

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

### SECTION 1 - INTRODUCING FDAC

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

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

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

## THE FAMILY DRUG AND ALCOHOL COURT MODEL

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

FDAC is radical yet obvious. It strengthens parents’ motivation to overcome their problems and it gets families working successfully with social workers, adult treatment teams and judges in court. Families get every possible support and treatment. Expectations are clear and

honest and the tasks and timescales for each family are broken down into manageable steps. FDAC offers parents optimism about recovery and change, combined with a realistic understanding of the immense challenge they face.

## HISTORY AND SCALE UP OF THE FDAC MODEL

### THE FDAC PILOT

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

### ESTABLISHMENT OF THE FDAC NATIONAL UNIT

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

### FDAC LOCATIONS

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

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

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

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

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

### **FDAC RESEARCH**

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

#### **BETTER OUTCOMES FOR CHILDREN AND PARENTS**

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

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

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

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

## VALUE FOR MONEY

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

## BETTER JUSTICE

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

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

## SECTION 2 – STARTER QUESTIONS AND TIPS FOR GETTING GOING

*As a potential FDAC site, we recommend contacting the FDAC National Unit at [info.FDACnu@tavi-port.nhs.uk](mailto:info.FDACnu@tavi-port.nhs.uk) (currently from September 2018 – April 2019 operating in a very reduced capacity) or an [FDAC advocate](#) for additional information about the FDAC model. This will include information about the training available, advice on how to problem solve as your service becomes embedded, and ways of tracking and comparing child and family outcomes with those from the evaluated London service.*

This leaflet contains information about key issues to discuss with local colleagues in order to help you decide whether, when and how to establish a local FDAC. It draws on:

- tips from supporting the development of new FDACs in thirteen sites
- the experience of the London FDAC specialist team, court and local authorities since 2008
- the frequently-asked questions from existing sites
- regional meetings and other direct contact with interested local authorities and courts, and the five-year evaluation of FDAC (2014), funded by the Nuffield Foundation and the five-year follow-up study of the FDAC roll-out (2016)<sup>v</sup>.

The leaflet explores the main starter questions from around the country, which are about:

1. The critical success factors and FDAC Service Standards
2. Who to involve from the start, to give you the best chance of a good start
3. The governance structures that can be helpful
4. Scoping demand - understanding the size of the problem you want to address
5. Mapping provision - identifying relevant services and gaps
6. What the courts need to be thinking about
7. Thinking about the specialist team
8. Costs and funding
9. Evaluating the difference you will be making
10. Keeping up to date with developments.

## Q1 WHAT ARE THE ESSENTIAL PRINCIPLES THAT UNDERPIN FDAC AND WHAT ARE THE KEY ELEMENTS OF THE SERVICE ?

*“It isn't just about money it's about fairness, it's about making family proceedings less adversarial, more compassionate, empathetic allowing people to retain their dignity because in that way you have an opportunity to change people's lives. FDAC is demonstrating time and again in the research completed to date that FDAC produces sustainable change in very difficult complex lives.”*

*[Family Judge]*

*“The [FDAC] model of really intensive support for parents to think about themselves and why they behave as they do is really important. For many parents it is the first experience of someone getting them to think about themselves in this way.”*

*[Children's Services service manager]*

*“Clients in FDAC feel, not exactly relaxed, but they seem to take on board things a little bit more. They seem to understand a bit better why they are doing something and they are happier with the process, even if it is not something they want.”*

*[Adult Treatment Service Manager]*

*“It's very important for parents to have the same judge. They are good at recalling all the details. That helps cut down the animosity that is created by constantly revisiting past events in court. And messages to parents about their having to 'shape up' come more easily if they are from the same judge.”*

*[Family Lawyer]*

*“I have never heard parents speak so openly in court as they do in FDAC. I think it's really healthy. Their confidence develops. They move from rigidity to feeling more relaxed and you see them build a relationship with the judge. Parents say they don't feel pushed around, patronised and intimidated like they do in ordinary care proceedings.”*

*[Social Worker]*

*“FDACs approach is much more collaborative, transparent, open and honest, and much less antagonistic than ordinary care proceedings. You can sit in a meeting and say what concerns you really have, and FDAC will build their assessment and intervention around that. FDAC has services that parents can access straightaway - which makes the process much more hopeful. Outcomes are better in lots of ways – whether or not the children go home.”*

*[Children's Guardian]*

*“She [the parent mentor] was brilliant. Please keep trying to get this part of the service in place.”*

*[Family Lawyer]*

There are some essential elements in the FDAC service model which we describe as critical success factors. The critical success factors are underpinned by the FDAC Service Standards.

## THE FDAC SERVICE STANDARDS

The FDAC National Unit uses the term Service Standards to describe the key elements of an FDAC service that has fidelity to the FDAC model, as evaluated.<sup>vi</sup> Taken together, they summarise the National Unit's expectations about (a) the provision and ethos of an FDAC service and (b) what a service in development will be working towards. Alongside these there are a set of **FDAC Practice Indicators** against which FDACs can be audited after a year of operation to measure their progress towards a fidelity FDAC. There is an **FDAC audit pack** for established sites which can be accessed on the members' only section of the FDAC website, which FDAC sites and the FDAC advocates can access.

