

Introducing the highlights from:

After FDAC: outcomes 5 years later

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Prepared for the DfE Children's Social Care Innovation Programme - September 2016

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About the FDAC research team

This briefing paper introduces the main findings from a longer report, *After FDAC: outcomes 5 years later: A continuation study of the first Family Drug and Alcohol Court (FDAC) in care proceedings*, published by Lancaster University. The report was written by Professor Judith Harwin, Dr Bachar Alrouh, Mary Ryan, Tricia McQuarrie, Lily Golding, Professor Karen Broadhurst, Jo Tunnard and Dr Stephen Swift.

The FDAC research team is a partnership between Brunel University London, Lancaster University and RyanTunnardBrown. It combines expertise in research, policy, law, data science, social work and evaluation. Members of the team have carried out research and consultancy for government departments, local authorities and other agencies and have published widely on child care policy and practice, including the impact of parental substance misuse on children and their families.

The authors would like to thank a number of other people who have contributed to our reports. They are NatGen, who acted as critical friend on the methodology and gave us valuable feedback, and our partner agencies: Coram, Centre for Justice Innovation, Tavistock and Portman NHS Foundation Trust and the FDAC National Unit. We would also like to thank John McCracken, Drugs Programme Manager, Department of Health, for his thoughtful feedback and Mark Kalinauckas for assistance with data collection.

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This is a summary of the main findings from a continuation study of outcomes of cases heard in the first Family Drug and Alcohol Court (FDAC) in England. The study builds on earlier findings reported in 2014¹. It provides information on child and maternal outcomes using a larger number of FDAC cases than before. It also has a longer follow-up period, reporting on outcomes up to five years after the end of proceedings.

FDAC, and how it differs from ordinary care proceedings

FDAC started in January 2008. It is an alternative, problem-solving approach to care proceedings in cases where parental substance misuse is a key trigger for the local authority bringing proceedings. It aims to support parents to overcome their entrenched problems while the case is being determined in proceedings.

FDAC's main features are judicial continuity, fortnightly judge-led review hearings without lawyers present, and a specialist multidisciplinary team – independent of the local authority – that advises the court and provides intensive treatment and support to parents as well as close monitoring of their progress. The non-lawyer review hearings are the court-based forum for the problem-solving component of FDAC.

Unlike FDAC, in ordinary care proceedings there is no independent multidisciplinary team or judge-led review hearings where the judge plays a problem-solving role and seeks to motivate parents to change. Nor do parents in ordinary proceedings engage in conversation with the judge.

Rationale for the study

Our 2014 evaluation of FDAC showed some encouraging results. In that first study, all 90 cases that went through FDAC were compared with 100 similar cases subject to care proceedings due to parental substance misuse. A significantly higher proportion of FDAC mothers had stopped misusing by the end of the proceedings (40% v 25%) and were reunited with their children (35% v 19%). One year later a significantly lower proportion of the FDAC children who were reunited had suffered subsequent neglect (25% v 56%) but caution is required in interpreting this result because the total number of reunification cases was small.

The new continuation study was funded by the DfE Innovation Children's Social Care Programme as part of their grant to the consortium² working on the wider roll out of FDAC. An important part of that work is developing the evidence base about the FDAC approach and about the sustainability of the improved outcomes achieved through FDAC.

As the number of FDACs has increased³, and with a growing number under development, it is important to continue to obtain further evidence about the impact of the model. It is too early to have data about outcomes from cases in the new FDACs and so, to provide an interim source of evidence, we have conducted this longer-term follow up of cases coming into the first FDAC pilot service.

1. Harwin J, Alrouh B, Ryan M & Tunnard J (2014) Changing lifestyles, keeping children safe: an evaluation of the first Family Drug and Alcohol Court (FDAC) in care proceedings. Brunel University, London.
2. The Tavistock and Portman NHS Foundation Trust, Brunel University London, the Centre for Justice Innovation, Coram, Lancaster University and RyanTunnardBrown. The grant was for one year, from April 2015.
3. There are currently 13 FDAC teams, linked to 16 courts and serving 21 local authorities <http://fdac.org.uk/locations/existing-sites/>

A further reason for the present study is that the problems that led to the set-up of FDAC in 2008 continue to be relevant and reinforce the need for new information on the contribution of FDAC.

Parental substance misuse is estimated to be involved in up to two-thirds of care applications⁴, which are at their highest level since 2012, with 12,781 applications brought in the fiscal year 2015/2016⁵. It is a leading cause of child abuse and neglect and is associated with a range of child health and developmental difficulties. Recovery from parental substance misuse is a lengthy and uncertain process, a factor which may help explain why family reunification is particularly fragile in cases involving parental substance misuse⁶. Some studies suggest that recovery takes at least three years (UK Life in Recovery Survey, 2015⁷). Precisely because so many parents are not able to overcome their substance misuse difficulties, many children end up in out of home care. The social and financial costs to society are substantial.

