REPORT ON THE FEASIBILITY OF ESTABLISHING A FAMILY DRUG AND ALCOHOL COURT AT WELLS STREET FAMILY PROCEEDINGS COURT

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For: LB Camden, LB Islington, LB Westminster, CAFCASS, Wells Street Inner London Family Proceedings Court and Brunel University.

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EXECUTIVE SUMMARY

Introduction

Parental substance misuse[1] and its impact on the children in the family is a significant feature in a high percentage of cases in the child protection system and of cases taken to court for care proceedings. Services and interventions are often disjointed and un-coordinated and lack a focus on the family and their individual and joint needs. As a result there are often poor outcomes for the children which impacts on society as a whole.

This is a report following a six month study to examine the feasibility of setting up a pilot Family Drug and Alcohol Court, based on the model from the USA, at Wells Street Inner London Family Proceedings Court. The Family Drug Court initiative in the USA offers an exciting way of trying to break the destructive cycle of numbers of children being removed from the same parent and of such children being at risk of becoming substance misusers or experiencing other difficulties. First, it recognises that parents come with a mass of problems apart from substance misuse and that these parents need help to be provided in a co-ordinated way. Second, it offers parents hope by enrolling them on an intensive programme with the prospect of regaining their child/children if they successfully complete the scheme. Third, and central to the scheme, it is managed through the courts with a judge closely involved from the outset who holds together the whole case and all the support services are provided through the intermediary of the court. Fourth and most important, it holds the promise of improving outcomes for these very vulnerable children.

The principles of the model appear very sound – intensive, closely managed intervention, offering parents a real incentive to tackle their problems but tough on those who cannot stay the course. Emerging evidence from the USA indicates improved outcomes for children and parents. Potentially the model offers a way of reducing family break-up and dependency on public care and breaking the cycle of substance misuse re-occurring through the generations.

The report supports the setting up of such a pilot court, to run for three years and to be evaluated on whether outcomes for children and parents improve. The report argues that such a court is an innovative approach to a growing problem and fits well within the framework for improving outcomes for children set out in the Every Child Matters/Change for Children agenda.

Background

A steering group to examine this possibility was set up in 2003 at the instigation of Judge Nick Crichton and Catherine Doran, Assistant Director of children's services in the London Borough of Camden. Three London Boroughs, Camden, Islington and Westminster have agreed to be part of the project together with CAFCASS and have provided the funding for this feasibility study to be carried out under the auspices of Brunel University.

Over a period of six months from November 2005 to April 2006 the Steering Group and Practitioner Group met regularly to discuss findings and issues arising; structured interviews were carried out with professionals in children and adult services and in the voluntary sector, with lawyers, guardians and court staff and with

[1] For the purposes of this project the term substance misuse refers to the problem use of drugs or alcohol which is having a negative impact on parenting capacity

parents. Relevant literature was identified and the range of services in the three boroughs was mapped.

Family Drug Treatment Courts in the USA

Family Drug Treatment Courts (FDTCs) have been set up across the USA in courts which deal with the equivalent of care proceedings. The FDTC has a multi-disciplinary team based in the court made up of substance misuse treatment experts, social workers, other health and social care practitioners and housing specialists who work together with the judge, lawyers and children's guardians. The courts are also supported by parent mentors who have successfully been through the programme themselves. Parents are offered the opportunity to enter the programme at the first court hearing. An assessment is carried out of the extent and nature of the substance misuse problems and of the other problems and needs impacting on the parent and a plan of action is developed to meet the individual needs. Thereafter the parent attends court on a regular basis so that they and the team can report to the Judge on their progress in engaging with substance misuse and other services. The length of the programme varies from three months to one year. There are a range of services which the courts see as essential to have available to meet the needs of substance misusing parents.

The main aims of the FDTCs are to enable more children to be reunited successfully with their parents and to ensure that those who cannot return home have permanent placements as quickly as possible. FDTCs are committed to ensuring that the same Judge follows the parent's progress from start to finish, that targets set are achievable, that progress is rewarded, and that there is an holistic approach to the provision of services to ensure that issues such as housing, domestic violence and mental health are addressed in addition to the substance misuse. FDTCs are not courts in the traditional sense in that the process is non-adversarial and based on a collaborative approach which supports a parent in successfully addressing their substance misuse problems.

A four year national evaluation funded by the Centre for Substance Abuse Treatment is being undertaken and is due to complete in March 2007. The emerging findings are encouraging and give strong support for a pilot in England. They suggest that the drug court does help parents engage with treatment services and keeps them motivated to stay in treatment so that more parents are able to be reunited with their children. Where parents are not able to stay engaged the court makes quicker decisions to establish a permanent alternative for the children.

Evidence of the need for a similar court system in England

Extent of parental substance misuse and its impact on children

There is a lack of accurate data on the extent of parental drug and alcohol misuse in England and thus on the numbers of children affected. It has been estimated that in England and Wales between 250,000 and 350,000 children are affected by parental drug misuse and around one million in the UK are affected by parental alcohol misuse.

Research indicates that parental substance misuse is the source of difficulties in a high proportion of cases being dealt with by children and families social services. Data collected from the three Boroughs involved in this project showed that in one

year between 60% and 70% of all care proceedings brought by them involved parental substance misuse.

In these cases the parents themselves have high levels of need, often having experienced deprived or traumatic childhoods, and in adulthood they face physical and mental health problems, domestic violence, housing problems and involvement in crime.

Children growing up in these circumstances may well experience neglect or abuse, both physical and emotional, and social isolation, leading to poor outcomes including emotional and behavioural difficulties and poor educational attainment and may themselves become substance misusers.

Current problems in responding to cases of parental substance misuse

- Social workers receive little or no training on substance misuse issues
- training tends to be around basic drugs awareness and not around alcohol use
- there is a lack of training on how to work with parental denial or resistance

as a result :

- there is a lack of detail recorded on the extent /frequency of substance misuse where it is identified
- the impact on the children of the substance misuse is not accurately assessed or recorded
- social workers have difficulties dealing with parents who are in denial or minimise their use and resist social work intervention
- there is an inconsistent response to referrals – both between those which concern alcohol and those which concern drugs but also in relation to referrals in relation to drug misuse
- there is a tendency, other than in those cases concerning pregnant women who are users of class A drugs, for there to be repeated initial assessments
- there is insufficient effective multi-agency working
- care proceedings are often started because a crisis suddenly occurs in cases already known to social workers rather than there being a clear plan that care proceedings are necessary
- there is a failure to treat alcohol misuse as seriously as drug misuse and there is confusion about how best to respond to alcohol misuse.

Within adult services, although there is now greater recognition that workers need to record information about children in the family, there is still a lack of confidence about what to do with that information.

All those involved in providing services are clear that this is an area where multi-agency working is very important but it was evident from this project that there remain many problems of poor communication between different professionals and tensions created by differences in professional ideologies, practice and objectives.

Gaps in services

There are a wide range of statutory and voluntary services available in the three Boroughs for adults with substance misuse problems but gaps in provision exist. It was also generally accepted that services were fragmented and that the complexity of the framework within which services are delivered, particularly when substance

misusers are also parents, makes it hard for professionals to co-ordinate their work and even harder for parents to find their way around the system.

Particular problems are:

- a serious lack of services to respond to alcohol misuse
- a lack of services that cater specifically for parents
- delays in accessing some services
- a poor response to people who have both mental health and substance misuse problems
- a lack of services for children of substance misusers
- a lack of supported housing for families

Current Court processes

Since the introduction of the Children Act 1989 in 1991 there have been a number of concerns about the court process for public law children cases. The key concerns have been:

- the length of the proceedings
- the growing use of expert evidence
- the costs of proceedings
- the effectiveness or otherwise of care plans.

These general issues are all relevant to care proceedings where the key issue is parental substance misuse. Concerns about cost, delays and the use of experts were raised by respondents in this project who are involved in court proceedings. The use of a range of experts in these cases is common, partly because the court lacks confidence in social work assessments of the extent of the substance misuse and the impact this is having on parenting and on the welfare of the children, and partly because courts, lawyers and frequently children's guardians do not feel they have sufficient knowledge of these issues themselves. Respondents were concerned that there was an overemphasis on assessment, rather than on intervention, and the sequential nature of the assessments often led to undue delay in making final decisions about the child's future.

Why a Family Drug and Alcohol Court could help

Improvements in local services are crucial and need support but the information collected as part of this project indicates that are also strong arguments for, in addition, setting up and piloting an approach to dealing with parental substance misuse within a court setting. A key finding from this project was that all the respondents were in favour of the proposed family drug and alcohol treatment court. The advantages commented on most frequently were summed up by one respondent as follows: '*a cluster of specialist services and the clout of the court saying it's now or never'.*

To conclude, the arguments in favour of setting up a FDAC are:

- there is evidence that outcomes for children are better when care proceedings are taken at an early stage
- there is also evidence that, apart from cases where babies are removed at birth, there are often delays in taking cases to court
- evidence is emerging from the US and Canada from both the criminal justice system and the juvenile dependency system that having the same judge overseeing reviews of substance misuse treatment motivates substance misusers and can improve the chances of them completing their treatment

- similar evidence is beginning to emerge here in relation to the use of Drug Rehabilitation Requirements attached to sentences in criminal proceedings
- having a specialist team attached to the court is likely to increase the court's confidence in making decisions without the need for receiving reports from a wide range of external experts
- a clear steer from the court team about work that needs to be done with the parent and family and areas that require further assessment should help reduce both costs and delays
- the model will provide an good opportunity to develop best practice in relation to co-operation between adult and children's services
- the pilot will also provide and opportunity to develop cross borough co-operation in delivering and commissioning services
- the timescales of the court process, in accordance with the Protocol will provide a tight framework reducing the risk of cases drifting
- having a judge overseeing the delivery of services to the parent will assist both in motivating the parent and ensuring that practitioners deliver the services as agreed
- the court framework provides a protective framework for the children
- the parents will have their own lawyer to oversee their interests and access to support from the team and from parent mentors
- although courts are traditionally places where disputes are resolved under an adversarial system there has long been a recognition that the adversarial approach should be avoided where possible when decisions are being made about children and that all parties should aim to work together for the benefit of the children
- there is a growing recognition in this country that specialist courts have a role to play in supporting people in accessing services, current examples being specialist drug courts and specialist domestic violence courts.

How would a Family Drug and Alcohol Court work?

There was general consensus that the FDAC would be compatible with English law and with the social care system and that it would be practicable.

Adaptations to the system

Various adaptations to the processes of the FDTCs in the US were discussed and agreed by the Steering Group including the make up of the multi-agency team and the range of services that the team should be able to access.

Ethos of the model

- This is a positive, proactive approach to addressing parental substance misuse. There will be a presumption that the parent can change and should be encouraged to change.
- It will ensure that effective services are provided in a timely and co-ordinated way for parents and at the same time there will be a clear focus on the welfare of the child, and the needs and wishes of children and young people will be identified and responded to.
- The same judge will review the parents' progress throughout the time that they are engaging in services. The judge has an important role to play in getting the message across to parents that people believe in their ability to change.

- This will be a model that is focused clearly on the impact on the child of the substance misuse. It is not helpful in this context to talk about either an 'abstinence model' or a 'harm minimisation model'. The approach will depend on the circumstances of the case and so, in some cases, the recommendation will be abstinence.
- The plan for the parent and the services provided will be grounded in what we know from research about effective interventions.
- The wider family will be involved from the earliest possible stage, and will be provided with support and information.
- Parents should receive support and encouragement as they address their substance misuse.
- Parents who do not succeed in the programme, and then come back to court at a later stage in relation to subsequent children should be able to access the system again.
- All parents should be given the opportunity of entering the programme but where the prognosis is poor the timescales for showing engagement and commitment to the programme should be short.
- Substance misuse refers to both drug and alcohol misuse.

The Specialist team

The team will be made up of a Manager, one senior substance misuse practitioner and one senior child and family social worker, two practical/family support workers and an administrator. The team will also have a domestic violence link worker and a housing link worker, either full or part time, and sessional time from both adult and child and adolescent psychiatrists.

During the pilot period it is proposed that the team will be accountable to the steering group, who will have responsibility for the strategic direction of the team, while one borough will take responsibility for operational matters. A partnership arrangement between the three boroughs and the court will be drawn up to outline the operational and strategic responsibilities.

How the process will work

The three boroughs taking part in the pilot will alert the court when starting care proceedings in cases where a key concern is parental substance misuse. Training and guidance will encourage them to bring cases to court sooner than currently happens because this is an innovative project where the ethos is one of early intervention and where court action is not seen as a last resort but as part of the framework for engaging parents in services.

The case will be listed to be heard on the day when the specialist FDAC court is sitting. CAFCASS will fast track these cases to ensure the early appointment of a guardian. The specialist FDAC judges have a key role to play in engaging, motivating and supporting parents in their engagement with services. In addition to the normal matters dealt with at a first hearing in care proceedings, the parent will be offered the opportunity to join the FDAC programme. If they agree, they will meet the members of the team at court. The team will begin a short assessment process that will last between 5 and 10 days. The team will obtain information from the parent, from all those working with the parent already and from those involved in the care proceedings. They will assess the level of substance misuse, its impact on parenting, the needs of the child, the parent's capacity for change and any gaps in assessments already carried out.

The case will return to court within one or two weeks, by which time the team will have identified what services are needed and whether any further assessments should be carried out. They will have made a written agreement with the parent, setting out the plan of action. This will be endorsed by the Judge.

The parent will then return to court on a regular basis to meet the Judge for reviews of how they are progressing in their engagement with services. The team will prepare a short report for these reviews and will attend court as well. No legal representatives will be present at the reviews because they will not be dealing with legal issues. If problems or disputes arise which have a bearing on the care proceedings the case will be listed for an early hearing with all the parties and their legal representatives.

