



Evaluation of Family
Drug & Alcohol Courts:

IMPLICATIONS FOR POLICY AND PRACTICE

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What Works Centre for Children & Families

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EVALUATION OF FAMILY DRUG & ALCOHOL COURTS: IMPLICATIONS FOR POLICY AND PRACTICE

Our impact evaluation adds to the existing evidence base on the potential of Family Drug & Alcohol Courts to lead to more positive outcomes for families.



SUMMARY

Family Drug & Alcohol Courts (FDACs) are an alternative to standard care proceedings, designed for parents who struggle with drug and alcohol misuse. FDAC aims to address the problems which have led the local authority to bring the parent(s) to court by using a ‘problem-solving’ approach. This involves a specialist multi-disciplinary team working closely with a judge and other professionals to provide intensive support to parents, with the aim of reducing their substance misuse issues.

Based on problem-solving Family Drug Treatment Courts (FDTCs) in the USA and elsewhere, the first UK FDAC was set up in London in 2008 as a three-year pilot funded by the government. Since then, the Department for Education (DfE) has invested in increasing the number of FDACs across England, and the model has grown. At the time of publication, there are 14 FDACs serving 38 local authorities in the UK.

We commissioned this evaluation of FDAC to examine whether they improved outcomes when compared to the new legal framework introduced by the Children and Families Act in 2014, as earlier studies had compared FDAC against a previous court system. We also wanted to understand whether the impacts seen in previous evaluations of the London FDAC could be replicated by other FDACs in England.

The impact evaluation looked at two key outcomes: rates of reunification, and the likelihood of parents ceasing to misuse alcohol or substances. We compared parents who participated in FDAC in 13 intervention sites with parents who went through standard care proceedings in nine comparison local authorities.

Our evaluation found that families who participated in FDAC were significantly more likely to be reunified, and parents were more likely to stop misusing substances. These findings are consistent with the existing evidence base which suggests that problem-solving approaches in family courts can improve outcomes for children and families.

There were, however, limitations to this evaluation which mean that we cannot attribute these effects entirely to FDAC and we are unable to draw firm conclusions about the impact of FDAC based on this study.

We attempted to match FDAC participants to a comparison group for this study, but this was difficult due to limitations in both data quality and volume. The study largely compared outcomes for families referred to FDAC with families in the same local authority who were not referred into the intervention. However, whether families were referred to FDAC or not is based on a subjective judgement call which is likely to be based to some extent on the specific characteristics of the families, such as their level and history of substance misuse or their capacity to change. This means it may be that it was differences in these characteristics, rather than FDAC itself, that led to or exaggerated the differences in outcomes that the study found.

WHAT IS A FAMILY DRUG & ALCOHOL COURT?

The primary aim of FDAC is to improve outcomes for children and families in cases where there is parental drug or alcohol misuse, ensuring that children can either live safely with parents at the end of care proceedings or, where reunification is not possible, have the best chance for permanency and stability outside the family home. FDACs also aim to reduce the risk of families re-entering care proceedings at a later date.

Cases are referred to FDACs by local authorities, and this referral takes place either as a part of pre-proceedings or when the local authority issues care proceedings. Specialist substance misuse professionals and social workers from the FDAC team then carry out an early assessment of the parents, and an intervention plan is agreed at a meeting attended by the parents, social workers, and the child or children's guardian. The team provide a key worker for the parent who works directly with the parent and coordinates the services identified in the plan.

The same judge reviews the case every fortnight in an informal hearing with each parent. In these meetings, known as Non-Lawyer Reviews, parents speak directly to the judge. FDAC teams work independently of local authorities, so are distinct from local authority children's social care, child protection, and children in need teams.

Care Proceedings

Care proceedings are the court processes where a local authority applies to family court to remove a child from their parent(s) on the basis of actual or likely significant harm to the child. These are often long, contested court hearings. The Children and Families Act (2014) limits the length of care proceedings to 26 weeks, but proceedings often take longer than this.

HOW DID WE EVALUATE FAMILY DRUG & ALCOHOL COURT?

Initial attempts to undertake a Randomised Control Trial (RCT) to evaluate the impact of different models of FDAC¹ proved unfeasible in the light of concerns about the legal obstacles to randomising families into a legal process, which could lead to appeals from those who did not receive the intervention. The final research design therefore used a Quasi-Experimental Design (QED) and did not use randomisation: it compared families referred to FDAC with families who were not referred to FDAC. Whilst this avoided the legal obstacles, it did create methodological limitations which has meant that the evaluation is unable to provide a robust causal impact of FDAC. The main issues were:

- **QEDs require statistical assumptions to be met:** Matching the intervention and control groups is highly reliant on data quality and availability to understand the characteristics of members of each group. The findings from this evaluation were weakened by the lack of data on parents going through standard care proceedings.
- **The data was limited in both quality and volume:** The original RCT design was not set up to collect data from standard care proceedings and this limited the data we could collect from local authorities without an FDAC offer. Consequently, matching participants to a comparison group was difficult.
- **The referral mechanism likely contributed to the findings:** The study largely compared outcomes for families who were referred to FDAC to families in the same local authorities who were not referred into the intervention. It is likely that this referral mechanism contributed to the findings.