All these considerations are the reason for the present study.

The research aims

The main aim of the study was to find out whether the more positive outcomes achieved in FDAC persisted after care proceedings ended. A subsidiary aim was to determine whether the findings from the 2014 evaluation hold true for a larger number of FDAC cases.

Using the larger FDAC cohort and the original comparison cases, the study investigated 7 questions:

1. Did FDAC continue to show a higher rate of maternal substance misuse cessation at the end of care proceedings?
2. Did FDAC continue to show a higher rate of family reunification at the end of care proceedings?
3. In reunification cases, was there any difference in the likelihood of mothers returning to substance misuse during the 5-year follow-up period?
4. In reunification cases, was there any difference in the durability of reunification during the 5-year follow-up period?
5. For all cases, was there any difference in the likelihood of a return to court for new care proceedings following the birth of a subsequent child?
6. In non-reunification cases, was there any difference between FDAC and comparison mothers during the 5-year follow-up period in relation to substance misuse, domestic abuse and mental health problems?
7. In cases where children did not return home, was there any difference in the time taken to reach a permanent placement and in the likelihood of that placement disrupting?

4. <https://www.cafcass.gov.uk/media/6437/Cafcass%20Care%20Application%20Study%202012%20FINAL.pdf> (page 21)

5. <https://www.cafcass.gov.uk/leaflets-resources/organisational-material/care-and-private-law-demand-statistics/care-demand-statistics.aspx>

6. Farmer et al (2011) *Achieving successful returns from care: What makes reunification work?*. London: BAAF.

7. Best et al (2015) *UK life in recovery survey: the first national UK survey of addiction recovery*. Sheffield Hallam University.

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How the study was conducted

The study was conducted by a research team at Brunel University London and Lancaster University⁸ and the findings reported here supersede our earlier reports⁹. The cases studied are the 90 FDAC cases and 100 comparison cases reported on previously in 2014 (Harwin et al) plus the 50 additional cases that entered FDAC between January 2011 and August 2012. The benefit of including these new cases was that we matched the timeframes for the FDAC and comparison cases studied¹⁰. We followed up all 240 cases¹¹.

Presentation of results and testing for statistical significance

The baseline characteristics of all parents and children in the FDAC and comparison cohorts were analysed and tested, to ensure that any differences that we identified between the two groups did not affect the outcomes for each variable studied.

All results have been tested for statistical significance, based on calculating the probability of error. We have used the minimum level generally regarded as indicating a significant finding (this level is the p-value <0.05, or p<0.05). In this report we put an asterisk after a finding [*] to denote a statistically significant-difference and, as footnotes, we give the p value and sample size for the variable in question.

Results at the end of proceedings are based on cross-tabulated frequencies/percentages and here the statistical significance is tested using the chi-square test. Results at five years after the end of proceedings are based on a statistical approach called survival analysis which calculates the probability of an event such as substance misuse occurring and the timing of that event. Results reported below are based on the timing of the first such event, and all percentages are cumulative, thus providing estimates over the 5-year period (and, exceptionally, for 3 years instead), based on a survival analysis model. The survival distributions of the FDAC and comparison groups are tested using the log-rank test¹².

Key findings from this study

There were four statistically-significant results

• Substance misuse cessation at the end of care proceedings (research question 1)

A significantly higher proportion of FDAC than comparison mothers had ceased to misuse¹³ by the end of proceedings (46% v 30%)*¹⁴.

8. In April 2016, the project transferred from Brunel University London to the Centre for Child and Family Justice Research at Lancaster University.

9. www.brunel.ac.uk/fdacresearch

10. In the 2014 evaluation, the target number of cases to test for statistical significance was reached more quickly in FDAC than in the comparison cohort.

11. Three mothers died during the course of proceedings (1 FDAC and 2 comparison) but their children were followed up.

12. A full explanation of the methodology is in the full report: *After FDAC: outcomes 5 years later: A continuation study of the first Family Drug and Alcohol Court (FDAC) in care proceedings* (2016) Lancaster University <http://www.lancaster.ac.uk/law/research/research-centres/centre-for-child-and-family-justice-research/> and at <http://fdac.org.uk/>

13. Cessation was defined as abstinence from alcohol or illegal drugs (including prescription drugs obtained without prescription), including mothers stabilised on an agreed treatment programme.

