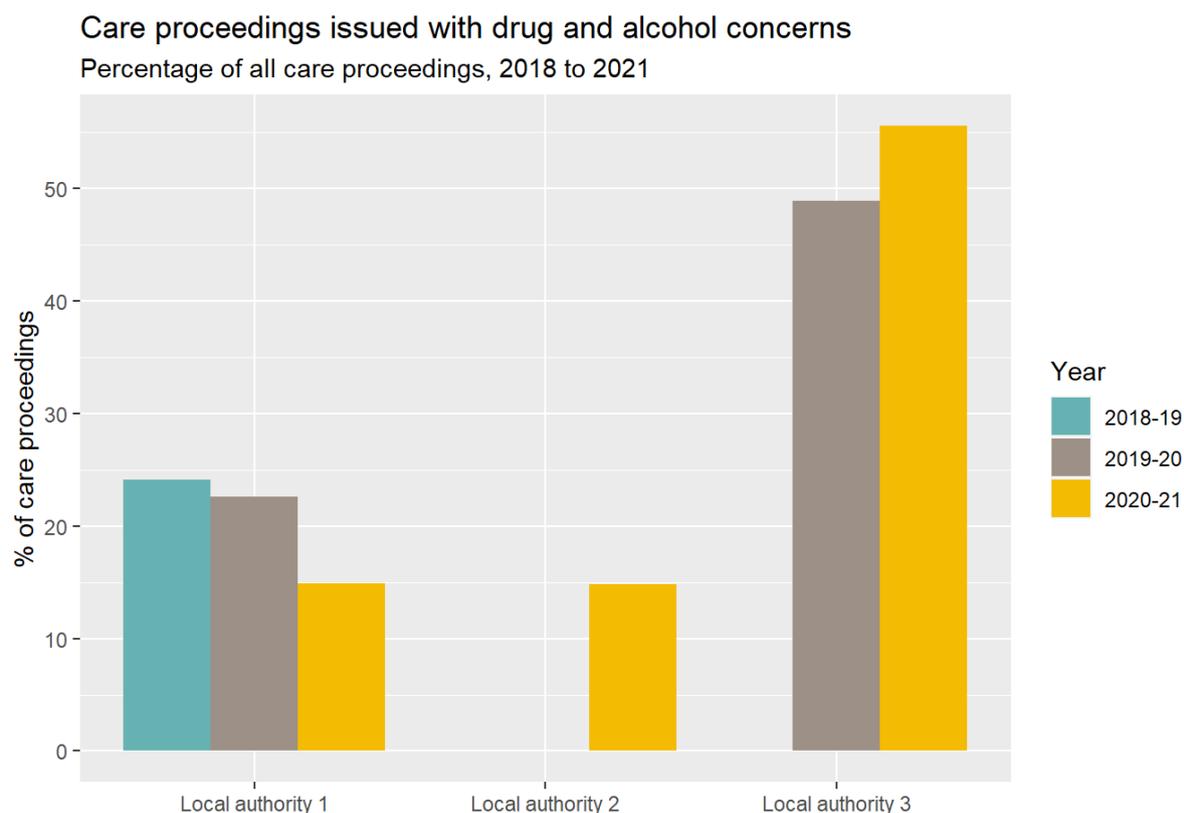
The savings accrued by local authorities as a result of FDAC, and the potential for such savings, depend in part on local context and take-up of FDAC services by each local authority.

Local authorities submitted data about the number of care proceedings issued relating to families with parental drug and alcohol needs and where domestic violence was also a feature over the three years, from 2018 to 2021. Not every local authority returned data for all the years requested, and this is reflected in the charts below.

There is significant variation over time and between local authorities in:

- **The percentage of all care proceedings that relate to parental drug and alcohol problems:** In Local authority 3 around half of all care proceedings issued relate to parents with drug and alcohol misuse identified at assessment, while in Local authority 1 it is 15 to 24% of all care proceedings and 15% in Local authority 2.
- **The proportion of families going through care proceedings with drug and alcohol problems who receive FDAC rather than standard care proceedings.** In 2020-21, in Local authority 1, nearly all families with drug and alcohol problems proceeded in FDAC, in Local authority 2 around three quarters of eligible families proceeded in FDAC, while below a fifth of eligible families from Local authority 3 received FDAC.