We also carried out a qualitative Implementation and Process Evaluation (IPE) which aimed to better understand the factors driving or hindering the successful implementation of FDACs and the views of families and professionals who took part in the trial. In total, 40 interviews were undertaken with parents, local authority leads, FDAC leads, support staff, and the judiciary. The IPE found that FDAC was well received by participants, staff, and judges.

We carried out a cost analysis, but the small sample size (seven of the 14 FDAC sites), coupled with inconsistencies in how sites collect cost information, meant that there was large variation in the amount and types of costs reported across the FDAC sites. As a result, it was not possible to give a conclusive overall estimate of the cost of delivering FDAC.

¹ Our initial plan was to evaluate FDAC using an RCT. This would have randomised families referred into either the standard FDAC offer, or to receive 'FDAC plus', which would have involved additional forms of support. Given the existing evidence base for problem-solving courts such as FDAC is promising, the RCT would have tested whether these additional offers of support showed further improvement on outcomes.

What is a Quasi-Experimental Design (QED)?

QEDs are a method of evaluation that, like randomised controlled trials (RCTs), aim to determine whether the relationship between an intervention and an outcome is causal. However, QEDs do not use randomisation. Instead, QEDs aim to identify a control group that is as similar as possible to the group receiving the intervention. Where QEDs are robust, this increases our confidence that any difference in outcomes is due to the intervention and not to other factors.

QEDs, by their design, are not as robust as RCTs because there will be many factors that we can't identify which may affect the outcome; these factors are mitigated by a well-designed RCT. QEDs can only match individuals based on available information; for example, data on parents' motivation to change was not available in this evaluation. Where the intervention and comparison groups are well matched on features relevant to the intervention, this increases our confidence that the impact estimate can be attributed to participation in FDAC. If the intervention and comparison group are different, this limits the validity of the QED and suggests that the impact estimate may be affected by other factors.

KEY FINDINGS

The impact evaluation found that:

- Children with a primary carer in Family Drug & Alcohol Court care proceedings were more likely to be reunified with their primary carer at the end of care proceedings than children with a primary carer in standard care proceedings (52.0% versus 12.5%).
- A higher proportion of parents who went through Family Drug & Alcohol Court proceedings had ceased to misuse drugs or alcohol by the end of the proceedings when compared with parents who went through standard care proceedings (33.6% versus 8.1%).
- The proportion of hearings being contested was lower for families who went through Family Drug & Alcohol Court proceedings than for families in standard care proceedings (4.2% versus 23.8%).
- Children whose carers went through Family Drug & Alcohol Court had a lower probability of being placed in local authority care compared with standard care proceedings (28.6% versus 54.7%).

Whilst there are methodological limitations to this impact evaluation, given the wider evidence base, we are confident in the direction of the findings: that families who go through FDACs are more likely to be reunified, and parents are more likely to stop misusing alcohol or substances. We are less certain about the magnitude of our findings, due to the limitations discussed below. These findings, therefore, should be treated with caution.

The Implementation and Process Evaluation found that:

- Family Drug & Alcohol Court was well received by participants, staff, and judges. Family Drug & Alcohol Court was thought to offer parents a better chance to evidence behavioural change across a range of indicators, including substance misuse and parenting skills, to enable them to be safely reunified with their children.
- Participants felt that Family Drug & Alcohol Courts gave parents a fair opportunity to demonstrate their ability to take care of their child's needs. Participants did not feel FDAC was a punitive process, and spoke of feeling supported at a crisis point or time of acute need, enabling them to make and sustain changes that could lead to successful reunification outcomes.

- Two key facilitators of perceived positive outcomes for families were:
 1. The flexible package of high-intensity, wraparound, multidisciplinary support that FDAC provided.
 2. The Family Drug & Alcohol Court judges' role: leading and providing active oversight to the process; and having direct contact with parents, encouraging them to make and sustain changes.
- Key challenges to implementing and delivering Family Drug & Alcohol Courts included: some staff in multidisciplinary teams felt that their views were not always heard; a perception among some staff that Family Drug & Alcohol Courts lacked independence from local authorities; and challenges around accessing some forms of support, with some services (such as domestic abuse support) not being as readily available to families in some areas.

