

Evaluation of the Family Drug and Alcohol Court in Wales pilot

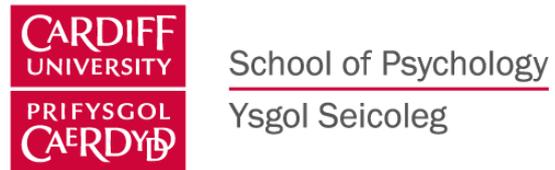
Final report

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March 2024



CASCADE Infrastructure Partnership



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

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Acknowledgements

Many people have contributed to making this evaluation a success. Most importantly, we would like to thank the parents who took part. This evaluation would not have been possible without their willingness to openly share details of their lives and experience of Family Drug and Alcohol Court (FDAC), and allowing us to observe meetings and hearings throughout their FDAC proceedings.

We would like to acknowledge Welsh Government for funding the Cardiff and the Vale FDAC pilot and evaluation, and the Centre for Justice Innovation (CJI) for commissioning CASCADE as evaluators. We are thankful for the sound guidance and expert oversight they both provided to the project. In particular, we are most grateful to Stephen Whitehead and Vicki Morris at CJI for their support throughout the evaluation.

We would also like to express thanks to our colleagues at CASCADE, Meghan Hosch, Sumayyah Islam, and Megan Nightingale who contributed to data collection and analysis.

Finally, we would like to thank the professional stakeholders who allowed us to observe their practice and made time to contribute their thoughts about the pilot. In particular, we would like to thank the FDAC team and judges for the considerable and consistent efforts they made to enable data collection and support this evaluation. They did this despite their high workloads, and we are grateful for the unfailing generosity they showed in engaging with the study.

Executive Summary

Introduction

In 2021, Welsh Government funded a two-year Family Drug and Alcohol Court (FDAC) pilot and evaluation, with a view to learn lessons that would support the potential wider roll-out of the FDAC model across Wales. Cardiff and the Vale of Glamorgan were selected for the pilot, and in November 2021 the Cardiff and the Vale (C&V) FDAC pilot was launched. The pilot ran for the scheduled two years and was closed at the end of November 2023.

This is the second and final report from the evaluation of the C&V FDAC pilot. This study was an implementation and process evaluation with an embedded realist evaluation, that aimed to provide evidence and theory that could be used to support the effective delivery of FDAC in Wales and set the scene for a larger-scale evaluation. It was conducted in three phases and ran from January 2022 to January 2024. This final report focuses on phases 2 and 3 of the evaluation.

There were three main research questions for this evaluation:

1. **Feasibility:** Is the FDAC pilot implemented as intended, and does it operate in a way that enables it to be easily scaled?
2. **Experiences and potential:** How is the pilot experienced by key stakeholders, and what signs of potential can be identified?
3. **Scalability and readiness for further evaluation:** Is the FDAC pilot sufficiently well-defined to roll out more widely, and is it suitable for a more robust experimental or quasi-experimental evaluation?

Methodology

In total, across all phases of the study, 41 professional stakeholders and 13 parents took part in the following data collection activities.

- 29 semi-structured realist qualitative interviews/focus groups, 26 of which were conducted in phases 2 and 3 and were analysed for this report. This included 15 interviews/focus groups with 16 professional stakeholders and 11 parent interviews.
- 27 observations of key FDAC meetings and hearings, capturing the practice of 32 professional stakeholders and 13 parents' proceedings.
- 4 written submissions, three provided by professional stakeholders and one provided by a parent.

The C&V FDAC team also collected quantitative, pseudo-anonymised, administrative data on families involved in the pilot at three different levels – case level, parent level, and child level.

Findings

Findings from the evaluation are split into five sections:

1. Throughput and profile of families in the pilot

During the pilot period, C&V FDAC were referred 36 cases, 21 of which signed up to FDAC during the pilot and progressed to a trial for change. These cases included 35 parents and 33 children. Fifty-seven percent of parents were female (n=20), the average parent age was 34 years, and the majority of parents (n=27, 77%) were recorded as White British (English, Welsh, Scottish, Northern Irish). Fifty-two percent of children were male (n=17), and the vast majority of children (n=31, 93.9%) were under 10 years old.

Most of the parents in the C&V pilot (n=30, 86%) had previous contact with children's services and almost all parents in the pilot had past experience of domestic abuse and mental health issues (n=34, 97% respectively). More than half of the parents in the pilot (n=22, 63%) were living in social housing when their proceedings began.

2. Feasibility

The core C&V FDAC team comprised a team manager, administrative assistant, clinical psychologist, mental health specialist, and a substance misuse specialist. Additionally, there were three judges hearing FDAC cases. The FDAC team and judges demonstrated a shared commitment to, passion for, and belief in the FDAC ethos.

There were some notable challenges for the FDAC team including recruiting professionals to posts and a lack of a physical base for the team at various points in the pilot. Issues with the referral pathway, the FDAC team's capacity, and uncertainty about continued funding for the pilot were other identified challenges and limited the number of families involved in the pilot.