There is general agreement that the FDAC judge should deal with the case throughout where there are no issues in dispute. There are differing views as to whether it is appropriate for the FDAC judge to adjudicate in those cases where disputes arise leading to the need for a contested hearing. As this pilot will be a new approach the majority view is that the where possible the FDAC judge should deal with the case throughout.

The aim of the FDAC will be to get the parent engaged in services, rather than getting them to go through a whole range of assessments. The presumption will be that the services, and any assessments required, will be provided through local services in the three Boroughs. Parents, their legal representatives and the other parties to the proceedings will be expected to agree that they will not seek additional expert reports.

The FDAC will operate within the Protocol for Judicial Case Management. Where parents are engaged in services and the prognosis appears positive it will be possible to extend the date for the final hearing beyond the 40 week period.

Services

The plan drawn up between the FDAC team and the parent will make use of services available in the three Boroughs. Part of the purpose of the pilot will be to identify gaps in services or problems in accessing them.

Linked to the team will be a small group of parent mentors, who will be parents who have controlled or stopped their substance misuse. They will provide support and information to parents going through the court.

Other services that will be made use of include:

- Family Group Conferences
- adult substance misuse services
- probation
- employment and training services
- psychological therapies
- services for children and young people
- parenting assessments

A key challenge for this pilot will be to ensure that parents can access services quickly.

Evaluation

It is intended that the there will be an independent evaluation of the FDAC pilot in order to establish whether or not the new court can achieve its main aims and bring about better child and parent outcomes for children affected by parental substance misuse than is the case through traditional service delivery. In developing this evaluation there is the possibility of consulting over data collection, methodology and design with the US evaluation team. It is proposed that the pilot will run for three years and will be evaluated by researchers from Brunel University. Their research into parental substance misuse and child welfare has provided important baseline information for this project. The researchers have been closely involved in the Steering Group and the discussions around how a specialist court might operate in England. They will continue to work closely with the Steering Group as the team takes shape which will help to inform the nature of the management information to be collected and the specific outcomes to be measured.

It is anticipated that, if two Judges sit in the FDAC, there should be around 60 cases going through the court in any one year. The sample for the evaluation should therefore contain around 180 cases. Cases will be followed through the process and outcomes will be measured as well as parental views obtained. It is intended that cases going through the FDAC will be matched with a comparison group.

As the evaluation is of a pilot it will be necessarily limited in terms of the length of follow-up and the sample size but it will be able to indicate whether this approach appears to improve child and parent outcomes.

Costings

Salary costs for staff per annum are estimated at	£363,310
Expenses for parent mentors per annum estimated at	£3,750
Accommodation costs per annum estimated at	£40,000
Setting up costs, including equipment estimated at	£44,000
Training costs in the first year estimated at	£15,000
Training costs in subsequent years estimated at	£4,000
Court costs	£12,375

In the first year the costs will be £483,453 and in subsequent years £428,435

Messages from research

A range of messages from research and practice have informed this report. There is little precise evidence on the extent of parental substance misuse overall but there is evidence about the high proportion of cases concerning parental substance misuse being dealt with by children and families social services departments. Research findings describe the impact on children and families of parental substance misuse and the poor outcomes for children which can occur. A number of studies have noted that outcomes for children can be worse when there is parental alcohol misuse rather than drug misuse, possibly because the response to this issue is often slower and less focused.

A literature review of effective substance misuse treatment approaches was not considered necessary for this review, but part of the ethos of the FDAC is that the plan for the parent and the services provided will be grounded in what we know from research about effective interventions and the report highlights a number of these.

Conclusions

This project has provided compelling evidence of the potential value and timeliness of the proposed FDAC initiative and has demonstrated widespread support for this innovative approach from the wide range of professionals consulted.

The FDAC links in well with a number of current initiatives:

- Its focus on improving outcomes for children links with the five outcomes in the Children Act 2004 and the Every Child Matters/Change for Children agenda. Also linked to this agenda for change is the focus the pilot will give to improved multi-agency working – across adult and children's services, across health and social care, across the statutory and voluntary sectors and across different local authorities.
- The focus on parental substance misuse links well with other initiatives being developed as a result of the Hidden Harm inquiry; with the Respect Agenda; and with the growing interest in parental alcohol misuse.
- The role of the court in engaging parents with substance misuse treatment services and maintaining their involvement with such services links with the Drug Intervention Programme and Drug Rehabilitation Requirements
- The specialist nature of the court links with the development of specialist Drug and Domestic Violence Courts.
- The focus on support around domestic violence and housing links with the Supporting People initiative and the range of initiatives designed to improve the response to domestic violence.
- The proposed court processes link well with the work and recommendations of the Judicial Review Team, reviewing the Protocol, with the developments in CAFCASS and with the Legal Aid Review.

Importantly this pilot project will bring a focus on parental substance misuse, and on the problems of parental alcohol misuse in addition to drug misuse. It is noticeable that the focus of so many initiatives and the funds that go with these are on drug misuse and their links with crime or on drug misuse and young people. As one respondent commented:
'*Being a parent does not make you a priority for treatment although committing a crime does'.*

American findings suggest that the FDAC has the potential to reduce costs to courts and social services and improve outcomes for parents and - most importantly - for children. There is therefore a strong case for implementing this initiative on an experimental basis and evaluating the programme from the outset to establish its value and effectiveness.

INTRODUCTION

Parental substance misuse and its impact on the children in the family is a significant feature in a high percentage of cases in the child protection system and of cases taken to court for care proceedings. Services and interventions are often disjointed and un-coordinated and lack a focus on the family and their individual and joint needs. As a result there are often poor outcomes for the children which impacts on society as a whole.

For the purposes of this project the term substance misuse refers to the problem use of drugs or alcohol which is having a negative impact on parenting capacity.

Background to the project

Judge Nick Crichton of Wells Street Family Proceedings Court has for some years been looking at the Family Drugs Court model now in use across the United States. In 2003, with the assistance of Catherine Doran, Assistant Director of Children's Services in the London Borough of Camden, a steering group was set up to look at the possibility of developing a similar model in England.

The Wells Street Family Proceedings Court has been identified as a court which could test out the model through a three year pilot project and three London Boroughs, Camden, Islington and Westminster, have agreed to take part in the pilot. It is intended that the pilot be evaluated by Professor Judith Harwin and Dr Donald Forrester from Brunel University. The members of the Steering Group (see Appendix 1) include representatives from the court, from relevant government departments, from the legal profession, from adult and children's services in the three local authorities, from CAFCASS from the National Children's Bureau and from Brunel University.

In mid 2005 the three boroughs involved and CAFCASS committed funding for a development consultant to be employed for six months to establish the feasibility of developing a similar model within the English legal and social care systems. The consultant started work on the project in November 2005.

Feasibility Study

The development consultant became a temporary research fellow at Brunel University for the duration of the project, under the supervision of Professor Judith Harwin. The aim of employing the development consultant was to establish the feasibility of developing a family court drug service. The contract set out a range of tasks:

- To see how the model from the USA would need to be adapted.
- To work out likely case throughput.
- To establish which agencies would need to be involved and to obtain their commitment.
- To liaise with all relevant agencies.
- To conduct a literature review
- To consult with service users
- To develop partnership arrangements between the three London Boroughs.
- To identify opportunities for cross-borough collaboration and the potential to buy in services.
- To develop a plan of how adult and children's services could co-operate.
- To identify team members to work with the court.

- To consider the training/induction needs of all personnel.
- To identify any gaps in services.
- To identify and agree desired outcomes for the project and how they will be measured.
- To prepare a budget, identify possible funding sources and including cross-borough match funding.

Methods

Questionnaires were drafted for interviews with members of the steering group, practitioners from both adult and children's services, providers of specific services, children's guardians and solicitors. Relevant practitioners and managers working in both adult and children's services and in health, social care and housing were identified, along with solicitors working both for the local authority and in private practice and key voluntary organisations providing a range of services in the boroughs. Contact was also made with a number of mothers who were or had been users of Class A drugs and had had involvement with children and families social services and the courts. (See Appendix 3 for list of those interviewed)

The questionnaires were designed to elicit the respondents' views about the model of a Family Drugs Court and how it might fit within our legal and social care system, what the creation of such a court might achieve and the likely challenges to its success as well as information about how the current court system was functioning and how well services in this area were meeting the needs of families where parental substance misuse is an issue. Fifty seven interviews were carried out in total and the responses analysed to identify the key themes in relation to the need for such a court and how it might function here.

The three local authorities were asked to provide information on the number of care proceedings commenced during the year April 2004 to March 2005 and the number of those cases where parental substance misuse was a key factor in the significant harm experienced by the children. They were also asked to provide similar information in relation to additions to the child protection register in the same period. Information was also provided on the final orders made in those proceedings where substance misuse was a key issue, the number of placement moves experienced by the children between the start of proceedings and March 2006 and the current legal status of the children.

In each of the three local authorities ten of the above cases were selected on a random basis for a more detailed reading of the files. A checklist was developed for collecting information from the files on issues such as previous contact with the family, main needs in relation to child, parent and environmental factors, length of care proceedings and care plan. (Appendix 5)

Information was collected on the range of services available in the three boroughs from both the statutory and voluntary sectors for parents with substance misuse problems and for their children.

Reports and practice documents about developments and initiatives in relation to legal aid, care proceedings, the Drug Intervention Programme and specialist Domestic Violence and Drug Courts were identified and read, as were reports and articles on the process of setting up and the functioning of Family Drug Courts in the US. Relevant research on the impact of parental substance misuse and effective interventions was reviewed and the evidence from as yet unpublished research by

both the National Children's Bureau and Professor Judith Harwin gave information about the current response to parental substance misuse by children and families social services departments.

A Practitioners Group was set up to assist the Development Consultant in mapping the existing provision of substance misuse services across the three Boroughs, to provide regular comment and feedback on the proposal as it developed and to act as a cross borough forum for the exchange of information about practice. (Appendix 1). Members of the group came from adult and children's services, from health, from the voluntary sector, the legal profession, CAFCASS and included a representative from a substance misuse user group.

Over the period of the feasibility study both the Practitioners Group and the Steering Group met five times to consider the information arising from the interviews and other data collection and to comment on the proposals for how the model might work here.

THE FAMILY DRUG TREATMENT COURTS IN THE USA

Family Drug Treatment Courts (FDTCs) began to be set up in the United States in the mid 1990s in response to the fact that in a high proportion of cases the harm to the children derived from parental substance misuse. There are now 132 FDTCs in operation. Different courts in different states have adopted slightly different ways of working but there are some key features which apply to all FDTCs. The FDTCs have been set up in the Juvenile Dependency Courts which deal with the equivalent in the USA of applications for care orders. The courts work with parents who are misusing drugs or alcohol or both. (7)

The FDTC has a multi-disciplinary team based in the court made up of substance misuse treatment experts, social workers, other health and social care practitioners and housing specialists who work together with the judge, lawyers and children's guardians. The courts are also supported by parent mentors who have successfully been through the programme themselves. (Appendix 2) Parents are offered the opportunity to enter the programme at the first court hearing. An assessment is carried out of the extent and nature of the substance misuse problems and of the other problems and needs impacting on the parent such as mental and physical health problems, domestic violence and housing and a plan of action is developed to meet the individual needs. Thereafter the parent attends court on a regular basis so that they and the team can report to the judge on their progress in engaging with substance misuse and other services. The length of the programme varies from three months to one year. There are a range of services which the courts see as essential to have available to meet the needs of substance misusing parents, primarily mothers in these cases. (Appendix 2)

The main aims of the FDTCs are to enable more children to be reunited successfully with their parents and to ensure that those who cannot return home have permanent placements as quickly as possible. FDTCs are committed to ensuring that the same judge follows the parent's progress from start to finish, that targets set are achievable, that progress is rewarded, and that there is an holistic approach to the provision of services to ensure that issues such as housing, domestic violence and mental health are addressed in addition to the substance misuse. FDTCs are not courts in the traditional sense in that they do not adjudicate and the process is a non-adversarial and collaborative approach which supports a parent in successfully addressing their substance misuse problems. (7)

In some FDTCs the juvenile dependency proceedings are suspended while the parent is engaging with substance misuse and other services while in others they run concurrently. In some areas the Judge who oversees the parent's progress on the programme also hears the juvenile dependency proceedings, in other areas these are heard by a different judge. Whatever system is followed, it is made clear to parents at the start that success in dealing with their substance misuse problems is not an automatic guarantee that their children will be returned to them, but will be an important factor to consider when that decision is made.

The evaluation of Family Drug Treatment Courts

A four year national evaluation funded by the Centre for Substance Abuse Treatment is being undertaken by NPC Research, Portland, Ohio and is due to complete in March 2007. Four sites are being studied: Santa Clara CA; San Diego, CA, Reno, NV; Suffolk, NY. Although there are some differences in the way the four programmes operate, all share the same common objective of increasing the numbers of children able to be reunited with their parents.

The main aim of this evaluation is to investigate the short and long term outcomes in terms of child welfare and the treatment outcomes for the parent:

- **Child welfare data:** includes an examination of placement type and turnover as well as rates of reunification
- **Treatment outcomes:** include take-up and use by parents of a range of services; monitoring outcomes (both in relation to substance misuse and others, for example employment and mental health); substance misuse relapse and re-emergence of child welfare difficulties.
- **Court related data:** length of cases and final orders
- **Parental satisfaction data:** views on the FDTCS and what they liked and disliked as well as parental views on child welfare improvements
- **The relationship** between drug court factors and outcomes and between treatment factors and outcomes
- **To compare cost effectiveness of FDTCS** and traditional child welfare services such as foster care
- Identifying best practice and policy.