Figure 7.6: Care proceedings issued with drug and alcohol concerns



This section explores other sources of costs and potential savings associated with FDAC. Parts of this section are based on a small number of families in the comparison group – detail about costs incurred through independent experts and toxicology were requested but at the time of analysis, this data was only returned for five families in the matched group, from one council. It is not possible therefore to quantify the potential savings with any rigour.

Local authorities are not well-placed to provide detailed data on families experiencing standard care proceedings. In contrast, FDAC collects rich and detailed data about the families they work with. The difference in the availability of this data contributes to the work being more visible and the costs and cost-avoidance more transparent for FDAC.

In the comparison group, none of the 18 children were placed with their parents during proceedings, while in the FDAC group, 50% of families had one or more children placed with them at some point during proceedings. In some cases, this was for the whole duration of proceedings (max = 65 weeks in FDAC). Local authorities will have incurred placement costs for those children not placed with parents in both groups. For the five families in the comparison group for whom the number of days in foster care during proceedings was provided, all spent more than six months in fostering placements.

The FDAC provides assessments and testing which support the court’s assessment of parents’ capacity to care for their children and their progress towards abstinence. In

addition to the FDAC multi-disciplinary assessment, where appropriate FDAC provide psychiatric and psychological screens; it is rare in FDAC for there to be an instruction of an expert outside of FDAC. This, and FDAC's provision of parental substance screening, is a cost avoidance for the local authority and other parties.

Hair strand testing is conducted outside FDAC, the costs of which are shared by parties – but the local authority does not bear costs for hair strand testing due to the local authority's contribution to the cost of FDAC.

Having this provided through FDAC therefore contributes to cost effectiveness analyses, although comparison group data is very limited:

- The cost of psychiatric and psychological assessments are estimated at over £2,000 for one and over £3,000 for two. FDAC data suggests instruction of independent experts for 48 psychiatric assessments and eight psychological assessments have been avoided, with an estimated saving of over £100,000 on psychiatric and psychological assessments alone. Though the data on the comparison group is limited (n = 5), there does not seem to be a substantial difference in access to psychiatric assessment for FDAC and non-FDAC families.
- Approximately 98 hair strand + PEth tests and a small number of PEth tests only were undertaken for parents who were in FDAC. As the local authority would contribute to the cost of these in standard proceedings, the local authorities' cost avoidance is estimated at £399 per unit for combined tests and £141 for PEth tests only. This suggests a cost avoidance for the local authorities of nearly £40,000.

FDAC business case

The FDAC team identified many savings, both short- and long-term, which could arise as a result of parents' involvement in FDAC, especially if a positive care outcome was achieved. The positive outcomes associated with providing FDAC to families cannot be readily quantified in cost terms within this evaluation, but the evidence of reductions across drug or alcohol misuse, offending behaviours, mental health crises and police and ambulance call-outs, plus cost savings associated by reducing use of longer term care are indicative of cumulative, multi-faceted and sustainable cost avoidance. As well as reducing long-term care costs for children, savings come from a reduction in violent incidents, for example, and in the requirement for emergency health responses. Team members thought the broader impacts and value of FDAC should be better known:

“[FDAC] is a model that seems to have huge impacts, but not everywhere does it, so there's something about sustainability and getting the message out about the work and about what impact it can have and why it's a good thing. It's interesting in that ... in this world of integrated care, it's like this is an exemplar of what integrated care could look like.” FDAC team member

The Centre for Justice Innovation’s recent FDAC business case⁴² presents a plan to roll-out the FDAC approach across England and Wales. The proposal highlights how the “intensive, holistic approach and the non-antagonistic supportive culture” are central to the positive outcomes FDACs achieve for families. This finding is echoed in the current research, with the FDAC team’s holistic support consistently praised.

The Centre for Justice Innovation’s business case notes that despite the significant upfront investment, based on 30 cases per year, FDAC offers cost savings including:

- £25,300 per case in legal costs
- £17,574 per case by avoiding recurrent care proceedings and placements
- A five-year saving of £799,217

While the Centre for Justice Innovation’s estimates are for average cost avoidance, Pan Bedfordshire FDAC calculated their own, case-specific, potential costs savings, which were provided to Research in Practice. These are displayed in Appendix B.

7.8 FDAC outcomes framework

The FDAC outcomes framework⁴³ outlines seven expected outcomes for families and five process outcomes involved with FDAC and lists sources of data which can be collected to evidence impact in each area. The table in Appendix C outlines these outcomes and our assessment and current evidence for each.

