

Evaluation of  
interventions

**TO INCREASE ENGAGEMENT  
WITH FAMILY DRUG AND  
ALCOHOL COURTS (FDAC)**



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# EXECUTIVE SUMMARY

## Introduction

- Parental substance misuse is a major risk factor for child maltreatment and a factor in care applications. Family Drug and Alcohol Courts (FDAC) involve a multi-disciplinary team supporting families, with fortnightly meetings with a judge, providing holistic and intensive support with a view to reducing parental substance misuse, and achieving safe and sustainable family reunification or swifter placement with alternative carers.
- The evaluation tested a behavioural intervention, developed by the Behavioural Insights Team<sup>1</sup> with input from FDAC staff and parents, which involved three letters, written in the voice of another parent, to be given to parents at three points in the FDAC process, with the aim of increasing parental attendance and engagement with the FDAC process.

## Objectives

- The objectives of the study were to understand whether the letters have a positive impact on attendance at meetings scheduled during the FDAC process and engagement in the FDAC process (primary outcomes) and on parental substance misuse and family reunification (secondary outcomes). The research questions addressed were:
  - What is the impact of the intervention on parents' overall rate of attendance at scheduled meetings during the FDAC process?
  - What is the impact of the intervention on parents' engagement with the process, as perceived by their FDAC worker?
  - What is the impact of the intervention on the reunification of children at the final order?
  - What is the impact of the intervention on the prevalence of parental substance misuse?
  - How do sites incorporate the letters into their FDAC work?
  - Are the letters used in practice as set out in the guidance provided by BIT and the evaluation team?
  - What are the potential mechanisms by which the letters impact on engagement, or why do they not?
  - Is it feasible to continue to use the letters after the end of the trial?
  - What is the cost of using the letters, in terms of staff time and direct costs?
  - What would the impact on staff capacity be if the letters resulted in changes in parents' attendance or engagement?

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<sup>1</sup> See: <https://www.bi.team>



## Design

- The study involved a randomised controlled trial (RCT) conducted in nine FDAC sites, with families randomised as they entered the FDAC process, half allocated to the intervention and half to the control group per site.
- The trial began in January 2021 with cases randomised if they joined the FDAC up to the end of April 2022, and letters used and data collected up to the end of July 2022. During the trial, 99 families (142 parents) were randomised to receive the letters, and 96 families (131 parents) to the control arm.
- A bespoke register was completed by FDAC staff to collect data on parental attendance at internal and external meetings, using data collected for fortnightly reviews. Staff also recorded, fortnightly, a rating of parental engagement on a four-point scale.
- Data on parental substance misuse and family reunification came from FDAC sites' quarterly returns to the Centre for Justice Innovation (CJI) which provides support to FDAC nationwide.
- An implementation and process evaluation (IPE) was undertaken, involving semi-structured interviews with FDAC site managers and coordinators (9 at Wave 1 and 11 at Wave 2), key workers and other staff involved in direct work with parents (13 interviews at Wave 2) and parents (8 interviews at Wave 2).
- A simple analysis of case costs was undertaken using a short form and interview with site managers and coordinators to capture information about the costs involved in using the letters, and the potential cost implications of higher or lower attendance and engagement.

## Findings

- There were no statistically significant differences between the intervention and control groups in relation to attendance of meetings, engagement score, abstinence from substance use or family reunification. Parents in the intervention group attended on average 77.8% of scheduled meetings and those in the control group attended on average 74.6%. Mean engagement scores were 3.11 (out of 4) for parents in the intervention group and 2.91 for those in the control group. The sample size was smaller than planned for, but this is unlikely to have affected the conclusions.
- There was high adherence to randomisation and use of the letters, with the letters reaching the vast majority of intended parents (90% receiving at least one, and 78% receiving two or more).
- BIT set out flexible arrangements for distribution and use of the letters. Letters were either given to parents in meetings (57% of letters), sent by email (26%) or sent by post (13%), with distribution method unknown for 3%. Sites and staff varied in whether they were discussed with parents in sessions. These arrangements are in line with how BIT intended letters to be used, but it is possible that the letters may have been more impactful if incorporated into session discussions.
- Implementation was generally relatively straightforward for sites although there were some staff capacity constraints, and the letters were seen as aligned with FDAC processes, cultures and ways of working.



- There was very mixed evidence about the acceptability of the letters to staff and parents. Where they were viewed positively, opinions generally aligned with assumptions in the theory of change about how and why the letters would be beneficial, particularly that they provide peer support from another parent; increased motivation, hope and positivity; encouraged honesty with FDAC staff and supported relationship building.
- However, other staff and parents were sceptical about the value of the letters. There were also experiences of adverse consequences where parents had been angered or upset by the letter, confused as to why another parent was writing to them, or had viewed the letter as validating unhelpful behaviours such as relapse and dishonesty about substance use.

## Conclusions and implications

- Overall, there is not sufficient evidence to merit the letters becoming a required and systematically used part of FDAC procedures, nor to warrant evaluation in a further trial. However, the letters could remain at the disposal of FDAC sites that wish to use them. In this situation, they should be used with discretion and care in individual cases where key workers judge them likely to be beneficial, and incorporated into case work to ensure parental understanding and to gauge parental responses. FDAC sites that wish to use them should consider improvements to the letters to increase accessibility, authenticity and relevance.



# 1. INTRODUCTION

## Background

Parental substance misuse is a major risk factor for child maltreatment and a factor in care applications. Family Drug and Alcohol Courts (FDAC) services were established in 2008 to pilot an approach to provide holistic and intensive support to parents to help them to address substance misuse, with a view to improving children's outcomes. FDACs involve a multi-disciplinary team of substance misuse specialists, social workers, mental health professionals and domestic violence workers who carry out assessments and develop intervention plans with families, and fortnightly meetings with a judge who monitors progress and provides direct support. The aim of the FDAC process is to achieve higher rates of cessation of parental substance misuse; more frequent, safer and more sustainable family reunification, and swifter placement with alternative carers if reunification is not possible. Evaluations have found that FDAC results in sustained cessation of drug and alcohol misuse, and that families supported by FDAC were more likely to be reunified and had reduced risk over ordinary services (Harwin et al., 2016).

Local authority social care teams assess all cases either when it is clear that care proceedings will be issued or when they are issued, to determine whether they should be referred to FDACs. Cases are referred to FDACs where parental drug and alcohol use is a key concern and if parents are already demonstrating a willingness to make changes. If the parents agree to join FDAC, they have an initial assessment, after which an intervention plan is agreed and parents begin a "trial for change". A key worker works directly with the parents involved in the case and coordinates services. The team carry out regular drug and alcohol testing and prepare regular short reports on parents' progress for fortnightly court reviews. There are regular Intervention Planning Meetings to review the plan. The first decision hearing would be around week 20, although the process can be extended for up to 50 weeks.

Parental engagement in the FDAC process is viewed to be a key factor in the success of the process. This evaluation tests a behavioural intervention – in the form of three letters, referred to as the "Letters Intervention" – aimed at increasing parental engagement, both the quantity of engagement (attendance at meetings and hearings) and the quality of engagement (the meaningful participation of parents in the FDAC process, as assessed by FDAC staff).

There was no available data on historical attendance rates either nationally or for the trial sites (some of which were newly operating), nor on engagement levels. The Letters Intervention was selected by the FDAC sites (see further below). The evaluation team's early work with sites highlighted that while attendance was generally good, it could vary throughout a parents' time at the FDAC, and that engagement with the FDAC intentions and processes was seen as underpinning both attendance levels and FDAC outcomes.





## The intervention: development and description

The intervention involves three letters, sent to parents at three points in the FDAC process, to encourage motivation and engagement. Each letter is a page long and they are written in the voice of a parent who has completed the FDAC process.

What Works for Children's Social Care (WWCSC) (now Foundations- What Works Centre for Children & families) commissioned the Behavioural Insights Team (BIT) to co-create, in collaboration with FDAC teams, a set of light touch interventions to increase families' engagement with FDAC. An assessment of qualitative research and a literature review by the BIT identified five possible interventions. In consultation with FDAC professionals, judges and other experts, the Letters Intervention was selected. The letters were co-developed with three parents who have previously completed FDAC themselves, and modified based on feedback from FDAC workers and other parents. They are based on several evidenced behavioural science principles, particularly:

- The messenger effect: people are more likely to respond to messages communicated by someone like them
- The fresh start effect: people are motivated to change at key turning points in their lives
- Growth mindset: a belief that abilities improve through hard work and setbacks are an opportunity to learn and develop
- Personalisation: people are more likely to attend to information that is personalised to them.

The letters are reproduced in Appendix A, and a logic model developed by the BIT is shown in Appendix B.

This section follows the TIDieR (Template for Intervention Description and Replication) framework to describe the intervention as intended, and the modifications made in implementation.

### Table 1.1. Letters Intervention description

#### **Brief name: Letters Intervention**

#### **Why: Rationale, theory or goal of essential elements**

Parental engagement in the FDAC process is likely to be critical for the FDAC process to support reductions in parental substance misuse and the reunification of children with parents. The intervention is intended to increase parental attendance at meetings with FDAC teams and with partner agencies (e.g. substance misuse services, psychology and psychiatry services) and their engagement with the FDAC process.

#### **What (materials): Materials used in delivery or training and location**

The intervention involves three letters, given to parents by FDAC staff.



### **What (procedures): Procedures, activities and processes used including enabling and support activities**

A leaflet explaining the trial was given to all parents. Cases were added to the trial register. Parents who did not opt out were randomised either to receive or not receive the letters. FDAC administrative staff or case workers personalised the letters to add parental name, and passed the letters to parents either by email, post or in FDAC sessions at three points:

- Letter 1 at the beginning of the programme to coincide with the first Intervention Planning meeting (weeks 1–2)
- Letter 2 halfway through the programme before the second Intervention Planning meeting (weeks 8–9)
- Letter 3 towards the end of the programme to coincide with a fortnightly review before a final decision is made about proceeding to a contested hearing (weeks 14–16).

Data on attendance at planned meetings and case worker assessment of quality of engagement was entered at fortnightly intervals, in line with data being collated for non-lawyer reviews.

### **What (procedures): Recruitment of FDAC sites and participants**

All 13 FDAC sites were invited to participate in the trial and nine opted to do so. All parents whose cases came into the FDAC system between January 2021 and April 2022 were told that the trial was ongoing and were able to opt out if they did not want to receive the letters.

### **Who provided: Expertise, background and specific training of providers**

The letters were developed by BIT based on collaborative work and consultation with FDAC parents and sites. They were given to parents or used in case work by FDAC staff.

Relevant FDAC staff attended an online training session provided by the research team which explained how to randomise parents, use the letters and submit the trial data. A manual documenting these procedures was also given to the FDAC staff. The training session recording, the slide deck and manual were stored on the CJI website so they were accessible to all staff including those joining later, and FDAC managers were asked to induct new staff into the trial procedures.

### **How: Modes of delivery**

Letters were given to parents by email, post or in FDAC sessions. FDAC staff were asked to incorporate them in regular discussions with parents. For cases involving more than one



parent going through the FDAC process, each parent was given a letter, addressed to them individually.

#### **Where: Types of locations including infrastructure**

At FDAC sites

#### **When and how much: Number of times delivered, over what period**

Three letters, each delivered once in weeks 1–2, 8–9 and 14–16.

#### **Tailoring: Any plans for personalising or adaptation**

None except for the addition of parents' names and the name of the FDAC service.

#### **Modifications: Changes made during the course of the study**

No modifications were made during the trial

#### **How well (planned): Assessment and maintenance of fidelity or adherence**

Letters were intended to be given to all intervention group cases at weeks 1–2, 8–9 and 14–16. The trial procedures were that they could be provided by hand, post or email, that parents could either read the letters in sessions or in their own time, and that key workers could use them to structure discussions in sessions, but this was not a requirement.

#### **How well (actual): Extent to which delivered as planned**

Adherence was high with at least one letter being used with 90% of the parents in the intervention arm and at least two letters being used with 78% of the parents. One site had a short period when letters were not given out because of staff capacity constraints, and key workers occasionally chose not to use them if they felt they were not appropriate for an individual parent.

