



FAMILY DRUG AND ALCOHOL COURTS (FDAC)

THE CASE FOR INVESTMENT

The Centre for Justice Innovation

Mutual Ventures

April 2024



EXECUTIVE SUMMARY

“This moment is a once in a generation opportunity to reset children’s social care. What we need is a system that provides intensive help to families in crisis, acts decisively in response to abuse, unlocks the potential of wider family networks to raise children, puts lifelong loving relationships at the heart of the care system and lays the foundations for a good life for those who have been in care.” – Independent Review of Social Care 2022

Care proceedings, where local authorities apply to the family court to consider whether to remove children from the care of their parents, represent the most serious and resource intensive child protection intervention. It is estimated that **the total cost of care proceedings to the state each year is £1.2 billion**, with a single public law case costing a local authority, on average, £120,000¹. This total annual cost, incurred by central and local government, represents 10% of all direct annual expenditure on the children’s social care system². Increased numbers of children entering care and the growing cost of care placements is intensifying this financial pressure on local government. **Across England, spending on children’s services increased by £800 million in 2021/2022**, a substantial 8% surge from the previous year³. The well-documented court backlogs and the increasing average duration of care proceedings far exceeding the 26 weeks statutory limit is a further factor exacerbating the cost to the state.⁴

In addition to their high cost, the detrimental impact of the care system on children and the longstanding trauma that is experienced by families in care proceedings is well evidenced. Research indicates that parents in proceedings have experienced significant and multiple adverse experiences in their own childhoods, and are likely themselves to have been in the care system as children⁵. Adverse experiences in childhood increase the likelihood of poor outcomes in adulthood in relation to health, mental health, and substance use.⁶ Research suggests that 40% of children under child protection and just over 60% of children within care proceedings live in families with significant parental substance use⁷. Substance use is rarely a standalone issue impacting children, with poor parental mental health, domestic abuse and neglect as common factors. Many families in care proceedings face problems with housing, poverty and economic instability⁸, made all the more acute in a period with increased costs of living.

Yet even going through the intensive intervention of care proceedings does not prevent families from experiencing similar interventions in the future. A significant number of parents return to court (often repeatedly) in recurrent care proceedings, estimated to make up 20% of public law cases.⁹ This suggests that care proceedings do little to address the issues that are needed to keep children safely within their families, nor do they break the repeat or intergenerational cycle of children being taken into care. Therefore, care proceedings, with their high costs and poor outcomes, are ripe for reform. The Family Drug and Alcohol Court (FDAC) model, with its strong evidence base, provides a compelling solution.

‘A family justice system “that removes the fourth, fifth or sixth child from families without doing anything about the reasons for removal is a failing system”’

District Judge Nicholas Crichton, founder and champion of FDAC

The extensive evidence base (which is set out on page 20) shows significantly better outcomes are achieved for children and families in FDAC compared to standard care proceedings, and that these outcomes can be achieved at a significant reduction in cost to the state. Funded by the Department for Education (DfE), this independent research report makes the case for central government investment in FDAC. The economic analysis undertaken shows that, with central government support under the ‘Expansion scenario’ modelled below, **for every £1 spent on FDAC operations, £3 is generated in savings to the taxpayer**. At a time of increased financial pressure on local governments and growing demand on children’s services, the time for transformation is now.

A summary of the FDAC approach

“FDACs are different from other family courts. They try to solve the problems that have led the local authority to bring the parent to court in a way that is different to traditional care proceedings... FDAC’s unique blend of high-intensity, wraparound, multidisciplinary support and active judicial oversight encourage parents to make and sustain changes”.

Sir Andrew McFarlane, President of the Family Division

FDACs are an alternative model of care proceedings which employ a problem-solving court approach. Problem-solving courts are a diverse family of court models which exist in adult criminal, youth and family courts. They share common features, such as: specialising in a specific set of issues or specific target group; deploying a multi-disciplinary team to provide intervention and supervision, and; integrating intervention and supervision with judicial monitoring whereby a specialist judge meets regularly with the individual in proceedings to review their progress¹. Problem-solving courts are predicated on a wealth of international evidence¹⁰.

The FDAC problem-solving court model follows the same legal framework (the Public Law Outline²) as standard care proceedings cases, but with key distinctions in practice - an independent multi-disciplinary team provides expert advice to the court through a dynamic assessment of the family, and delivers intensive support through a coordinated and tailored intervention and treatment plan. Families in FDAC care proceedings also benefit from a specially trained judge who remains consistent throughout the duration of the case and who meets with the family on a fortnightly basis as part of a process of judicial monitoring, known in FDAC as non-lawyer reviews.

By targeting families at the point where the prospect of losing their children is imminent, FDAC seeks to achieve change with parents who have previously not engaged with support. There is consistent evidence¹¹ that shows that for some individuals, earlier intervention is not enough to change, and that it is the severe consequences available to the court (in care proceedings, the removal of children), a concept known as legal leverage, that is required to kick-start their motivation to change and take action. FDAC’s focus on acute cases makes it an important complement to preventative services, offering a ramping up of support for families in most acute need and for whom preventative services have not succeeded. Yet FDAC also serves a preventative role by aiming to break the cycle of repeat removals and intergenerational trauma.

Although FDACs predominantly work with families where parental substance use is a factor, the interrelating issues of domestic abuse, neglect, mental ill health, criminal behaviour and other presenting vulnerabilities around housing and access to education and employment are common in most FDAC cases.

“It is plain that the FDAC model has demonstrated significant success in working with and assessing families where substance misuse is the primary concern. However, it is also plain that the FDAC method of working is equally suitable to cases which involve domestic abuse and indeed mental health. I credit the local authority for seeking for this case to be dealt with in FDAC [...] It is clear, as we complete this case, that they were right. That has been demonstrated in the outcome to these proceedings, with both boys being restored to parental care with their mother”

– Published FDAC Judgment

¹ For more information about problem-solving courts, including their prevalence and evidence base, please see: [cji_problem-solving-courts-final-0109-web.pdf \(justiceinnovation.org\)](https://www.justiceinnovation.org/cji-problem-solving-courts-final-0109-web.pdf).

² See Appendix A for a detailed description of the Public Law Outline.

The existing FDAC evidence base

Over the last 15 years, FDAC has been the subject of extensive research and a number of outcome evaluations have consistently demonstrated that FDAC achieves significantly better outcomes for children and families than standard proceedings³. Evaluations have continued to highlight that, in comparison to standard proceedings, FDAC achieves:

- Higher rates of reunification of children with one or both of their parents, with fewer children going in to local authority care;
- Greater numbers of wider family placements;
- Greater levels of parental substance use cessation;
- Children returned to parents by FDAC are less likely to return to court;
- Families and professionals experience the process as procedurally fairer;
- Fewer costly expert assessments;
- Fewer contested hearings;
- Greater opportunities to also address other issues such as domestic abuse, poor parental mental health, housing, employment and education¹².

The evidence base determines that FDACs achieve these improved outcomes because the model counteracts the well documented concerns around individualistic approaches, silo-ed working and services not being set up to enable whole system change. The dynamic assessment process allows the team to determine parents' responses to the intervention and re-assess, review and modify the treatment plan, contributing towards fewer contested final hearings and sustained reunifications of children. The non-adversarial nature fosters a coordinated and collaborative approach with children's social care, the legal professionals, Cafcass and other key community services. This in turn tackles the deep-rooted stigma and shame experienced by families in proceedings, building confidence in a system many have previously struggled to engage with. Further research is needed, however, to better understand FDAC's role in resolving issue such as parental mental ill health, domestic abuse and criminality, as well as the life course outcomes for children in FDAC proceedings, such as their longer term health and education outcomes.

Although FDAC is primarily based within care proceedings, the scope of sharing the practice and learning from the model is wide. FDACs across England provide a range of pre-proceedings support, post proceedings support, consultation support for local authority social workers, training and development opportunities for other family justice and community services, and education opportunities for students. However, the evidence base around FDAC's impact pre and post-proceedings is limited and would benefit from further exploration.

The case for investment

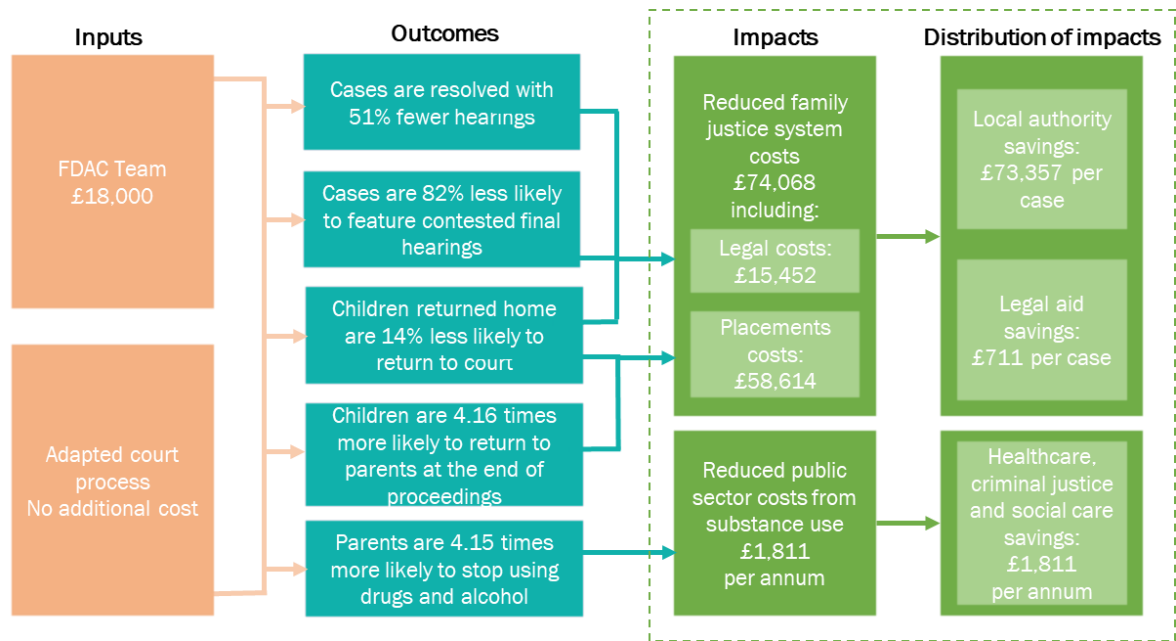
Analysis undertaken for this report makes a compelling financial and economic case for investment in FDAC. The analysis, developed according to the Green Book guidance issued by HM Treasury, clearly demonstrates that FDAC provides value for money and generates significant savings to the family justice system (predominantly local authorities) in comparison to standard care proceedings. The analysis concludes that FDAC costs £18,000 per case and produces an **average direct benefit saving per case of £74,068**.

All FDAC benefits considered for this analysis are linked to a well-evidenced theory of change for the FDAC model. Each element of the FDAC model has been assessed to consider what outcomes could be achieved. These outcomes have been converted into quantified benefits using established models and research.

³ For a comprehensive overview of the existing evidence on FDACs please see: [family drug and alcohol courts evidence summary.pdf](#)

The figure below outlines the average costs and benefits per FDAC case.

Figure 1: Costs and benefits for an average FDAC case¹³.



The need for central government support in spearheading the expansion of FDAC

“The ultimate goal remains for FDAC courts to be available in all areas of England and Wales.”
 – Sir Andrew McFarlane, President of the Family Division

Despite the extensive evidence base demonstrating that FDAC offers better outcomes than standard proceedings at lower medium-term costs, it is still only available to a small proportion of families in care proceedings each year. Although a number of additional local authorities are keen to establish an FDAC service in their area, the current financial pressures on children’s services are presenting a barrier to their implementation. For children’s services keen to implement FDAC, it can sometimes prove difficult to convince local partners to provide the financial or organisational commitment needed to establish an FDAC service, particularly when seeking to involve multiple local authorities. Children’s services may find the initial costs and project management too much to bear on their own.

The financial analysis completed for this report strongly shows FDAC is an ‘invest to save’ proposition, offering local authorities the possibility of significant revenue savings through operating costs. However, the financial case also shows that FDAC reaches a break-even point for local authorities in year two of operations, making implementing FDAC challenging for local authorities in the current fiscal climate. 75% of the FDAC services which have had to close have done so within the first two years of service delivery, evidencing their vulnerability in this early period. Central government funding over the crucial initial three-year operational period would enable local authorities to build models that can be self-sustained once the break-even point. The example of the Bedfordshire FDAC, set out in detail on page 28, demonstrates how local areas can leverage central government start-up funding to achieve long-term sustainability.

Options for central government support

The value for money analysis described above was used to model a number of options for FDAC funding and growth. This report explored four scenarios, including three which propose central government match funding to support the maintenance and expansion of the FDAC model. The options proposed are modelled over a three-year funding period from 2025/26 to 2027/28. The options propose 50% match funding from central government for local authority set-up costs and per case costs (amounting to 50% of total costs for three years). Our engagement with local authorities suggests that this would enable them to manage the initial costs of establishing FDAC. We also propose a small central fund to cover the cost of training and other forms of technical assistance support. This would ensure that new FDAC provision is high-quality, in fidelity to the evaluated model, and able to produce the outcomes described above.

The options proposed do not include an allocation of funding for further evaluation of expansion, an additional consideration which we would strongly advocate for and which is recommended by NatCen in their most recent multi-site evaluation of FDAC¹⁴.

1. **No support ('Do nothing' scenario).** Without central government funding we anticipate that fiscal pressures will result in a number of FDACs closing as local authorities seek all opportunities to reduce immediate costs. This will result in a reduction of the overall number of services to 12 and the overall number of children supported each year to 306. Because closure results in disbanding the FDAC team, it will be challenging to reopen services in these areas in the future and will result in a loss of savings to the taxpayer.
2. **Support for existing FDAC sites ('Maintenance' scenario).** In this scenario, central government will provide match funding to the 13 existing FDAC services and three further services that are already in the process of implementing FDAC. With investment in technical assistance we anticipate a further two services could open independently. This would bring the total number of FDAC services to 18, supporting approximately 648 children per year by 2027/28.
3. **Expansion.** In this scenario, central government will support the 13 existing FDAC services, as well as 19 further services with an established interest in FDAC. This would bring the total number of FDAC services to 32, supporting approximately 1359 children per year by 2027/28.
4. **National roll-out.** In this scenario, central government will support the 13 existing FDAC services, as well as a further 53 new services in order to ensure that FDAC is available in every local authority in England. This would bring the total number of FDAC services to 66, supporting approximately 2871 children per year by 2027/28.

Each option has been modelled to consider the costs to both central and local government and the potential savings and net benefits. The analysis shows that expansion of the FDAC model under the modelled options can generate between £27m and £154m of net financial benefit to the public purse in comparison to the 'Do nothing' scenario. It suggests that these benefits are highly unlikely to be realised without central government funding. These findings are presented in the table below.

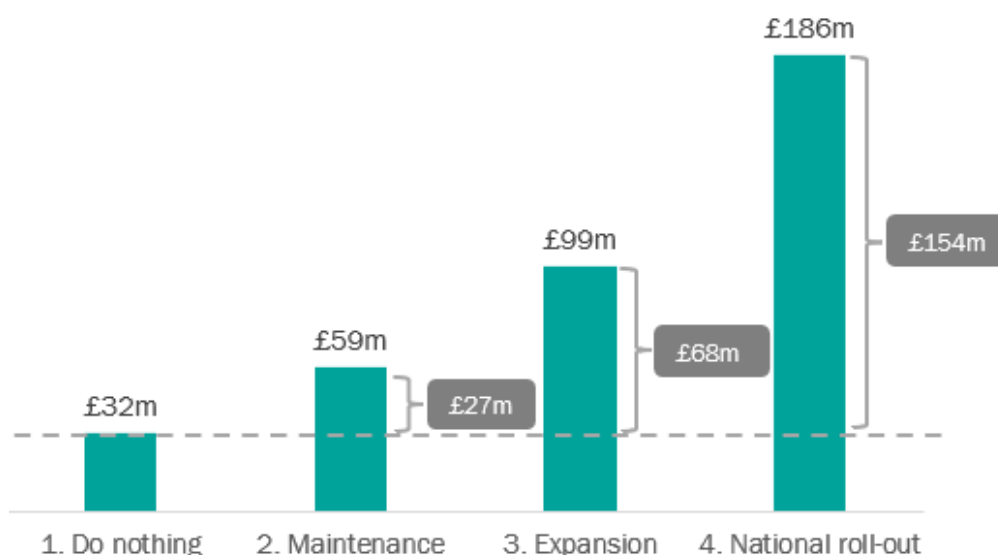
Table 1: Key outcomes from different funding options

Option	1. Do Nothing	2. Maintenance	3. Expansion	4. National Rollout
FDACs closed	4	0	0	0
FDACs opened	3	5	19	53
Number no. of FDAC services in 27/28	12	18	32	66
FDAC caseload in 27/28	170	360	755	1595
Children in FDAC in 27/28	306	648	1359	2871
Cost to Central government	£0	£9.1m	£17.8m	£35.4m
Cost to local authorities	£10.1m	£10.1m	£16.9m	£33.2m
Total costs	£10.1m	£19.2m	£34.7m	£68.6m
Savings	£41.8m	£77.8m	£134.1m	£254.5m
Net benefits	£31.7m	£58.6m	£99.3m	£185.9m

Note: Costs modelled over a three-year period of 2025/26 to 2027/28 (the funding period). Savings linked to this funding are accrued over a ten-year period. Savings include reduced local authority legal costs, barrister costs, expert costs, placement costs and drug testing costs. Numbers may not sum to total due to rounding. Detailed calculations are presented in Appendix H.

In any scenario, there is a strong case for central government funding which increases the use of FDACs, indicating that the greater the investment the greater the benefits as demonstrated in the figure below.

Figure 2. Total financial net benefit from different FDAC investment options



Note: Numbers may not sum to total due to rounding.

Recommendations

In considering how to apply this analysis to policy-making, it is necessary to consider practical factors which lie outside the value for money case. FDAC is a complex multi-disciplinary approach

whose proven positive benefits are built on local teams which deliver a service in line with core evidence-supported principles. Previous DfE investments in the FDAC model under the Children's Social Care Innovation Programme and the Supporting Families, Investing in Practice programme have used two key strategies to ensure effective implementation:

- Providing funding for a core technical assistance programme to guide implementation and train and support local delivery teams. Previous independent evaluations have identified this as a crucial factor in FDAC's success, and this aligns with current practice with other intervention models such as Pause and Family Safeguarding.
- Targeting those areas which have been able to demonstrate a high level of readiness for FDAC in terms of local support and willingness to engage in multi-agency working and an adapted court process.

It is important to ensure that future funding approaches are informed by these strategies. While the national coverage option offers the greatest net benefit, roll-out at this speed has the potential to outstrip the capacity of experienced providers to deliver technical support and may mean imposing FDAC on areas which are not ready to implement or do not want to implement FDAC. There is a risk that moving too quickly towards national coverage may mean that the quality of delivery is impacted and it is not possible to realise the net benefit described in the value for money case.

Instead, we would recommend that a more targeted **expansion as set out in the 'Expansion' scenario** is the most appropriate starting point for policy-making. This would represent a significant step towards national roll-out, while still falling within the limitations of existing technical assistance capacity and local demand. In addition, support for existing services within this option would safeguard against the risk of the current fiscal pressure facing local authorities which could lead to the closure of FDAC services, with an associated loss of expertise and infrastructure.

Conclusions

Research to date into FDAC and related models in the US offer consistent and strong evidence that it represents an effective intervention which can **reduce the number of children being permanently removed from their families and increase the number of parents becoming abstinent from substance use**. On the basis of this evidence, the Centre believes there is a strong case for additional investment in FDAC to expand its reach so that more families that can benefit are able to do so.

Furthermore, the financial case confirms that FDAC represents a strong 'invest to save' proposition, offering local authorities the possibility of significant revenue savings through operating costs. The preferred **'Expansion' scenario generates a total financial net benefit from the FDAC scheme of £99m**. The strong economic case for FDAC suggests that investment by central government to support local authorities to implement FDAC offers good value for money and the financial case demonstrates that the greater the investment, the greater the net benefit.

The speed at which rollout can happen is limited by practical factors including the capacity of local areas to implement this new way of working, recognising the need for whole system change, and the capacity of technical assistance providers to ensure that new sites are opening and operating effectively. This includes the scoping and mapping of the local area, development of a team that is able to meet the bespoke needs of each area, the collaboration with partner agencies and key stakeholders, training and development and access to the FDAC resources. **We therefore recommend that option 3 – expansion of FDAC to areas that are not only interested but have already shared interest with their partner agencies - represents the best starting point for policy development**. The 'Expansion' option provides the greatest opportunity for effective service delivery and return on investment in a timeframe and at a level that increases the ability for these services to continue to be sustained and even potentially expand in the longer term.

The financial case also shows that central government funding may be necessary to unlock benefits to be gained by FDAC. The analysis shows that FDAC reaches a break-even point for local authorities in year two of operations (and for the scheme in total – in years two or three, depending on the modelled scenario). Without funding to cover 50% of operating costs, each FDAC case generates over £10k of net costs to local authorities in the first year of operations. With central government funding, under the preferred ‘Expansion’ scenario the net cost per case to local authorities in the first year of FDAC operations decreases to just over £2k per case, making the scheme much more affordable from year one. This means that in the current difficult financial climate, local authorities may not be in a position to invest in FDAC without partial funding from central government to cover the initial set-up and operating costs.

Under the preferred ‘Expansion’ scenario, FDACs produce £3 of savings to the state for every £1 invested⁴ by reducing legal costs, keeping children out of care and helping parents to cease using alcohol or drugs. FDAC is a proven model that not only makes savings to the public purse, but also produces significantly better outcomes for the most vulnerable children and families. At a time of increasing financial and demand pressures on our children’s services, the time for investment is now.

⁴ This ratio is calculated for the preferred ‘Expansion’ scenario which includes one-off set-up costs for new FDAC services. The analysis shows that investment in the set-up costs is crucial for expansion. If set-up and technical assistance costs are omitted, an ongoing FDAC produces £3.20 in savings for every £1 spent.