Methodology
The US evaluation has three main components:

- a retrospective study of court and administrative files over a maximum of five years from court 'petition' (450 cases, 50 from each site with 50 extra in San Diego)
- a prospective study (n= 1700 cases) following up a number of FTDC families
- interviews with parents (n=182)

With the exception of the parental interview survey, comparison groups not receiving FTDC services are integral to the study design, matched as far as possible in terms of parental age, numbers of children, demographic profiles and psychosocial risk factors. For the retrospective study the comparison group was based on pre FTDC cases. The prospective comparison group are made up cases which are eligible but not receiving FDTC support. Recruitment to the FDTC and comparison groups is over the same time period.

Emerging results
The emerging findings are encouraging and give strong support for a pilot in England. They suggest that the drug court does have a beneficial effect:

- helping parents to enter the family drug treatment court quickly and then helping them access services rapidly makes parents more motivated to embark on treatment
- parents who completed at least 'one treatment episode' had longer cases and took longer to reach permanency but more were reunited with their children than those who did not complete treatment
- parents who dropped out of the treatment programme were more likely to have their parental rights terminated for at least one child compared to those who completed the programme.

They conclude that the court acts as wake up call and helps to motivate parents to start committing to treatment. By using a comparison group, the evaluators point out that the results are due to drug court factors. It was not the case that these parents simply had less difficult substance misuse problems, child welfare issues or personal circumstances since these were part of the original matching.

Second, the results underline the importance of staying in treatment. Even though this increased the time spent with the family drug treatment court and therefore also the time to finalise the permanency planning for the child, more children were successfully reunited with their parents compared to parents who did not stay in substance misuse treatment.

Third, parents who drop out of the family drug treatment court have a significantly decreased chance of reunification and experience quicker termination of parental rights compared to those who had never had the chance of accessing the service. They suggest that one reason may be that courts take a tougher line with families who drop out. (36)

EVIDENCE OF THE NEED FOR A SIMILAR COURT SYSTEM IN ENGLAND

Extent of parental substance misuse and its impact on children

There is a lack of accurate data on the extent of drug and alcohol misuse in the UK generally and in particular on the extent of substance misuse among parents. The Hidden Harm inquiry estimated that between 250,000 and 350,000 children in England and Wales have a parent who has serious drug problems and that just under half of these children were no longer living with their parents as a result. (1) Other research has estimated that around one million to 1.3 million children in the UK are affected by parental problem drinking. (29, 30) Research studies looking at children in contact with children and families social services departments have for some time indicated that parental substance misuse is a key feature in a high proportion of cases. The figures vary depending on the whether the studies were looking at all referrals or at children at different stages of the process, for example on child protection registers or involved in care proceedings. At the stage of care proceedings the proportion involving parental substance misuse increases and in different studies the figures vary from 40% (14) to around 60%-70% (5, 8, 26).

More recent research looking specifically at substance misuse and social care again found that parental substance misuse was a feature in one third of cases overall but accounted for 40% of all child protection cases and 62% of all care proceedings. (9, 10, 13,) Data from the three Boroughs involved in this project showed that in the year 2004/2005 the percentage of cases in care proceedings which involved parental substance misuse as a key issue was 60% in Islington, 61% in Camden and 70% in

Westminster. In the same period the percentage of cases where parental substance misuse was a key issue in relation to the placing of a child's name on the child protection register was 50% in all three Boroughs.

The Harwin and Forrester study (9, 10, 13) also showed that rather more families were affected by alcohol misuse (41%) than drug misuse (32%) or both alcohol and drug misuse (27%). Crack cocaine misuse was identified as occurring at similar levels to heroin misuse. Respondents to interviews for this project have also commented that increasingly the picture is of poly drug use rather than solely heroin use.

Also relevant for this project was the finding that the majority of parents were lone mothers who had high levels of vulnerability compared to parents without substance misuse problems. They were more likely to have been in care themselves, to have a criminal record, to be violent and to have housing problems. Other studies have identified that parental substance misuse is likely to be one of many problems facing these parents and families, and this was a point made in many interviews as well. The parents themselves are more likely to have experienced disrupted and/or traumatic childhoods, and there are often high levels of physical and mental health problems, involvement in crime, problems with housing and high levels of domestic violence.

A number of studies have reviewed and drawn out general themes about the impact of substance misuse on children. (5, 11, 12, 21, 22, 24, 28, 29, 30) Although clearly the issues are different depending on factors such as whether the misuse is of drugs or alcohol, the age of the children, whether both parents are affected, whether the children are exposed to domestic or other violence, whether there is extended family support, and environmental factors such as housing and income, some general themes emerge. The children are at risk of neglect, both physical and emotional; witnessing domestic violence or other violence; physical abuse; accidental harm from substances or paraphernalia in the home; and social isolation and stigma. This can result in failure to thrive, physical harm, emotional and behavioural difficulties, poor social development and poor cognitive and educational attainment. There is also the risk that as the children grow older they themselves may become substance misusers.

The Harwin and Forrester study (9, 10, 13) identified that the impact on children of parental alcohol misuse was often more harmful, and more likely to involve the children in exposure to violence, than drug misuse. Similar evidence is set out in the recent Turning Point report (30). This is likely to be connected to the findings that the responses to alcohol misuse tend to be slower.

Only the Harwin and Forrester study (13) has considered in detail the outcomes for children in cases of parental substance misuse. They followed the cases for two years to track outcomes in relation to education, health and emotional development using file data. They found good outcomes were associated with cases where action, specifically care proceedings, was taken early before harm had occurred and where children were very young. In addition, and not surprisingly, good outcomes were far more likely in those cases (10%) where parents stopped or reduced their substance misuse. Poor outcomes were associated with the presence of domestic violence, emotional abuse of the child and failure to identify substance misuse as an issue at an early stage.

What are the problems in responding to cases involving parental substance misuse – adult and children's services?

There is as yet limited published research (8, 17, 21, 22, 23) which looks specifically at the response of children and families' social work departments to parental substance misuse but the Steering Group includes representatives from both the National Children's Bureau and Brunel University who have recently carried out research into this issue (9, 10, 12, 13). Similar messages have emerged from their work:

- social workers receive little or no training on substance misuse issues
- training tends to be around basic drugs awareness and not around alcohol use
- there is a lack of training on how to work with parental denial or resistance

as a result :

- there is a lack of detail recorded on the extent /frequency of substance misuse where it is identified
- the impact on the children of the substance misuse is not accurately assessed or recorded
- social workers have difficulties dealing with parents who are in denial or minimise their use and resist social work intervention
- there is a tendency for social workers to avoid dealing with the issues, just as the families are themselves avoiding intervention
- there is an inconsistent response to referrals – both between those which concern alcohol and those which concern drugs but also in relation to referrals in relation to drug misuse
- there is a tendency, other than in those cases concerning pregnant women who are users of class A drugs, for there to be repeated initial assessments
- there is insufficient effective multi-agency working
- care proceedings are often started because a crisis suddenly occurs in cases already known to social workers rather than there being a clear plan that care proceedings are necessary
- there is a failure to treat alcohol misuse as seriously as drug misuse and there is confusion about how best to respond to alcohol misuse.

Interviews carried out for the purposes of this project confirmed many of the above points. In addition some of the practitioners in adult services commented on what they perceived as an increasingly punitive approach to pregnant mothers who were users of class A drugs, the perception being that it is becoming increasingly hard for them to keep their children. It was also noted that the social work response to alcohol misuse is often inconsistent. This is compounded by the high turnover of social workers which can result in families being either very confused by different social workers setting different boundaries or alternatively being able to exploit the differences to avoid dealing with the issues. The high turnover of staff also increases the possibilities for both parents and social workers to avoid confronting the extent of the misuse of drugs or alcohol and its impact on the children.

The NCB research and a number of respondents also expressed concern about the tendency for social workers to focus exclusively on mothers and not take sufficient account of fathers/father figures/mothers' partners. Where fathers/partners are also misusing substances, but not engaging in treatment, there is a very high risk of mothers relapsing. This is also a finding from research looking at the effectiveness of substance misuse treatment. More needs to be done either to ensure that mothers

are supported to leave such relationships or that these fathers/partners are engaged in services.

Respondents to the interviews recognised that this was an area where good multi-agency working is very important but a number highlighted difficulties in the inter-agency framework including poor communication and differences in professional ideologies, practice and objectives.

Respondents felt that communication between children and adult services was improving but that there was still a long way to go. Other problems of communication occurred between statutory services and the voluntary sector in relation to work with particular families or between different voluntary sector providers involved in a case. So ,for example, a community based voluntary agency was unable to work with a mother in residential provision prior to her returning to the community. They said

> '*We wanted to start working with the mother while she was there, but (residential provision) would not agree to this. As a result, when the mother came back into the community we had to start from scratch with her – she didn't know us and vice versa – the whole thing was a disaster, she began experiencing domestic violence again, went back to using alcohol, the baby was injured ……(Residential provision) said it would have been too much for the mother to have us coming in ….*

There are problems of communication between health services too, so it was noted that adult psychiatrists had little contact with health visitors or child and adolescent mental health services, while schools were not included in information sharing on any regular basis. Finally, the probation service were concerned about very poor communication with children and families social services:

> '*We have to beg social services for information and to provide services. When we take on a new case we get no information about possible child protection issues'.*

Differences in professional ideologies, practice and objectives were also identified by respondents as impacting on a coherent multi-agency approach. It was recognised that adult services are working to improve their recording of information about children in the households of their adult clients and to be more aware of the impact on the children of the parental substance misuse. It was also acknowledged that while recording of the details of children may have improved, adult substance misuse workers were not always clear how to record or deal with any concerns they might have. Drug Action Team personnel commented

> '*we recognise that there is a big training need for our drug workers –they ask the question about whether people have children but then don't know what to do about it'*

There was general agreement that much more needed to be done.

In addition concerns remained about the lack of knowledge about drugs and alcohol among children and families' social workers and how that could lead either to over reaction or, alternatively, to children being left in unsafe situations. One of the Boroughs involved in the project recently carried out a survey of children and family social work approaches to drug misusing parents. Many of the findings echo those identified in the NCB and Brunel research studies. It was found that just under half of the social workers in the sample had not attended any sort of training in relation to drugs or alcohol or their impact on parenting and that internal training offered on substance misuse was poorly attended. It was also found that only 19% of workers in the sample used specific tools or approaches to assess and address parental

substance misuse. In addition there was a lack of knowledge about both statutory and voluntary substance misuse services available locally. (32)

Different views were expressed about the advantages or disadvantages of residential rehabilitation programmes for parents. Personnel in adult services were more positive about the benefits of such programmes as were, unsurprisingly, the voluntary sector providers of such services. They argued that it was very important for some people to be away from their normal environment and community to enable them to really focus on tackling their substance misuse; that residential programmes provide a seven day a week, 24 hour framework and they are not an easy option. Personnel from children's services were far less positive about residential programmes and felt that it was far more important for people to tackle their substance misuse problems within the community in which they would be living.

There were also some strongly held differences around professional objectives particularly in relation to the question of whether the aim should always be to get substance misusers to abstain completely or to work towards controlled usage, most frequently through Methadone or Subutex. Children's services personnel in one of the Boroughs in particular are increasingly insisting on abstinence for parents whereas personnel in adult services and others in children's services accept that people can parent effectively if their substance misuse is controlled. As mentioned above there is also growing concern among adult services that the approach to pregnant women who are using Class A drugs is becoming increasingly punitive.

Gaps in services

Information has been collected about a wide range of both statutory and voluntary services available for adults with substance misuse problems in the three Boroughs. Respondents to the interviews felt, on the whole, that there was a reasonably good range of services available locally but there was general agreement about some key gaps. It was also generally accepted that services were fragmented and that the complexity of the framework within which services are delivered, particularly when substance misusers are also parents, makes it hard for professionals to co-ordinate their work and even harder for parents to find their way around the system.

It was widely recognised that there is a lack of services to respond to alcohol misuse. Considerable amounts of money have been made available for services addressing drug misuse, but alcohol misuse has not received the same attention, perhaps reflecting difficulties in society as a whole in responding to something which is both legal and widely used.

It was also noted that there is a real lack of services for substance misusing parents, in the sense that almost no services were family friendly. This was commented on by professionals and parents alike. It would not be appropriate for children to be with their parents at many of the centres, clinics, drop-ins or day re-hab programmes available, which raises issues about the provision of child care or family support available to support parents trying to access substance misuse services. The situation is further complicated by the fact that many parents seeking help from adult services are reluctant to admit to having children or needing support with them, for fear of their children being taken away.

A number of respondents, including the parents interviewed, were concerned about the lack of after care services. There was concern that a parent could move from a highly structured and supported re-hab programme, whether that was a day programme in the community or a residential programme, to being back in the

community with very little support. This made the possibility of relapse more likely. Sometimes families went from residential provision to temporary accommodation where there were adults around them who were using, or simply attending the local adult substance misuse services meant that they were mixing regularly with people still using and further back down the line from them, so that it was very hard for them to continue to be clean or to be stabilised.

Two of the mothers also made the point that when it is considered they are coping sufficiently well with their problems then all support immediately drops away. One said:

> '*It felt like there had been so much fuss and judgement during the pregnancy and now I had the baby and really needed support and there was no-one. I was at home and I felt that there was no-where to go and particularly no-where where I could be whether other mothers who had similar experiences to me. It would have been good to have been in touch with other mothers who were clean, or stable, who also have children.'*

This mother went on to say how important continuing support was, particularly at the time when a parent wishes to take the final step of coming off Methadone or Subutex.