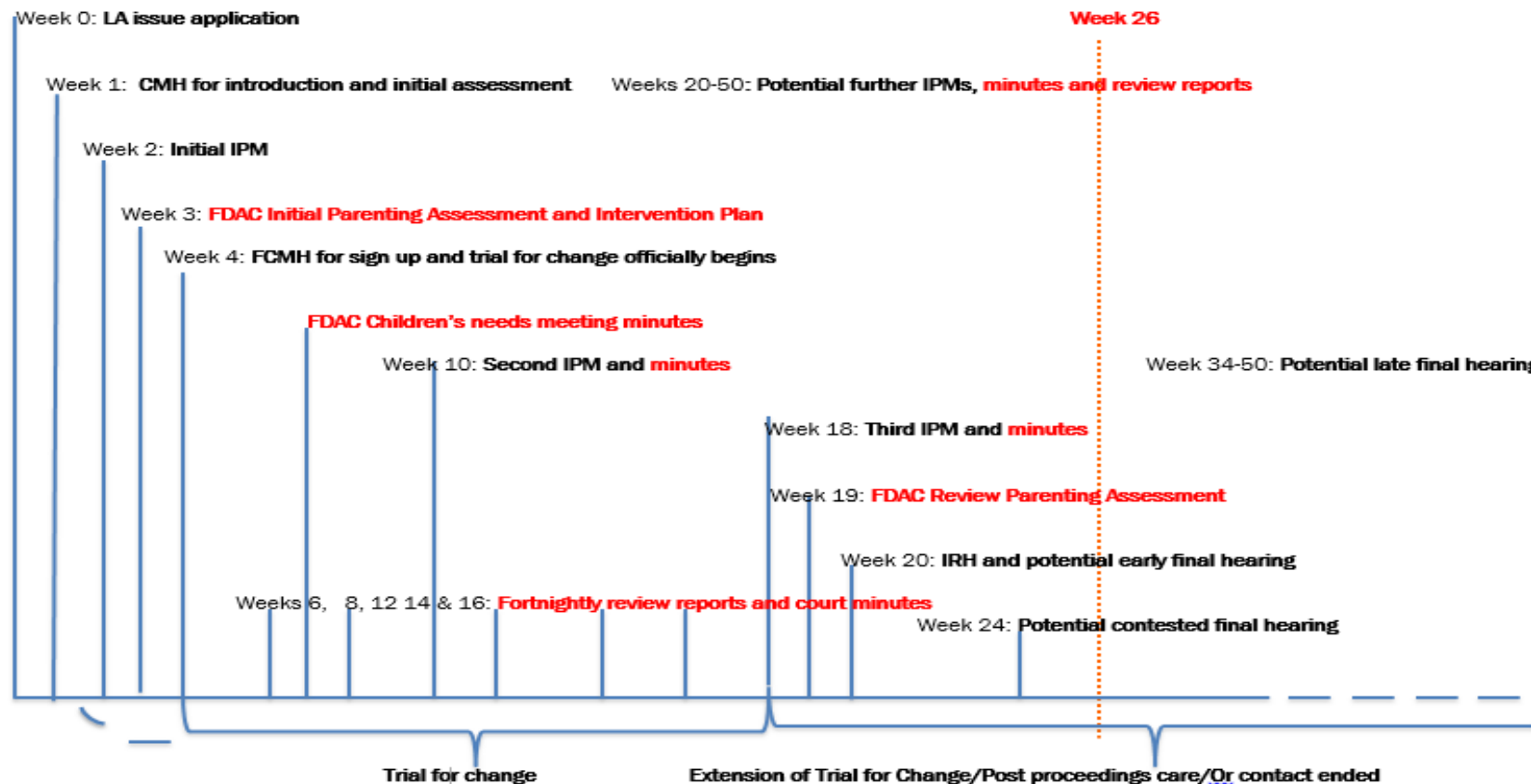
- Standard 1** FDAC is a therapeutic problem-solving family court with specially-trained judges and an independent, multidisciplinary assessment and intervention team.
- Standard 2** There is a clear referral pathway into FDAC.
- Standard 3** Parents are able to make an informed choice about whether to accept the offer of FDAC. All parents who choose to work with FDAC will be offered a 'trial for change'.
- Standard 4** The assessment and intervention work of the FDAC specialist team starts promptly and proceeds without delay and follows the FDAC reporting and court hearing timeline [see *FDAC report timeline below*]
- Standard 5** The plans for children are revised as necessary, whilst remaining mindful of the timescales required by (a) the law and Public Law Outline, and (b) the importance of responding to children's needs in a timely fashion.
- Standard 6** Once the FDAC Intervention Plan has the authority of the court the 'trial for change' begins, and parents and professionals have clear tasks to perform and a timescale to adhere to.
- Standard 7** FDAC work is collaborative – there is regular communication between the judge and the specialist team, and both work closely with parents, the local authority and others involved with the children and their families.
- Standard 8** Parents have the opportunity of support from a parent mentor.



**Standard 9** The procedure in court, including the use of non-lawyer hearings, acknowledges the role of the judge as a catalyst for change, nurturing a positive relationship with parents and giving families a voice in the proceedings.

**Standard 10** The FDAC specialist team uses the National Unit data collection tools to measure the health and well-being of each child and parent during their time in FDAC, with a view to understanding the impact of FDAC on families and highlighting potential areas for improvement and service development. [See Q9 of this manual for more information about the FDAC data tools]

## FDAC REPORT TIMELINE





## Q2 WHO SHOULD BE INVOLVED TO GIVE THE BEST CHANCE OF GETTING GOING?

### LOCAL CHAMPIONS

You need at least two local champions who will lead the process of set-up: one influential person from the local authority children's services, preferably the Director or Assistant Director for children and families, and one from the court, preferably a Judge. Experience has shown the necessity of commitment from both these parties and the value of these champions becoming co-leaders at the planning stage and moving into becoming joint or alternate chairs of the Steering Group (see Q3).

These will be key people to promote the idea of FDAC to a wide audience, keep up enthusiasm, give authority and support those implementing it, and lead on a proactive approach to anticipating and solving problems as they arise.

They will also have an important role in fostering momentum, commitment and interest during what can be a protracted and frustrating process of partnership development, joint commissioning, and tendering and procurement of the service model.

Champions will ensure that the right local authority, court staff, legal, Cafcass, health and commissioner representatives are on board with the development and understand the importance of communicating effectively with one another.

