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[The family drug and alcohol court \(FDAC\) evaluation project: final report.](#)

Harwin J., Ryan M., Tunnard J. et al.
Uxbridge: Brunel University, 2011.

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The first family drug and alcohol court in Britain offers intensive specialist support to parents of children at risk due to parental substance misuse; the result in this small-scale pilot study was better parental and child outcomes at lower cost.

SUMMARY The first family drug and alcohol court in Britain was piloted at an inner London family court initially for three years to the end of 2010, later extended to March 2012. Aiming to improve children's outcomes by addressing the entrenched difficulties of their parents, it takes a new approach to proceedings to protect children from parental neglect or abuse where parental substance misuse was a key element in the local authority's decision to bring proceedings. The catalysts for the pilot were encouraging evidence from such courts in the USA and concerns about the response to parental substance misuse through ordinary care proceedings in England: poor child and parent outcomes; insufficient coordination between adult and children's services; late intervention to protect children; delay in reaching decisions; and the soaring costs of proceedings, linked to the cost of expert evidence.

Working with the court is a unique, specialist multi-disciplinary team of practitioners provided by a partnership between a local NHS trust and a children's charity. The team carry out assessments, devise and coordinate an individual intervention plan, help parents engage and stay engaged with substance misuse and parenting services, carry out direct work with parents, get feedback on parental progress from services, and provide regular reports on parental progress to the court and to all others involved in the case. Attached to the team are volunteer mentors to support parents.

Cases are heard by two dedicated district judges, with two further judges as back-ups. Cases are dealt with by the same judge throughout. Guardians for the children are appointed immediately. Legal representatives attend the first two hearings after which there are fortnightly court reviews which they attend only if there is a particular issue requiring their input. The reviews are the problem-solving, therapeutic aspect of the process. They enable regular monitoring of parents' progress and give judges the opportunity to engage and motivate parents, speak directly to parents and social workers, and find ways of resolving problems. In contrast, in ordinary care proceedings there are no dedicated judges or magistrates and little judicial continuity, no specialist team attached to the court, assessments may be ordered from a range of different experts and can take months to be delivered, lawyers attend all hearings, guardians are not immediately appointed, and there is little coordination of services for parents.

To evaluate this initiative, parents seen by the court between January 2008 (the start of the pilot) and the end of June 2009 were invited to join the study. In all 55 families with 77 children joined. Their progress was compared to that of 31 families with 49 children subject to care proceedings due to parental substance misuse brought by two other local authorities during the same period, but which did not send cases to the family drug and alcohol court. Cases were followed up for six months from the first hearing. It was also possible to track 41 family drug and alcohol court and 19 comparison cases to the final order imposed by the court. Interviews were held with 37 parents adjudicated by the family drug and alcohol court and with the court's judges, specialist team, and staff and commissioners involved in the set-up and implementation of the court. Focus groups were also held with parent mentors and with professionals involved in cases over the first 18 months of the pilot.

Main findings

Official records were used to assess the nature and progress of the specialist court and comparison samples and the services they received. Both samples consisted generally of entrenched cases of parental drug and alcohol (rarely alcohol alone) problems and most mothers had previously been treated for these problems. In each sample there were high rates of domestic violence, mental health problems, criminal convictions, housing problems, a history of parents being in care, and contact with children's services. However, in some respects the specialist court saw more difficult cases. Mothers had longer substance use histories more often involving heroin, and more families had previously had children removed in care proceedings.

Records showed that parents seen by the specialist court received more help more quickly than the comparison sample, in particular substance misuse treatment. The specialist court ensured parents accessed its core services within three weeks, coordinated access to community services, and more of its parents were helped by finance, housing and domestic violence services, probably because the court had developed a dedicated link with such services in each pilot local authority area. However, there was no difference in the range and type of services received by the children. Assessments conducted for the specialist court uncovered more unmet needs in relation to substance misuse, domestic violence and maternal mental health than had been identified by the local authorities applying for care proceedings.

Among cases tracked through to the final court order, more specialist court parents engaged with substance misuse services and more remained engaged throughout the proceedings. Probably as a

result, by the end 48% of mothers seen by the specialist court and 36% of fathers were no longer misusing substances compared to 39% and none at comparison courts. Associated with this, more mothers at the specialist court (39%) than in the comparison sample (21%) were living at home and reunited with their children. More specialist court than comparison children had improved well-being at the end of proceedings, but this may have been due to their relative youth.