Delays in being able to access services can be very problematic. Delays can occur in accessing residential re-hab because there is a limited budget for this in two of the three boroughs which can mean that there is insufficient funding for such a placement towards the end of the financial year. The differing views over the benefits or otherwise of residential rehab for parents have already been noted, but in any event there are very few places which offer such a service so that the waiting lists are very long. One mother interviewed stated that she had waited 18 months to get into a residential facility with her child. Delays also occur because of disagreements over funding between adult and children's services. If a parent wishes to go to one of the few residential rehabilitation facilities that take children, the cost of the placement for the children has to come from children's services, who may be unwilling to meet these costs for a variety of reasons. There can also be delays in getting to see a doctor who can prescribe Methadone or Subutex for those clients needing this as part of the process of stabilisation. Some respondents reported that Child and Adolescent Mental Health Services (CAMHS) would not agree to start work with a child until a permanent placement had been found, creating an extra hurdle before much needed treatment could be accessed and further delay. Others noted that CAMHS would not agree to start family work until the parent was stable. It was also stated that a number of other providers of counselling or of parenting services also required stability or abstinence which meant delays in beginning this type of support.

There is a poor response to people who have mental health problems in addition to substance misuse problems. One of the issues is that adult mental health services operate a high threshold for entry to services which means they want to be able to diagnose the mental health problem before responding, but argue that this cannot be done until the person is not longer misusing substances. This creates problems for adult substance misuse services who want to access services for someone they have identified as having mental health problems.

For children of substance misusing parents there is a lack of opportunity to meet other children in similar circumstances for group support. Young Carers Projects in each of the three Boroughs reported that they have very few young people using their services whose parents have substance misuse issues. In relation to the few they did work with in a majority of cases the main problem was parental mental health rather than the substance misuse. In their view parental substance misuse was more of a stigma for young people than other parental problems such as mental

health or disability. Young people are very embarrassed about their parents addictions. Respondents felt that there was a need for more family therapy, or family work, particularly in those cases where older children are having to renegotiate the nature of their relationships with parents and to move from being in a caring role to accepting parental boundaries.

Housing was identified by many respondents as a problem area for substance misusing parents. Forrester and Harwin (9, 10, 13) also identified this as a problem area for this group of parents in particular. They found that at the point of allocation almost a third of the children living in families with concerns about parental substance misuse had identified housing concerns (31%) with around a quarter living in temporary accommodation (23%). This was much higher than the figures for social work cases not involving substance misuse (14% and 9%). For most of the families the substance misuse had contributed directly or indirectly to the family being in temporary accommodation. For instance, some women were fleeing a violent partner with an alcohol problem while in others the homelessness appeared related to chronic drug misuse. In all three Boroughs practitioners in adult and children's services felt that they had good links with and good communication with their housing departments and that the real problem was the dire shortage of suitable housing for families in all three areas.

There is a lack of supported housing available to parents who are leaving day or residential re-hab. It is regrettable that funding made available under the Supporting People initiative has been used for projects focused almost exclusively on single adults and not on families. One of the three boroughs, Islington, is already making efforts to address this.

There is considerable voluntary sector provision in each of the three Boroughs and all three produce clear and accessible directories of information about the services they offer. It was therefore of particular concern that some of the voluntary sector providers offering family focused services for substance misusing parents, their children and the wider family were underused – even, in one case, by the Borough funding them. Such underuse may be related to issues already noted including lack of knowledge on the part of adult services personnel in relation to how to approach parenting, lack of knowledge of substance misuse services on the part of children and families social workers, poor communication and the complexity and fragmentation of the service framework.

All the parents interviewed, and a number of other respondents were clear that the attitude of practitioners was crucial. Regular changes of staff made it difficult for parents to develop trust in workers. Parents had experiences of being treated with a lack of respect or sympathy which only confounded their own feelings of guilt and fear. Other research studies have identified the importance of a non-judgemental approach by professionals. (11, 23, 25, 28, 29, 33)

Parents, mainly mothers, who have children removed as a result of court proceedings lack support. They are not offered opportunities to explore and talk about what has happened, nor are they given guidance, support and advice on how they might continue to play some role in the child's life. One mother said about this

> '*I have spoken to other women who have had their babies taken away and they have just given up basically. They feel hopeless and they just carry on taking drugs.*

In many cases too they go on to have more children.

Actions being taken to address identified problems and gaps

Work is going on in all three boroughs to improve the response to substance misusing parents. In Westminster a 'Hidden Harm' working group has been set up across adult and children's services to improve communication and working between the two. Westminster is one of a number of Boroughs funding the Family Therapy service for substance misusing parents.

Within Camden, the Family Alcohol Service (FAS) provides services for the whole family where there is problem drinking by one or both parents. An evaluation of this service has shown it to be effective. (35) As this is a small organisation families may have to wait for sometime before work can begin with them. Camden have also recently set up a Multi-Agency Liaison Service which employs an adult substance misuse worker to assess the extent and nature of parental substance misuse and to advise social workers on the impact on parenting of this misuse in individual cases.

In Islington a children and families social worker with substance misuse experience has been appointed to work within adult services on cases where there are some concerns over the care of children of substance misusing adults but not sufficient concerns to prompt a referral to children and families social services. A substance misuse worker is also available to provide advice and guidance to children and families social workers in relation to parental substance misuse. In addition Islington have recently commissioned the voluntary organisation CASA to set up a service for families where parents are misusing either drugs or alcohol, which will use a similar approach and methods to that used by FAS.

What happens within the court process at the moment

Care proceedings have long been recognised as a specialist area of family law which requires judges, magistrates and lawyers working in this area to receive specific training and, in the case of representatives for children, to be specially selected to do this type of work. Attention has been paid to ensuring that court buildings are more family friendly, that the courtroom itself appears informal and that where possible an adversarial approach is discouraged. The separate representation of children and parents, the possibility of wider family members becoming parties and the representation of children by a lawyer and children's guardian working together are widely regarded as a good model for ensuring that the court is able to make decisions that are in the best interests of children.

Since the introduction of the Children Act 1989 in 1991 there have also been a number of concerns about the court process and among these the key concerns have been:

- the length of the proceedings
- the growing use of expert evidence
- the costs of proceedings
- the effectiveness or otherwise of care plans.

These concerns are inter-related and research has shown the causes to be complex. (2, 3, 14, 15, 16, 19, 27) There have been a number of attempts to address the issue including Practice Directions on the instruction of experts and the management of cases and most recently the introduction in 2003 of the Protocol for Judicial Case Management (The Protocol). The issue of legal costs remains under review. (DCA Child Care Proceedings Review; Lord Carter's Review of Legal Aid Procurement).

These general issues are all relevant to care proceedings where the key issue is parental substance misuse. Concerns about cost, delays and the use of experts were raised by respondents in this project who are involved in court proceedings. The use of a range of experts in these cases is common, partly because the court lacks confidence in social work assessments of the extent of the substance misuse and the impact this is having on parenting and on the welfare of the children, and partly because courts, lawyers and frequently children's guardians do not feel they have sufficient knowledge of these issues themselves. Respondents commented quite frequently on issues of quality noting that social work assessments were considered to lack focus, while the reports from children's Guardians were also regarded as uneven in quality.

Delays can occur in arranging for these assessments to be carried out. There is an over concentration on assessment pure and simple as opposed to assessing whilst also intervening and working with the parent and the family as a whole. There is a tendency for the different assessments to happen in sequence, which can again lead to delays. It would seem that many professionals carrying out particular assessments will not do this until the parent has shown that they have stabilised their use of substances or have stopped using altogether, which can make it very difficult for necessary assessments to be carried out within a reasonable time.

Concern was expressed that in some instances all those involved could predict what the expert opinion was going to be, yet that evidence was still asked for. Adult psychiatric reports came in for particular criticism because they tended to avoid making a prognosis about parenting capacity and also gave unrealistic timescales for judging the chances of parents tackling their substance misuse which often exceeded the 40 weeks protocol. Some providers of assessments felt that it would be helpful if they could report directly to the court, particularly when their view was that there was little point in continuing with an assessment/intervention. At present they have to continue as planned and report to one of the parties at the end of the process. There was a sense of frustration that in some cases concerning babies or young children lengthy assessments, including residential assessments, could be ordered even where there already appeared to be clear evidence that the parent would not be able to parent the child satisfactorily. As a result these very young children were often waiting over a year or 18 months for decisions to be made about their future.

Case decisions and research have highlighted concerns over care planning, in particular whether care plans are properly prepared, whether they are over optimistic in the case of substance misusing parents, and whether they are actually followed through once the proceedings have been completed. (13, 14, 15, 16)

Parents interviewed talked about their fear of losing their children and their sense of guilt at not being good parents. One mother said:

> '*Two days after the baby was born the social workers came in and said I had to go to court that afternoon and they wanted an order to take the baby away and put him with foster carers. …. It was really scary. It was all really intimidating and scary… I had never been to court before. …. I knew that I would do anything to keep my baby. I didn't understand at all what was going on, there was a social worker for the baby and a guardian for the baby and no-one for me. I just signed everything they gave me because I so wanted to keep the baby.'*

Professionals working with parents pointed out that a lot was expected of parents once proceedings had started and that they could lack support in meeting all these requirements.

Conclusion – why a Family Drug and Alcohol Court could help

Parental substance misuse is a major factor in between 60% and 70% of care proceedings brought by the three Boroughs involved in this project, which is likely to reflect the situation in other inner city and metropolitan areas.

Services prior to proceedings can be provided in a disjointed way, children and families social workers lack expertise in substance misuse issues and adult substance misuse workers lack confidence in identifying problems with parenting capacity. Cases, other than those in relation to pregnant women who are chaotic class A drug users, can be brought to court late in the day, often in a crisis situation. Once proceedings have been started there is considerable reliance on expert evidence, a sequential process of assessments, causing both frustration because of the delay in reaching a decision and a sensation that parents are having to overcome a series of hurdles while receiving little support.

It could be argued that the way to tackle many of these issues would be to improve local services particularly by improved training of children and family social workers, better co-ordination of adult and children's services in relation to substance misuse issues and the development of more services designed to address the needs of the family as a whole when substance misuse is an issue. All of the three local authorities involved in this project are taking steps in all of these areas.

Improvements in local services are crucial and need support but the information collected as part of this project indicates that are also strong arguments for, in addition, setting up and piloting an approach to dealing with parental substance misuse within a court setting. A key finding from this project was that all the respondents were in favour of the proposed family drug and alcohol treatment court. The advantages commented on most frequently were summed up by one respondent as follows: '*a cluster of specialist services and the clout of the court saying it's now or never'.* A whole range of potential advantages were mentioned- cases would come to court earlier and might obviate the need for the child being removed at all; services would be accessed faster and in an integrated way; standards would be raised because of the dedicated team of specialists providing thorough assessment and referral to appropriate agencies. Above all the venture was seen to be innovative, creative and using the authority of the court to support parents whilst keeping the child at the centre of concern. If successful, the FDAC would break down the 'them and us' mentality and the trend to automatic removal that some had noted. At the same time cases would be able to get back to court faster if parents could not successfully engage or remain in treatment. Respondents saw the court as a good basis for trying to promote reunification but were just as positive about its potential to secure permanent new homes for the children more rapidly than at present if the treatment did not work out.

To conclude, the arguments in favour of setting up a FDAC are:

- there is evidence that outcomes for children are better when care proceedings are taken at an early stage
- there is also evidence that, apart from cases where babies are removed at birth, there are often delays in taking cases to court
- evidence is emerging from the US and Canada from both the criminal justice system and the juvenile dependency system that having the same judge overseeing reviews of substance misuse treatment motivates substance misusers and can improve the chances of them completing their treatment

- similar evidence is beginning to emerge here in relation to the use of Drug Rehabilitation Requirements attached to sentences in criminal proceedings (18)
- having a specialist team attached to the court is likely to increase the court's confidence in making decisions without the need for receiving reports from a wide range of external experts
- a clear steer from the court team about work that needs to be done with the parent and family and areas that require further assessment should help reduce both costs and delays
- the model will provide an good opportunity to develop best practice in relation to co-operation between adult and children's services
- the pilot will also provide and opportunity to develop cross borough co-operation in delivering and commissioning services
- the timescales of the court process, in accordance with the Protocol will provide a tight framework reducing the risk of cases drifting
- having a judge overseeing the delivery of services to the parent will assist both in motivating the parent and ensuring that practitioners deliver the services as agreed
- the court framework provides a protective framework for the children
- the parents will have their own lawyer to oversee their interests and access to support from the team and from parent mentors
- although courts are traditionally places where disputes are resolved under an adversarial system there has long been a recognition that the adversarial approach should be avoided where possible when decisions are being made about children and that all parties should aim to work together for the benefit of the children
- there is a growing recognition in this country that specialist courts have a role to play in supporting people in accessing services, current examples being specialist drug courts and specialist domestic violence courts. (6)
- If outcomes for children and parents are improved by the introduction of the FDAC, as intended, this will have a long term effect on reducing costs currently spent on providing high cost services for children and young people damaged by parental substance misuse.

HOW WOULD A FAMILY DRUG AND ALCOHOL COURT WORK WITHIN THE ENGLISH LEGAL AND SOCIAL CARE SYSTEM?

It is proposed that a pilot of a Family Drug and Alcohol Court be set up at Wells Street Family Proceedings Court involving two specialist judges and that it runs for three years dealing with substance misuse cases brought by Camden, Islington and Westminster. The purpose of the pilot will be to test out whether the model improves outcomes for children , with particular reference to the five outcomes of the Children Act 2004 and the Every Child Matters/Change for Children agenda. Researchers from Brunel University who have been closely involved with the development and design of the project will evaluate its effectiveness. Three years will be needed in order to allow time for the court to be set up and to run long enough for all involved to gain sufficient experience and to enable a reasonable time frame for the evaluation.

