

# The Family Drug & Alcohol Court (FDAC) Evaluation Project

## Highlights from the Final Report

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### Background

The Family Drug and Alcohol Court (FDAC) is a new approach to care proceedings, in cases where parental substance misuse is a key element in the local authority decision to bring proceedings. It is being piloted at the Inner London Family Proceedings Court in Wells Street. The pilot began in January 2008 and runs until March 2012. It is funded by the Department for Education, the Ministry of Justice, the Home Office, the Department of Health and the three pilot authorities (Camden, Islington and Westminster). It is the first court in England and Wales to take a problem-solving approach to care proceedings.

Parental substance misuse is a serious social problem causing major problems for the children concerned, the wider family, the social care system, the courts and society as a whole. It is a significant factor in up to two-thirds of care cases. Catalysts for the FDAC pilot were: concerns about the unsatisfactory response to parental substance misuse through ordinary care proceedings; poor child and parent outcomes; insufficient co-ordination between adult and children's services; late intervention to protect children; delay in reaching decisions; and the soaring cost of proceedings, linked to the cost of expert evidence.

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## How does FDAC differ from ordinary care proceedings?

FDAC is a specialist problem-solving court with a multi-disciplinary team of practitioners attached to the court. The team is provided by a partnership between the Tavistock Portman NHS Foundation Trust and the children's charity, Coram. Key differences from ordinary care proceedings are:

- judicial continuity – FDAC has two dedicated District Judges;
- frequent non-lawyer review hearings in which the judges encourage and motivate parents to turn their lives around;
- a multi-disciplinary specialist team attached to the court, providing speedy expert assessment, support to parents, links to relevant local services, and parent mentors who have overcome similar difficulties in the past;
- quick access to a dedicated team of children's guardians; and
- a rapid and co-ordinated treatment intervention.

## How was the evaluation conducted?

FDAC was evaluated by a research team at Brunel University, funded by the Nuffield Foundation and the Home Office.

The study tracked all cases (55 families, with 77 children) entering FDAC in the first 18 months and compared them with ordinary care cases involving parental substance misuse heard during the same period (31 families, with 49 children). All 86 cases were followed up for six months from the first hearing, and it was possible within the research timescales to follow 60 of them (41 FDAC, 19 comparison) as far as the final order.

Interviews were held with parents, FDAC judges, the specialist team and the court staff and commissioners involved in the set-up and implementation of FDAC. Focus groups were held with parent mentors and with the professionals involved in FDAC cases (lawyers, children's guardians, social workers, adult substance misuse workers).

## The potential of FDAC – development options in line with the government's approach

A small-scale study can make only tentative suggestions about what lies behind its results. But the single biggest difference between FDAC and comparison cases was the receipt of FDAC by parents in the pilot authorities. Otherwise, the families were very similar:

The FDAC approach, of using care proceedings to motivate parents to engage with treatment and of providing multi-disciplinary support, with a focus on the whole family, is in line with the government's *2010 Drug Strategy* (page 22). Furthermore, it is endorsed in two recent reviews undertaken for the government. The interim report of the *Family Justice Review* notes that FDAC shows 'considerable promise' and 'potentially justifies a further limited roll out' (page 141). It is also positive about using multi-disciplinary teams for court assessments.

The *Munro Review of Child Protection* – also positive about the FDAC approach – refers to the benefits of multi-disciplinary teams carrying out intensive assessment and therapeutic work with families based on the findings from these assessments. The report encourages local authorities to consider setting up such teams as part of their provision for children and families. (Munro final report, pages 101-104)

## Findings from the FDAC evaluation

### Substance misuse: more FDAC parents controlled their misuse

- Of the 41 FDAC mothers tracked to final order, 48 per cent (19) were no longer misusing substances by that time. This was higher than the 39 per cent (7 of 19 mothers) in the comparison group. In relation to fathers, 36 per cent of FDAC fathers (8 of 23) were no longer misusing substances, but no comparison father stopped misusing.

