

# An evaluation of the Family Drug and Alcohol Court in Wales pilot

Interim report

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## CASCADE Infrastructure Partnership



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Our expertise brings together an exceptional partnership. CASCADE is the leading centre for evaluative research in children's social care in the UK and sits within the School of Social Sciences (SOCSI), a leading centre of excellence in social sciences and education research with particular expertise in quantitative methods. The Centre for Trials Research (CTR) is an acknowledged national leader for trials and related methods, the School of Psychology was ranked 2<sup>nd</sup> for research quality in the most recent Research Excellence Framework and SAIL provides world-class data linkage. Together we believe we can create a step-change in the quality and use of children's social care research that is unparalleled in the UK. Specifically, we can deliver high quality trials and evaluations; link data to understand long-term outcomes and involve service users (our public) in all elements of our research. Our intention is that these three strands will interact to generate an unrivalled quality of research.

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# Executive Summary

## Introduction

Family Drug and Alcohol Court (FDAC) is an alternative form of care proceedings and a promising, problem-solving approach to helping parents overcome problems related to substance misuse. In recent years, the potential of FDAC has been recognised in Wales, where concerns about rising numbers of children in care are particularly acute. In 2021, the Welsh Government commissioned a two-year pilot of FDAC in the Cardiff and Vale of Glamorgan areas to be operated from the Cardiff Family Court. The Centre for Justice Innovation (CJI) are providing operational support to the pilot and commissioned this evaluation as a way of understanding whether and how it is successful in its aims. The evaluation began in January 2022 and will end in January 2024.

This interim report is the first output from the evaluation. It focuses on the early stages of the pilot, exploring the set-up period, and briefly charting the throughput of families during its inception phase. An overview of current practice is presented in the form of a policy review and the report also reviews recent research in this field: highlighting key findings that are pertinent to the Welsh pilot.

## Section 1: Research and literature review

The profile of FDAC has grown in recent years and researchers around the UK continue to explore its potential and effectiveness. Four main research projects currently being conducted on FDAC in the UK were identified in a research review. All projects are funded by the Department for Education's *Supporting Families: Investing in Practice* programme, via What Works for Children's Social Care. Across the projects, a range of methodologies are being used to measure the impact of FDAC, capture how it is implemented and experienced, and test new iterations of the model. The findings from these projects will have important implications.

Literature searches identified twenty-four recent, relevant publications. Several key themes were identified from these, four of which are discussed more in depth in the main body of this report. Briefly, the four identified themes were:

**Effectiveness** - Evaluations demonstrated that families undergoing FDAC were significantly more likely to both retain care of their children and cease substance misuse compared to those in standard proceedings. These results were also observed to have better longevity than standard proceedings. Successful outcomes were frequently attributed to FDAC's collaborative way of working, and parents valuing their agency in co-produced goals and plans, as well as honesty and respect from professionals, particularly judges.

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**Cost** - Projection models of FDAC's costs and savings estimated that by implementing FDAC, local authorities (LAs) and legal services can yield significant cost-savings through avoiding recurrent care proceedings and care placements, reduced callouts of emergency and police services for issues related to substance misuse and reduced legal costs.

**Covid-19** - The literature review demonstrated there is still much to learn about any positive and negative implications for FDAC as a result of the pandemic. Where Covid-19 was discussed, it was noted that the restrictions of Covid-19 initially impacted FDAC sites' ability to operate as normal, particularly regarding the way in which hearings were held and the lack of staff and community service resources. However, some changes have been brought forward to the post-Covid-19 operation of FDAC as they were thought to be positive.

**Recommendations** - Consistent recommendations were made throughout the literature: particularly for increased housing support, post-proceedings support, and the utilisation of peer support.

## Section 2: Policy review

At present, 16 FDAC teams operate in 24 courts and serve 36 LAs. All current FDAC sites conform to the established, core FDAC model developed in during the London pilot. However, there have been many iterations of the model over the years. A consultation exercise was undertaken as part of this evaluation to explore how and why FDAC has evolved and been adapted for different contexts since the implementation and evaluation of the London FDAC model. All 16 current FDAC sites took part, engaging with the evaluation team by email or via video conference. Three FDACs reported no changes to the core FDAC model. The remaining 13 FDACs reported adaptations that largely fell into three broad themes discussed more in depth in the main body of this report:

**Expanded support offer** - Some FDACs had expanded their team or service with additional specialisms: particularly around domestic abuse support and mental health support. Following the recommendations of previous evaluations, several FDACs offered post-proceedings support, though the nature and extent of this varied. Peer mentoring schemes were considered to be successful by the FDAC teams, with many offering this service or aiming to in the future.

**Funding** - Funding has a key role to play in how (and whether) FDACs have progressed or expanded. Some FDACs have increasingly expanded due to additional funding. Others have faced management re-structures and service closures, or were only able to continue supporting one LA when funding ceased (when they had previously supported multiple during their pilot phase). Several FDACs voiced concerns about future funding and explained how instability in funding has caused recruitment problems, created instability in the team, and constrained the service they are able to provide.

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**Relationship with local authorities** - All FDACs are independent of the LA, though in practice they vary in how closely they work with LAs, and how independent they feel. For example, some FDACs have more separation (no shared funding, data, or working sites with their LA(s)), while other FDACs have closer ties (shared resources and data), and some sit within the LA or are an expansion of an existing service within the LA.

## Section 3: Implementation of FDAC in Wales

To explore if FDAC implementation in Wales occurs at the same levels and is enabled and inhibited by similar factors previously identified, a combination of interviews and focus groups with 10 professional stakeholders were conducted between March-June 2022. This included members of the FDAC team, LA social workers, legal practitioners, practitioners from partner agencies, and practitioners involved in supporting the implementation of the C&V FDAC site.

The four main levels of FDAC implementation identified in Wales are:

1. **National/policy level** - Key enablers of FDAC implementation in Wales at this level were the buy in and funding provided by the Welsh Government.
2. **Local authority level** - The availability of services was identified as both a key enabler and barrier at the LA level.
3. **FDAC level** - The training and opportunities for the FDAC team and partner agencies to observe existing FDAC sites during implementation was echoed across all interviews and focus groups as a key enabler. Implementation barriers relating to training were also identified.
4. **Individual level** - This level had not been previously identified in other studies. It refers to implementation at the individual level (service user and practitioner), and was highlighted as an important enabler in the Welsh pilot. The suitability of individual practitioners was considered a key enabler at this level.

Consultation with key stakeholders who were involved in the implementation of the C&V FDAC or in the early stages of the pilot generated some new insights into implementation. Based on these, the following interim recommendations aim to support the implementation of FDAC more broadly in Wales:

**Recommendation 1: Widen availability of training.** Make the same intensive, three-day training (provided to the FDAC team by CJI), available to all key partner agencies/services, and emphasise the importance of attending training on the FDAC model. This would help to ensure all key stakeholders are aware of FDAC processes and principles, and increases buy-in at the LA and individual levels, when practitioners feedback their knowledge of how FDAC works and what it can achieve to colleagues and families.

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**Recommendation 2: Provide follow up training.** Provide a second training or ‘refresher session’ after the FDAC team begin working with families in FDAC. This would provide an additional opportunity for practitioners to attend training on FDAC if they were unable to attend in the first instance. Moreover, it allows the FDAC team to further reinforce their knowledge of the model in the context of having applied the processes and principles, and having identified areas that require further guidance or support.

**Recommendation 3: Enhance supporting documentation.** Update available supporting documents for FDAC, to further emphasise how children are involved in the model, and how their safety is prioritised.

**Recommendation 4: Secure funding and standardise support.** Continue to make funding available for all new FDAC sites to receive the same level of intensive implementation and post set up support received by C&V.

## Section 4: Progression of Cardiff and Vale FDAC

The Cardiff and Vale FDAC (C&V FDAC) launched its two-year pilot programme in December 2021. The core C&V FDAC team was established in November/December 2021, and is based in Cardiff City Hall. The C&V FDAC operates out of the Cardiff Family Court, and has three specially trained judges. The court is overseen by one lead judge hearing FDAC cases, and another two judges currently available to cover for holiday and sick leave.

The site began hearing FDAC cases in late December 2021, with the first parent signing up to FDAC in January 2022. As of August 2022, C&V FDAC have had eight cases involving 11 parents and nine children. One case has concluded proceedings and there are currently six cases in the ‘Trial for Change’. One case was deemed ‘not suitable’ and is not included in the following data.

Based on their number of cases in early August 2022, approximately eight months since the pilot commenced, C&V are slightly behind their target of 15 cases per year during their pilot.

The severity of parents’ clinically judged alcohol misuse at the start of proceedings was most commonly ‘medium’ (60% of parents), and the severity of parents’ clinically judged drug misuse at the start of proceedings was most commonly medium to high (50% and 40% respectively).

Other notable characteristics of families involved in the pilot were mental ill health, domestic abuse and unstable living arrangements. Thirty percent of parents had an existing mental health diagnosis, and 70% of parents had either past or current experience of domestic abuse. At the start of proceedings, 50% of parents were living in either supported housing, a hostel, or a refuge, and most children were either in foster care (50%), or with a non-parental family member (37.5%).

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## Section 5: Next steps

As of August 2022, there are 11 months remaining in Phase Two of the evaluation of the FDAC in Wales pilot. The focus of the remainder of this phase will involve conducting interviews and observations with 15 families in FDAC and professional stakeholders to explore their experiences, perceptions, and attitudes. Data will be collected and analysed in iterative cycles and used to further test, develop, and refine the previous programme theory on how, for whom and under which circumstances FDAC works, with a focus on the Welsh context.

Phase three commences in August 2023 and will involve follow-up interviews with case study families and key stakeholders, and quantitative data analysis obtained from the C&V FDAC site. The data from the pilot site will be compared with one or more FDAC sites in England in three main areas: (1) profile, (2) needs, and (3) outcomes.

## Conclusion

This report has focussed on the early stages of the C&V FDAC pilot, which, as of August 2022, has been running for approximately eight months. The inception period for the C&V FDAC pilot appears to have been largely successful, despite being undertaken in a period of considerable disruption due to the ongoing impact of Covid-19. Furthermore, the team are providing a service to a growing number of families in Wales, and their experiences are contributing to the knowledge base on FDAC more widely.