### PARTNER AGENCIES AND PEOPLE TO ENTHUSE AND INCLUDE FROM EARLY DISCUSSIONS ARE:

- **Public Health England** – Local PH officers and commissioners will have expertise and access to information about the financial benefits of tackling public health problems, including substance misuse. They will be the commissioners of adult substance misuse services, as well as having responsibility for public health services for children, including those with young parents and parents with mental health problems. They will be involved with the local Health and Well-being Board, including its work developing the local Joint Strategic Needs Assessment – a possible extra information source about the extent of parental substance misuse, mental health and domestic abuse problems and the range of services available
- **Local authority and private practice lawyers**
- **Cafcass** – Guardians and their managers will need to understand the different approach required and will want to discuss how guardians can contribute most effectively to FDAC hearings. There is value in having a dedicated pool of guardians for FDAC cases.
- **Adult substance misuse treatment service providers and commissioners**
- **Adult social care**

- **Clinical Commissioning Groups** – given their responsibility for commissioning child and adolescent mental health services
- **Representatives from local authority and voluntary organisations involved in other relevant projects**, such as reducing the number of mothers experiencing the removal of successive children in care proceedings and intensive support via the Troubled Families and Family Nurse Partnership initiatives.

*You can contact an existing FDAC site or an FDAC advocate [here](#) for more information about the roles of Cafcass guardians, lawyers, social workers, and adult treatment staff in FDAC cases.*

**Remember the advantages of early involvement in developing a new idea:** as in other work, involving people from the start will increase your chances of harnessing their ownership, commitment and good ideas. General experience points to the value of involving people who are already working together in some relevant way, rather than trying to start a new project from scratch. But, if in doubt, invite people to your preliminary discussions: you won't be sure what they can offer unless you invite them to contribute.

**Bear in mind that FDAC should be regarded as a mainstream service:** part of the whole system that exists to support families locally, including those going through the court process. So engage early with local authority and other colleagues who are responsible for developing strategies, re-designing services and making commissioning decisions, and evaluating outcomes and user satisfaction in the longer term.

## Q3 WHAT GOVERNANCE STRUCTURES ARE NEEDED TO SUPPORT SET UP?

Most new areas have moved quickly to establish a steering group, followed at a later date by an operational group.

### STEERING GROUP (SG)

Having a Steering Group is a good way of marking your intention to explore the FDAC option seriously and an essential part of successfully embedding FDAC in your area. The initial, informal purpose can be to provide a structure for the exploratory work: a place and time to meet, and a chair who will liaise with interested people, set agendas for discussion and circulate and follow up agreed actions.

Further down the line in your planning, the purpose of the SG will be to:

- provide general oversight of the service and of its strategic direction
- develop and approve the service specification
- oversee the commissioning and appointment of the specialist team and of the staff who will manage the service, and
- identify the locations where the specialist court and team will be based.

**Members of the SG will be drawn from the key agencies integral to the success of FDAC. They are likely to include:**

- senior local authority managers (social care and legal)
- judges and court manager
- public health and substance misuse commissioners
- a representative from the local CCG/s
- local Cafcass manager
- the manager of the specialist team (if an existing team will be used for FDAC).

Once the FDAC is up and running the role of the SG will be to monitor the service and activity against baseline data, and the impact of the service on family members and professional practice. The SG will also have responsibility for determining and ensuring long-term viability of the service.

**Regularity of meetings:** The Group might need to meet at least once a month in the early planning stages, moving to every 2 months once the detailed project planning is underway, and then quarterly once the service opens.

### **OPERATIONAL GROUP (OG)**

This will be a sub-group of the Steering Group. Its main role will be the early identification and problem solving of practical difficulties encountered by the new service, and the development of processes for the smooth running of a multi-disciplinary service with a broad range of partners.

**Membership should be drawn from operational staff in the relevant partner agencies including:**

- social work managers
- Local authority and private practice lawyers
- Court staff
- children's guardians working with FDAC
- adult treatment services manager
- housing representative
- other relevant service providers such as peer mentoring services and therapeutic groups the FDAC service is/will work in collaboration with.

**Regularity of meetings:** It is likely to meet monthly during the set-up stage and then every 6 to 8 weeks once the service opens. Regular reporting to the Steering Group will provide the SG with the information it needs to give the service strategic direction.

## Project Manager

Once you have key players on board and a shared intention to progress towards setting up an FDAC, having a project manager in place to carry out or coordinate the tasks set out in sections 4 and 5 below can be very helpful. This will be a time-limited post and can be part-time. The project manager can help ensure that actions from Steering Group meetings are followed through. They can also speed up the process of establishing whether there is a need for FDAC, developing the business case for investing in FDAC, and identifying ways of commissioning the service. For contact details of experienced FDAC Project Managers click [here](#).

**Resources:** These project managers/FDAC advocates will be able to provide access to the resources created by the FDAC National Unit for sites setting up available in the members section of the website. Resources include: template Terms of Reference, Service Specification, etc. Most resources you will need have already been developed for an existing FDAC. These are available to be adapted, there is no need to reinvent the wheel.

## Q4 SCOPING DEMAND – ARE YOU CLEAR ABOUT THE SIZE OF THE PROBLEM YOU WANT FDAC TO ADDRESS?

### ASSESSING THE LEVEL OF NEED FOR FDAC

Your scoping of suitable cases for FDAC will indicate how many cases are likely to be referred to FDAC during a year.

Scoping means collating information on the number of care proceedings issued in the most recent 12-month period that had parental substance misuse as a key feature. Include cases that also involve parental mental health and domestic abuse issues.

