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NATIONAL UNIT FDAC The problem-solving court

FAMILY DRUG AND ALCOHOL COURT

HANDBOOK

FAMILY DRUG AND ALCOHOL COURT TRAINING HANDBOOK

REFLECTIONS, INSIGHTS AND QUESTIONS

Throughout the training you will be encouraged to reflect on your learning. These thoughts reflections, insights and questions can be immediately captured on this page.

Later you can think about these together as a team and decide on any actions needed.

Reflections and Questions	Actions

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INTRODUCTION

FDAC 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 the FDAC approach is to encourage parents to keep trying to overcome their difficulties so they can continue to play a 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 sort things out for themselves and fear that if they ask for help they will be judged and punished. The FDAC approach is to earn parent's trust and respect so that they are able to be open and honest.

FDAC staff have seen parents achieve amazing things because they discover how to reach out for help and work as part of a team. The FDAC approach is to take parents' desire for something better and to say, "You are not alone now, you can do it and we will help you", but "whatever you decide there will be consequences". 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 their children's needs. This process is described as a 'trial for change'.

Parents appreciate being given a chance to prove themselves. The trial for change also gets parents and professionals working together with shared goals and timescales. At the start of the FDAC intervention the team tell parents and professionals what they can expect from the team and what the team expect from them, because experience has shown how important it is for everyone involved to know exactly what to expect.

The Trial for Change

Very few parents set out to abuse or neglect their children. Parents fail because they are weighed down by their own problems. These problems are often a combination of:

- Substance misuse
- Domestic abuse
- Mental health problems
- Severe poverty

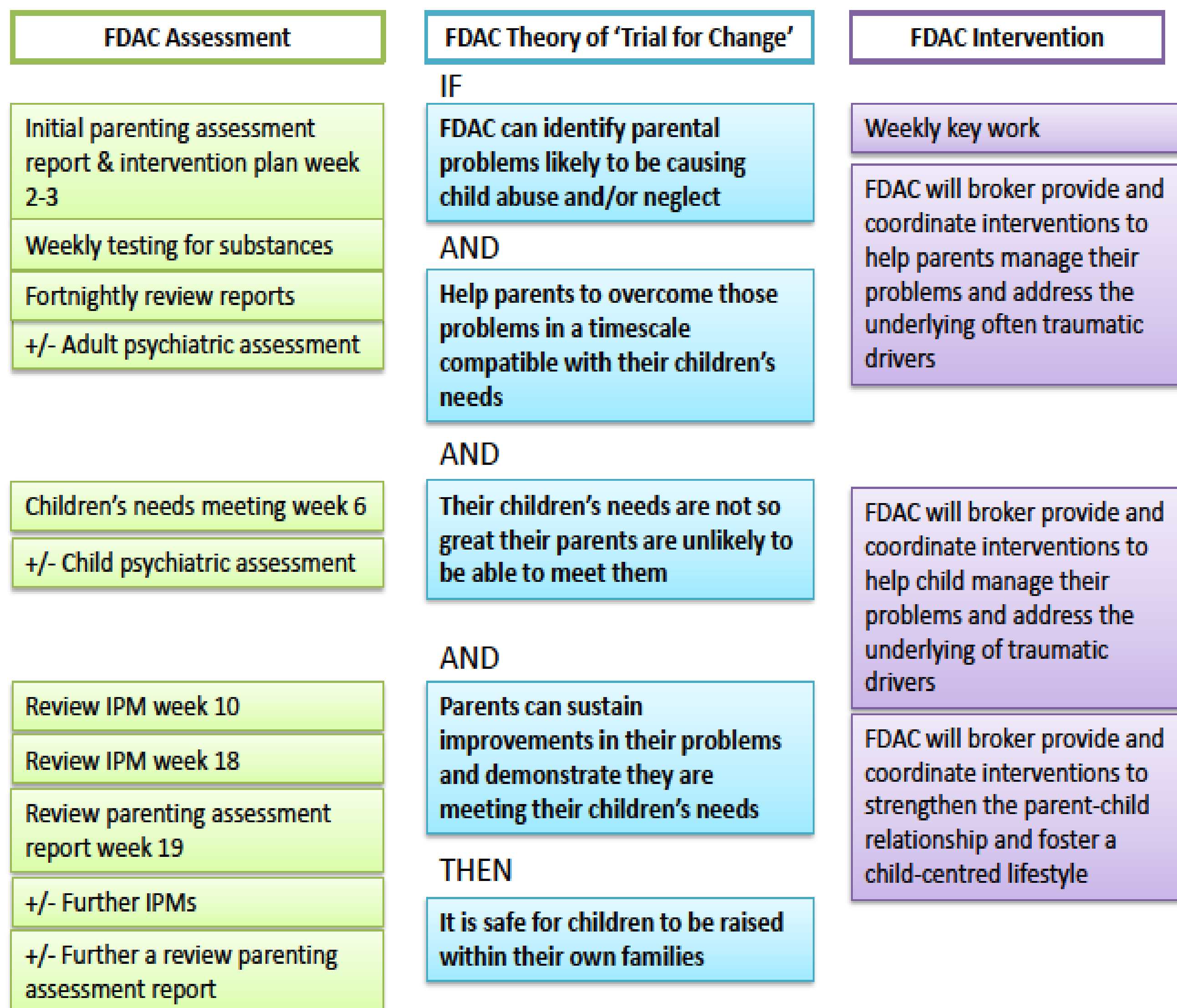
Because FDAC is a problem solving court, the team starts by asking parents what problems they want to solve. The team, in consultation with the parents, local authority and other agencies, then design an individualised programme of treatment and support that will:

- Give parents the best possible chance to solve their problems

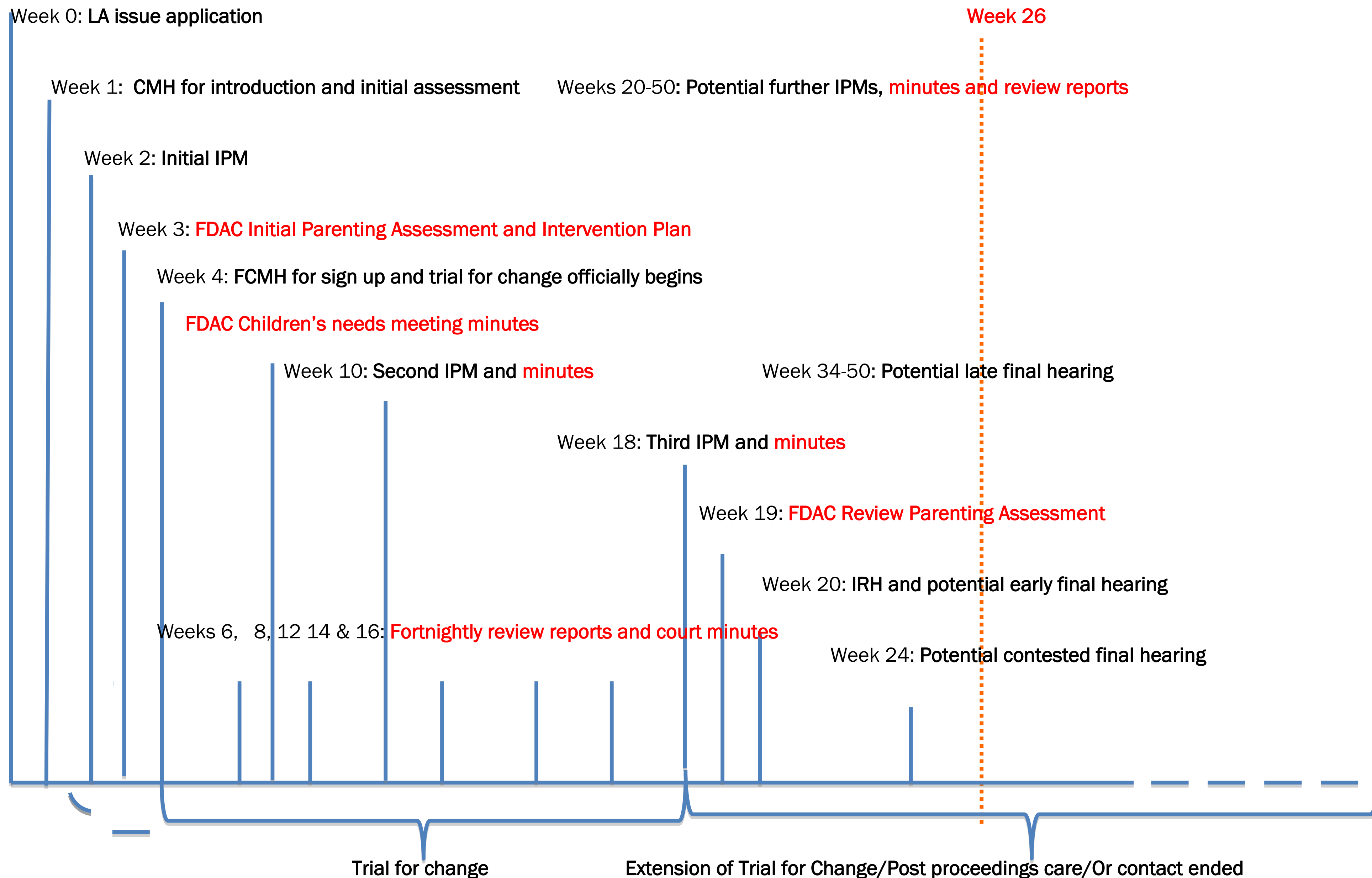
- Test whether they can solve their problems and meet their children's needs in a timescale compatible with their children's needs, and
- Make use of resources that can be accessed in a timely fashion from the network of partner agencies or the FDAC team itself.

The FDAC Initial Parenting Assessment identifies what needs to change and the timescales for that change. The Intervention Plan is the first draft of the 'trial for change' and describes the resources to be invested in achieving change. The Review Reports and Review Intervention Planning Meetings provide feedback on progress and enable the 'trial for change' to be updated or amended. The Review Parenting Assessment, which is normally completed by week 19 of proceedings, provides an overall assessment of whether the 'trial for change' has been successful and whether the changes are likely to be sustained.

Figure: How the assessment and treatment process fits FDAC's 'theory of change'



FDAC REPORT TIMELINE



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INITIAL PARENTING ASSESSMENT

The Initial Parenting Assessment usually takes place in Week 1 of the proceedings (in London families come into court on Monday and have their assessment on Thursday). The Initial Parenting Assessment normally only involves the parents (children are assessed a bit later, during the first 6 weeks of the case, see section on Children's Needs).

Before the assessment takes place, an FDAC team social worker prepares a short note called 'issues giving rise to proceedings'. This provides the background to the case based on an analysis of the papers the local authority has filed with the court. In London the local authority is responsible for passing these court papers to the FDAC team on the first day of proceedings. When the Initial Parenting Assessment Report is prepared the 'issues giving rise to the proceedings' will form part of the introduction. This will often be a shortened more focussed version of the issues prepared for the team.

At the first FDAC hearing parents are invited to attend the FDAC offices, or place of assessment, for a full day. Before the parents arrive the assessment day begins with the FDAC social worker(s) and substance misuse/mental health/domestic abuse worker(s) meeting to discuss the 'issues giving rise to the proceedings' and to plan the day.