GLOSSARY AND KEY TERMINOLOGY

26-week statutory time limit	The Public Law Outline (2014) and the Children and Families Act 2014 introduced a 26-week time limit for the completion of care and supervision proceedings.
Adversarial proceedings	Used by common law countries, the adversarial system determines facts in an adjudication process. The adversarial system assumes the best way to get to the truth of a matter is through a competitive process to determine the facts and application of the law accurately.
Cafcass	Children and Family Court Advisory and Support Services. Government Agency which looks after the interests of children involved in family proceedings.
Care Order	Order made placing a child in the care of a designated local authority.
Care proceedings	Legal proceedings in the family court that start when children's services make an application for a care or supervision order because they are concerned that a child has suffered significant harm or is at risk of suffering significant harm.
Children Act 1989	Where a child is suspected to be suffering, or likely to suffer, significant harm, the local authority is required to make enquiries to enable decide whether to take action to safeguard and promote the welfare of the child. <ul style="list-style-type: none"> - Section 20: requires children's services to provide accommodation to certain children in need in their area. - Section 31: An order placing a child in the care of the local authority.
Child looked after	A child in the care of a local authority or who is provided with accommodation by the local authority.
Children's services	Also known as children's social care or social services; the part of the local authority that is responsible for making sure all children and young people in their local area are kept safe by the people who care for them.
Designated Family Judge (DFJ)	The judge who has responsibility to provide leadership to the family judiciary within a particular court centre or a group of courts.
Expert witness	An independent professional who is instructed to give evidence to the court on the particular subject in which they are qualified.
Fact Finding Hearing	A hearing to establish specific important facts about a case, such as the causation of a child's injuries or the identification of a perpetrator of those injuries.
Final Hearing / Contested Final Hearing	In cases that cannot be agreed, a judge will hear evidence and make a decision as to the appropriate outcome between the parties. Also referred to as a contested final hearing.
Harm	Under the Children Act 1989, harm is defined as ill-treatment or the impairment of health or development.
Integrated Care Boards (ICBs)	A statutory NHS organisation responsible for managing the NHS budget and arranging the provision of health services in a geographical area.
Legal Aid	State funded assistance with legal costs, available on a non-means tested basis to parents in public law care proceedings.
Motivational interviewing	An evidence-based approach to support behaviour change.
Multiagency Risk Assessment Conference	MARAC - A regular multiagency meeting where professionals identify ways to support individuals at most risk of harm from domestic abuse and violence.
Multi-disciplinary team	A team made up of staff with different expertise and disciplines who work together to achieve a common goal.
Pre-proceedings	Work carried out by the local authority before a decision on making a care application is made.
Procedural fairness	The fairness of a court's procedure and approach which supports participants to build trust in the law, and increases involvement and compliance with orders.
Public law	Cases where local authorities are worried a child is not being looked after safely.
Relationship-based practice	Building therapeutic working relationships to support families in a collaborative way, even in complex circumstances.
Section 114 notice	When a council's expenditure exceeds the resources available. No new expenditure is permitted with the exception of statutory services.
Threshold criteria	A Care Order can only be made if the court is satisfied the child is suffering / likely to suffer significant harm; and that the harm is attributable to the care-givers.
Trauma-informed	The understanding that trauma can impact an individual's neurological, biological, psychological and social development, impacting on how a person perceives their world and in turn how they think, feel and behave in response to it.

CONTENTS

Executive Summary	1
Glossary and key terminology	9
1. Background	12
Trends in care proceedings	12
Cost of care proceedings and placements.....	12
Factors leading to care proceedings.....	13
The impact of care proceedings.....	14
2. The FDAC model.....	16
Brief history	16
Target group	16
Eligibility.....	16
Resource allocation	17
Ethos.....	17
The FDAC model and process	17
Key components	18
3. The evidence base around FDAC.....	21
What we know	21
Evidence gaps	24
The FDAC evidence base: Conclusions.....	25
4. The FDAC operational context.....	26
Number of FDACs.....	26
The commissioning of FDAC services	26
Areas interested in FDAC.....	26
FDAC closures and enablers for sustainability.....	26
Existing FDAC services.....	27
The impact of central government funding for FDAC.....	27
Supporting the development of new FDAC services.....	27
Technical Assistance	29
Future government funding options	30
5. Value for money analysis.....	32
Objectives of the analysis.....	32
Research methodology and data quality assurance	33
Secondary data collection	33
Primary research	33
Quality assurance.....	34
Key assumptions.....	34

Costs of FDAC	34
Benefits of FDAC	35
Financial case	43
Key assumptions.....	43
Financial analysis of modelled scenarios.....	44
Economic case	47
Economic costs	47
Economic benefits	48
Benefit cost ratio.....	50
Sensitivity analysis.....	50
Risk analysis.....	50
6. Conclusion	53
Appendixes	55
Appendix A: The stages of Standard care proceedings under the public law outline	55
Appendix B: The stages of the FDAC process.....	57
Appendix C: FDAC Service Standards	59
Appendix D: Recommended Minimum Service model for fDAC Specialist Team	60
Appendix E: FDAC services in England	61
Appendix F: National FDAC coverage.....	63
Appendix G: FDAC Theory of change.....	65
Appendix H. Financial case detailed calculations.....	66
Appendixes contained in accompanying Excel workbooks:	70

1. BACKGROUND

The legislative framework for the safeguarding of children in England and Wales is largely contained in the Children Act 1989. Care proceedings are the legal process which considers applications from local authorities to become involved in a child's care due to the risk of significant harm. Legal proceedings sit within the context of a whole range of local authority duties to safeguard and make provisions for children and families that require their involvement. If local authority children's services believe a child is at risk of significant harm, they can apply to the family court for permission to take action to protect the child and the stages are set out in the Public Law Outline (PLO).

See Appendix A for a detailed description of the stages of the Public Law Outline.

TRENDS IN CARE PROCEEDINGS

Over the last decade, there has been a notable increase in the number of care proceedings in England¹⁵, although Cafcass data suggests that in recent years this trend is starting to decrease, thought to be as a result of better and earlier use of pre-proceedings, a reversal in the decline of the use of section 20 of the Children Act to accommodate children without a care order, and action to improve the efficiency of proceedings¹⁶. Over the period of April 2023 – February 2024, Cafcass received 14,612 new public law children's cases, featuring 23,496 children; this represents a decrease of 1.1% over the same period in 2022/2023, and a decrease of 2.5% compared to the same period in 2021/2022.¹⁷ This decrease has been particularly evident in the reduction of section 31 care applications – a reduction of 4.5% compared to the previous financial year. On average, Cafcass has received 947 new care applications per month between April 2023 – March 2024 involving a monthly average of 1,564 children¹⁸.

Care proceedings rates can vary across different regions, attributed to factors such as socio-economic conditions, the availability of support services, and population demographics. Although there is limited data regarding the demographics of families in care proceedings, children from low-income families and those with disabilities or neurodiversity needs are overrepresented. Moreover, individuals in the Gypsy, Roma or Irish Traveller ethnic group, and Black, African, Caribbean or Black British children and adults, and those from Mixed or Multiple ethnic groups, are similarly overrepresented in care proceedings statistics¹⁹.

COST OF CARE PROCEEDINGS AND PLACEMENTS

Care proceedings are one of the most serious and expensive interventions the state can take in a family's life. They involve a number of significant resource inputs, including legal costs for children's services, independent expert assessments and the costs of providing legal representation for parents. A negative outcome can mean that children are removed from the care of their parents, with additional financial implications for local authorities in out of home placement costs for children. As the Independent Review of Children's Social Care notes, "It was estimated that the total cost of care proceedings to the state was £1.1 billion in 2009/10, with a single public law case costing one local authority £80,000 on average"²⁰. Factoring in inflation and the increase in care proceedings, it is estimated that a single case costs, on average, £120,000 today, with the total annual cost of care proceedings to the state estimated to be around £1.2 billion. This total annual cost, incurred by central and local government, represents 10% of all direct annual expenditure on the children's social care system²¹. Increased numbers of children entering care and the growing cost of care placements is further intensifying this financial pressure on local government. Across England, spending on children's services increased by £800 million in 2021/2022, a substantial 8% surge from the previous year²².

Furthermore, the current backlog of cases in the family courts, in part resulting from delay and the lengthy duration of proceedings, is further exacerbating the cost to the state. Family Court Statistics published by the Ministry of Justice in 2021 show that the average duration of care proceedings is 44 weeks, with only 23% of cases disposed of within 26 weeks – the statutory time limit introduced

in the Children and Families Act 2014. This is a decline of 8 percentage points compared to 2020²³. Analysis by Mutual Ventures suggests that while there is no single cause for the delays, the longest cases are impacted by a combination of factors, including family circumstances, difficulties with fact finding, and extensive use of external experts and assessments²⁴. They estimate that the potential savings by reducing care proceedings by one week across all English local authorities would be £24m²⁵.

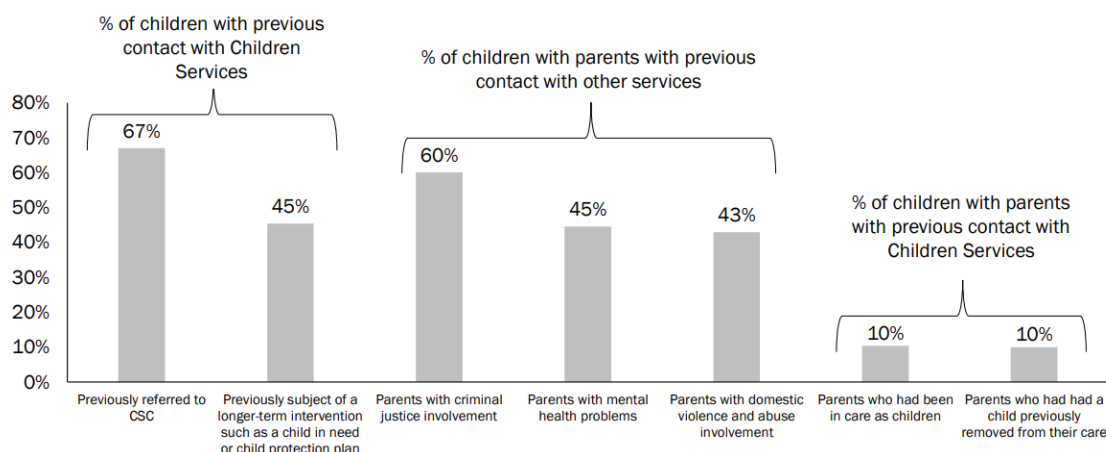
FACTORS LEADING TO CARE PROCEEDINGS

At a national level, administrative data does not outline the circumstances of families in care proceedings. Information about family and parental circumstances is, in most cases, collected by local and/or national agencies; however, this data is rarely linked to family court data. As such, it is not possible to provide precise statistics relating to the factors leading to care proceedings.

Research indicates that parents who experience care proceedings share many characteristics with each other – they have experienced significant and multiple adverse experiences in their own childhoods, and have a greater likelihood to have been in the care system as children. These adverse experiences include abuse and neglect, exposure to domestic abuse, loss, rejection, and instability in living arrangements— both when with their families and when in the care system²⁶. There has long been an understanding that such adverse experiences in childhood increase the likelihood of poor outcomes in adulthood in relation to health, mental health, and substance use.²⁷ These studies also show high levels of problems with housing, and highlight the significance of poverty and economic instability for families in care proceedings.²⁸ Parents who experience care proceedings are likely to have long-standing physical and mental health problems, and the issues that give rise to the concerns about harm to their children commonly include mental health problems, domestic abuse, and substance use.²⁹

The Children’s Commissioner estimates that there were 478,000 children living in English households with significant parental alcohol or drug use in 2019/20³⁰. While there is no systematic national data available about the number of care proceedings in which families are affected by parental substance use, research suggests that 40% of children under child protection and just over 60% of children within care proceedings live in families with significant parental substance use³¹. We estimate that, of the 112,521 children in care proceedings in the past five years, 67,000 have been exposed to parental substance use³², an average of 13,400 children in care proceedings every year.

Figure 3: Characteristics of families with parental substance misuse referred to children services⁵



⁵ There is no national data on parental substance misuse within children service’s cases. These estimates derive from a 2020 study looking at rates of parental substance misuse in one local authority and therefore may not be generalisable.

Parental substance use is rarely a standalone issue impacting families in care proceedings. Within FDAC cases, there is a high prevalence of other issues; for example, for cases entering FDAC in 2022/23, there were high incidences of parental mental health disorders. Based on the screening tools applied by FDAC teams during initial assessment, 77% of parents were screened as having depression; 77% with generalised anxiety disorder; and 60% with complex trauma. 92% of parents in FDAC in 2022/23 self-reported previous experience of domestic abuse, with 40% reporting currently experiencing domestic abuse⁶ and around 70% having had a referral for a Multiagency Risk Assessment Conference (MARAC). 20% of parents were themselves in care as children and 35% had had previous children removed from their care.³³

Extensive research demonstrates the numerous negative impacts that being in care or living in households with parental substance use, parental mental ill health, neglect and domestic abuse can have on children's life courses⁷, including the intergenerational cycle of children's services involvement and repeat care proceedings.

THE IMPACT OF CARE PROCEEDINGS

Recurrent care proceedings

The process of care proceedings is not in itself a deterrent for future proceedings. Research shows that parents who go through care proceedings once are more likely to find themselves in proceedings with subsequent children. Such recurrent care proceedings make up 20% of cases in the public care system.³⁴ A separate study looking at the rise in the number of newborn babies becoming the subject of care proceedings³⁵ established that, on average, 47% of newborn babies subject to care proceedings in England were born to mothers who had previous children subject to proceedings in the five years prior to the study start. Statistics from the DfE show that as of 31st March 2023, there are 83,840 children in care in England (a 21% increase in 10 years). It is estimated that by 2025, 100,000 children will be in care unless there are significant changes in the system.³⁶

The Nuffield Family Justice Observatory notes that for mothers and fathers who are involved in recurrent care proceedings, the pattern of adverse experiences throughout childhood and into adulthood means that many of them are dealing with complex and unresolved trauma, which is then compounded by the trauma of having their children removed through care proceedings. The impact of such trauma and adversity often also leads to parents falling through the nets of support and being seen as 'hard to reach' or 'difficult to engage', with fathers more likely to be quickly identified as 'risky' rather than vulnerable. As a result, parents can miss out on family support services for themselves and their children, on treatment services for substance use, on mental health services, and on attention to physical health problems, including sexual health.³⁷

Care proceedings are experienced negatively and can damage relationships between professionals, children and families

Parents with experience of care proceedings often report feeling like they have not been listened to, that they are unsupported to participate and are unable to clearly demonstrate their capacity to change.³⁸ The process can be confusing and upsetting for parents;³⁹ and they describe feeling treated with a lack of respect or understanding for their problems in a way that makes it harder for them to engage.⁴⁰ The power dynamics in care proceedings are acute, and the nature of

⁶ This percentage relates to self-reported current abuse whereas FDAC practitioners consider the true figure to be closer to 80%.

⁷ These include; poorer school attainment and a higher risk of emotional and behavioural problems whilst in education; a higher likelihood of going to prison in adulthood; a higher likelihood of becoming homeless in adulthood; a higher likelihood of involvement with psychiatric services in adulthood; a higher likelihood of developing an addiction to alcohol or drugs in adulthood; a higher likelihood of children's services involvement with their children.

adversarial proceedings is emotionally and cognitively burdensome. The austerity of the environment and the formal language and impersonal processes compound anxieties.⁴¹ The threat inherently triggers self-protective behaviours such as avoidance, anger or dissociation which are often interpreted by professionals as ‘poor engagement’ and impact on the relationship between the professional and the family.⁴² Moreover, the adversarial process of standard proceedings can further compound the damage in the relationships between social workers, children and families.⁴³ The importance of supportive relationships is all the more acute during care proceedings. That proceedings themselves can damage these relationships represents a ‘double blow’ for parents, children and families, the impact of which can be long lasting and have a continued ripple effect through communities and generations to come.

A static approach to expert assessment impedes the ability to address underlying issues

The standard approach in care proceedings which assesses parents’ capacity to change is often static and reductive,⁴⁴ ignoring the dynamic, inter-relating and systemic processes involved, including those occurring between the parents and the professional system. Expert assessments are usually time bound, sometimes to a one-off meeting with a professional who is entirely separate from the system around the parent. Whilst most experts would include dynamic factors such as relationships, social support and insight into their assessment, doing so at a single time ‘amounts to treating a dynamic risk variable as static and provides no information regarding whether the variable shows change over time’.⁴⁵ The standard approach to assessments is also not particularly effective in predicting what will happen in the future.^{46 47} In addition, expert witness testimony is often kept separate, meaning that their expertise is not naturally brought into dialogue, disrupting the opportunity for multi-disciplinary thinking or deeper problem-solving. Others have shared views that mental health evidence is accepted simply by virtue of the credentials of the expert⁴⁸. This is a concern given the variability in the qualification and practice of experts⁴⁹ which may be given greater weight over the input of a social worker or guardian who has worked with the family for a long period of time and who has built up a significant amount of knowledge of their dynamics and their parenting.⁵⁰ This remains an important area to consider given the costs associated with external expert assessments. Significantly, the way in which experts are being used in care proceedings was also identified by Mutual Ventures as one of the factors contributing to significant delay in our Public Law system in their analysis for the DfE.⁵¹

Adversarial proceedings can inhibit collaboration and promote silo-ed working

The adversarial nature of care proceedings can inhibit collaboration between professionals. The Independent Review of Children’s Social Care noted that the system is held back by an over-emphasis on procedure and ‘silo-ed’ working, rooted in anxiety and lack of knowledge.⁵² There is a reliance on cross-examination to interrogate evidence, but lawyers may not have the knowledge needed to challenge social science evidence. Lawyers may inadvertently act as ‘quasi-experts’⁵³ when determining ‘fact’ for example about ‘addiction’, but lack the clinical knowledge needed for a realistic exploration of the complex social scientific evidence that the court relies on.⁵⁴ Cases are also increasingly heard as urgent hearings, which seems to have a detrimental effect on the quality of decision-making.⁵⁵ The Care Review further noted that “[c]ourt proceedings are by their nature adversarial and have high human and economic costs.”⁵⁶ The interim report specifically identified FDAC as exemplifying a future care system which “builds, not breaks, families.” In 2022, the Care Review’s final report recommended that “*the Public Law Working Group should lead work to bring learning from Family Drug and Alcohol Courts (FDACs) and other problem solving approaches into public law proceedings, to make proceedings less adversarial and improve parents’ engagement in the process.*”⁵⁷

2. THE FDAC MODEL

BRIEF HISTORY

“What is it that family courts are there to do? Just take away children? Or are we there to provide part of the whole construct of support around families to try to enable children to remain within their families? If we are looking to remove the 8th, 9th or 10th child, the family courts can’t be doing very well by this family”.

District Judge Nicholas Crichton, champion and founder of FDAC

Frustrated by repeat removals of children from the same families, and inspired by the work of Family Treatment Courts in the USA, District Judge Nicholas Crichton helped establish the London FDAC pilot in 2008. The aim of the pilot was to test whether addressing parental substance use could lead to better outcomes for children and their families. It was funded via a cross-government funding arrangement, involving the Home Office and the then Departments for Health and Education and Skills.

When FDAC was first piloted, part of the rationale was the evidence that family’s experiences of standard care proceedings were poor. A review of the research on parents’ perspectives on the family justice system had found that:

- parents experienced difficulties in giving evidence in care proceedings (“There was no time to say how you felt before they would go on to something else...”);
- parents were practically as well as psychologically unprepared for care proceedings (“If I had had someone who had explained to me what was going on it would have been easier.”)⁵⁸

Since the creation of the London FDAC in 2008, there has been significant replication of the model, often with joint local and national funding. There have been two periods of significant growth - 2015/16 and 2020/21 - both following the provision of central government funding (the Children’s Social Care Innovation Programme and Supporting Families: Investing in Practice Programme (SFIP) respectively).

The fidelity FDAC model

Since its pilot in 2008, the FDAC model has been defined in the FDAC Handbook and accompanying FDAC Service Standards (Appendix C). All FDAC services follow the same process and adhere to the FDAC Service Standards. The model remains underpinned by the values, ethos and key components that are highlighted below.

It is important to note though that there are variations in FDAC services with regards to the make-up of the FDAC specialist team. While there is no ‘optimal model’ for this team, there are key specialisms and professions that are a requirement for fidelity. However, each FDAC Team is set up slightly differently to reflect and respond to the bespoke needs of that local authority area. This can be influenced by a range of factors including funding, access to specialist community services and the geography of the area. A recommended minimum service model has been developed and this is detailed in Appendix D.

TARGET GROUP

Eligibility

The original FDAC model sought to work with cases involving parental substance use, although this did not have to be the primary concern for issuing proceedings. Eligibility criteria were very broadly defined, with only a few exclusions: if the parent was experiencing florid psychosis; if there were serious concerns about domestic violence posing a major risk to the children and parents were

unable to acknowledge that this was a concern, or a history of severe violence where help had been offered in the past and continued to not be accepted; or if there was a history of severe physical or sexual child abuse.⁵⁹

These criteria remain the same with the exception that some FDAC services have now expanded to accept cases where there is no parental substance use identified (i.e. parental mental ill health, domestic abuse, or neglect cases). It remains that where threshold is not agreed regarding domestic abuse that these cases would not be heard in FDAC.

Resource allocation

The question of resource allocation is a distinct issue to that of eligibility. FDAC is a limited resource in most localities and, as such, decisions need to be made locally about whether this resource should be made available to a particular family. The capacity of the FDAC team determines how many eligible cases from a local authority it can work with. Gatekeeping of the FDAC resource is determined locally. In most areas, it is the commissioning local authority who, in partnership with the FDAC team, weighs up the benefits of offering FDAC to families, against other potential resources they may have at their disposal. Because FDAC is a limited resource, coupled with concerns that FDACs need to generate positive outcomes to continue to receive funding, areas have previously expressed the need to prioritise parents deemed ‘most likely to succeed’ based on initial assessments. However, the current evidence base has yet to identify specific factors that are more or less predictive of positive outcomes in FDAC⁶⁰. Moreover, studies largely focus on reunification as an indicator of outcome which does not capture the other potential benefits of a problem-solving approach. Whilst screening may appear helpful to ascertain initial motivation to engage with FDAC, there are several reasons to be cautious about interpreting a parent’s initial presentation during screening and assessment, and motivation shown at this stage is not a predictor of success⁶¹. Therefore, which families should be offered the FDAC intervention should be broad, with team capacity and the exclusionary factors described above determining those for which it is not applicable.

ETHOS

One of the underlying principles of FDAC is the belief that helping families to overcome their difficulties and raise healthy, well-adjusted children is the best possible outcome. Sometimes that is not possible, in which case the best outcome will be ensuring alternative long-term placements are found for children without undue delay. In such cases, FDAC’s approach is to encourage parents to keep trying to overcome their difficulties so they can continue to play a positive and healthy role in their children’s lives and be able to care for future children.

In FDAC, the assumption is that no parent wants their child to suffer and that every family in difficulty wants things to get better. However, parents often do not know how to resolve things for themselves and fear that if they ask for help they will be judged and punished. The FDAC approach is built on the principles of trauma-informed practice and offers a problem-solving, strengths-based and restorative approach to earn parent’s trust and respect so that they are able to be open and honest and work effectively with the FDAC team and the court. FDAC gives parents the best possible chance to overcome their problems while at the same time testing whether they can meet their children’s needs within a timescale compatible with those needs.

THE FDAC MODEL AND PROCESS

The FDAC model follows the legal framework of the Public Law Outline but also includes intensive support from an independent, specialist multidisciplinary FDAC team who provide expert advice to the court through their dynamic assessment of the family’s risks, needs and strengths, as well as delivering and coordinating tailored intervention programmes for the family. FDAC employs trauma-informed approaches to support parents in making the changes needed to safely care for their children. Parents are regularly drug tested and the team work collaboratively with the court,

children’s social care, Cafcass and other key agencies to provide parents with the best possible chance to overcome their problems and meet the needs of their children in their children’s timescales.

Parents’ participation in FDAC is voluntary and if they do not wish to be involved their case will be heard in the traditional process for care proceedings.

See Appendixes A and B for a detailed description of the stages of the FDAC process alongside the Public Law Outline.