Adaptations to the US system required for a court in England

The Steering Group and the Practitioners Group have been given information about how the Courts operate in the US and have been regularly consulted over how such a court might work here. Respondents were also asked questions about the US model and adaptations that might be needed. In relation to ethos and principle two

adaptations were identified as essential. None of the respondents was in support of using sanctions against parents who failed to engage with services or stay in treatment as applies in some of the US treatment courts .It was pointed out that the loss of the child was sufficient punishment and that the whole principle of the court was that enrolment was entirely voluntary. Respondents were also cautious about using 'rewards' other than psychological encouragement though they were more prepared to consider these might have a part to play.

There was considerable debate about whether the Court should be based around an abstinence model for treatment, as in the US, with the majority arguing that decisions had to be made on the basis of individual assessment and not on a 'one-size fits all' approach. This has been accepted.

Other adaptations discussed related to whether there was a need for exclusion criteria to be set out to ensure that parents were not set up to fail and to ensure that the service was not overwhelmed. Such criteria operate in the US FDTCs. There were mixed views about this with some respondents stating that the court should be open to all substance misusing parents while others thought exclusion criteria would be necessary. It was thought by some, for example, that the FDAC process should not be offered in those cases where it appeared very unlikely that the children could return to or stay with their parents without the likelihood of significant harm, even if the substance misuse was addressed. No clear consensus emerged on what the criteria for exclusion should be but serious mental illness (not specified), physical and sexual abuse and domestic violence were mentioned most often. For the purposes of the pilot alone, it was acknowledged that some form of exclusion may be necessary in order to ensure that the court and/or the team are not overburdened with cases. This would thus be exclusion for purely practical purposes rather than related to issues of professional judgement. It was also noted that it would be important for the pilot court to have a good range of cases, including those which were complex and where the prognosis was poor in order to really test out the model.

Also discussed was the range of services that the Court should be able to access. The range of services available to the FDACs in the USA is extensive, but it is important to remember that the social care and welfare systems are very different there. They do have access to a high level of residential provision, which would not be the case for a court here. As noted earlier, there were, in any event, differing views on the importance of residential therapeutic facilities. However there was agreement that it would be essential to build into the programme improved support in relation to housing, domestic violence and mental health problems. It was also agreed that greater efforts should be made to develop supported housing provision for this client group. Developing mentoring support from ex-users was also seen as essential by all although it was recognised that this might take some time to develop.

It was noted that the US model involves public health nurses, similar to our health visitors, and that there is a focus on providing specialist support to pregnant women and new mothers who are substance misusers. Parenting programmes and other family support provision in the US is also specifically designed for substance misusing mothers. While substance misusing mothers in this country can more easily access the universal services of midwives and health visitors, not the case for mothers in the US, it is also clear from responses in this project, and from other research, that there is a lack of midwives and health visitors who have specialist knowledge, skills and experience in working with substance misusing mothers. (33) As noted earlier there is also a lack of parenting programmes and family support services specifically directed at this group.

There was a consensus that the FDAC could fit into our existing legal framework and that earlier referrals to court were unlikely to create any problems with regard to the Human Rights Act 1998 and the principle of proportionality contained within it. Three reasons were given. First, cases, apart from those involving new-borns, tend to be brought to court late in the day. Second, the process of going to court under this system is designed to assist the parent in accessing support and third, because it was likely that children and families social services would be able to demonstrate that they had already been working with parents to help them parent better.

The respondents raised a number of important operational issues for consideration which have been taken on board by the steering group. These covered the following:

- the advantages and drawbacks to the FDAC judge also overseeing the care proceedings
- the legal status of the FDAC and whether or not solicitors and children's guardians needed to attend the reviews
- the composition of the team
- reviews and their frequency
- the length of the treatment programme (per se) and in relation to the Protocol for Judicial Case Management.

These issues will be considered in more detail in the following sections on the team and the court process.

Potential constraints and challenges to the success of the FDAC

All the respondents were asked to identify whether they had any concerns over the proposed FDAC which could threaten its success. The main reservations were related to resources. These included concerns over a shortage of suitable judges with the 'right' personality – in other words judges who are able to communicate well with substance misusing parents; the lack of court time; potential problems in securing a pool of specialist Children's Guardians; lack of after care services; lack of alcohol related services and budgetary problems. Other issues were more to do with professional practice. Would cases be brought to court early enough? Would there be clarity over when to stop working with the parent? Would the court be able to operate flexibly and avoid overly rigid timescales? How would the court take into account the wishes and feelings of older children? Finally some logistical issues were identified, most notably that IT systems needed to be capable of working across the pilot authorities and courts; that common protocols would need to be developed across the boroughs to ensure that FDAC assessments would be accepted and that services could be pooled.

Clearly it will be essential address these issues, some more challenging than others. Interdisciplinary training was identified by respondents as a pre-requisite to the launch of the new service to help ensure a common approach with consensus over the ethos and objectives of the service. The potential deficits in personnel and services remain more challenging and were a key component of the steering group's attention.

Taking all of these issues into account the Steering Group agreed on the model and processes described below.

Name

The pilot court will be called the Family Drug and Alcohol Court to make it clear that it will deal with both alcohol and substance misuse.

Ethos of the model

- This is a positive, proactive approach to addressing parental substance misuse. There will be a presumption that the parent can change and should be encouraged to change.
- It will ensure that effective services are provided in a timely and co-ordinated way for parents and at the same time there will be a clear focus on the welfare of the child, and the needs and wishes of children and young people will be identified and responded to.
- The same judge will review the parents' progress throughout the time that they are engaging in services. The judge has an important role to play in getting the message across to parents that people believe in their ability to change.
- This will be a model that is focused clearly on the impact on the child of the substance misuse. It is not helpful in this context to talk about either an 'abstinence model' or a 'harm minimisation model'. The approach will depend on the circumstances of the case and so, in some cases, the recommendation will be abstinence.
- The plan for the parent and the services provided will be grounded in what we know from research about effective interventions.
- The wider family will be involved from the earliest possible stage, and will be provided with support and information.
- Parents should receive support and encouragement as they address their substance misuse.
- Parents who do not succeed in the programme, and then come back to court at a later stage in relation to subsequent children should be able to access the system again.
- All parents should be given the opportunity of entering the programme but where the prognosis is poor the timescales for showing engagement and commitment to the programme should be short.
- Substance misuse refers to both drug and alcohol misuse.

The specialist team - membership and governance

It is proposed that the core team composition is:

- Team Manager (could also be called Project Manager)
- 1 x social worker with expertise in adult substance misuse
- 1 x social worker with expertise in children and families work
- 2 or 3 practical support workers, who could have either drug worker or family support experience
- 1 x administrator

Extended team members:

In addition there should be arrangements to provide part time or sessional staff from a number of other agencies / areas of expertise. Such arrangements could be either on a secondment basis or through payments for a fixed number of sessions per

week.

Essential members of the extended team are:

- Housing officers from the three boroughs
- Workers with expertise in domestic violence
- Child and family and adult psychiatrists / psychologists
- Parent mentors

It was felt that on the whole it would be better for both the domestic violence worker and housing worker to be recruited to work with the team on either a full or part time basis as these services in the Boroughs are already overstretched.

Additional services

Additional services from a wide range of areas will be required to support the work of the team, and are described in another section (see page 34). Money may be required to buy in some of these services quickly, and to provide flexibility and a rapid response when required.

Management and Accountability

It is proposed that during the pilot period, the team will be accountable to a steering group (which is likely to be the current steering group with some amendments to the membership). This steering group will have responsibility for the strategic direction of the team, with one borough taking responsibility for operational matters.

A quarterly report will be provided by the FDAC Team Manager and will include information about:

- numbers of families referred from the three boroughs
- progress of the families through the FDAC process
- activity of the team
- services which have been used, with comments on effectiveness
- outcomes for children and families
- emerging findings
- areas of difficulty which need resolution

It is recommended that operational responsibility is held in one borough (to be determined) and that the FDAC Team Manager is accountable to a Children's Services tier 3 manager (these posts have different titles in each of the three boroughs). There should be an agreement that the equivalent service managers from the two other boroughs are closely linked and liaise regularly about operational matters with the lead borough.

Operational matters include:

- budget management
- case management
- communication with other agencies
- staff / human resource management
- efficient production of management information and reports about activity

A partnership agreement between the three boroughs and the court, will be drawn up to outline clearly the operational and strategic responsibilities and accountability of the team as described above.

The Process

Team Functions

The functions of the team can be summarised as:

- Assessment of parent's eligibility for service
- Assessment of the level of substance misuse
- Assessment of parent's capacity to change
- Assessment of the child's needs and wishes
- Identifying gaps in agency assessments
- Liaising with other agencies, providing advice if required
- Mobilising services to assist the family throughout the FDAC process
- Direct work with the family
- Attending and reporting regularly to the FDAC court
- Supporting and supervising parent mentors

How will the team work?

Outlined below are team processes described under the headings referral, eligibility, assessment, review, relationship with the FDAC court and capacity. The process is represented in the flow chart attached as Appendix 4.

Referral

In most cases the referral into the FDAC team will occur at the first hearing in the care proceedings. When the proceedings are issued the case will be identified by the local authority as a case involving drug or alcohol misuse and will be listed to appear before the specialist FDAC Judge. The parent will be given the choice at that point of entering the programme. The Judge will explain to the parent what that involves and the team will meet the parent for the first time. The parent will also have the opportunity to talk to a parent mentor.

Once the pilot gets going however, it may be that the social worker will discuss the FDAC with the parent at the time when it is decided to go to court. If the parent is interested in being part of the programme there would be no reason why the process of assessment by the FDAC team could not begin before the first hearing.

Eligibility

Although the ethos of the FDAC is that all parents should have the opportunity to enter the programme it may be necessary for the purposes of the pilot, depending on the capacity of the court and the FDAC team, to limit the number of cases entering the programme. In the period 2004-2005 there were 83 cases concerning parental substance misuse among the proceedings started by the three Boroughs which thus would have been appropriate for the FDAC but it may not be feasible for the pilot to deal with this number of cases each year. This is an area on which there was a divergence of views among both Steering Group and Practitioner Group members and respondents to interviews and where there was no consensus. If it is necessary to restrict access to the programme then the team will need to make an early

judgement about eligibility. In instances where there are other serious risks to the child, it may be that the FDAC should not be considered. To be specific, families may not be eligible if it is indicated that even if the substance misuse issues were dealt with, the children would not be safe from harm.

It should be noted that this project will be a new type of intervention so that the fact that the prognosis is poor should not of itself lead to exclusion, but the team could consider excluding parents in the following circumstances:
- where there is a history of severe physical or sexual abuse of the children
- where there is a history of severe domestic or other violence, where help has been offered in the past and not accepted
- where the parent is experiencing florid psychosis.
It will also be necessary for the team to take account of the wishes and feelings of older children and young people.

The length of time that the parent has misused substances should **not** exclude the family from the FDAC as there is evidence that people can give up drug and/or alcohol dependence, even after long periods. Similarly, parents who have had children removed in the past because of substance misuse, should not automatically be denied the opportunity of participating in the FDAC process.

Assessment

At the point of referral, a lead member of the team will undertake an assessment, looking at the parents' substance misuse, its impact on parenting, the needs and wishes of the child, the family's history, environmental issues such as housing and money, past contact with agencies, capacity for change, and services required. This assessment will be intensive, comprehensive and completed within 5-10 days in time to be presented to the court, and all parties, at the second hearing.

The format for carrying out the assessment will be decided by the team and will be based on existing frameworks for assessing substance misuse, parenting, child development and environmental issues. A key part of the assessment will be an analysis of the interplay between all the factors covered, what that indicates in relation to needs and what outcomes could realistically be achieved.

At this stage, all parties will be encouraged not to commission separate expert assessments, but to sign up to the programme recommended by the FDAC team. The parents will sign the written agreement and the role of the team is to mobilise services in the two week period between the second hearing and the first review by the FDAC.

Review

Once the assessment has been completed and the written agreement with the parent drawn up, the team will work to ensure that the parent begins to engage with services. Two weeks later the parent will return to the court for the first in a series of reviews. The reviews in the FDAC will involve the judge, members of the team (in the first stages of the pilot, all members may attend, but in time this is likely to reduce to one or two representatives), and the parents. A short progress report will be prepared each week to be presented to the court and will incorporate further judgements and assessments about parental capacity to care for their child or children as well as progress on their engagement with substance misuse services.

During this period it is the task of the team to be proactive in ensuring services are

available, that the family are making good use of what is on offer, and being proactive in supporting the engagement of services. The team should also be active in ensuring that a family group conference takes place, through liaison with the managers of the FGC service in each borough.

Close liaison with the social worker for the family, and ensuring good communication between all agencies concerned with the family, will be crucial responsibilities during this period.

The number of reviews will vary from case to case, but in all cases will be within the timescales outlined in the Protocol. (See section on court process below)

Relationship with the court

At any point during the review process, from the second hearing forward, the judgement may be made that the FDAC court will be suspended and the local authority will revert to formal care proceedings. This judgement may be made in the following instances:

- the family refuse the service and/or do not sign the written agreement
- there is no evidence of progress at the weekly FDAC hearings
- there is dispute about the progress being made, or other factors, and all parties are called back to the court to consider reverting to care proceedings

In all other situations, at the end of the series of reviews, all parties will be recalled to review the progress and agree a plan for the family for the future. This may include a range of recommendations – no order, a supervision order, a residence order (to relatives or friends of the family), or an interim care order for a further period in instances where it is felt that there is a need to evidence sustained progress of the family for a longer period. This last meeting should occur at the same time as the pre-hearing review required by the Protocol.