# Introduction

## Background

Family Drug and Alcohol Court (FDAC) is an alternative form of care proceedings, and a promising, problem-solving approach to helping parents overcome problems related to substance misuse. It involves therapeutic support provided by a multidisciplinary team, and consistent judicial monitoring by the same specially trained judge. Unlike traditional care proceedings, FDAC takes a responsive, non-adversarial, tailored approach to helping parents overcome their substance misuse and improve outcomes for their children.

As FDAC has grown across England, following its original pilot in London, the evidence supporting its effectiveness has also grown. Several studies suggest FDAC can help parents address drug and alcohol misuse and reduce the need for children to enter long-term care by improving rates of reunification (Green et al., 2007; Harwin et al., 2014; Harwin, Alrouh et al., 2018; Tunnard et al., 2016; Worcel et al., 2008; Zhang et al., 2019). What is less clear, is how FDAC would operate outside of England, and whether these promising findings would translate to other contexts, such as Wales.

In recent years, the potential of FDAC has been recognised in Wales, where concerns about rising numbers of children in care are particularly acute (Taylor-Collins & Bristow, 2021). The possibility of FDAC being implemented in Wales was first put forward by The Commission on Justice in Wales in their 2019 report, 'Justice in Wales for the People of Wales'. This recommended that "Family Drug and Alcohol Courts should be established in Wales" (p. 22). The Welsh Government commissioned such a pilot in 2021, to run for 2 years in the Cardiff and Vale of Glamorgan areas and to be operated from the Cardiff Family Court. The [Centre for Justice Innovation](#) (CJI) are providing operational support to the pilot, and commissioned this evaluation as a way of understanding whether and how it is successful in its aims. The evaluation began in January 2022 and will end in January 2024.

## Aims and scope of this report

This interim report is the first output from the evaluation. It focuses on the early stages of the pilot by exploring the set-up period and briefly charting the throughput of families during its inception phase. To put the Welsh FDAC pilot into context and build a more nuanced understanding of how FDAC is delivered in current sites, an overview of current practice is presented in the form of a policy review. This sets out how the intervention has evolved as it has been scaled and illustrates how FDAC practitioners have adapted to meet local needs. The report also reviews the recent research in this field, highlighting some key findings and recommendations that are pertinent to the Welsh pilot.

# Section 1: Research and literature review

The profile of FDAC has grown recently and its development has gathered pace. Researchers around the UK continue to explore its potential and effectiveness, and it is important to situate the Welsh pilot in this context. As such, research and literature reviews were conducted in Phase One of this evaluation to update our knowledge of FDAC, highlight key findings in recent years, and better understand the contemporary research landscape on FDAC in the UK.

## Current ongoing FDAC research

This section offers a brief overview of some of the main research currently being conducted on FDAC in the UK. Four main research projects were identified: 1) Family Drug and Alcohol Courts Evaluation (National Centre for Social Research); 2) Family Drug and Alcohol Court – Parent Mentoring Implementation Evaluation (University of Sussex); 3) Evaluation of Parent-to-Parent Letters to Increase Engagement with Family Drug and Alcohol Courts (Centre for Evidence and Implementation and Bryson Purdon Social Research); 4) Family Drug and Alcohol Court – Post-proceedings Support Pilot Evaluation (King’s College London). A summary of each research project can be found in Appendix 1.

All four projects are funded by the Department for Education’s *Supporting Families: Investing in Practice* programme, via [What Works for Children’s Social Care](#). The aims of this programme include helping families create more stability at home for young people, and to prevent the need for them to enter care, by working with families on issues such as substance misuse and addiction (Department for Education, 2019).

Some of these studies are the largest and most ambitious evaluations of FDAC to date, and it is notable that a range of methodologies are being used to measure the impact of FDAC, capture how it is implemented and experienced, and test new iterations of the model. When they conclude, these studies will provide the Welsh pilot with insights that go beyond what is currently known about FDAC. Likewise, learning from the Welsh pilot will add to this developing knowledge base about how FDAC works in different contexts.

## Literature review

In 2018/2019, our previous rapid realist review (RRR) (Meindl et al., 2019) synthesised key literature on FDAC and related models to produce a theory on how, for whom and under which circumstances FDAC works. A literature review was also conducted in the current evaluation, to update these searches and capture important literature that has emerged on FDAC since the RRR, and to identify literature that will be used in the next phase of the evaluation. This section intends to share key learning and messages from recent literature on FDAC in the UK. Methodological detail on how the literature review was conducted can be found in Appendix 2. Literature searches identified 24 relevant publications (Table 1). From these, several key themes emerged, four of which are discussed below.

Title	Author(s)	Year
FDAC and Pre-Proceedings: A review of cases where the London FDAC team was involved in pre-proceedings.	FDAC National Unit	2018a
Child and parent outcomes in the London family drug and alcohol court five years on: Building on international evidence.	Harwin, J., Alrouh, B., Broadhurst, K., McQuarrie, T., Golding, L., & Ryan, M.	2018
How does FDAC Succeed with Parents with Substance Misuse Problems? Exploring Relational Practices within the English Family Drug and Alcohol Court.	Harwin, J., Ryan, M., Broadhurst, K., & Webb, S.	2018
Problem-solving criminal justice: Developments in England and Wales.	Ward, J.	2018
Family Drug and Alcohol Court Service Standards.	Centre for Justice Innovation	2019a
Support for your FDAC.	Centre for Justice Innovation	2019b
Thinking about Developing a Family Drug and Alcohol Court (FDAC)? Guidance on getting started from the FDAC national partnership.	Centre for Justice Innovation	2019c
FDAC Service standards and practice indicator checklist.	FDAC National Unit	2019
Tensions and contradictions in family court innovation with high risk parents: The place of family drug treatment courts in contemporary family justice.	Harwin, J., Broadhurst, K., Cooper, C., & Taplin, S.	2019
Care in crisis - Is there a solution? Reflections on the Care Crisis Review 2018.	Holt, K., & Kelly, N.	2020
The prenatal maternal representations of mothers at risk of recurrent care proceedings in the Family Drug and Alcohol Court: A thematic analysis.	Meier, J., & Edginton, E.	2020
Family Drug and Alcohol Courts under COVID-19: A Practice Briefing.	Morris, V.	2020
"I Had No Hope, I Had No Help at All": Insights from a First Study of Fathers and Recurrent Care Proceedings.	Philip, G., Youansamouth, L., Bedston, S., Broadhurst, K., Hu, Y., Clifton, J., & Brandon, M.	2020

Family Drug and Alcohol Courts: An Innovative Approach to Family Justice.	Slade, L.	2020
Evaluation of Pan Bedfordshire FDAC Final evaluation report.	Allen, K., Paskell, C., Godar, R., Ryan, M., & Clery, L.	2021
Rolling-out Family Drug and Alcohol Courts (FDAC): the business case.	Bowen, P.	2021
Do family drug and alcohol courts (FDACs) reduce care?	Harwin, J.	2021
Family drug and alcohol courts: a transformative approach to care proceedings.	Heath-Philpotts, P.	2021
Family Drug and Alcohol Courts.	Lungton, D.	2021
Services for parents who have experienced recurrent care proceedings: where are we now? Findings from mapping of locally developed services in England.	Mason, C., & Wilkinson, J.	2021
Integrated Treatment Programmes for Mothers with Substance Use Problems: A Systematic Review and Meta-analysis of Interventions to Prevent Out-of-home Child Placements.	Neo, SHF., Norton, S., Kavallari, D., & Canfield, M.	2021
A Proof-of-Concept Pilot for an Intervention with Pregnant Mothers Who Have Had Children Removed by the State: The 'Early Family Drug and Alcohol Court Model'.	Shaw, M.	2021
The toxic trio, adverse childhood experiences and the Family Court.	Webb, S.	2021
Evidence & Practice Briefing: FDAC Non-Lawyer Reviews.	Lipp, C.	2022

Table 1: Identified literature

## Effectiveness

Consistent with much of the previous literature on FDAC, evaluations demonstrated that families involved are significantly more likely to both retain care of their children and cease substance misuse compared to those in standard proceedings (Allen et al., 2021; Harwin, Alrouh, et al., 2018; Harwin, Ryan, et al., 2018; Neo et al., 2021; Shaw, 2021). These results were also observed to have better longevity than those of standard proceedings (Harwin, Alrouh, et al., 2018; Shaw, 2021). This success was frequently attributed to FDAC's collaborative way of working, and parents valuing their agency in co-produced goals and plans, as well as honesty and respect from professionals, particularly judges (Allen et al., 2021; Harwin, Ryan, et al., 2018; Mason & Wilkinson, 2021). Similarly, practitioners highlighted the utility of inter-professional collaboration (Allen et al., 2021; FDAC National Unit, 2018a). FDAC's trauma-informed approach was also frequently identified as key for parents' success (Allen et al., 2021; Harwin, Ryan, et al., 2018; Mason & Wilkinson, 2021; Shaw, 2021; Webb, 2021), as a significant proportion of parents in FDAC have experienced trauma related to childhood abuse, mental health difficulties, and domestic abuse (Allen et al., 2021; Bowen, 2021; Meier & Edginton, 2020; Shaw, 2021). The perceived success of the trauma-informed approach may be seen in the significantly improved mental health assessment scores or parental feedback about improved relationships and emotion regulation techniques (Allen et al., 2021).

## Cost

The literature highlighted the ongoing interest in any potential savings FDAC can make in comparison to traditional care proceedings. Projection models of FDAC's costs and savings estimated that local authorities (LAs) and legal services can yield significant cost-savings by implementing FDAC. Savings are made through reduced legal costs and by avoiding recurrent care proceedings and care placements (Allen et al., 2021; Bowen, 2018). A review of FDAC and related international drug treatment courts also estimated savings for the health and criminal justice systems due to reduced out-of-home placements (Harwin, Broadhurst, et al., 2019). A recent evaluation has also estimated saved costs for health systems due to FDAC families avoiding or reducing callouts of emergency and police services for issues related to substance misuse (Allen et al., 2021).

## Covid-19

Only two identified publications (Allen et al., 2021; Morris, 2020) explored the impact of Covid-19 on FDAC, demonstrating there is still much to learn about any positive and negative implications from the pandemic. Unsurprisingly, where it was discussed, it was noted that the restrictions of Covid-19 initially impacted FDAC sites' ability to operate. Early on, FDAC teams and LAs had difficulty agreeing on mitigating actions – such as the way in which hearings were held – and there was a severe lack of staff and community service resourcing. The virtual nature of assessments and hearings were considered by some FDAC team members to be unsuccessful due to a lack of accessibility to parents with additional needs (e.g., learning, sensory, language, access to technology, travel) and inability to appropriately assess parents' progress.