14. p=0.017 (sample size is 133 FDAC and 96 comparison mothers)

- **Reunification at the end of care proceedings (research question 2)**

A significantly higher proportion of FDAC than comparison families were reunited or continued to live together¹⁵ at the end of proceedings (37% v 25%)*¹⁶.

- **Substance misuse at the end of the 5-year follow up (research question 3)**

A significantly higher proportion of FDAC than comparison reunification mothers (58% v 24%)^{17*} were estimated to sustain cessation over the five-year follow up. This analysis was based on the number of mothers who had stopped misusing at the end of the proceedings.

- **Durability of family reunification at 3-year follow up (research question 4)**

A significantly higher proportion of FDAC than comparison mothers who had been reunited with their children at the end of proceedings were estimated to experience no disruption to family stability at 3-year follow up (51% v 22%)*¹⁸.

To obtain this overall picture of any differences in outcome over the longer term, we compared cases using a composite measure as a proxy of a good outcome.

A mother's outcome was defined as good if none of a combination of the following three key events occurred during the 3-year follow-up period: substance misuse, a permanent placement change for a child or children, or return to court.

- **Two other results about durability of reunification merit further investigation on a larger sample**

Two findings, both relating to research question 4, would merit further investigation when a larger number of cases become available. This is because, although not reaching statistical significance, the findings showed sizeable percentage differences between FDAC and comparison cases. The findings were:

- A higher proportion of FDAC than comparison reunified children were estimated to experience no disruption in the 3-year period after proceedings ended (57% v 39%)¹⁹. No disruption was defined as a combination of no permanent placement change, no subsequent neglect, and no return to court for new proceedings.
- In relation to the single variable of return to court, a lower proportion of FDAC than comparison reunified children were estimated to do so in the follow-up period (34% v 55%)²⁰.

15. Reunification was defined as returning to, or remaining with, the parent or parents who had been looking after the child at the start of proceedings. It does not include fathers who were not living with the child at the start of proceedings.

16. p=0.047 (sample size is 140 FDAC and 100 comparison families)

17. P= 0.007 (sample size is 44 FDAC and 22 comparison mothers)

18. P=0.007 (sample size is 44 FDAC and 22 comparison mothers). Due to data availability this analysis was done for 3 years rather than 5.

19. p= 0.053 (sample size is 61 FDAC and 33 comparison children).

20. p=0.058 (sample size is 71 FDAC and 42 comparison children)

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Results in relation to all other variables under research question 4 and to research questions 5, 6 and 7 did not show any statistically significant differences between FDAC and comparison cases.

The following points arise here:

- Given that the number of mothers who had subsequent babies was small, it was unsurprising that no statistically-significant difference was found between the two samples in the likelihood of return to court (research question 5).
- Over three-quarters of all children who did not return home were in a permanent placement by the end of one year after proceedings ended (research question 7).
- Approximately one-fifth of both FDAC and comparison children who were placed away from home were estimated to experience a breakdown of their permanent placement. Foster care placements were the most likely to break down (research question 7).
- All children who experienced more than one placement breakdown after reaching permanency had serious emotional and behavioural difficulties or mental health problems.

Understanding patterns of risk

When we were collecting information on the study variables from the local authority files, we also obtained details about when problems first occurred post reunification, as well as some information about the circumstances and consequences for children and parents. The following points relate to both FDAC and comparison cases:

- The first two years are the period of maximum risk for substance misuse relapse, recurrence of neglect, and return to court.
- Return to court did not always result in a permanent change in placement for the child, even though the most common application was for a care order.

- All the child protection concerns noted on the case files after reunification were about neglect; none were about physical or sexual abuse.
- The descriptive data on the case files indicated that no child under one was exposed to neglect. Otherwise, the risks to children of neglect were spread across all age bands.
- Cases where neglect occurred were very likely to return to court but substance misuse was not involved in all neglect cases.
- In each sample, mothers who experienced three or more problems were very likely to return to court in new proceedings.

Challenges and limitations of the study

The small number of reunification cases was always going to make it difficult to demonstrate statistically-significant differences between FDAC and comparison mothers. It was also not possible in this study to monitor any potential impacts of the Children and Families Act 2014 on case outcomes. A larger study of new FDAC and comparison cases and a longer tracking period after 2014 would be needed.

What the findings tell us

The study has found new evidence that FDAC is better able to build on the potential of mothers to change, in both the short and the longer term.

In the short term, FDAC mothers were more successful than comparison mothers in stopping their misuse of drugs and/or alcohol by the end of the care proceedings. In turn, this led to a higher rate of FDAC family reunification than in the comparison cases. Both results confirm the findings of the 2014 evaluation, and they do so across a substantially larger number of FDAC cases than in the earlier study. As the case characteristics of the two groups were well matched, it is reasonable to infer that receipt of FDAC was the main determinant of the better FDAC outcomes at the end of proceedings.