As the pilot progressed, further insight was gained into the implementation of FDAC in Wales. Factors relating to funding, training, and buy-in were notable across several implementation levels.

3. Experiences of the pilot

Parents were overwhelmingly positive about their experience of being involved in FDAC proceedings. Key themes they discussed in interviews included FDAC's role in helping parents to change course, recognition of the support and effort provided by the FDAC team, advocating for non-judgemental, problem-solving support, comparison of FDAC to standard care proceedings, and things families would change.

While professional stakeholders' views of the pilot on the whole were also positive, there were more mixed perspectives that included some criticisms. Themes from their interviews and focus groups included how FDAC felt like a united approach between parents and professionals, comparison of FDAC to standard care proceedings, things professionals would change, incongruence between legal representatives and FDAC, and changes to professional roles. More critical perspectives were voiced by professionals who were on the periphery of FDAC, such as legal representatives, Children's Guardians, and social workers.

4. Signs of potential

Parental substance misuse

The number of parents in the pilot misusing substances at the start of FDAC proceedings decreased from 83% (n=29) to 54% (n=19) at the end of FDAC proceedings. Twenty-nine percent of the parents (n=10) achieved complete cessation of substance misuse, 14% (n=5) decreased the severity of their substance misuse, 17% (n=6) increased the severity of their substance misuse, and 11% (n=4) experienced no change in the severity of their substance misuse. It was unclear or unknown if there was a change in the severity of the remaining parents' substance misuse.

Twenty-six percent of parents in the pilot (n=9) achieved complete cessation of alcohol misuse, 6% (n=2) decreased the severity of their alcohol misuse, 6% (n=2) maintained no alcohol misuse, 17% (n=6) increased the severity of their alcohol misuse, and 17% (n=6) did not change the severity of their alcohol misuse. Parents were even more successful at reducing their drug misuse – 34% (n=12) of parents achieved complete cessation of drug misuse, 3% (n=1) decreased the severity of their drug misuse, 3% (n=1) maintained no drug misuse, 9% (n=3) increased the severity of their drug misuse, and 23% (n=8) did not change the severity of their drug misuse. The change in the severity of the remaining parents' alcohol and drug misuse was unclear or unknown.

At the start and end of FDAC proceedings, alcohol, cannabis, and cocaine were the most commonly (self-reported) misused substances by parents in the pilot. The number of parents misusing these substances decreased at the end of FDAC proceedings.

Case outcomes

Outcome data on child living arrangements was only able to be analysed for 22 of the 33 children in the pilot. Child living arrangements at the end of FDAC proceedings showed:

- The number of children in the care of one or both of their parents more than doubled from 14% (n=3) at the start of FDAC proceedings, to 32% (n=7) at the end of FDAC proceedings,
- 36% of children (n=8) were in the care of a non-parental family member, compared to 55% (n=12) at the start of proceedings,
- 14% of children (n=3) were in the care of a family friend or other non-family member,
- 9% of children (n=2) were in foster care, compared to 32% (n=7) at the start of proceedings, and
- 9% of children (n=2) were in a temporary care place pending adoption.

Outcome data was also available on what orders were made at the final hearing for 24 of the 33 children involved in the C&V FDAC at the time the pilot concluded. At the final hearing, just under half of the children (n=11, 46%) were placed under a care order, 33% (n=8) were under a supervision order (three of these children were also under a child arrangement order), 13% (n=3) were under a special guardianship order, 4% (n=1) were under a placement order, and 4% (n=1) were not placed under any order.

It is also notable that there were no contested final hearings (when the parties involved in a case, in this instance parents and the local authority, cannot reach an agreement on the care and placement plan) during the C&V FDAC pilot.

Other outcomes

Of the 54 participants who took part in this evaluation, only two parents and one Children's Guardian explicitly expressed that they felt reunification was the most important outcome of FDAC proceedings. Several other outcomes were identified by participants as more important, and better indicators of whether FDAC proceedings were 'successful' for parents and their families. The most commonly identified outcome of importance was that children are well cared for in a safe, stable placement.

5. Scalability and readiness for further evaluation

This study has yielded a more granular understanding of how FDAC works than previously existed through the development of four sets of programme theories that offer descriptions of how some FDAC components generate outcomes. It is also the first insight into how it works in Wales which can be used to aid efforts to evaluate FDAC more rigorously.

Funding was the most crucial factor for professional stakeholders in the C&V FDAC pilot when considering the sustainability of FDAC. The ambiguity and lack of clarity around whether funding would be available to extend the pilot had considerable implications for families and for professional stakeholders. Implications for families included mixed messages about the availability of the service, no access to the service despite being suitable, and reduced opportunities for extensions to proceedings. Implications for professionals included insecure employment, difficulty retaining FDAC staff, and lower staff morale.

Discussion

This evaluation examined many aspects of the C&V FDAC pilot, explored the perspectives and experiences of a wide range of people involved, and developed theories about how FDAC produced outcomes in its first iteration within Wales. It demonstrates that it was possible to establish an FDAC service in Wales and that the provision offered by C&V FDAC to families was broadly consistent with the established model, with some local variation that has come to be expected of FDACs in the UK.