However, other FDAC team members preferred the virtual environment. This is because travel demands for some parents and key professionals (e.g., the locality social worker or children's guardian) were reduced, and support delivered online was increasingly flexible. Some of this, including the increased accessibility of online resources, scheduling consecutive appointments, and use of hybrid hearings (whereby parents, the FDAC team and judge attend Non-Lawyer Reviews

in person, but the locality social worker and/or children's guardian can attend remotely) has been retained since Covid-19. Though professionals believe Covid-19 did not majorly interrupt the consistency of support to parents, increasing numbers of parental substance misuse cases, combined with slower progression of cases, is thought to be having an enduring adverse impact.

## **Recommendations**

Across several evaluations identified in the literature, consistent recommendations were made for increased housing support, post-proceedings support, and utilisation of peer support. Parents and professionals engaged in FDAC noted high demand for formalised housing support because of the high number of parents involved who are insecurely housed (Allen et al., 2021). This constant source of stress can distract from engaging in the Trial for Change process effectively (Allen et al., 2021; Mason & Wilkinson, 2021). It is thought that, by integrating formal housing support early in the FDAC process, parents may retain peak motivation to successfully complete the Trial for Change (Allen et al., 2021; Harwin, Broadhurst, et al., 2019).

Many parents also requested continued support from FDAC post-proceedings. This is because continued access to supportive services (e.g., housing advice, benefits, employment, access to education) may facilitate sustainable success over the longer term (Harwin, Broadhurst, et al., 2019). Professionals believed that a gradual (as opposed to a sudden) withdrawal of involvement may help retain FDAC values of fostering trust, clarity, and individually tailored support (Allen et al., 2019).

Another consistent recommendation concerned peer support. This is a core element of the evaluated FDAC fidelity model and has been emphasised by professionals as key to many parents' success. For example, attending peer support groups (e.g., antenatal, parenting) was shown to help parents make sustainable friendships and express feelings without shame or stigma (Mason & Wilkinson, 2021). Additionally, letters and videos from parents who had previously undergone FDAC, and ended in reunification, helped motivate and reassure parents of the benefits of engaging in FDAC (Allen et al., 2021).

## Section 2: Policy review

### Origins and development

It is important to understand how the Welsh pilot relates to the wider picture of FDAC. This section charts the development of FDAC, from its inception nearly 15 years ago to the present day. The UK's first FDAC was piloted in London between 2008 and 2012 and was widely deemed to be successful (Bambrough et al., 2018; Harwin et al., 2014; Harwin, Alrouh, et al., 2018). Since then, FDAC has been scaled across the UK as a pioneering approach to care proceedings. The number of FDAC sites has been growing steadily since 2013, with five new sites being established in 2021 (Figure 1).

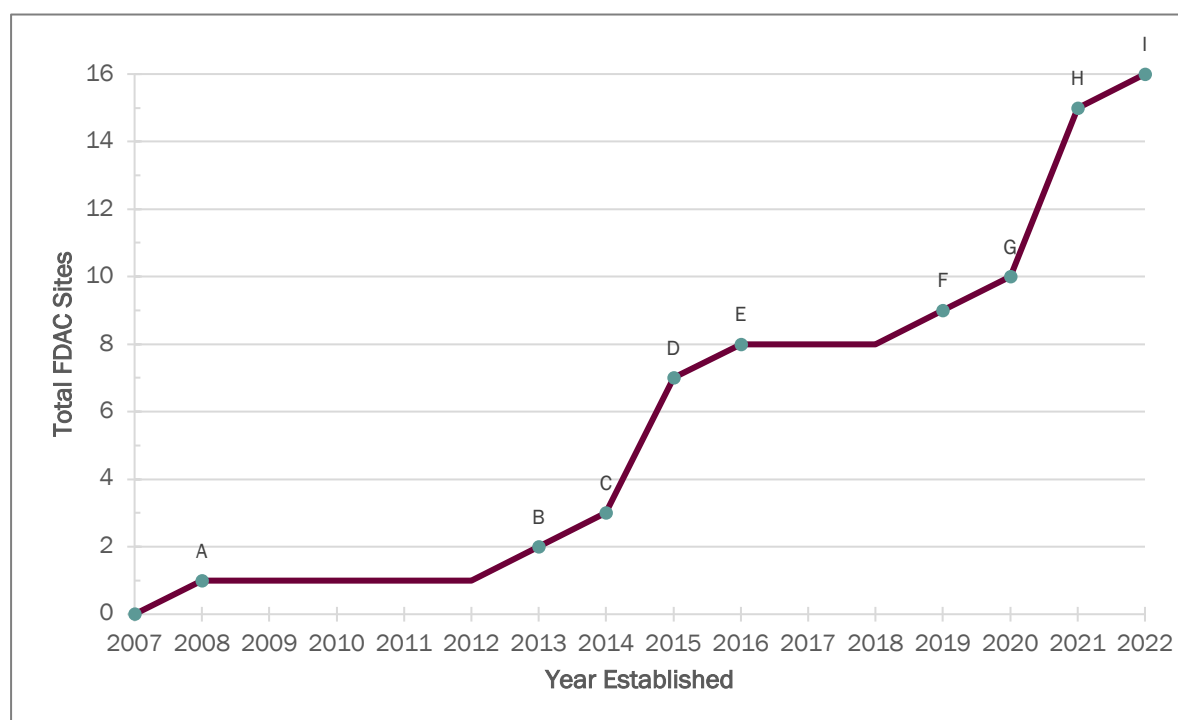


Figure 1: Establishment of FDAC sites in the UK

A: London B: Gloucestershire C: Milton Keynes & Buckinghamshire D: Coventry & Warwickshire, East Sussex, Leeds, Southampton E: Kent F: Pan-Bedfordshire G: Black Country H: Birmingham & Solihull, North East, Somerset, Stockport, Cardiff & Vale I: Wiltshire

*Note:* De-commissioned FDACs and changes to current FDACs (e.g., Warwickshire joining Coventry in 2021) are not included.

At present, 16 FDAC teams operate in 24 courts, serving 36 LAs (National website for Family Drug and Alcohol Courts, n.d.-a). In addition to these, two previously FDAC sites have closed. The Northern Ireland FDAC was the first FDAC to operate outside England and was piloted for two years starting in 2017. After the pilot, the operators decided not to apply for further funding due to lower than anticipated case numbers. The South West Peninsula FDAC (serving Plymouth and Torbay, in Devon) was piloted in 2015 for one year and was discontinued after another year of operation as small case numbers and a lack of resources for the large areas that they were covering made it difficult to demonstrate value for money. The establishment of the Cardiff and Vale FDAC (C&V



FDAC) in December 2021 is the second instance of a FDAC outside of England, and the only one currently in operation (the other being the discontinued Northern Ireland pilot).

All current FDAC sites conform to the established, core FDAC model developed in during the London pilot. This is centred around a problem-solving approach, and involves specially trained judges, an independent, multidisciplinary assessment and intervention team, and non-lawyer hearings. However, there have been many iterations of how the model is practiced/delivered over the years (National website for Family Drug and Alcohol Courts, n.d.-b). Some FDACs have made implementation or operational adjustments, expanded their multidisciplinary team (to include additional specialist roles), or increased their offer of specialist services based on local needs (by establishing links with other services, completing additional training, or implementing additional procedures for working with families. These iterations mostly stem from FDACs needing to tailor their service to meet local needs, and ensure their site is operationally viable, sustainable and has the best chance for success.

The evolution of the FDAC model has important implications for a theory-based evaluation. As such, a consultation exercise was undertaken to explore how and why the intervention has evolved and been adapted for different contexts since the implementation and evaluation of the London FDAC model. All 16 current FDAC sites took part, engaging with the evaluation team either by email or via video conference<sup>1</sup>. Three FDACs reported no changes to the core FDAC model. The remaining 13 FDACs reported adaptations that largely fell into three broad themes discussed below.

## Theme 1: Expanded support offer, through additional services and team members

In addition to the core FDAC model, some FDACs had expanded their team or service with additional specialisms (examples are detailed below). Where possible, FDACs appeared to utilise local services that were already in place rather than paying for, and offering, a duplicate service.

### Domestic abuse support

With the number of police recorded domestic abuse-related crimes in England and Wales continuing to rise (Office for National Statistics, 2021), it is not surprising that one of the most common additional needs identified for families by FDACs was support for domestic abuse. This has resulted in six FDACs expanding their core team to include a specific domestic abuse specialist or offer in-house domestic abuse programmes for survivors and perpetrators. A domestic abuse specialist is optional in the original FDAC service standards, but an aspiration for each FDAC team. In recognition of the need for additional support in this area, CJI and the SWIFT specialist family service for East Sussex County Council received funding in 2022 to deliver training to all FDAC sites on a specialist domestic abuse intervention: Safer Relationships.

### Mental health support

Additional support for mental ill-health was another commonly identified need that was deemed to require either specialist staff to join the team, or for existing team members to gain a secondary

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<sup>1</sup> We are very grateful to colleagues in all 16 FDAC teams who participated enthusiastically and ensured we were able to include all current FDAC sites in this exercise.



specialism by undergoing additional training. While most FDAC teams already include a psychologist and psychiatrist, additional mental health specialists are a recommended role/specialism in the FDAC team. However, at the time of consultation only six FDACs had been able to expand their team to include additional mental health support in the form of mental health specialists, mental health workers, mental health interventions workers, and high intensity therapists.

## **Post proceedings support**

Following the recommendations of previous evaluations (e.g., Harwin et al., 2014), several FDACs offered post-proceedings support, though this represents a significantly expanded scope compared to the original FDAC model. As the name suggests, post-proceedings support, which is sometimes known as “after-care”, is a continuation of support from the FDAC team after the final FDAC recommendation, based on key elements of the in-proceedings model (FDAC National Unit, 2018b).

The nature and extent of formalised additional support from FDACs in this period varied at the time of consultation. The offer of informal coffee mornings for parents after proceedings have concluded in one FDAC<sup>2</sup>, but is an example of a relatively brief input. In contrast, more extensive programmes can continue for up to 12 months, such as the post-proceedings offering in one FDAC, where (at the time of consultation) families could receive three months of support at a similar intensity to what they receive in proceedings (meeting 1-2 times weekly), then gradually reduce to fortnightly meetings, and then transition to telephone support.