Key components

FDAC care proceedings follow the Public Law Outline but there are some distinct features that underpin the FDAC model. We have separated these distinct features by those that occur within court and those that occur outside of court, but it is the combination of these key components that drives the better outcomes achieved by FDAC.

See Appendix C for the FDAC Service Standards which further outlines the expectations for fidelity to the FDAC model and the provision and ethos of an FDAC service.

Distinct to FDAC components: the court process

- **Judicial continuity:** While this is an ambition for all care proceedings, the reality is often that it is a different judge for each of the hearings that make up the case. However, in FDAC, the same specially trained judge hears the case from the start to the end of proceedings. Having the same judge involved throughout enables families to establish a positive relationship with the judge that fosters relationship-based practice.⁶² There is also strong evidence that this continuity is key to fostering perceptions of procedural fairness (see evidence section below). FDAC judges undertake specialist training to enable them to sit in FDAC, including in trauma-informed approaches and motivational interviewing skills. Each FDAC will try to have a dedicated day of the week whereby all FDAC hearings and non-lawyer reviews occur. This provides consistency for parents and enables judicial continuity to occur. It also means that avoidable delay is often mitigated in FDAC proceedings as lawyer hearings needed to resolve an issue can be scheduled more swiftly.
- **Non-lawyer reviews:** Perhaps the most distinctive and unique feature of the FDAC process is that it involves parents in more regular contact with the judge through a process known as judicial monitoring. As well as the usual court hearings that occur as part of care proceedings, in FDAC cases, parents also meet with their judge on a fortnightly basis to review progress, known as non-lawyer reviews. Non-lawyer reviews provide an opportunity for the judge, the parents and the professionals to come together to review progress, to motivate parents around aspects that are going well, remind them of the timescales and requirements for those areas that still need addressing, and ensure that drift is not occurring in the timescales of the proceedings. Being able to speak directly with parents without the lawyers present reduces the adversarial nature of the proceedings. The wellbeing of the children remains central to discussions, with opportunities to reflect on the impact of progress on the children and explore children’s views and experiences being actively encouraged. The process of regularly appearing in court before the judge plays an important role in helping individuals to engage with the court proceedings more actively and often allows for more collaborative conversations about issues before they develop– instead of addressing them in a more adversarial way after they have escalated.^{63 64}
- **Pre-court briefings which improve information sharing:** In FDAC, pre-court briefings are a recorded meeting that occurs between the FDAC team and the judge at the start of the FDAC court day. Pre-court briefings are a critical point of exchange of information between the

FDAC specialist team and the FDAC judge whereby the team and the judge can discuss the best approach to take in the non-lawyer reviews. Research from the US has found that increased information sharing between treatment, child welfare, the courts, and the regular contact between judges and participants is important to the success of family problem-solving courts, specifically in improving the quality of case monitoring, relapse support and team members' ability to provide resources to parents.⁶⁵

- **Adapted courtroom layout:** FDAC courts typically adapt their layout to allow parents to better take part in proceedings and to make the environment feel less adversarial⁶⁶. For FDAC non-lawyer reviews, some judges change the seating arrangement to come down from their bench and sit in the body of the court, or hold the review in their private chambers. Commonly, during hearings with lawyers, FDAC judges will ask parents to sit at the front of the court as opposed to the lawyers and may address them directly.

Distinct to FDAC components: outside of the court process

- **Multi-disciplinary specialist FDAC team:** Each FDAC service comprises of a dedicated multi-disciplinary team made up of expert practitioners who bring their different specialisms to bear to work effectively with parents and families. The FDAC team undertake a dynamic assessment and test parent's responses to interventions to ensure that the information available to the court represents a complete view of the individual's progress. Research indicates that risk factors for child maltreatment are inter-related and synergistic, rather than acting in isolation.⁶⁷ Treating problems in isolation is unlikely to give a clear picture, and yet too often 'standard' ways of working do just that.⁸ Instead, effective practice in FDAC is based around a multifaceted, dynamic response coherently weaving together a range of information and expertise.⁶⁸ The FDAC team are independent and not a party to proceedings. They typically replace the need for additional expert assessments (known as Part 25 assessments) which are commonplace in standard care proceedings.
- **The use of dynamic assessment:** In contrast to a static assessment which tends to look at a person at only one point in time, or attend to only some risks and assets⁹ and not others,⁶⁹ FDACs involve parents in a process of dynamic assessment. This is an interactive method of assessment that embeds intervention within the assessment procedure, allowing the assessor to determine the response of the individual to the intervention and re-assess, review and modify the treatment plan.⁷⁰ A 2023 study determined that FDAC teams use a dynamic approach to risk assessment and safety planning,⁷¹ and a multi-site evaluation of FDAC⁷² noted that staff and judges felt they had "better insight and understanding of parents' individual needs as a result of the process of dynamic assessment and planning, regular contact with parents, and the opportunity to dig into issues in depth". At the end of proceedings, the FDAC team are able to use this assessment to make an independent recommendation to the court on whether or not reunification should be considered. They may recommend an extension if this is in the best interest of the child.
- **Providing access to evidence-based interventions for a range of issues:** The undertaking of the FDAC dynamic assessment (typically negating the need for additional expert assessments that are commonplace in care proceedings), allows an individually tailored

⁸ Practically, parents report finding themselves caught between competing pressures, subject to differing opinions or falling entirely between the gaps in services.

⁹ Pause's report on expert witness assessments in care proceedings found a disconnect between the recommendations in static assessments and the actual availability of local services and interventions. They conclude that this is setting parents up to fail, with parents struggling to understand the assessment process and the reports being written about them.

intervention plan to be devised, and evidence-based interventions and therapeutic approaches to be used to support parents to make the changes that are needed for their children. There is strong evidence that part of what drives better outcomes for families in FDAC is access to more individualised and targeted interventions, such as drug treatment.⁷³ Several single-site evaluations have found that parents in FDAC receive more support during court proceedings than parents in standard care proceedings,⁷⁴ averaging six different types of interventions (e.g. domestic abuse, substance use, peer support, therapy/counselling)⁷⁵.

- **Trauma-informed practice:** Responding to parents' existing trauma and working to avoid re-traumatising them is a key element of the FDAC approach. There is increasing recognition that repeated exposure to trauma leads to profound but hidden difficulties which require a trauma-informed response from service systems⁷⁶. Parents involved with child welfare systems and care proceedings have high rates of trauma-exposure⁷⁷ and higher rates of diagnoses for post-traumatic stress disorder.⁷⁸ It is argued that trauma is so prevalent within the courts that 'adopting a trauma-informed approach may be an integral aspect of procedural fairness'.⁷⁹ The work that takes place within the multi-disciplinary team and the FDAC process itself avoids inflicting further trauma by employing an ethos of safety, choice and collaboration⁸⁰ and continues to promote whole system change by employing the principles of trauma-informed care.
- **Regular drug testing:** Within FDAC, parents agree to frequent, voluntary drug testing (point-of-contact testing) in addition to the court ordered testing that occurs at the start and end of proceedings. While helpful in building a clear evidential picture regarding the progress, or lack of, in relation to a parent's substance use, point-of-contact testing in FDAC is mainly used as a motivational tool and a means as contributing to the strength-based process. The non-lawyer reviews provide a timely and frequent forum for recognising these accumulative wins or for exploring any lapses in a non-judgmental manner. Testing results can support decision-making in relation to case outcomes but are only one part of the evidential picture.

3. THE EVIDENCE BASE AROUND FDAC

Since the first FDAC service opened in 2008, the model has been of significant interest to researchers. The initial pilot was the subject of a robust-quasi experimental outcomes evaluation⁸¹ which was later revisited to review long-term outcomes for FDAC families.⁸² Beyond this, there have been two mixed-methodology studies of local FDAC services⁸³ and a number of qualitative studies seeking to understand the functioning of the FDAC model.⁸⁴ Most recently, Foundations, the What Works Centre for Children and Families, published a major national evaluation of FDAC which compared all cases from 14 FDAC services with a matched comparison group in the most comprehensive study of the model to date. Outside of the UK, the US Family Drug Treatment Court model - of which FDAC is an offshoot - has been the subject of extensive outcomes research which in 2019 was brought together in a meta-analysis.⁸⁵

WHAT WE KNOW

1. FDAC leads to higher rates of family reunification than standard care proceedings.

There is strong evidence that being in FDAC increases the likelihood that children will be returned to the parents who were caring for them before proceedings.

- A study conducted by NatCen and published by Foundations (2023) compared outcomes for 130 families whose cases concluded in 14 FDACs across England in 2021 and 2022 to a matched sample of 116 families in standard proceedings. It found that 52% of children in FDAC were returned to their parents compared to only 13% of children in standard proceedings – a statistically significant finding. The study also looked at living arrangement outcomes for children not returned to parents, finding that FDAC almost halved the number of children being placed in local authority care (29% vs 55%).⁸⁶
- Harwin et al. (2016) compared outcomes for 140 cases heard in the Pan-London FDAC with 100 similar cases heard in standard proceedings in London. It found a statistically significant increase in the number of children returned to the parents who were caring for them before proceedings in FDAC compared to standard proceedings (37% vs 25%)⁸⁷. This finding was consistent with Harwin et al's 2014 evaluation of the London FDAC which also found an increase in the proportion of children returned to parents in FDAC⁸⁸.
- Zhang et al (2019) conducted an international meta-analysis (2019) of Family Drug Treatment Courts (FDTCs). They reviewed 17 studies from 2004-2018 and found families participating in FDTCs were significantly more likely to achieve reunification⁸⁹.

2. Children returned to parents by FDAC may be less likely to return to court than in standard proceedings.

There is some evidence that family reunifications created by FDAC are more stable than those in standard proceedings.

- Harwin et al. (2016) compared outcomes for 52 families reunified by the Pan-London FDAC with 25 families reunified in standard proceedings. Three years after the end of proceedings 51% of FDAC families did not experience any significant disruption compared to 22% of families in standard proceedings¹⁰.
- Zhang et al (2019) reviewed eight studies looking at the risk of recurrence of maltreatment or re-entry to foster care. Three of these studies found significant reductions in risk, but when the studies were combined the overall effect was not statistically significant.
- An evaluation of the outcomes of the Milton Keynes and Buckinghamshire FDAC in 2021 found that only 16% of their reunified cases had broken down, 84% of cases remained in their

¹⁰ Significant disruption was defined as parental substance misuse relapse, a change in permanent residency for children, or a return to court.

parental care at the time of study. The 16% of broken down reunifications was also offset by the seven families where reunification wasn't able to take place within care proceedings, but due to ongoing progress enabled the return of the children to parental care post FDAC involvement⁹⁰.

3. FDAC increases the chance that parents will become abstinent from substances.

There is strong evidence that parents in FDAC are more likely to become abstinent from substances by the end of proceedings than those in standard care proceedings cases.

- NatCen / Foundations (2023) found that parents in FDAC were four times more likely than parents in standard proceedings to become abstinent from substances (33.6% vs 8.1%) – a statistically significant finding.⁹¹
- Harwin et al. (2016) found that parents in the Pan-London FDAC were significantly more likely than similar parents in standard proceedings to be abstinent at the end of proceedings (46% vs 30%). This was consistent with Harwin et al.'s 2014 evaluation of the Pan-London FDAC which also found that FDAC parents were more likely to cease substance use than parents in standard care proceedings.
- The same 2016 study also found that a significantly higher proportion of mothers who were reunified in FDAC than comparison reunification mothers were estimated to sustain their cessation over the five-years after the end of the case (58% vs 24%).

4. Parents in FDAC experience the court process as fair and supportive.

Qualitative studies with FDAC parents have found that they consistently report experiencing the court process as fair. In particular, parents report finding FDAC judges to be supportive and respectful and value the opportunity for direct engagement in non-lawyer reviews.

- The implementation and process evaluation element of NatCen / Foundations 2023 study found that rather than feeling like a punitive process, parents spoke of FDAC feeling supportive at a crisis point, which contributed to successful reunification outcomes.
- In a process evaluation of the Pan Bedfordshire FDAC (Research in Practice 2021), FDAC parents spoke about being treated by the FDAC team and judges with dignity and respect. They described the FDAC approach as non-judgmental and inclusive and valued the consistency of having the same judge with whom they could build rapport. They also valued having their voice heard in discussions and reported experiencing genuine concern and interest in their wellbeing⁹².
- In the evaluation of the Pan-London FDAC (Harwin, et al 2014), FDAC parents interviewed found the FDAC process to be transformative: they felt they were given a voice and treated fairly and respectfully. Many parents cited the role of the FDAC judge as a key factor in motivating them to change.
- Parents interviewed as part of the evaluation of the first pilot FDAC in London (Harwin et al, 2011) reported that FDAC judges treated them humanely, fairly and sensitively, and expressed feeling motivated by judges' praise and encouragement. They unanimously regarded FDAC as a better experience than ordinary care proceedings⁹³.

5. FDAC creates savings.

In addition to cost savings associated with increased reunifications (and therefore fewer children entering local authority care), FDAC produces significant savings in terms of the costs of proceedings. Other research studies illustrate two main drivers of reduced proceedings costs. Firstly, a number of studies find that FDAC cases are less likely to result in contested final hearings which tend to incur higher legal costs.

- NatCen / Foundations (2023) found that only 4% of FDAC cases ended in contested hearings compared to 24%¹¹ of cases in the matched comparison group⁹⁴.
- An outcomes report of the Milton Keynes and Buckinghamshire FDAC (2021), which explored all FDAC cases from 2014 to 2019, found that only 8% of cases had contested final hearings⁹⁵.
- An evaluation of the London FDAC found that there were fewer contested final hearings in FDAC cases, particularly for cases that remained in FDAC throughout⁹⁶.

Research has also found that FDAC reduces the need for externally commissioned expert assessments to support court decision-making. NatCen / Foundations (2023) found that FDAC cases involved roughly one expert assessment for every 13 cases, compared to around one assessment per case in standard proceedings.⁹⁷

One of the objectives of the value for money analysis presented in this report is to revise and refresh assumptions on costs and benefits of FDAC. The new analysis outlined in Section 5 of this report has been able to draw together newer unit cost and benefit data. It also proposed a refreshed approach to value for money modelling, based on a more granular level of cost drivers that are easier for FDAC and local authorities to capture and analyse. To this end, a new cost benefit tool has been developed, allowing existing FDAC services and local authorities to better understand the financial impact of FDAC. This analysis provides a new insight on the financial and economic impacts of FDAC, which can inform evidence-based decision making on the wider model roll-out.

6. FDAC also supports parents with mental health and domestic abuse.

Although evaluations of FDAC have focused primarily on the cessation of substance use, there is promising evidence to suggest that FDAC has a positive impact on a range of other issues. The multi-site evaluation conducted by NatCen found improvements to mental health in FDAC families, linked to being able to access relevant psychological support; as well as improvements to self-image, sense of purpose and confidence. Participants also discussed outcomes relating to parents' material wellbeing, including access to benefits, accommodation, and improvements to their physical environment. These resulted from, for example, key workers supporting parents to prepare relevant applications forms, or visiting homes to help organise the physical environment.

A review, commissioned by the Home Office, of FDACs' approach to domestic abuse found that its dynamic approach to risk assessment and safety planning and its use of a tailored set of interventions and whole-family support accord with the (limited) evidence about what works in addressing domestic abuse perpetration.⁹⁸ The multi-site evaluation of FDAC by NatCen also highlighted improved outcomes relating to domestic abuse⁹⁹. Practitioners interviewed discussed supporting parents leaving abusive relationships to access shelters or other appropriate accommodation.

“It is plain that the FDAC model has demonstrated significant success in working with and assessing families where substance misuse is the primary concern. However, it is also plain that the FDAC method of working is equally suitable to cases which involve domestic abuse and indeed mental health. I credit the local authority for seeking for this case to be dealt with in FDAC [...] It is clear, as we complete this case, that they were right. That has been demonstrated in the outcome to these proceedings, with both boys being restored to parental care with their mother.”

– Published FDAC Judgment

¹¹ This is likely a conservative figure. In the NatCen sample, contested case rates in some local authorities were over 70%, whereas others did not return a figure. For areas that did not return a figure, 0% was used and the average of 24% was included in the national report. Administrative data does not exist to provide a national picture of contested case rates.

7. The FDAC model can also be applied outside of care proceedings.

The FDAC model has also been expanded in a number of areas to work with families in pre-proceedings. Local reports share positive outcomes and opportunities to divert families away from entering care proceedings. Those cases that do still meet the threshold for care proceedings to be issued have already had the opportunity to start to establish positive therapeutic relationships with the team. This is in an area that would benefit from additional research.

The Black Country and Pan London FDAC: transferring the learning to pre-proceedings.

The practice and ethos of FDAC is able to be applied outside of care proceedings. Both the Black Country and Pan London FDAC services have been successfully working with families within the pre-proceedings stages of PLO, with the fundamental aims of:

- Diverting cases away from entering care proceedings if this is the safest option.
- Reducing the drift of pre-proceedings stages through the structured approach and consistency in coordination.
- Enabling decisions around whether a case needs to progress to court in a timelier way, due to the dynamic assessment and formulation being completed within the team.
- Reducing the number of individual expert assessments being instructed for each case.
- Embedding families in appropriate treatment and support, and an early establishment of a therapeutic relationship with the team.
- Reducing the period of time dedicated to initial assessments and stabilisation work should a family have to go to court for care proceedings.

It has been reported in the last financial year that 53% of families working with these FDAC teams within pre-proceedings reduced their risk of going to court and did not enter proceedings. Those that did enter proceedings experienced the same higher reunification rates than standard proceedings, and the additional benefits of the increased intensity of the interventions, and recommendations being able to be made in a timelier way.¹⁰⁰

'To start with I thought my issues were worse years ago and couldn't see why I needed support now. However, FDAC helped me understand the effects of my behaviours and alcohol use had not only on myself but my children, seeing it from other perspectives. I have gained so much confidence and I am actually looking forward to life.' – **FDAC Pre-Proceedings Parent**

The majority of FDAC services also offer a form of 'aftercare' or post-proceedings support recognising this crucial time period for families regardless of the outcomes of proceedings. A recent review of Gloucestershire FDAC's post-proceedings support found that it appeared to have positive outcomes, though there were data and sample size issues. The review also noted that the model was well received by most parents and regarded as a valued and essential extension of FDAC by the professionals who engaged in the work.¹⁰¹ It is also recognised that FDAC plays an important role in sharing best practice with partner services with regards to working with families within care proceedings, and the barriers many of these families' face accessing community support services. This in turn enables services to better engage with families and also supports families to use frontline and healthcare services more appropriately.

EVIDENCE GAPS

It is our view that there a number of areas where future research would help develop our understanding of the model and its impacts:

- While NatGen / Foundations (2023) represents a significant step forward in terms of the evidence base, difficulties with matching undermine the robustness of its findings. There is a need for further large-scale evaluation which draws on alternative data sources to support the

development of a matched sample. This could potentially look at a broader range of outcomes, most notably changes in domestic abuse risk and parental mental health, both of which are commonly targeted in FDAC.

- There is need for work that builds on Harwin (2016) to expand and update the evidence base on long-term outcomes for families involved in FDAC, including potentially looking at child wellbeing and educational outcomes as well as recurrence of child protection issues.

THE FDAC EVIDENCE BASE: CONCLUSIONS

The evidence base determines that FDACs achieve these improved outcomes because the model counteracts the well-documented concerns around individualistic approaches, silo-ed working and services not being set up to enable whole system change. The specialist multi-disciplinary team offers a holistic approach that is distinct from expert assessments in standard care proceedings. FDAC employs a dynamic assessment of the family. By embedding intervention within the assessment procedure, this allows the team to determine parents' responses to the intervention and re-assess, review and modify the treatment plan. This also provides the court with a much richer and current evidential picture, contributing towards fewer contested final hearings and sustained reunifications of children over time. The non-adversarial nature fosters a coordinated and collaborative, whole-partnership approach with children's social care, the legal professionals, Cafcass and other key community services. This in turn tackles the deep-rooted stigma and shame that families in proceedings often report, and builds confidence in a system so many have previously struggled to engage with.

Research to date into FDAC and related models in the US offers consistent and strong evidence that it represents an effective intervention which can reduce the number of children being permanently removed from their families and increase the number of parents becoming abstinent from substance use. On the basis of this evidence, the Centre believes there is a strong case for additional investment in FDAC, to move over time towards a situation where every family who could benefit from it is able to access an FDAC service.

4. THE FDAC OPERATIONAL CONTEXT

NUMBER OF FDACS

Since the creation of the London FDAC in 2008, there has been significant replication of the model, often with joint local and national funding. Overall, there have been 21 FDAC services in total - 20 in England and one in Wales. A total of 55 LAs have engaged in FDACs, some for many years (e.g. Camden, Gloucestershire), others very briefly (e.g. Hackney, Calderdale). Of the overall total of 21 FDAC services, eight of them closed meaning, at present (April 2024), there are 13 FDAC teams, covering 39 local authorities and serving 24 family courts.

See Appendix E for a comprehensive outline of the 21 FDAC services, their dates of opening and, where applicable, date and reason for closure.

THE COMMISSIONING OF FDAC SERVICES

The majority of FDACs are either predominantly or entirely funded via local authority children's services. This can take the form of direct funding, or in some instances comes through secondment of children's services staff - such as social workers - into the FDAC multi-disciplinary team.

As FDAC is a multi-disciplinary service with wide-reaching benefits, we advocate that funding should not solely lie with children's services and should be diversified, where possible, to include the range of agencies that benefit from the outcomes achieved in FDAC. As such, some FDAC services are part-funded through Public Health or their Integrated Care System (ICS), either through long-standing partnership agreements or through locally distributed central funding such as the Supplemental Substance Misuse Treatment and Recovery grant. In addition, some FDAC services receive funding through their Police and Crime Commissioner.

The court, through the Designated Family Judge for the area, contributes judicial time and court space.

A small number of externally commissioned FDAC services have previously received philanthropic funding.

AREAS INTERESTED IN FDAC

There continues to remain a large amount of interest in the development of FDACs across local authorities, although it is recognised that some local authorities do not see the current need for an FDAC model, given factors such as the small number of cases they may have in proceedings or the viewed success of additional innovations and practices that are currently being trialled. Discussions have already taken place with 27 local authorities over the last 6 months. The interest shared across these local authorities has been further strengthened by the support of the judiciary and by professionals who have experienced FDAC in other areas. Although some local authorities are further ahead in the scoping and planning for this opportunity, every area has expressed their keenness to work in partnership with local community recovery and health services to establish an FDAC. The main barrier to implementation is the current fiscal climate and pressures on local authorities which is impacting their ability to justify an invest to save approach with the establishment of an FDAC model.

FDAC CLOSURES AND ENABLERS FOR SUSTAINABILITY

Since the first FDAC was established in London, eight FDAC services have closed¹². The reasons for these closures have been nuanced but have included a number of the following rationale:

- Closure linked to local authority section 114 notices and the closure of all services that are not identified as statutory.
- Wider local authority funding pressures and the offer of FDAC not being considered a statutory

¹² Devon, Kent and Medway, Somerset, Bradford, Calderdale, Kirklees, Wakefield and Cardiff and the Vale

service.