⁴²<https://justiceinnovation.org/sites/default/files/media/document/2021/Family%20Drug%20and%20Alcohol%20Courts%20%28FDAC%29-Business%20case.pdf>

⁴³ <https://www.researchinpractice.org.uk/media/3930/section-2-fdac-outcomes-framework.pdf>

8. Conclusions

Research in Practice was commissioned to evaluate Pan Bedfordshire's FDAC pilot and inform local decisions on funding and delivery. The evaluation also provides evidence on how the approach balances children's and parents' interests, parents' interests, what it offers to other agencies and opportunities for service development. Although numbers involved were small, the findings from the multi-method evaluation have relevance beyond the pilot area and can contribute to debates about future use of this problem-solving approach.

The interim report in late 2020 indicated that FDAC was supporting parents to make positive changes and having an impact on abstinence in particular, albeit medium term. There were indications that parents appreciated the team and its approach, recognising it as valuing them: "*With FDAC I am part of a team with a common goal; I am included and my opinion and feelings count.*" Professionals also described FDAC as treating the parents with respect and highlighted how delivery was tailored to the parents' needs. There was a note of caution over the new approach, with professionals unsure if parents would see the need for real change if their feedback was consistently framed positively. At this earlier stage, few parents had been able to finish FDAC and reunification had not been recommended for the three families who had, but there was evidence that parents were addressing their issues in sustainable ways even if their children did not return to their care.

The COVID-19 pandemic constrained aspects of the FDAC programme during lockdowns, including testing and observation of family time. However, being able to engage online also brought advantages in reducing travel demands and catalysing parents' use of key forms of online support, including apps that continued to be used throughout the pilot. The team prioritised face-to-face engagement where possible, travelling to see parents outdoors if appropriate and finding local places to meet as restrictions eased but people remained cautious about public transport. At the start of the pandemic, court hearings were virtual; as soon as the first lockdown eased, hearings were attended in person by parents, the judge and key FDAC staff, with other professionals attending online.

The second phase of the evaluation from late 2020 saw FDAC consolidating its standard approach as restrictions lifted, more staff were recruited and another cohort of families were referred to the programme. The ongoing evidence bore out the early indications that this FDAC is effective in enabling parents to make substantial changes in their lives. The monitoring data showed increased wellbeing in families regardless of outcome and the engagement with parents and external professionals highlighted ways in which the FDAC's strong support and challenge provided both motivation and means for change. Although only a small number of proceedings had completed to date, the reunification rates exceeded those for standard proceedings. The regular testing for substance use

was felt to be positive in motivating parents and levels of sustained abstinence among parents at all stages were also encouragingly positive.

While Pan Bedfordshire FDAC did not receive the intended numbers of referrals, it is likely COVID-19 had an impact on these rates, with a national reduction in referrals to children's social care during lockdowns.⁴⁴ The differing referral rates across the local authorities warrant further exploration, particularly where FDAC referrals were low but local authority data showed high levels of parental substance use recorded at assessment.

8.1 Future development

Despite strong support for the FDAC model from the former and current Presidents of the Family Division, roll out of FDAC has been limited by the challenge of finding initial funding to set up an FDAC specialist team. This challenge can be reduced if the burden of funding does not fall exclusively onto local authority Children's Services, which have been facing budgetary restrictions. There are increasingly examples of some costs being borne by public health, the NHS, and Police and Crime Commissioners. The Centre for Justice Innovation has now produced an updated business case for FDAC demonstrating the potential benefits of a wider roll out of the FDAC approach (Bowen, 2021).

There is growing interest in using the FDAC model in care proceedings which do not involve parental substance misuse as a key factor. FDAC cases commonly involve issues such as parental mental and physical health problems, domestic abuse, problems with housing and problems arising from poverty, in addition to substance misuse problems. There are also high levels of complex trauma among the parents involved in FDAC, arising from their own adverse childhood experiences. It seems likely that a court process which is trauma-informed and relationship-based, with proven success in helping parents achieve change has potential to be similarly effective in a range of care proceedings.