Notably, when post-proceedings support is offered, it is not conditional on the outcome of proceedings. Instead, it is offered to all parents. However, where reunification is not the outcome, the offer usually comprises shorter, less intensive support centred around signposting to community services.

Some FDACs reflected that instigating a post-proceedings service was necessary to tackle the problem of relapse, further abuse or neglect, and placement breakdowns (FDAC National Unit, 2018b) after a ‘honeymoon’ period once proceedings had concluded. One FDAC felt post-proceedings support was valuable enough that they offered it on top of their caseload, as it is a resource not being covered by their FDAC funding. Other FDACs indicated their interest in pre-and/or post-proceedings support if funding allowed.

## **Peer mentors**

Providing a peer mentor is strongly recommended in the core FDAC model team composition, though providing this in practice was not always possible, due to lack of funding and the sparse availability of volunteers who have a history of substance misuse. Five FDACs had parent mentors at the time of the policy review consultation. Two others had to remove their mentoring scheme due to a lack of funding but hoped to re-introduce peer mentoring in future. Many other FDACs expressed an interest in obtaining parent mentors and were in the process of trying to develop this service.

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<sup>2</sup> This was available pre-Covid, but disrupted during the pandemic.

In the FDACs who offered peer mentors, some allocated mentors to work with specific parents, while others described a more flexible approach. Examples included involving informal mentors as a form of support or having them available to provide ad hoc support to any parent on drug testing and court days. Peer mentoring schemes were considered to be successful by the FDAC teams, and demand from parents was strong. In one site which offered peer mentors there was a waiting list of parents requesting mentors at the time of the consultation.

## **Management and governance**

Because FDAC can be delivered in several ways, two FDACs that serve multiple LAs had introduced roles and groups such as programme managers. These are designed to assist FDACs in making decisions, appropriately collaborating between multiple authorities, helping the site function smoothly, and planning for future delivery.

## **Other forms of specialist support**

Across the current FDAC sites, there were a range of other specialisms that were added to respond to local needs. Examples of these included systemic family therapists, family group conference workers, health visitors and speech & language therapists, parenting skill improvement groups/resources, employment and education pathways, and rapid access to housing.

FDAC managers explained how decisions about additional support or specialisms were made. A particular consideration that they noted was sustainability for parents. Some FDACs chose not to offer services through the FDAC team if they were not available to parents in the local community outside of FDAC. They described concern that offering support limited to the timings of FDAC proceedings would risk setting parents up to fail when they exited and turned to community-based services. If families are unable to access services they had been engaging well with, and relying on the support of, when FDAC proceedings end this change may impact a parents' success or the sustainability of positive changes they have made.

## **Theme 2: Funding**

FDAC sites in the UK are typically implemented on a two-year pilot timeline, through a mix of funding from LAs, the Department for Education, local police and crime commissioners, Mayors, and relevant third sector organisations. Funding is clearly a factor in the long-term viability of FDAC, and there was a sense of precarity among FDAC sites which stems from funding uncertainty.

The changing scope and remit of sites demonstrates the way funding shapes these services. For instance, one FDAC has increasingly expanded to support more LAs due to receiving additional funding. Others faced management re-structures and service closures, or were only able to continue supporting one LA when funding ceased (when they had previously supported multiple during their pilot phase). Several FDACs voiced concerns about future funding and explained how instability in funding had caused recruitment problems, created instability in the team, and constrained the service they were able to provide. They also felt they were competing for funding with other interventions, such as the PAUSE programme or the Family Safeguarding model, and worried that FDAC could lose funding to other programmes.

Some FDACs had secured more reliable and long-term sources of funding through links with LAs. Yet the stability this provided also came with drawbacks, through bringing FDAC closer to the wider

LA service. This can mean the FDAC team was required to take on other roles, with FDAC only being a proportion of their role/case load. The remainder of their time was often split offering other specialist support (depending on the LA) such as case consultation, child assessments, group supervision, and community support for substance misuse and domestic abuse cases. FDACs expressed a desire to spend more time seeing FDAC cases, but that splitting their role in this way helps the team to become more indispensable to the LA.

This pattern of funding has a key role to play in how (and whether) FDACs had progressed or expanded in many areas. The two FDACs which have closed faced funding difficulties, and for the remainder, the timing of any adaptations or additions in FDAC models appears to be closely linked with changes in funding. Additional needs may have been identified, but often FDACs must wait until they can fund a service provision that addresses that need. For example, though one FDAC identified 100% of their cases involved domestic abuse or mental ill-health, additional support was only able to be added to the team subsequent to post-pilot funding. Considering the prevalence of related issues like domestic abuse and mental ill-health, some FDACs also anticipate prioritising funding of additional specialist support, like clinical supervision. Variability in funding is ultimately linked to the variability of an FDAC's commissioning structure. While every FDAC team is independent from the LA, a result of this varied commissioning structure is that each FDAC has a different relationship with the LA(s) it serves.

### Theme 3: Relationship with local authorities

As described above, all FDACs are independent to the LA, though in practice, they varied in how closely they work with the LAs, and how independent they feel. For example, some FDACs had more separation- no shared funding, data, or working sites with their LA and felt this helps demonstrate their independence. This relationship is closer to the kind of independence thought to be valuable, originally recommended following the London pilot. Other FDACs had closer ties (shared resources and data) and saw the benefit in this. The benefits of collaboration were thought to offer professional insight into FDAC cases, improved communication and knowledge sharing between FDAC and LA, and easier ability to address mutual issues.

FDACs that sit within the LA, or are an expansion of an existing service within the LA, reported benefitting from being part of well-established teams, feeling more secure in their future, and that the permanency of their position and integration in the LA enables more holistic, long-term planning and recovery with service users. However, it was noted that larger FDACs that are spread across multiple LAs found it challenging to manage and maintain the multiple relationships (e.g., rotating solicitors, high turnover of locality social workers), and to support a large geographical area where service users may have long distances to travel.

## Section 3: Implementation of FDAC in Wales

The previous RRR also involved searching literature for data relating to the implementation of FDAC. Data was limited and largely based on literature from the USA, where the FDAC model was adapted from. However, this was combined with data from expert consultation in FDAC sites in England, to identify levels at which the implementation of FDAC occurs in the UK and highlight general barriers and enablers to implementing the FDAC model within each of those levels.

In the current evaluation, to explore if FDAC implementation in Wales occurs at the same levels and is enabled and inhibited by similar factors, a combination of interviews and focus groups with 10 professional stakeholders were conducted between March-June 2022. This included members of the FDAC team, LA social workers, legal practitioners, practitioners from partner agencies, and practitioners involved in supporting the implementation of the C&V FDAC site.

This section presents a brief overview of the levels at which FDAC implementation was found to occur in the Welsh context and details the enablers and barriers to implementation experienced by key stakeholders in the C&V FDAC. It also notes key considerations and recommendations for practitioners and policy makers who may be considering implementing FDAC more broadly in Wales.

### Barriers and enablers for implementing FDAC

Previously, the RRR identified three main levels at which the implementation of FDAC occurs: 1) Policy; 2) Local authority; 3) Court. This was generally supported during consultations with key stakeholders for the C&V FDAC. However, the data and expert knowledge obtained through consultations in the current evaluation has been used to update the barriers and enablers to FDAC implementation within these levels, and to identify another level of implementation; 4) Individual.

The full list of identified enablers and barriers of FDAC implementation can be found in Tables 2, 3, 4 and 5, which use text formatting to distinguish between previously identified and new data. Plain text signifies previously identified enablers and barriers that were not reiterated in consultations, underlined text indicates previously identified enablers and barriers that were reiterated in consultations, and bold text emphasises new enablers and barriers identified during consultations. See Appendix 3 for an expanded version of the tables with details on how the enablers and barriers impact on FDAC implementation.

#### National/policy level

Key enablers of FDAC implementation in Wales at this level were the buy in and funding provided by the Welsh Government. This has been fundamental in increasing interest, enthusiasm and buy in at lower levels, and enabling CJI to oversee and support the C&V FDAC, not just at the point of implementation, but also post-setup. The support has included providing training, sharing job descriptions, guidance on budgets and logistics, and providing links with other FDACs and agencies. This was considered crucial for the team to learn about and adapt to a different way of working and embed FDAC in the local context.

Level of implementation	Enablers	Barriers
National/policy	<p>Legislation regarding timescales:</p> <ul style="list-style-type: none"> <li>• FDAC can adapt to fit within legislation, both before and within proceedings.</li> </ul> <p>Policy regarding cost of experts:</p> <ul style="list-style-type: none"> <li>• FDAC can commission 'in-house' expert services.</li> </ul> <p><b>Buy in:</b></p> <ul style="list-style-type: none"> <li>• Governments and senior key stakeholders demonstrate a level of commitment, engagement, and interest in FDAC.</li> </ul> <p><b>Funding:</b></p> <ul style="list-style-type: none"> <li>• Funding is available for FDAC to be well researched and evaluated.</li> <li>• Government funding provided to CJI to oversee implementation and post-setup support.</li> </ul> <p><b>Covid-19</b></p> <ul style="list-style-type: none"> <li>• Legislation and guidance requiring remote working.</li> </ul>	<p>Legislation regarding timescales:</p> <ul style="list-style-type: none"> <li>• <u>Short time scales.</u></li> <li>• Legislation that places an emphasis on earlier adoption.</li> </ul> <p>Policy regarding cost of experts:</p> <ul style="list-style-type: none"> <li>• Legislation stating a need to reduce cost of experts.</li> </ul> <p><b>Funding:</b></p> <ul style="list-style-type: none"> <li>• Increased national funding around drug strategies, and recommissioning drug services.</li> </ul> <p><b>Covid-19</b></p> <ul style="list-style-type: none"> <li>• Legislation and guidance requiring remote working.</li> </ul>

Table 2: Summary of key enablers and barriers to implementing FDAC at the national/policy level

## Local authority level

The availability of services was identified as both a key enabler and barrier at the LA level. In the context of the C&V FDAC, a wide variety of well-established treatment providers and partner agencies (particularly those that have similar principles, processes and team setups to FDAC) available in the local area was identified as an enabler of FDAC implementation for several reasons. Practitioners can be recruited from these services and transition easily into the FDAC team, and they can tap into the local services rather than fund new ones. If families have experience with these services, it can make them feel more comfortable engaging with FDAC (as it may feel more familiar), it also allows the FDAC team to create more bespoke support plans that meet the needs of the families they work with.