## Objectives

The objectives of the evaluation were to understand whether the Letters Intervention has a positive impact on engagement and on parental and family outcomes, and what is involved in implementing the intervention.



## Research questions

The research questions relating to the impact evaluation are:

- What is the impact of the intervention on parents' overall rate of attendance at scheduled meetings during the FDAC process?
- What is the impact of the intervention on parents' engagement with the process, as perceived by their FDAC worker?
- What is the impact of the intervention on the reunification of children at the final order?
- What is the impact of the intervention on the prevalence of parental substance misuse?

Research questions relating to the implementation evaluation are:

- How do sites incorporate the letters into their FDAC work?
- Are the letters used in practice as set out in the guidance provided by BIT and the evaluation team?
- What are the potential mechanisms by which the letters impact on engagement, or why do they not?
- Is it feasible to continue to use the letters after the end of the trial?
- What is the cost of using the letters, in terms of staff time and direct costs?
- What would the impact on staff capacity be if the letters resulted in changes in parents' attendance or engagement?

## Design

The evaluation involved a clustered randomised controlled trial (RCT) and an implementation and process evaluation (IPE). Proposals for the Letters Intervention and RCT design were discussed with all 13 FDAC sites, all of whom were invited to participate. Nine took part and were involved in both the RCT and IPE.

In each FDAC site, all parents proceeding with the FDAC process between January 2021 and April 2022 were eligible to take part. The number of cases was somewhat lower than expected, with 194 families (273 parents) entered into the trial. Of these, useable outcomes data were collected for 154 families (205 parents).

The IPE involved two waves of qualitative fieldwork:

- Wave 1: an interview with each site manager or coordinator, undertaken in spring 2021
- Wave 2: interviews with site managers or coordinators, FDAC case workers and parents, undertaken in summer 2022.



## 2. METHODS

### Randomised control trial design and conduct

#### Design

The trial was conducted in nine FDAC sites, with families in each site randomised as they entered FDAC, with approximately half allocated to the intervention (who received the letters) and half to the control group (who did not receive the letters). While impacts have been measured at the level of the parent, the likely correlation in the behaviours of two parents (where both were involved in FDAC) meant that a clustered RCT, where both parents were allocated to the same arm of the trial, was the optimal trial design. Other than the receipt of letters in the intervention arm, parents in the two arms otherwise experienced the same FDAC process.

The nine participating FDAC sites were Birmingham and Solihull; Black Country; East Sussex; Gloucestershire; Kent; Milton Keynes and Bucks; North East; Somerset; and Southampton. A tenth site initially intended to take part but then withdrew.

The trial had two primary outcomes: the percentage of scheduled meetings attended by parents; and parents' level of engagement in the process, as rated by their FDAC case worker. These data were collected by the FDAC workers in a bespoke trial register. Secondary outcomes were: the percentage of parents whose children were reunified with their parent; and the percentage of parents misusing substances at the final order, using data submitted to the Centre for Justice Innovation (CJI) by the FDAC sites.

#### Eligibility and randomisation

All families starting the FDAC process during the trial period were included in the trial. Each FDAC site was provided with a randomisation spreadsheet designed by the evaluators in which to register families to the trial. The spreadsheet had an embedded randomisation tool, with the randomisation algorithm<sup>2</sup> in a separate hidden and protected sheet. During the trial, 99 families – 142 parents (52%) – were randomised to the intervention arm and 96 families – 131 parents (48%) – were randomised to the control arm.

#### Data collection

A bespoke register was designed by the evaluation team for the collection of outcomes data on parents' attendance and engagement by the FDAC workers in each site. A family register sheet was automatically created after randomisation, with separate tabs for each parent – including a field

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<sup>2</sup> Based on blocked randomisation. The randomisation algorithm was specific to each site giving implicit stratification by site.



stating whether the family has been allocated to the intervention arm of the trial or the control arm. A unique identifier allowed for linkage of each parent register to information on the case collected in the CJI database and to the register of any second parent involved.

Parents' FDAC workers completed the register every two weeks, aligned with each fortnightly non-lawyer review. At each non-lawyer review, the register collected data on the number of "internal appointments" (court hearings and meetings/sessions with the FDAC team) scheduled in the period since the previous review, and the number attended; the number of "external appointments" (with external providers) scheduled in that period, and the numbers attended; and the FDAC worker's perception of how well the parent had engaged in the FDAC process since the last non-lawyer review, using a four-point scale (very well engaged, fairly well engaged, not very well engaged, not engaged well at all).

For parents in the intervention arm, the register also recorded when each letter was received, and the mode of receipt (during the meeting, by email, by post).

Data on reunification of the child and parent(s) in the final order and on parents' level of substance misuse at the end of the case was taken from the CJI database using data provided by the FDAC sites.

## Primary outcome measures

The trial has two primary outcomes, both derived from the bespoke register data – one related to attendance at scheduled meetings/hearings, and one related to perceived engagement with the process – with the rationale for having two primary outcomes as follows:

- The most objective measure of whether the intervention affected how parents engaged with the process is the proportion of scheduled meetings they attended. However, FDAC sites reported at the design stage that levels of attendance at court hearings and at meetings with members of the FDAC team were already high, and thus it was not clear whether there was sufficient scope to improve these to detect a statistically significant impact of the intervention. Moreover, while being an objective measure, it was felt that attendance at hearings/meetings does not necessarily equate to engagement with the process.
- A second primary outcome measuring FDAC workers' perception of a parent's level of engagement provides a key additional measure of the effect of the intervention beyond attendance, with more potential to show variance across parents than attendance. However, as it is subjective in nature, it was decided at the design stage that it was best used as a second primary outcome rather than as the sole primary outcome (in preference to attendance). The FDAC worker would be aware of whether the family had been assigned to the intervention or not, so there is a potential risk that this could bias how the engagement measure was scored per parent.



The attendance score has been calculated for each parent based on the percentage of scheduled (internal and external) meetings attended.<sup>3</sup>

The engagement score is a mean average of the engagement scores recorded by FDAC workers at each non-lawyer review point, based on a four-point scale from “very well engaged” (a score of 4) to “not engaged well at all” (a score of 1). FDAC workers were briefed on what to take into consideration when giving these ratings, based on consultation with FDAC staff about the key features that they regard as constituting effective engagement.<sup>4</sup> Interviews conducted with staff as part of the IPE showed that they felt confident in how to use this scale.

## Secondary outcome measures

Two secondary measures draw on data reported by the FDAC sites and submitted to the CJJ:

- Whether the final order was for the child to either return to live with the parent or continue to live with the parent.<sup>5</sup>
- Whether the parent was misusing either drugs or alcohol at the end of the process.

## Sample sizes/MDES calculations

The original recruitment period for the trial was 1 January 2021 to 31 January 2022. During this period, 350 families across 10 sites were expected to start the FDAC process, and thus enter the trial. It was estimated that this would allow for effect sizes of around 0.3 standard deviations to be detected (with 80% power). With the number of families entering FDAC lower than anticipated, and one site deciding not to take part, the recruitment period was extended to 30 April 2022. Even then, the sample size of families entering the trial was lower than used in the original sample size calculations at just 195 families (273 parents). Beyond this, register data was not completed for all parents randomised to the trial, reducing the sample size to 219 parents (163 families). This loss of 54 parents was mostly attributable (35/54) to families being assessed after randomisation as not suitable for FDAC.

Moreover, the impact analysis is based on parents who completed at least eight weeks of FDAC,<sup>6</sup> on the basis that this, on average, represented the halfway point, and was the around the point of receipt of the second letter for the intervention group. This further reduced the sample size to 205 parents (154 families). The full details are shown in Figure 2.1.

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<sup>3</sup> Meetings for which there were missing data or a “don’t know” response were excluded from the base.

<sup>4</sup> This included active listening, taking things in, being focused; contributing to sessions, communicating and being open; sharing reflections during meetings/sessions; putting what has been discussed into practice – making changes to day-to-day life or lifestyle; being proactive about taking forward what had been learned; acceptance of the issues that led to proceedings/motivation to change; appearing to believe in the process.

<sup>5</sup> Where there was more than one child, the outcome was defined as situations where reunification applied to at least one child.

<sup>6</sup> The data were collected at each fortnightly non-lawyer review meeting, with the data of that meeting being recorded (but not the dates of other meetings). Parents were included in the analysis if at least one non-lawyer review date was at least 56 days after the start date.



The overall impact of these smaller sample sizes was to increase the minimum detectable effect size from 0.3 standard deviations to 0.44 standard deviations. Table 2.1 sets out the planned sample size assumptions and detectable effect sizes alongside the achieved numbers.

**Table 2.1. Planned and achieved sample sizes and MDES calculations**

		Planned	With achieved numbers
		0.3 standard deviations	0.44 standard deviations
<b>Minimum detectable effect size (MDES)</b>			
<b>Baseline/Endline correlations</b>	Family	0	0
<b>Intracluster correlations (ICCs)</b>	Family	Close to 1	Estimated rho for attendance=0.53; for engagement=0.7.
<b>Alpha</b>		0.05	0.05
<b>Power</b>		0.8	0.8
<b>One-sided or two-sided?</b>		2	2
<b>Level of intervention clustering</b>		Family	Family
<b>Average cluster size</b>		1.5	1.33
<b>Sample Size (families)</b>	Intervention	175	78
	Control	175	76
	<b>Total</b>	350	154

The secondary outcomes are based on sites' quarterly returns to CJI, the most up-to-date of which included final orders made to end June 2022. Data on the secondary outcomes are only available for just over one half of the parents in the trial, around 75% of the missing outcomes occurring because the case had not reached the final order by the time the data were collected.