- Poor Ofsted inspections of the wider children’s social care provision leading to a re-allocation of resources and reported need to focus on core service delivery.
- The end of central funding and limited resources or means to evidence the associated cost benefits to the local authority.
- Poor data collation to evidence comparable benefits.
- Implementation of a team whose size and make-up has not been able to meet the needs of the local area.

The closure of FDAC services results in the disbanding of the FDAC and the loss of the knowledge, skills and experience of the specialist model. In effect, once an FDAC has been closed, re-establishing the model in that area will incur most, if not all of the set-up costs required when establishing a new team. Although a number of closed services have remained in communication around future development, funding and research to support the opportunity to re-establish a service at a later date, no services have yet been reopened in areas that have experienced closure.

FDAC closures also have a significant negative impact on families: an evaluation of the recently closed FDAC in Cardiff and the Vale of Glamorgan noted that the closure had caused families to miss out on support or have their cases brought to an end earlier than they otherwise might have been, creating a sense of injustice and potentially leading to children being removed who might otherwise have remained with parents¹⁰².

Awareness of the above factors has supported other FDAC services to effectively use technical support to start to mitigate these risks.

EXISTING FDAC SERVICES

The picture for established FDAC services is mixed. Existing FDAC services continue to have the ongoing support of their local authorities; however, the further significant funding challenges that local authorities and councils are now facing places some of these services at risk. The updated business case and cost benefit analysis tool will be able to further bolster the financial argument for these FDACs to continue to receive funding.

On the other hand, some FDAC services have continued to expand despite the financial challenges experienced across local authorities. This has included Stockport, which has expanded since receiving SFIP funding to include three additional local authorities with a regional ambition to establish a Greater Manchester-wide FDAC service. This has been a result of the partnership working between the FDAC service and Stockport’s children’s service, the local judiciary, the Greater Manchester Combined Authority, local partners and technical support.

Three other areas have been able to effectively use a locally costed business case to ensure their service is now considered part of their children’s services core funding, which in turn supports staff stability, service development and consistency in the number of referrals that are able to be accepted. Using technical assistance to promote the work of FDAC with key partners has also been a key element in supporting the diversification of funding for the teams, including financial or resource contributions from Public Health, health and Police Crime Commissioners in a number of localities.

THE IMPACT OF CENTRAL GOVERNMENT FUNDING FOR FDAC

Supporting the development of new FDAC services

The initial FDAC pilot site in London was supported by a cross-departmental grant, and a DfE grant made as part of the Children’s Social Care Innovation Programme (CSCIP) enabled the opening of eight further services in 2015/16 across five DFJ areas - Kent and Medway, West Yorkshire, Milton Keynes and Buckinghamshire, Coventry and Devon.

Further funding for FDAC was provided in 2020/21 under DfE's Supporting Families, Investing in Practice programme. This funding supported the setup of six new FDAC services¹³, as well as the expansion of caseloads at eight existing services¹⁴, including enabling new local authorities to join existing FDAC services¹⁵. With the exception of Kent (from the existing services) and Somerset (from the new services), all of the FDACs funded under the SFIP programme are still operational.

In the case of both rounds of DfE funding, these funding programmes provided limited-term support to local areas with an established interest in the FDAC model, helping services mitigate the upfront costs of establishing an FDAC team and move towards the point where they begin to realise the economic benefits in terms of the savings to local authorities.

Whilst the set-up of new FDAC services has predominantly been spearheaded through the local authorities, this has not always been the case; community partners in four noted areas have played a crucial role in the initial set up of an FDAC¹⁶. Although previous central government grants have played a significant role in the expansion of the FDAC model, the continuation of FDAC in each area has been a partnership approach between local authorities and other key stakeholders. As noted above, financial or resource contributions are now being made by Public Health, ICBs and Police and Crime Commissioners in a number of localities.

Bedfordshire FDAC: Becoming sustainable after central government support

Bedfordshire FDAC launched in 2019 as a partnership between three local authorities (Central Bedfordshire, Luton and Bedford), the Office of the Police and Crime Commissioner, the Integrated Care Board and a private charity. The initial set up and operations of the service were supported with match funding from the DfE's SFIP programme.

Local stakeholders used the match funding period as an opportunity to evaluate the impact of FDAC in the area. Research in Practice's quantitative and qualitative evaluation¹⁰³ found that:

- 64% of families had children reunited with parents at the end of proceedings.
- 65% of parents achieved and maintained abstinence.
- Parents showed significant improvement in screening scores for depression and anxiety, regardless of the outcome of proceedings.
- Parents showed a reduction in offending.
- Where reunification was not possible, positive impacts were noted including parents' increased insight into their situation and engagement with ongoing treatment.

The report emphasised the potential cost avoidance impacts of FDAC, noting that '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 emergency call-outs, plus cost savings associated by reducing the use of longer term care are indicative of cumulative, multifaceted and sustainable cost avoidance'.¹⁰⁴

¹³ Bedfordshire (Bedford, Central Bedfordshire and Luton), Birmingham and Solihull, Black Country (Walsall, Sandwell and Dudley), North East (Newcastle, Gateshead and North Tyneside), Somerset, Stockport.

¹⁴ London, Kent, Milton Keynes & Buckinghamshire, Coventry, Leeds, East Sussex, Southampton, Gloucestershire.

¹⁵ Warwickshire joined the Coventry FDAC. The Pan-London FDAC expanded to include 4 additional boroughs in East London.

¹⁶ The Tavistock and Portman NHS Trust and Coram established the pilot of FDAC in London and remain integral; Barca-Leeds (third sector organisation with a close working relationship with Leeds Children's Services); the Violence Reduction Unit is funding the initial project management of an FDAC in Berkshire (this remains within its early stages); Public Health has been a driving force behind the establishment of the FDAC North East and its continued sustainability.

The evaluation's findings of positive outcomes and costs avoided for a range of stakeholders, including children's services, emergency services, health services and the criminal justice system built broad local support for the model. Following its proven success, in 2022, the partners agreed that the pilot should become baseline practice across Bedfordshire and it achieved sustained, long-term funding.

"Had I not received the FDAC intervention, I am not sure where I would be today. [...] FDAC pulled me out of a dark hole and taught me how to deal with my struggles instead of hiding away or masking them". **Bedfordshire FDAC parent**

Technical Assistance

Both the CSCIP funding and the later SFIP programme included funding for technical assistance undertaken by a delivery partner. Under the CSCIP programme, technical assistance was provided by the FDAC National Unit, a partnership between the Tavistock and Portman NHS Trust (The Tavistock) and the charity Coram. In the period prior to SFIP, the FDAC National Unit had disbanded; central support and monitoring of FDAC was provided by the Centre for Justice Innovation who were responsible for delivering technical assistance under the SFIP programme.

Across both iterations, the technical assistance function shared a number of key roles and responsibilities. This included, but was not limited to, the following:

- Providing consultation support, advice and guidance for potentially interested local areas.
- Providing project management support to new FDACs as they implement their service.
- Providing all intellectual property and support documents associated with FDAC, including the FDAC Handbook, Service Standards, job descriptions, Terms of Reference documents, partnership agreements and memorandum of understandings.
- Supporting local areas to develop the complex multi-agency partnerships and governance structures which underpin FDAC.
- Helping local areas to develop operating models which are in fidelity with the evaluated FDAC approach, but also consider and respond to local needs.
- Supporting local areas to consider additional funding opportunities and working with key stakeholders to achieve this.
- Supporting local areas in their scoping and mapping tasks and the development of localised business cases.
- Providing the required 3-day induction training for the specialist teams and judges delivering FDAC.
- Developing and updating library of policies and resources to facilitate FDAC operations.
- Providing consultation support for established services.
- Providing clinical guidance and support for developing and established services.
- Providing advice and guidance around future training and development opportunities, and delivering these where able.
- Providing communities of practice - facilitating exchanges of learning and best practice between FDAC teams, practitioners, the judiciary, family justice organisations and other community services through regular forums and practice-sharing sessions.
- Providing an annual FDAC judicial conference.
- Collecting, analysing and sharing monitoring data about FDAC activities.
- Facilitating research and evaluation.
- Working with local and national partners to share the learning from FDACs and the implications for practice and policy development.
- Undertaking quality assurance audits of existing FDAC services.
- Working with the National FDAC Judge and senior judiciary in providing judicial leadership for FDAC.
- Providing national updates and insight to government officials and policymakers, key senior stakeholders and other partners involved in the family justice system.

An evaluation of the work of the FDAC National Unit carried out by NatCen on behalf of the DfE highlighted that FDAC services saw the Unit “had helped to ensure that new FDACs were more successful; less resource intensive, and quicker to set up and deliver than they otherwise would have been. Additionally, there were participants who believed that the local authority would have been unlikely to have considered FDAC without the National Unit, due to the challenges involved in setting up a new and innovative service”.¹⁰⁵ The value of technical assistance delivered through a national team is recognised in other intervention models that operate in the family justice system. For example, both Pause and the Family Safeguarding Model have national teams that receive a substantial government grant to provide technical assistance.

Future government funding options

In the value for money analysis below, we explore a number of scenarios for central government funding for FDACs in the 25/26 – 27/28 funding period. In developing each scenario, we have been informed by information about the current operational environment for individual FDACs, from local authorities that are considering FDAC, as well as information drawn from our learning and development networks.

Across all scenarios, central government contribution to local authority set up and case costs is assumed to be 50% for three years¹⁷. In practice, there is potential scope to explore whether differing funding strategies – for example, a focus on expanding caseloads in existing services, or tapering support over time, might offer additional benefits.

Following the model of previous funding programmes, each of the scenarios where central government funding is provided also includes an allocation for technical assistance costs. Based on evaluation evidence cited above, we believe that a technical assistance function is a necessary element of achieving the projected savings from the FDAC model.

Technical assistance costs are modelled as a combination of core costs which cover infrastructure around peer learning, data collection and monitoring and other functions, and a per-site amount which represents the cost of induction training and implementation support.

A summary of the funding options is below. A full discussion of the financial impacts of each option can be found in the value for money analysis.

¹⁷ Previous funding programmes have provided different allocations of funding for different local authority areas. Under the most recent SFIP programme, funding tended to be greater for new FDAC services as opposed to the existing ones. In most cases, this amounted to approximately 50% matched-funding in new FDAC areas. However, in some cases such as the North East, the DfE funded the entire cost of their implementation and operating costs over 2.5 years. Although this FDAC service is still operational and has now become self-sustaining, we do not advocate for the full allocation of funding to be provided centrally, instead preferring to recommend match funding to foster local long term commitment and sustainability.

CENTRAL GOVERNMENT FUNDING OPTIONS

1. Do nothing

In this scenario, no central government funding is provided to either local areas or for technical assistance. In this scenario we anticipate that four existing FDACs in local authorities facing particularly acute financial pressures will close, though this will be partially offset by the opening of three FDACs currently in development.

This would result in a total of **12 FDAC services** with the England-wide **FDAC caseload falling to 170 by 27/28**.

2. Maintaining existing provision

In this scenario, central government support is targeted to ensure that FDAC delivery is maintained in a period of particular fiscal pressure on local authorities. Support with case costs and, where relevant, set-up costs is provided for existing services and 5 new FDAC services.

This would result in an overall **total of 18 FDAC services**. We anticipate that expansion of case capacity in existing services and the opening of new services will result in the England-wide **FDAC caseload increasing to 360 by 27/28**.

3. Expanding FDAC provision to interested areas

In this scenario, central government support is provided to the 13 existing FDAC services. In addition, set up and case cost support is provided to a further 19 areas where strong local interest in the FDAC model already exists.

This would result in an overall **total of 32 FDAC services** and we anticipate that the England-wide **FDAC caseload will increase to 755 by 27/28**.

4. Rolling out FDAC to achieve national coverage

In this scenario, support is provided to 13 existing FDAC services. In addition, set up and case cost support is provided to a further 53 new services, achieving national coverage for the FDAC model across England.

This would result in an overall total of **66 FDAC services**. In this scenario we anticipate a net increase **in case capacity of 1595 cases** across England by the of 27/28.

The number of services needed to achieve national rollout is based on a preliminary analysis presented in Appendix F. The final distribution of services should be developed in discussion with Designated Family Judges and local authorities.

5. VALUE FOR MONEY ANALYSIS

The objective of this section of the report is to outline the fiscal, economic and social value of the investment in FDACs. This is done through a financial and an economic case. Each case is developed according to the Green Book guidance issued by HM Treasury, which sets out how to appraise policies, programmes and projects.

This analysis clearly demonstrates that FDAC provides value for money and generates significant savings to local authorities in comparison to standard care proceedings. The key findings of the analysis are highlighted here:

- The analysis demonstrates that FDAC allows for cost efficiency in comparison to standard care proceedings:** Direct lifetime benefits to the family justice system amount to £15,452 per case on average, in terms of reductions in local authority legal costs, barrister costs, expert costs, and legal aid for parental representation. In addition, lifetime placement cost reduction amounts to £58,614 per case on average. These benefits exceed the average cost per case estimated to be £18,000. This confirms that FDAC represents a strong 'invest to save' proposition, offering local authorities the possibility of significant revenue savings through operating costs.
- The financial case confirms the affordability of investment in FDAC:** Four scenarios are modelled to understand the funding requirement and potential benefits of FDAC roll-out, ranging in scale from a 'Do nothing' scenario to a full national roll-out. The modelling shows that scaling up operations of FDAC provides a clear financial net benefit, justifying the initial investment in the model. The additional net benefit achievable under the modelled scenarios on top of the 'Do nothing' scenario ranges between £27m (in the 'Maintenance' scenario) to £154m (in the 'National roll-out scenario'). The preferred 'Expansion' scenario generates a total financial net benefit from the FDAC scheme of £99m (£68m more than net benefits in a 'Do nothing' scenario). These benefits would not be achievable under the 'Do nothing' scenario, representing a significant loss to the taxpayer.
- The financial case also shows that central government funding may be necessary to unlock benefits to be gained by FDAC:** The analysis shows that once set-up costs are taken into account, FDAC reaches a break-even point for local authorities in year two of operations. This means that in the current difficult financial climate, local authorities may not be in a position to invest in FDAC without central government funding to support the initial set-up and operating costs.
- The economic case confirms that FDAC represents value for money:** Under the preferred 'Expansion' scenario (scenario 3), the FDAC model has a strong cost benefit ratio of 3, meaning there is a return of £3 for every £1 spent on operating FDAC. This provides a strong rationale for investment in FDAC.

OBJECTIVES OF THE ANALYSIS

This analysis looks at the value for money of FDAC using two lenses: the financial and economic cases for the FDAC model.

The financial case is used to understand the affordability of the FDAC model for the public purse. It investigates the level of funding required to set up and operate FDAC and the level of savings it creates.

The economic case enables the wider public value to be articulated, quantifying economic benefits that accrue to other public sector organisations (e.g. healthcare services), and social benefits in terms of improved individual health and well-being. This is achieved through calculation of the cost benefit ratio. In order to ensure consistency, both cases are underpinned by the same set of data and core assumptions on costs and benefits, which are outlined in more detail below.

This analysis builds on the previous research carried out by the Centre for Justice Innovation to understand the value for money for FDAC, but figures are not directly comparable because of changes in methodology and different data underpinning the analysis. One of the objectives of this analysis was to revise and refresh assumptions on costs and benefits of FDAC, drawing on the latest available data and primary research conducted specifically for this study. This provides a new insight on the financial and economic impacts of FDAC, which will inform evidence-based decision making.

RESEARCH METHODOLOGY AND DATA QUALITY ASSURANCE

The analysis employs a rigorous research methodology coupled with robust quality assurance measures to ensure the reliability and credibility of findings. Through a combination of secondary data analysis and primary research with key stakeholders (including existing FDAC teams, the judiciary, local authority practitioners and lawyers), it provides a comprehensive understanding of the cost and benefit impact of FDACs. Appropriate adjustments, such as optimism bias, are applied in modelling to mitigate against any potential data limitations.

The research methodology employed for this study involved a combination of secondary data collection through robust desk research and primary research with key stakeholders. Primary and secondary data sources were triangulated to achieve the best possible data accuracy. This hybrid approach enabled the research team to overcome data limitations. All data sources used to inform the assumptions used for the modelling are listed in the assumptions log in Appendix K.

Secondary data collection

Comprehensive desk research was used to gather existing secondary data from reputable sources, including official statistical releases (such as Department for Education statistics on looked after children), FDAC evaluation reports and research publications. In addition, data on FDACs collected by the Centre for Justice Innovation from all FDAC services across the country offered detailed evidence on their operations. This secondary data provided foundational insights into the differences in resource requirements and outcomes of FDACs versus standard PLO proceedings, and served as a basis for the economic analysis. For some elements of the analysis, however, desk research was not sufficient, and it was necessary to undertake additional primary research.

Primary research

The data landscape across the family justice system, both in public and private law, has well-documented challenges in terms of data availability and reliability¹⁰⁶ Recognising the limitations and data issues surrounding the availability of information on care proceedings, primary research methods were employed to collect additional data directly from key stakeholders. First, we utilised data from the national data collection carried out by Mutual Ventures in 2023 to identify the financial impact of delays in care proceedings on local authorities (project commissioned by the DfE). This provided a unique insight into costs of local authority legal services and/or their use of barristers. In addition, the study team conducted a bespoke data gathering exercise, including interviews with practitioners involved in the care proceedings process, such as judges and lawyers. By engaging directly with key stakeholders, the research team was able to gather first-hand insights, perspectives, and data that complemented the existing secondary data, as well as to sense-check the data used for modelling. The FDAC cost-benefit tool, which allows users to calculate benefits from FDAC, was developed in close collaboration with several existing FDAC services, meaning the logic of calculations has been co-developed and validated by FDAC

practitioners. This provided a more comprehensive understanding of the key cost drivers for FDACs and standard care proceedings.

Quality assurance

Throughout the data collection process, robust quality assurance (QA) measures were implemented to ensure the reliability, validity, and credibility of the collected data. Secondary data sources were validated with practitioners to confirm their reliability. To mitigate the risks of relying on singular data points obtained through primary research, where possible, data points were collected from several individuals. Where multiple data sources were available, the study team opted for more conservative assumptions.

The QA confirmed that the gathered evidence base is suitable for decision making. Appropriate adjustments, such as optimism bias, were applied in modelling to mitigate against any potential data limitations.

KEY ASSUMPTIONS

The below sections discuss the FDAC costs and benefits, including the key assumptions and data used for modelling. The assumptions underpinning costs and benefits are used consistently for the economic and financial cases. However, appropriate adjustments are made to reflect a different nature of economic analysis as opposed to financial analysis, as outlined in the report below. Unless stated otherwise, the below costs and benefits are stated in 2023/24 prices. In the financial and economic case, they are inflated to the base price year 2025/26, which is the first year of the analysed funding period.

Costs of FDAC

An analysis of set up and operational costs of existing FDAC services is used as a basis for the calculation of costs of FDAC. This gives high confidence in cost assumptions. The average cost of an FDAC team per case is £18,000. In addition, FDAC set-up costs are estimated to be £121,727 per site.

Finally, technical assistance costs are assumed to be £125,000 across a total of 20 services.

FDAC team costs

At the site level, the cost of the multi-disciplinary team represents the only significant cost of delivering FDAC. The contribution of other agencies, including courts, local authority children's services and Cafcass is assumed to represent only a reallocation of existing resources rather than additional costs. This assumption is supported by previous research that quantified the time allocation of these professionals within FDAC proceedings.¹⁰⁷

Set-up costs

One-off FDAC service set-up costs for a typical FDAC team which will see 30 cases a year when fully operational have been modelled as £121,727.17, broken down as follows. This can be delivered across one local authority, or two to three neighbouring local authorities, who are wishing to work in partnership to deliver the model.

Table 2. FDAC set-up costs.

Cost	Amount
Project manager for 6 month set up period	£41,311.50
Drug testing equipment and other capital costs	£5,000.00
Recruitment costs	£5,000.00
Team costs for 2 month training period*	£65,775.67
Accommodation costs for 2 month training period	£4,640.00

Set-up costs are based on the proposed budget for an FDAC team in Berkshire developed by the local authority. However, recruitment costs have been reduced to reflect historically lower use of recruitment agencies than is proposed in that case.

Note that these costs are incurred prior to FDAC opening. They are therefore distinct from operating costs which are calculated on a per case basis. These would be £540,000 for a typical team seeing 30 cases a year at a cost of £18,000 per case.

*Team costs for a two-month training period have been used within the calculations in order to keep overall cost benefit calculations conservative. In practice, this is often a much shorter period, typically less than a month.

Technical assistance costs

Within the value for money case, technical support costs are modelled as having three elements:

- Site set up costs of **£25,000 per supported service**. This represents the cost of supporting new services with the implementation of their FDAC, including support in developing partnerships and managing implementation processes to ensure fidelity to the model, providing documentation and data collection tools, as well as providing the required 3-day induction training for new FDAC judges and specialist teams.
- Core costs of **£125,000**. This represents the cost of a national team delivering core technical assistance functions which have been detailed in Section 4 of this report. These include providing an FDAC community of practice and peer learning and consultation support for up to 20 FDAC services, ongoing training provision, maintenance of the policy and resource library, managing the collection and analysis of monitoring data, and facilitating research and evaluation around FDAC.
- Additional core support costs of **£5,000 per service** (only applicable where the total number of FDAC services is above 20). This represents the additional costs associated with a national team providing the technical assistance functions and monitoring data support to a larger overall number of FDAC services.

Costs for technical assistance are based on CJI's costs while acting as a technical support provider under the SFIP programme.

Benefits of FDAC

All FDAC benefits considered for this analysis are linked to a well-established theory of change for the FDAC model. The methodology used for quantifying benefits is in line with HM Treasury's Green Book accepted modelling techniques and has led to a robust and defensible appraisal position. A wide range of benefits are quantified in monetary terms:

- Direct benefits to the family justice system – These are savings generated by FDAC processes predominately for local authorities (and to a lesser extent, the Legal Aid Agency). They are largely cashable in nature, meaning they result in a reduction in fiscal expenditure related to care proceedings (however, over a short period of time, some benefits linked to staffing costs may lead to changes in workload as opposed to immediate cashable savings). These benefits stem from more streamlined processes (e.g. fewer lawyer hearings) and improved outcomes in FDAC (e.g. higher rates of reunification).
 - **Direct lifetime benefits to the family justice system amount to £15,452 per case on average, in terms of reductions in local authority legal costs, barrister costs, expert costs, drug testing and legal aid for parental representation.**

- In addition, lifetime placement cost reduction amounts to **£58,614 per case on average**.¹⁸
- Wider system benefits – These are economic benefits to public services, including the criminal justice system, health and social services linked to reductions in drug use and alcohol consumption. **Wider system benefits amount to £1,811 per case per annum.**
- Societal benefits – These are linked to improved outcomes and wellbeing of parents who cease to misuse drugs or alcohol by the end of the proceedings in FDAC. **Societal benefits amount to £3,703 per case per annum.**

FDAC has a well-established theory of change, which has been developed as part of a recent impact evaluation¹⁰⁸ and is presented in more detail in Appendix G. It identifies specific outcomes to families involved in care proceedings and the family justice system, including where costs to the justice system are reduced. The FDAC value for money analysis builds on this logic model.