The availability of services was also considered a barrier to implementation, as the number of service users with complex needs can quickly increase in areas when it becomes known there are a wide variety of well-established treatment providers and partner agencies available. FDAC sites based in areas like this then experience long waits for families to access services, inhibiting them from being able to engage with the services during the timeframe of FDAC proceedings.

Level of implementation	Enablers	Barriers
Local authority	<p>Availability of services:</p> <ul style="list-style-type: none"> <li>• <u>FDAC sites based in areas with a wide variety of treatment providers and third sector organisations for parents to be referred to.</u></li> <li>• <b>Robust local services in the LA (particularly those with similar core principles to FDAC, similar multidisciplinary team, similar processes for referring into the service).</b></li> </ul> <p>Interagency working (culture/shared values and communication):</p> <ul style="list-style-type: none"> <li>• A mutual understanding of risk and impact on children.</li> <li>• Interagency case co-ordination.</li> <li>• Consistent communication between social worker, FDAC team/key worker.</li> <li>• Team all informed of the direction of the case, open and honest communication.</li> <li>• <b>Partner agencies/services who can work collectively and collaboratively.</b></li> </ul> <p>Buy in:</p> <ul style="list-style-type: none"> <li>• <u>Leaders who believe in FDAC and its approach and are committed to the change.</u></li> <li>• Neighbouring LAs that have had a positive experience of the FDAC model.</li> <li>• <b>Partner agencies/services who are aware of the model and how it works.</b></li> </ul> <p>Timescales:</p> <ul style="list-style-type: none"> <li>• Referrals that include FDAC at the stage of the pre-proceedings process.</li> <li>• Flexible timescales.</li> </ul>	<p>Availability of services:</p> <ul style="list-style-type: none"> <li>• <u>Treatment services that are limited by: availability, long waiting lists, cost, remit (e.g., ability to address substance use disorders and holistic needs), or entry criteria (e.g., limited residential treatment services available for men; mental health services only allowing entry in a crisis whereas FDAC may be seeking to prevent a crisis occurring).</u></li> <li>• Differing assessment of thresholds between/within LAs.</li> <li>• <b>FDAC sites based in areas where there is a wide variety of treatment providers and third sector organisations for parents to be referred to.</b></li> </ul> <p>Interagency working (culture/shared values and communication):</p> <ul style="list-style-type: none"> <li>• Agencies with different views on successful outcomes and service measures (e.g., treatment providers may use a payment by result model for completed cases, whereas FDAC is looking for individualised goals such as reduction).</li> <li>• Different entry criteria between service providers and FDAC.</li> <li>• Different perceptions of problem drug use between providers.</li> <li>• LAs that are: risk averse and process driven, have a negative perception of the key worker model, are under stress (through high turnover, funding).</li> </ul> <p>Buy in:</p> <ul style="list-style-type: none"> <li>• <u>Unfamiliarity with the FDAC model and lack of understanding of its purpose.</u></li> <li>• <b>Partner agencies/services less inclined to 'fully invest' in FDACs during their pilot phase as opposed to when it is more wide scale.</b></li> <li>• <b>Documentation supporting FDAC focusing heavily on parents and little on how children are prioritised and worked with in FDAC.</b></li> </ul> <p>Timescales:</p> <ul style="list-style-type: none"> <li>• Judges requiring longer than 26 weeks to end care proceedings will need to apply for an extension of 8 weeks to continue.</li> <li>• Cases heard within 26 weeks may increase the number of contested proceedings and incur further costs.</li> <li>• <b>Short time periods to set up a new FDAC.</b></li> </ul>

Table 3: Summary of key enablers and barriers to implementing FDAC at the local authority level



## FDAC level

Stakeholders identified more enablers to FDAC implementation at this level than at the others. Notably, the training and opportunities for the FDAC team and partner agencies to observe existing FDAC sites during implementation was echoed across all interviews and focus groups as a key enabler. This was expressed as fundamental in increasing knowledge and understanding of FDAC processes and principles, helpful for practitioners developing their own strengths, makes the transition to working in a different way to normal care proceedings easier, and improves buy-in from other practitioners and families.

Implementation barriers relating to training were also identified, namely where the significance of FDAC training is not emphasised enough to partner agencies/services, and training is offered too early when the FDAC team have very little context of what it is like to work with FDAC cases.

Level of implementation	Enablers	Barriers
FDAC	<p>Buy in:</p> <ul style="list-style-type: none"> <li>Local judges who champion the FDAC approach.</li> <li>FDAC services working in an integrated way.</li> <li>Specialist locality social workers and children's guardians assigned to FDAC cases.</li> <li>Staff members dedicated to the coordination and implementation of FDAC.</li> <li><b>When a new FDAC site believes it will exist beyond the scope of its pilot.</b></li> <li><b>FDAC team are approachable and open to supporting partner agencies/services by discussing the FDAC approach/cases.</b></li> </ul> <p>Training:</p> <ul style="list-style-type: none"> <li><u>Specialist training (covering processes and values of FDAC) for all FDAC team members.</u></li> <li><u>Opportunities for judges and the FDAC team to observe/shadow existing FDAC sites during implementation.</u></li> <li>Encouragement of ongoing professional development and training.</li> <li>Implementing a training plan and a log system which is reviewed by programme administrators.</li> <li><u>Mentors from other FDACs for the judge/team members.</u></li> <li><b>More understanding of what working with FDAC families involves and what is expected of practitioners.</b></li> <li>Community of practice forums.</li> <li><b>Joint training for the FDAC team, children's guardians, and judges.</b></li> </ul> <p>Multidisciplinary team dynamics/relationships:</p> <ul style="list-style-type: none"> <li>Using integrated, collaborative interventions that share values, goals, and outcomes.</li> <li>Team members meet with each other regularly to discuss cases and to develop inter-agency referral systems.</li> <li>Team members with overlapping skills and knowledge of each other's services.</li> <li><u>Implementing FDACs that support multiple LAs is quicker when there is already an established relationship between the LAs.</u></li> <li><b>A focus on collaboration, resolving issues shared values and cultures, and good communication.</b></li> </ul>	<p>Buy in:</p> <ul style="list-style-type: none"> <li>Employing judges on a part time basis whereby they also operate in standard family or criminal courts.</li> </ul> <p>Training:</p> <ul style="list-style-type: none"> <li>Training offered too early in FDAC implementation.</li> <li>Training on the FDAC model before recruitment has completed for a core FDAC team.</li> <li>Where the significance of FDAC training is not emphasised enough to partner agencies/services.</li> <li>LA, legal practitioners, and partner agencies/services do not all receive the same training.</li> </ul>

Table 4: Summary of key enablers and barriers to implementing FDAC at the FDAC level

## Individual level

This level was not identified in the previous RRR. It refers to the implementation of FDAC at the individual (service user and practitioner) level, and was highlighted as an important enabler in the Welsh pilot, particularly regarding the suitability of individual practitioners. Recruiting practitioners to the FDAC team with appropriate primary and secondary skillsets (e.g., if the psychologist has a secondary specialism in substance misuse, or substance misuse worker is a specialist in trauma) meant that they were able to adapt faster to work required in FDAC, and helps ensure the team is able to offer holistic support to families. For practitioners, the important enabling characteristics cited were the ability to be curious and open to new ways of working; a belief that people can change; and a gentle approach to working with families. For judges, key characteristics noted were being personable, open and honest, and committed to a problem-solving approach. Both practitioners and judges were thought to need to take a collaborative approach to working with families to enable FDAC implementation.

Level of implementation	Enablers	Barriers
Individual level	<p><b>Buy in:</b></p> <ul style="list-style-type: none"> <li>Families' understanding the FDAC model and being aware it is an alternative option.</li> </ul> <p><b>Suitability:</b></p> <ul style="list-style-type: none"> <li>Getting the right practitioners in the FDAC team with appropriate primary and secondary skillsets.</li> <li>Practitioners who are: curious, open to new ways of working, believe that people can change, have the ability to approach families gently and willing to work collaboratively.</li> <li>Judges who are: personable, open and honest, committed to a problem-solving approach and working collaboratively.</li> <li>Practitioners who have capacity to work intensively with families and a work schedule that matches court days.</li> <li>Families who have a mindset to sign up, fully commit and maintain engagement with FDAC.</li> </ul>	<p><b>Buy in:</b></p> <ul style="list-style-type: none"> <li>Practitioners who feel like FDAC's new way of working in care proceedings is criticising their practice/skills or that roles/responsibilities are being taken off them by the FDAC team.</li> <li>Families with previous negative experience of care proceedings/children's social care.</li> </ul> <p><b>Suitability:</b></p> <ul style="list-style-type: none"> <li>Practitioners/judges/team members who are not willing to leave their comfort zone.</li> <li>Workload capacity that inhibits children's guardians attending non-lawyer reviews.</li> </ul>

Table 5: Summary of key enablers and barriers to implementing FDAC at the individual level

## Recommendations

Consulting with key stakeholders who were involved in the implementation of the C&V FDAC or in the early stages of the pilot generated some new insights into implementation. Based on these, the following recommendations aim to support the implementation of FDAC more broadly in Wales:

**Recommendation 1: Widen availability of training.** Make the same intensive, three-day training (provided to the FDAC team and judges by CJI) available to all key partner agencies/services, and emphasise the importance of attending training on the FDAC model. This would help to ensure all key stakeholders are aware of FDAC processes and principles, and increases buy-in at the LA and individual levels, when practitioners feedback their knowledge of how FDAC works and what it can achieve to colleagues and families.



**Recommendation 2: Provide follow up training.** Provide a second training or ‘refresher session’ after the FDAC team begin working with families in FDAC. This would provide an additional opportunity for practitioners to attend training on FDAC if they were unable to attend in the first instance. Moreover, it allows the FDAC team to further reinforce their knowledge of the model in the context of having applied the processes and principles, and having identified areas that require further guidance or support.

**Recommendation 3: Enhance supporting documentation.** Update available supporting documents for FDAC, to further emphasise how children are involved in the model, and how their safety is prioritised.

**Recommendation 4: Secure funding and standardise support.** Continue to make funding available for all new FDAC sites to receive the same level of intensive implementation and post set up support received by the C&V FDAC.