Once the parents arrive the assessment day begins:

- There are morning and afternoon sessions, which last around 2-3 hours each.
- Each parent will meet with a substance misuse/mental health/domestic abuse worker to explore his or her problems.
- Each parent will meet with a social worker to explore their capacity to meet their children's needs.
- Where there is just one parent the substance misuse/mental health/domestic abuse worker will usually do the first assessment and the social worker will sit in to avoid duplication of questions.
- Where there are two parents they will be assessed separately and staff will swop at the midway point (usually with some time in the middle for staff to flag important findings).

The purpose of the initial parenting assessment is fourfold:

1. To test for drugs and alcohol
2. To collect information for the Initial Parenting Assessment Report
3. To inform the development of the Intervention Plan
4. To collect information for the FDAC Data Set

It is essential that team members familiarise themselves with what is required for each of these outputs.

1. *Testing for drugs and alcohol*

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In most cases testing for drugs and alcohol will be routine whenever the FDAC team sees parents. For the initial parenting assessment this will normally be breathalysing for alcohol and urine testing for a range of drugs when the parents come for the assessment day. Urine testing for drugs has advantages over mouth swabs because it provides a result straight away, which can be discussed with the parent. It is helpful at this first assessment to alert parents to the likelihood that the FDAC team will recommend blood tests for evidence of harmful alcohol use[1] and/or a hair strand analysis for drugs in the Intervention Plan.

2. Collect information for the initial parenting assessment report

The FDAC National Unit has resisted drawing up a list of all the questions, observations and tests required to complete the initial assessment. It is usually best if clinicians and practitioners use their own skills and experience to gather and analyse information. However there are appendices to this handbook with a number of guidelines for assessment which practitioners may find helpful. The protective and risk factors set out in the template for the Initial Parenting Assessment Report (see pages 15-16) are particularly important to assist with the analysis for the initial parenting assessment.

3. Inform the development of the initial Intervention Plan

There is also a template for the initial Intervention Plan (see page 17). Formulating the plan and agreeing it at the Implementation-Planning Meeting are covered in the next section.

4. Collect information for the FDAC Data set

The FDAC data collection tools will be populated with factual information collected through the assessment and some clinical judgements. In addition, as part of the initial assessment, parents will be asked to complete a small number of questionnaires. These are tools, which have been tested widely and shown to be reliable methods of screening for particular issues. The tools the parents will be asked to complete are:

- Patient Health Questionnaire (PHQ 9), which screens for depression
- Generalised Anxiety Disorder Questionnaire (GAD 7), which screens for anxiety
- Trauma Screening Questionnaire (TSQ), which screens for trauma
- IMPACT collects information about extent and nature of domestic abuse
- Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) screens for developmental problems in young children
- Strengths and Difficulties Questionnaire (SDQ) screens for emotional and behavioural problems in children over 4.

The assessment day normally ends with staff meeting to discuss the findings and deal with any emergencies or urgent matters that have arisen as a result of the assessment.

The members of staff carrying out the assessment should prepare typed notes within 24 hours. These will be read by the rest of the team at the start of the Formulation Meeting and the most essential pieces of information will go into the Initial Parenting Assessment Report that will be filed with the court.

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[1]The blood tests for harmful alcohol use are Mean Cell Volume (MCV), Gamma Glutamyl Transferase (GGT) and Carbohydrate-deficient Transferrin (GDT)

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THE INITIAL FORMULATION MEETING

This normally takes place in Week 2 of the proceedings/ FDAC process. It takes place at the FDAC office, lasts about 2 hours and is chaired by the child & adolescent psychiatrist/psychologist or in their absence the service manager. It is attended by the service manager (if not chairing) and the FDAC social worker and substance misuse/mental health/domestic abuse worker(s) that assessed the family the previous week. The initial Intervention Planning Meeting usually follows on immediately after (see below).

Reading and a brief unstructured discussion – 40 minutes

The team members referred to above spend up to 30 minutes reading the 'issues giving rise to the proceedings' and the notes made by the FDAC social worker and substance misuse/mental health/domestic abuse worker from their assessment the previous week. This is followed by 10 minutes of unstructured discussion to clarify the facts (keep this short and focused).

Analysis – 30 minutes

The next 30 minutes of the meeting is spent discussing the two big assessment questions:

1. What needs to change for parents to solve their problems in a timescale compatible with their children's needs?
2. What needs to change for parents to be able to meet their children's needs within a timescale compatible with those needs?

Take one question at a time and create a table of the protective factors to build on, and the risk factors to manage and reduce. Use the table and suggested protective and risk factors in the template for the Initial Parenting Assessment Report on pages 15-16. The FDAC social worker will enter the protective and risk factors into the template while the meeting is in progress and tidy it up later. These tables will appear in the assessment section of the final report accompanied by some explanatory text.

Synthesis – 20 minutes

Identify the four or five critical issues on which the outcome of the case is likely to hang, and agree a sentence or two about each. These will form the introduction to the 'initial formulation' section of the Initial Parenting Assessment Report.

1. Agree an initial estimate of child(ren)'s timescales and level of need
2. Agree what needs to change for children to be able to safely return/remain at home
3. Agree the 2-3 most important things to get done in the next 6-8 weeks
4. Finally there may be important new information that has emerged as a result of the assessment that you want to highlight or areas of uncertainty that need to be clarified.

Planning – 20 minutes

The final part of the meeting is spent drafting ideas for the Intervention Planning Meeting (IPM). Although the team do not go into the meeting with a set plan, some pre-planning is essential to a successful meeting. You should also have 10 minutes break before the IPM.

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THE INTERVENTION PLANNING MEETING (IPM)

This is a 1-hour meeting, which normally follows on from the Initial Formulation Meeting. It includes either the child & adolescent psychiatrist/psychologist or the service manager and 1-2 of the other team members from the Initial Formulation Meeting. It is attended by the parents, the local authority social worker and their manager, the children's guardian, and representatives from any other service currently working with the parent for example adult treatment workers or probation officers.

Sometimes it is necessary to have a short pre-meeting with the parents to warn them about recommendations they are likely to find distressing. This gives them a little private space to express their feelings and recover. Hopefully they will find the courage to stay for the full meeting.

The meeting will start with the chair inviting the parents to say what they hope to change (the goals identified as part of the assessment process).

The FDAC team feedback the 4-5 critical issues identified in the formulation (see Synthesis page 10).

The meeting will then discuss and agree the details of an intervention plan for intensive monitoring, support and therapy that will give the parents the best possible chance of overcoming their difficulties and keeping their children. This plan will include:

- Children: placement, contact, plans for Children's Needs Meeting +/- child psychiatric assessment, any treatment that might be required, Family Group Conference and assessment of potential kinship careers
- Overcoming problems: further assessments, testing, diary keeping and FDAC key work, three-way meetings with existing treatment workers, and FDAC interventions
- Meeting children's needs: observation of contact and interventions
- Other issues: for example, travel costs

A date for the first review IPM will be agreed.

At the end of the meeting all those present should be clear about the plan and what they are expected to do. A date will be set for the first review IPM, which will normally be in week 8-10 of proceedings. The FDAC social worker will enter the outcome of the meeting into the Intervention Plan template while the meeting is in progress and tidy it up later. Normally there is no attempt to record what each person said unless some important new information is revealed. This is because the emphasis is on the plan, which comes out of the meeting rather than the minutes of how that agreement was achieved.

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PREPARING THE REPORT

The final version of the Initial Parenting Assessment Report and Intervention Plan will be finished over the next working week. Once this is filed with the court, it will be circulated to all the parties to the proceedings. Sometimes the Intervention Plan is filed first, in week 2 and the Initial Parenting Assessment in week 3. Depending how quickly the matter returns to court (in London the matter can return either at the beginning of week 3 or 4 of the proceedings) the parents, local authority, and Children's Guardian will have a few days or a week to discuss the Intervention Plan with their solicitor. Usually all the parties accept the plan. On occasions some further negotiations are needed and in very rare cases there may even be a need for a contested hearing. These negotiations can take place before the 2nd Court Hearing.

Once a plan is agreed it is given the authority of the court. This means it becomes the Care Plan for the local authority (when the local authority brings a case into FDAC the interim Care Plan is 'to develop a full Care Plan with the FDAC team').

Part of the drafting of the report will have occurred through the Formulation Meeting and the first Intervention Planning Meeting. The protective and risk factors and sentences about critical issues will have been identified in the Formulation Meeting but may need to be tidied up. It will also be necessary for the FDAC team members who carried out the initial assessment to add some narrative to the protective and risk factors about timescale and context.

It will also be important for the report to be relevant and to avoid unhelpful repetition. The aim should be to keep the report as short as possible, so if a piece of information does not have a bearing on what needs to change or the Intervention Plan it may not be worth including in the report. Repetition between the two tables may be appropriate but repetition in the narrative may or may not be helpful. While we try to avoid repeating facts it is important to include different perspectives. When answering the first question: 'What needs to change for parents to solve their problems in a timescale compatible with their children's needs?' the perspective is the parent's own. Whereas with the second question: 'What needs to change for parents to be able to meet their children's needs within a timescale compatible with those needs?' the perspective is on the parent-child relationship. So you might want to look at domestic abuse, first as it impacts on the mother's mental state substance misuse and so on and second in terms of the impact on the child and her capacity to understand these different perspectives. I will be helpful if the narrative around the second question builds on what has already been established with the first question. The FDAC social worker is usually responsible for the final draft of the report and needs to write or edit his or her narrative for the second question having read the substance misuse/mental health/domestic abuse worker's narrative to the first question.

The child and adolescent psychiatrist/psychologist or team manager who chaired the meeting will be responsible for checking it before it is filed with the court. As well as checking presentation the child and adolescent psychiatrist/psychologist or team manager is making sure that the analysis synthesis and planning is robust and clear.