This information is not always easy to identify. You will almost certainly have to carry out some manual searching of files as local authority data systems may not support a search for parental substance misuse and care proceedings. You will probably need to combine case information from the children's services legal department and social work teams with that held by your local court administrators. In Milton Keynes and Buckinghamshire, for example, an audit of cases by the local court proved particularly helpful in pinpointing both the number of potential FDAC cases and their geographical distribution, the latter being invaluable for helping determine where to locate the FDAC office and court hearing centre.

Disseminating information about your proposal for a local FDAC service is another way of identifying possible cases. Interested professionals (social workers, child protection chairs, local authority and family lawyers and IROs) can be invited to alert you to cases where parental substance misuse is causing or likely to cause significant harm to the child or children. Independent Reviewing Officers are relevant here because children of parents with substance misusing difficulties might be in section 20 accommodation (s.76 in Wales).

The information you need is:

the number of care proceedings issued in one year

the number of these cases where parental substance misuse and domestic abuse and/or parental mental health were a key factor in issuing proceedings

from which local authorities (if scoping across more than one area)

the number of cases in pre proceedings in a one year period where parental substance misuse (and DA and/or Mental health) was a key factor in concerns

if the information is available, geographical plotting of where cases come from.

## COLLECTING BASELINE DATA FOR COMPARISON AND FOR VALUE FOR MONEY:

It is also helpful to record what happened with the cases identified: the final orders made, how long the case took, whether the children were looked after children during the course of the proceedings, and what was spent on expert assessments obtained pre-proceedings and/or during proceedings. Collecting this information will give you a baseline against which to measure the outcomes from the first year of operation of your FDAC.

The information you need is:

the number of cases over a period of a year where parental substance misuse and domestic abuse and/or parental mental health were a key factor in issuing proceedings (as above)

the number, type and cost of expert assessments commissioned by the LA in pre-proceedings in your sample cases

the number, type and cost of expert assessments ordered by the court once proceedings were issued in your sample cases

overall length of proceedings of your sample cases

the total number of hearings in your sample cases

in how many of your sample cases were there contested final hearings

give the timings of all contested final hearings in your sample

the legal costs of proceedings for the local authority (what did they pay for legal representation, per case in your sample if possible, if not, an average spend on legal representation in care proceedings)

the number of children in each of your sample cases

the age of the children in each case: use 0-4;5-10; 11-18

placements of the children in your sample during the proceedings – at home, with relatives, kinship foster care, foster care, residential

final orders on each child at the end of proceedings

placements of each child at the end of proceedings

the number of mothers in your sample cases who have had a previous child removed through care proceedings.

*We recommend using or adapting the scoping template provided in the templates section of 'Starting an FDAC'*



## **Q5 MAPPING PROVISION –DO YOU KNOW ABOUT ALL THE RELEVANT SERVICES IN YOUR AREA AND WHERE THE GAPS ARE?**

### **THE IMPACT OF GEOGRAPHY**

In order to get a realistic impression of how geography will impact on the viability of setting up an FDAC, it is helpful to collect information on where cases are likely to originate from, and consider the location of courts and services together with issues of transport, as follows:

- Location or locations of cases
- Location of possible courts
- Possible locations for FDAC team
- Map of local services
- Transport routes and types of transport
- Length and cost of journeys.

### **LOCATION OF THE COURT(S)**

Special attention will be needed to decide where best to locate the FDAC court in areas covering rural or widespread populations. For example, in Buckinghamshire and Milton Keynes they decided to have two locations for FDAC: one at the care centre, and the other at a magistrates' court a different town to ensure that parents from areas far away from the care centre will have less difficulty travelling to court regularly. In the South West they had a FDAC hearings in three different courts, a central location for the FDAC team but local facilities available for the team to use for assessments, meetings and key work sessions with parents.

### **ACCESSIBILITY AND TRANSPORT FOR PARENTS**

Thought will need to be given to transport for parents, especially given the frequent court attendance needed. In Buckinghamshire/Milton Keynes a scheme of volunteer drivers run by a voluntary organisation has been extended to cover parents needing help to get to court. In almost all other FDACs local authorities provide families with travel expenses and travel warrants.

## WHAT RELEVANT SERVICES ARE AVAILABLE IN YOUR AREA?

The FDAC teams will provide some of the interventions that parents are assessed as needing. They will also be helping parents' access local services and so you will need to develop a clear picture of the relevant services that are available in the area and where they are located. You will want to build up a picture of where services are located, what referral systems are used, what thresholds and exclusions apply, how many people can be catered for and the speed of entry to the service. Doing this exercise will also draw attention to any services that are not provided locally.

The information you will need:

- the range of community and residential adult drug and alcohol treatment services (detox, prescribing, rehab)
- the psychosocial services for parents to achieve and maintain abstinence from street drugs & alcohol
- the services working with parents and children where parental substance misuse is an issue
- specialist midwifery services for pregnant women affected by substance misuse
- specialist health services for adults affected by substance misuse
- types of adult and child/adolescent mental health services and access issues
- talking therapies for individuals/couples/families affected by parental substance misuse/domestic violence/mental health issues
- parent support groups run by voluntary organisations
- support to women and children affected by domestic abuse
- psychosocial interventions to prevent intimate partner abuse
- services for domestic abuse perpetrators
- family support services
- hostels and housing support
- help with education, training & work
- child-centred interventions and activities
- job centres and advice agencies
- existing mentor schemes, and
- volunteer transport schemes.