Each element of the FDAC model was assessed to consider what outcomes could be achieved, and these outcomes were converted into quantified benefits (where possible) using established models and research. Table 2 below demonstrates the links between the theory of change and the quantifiable benefits being forecasted for the purpose of this modelling.

Table 3. Overview of the theory of change outcomes and benefits used for modelling.

Theory of change elements		Quantified benefits
Long term FDAC impact	Outcomes	
Reduction in costs to the justice system	Reduction in the number of contested hearings	Reduction in local authority legal costs, barrister costs, drug testing costs and legal aid costs
	Reduction in the use of experts external to the FDAC team in court proceedings	Reduction in external expert costs
	Reduction in parents returning to care proceedings	Reduction in recurring cases (contributing to all other direct benefits)
	There are more cases where it is appropriate for parents to resume care of children	Reduction in placements costs
Better outcomes for children and families	Parents are better able to reduce or cease using substances	Savings resulting from reduction in drug-related offending and health and social care costs. Reduction in cost to the NHS of alcohol dependency
	Parents are better equipped to manage their own health, safety and wellbeing	Reduction in Quality-Adjusted Life Year (QALY) loss due to misusing substances

Overview of data sources and modelling approaches

Table 4 sets out each of the key data sources and modelling approaches used for the benefit calculation and the rationale for their inclusion.

¹⁸ Please note these benefits are quoted as lifetime benefits. This means not all will be realised immediately during care proceedings – some benefits (e.g. savings in placement costs or benefits linked to lower recurrence rates) will be achieved in years following the case disposal.

Table 4. Overview of data sources and modelling approaches.

Quantified benefit	Approach used	Scope	Rationale for inclusion
Reduction in local authority legal costs, barrister costs and legal aid costs	Frequency and duration of hearings: results of FDAC impact evaluation (NatCen, 2023), primary research Unit cost: local and national budget and resourcing data (including data collected by Mutual Ventures directly from local authorities and validated by practitioners)	Financial and economic case	Benefit confirmed in independent evaluation Triangulation of local and national data
Reduction in external experts' costs	Frequency of expert assessments: results of FDAC impact evaluation (NatCen, 2023) Unit cost: local and national budget and resourcing data (including data collected directly from local authorities by Mutual Ventures)	Financial and economic case	Benefit confirmed in independent evaluation Triangulation of local and national data
Reduction in costs to family justice system due to recurring proceedings	Frequency of recurring proceedings: results of FDAC impact evaluation validated by practitioners Unit cost: local and national budget and resourcing data (including data collected by Mutual Ventures directly from local authorities and validated by practitioners)	Not a standalone cost driver, used to uplift other benefits in the financial and economic case	Benefit confirmed in independent evaluation Triangulation of local and national data
Reduction in placements' costs	Distribution of final placements: results of FDAC impact evaluation validated by practitioners (NatCen, 2023 and CJI data) Unit cost: Personal Social Services Research Unit (PSSRU) on unit costs of care	Financial and economic case	Benefit confirmed in independent evaluation Established unit costs based on government statistical national data
Public sector savings resulting from reductions in drug-related offending and health and social care costs	Frequency: results of FDAC impact evaluation (NatCen, 2023) Unit cost: National benchmark based on The Greater Manchester Combined Authority Cost Benefit Model: <i>Estimating the crime reduction benefits of drug treatment and recovery (National Treatment Agency for Substance Misuse, 2012)</i>	Economic case only	The Greater Manchester Combined Authority Cost Benefit Model adopted as supplementary guidance to HM Treasury's Green Book in 2014
Reduction in cost to the NHS of alcohol dependency	Frequency: results of FDAC impact evaluation (NatCen, 2023) Unit cost: National benchmark based on The Greater Manchester Combined Authority Cost Benefit Model: <i>Alcohol Use Disorders: diagnosis, assessment and management of harmful drinking</i>	Economic case only	The Greater Manchester Combined Authority Cost Benefit Model adopted as supplementary guidance to HM Treasury's Green Book in 2014

	<i>and alcohol dependence (NICE 2011)</i>		
Reduction in QALY loss due to misusing substances	Frequency: results of FDAC impact evaluation (NatCen 2023) Unit cost: Saloman et al (2015) ¹⁰⁹ , Current monetary WTP value for a QALY based on Green Book	Economic case only	In line with HM Treasury's Green Book

Each quantifiable benefit measure uses a nationally accepted modelling technique, where possible, backed by local data collected from individual FDAC services or government statistics, validated through primary research with family justice practitioners such as the judiciary, lawyers and local authorities.

Where it has not been possible to source local or national data, benchmark studies from elsewhere in the UK are used to inform forecasting assumptions. This refers to the unit costs for reductions in substance use. In such cases, a higher optimism bias adjustment is applied to the relevant calculations to account for the uncertainty linked to using benchmark data.

Where benefits could be modelled using different approaches, care has been taken to adopt the more prudent methods to reduce the risk of overstating or double-counting benefits.

Overview of benefits

An overview of all quantified FDAC benefits is outlined below. This includes an estimate of an average lifetime saving per FDAC case in comparison to standard care proceedings (including immediate and long-term savings, such as placements costs). All benefits are modelled using the FDAC cost benefit tool, which is included in Appendix I. A comprehensive list of assumptions used to quantify the benefits in the cost benefit tool is presented in Appendix K.

Direct benefits to the family justice system

Direct benefits look at areas where FDAC generates savings to the family justice system (predominantly local authorities). A summary of average direct lifetime benefits to the family justice system per one FDAC case is outlined in Table 5.

Table 5. Summary of direct lifetime benefits per case.

Benefit	Value
Local authority legal costs	£ 2,296
Local authority barrister costs	£ 7,443
Local authority external experts costs	£ 2,533
Local authority placements costs	£58,614
Local authority drug testing costs	£2,469
Sub-total – local authority benefits	£73,357
Legal aid costs	£711
Total benefits	£74,068

Note: Figures for each cost type include the effects of FDAC's impact on reducing the number of recurring cases. Numbers may not sum to total due to rounding.

Reduction in local authority legal costs

The average lifetime saving per case in local authority legal representation costs (excluding barristers costs, which are analysed separately) is estimated to be £2,296.

FDAC yields savings to local authorities in terms of legal costs in comparison to standard care

proceedings. This is attributed to three key factors. Firstly, the FDAC model includes regular non-lawyer reviews, which means there are fewer hearings where lawyers are required. Primary research with FDAC practitioners and the judiciary conducted for this analysis confirmed that, on average, there are 3 hearings in FDAC versus 6.2 in standard proceedings. Secondly, FDAC evaluation (NatCen 2023) showed that a more consensual style of proceedings reduces the number of contested final hearings in FDAC (4.2% versus 23.8%). Moreover, when contested hearings happen in FDAC, they tend to be much shorter than contested hearings in standard proceedings, primarily due to judges' familiarity with issues being disputed. This means that local authority legal costs are significantly lower in FDAC.

To ensure robust calculations of reduction in legal costs, a bottom-up approach is used. This aims to quantify and cost workloads related to individual types of hearings and allows to link savings directly to avoided or shortened hearings. This method allows for a more granular understanding of the cost drivers, making it easier to validate the calculation and (if needed) adjust for local differences in practice.

Reduction in local authority barrister costs

The average lifetime saving per case in local authority barristers costs is estimated to be £7,443.

Due to persistent staffing pressures, local authorities frequently instruct barristers to represent them in care proceedings, especially for more complex cases and contested hearings. This generates significant costs to local authorities. Data gathered by Mutual Ventures in 2023 as part of the national project investigating the financial impact of delays in care proceedings on local authorities suggests that barristers are used in over 50% of care proceedings (and much more frequently for contested hearings). In contrast to standard proceedings, local authorities tend not to instruct barristers for FDAC cases, which means that FDAC can achieve a significant reduction in local authority expenditure.

The same bottom-up approach used for the local authority legal representation costs was used for the barrister costs. Please note that estimates of reduction in barrister costs should be interpreted with caution due to local variations that may impact the applicability of findings to individual local authorities. This report presents the average national values; however, the actual impact on individual local authorities will differ significantly depending on the local practice.

Reduction in local authority external experts costs

The average lifetime saving per case in local authority external experts costs is estimated to be £2,533.

The FDAC team provide regular reports to the court on the progress of families, reducing the need for expert witnesses and other external assessments. The FDAC evaluation data (NatCen 2023) shows that, on average, FDAC cases used significantly fewer external expert witness assessments in comparison to standard care proceedings (0.19 versus 2.19 witnesses per case). This means that FDAC reduces local authority spending on external experts.

Reduction in local authority placements costs

The average lifetime saving per case in local authority placements costs is estimated to be £58,614.

There is a consistent difference in proceedings outcomes between FDAC and standard care proceedings cases. Most notably, children with a parent or primary carer in FDAC are more likely

to be reunified with their carer at the end of the care proceeding in comparison to children in standard care proceedings (47% versus 27%, based on the NatCen (2023) evaluation and FDAC outcome data gathered by the Centre for Justice Innovation). This drives a major difference in placement costs between FDAC and the standard proceedings, with FDAC allowing local authorities to generate significant savings per case.

In contrast to other benefits described above, this reduction in costs continues after care proceedings close. Based on the available data on the age of children entering FDAC and average duration of placement per age group, we have made a conservative estimate that this saving will have an impact for an average of four years.

Reduction in local authority drug testing costs

The average lifetime saving per case in local authority drug testing costs is estimated to be £2,469.

Court-ordered testing will occur in both FDAC and standard care proceedings cases. However, the funding mechanism is different under each model. In standard proceedings, the cost is split between the parties' legal aid and the local authority (meaning that, on average, the local authority will cover 1/3 of the cost). However, in FDAC, the majority of local authorities do not participate in these costs. The costs will be split between the remaining parties. Please note that this analysis excludes point of contact testing, which is unique to FDAC. Costs for point of contact testing are covered by FDAC operational budgets and included in the FDAC costs presented in this report.

Reduction in legal aid costs

The average lifetime saving per case in legal aid costs is estimated to be £711. This includes £2,837 of savings in legal aid costs for parents' legal representation, partially offset by an increase in drug testing costs covered by legal aid (£2,125).

FDAC generates savings in legal aid costs for parents' legal representation. Similar to local authority legal costs savings, this is driven by a lower number of hearings and a reduced number of long contested hearings in FDAC. Savings will only be realised when the advocate fee scheme is used as opposed to a fixed scheme. However, the number of claims being paid outside of the fixed fee scheme is trending upwards due to more time being taken during the court process.

Reduction in recurring cases

The financial impact of reduction in recurring cases is not calculated as a standalone cost driver. Rather, its impact has already been included in cost reduction estimates for all cost drivers described above.

FDAC not only increases the number of families that are reunified at the end of proceedings, but also reduces rates of case recurrence. For the purpose of this analysis, the reduction in recurrence rates is considered for two scenarios: mothers returning to court with the same child and mothers presenting in court with a new child¹⁹. For the first scenario, the FDAC evaluation (Harwin, 2016) provided evidence that, compared to standard proceedings, a lower proportion of FDAC cases that result in family reunification come back to court (34% v 55% in standard proceedings).

When considering mothers returning to court with a new child, the rate of recurrence is estimated to be 20% both for FDAC and for standard care proceedings¹⁰. However, the incidence of

¹⁹ Most available research on recurring cases tends to focus on mothers. As fathers are not listed in 20%-40% of cases, it is difficult to understand a clear picture of the scale of recurrent care proceedings for fathers.

recurrence will be lower for mothers in FDAC proceedings, as there are fewer non-reunited mothers in FDAC.

Wider system benefits

FDAC increases the chances that parents stop using alcohol or drugs or reduce their use. This creates savings for public services, including savings to health services due to reduced long-term need for substance use treatment; and to the criminal justice system due to reduced drug-related crime.

Wider system benefits of FDAC are quantified using the Greater Manchester Combined Authority unit cost database, which was adopted as supplementary guidance to HM Treasury's Green Book. Please note that wider system benefits are provided in 2025/26 prices.

Reduction in drug taking

The average impact of reduction in drug taking is £1,277 per case per annum.

The National FDAC impact evaluation found that a higher proportion of parents in FDAC cease to misuse drugs or alcohol by the end of the proceedings in comparison to standard care proceedings (33.6% versus 8.1%). This reduces public services costs related to drug use.

This benefit is quantified as an average annual saving resulting from reductions in drug-related offending and health and social care costs as a result of FDAC's delivery of a structured, effective treatment programme. The standard unit costs of £4,693, based on National Treatment Agency for Substance Misuse figures¹¹¹, is apportioned by the percentage of mothers in FDAC using illegal drugs (81%¹¹²) and parents stopping substance use at the end of FDAC proceedings (33.6%) to arrive at the per case benefit.

Reduction in alcohol consumption

The average impact of reduction in alcohol consumption is £534 per case per annum.

This benefit is quantified as an average annual cost to the NHS of alcohol dependency, per year per dependent drinker. As above, the standard unit cost of £2,525 based on NICE statistics¹¹³ and is apportioned by the percentage of mothers in FDAC abusing alcohol (63%¹¹⁴) and parents stopping substance use at the end of FDAC proceedings (33.6%) to arrive at the per case benefit.

Societal benefits

FDAC benefits that could be attributed to societal outcomes are quantified using a quality-adjusted life year (QALY) – a measure of disease burden, including both the quality and the quantity of life lived, which is a standard measure used in economic evaluation. This analysis does not quantify any potential benefits to children participating in FDAC proceedings, such as improved wellbeing, mental health and life chances. Please note that wider system benefits are provided in 2025/26 prices.

Reduction in drug taking

The average QALY impact of reduction in drug taking is £1,675 per case per annum (£6,153 unit cost x 81% of mothers in FDAC using illegal drugs x 33.6% of parents stopping substance use at the end of FDAC proceedings).

This looks at the impact of a person reducing or stopping their substance use, with a conservative assumption that their previous use was mild. The standard unit cost of £6,153 based on Saloman et al (2015) is apportioned to arrive at the per case benefit.

Reduction in alcohol consumption

The average QALY impact of reduction in alcohol consumption is £2,028 per case per annum (£9,580 unit cost x 63% of mothers in FDAC using alcohol x 33.6% of parents stopping substance use at the end of FDAC proceedings).

This looks at the impact of a person reducing or stopping their alcohol use, with a conservative assumption that their previous use was mild. The standard unit cost of £9,580 based on Saloman et al (2015) is apportioned to arrive at the per case benefit.

FINANCIAL CASE

The financial case assesses the affordability of the FDAC model for the public purse. Therefore, it presents the financial impact from the perspective of local authorities and central government – two parties funding the costs of FDAC in the modelled scenarios.

The financial case confirms that FDAC represents a strong ‘invest to save’ proposition, offering local authorities the possibility of significant revenue savings through operating costs. The preferred ‘Expansion’ scenario (scenario 3) generates a total financial net benefit from the FDAC scheme of £99m (£68m more than net benefits in a ‘Do nothing’ scenario).

The financial case also shows that central government funding may be necessary to unlock benefits to be gained by FDAC: The analysis shows that FDAC reaches a break-even point for local authorities in year two of operations (and for the scheme in total – in years two or three, depending on the modelled scenario). Without central government funding to cover 50% of operating costs, each FDAC case generates over £10k of net costs to local authorities in the first year of operations. With central government funding, under the preferred ‘Expansion’ scenario the net cost per case to local authorities in the first year of FDAC operations decreases to just over £2k per case, making the scheme much more affordable from year one. This means that in the current difficult financial climate, local authorities may not be in a position to invest in FDAC without partial funding from central government to cover the initial set-up and operating costs.

Key assumptions

The financial case aims to demonstrate the affordability and financial viability of the investment in FDAC from the perspective of two parties that bear the cost of the investment: local authorities and central government. In order to understand the full budgetary impact of investment, the financial case considers full costs of FDAC (including initial set-up costs, technical assistance costs and operating costs) and potential savings to local authorities, outlined above in this report.

The financial case looks at costs and benefits arising from a three-year period of spend over the 2025-26 to 2027-28 period (funding period). This means that the three years of spend is modelled. Where benefits of FDAC fall later but arise from those three years of spend, these are also included up to a ten-year period (including savings in placements costs and impact of fewer returning cases). In practice, this will underestimate the potential benefits of FDAC. The initial central government investment would have a high potential to unlock the ability of local authorities to maintain FDAC going forward, as at the end of the three-year funding period the FDAC would generate net benefits to local authorities.

The financial case considers four potential scenarios for FDAC roll-out nationally:

- i) **Do nothing** - In this scenario, central government makes no contribution to FDAC costs or technical assistance. The total number of operating FDAC service would drop to 12 and remain constant over the three-year modelling period. There is some churn in the sector: three new FDAC services open and four services close (this is based on knowledge of activity in local authorities). Other FDAC services contract their existing caseloads. This leads to a drop in overall number of cases.
- ii) **Maintenance** - In this scenario, central government supports existing FDAC provision with a 50% contribution to FDAC running costs in services that are currently in operation or in development, as well as 100% contribution to technical assistance. The total number of operating FDAC services would grow to 18, comprising of all 13 existing FDAC services

remaining operational, and 5 new FDACs in interested areas. Some existing FDAC services expand their caseloads.

- iii) **Expansion** – Central government supports maintenance of existing FDAC provision as above and the development of 19 services in interested local authorities, paying for 50% of service costs and 100% of technical assistance. The total number of operating FDAC services would grow to 32. Some existing FDAC services expand their caseloads.
- iv) **National roll-out** – Central government supports maintenance of the 13 existing FDAC services and the development of a further 53 services to create national coverage across England, paying for 50% of service costs and 100% of technical assistance. The total number of operating FDAC services would grow to 66. The total figure of 66 services (13 existing FDACs and 53 new services) is based on a consideration of the geography and caseload in each Designated Family Judge area to identify how many services it would require to create blanket coverage (see appendix F). The final distribution of services should be developed in discussion with Designated Family Judges and local authorities.

Costs and benefits are adjusted for inflation to reflect their real value over time. In line with the Green Book approach, the GDP deflator from the most recent forecasts by the Office for Budget Responsibility (March 2024) is used to adjust costs and benefits to real terms.

Financial analysis of modelled scenarios

Table 6 presents a summary of financial modelling results for the four scenarios outlined above. More detailed calculations are presented in Appendix H.

All analysed scenarios confirm there is a strong ‘invest to save’ case for FDAC, with total savings modelled significantly exceeding costs, and the break-even point from the payers’ perspective (local authorities and central government) is achieved in year two or three, depending on the modelled scenario.

Table 6. Financial case modelling for funding scenarios

	1. Do nothing	2. Maintenance	3. Expansion	4. National roll-out
FDACs closed	4	0	0	0
FDACs opened	3	5	19	53
Number of FDAC services in 2027/28	12	18	32	66
Cost to central government	-	£9.1m	£17.8m	£35.4m
Cost to local authorities	£10.1m	£10.1m	£16.9m	£33.2m
Total costs [1]	£10.1m	£19.2m	£34.7m	£68.6m
Total LA savings [2]	£41.8m	£77.8m	£134.1m	£254.5m
Total net benefit [2-1]	£31.7m	£58.6m	£99.3m	£185.9m
Break-even (LA)	Year 2	Year 2	Year 2	Year 2
Break-even (central gov't & LA)	Year 2	Year 2	Year 3	Year 3

Note: Costs modelled over a three-year period of 2025-26 to 2027/28 (the funding period). Savings linked to this funding are accrued over a ten-year period. Savings include reduced local authority legal costs, barristers costs, experts costs, placements costs and drug testing costs. Detailed calculations are presented in Appendix H.

In the ‘**Do nothing**’ scenario, the total cost of FDAC over a three-year period amounts to £10m (this includes operating costs and set up costs for two new services). There is no technical assistance support, as no central government funding is available. All costs are covered by local authorities.

In this scenario, FDAC generates £42m savings to local authorities. The biggest savings area is in placement costs (£34m over 10 years). Break-even point is achieved in the second year of operations. However, this assumes that all FDAC activity starts in the first year of the model. In practice, existing services will be taking advantage of savings generated by cases closed in previous years. Therefore, the above findings are conservative and underestimate the actual

savings available to local authorities already operating an FDAC.

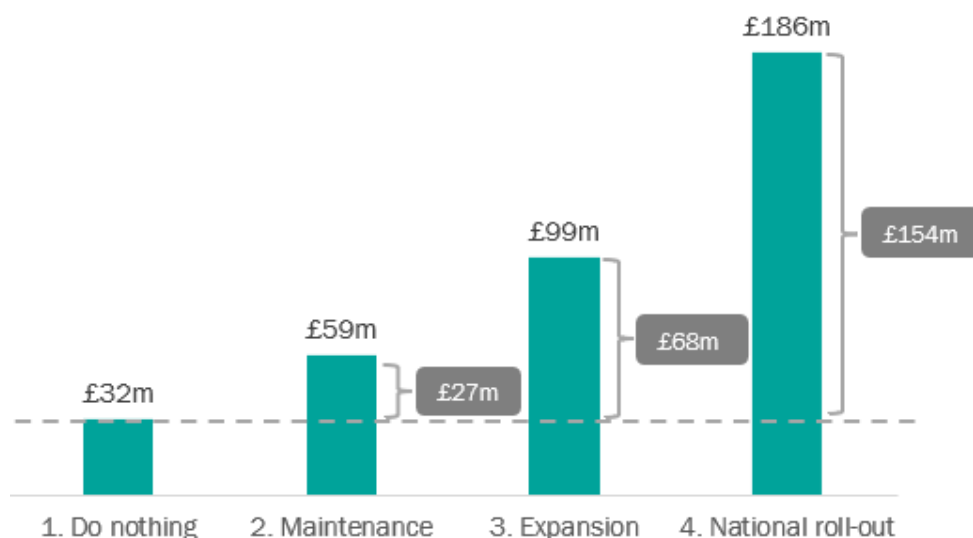
The total investment in FDAC in the **‘Maintenance’ scenario** is £19m over a three-year period, including £9m of funding from central government. In this scenario, FDAC generates £78m savings to local authorities. The scheme reaches a break-even point in year 2.

The **‘Expansion’ scenario**, which assumes an increase in operating FDAC services to 32, would cost £35m over three years, including £18m of investment funded by central government, and generate £134m of savings to local authorities. This scenario, similarly to the **‘National roll-out’ scenario**, reaches the break-even point in year 3, which is linked to a higher initial investment in set-up and technical assistance.

The ‘National roll-out’ scenario is modelled as a reference point to show the level of investment required to achieve a full coverage in England and to frame the total opportunity. While financially most advantageous, this scenario is unlikely to be realistic due to practical and operational challenges (for instance, not every local authority may be interested in setting up an FDAC over the analysed timeframe). The ‘National roll-out’ scenario has total costs of £69m, including £35m of central government funding over the first three years. The total local authority benefits from this scenario amount to £255m. **Therefore, the ‘Expansion’ scenario (scenario 3) is the preferred option, allowing for maximising the financial benefit, while remaining more operationally viable than the ‘National roll-out’.**

Figure 4 below presents a summary of the total financial net benefit from the FDAC scheme under all four modelled scenarios (net benefit is defined as total savings minus total costs of the scheme). It shows that scaling up operations of FDAC provides a clear financial net benefit, justifying the initial investment. In the ‘Maintenance’ scenario, the total financial net benefit amounts to £59m. This is £27m more than the net benefit achievable in the ‘Do nothing’ scenario. The difference in the total financial benefit with the ‘Do nothing’ scenario increases to £68m for the ‘Expansion’ scenario and £154m for the ‘National roll-out’ scenario.