## Section 4: Progression of Cardiff and Vale FDAC

As noted in the introduction to this report, the C&V FDAC launched its two-year pilot programme in December 2021, following a recommendation by The Commission on Justice in Wales in 2019. With its aim to improve outcomes in the long term, FDAC can be seen to be consistent with the Well-being of Future Generations (Wales) Act 2015, which is a key area of legislation and a flagship policy initiative for the Welsh Government. To set up the pilot, the Welsh Government commissioned 'hands on' implementation support from CJI, who have been instrumental in supporting the expansion of FDAC in England. After work with stakeholders to develop the pilot approach, and a competitive tendering process managed by CJI, the South-East Wales Local Family Justice Board was awarded the pilot.

While the pilot is still at a relatively early stage, this section offers an overview of the FDAC team and the families that have currently been involved in the pilot.

### The FDAC team

The core C&V FDAC team was established in November/December 2021, and comprises:

- Team Manager,
- Clinical Psychologist,
- Mental Health Specialist,
- Substance Misuse Specialist,
- Administrative assistant.

While the composition of FDAC teams vary depending on local context, the C&V team does not currently include three roles recommended in the FDAC service standards (Centre for Justice Innovation, 2019a) and guidance on getting started from the FDAC national partnership (Centre for Justice Innovation, 2019c). The C&V FDAC Team Manager is a qualified social worker, however the team does not have separate child and family social workers. Similar to 10 other FDAC sites, the C&V FDAC does not offer post proceedings support and as such do not have a post proceedings worker. There are also no parent mentors in the team, though C&V are in discussions with service providers about the potential to offer a peer mentor support service for families.

The team sits alongside the existing Cardiff & Vale Integrated Family Support Team (IFST) and are based in Cardiff City Hall.

The C&V FDAC operates from the Cardiff Family Court and has three specially trained judges. The court is overseen by one lead judge hearing FDAC cases, and another two judges are available to cover for holiday and sick leave, with the view that they may also oversee FDAC families in the future if required.

# Families

## Overview

The aim of this section is to give a brief profile of the families involved in the C&V FDAC pilot. The following summary information is based on data available for the C&V FDAC at the start of August 2022, and is included to give a picture of throughput to date. In future reports, as the case numbers grow, this source of data will be the subject of more detailed analysis including case outcomes.

The site began hearing FDAC cases in late December 2021, with the first parent signing up to FDAC in January 2022. To date, the C&V FDAC have had eight cases involving 11 parents and nine children (Table 6).

Case number	Parent/carer 1 (primary carer)	Parent/carer 2	Number of children
Case 1	Mother	-	1
Case 2	Mother	Father	1
Case 3	Mother	-	1
Case 4	Mother	Father	2
Case 5	Mother	-	1
Case 6	Mother	-	1
Case 7	Mother	Father	1
Case 8	Mother	-	1

Table 6: Family composition of the C&V FDAC cases at time of sign-up

*Note:* While some cases include both a mother and father, this is not indicative that they are in a relationship. Primary carers may have also changed during proceedings.

One case has concluded proceedings (Case 1) and there are currently six cases in the 'Trial for Change'. One case was deemed 'not suitable' by the FDAC team at the assessment phase (Case 6), and as such will not be included in the following data.

The C&V FDAC have a target of 15 cases per year during their pilot (n= 30). So far, one case has signed up to the C&V FDAC every month of 2022, except June when Case 6 was deemed not suitable (Figure 2). Based on the number of their cases in early August 2022, eight months since the pilot commenced, C&V are slightly behind the target. However, given the trajectory of their current sign-up rates, and that recruitment can be slower during set up periods, it is expected they will reach their target by the end of the pilot.

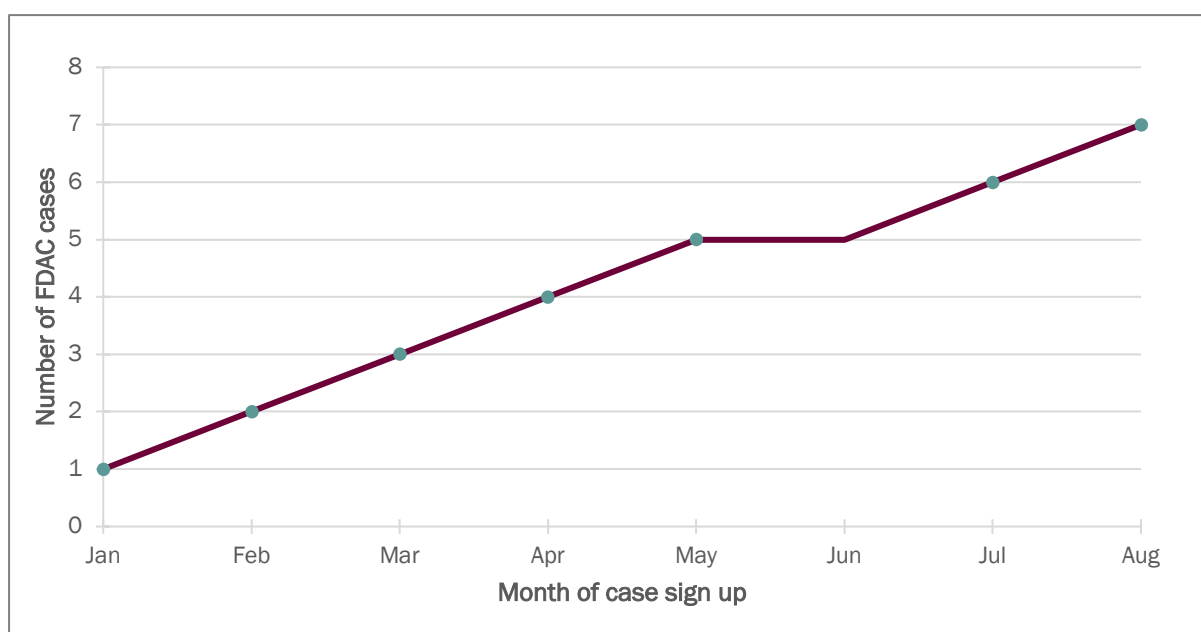


Figure 2: Total cases signed up to the C&V FDAC

## Demographics

The majority of parents who signed up for the C&V FDAC were female (70%), and the average parent age was 35.5 years, with 80% of parents aged over 30 (Table 7). Seventy-five percent of children were male, and half of the children were younger than one year old (Table 8). Almost 90% of the parents and children identified as white (English, Welsh, Scottish, Northern Irish/British) or having a mixed/multiple ethnic background.

Demographic ranges	Count
<b>Age (Years) at date of first hearing</b>	
25 - 29	2
30 - 34	2
35 - 39	2
40 - 44	4
<b>Gender</b>	
Male	3
Female	7

Table 7: Summary of parent demographics

Note: Unfulfilled categories not included in table.

Demographic ranges	Count
<b>Age (Years) at date of first hearing</b>	
< 12 months	4
4 – 6	1
7 – 9	2
10 - 12	1
<b>Gender</b>	
Male	6
Female	2

Table 8: Summary of child demographics

Note: Unfulfilled categories not included in table.

### Parental substance misuse

Data is available on substance misuse from a clinically judged and self-reported perspective. The severity of parents' clinically judged alcohol misuse at the start of proceedings was most commonly 'medium' (60% of parents) whereby their misuse involved social drinking with a history of harmful non-physically dependent use and social drinking where there is a history of physically dependent use.

The severity of parents' clinically judged drug misuse at the start of proceedings was most commonly medium to high. Fifty percent of parents' misuse involved social/recreational drug use including club drugs (e.g., ecstasy, MDMA) and 'legal highs', and 40% of parents' misuse involved intravenous or chaotic drug use, polysubstance misuse of illegal drugs, prescribed drugs or legal highs, multiple daily use of cannabis, and misuse of prescribed drugs (Tables 9 and 10).

Type of misuse	Severity (numbers of parents)			
	None	Low	Medium	High
Alcohol	0	3	6	1

Table 9: Severity of parental alcohol misuse

Type of misuse	Severity (numbers of parents)			
	None	Low	Medium	High
Drug	1	0	5	4

Table 10: Severity of parental drug misuse

Parents self-reported misuse of 19 commonly misused substances and free-reported other misused substances. In the 90 days prior to assessment, parents were most likely to misuse between one and three substances (Figure 3). The most commonly misused substances were alcohol (90% of parents), followed by cannabis (70% of parents) (Figure 4).