## Q6

### WHAT DO THE COURTS NEED TO BE THINKING ABOUT?

*“This court is different. We don’t do conflict. We minimise hostility. This is about solving problems.”*  
[FDAC judge]

*“I have never heard parents speak so openly in court as they do in FDAC. I think it’s really healthy. Their confidence develops. They move from rigidity to feeling more relaxed and you see them build a relationship with the judge.”*  
[Local authority social worker]

*“Your child is a great credit to you both. You are doing so well. You deserve a medal for the changes you have made in your life. Thanks very much for that.”*  
[FDAC judge]

*“Grandmas will always be welcome in this court. We appreciate the level of support that the family is providing.”*  
[FDAC judge]

### JUDGES AND COURT

Judges need to be committed to the problem solving court approach and prepared to receive training in this way of working, including an introduction to motivational interviewing techniques. It is helpful if Judges build a relationship with the specialist team as well as with the parents who are attending the non-lawyer reviews. The FDAC National Unit provides joint training for the Judges and specialist team members which helps to support the development of the relationship between the Judge and the team from the beginning. Contact The National Unit at [info.FDACnu@tavi-port.nhs.uk](mailto:info.FDACnu@tavi-port.nhs.uk) who will let you know if they are available and if not point you in the direction of someone suitable from an established FDAC team or an FDAC advocate.

It is also important to have court staff and administrators involved from the outset so that they are clear about the different approach in FDAC and are able to help in terms of listing, venues, space for the team on FDAC hearings days and so on.

### JUDICIAL CONTINUITY AND FREQUENCY OF COURT

The likely number of FDAC cases per year will inform decisions about how frequently the court sits, and the number of judges needed. The size and capacity of the FDAC team, and the way in which the team is commissioned, will impact on the number of cases likely to be coming into an FDAC court. Court staff and judges need to consider where the court should sit, with what frequency, which judges should hear FDAC cases, and how best to achieve judicial continuity throughout.

The most common arrangement is for a site to have two main judges alternately sitting fortnightly for a half day or day depending on the number of cases, with two back-up judges covering for occasional holiday and sick leave. At a minimum teams should see 32 cases (8 per keyworker) per annum.

It is important to remember that these are cases that would in any event be coming before the court in care proceedings. The difference about FDAC cases is that they will have more hearings because of the additional fortnightly non-lawyer reviews. There is evidence from the independent evaluation that this is counter balanced to a certain extent by a reduction in contested proceedings.

**Facilities at court:** Also important will be consideration about facilities at the court. Traditional court room layouts are not the best for a problem-solving court approach and so, if possible, it will be helpful to identify a court room that can be modified to provide a more inclusive environment, so for example, where the Judge can be on the same level as professionals and parents and/or where the parents can speak easily to the Judge. On FDAC hearing days you will need to provide a room where the specialist team can be based, a room for private consultations for parents and lawyers, and a waiting area outside the court room for parents who are waiting for their hearing and for other family members and children who come with them.

#### **Reflections about getting going at court, from the first UK FDAC judge:**

*“It’s important to be more informal than in traditional proceedings, and not be too caught up in process.*

*Too many parents have said that they did not feel that they were really involved in proceedings in which their children were removed. Too many have said that their lawyers did all the talking and that it was as if they were not there. Too often they say that the proceedings seemed punitive.*

*At the same time it is important to retain the authority of the court. I do not believe that this is as difficult as some might think. On the whole people are predisposed to respect the authority of the court and, I think, more so when they feel supported by the process.*

*It follows that the layout of the court is important.*

*I am always happy for a child to be in the courtroom, unless there is a good reason why not. Usually it will be a child in a pram or pushchair, or a toddler. I put up with noise!*

*I think the judge should to be on the same level as everyone else, and that the parents should be next to their lawyers.*

*I always try to ask myself if I am being fair to the person I am dealing with. This seems particularly helpful in FDAC. You will be dealing with difficult cases and people who have such severe problems, and having to balance the best interests of children against the difficulties experienced by their parents.*

*And remember, none of this is quantum physics! Develop your own style. Be considerate, tolerant, empathetic, supportive, sometimes sympathetic, and above all human and humane. Remember how hard it must be to be taken to court about the thing that we all care about most – how we care for our children. But never lose the authority of the court.”*

There is detailed guidance available for FDAC Judges. If you want to find out more contact [info.FDACnu@tavi-port.nhs.uk](mailto:info.FDACnu@tavi-port.nhs.uk) or contact and FDAC team or advocate [here](#) to ask for a copy of the guidance.

## Q7

### WHAT THINKING IS NEEDED ABOUT THE SPECIALIST TEAM?

*“It is so much easier when FDAC is involved – everyone is at meetings, there is a clear plan, you don’t have to scabble around for experts or argue about resources. And a small point, I know, but they make sure the appointments don’t clash. This sort of joining up between services doesn’t happen in other cases.”*  
*[Family lawyer]*

*“Instead of fibbing we’re encouraged to be honest and if we relapse, or lapse even, we’re told it wouldn’t be the end of it, because they would work with us about that. They were being honest with us and making it easier for us to be honest with them.”*  
*[parent]*

*“I do more because of having to be at court for all the reviews but what’s less is that I don’t have to spend time liaising with everyone involved. FDAC does that and that makes it all feel more streamlined.”*  
*[social worker]*

*“The assessments of the specialist substance misuse worker were brilliant. I learnt a lot from him and it’s helped my practice, too.”*  
*[social worker]*

### APPROACH

The evidence shows that the team’s way of working is an essential part of the process. The independent evaluation of FDAC found that the team’s approach helped to ensure that parents are fully engaged in the process, are more inclined to take responsibility for their actions, and understand and accept decisions made, even if children are not returned to their care. The FDAC team provides an early assessment to the court and the parties, does direct work with parents, co-ordinates the provision of services by other agencies, and gives the court and the parties’ regular feedback about how parents are doing. The team needs to be committed to working well with other local services on the delivery of treatment and support for parents, as specified in their individual intervention plan.

### COMPOSITION

The composition of the team will vary, depending on local conditions, but it should include child and family social workers and substance misuse workers, with regular access to a child and adolescent psychiatrist or clinical psychologist and occasional access to an adult psychiatrist. A parent mentor co-ordinator should also be part of the team. It is also advised where possible to recruit team members with mental health and domestic abuse specialisms. The Gloucestershire team, working mainly with mothers of young children, have health visitor and speech and language input.