Figure 4. Total financial net benefit from different



Note: Numbers may not sum to total due to rounding.

FDAC investment options

Although FDAC offers very good value for money in the medium term, the financial analysis shows that an FDAC service will not hit break-even until it has been operational for two-three years. This makes implementing FDAC challenging for local authorities in the current fiscal climate. Without

funding to cover 50% of operating costs, each FDAC case generates over £10k of net costs to local authorities in the first year of operations. With central government funding to cover 50% of operating costs under the preferred 'Expansion' scenario, this net cost per case to local authorities in the first year of FDAC operations decreases to just over £2k per case. This means that in the current difficult financial climate, local authorities may not be in a position to invest in FDAC without partial funding from central government to cover the initial set-up and operating costs. The fiscal payoffs above the 'Do nothing' scenario are unlikely to be achievable without central government funding.

ECONOMIC CASE

This economic case assesses the value for money of FDAC. It describes the economic and social costs and benefits of the FDAC model in comparison to standard care proceedings in a discounted economic statement. For consistency with the financial case, the economic case is based on a three-year funding period, with benefits from cases funded over that period accrued for up to ten years.

The economic case confirms that FDAC represents **high value for money** with a Benefit Cost Ratio (BCR) for the preferred ‘Expansion’ scenario of 3, indicating a **return of £3 for every £1 spent on FDAC**. This confirms a strong rationale for investment in FDAC¹¹⁵.

The economic case is modelled to present a BCR for the preferred ‘Expansion’ scenario (i.e. including initial set-up and technical assistance costs). However, the BCR calculation is fully scalable – the number of cases considered under various scenarios will not have an impact on the outcome of a BCR. Any differences in BCR resulting from assumptions on the initial set-up and technical assistance costs in various scenarios will be negligible. The BCR ratio for one case in an established FDAC is 3.2. This ratio is higher than that for the expansion scenario as a whole because it excludes set up and technical assistance cost.

Economic costs

The below section explains how the financial costs outlined above have been converted into economic costs.

Costs used to calculate the benefit cost ratio are consistent with the costs in the financial case but adjusted for the economic case in line with the Green Book guidance. This includes discounting back to the base-year. In addition, optimism bias has been considered and adequately quantified.

Table 7 presents the key factors used to convert the financial costs to economic costs.

Table 7. Converting financial costs to economic costs.

Area	Assumption	Justification
Baseline year	FY 2025/26	First year of expenditure Aligned to accounting years for central government and local authorities
Timeline	3 years	In line with the assumed funding period of 2025/26 to 2027/28.
Discount rate	3.5%	Green Book standard discount rate
Inflation	n/a	In line with the Green Book, the economic costs exclude inflation
Optimism bias	10%	Due to a lack of available data, Green Book Supplementary Guidance is unable to recommend sound upper and lower bound optimism bias levels for operating expenditure (except for outsourcing projects). Given that cost estimates are mature at this stage of development of FDAC and based on actual costs of operating teams, a low level of optimism bias (10%) has been assumed in the economic costs.

The steps to convert the financial costs to economic costs are summarised in Table 8.

Table 8. Economic costs – ‘Expansion’ scenario.

	2025/26	2026/27	2027/28	Total
Running costs	£ 6,344,313	£ 10,573,855	£ 13,883,932	£ 30,802,100
Set up costs	£ 746,160	£ 746,160	£ 746,160	£ 2,238,479
Technical assistance	£ 280,948	£ 311,597	£ 342,246	£ 934,790
Add optimism bias (10%)	£ 737,142	£ 1,163,161	£ 1,497,234	£ 3,397,537
Sub-total	£ 8,108,563	£ 12,794,773	£ 16,469,571	£ 37,372,906
Discount rate (3.5%)	1.00	0.97	0.93	n/a
Total costs - present value	£8,108,563	£12,362,099	£15,374,520	£ 35,845,183

Economic benefits

Economic benefits have been estimated based on expected outcomes of the FDAC model supported by the theory of change, which have been converted to monetary values using established models as described previously in this report. Economic benefits are modelled for one case but are fully scalable. The following approach has been used consistently in developing the economic benefit estimates:

- Adjustments for additionality (leakage, displacement, substitution and deadweight) have been considered and applied where relevant to gross estimates at each benefit level. Adjustments range from 0% (where there is robust evidence based on evaluation of operating FDAC services that a benefit would not have occurred in the absence of FDAC) to 28% (combined impact of leakage and deadweight, applied to wider system benefits and societal benefits).
- Adjustments for residual optimism bias have been applied to gross estimates at each benefit level depending on the assessment of robustness of data and modelling approaches. Adjustments range from 10% to 20%. A greater allowance for optimism bias was made where national benchmarking data is used as opposed to FDAC data.
- Future benefits have been discounted at a rate of 3.5% per annum to calculate present values for each benefit type, in line with the Green Book guidance.

Table 9 summarises the benefits used for the modelling after adjustments for additionality and optimism bias.

FDAC – The case for investment (2024)

Table 9. Economic benefits (after adjustment for additionality and optimism bias) – ‘Expansion’ scenario.

	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
Direct benefits											
Legal costs	£ 313,816	£ 846,347	£ 1,227,592	£ 744,215	£ 75,421	£ 98,851	£ 33,877	-	-	-	£ 3,340,119
Barristers costs	£ 1,112,612	£ 2,867,351	£ 4,126,743	£ 2,287,389	£ 151,695	£ 201,744	£ 79,288	-	-	-	£ 10,826,821
Experts costs	£ 479,867	£ 1,082,865	£ 1,522,973	£ 651,382	£ 62,011	£ 81,858	£ 20,775	-	-	-	£ 3,901,731
Placements costs	£ 118,567	£ 4,110,335	£ 11,967,936	£ 20,533,070	£ 20,457,974	£ 14,773,750	£ 10,834,225	£ 4,543,617	£ 1,721,079	£ 1,026,664	£ 90,087,216
Drug testing costs	£ 435,664	£ 1,037,295	£ 1,478,119	£ 721,420	£ 63,782	£ 66,330	-	-	-	-	£ 3,802,611
Legal aid costs	-£ 178,579	-£ 3,006	£ 87,244	£ 589,534	£ 203,714	£ 237,883	£ 50,726	-	-	-	£ 987,516
Wider system benefits											
Reduction in drug taking	£ 38,190	£ 274,457	£ 544,539	£ 701,033	£ 364,537	£ 189,559	£ 98,571	£ 51,257	£ 26,654	£ 13,860	£ 2,302,656
Reduction in alcohol cons	£ 15,981	£ 114,852	£ 227,874	£ 293,363	£ 152,549	£ 79,325	£ 41,249	£ 21,450	£ 11,154	£ 5,800	£ 963,597
Societal benefits											
Reduction in drug taking	£ 50,071	£ 359,840	£ 713,946	£ 919,126	£ 477,945	£ 248,532	£ 129,236	£ 67,203	£ 34,946	£ 18,172	£ 3,019,016
Reduction in alcohol cons	£ 60,634	£ 435,757	£ 864,569	£ 1,113,035	£ 578,778	£ 300,965	£ 156,502	£ 81,381	£ 42,318	£ 22,005	£ 3,655,944
Total benefits	£2,625,402	£11,129,099	£22,674,291	£27,964,033	£22,384,693	£16,040,913	£11,393,723	£4,764,907	£1,836,150	£1,086,500	£121,899,711
Discount rate (3.5%)	1.00	0.97	0.93	0.90	0.87	0.84	0.81	0.79	0.76	0.73	n/a
Total benefits - present value	£2,625,402	£10,752,752	£21,166,694	£25,221,956	£19,506,967	£13,506,018	£9,268,801	£3,745,174	£1,394,393	£797,199	£107,985,355

Benefit cost ratio

The BCR has been calculated based on the monetised costs and benefits summarised above. As shown in table 10, the FDAC BCR for the ‘Expansion’ scenario is 3.0, meaning there is a return of £3 for every £1 spent on operating FDAC. This confirms that FDAC represents high value for money.

Table 10. Benefit cost ratio.

Benefits - present value	£	107,985,355
Costs - present value	£	35,845,183
BCR		3
Value for money category		High

Sensitivity analysis

Sensitivity analysis has been undertaken to determine how changes in key modelling assumptions could impact the overall value for money of investment in FDAC.

Three scenarios are considered for the sensitivity analysis:

- 1) **Placements:** Reduction in the placements costs is the biggest modelled benefit, especially as its impact cumulates over the years. In the base scenario, we assume that savings in placements costs continue on average for four years. This is based on data on the average age of children in FDAC proceedings collected by the Centre for Justice Innovation and local authority administrative data on the average duration of placements depending on the age of children in care (Neil et al, 2019). For the sensitivity analysis, the period over which the benefit is accrued is shortened to two years. The BCR in this scenario is 2.2.
- 2) **Running costs:** The scenario looks at the impact of an increase in costs of operating FDACs by 20%. The BCR in this scenario is 2.6.

The results of this analysis are presented in the table below. Note that each line is an independent scenario assessed against the base case.

Table 11. Sensitivity analysis.

Assumptions	BCR
Base case – ‘Expansion’ scenario	3.0
Placements – lower estimate (savings continue for 2 years, as opposed to 4 in the base case)	2.2
Running costs – 20% cost escalation	2.6

As demonstrated above, the BCRs remain in the “High” category (above 2) under a range of alternative assumptions.

Risk analysis

This business case has been prepared in accordance with the requirements of HM Treasury’s Green Book and uses the most appropriate tools and evidence available. Nevertheless, we recognise there are inevitable uncertainties and challenges associated with appraising the potential benefits and costs of FDAC over a long term. In recognition of these challenges, we have conducted a structured assessment of risks, their likelihood and their consequences.

The risk analysis is split into three elements:

- 1) Cost-side risks,
- 2) Benefit-side risks, and
- 3) Implementation risks.

Table 12. Risk Analysis

Risk	Likelihood	Impact	Mitigation
1. Cost-side risks			
1.1. Operating costs overrun making FDAC financially unviable	Low	Medium	The FDAC model is well established. Estimates are based on actual FDAC costs and are well understood. Appropriate optimism bias adjustment was applied for the economic case to ensure a conservative approach. Sensitivity analysis confirmed high BCR even with costs increased by 20%.
1.2. Inflationary pressure on operating costs	Medium	Low	This analysis excludes inflation in order to focus on the changes in the core FDAC operations not distorted by inflationary pressures. However, the overall impact of inflation will be minimal, as any inflationary pressure on costs will be balanced by inflationary increase in benefits, as both costs and benefits include staffing costs. Sensitivity analysis confirmed high BCR even with costs increased by 20%.
2. Benefit-side risks			
2.1. Limited robustness of estimates due to limited data availability, resulting in benefits being overstated	Low	High	The research approach was designed to address data limitations, including primary research to address all identified data gaps. Wherever possible, data were triangulated from multiple sources. Appropriate adjustments, such as optimism bias, are applied to economic case modelling to mitigate against any potential data limitations.
2.2. Assumed benefits not realised	Low	High	All benefits linked to the existing Theory of Change developed as part of the FDAC evaluation process and based on actual evidenced outcomes of FDAC. Going forward, ongoing engagement with key local partners to ensure benefits are on track. Ongoing review of progress based on FDAC monitoring data to identify issues.
2.3. Increased complexity of cases that may impact on benefit realisation	Medium	High	While there is some evidence about an increasing complexity of public law cases, FDAC has a track record of dealing with complex cases, identifying parents that are well placed for the model irrespective of the complexity of their issues.
3. Implementation risks			
3.1. Implementation issues or delays impacting on benefit realisation	Low	High	Assumed availability of technical support. In addition, a considerable body of research exists to support implementation of FDAC, including policies, procedures, best practice materials.
3.2. Staff shortage affecting FDAC capacity to deliver benefits	Medium	High	A 3-year matched funding scheme under the expansion scenario mitigates short fixed-term contracts and uncertainty that produces recruitment and retention pressures. Ongoing engagement with services and technical support to identify any staffing issues as early on as possible.
3.3. Reduced support for the model from the key stakeholders nationally and locally	Low	Medium	Continued engagement with local and national stakeholders to ensure their buy-in. Ensuring feedback loop with key stakeholders and reacting to early signs of reduced support. Targeted activity to build a broader coalition for change, including site visits, briefing meetings, distribution of relevant evidence.
3.4. Lack of local authority appetite to set up and/or sustain FDAC	Medium	Medium	Strong evidence base to support findings on the positive impact on outcomes and value for money to be disseminated nationally. Availability of central government funding to cover initial set-up costs,

FDAC – The case for investment (2024)

			technical assistance and contribution to operating costs for the first three years would provide a strong incentive to LAs to set up FDAC.
--	--	--	--

6. CONCLUSION

The value for money analysis presented above looked at three options for using central government match funding to support the maintenance and expansion of the FDAC model. All three options are underpinned by the strong financial and economic case for FDAC services.

The financial case shows that expansion of the FDAC model under the modelled options can **generate between £27m and £154m of net financial benefit to public purse in comparison to the ‘Do nothing’ scenario**. These fiscal benefits are highly unlikely to be realised without central government funding. It is not surprising that all three options produce a strong net benefit. In any scenario, there is a strong case for central government funding which increases the use of FDACs, indicating that the greater the investment the greater the benefits.

The economic case suggests that by reducing legal costs, keeping children out of care and helping parents to cease using alcohol or drugs, FDACs produce £3 of savings to the state for every £1 invested (based on the ‘Expansion’ scenario).

In considering how to apply this analysis to policy-making, it is necessary to consider practical factors which lie outside the value for money case. FDAC is a complex multi-disciplinary approach whose proven positive benefits are built on local teams which deliver a service in line with core evidence-supported principles. Previous DfE investments in the FDAC model under the Children’s Social Care Innovation Programme and the Supporting Families, Investing in Practice programme have used two key strategies to ensure effective implementation:

- Providing funding for a core technical assistance programme to guide implementation and train and support local delivery teams. Previous independent evaluations have identified this as a crucial factor in FDAC’s success, and this aligns with current practice with other intervention models such as Pause and Family Safeguarding.
- Targeting those areas which have been able to demonstrate a high level of readiness for FDAC in terms of local support and willingness to engage in multi-agency working.

It is important to ensure that future funding approaches are informed by these strategies. While the national coverage option offers the greatest net benefit, roll-out at this speed has the potential to outstrip the capacity of experienced providers to deliver technical support and may mean imposing FDAC on areas which are not ready to implement or do not want to implement FDAC. There is a risk that moving too quickly towards national coverage may mean that the quality of delivery is impacted and it is not possible to realise the net benefit described in the value for money case.

Instead, we would recommend that a more targeted expansion as set out in scenario 3 ‘Expansion’ is the most appropriate starting point for policy making. This would represent a significant step towards national roll-out, while still falling within the limitations of existing technical assistance capacity and local demand. In addition, support for existing services within this option would safeguard against the risk of the current fiscal pressure facing local authorities which could lead to the closure of FDAC services, with an associated loss of expertise and infrastructure.

In practice, while modelling has made a number of assumptions, including a consistent approach to supporting new and existing services and a relatively high level of central government matching at 50%, there is scope to develop this option further by looking at the potential for variations to the proposed funding model, including a differentiated approach to existing and new services or a tapering of match funding over time to maximise the impact of central government funding.

In summary, the analysis presented in this report offers a strong case for central government funding to support new and existing FDACs to expand their caseload. The most appropriate starting point for developing this funding package is the ‘Expansion’ scenario, which safeguards existing

FDACs, fosters their potential for growth, and seeks to spread the model to a significant number of additional interested local authorities.

FDAC is a proven model that not only makes savings to the public purse, but also produces significantly better outcomes for the most vulnerable children and families. At a time of increasing financial and demand pressures on our children's services, the time for investment is now.

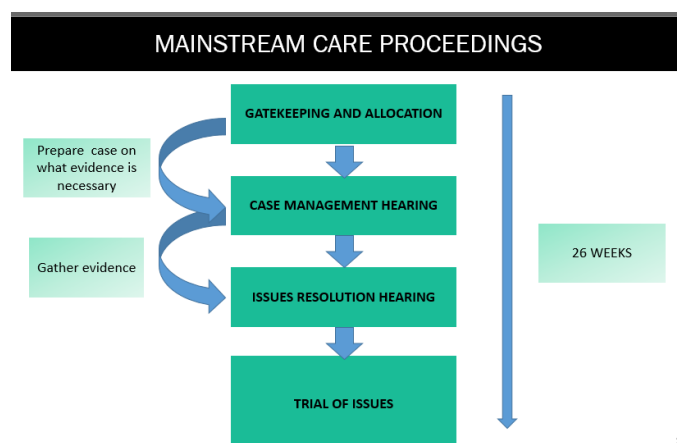
APPENDIXES

APPENDIX A: THE STAGES OF STANDARD CARE PROCEEDINGS UNDER THE PUBLIC LAW OUTLINE

The legal process

The legislative framework for the safeguarding of children in England and Wales is largely contained in the Children Act 1989. Legal proceedings sit within the context of a whole range of local authority duties to safeguard and make provision for children and families in need.

When an application is made for a Care Order (an order seeking permanent separation of a child from its family), the case progresses through four separate phases. These stages are set out in the Public Law Outline (i.e. the process that takes place when a Local Authority is concerned about the welfare of a child and contemplating taking proceedings).



Firstly, the case is gatekept and allocated to the appropriate level of judiciary. Once the local authority has issued the application, all parties are expected to consider the evidence that they believe will be necessary to enable the Judge to determine the issues fairly.

The second stage is case management during which decisions are made by the Judge as to the evidence and assessments that will be necessary to enable the court to determine the issues in the case fairly. Consideration is given to evidence required for fact finding and what assessments will be needed of the parents or extended family to determine whether the child can be cared for safely at home. That evidence is timed to arrive in readiness for the third stage – Issues Resolution.

At the Issues Resolution Hearing (IRH), the court will have before it all evidence in the case and must actively seek to resolve or narrow the issues. Any issues that cannot be resolved are then determined at the fourth stage which is the Trial of Issues (stage 4).

At the Trial of Issues (also known as the Final Hearing), disputed evidence is tested and challenged in a two-stage process. The Judge must first decide whether the statutory threshold (s.31(2) Children Act 1989) for the intervention in the family is crossed. Only if the statutory threshold is crossed can the Judge go on to consider whether it is necessary and proportionate to make orders which interfere with the parent's and child's right to respect for family life (Article 8 Human Rights Act 1998). At this stage, the Judge carries out a welfare analysis of the various realistic outcomes for the child, weighing each against the others, before deciding which best meets the child's welfare needs (s.1 Children Act, 1989).

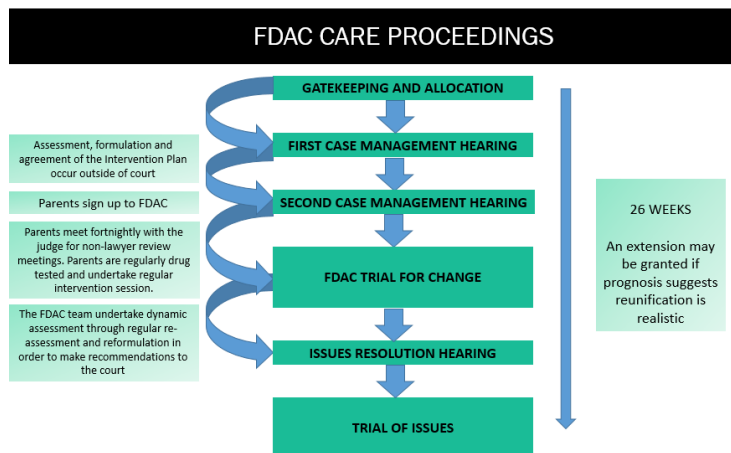
The legislation requires that, from start to finish, proceedings are concluded within 26 weeks. That time limit can be extended but its imposition through an amendment to the legislation (32(1)(a) Children Act 1989 as

amended by Children and Families Act 2014) was intended to add necessary emphasis to the principle that decisions for children must be made in a timely fashion.

Within this adversarial system, once proceedings are issued, the Judge assumes responsibility for the welfare decisions in respect of the child. All steps in the case – such as the gathering of evidence, the appointment of and approach taken by experts, the timetabling of evidence, listing and determination of issues – are a matter for the Judge to decide and that decision will be taken with the child’s best interests always in mind.

However, there is no power for the court to order parents to undergo treatment or to direct the local authority to provide it. Ordinarily, where the need for treatment or therapy for one of the parents is identified, evidence is presented on the likelihood of engagement by that parent in the therapy and the length of time such treatment will need before effecting the necessary changes. In short, a prediction of outcome with timescales. Whilst this evidence may be from a psychologist or psychiatrist, often it comes as part of the social work evidence. The Judge then must assess the likelihood that change will occur and, if so, whether it is compatible with the timetable for the child. In other words, will it happen within a time frame that will not prejudice the child’s welfare need for permanence?

APPENDIX B: THE STAGES OF THE FDAC PROCESS



In the FDAC process, an application for a Care Order is made in the usual way, but if deemed suitable, the case is referred into FDAC by the issuing local authority as part of the legal planning meeting. The case is then allocated before a specially trained FDAC judge for the first case management hearing.

During the first case management hearing, the usual orders and directions are made. However, parents are offered the opportunity to partake in FDAC and introduced to the FDAC team who are independent of the locality social worker.

If the parent consents, specialists within the FDAC team undertake an intensive initial assessment which not only assesses their parenting, but also takes into consideration the parents' mental health, an understanding of their substance use over time, an assessment of historic or current domestic abuse, strengths and protective factors, as well as understanding past and current trauma. Following the assessment, the FDAC clinician leads a formulation process with the FDAC team in order to formulate the Intervention Plan. The plan is shared in an Intervention Planning Meeting, chaired by the FDAC team and attended by the parent(s), the child's social worker, Cafcass Guardian and other relevant individuals. The group collaboratively develop and agree the Intervention Plan. The plan will specify timescales for the children, the parents' goals and the treatment and support to be provided in the next 4-8 weeks.

This plan is adopted by the court, and committed to by the family, at a second case management hearing. At this stage, parents choose whether to sign-up to the FDAC process or have their case transferred to mainstream care proceedings. If parents sign-up to FDAC, the 'trial for change' begins. The 'trial for change' refers to the period between parents signing up to FDAC and the Issues Resolution Hearing (typically a period of 12-16 weeks).

During the 'trial for change', fortnightly review meetings known as non-lawyer reviews are held with the judge to encourage the parents and key professionals to review progress, review the Intervention Plan, address problems that might arise and make decisions to help achieve permanency for the children as quickly as possible. For each non-lawyer review, the FDAC team provides a report about how well the Intervention Plan is going, including engagement in treatment and results of drug and alcohol testing. If legal matters arise then the judge will schedule a lawyer hearing. During the 'trial for change' the FDAC team undertake a dynamic assessment of the parents. This involves re-assessment, reformulation and holding further Intervention Planning Meetings with the parents, child's social worker and Cafcass Guardian in order to further review progress, amend the Intervention Plan as required, and address problems that can be resolved outside of the court.

