

THE FAMILY DRUG & ALCOHOL COURT (FDAC) EVALUATION PROJECT

INTERIM REPORT

Summary of Key Issues and Findings

Prepared for the Nuffield Foundation and Home Office

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To access the report follow the link at www.brunel.ac.uk/fdacresearch

OVERVIEW OF KEY ISSUES AND FINDINGS

INTRODUCTION

This report presents interim findings from the evaluation of the first pilot Family Drug and Alcohol Court (FDAC) in Britain. FDAC is a new approach to care proceedings, in cases where parental substance misuse is a key element in the local authority decision to bring proceedings. It is being piloted at the Wells Street Inner London Family Proceedings Court and runs for three years, to the end of December 2010. The work is co-funded by the Department for Children, Schools and Families, the Ministry of Justice and the Home Office and the three pilot authorities (Camden, Islington and Westminster). The evaluation is being conducted by a research team at Brunel University, with funding from the Nuffield Foundation and the Home Office.

FDAC is a specialist court for a problem that is anything but special. Its potential to help break the inter-generational cycle of harm associated with parental substance misuse goes straight to the heart of public policy and practice. Parental substance misuse is a formidable social problem, accounting for 34 per cent of long-term cases in children's services in some areas and up to 60-70 per cent of all care proceedings. It is a major risk factor for child maltreatment, family separation and offending, and poor educational performance and substance misuse by children and young people. The parents' many difficulties create serious problems for their children and place major demands on health, welfare and criminal justice services.

For these reasons, parental substance misuse is a cross-cutting government agenda, underpinned by national policies that aim to strengthen families through community-based early intervention and support programmes. FDAC is distinctive because it is a court-based family intervention which aims to improve children's outcomes by addressing the entrenched difficulties of their parents.

FDAC has been adapted to English law and practice from a model of family treatment drug courts that is used widely in the USA and is showing promising results. Their national evaluation found that, compared to traditional court procedures and welfare services, the model produced a higher number of cases where parents and children were able to remain together safely, and with swifter alternative placement decisions for the child if parents were unable to address their substance misuse successfully. These positive results are attributed to the increased take-up and completion of substance misuse treatment by parents in the family treatment drug courts. This encouraging evidence from the USA, and the difficulties in England in the operation of standard care proceedings involving parental substance misuse, were the catalysts for the FDAC pilot.

FDAC AND STANDARD CARE PROCEEDINGS

FDAC is a specialist court operating within the framework of care proceedings, with parents given the option of joining the pilot. The key features of FDAC which are not present in standard care proceedings are:

- two specialist district judges to manage the proceedings
- frequent non-lawyer review hearings in which the judges encourage and motivate parents to engage with services
- a multi-disciplinary specialist team to advise the court about parent progress and related issues, assess and support the family, and link them into relevant local services. The emphasis is on direct work with parents and children, not just assessment of their needs. (The team is provided by the Tavistock and Portman NHS Trust Foundation in partnership with the children's charity, Coram Family.)
- parent mentors (non-professionals) to provide support to parents and act as positive role models on the basis of their own life experience, and
- a team of children's guardians allocated to FDAC cases.

THE EVALUATION

The overall purpose of the full evaluation is to describe the FDAC pilot and identify set-up and implementation lessons, to compare FDAC with standard care proceedings and costs, and to indicate whether this new approach might lead to better outcomes for children and parents.

This interim report has a more limited purpose – to draw lessons from the establishment of FDAC and its first year of operation, to reflect on the challenges faced and how they have been addressed, and to outline the model used for costing FDAC.

The research team has used various sources to extract the early learning presented here. They include an analysis of administrative child and parent file data; regular observation of how the court operates; interviews with parents, judges and the FDAC team; a focus group with children's guardians; some informal feedback meetings held at the court premises with social workers and lawyers; and information gained through observations or membership of the work of FDAC's governance groups. Quantitative and qualitative information has been captured using interview and recording schedules adapted from the USA national evaluation tools.

THE SAMPLE FOR THE INTERIM REPORT

The court anticipated taking 60 cases per year, based on projections from the feasibility study. In fact, numbers were lower in the first twelve months: FDAC currently deals with up to five new cases each month and up to twelve review hearings are also listed for each Monday, the weekly FDAC day at Wells Street.