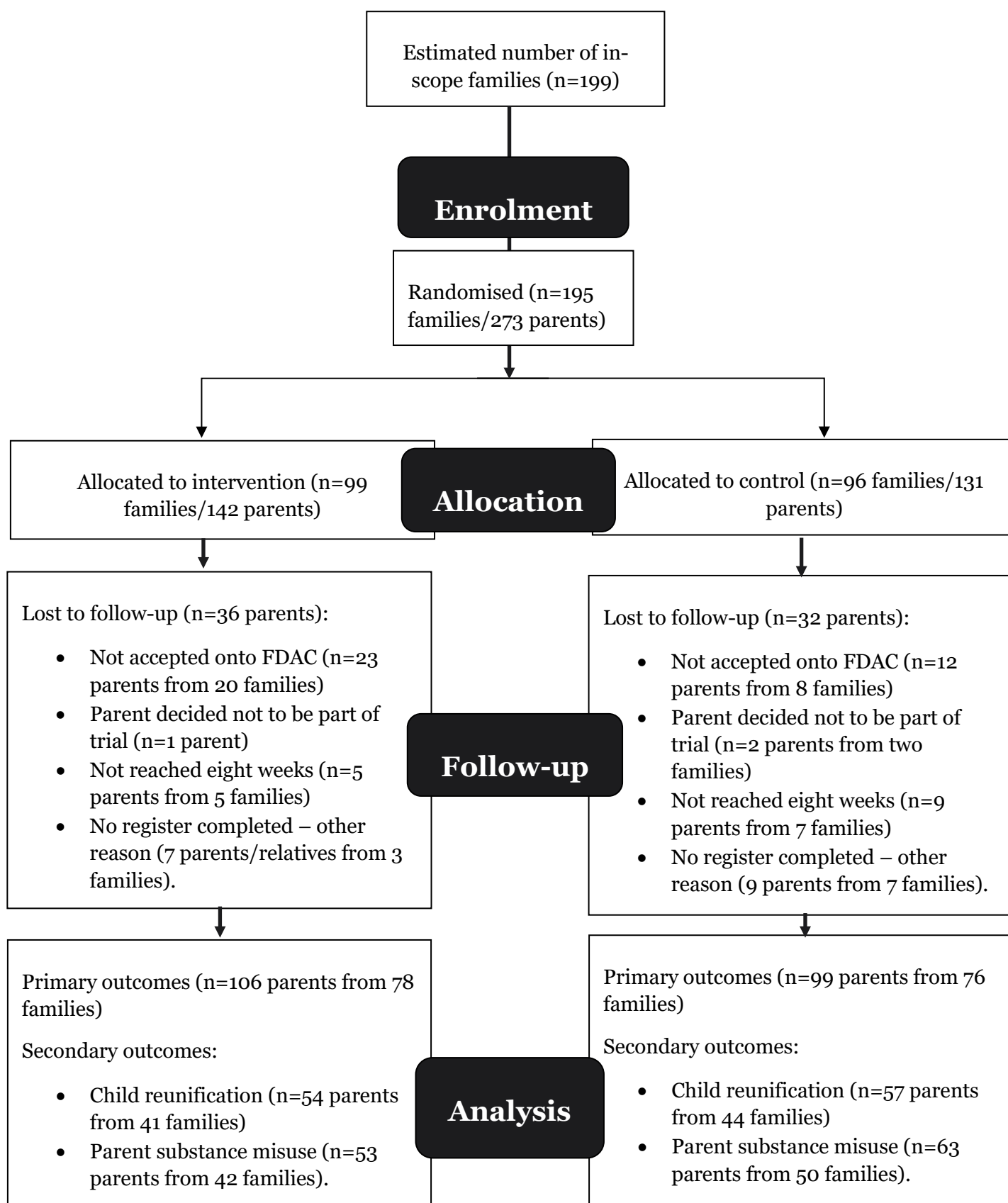




Just 75% of parents in the intervention arm reached the 14–16-week point where the third letter was to be distributed. Of the 106 parents in the analysis from the intervention arm, the data recorded by the FDAC workers suggests that 57 parents received all three letters, 26 received two, 12 received one, and 11 did not receive any. Adherence was high, although there were some gaps in letters being given (see Implementation and process evaluation findings section in Chapter 3). Overall, 235 letters were given out to the intervention group. Of these, 57% were given to the parent during a meeting, 26% were sent by email and 13% by post (with 3% being unknown).



**Figure 2.1. Flow diagram of family and parent numbers in the trial**





## Support for trial arrangements

An online webinar was held by the evaluation team at the beginning of the trial to explain the trial procedures to FDAC staff, covering:

- a brief background of the letter development
- how to inform parents about the trial
- using the randomisation tool
- using the letters
- completing the data collection registers
- how the evaluation team would support the trial.

The webinar was recorded. The recording, slide-deck, a guidance document and summary of the data requirements were sent to the lead contact for each site for distribution within their team and lodged on the CJI website, with the link shared with site contacts.

Sites were also given a “test” version of the randomisation tool before the trial went live, to practise randomising cases and generating the register.

The research team contacted FDAC sites regularly by email or in virtual meetings – initially weekly for the first six weeks, then roughly monthly – to check that the letters and register were being used and data submitted, and to answer questions and troubleshoot any difficulties.

## Ease of implementation of trial arrangements

FDAC sites were asked to distribute trial leaflets, randomise participants to the intervention and control conditions, and collect outcome data on attendance and engagement.

Leaflets were disseminated on assessment days as part of welcome packs along with other induction paperwork, or were sent by email or post.<sup>7</sup>

Randomisation was experienced by the sites as straightforward, undertaken by a single person at all sites (administrators, business support officers or managers).

Logging data on attendance (number of internal and external meetings booked and attended) was done by key workers or clinicians who wrote parents’ court reports and so had this information available, or by an administrator or manager who gathered the information from key workers. Sites found this feasible, although sometimes time-consuming, meaning in these instances there were delays and data reporting became less accurate. As anticipated, FDAC staff had less accurate information about attendance at external meetings.

Rating engagement was experienced as feasible but more challenging, especially if it was not systematically covered in non-lawyer review reports, because it meant forming a view across a number of factors and relationships.

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<sup>7</sup> In a misunderstanding of the arrangements, some sites shared the leaflets after randomisation, with parents randomised to receive the letters, rather than with all parents before randomisation as intended.



## IPE design and conduct

Three waves of IPE interviews were initially planned, the first with site managers and coordinators, the second to involve more site staff and parents, and the third with site managers and coordinators only. However, because of the lower than expected number of cases referred to the FDACs, the second and third waves were undertaken together (Wave 2 below).

Wave 1 in March–April 2021 (around 3 months into the trial<sup>8</sup>) involved interviews with 11 site managers and coordinators.

Wave 2 mainly in May–July 2022<sup>9,10</sup> (around 16 months into the trial) involved interviews with:

- **11 site managers and coordinators:** Eight of these had been previously interviewed at Wave 1.
- **13 FDAC case workers:** The initial plans to include a wider group of FDAC staff and partners were modified as it was anticipated that only case workers would have been involved in using the letters and other staff would also not be in a position to comment on perceived impacts. All case workers who had worked with parents receiving the letters were approached by FDAC site managers, who then provided the research team with information about those able to take part in an interview. Participation was not tracked systematically, but contact with site managers and case workers suggested that the main reasons for case workers not being able to take part were workload, availability and not having managed many letter cases.
- **8 parents:** Only parents in the intervention group were interviewed. This was because the interviews focused specifically on the experience of receiving and reading the letters, and the impacts on parents' experiences of the FDAC process and their engagement with it. Parents were approached by case workers, given information about the study, and invited to indicate if they were willing to consider taking part in an interview. Case workers did not approach some parents where they considered the approach was not appropriate because of the parent and child's situation, and relatively few parents opted in. All those who did and with whom the research team could make contact were interviewed.

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<sup>8</sup> Interviews were a little later for two sites that joined the trial later.

<sup>9</sup> The interviewing period extended to September 2022 to include final staff and parent interviews.

<sup>10</sup> A small number of interviews happened outside this period.



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**Table 2.2. Characteristics of staff interviewed**

<b>Staff interviewee profiles</b>	<b>No.</b>
<b>Gender</b>	
Female	23
Male	1
<b>Role</b>	
Administrator/business support	7
Manager	4
Social worker	4
Domestic Abuse Specialist	3
Nurse	2
Assistant Psychologist	1
Family Support Specialist	1
Recovery and volunteer coordinator	1
Substance misuse specialist	1



**Table 2.3. Characteristics of parents interviewed**

<b>Parent interviewee profiles</b>	<b>No.</b>
<b>Gender</b>	
Female	4
Male	4
<b>Estimated time since participant began involvement with FDAC prior to interview</b>	
1–3 months	2
4–6 months	2
7–9 months	1
10–12 months	2
Over 1 year	1
<b>Whether another person was involved in FDAC case</b>	
No	5
Yes	3
Partner	1
Ex-Partner	2

Interviews were digitally recorded, transcribed, and analysed using the Framework thematic analysis method (Spencer et al., 2013), with themes developed both deductively (reflecting the research questions) and inductively.

## Cost evaluation

A simple analysis of case costs was undertaken. FDAC site managers were asked to complete a short form to capture information about:



- The time involved for different staff in administering and using the letters, and any direct costs involved in printing and posting the letters
- The impacts of changes in parents' engagement and attendance on the time involved in case work.

An interview was conducted with each site manager to ensure the detail required was captured.

## Ethical approval, protocol and data protection

Ethical review was undertaken by the What Works for Children's Social Care Research Ethics Committee and approval was given in December 2020. A protocol was published on the WWCS website<sup>11</sup> and the Open Science Foundation in January 2021 (Dean & Lewis, 2021).

A full data protection impact assessment (DPIA) was undertaken. Personal data was processed in line with General Data Protection Regulations. The legal basis for processing Personally Identifiable Information was legitimate interests Article 6 (1)(f). The legal basis for processing special category data (namely health data) was Article 9(1)(j) archiving, research and statistics. Data were collected and processed on the basis of legitimate interests.

Data were pseudo-anonymised until the point of analysis. To allow for the data from the attendance register and CJI database to be linked, unique IDs generated by the FDAC teams were used. At the point of analysis, these were removed and replaced with non-identifiable IDs. Data are held securely in Dropbox folders (Dropbox is ISO 27001 certified) and accessible only to the research team, and will be destroyed two years after publication of the final report. Data sharing agreements were put in place to cover data sharing between FDAC sites, NatCen, CJI, CEI and BPSR. A data privacy notice was shared with FDAC site staff and parents.

FDAC workers shared a leaflet about the study with all parents, explaining that the study is ongoing and that some parents will receive letters and others will not and providing a link to the data notice on CEI's website, providing more information about the type of data that will be processed, how it is provided to us, the legal basis for processing it, how data will be stored and managed, and participants' rights including how they can access their data. Parents were asked to indicate if they did not want to receive letters. This approach, rather than active consent, is consistent with legitimate interest as the basis for data processing and was used to reduce the onus on FDAC sites and because the use of the letters was part of FDAC site administrative processes. Written consent to participate in interviews was obtained from FDAC staff and parents.

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<sup>11</sup> Available at: [https://whatworks-csc.org.uk/wp-content/uploads/WWCS\\_C Family-Drug-and-Alcohol-Court\\_Service-Engagement-Evaluation\\_Trial-Evaluation\\_Jan2020.pdf](https://whatworks-csc.org.uk/wp-content/uploads/WWCS_C Family-Drug-and-Alcohol-Court_Service-Engagement-Evaluation_Trial-Evaluation_Jan2020.pdf)



## 3. FINDINGS

### Impact trial findings

#### Characteristics

Table 3.1 shows the characteristics of the parents randomised (left-hand columns) and parents who were included in the trial analysis (right-hand columns) for the two trial arms, based on data collected by the CJI. Even though not all parents who were assigned to take part in the trial have been included in the analysis, there is no evidence of imbalance between the two arms for those analysed.

**Table 3.1. Profile of the parents in the trial analysis**

All parents randomised				Parents in the primary analysis		
Parent characteristic	Intervention group (%)	Control group (%)	p-value for test of difference	Intervention group (%)	Control group (%)	p-value for test of difference
<b>Gender</b>			0.686			0.658
<b>Female</b>	57	58		61	66	
<b>Male</b>	25	21		28	23	
<b>Not recorded</b>	18	21		10	11	
<b>Age</b>			0.551			0.719
<b>16–24</b>	5	8		6	9	
<b>25–34</b>	40	31		43	33	
<b>35–44</b>	32	35		34	40	
<b>45 and over</b>	6	5		8	7	
<b>Not recorded</b>	18	21		10	11	





All parents randomised				Parents in the primary analysis		
Parent characteristic	Intervention group (%)	Control group (%)	p-value for test of difference	Intervention group (%)	Control group (%)	p-value for test of difference
<b>Whether formerly had a looked after child</b>			0.380			0.692
<b>Yes</b>	17	9		16	10	
<b>No</b>	64	70		72	78	
<b>Not recorded</b>	19	22		12	12	
<b>Whether family previously had contact with children's services</b>			0.117			0.180
<b>Yes</b>	62	49		66	54	
<b>No</b>	20	31		23	35	
<b>Not recorded</b>	18	21		11	11	
<b>Whether had any previous children removed</b>			0.363			0.474
<b>Yes</b>	24	24		23	24	
<b>No</b>	55	56		63	65	
<b>Not recorded</b>	21	21		14	11	
<b>Whether party in a previous FDAC case</b>			0.724			0.833
<b>Yes</b>	1	2		2	2	
<b>No</b>	80	76		87	86	
<b>Not recorded</b>	18	21		11	12	



All parents randomised				Parents in the primary analysis		
Parent characteristic	Intervention group (%)	Control group (%)	p-value for test of difference	Intervention group (%)	Control group (%)	p-value for test of difference
<b>Severity of alcohol misuse at baseline</b>			0.971			0.970
<b>High</b>	25	25		26	28	
<b>Medium</b>	15	15		15	13	
<b>Low</b>	16	15		19	17	
<b>None</b>	20	20		26	23	
<b>Not recorded</b>	24	26		14	18	
<b>Severity of drug misuse at baseline</b>			0.956			0.869
<b>High</b>	32	30		34	32	
<b>Medium</b>	19	16		21	16	
<b>Low</b>	8	10		9	12	
<b>None</b>	17	17		22	20	
<b>Not recorded</b>	24	27		14	19	
<b>Number of parents involved in the FDAC case</b>			0.325			0.196
<b>One parent</b>	40	47		40	51	
<b>Two or more parents/carers</b>	60	53		60	49	
<b>Sample size</b>	<b>142</b>	<b>131</b>		<b>106</b>	<b>99</b>	



## Regression adjustment

The analysis of the impact of the intervention on outcomes is based on regression models. That is, the difference between the two groups is estimated after controlling for baseline differences between the two groups, with these baseline variables being provided by the FDAC sites and collated by CJI.