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TEMPLATE FOR INITIAL PARENTING ASSESSMENT REPORT AND INTERVENTION PLAN

Cover page:

Confidentiality:	This report has been prepared for the court and should be treated as confidential. It must not be shown nor its contents be revealed to any person other than a party or legal advisor to such a party.
Court name:	
Case number:	
Date of report:	
Report prepared by:	
In the case of:	Child(ren)'s name and DOB
Subject matter:	FDAC Initial Parenting Assessment
Our contact details are:	Address: Tel: Fax: email:

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INTRODUCTION
Family structure (Short paragraph)
• Names, dates of birth and relationship of all family members including details of separation
Issues giving rise to the assessment (A few paragraphs up to a page and half)
• Evidence of parental problems likely to cause child abuse and/or neglect • Evidence of emotional, physical or sexual abuse and/or neglect of children • Evidence children's health and/or development has been harmed by abuse and/or neglect
Information considered (List)
• Family members seen • Papers read (normally not listed more whether or not we have a court bundle) • Professionals contacted
Team
• Team members who carried out the assessment • Team members who contributed to the initial formulation
Initial formulation (Half a dozen short paragraphs up to a page)
• Initial estimate of child(ren)'s timescales and level of need • What the parents need to change • The 2-3 most important things to get done in the next 6-8 weeks • Any new information that has emerged, or is required, as a result of the assessment

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ASSESSMENT	
What needs to change for parents to solve their problems in a timescale compatible with their children's needs? (This first question is around parent's own problems, such as substance misuse, domestic violence and mental health. Set this out as a table followed by narrative to give chronology and context)	
Protective factors (to build on)	**Risk factors (to manage and reduce)**
• Secure housing • Positive relationships with partner, family and other support • Positive relationships with professionals • History of educational achievement and employment • Periods of abstinence and/or better functioning • Evidence of self-discipline and organisational skills • Capacity to take responsibility • Capacity to be reflective • Motivation to change	• Learning difficulties as a child • Any childhood history of trauma, disruption and loss including child abuse and/or neglect, other types of assault, separation from parents, including periods in care, bereavement • Family history of drug and/or alcohol abuse • History of adult relationships with drug or alcohol users • Alcohol dependence, and/or narcotic dependence and/or benzodiazepine dependence and/or regular crack use and/or regular amphetamine use • Adult intimate relationships involving domestic abuse • Any other history of violence • Adult involvement in sexual exploitation and/or crime • Psychiatric history • Suicidal/homicidal behaviour or thoughts • Physical health problems including chronic pain, central nervous system disorders, blood borne viruses and dental decay • Housing and/or debt problems

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What needs to change for parents to be able to meet their children's needs within a timescale compatible with those needs? (Set this out as table followed by narrative to give chronology and context. This second question relates more specifically to parenting - emotional warmth, attunement, boundaries, insight, and understanding of risk to children. There is likely to be some overlap between this and the earlier section, repetition in the table may be appropriate and it may be helpful to relook at the parent's problems from the perspective of their impact on the child, but it is up to the social worker writing this section to make sure that the narrative for the second question builds on the facts set out in the first so repetition of facts is kept to a minimum.)	
Protective factors (to build on)	**Risk factors (to manage and reduce)**
• Capacity to be sensitive and responsive to their children's needs • Capacity to see their child(ren)'s perspective • Taking responsibility and feeling regret • Capacity for reflection • Motivation for change • Positive relationships with partner, family and other support • Positive relationships with professionals • Independent reports of responding sensitively to their children	• Intergenerational patterns of trauma and poor parenting • Previous children removed from these parents because of concerns about abuse and/or neglect and/or harm • Younger children especially newborn babies with tight timescales dictated by window for normal attachment • Evidence of significant abuse and/or neglect (especially sexual or physical abuse) • Concerns over the child(ren)'s health and/or development • Denial of risks and/or harm to child(ren) in the face of compelling evidence • Poor attendance at contact and/or concerns about the quality of interaction at contact • Other evidence that the parent's problems are preventing them from meeting their children's needs • Associating with other parents who are failing to meet their children's needs

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INTERVENTION PLAN

Introduction

- Date and place of meeting
- Names and relationship to the case of those present
- Any apologies
- Any new information shared with the FDAC team since the time of the assessment

Parent's goals

- Usually expressed as 2-3 things they want to be different in 6 month's time

Child(ren) (The initial plan normally suggests the assessments that may be needed rather than interventions/treatment)

- Recommendations on placement plus or minus contact arrangements
- Any children's needs meeting and/or child psychiatric assessment
- Any treatment for the child might require
- Any Family Group Conference or assessments of relatives

Overcoming problems (Normally a combination of assessments, testing and a few treatments in initial plan, with other treatments being added at the Review Intervention Planning Meetings depending on progress)

- Potential further assessments or advice from FDAC
    - Adult psychiatrist
    - Domestic abuse specialist
    - Local housing link
    - Exceptionally psychologist for psychometric testing
- If appropriate substance misuse testing; usually a combination of:
    - Hair strand analysis 3 monthly
    - Body fluids screening 1-2 per week
    - Breathalyser 1-2 per week
    - Scram-X for 30 days
    - Blood tests for harmful alcohol 6 weekly (MCV, Gamma GT and Carbohydrate Deficient Transferrin)
- Diary review and key work with FDAC once a week

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- Three-way-meeting with current treatment workers to plan treatment pathway which could include:
    - Drug prescribing
    - Psychosocial substance misuse treatment
    - Intensive day programme or exceptionally residential treatment
    - Domestic abuse programmes
    - Long term psychotherapy or psychiatry
    - Advice and treatment for physical health problems
    - Contraceptive advice
    - Help with housing
    - Education and training programmes
- Potential additional FDAC interventions (either from FDAC team or other local services)
    - Introduction to a parent mentor
    - Anxiety Cognitive Behavioural Treatment (CBT) group
    - Individual CBT, Cognitive Analytic Therapy, Eye Movement Desensitization and Reprocessing or Narrative Therapy
    - Family therapy
    - Social Behavioural Network Therapy
    - Trial of antidepressant medication

Meeting children's needs (Normally some assessment and treatment)

- Observation of contact
- Potential non-FDAC interventions including parenting skills programmes
- Potential FDAC interventions including:
    - Video Interaction Guidance
    - Reflecting on feelings group
    - Family therapy
    - Social Behavioural network therapy

Other

- Mention of the local authority's duties with respect to the family's travel expense and out of hours emergencies

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Review Timetable

- Date for the first Review Intervention Planning Meeting which is normally 6 weeks after the first IPM, but no later than week 10 of the proceedings
- Date for filing the FDAC Review Parenting Assessment which is normally no later than week 19 of the proceedings

Statement of compliance

We understand our duty as an expert witness is to the court. We have complied with that duty. This report includes all matters relevant to the issues on which our expert evidence is given. We have given details in this report of any matters, which might affect the validity of this report. We have addressed this report to the court.

Statement of truth

We confirm that insofar as the facts stated in our report are within our own knowledge we have made clear which they are and we believe them to be true, and that the opinions we have expressed represent my true and complete professional opinion.

Signature

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EFFECTIVE REPORT WRITING

Introduction

What makes someone like David Attenborough such a good communicator? Perhaps it is the time, thought and imagination he puts into his work that allows him to give such clear explanations of complex ideas or admit when he is unsure. But surely it is also his warmth, enthusiasm and respect for the intelligence of his audience.

Where the lazy report writer makes the reader do all the work, the effective writer works hard to make it easy for the reader. The effective writer understands what the reader needs to know and shows them where to find it.

There are five stages/elements to effective report writing;

1. Collecting relevant evidence
2. Organising the evidence
3. Analysis and synthesis
4. Pruning and structuring
5. Tone.

1. Collecting relevant evidence

Reports for the court draw on:

- Past notes, reports and other documents written by others and ourselves
- Observations
- Conversations with families
- In some cases results from biochemical or other tests.

Identifying what is relevant information is always time-consuming and sometimes frustrating. The court bundle can be lengthy and contain evidence that is of little consequence; it is often repetitious and sometimes contradictory. In addition, while some parents provide a coherent narrative, more often anxiety, shame, and guilt lead to self-censorship and misrepresentations.

Experience is required to pick out what is relevant to the report. However we re-check for relevance later in the report writing process (see pruning below). The evidence not included in the report will not be lost because it will be recorded in the case notes. It may be used later if the emergence of further evidence indicates that it has now become something relevant to include.

The report should be based on as complete a body of evidence as possible. Then, in the analysis and synthesis, allowance is made for what is known and what is not known and for unknown unknowns. As the work with families progresses, new evidence will emerge, which may or may not change the analysis and synthesis.

2. Organising the evidence

Organisation makes it easier to carry out the process of analysis and synthesis in relation to the evidence. Different parties and professionals organise the evidence in different ways depending on their professional background and role with the court. For instance when the proceedings begin the local authority needs to explain why they are bringing the matter into proceedings; the social workers lay out the evidence in chronologic order, while the lawyers draw out the evidence of ‘significant harm’.

The FDAC intervention team holds expertise about health and development. The role of the team is to test out the family’s capacity for change. The team are interested in prognosis, in evidence of likelihood of change within children’s timescales. To explain how a prognosis has been reached it is

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helpful to organise the evidence using dichotomies such as:

- Protective and risk prognostic factors
- What is working well about the trial for change and what is not working.

Organising the evidence in this way makes it easier to see whether anything has changed later on. For instance is there evidence that the protective factors or risk factors are increasing or decreasing?

3. Analysis and synthesis

Analysis and synthesis enables the evidence to be broken down into its component parts and then to be built back up again in new ways that reveal important patterns. It provides a series of conclusions and recommendations in response to questions like:

- What are the problems here and which ones are potentially solvable?
- Does anyone have a recognisable developmental disorder or medical diagnosis?
- How did we get here?
- What do we not yet know?
- What are we unsure about?
- What has to change to get to where the family wants to be?
- What might stand in the way?
- How long can the children wait?
- What do we need to do next?

Analysis and synthesis is what drives the problem solving court forward and is the most important thing for the report to deliver.

4. Pruning and structuring

The report should include all the evidence taken into account when coming to the conclusions and recommendations. It needs to demonstrate how the evidence for and against has been balanced. Checking of the report ensures that all the non-relevant evidence can be edited out along with repetition and contradiction. The mottos for team reports should be “less is more” and “not a wasted word”.

Finally the report needs a simple narrative structure that is easy to follow. For instance:

- Who are the members of this family?
- Why are we assessing them?
- What did we find?
- What are our recommendations?

5. Tone

The tone of the report will make a huge difference to how it is read. It should be:

- Respectful
- Honest about the challenge the family face
- Empathic about what a difficult situation this
- Hopeful that a way through will be found.

Footnote

Finally, practitioners and clinicians can improve their report writing by asking a senior colleague to provide some constructive criticism. Teams can also benefit from asking for feedback from judges, lawyers, guardians, social workers and parents.

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CHILDREN'S NEEDS

Every child needs:

- To be safe and feel safe
- To be adequately fed and clothed and to have somewhere comfortable to sleep
- Age appropriate routines for sleeping, eating, hygiene and education
- Age appropriate levels of supervision
- Clear expectations about socially appropriate behaviour
- A calm but firm and consistent approach to discipline
- To feel they belong
- To share love and affection and receive comfort from trustworthy adults
- To feel understood, lovable and that the world is an okay place
- Help to be able to communicate painful memories, thoughts and feelings in a safe way and feel listened to
- Help to rework and give meaning to previously overwhelming experiences
- To feel in control of their own bodies, actions and conscience
- Help with solving problems
- Encouragement with pursuing interests and talents through education, play and other cultural and leisure pursuits
- Opportunities for contact with other children
- Access to adequate health care and education

Where parents are able to meet their children's needs, children are more likely to grow up healthy and reach their full potential. Where parents are unable to meet their children's needs the children's health and wellbeing may be damaged.

Damage to children's health and wellbeing means children develop additional needs. For example children exposed to domestic violence are made to feel frightened and angry and as a consequence they have a greater than usual need to be safe and feel safe, and for support with expressing painful thoughts and feelings in a safe way.

Assessing children's needs

In FDAC children's needs are potentially assessed in four ways:

1. Interview with the parents
2. Questionnaires
3. Children's needs meeting (for all children at nursery or school and babies with difficulties)
4. Child psychiatric/psychology assessment (for children revealed to have significant problems by the other forms of assessment)

The starting point is the background papers and the conversation with parents at the initial assessment in weeks 1-2 of the proceedings.