The evidence also suggests that there may be a continuing longer-term 'FDAC effect' that enables some mothers to maintain positive change after care proceedings and the intensive FDAC intervention come to an end. The risk of substance misuse was significantly lower at the five-year follow-up stage for the FDAC mothers who had been reunited with their children. In addition, a significantly higher proportion of FDAC families reunited at the end of the proceedings did not experience any disruption, based on the composite 'three events' measure that was our proxy for a good outcome. For these mothers, FDAC appears to have achieved its objective: building resilience and promoting effective coping strategies to help parents face future difficulties more confidently and to parent better over the longer term. The two non-significant results regarding the durability of reunification point in the same direction, but would need testing on much larger case numbers.

The encouraging results in relation to family reunification outcomes have potential financial implications also, with some likely longer-term savings to courts, the Legal Services Commission, children's social care, and adult services and health services, as outlined in the recent report from the Centre for Justice Innovation²¹.

Qualitative evidence collected from case files in relation to the 'life events' described above highlight the challenges faced by families after reunification, and indicate a need for more family support to help reunification be sustained over time. This is particularly so in the two years after proceedings: we found that this was the period of maximum risk for substance misuse difficulties, recurrence of neglect, and return to court. The results suggest that many families need more intensive ongoing multi agency support in this post-proceedings period. The level of support needed would vary, according to individual needs, but could for many parents be a useful way of preventing problems from accumulating and getting a hold. This offer of support would build on the research evidence that recovery is a fluctuating and lengthy process that requires different types and levels of support, and that children need good support when they return home from care²². The government's permanence agenda reinforces this message²³.

In relation to outcomes for children placed away from home in alternative care, we had no reason to expect to find any continuing FDAC influence. This is because the focus of FDAC is on addressing parental behaviour and FDAC has no role in finding alternative placements for children. This view proved to be correct. As we had expected from the research literature, placement in alternative care was much less likely to disrupt than family reunification.

21. Reeder N and Whitehead S (2016) Better Courts: the financial impact of the London Family Drug and Alcohol Court. Centre for Justice Innovation, FDAC National Unit, and Head and Heart Economics.

22. Farmer E et al (2011) Achieving successful returns from care: what makes reunification work. BAAF, London; Biehal N et al (2015) Reunifying abused or neglected children: decision-making and outcomes. Child Abuse and Neglect; Wilkins M and Farmer E (2015) Reunification: an evidence informed framework for return home practice. <https://www.nspcc.org.uk/services-and-resources/research-and-resources/2015/reunification-framework-return-home-practice/>

23. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/365091/Looked-after_children_improving_permanence_consultation_response.pdf

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However, and in line with the research, the study also found that there was a sub group of very vulnerable and damaged children whom foster carers – and sometimes relatives – found too difficult to look after and who were unlikely to settle in any placement.

Recommendations

As this is a small-scale study it is important to be cautious in the conclusions that can be drawn and the recommendations made. Provided that the challenges and limitations we set out are taken into consideration, the study can make a contribution in three ways:

- It can help provide estimations of the longer-term outcomes of FDAC, for use by commissioners and policy makers as the provision of FDACs continues to grow.
- Its results provide benchmarks that can be used for future evaluations of FDAC.
- It highlights the need for greater support for reunification after care proceedings, for families involved in both FDAC and ordinary proceedings.

Our specific recommendations are these:

- **Extending availability** Given the more durable outcomes from FDAC cases, in relation to substance misuse cessation and family reunification, we conclude that FDAC is a helpful model that should be made available more widely and sustained in the longer term.
- **Continued funding** To support the wider roll-out of FDACs and their sustainability, local health services and adult services should contribute alongside children's services, to the funding required for the specialist FDAC teams. We recommend this, given that health services and adult services, as well as children's services, benefit directly from the FDAC intervention²⁴.
- **Multidisciplinary support** In higher-risk cases, more multidisciplinary support should be made available to mothers and their children in the first two years after reunification, to enhance the prospects of lasting and safe reunification.
- **Continued scrutiny of outcomes** A large national study of FDACs should be undertaken that could usefully be framed around the seven questions that underpin this continuation study and take account of differences in locality and the organisation of the FDAC team, as well as changes introduced by the Children and Families Act 2014.

24. Neglect and abuse is a leading cause of adverse physical and mental health problems in adult life, including the risk of substance misuse. <https://www.cdc.gov/violenceprevention/childmaltreatment/consequences.html>

Published by Lancaster University, Bailrigg, Lancaster LA1 4YW
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