To determine which baseline variables to include in the regression models, a preliminary analysis was conducted to establish which, if any, baseline variables were correlated with the two primary outcomes: attendance and engagement. The potential baseline variables checked were listed in the trial protocol: gender; age; severity of alcohol misuse at baseline; severity of drug misuse at baseline;<sup>12</sup> baseline depression (measured via the PHQ-9); and previous social care experience of the parent (coded as 0=no previous contact; 1=previous contact with children's services; 2=previously had children removed or previously a party in an FDAC case; 9=not recorded). FDAC site was also tested<sup>13,14</sup>. In practice, baseline depression had to be excluded because the level of missing data was too high.

This preliminary analysis found just two significant predictors of the primary outcomes among those tested: severity of drug misuse at baseline and FDAC site. Table 3.2 shows the relationship between the drug severity score and FDAC site and the two primary outcomes. In light of these findings, the regression models included just these two variables as covariates (with both being included as categorical fixed effects).

The regressions for the two primary outcomes were linear; the regressions for the two secondary outcomes (which are both binary) were logistic. The regressions were run within the complex samples module of SPSS v28, and the standard errors take into account the clustering of the parents with families. See Appendix C for the regression models.

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<sup>12</sup> Alcohol and drug misuse based on clinical judgement using existing guidance developed by the National Unit.

<sup>13</sup> In principle, "case worker" would also have been included as a potential predictor, but data on this was not collected.

<sup>14</sup> Two FDAC sites had very small numbers so were combined for this analysis. The trial protocol suggested that this analysis would be conducted just on the control group, but, because of smaller than expected sample sizes, both groups were used.



**Table 3.2. Relationship between the baseline drug severity score and site and the primary outcomes**

<b>Severity of drug misuse at baseline and FDAC site</b>	<b>Mean percentage of scheduled meetings attended</b>	<b>Mean engagement score</b>	<b>Sample size</b>
<b>Severity of drug misuse at baseline</b>			
<b>High</b>	71%	2.77	68
<b>Medium</b>	71%	2.77	38
<b>Low</b>	82%	3.10	22
<b>None</b>	84%	3.36	43
<b>Not recorded</b>	87%	3.48	34
<b>FDAC site (anonymised)</b>			
<b>Site A</b>	86%	3.53	24
<b>Site B</b>	90%	3.53	26
<b>Site C</b>	86%	2.59	13
<b>Site D</b>	72%	2.88	56
<b>Site E</b>	82%	3.38	16
<b>Site F</b>	78%	2.99	25
<b>Site G</b>	67%	2.87	26
<b>Site I</b>	69%	2.62	19



## Primary analysis

The primary aim of the trial was to test whether the use of parent-to-parent letters could improve parents' engagement with the FDAC process. Two primary outcomes were used to measure engagement:

- a. an objective measure of the percentage of scheduled meetings that a parent attended
- b. a subjective measure of a parent's level of engagement in the FDAC process as perceived by the FDAC worker.

The impact of the letters did not reach statistical significance on either outcome.

Table 3.3 shows the percentage of all scheduled meetings that parents attended during the FDAC process. Meetings included both court hearings and internal meetings with the FDAC team and meetings with external providers. Percentage attendance is calculated comparing the number of meetings that a parent was scheduled to attend (which, across the two groups was a mean average of 64) against the number that they attended (a mean average of 52, amounting to 77.3% of the total). Parents in the intervention group attended, on average, 77.8% of their scheduled meetings. After regression adjustment, parents in the control group attended, on average, 74.6% of their meetings. Although the mean percentage attendance score was higher among the intervention group, the difference in the attendance scores between the two groups was not statistically significant (p-value 0.300).

The mean engagement scores are based on a four-point scale (from a score of 4 for "very well engaged" to a score of 1 for "not engaged well at all") that FDAC workers completed at each non-lawyer review point, with a mean score calculated about parents' engagement throughout the process. Parents in the intervention had a higher mean engagement score (3.11 out of 4) than the control group (2.91). However, the difference between the two groups is again not statistically significant (p-value 0.083).



**Table 3.3. Impact of the letters on attendance and engagement**

<b>Outcome</b>	<b>Intervention group (standard deviation)</b>	<b>Unadjusted control group (standard deviation)</b>	<b>Regression adjusted control group</b>	<b>Effect size (Glass's Delta<sup>15</sup>)</b>	<b>p-value for difference</b>
<b>Mean percentage of scheduled meetings attended</b>	77.8 % (22.1%)	76.9% (22.9%)	74.6%	0.14	0.300
<b>Mean engagement score (scale 1 to 4)</b>	3.11 (0.83)	2.98 (0.89)	2.91	0.22	0.083
<b>Sample sizes</b>	<b>106</b>	<b>99</b>	<b>99</b>		

## Secondary analysis

The secondary outcomes were chosen to test whether the parent-to-parent letters could have an impact on the core aims of the FDAC process, namely helping parents to stop misusing drugs or alcohol which might, in turn, help ensure the reunification of their children at the final order. However, given this is based on a causal flow, the first step of which would be that the letters increased parents' engagement in the FDAC process, impacts on parental substance misuse and/or child reunification would seem unlikely. Indeed, this proved to be the case, with no evidence to suggest that the letters had an impact on either of the secondary outcomes.

It is important to note that this analysis is based on parents whose case included final outcomes by the end of June 2022. As such, the sample is considerably smaller than for the attendance and engagement outcomes (116 compared to 205), making it difficult to draw conclusions from the data. Moreover, although the majority of cases (72% for the substance misuse outcome and 78% for the reunification outcome) with missing outcomes data were yet to reach a final order, the reason for the missing data for the other cases is unknown.

Table 3.4 shows the percentage of parents recorded by FDAC workers as not "currently" misusing drugs or alcohol at the final outcome; 34% of the parents in the intervention group were recorded as not misusing compared to 43.5% of parents in the control group. This difference is not statistically significant (p-value 0.416). In the intervention group 38.9% of parents had a final

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<sup>15</sup> Calculated as the difference between the two groups divided by the standard deviation for the unadjusted control group.



order that at least one of their children should be living with them compared to 53% among the control group. Again, this is not statistically significant (p-value 0.257).

Although, for both outcomes, the control group appears to be doing better than the intervention group, it is most likely that this is noise in the data as a result of the very small sample sizes. Neither the primary outcomes nor the IPE suggest that the letters would lead to negative effects on these outcomes. Given this interpretation, effect sizes have not been calculated.

**Table 3.4. Impact of the letters on parent substance misuse and child reunification**

<b>Outcome</b>	<b>Intervention group</b>	<b>Unadjusted control group</b>	<b>Regression adjusted control group</b>	<b>p-value for difference</b>
<b>Percentage of parents not misusing drugs or alcohol at end of FDAC</b>	34.0 %	42.9%	43.5%	0.416
<b>Sample sizes</b>	54	57	57	
<b>At least one child reunified with parent at final order</b>	38.9%	54.4%	53.0%	0.257
<b>Sample sizes</b>	<b>53</b>	<b>63</b>	<b>63</b>	

## Exploratory analysis

Exploratory analysis was included to unpick and understand the impact findings on the primary outcomes of parental attendance and engagement. Within the context of there being no impacts on attendance or engagement overall, the hypotheses being tested were whether:

- The letters had differentially impacted attendance either (a) at court hearings and internal FDAC sessions versus (b) with external providers. With court hearings and internal FDAC sessions more likely perceived as obligatory or “core” than those with external providers, it was feasible that the letters might differentially succeed in improving parents’ engagement with particular session types.
- The letters had differentially impacted attendance and engagement earlier or later in the FDAC process. With average parental engagement reducing during the FDAC process, it was feasible that the letters might differentially succeed in improving parents’ engagement at different parts in the process.

There were no statistically significant differences between parents in the intervention or control groups in terms of their attendance at hearings/internal meetings or their attendance with external providers. Likewise, there were no statistically significant differences between the two arms of the



trial in terms of attendance in the early or later stages of the FDAC process. However, receipt of the letters in the early stages *was* statistically significantly associated with higher levels of *engagement* (but was not associated with engagement in the later stages).

Table 3.5 shows the percentage of all scheduled meetings that parents attended during the FDAC process, split into court hearings and internal meetings, and external meetings. As with the primary outcome, a percentage attendance score per parent is calculated based on the number of meetings that a parent was scheduled to attend against the number that they attended. Parents in the intervention group attended, on average, 77.4% of their scheduled court hearings and internal meetings, and 81.8% of their scheduled external meetings. After regression adjustment, parents in the control group attended, on average, 74.3% of their court hearings and internal meetings, and 78.6% of their external meetings. The differences in percentage attendance among the two groups was not statistically significant for either meeting type (p-value 0.293 for court hearings and internal meetings; p-value 0.444 for external meetings).

**Table 3.5. Impact of the letters on court hearings and internal meetings, and external meetings**

<b>Outcome</b>	<b>Intervention group (standard deviation)</b>	<b>Unadjusted control group (standard deviation)</b>	<b>Regression adjusted control group</b>	<b>Effect size (Glass's Delta<sup>16</sup>)</b>	<b>p-value for difference</b>
<b>Mean percentage of scheduled court hearings and internal meetings that parents attended</b>	77.4 % (21.9%)	76.5% (22.1%)	74.3%	0.14	0.293
<b>Sample sizes</b>	<b>106</b>	<b>99</b>	<b>99</b>		
<b>Percentage of scheduled external meetings that parents attended</b>	81.8% (26.0%)	80.7% (28.2%)	78.6%	0.11	0.444
<b>Sample sizes</b>	<b>82</b>	<b>87</b>	<b>87</b>		

Table 3.6 shows the percentage of all scheduled meetings that parents attended during the FDAC process and their perceived level of engagement, split into meetings which were scheduled within

<sup>16</sup> Calculated as the difference between the two groups divided by the standard deviation for the unadjusted control group.





the first eight weeks of the process<sup>17</sup> and those scheduled later than this. As above, a parent percentage attendance score is calculated comparing the number of meetings that a parent was scheduled to attend against the number that they attended. Among both groups, attendance levels were higher in the first eight weeks than in the later period. However, at each time point, there was no statistically significant evidence that parents in the intervention group had higher rates of attendance than the control group. Parents in the intervention group attended, on average, 81.3% of their scheduled meetings within the first eight weeks, and 73.8% of their scheduled meetings after this. After regression adjustment, the comparative percentages for parents in the control group were 77.1% (p-value 0.184) and 72.0% (p-value 0.660).

However, there is statistically significant evidence that the letters increased parents' *engagement* in the process within the first eight weeks, according to the FDAC workers' assessment of their level of engagement using the four-point scale from "very well engaged" (score of 4) to "not engaged well at all" (score of 1). Within the first eight weeks, the mean score in relation to intervention parents' engagement was 3.22 out of 4, compared to 2.97 among the regression adjusted control group (p-value 0.029, with the asterisk denoting statistical significance). However, the same was not the case in the period after eight weeks, where intervention group parents had a mean score engagement of 3.00 compared to 2.86 among the control group (p-value 0.296).

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<sup>17</sup> The data were collected at each fortnightly non-lawyer review meeting, with the data of that meeting being recorded (but not the dates of other scheduled meetings). Meetings were included in the "first eight weeks" analysis if the non-lawyer review date was within 56 days of the start date. And meetings were included in the "after eight weeks" analysis if the non-lawyer review date was more than 56 days after the start date. Some of the scheduled meetings included in the "after eight weeks" group may have, in fact, occurred before the eight-week threshold.