8.2 Development opportunities

While the team is able to offer comprehensive support, potential areas for development were considered. Suggestions from the team, parents and external professionals are listed below; it should be noted that much of this support is already offered by the team, who go "above and beyond" to support families, however extending or formalising support in the below areas was suggested:

- Introducing a team member with "specialist knowledge around housing", budgeting and finance, areas which present challenges for many families. Having access to immediate support would ensure challenges could be addressed while parents' "motivation is at its peak" and also prevent delays

⁴⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/965907/Vulnerable_Children_and_Young_People_Survey_Wave_19.pdf

where external referrals are required. This would also be useful for any parents serving prison sentences, for whom housing would be a key consideration on release.

- Additional support from local authorities around housing and finances was also considered an area for development, particularly where a parent had made progress in other areas and was facing additional barriers around housing or finances.
- Growing the team to enable more families to be supported.
- Additional capacity for psychiatric screening could prevent potential for delays for parents.
- Routine support and encouragement to access education and employment; mindful of the need not to create reliance on FDAC but to facilitate parents' ability to navigate the services themselves.

8.3 Considerations and recommendations

Referral and Engagement

- Parents and children both benefit where parents are quickly identified as eligible for FDAC. Ongoing awareness-raising with social workers is important to ensure referrals are made appropriately and early enough. Variation in the number and profile of referrals from the local authorities suggests differing interpretations of who is eligible or would be likely to benefit. Predicting success for individuals is difficult so FDAC should be offered where possible and reasons logged if not.
 - Logging the reasons a family was not referred to FDAC would help identify the decision-making processes within the local authorities and support consistent referrals across the organisations. However this would involve extra data collection for staff in local authorities.
 - A focus on increasing referrals from the three local authorities will enable numbers to approach the volume of cases originally planned.
- Information for parents about FDAC could be still clearer and more comprehensive. Written information could be supplemented with a video giving the perspectives of parents who have been through FDAC to share with parents who are eligible for it.
- Highlighting to parents at the outset that others have overcome similar struggles is considered beneficial; sharing a letter from an earlier parent has been positive and elements of this could be incorporated into the video or other information.

Support and challenge

- The evaluation shows that the Pan Bedfordshire FDAC combines strong challenge with persistent, flexible and attentive support, tailored to the needs of the parent but still framed by the prioritisation of their child(ren)'s interests and timescales.

- This combination of support and challenge appears to be made clear to parents at the outset and, although the process was said to prove harder than expected, this honesty from the start is perceived as central to the approach, by parents as well as FDAC staff and external professionals.
- The FDAC team (including the judge) demonstrating honesty and clarity, so there are ‘no surprises’ over the course of the programme, was credited by parents as enabling them to develop the trust to make significant changes in their lives.
- The FDAC judges’ characteristics were felt to be particularly crucial to its success. Traits such as personable, caring and non-judgemental were identified as being particularly important.

Team capacity and composition

- Suggestions for expanding provision included adding staff with expertise in housing and finances, and additional support for families around training and employment.
- External professionals were keen for any increased FDAC capacity to support more families, and the evaluation would indicate that referrals can be expected to increase as the outcomes are understood across the three referring authorities and those referring have a clearer understanding of the benefits of referring to FDAC early and even where it is unclear that the parent(s) will succeed.
- Given the demands on the team and in recognition that much of the work relates to parents’ experiences of trauma, Pan Bedfordshire FDAC is right to ensure that the team continue to receive appropriate support for their specific roles.

Logistics

- Given the frequency of appointments, attending in person could be challenging, particularly for those who do not drive or have access to a support network. The FDAC is considering ways of increasing accessibility for those who do not drive or have a support network who can assist, but perhaps it could also review holding consecutive appointments in some circumstances to reduce travel time. This might be appropriate where these appointments do not require parents to do significant emotional or reflective work.
- The ‘soft exit’ provides more gradual withdrawal of support post-proceedings. The evaluation bore out findings of earlier research on the importance of some support continuing past the conclusion of a case⁴⁵ – although evidence suggests this benefit is from up to two years’ of ongoing support. The commissioners and team should explore what resourcing (financial and time) is required to support for longer.
- Parents who do not have their children returned to their care are far less likely to engage after that decision. In these cases, FDAC refers families to local services

⁴⁵ Harwin, J., et al. (2018). Ibid.

for parents who have experienced recurrent care proceedings, if available. Consideration might be given to what alternative support could be available for these families, particularly where such local services are not available.