Reliable questionnaires are used to screen for problems:

- The Ages and Stages Questionnaire: Social-Emotional (ASQ: SE) for babies and younger children
- The Strengths and Difficulties Questionnaire (SDQ) for children aged 4 years and older

These are filled in by parents at the initial assessment if possible, or at the first key work session subsequent to the assessment, and by teachers if the child is old enough to attend school. The teacher will be sent the SDQ by the FDAC team and asked to complete it at some point between weeks 2 and 10 in the proceedings.

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CHILDREN'S NEEDS MEETING

A 'Children's Need Meeting' is held for nursery/school age children only:

- The meeting usually takes place sometime during weeks 4 -8 of the proceedings
- The children's social worker is asked to set up the meeting, which is often held in the children's nursery or school
- Everyone who knows the child is invited including parents, other relatives, foster carers, teachers, therapists, the children's social worker, the children's guardian and the like
- A child and adolescent psychiatrist/psychologist from FDAC chairs the meeting and the meeting will also be attended by the FDAC keyworker, or keyworkers if there are two parents in FDAC.
- It is not a decision-making meeting but a chance to build up a picture of how children are getting on
- Minutes are taken by the FDAC keyworker (or FDAC administrator) and shared with the parties in a short report

MINUTES
Date and place where meeting was held
List of names of people who attended
Overview of how each child is managing (2-3 pages per child at most)
A few conclusions about each child's health and development and the need for any further child psychiatric assessment

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CHILD PSYCHIATRIC/PSYCHOLOGY REPORT

On occasions the child and adolescent psychiatrist/psychologist linked to the FDAC team will carry out an individual assessment where earlier assessments suggest that children have health or developmental problems or additional needs. This will usually take place in the weeks 4-10 of the proceedings. The psychiatrist/psychologist will normally:

- See the child where they are living and with their parent if they are not living with their parent
- Speak to parents and/or foster carers as well.
- Prepare a short report, which is filed at court and shared with the parties

CHILD PSYCHIATRIC/PSYCHOLOGY REPORT
Grounds for believing an assessment was necessary (few sentences)
Information considered in drawing up report (list who seen when and where what read)
Summary of significant assessment finds (4-5 pages per child at most)
Conclusions and recommendations including:
• Psychiatric diagnosis if relevant • Likely causation • Treatment and or support required

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PROBLEMS WITH CHILDREN'S HEALTH AND DEVELOPMENT

Where children's needs are not met their health and development will suffer. Take for example children exposed to domestic violence. Instead of feeling safe they feel frightened and angry. Instead of feeling they can turn to their parents for comfort and help they feel alone and helpless. Some children become continually swamped by painful memories, thoughts and feelings leading to emotional and behavioural problems.

Others shut down their emotional world and become numb. An example of 'blanking things out' would be a 2-year-old child who responds to her father shouting by sitting very quietly and not looking up from her toys. Blanking out can be helpful short-term solution, especially for very young children who have no other way to escape from an unbearable situation. However when children become continually blanked out they stop being able to recognise and process their own thoughts and feelings. These unprocessed thoughts and feelings lead to a range of emotional and behavioural problems.

In pre-school children the following problems are more likely to arise if their needs are not being met:

- Poor attachment
- Anxiety
- Unhappiness
- Aggression
- Delayed speech and play
- Developmentally abnormal wetting and soiling
- Knowledge of and/or preoccupation with adult sexual activity
- Overeating
- A lack of routines for sleep and hygiene
- Physical injuries

While the older child or young person may display:

- Poor self-esteem
- Anxiety
- Unhappiness
- Aggression
- Social isolation
- Academic underachievement
- Self-harm
- Risky sexual behaviour
- Sexually transmitted diseases
- Pregnancy
- Substance misuse
- Delinquency
- Running away

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CHILD PSYCHIATRIC DISORDERS

Some children who fail to have their needs met go on to develop a psychiatric disorder.

Attachment disorders arise when children's needs are not met during the first few years of life. The period when children most naturally form healthy attachments is between 6 and 18 months. Children form an attachment to adults who reliably meet their needs. Children who reach the age of 3-4 years without forming a healthy attachment sometimes develop an attachment disorder. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) recognises two types of attachment disorder

- Reactive attachment disorder characterised by emotional withdrawal, the absence of comfort seeking and emotional liability
- Disinhibited social engagement disorder characterised by indiscriminate friendliness with adult strangers.

Attachment disorders are rare in the general population occurring in about 1 in 1,000 children but occur in 1 in 6 of children in care. They are important because they have long-term implications for children's

- Health and development
- Timescales
- Placements
- Treatment
- Education and future work prospects

Attachment disorders respond best to a combination of:

- High quality placement, and
- Therapeutic support for the caregivers +/- therapy for the children, and
- Close coordination between the caregivers, teachers, therapists and social care

Post-traumatic stress disorder is caused by intensely traumatic experiences at any age. It is characterised by amongst others:

- Recurrent involuntary and intrusive distressing memories and/or dreams related to the traumatic event(s)
- Dissociative reactions in which the individual feels or acts as is the traumatic event(s) were recurring
- Intense or prolonged psychological distress and/or physiological reaction when exposed to reminders of the traumatic event
- Efforts to avoid memories and/or reminders of the traumatic event(s)
- Irritability, angry outburst and hypervigilance

Post-traumatic Stress Disorder is important because it is relatively treatable but can lead to serious adult mental health problems if it is not recognised or treated. Treatment usually involves symptom targeted Cognitive Behavioural Therapy (CBT) or Eye Movement Desensitisation and Reprocessing (EMDR), but there may be a role for psychodynamic psychotherapy. However many children present with a history multiple traumas, which have inhibited and distorted several areas of development. These problems required a combination of symptom targeted treatments, psychodynamic psychotherapy and high quality placement, therapeutic support for care givers and close coordination between caregivers, therapists, teachers and other professionals.

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Conduct Disorder is a much more common problem than either Attachment Disorder or Post-traumatic Stress Disorder and is significantly linked to inconsistent and harsh discipline at home. It is characterised by aggression, destruction of property, deceitfulness, thief and other serious violation of rules. Conduct Disorder is a highly preventable problem where parenting skills programmes are particularly important. Treatment requires a combination of high quality supervision and discipline, which may include behavioural programmes.

Depression and Anxiety and Attention Deficit and Hyperactivity Disorder are not specific to children whose parents have failed to meet their needs but occur more commonly with such children than in the general population. They are treatable using a combination of psycho-education, CBT and medication.

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CHILDREN'S TIMESCALES

Linking timescales to developmental crossroads

Where parents are unable to meet their children's needs the question becomes how long can those children afford to wait for the situation to improve? The answer is that it depends on the children's age, developmental stage and health. There are three developmental crossroads that are particularly important:

1. Early attachment
2. Late attachment
3. Late integration into a substitute family

Early attachment

FDAC aims to have newborn babies permanently placed before their first birthday. This is because of advantages of 'early attachment' to long-term health and wellbeing. The sensitive period when children most naturally form an attachment is between 6 and 18 months. So children should be settled with their long-term caregivers inside that sensitive window. FDAC will always attempt to keep/place children with their parents but if that is not possible then children must have a chance to form a healthy attachment with a member of the extended family or with an adoptive parent.

This means deciding when the children are 6 months old whether parents are on track to be meeting their children's needs at 12 month. By taking the decision at this stage there is a further 3-6 months to either see how parent and child get on at home or find an alternative permanent carer. Where babies are temporarily placed with a carer who could become a permanent carer (a relative or an adoptive parent under 'concurrency' or 'foster to adopt' arrangements) timescales can be extended because delay in finding a permanent carer will be avoided.

Children's timescales are linked to 'opportunity cost'. Opportunity cost is the value of the alternatives lost when one alternative is chosen. With a newborn baby the question is, "will the chance of a healthy attachment to an alternative long-term carer be lost if we wait to see if the parents develop the ability to meet their children's needs?" In the first 6 months of life very little will be lost by waiting to see if parents recover. However the cost of delay jumps once the child is 6 months old and by the time the child is 12 months the opportunity to make a healthy attachment to an alternative carer is starting to slip away.

Late attachment

Some abused and neglected children pass through the sensitive window of 6-18 months without forming a health attachment. They can still form an attachment if their situation improves however the quality of that attachment is likely to be impaired. If the child reaches the age of 3-4 years without forming a healthy attachment the risk of developing an attachment disorder rises rapidly. So for an abused and neglected 2-3 year old with some features of attachment disorder the opportunity cost of further delay will be very high compared to a similar child with a reasonably healthy attachment.

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Late integration into a substitute family

While older children can manage short spells in foster care, after a certain age children find it difficult to put down longterm emotional roots in an unfamiliar substitute family. Older children find it hard to give and accept affection from substitute carers, feel a conflict of loyalty and want to stay and protect their vulnerable parents. It is difficult to say when this age is but is somewhere from about 8-10 years onwards. Again a lot depends on whether children have emotional and behavioural problems.

Absolute delay

There is a limit to how long children can cope in foster care without a decision being made about whether or not they can return home. In FDAC we think that limit is 6-12 months. This means that if children are removed they need to be returned home or a long-term alternative found inside a year.

Assessing children's timescales

FDAC calculate children's timescales at the initial assessment in weeks 1-2 in the proceedings and share this with the parents and other parties. Sometimes timescales need to be revised because complex needs emerge or new placement options are discovered. FDAC will relook at children's timescales at the third Intervention Planning Meeting in week 18 in the proceedings. The assessment of timescales for the child by the FDAC team will also need to take account of the statutory timescales that apply to care proceedings (see FDAC court timelines at p9).

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BROKERING COORDINATING AND PROVISION OF MONITORING, SUPPORT, TREATMENT AND TRAINING FOR THE FDAC FAMILIES

Working with others

The FDAC team brokers, coordinates and provides the monitoring, support, treatment and training for the trial for change. We start by looking for services in the family's own community. Over time, the FDAC team will build close working relationships with services in the local community. These services should be encouraged to feel part of the 'wider FDAC family' and the aim is to ensure that all those working with the family recognise that is more effective to work together.

If families come into FDAC already in contact with other services, the FDAC team will invite these services to the initial and subsequent Intervention Planning Meetings. They will also arrange a 'three-way-meeting' between the parents, the outside treatment worker and the relevant FDAC staff member. It is important to get practitioners already working with parents on side so they do not feel that the FDAC team is wanting to take over. The starting point should be that once care proceedings have been initiated timescales and treatment pathways will often need to be reviewed and there will be a much greater need for communication and coordination.

Tensions sometimes arise between services with an adult focus and those with a child focus. Timescales are particularly contentious, with adult services worrying that parents are being rushed and children's services worrying that children are being kept waiting. FDAC is honest with parents and adult services about the challenge of meeting their children's timescales, while encouraging them not to give up and being hopeful that we can find a way through.

Families in care proceedings are often struggling with intense feelings of anxiety, anger, helplessness and hopelessness. Sometimes these feelings rub off on the professionals they are working with, causing professionals to feel overwhelmed and withdraw, or creating rivalries and splits in the professional network. FDAC gets everybody working well together by making sure that each member of the network has a doable task, feels they are not alone and understands how their role contributes to the wider task. 'Barn raising' is a useful analogy. A task that can be done more expeditiously by a community of people, with different skills, that would be very difficult for one or even a few people to achieve without alone. Very occasionally where professional networks are disabled by tensions it will be necessary for the FDAC team to convene a professionals-only meeting. Alternatively it can be helpful for the network to review any learning points when cases are closed.