**Table 3.6. Impact of the letters on attendance and engagement before and after eight weeks**

<b>Outcome</b>	<b>Intervention group (standard deviation)</b>	<b>Unadjusted control group (standard deviation)</b>	<b>Regression adjusted control group</b>	<b>Effect size (Glass's Delta<sup>18</sup>)</b>	<b>p-value for difference</b>
<b>Mean percentage of scheduled meetings that parents attended in first eight weeks</b>	81.3 % (22.4%)	78.8% (22.6%)	77.1%	0.19	0.184
<b>Mean percentage of scheduled meetings that parents attended after first eight weeks</b>	73.8% (27.6%)	74.3% (29.2%)	72.0%	0.06	0.660
<b>Mean engagement score in first eight weeks (scale 1 to 4)</b>	3.22 (0.85)	3.03 (0.90)	2.97	0.28	0.029*
<b>Mean engagement score after first eight weeks (scale 1 to 4)</b>	3.00 (0.96)	2.94 (1.02)	2.86	0.14	0.296
<b>Sample sizes</b>	<b>105</b>	<b>97</b>	<b>97</b>		

The trial protocol outlined a number of other exploratory analyses that might be conducted. These included looking at impacts of the letters on attendance and engagement at a family level rather than parent. This has not been done given that significant impacts on parents have not been found. That is, there is no longer a hypothesis that impacts may operate at a family level.

Beyond this, exploratory analysis to test whether the impact of the letters differed across sub-groups of parents was suggested. The smaller than expected sample size makes this analysis somewhat unfeasible, because only very large differences would be identifiable. Analysis looking at

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<sup>18</sup> Calculated as the difference between the two groups divided by the standard deviation for the unadjusted control group.



differences by gender, age and baseline levels of substance misuse did not identify any differences as significant. See Appendix C for the regression models.

## Implementation and process evaluation findings

In this section we turn to how the intervention was implemented, whether it was used in practice as set out in the guidance provided by BIT and the evaluation team, and reflect on staff<sup>19</sup> and parents' views about the letters and their actual or potential impacts.

### How did sites incorporate the letters into their FDAC work?

The evaluation did not capture detailed data on “services as usual”, that is, how case managers support parental attendance and engagement in the absence of the letters. However, from BIT’s earlier work leading to the development of the Letters Intervention and the evaluation team’s discussions with sites in developing the trial approach, it appears that key workers work in a very flexible way, using a range of strategies and ways of communicating with parents to support attendance and engagement. This includes: goal setting; reviewing feelings and behaviours since the last meeting; discussing challenges; problem-solving relating directly to substance use or to other challenges such as housing or financial; providing diaries to support keeping appointments; setting homework; providing practical support; and group work on key themes, as well as therapeutic and other services provided within the FDAC or by partners.

As noted previously, staff were trained in the use of letters before the trial began, and sites were asked to induct new staff who joined after the trial had started and to share the training materials with them. Not all staff were aware of the training materials or had accessed them. There were mixed views about the training, with some staff satisfied with it, some preferring less detail or a short factsheet, and others wanting more information to enable them to explain the background of the letters and how they worked (which had been explained in the implementation guidance document) and a script for explaining randomisation and the trial to parents. Training for new staff tended to be a brief overview of the trial background and procedures.

It is likely therefore that some staff were not fully aware of the background and purpose of the intervention and the arrangements involved.

The letters were mainly used in their original form with very minimal adaptations being made (see below) other than personalisation to individual parents through adding their name, and sometimes the date and address. Some sites chose to capitalise “FDAC” as this is how they referred to the service on their own documentation, and some letters were distributed in envelopes, even when given to parents by hand to make the experience of receiving a letter feel more authentic.

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<sup>19</sup> As noted in the Introduction, the staff interviewed were generally administrators, managers, case workers or clinicians. We use the term “staff” to refer to them generically, and “key worker” to refer to case workers and clinicians who worked directly with parents.



The letters were prepared and distributed by an administrator or manager in some sites, and by key workers in others. These decisions were made by site managers. Relevant staff needed to be aware of which parents had been randomised to receive the letters, prepare the letters for parents, monitor when each parent was due to receive each letter, and get the letters to parents or to key workers (see below). Some sites reported that these tasks fit well with their processes and had been absorbed into their work; however, others (particularly key workers) found the additional workload challenging to keep up with and this was an impediment to implementation.

“Our preparation of [the letters] ... didn’t feel like a structured part of our work. It was an additional thing that yes, you had to tick off.” (Key worker)

These workload difficulties were a key barrier to staff’s implementation of the letters into routine use with parents and may have had implications on their impact.

## **Were the letters used in practice as set out in the guidance provided by BIT and the evaluation team?**

The assessment of whether the letters were used as intended involves: whether they were used in all cases in the intervention arm; whether adaptations were made to the letter; and whether key workers used them as intended.

FDAC sites were given flexibility over how they could deliver and use the letters with parents. It was suggested that staff ask parents how they would prefer to receive the letters, but could provide them by hand, post or email; that parents could either read the letters in sessions or be left to read the letters in their own time; and that letters could be used to structure discussions within key work sessions, but this was not a requirement.

### **Whether the letters reached all parents in the intervention arm**

Overall, the data suggest that compliance with the trial requirements was high, and the letters reached the vast majority of intended parents.

From the CJI data, the IPE interviews and occasional comments in the randomisation register, we can be confident that very few parents opted out of the trial when told about it. Overall, just four families have been identified from the CJI data who started with FDAC during the trial period and who were not randomised. Of those randomised, just three parents were recorded as not wanting to be in the trial. Explanations given were parents not wanting personal information to be shared, not wanting to be part of a research trial, not wanting more paperwork, or thinking the letters would not be helpful. Staff felt some of these parents might have been more amenable to the idea of receiving letters if it had been introduced later once a relationship had been established with FDAC staff.

There were some instances where one or more letters were not given to the parent. In sites where letters were sent out by administrative staff, letters were missed (or delayed) because of leave or work pressures, and in one site there was a hiatus period when letters were not being distributed. Where key workers were meant to be handing letters to parents, they sometimes did not do so, particularly if it was not viewed as a priority. They also sometimes chose not to provide further



letters if the response to the first was unfavourable, or a parent's personal circumstances led to the view that using the letter was not appropriate.

“From some of the feedback from a couple of the parents that we had about their initial letters, we felt that actually they were suffering with significant trauma, substance misuse, chaotic lifestyles and actually the response to the initial letter was such that we didn't get to a point of feeling it was suitable to give them a further letter.” (Administrator/Manager)

Letters were also not given to parents who did not speak English as translation was not available. Finally, there was some misunderstanding over the timings of the letters, particularly the third, which was due to be given out towards the end of the FDAC programme before a final decision had been made about the case outcome. Three staff members interviewed understood that it should be given out after the parent's outcome had been decided, some withholding it as they felt it was inappropriate for parents who had disengaged or had a negative outcome.

Not all the cases in the trial sample had reached the point where all three letters should have been given out by the end of the trial period. Among those that reached the 20-week point (54% of the total) 88% of cases had received at least two letters (95% excluding the site which had a hiatus in using letters), and 67% (79% excluding that site) had received three.

## **Adaptations made to the letters**

The letter text was generally not changed, apart from personalisation as described above. Some key workers edited the timescale in the reference in Letter 2 to a parent being reunited with their child after 18 months of FDAC, as this was seen as not reflective of FDAC timescales. Edits were also occasionally made if key workers felt content was inappropriate for individual parents. For example, a key worker removed a reference to lying as they felt this was unhelpful validation for a parent who was not being honest, and the reference to psychiatric assessments was removed for a parent who was having a mental health assessment.

“I take bits out on the basis that I don't think it's appropriate ... I felt better personally giving her the letter edited.” (Key worker)

## **Key workers' use of the letters**

As noted earlier, 57% of letters were given to the parent during a meeting, 26% were sent by email and 13% by post (with 3% being unknown). The use of these channels varied by site, reflecting site decisions about how to administer them (see previous section) and in sites where letters were distributed by case workers, their views about how best to manage this.

In two sites, letters were sent out by administrative staff with little to no involvement from key workers. This model had been chosen to reduce the burden of the trial on clinical and key worker staff. However, it meant that key workers were sometimes unaware which parents had been randomised to receive letters or didn't know when letters had been sent to them.

Other sites gave letters to key workers to pass to parents (unless key workers wanted them sent directly to parents), and in these sites, key workers generally gave them to parents during in-



person meetings, either to be read in the meeting or taken away. One site moved away from this to letters being sent out by administrators to ensure they consistently reached parents, but it was recognised that this meant less awareness and use of them in case work.

There were also differences in whether staff discussed the letters with parents and proactively incorporated them into case work. Four sites generally took this approach, although there was some diversity among staff within the sites. Some staff (particularly those not involved in distributing them), either never referred to them with parents or did so only if parents raised them, but others used the letters as a basis for discussion during key-work sessions at least in some cases.

“I was handing them during a key-working session so creating it, forming part of our session with them so sharing the letter, asking them how they felt about that letter, whether that changed their motivation.” (Key worker)

The key barriers to using the letters in meetings were a case worker not being aware that they had been given to a parent, not finding them useful (see below), and prioritising other issues in the limited time with parents. Whether staff prioritised the letters was linked to their views about them, and those who felt that the letters lacked impact were less likely to prioritise their use within key-work sessions.

“The letter trial wasn’t always a top priority in key-work sessions. You would often find if you’d attend a session if they’d had a letter and then something had happened that was talking out those problems that really overruled any conversation that might have been had about a letter that they were receiving.” (Administrator/Manager)

## **Views of FDAC staff about the letters and perceived impacts**

FDAC staff highlighted that there is already generally good attendance and engagement by parents, and strong motivation to change, with the only exception being where parents were not ready to contemplate change. Staff reported that when parents miss appointments this is more often for practical reasons (reflecting the number of appointments parents needed to attend, travel costs and childcare arrangements) or mental health and/or cognitive difficulties, although not acknowledging the harm caused by their substance use, or not being ready to contemplate change and mistrust of professionals were also relevant. These reflections were echoed in parents’ accounts of their high levels of attendance and engagement, and strong motivation to change. Staff described working hard to build relationships with parents, identify their individual needs and how to engage them, and high levels of contact to support this, as well as techniques such as flexibility in booking appointments, providing transport, supporting with travel costs, home visits, and using calendar planners to track appointments.

In this context, there was a fairly sharp divide among the staff interviewed, with one group positive about the potential value of the letters at least for some parents, and another group much less convinced of their merit. There was widespread agreement among staff that the letters fit with the cultural ethos of FDAC. The encouragement of transparency and empowerment of parents fits with the values that sites embedded into their other work with parents, and aligned with approaches used in parent mentoring or peer support groups.



“Practically, I don’t think they are quite as effective as they’d like to be, but I think in terms of the ethos and culture of supporting a parent to progress and make that positive change, I think they do fit in with that.”

(Administrator/Manager)

As outlined in the Introduction, the letters were rooted in behavioural science concepts of messenger effect, fresh start, growth mindset and personalisation, and were intended to increase trust, improve motivation and increase honesty.

Staff who had positive views about the letters saw them as a potentially beneficial approach, and indeed one manager said that staff sometimes expressed disappointment when their cases were not randomised to receive them. The key mechanisms identified by the staff who viewed the letters positively were:

- **Peer support:** The letters were seen as a way to help parents understand the FDAC process and their own situation through the eyes of another parent, and staff valued the use of a parent’s voice in helping new parents to feel less alone and have their emotions be understood and validated. They saw clear value in the letters coming from another parent – particularly since the COVID-19 pandemic had meant much less peer interaction between FDAC parents – and if the site did not have a peer mentor scheme.