- At 23 months, all cases which did not end with children in parental care were contested and these cases concluded outside of 26 weeks in standard proceedings. Conclusions cannot be drawn from this due to the small number of cases involved; individual circumstances such as late referrals to FDAC have played a substantial role in this. Where reunification was not recommended, FDAC reported making this recommendation by week 19.
 - These findings should be considered alongside the broader context, with trends showing a national increase in the length of proceedings.⁴⁶ Nonetheless, longer-term monitoring of the length of proceedings and contested hearings will be important.

Future developments

- Including additional **meetings with children** could be considered, to gain more direct insight and to explore the relationship between parent and child further.
- **Peer mentors** are currently provided by recovery services. The FDAC team could consider offering additional peer support alongside this, once there are sufficient parents through it. This would put a demand on the team but also meet parents' interest in hearing from others about the full FDAC process as well as recovery.⁴⁷
- Having a **specialist FDAC wing** in a prison was suggested to address challenges in gaining access to support parents in prison. Having an embedded keyworker and healthy relationship expert based in the prison could facilitate this work.
- **Monitoring outcomes** on an ongoing basis is important, but would be enhanced by annual comparison of the outcomes of FDAC and standard proceedings cases.
- Monitoring case characteristics and outcomes may also allow for limited estimate of **cost-avoidance**, i.e. legal and care costs or health costs related to abstinence.
- There is interest in **longer-term monitoring** to explore the frequency and profile of repeat proceedings and how parents sustain progress. Such local monitoring would be demanding and so requires detailed consultation and consideration.
- There is substantial research activity into FDACs at present, including a **national evaluation** led by NatCen⁴⁸ of all operational FDACs which will provide further information about any impact and cost avoidance offered by the FDAC model.
- This evaluation lends further weight to the idea that the FDAC **problem-solving court and support model** would be of value to parents and children in families where the concerns do not relate to substance misuse.

⁴⁶ <https://www.gov.uk/government/statistics/family-court-statistics-quarterly-april-to-june-2021/family-court-statistics-quarterly-april-to-june-2021>

⁴⁷ <https://fdac.org.uk/practice-resources-for-the-specialist-team/>

⁴⁸ https://whatworks-csc.org.uk/wp-content/uploads/NatCen_FDAC_Stand1_Final_TP_Dec2020.pdf