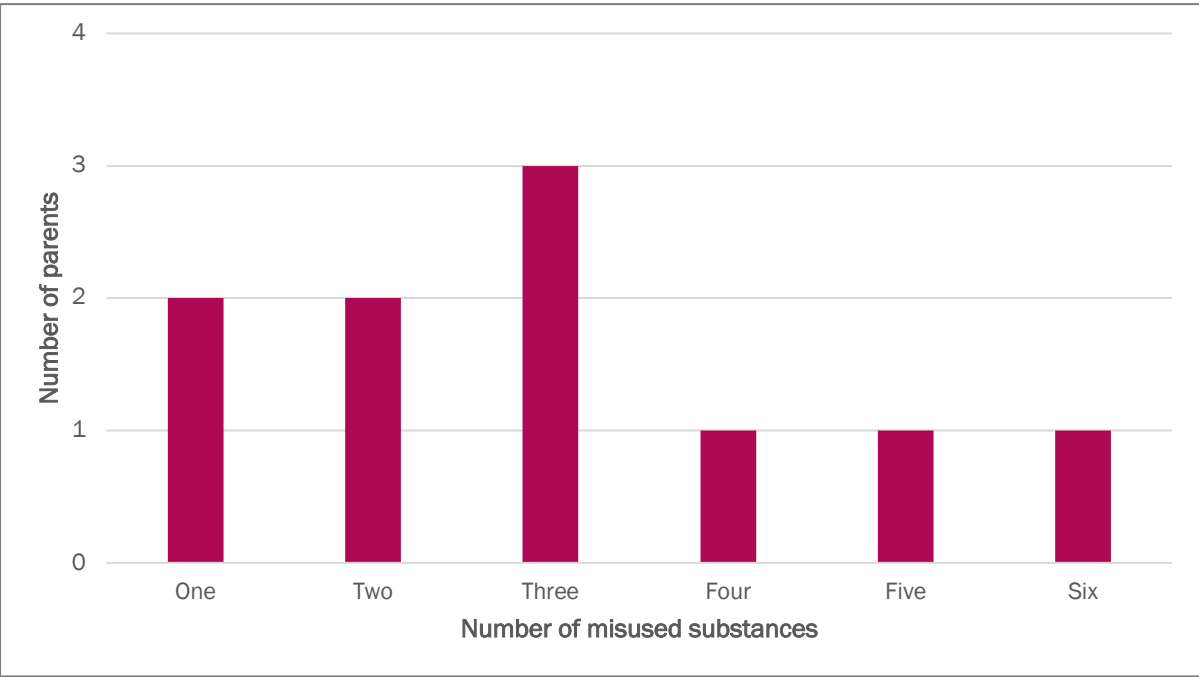


Figure 3: Number of substances misused by parents

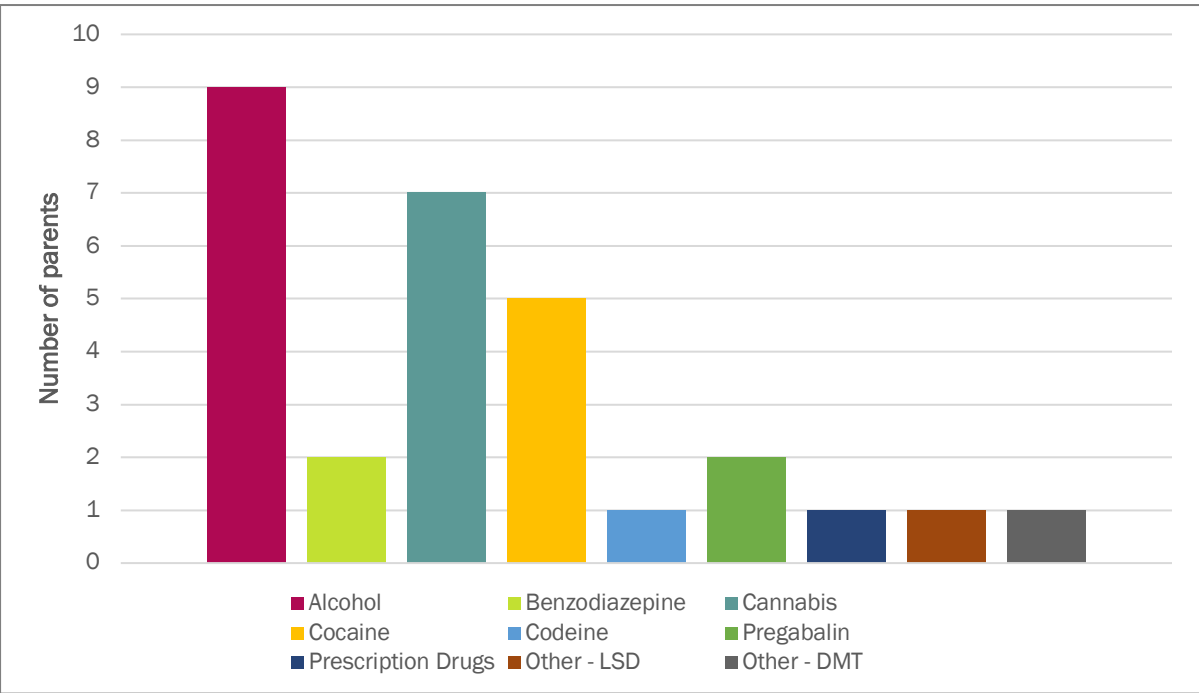


Figure 4: Self-reported parental substance misuse

Note: Graph only includes substances which parents identified they had used in the 90 days prior to assessment.

## Other characteristics

Alongside the substance misuse that is the primary focus of FDAC, there were other notable characteristics of families involved in the pilot. Nearly all (n=9; 90%) had previous contact with children's services, though no parents had previously been a party in an FDAC case. Issues of mental ill health and domestic abuse were also notable. Thirty percent of parents had an existing mental health diagnosis, and 70% of parents had either past or current experience of domestic abuse (Table 11).

Role	Past DA Experience	Current DA Experience
Victim	5	1
Perpetrator	0	1
Both	2	0
Unknown	0	6
None	3	2

Table 11: Parental involvement with domestic abuse

At the start of proceedings, 50% of the parents were living in either supported housing, a hostel, or a refuge, and most children were either in foster care (50%), or with a non-parental family member (37.5%) (Table 12).

Living arrangements	Count
<b>Parent</b>	
Supported housing / hostel / refuge	5
Social housing	3
Owner occupier	1
Private tenant	1
<b>Child</b>	
Foster care	4
Non-parental family member	3
Parent	1

Table 12: Living arrangements; parents and children

Note: Unfulfilled categories not included in table.

## Section 5: Next steps

As of August 2022, there are 11 months remaining in Phase Two of the evaluation of the FDAC in Wales pilot. The focus of the remainder of this phase will involve conducting interviews and observations with families in FDAC and professional stakeholders (including FDAC judges, legal representatives, and members of the FDAC team). The aim is to identify and follow 15 families on their journey through FDAC proceedings, to explore their experiences, perceptions, and attitudes, and facilitate an understanding of how the intervention operates in a Welsh context and how closely this resembles FDAC elsewhere.

Interview and observation data will be collected and analysed in iterative cycles. Along with data derived from the literature review, this will be used to further test, develop, and refine the previous programme theory on how, for whom and under which circumstances FDAC works, with a focus on the Welsh context.

Phase three will commence in August 2023 and will involve follow-up interviews with case study families and key stakeholders, and quantitative data analysis obtained from the C&V FDAC site. The data from the pilot site will be compared with one or more FDAC sites in England in three main areas: (1) profile, (2) needs, and (3) outcomes. Profile and needs data will highlight any differences in key demographics and needs between families using the service in England and families using the service in Wales. Rates of outcome indicators will also be compared to provide indicative evidence of impact.



# Conclusion

This report has focused on the early stages of the C&V FDAC pilot, which has been running for approximately eight months. When the pilot was conceived in 2019, the many challenges of setting up a new service during the pandemic were unforeseen. However, the inception period for the C&V FDAC pilot appears to have been largely successful, despite being undertaken in this period of considerable disruption due to the ongoing impact of Covid-19. The team are providing a service to a growing number of families in Wales, and their experiences are contributing to the knowledge base on FDAC more widely.

The policy review presented here shows many specialisms have been added to FDACs around England, beyond the standard model. This reflects the fact that many families involved in care proceedings face a complex and interacting set of challenges, which go beyond substance misuse. Domestic abuse and mental ill-health are particularly prominent issues that can be difficult to address due to the lack of services and long waiting lists in many areas. It is therefore expected that FDACs might consider adding these provisions to their offer, and is an interesting development of the intervention.

The C&V FDAC identified a need for additional input around domestic abuse, and they have secured training for this resource quickly. It will be important to explore how this contributes to the work undertaken in the pilot, and gather families' experiences of this support. The next phase of data collection, where families will be interviewed and proceedings will be observed, should be insightful around this aspect of the service.

It is encouraging that many of the recommendations found in the recent literature on FDAC were already being implemented in current FDAC sites, suggesting that the evidence and practice of FDAC are aligned to some extent in terms of its development. It is also encouraging that the data gathered in the current evaluation is already enhancing the theory about how FDAC operates, in terms of adding information to the existing levels of operation and contributing new evidence about how it works at an individual level. The role of individuals in implementing policy initiatives is well known (see Lipsky, 1980), and the evaluation will explore further how individuals deliver FDAC, how this shapes the way it is experienced, and what the implications of this are for the proposed contexts and mechanisms of impact.

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# Appendix 1: Current ongoing FDAC research projects

## Family Drug and Alcohol Courts Evaluation

Evaluator: National Centre for Social Research

Estimated completion: November 2022

Overview: This evaluation is comprised of two strands: a quasi-experimental impact evaluation which will compare quantitative data for families in FDAC proceedings with families going through business-as-usual care proceedings, and an implementation and process evaluation using a case study approach to obtain the direct views and experiences of people from FDAC and non-FDAC court case study sites. More information can be found [here](#) and [here](#).

## Family Drug and Alcohol Court – Parent Mentoring Implementation Evaluation

Evaluator: University of Sussex

Estimated completion: Originally November 2022, now delayed due to Covid-19

Overview: An evaluation of two FDAC sites who are in the early stages of introducing parent mentoring, using an exploratory mixed methods design. The evaluation will be largely focused on the implementation and process aspects of parent mentoring programmes. More information can be found [here](#).

## Evaluation of Parent-to-Parent Letters to Increase Engagement with Family Drug and Alcohol Courts

Evaluator: Centre for Evidence and Implementation and Bryson Purdon Social Research

Estimated completion: November 2022

Overview: A randomised controlled trial and implementation evaluation of a parent-to-parent letters intervention aimed at increasing parents' attendance and engagement with FDAC services. More information can be found [here](#).

## Family Drug and Alcohol Court – Post-proceedings Support Pilot Evaluation

Evaluator: King's College London

Estimated completion: October 2022

Overview: A process evaluation of post-proceedings support in the Gloucestershire FDAC. It also aims to develop a manualised version of the intervention and assess feasibility for a future impact evaluation. More information can be found [here](#) and [here](#).

# Appendix 2: Literature review process

## Information sources and search process

Searches for published and unpublished research and relevant literature were conducted between December 2021 and July 2022. The following databases were searched using the term 'Family Drug and Alcohol Court' Child Development and Adolescent Studies, CINAHL, British Education Index, ERIC, Sociological abstracts (includes Social Services Abstracts), ASSIA, IBSS, HMIC, Medline (including Medline In-Process and Medline ePub), EMcare, Journals@Ovid, Embase, PsycINFO, Social Policy and Practice, Scopus, Web of Science (Social Sciences Citation Index, Conference Proceedings Citation Index—Social Science & Humanities, Emerging Sources Citation Index). Supplementary searches were also conducted to help identify further relevant literature. Grey literature was identified through google searches and resources provided by the [national website for FDAC](#) and the Centre for Justice Innovation. Citation chasing, where the reference list or bibliography from sources is used as a way to identify more literature, was also conducted on the studies identified in database searches.

## Inclusion and exclusion criteria

To be included, literature had to be based in the UK, be published between 2018- July 2022, and either focus on FDAC or contribute knowledge relevant to theory on how FDAC works.

## Study Selection

Duplicates were removed and screening of abstracts and full texts was conducted by two researchers. Any disagreement was resolved by involving a third author where necessary.