Throughout the family's involvement with FDAC the team will be in constant contact with the professional network. The team will communicate with the network at least once a fortnight in order to prepare the review reports (see p 39) and network members will be invited to attend and contribute to the initial and review Intervention Planning Meetings (see p 40).

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Training to fill the gaps in provision

There are likely to be gaps in local provision where essential services are either not available or not available quickly enough. Sometimes the solution lies with talking to commissioners. Public Health England may be able to help with drug and alcohol treatments. Other times it will be necessary for the team to step into the gap.

Over the years the London FDAC team has received training in:

- Drug and alcohol testing
- Motivational interviewing
- Trauma informed care
- CBT anxiety groups
- Video interaction guidance
- Mentalisation
- Social Behavioral Network Therapy
- Family Therapy
- Domestic abuse assessments
- Interventions with domestic abuse perpetrators

New sites need to get the basics right first and this is likely to include drug and alcohol testing, motivational interviewing and trauma informed care. New sites can then work more gradually towards acquiring the other skills. It is likely that there will be different gaps in different parts of the country creating different training needs.

Dimensions of intervention

The FDAC approach recognises four dimensions to intervention:

1. Achieving sustainable problem behaviour cessation
2. Addressing the traumatic drivers for problematic behaviours
3. Strengthening relationships
4. Building a child-centred lifestyle, including employment or training.

Beginning to achieve **sustainable problem behaviour cessation** includes:

- Abstinence from street drugs and alcohol +/- Methadone prescription
- Cessation of physical and emotional abuse
- Desistance from criminal activity
- Control of psychological symptoms
- Somewhere safe to live.

At the early stage of the FDAC intervention there is a lot of keywork support and use of motivational interviewing techniques. In addition the team encourage organizational skills and self-discipline in parents. Most services are accessed from the community, although if it is identified that a parent could benefit from antidepressant medication it is can be more effective to have them seen by the FDAC adult psychiatrist before liaising with the parent's general practitioner.

Cessation of problematic behaviours helps provide the stability and safety necessary for the other intervention dimensions.

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Addressing the traumatic drivers for problematic behaviours is an important further step to achieving long-term problem behaviour cessation. As well as being a problem, problematic behaviours are very often a solution to deeper, developmentally earlier problem, which is very often some combination of traumas and losses. Intervention here is about improving reflective capacity and insight and wherever possible the aim is to access time limited intensive psychotherapy. While some parents will need residential rehabilitation programs on the whole day programmes are preferred because they allow a fairer test of whether parents can remain abstinent in the community in a timescale compatible with their children's needs. Some domestic abuse services provide intensive treatment.

Strengthening relationships is always about the parent-child relationship but can include parents building an effective working relationship even where they are not planning to live together and especially where there has been a history of domestic abuse. This is an area where the London FDAC team has developed new skills including Video Interaction Guidance, a group for parents to reflect on feelings based on mentalisation techniques and family therapy.

Finally **building a child-centred lifestyle including employment and training** is about routines, social networks, and making a contribution to the community. It involves a range of activities from One O'clock Club to aftercare programs that provide training and preparation for work. FDAC use Social Behavioural Network Therapy and/or Family Group Conferences to help families get the best possible help out of their support networks. As part of this it can be very helpful to support parents to address problems like dental decay and tooth loss, which cause social anxiety.

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REVIEW REPORTS

Review reports are prepared by the FDAC keyworker for all non-lawyer hearings. These occur every 2 weeks after the second Case Management Hearing (around week 3 or 4 of the proceedings). In London they are sent out on Friday afternoon for court on Monday.

There are in four parts:

REVIEW REPORT
Introduction
• Names and ages of the children and parents • Date of the hearing • Week of proceedings reached • Thumbnail stretch of the case in a few sentences
What's going well about the 'trial for change'
• Includes something about the children and each parent under separate subheadings • Usually expressed in terms of general impressions of progress, appointments kept, negative tests recorded, new steps achieved and so on
What's not going well about the 'trial for change'
• Similar
Problems to be working on in the next 2 weeks
• Practical issues that potentially hold the key to further progress including housing, arranging child care so that appointments can be attended and so on.

They form the starting point for the judges briefing and discussion between the judge and the parents in court. The purpose of the non-lawyer hearings is to review progress with the agreed plan rather than to revise the plan. Where significant problems arise and revision of the plan is needed it will be necessary to make the next hearing one with lawyers and or bring forward the date of the next Review Intervention Planning Meeting.

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REVIEW INTERVENTION PLANNING MEETINGS (RIPM)

Review Intervention Planning Meetings occur roughly every 6-8 weeks after the initial IPM. Prior to the RIPM the child psychiatrist/psychologist, service manager, FDAC keyworker and possibly other team members meet for a 30-40 minute reformulation meeting.

The RIPM is attended by the parents, the local authority social worker and their manager, the children's guardian, and representatives from any other service currently working with the parent for example adult treatment workers or probation officers. It is chaired by the child psychiatrist/psychologist or service manager and includes the FDAC keyworker and any other member of the FDAC team who is working with the family.

As with the initial IPM sometimes it is necessary to have a short pre-meeting with the parents to warn them about recommendations they are likely to find distressing. This gives them a little private space to express their feelings and recover. Hopefully they will find the courage to stay for the full meeting.

The meeting will discuss:

- Updates: on the progress of the children and parents
- Timescales: for the children, parents and the court
- Development of the 'trial for change': in terms of testing, change of placement, new treatments, training and so on
- Review: date for the next RIPM and any hearing with lawyers

The FDAC team will file minutes of the meeting with the court by the end of the working week. The minutes will be a summary of the main points rather than a verbatim record of what each person said.

REVIEW INTERVENTION PLANNING MEETING MINUTES
Introduction
• Date of the RIPM • Week of proceedings reached and Age of Child/Children • Names and roles of those present • Apologies
Review of progress
• Up-dates on the child's health and development, placement, contact, treatment and so on

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• Up-dates on the parent's test results, attendance, treatment programme, housing and so on
Timescales
• Review of the timescales for the children's development, the parent's recovery and the court
Development of the 'trial for change'
• Next steps for the intervention plan
Review
• Date of next RIPM • Date of IRH or other hearing with lawyers

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REVIEW PARENTING ASSESSMENT

Introduction

The Review Parenting Assessment provides an overall assessment of whether the ‘trial for change’ has been successful and the changes are likely to be sustained.

It is normally completed around week 16-18 of the proceedings and filed by week 19. However the trial for change can be shorter and the Review Parenting Assessment filed earlier, where FDAC have been involved pre-proceedings and/or the outcomes at the Week 8-10 of proceedings are very poor.

Where the Review Parenting Assessment recommends an extension of the proceedings there will often be a need for a further Review Parenting Assessment to review what has been learnt/achieved.

The assessment

The Review Parenting Assessment is a summation of the evidence to date, but it also involves a reassessment. Normally the substance misuse specialist/clinical nurse specialist/domestic violence specialist and the social worker that did the Initial Parenting Assessment will see the family again. It will be import to see whether the protective and risk factors identified in the original report have shifted. We are interested in where parents are in the cycle of change and hoping to find evidence of change, sustaining change and healthy attitudes and responses to lapses and potential relapse.

Where in the Initial Parenting Assessment the protective and risk factors for the parent being able to meet the child’s needs was based on a reading on the court papers and talking to the parents. At this later stage there will be a lot more information about the children’s needs and timescales, the nature of the parent-child relationship and whether there is evidence that the child is thriving in the parent’s care.

Formulation

As with the Initial Parenting Assessment the report is substantially written during a formulation meeting with other key members of FDAC staff. This normally takes place in week 18 of the proceedings/ FDAC process. It lasts about 2 hours and is chaired by the child & adolescent psychiatrist/psychologist or in their absence the service manager. It is attended by the service manager (if not chairing) and the FDAC social worker and substance misuse/mental health/domestic abuse worker(s) that re-assessed the family. The third Review Intervention Planning Meeting usually follows on immediately after the formulation meeting.

The team members referred to above spend up to 40 minutes re-reading the Initial Parenting Assessment and the notes made by the FDAC social worker and substance misuse/mental health/domestic abuse worker from their re-assessment of the family in the previous weeks.

The next part of the meeting is spent discussing and entering into a template of the Review Parenting Assessment:

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- The outcome of the Children's Needs Meeting +/- any Child Psychiatric/Psychology Report
- An up-date on the children's timescales
- The protective and risk factors for the two big assessment questions:
  1. Are the parents on track to overcome their problems inside their children's timescales?
  2. Are the parents on track to meet their children's needs inside their children's timescales?
- Where families have made substantial progress we would expect the protective factors to have increased and the risk factors to have reduced or even changed to be protective factors.
- The narrative needs to come to a conclusion about where the parents are in the cycle of change and how their timescales for change fit with the timescales for the children's development and the court.
- Whether on balance the children should remain/be returned to their parent's care
- Whether more evidence is needed before the proceedings can be concluded
- Whether the court should extend the proceedings beyond 26 weeks

Cases should be finished inside 26 weeks where the child is not going home. However the Court will extend the proceedings beyond Week 26 where the FDAC Team's assessment can convince the parties and the Court:

- That there is not enough evidence to rule the parents out or conclude that the parents can meet the children's needs, however it is looking likely the proceedings will end with the child returning home, and
- It is in the child's best interests that the Court remains involved for a further period of initially 8 weeks, and then subject to further extensions if required.

The final part of the meeting is spent anticipating the issues likely to arise in the upcoming Third Review Intervention Planning Meeting (RIPM). The team would normally share the main conclusions and recommendations from their Review Parenting Assessment in the RIPM. Where these are likely to cause distress to the parent we would normally brief them privately before the meeting.

The final version of the Review Parenting Assessment will be finished over the next working week. The idea is to keep the reports as short as possible, so if a piece of information doesn't have a baring on the conclusions and recommendations it may not be worth including in the report. The FDAC social worker is usually responsible for pulling together the report and keep repetition to a minimum (see more detailed comments on this issue in the notes about the Initial Parenting Assessment on page 12). The child and adolescent psychiatrist/psychologist or team manager who chaired the meeting will be responsible for checking it before filing with the court.