On average it took a few weeks longer for specialist court children to be reunited with their parents but less time for them to be placed in a permanent alternative home, possibly reflecting the common view that time in proceedings was used more constructively in the specialist court but that when reunification was not considered advisable, action was taken sooner to stabilise the children's lives.

Costs calculated for 22 specialist court families and 19 comparison families whose cases had reached final order by the end of May 2010 indicated savings in relation to court hearings and days spent by children in out-of-home placements (specialist court children averaged 153 days compared to 348 days for comparison cases). The expert reports, assessments and testimony of the specialist team also saved money in the cost of independent experts. It is likely that shorter hearings, and fewer hearings with legal representation, also produce savings.

These quantitative findings based on records were illuminated by the views of parents and officials gathered through interviews and focus groups. Parents were overwhelmingly positive about the specialist court team for motivating and engaging them and for their non-judgemental attitude and practical assistance. Judicial praise and encouragement was motivational and judges were seen as 'treating you like a human being'. Judicial continuity was appreciated.

Unanimously both parents and staff saw the specialist court as preferable to ordinary care proceedings. Staff valued the specialist team for the speed and the quality of its assessments, ability to engage parents, efficient coordination of an often complex intervention plan, speed and reduced cost of drug and alcohol tests, its role in getting feedback from adult substance misuse and other services, and its active promotion of partnership work and reflective practice. Judicial continuity too was widely valued, partly because it enabled more efficient use of court time, and because the judges were able at the same time to be friendly, supportive and motivating of parents, but also to give clear messages about the consequences if they failed to comply. The direct and usually lawyer-less communication between judges and parents and social workers resulted in less conflict and antagonism than in ordinary care proceedings and greater involvement of parents, while frequent reviews ensured any problems (some outside the normal remit of the court, such as housing, finance, or the delivery of services) were identified and responded to quickly.

Over the pilot the specialist team developed a 'fair test' approach to assessing parents: an initial period where parents are supported to control their substance misuse; a second stage to see whether recovery can be sustained; a third stage focused on parenting; and a fourth stage of supported rehabilitation. The approach affords parents every support to overcome their drug and alcohol problems so they can show they can safely look after their children. Such an approach might however lack credibility if cases have to revert to ordinary care proceedings. Initial concerns that children suffered from the time parents were given to sort out their problems receded as the pilot progressed.

The authors' conclusions

These findings suggest that the specialist family drug and alcohol court is a promising approach to the protection of the children of substance misusing parents subject to care proceedings. More parents seen by specialist than comparison courts had controlled their substance misuse by the end of proceedings and been reunited with their children. They were also engaged in more substance misuse services over a longer period. There is evidence of cost savings in relation to court hearings, out-of-home placements, and fewer contested proceedings. Parents and staff felt this was a better approach than ordinary care proceedings.

Given the similarity in specialist and ordinary court families, it is reasonable to infer that the specialist court's distinctive problem-solving approach combined with the expertise of the multidisciplinary team played an important part in these results. What makes the court distinctive includes: the alacrity of assessment and treatment; the extent and continuity of support to motivate parents; a multidisciplinary team committed to tackling the wide range of parents' problems and promoting inter-agency coordination, care planning and service delivery; a transparent process promoting honesty; an approach that conveys a sense of hope that change is possible whilst remaining focused on the child's need for permanency; judicial continuity and regular court reviews without lawyers, leading to improved case management, problems being identified and responded to quickly, less antagonism and improved parental engagement in the proceedings; and a supportive and reflective learning culture to keep motivation high when team members are dealing with hard cases.

The evaluators argue that the pilot court should continue so that it can consolidate progress, tackle some of the challenges, and test out the contribution of an expanded pre-trial and aftercare service [below](#). Similar courts should be set up in one or two further sites to develop learning on implementing the model in different circumstances and test whether its results can be replicated in different areas with different staff.

Challenges

The evaluation identified challenges, some of which are likely to be addressed over time, while others will need wider system changes. Recruiting mentors to support the parents is not questioned in principle but was poorly implemented. Lessons are that such schemes need adequate funding and support and sufficient development time. The specialist court is already building up a group of parents who have been through the programme and are interested in becoming mentors. Where parental progress in controlling substance misuse is poor, planning early for the possibility of an out-of-home placement for the child might reduce delays if this is the final outcome. Greater coordination with ordinary family courts would also aid transfer of cases between the two systems. Increasing the capacity of the court and the its judges to continue to deal with cases that have exited the family court would also reduce delays. This would require changes to the working arrangements of district judges.