“It was empowering for the parent receiving the letter and then being able, with them sharing it, being able to kind of build on things that they were already achieving within that letter. It was just really, really lovely. It was really, really nice. It felt like a really powerful experience for the parent but, also, for me to just see them go ... You almost feel how cogs whirr round and it clicking into place. It was just confirming and she was saying, ‘It’s just so nice to know it’s not just me.’” (Key worker)

- **Increasing motivation, hope and positivity:** Staff who viewed the letters positively felt they could increase parents’ motivation to change and their sense of hope and positivity, based on hearing from another parent who had been able to change and had a positive outcome.
- **Encouraging honesty and enabling deeper conversations:** Staff suggested that the letters had played a role in encouraging parents to be honest with key workers. The letters emphasise the importance of telling the truth, and several key workers mentioned that they had used this to facilitate a conversation and open a dialogue in which parents could reflect upon their experiences openly, leading to a better understanding of the parent’s circumstances and needs.

“The letter meant that we could have a far deeper conversation. I think that’s what was helpful for me about that was the depth of conversation we could go to rather than going, ‘I knew this was the person that I could see, but I couldn’t quite reach last time.’” (Key worker)

- **Supporting relationship building:** Some members of staff believed that the letters could also contribute towards building a relationship with parents at the beginning of the





FDAC process. They suggested that the letters might show that professionals were empathetic to their situation and wanted to help. This could help parents to trust staff, and to break down barriers between professionals and parents so that parents were more able to implement the necessary changes to achieve a positive outcome.

However, staff with these positive views were not always able to point to cases where they felt the letters had made a difference. Other case work was seen as more impactful for parents, and staff found it hard to discern a clear impact on attendance and engagement, and harder still on substance use or the final order. The general view was that parents who responded well to the letters were often already doing well.

“I think that they would have done really well maybe without the letters as well, but I think the letters are kind of that little boost and that little bit more motivation for them to kind of be like, ‘Oh my God, that could be us,’ and they’ve done really well as well.” (Key worker)

A second group of staff were much more sceptical about the value of the letters, and some were quite strongly opposed to their use and had seen them have negative impacts. These views were underpinned by the following perceived shortcomings:

- **Limited value in hearing about other parents:** Particularly when parents were only beginning to address issues around drug and alcohol use.

“They never had a chance to process their own difficulties in their lives, so that’s the reason why they turned towards these substances, so then when you give them something about someone else, their back goes straight up, and they’re like, well ‘why do I want to care about someone else? I’ve lost my children, everything’s wrong with me, no one’s helping me, a letter’s not going to help me.” (Key worker)

- **The letter medium being of limited value:** FDAC staff advised that the letters could be overwhelming for parents who already received a lot of paperwork particularly at the beginning of their FDAC journey and that letters were not an engaging medium.

“Letters are okay, but they can be a bit flat.” (Key worker)

“I think as well, because it’s words on a piece of paper, isn’t it, so there’s no face to it.” (Administrator/Manager)

Face-to-face methods were seen as a more impactful way of motivating and engaging parents, such as parent mentor schemes, already run by a number of sites, and with others planning to introduce them.

“For her, talking about it openly and hearing people how are abstinent and have got clean and everything is better than her reading it” (Key worker)

- **Lacking authenticity:** Staff reported that the letters felt formal, and some of the language used felt too professional and needed to be more casual to create authenticity.





- **Parents misunderstanding personalisation:** Some staff reported that some parents had not understood that they were standard letters sent to other parents, and had assumed that another parent had been told about them and been asked to write to them. This had caused concern about personal information having been shared and increased the feelings of paranoia that some parents already had. It led to one parent ripping up a letter in front of their key worker, and negative impacts to the relationships staff were trying to build with parents.
- **Upsetting content:** It was also felt that the letters could potentially be upsetting for parents, destabilising progress that was being made and that misleading information about FDAC timescales could be confusing or stressful for parents.
- **Validation of unhelpful behaviours:** There were also occasional concerns that the letter might validate unhelpful behaviour. A staff member reported one parent interpreting the mention of a relapse within the letters as validation of their own substance use.

“It was quite interesting, from one parent, absolutely they were wobbling, and they read that, and they were like, ‘Oh it’s okay, I can tell you.’ Then another parent was like, ‘You said it was okay.’” (Administrator/Manager)
- **Mode of implementation:** Finally, staff also noted that not using the letters in case work would have limited their impact.

## Parents’ views about the letters and impacts

Four of the eight parents interviewed had received letters in person, two by email, and two received them by a mixture of in person and post. Three had discussions with their key workers about the letters, and five did not. Like staff, the parents interviewed were sharply divided between those who were positive about the letters, and those who had not found them helpful, or were strongly opposed to them.

Those who viewed the letters positively credited them as being a helpful support on their FDAC journey. One parent felt that they were the most helpful part of the FDAC process, and offered to write to other parents. One parent pinned the letters to their kitchen notice board, and another re-read the letters later when they were feeling low. These parents felt that the letters had provided helpful encouragement, although without necessarily perceiving them as impacting on attendance or engagement.

Aspects of the letters viewed as positive echoed staff reflections, and are related to:

- **Peer support:** These parents liked that the letters came from a parent who had been through the FDAC process, rather than from a professional. Parents described feeling alone and that no one else could possibly understand what they were going through, and connected emotionally with the letter-writer as they explained the very emotions they were experiencing themselves.

“I’m not going to lie. The first [letter], actually, I cried because it made me realise that I’m not the only one that goes through it and that I’m not the only one that has to do all this fighting. I’m not the only one that has to stay strong. I’m not the



only one that's been through addiction. I'm not the only one that's lied about my addiction. I'm not the only one that's been bad and made wrong decisions. When you're sitting where I've been, you sit here and go, 'No one understands. No one gets it. No one's been in my shoes,' and, actually, they have." (Parent)

- **Increasing motivation, hope and positivity:** Interviewees described feeling more hopeful about achieving a positive outcome through the FDAC process and increasing their motivation to continue. The letters instilled a message that you should do everything you can to get your child back, which one parent felt had directly supported them to attend appointments.
- **Encouraging honesty:** Some parents felt the letter had helped them to realise that there was no point in lying as FDAC would know about their substance use anyway due to their hair strand tests. This reminder helped to reinforce the importance of honesty, and also reassured them that staff would not be angry with them if they were honest about substance use.
- **Trusting the process:** The letters helped some parents to better understand the FDAC process and trust that if they engaged with it, they could have a positive outcome. One parent noted that this helped them to take the process on board and better engage with their appointments.

However, a second group of parents disliked the letters and had not experienced any positive impacts, and in some cases had experienced negative impacts. One parent chose not to open the third letter they received because they found the first two letters unhelpful.

These parents did not find it helpful to hear about another parent's experiences and felt this was inappropriate and insensitive, especially if they were separated from their own children. Hearing about another parent's experience could be overwhelming for parents and there were aspects of the letters which parents found upsetting, such as references to children being taken into care and relapse.

"When I see those letters, that's not important to me. I'm applying back for my son. I don't care about nobody else's situation. I just care about getting my son back." (Parent)

"It talks about someone else's situation when we cannot even get our head around our own situation!" (Parent)

There was distrust about who had really written the letter, with an assumption that they were written by FDAC staff rather than another parent.

"I thought someone that works for FDAC has just wrote that and give us it to make me feel better and give us that little more push out of the door." (Key worker)

Some parents saw the letters as too generic, or not applying sufficiently clearly to their own circumstances.



Overall, limited changes in behaviour were reported by participants, and many felt they would have achieved the same outcome regardless of receiving the letters. Parents who discussed the letters with their key workers were more likely to feel positively about the letters, which might reflect the value of key workers integrating them into case work but may also reflect key worker judgements about when and how to use the letters.

## Is it feasible to continue to use the letters after the end of the trial?

One site had already decided to continue using the letters but with discretion and flexibility (see below). No decision had yet been made in the others, and views among staff were quite varied, reflecting views about their value. Some staff were positive, others clear they did not want to see them continued, and some were unsure and wanted to see the outcome of the trial. Strong views against the letters being used were also shared.

The letters trial had inspired other initiatives. One site had begun to ask parents to write letters to their future selves at the beginning of their FDAC journey that key workers could use for motivation, and another was using letters to encourage parents to express a desired end-goal.

Where staff were positive about or open to continued use, the recurrent view was that they should be used more flexibly by staff, based on perceptions of a parent's needs or likely response, and with scope to vary timing to fit points when parents need more support or were likely to be more receptive. They were felt to be most likely to be a useful strategy to use with parents who:

- Were already motivated and engaged with the FDAC process, as they would be more likely to read them
- Had begun to reduce their substance use, but were not detoxing, as they were more likely to be able to take the content on board
- Had good literacy and no cognitive difficulties. While it was possible to adapt use of the letters to meet a parent's needs, for example by reading the letters out loud to parents, cognitive difficulties were not always identified until later on in the FDAC process.

“If you have a really bright, middle-class drug user, then great, they might be able to really understand the purpose of the letter, read it in their own time, and maybe have a healthy conversation with you. We don't get many of them.” (Key worker)

A further recommendation was that there should be more versions of letters so that they could be flexed to individual parents and more personalised – for example in the substances referred to, parent gender, whether their child was still at home or in care, or current level of engagement – and so that both parents in a couple did not receive the same letter (viewed as reducing authenticity). Being able to give letters more frequently, with shorter gaps between them, was also seen as valuable if key workers felt that a parent was receptive.

“We could do with a wider variety of letters so that we could perhaps select one that's more appropriate to our parent's situation so it becomes more relevant to them.” (Administrator/Manager)



Finally, other suggestions were the addition of practical guidance about the support available from external agencies, changing the language used so the letters feel less formal, and using audio or video versions. This view was also echoed by parents, who felt that a video, phone call or meeting with another parent would be more impactful.

## Cost analysis findings

Each of the FDAC trial sites completed a short survey about the approximate costs involved in using the letters,<sup>20</sup> all of whom provided further clarification in a follow-up interview. The purpose of the data collection was to establish:

- The cost of including the letters as part the FDAC process, in terms of staff time and direct costs in terms of printing and postage
- The impact on staff time should the trial have found evidence of changes in parents' attendance levels resulting from the use of the letters.

The costs involved in using the letters within the FDAC process were relatively modest, with sites reporting staff spending between 15 and 90 minutes per case preparing and providing the letters and using them within their sessions. In the main, this was time spent by case workers and business/administrative support, although some sites also mentioned additional time spent by clinicians. Direct costs of printing and posting letters were estimated by most sites as low, largely between no cost and £5 per case, with a further two unable to say (Table 3.7 below).

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<sup>20</sup> What is presented here are the costs of using the letters within the FDAC process, rather than any costs involved from being part of a trial (randomisation, etc.).



**Table 3.7. Costs involved in using the letters as part of the FDAC process**

Number of FDAC sites	
<b>Additional time of using letters per case</b>	
30 minutes or fewer	3
31 to 60 minutes	2
61 to 90 minutes	4
<b>Direct costs (printing, postage, etc.) per case</b>	
<b>Nothing/“negligible”</b>	2
<b>£1 to £1.99</b>	2
<b>More than £2</b>	3
<b>Don’t know</b>	2
<b>Sample size</b>	<b>9</b>

In their current format, the trial has found no statistically significant impact of the letters on parents’ attendance. However, had it done so, the majority of sites reported that changes in parents’ attendance would not have impacted on the amount of staff time per case. They were asked (a) whether staff time would increase or decrease if parents’ attendance at internal meetings increased, and (b) whether changes in parents’ attendance or engagement would have any large implications for the team (e.g. increases or decreases in the required staff capacity) (Table 3.8).

Five of the nine sites said that, had parents’ attendance at internal meetings changed, this would have no effect on the staff time required for the case. In large part, this was because staff time was allocated for each scheduled meeting, regardless of attendance. However, three sites did think that increased attendance would have a slight increase in staff time either side of the meeting (e.g. because of the additional time required to write up meetings which were attended), and one felt that staff time would reduce with less chasing up of non-attenders.