Below is the proposed staff model for the FDAC specialist team based on current practice for an approximate caseload of 35 families (depending on variables such as geographical spread of the team). Research from the current nine FDACs has shown that on average FDACs will see 1.5 parents per family. For a caseload of 35 families, this team structure means that on average keyworkers will be working with 8-9 parents at a time. 10 parents at a time is the maximum caseload deemed safe by the Tavistock and Portman Trust given the intensity of the work with each parent.

Given the complexity of the FDAC work and the level of risk in the families that are referred, it is necessary to recruit experienced, qualified practitioners with extensive relevant work experience. It is vital that the team manager and preferably both social workers have previous experience working in safeguarding vulnerable children and adults and court based work.

Post	Full Time Equivalent	Notes
<b>Team Manager</b>	1FTE	<b>Team manager should have a social work or clinical psychology qualification and should be experienced in court assessment work</b>
<b>Senior Social Worker</b>	1 FTE	The senior social worker may be employed as a deputy team manager
<b>Social worker</b>	1 FTE	One of the social workers should have a Domestic Abuse specialism if possible
<b>Specialist Substance Misuse Worker / Parent mentor Coordinator</b>	1 FTE	The Parent Mentor Role is a vital component of the teams work / offer to parents and will require dedicated time
<b>Specialist Substance Misuse Worker or Clinical Nurse (SM and MH specialisms)</b>	1 FTE	Clinical nurse not essential but helpful to have member of team with specialism in adult mental health, trained in evidenced based interventions
<b>Post proceedings worker: (any of these professions could be suitable: MH, SM, SW, FS (family support))</b>	1 FTE	<b>Research has demonstrated the positive impact on long term outcomes one additional worker would make. [See <i>the FDAC Post Proceedings proposal paper</i> in the members section of the website via the NU or an FDAC advocate for more information about this additional role and suggested programme of activities.]</b>



<b>Administrator</b>	1 FTE	This is a sophisticated administration role with varied tasks. The administrator needs to be confident writing minutes that will be sent to legal colleagues; able to manage an access database and be competent using Microsoft excel.
<b>Clinical Lead</b>	0.1 FTE (increased to 0.2 FTE after 6 months)	Can be a Clinical Psychologist or Child and Adolescent Psychiatrist. Will lead formulations and planning, will chair meetings, will advise the team and support them to use relevant evidenced based interventions, and in some cases will assess children and provide short term interventions for parents and children.
<b>Adult Psychiatrist</b>	1 session/ month	Necessary if the Local Authority or local court requires this, otherwise a Clinical Psychologist with substance misuse and court experience could fill this roll. They will provide advice to the team and on occasions carry out assessments.

*Draft Job descriptions* for each post are available in the members section of the website, which can be accessed by established FDAC teams and [FDAC advocates/consultants](#).

## SPECIALIST TEAM ACTIVITIES

- Members of the team are present at court at the first hearing to meet parents who are being offered the FDAC route through care proceedings
- If the parents agree, the team carry out an assessment within two weeks and formulate a plan
- The team hold an Intervention Planning Meeting involving parents, social workers, guardian and adult treatment providers to discuss and agree the plan
- The plan and assessment are presented to the court at the second hearing, having been circulated to all the parties in advance
- Once the parent has signed the agreement at court to have their case heard in FDAC, a member of the team is appointed as key worker for the parent
- The team co-ordinate all the services and activities identified in the plan and meet the parents at least once a week
- The team carry out drug and/or alcohol testing
- The team prepare a short (2 sides of A4) update on each parents' progress every fortnight – for the court and all the parties
- The keyworker attends regular non lawyer reviews held by the judge, together with the parent, the child's social worker and the guardian

- The team brief the judge on all FDAC cases before the hearings and discuss strategies
- There is regular communication between the team and the judge, and between the team and relevant adult and children's services as well as with housing services and DV services and with legal representatives
- Subsequent Intervention Planning Meetings are called during the course of the case to review and amend the plan as necessary
- The team recruit and supervise parent mentors
- The team produce a final report
- They also carry out some direct work with parents, often to fill in gaps in local provision, for example running anxiety groups for parents.

## TEAM LINKS WITH THE LOCAL AUTHORITY

It is important for the team to be seen as independent of Children's Services – the evaluation of the London FDAC found that this was felt keenly by parents, lawyers and guardians in particular. But this does not mean that the team cannot be commissioned by the local authority. If the team is managed by the Local Authority it is strongly recommended the team works out of a non-local authority building such as a charity or treatment centre. If there is already a multi-disciplinary team in your area that provides court assessments, this might be developed to operate as an FDAC team, as in East Sussex and Coventry.

## THREE OPTIONS FOR SETTING UP AN FDAC TEAM

### ***Option 1: Commission a new, local, independent FDAC team***

You can develop a service specification for an FDAC team that the local authority then commissions via a tendering process. The advantage of this option is that the team will help clearly be independent of the local authority. Who commissions the service will need to be decided; preferably it should be jointly commissioned by health and children's services. You might also have a number of local authorities coming together to commission the team jointly. This is the model in London and Kent and Medway.

### ***Option 2: Build an independent FDAC team from an existing local service***

You can create an FDAC team from another multi-disciplinary service already established in your area as in East Sussex and Coventry. This is likely to involve getting agreement from the relevant commissioners of that service to change the existing Service Level Agreement (SLA).

### ***Option 3: Use a local authority in-house team to deliver FDAC***

A variation of the standard FDAC model is where the local authority provides an in-house specialist team to work with families and report to the court. This model is being used in Gloucestershire, Southampton and Milton Keynes/Buckinghamshire.