Appendix A: Tables and charts

Figure A.1: Average change in wellbeing scores by family

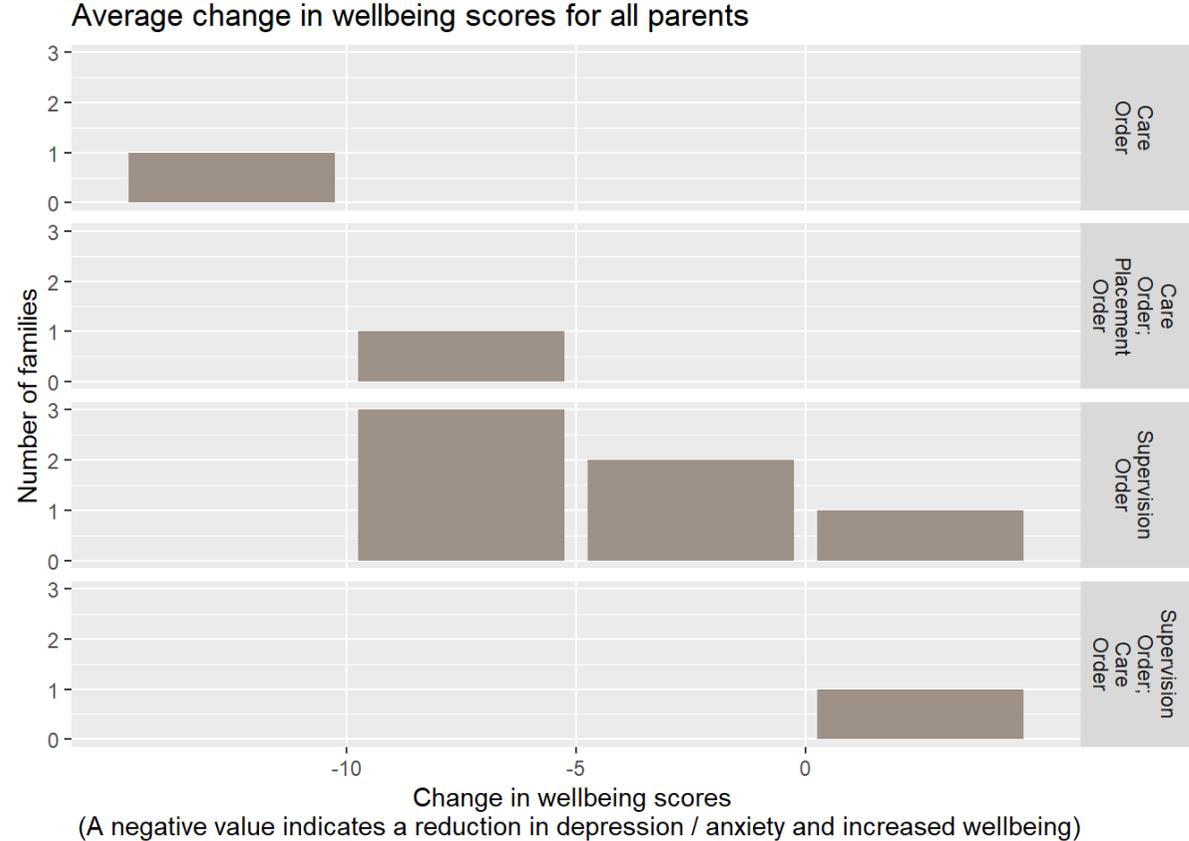


Table A.1: Parents' responses to survey questions

| | Strongly agree | Agree | Neither agree / disagree | Disagree | Strongly disagree | Total |
|---|----------------|-------|--------------------------|----------|-------------------|-------|
| FDAC helped me understand the needs of my children | 8 | 0 | 0 | 0 | 0 | 8 |
| I was treated fairly in FDAC | 8 | 0 | 0 | 0 | 0 | 8 |
| I was listened to by the FDAC team | 8 | 0 | 0 | 0 | 0 | 8 |
| FDAC helped me with problems I was experiencing with drugs and/or alcohol | 8 | 0 | 0 | 0 | 0 | 8 |
| I was listened to by the FDAC judge | 7 | 1 | 0 | 0 | 0 | 8 |
| The judge explained to me why they made the decisions they did | 7 | 0 | 0 | 1 | 0 | 8 |
| FDAC helped improve my wellbeing | 7 | 1 | 0 | 0 | 0 | 8 |
| FDAC helped me with my relationships | 6 | 1 | 1 | 0 | 0 | 8 |

Table A.2: What was most important to parents at the start of FDAC

| Item | Parents' ranking of what was most important to them | Team members' rankings of what is most important to parents | External professionals rankings of what is most important to parents |
|---|---|---|--|
| Helping me keep my child(ren) / Helping parents keep child(ren) in their care | 1 | 1 | 2 |
| Helping me with my relationships / Helping with relationships | 2 | 6 | 4 |
| Helping me with my behaviours / Helping with behaviours | 3 | 2 | 1 |
| Helping me understand how I feel / Helping to understand feelings | 4 | 3 | 3 |
| Helping me with practical things / Helping with practical things | 5 | 4 | 5 |
| Nothing / I didn't know what it would do / They didn't know what it would do | 6 | 5 | 6 |

Table A.3: Rankings after involvement with FDAC

| Item | Parents' ranking of what was most important to them | Teams' rankings of what is most important to parents | External professionals' rankings of what is most important to parents |
|---|---|--|---|
| Helping me understand how I feel / Helping to understand feelings | 1 | 2 | 4 |
| Helping me keep my child(ren) / Helping parents keep child(ren) in their care | 2 | 1 | 1 |
| Helping me with my behaviours / Helping with behaviours | 3 | 4 | 2 |
| Helping me with practical things / Helping with practical things | 4 | 5 | 5 |
| Helping me with my relationships / Helping with relationships | 5 | 3 | 3 |
| Nothing / It didn't help | 6 | 6 | 6 |

Table A.4: Team rankings about what is most important for families

| Item | Ranking |
|---|---------|
| Helping to understand feelings | 1 |
| Helping with relationships | 2 |
| Helping with behaviours | 3 |
| Helping parents keep child(ren) in their care | 4 |
| Helping with practical things | 5 |
| Nothing / Families didn't know what it would do | 6 |

Appendix B: Pan Bedfordshire FDAC's calculations of cost avoidance and reallocation

Pan Bedfordshire FDAC itself collected and analysed data about costs avoided and reallocated as a result of its operation.

