



**Family Drug and Alcohol Courts: the East  
Sussex Experience**

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# INTRODUCTION TO FDAC

## Context

- \* FDAC was piloted in central London between January 2008 and March 2012.
- \* FDAC provides a problem-solving, therapeutic approach to care proceedings in cases where parental drug and alcohol use is a key element in the local authority decision to bring proceedings.
- \* Drug and alcohol use is a major risk factor for child maltreatment: features in up to two thirds of care applications, with patterns of repeat care proceedings on subsequent children.

# INTRODUCTION TO FDAC

## The model

- \* **FDAC is distinctive because it provides:**
- \* Judicial continuity
- \* Fortnightly court reviews without lawyers
- \* A specialist, multi-disciplinary team – linked to the court. (Delivers Intervention plans, supports access to services, advises court on prognosis within children's timescales.)

# INTRODUCTION TO FDAC

## Aims

- \* Improve outcomes for children – change of parental lifestyle.
- \* Improve parental drug and alcohol cessation rates
- \* Achieve safer and more sustainable family reunification
- \* Ensure swifter placement with permanent alternative carers when reunification is not possible.

# INTRODUCTION TO FDAC Evaluation

- \* Evaluated by a team at Brunel University (2008 & 2013) [www.brunel.ac.uk/fdacresearch](http://www.brunel.ac.uk/fdacresearch).
- \* Based on 90 families (122 children) in receipt of FDAC programme, and 101 families (151 children) who formed the comparison sample.
- \* Problematic parental drug and alcohol use was a key factor in initiating care proceedings

# INTRODUCTION TO FDAC

## Evaluation findings

- \* **Drug and alcohol use:** more FDAC parents controlled their use.
- \* **Rates of cessation were higher** – 40% compared to 25% of comparison mothers were no longer using drugs and/or alcohol problematically & 25% of FDAC fathers compared to 5% of the comparison fathers.
- \* **Reunited families: higher rate for FDAC families** – 35% of FDAC mothers stopped using and were reunited with their children compared to 19% of the comparison.
- \* **Child maltreatment: lower rate for FDAC children (25% v 56%)**

# SWIFT for FDAC – the East Sussex twist!

- \* Funding for a national team and roll out nationwide
- \* One year pilot, up to 15 cases, developed with input from the national team.
- \* Fidelity regarding court processes and the expertise of an independent multi-disciplinary team.
- \* Difference in referral criteria, not just limited to drug and alcohol use. Identification of unmet treatment needs – toxic trio (domestic abuse, mental health & drug and alcohol use)

# SWIFT for FDAC – Trial for Change

- \* Initial assessment informs intervention plan, beginning of a trial for change process.
- \* Providing parents with the best possible chance of overcoming their difficulties – court as an agent for change
- \* Reviewing mechanisms built in at weeks 10 and 18 to monitor progress and make recommendations in line with children's timescales.
- \* Whole system approach

# SWIFT for FDAC – The team

- \* Multi disciplinary team drawing on adult and child & adolescent psychiatry; social work; mental health nurse; specialist practitioner in drug & alcohol use and domestic abuse, plus a specialist intervention worker offering Video Interactive Guidance (increasing parental responsiveness and sensitivity)
- \* Assessment & delivery of targeted interventions.
- \* Reduction in use of external experts in court

# SWIFT for FDAC - Assessments

- \* Initial assessment completed in first 3 weeks
- \* Fortnightly review reports to the court, updating on what is going well, or not so well. Problem solving in action.
- \* Children's Needs Meeting – within first 8 weeks, to assess the specific needs of the children, and identify whether clinical assessments are necessary.
- \* Mental health screening and clinical psychiatric assessment if indicated.
- \* Assessment of parenting capacity

# SWIFT for FDAC - Interventions

- \* Safety and stabilisation
- \* Recovery Support
- \* Insight and repair
- \* Strengthening relationships
- \* Child centred lifestyle
- \* Discharge planning
- \* After care/ support

# SWIFT for FDAC – Role of other professionals

- \* Drug & alcohol workers, domestic abuse and mental health services, housing – vital part in the success of the FDAC model.
- \* Often last chance for families, may require a different level of commitment, or resource allocation but investment in collective approach to fostering change is essential.
- \* Written permission from parents to communicate, & share information. Being a presence at meetings.

# SWIFT for FDAC – Going live

- \* Began April 2015.
- \* Currently have six cases (10 adults, 9 children) being heard in FDAC
- \* Six of the seven cases (7 adults) have drug and alcohol use as the primary risk factor.
- \* Complex mental health presentations in 4 cases ( 5 adults)
- \* Domestic abuse a significant feature in 4 cases, and referenced in previous relationships in a further 2 cases

# SWIFT for FDAC - Outcomes

- \* Children remain or are returned to their parent's care
- \* Controlled use or cessation of alcohol and drug use
- \* Sustain effective management of their mental health
- \* Children are safe and able to thrive in the care of their parents

# SWIFT for FDAC – Final message for families

- \* SWIFT for FDAC is committed to providing the best opportunity for children to remain in care of their parents and/or wider birth family.
- \* Recognise parent's may have lost hope or confidence in their capacity to change.
- \* May not trust or feel able to accept offers of support
- \* Openness and honesty
- \* Clear expectations with respect, compassion & optimism.