Despite good inter-agency working overall, there were some tensions between adult substance misuse and children's services, and difficulties in resolving housing problems. Continued attention to joint planning and commissioning and to 'whole family' approaches will be important in addressing these issues. In both samples, more parents continued to misuse than regained control of their addiction,

demonstrating the importance of identifying misuse earlier and supporting parents whilst remaining realistic about the prospects of change, so that very young children are given the best chances of a secure childhood. Earlier identification and support requires a workforce equipped with the skills and knowledge to work effectively with parental substance misuse, and a network of family-focused treatment services.

Finance is likely to remain tight. Funders should however consider that the family drug and alcohol court model has the potential for improving outcomes while saving costs, and that in the long term, not only local authority children's services could benefit, but also adult services, health services, probation, the courts and the Legal Services Commission.

Developing the model

Engaging the court's problem-solving approach earlier when cases are less entrenched might increase the chances of good outcomes; court action should not always be seen as a last resort but, but sometimes as an early intervention. Similarly, a pre-birth assessment and intervention service provided by the court's specialist team is being trialled in the three pilot local authorities in the hope that earlier provision of support will increase the chances of controlling substance misuse and of family reunification, and if this fails, result in alternative permanent care at for the child at an earlier age.

A short-term aftercare service for families living together at the end of the case might increase the sustainability of family reunification outcomes. However, at present, the court has no role after proceedings finish. It would be possible to incorporate continuing support from the specialist team in supervision orders on a case-by-case basis.

COMMENTARY There can hardly be a more emotive and now also – as a US-inspired project has [come to Britain](#) offering to pay drug users to be sterilised – contentious issue than how to protect the children of problem substance users. It is certainly a huge and pressing problem. [Well over a million](#) children in Britain have parents with a drug or alcohol problem. [Across the UK](#), national targets, service standards and policy statements have recently embodied the perspective that their welfare is a core concern for services in contact with problem drug users, a contention featuring strongly in the latest [Scottish](#) and [English](#) drug strategies. In England it forms a [specific workstream](#) of the National Treatment Agency for Substance Misuse (NTA), which has produced [guidance](#) on how authorities responsible for drug and alcohol services can work more closely with children and family services.

Establishing what works for those at risk among these children is difficult because it would be unethical to deliberately deny services in order to determine whether they really do help. However, the potential for interventions to do serious harm as well as create major benefits makes evaluation vital. Evaluations of specialist British services in [Wales](#) and [Middlesbrough](#) found they prevented the need for permanent placement of children in care and reduced time in temporary placements. These services offered intensive support to the parents in much the same way as the specialist court team but on a short-term basis and without the authority of the court behind them. As the featured report commented, such services attempt to help families already at the brink of losing care of their children. Before that point there is a strong case for offering parenting and child welfare interventions to all problem substance users in contact with treatment and harm reduction or other services. Because these offer positive support without implying parental failure, they often have a good uptake and can [reduce the numbers](#) who reach crisis point.

A [later report](#) from the same study with a longer follow-up of more families reinforced the earlier findings. More family drug and alcohol court parents had stopped misusing substances and dealt with other problems, and more mothers had been reunited with their children, but this 36% v 24% gap was not statistically significant.

The main weakness of the featured study is that in some known respects and perhaps in others not known, the comparison families differed from the family drug court families in ways which might have affected child welfare outcomes, regardless of the type of court proceedings. Also, through a preceding feasibility study the researchers had been involved in developing the programme they evaluated, raising the possibility of their somehow favouring the new court, a [risk endemic](#) in much substance use research.

Three NHS professionals who helped develop the court evaluated by the featured study [have explained](#) that it differs from normal family courts in its multi-disciplinary assessment and intervention team made up of both child workers (child protection social workers and a child and adolescent psychiatrist) and adult workers (substance misuse workers and an adult psychiatrist), plus volunteers with personal experience of overcoming substance misuse, some of whom are court 'graduates'. Court proceedings form an integral part of the treatment process. The family works with the same judge throughout and the court takes a less-adversarial approach to care proceedings, the parent speaking directly to the judge in the absence of lawyers.

Similar courts have opened in Gloucestershire and Milton Keynes and [as reported](#) in 2015, more were due to open in 2015/16 in areas including East Sussex, Kent and Medway, Plymouth, Torbay and Exeter, and West Yorkshire, funded by the Department for Education. Despite this significant expansion, as in London, these courts [will sit](#) once a week and hear a relatively small number of cases.

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