Capacity – numbers of cases to be processed during the pilot period

During the pilot period, of three years, it is estimated that the FDAC and team could work with 30 families per year if there was only one Judge dealing with the cases, and with 60 families per year if there were two full time judges. The strong preference of the steering group is for two judges to be involved to increase confidence in the findings of the study and, much more basically, to ensure the project would not be jeopardised in the event of illness or other factors. A three year trial will also enable the pilot to have time to function at its best. During the period April 2004 to March 2005 there were 83 cases among the total of care proceedings started by all the three Boroughs where parental substance misuse was a key issue. It is recommended that the aim should be to take roughly equal numbers of cases from each Borough, but some flexibility will be required depending on the numbers of cases started by each authority and the particular circumstances in individual cases.

These estimates are made on the basis that the FDAC will sit weekly, for 42 weeks in a year, and that in an average week, the court will have one first hearing (lasting up to 2 hours) and 4 reviews (up to 45 mins each). The estimates include an expectation that there will be less activity during the summer months.

The team will carry between 30 and 60 cases at any one time, with an expectation that each of the social workers will have a caseload of 10 cases needing intensive work, and up to 20 where their input is more limited, as would be expected for

families nearing the end of the FDAC process. If two Judges are available, and the number of cases is increased, this may have implications for the size of the team and the costings for that.

In the early stages of the pilot, the two social workers will undertake joint working with families in order that they can share expertise, and learn from each other's different experience. As the project develops, the demand for joint working is likely to decrease. In addition all team members, including the manager, will be expected to have a good knowledge of each of the 30 or 60 cases, so that cover can be provided for each other during periods of leave or other absence.

Attention should be given to limiting the number of referrals received during the early stages, to prevent overload later in the year. Part of the purpose of the pilot will be to establish whether these estimates are reasonable and detailed records of how the team spend their time would assist in planning following the pilot phase.

What services the team need to have access to

So far as possible the team will make use of services already available in the three Boroughs.

Extended team/sessional workers

As mentioned above (pages 29/30) the small core team will need to draw on specific sessions from:

- Child and family and adult psychiatrists / psychologists
- Parent mentors

The team may also need to call on sessions from housing and domestic violence workers if it is decided not to include them in the team.

Housing

It has already been noted that housing is a problem for many families where parents are substance misusers. Where housing is an issue for families then the team need to be able to link to a housing worker who is familiar with the systems and processes in each of the three boroughs and can help the parent negotiate these, providing support and advocacy where necessary. The process of setting up the pilot and the pilot period itself should be seen as an opportunity for identifying more clearly the range of housing problems faced by families where parents are substance misusers and the frequency of their occurrence in order to inform the commissioning of services. It is clear that there is a lack of supported housing provision for families where parents are substance misusers, who may need a high level of support when leaving residential de-tox or rehab provision or when they are undergoing structured day rehab programmes. The Supporting People initiatives in the three boroughs and the sections or agencies dealing with the prevention of homelessness should aim ensure that adequate support it available for families vulnerable to eviction and homelessness because of parental substance misuse and that there is some provision of supported housing for this client group.

Domestic Violence

It is clear from research into child protection and into substance misuse and also from the respondents in this project, that domestic violence is an issue for a high

percentage of women and children involved in care proceedings because of substance misuse. The court team will need to link with the domestic violence services in each of the three boroughs. These services are currently overstretched and additional funding may be necessary to employ an experienced domestic violence outreach worker who could link women into the range of services available in the boroughs, provide training for the court team and give advice on screening for domestic violence during the assessment process. Given the prevalence of domestic violence in these cases the team, court staff and providers of services will need to be very clear about the safety issues for women and children.

Adult and child psychiatry and psychology

Where necessary the team should be able to call on a quick response from local Child and Adolescent Mental Health Services for direct work with children and their parents and similarly for quick access to the adult psychiatrists and psychologists providing services through the adult substance misuse services.

Parent mentors

In the US parents who have successfully been through the FDTC process are recruited to provide support to parents starting out on the process. They are present at court to provide information and support and continue this throughout the parent's time on the programme. Similar models of recruiting parents are used here by organisations such as Homestart and NEWPIN and adult substance misuse services have for some time recognised the benefits of using the services of ex-addicts and those who are stable to provide support to other substance misusers . Voluntary providers of services such as Phoenix House also make use of former service users to provide support and information to others. It would be possible for the team to identify a small number of parent mentors from these sources. They would need to have some training about court processes and what their role will involve and would also need to be regularly supervised. In addition they would need to have their expenses paid and childcare provided if needed. Three parents have so far indicated an interest in becoming parent mentors.

Other services

Family Group Conferences

At the point of referral the team will contact the Family Group Conference manager of the referring borough to request that a co-ordinator be appointed and an FGC organised to ensure that FGCs are called promptly after the start of proceedings if one has not already been held. Normal good practice in relation to whether an FGC should be organised will be followed.

Adult substance misuse services

There will be links to all of the adult substance misuse services in each of the Boroughs. Parents will attend the statutory services in their own areas but could access voluntary services across the Boroughs where appropriate. Camden and Islington already work together, providing services through the Camden and Islington Mental Health and Social Care Trust. Protocols will be set up to ensure that the court team can fast track parents into those services such as prescribing and de-tox that can have long waiting lists.

Local adult services provide a comprehensive range of services including assessment and referral into both abstinence and harm minimisation programmes, prescribing for Methadone or Subutex, health screening and support, access to adult psychiatrists and psychologists, and individual and group work. Both statutory and voluntary services offer some access to alternative therapies.

Adult substance misuse services refer people into residential de-tox and rehabilitation programmes as well as day programmes. Access to residential de-tox programmes can be delayed because of constraints in budgets. There is, on the whole, consensus among the steering group and practitioners groups that children should not be with their parents in a residential de-tox provision. There is a limited supply of providers of residential rehab provision that accept parents and children together, these have long waiting lists and are very expensive. There is a divergence of views, mainly between professionals from children's services and those from adult services about whether these are the best sort of provision for substance misusing parents. These are issues that will need to be further discussed and considered by the Steering Group and the team once it is established.

Probation

Many of the parents will have previous or current criminal charges and the team will need to link with local probation services.

Employment and training

The team will need to be able to access sessions from welfare rights advisers and employment and training advisers. Arrangements could be set up as with Sure Start local programmes and Children's Centres for sessions from a dedicated worker or alternatively the team would make arrangements with local services for a speedy response to referrals for advice and support.

Psychological therapies

There is growing evidence from research indicating the effectiveness of a range of psychological interventions in addressing substance misuse. (31, 34) Included among these are cognitive behaviour therapy, motivational interviewing, community reinforcement, family therapy and counselling. A range of these services are available in the three boroughs and across London. The team will need to acquaint themselves with services that will work with parents when they are still misusing substances. The team should ensure they are clear about the referral routes and should be pro-active in arranging sessions where appropriate.

Services for children and young people

There should be a range of services available for children and young people including support groups, counselling, play therapy. Some of these services are currently available but others may need to be developed.

Parenting assessments

Where a parenting assessment is needed, the presumption should be that this should be provided by existing services within the three boroughs. Current provision is by NCH for Westminster, by the MALT in Camden and by the Family Assessment Service in Islington. All three boroughs make use of the Marlborough Family Centre and different providers may be used where issues of culture and ethnicity need to be

taken into account or where there are issues relating to physical disability or learning disabilities. Parenting assessments should not simply be an assessment but should incorporate work on parenting skills. Parents will not have to have stopped their substance misuse before work begins with them.

Interpreters

The team, and the court, should have access to a pool of interpreters who have been trained specifically to deal with substance misuse, child protection and the courts. This service will need to be developed.

Issues

The plan of services agreed between the team and the parent/s will need to be realistic, so that parents are not overburdened by a whole range of different services being delivered all together.

The pilot will be an opportunity to identify any major gaps in services in the three boroughs which can then inform future commissioning of services. Some of these gaps are already evident and the team and the three boroughs should consider how best to address these gaps and the range of funding streams that may be available to meet some of them.

Under the DIP programme drug using adults charged with offences are able to fast track local services. It is vital for the success of this programme that parents should also be able to fast track services. Parents facing criminal charges, or with convictions, could come within the DIP programme in any event and the team should work closely with the DIP co-ordinators in each Borough and with adult services to ensure a similar fast track approach – particularly to ensure quick access to prescribing, de-tox and re-hab programmes.

THE COURT PROCESS

A specialist court

There will be one or two days assigned for care proceedings where one of the key issues is parental substance misuse and one or two District Judges who will take responsibility for conducting these cases and the reviews of parents' progress through the programme. The Judge has a key role to play in the FDAC, encouraging and motivating parents to engage with services, reviewing their progress and helping the team and the parent revise the plan of action as necessary.

All court staff, the specialist District Judge (s) and the identified specialist magistrates will receive training on how the process will work, including some joint sessions with the team. Solicitors, both in private practice and working for the local authority, and barristers regularly instructed by them, will be invited to sessions to hear about the process and the aims of the FDAC.

CAFCASS will identify a pool of Guardians who express interest in the court and the process and these Guardians will take part in joint sessions with the court and legal representatives to learn about the aims of the court and the processes involved.

The application for care proceedings

When the local authority files its application for a care or supervision order it will indicate to the court that this is case involving parental substance misuse. The case will then be listed to appear before the FDAC. The court will appoint a Guardian and request that CAFCASS allocates a Guardian. This request will be fast tracked by CAFCASS and a Guardian will be allocated from the pool of Guardians who have expressed special interest in this process and who have received training on it. The court will also notify the team of the application. When the local authority serves the documents set out in Step 1.5 of the Protocol on the parties to the proceedings they will also serve these documents on the team.

As the pilot progresses, it may be that the team is consulted by the local authority at an earlier stage when the possibility of bringing care proceedings is being considered. In such circumstances they would have started to consider the necessity for specific assessments and may even have met the parent before proceedings are commenced.

It should be noted that the ethos of the FDAC is one of early intervention, where court action should not be seen as a last resort. The boroughs involved in the pilot will be encouraged to bring cases to court sooner. This will be done through training of all staff but front line managers, child protection conference chairs and those involved in making decisions about whether to take court proceedings should give particular attention to considering when cases concerning parental substance misuse should go to court. The trigger for considering taking a case to the FDAC should be any case where parental drug and/or alcohol misuse is leading to actual or likely significant harm for the children. In particular, taking proceedings in the FDAC should always be considered at initial and review child protection conferences.

The first hearing

The first hearing of these cases will take place on the day identified for FDAC business. In addition to the usual issues to be decided at the first hearing the Judge will give the parent details of the FDAC and will ask them whether they would like to take part. In addition to members of the team, a parent mentor will be available to talk to the parent about the process. If the parent agrees to join the programme they will meet the members of the team at court and the assessment process will begin. The team will spend between 45 minutes and one hour with the parent. The team will then report to the judge and the parties on the types of services likely to be needed in this case and the time they will need to complete their assessment which would be either 5 or 10 working days depending on the complexity of the case. The case will be listed to return to the FDAC either the following week or within two weeks. The case management checklist will be considered and any relevant case management directions will be given. The date for the Case Management Conference and the Final Hearing will not be set at this point.

The local authority may, as now, make an application for an interim care or supervision order. Family members may be available to offer to care for the child either under an interim care order, or interim residence order. As the pilot progresses the aim will be to encourage a local authority to start proceedings at an earlier stage so that an interim care order may not be necessary and the children may remain with their parent under a supervision order or under no order at all.

Where there is a dispute

If the local authority has made an application for an interim care order which is not agreed the application shall be listed for an urgent contested interim hearing as normal. The parent will be offered the opportunity to enter the programme in the same way as parents in uncontested applications and will meet the team in the same way. There has been some debate amongst respondents over whether the FDAC judge should hear the contested application for the interim order. There are those who argue that it is important for the case to be dealt with by the same judge throughout, and others who are concerned about possible bias if this were the case. The same issues arise in the USA and different practices are followed in different Sates. It would be possible for the contested interim hearing to be heard by a different judge or bench of magistrates, all of whom would have received training about the FDAC. (see also the section on disputes at page 41)

If the parent does not agree to enter the programme, or if the team recommend that the case is not suitable for the FDAC, then the case is dealt with in care proceedings in the usual way.

The second hearing

Over the next five to ten working days the team will meet the parent and carry out their assessment. They will draw up a clear plan of action, with timescales and clear objectives in partnership with the parent. The plan will be in the form of a written agreement which both the team and the parent will sign.

At the second hearing, within five or ten working days, all the parties will return to the court. The team will present the agreed plan. Where possible they will circulate this to all parties 48 hours before the hearing. The date for the first review will be set. The court will set dates for the Case Management Conference, the Pre Hearing Review and the Final Hearing.

If there has been a contested application for an interim order the plan will be presented to the FDAC on the day of that hearing, providing the assessment is complete and the hearing is taking place on the FDAC day. Alternatively all the parties will return to court at the first FDAC sitting after the contested hearing.

Expert evidence

In relation to case management issues, and particularly the instruction of experts, the team attached to the FDAC will be the gatekeepers to the use of any additional experts. Their assessment and written agreement will have identified areas which need further assessment and they will specify who should carry out those assessments. The presumption will be that such assessments should in the main be carried out by professionals within local services in the three Boroughs. On occasions, for instance where there issues relating to physical or learning disabilities, or where there are specific issues of culture and language, alternative expertise may need to be drawn on. Apart from this there will be an expectation that the parties' legal representatives will not seek to instruct alternative experts.

The focus of the FDAC will be on engaging the parent in services and providing interventions rather than on assessment.