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TEMPLATE FOR REVIEW PARENTING ASSESSMENT REPORT

INTRODUCTION
Family structure (Couple of sentences)
• Names, dates of birth, and relationship of all family members • Ages of the children
FDAC involvement
• Length (in weeks) and dates of any involvement prior to proceedings • Date came into proceedings • Week of proceedings
Initial formulation
• As appeared in Initial Parenting Assessment
Conclusions of the Children's Needs Meeting +/- Child Psychiatric/Psychology Assessment (A couple of short paragraphs)
• Any psychiatric diagnosis made • Whether or not child has additional needs, • Whether or not evidence children's health and/or development has been harmed by abuse and/or neglect • Any support or treatment recommended
Up-date on the Children's Timescales (A paragraph at most)
• What did we say in the Initial Parenting Assessment • If different now – why

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CONCLUSIONS OF RE-ASSESSMENT	
Are the parents on track to overcome their problems inside their children's timescales? (The table followed by narrative)	
Protective factors	**Risk factors**
• Secure housing • Positive relationships with partner, family and other support • Positive relationships with professionals • History of educational achievement and employment • Periods of abstinence and/or better functioning • Evidence of self-discipline and organisational skills • Capacity to take responsibility • Capacity to be reflective • Motivation to change	• Learning difficulties as a child • Any childhood history of trauma, disruption and loss including child abuse and/or neglect, other types of assault, separation from parents, including periods in care, bereavement • A family history of drug and/or alcohol abuse • Adult history of relationships with drug or alcohol users • Alcohol dependence, and/or narcotic dependence and/or benzodiazepine dependence and/or regular crack use and/or regular amphetamine use • Adult intimate relationships involving domestic abuse • Any other history of violence • Adult involvement in sexual exploitation and/or crime • Psychiatric history • Suicidal/homicidal behaviour or thoughts • Physical health problems including chronic pain, central nervous system disorders, blood borne viruses and dental decay • Housing and/or debt problems
The narrative: • Should come to conclusions about where the parents are in the cycle of change and how their timescales for change fit with the timescales for the children's development and the court. • Where families have made substantial progress we would expect the protective factors to have increased and the risk factors to have reduced or even changed to be protective factors.	
Are the parents on track to create a safe enough environment and meet their children's needs inside their children's timescales? (The table followed by narrative)	
Protective factors	**Risk factors**
• Capacity to be sensitive and responsive to their children's needs • Capacity to see their child(ren)'s perspective • Taking responsibility and feeling regret • Capacity for reflection • Motivation for change • Positive relationships with partner, family and other support • Positive relationships with professionals	• Intergenerational patterns of trauma and poor parenting • Previous children removed from these parents because of concerns about abuse and/or neglect and/or harm • Younger children especially newborn babies with tight timescales dictated by window for normal attachment • Evidence of significant abuse and/or neglect (especially sexual or physical abuse)

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- Independent reports of responding sensitively to their children

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- Concerns over the child(ren)'s health and/or development
- Denial of risks and/or harm to child(ren) in the face of compelling evidence
- Poor attendance at contact and/or concerns about the quality of interaction at contact
- Other evidence that the parent's problems are preventing them from meeting their children's needs
- Associating with other parents who are failing to meet their children's needs

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The narrative:

- Should come to conclusions about where the parents are in the cycle of change and how their timescales for change fit with the timescales for the children's development and the court.
- Where families have made substantial progress we would expect the protective factors to have increased and the risk factors to have reduced or even changed to be protective factors.

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RECOMMENDATIONS
Whether or not the children should remain/be returned to their parent's care
• Now • In the foreseeable future
Whether or not further evidence is required before the case can be concluded

• For instance is there enough evidence to say the parents will or won't be able to solve their problems and meet their children's needs in a timescale compatible with those needs?
• If not what further evidence will be required? For example;
  o To see how the mother and baby settle in their new independent accommodation
  o To see what happens when the father is reunited with the mother and baby
  o To see what happens when treatment services are reduced slightly
  o To see whether the situation stabilises after a mild lapse
  o And so on

Whether or not the FDAC team will be recommending proceedings extend beyond 26 weeks
• Where there are grounds to suggest further evidence is needed, does this mean proceedings continuing beyond 26 weeks (normally extensions are for 8 weeks at a time)?
Further monitoring, support, treatment or training needed
• This is independent of whether or not the children are to remain/be returned to their parents or further evidence is required before the case can be concluded • This could be an aftercare plan or a plan as part of continuing proceedings • Some parents will want to continue to work with FDAC towards their goals even when FDAC has ruled them out as viable carers for their children

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THE FDAC COURT PROCESS AND TIMESCALES

Statutory timescales and FDAC

The court has its own timescales. Legislation now requires care proceedings to be completed within 26 weeks, although the court may extend the period of the proceedings beyond 26 weeks if it considers that the extension is necessary in order to resolve the proceedings justly. Any extension must take into account any impact the extension may have on the welfare of the child (s.32 Children Act 1989, as amended).

As with ordinary proceedings, the aim in FDAC is to complete proceedings inside 26 weeks where children are not going home.

A timeline has been developed for FDAC proceedings to ensure that this problem solving court approach can, where possible, keep within the 26-week limit. Important steps in the process are linked to particular weeks in the proceedings, and weeks 4 and 20 are particularly important.

By the end of Week 4:

- The initial assessment is complete (week 1-2)
- The FDAC intervention team report on the initial assessment has been shared with the parties and filed with the court (week 3)
- The parents have chosen 'goals' to work on (week 2)
- The FDAC intervention team have held the first Intervention Planning Meeting, where the Trial for Change has been agreed and the Intervention Plan drawn up (week 2)
- The Intervention Plan has been shared with the parties and filed with the court (week 2-3)
- Finally the parents have signed an agreement to be open and honest, the parties have agreed the Intervention Plan and the court has given its authority to that plan (week 4)

By Week 20:

- The Trial for Change is complete (week 18)
- The FDAC intervention team have evaluated the Trial for Change and made recommendations about whether or not the child can return home at the third Intervention Planning Meeting (week 18)
- The critical question will be, "is there a reasonable prospect of returning the children home inside the children's timescales."
- The FDAC Review Parenting Assessment prepared by the intervention team has been shared with the parties and filed with the court (week 19)
- Where the FDAC intervention team recommend that the children do not return home, the FDAC Review Parenting Assessment report will normally be a final report and the Issues Resolution Hearing (IRH) on week 20 will, if required, set a date for a final hearing before week 26.
- Where the FDAC intervention team recommend that the children return home they will ask the court for permission to extend the proceedings beyond 26 weeks The court will hold an IRH in week 20 where it will decide to:

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- Extend the proceedings beyond 26 weeks, or
    - Set a date for a contested hearing, or
    - Bring the proceedings to an end by general agreement.
- The Court will agree to extend the proceedings beyond Week 26 where the FDAC Team's assessment can convince the parties and or the Court:
    - That there is not enough evidence to rule the parents out or conclude that the parents can meet the children's needs, however it is looking likely the proceedings will end with the child returning home, and
    - It is in the child's best interests that the Court remains involved for a further period of initially 8 weeks, and then subject to further extensions if required.
- If the proceedings are extended, non-lawyer reviews, Review Reports and Review Intervention Planning Meetings will continue. It is also likely that a further Review Parenting Assessment will be required.

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DETAILED PROCEEDINGS TIMELINE
WEEK 0: LA ISSUE APPLICATION

Children	Parents	Local Authority	Court	Intervention Team	Other Agencies
Likely the local authority believe something has happened to bring the matter into proceedings	1. The parents will be informed by the local authority that their child will be subject to care proceeding in FDAC 2. Receive papers from the court including information about FDAC 3. Instruct a solicitor	1. If there is more than one local authority issuing in the same FDAC court there may need to be some negotiation over dates 2. Notify the FDAC service manager they have a case they want to list and confirm a date 3. Issue an application to the court	1. Listing the case in FDAC 2. Serve the papers 3. Allocate a children's guardian who in turn instructs a solicitor	Helping to prioritize and coordinate the local authority's new case so that there is one or at the most two a week	Not directly involved yet

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WEEK 1: CMH FOR INTRODUCTION AND INITIAL ASSESSMENT

Children	Parents	Local Authority	Court	Intervention Team	Other Agencies
1. May be made subject of a court order 2. Potentially move out of the family home 3. Potentially start contact arrangements with family 4. Potentially meet social worker and children's guardian for first time	1. Attend court a. Potentially contest the local authority's application b. Meeting the FDAC judge and intervention team, including parent mentor c. Provide permission for FDAC to contact other agencies and be part of evaluation of FDAC 2. Attend full day assessment with intervention team 3. Receive diary	1. Apply for either an Interim Care or Interim Supervision Order 2. Provide FDAC with a set of papers by the first hearing 3. Start providing the family with travel money	Case Management Hearing a. Decide on which order b. Potentially set down a contested hearing on removal c. Introduce the FDAC process and team	1. Meet the family in court and answer their questions 2. Meet the other parties 3. Identify all the agencies involved in the family's case and make contact 4. Convene an Intervention Planning Meeting 5. Carry out an initial assessment of: a. The timescales for the children b. The parents' strengths and difficulties c. What needs to change and timescales for change d. Identify what monitoring, support and treatment will be required from whom	Made aware of what FDAC will expect

WEEK 2: FIRST IPM AND SUBMIT INTERVENTION PLAN

Child	Parent	The Local Authority	The Court	The Intervention Team	Other Agencies
1. Contact 2. Potentially LAC procedures begin 3. Potentially seen by the FDAC team if there are urgent needs	Attend Intervention Planning Meeting to a. Set goals for change b. Provisionally agree the FDAC Intervention Plan	1. Social worker and manager to attend Intervention Planning Meeting and provisionally agree the FDAC Intervention Plan 2. Family Group Conference organised 3. Viability assessments of relatives initiated 4. Statutory responsibility for visiting the child	Children's Guardian to attend Intervention Planning Meeting and provisionally agree the FDAC Intervention Plan	1. Formulate the FDAC assessment 2. Hold Intervention Planning Meeting 3. Broker provisional family and interagency agreement for the trial for change as set out in the FDAC Intervention Plan 4. Submit Intervention Plan 5. Start data entry	Representatives to attend Intervention Planning Meeting and agree the FDAC Intervention Plan

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WEEK 3: SUBMIT FIRST REPORT

Child	Parent	The Local Authority	The Court	The Intervention Team	Other Agencies
1. Contact 2. Regular visits from local authority social worker	1. Consider Intervention Plan and discuss with solicitor and suggesting any revisions 2. Potentially start attending FDAC for testing and key work 3. Meeting to consider what a parent mentor can offer and whether they want to be matched	Considering the FDAC intervention plan and suggesting any revisions	The children's guardian to considering the FDAC plan and suggesting any revisions (Guardian to file Initial Analysis in time for sign up hearing)	1. Submit first report 2. Potentially beginning work with the family and other agencies including FDAC housing lead	Any immediate actions such as titrating parents onto a Methadone script

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WEEK 4: FCMH FOR SIGN UP AND TRAIL FOR CHANGE OFFICIALLY BEGINS

Child	Parent	The Local Authority	The Court	The Intervention Team	Other Agencies
1. Contact 2. Regular visits from local authority social worker	1. Attend court to agree a. Intervention Plan b. Agree any testing and arrangements for funding c. Sign an agreement with the judge to be open and honest 2. Begin regular testing with breathalyser and oral fluids 3. Attend FDAC once a week	1. Attend court to agree Intervention Plan 2. Draw up any directions needed	1. Further Case Management Hearing to give the Intervention Plan the authority of the court 2. Directions on testing	1. Trial for change officially begins when parents sign up at FCMH 2. Further implement plan 3. Continue working with the family including 3-way meetings with treatment services and the parents 4. Complete the initial data entry	Implement plan and update the intervention team on progress and any indication of increased risks

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WEEKS 5-9: TRIAL FOR CHANGE UNDERWAY