Data is presented in its original form to illustrate where FDAC might have an impact, and the potential magnitude of these impacts. The accuracy of the data cannot be verified by Research in Practice and is informed by additional contextual understanding held by the team, such as how likely a potential risk or outcome would be for an individual parent.

The data listed costs avoided or reallocated for 33 of the 34 families involved with FDAC⁴⁹ including:

- Independent expert instructions
- Toxicology tests (LA share)
- SCRAM bracelets (LA share)
- Repeat proceedings cycle disrupted
- Avoidance of emergency service call outs
- Cessation of offending behaviour and custodial sentences
- Avoidance of placement costs for the initial 26 weeks of proceedings
- Placement / SGO costs avoided for 2 years following proceedings and until the child is 18
- Deduction of placement costs where FDAC proceedings exceeded 26 weeks

The data over the page were calculated and presented by Pan Bedfordshire FDAC and break down potential costs avoided / reallocated at 23 months of the pilot (early October 2021).

⁴⁹ It was too soon in the process for cost-avoidance data to be available for one of the families, therefore data were provided for 33 of 34 families.

| Cost avoided / reallocated | Term | Local authority 1 | Local authority 2 | Local authority 3 | FDAC Total |
|---|------------------------|-------------------|-------------------|-------------------|-------------------|
| Independent expert instruction avoided | Short-term | £38,376 | £45,396 | £17,784 | £101,556 |
| Toxicology - hair strand & PEth - LA's cost avoidance | Short-term | £15,045 | £16,009 | £8,379 | £39,433 |
| SCRAM bracelet - LA's cost avoidance | Short-term | £765 | £443 | £0 | £1,208 |
| Final hearing legal representation cost avoidance | Short-term | £16,500 | £18,000 | £20,250 | £54,750 |
| Placement cost avoidance within initial 26 weeks of proceedings | Short-term | £353,334 | £437,414 | £29,387 | £820,135 |
| Placement cost deducted for extended FDAC proceedings beyond 26 weeks | Short-term | -£175,043 | -£103,979 | -£63,311 | -£342,333 |
| | Total | £248,977 | £413,283 | £12,489 | £674,749 |
| Repeat proceedings cycle broken - avoidance of next care proceedings | Short-term & Long-term | £61,694 | £61,694 | £123,388 | £246,776 |
| | Total | £61,694 | £61,694 | £123,388 | £246,776 |
| Placement and SGO costs for 2 year post proceedings | Long-term | £1,082,952 | £266,506 | £235,098 | £1,584,556 |
| Placement and SGO costs up to child is 18 years old | Long-term | £1,103,608 | £1,320,869 | £881,619 | £3,306,096 |
| Overall totals | | | | | |
| Overall total with 2 year placement | Total | £1,393,623 | £741,483 | £370,975 | £2,506,081 |
| Overall total with placement to age 18 | Total | £1,414,279 | £1,795,846 | £1,017,496 | £4,227,621 |

Appendix C: FDAC outcomes framework

The FDAC outcomes framework⁵⁰ outlines seven expected outcomes for families and five process outcomes involved with FDAC and lists sources of data which can be collected to evidence impact in each area. The table below outlines these outcomes and our assessment and current evidence for each.

The outcomes framework and processes in the table below have been colour coded:

- Strong evidence this has occurred
- Some evidence this has occurred
- Some evidence this has not occurred
- Strong evidence this has not occurred
- Insufficient evidence

Table C.1: FDAC outcomes framework

| Number | Outcome | Current assessment | Evidence |
|--------|---|---------------------|---|
| 1 | Parents have made sufficient progress for children to remain in, or return to, their care | Strong evidence for | Monitoring and interview data suggest parents have made positive progress. Pan Bedfordshire FDAC's current reunification rate of 64% ⁵¹ is substantially higher than the rates cited in other FDAC research. However the small numbers involved to-date should be noted. |

⁵⁰ <https://www.researchinpractice.org.uk/media/3930/section-2-fdac-outcomes-framework.pdf>

⁵¹ In one case where reunification was granted, three children returned to parental care while one child remained in long-term foster care due to their additional needs; this plan was agreed by the parents.