### Reunited families: higher rate of FDAC family reunification

- More FDAC than comparison parents were reunited with their children. Of the 41 FDAC mothers, 39 per cent (16) were reunited with their children by the final court order, as opposed to 21 per cent (4 of the 19 mothers) in the comparison group.

### Services: more FDAC parents engaged in treatment and other services

- FDAC parents accessed substance misuse services quicker, received a broader range of services in the first six months, and were more successful at staying in treatment throughout the proceedings. More FDAC parents received help from housing, benefits and domestic violence services.

### Length of proceedings: a more constructive use of court time

- The average length of cases was the same as in conventional proceedings. The FDAC cases where parents and children stayed together at final order took about eight weeks longer than similar cases in the comparison sample. This can be seen as 'purposeful delay', to help consolidate recovery and safe parenting.
- It took on average seven weeks less for children to be placed in a permanent alternative family when parents

could not control their substance misuse. Swift decision-making when parents cannot address their substance misuse is in line with FDAC's aims.

- FDAC's fair approach to parents meant that fewer cases became contested hearings.

### Costs: savings for local authorities and potential savings for courts and the Legal Services Commission

- The average cost of the FDAC team per family is £8,740 over the life of the case. This cost is offset by the savings to local authorities from more children staying within their family.
- FDAC reduced costs in other ways, too: through shorter care placements (£4,000 per child less); shorter court hearings and less need for legal representatives at hearings (saving local authorities £682 per family); and fewer contested cases. In addition, the specialist team carries out work equivalent to that done by experts in ordinary care cases. This saves £1,200 per case.
- FDAC has the potential to save money for courts and the Legal Services Commission and, in the longer term, for adult treatment, health and probation services. The costing method used for this evaluation provides a solid basis for investigating the cost effectiveness and cost benefits of the FDAC model.

### Parents and professionals want FDAC to expand

- Parents particularly liked seeing the same judge every time and getting practical and emotional support from the FDAC team. They wanted other parents to have this, too. All the professionals considered FDAC to be a better approach than ordinary care proceedings and were clear that it should be rolled out. So did the parent mentors.

## Four main ways to develop FDAC further – our recommendations

1. The evaluation found that the majority of parents who entered FDAC had long-standing and entrenched difficulties which made these 'hard cases' in which to achieve good outcomes. **Bringing cases to court earlier** might improve the chances of success. This would have cost implications, but it also has the potential to produce savings in the long term if outcomes are improved.
2. The provision of a **pre-birth assessment and intervention service** provided by the specialist team is now being trialled in the three pilot local authorities. The aim is that this will improve outcomes in relation to controlling substance misuse and families staying together. Poor parental engagement at this stage would, however, lead to quicker planning for alternative permanent care. This development is in line with the Allen Review's emphasis on the importance of effective interventions in the first three years of a child's life.
3. FDAC could also play a valuable role for families living together at the end of the case through the provision of a **short-term aftercare service**. Its purpose would be to help parents sustain their recovery and continue to parent effectively once proceedings end. Research shows that reunifications when parents have misused substances are particularly fragile.
4. The evidence suggests that FDAC is a promising approach that is leading to better outcomes for children and their parents than conventional care proceedings and service delivery. **Setting up FDAC in one or two further sites** would provide lessons about how the model might be developed in different circumstances.

## About the Nuffield Foundation

The Nuffield Foundation is an endowed charitable trust that aims to improve social well-being in the widest sense. It funds research and innovation in education and social policy and also works to build capacity in education, science and social science research.

The Nuffield Foundation has funded this project, but the views expressed are those of the authors and not necessarily those of the Foundation.

## For more information

The full FDAC evaluation report and a free-standing executive summary are available to download from the Brunel University website, at [www.brunel.ac.uk/fdacresearch](http://www.brunel.ac.uk/fdacresearch)

The report should be cited as follows:  
Harwin J, Ryan M and Tunnard J, with Pokhrel S, Alrouh B, Matias C and Momenian-Schneider S (May 2011)  
The Family Drug and Alcohol Court (FDAC) Evaluation Project Final Report.  
Brunel University.