Child	Parent	The Local Authority	The Court	The Intervention Team	Other Agencies
1. Contact 2. Regular visits from local authority social worker 3. Meet intervention team worker at contact 4. Potentially meet the intervention team child psychiatrist	1. Use a diary to manage appointments 2. Try to maintain a high level of attendance for contact, court, monitoring, support and treatment 3. Work on putting the intervention plan into practice, usually a. Making the problems safe (by ending domestic violence, abstinence from drugs and alcohol, improving mental health) b. Understanding what was driving the problems	1. Social worker to attend fortnightly court reviews 2. Social worker to arrange Children's Needs Meeting 3. FGC 4. Viability assessments of relatives 5. Statutory responsibilities for visiting the child	1. Fortnightly non-lawyer reviews to be attended by the parents, social worker, guardian and intervention team 2. Hearings with lawyers only if problems require	1. Weekly key work and testing 2. Fortnightly review reports 3. Chair children's Needs Meeting provide further advice on children's needs and timescales 4. Observation of contact including 1-2 Video Interaction Guidance sessions 5. Child psychiatric assessment of the children where necessary	1. Assist family as set out in the plan 2. Feedback to the intervention team 3. Report any indication of increased risks

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WEEK 10: SECOND IPM

Child	Parent	The Local Authority	The Court	The Intervention Team	Other Agencies
1. Contact 2. Regular visits from local authority social worker 3. Receiving treatment for any mental health problems from local services	Attend Intervention Planning Meeting to review progress and plan next steps	Social worker and team manger to Attend Intervention Planning Meeting to review progress and plan next steps	1. Children's guardian to attend Intervention Planning Meeting to review progress and plan next steps 2. Potentially further directions on testing	1. Chair Intervention Planning Meeting 2. Brokering agreement for the next stage of the trial for change 3. Establish what further evidence will be needed for the IRH at week 20	Attend Intervention Planning Meeting to review progress and plan next steps

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WEEKS 11-17: TRIAL FOR CHANGE COMPLETED

Child	Parent	The Local Authority	The Court	The Intervention Team	Other Agencies
1. Contact 4. Regular visits from local authority social worker 5. Meet intervention team worker at contact 6. Receiving treatment for any mental health problems from local services	1. Use diary to manage appointments 2. Try to maintain a high level of attendance for contact, court, monitoring, support and treatment 3. Work on putting the intervention plan into practice, usually a. Keeping safe b. Building on understanding of problems c. Strengthening relationships with children d. Building a child-centered lifestyle	1. Social worker to attend fortnightly court reviews 2. Finalize assessments of any relatives 3. Statutory responsibilities for visiting the child	1. Fortnightly non-lawyer reviews to be attended by the parents, social worker, guardian and intervention team 2. Hearings with lawyers only if problems require	1. Weekly key work and testing 2. Fortnightly review reports 3. Observation of contact including 1-2 further Video Interaction Guidance sessions 4. Other FDAC treatments as required 5. Prepare an evaluation of the trail for change	1. Assist family as set out in the plan 2. Feedback to the intervention team 3. Report any indication of increased risks

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WEEK 18: THIRD IPM WITH RECOMMENDATIONS ON OUTCOME

Child	Parent	The Local Authority	The Court	The Intervention Team	Other Agencies
1. Contact 2. Regular visits from local authority social worker 3. Receiving treatment for any mental health problems from local services	Attend Intervention Planning Meeting to review progress and plan next steps	Social worker and team manger to Attend Intervention Planning Meeting to review progress and plan next steps	Children's guardian to attend Intervention Planning Meeting to review progress and plan next steps	2. Chair Intervention Planning Meeting 3. Summarize their evaluation of the trial for change a. Safety b. Sustainability c. Parent's ability to meet child's needs 4. Make recommendation about whether a. Child is returned/allowed to remain with the parents b. Proceedings extended beyond 26 weeks 5. Broker a provisional agreement, for any further trial for change/consolidation of change including preparing for a child to go home if that is the plan	Attend Intervention Planning Meeting to review progress and plan next steps

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WEEK 19: SUBMIT REPORT ON TRIAL FOR CHANGE/FINAL REPORT

Child	Parent	The Local Authority	The Court	The Intervention Team	Other Agencies
	Consider their position in relation to the intervention team's recommendations	Local authority consider their position in relation to the intervention team's recommendations	The children's guardian considers his/her position to in relation to the intervention team's recommendations	1. Submit the IPM minutes and report on trail for change/final report with recommendations about outcome 2. Potentially complete final data entry	

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WEEK 20: IRH

Child	Parent	The Local Authority	The Court	The Intervention Team	Other Agencies
			An Issues Resolution Hearing to consider a. The need for a contested hearing, or b. Uncontested final hearing, or c. Uncontested extension beyond 26 weeks		

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EITHER WEEK 24: POTENTIAL CONTESTED FINAL HEARING

Child	Parent	The Local Authority	The Court	The Intervention Team	Other Agencies
			Contested final hearing		

OR WEEKS 20-50: POSSIBLE EXTENSION OF TRIAL FOR CHANGE

Child	Parent	The Local Authority	The Court	The Intervention Team	Other Agencies
Rehabilitation home for those children not already there	1. Consolidating a. Keeping safe b. Understanding of problems c. Strong relationships with children d. Child-centred lifestyle	1. Social worker to attend fortnightly court reviews 2. Statutory responsibilities for visiting the child	1. Fortnightly non-lawyer reviews attended by the parents, social worker, guardian and intervention team 2. Hearings with lawyers only if problems require 3. Final hearing	1. Weekly key work and testing 2. Fortnightly review reports 3. 8 weekly IPMs 4. Producing final report 5. Complete final data entry	1. Assistance to the family 2. Feedback to the intervention team

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VIEWS OF PARENTS JUDGES AND OTHER PROFESSIONALS

General observations and reflections

“At first I didn’t like him [the Judge] because he was honest. He was saying it how it was and it was bad. It was horrible. But now I know it was the truth.” [Parent]

“When I signed up for FDAC I was a broken person, but I didn’t realise it. I’d had trauma from my teens, mental health problems, violence, and sexual assault and I’d become an addict. I’d gone from one violent relationship to another and was using. To go into court as an addict but to be seen as a human being was the start of my journey to treatment.” [Parent]

“It wasn’t like the experience I’d had of the criminal court. Very early on a relationship started to build up. I was given the opportunity to speak and build up this relationship with the judge, the social worker and the professionals. I knew what was happening. I knew the plan. It makes me want to cry thinking back to it. I was given the opportunity to speak about myself, and to learn, and to gain trust.” [Parent]

“At first I thought the judge would judge me badly, take my children away and tell me to get out. Instead he was soft spoken, and I found the trust in him. I was used to people always being shouty with me. The judge got me talking, he wanted to hear about myself and what was wrong. I was scared of telling him to begin with and for about four months I wouldn’t and then one time in court I got very emotional and thought I would tell him. I was very surprised because I found that he was even nicer to me then.” [Parent]

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

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

“It’s important to be more informal than in traditional proceedings, and not be too caught up in process.” [FDAC judge]

“Whenever a case is called into court I always try to address the parent or parents first, even when they are represented. It is important for them always to understand that they are central to the proceedings and the most important people in the room.” [FDAC judge]

“I always ask parents about their children. Often I will ask to see a photograph. If, as it usually is, the photograph is on their mobile phone, I will cross the court to look at it, although sometimes I

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am not quick enough and they come straight over to me! If they don't have a photo with them I ask if they can bring one next time, and when they come next time I will have made a note to ask if they have brought it." [FDAC judge]

"Too many parents have said that they did not feel that they were really involved in proceedings (outside of FDAC). Too many have said that their lawyers did all the talking and that it was as if they were not there. Too often they say that the proceedings seemed punitive." [FDAC judge]

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

"It follows that the layout of the court is important. We have a horseshoe layout; this may not be possible in some courts. However I think the judge should to be on the same level as everyone else, and that the parents should be sitting next to their lawyers." [FDAC judge]

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

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

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

"To begin with I was nonplussed with FDAC –'why am I here'. Over time I noticed; far less faffing around finding experts; it frees you up; liberating; you can be more reflective and focus on child's wishes and feelings and parallel planning assessments. FDAC reports are gold standard – spot on and much more helpful than, for example, the report of an adult psychiatrist on prognosis. When I am working on other cases, I often think 'what would FDAC do' – it has benefited my practice." [Guardian]

"Much more collaborative, transparent, open and honest, and much less antagonistic than ordinary care proceedings. You can sit in a meeting and say what concerns you really have, and FDAC will guild their assessment and intervention around that. FDAC has services that parents can access straightaway - which makes the process much more hopeful. Outcomes are better in lots of ways – whether or not the children go home. Because it is open and honest and collaborative and working with parents all the way, so when you get to the final hearing it is much more constructive." [Guardian]

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“Families and lawyers all say this is completely different to the usual process. Our judges speak directly to parents throughout (non lawyer review or not). Parents take more responsibility throughout. It’s very positive. There are far fewer contested hearings. FDAC helps parents to take responsible decisions about their children, so where children can’t go home parents are more often involved in that and so contact arrangements work better. All the professionals involved – including lawyers – build better relationships with parents.” [Local authority solicitor]

“There is scope to go outside 26 weeks but the extension must be purposeful. You tend to know early on whether a parent can engage and make use of the help or not. It is a positive outcome if a parent can recognise that they can’t do this in the child’s timescale.” [Private practice lawyer]

“Lawyers had real worries about non lawyer reviews when FDAC first started, but concerns addressed by having a note of what is discussed. Lawyers not familiar with FDAC, particularly barristers, find it very difficult to cope with parents speaking directly to the Judge. Parents say it is a fair and transparent system.” [Private practice lawyer]

“Success is not just return home of children – it is also parents recognising their problems and carrying on with treatment. There are real benefits in not having a contested hearing at the end of a case because parents have been able to recognise that their problems will take too long to resolve.” [Private practice lawyer]

The following is written by Judge Crichton:

Judge’s briefing

Except for preliminary hearings the Judges will always have received a report from the FDAC team prior to the matter returning to court. In London the court sits on Monday and the report is sent by email on Friday afternoon.

The judge’s briefing is a one-hour meeting with the FDAC team before the court opens. In London a Judge might see 15 cases over the course of the course of a busy day, and the briefing is a chance for the Judge to make sure he or she has a clear picture of each family in their mind. Sometimes the Judge will want to discuss the content of FDAC reports, or the team will warn the Judge that a particular parent is in a fragile state of mind.

In London we don’t keep a record of this meeting but the Judge will sometimes refer to it in court.

Preliminary hearing

“The parents will have met the FDAC team outside the courtroom. When they come in, once they and their lawyers have been introduced, I always address myself to the parents first. Invariably they will be looking anxious. I ask them how they are feeling and tell them not to be nervous. I tell them that I have read something of the papers and understand that they have a problem. I

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say that I know that they will have met the team and will have gained some idea of what the project can offer them. I say that I hope that they will come into the programme and give it a go, but that is not a decision for today. It may be that they will say something. More often they are still nervous. I then turn to the FDAC team and they will confirm that they have met with the parents and are getting some idea of what this is about. Usually they will tell me that the family are keen. Then I will turn to the parents' lawyers, who usually confirm that their clients are interested in coming in to FDAC. Then I will turn to the local authority, and a local authority lawyer has recently told me that she prefers to be addressed after the parents' lawyers. Then I will go to the child's lawyer and the Children's Guardian. However, the order in which I seek information from the lawyers will very much depend upon feeling the atmosphere in the room. A colleague judge has suggested that speaking to the local authority lawyer first can settle nervous parents. Some parents are up for it, others are a bit frightened, and occasionally one can be confrontational.