When asked more generally about the implications for the FDAC teams if parents’ attendance or engagement changed significantly, five sites did not think that it would have much effect. However, three thought that these changes could lead to an increase in the staff capacity required. For two of the sites, the increases in staff capacity required would come about if there was a *decrease* in



parents' attendance or engagement, as it would result in more time making and chasing up appointments, further reports and paperwork. Conversely, these same sites confirmed that staff capacity might decrease if parents' attendance or engagement increased. Only one site felt that an increase in parents' attendance or engagement would lead to an increase in staff capacity required, due in part to a staff model where an amount of non-attendance is assumed. One site answered that higher levels of parental attendance could allow the team to take on more families within the same staffing levels.

**Table 3.8. Staffing implications of changes in parents' attendance and engagement**

	Number of FDAC sites
<b>Implications for staffing if parents' attendance at internal meetings increased</b>	
<b>Increase a lot</b>	0
<b>Increase a little</b>	3
<b>No change</b>	5
<b>Decrease (not specified if slightly or a lot)</b>	1
<b>Implications for team if parents' attendance or engagement changed significantly</b>	
<b>Increase a lot (if attendance/engagement increased)</b>	1
<b>Increase a lot (if attendance/engagement decreased)</b>	1
<b>Increase a little (if attendance/engagement decreased)</b>	1
<b>No change</b>	5
<b>Decrease slightly</b>	0
<b>Decrease a lot</b>	0
<b>Other response: would allow team to take on more families</b>	1
<b>Sample size</b>	<b>9</b>



## 4. LIMITATIONS AND DISCUSSION

### Limitations

A major limitation of the trial has been the number of cases recruited during the trial period. The initial sample size was already modest for detecting impacts, but it was limited by the number of cases going through the FDAC process in the trial period. However, despite an extension to the trial period, the number of cases – and thus parents – was considerably lower than expected, exacerbated by the involvement of nine rather than the expected 10 FDAC sites. As a result, the likelihood of detecting significant impacts of the letters was reduced. Moreover, the reduced sample size meant that it was not feasible to look for impacts among different sub-groups of the FDAC population. Linked to this was the extent to which we can be confident that findings from a trial run in nine sites would be replicated among the non-trial sites.

A further limitation of the trial related to the length of time available for collecting follow-up outcomes, particularly in light of the smaller than expected sample size. First, to maximise the numbers available within the trial period, any cases where parents had been involved in FDAC for at least eight weeks were included in the analysis. Given that some parents had not received all the letters or been engaged with the full FDAC process, impacts may have been smaller for these parents. Second, the timescale meant that the most up-to-date CJI data on reunification and substance misuse was two or three months earlier than the trial cut-off date. As a result, there was a lot of missing data for these two outcomes, further reducing the sample sizes available for analysis.

The number of cases also affected the IPE and meant that the intended three waves of fieldwork was reduced to two waves. In addition, there was potential selection bias in the staff and parents who were interviewed as part of the IPE. Managers or administrators provided contact details for staff and there may have been some selection bias in those put forward. Because we did not have contact details for parents, site staff approached parents and invited them to indicate if they were interested in taking part in the evaluation. Here, there was likely some selection bias: staff did not approach parents who they felt would find the approach challenging or insensitive, and this may mean the parents interviewed are not representative of all parents, although it is worth noting that their views about the letters were very diverse.

The outcomes data were collected by the case workers which could have introduced a degree of bias, especially given the fact that the case workers were aware of whether a family was in the intervention group or control group. The number of external meetings attended was accepted as an estimate where not known precisely, and the engagement score was necessarily subjective.

The cost analysis relied on post-hoc data collection and staff assessments of the cost implications of attendance and engagement increasing or decreasing, as the onus of collecting accurate per case time inputs would have been disproportionate.



## Discussion

The study showed that it was feasible to use the letters within the FDAC system. The letters were relatively easily incorporated into the work of sites, and viewed as well aligned with the intentions, culture and ways of working of FDACs. The fact that this was achieved at a time when FDAC sites also had to adjust to operating during the COVID-19 pandemic, with some only recently established and with constraints on staff capacity, is also noteworthy.

There is no statistically significant evidence that the letters impacted on parents' attendance at internal or external meetings or on their engagement with the FDAC process, or on parents' substance misuse or family reunification. The anticipated trial sample size was modest from the outset, and ended up being smaller than expected, reducing the likelihood of detecting significant impacts. However, the findings from the IPE are in line with the RCT data and do not suggest impacts that the trial data failed to capture.

Requirements for how the letters should be used were not tightly specified by BIT, and there is *some* evidence from the IPE that the letters were most effective when they were integrated into the key worker sessions. The BIT guidance indicated that the letters could be given to parents in person, by email or by post, and that key workers *could* use them to structure discussions but were not required to do so. This flexibility appeared to have supported FDAC sites' use of the letters with eligible parents. Just over half of the letters were given to parents in person. In four of the nine sites, they were generally although not uniformly discussed with parents in sessions. Their incorporation into case discussions was more varied in the other sites; indeed, staff were not always aware that a parent was receiving them nor of when they were sent. In addition, not all staff were aware of the background and intended purpose of the letters and their effectiveness might have been increased with more comprehensive training.

However, the IPE data suggest other more compelling explanations for the letters not having the intended impact. First, staff widely reported that attendance and engagement are already high among most parents. They used a range of strategies to support attendance and engagement where necessary, and the circumstances they and parents described where attendance or engagement were low are perhaps not easily influenced by a low-intensity intervention such as a letter.

Second, the letters were of uneven acceptability to staff and to parents. Some staff, and some parents, were positive about them and their impacts, and described effects that were in line with the assumptions set out in the theory of change. However, other staff and parents experienced the letters as not having positive impacts, mainly where the idea of the letters being voiced by another parent was not helpful to a parent, was seen as inauthentic, or was misunderstood. There was also evidence of unintended adverse impacts, where the letter angered or upset parents or was interpreted as validating unhelpful behaviours.

Suggestions were made for how the letters could be improved, including more flexible use based on the key worker's assessment of likely response, more versions being available to better match parents' personal circumstances, and for more frequent use, less formal language, or developing audio or video versions. The letters had also stimulated other similar initiatives.





Finally, it is also worth noting that the study has demonstrated the feasibility of running an RCT involving a low complexity intervention within the FDAC system. There was no evidence of cases being excluded from randomisation, randomisation was straightforward, the letters reached almost all the intended parents and were used as intended, and there was very good compliance with data requirements.

## Conclusions

Overall, there is not sufficient evidence to merit the letters becoming a required and systematically used part of FDAC procedures, nor to warrant evaluation in a further trial. We recommend that the letters should not be a required part of FDAC procedures, although variants of the letters could be a discretionary part of procedures, with modifications based on the study findings.



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# APPENDICES

## Appendix A: Letters Intervention

### Letter 1

Dear: [parent name]

You're about to start your journey with fdac. As someone who has been through it, I understand that you are in a very difficult situation, and may be feeling confused and scared. I'd like to share a few thoughts with you that I wish someone had shared with me before I started fdac.

I started taking drugs when I was 18. I fooled myself for years that it wasn't a habit – even when I was using every day, I convinced myself it wasn't a problem. In 2016, my children were taken from me and my life spiralled out of control. I was recommended for fdac.

I didn't get fdac when I first started – I thought it was just another social service. I lied about my drug use and said the things I thought my workers wanted to hear. I attended the groups just to tick the boxes so that I could get my kids back and continue to use.

After a while, it became too hard to keep up with the lies, and I decided to start putting as much effort into my recovery as I had into using drugs. It was really hard, but slowly I started opening up to my fdac workers and got used to talking, sharing and being honest. By doing so, I realised that they weren't just another organisation trying to prod in my life. They weren't there to judge me. They wanted to help me.

This is my one piece of advice: start being honest, both with yourself and your worker. I say this because at the beginning, I believed my own lies. I refused to admit I had a problem, and that my lifestyle was causing me to neglect my children. But once I started being honest, I was able to get acceptance over my past and start working on being a better parent.

I'm now 3 years free from drugs. I never thought I'd have the life I have now. Yes, I got my kids back but I also got so much more – acceptance over my past and the confidence to cope with life's challenges without running. It was really hard work though; I had ups and downs, breakthroughs and breakdowns. But with fdac's support, I came through it all and wouldn't change a thing.

So, give yourself a chance. Give yourself and your children the opportunity for a new way of life. Keep an open mind. I wish you all the best.

From: A parent who understands



## Letter 2

Dear: [parent name]

You've been working with fdac now for a few months – I'm sure it hasn't been easy. I've written down some memories from when I was halfway through; you might recognise some of what I'm saying in your own experience so far.

Before I started with fdac, my life was a mess. Every day I'd go to work and then reward myself by getting high. I didn't think I had a problem because I didn't think I was hurting anyone. When I was referred to fdac, I didn't want any part of it. But the pain and heartbreak of being separated from my daughter made me realise that if I ever wanted to be a father to her again I would have to change and fully commit to fdac. I knew my daughter had to come first.

At first, I did all of the right things – I never missed a meeting, I did all of my tests and I even started going to the gym. I tried to change my circle of friends so that I could avoid people who just wanted to get high with me. Then about halfway through, I put myself in a bad situation by going to a party where there were drugs. I tried to resist but couldn't – I was filled with regret afterwards. I stopped going to the gym and I let anger and disappointment get the better of me. I felt like I had let myself and my fdac team down, but most of all, I'd let my daughter down.

When my drug test came back positive my worker called me in to talk about it. At first I lied because I was scared of losing my daughter for good. But I realised that I had to take responsibility – I'd messed up. I told my worker the truth, and to my surprise, I wasn't judged. Instead, they made it their mission to get me back on track. I started going to the gym again and living a healthier lifestyle. It was really hard work, and some days I came close to giving it all up, but I can now see that it was all worth it.

After 18 months of fdac, I got my daughter back. Every day, I think about the time I relapsed, because I never want to feel that pain again. It was a hard lesson to learn but it reminded me that setbacks will happen, big and small. What matters is how we pick ourselves up afterwards.

From: A parent who didn't give up

## Letter 3

Dear: [parent name]

You've been working with fdac for over 3 months now – well done for making it this far, I'm sure it hasn't been easy. I wanted to share some reflections with you because even though I didn't realise it at the time, this was about the point where the bad days started to get easier, and they might for you too.



As you know by now, fdac is intense – it isn't something you can just half-arse. I was still going in for meetings 3 times a week at this point, and it was taking up all of my time. I felt like I had made good progress, and didn't see why it was necessary to still have such intense support.

If you're feeling this way too, I want to let you know that it's ok, and you're not alone. I learnt that you don't have to hold your feelings in – tell your worker if you're struggling, or feeling frustrated. In the past, I had always felt pressure to put on my best face and smile nicely to workers. But the fdac workers saw straight through that and never judged me for feeling upset. In fact, my most beneficial sessions were those where I was honest about being frustrated.