## PARENT MENTORS

Setting up a parent mentor scheme has proved the most difficult aspect of work to establish and sustain. This aspect of the service tends to be started in the second year of operation once the core team and processes are established. Experience shows the importance of ensuring the team member employed in this role part time has sufficient capacity for it, allowing sufficient time and resources to ensure that the recruitment and selection process for mentors is robust, with good systems in place for subsequent supervision and training.

One option is to join forces with a relevant established scheme, such as mentoring provided to people who are using local substance misuse services. Some of those mentors might be parents who have had contact with children's services in the past because of concerns about their parenting.

See the *Parent Mentor Handbook* for more information and guidance about setting up an FDAC Parent Mentor Programme. This is available in the members section of the website which can be accessed by established FDAC teams and [FDAC advocates/consultants](#).

## Q8

### WHAT ABOUT COSTS & FUNDING?

*“Imagine a child about to be born to a mother misusing substances. The mother could have treatment from FDAC costing about 13K, with a 40% chance of the child then able to stay with her mother. If you were being child centred you would say ‘yes’ to that, because it would improve the likelihood of the child staying in her family.”*  
*[Assistant Director of Children’s Services]*

*“It’s encouraging that problem-solving in the family courts not only delivers better justice, an important achievement in itself, but that it also offers a cost-effective way to improve the lives of vulnerable children and families. Applying a similar judge-led specialist approach in our criminal courts would take this development to the next important step. Problem-solving courts are innovative, effective and fit the system here in the UK.”*  
*[Phil Bowen, Director of the Centre for Justice Innovation, 2018]*

*“FDAC focuses on identifying the problem and setting out to solve the problem, so e.g. once you solve the problem with this child the mother and father will not be back in court in future years in relation to some future child. The key thing is problem solving by a partnership involving both the problem solving team and the judge.”*  
*[Sir James Munby, former President of the Family Justice Division, 2017]*

#### **COSTS AND SAVINGS:**

For a team seeing 35 cases per annum, the commissioned cost of an average family going through the London FDAC process is approximately £13,000. This average cost per case of £13,000 is equivalent to the charges of other multi-disciplinary teams providing assessment in care proceedings. This would mean that a new FDAC service would cost approximately £450,000 per year for 35 families. Additional initial start-up costs vary, depending on the situation in the new FDAC locality, but can be about £50,000.

The London FDAC now commissions individual packages for both pre-proceedings and post-proceedings work with parents, and this work is costed as a proportion of the average cost per case.

The cost of the team will depend on the number of staff needed and this, in turn, will depend on the likely number of cases and the availability of local services. If there are fewer local treatment services, or other parenting services, the team will need greater capacity to do more direct work with families themselves. The caseload of the London team has varied from 32 to 60 cases (current) over the past eight years and an FDAC currently setting up in the East Midlands across three Local Authorities is due to see 48 cases. You could contact the London team manager or FDAC Advocate/Project Manager Beverley-Barnett Jones [here](#) for more information on approaches to structuring team composition and costs.

In 2016 the National Unit partner agency, [the Centre for Justice Innovation](#) (CJI) published a financial analysis of the London FDAC as part of the funding awarded to the FDAC National Unit from the DfE Children’s Social Care Innovation Programme.

The analysis demonstrates that FDAC saves the state money. Across the 2014/15 caseload, the London FDAC cost £560,000 (in respect of specialist staff salaries, office costs etc.) and generated estimated gross savings of £1.29m to public sector bodies over five years. In other words, for each £1 spent, £2.30 is saved to the public purse. These cashable savings accrue primarily from FDAC's better outcomes: fewer children permanently removed from their families, fewer families returning to court and less substance misuse. It demonstrated that the savings generated by FDAC exceed the cost of the service within two years of the start of the case.

### **IMMEDIATE SAVINGS**

In 2014/15, London FDAC initiated 46 cases at a cost per case of £12,170 on average. However, the upfront costs of the service are partially offset during proceedings because FDAC saves money on legal costs and experts witnesses and assessments. These immediate savings mean that the effective cost of the service was only £5,825 per case on average.

### **LONGER-TERM SAVINGS**

Drawing on the outcomes described in the 2014 Brunel evaluation and information on costs collated from a variety of sources, CJI conclude that in the five years following the commencement of a case, FDAC will generate three types of long-term savings compared to standard proceedings:

- FDAC keeps more children with their families. This saves public money that would otherwise be spent on taking children into care. This amounts to an average of £17,220 per case;
- Families who appear in FDAC are less likely to return to court. FDAC therefore saves money on future court costs. Savings in the cost of parents returning to court either after reunification or with future children are £2,110 per case on average;
- More parents in FDAC overcome their drug and alcohol addictions. This creates savings for the NHS due to reduced long-term need to provide drug treatment; and to the criminal justice system due to reduced drug-related crime. These savings amount to £5,300 per case on average.

### **ADDITIONAL COSTS**

However, there are also two areas where FDAC costs more than standard proceedings. Firstly, more parents take up substance misuse treatment during the court proceedings which incurs a cost of £2,485 per case on average. Secondly, as more children remain with their families there is an additional cost of supporting those families which is on average £460 per case.

**Taking all of these factors together, over five years the net financial saving relating to the FDAC in 2014/15 caseload is some £729,000, which equates to £15,850 per case on average.**

Visit the FDAC website [Better Value for Money page](#) for a breakdown of how these savings are costed and for more information about the FDAC Value for Money Theory of Change.

## **WHO SHOULD PAY?**

It is recommended that new sites explore the possibility of joint commissioning between local authorities and Public Health, other health services, and other agencies that might benefit from a successful FDAC in their area, such as Police and Crime Commissioners. Troubled Families funding may be appropriate for parts of the FDAC service.

Children's Services alone have mainly borne the costs of an FDAC team since FDAC was first piloted, but given that the benefits of FDAC accrue to a range of agencies there are good arguments for joint commissioning with other services.