KEY MESSAGES FOR POLICY AND PRACTICE

- **The Department for Education and the Care Proceedings Reform Group should consider embedding evaluation, including a cost analysis, in any scale up of problem-solving approaches in family courts:** We agree that there is promising evidence to support the use of problem-solving approaches in family courts, but to conclusively show the impact of FDAC, a more robust comparison, provided by either a QED with better data, or an RCT, is required. Embedding this further evaluation in any scale up would enable more families to benefit from extra support, while building the evidence Government needs to assure itself that problem-solving approaches in family courts improve outcomes and present good value for money.
- **The learning from the process evaluation conducted as part of this study can be used to strengthen problem-solving approaches in family court:** The information in the IPE around how best to establish Family Drug & Alcohol Courts and overcome the challenges in implementation should be considered when delivering problem-solving approaches in family court.
- **Given the overall evidence base, local commissioners should consider how Family Drug & Alcohol Court can form part of their services for families, and how it would operate alongside other substance misuse services:** This study, in the context of the wider evidence base, suggests that Family Drug & Alcohol courts can have a positive impact on child and family outcomes. Commissioners should consider whether a Family Drug & Alcohol Court would meet local needs.
- **Data collection during standard care proceedings should be improved:** The findings from this evaluation were weakened by the lack of data in the comparison group on parents going through standard care proceedings. This prevented more robust comparisons with parents going through Family Drug & Alcohol Court care proceedings. If more data was collected in a consistent format by local authorities, including those that do not refer to Family Drug & Alcohol Courts, this would be a significant step towards enabling a robust impact evaluation. There should also continue to be investment in the routine collection of the detailed FDAC national dataset, currently collected by the Centre for Justice Innovation.

WHAT DO THE FINDINGS MEAN?

The limitations of this study mean that we are unable to draw firm conclusions about the impact of FDAC. This is disappointing, especially given the positive experiences of families and professionals seen in the IPE. Whilst this study does not allow us to conclusively state that FDAC improves child and family outcomes measured in this study, it is noteworthy that our findings are consistent with the wider literature.

Previous research into the use of FDAC found positive results, with a [2019 meta-analysis](#) suggesting that parents who go through FDAC proceedings are more likely to be reunified with their children, and that FDAC is more likely than standard care proceedings to help parents stop misusing alcohol and substances. However, there are limitations to the existing research on problem-solving approaches in family courts: much of the available research is international, examining different models of problem-solving approaches in family courts and variation in the kind of support delivered. Due to this variation, it is difficult to conclude with a strong degree of confidence that FDACs improve reunification and parent outcomes. Research in the UK only examined the London FDAC and was conducted before the introduction of the Children and Families Act 2014, which changed how standard care proceedings operate in England. The evidence base for these approaches is positive and does not suggest that FDACs are harmful or have a negative impact on child and family outcomes.

Overall, our findings add to the suggestion from the evidence base that families experiencing drug or alcohol misuse who go through FDAC care proceedings are likely to have more positive outcomes than families who go through standard care proceedings.

There is also important learning to draw from the qualitative work completed as part of the IPE, where families and practitioners were positive about their experiences of FDACs. In particular, the package of high-intensity, wraparound, multidisciplinary support FDAC provided, and the judges' role in FDAC, were perceived by parents and practitioners as key facilitators of improved outcomes for families. These are valuable insights into the elements that FDAC beneficiaries find most useful. The qualitative findings also demonstrate potential challenges in delivering FDACs, which can be mitigated when establishing a new FDAC, such as filling gaps in training, ensuring a clear understanding of the purpose and role of FDACs, and ensuring the necessary additional support services are available.

CONCLUSION

The Children's Social Care Implementation Strategy acknowledges that there is evidence that problem-solving approaches, such as FDAC, can improve outcomes for children. It also notes the potential for these approaches to make court proceedings less adversarial for parents, meaning they are more likely to engage. The Care Proceedings Reform Group is taking forward the **Independent Review of Children's Social Care's** recommendation on greater application of problem-solving approaches in family court and is due to provide recommendations to government by 2024.

While we agree that there is promising evidence that problem-solving approaches in family courts can improve outcomes, to conclusively show the impact of FDAC, a more robust comparison provided by either a QED with better data, or an RCT, is required. We know that there are challenges to delivering either of these successfully, but this evaluation would be important in allowing LAs to be more confident in the impact of FDAC. Controlling for the presence of parental substance misuse, the length of substance misuse, parents' experience of treatment in the past, and views about parents' capacity to change would significantly increase our confidence in the impact estimate.

We recommend that the Department for Education and the Care Proceedings Reform Group consider embedding evaluation, including a cost analysis, in any scale up of problem-solving courts, such as FDAC. This would enable more families to benefit from extra support, while building the evidence Government needs to assure itself that this intervention improves outcomes and presents good value for money.

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