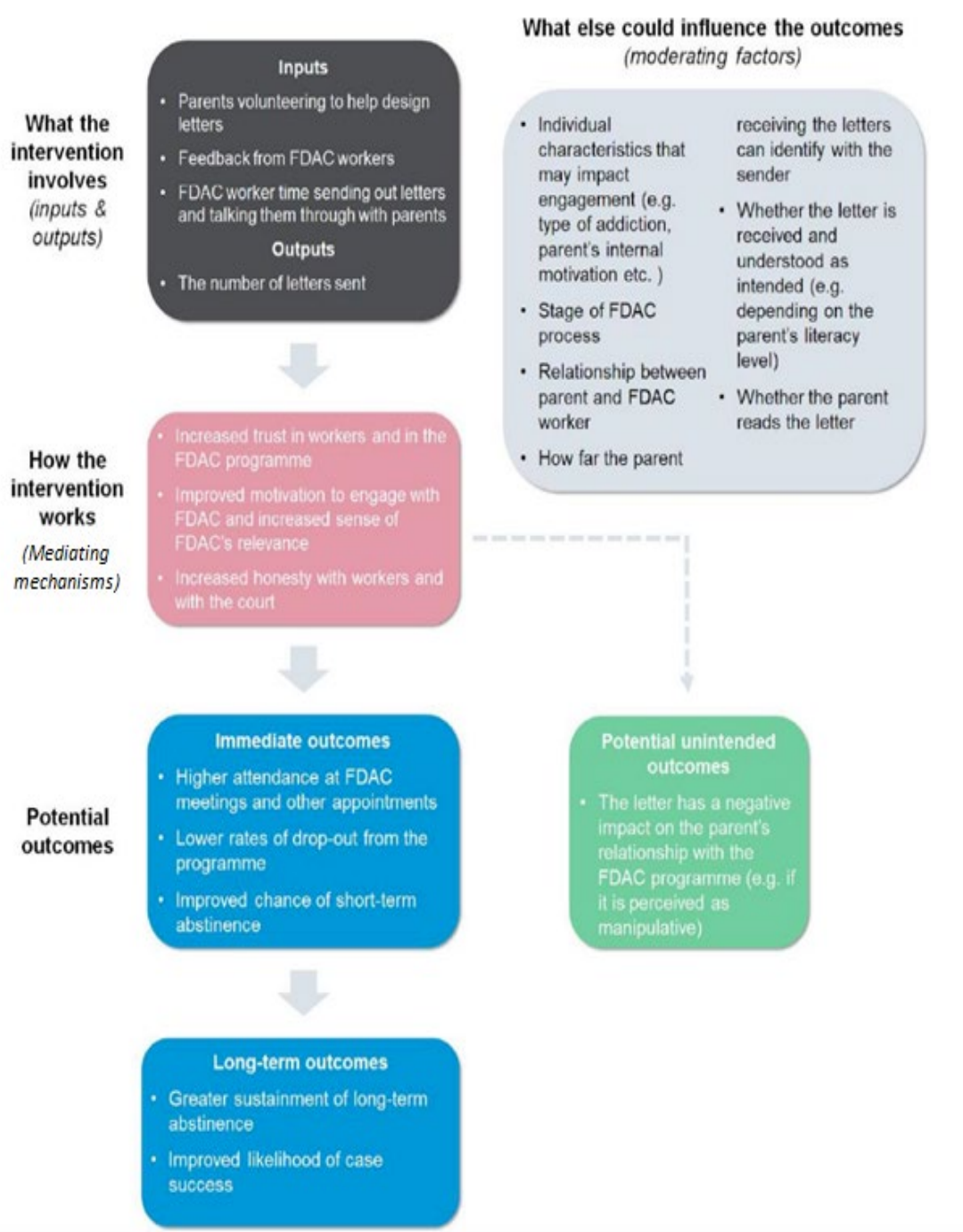
Since completing fdac, my life has been completely different to what it was before. I've stopped my old habits and I've never been so confident in my own abilities as a mum and a person. But I don't expect perfection – there are still bad days, and days when I feel frustrated. But fdac taught me that it's ok to feel this way, and that by being open and honest, I can work through those feelings in a healthy way.

You should be proud of making it this far, and I know you wouldn't have gotten to this point without putting the work in. All the meetings, hard days and sacrifices will be worth it. Remember, as much as fdac have supported you, you have done the work and you are capable.

From: A parent who made it through the bad days



## Appendix B: BIT logic model for the parent letters





## Appendix C: Regression models

**Table C.1 Regression models for attendance and engagement outcomes**

Independent variable	Outcome			
	Percentage of scheduled meetings attended		Engagement score	
	Beta	P-value	Beta	P-value
<b>Randomisation group:</b>		0.300		0.083
Letters	3.15		0.20	
Control	0		0	
<b>Site:</b>		<0.001		0.001
A	17.89		0.95	
B	14.14		0.62	
C	22.22		0.15	
D	1.53		0.16	
E	3.35		0.36	
F	6.65		0.23	
G	-1.16		0.27	
H	0		0	
<b>Severity of drug misuse at</b>		<0.001		0.001
High	-15.85		-0.58	
Medium	-12.87		-0.52	
Low	-2.57		-0.20	
None	0.04		0.04	
Missing/unknown	0		0	
<b>Intercept</b>	77.00	<0.001	2.91	<0.001
<b>R<sup>2</sup></b>	0.204		0.230	
<b>Base</b>	205		205	



**Table C.2. Logistic regression models for parent substance misuse and child reunification outcomes**

Independent variable	Outcome			
	Parents not misusing drugs or alcohol at end of FDAC		At least one child reunified with parent at final order	
	Exp(beta)	P-value	Exp(beta)	P-value
<b>Randomisation group:</b>		0.416		0.257
Letters	0.67		0.56	
Control	1		1	
<b>Site:</b>		0.339		0.994
A	4.26		0.98	
B	1.11		0.77	
C	0.64		1.44	
D	1.15		0.73	
E	1.04		0.91	
F	0.80		0.54	
G	1		1	
<b>Severity of drug misuse at</b>		0.016		0.397
High	0.27		1.58	
Medium	0.31		1.01	
Low	1.10		2.66	
None	2.80		3.97	
Missing/unknown	1		1	
<b>Intercept</b>	0.87		0.68	0.524
<b>Pseudo R<sup>2</sup> (Cox-Snell)</b>	0.211		0.085	
<b>Base</b>	116		111	





**Table C.3 Regression models for attendance at internal and external meetings**

Independent variable	Outcome			
	Percentage of scheduled internal meetings attended		Percentage of scheduled external meetings attended	
	Beta	P-value	Beta	P-value
<b>Randomisation group:</b>		0.293		0.444
Letters	3.12		3.22	
Control	0		0	
<b>Site:</b>		0.001		0.004
A	16.21		23.77	
B	13.31		17.13	
C	22.40		26.19	
D	1.86		8.51	
E	9.94		-0.31	
F	7.67		6.03	
G	-2.13		6.07	
H	0		0	
<b>Severity of drug misuse at</b>		0.002		0.023
High	-15.39		-18.17	
Medium	-13.23		-15.98	
Low	-2.64		-0.44	
None	-1.10		-0.06	
Missing/unknown	0		0	
<b>Intercept</b>	76.46	<0.001	77.72	<0.001
<b>R<sup>2</sup></b>	0.216		0.169	
<b>Base</b>	205		169	



**Table C.4 Regression models for attendance and engagement before and after eight weeks**

Independent variable	Outcomes in first eight weeks				Outcomes after eight weeks			
	Proportion of scheduled meetings attended		Engagement score		Proportion of scheduled meetings attended		Engagement score	
	Beta	P-value	Beta	P-value	Beta	P-value	Beta	P-value
<b>Randomisation</b>		0.184		0.029*		0.660		0.296
Letters	4.15		0.25		1.75		0.14	
Control	0		0		0		0	
<b>Site:</b>		0.006		<0.001		0.010		0.007
A	14.56		0.91		20.00		1.08	
B	13.24		0.59		17.70		0.77	
C	11.11		-0.30		31.39		0.61	
D	-2.32		-0.05		6.39		0.44	
E	4.98		0.47		6.54		0.46	
F	8.01		0.36		6.85		0.32	
G	-4.61		0.25		4.25		0.26	
H	0		0		0		0	
<b>Severity of drug</b>		0.016		0.003		0.001		0.003
High	-4.58		-0.29		-22.16		-0.72	
Medium	-9.50		-0.40		-13.47		-0.55	
Low	3.29		-0.12		-1.60		-0.11	
None	4.72		0.26		-4.98		-0.06	
Missing/unknown	0		0		0		0	
<b>Intercept</b>	75.47	<0.001	2.86	<0.001	74.21	<0.001	2.77	<0.001
<b>R<sup>2</sup></b>	0.162		0.263		0.158		0.198	
<b>Base</b>	201		201		202		202	



**Table C.5 Regression model for test of sub-group differences in outcomes – Gender**

Independent variable	Proportion of scheduled meetings attended		Engagement score	
	Beta	P-value	Beta	P-value
<b>Randomisation group:</b>		0.515		0.112
Letters	-0.11		0.19	
Control	0		0	
<b>Gender:</b>		0.319		0.450
Female	-4.84		0.07	
Male	0		0	
<b>Group * gender interaction</b>		0.417		0.930
Letters * Female	4.39		0.02	
<b>Site:</b>		<0.001		0.001
A	18.09		0.94	
B	14.24		0.63	
C	22.07		0.15	
D	1.74		0.16	
E	4.12		0.36	
F	6.81		0.23	
G	-0.71		0.26	
H	0		0	
<b>Severity of drug misuse at</b>		<0.001		0.001
High	-15.60		-0.59	
Medium	-12.76		-0.51	
Low	-2.09		-0.20	
None	0.26		0.05	
Missing/unknown	0		0	
<b>Intercept</b>	80.15	<0.001	2.86	<0.001
<b>R<sup>2</sup></b>	0.209		0.232	
<b>Base</b>	205		205	



**Table C.6 Regression model for test of sub-group differences in outcomes – Age**

Independent variable	Proportion of scheduled meetings attended		Engagement score	
	Beta	P-value	Beta	P-value
<b>Randomisation group:</b>		0.634		0.231
Letters	3.56		0.18	
Control	0		0	
<b>Age:</b>		0.743		0.975
16-34	3.03		0.03	
35+	0		0	
<b>Group * age interaction term:</b>		0.481		0.784
Letters * Aged 16-34	-4.05		-0.06	
<b>Site:</b>		<0.001		<0.001
A	19.64		1.01	
B	16.23		0.74	
C	23.57		0.20	
D	3.07		0.23	
E	8.19		0.30	
F	-0.10		0.33	
G	0		0	
H				
<b>Severity of drug misuse at</b>		0.002		0.003
High	-13.52		-0.50	
Medium	-10.99		-0.44	
Low	-0.28		-0.12	
None	2.10		0.11	
Missing/unknown	0		0	
<b>Intercept</b>	72.90	<0.001	2.79	<0.001
<b>R<sup>2</sup></b>	0.214		0.230	
<b>Base</b>	183		183	



**Table C.7 Regression model for test of sub-group differences in outcomes – Severity of alcohol misuse at baseline**

Independent variable	Proportion of scheduled meetings attended		Engagement score	
	Beta	P-value	Beta	P-value
<b>Randomisation group:</b>		0.375		0.091
Letters	6.51		0.27	
Control	0		0	
<b>Severity of alcohol misuse:</b>		0.140		0.077
High/Medium	8.49		0.29	
Low/None/Missing	0		0	
<b>Group * alcohol interaction term:</b>		0.180		0.467
Letters * High/Medium	-7.89		-0.17	
<b>Site:</b>		<0.001		0.001
A	17.41		0.92	
B	14.25		0.64	
C	22.88		0.18	
D	1.01		0.14	
E	3.89		0.40	
F	6.67		0.25	
G	-0.33		0.30	
H	0		0	
<b>Severity of drug misuse at baseline:</b>		<0.001		<0.001
High	-17.52		-0.65	
Medium	-14.93		-0.60	
Low	-5.47		-0.30	
None	-0.48		0.03	
Missing/unknown	0		0	
<b>Intercept</b>	74.78	<0.001	2.84	<0.001
<b>R<sup>2</sup></b>	0.219		0.244	
<b>Base</b>	205		205	



**Table C.8 Regression model for test of sub-group differences in outcomes – Severity of drug misuse at baseline**

Independent variable	Proportion of scheduled meetings attended		Engagement score	
	Beta	P-value	Beta	P-value
<b>Randomisation group:</b>		0.301		0.080
Letters	3.11		0.22	
Control	0		0	
<b>Severity of drug misuse:</b>		<0.001		<0.001
High/Medium	-13.79		-0.50	
Low/None/Missing	0		0	
<b>Group * drug interaction term:</b>		0.996		0.881
Letters * High/Medium	0.03		-0.03	
<b>Site:</b>		<0.001		<0.001
A	17.77		0.96	
B	15.08		0.69	
C	2.16		0.15	
D	4.53		0.21	
E	7.39		0.44	
F	-1.20		0.29	
G	0		0.29	
H			0	
<b>Intercept</b>	75.84	<0.001	2.83	<0.001
<b>R<sup>2</sup></b>	0.202		0.225	
<i>Base</i>	205		205	