Reviews

Once the programme of services has been agreed the first review of progress will take place two weeks after the second hearing. This will be around one month or five weeks from the start of proceedings. The parent will return to the court with the team members for an allotted time with the District Judge. Each review will be scheduled to last no more than 45 minutes. The team will prepare a short report on progress for the review, which will include the results of any testing done on the parent, their attendance at specified services and their progress. The report will be circulated to the other parties to the proceedings in advance or, if that is not possible, immediately after the review has taken place, together with the details of any changes to the plan that have been agreed. Problems will be discussed and attempts made to resolve them. A record will be kept of the discussions.

There was discussion at both the Steering and Practitioners' Groups and with respondents generally about whether parents needed to have legal representation at Reviews. It was generally felt that if the parents' lawyers were going to be at the reviews then all the other parties would wish to be represented too, leading to logistical problems given the frequency of the reviews. Reviews are not intended to be like formal court hearings. The aim is for the Judge to check on how the parent is progressing, to be able to talk to both the parent and the team, to encourage the parent to continue, to praise them when they are doing well and to warn them of the consequences of dropping out. It was agreed that as the reviews are not dealing with legal issues then the parents legal representative need not attend and nor will the other parties to the proceedings or their legal representatives. The child's social worker and the Guardian may attend the reviews if they wish, but will be there simply to listen and not to take part.

If the team are alerting the Judge to serious problems in getting the parent to engage and/or the parent is otherwise in dispute with the team a date will be set for an urgent hearing with all the parties present in front of the FDAC judge. If the matter cannot be resolved the case will revert back into care proceedings.

If the problems arising in a case are being caused by service providers not providing services as agreed the Judge should, if necessary be able to speak directly to those service providers, either because they agree to attend the review, or they could be contacted by phone.

If the case progresses in the FDAC the second review will take place after a further two weeks, at around two months into the proceedings. Subsequent reviews will take place monthly, unless problems arise in which case they may take place fortnightly again, or if good progress is being made reviews could take place six weekly. Reviews should continue up to the eight month point. Where there is no dispute the FDAC judge will deal with the Case Management Conference and any case management directions and with the pre hearing review. By the time of the pre-hearing review, which according to the Protocol should take place at around week 37 the ability of the parent to engage with services, and the prognosis for change should be reasonably clear. In some cases the court and the parties may agree that the programme should continue on beyond the forty week period set by the Protocol if this would be in the interests of the children.

Disputes arising in the course of proceedings

The parent may withdraw from the programme at any time and in such circumstances the care proceedings would continue as normal. This would also apply if the team advised the judge that it was no longer possible for the parent to continue in the programme. The question then arises as to whether the FDAC judge should continue to hear the care proceedings. Views from solicitors were on the whole that the case would then need to be heard by a different judge or bench of magistrates unless the parents agreed that the FDAC judge could hear the case. The same issues in relation to possible bias arise here as with a first contested application for an interim order (see page 39). As noted earlier, practice in the USA in relation to this varies from State to State. Respondents from children's services and children's services representatives on the Steering and Practitioner groups were concerned at the possibility that proceedings might end up taking even longer than they do currently if parents dropped out of the FDAC and then requested a new judge or bench to order a further set of assessments under s.38(6) Children Act 1989.It was pointed out that any new judge or bench would be familiar with the FDAC process and would receive the reports from assessments carried out as part of it, so would need to hear convincing arguments as to why further assessments should be ordered. The majority of Steering Group members, however, felt that as this was a new approach for the courts which will be evaluated, there should be a presumption that the FDAC judge will hear the case throughout, even if the parent withdraws from the programme or makes insufficient progress in it. This issue will be carefully monitored by the Steering Group.

Final hearing

The final FDAC review should coincide with the Pre-Hearing Review. All parties would be present and represented. The parent's progress in the programme would be considered alongside all the other issues in the case. If it was evident that the local authority or the Guardian wished to argue that the child would suffer significant harm if they returned home and that a care order or residence order should be made, and the parents were opposed to this, there will be a presumption that the FDAC judge will deal with the final hearing If the parties are in agreement either that no order is needed or about the order to be sought, the final hearing will also be by the FDAC judge.

At the final hearing if the court was satisfied that the children could stay at home or return to their parent it could make no order or it could make a supervision order. At that point the team would cease to have responsibility for co-ordinating services on behalf of the parent and the review process would come to an end. Provision of continuing support and services would be co-ordinated by children and adult services in the relevant Borough. It might be agreed that although the parent had been making good progress it would not be advisable at that point to return the children home in which case an interim care or interim residence order could be made to allow further work to be done under the co-ordination of the team and the supervision of the Judge. In some cases the parent might agree that, for whatever reason, they were not ready to have their children back at this point so a care order or residence order would be most appropriate.

Key points

Timescales

The FDAC process will work within the timescales of the Protocol for Judicial Case Management.

Conflict of interest

Although it has been recognised that where there is a contested issue to adjudicate there is the possibility of bias if the FDAC Judge reviewing the parent's progress hears the contested case, it has also been acknowledged that this court will be testing a new approach, a key feature of which is having the same judge throughout. Thus the presumption will be that the FDAC judge deals with all aspects of the case, even where there is a dispute.

Role of the court

The FDAC is advised by the team of professionals. The Judge reviews how the plan is progressing, can make suggestions for changes and attempt to resolve difficulties but will not override their proposals for services or their advice about whether or not the parent can continue in the programme.

Use of experts

If a parent agrees to join the programme their legal representatives and those for the child and the Guardian will accept that the team will advise the court on any additional expert evidence or assessments needed and the presumption will be that these will be provided mainly by professionals in local services within the three Boroughs. .

FDAC reviews

Legal representatives will not attend the regular reviews of the parents' progress. These reviews will focus exclusively on the parent's progress, discussions will be recorded and if there are serious disputes or serious concerns about the parent's progress that will be adjourned to a date when all the parties and their legal representatives can attend. The Judge overseeing the reviews will need to be committed to working in this way and to have skills in communicating with parents

CAFCASS and Guardians

A pool of Guardians will be identified who are interested in being part of the FDAC pilot. They will receive training together with court staff and the team. CAFCASS will fast track cases which are part of the pilot.

Training needs/induction

For those directly involved in the FDAC

- The team
- Judges and magistrates to be involved in the process
- Court staff

Will need training on:

- how the process will work
- substance misuse and its impact on parenting
- effective assessment and interventions
- domestic violence.

Others involved

- Practitioners in adult services
- Practitioners in children's services
- Child protection chairs
- Guardians
- Local Authority lawyers
- Lawyers in private practice representing parents, children and other family members

Will need training on how the process will work and support and encouragement to consider bringing cases to court sooner.

Parent mentors and interpreters
Will need to be recruited and trained. Three parents have already expressed an interest in being involved.

TIMELINE FOR IMPLEMENTATION AND STEPS TO BE TAKEN

Setting up arrangements

Assuming the proposals are agreed by the steering group in April 06, the target date for commencing the pilot is May 07. There are a number of tasks to be undertaken during this 12 month period, described in the table below.

It is proposed that during this period, one borough takes a shared lead with the court in ensuring that the tasks are completed on time, and in convening and servicing the steering group. Link officers from the remaining two boroughs should be appointed and each should have allocated time to devote to the project.

The steering group may choose to slightly alter its membership and it is recommended that the group meets at least quarterly during 2006, and more frequently during the early months of 2007.

The steering group may choose to employ or second a part time officer to co-ordinate tasks, and to ensure the momentum is not lost.

Much of the setting up work will take place during the early months of 2007 and it is proposed that a Project Manager should be employed between Jan – May 07 to undertake this work. It is likely that the Project Manager will also be the Team Manager, but the skills required in setting up a new service are considerably different from managing a team, and it may be that the Steering Group decides these posts should be held by different people.

Proposed Timetable

Task	By when	By whom
Approve the final feasibility report	End of April 06	Steering Group
Identify and follow up funding sources	Between Jun -Sep 06	Lead borough
Identify and follow up funding	Between Jun-	Judith Harwin

sources for the evaluation of the pilot	Dec 06	
Secure funding	Dec 06	Lead borough
Engage local services and providers and acquire agreements for service provision when the pilot begins	Between June 06 and April 07	Lead borough and link officers
Agree management arrangements	Dec 06	Steering Group
Secure accommodation for the team	End of Dec 06	Lead borough
Recruit and appoint Project Manager	Jan 07	Lead borough (whichever borough is managing project)
Draft Partnership Agreement between 3 boroughs and court	End of Jan 07	Project Manager
Draft protocols and procedures to specify in detail how the team will work	End of Feb 07	Project Manager
Put a training plan in place – for team and other key professionals, for example, children's guardians	End of Feb 07	Project Manager
Recruit members of core team, and ensure sessional / seconded staff arrangements are in place	Between Jan – May 07	Project Manager
Train staff for team	Feb / May 07	Project Manager and others who have been commissioned to provide training
Raise awareness about the service within each of the boroughs	Jan – May 07	Project Manager with assistance from link officers in each borough
Ensure equipment is in place	May 07	Project Manager
PILOT COMMENCES	**May 07**	

EVALUATION

Discovering whether the proposed pilot family and drug court service can deliver better child and parent outcomes than traditional services is central to the rationale for the project. For this reason an evaluation needs to be built in from the outset and planned as an integral aspect of the pilot. The evaluation will fit in directly with the goals of *Every Child Matters* and the planned Green Paper for looked after children by focusing on outcomes and ways of enhancing stability and permanency for children whose lives are affected by parental substance misuse. The evaluation also fits directly into the government's *Respect* action programme in its aim to tackle underlying causes of disrespectful behaviour including alcohol and drug misuse.

It is proposed that the pilot will run for three years and will be evaluated by researchers from Brunel University. Their research into parental substance misuse and child welfare is the first study in the UK to look closely at this specific issue and has provided important baseline information for this project. The researchers have

been involved in the Steering Group and the discussions around how a specialist court might operate in England. They will continue to work closely with the Steering Group as the team takes shape which will help to inform the nature of the management information to be collected and the specific outcomes to be measured. Brunel University is fortunate in having already won the interest and support of the American national evaluators of the family drug treatment courts who have expressed interest in sharing their expertise with them. This will undoubtedly help enrich the quality of the evaluation and increase effective use of the evaluater's time.

The evaluation will need to incorporate a number of interconnected components. It will need to provide:-

1. A detailed description of the operation of the new service
2. A picture of the views of parents and service providers
3. An evaluation of child and parent outcomes

1. A detailed description of the operation of the new service

If lessons are to be learnt from the pilot, full information is needed on:-

1. The challenges in setting up the service and how these were tackled.
2. Any changes in the way in which the service is provided, including the reason for the change and its implications
3. The characteristics of parents who take up the FDAC and how these compare with the profiles of parents who are eligible but refuse the offer of the FDAC.
4. The characteristics and profiles of the children.
5. Referral rates to the FDAC; selection processes; take-up and drop-out rates; time lines for assessments, reviews, final hearings; types of order applied for and granted.

An evaluation of the views of parents and service providers

This component will have two main purposes:-

1. To explore parental opinion on the value of the service and its role in addressing their substance misuse and parenting difficulties. This includes obtaining parents' recommendations for development and/or change
2. To establish the views of service providers on lessons learnt and recommendations for change.

An evaluation of child and parent outcomes

1. Does the family drug and alcohol court enable a higher proportion of children to be successfully reunited with their parents compared to traditional service delivery?
2. Does the family drug and alcohol court enable a higher proportion of children to achieve permanency where reunification is not possible? Is it able to do so more rapidly?
3. Do parents access and maintain treatment for their substance misuse better using the FDAC?
4. Are parents using the FDAC more successful in achieving and maintaining controlled substance use or complete abstinence than non FDAC users?
5. Are parents using the FDAC more successful in addressing related psychosocial difficulties (mental health, domestic violence, housing, family planning)?
6. Do FDAC children have better Every Child Matters* outcomes at the end of the study compared to those children who do not access the FDAC (*safety, health, education, achievement and enjoyment and economic well-being)?

7. What factors mediate the outcomes (parent, child and court-related data)?

Design and Method
The study will require mixed methods to address the various elements.

The descriptive study will draw on social work case files and court records and interviews with parents, service providers and professionals involved with the FDAC (e.g. social workers, GALs, substance misuse professionals).

The evaluation of parental opinion will be based on interviews with parents following their involvement with the FDAC. Service providers will be surveyed at the end of the study only.

The outcome study will be prospective and follow up all new cases for one year post referral with a smaller sub-sample followed up for a longer period.

A quasi experimental design will be used involving a comparison group, matched as closely as possible to the FDAC sample. A final decision on the best ways of identifying the comparison group will be made at a later stage when fuller information will be available.

An interim report will be prepared at the end of phase one and a final report will be produced at the end of the evaluation period.

COSTINGS

The costs of setting up the service, are based on estimates of the following items : team members salaries; sessional workers / secondments; a flexible budget to buy in additional services; setting up costs, including equipment, and training; accommodation costs.

Team Manager (PO4 SCP 42)	£50,000 including on costs
2 x social workers (senior practitioners PO3 SCP 40)	£87,406 including on costs
2 x practical support workers	£70,102 including on costs
1 x administrator	£28,000 including on costs
BVACOP on all salaries	£22,700

Sessional workers / Secondments/other members of team

Housing worker part time/full time	£18,000/£35,051
Domestic violence worker part time/full time	£18,000/£35, 051
Psychiatrist 2 sessions (1 day) or 3 days pw	£25,000/£75,000
Flexible budget for additional unspecified services	£10,000
Total staffing costs	**£363,310**

Accommodation
Office space near to the court, rent per annum £45,000
It is suggested that existing council premises within the three Boroughs are used by the team to meet parents and assess them.