## Appendix 3: Expanded key enablers and barriers to implementing FDAC

Level of implementation	Enablers	Barriers
National/policy level	<p>Legislation regarding timescales:</p> <ul style="list-style-type: none"> <li>FDAC can adapt to fit within legislation, both before and within proceedings; enables it to fit well with child protection policy and LA processes.</li> </ul> <p>Policy regarding cost of experts:</p> <ul style="list-style-type: none"> <li>FDAC can commission 'in-house' expert services; cost of the use of experts can be lower than commissioning individual expert assessments for court.</li> </ul> <p>Buy in:</p> <ul style="list-style-type: none"> <li>Governments and senior key stakeholders demonstrate a level of commitment, engagement, and interest in FDAC; increased support to resolve issues as they arise during FDAC implementation.</li> </ul> <p>Funding:</p> <ul style="list-style-type: none"> <li>Funding is available for FDAC to be well researched and evaluated; wider enthusiasm for, and trust in, the model.</li> <li>Government funding provided to CJI to oversee implementation and post-setup support; additional and more intense support for FDAC sites, and improved embeddedness of the model.</li> </ul> <p>Covid-19</p> <ul style="list-style-type: none"> <li>Legislation and guidance requiring remote working; enables FDAC training to be provided to more practitioners and partner agencies/services. It also improves engagement and accessibility in essential strategic and operational group meetings during the implementation of FDACs.</li> </ul>	<p>Legislation regarding timescales:</p> <ul style="list-style-type: none"> <li><u>Short time scales; achieving stability, recovery, and testing appropriateness of reunification can be more difficult.</u></li> <li>Legislation that places an emphasis on earlier adoption; can restrict the role of FDAC in reunification planning.</li> </ul> <p>Policy regarding cost of experts:</p> <ul style="list-style-type: none"> <li>Legislation stating a need to reduce cost of experts; FDAC may not be commissioned.</li> </ul> <p>Funding:</p> <ul style="list-style-type: none"> <li>Increased national funding around drug strategies, and recommissioning drug services; increases demand for substance misuse specialists, creating a difficulty in recruiting this role to the FDAC team.</li> </ul> <p>Covid-19</p> <ul style="list-style-type: none"> <li>Legislation and guidance requiring remote working; barrier to developing relationships with families and partner agencies/services, and delays in launching new FDAC sites.</li> </ul>
Local authority level	<p>Availability of services:</p> <ul style="list-style-type: none"> <li>FDAC sites based in areas with a wide variety of treatment providers and <u>third sector organisations for parents to be referred to; better supports the FDAC team to create bespoke support plans for each family.</u></li> <li>Robust local services in the LA (particularly those with similar core principles to FDAC, similar multidisciplinary team, similar processes for referring into the service); FDAC feels more familiar for families to engage with,</li> </ul>	<p>Availability of services:</p> <ul style="list-style-type: none"> <li>Treatment services that are limited by: <u>long waiting lists, cost, remit (e.g., ability to address substance use disorders and holistic needs), or entry criteria (e.g., limited residential treatment services available for men, mental health services only allowing entry in a crisis whereas FDAC may be seeking to prevent a crisis occurring); creates barriers for parents completing courses and making necessary changes during proceedings.</u></li> </ul>



	<p><b>practitioners recruited from these services adapt better to working within FDAC, and it is easier for FDAC to use these services and be implemented within budget.</b></p> <p>Interagency working (culture/shared values and communication):</p> <ul style="list-style-type: none"> <li>• A mutual understanding of risk and impact on children; supports referral into FDAC.</li> <li>• Interagency case co-ordination.</li> <li>• Consistent communication between social worker, FDAC team/key worker; helps the model to be acceptable to practitioners.</li> <li>• Team all informed of the direction of the case, open and honest communication.</li> <li>• <b>Partner agencies/services who can work collectively and collaboratively; important for 'getting everyone on the same page' and beneficial for families.</b></li> </ul> <p>Buy in:</p> <ul style="list-style-type: none"> <li>• <u>Leaders who believe in FDAC and its approach and are committed to the change.</u></li> <li>• Neighbouring LAs that have had a positive experience of the FDAC model.</li> <li>• <b>Partner agencies/services who are aware of the model and how it works; more likely to be invested in FDAC and interested in undertaking training.</b></li> </ul> <p>Timescales:</p> <ul style="list-style-type: none"> <li>• Referrals that include FDAC at the stage of the pre-proceedings process; can allow the 26 weeks deadline to be more achievable.</li> <li>• Flexible timescales; extensions less likely to be needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Differing assessment of thresholds between/within LAs.</li> <li>• <b>FDAC sites based in areas with a wide variety of treatment providers and third sector organisations for parents to be referred to; can attract a more complex demographic, creating longer waitlists for services.</b></li> </ul> <p>Interagency working (culture/shared values and communication):</p> <ul style="list-style-type: none"> <li>• Agencies with different views on successful outcomes and service measures (e.g., treatment providers may use a payment by result model for completed cases, whereas FDAC is looking for individualised goals such as reduction).</li> <li>• Different entry criteria between service providers and FDAC.</li> <li>• Different perceptions of problem drug use between providers.</li> <li>• LAs that are: risk averse and process driven, have a negative perception of the key worker model, are under stress (through high turnover, funding).</li> </ul> <p>Buy in:</p> <ul style="list-style-type: none"> <li>• <u>Unfamiliarity with the FDAC model and lack of understanding of its purpose; limits buy in from the LA and partner agencies/services and makes it difficult to connect with practitioners.</u></li> <li>• <b>Partner agencies/services less inclined to 'fully invest' in FDACs during their pilot phase as opposed to when it is more wide scale.</b></li> <li>• <b>Documentation supporting FDAC focusing heavily on parents and little on how children are prioritised and worked with in FDAC can create fear for practitioners.</b></li> </ul> <p>Timescales:</p> <ul style="list-style-type: none"> <li>• Judges requiring longer than 26 weeks to end care proceedings will need to apply for an extension of 8 weeks to continue.</li> <li>• Cases heard within 26 weeks may increase the number of contested proceedings and incur further costs.</li> <li>• <b>Short time periods to set up a new FDAC; no leeway for implications with recruitment to the FDAC team (e.g., having job descriptions approved by unions).</b></li> </ul>
<b>FDAC level</b>	<p>Buy in:</p> <ul style="list-style-type: none"> <li>• Local judges who champion the FDAC approach.</li> <li>• FDAC services working in an integrated way.</li> <li>• Specialist locality social workers and children's guardians assigned to FDAC cases.</li> <li>• Staff members dedicated to the coordination and implementation of FDAC.</li> <li>• <b>When a new FDAC site believes it will exist beyond the scope of its pilot; more invested in their practice and ensuring they are providing their best service.</b></li> </ul>	<p>Buy in:</p> <ul style="list-style-type: none"> <li>• Employing judges on a part time basis whereby they also operate in standard family or criminal courts; difficult for them to adapt between processes and approaches.</li> </ul> <p>Training:</p> <ul style="list-style-type: none"> <li>• <b>Training offered too early in FDAC implementation; FDAC team have little context of FDAC cases.</b></li> </ul>

	<ul style="list-style-type: none"> <li>• FDAC team are approachable and open to supporting partner agencies/services by discussing the FDAC approach/cases this reduces anxiety and uncertainty.</li> </ul> <p>Training:</p> <ul style="list-style-type: none"> <li>• <u>Specialist training (covering processes and values of FDAC) for all FDAC team members: important to understand the model.</u></li> <li>• <u>Opportunities for judges and the FDAC team to observe/shadow existing FDAC sites during implementation: effective way of passing on knowledge, developing a good understanding of FDAC processes and principles, and make the transition to working in a different way to normal care proceedings easier.</u></li> <li>• Encouragement of ongoing professional development and training; keeps staff updated on new procedures and helps maintain a high level of professionalism.</li> <li>• Implementing a training plan and a log system which is reviewed by programme administrators; can allow the tracking of training activities and reinforce the importance of professional development.</li> <li>• <u>Mentors from other FDACs for the judge/team members: effective for providing support.</u></li> <li>• <b>More understanding of what working with FDAC families involves and what is expected of practitioners; increases buy in and desire to support FDAC cases when fed back to other team members and families.</b></li> <li>• <b>Community of practice forums; members of the FDAC team feel like a wider community and empowered.</b></li> <li>• <b>Joint training for the FDAC team, children's guardians, and judges; helps build relationships and ensures everyone understand all aspects of the process.</b></li> </ul> <p>Multidisciplinary team dynamics/relationships:</p> <ul style="list-style-type: none"> <li>• Using integrated, collaborative interventions that share values, goals, and outcomes.</li> <li>• Team members meet each other regularly to discuss cases and to develop inter-agency referral systems; reduced waiting times for additional services.</li> <li>• Team members with overlapping skills and knowledge of each other's services.</li> <li>• <u>Implementing FDACs that support multiple LAs is quicker when there is already an established relationship between the LAs.</u></li> <li>• <b>A focus on collaboration, resolving issues shared values and cultures, and good communication.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Training on the FDAC model before recruitment has completed for a core FDAC team; can cause confusion and result in team members missing training.</li> <li>• Where the significance of FDAC training is not emphasised enough to partner agencies/services; can feel optional or unsuitable suitable for their role.</li> <li>• LA, legal practitioners, and partner agencies/services do not all receive the same training.</li> </ul>
Individual level	Buy in:	Buy in:

	<ul style="list-style-type: none"> <li>• Families' understanding the FDAC model and being aware it is an alternative option; improves buy in from entire family going through proceedings and creates better working relationships with practitioners.</li> </ul> <p><b>Suitability:</b></p> <ul style="list-style-type: none"> <li>• Getting the right practitioners in the FDAC team with appropriate primary and secondary skillsets; able to adapt to the work faster and helps the team to offer holistic support to families.</li> <li>• Practitioners who are: curious, open to new ways of working, believe that people can change, have the ability to approach families gently and willing to work collaboratively.</li> <li>• Judges who are: personable, open and honest, committed to a problem-solving approach and working collaboratively; reduces stigma and builds working relationships with families and practitioners.</li> <li>• Practitioners who have capacity work intensively with families and a work schedule that matches court days.</li> <li>• Families who have a mindset to sign up, fully commit and maintain engagement with FDAC.</li> </ul>	<ul style="list-style-type: none"> <li>• Practitioners who feel like FDAC's new way of working in care proceedings is criticising their practice/skills or that roles/ responsibilities are being taken off them by the FDAC team; less likely to buy into the model.</li> <li>• Families with previous negative experience of care proceedings/children's social care.</li> </ul> <p><b>Suitability:</b></p> <ul style="list-style-type: none"> <li>• Practitioners/judges/team members who are not willing to leave their comfort zone.</li> <li>• When the workload capacity of children's guardians inhibits them from attending non-lawyer reviews.</li> </ul>
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