Once we have had things sorted I will make sure that the parents understand how the next couple of weeks will work. I tell them that I look forward to seeing them in two weeks' time, when we have the assessment and the intervention plan. I say that I hope that they will come into the programme and that I look forward to working with them. I explain that if they come into the project they will be asked to sign an agreement, and that the most important part of that agreement is that they should be open and honest with us all. I tell him that this programme will be the best chance they have of retaining or recovering the care of the child. I always close by asking if there is anything they would like to ask me. (The team will ask the parents for written permission to liaise with other professionals working with the family – see page 63. They also timetable the case to reappear in 3-4 weeks –see page 64)

Sign-up hearing

Much the same as the preliminary hearing I look at the parents first, ask them how they are doing. I ask if they have read their assessment and intervention plan. What do they think? I will say that I have read them and believe that the plan is a really good plan for tackling their difficulties. It is helpful to ask if the parent positively wants to be part of FDAC, and to stress that it will be very hard work, but it will be their best chance of retaining/recovering the care of their child. I might ask how is their child, how is contact going? I will then address the lawyers in much the same order as before. If the parents say that they are coming into the programme I will ask them to sign the agreement (see page 65), again stressing the importance that they should be open and honest with the team and with the court, indeed with everybody who seeks to help them.

This is the hearing at which directions will be drawn up, leading to the CMH. Once we have got that sorted out I fix the date for the first non-lawyer review. I tell the parents that from here on they will attend fortnightly reviews without their lawyers, and that I will be their judge throughout, unless I am unwell or on leave. I explain that we will not discuss legal matters – I can certify for their lawyers to attend in two weeks time if any legal difficulty should arise. I say how much I am looking forward to working with them, and that I hope they will feel able to talk about things that may be going well, or which may be troubling them. I tell them that it is most important that they

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confide in their key worker and try to open up and come clean about their difficulties. This is the best way that we can help.

Non-Lawyer Reviews (NLRs)

Parents are likely to be nervous at the first NLR. As before, I always address them first, asking how things are going. If treatment has already started I will ask how they feel about that. Then I will address the FDAC key worker, seeking an indication as to how the parents have engaged. We then get into a general discussion involving the key worker, the allocated social worker and the Children's Guardian. I very much go with the atmosphere, always making sure that the parents have an opportunity to open up and to give opinions as to what is going on and how they feel about it.

I always make it clear to parents that I have received a written report about their progress in the last two weeks, and that the FDAC team has briefed me earlier that day. Sometimes I will tell them what the team have discussed with me and ask them if they feel that that is fair and accurate. The team will often have given me an indication as to whether I should be gentle with a fragile parent, or whether I need to tell the parent to sharpen up, e.g. with attendance at FDAC sessions or with their treatment provider.

The FDAC team will have made it clear to parents that time is crucial. Their child cannot wait too long for them to get it right, and the Government have imposed time limits (26 weeks!), although they can be extended if the parents are really engaged and working. Some time early on I will reiterate this message.

At some point, usually at the first or second NLR, I start to use the parents' first names. Sometimes I remember to ask their permission, or not! I do not believe that this risks losing the authority of the court. No parent has ever asked to use my first name!

I keep special notebooks for FDAC hearings. I make a note of anything personal a parent tells me, such as visits by relatives, family birthdays, important appointments that lie head. Then, when they next appear, I have a note to remind me to ask them about that event and how it went. This makes them feel that I do know whom they are and that I am genuinely interested in them.

If there are issues of domestic violence and abuse, I may tell parents that it is no part of the court's function to tell an adult with whom they may or may not have a relationship. However, I will also tell them that if there is evidence of domestic violence and abuse, that is likely to be harmful to their child and it may be that they will have a choice to make if they want to keep or recover the care of their child. If things are going well, at the end of the NLR I often tell parents that the best message I can give them is to provide more of the same by the time we meet again. If I already know that I will not be the judge at the next hearing, perhaps because I will be on leave or when I am covering for "their" judge, I always try to tell parents who the judge will be on that occasion so that they are not taken by surprise.

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It is part of the judge's role in motivating parents always to try to turn negatives into positives. If a parent has had a lapse, perhaps having a drink to celebrate a birthday, and they have owned up to their key worker, I congratulate them. I tell them that a lapse can be part of the progress to recovery, and that owning up to it is a very positive sign. A severe relapse is more difficult. I always try to be sympathetic, unless it is undeserved. Sometimes I will say, "please don't let me and the team down again, but above all please don't let yourself down again". (The FDAC team keep a short note of any decisions or actions agreed in the NLR, which is distributed to all the parties – see 66).

Graduations

Where proceedings end with children returning home parents are said to have "graduated". In FDAC we mark this with a little ceremony. After the formalities of the final hearing are over there is a small celebration. Families sometimes bring their children, other family members or other non-professionals and professionals who have played a role in their success. There is an opportunity for people to speak. Speeches tend to be informal and brief but are often very moving. Then the Judge presents the parent with a certificate and photographs are taken. Depending on the relationship with the family it is not unusual for the local authority social worker and the lawyers to join in. The whole thing takes 10-15 minutes.

In the Milton Keynes and Buckinghamshire FDAC parents will be offered a chance to graduate even if their children are not returning to their care. They find it important to celebrate other achievements with addressing their problematic behaviours and so on.

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NATIONAL UNIT FDAC The problem-solving court

FDAC CONSENT TO LIAISE

To be taken to court at first hearing to obtain consent from parent/s to liaise and share information with other agencies

Name of Client:

Contact Number:

I give my consent for you to talk to all those agencies involved with my family which you consider can provide useful information for an assessment and treatment plan. (Please see list below).

Agency	Name	Telephone	Email
GP			
Treatment Workers/ Keyworkers			
Treatment Workers/ Keyworkers			
Housing			
Family Support Worker			
Other			
Other			

I understand that in the event that you have clear evidence of significant harm to myself or someone else, you may talk to other agencies without my consent.

Signed (Client)... Date: / /

Signed (FDAC Worker)....................................... Date: / /

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TIMETABLE FOR FDAC COURT

Date of Hearing (2016):	Monday 4 April	Monday 11 April	Monday 18 April	Monday 25 April	Monday 2 May
Judge:					
10.00					
10.30					
11.00					
11.30					
12.00					
12.30					
2.00					
2.30					
3.00					
3.30					
4.00					

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NATIONAL UNIT FDAC The problem-solving court

FDAC PARENTS AGREEMENT

Parental sign-up form: parent's agreement to commit to FDAC Intervention Plan (signed 2nd hearing)

CHILD/REN'S NAME(s):

CASE NUMBER:

DATE:

NAME OF PARENT:

I agree to participate fully in the Family Drug and Alcohol Court (FDAC), and participate fully in the Intervention Plan that has been prepared by the FDAC team. I agree to be open and honest with the Court and the Professionals working with me and my child(ren).

I understand that the FDAC team is recognised by the Court as an independent expert team, authorised and appointed to carry out an assessment of me and my family, and I accept that the FDAC team is independent.

I will attend all appointments fixed for me by the FDAC team and FDAC court hearings on time.

I understand that the FDAC team will liaise and share information with all Professionals involved with my family, and that all the Professionals involved will receive a copy of the Intervention Plan.

I will report to the FDAC as directed by the Judge or as otherwise required in my Intervention Plan, and I will engage in discussions in open court with the Judge as to my progress with the Intervention Plan.

I understand that if any issues arise at my Review Hearings which the Court considers requires me having legal advice my case will be adjourned to another date so that I can take advice from my Lawyer.

In the event that the Court decides that I should not continue in the FDAC scheme, or in the event that I end my participation in the FDAC process, I accept that I will be excluded from the FDAC scheme.

Signatures

Parent: ....

Parent's Solicitors ....

Approved

Judge: ....

FDAC team: ....

☐ Please tick if you agree for the Initial FDAC parenting assessment report to be disclosed to any treatment agencies FDAC identifies to support your recovery.

Signed.................................... (Parent)

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COURT HEARING MINUTES FORM

To be completed at all hearings by FDAC key worker from 2nd hearing onwards; by relevant FDAC team member at first hearing

<table>
<tr><td colspan="14">DATE OF FDAC HEARING:</td></tr>
<tr><td colspan="14">FAMILY NAME:</td></tr>
<tr><td>HEARING TYPE: 1st</td><td></td><td>2nd</td><td></td><td>CMH</td><td></td><td>IRH</td><td></td><td>Lawyer</td><td></td><td>Non L</td><td></td><td>Final</td><td></td></tr>
<tr><td colspan="7">PARENT SIGN UP:
MOTHER YES / NO</td><td colspan="7">FATHER YES / NO</td></tr>
<tr><td colspan="14">JUDGE:</td></tr>
<tr><td colspan="4">CONTESTED:</td><td colspan="5">IF SO WHY:</td><td colspan="5">LENGTH (No. DAYS):</td></tr>
<tr><td colspan="4">EXTENSION REQUESTED:</td><td colspan="5">WAS IT GRANTED:</td><td colspan="5">NO. OF WEEKS ALLOWED:</td></tr>
<tr><td colspan="14">PARENT MENTOR PRESENT: YES / NO</td></tr>
<tr><td colspan="7">DATE FOR FDAC TO FILE A REPORT:</td><td colspan="7">TYPE OF REPORT:</td></tr>
<tr><td colspan="14">LIST ANY ADDITIONAL EXPERT REPORTS ORDERED/AGREED HERE:</td></tr>
</table>

ISSUES RADED

ACTION POINTS

Signed (FDAC Team): Date:

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FDAC DATA SET

It will be important for all FDAC teams to collect data in order to measure outcomes for parents and children at the end of the FDAC intervention. This will be important locally to indicate the effectiveness of FDAC and to support arguments for longer term sustainability but it will also be an important contribution to building up the national evidence base about FDAC.

The FDAC National Unit has developed a set of data tools that are intended to collect information about:

- The population being served by FDAC
- Outcomes for parents and children
- Process issues – such as length of cases, use of additional experts.

The tools are designed to collect data at the start of the families' contact with FDAC and then again at the end. The FDAC keyworker will complete the data collection forms and data from the forms will then be entered onto an access database. Teams will be provided with training on using access to analyse information and create reports.

Information for the tools will be collected through the assessment process and from the background papers, from children's needs meetings, from standardised tools used with parents and through the on-going keyword sessions with parents.

Collecting details about the characteristics of the parents and children at the start of the proceedings will help establish the population being served by FDAC in your area – which can then be compared with other areas and with the original evaluation of the London FDAC.

In relation to outcomes, we are interested in whether FDAC helps parents to change over time, and the impact this has on children. The tools will record whether children return to their parents at the end of proceedings or whether they are placed permanently elsewhere but they will also record change for parents in relation to:

- Substance misuse
- Mental Health
- Domestic Abuse
- Crime
- Housing
- Lifestyle

For children, they will record change in the parent/child relationship and any changes in emotional or behavioural development, crime and education.

Process information will be collected on the length of proceedings and of contact with FDAC; the number of non-lawyer reviews held; the number of additional expert evidence, if any, ordered in FDAC cases; and whether or not final hearings are contested. All of this information will be important for value for money arguments.

The outcome framework is the subject of a further training.

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