At the third intervention planning meeting (c. 18 weeks into proceedings), the FDAC team will advise whether or not parents have made enough progress for children to be placed permanently in their care. The court holds

an Issues Resolution Hearing (c. 20 weeks). They may extend proceedings if the prognosis suggests a high likelihood of reunification and if this would be in the best interests of the child. If at the IRH there are issues that cannot be resolved, as with mainstream care proceedings, a Trial of Issues (often referred to as a final hearing) will be held.

Proceedings aim to conclude within 26 weeks. In some cases, if families are making progress, this timescale may be extended before the final hearing in order for reunification of the child to occur.

APPENDIX C: FDAC SERVICE STANDARDS

These Service Standards seek to describe the key elements of an FDAC service that has fidelity to the evaluated FDAC model.

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.
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. (This standard is currently under review given the recognition not all services are able to offer this provision. It is currently recommended that where possible that access to mutual aid/lived experience recovery support is included within the intervention plan).
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. (It is also important to note that this includes ensuring that children’s experiences remain central to decision making whilst making sure the proceedings provide greater transparency, coordination and understanding of the processes).
Standard 10	The FDAC specialist team uses national 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.

We call these the *FDAC Service Standards* because, taken together, they summarise our expectations about (a) the provision and ethos of an FDAC service and (b) what a service in development will be working towards.

APPENDIX D: RECOMMENDED MINIMUM SERVICE MODEL FOR FDAC SPECIALIST TEAM

Critical success factors for FDAC have been identified evaluations. Three of these key factors are a specialist team, the judge taking on a different role as an agent to support change (in addition to their current role) and the interaction between the team and the judge.

Below is a proposed staffing model for the FDAC specialist team. There are opportunities for this to grow and develop as the model is established over time. Local authorities may also want to consider opportunities for secondment from community partners.

Post	Salary scales	Full Time Equivalent
Team Manager	Equate to local authority team manager / community services service manager scales	1FTE
Senior Social Worker	Equate to local authority senior social worker salary	1 FTE
Specialist Substance Misuse Worker	Non prescribing role – usually equates to NHS band 5/6 dependent on local community support salaries and experience	1 FTE
Specialist interventions worker * – could be with a focus on adult mental health and / or domestic abuse.	Non prescribing role – usually equates to NHS band 5/6 dependent on local community support salaries and experience	1 FTE
FDAC Clinical Lead ** – background examples include psychology, systemic therapy	Equates to NHS salary band 8a	0.2 FTE – dependent on the number of cases the team holds. This is the minimum recommended requirement.
Administrator	Would equate to band 2 – 4 in NHS salary band	0.5 FTE

* It is recommended this decision is based on the scoping of local authority and community services and the identified gaps/areas of need. Please note this is a recommendation for a standardised role.

APPENDIX E: FDAC SERVICES IN ENGLAND

Table 13 below sets out the 21 FDACs opened in England to date, their dates of opening and, if applicable, closure. Some detail is also provided in the notes column. London FDAC has a lengthy and complex history which is described in more detail below Table 13.

Table 13: FDACs, dates of opening and closure, number of local authorities (LAs) involved and notes.

FDAC	Opened	Closed	No of LAs	Notes
London	2008	N/A	17	First UK FDAC in which about one half of all London authorities have engaged at some point. On account of its long history, and size, it might be considered the 'flagship' FDAC. See next section for a fuller account.
Gloucestershire	2013	N/A	1	One LA throughout
Milton Keynes & Bucks	2014	N/A	2	Two LAs throughout
Coventry & Warwickshire	2015	N/A	2	Coventry from 2015. Warwickshire joined 2021.
East Sussex	2015	N/A	2	East Sussex throughout. Brighton was briefly involved in 2016 (four or five cases)
Southampton	2015	N/A	1	One LA throughout
South-West Peninsular	2015	2018	3	Devon, Plymouth, Torbay.
Leeds	2015	N/A	1	Leeds was one of five West Yorkshire FDACs part-funded by the DoE Innovation Programme. The others – see the next four rows below - were discrete though the proceedings brought by all five were heard by the West Yorkshire Judiciary Court. Unlike the other four, Leeds FDAC was commissioned through the third sector. Additional funding was secured and the team further expanded through an additional round of DfE funding in 2020.
Bradford	2016	2017	1	Funding challenges are cited on the FDAC website. Bradford remained committed to trying to deliver a problem solving court element to cases which was supported by the judges and social care and continue to explore the options of an FDAC being re-established.
Wakefield	2016	2017	1	Details are not known.
Kirklees	2016	2017	1	The LA went into special measures.
Calderdale	2016	2017	1	Very small
Kent & Medway	2016	2023	2	Kent FDAC closed March 2023 following a section 114 notice. Medway dropped out in 2019.
Pan-Bedfordshire	2019	N/A	3	Three LAs throughout – Luton, Bedford, Central Bedfordshire.
Black Country	2020	N/A	3	Three LAs throughout – Walsall, Sandwell, Dudley.
Birmingham &	2021	N/A	2	Initially in a two-year pilot phase that has

FDAC – The case for investment (2024)

Solihull				ended with continued funding. Currently, funding is in place for 2024/25.
Cardiff & Vale	2021	2023	2	Closed in November 2023 at the end of the pilot.
North-East	2021	N/A	3	Three LAs throughout - Gateshead, Newcastle, North Tyneside.
Stockport, Wigan & Manchester	2021	N/A	3	Initially just Stockport, with Wigan and Manchester joining in 2023. Bolton is due to join in June 2024 and there are hopes that a fifth LA will join but this will require additional team resources to meet the increased demand.
Somerset	2021	2022	1	Launched in January 2021 on an 18-month pilot. Closed in 2022 at the end of the pilot phase. Securing allocated funding was cited as a difficulty.
Wiltshire	2022	N/A	1	One LA throughout

History of the Pan-London FDAC

London was the first UK FDAC, starting as a pilot that involved Camden, Islington and Westminster. Essentially, London has two cohorts of LAs subject to different contracts: Pan-London and East London (which started in 2019). The service is commissioned to the Tavistock and Portman NHS Trust.

Pre-2018: as of 2015 there were seven LAs engaged in FDAC: The Tri-Borough authorities (i.e. Kensington & Chelsea, Westminster, Hammersmith & Fulham) together with Islington, Camden, Lambeth and Southwark. The Tri-Borough authorities and Islington dropped out around 2015/16. Hackney commissioned ten cases but then withdrew.

Pan-London: started in 2018 with Croydon, Merton, Bromley, Sutton, Kingston, Richmond, Southwark, Lambeth and Camden. Croydon has dropped the number of cases due to financial pressures and a section 114 notice. Merton dropped out in 2020/21. The consortium of remaining boroughs has had to reduce the funding they provide by £250K – a reduction of about one-third.

East London: started in 2019, upon receipt of DfE SFIP funding, with Barking & Dagenham, Waltham Forest and Redbridge on board. Havering have joined this consortium in 2024 and their contract is for 16 cases per year.

At the time of writing (April 2024), there are four LAs engaged in the East London contract, plus eight in Pan-London²⁰, making a total of 12.

Appendix F: National FDAC coverage

In the modelling above, we define national FDAC coverage as every local authority in England being able to refer cases into the FDAC model. In order to develop an estimate of the number of FDAC services needed to achieve national coverage, we have reviewed the geography, caseload (measured through CAF/CASS data on the number of public law applications in 2023) and court placement of each designated family judge (DFJ) area to determine how many teams would be required to provide effective coverage across the area. In total, we estimate that 66 FDAC services would be required, including the 13 already in operation and 1 due to open next year. We would emphasise though that this is a provisional estimate for modelling purposes. In practice, it would be essential to consult with DFJs and local authorities in developing a plan for national coverage. The below table summarises our conclusions.

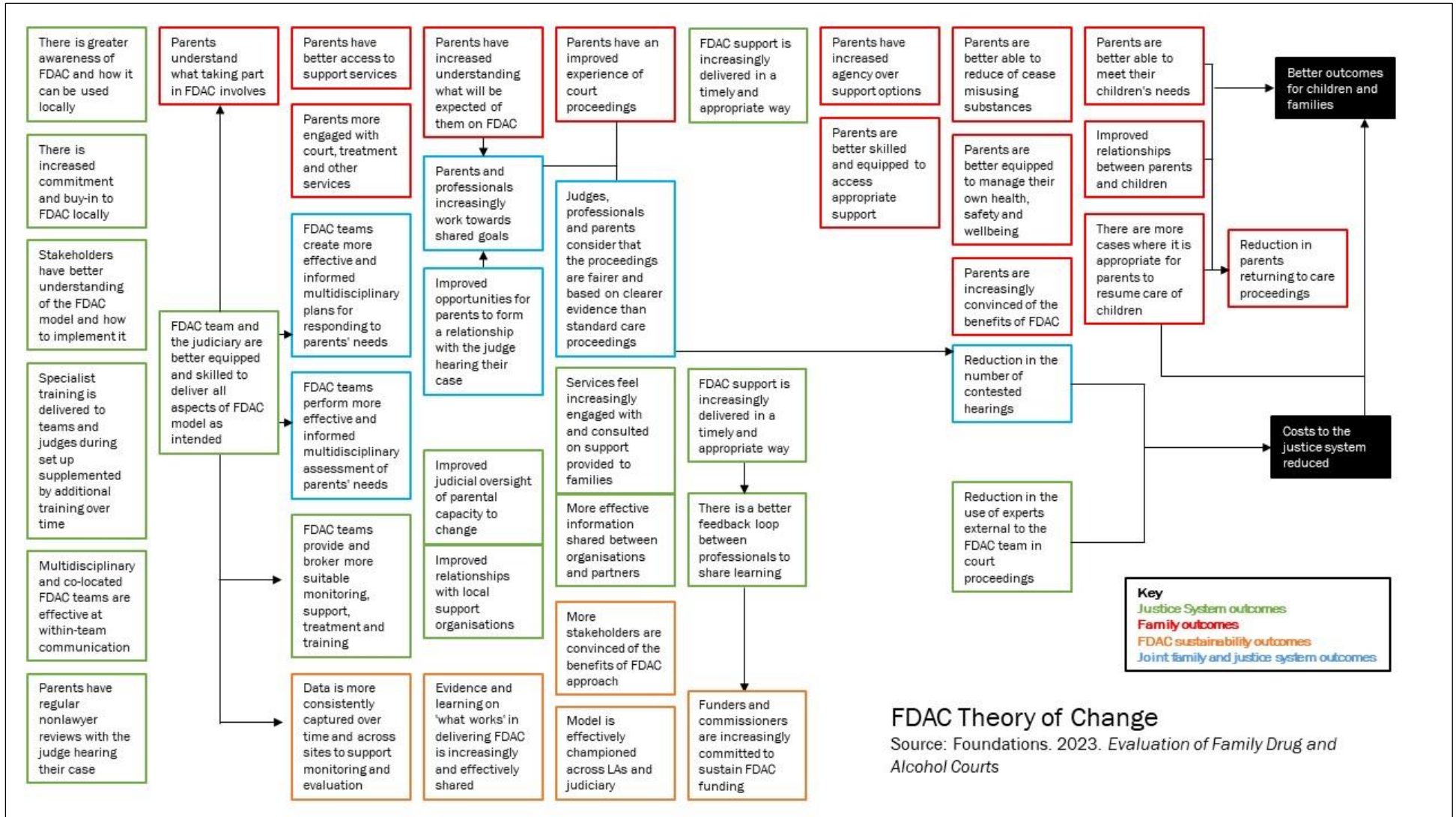
Table 14: Number of FDAC services required to provide national coverage

HMCTS region	DFJ Area	LAs	Courts	Cases	Services needed	Services already operational
South East - London	Central Family Court DFJ	12	3	738	1	1
South East - London	East London DFJ	10	4	865	1	
South East - London	West London DFJ	11	7	690	1	
South East	Cambridgeshire DFJ	3	2	240	1	
South East	Chelmsford DFJ	4	5	527	3	
South East	Norwich DFJ	1	1	205	1	
South East	Luton DFJ	3	2	230	1	1
South East	Watford DFJ	1	2	162	1	
North West	Carlisle DFJ	2	3	198	2	
North West	Preston DFJ	3	5	630	2	
North West	Manchester DFJ	10	3	1225	3	1
North West	Liverpool DFJ	9	5	1141	3	
South East	Brighton DFJ	3	6	426	2	1
South East	Guildford DFJ	1	2	207	1	
South East	Medway DFJ	2	5	610	2	
South East	Milton Keynes DFJ	2	1	206	1	1
South East	Reading / Slough / Thames Valley DFJ	7	2	529	2	
Western	Portsmouth DFJ	4	6	671	2	1
Western	Bournemouth and Poole DFJ	2	2	298	2	
Western	Bristol DFJ	5	4	597	2	1
Western	Swindon DFJ	2	2	192	1	1
Western	Devon DFJ	3	4	490	2	
Western	Taunton DFJ	1	2	156	1	
Western	Truro DFJ	2	2	197	1	
Midlands	Birmingham DFJ	2	1	461	1	1
Midlands	Stoke on Trent DFJ	2	2	330	1	
Midlands	Wolverhampton DFJ	6	4	454	2	1
Midlands	Worcester DFJ	2	2	198	1	
Midlands	Coventry DFJ	2	1	196	1	1

FDAC – The case for investment (2024)

HMCTS region	DFJ Area	LAs	Courts	Cases	Services needed	Services already operational
Midlands	Leicester DFJ	3	1	185	1	
Midlands	Lincoln DFJ	1	2	194	1	
Midlands	Derby DFJ	2	2	293	1	
Midlands	Nottingham DFJ	2	2	271	1	
Midlands	Northampton DFJ	2	1	211	1	
North East	York DFJ	2	5	118	1	
North East	Kingston-upon-Hull DFJ	4	2	353	2	
North East	Sheffield DFJ	4	3	398	3	
North East	Leeds DFJ	5	4	843	5	1
North East	Newcastle upon Tyne DFJ	7	7	915	2	1
North East	Teesside and Middlesbrough DFJ	6	2	499	2	

APPENDIX G: FDAC THEORY OF CHANGE



APPENDIX H. FINANCIAL CASE DETAILED CALCULATIONS

Table 1. Summary of the financial case: ‘Do nothing’ scenario.

Costs

	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
Number of FDACs	12	12	12								n/a
Number of cases	185	170	170								525
FDAC running costs	£ 3,402,023	£ 3,180,689	£ 3,240,260								£ 9,822,972
Set up costs	-	£ 126,528	£ 128,898	-	-	-	-	-	-	-	£ 255,426
Technical assistance	-	-	-	-	-	-	-	-	-	-	-
Total costs	£ 3,402,023	£ 3,307,217	£ 3,369,158	-	-	-	-	-	-	-	£ 10,078,399
incl. central gov't contribution	-	-	-	-	-	-	-	-	-	-	-
incl. LA contribution	£ 3,402,023	£ 3,307,217	£ 3,369,158	-	-	-	-	-	-	-	£ 10,078,399

LA savings

	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
Legal costs	£ 197,975	£ 392,620	£ 384,119	£ 221,480	£ 32,586	£ 31,094	£ 10,042	-	-	-	£ 1,269,916
Barristers costs	£ 701,903	£ 1,306,441	£ 1,279,535	£ 665,676	£ 67,170	£ 64,163	£ 23,502	-	-	-	£ 4,108,391
Experts costs	£ 285,911	£ 438,918	£ 433,592	£ 183,336	£ 24,483	£ 23,842	£ 5,816	-	-	-	£ 1,395,898
Placements costs	£ 70,644	£ 2,437,946	£ 5,491,105	£ 7,356,958	£ 7,306,258	£ 5,158,805	£ 3,430,385	£ 1,521,567	£ 596,026	£ 317,486	£ 33,687,180
Drug testing costs	£ 259,574	£ 431,329	£ 427,570	£ 202,594	£ 21,446	£ 18,217	-	-	-	-	£ 1,360,730
Total LA savings	£ 1,516,007	£ 5,007,254	£ 8,015,921	£ 8,630,044	£ 7,451,943	£ 5,296,121	£ 3,469,745	£ 1,521,567	£ 596,026	£ 317,486	£ 41,822,114

Net benefit / cost for payers

	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
Total benefit / cost	- £ 1,886,016	£ 1,700,037	£ 4,646,762	£ 8,630,044	£ 7,451,943	£ 5,296,121	£ 3,469,745	£ 1,521,567	£ 596,026	£ 317,486	£ 31,743,716
for LAs	- £ 1,886,016	£ 1,700,037	£ 4,646,762	£ 8,630,044	£ 7,451,943	£ 5,296,121	£ 3,469,745	£ 1,521,567	£ 596,026	£ 317,486	£ 31,743,716
for central gov't	-	-	-	-	-	-	-	-	-	-	-
Total benefit / cost per case	-£10,195	£10,000	£27,334								£60,464
for LAs	-£10,195	£10,000	£27,334								£60,464

FDAC – The case for investment (2024)

Table 2. Summary of the financial case: 'Maintenance' scenario.

Costs

	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
Number of FDACs	16	17	18								n/a
Number of cases	285	330	360								975
FDAC running costs	£ 5,240,954	£ 6,174,279	£ 6,861,728								£ 18,276,961
Set up costs	£ 248,720	£ 126,528	£ 128,898								£ 504,146
Technical assistance	£ 178,785	£ 129,930	£ 132,364								£ 441,079
Total costs	£ 5,668,459	£ 6,430,737	£ 7,122,989								£ 19,222,186
incl. central gov't contribution	£ 2,923,622	£ 3,076,745	£ 3,134,370								£ 9,134,737
incl. LA contribution	£ 2,744,837	£ 3,353,992	£ 3,988,620								£ 10,087,449

LA savings

	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
Legal costs	£ 304,988	£ 679,003	£ 778,403	£ 455,964	£ 59,258	£ 64,108	£ 21,265				£ 2,362,989
Barristers costs	£ 1,081,311	£ 2,275,537	£ 2,600,845	£ 1,384,435	£ 120,919	£ 131,806	£ 49,770				£ 7,644,624
Experts costs	£ 440,457	£ 783,265	£ 889,482	£ 377,175	£ 45,192	£ 49,482	£ 12,316				£ 2,597,369
Placements costs	£ 108,830	£ 3,782,215	£ 9,387,674	£ 13,842,006	£ 13,806,165	£ 9,958,947	£ 6,926,938	£ 3,014,968	£ 1,182,899	£ 662,639	£ 62,673,281
Drug testing costs	£ 399,885	£ 761,710	£ 872,117	£ 417,392	£ 42,261	£ 38,577					£ 2,531,942
Total LA savings	£ 2,335,471	£ 8,281,730	£ 14,528,521	£ 16,476,972	£ 14,073,796	£ 10,242,921	£ 7,010,288	£ 3,014,968	£ 1,182,899	£ 662,639	£ 77,810,205

Net benefit / cost for payers

	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
Total benefit / cost	- £ 3,332,989	£ 1,850,993	£ 7,405,532	£ 16,476,972	£ 14,073,796	£ 10,242,921	£ 7,010,288	£ 3,014,968	£ 1,182,899	£ 662,639	£ 58,588,019
for LAs	- £ 409,367	£ 4,927,738	£ 10,539,901	£ 16,476,972	£ 14,073,796	£ 10,242,921	£ 7,010,288	£ 3,014,968	£ 1,182,899	£ 662,639	£ 67,722,756
for central gov't	- £ 2,923,622	- £ 3,076,745	- £ 3,134,370								- £ 9,134,737
Total benefit / cost per case	-£11,695	£5,609	£20,571								£60,090
for LAs	-£1,436	£14,933	£29,278								£69,459

FDAC – The case for investment (2024)

Table 3. Summary of the financial case: 'Expansion' scenario.

Costs

	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
Number of FDACs	20	26	32								n/a
Number of cases	345	575	755								1675
FDAC running costs	£ 6,344,313	£ 10,758,213	£ 14,390,568								£ 31,493,094
Set up costs	£ 746,160	£ 759,169	£ 773,388								£ 2,278,717
Technical assistance	£ 280,948	£ 317,029	£ 354,734								£ 952,712
Total costs	£ 7,371,421	£ 11,834,411	£ 15,518,690								£ 34,724,522
incl. central gov't contribution	£ 3,826,184	£ 6,075,720	£ 7,936,712								£ 17,838,617
incl. LA contribution	£ 3,545,236	£ 5,758,691	£ 7,581,978								£ 16,885,905

LA savings

	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
Legal costs	£ 369,196	£ 1,013,063	£ 1,496,926	£ 925,037	£ 95,558	£ 127,664	£ 44,597				£ 4,072,040
Barristers costs	£ 1,308,955	£ 3,432,169	£ 5,032,154	£ 2,843,153	£ 192,196	£ 260,548	£ 104,378				£ 13,173,553
Experts costs	£ 533,185	£ 1,224,162	£ 1,753,942	£ 764,667	£ 74,203	£ 99,845	£ 25,830				£ 4,475,833
Placements costs	£ 131,742	£ 4,646,666	£ 13,782,951	£ 24,104,081	£ 24,480,090	£ 18,020,002	£ 13,470,251	£ 5,758,286	£ 2,223,340	£ 1,351,908	£ 107,969,317
Drug testing costs	£ 484,071	£ 1,172,645	£ 1,702,286	£ 846,886	£ 76,322	£ 80,905					£ 4,363,114
Total LA savings	£ 2,827,149	£ 11,488,704	£ 23,768,259	£ 29,483,823	£ 24,918,370	£ 18,588,963	£ 13,645,055	£ 5,758,286	£ 2,223,340	£ 1,351,908	£ 134,053,858

Net benefit / cost for payers

	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
Total benefit / cost	- £ 4,544,272	- £ 345,707	£ 8,249,569	£ 29,483,823	£ 24,918,370	£ 18,588,963	£ 13,645,055	£ 5,758,286	£ 2,223,340	£ 1,351,908	£ 99,329,335
for LAs	- £ 718,088	£ 5,730,013	£ 16,186,281	£ 29,483,823	£ 24,918,370	£ 18,588,963	£ 13,645,055	£ 5,758,286	£ 2,223,340	£ 1,351,908	£ 117,167,952
for central gov't	- £ 3,826,184	- £ 6,075,720	- £ 7,936,712								- £ 17,838,617
Total benefit / cost per case	-£13,172	-£601	£10,927								£59,301
for LAs	-£2,081	£9,965	£21,439								£69,951

FDAC – The case for investment (2024)

Table 12. Summary of the financial case: 'National roll-out' scenario.