| | | | |
|---|--|---------------------|--|
| 2 | Parents have achieved abstinence from alcohol and/or drugs and impact on child of substance misuse is reduced | Strong evidence for | Monitoring data suggests 65% of parents achieved full abstinence from the substances they were flagged as using at referral. This is substantially higher than the rates cited in previous FDAC research. However the small numbers involved to-date should be noted. |
| 3 | Parents sustain effective management of their mental health/impact on child of mental health problems is reduced | Some evidence for | Monitoring data displays significant improvements in PHQ-9 and GAD-7 depression and anxiety scores for parents whose cases concluded in FDAC. However the small numbers involved to-date should be noted. In interviews, parents and professionals spoke of improved mental health and increased engagement with mental health services. |
| 4 | Parental domestic violence/abuse has reduced and risk to the child has reduced | Some evidence for | Of the 11 concluded cases, 10 featured current domestic abuse. FDAC identified that healthy relationship work and abstinence had reduced the risk of domestic abuse in all 10 of these cases. |
| 5 | Parental lifestyle and well-being have improved | Some evidence for | All parents who completed the feedback survey agreed that FDAC helped improve their wellbeing. In interviews, parents and professionals referenced improved lifestyles and wellbeing. |
| 6 | Children are safe and able to thrive in the care of their parents (with whom they were living before the start of proceedings) | Some evidence for | Of the cases which had concluded in FDAC, seven of 11 involved reunification; overall 17 of 23 children returned to their parent(s) care. |
| 7 | Children are safe and able to thrive in permanent placements away from home | Some evidence for | Reunification was not granted in five of 11 cases, including one case where reunification was granted for all but one child. Overall six of 23 children had permanency placements away from home; three of these children had plans for adoption and three had plans for long-term foster care. |

Table C.2: FDAC process framework

| Process | Measures | Current assessment | Evidence |
|--|--|-----------------------|---|
| 1: Qualitative feedback from parents and professionals | <ul style="list-style-type: none"> • Parental feedback on FDAC experience • Professional feedback on FDAC experience | Some evidence for | In interviews parents and external professionals spoke of a collaborative and open dialogue with the FDAC team. Feedback data collected by Pan Bedfordshire FDAC and shared with Research in Practice, demonstrates that parental and professional feedback is sought. This feedback highlights similar elements of the FDAC approach, such as the collaborative, relationship-based approach and the strengths of the multi-disciplinary team. |
| 2: Interventions provided for parents in FDAC and level of engagement of parents | <ul style="list-style-type: none"> • Interventions for parents in FDAC • Parental engagement with process | Strong evidence for | Monitoring and interview data display the varied support available to and accessed by parents. Interview data suggests a good level of engagement with the process. |
| 3: Timescales of court proceedings | <p>Cases conclude within 26 weeks or sooner unless extensions are needed to enable children to return home safely</p> <ul style="list-style-type: none"> • Length of care proceedings | Some evidence against | All cases concluded outside of 26 weeks in standard proceedings. Where reunification was not recommended, data suggest COVID-19, delays in local authorities referring families to FDAC and other factors outside of FDAC's control caused various delays. Where FDAC recommended proceedings conclude outside parental care this was done in all cases by 19 weeks in FDAC. |

| | | | |
|--|--|--------------------------|--|
| <p>4: Expert evidence</p> | <p>Cases in FDAC proceedings or pre proceedings do not require any other additional expert evidence</p> <ul style="list-style-type: none"> • Number of additional expert assessments | <p>Some evidence for</p> | <p>A small number of cognitive assessments were conducted within FDAC proceedings, by independent experts. However data also suggest that substantial costs were avoided through psychological and psychiatric reports provided in-house by FDAC.</p> |
| <p>5: Problem solving court approach</p> | <p>Care proceedings in FDAC are less adversarial and focus on problem solving</p> <ul style="list-style-type: none"> • Number of uncontested final hearings • Number of non-lawyer reviews | <p>Some evidence for</p> | <p>Interview data from parents and professionals suggest the process is less adversarial and takes a problem-solving approach. Parents and professionals spoke of the benefit of regular non-lawyer reviews to praise progress and constructively challenge where appropriate.</p> <p>All cases which ended in reunification were uncontested. Where reunification was not recommended this was generally contested. However in some cases the plan for adoption was contested, rather than the recommendation against reunification. In one instance, a parent accepted they could not safely care for their child, but contested the adoption plan as they viewed long-term foster care as a preferable outcome.</p> |

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