Thirty-seven (37) families with 51 children entered FDAC in its first year. Twenty-three (23) fathers were parties to the proceedings and 25 cases concerned single parent mothers. In approximately half the cases children had been removed before proceedings began. The majority of parents were aged 30 or more and were White British. A small number were Black African, Black Caribbean or described as Black/Other.

Maternal substance misuse was the trigger to all the care proceedings but most of the fathers also misused substances. A majority of the mothers and fathers misused both illegal drugs and alcohol and had long experience of substance misuse. Very few cases involved alcohol misuse alone.

Substance misuse was rarely the only problem. Over half the mothers had current or previous mental health problems and domestic abuse experience, half were on income support, and housing difficulties were common. Just over half the mothers, and two-thirds of fathers, had a past criminal conviction. Most families had had contact with children's services before the current proceedings, some for several years.

The children were young – 38 were less than five and 18 of those were under a year old. The largest ethnic groups were White British (22 children) and mixed heritage (14 children). Emotional and health difficulties affected approximately one third of the children. The combined category of 'neglect, physical harm and emotional harm' was the most common reason for proceedings being brought.

PROGRESS OF FDAC DURING THE FIRST YEAR

A high level of operational efficiency

A detailed feasibility study and service specification had outlined the main tasks to be accomplished in the FDAC set-up phase. Nevertheless, turning the plan into a fully operational service within a very tight timescale has presented a major challenge, which has been met well. Regular informal feedback sessions at the end of the court day, and the early meetings initiated by the FDAC team for lawyers and social workers, helped establish a sense of partnership and ownership as well as providing forums for identifying and resolving problems as they arose. Adjustments have been made throughout the year, following discussion and review by the two main governance bodies, the Steering Group

and the Cross Borough Operational Group (CBOG). The detailed written procedures, policies and information for professionals and parents produced by FDAC are likely to be of benefit to those thinking of developing a similar model elsewhere.

Operating as a problem-solving court

Early findings from all our sources indicate that FDAC is establishing itself as a problem-solving court. There are three aspects to this.

1. Judicial scrutiny and continuity

The FDAC judges play a major role in motivating parents, whilst emphasising parental responsibility and the consequences of non-compliance. Observations of the court suggest that, within the limits of their powers, the judges engage in problem-solving activities that normally lie outside the judicial remit, such as housing and financial difficulties. The qualitative interviews indicate that the non-lawyer judicial reviews promote direct interaction between judge and parents and are the main court mechanism to progress the case, prevent problems from escalating and reinforce the value of positive parental effort. The evaluation tracking data shows that there was a high rate of parental compliance in attending review hearings. In over three-quarters of the cases, both mothers and fathers attended 75 per cent of their hearings. By the end of the first year most cases were returning regularly for review by the judge who had presided over the first hearing. This judicial continuity, a core feature of problem-solving courts, is rare in standard care proceedings.

2. The FDAC specialist team (quick assessment and links to services)

The specialist FDAC multi-disciplinary team provides swift assessments and regular updates for the court, with the first assessment made available within three weeks of the first hearing. Direct substance misuse services are provided to parents from the first hearing and include relapse prevention, one-to-one intensive counselling, activities to promote engagement, and regular drug and alcohol testing. The team facilitates access to community-based drug and alcohol services and are pro-active about linking parents to a wide range of support services such as domestic violence, housing and income support. They have developed formal links and agreed protocols with agencies most relevant for parents they work with, notably housing and domestic violence services. In court, the FDAC team are supportive to parents whilst at the same time providing impartial and independent advice to the judges. The interviews indicate that they are successful in managing this difficult dual role.

3. A pro-active approach to case management

The court is adopting a pro-active approach to decision making with particular focus on the timescale of the child. Most families who exited FDAC did so within the first five months of coming before the court. In nearly all these cases the decision to terminate FDAC has been initiated by the FDAC team in consultation with all key partners. A longer period of time (6-8 months) is proving necessary for parents who engage well with FDAC, including these who control their substance misuse and demonstrate their ability to provide safe and stable care for their children. Cases where parents are engaging with substance misuse services but concerns remained about parenting capacity leave FDAC at a later stage but move swiftly to an Issues Resolution Hearing and final order.