The increased number of parents who become abstinent at the end of proceedings under FDAC will produce ongoing savings for both the NHS and the Criminal Justice System. The CJI (2016) financial analysis of the London FDAC modestly estimated the savings over four years per parent as £5,640 for the criminal justice system, and £420 for the NHS.

Wider funding offers the prospect of sharing ownership as well as risks. The specialist team is jointly funded by health services and Children's Services in East Sussex and Gloucestershire, and public health are contributing funds in Coventry.

### **Reflections about getting colleagues interested in talking about funding, from an early FDAC commissioner**

*"I first heard about FDAC in October 2010. There were so many elements that made immediate sense to me. I like the emphasis on the problem-solving court and the non-adversarial approach. I could see the sense in diverting resources away from spending on lawyers and expert witnesses. As the Senior Commissioner Manager I was convinced there was potential to make significant savings compared to the normal care proceedings route.*

*But most important of all I was attracted to working with parents with substance misuse problems so that the social work relationship was still intact at the end of proceedings - regardless of whether the child returned to the parent's care.*

*I spent a long time seeming to get nowhere and the lowest point was when a generally sympathetic senior manager told me to go away and stop obsessing about FDAC. The turning point came 20 months later in June 2012 when a new manager who could see what I was 'going on about' agreed for me to run a one-off multi agency information session. This was led by colleagues from the London FDAC. The results were electric. By the next morning I had calls of support from several agencies and in particular from our local judiciary. We heard our first case in July 2014.*

*What was the learning point for me? When you are operating in complex and highly pressurised environments like social work, simple and elegant ideas like the FDAC find it hard to capture the attention of senior managers. You need to run the risk of appearing a little obsessive."*

## Q9

### WHAT ABOUT EVALUATING THE DIFFERENCE FDAC WILL BE MAKING?

Collection of data helps sites monitor progress and outcomes in accordance with the FDAC outcomes framework and the local logic model.

In addition, if all sites collect this data the evidence base for FDAC will be strengthened. In particular, data from the sites will improve our understanding of the impact of FDAC and will provide information on whether the improved outcomes identified in the evaluation of the pilot FDAC are also found in new sites. Use of the database will improve understanding of how best to measure outcomes. A larger evidence base will also enable more work to be done on identifying whether there are particular types of cases that will benefit more than others from the FDAC approach.

#### The FDAC ACCESS DATABASE

The database has been developed by members of the FDAC National Unit, together with colleagues at Brunel and Lancaster Universities. Its development was informed by the methodology and the findings of the evaluation of FDAC. All FDAC sites nationwide use it.

The database has been designed to provide all FDAC teams with the key information needed to monitor the delivery of the service and to evaluate outcomes.

The database will provide information on:

- The population making use of FDAC – background information on the parents and children
- Outcomes for parents and children - by collecting data on certain key issues at the start and end of proceedings
- Information about activities, process and outputs - for example the interventions provided to families, the number of families worked with, length of proceedings, final orders made.

By outcomes we mean the impact of an intervention or service on parents and children. It is also helpful to collect information on process issues such as orders made and placements for children. Collecting this data enables local sites to monitor the effectiveness of their FDAC and to build their case for longer term sustainability.

For information about obtaining a copy of the specially developed data base and guidance on its use visit the FDAC website and contact Mary Ryan, [FDAC advocate](#) or the [FDAC National Unit](#).



## Q10

### HOW CAN YOU STAY INFORMED?

Setting up a new FDAC takes commitment and energy and time! It will probably take up to six months, and maybe longer, especially if you need to commission and recruit the specialist team.

In September 2018 funding for the FDAC National Unit came to an end. For an interim period between September 2018 – April 2019, the NU will be running at a minimum operational level while discussions continue about possibilities for sustaining the NU in the longer term. It is hoped that from April 2019 the FDAC National Unit will be re-established and will be able to support new sites setting up an FDAC. For further information or queries, *please use the email address: [info.FDACnu@tavi-port.nhs.uk](mailto:info.FDACnu@tavi-port.nhs.uk) or contact Steve Bambrough on 07791 334968.* And in the meantime there are various [FDAC advocates and consultants](#) who are all experienced in setting up an FDAC who are happy to be contacted for one off advice or longer-term support, subject to availability.

Mary Ryan	maryryan@ryantunnardbrown.com
Jo Tunnard	jotunnard@ryantunnardbrown.com
Danny Conway	danseb@talktalk.net
Beverley Barnett-Jones	Beverley.Barnett-Jones@walsall.gov.uk
Maggie Coleman	Maggie.Colman@leeds.gov.uk
Gabriella Brent	gabriellabrent@gmail.com
Jo Maycock	Jo-ann.maycock@hotmail.com
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Sophie Kershaw	sophiekershaw.miller@gmail.com
Steve Bambrough	SBambrough@tavi-port.nhs.uk

Good luck – we wish you well in improving outcomes for children and their parents.

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[<sup>i</sup>] The Drug Strategy 2010 – Home Office (2010) Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life; Munro E (2011) The Munro Review of Child Protection: Final Report. A child-centred system. DfE.

[<sup>ii</sup>] HM Government 2017 Drug Strategy

<sup>iii</sup> Family Justice Review Final Report 2011, MoJ, DfE, Welsh Government

[<sup>iv</sup>] 12<sup>th</sup> View from the President's Chamber, 9 June 2014: *The process of reform: next steps*.

<sup>v</sup> Harwin J, Alrouh B, Ryan M and Tunnard J (2014) *Changing Lifestyles, Keeping Children Safe: an evaluation of the first Family Drug and Alcohol Court (FDAC) in care proceedings*, and Harwin J, Alrouh B, Ryan M, McQuarrie T, Golding L, Tunnard J, Swift S (2016) *After FDAC: outcomes 5 years later*. <http://wp.lancs.ac.uk/cfj-fdac/publications/>

<sup>vi</sup> As above