Costs

	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
Number of FDACs	31	48	66								n/a
Number of cases	510	1070	1595								3175
FDAC running costs	£ 9,378,550	£ 20,019,631	£ 30,401,267								£ 59,799,447
Set up costs	£ 2,114,119	£ 2,150,979	£ 2,320,163								£ 6,585,261
Technical assistance	£ 618,085	£ 717,214	£ 852,421								£ 2,187,721
Total costs	£ 12,110,754	£ 22,887,824	£ 33,573,851								£ 68,572,430
incl. central gov't contribution	£ 6,364,420	£ 11,802,519	£ 17,213,136								£ 35,380,075
incl. LA contribution	£ 5,746,335	£ 11,085,305	£ 16,360,715								£ 33,192,354

LA savings

	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
Legal costs	£ 545,768	£ 1,737,105	£ 2,995,460	£ 1,926,871	£ 171,691	£ 261,313	£ 94,214	-	-	-	£ 7,732,422
Barristers costs	£ 1,934,977	£ 5,922,890	£ 10,109,868	£ 5,953,608	£ 342,578	£ 530,798	£ 220,508	-	-	-	£ 25,015,228
Experts costs	£ 788,187	£ 2,155,560	£ 3,567,832	£ 1,592,451	£ 134,406	£ 206,072	£ 54,568	-	-	-	£ 8,499,076
Placements costs	£ 194,748	£ 6,954,458	£ 23,437,811	£ 45,891,289	£ 47,341,518	£ 35,040,527	£ 27,298,485	£ 11,605,785	£ 4,408,347	£ 2,809,299	£ 204,982,267
Drug testing costs	£ 715,583	£ 2,047,540	£ 3,441,441	£ 1,763,561	£ 146,021	£ 170,918	-	-	-	-	£ 8,285,066
Total LA savings	£ 4,179,263	£ 18,817,554	£ 43,552,412	£ 57,127,780	£ 48,136,215	£ 36,209,629	£ 27,667,774	£ 11,605,785	£ 4,408,347	£ 2,809,299	£ 254,514,057

Net benefit / cost for payers

	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
Total benefit / cost	- £ 7,931,491	- £ 4,070,271	£ 9,978,561	£ 57,127,780	£ 48,136,215	£ 36,209,629	£ 27,667,774	£ 11,605,785	£ 4,408,347	£ 2,809,299	£ 185,941,628
for LAs	- £ 1,567,071	£ 7,732,249	£ 27,191,697	£ 57,127,780	£ 48,136,215	£ 36,209,629	£ 27,667,774	£ 11,605,785	£ 4,408,347	£ 2,809,299	£ 221,321,703
for central gov't	- £ 6,364,420	- £ 11,802,519	- £ 17,213,136								- £ 35,380,075
Total benefit / cost per case	-£15,552	-£3,804	£6,256								£58,564
for LAs	-£3,073	£7,226	£17,048								£69,708

APPENDIXES CONTAINED IN ACCOMPANYING EXCEL WORKBOOKS:

Appendix I: FDAC cost-benefit modelling tool

Appendix J: FDAC Financial and economic case model

Appendix K: Log of assumptions

Appendixes L-O: Detailed cost benefit models for the four funding scenarios

-
- ¹ Josh McAlister, 2022, *The Independent Review of Children’s Social Care: Final Report*
<https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122449/https://childrensocialcare.independent-review.uk/final-report/>
- ² Mutual Ventures (2023)
https://www.mutualventures.co.uk/files/ugd/ee96d5_6d270c17293f4bdffaefe463da9b5f7f7.pdf
- ³ National Children’s Bureau (2023). The Well Worn Path. Available at: <https://www.ncb.org.uk/thewellwornpath>
- ⁴ *Ibid*
- ⁵ Ryan M. 2021 Recurrent care proceedings: five key areas for reflection from the research.
<https://www.nuffieldfjo.org.uk/resource/recurrent-care-proceedings>
- ⁶ (Felitti 2002).
- ⁷ Forrester, D.; Harwin, J. Parents who misuse drugs and alcohol: effective interventions in social work and child protection. (2011) John Wiley & Sons, Ltd.
- ⁸ (Philip et al. 2021; Bywaters et al. 2016).
- ⁹ Harwin, J., Alrouh, B., Bedston, S., & Broadhurst, K. (2018). Care Demand and Regional Variability in England: 2010/11 to 2016/17. Centre for Child and Family Justice Research. https://www.cfi-lancaster.org.uk/app/nuffield/files-module/local/documents/Care-Demand-Regional-Variability-Report_2018.02.21_V1.2.pdf
- ¹⁰ For a comprehensive overview of the evidence base for problem-solving courts see Bowen, P. and Whitehead, S. (2016) Problem-solving courts: an evidence review. Centre for Justice Innovation. Available at <https://justiceinnovation.org/publications/problem-solving-courts-evidence-review>
- ¹¹ Young, D. & Belenko, S. (2002). Program retention and perceived coercion in three models of mandatory drug treatment drug Issues. *Journal of Drug Issues*, 32, 297 – 328.
- ¹² For a comprehensive overview of all evaluations of FDAC please see:
[family drug and alcohol courts evidence summary.pdf](https://www.nuffieldfjo.org.uk/resource/family-drug-and-alcohol-courts-evidence-summary.pdf)
- ¹³ Figures for costs benefits are taken from our analysis presented below. Hearings numbers are drawn from new research for this paper. Return to court outcomes are drawn from Harwin, Judith, Alrouh, Bachar, Ryan, Mary, McQuarrie, Tricia, Golding, Lily, Broadhurst, Karen, Tunnard, Jo & Swift, Stephen. (2016). After FDAC: outcomes 5 years later Final Report. Other outcomes are drawn from NatCen (2023) Evaluation of Family Drug and Alcohol Courts. London.
- ¹⁴ See NatCen (2023). Available at: [What Does Research Say About FDACs? | FDAC](https://www.nuffieldfjo.org.uk/resource/what-does-research-say-about-fdac-2023.pdf)
- ¹⁵ Cafcass data <https://www.cafcass.gov.uk/about-us/our-data>
- ¹⁶ Sir Andrew McFarlane. ‘A View From the President’s Chamber’. Available at: <https://www.judiciary.uk/guidance-and-resources/a-view-from-the-presidents-chambers-july-2023/>
- ¹⁷ Cafcass data: <https://www.cafcass.gov.uk/about-us/our-data/annual-data-summaries>
- ¹⁸ <https://www.cafcass.gov.uk/about-us/our-data/quarterly-data>
- ¹⁹ Nuffield Family Justice Observatory: <https://www.nuffieldfjo.org.uk/infographic/children-in-the-family-justice-system>
- ²⁰ Josh McAlister, 2022, *The Independent Review of Children’s Social Care: Final Report*
<https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122449/https://childrensocialcare.independent-review.uk/final-report/>
- ²¹ Mutual Ventures (2023)
https://www.mutualventures.co.uk/files/ugd/ee96d5_6d270c17293f4bdffaefe463da9b5f7f7.pdf
- ²² National Children’s Bureau (2023). The Well Worn Path. Available at: <https://www.ncb.org.uk/thewellwornpath>
- ²³ MoJ Family Court Statistics: <https://www.gov.uk/government/statistics/family-court-statistics-quarterly-july-to-september-2023/family-court-statistics-quarterly-july-to-september-2023>
- ²⁴ Mutual Ventures (2023)
https://www.mutualventures.co.uk/files/ugd/ee96d5_6d270c17293f4bdffaefe463da9b5f7f7.pdf
- ²⁵ *Ibid*
- ²⁶ Ryan M. 2021 Recurrent care proceedings: five key areas for reflection from the research.
<https://www.nuffieldfjo.org.uk/resource/recurrent-care-proceedings>
- ²⁷ (Felitti 2002).
- ²⁸ (Philip et al. 2021; Bywaters et al. 2016).
- ²⁹ Broadhurst et al. 2017; Philip et al. 2021).
- ³⁰ Children’s Commissioner: <https://www.childrenscommissioner.gov.uk/blog/new-evidence-on-unaccompanied-children-seeking-asylum/>
- ³¹ Forrester, D.; Harwin, J. Parents who misuse drugs and alcohol: effective interventions in social work and child protection. (2011) John Wiley & Sons, Ltd.
- ³² Centre for Justice Innovation (2021) Rolling-out Family Drug and Alcohol Courts (FDAC): The business case:
<https://justiceinnovation.org/publications/rolling-out-family-drug-and-alcohol-courts-fdac-business-case>
- ³³ Whitehead, S. FDAC annual report 22/23. Available on request.

- ³⁴ Harwin, J., Alrouh, B., Bedston, S., & Broadhurst, K. (2018). Care Demand and Regional Variability in England: 2010/11 to 2016/17. Centre for Child and Family Justice Research. https://www.cfi-lancaster.org.uk/app/nuffield/files-module/local/documents/Care-Demand-Regional-Variability-Report_2018.02.21_V1.2.pdf
- ³⁵ Broadhurst et al. 2018; Alrouh et al. 2019.
- ³⁶ KPMG Foundation (2023). <https://kpmgfoundation.org.uk/downloads/impact-report.pdf>
- ³⁷ Ryan M. 2021 <https://www.nuffieldfjo.org.uk/resource/recurrent-care-proceedings>
- ³⁸ Hunt, J. (2010). Parental Perspectives on the Family Justice System in England and Wales: A review of research. Family Justice Council. https://www.judiciary.uk/wp-content/uploads/JCO/Documents/FJC/Publications/Parental_Perspectives_final.pdf
- ³⁹ Community Care (2018). 'I felt like an alien, an outsider': a parent's experience of care proceedings, available at <https://www.communitycare.co.uk/2018/03/22/i-felt-like-an-alien-an-outsider-a-parents-experience-of-care-proceedings/>
- ⁴⁰ Mahon, D. (2022). Implementing Trauma Informed Care in Human Services: An Ecological Scoping Review. Behavioral Sciences, 12(11), 431. <https://doi.org/10.3390/bs12110431>
- ⁴¹ DeVault, A., Helfrick, V.A., Marsh, S.C. and Snider, K.M. (2018), Environmental Considerations for Trauma-Responsive Juvenile and Family Courts: A Review of the Literature with Recommendations for Practice. *Juv Fam Court J*, 69: 5-20. <https://doi.org/10.1111/jfcj.12109>
- ⁴² Mason, C., Taggart, D., & Broadhurst, K. (2020). Parental Non-Engagement within Child Protection Services—How Can Understandings of Complex Trauma and Epistemic Trust Help? *Societies*, 10(4), 93. <https://doi.org/10.3390/soc10040093>
- ⁴³ Broadhurst, K., & Mason, C. (2017). Birth Parents and the Collateral Consequences of Court-ordered Child Removal: Towards a Comprehensive Framework. *International Journal of Law, Policy and the Family*, 31(1), 41–59. <https://doi.org/10.1093/lawfam/ebw013>
- ⁴⁴ See Henderson and Seymour (2013). Expert witnesses under examination in the New Zealand Criminal and Family Courts, available at <http://www.nzlii.org/cgi-bin/download.cgi/cgi-bin/download.cgi/download/nz/journals/NZLFRRp/2013/1.pdf>; Cashmore, J., & Parkinson, P. (2014). The use and abuse of social science research evidence in children's cases. *Psychology, Public Policy, and Law*, 20(3), 239–250. <https://doi.org/10.1037/law0000010> and Kelly, R.F. and Ramsey, S.H. (2009), CHILD CUSTODY EVALUATIONS: THE NEED FOR SYSTEMS-LEVEL OUTCOME ASSESSMENTS. *Family Court Review*, 47: 286-303. <https://doi.org/10.1111/j.1744-1617.2009.01255.x>
- ⁴⁵ Serin, R. C; Chadwick, N; Lloyd, C.D. (2016). Dynamic risk and protective factors. *Psychol Crime Law*, 22 (1-2). Pp.151-170.
- ⁴⁶ See for instance Fazel et al (2012.) Use of risk assessment instruments to predict violence and antisocial behaviour in 73 samples involving 24 827 people: systematic review and meta-analysis 10.1136/bmj.e4692
- ⁴⁷ See, for instance, Kelly, R.F. and Ramsey, S.H. (2009), CHILD CUSTODY EVALUATIONS: THE NEED FOR SYSTEMS-LEVEL OUTCOME ASSESSMENTS. *Family Court Review*, 47: 286-303. <https://doi.org/10.1111/j.1744-1617.2009.01255.x>; Hibbard et al (2012), Psychological Maltreatment, available at <https://publications.aap.org/pediatrics/article/130/2/372/29936/Psychological-Maltreatment>; and van der Put, C. E., Assink, M., Gubbels, J., & Boekhout van Solinge, N. F. (2018). Identifying effective components of child maltreatment interventions: A meta-analysis. *Clinical Child and Family Psychology Review*, 21(2), 171–202. <https://doi.org/10.1007/s10567-017-0250-5>
- ⁴⁸ Prescott, D. (2016). Forensic Experts and Family Courts: Science or Privelege-by-Licence? 28. *JAM. AM. ACAD. MATRIM. LAW*. 521.
- ⁴⁹ The President of the Family Division Working Group on Medical Experts in the Family Courts Final Report (2020). Available at: <https://www.judiciary.uk/wp-content/uploads/2020/11/Working-Group-on-Medical-Experts-Final-Report-v.7.pdf>
- ⁴⁸ Cuccaro-Alamin et al (2017) Risk assessment and decision making in child protective services: Predictive risk modeling in context <https://doi.org/10.1016/j.childyouth.2017.06.027>.
- ⁵¹ Mutual Ventures (2023) https://www.mutualventures.co.uk/files/ugd/ee96d5_6d270c17293f4bdfaafe463da9b5f7f7.pdf
- ⁵² Independent Review of Children's Social Care (2022). The Case for Change. Available at https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122733mp_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/06/IRCSC_The_Case_for_Change_27.05.22.pdf
- ⁵³ Seear, 2017.
- ⁵⁴ Cashmore & Parkinson, 2014.
- ⁵⁵ Pattinson, R., Broadhurst, K., Alrouh, B., Cusworth, L., Doebler, S., Griffiths, L., Johnson, R., Akbari, A., Ford, D., & Centre for Child & Family Justice Research. (2021). Newborn babies in urgent care proceedings in England and Wales. Nuffield Family Justice Observatory. <https://www.cfi-lancaster.org.uk/>

news/new-report-newborn-babies-in-urgent-care-proceedings

- ⁵⁶ Independent Review of Children’s Social Care (2022). The Case for Change. Available at https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122733mp_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/06/IRCSC_The_Case_for_Change_27.05.22.pdf
- ⁵⁷ Independent Review of Children’s Social Care (2022). The Case for Change. Available at https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122733mp_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/06/IRCSC_The_Case_for_Change_27.05.22.pdf
- ⁵⁸ Freeman, P. and Hunt, J. (1998) Parental Perspectives on Care Proceedings. London, TSO
- ⁵⁹ Judith Harwin, Dr Bachar Alrouh, Mary Ryan and Jo Tunnard, “[Changing Lifestyles, Keeping Children Safe: an evaluation of the first Family Drug and Alcohol Court \(FDAC\) in care proceedings](#),” (2014): p. 140.
- ⁶⁰ See FDAC eligibility criteria briefing
- ⁶¹ See FDAC eligibility criteria briefing
- ⁶² See Harwin et al (2014); Allen et al (2021) and Tunnard, Ryan, & Harwin (2016). Introducing the highlights from problem solving in court: Current practice in FDACs in England. Available at: https://www.drugsandalcohol.ie/26137/1/Problem_solving_in_court_current_practice_in_FDACs_in_England.pdf
- ⁶³ Harwin et al. (2014)
- ⁶⁴ Tunnard et al. (2016)
- ⁶⁵ Green, B. L., Furrer, C., Worcel, S., Burrus, S., & Finigan, M. W. (2007). How effective are family treatment drug courts? Outcomes from a four-site national study. *Child Maltreatment*, 12(1), 43-59. DOI: 10.1177/1077559506296317
- ⁶⁶ Judicial College (2020). Youth Court Bench Book. Available at <https://www.sentencingcouncil.org.uk/wp-content/uploads/Youth-Court-Bench-Book-June-2020.pdf>
- ⁶⁷ Vial, A., van der Put, C., Stams, G. J. J. M., Kossakowski, J., & Assink, M. (2020). Exploring the interrelatedness of risk factors for child maltreatment: A network approach. *Child abuse & neglect*, 107, 104622. <https://doi.org/10.1016/j.chiabu.2020.104622>
- ⁶⁸ Hesjedal, E., Hetland, H. and Iversen, A.C. (2015), Interprofessional collaboration. *Child & Family Social Work*, 20: 437-445. <https://doi.org/10.1111/cfs.12093>
- ⁶⁹ Erens et al, 2022).
- ⁷⁰ See, for instance, the discussion of assessment in HM Government (2018). Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children, available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf
- ⁷¹ Webb, Lipp and Jeffery. (2023).
- ⁷² NATCEN (2023) Evaluation of Family Drug and Alcohol Courts. London.
- ⁷³ Rossman, S.B., Roman, J.K., Zweig, J.M. Rempel, M. & Lindquist, C.H. (2011). The Multi-Site Adult Drug Court Evaluation: The Impact of Drug Courts, Washington DC: Urban Institute.
- ⁷⁴ Harwin et al. (2014)
- ⁷⁵ Allen et al (2021)
- ⁷⁶ e.g. Harris & Fallot, 2001; Mahon 2022
- ⁷⁷ Bunting et al, 2019; Chemtob et al, 2011; Broadhurst et al, 2017
- ⁷⁸ Suomi et al, 2021).
- ⁷⁹ Gerry, 2021, p.16).
- ⁸⁰ Webb, Lipp and Jeffery. (2023).
- ⁸¹ Harwin, Judith & Alrouh, Bachar & Ryan, Mary & Tunnard, Jo. (2014). Changing Lifestyles, Keeping Children Safe: an evaluation of the first Family Drug and Alcohol Court (FDAC) in care proceedings.
- ⁸² Harwin, Judith, Alrouh, Bachar, Ryan, Mary, McQuarrie, Tricia, Golding, Lily, Broadhurst, Karen, Tunnard, Jo & Swift, Stephen. (2016). After FDAC: outcomes 5 years later Final Report
- ⁸³ Allen, Karen, Paskell, Caroline, Godar, Rebecca, Ryan, Mary & Clery, Liz. (2021). Evaluation of Pan Bedfordshire FDAC: Final Evaluation Report. Research in Practice. Fitz-Symonds, Samantha (2021) *FDAC Outcomes in Milton Keynes and Buckinghamshire Report - Amended*
- ⁸⁴ Tunnard, Jo. Ryan, Mary and Harwin, Judith (2016) Problem Solving in Court: Current Practice in FDACs in England
- ⁸⁵ Zhang S, Huang H, Wu Q, Li Y, Liu M. The impacts of family treatment drug court on child welfare core outcomes: A meta-analysis. *Child Abuse Negl.* 2019 Feb;88:1-14. doi: 10.1016/j.chiabu.2018.10.014. Epub 2018 Nov 6. PMID: 30412783.
- ⁸⁶ NatCen (2023) Evaluation of Family Drug and Alcohol Courts
- ⁸⁷ Harwin et al (2016)
- ⁸⁸ Harwin et al (2014)
- ⁸⁹ Zhang et al (2019)
- ⁹⁰ Fitz-Symonds (2021) FDAC Outcomes in Milton Keynes and Buckinghamshire Report

- ⁹¹ NatCen (2023)
- ⁹² Allen et al (2021)
- ⁹³ Harwin et al (2011)
- ⁹⁴ NatCen (2023)
- ⁹⁵ Fitz–Symonds (2021)
- ⁹⁶ Harwin (2011)
- ⁹⁷ NatCen (2023)
- ⁹⁸ https://www.justiceinnovation.org/sites/default/files/media/document/2023/cji_hoda_d_1_0.pdf
- ⁹⁹ NatCen (2023)
- ¹⁰⁰ Walsall, Sandwell and Dudley FDAC Annual Report 2023/24. Forthcoming. Preview copy available on request.
- ¹⁰¹ Mary Baginsky, Ben Hickman and Jill Manthorpe (2023) Post-proceedings support in Gloucestershire’s Family Drug and Alcohol Court. <https://foundations.org.uk/wp-content/uploads/2024/02/Post-Proceedings-Support-in-Gloucestershires-Family-Drug-and-Alcohol-Court.docx.pdf>
- ¹⁰² Meindl, M. and Westlake, D. (2024) Evaluation of the Family Drug and Alcohol Court in Wales pilot. CASCADE, Cardiff University (forthcoming)
- ¹⁰³ Evaluation of Pan Bedfordshire FDAC: Final Evaluation Report. Research in Practice. Fitz-Symonds
- ¹⁰⁴ Evaluation of Pan Bedfordshire FDAC: Final Evaluation Report. Research in Practice. Fitz-Symonds
- ¹⁰⁵ Department for Education (2017) Family Drug and Alcohol Court National Unit: independent evaluation. https://assets.publishing.service.gov.uk/media/5a80511d40f0b62302692c9d/Tavistock_family_drug_and_alcohol_court_national_unit_evaluation.pdf
- ¹⁰⁶ Family Justice Review (2011). <https://assets.publishing.service.gov.uk/media/5a7c4b3ae5274a1b00422c9e/family-justice-review-final-report.pdf>.
- Johnson, R., Ford, D., Broadhurst, K., Cusworth, L., Jones, K., Akbari, Bedston, A., Alrouh, A., Doebler, S., Lee, A., Smart, J., Thompson, S., Trinder, L., & Griffiths L. (2020). Data Resource: population level family justice administrative data with opportunities for data linkage. International Journal of Population Data Science, Jun 9;5(1):1339. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7473282/#ref-2>.
- Nuffield Family Justice Observatory (2019). Supporting better outcomes for children through research. <https://www.nuffieldfjo.org.uk/wp-content/uploads/2021/05/NUFJ7481-Family-Justice-Leaflet-190912-WEB.pdf>
- ¹⁰⁷ Harwin (2016)
- ¹⁰⁸ NatCen (2023)
- ¹⁰⁹ Saloman et al (2015). Disability weights for the Global Burden of Disease 2013 study, The Lancet, Volume 3, Issue 11, November 2015, <https://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2815%2900069-8/fulltext>
- ¹¹⁰ Nuffield Family Justice Observatory (2022). Alrouh B et al., Mothers in recurrent care proceedings: New evidence for England and Wales, https://www.nuffieldfjo.org.uk/wp-content/uploads/2022/11/nfjo_eng_summary_newborn_recurrence_20221025_final.pdf
- ¹¹¹ National Treatment Agency for Substance Misuse (2012). Estimating the crime reduction benefits of drug treatment and recovery, https://www.drugsandalcohol.ie/17540/1/NTA_Estimating_crime_reduction_benefits.pdf
- ¹¹² Harwin, Judith, Alrouh, Bachar, Ryan, Mary, McQuarrie, Tricia, Golding, Lily, Broadhurst, Karen, Tunnard, Jo & Swift, Stephen. (2016). After FDAC: outcomes 5 years later Final Report
- ¹¹³ NICE (2011). Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence. Clinical guideline. National Institute for Health and Care Excellence. February 2011 <https://www.nice.org.uk/guidance/cg115>
- ¹¹⁴ Harwin, Judith, Alrouh, Bachar, Ryan, Mary, McQuarrie, Tricia, Golding, Lily, Broadhurst, Karen, Tunnard, Jo & Swift, Stephen. (2016). After FDAC: outcomes 5 years later Final Report
- ¹¹⁵ The BCR for the expansion scenario is slightly different for the BCR for ongoing FDAC work because it takes into account additional costs such as initial set up and technical assistance.