Parental support for FDAC

All but two of the 37 families accepted the invitation to join FDAC. Interviews with parents showed that the majority placed a high value on the judge's involvement in their case and valued the support from the FDAC team. All parents said they would recommend FDAC to other parents in care proceedings.

CHALLENGES

Identification and selection of cases

A particular challenge in the first year has been the uniformly 'heavy-end' profile of FDAC cases. It has made the work of the court particularly difficult. The challenge for the future is to see whether it is possible to recruit a wider spectrum of cases, as envisaged in the feasibility study and service specification. A related challenge is to see whether the low number of referrals in the first year to FDAC for parental alcohol misuse alone can be increased. The picture suggests that the way in which cases are identified and selected for referral to FDAC may need to be reviewed so as to maximise prospects for successful parental engagement and to establish the potential of FDAC across a wide range of cases.

It is not clear why fewer cases entered FDAC than anticipated. One possibility is the run-in time that is generally needed for a new project to get established. Another is that new ways of working with parents in the community with substance misuse problems may have reduced the need to bring care proceedings on some children. In addition, the FDAC start-up coincided with the introduction of the Public Law Outline (PLO) which, along with the increase in court fees, has been linked to a decrease in the rate of care proceedings nationally between April –September 2008. Monitoring the number of cases

referred to FDAC over the full three years of the pilot will allow us to gain a better insight than is possible at present into the potential demand and use of FDAC.

Intervening early through court proceedings

Establishing the potential of FDAC to intervene early through court proceedings is an important issue. It had been envisaged in the feasibility study that court action would not be seen as a last resort and that the local authorities would, therefore, be encouraged to bring cases to court sooner rather than later. This has not been the experience so far. A number of factors may inhibit bringing proceedings earlier. There is the partnership principle of the Children Act 1989 and the emphasis in the Human Rights Act 1998 on ensuring a proportionate approach by the local authority when intervening in family life. The PLO may also inhibit early intervention because of the processes required before initiating proceedings. It is an open and important question whether policies which appear to discourage early court involvement may weaken the potential of FDAC to deal with cases before harm is severe and difficulties are entrenched.

Parent mentors

The parent mentor programme is potentially one of the most distinctive features of the FDAC model – the provision of help to parents through non-professionals who act as a positive role model based on their own life experiences. Yet the numbers fall well short of the target figure of 15-20 active parent mentors. An important challenge is to increase their numbers and continue developing the scheme.

One of early learning points is that the mentoring programme needs a longer than anticipated lead-in time. Selection and training are lengthy processes and follow-up support and retention require dedicated input. This component of the programme has also needed more funding than originally envisaged, thereby restricting its development. It has also been necessary, for now at least, to broaden the eligibility criteria set out in the feasibility study in order to increase the pool of available mentors. It will be important to continue to track carefully the development and impact of this unique element of FDAC.

The role of the FDAC team and its contribution to assessing parenting

Clarifying the respective roles of the FDAC team, the local authority and CAF/CASS in assessing parenting is an important direction for the future. There has been ongoing discussion during the first year about this matter. The feasibility study envisaged that parenting assessments would be carried out by existing services in the three boroughs and, on the whole, this has been the

case. However, the staged assessment model introduced by the FDAC team (with stage one focusing on substance misuse and stage two on parenting capacity) has particular implications for the work and role of the local authority, as well as for the role and resource capacity of FDAC. This practice and policy issue needs to be kept under review.

The role of FDAC in co-ordinating local services

An important function of the FDAC team is to help parents receive practical support for the full range of their problems and to link them into local services quickly. The early indications are that it has been easier to enable access to local drug rather than alcohol services because the latter are in short supply. There can also be delays in accessing residential services. Housing has proved a particular challenge, despite the team's positive and fruitful relationships with housing link workers in each authority.

CONCLUSION

FDAC is developing a distinctive model that is in line with its overall aims of motivating parents to engage in treatment and taking timely decisions if parents cannot address their substance misuse within their child's timescale. As would be expected for a pilot project, the service is still evolving. The interim evaluation has highlighted important areas of progress, as well as practice and policy issues that should be addressed as the programme continues to be implemented. In the final report we will revisit many of these issues. We will also explore the extent to which FDAC has the potential to lead to better outcomes for children and their parents than standard care proceedings.

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