Setting up costs:

6 months salary for project manager	£26,000

Equipment	£18,000
Training	£15,000

(to include £2,000 for training parent mentors and £3,000 for training interpreters)

Parent mentor costs:
(on the assumption of 5 at any one time)

Expenses (travel/child care)	£3,750

Training

Ongoing in second and third years	£4,000.00
Total costs for year 1	**£471, 060**
for Years 2 and 3	**£416,060**

Costs of the Evaluation

The costs of the evaluation will be affected by the design of the study. On the basis of a three year evaluation as proposed above, the estimated costs are in the region of £380,000. This figure includes the input of:-

- the two principal investigators
- a full time research officer and part time research assistant
- consumables and travel costs
- university overheads

Issues

The pilot project will require funding to:

- Establish the team
- To provide training
- To ensure fast track access to some services
- To obtain sessional work

The aim ultimately will be to reduce costs in a range of areas that will impact on the three boroughs concerned and on the legal aid system in the following ways:

- a more successful engagement with substance misuse services
- better outcomes for children should eventually reduce the cost of funding expensive placements for children who exhibit challenging behaviour
- less lengthy court proceedings
- fewer requests for expert assessments or reports
- fewer repeated assessments
- increased cross-borough co-operation and commissioning.

MESSAGES FROM RESEARCH AND PRACTICE

A range of messages from research and practice have informed this report and the discussions about whether or not an FDAC is needed in this country and how it might best operate here.

Extent of the problem

There is a lack of precise evidence of the numbers of parents in England misusing substances and the numbers of children affected by this. As noted earlier, (page 16)

the Hidden Harm inquiry estimated that between 250,000 and 350,000 children in England and Wales have a parent who has serious drug problems. (1) Other overviews have pointed out that the profile of drug misuse has been changing so that there is increasing use of cocaine and crack cocaine and more poly drug use than previously; there are more young women using drugs and many of them have dependent children. (10, 13, 28)

There are also problems in estimating the extent of alcohol misuse, partly due to disagreement over what constitutes misuse, but it has been estimated that between one million and 1.3 million children in the UK are affected by parental problem drinking (29, 30).

Research studies and information collected for this project indicate that parental substance misuse is a major issue for children and families social services departments, being a key feature in over half of the cases in care proceedings. (5, 8, 9, 10, 12, 13, 14, 17, 21, 24, 26)

Impact of substance misuse on children and families

Many studies have looked at this. It is important to remember firstly that the existence of substance misuse in itself is not sufficient to assume that parenting will be inadequate. There is evidence that parents who are stabilised on Methadone or Subutex can parent effectively. (23, 28, 33)

Substance misuse is however frequently linked to a range of other problems so that substance misusing parents are more likely to have had poor childhood experiences themselves, to suffer from physical and/or mental health problems, to experience domestic violence, to have housing problems and to be involved in crime. These factors combine to seriously affect their capacity to parent and create a chaotic and unstable environment for children who can then themselves experience neglect, emotional and/or physical abuse and the long term consequences of that. (5, 8, 9, 10, 11, 12, 22, 23, 24, 25, 28, 29, 30)

There is some evidence that parental alcohol misuse can be more harmful to children than drug misuse and can be more likely to involve them in exposure to violence. This may in part be connected with other findings that the response to parental alcohol misuse tends to be slower and less consistent. (9, 10, 13, 14, 29, 30)

The extended family play a very important, but often unrecognised and insufficiently supported role, in providing alternative care and support for the children of substance misusing parents. (12, 25, 28, 29)

Response of children and family social services departments

Fewer studies have looked specifically at the response of children and families social services departments to parental substance misuse but some clear messages arise from those that have. These messages have already been set out on pages 18-19 of this report. (9, 10, 12, 13, 17, 32)

Effective interventions for alcohol and drug misuse

It was not considered necessary to carry out a detailed review of the literature on effective interventions for substance misuse for the purposes of this project. It was acknowledged as important that the FDAC team and local services should strive to ensure an evidence based approach to providing services to parents. There are a

number of sources of information on effective or promising approaches which can be drawn on. The lack of services or interventions which are family focused and take a holistic approach means that the evidence of what works for substance misusing parents with dependent children is necessarily limited. Some messages particularly relevant for this project include the importance of:

- a non-judgemental approach by professionals;
- good assessments on both the extent of the substance misuse and its impact on parenting and the child's development;
- practical support;
- easy access to services, for example in a 'one-stop shop' approach;
- the involvement of the wider family both for encouraging engagement with services and for providing support to children;
- individual and group work with children and young people;
- the use of psychological therapies, including family therapy, motivational interviewing, cognitive behaviour therapy and counselling.

(11, 21, 22, 23, 25, 28, 29, 31, 33, 34, 35)

There are a number of publications which provide useful practical guides for professionals working with substance misusing parents. (11, 12, 21, 23, 25, 33)

CONCLUSIONS

This project has provided some compelling evidence of the potential value and timeliness of the proposed FDAC initiative. First, all three Boroughs are experiencing a rise in the number of care proceedings because of parental substance misuse which now comprise between 60% and 70% of all care cases.

Second, despite evidence of steps taken to address current problems in substance misuse service delivery in the three authorities and some excellent examples of promising and effective practice, there was also worrying evidence from this scoping exercise of fragmentation, uneven provision, drift and delay and gaps in services.

Third, the feasibility study has demonstrated widespread support for this innovative new approach from a wide range of professionals who were consulted –lawyers, guardians, children and adult service providers, statutory and voluntary sector personnel, probation and drug courts. All were ready to take part or co-operate in the initiative. A fast track, court based service which would offer wide-ranging time-limited support to substance misusing parents with supportive judicial oversight and access to a package of coordinated services was seen as a very positive way of addressing current difficulties. Most importantly the FDAC was seen to have the potential to improve the life chances of children either through being reunited or placed more speedily with new permanent families. The small number of parents who were interviewed were also in favour of the initiative.

Fourthly, the feasibility study demonstrated that the FDAC was compatible with English law and practicable- both clearly pre-requisites to the set-up of the proposed experimental court.

Finally the FDAC links in well with a number of current initiatives. Its focus on improving outcomes for children links with the five outcomes in the Children Act 2004 and the Every Child Matters/Change for Children agenda. Also linked to this agenda for change is the focus the pilot will give to improved multi-agency working – across adult and children's services, across health and social care, across the statutory and voluntary sectors and across different local authorities. The focus on parental

substance misuse links well with other initiatives being developed as a result of the Hidden Harm inquiry and with the Respect Agenda. The role of the court in engaging parents with substance misuse treatment services and maintaining their involvement with such services links with the Drug Intervention Programme and Drug Rehabilitation Requirements while the specialist nature of the court links with the development of specialist Drug and Domestic Violence Courts. The focus on support around domestic violence and housing links with the Supporting People initiative and the range of initiatives designed to improve the response to domestic violence. The proposed court processes link well with the work and recommendations of the Judicial Review Team, reviewing the Protocol, (17) with the developments in CAFCASS (4) and with the Legal Aid Review.

Importantly this pilot project will bring a focus on parental substance misuse, and on the problems of parental alcohol misuse in addition to drug misuse. It is noticeable that the focus of so many initiatives and the funds that go with these are on drug misuse and their links with crime or on drug misuse and young people. As one respondent commented:
'*Being a parent does not make you a priority for treatment although committing a crime does'.*

American findings suggest that the FDAC has the potential to reduce costs to courts and social services and improve outcomes for parents and - most importantly - for children. There is therefore a strong case for implementing this initiative on an experimental basis and evaluating the programme from the outset to establish its value and effectiveness.

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APPENDIX 1

Membership of Steering Group

Judge Nick Crichton
Catherine Doran (LB Camden)
Mark Morton (LB Camden)
Sally Gorry (LB Camden)
Trevor Moores (LB Westminster)
Clare Brighton/Antony Nagle (LB Islington)
Melanie Davies (LB Islington)
Professor Judith Harwin (Brunel University)
Dr Donald Forrester (Brunel University)
Terry Hunter (DCA)
Helen Jones (DOH)
Di Hart (NCB)
Jane Powell (CAFCASS/NCB)
Vivienne Salisbury (CAFCASS)
Audrey Damazar (Justices Clerk, Inner London Family Courts)
Margaret Wilson (Chair, Greater London Family Panel)
Avril Calder (Chair, Inner London Family Panel)
Louise Creighton (Solicitor)

Membership of the Practitioners Group

Eamon Brennan (LB Westminster)
Nabil Fattal (LB Islington)
Hardey Barnett (LB Islington)
John Crawford (LB Islington)
Penny McKenna (LB Islington)
Gill Watson (LB Islington)
Shirley Scott-Norton (Substance Misusers User Group)
Kim Heales (LB Camden)
Julia Simmonds/Michelle O'Regan (LB Camden)
Sally Gorry (LB of Camden)
Stephen Clarke/Tracy Bowen (CAFCASS)
Dr John Dunn (Camden and Islington Mental Health and Social Care Trust)
Dennis Yandoli (Family Therapy Service)
Pat Ridpath (Family Alcohol Service)
Nina Smith/Karen Quinn (NCH)
Paula Cronin (Camden Safety Net)
Mary Mason/Fran Stone (Camden Women's Aid)
Louise Crighton (Solicitor)
Dr Alyson Hall (East London and the City Mental Health Trust)

APPENDIX 2

Family Drug Treatment Court Team Members in the US
Presiding Judge
Two substance misuse assessors from adult drug and alcohol services
Seven social workers from drug and alcohol services
Lawyers for parents, lawyers for children, lawyers for social services
Public health nurse
Two domestic violence workers
Two housing specialists
One Mental health professional for assessments
One mental health treatment provider
Representatives from two relevant voluntary organisations
Representative from organisation providing parenting training

Range of Services Provided through Family Drug Court in the US
Assessment
80 bed residential facility and detox centre for adults only
42 bed residential facility for mothers and children aged 5 or under
Transitional housing units (supported living, for up to one year)
Outpatient programmes for pregnant women and mothers with new babies
Outpatient programmes for adults
Services for people with both substance misuse and mental health problems
Drug testing
Alcoholics anonymous and related organisations
Therapy for parents
Therapy for children (funded by Victim support)
Parenting classes/parenting programmes
Domestic violence advocacy services
Health services – home visiting and health education
Mentors (mothers who have successfully been through the programme)
Specialised social work support – social workers who work exclusively with substance misusing parents and their children.
Legal services for parents
Housing help – residential facilities; plus housing case manager
Head Start and Child development services for children
Bus passes
Mental health services
Volunteers from different faith communities who provide support to families
Special events – two per year for families involved in the programme.

APPENDIX 3

Schedule of interviews

Courts

Judge Nick Crichton	District Judge, Wells Street
Audrey Damazer	Justices Clerk, London Family Courts
Jan Lesser	Clerk to the Justices, West London

Children's Services

Catherine Doran	AD, LB of Camden
Anne Turner	Principle Officer, LB Camden
Ila Modi	Service Manager, LB of Camden
Julia Simmonds	Senior Practitioner, LB of Camden
Sally Gorry	Senior Development Officer, LB Camden
Melanie Davies	Service Manager, LB Islington
Nabil Fattal	Social worker, LB Islington
Hardey Barnett	Social worker, LB Islington
John Crawford	Social worker, LB Islington
Gill Watson	Social worker, LB Islington
Trevor Moores	Service Manager, LB Westminster
Eamon Brennon	Manager YOT, LB Westminster

Adult Services

Clare Brighton	DAT Co-ordinator, LB Islington
Kim Heales	Head of Social Care SM Services, LB Camden
Mark Morton	DAT Team Leader, LB Camden
Danilo di Giacomo	DIP co-ordinator, LB Camden
Loudes Keever	Probation service, Camden and Islington
Dr John Dunn	Adult Psychiatrist, Camden and Islington
Dr Katie Kemp	GP, Camden and Islington
Selina Douglas	DAT co-ordinator, LB Westminster
Davina Firth	DAT services development, LB Westminster
Adam Frankland	DIP manager, LB Hammersmith and Fulham

Service Providers

Pat Ridpath and other staff	Family Alcohol Service
Karen Quinn	NCH, Family Centre, LB Westminster
Denis Yandoli	Family Therapy Service
Dr Alyson Hall	Child and Adolescent Psychiatrist
Mary Mason	Camden Women's Aid
Ian May/Grainne Dobbin	Core Kids, LB of Westminster
Elaine Sheppard	FWA, LB Islington
Mercia Powis	Phoenix House Residential Provision
Jenny Cope/Hazel Jordan	CASA Family Service, LB Islington
Lali Gostich	CASA, service for other family members, LBI
Dr Asen	Marlborough Family Service
Young Carers Projects	Camden, Islington, Westminster

Lawyers

Louise Creighton	Solicitor (for LB of Westminster and private)
Polly Low	Solicitor, LB Camden
Mike Tait	Solicitor

Claire O'Garro	Solicitor, LB Islington
Katherine Gieve	Solicitor
Liz Dromfield	Solicitor
Richard White	Solicitor

Housing

Clare Henderson	Supporting People, LB Islington
Margaret Gates	Homelessness and prevention, LB Islington
Greg Roberts	Supporting People, LB Westminster
Karen Swift	Strategy & Commissioning, LB Camden
Field Lane Foundation	Supported Housing provider

Research

Di Hart	National Children's Bureau
Jane Powell	National Children's Bureau

CAFCASS

Jane Powell	National Children's Bureau/Children's Guardian
Vivienne Salisbury	Manager, CAFCASS
Stephen Clarke	Manager, CAFCASS
Carol Edwards	Family therapist/Children's Guardian

Parents

Mother A	Heroin addict for 14 years, 6 month old child
Mother B	Heroin addict since teens, 5 year old child
Mother C	Heroin addict for over 10 years, 3 year old

APPENDIX 4

Family Drug and Alcohol Court - PROCESS

……..month 1……..month 2……..months 3 -9 or 12…