The collection, quality, and completeness of routine administrative data in the pilot was poor, and this was unable to be fully resolved in consultation with the FDAC team due to the pilot having closed. The data that was available showed some notable reductions in parents' levels of substance misuse over the course of proceedings. It also showed that more than double the number of children were in the care of a parent at the end of proceedings compared to the start. These results, combined with generally positive feedback from participants, support the argument that FDAC should be further explored in Wales, though a more robust comparative evaluation is needed.

Reunification has long been seen as the key outcome of FDAC. However, this evaluation suggests reunification is only one of several important outcomes being worked towards by FDAC and is not necessarily considered the most important by parents or professional stakeholders.

One unfortunate aspect of the pilot has been the misalignment of timeframes between the pilot and this evaluation. Related to this was uncertainty surrounding extending funding for the pilot, which caused serious disruption to the service. The decision not to fund an extension has had

implications for families and professionals and led to widespread surprise, disappointment, concern, and frustration being expressed by stakeholders involved in the pilot. However, funding issues are not confined to this pilot, and future FDAC services need to secure sustainable funding to enable them to offer families a consistent and reliable service. The sustainability of funding may be strengthened if it involves the range of partners who are involved with FDAC.

The methods used, involvement of professionals, number of encounters with participants, large amount of qualitative data, and the development of programme theories are strengths of the evaluation. Conversely, a lack of comparative data from English FDAC sites, the poor quality of quantitative service level data, and the inability to adopt a case study approach were notable limitations of the evaluation.

Conclusion and recommendations

It was feasible to implement FDAC in the context of South Wales, and the positive findings of this study support the continued use of FDAC in Wales as an alternative form of care proceedings in the family court.

The following recommendations aim to support the implementation, delivery, scaling, and evaluation of FDAC in Wales, and more broadly in the UK.

Recommendation 1: Progress with plans to scale FDAC further in Wales, and commission an evaluation of impact and cost effectiveness.

Recommendation 2: Increase training opportunities for all stakeholders interacting with FDAC and offer follow-up training for professionals after they begin working with families in FDAC proceedings.

Recommendation 3: Improve the quality and completeness of routinely collected data about FDAC and standard care proceedings.

Recommendation 4: Give further consideration to how outcomes other than reunification are defined and measured.

Recommendation 5: Increase the timescales for pilot set-up and implementation.

Introduction

This is the second and final report from the evaluation of the Family Drug and Alcohol Court (FDAC) pilot in Wales.

In 2021, Welsh Government funded a two-year FDAC pilot and evaluation, with a view to learn lessons that would support the potential wider roll-out of the FDAC model. This decision was made in response to a report by the Commission on Justice in Wales (2019), which recommended FDAC should be established in Wales for the first time. The Welsh pilot FDAC model was developed by the Centre for Justice Innovation (CJI) in collaboration with local stakeholders. Following a successful expression of interest (EOI) by the South East Wales Local Family Justice Board (LFJB), two South Wales local authorities (LAs), Cardiff and the Vale of Glamorgan, were selected for the pilot. Welsh Government committed £450,000 to implement the pilot, with matched funding initially expected from the hosting LA(s) once selected. However, Cardiff and the Vale of Glamorgan LAs were unaware of the requirement for matched funding, and it was not provided. This resulted in the scope and scale of the FDAC pilot being reduced according to the available funding.

In November 2021, the Cardiff and the Vale (C&V) FDAC pilot was officially launched. At the time, the C&V FDAC was the only active FDAC site outside of England in the UK, though the model arrived with a good reputation and a promising evidence base from several studies. The original pilot of FDAC in the UK, carried out in London between 2008 and 2011, was inspired by the Family Drug Treatment Court model in the USA. Since then, FDAC has expanded across England to a current total of 13 sites¹ and generated promising evidence suggesting it helps parents address drug and alcohol misuse and increases the chances of children being reunified with their birth families (Green et al., 2007; Harwin et al., 2014; Harwin et al., 2018; Papaioannou et al., 2023; Tunnard et al., 2016; Worcel et al., 2008; Zhang et al., 2019).

The FDAC model is an alternative form of care proceedings comprised of multiple components such as therapeutic support provided by a multidisciplinary team, consistent judicial monitoring by the same specially trained judge, fortnightly non-lawyer reviews (NLRs), and regular testing for substance misuse. It is underpinned by a ‘problem-solving’ approach to helping parents overcome their substance misuse and improve outcomes for themselves and their children. The proceedings are re-envisioned as a powerful, less adversarial enabler of change, and designed around the idea that the court can actively assist in addressing problems that individuals or families face.

This is part of a recent trend whereby such approaches have been trialled in different areas of the justice system, with the Intensive Supervision Courts commissioned by the Ministry of Justice early in 2023 being an example within criminal justice (Ministry of Justice, 2023). A more complete summary of how problem-solving approaches are shaping justice in the UK more generally can be found in Mentzou & Mutebi (2023).

Against this backdrop, there has been great interest in how the pilot fared in Cardiff and the Vale of Glamorgan. It featured in the *‘If not now, then when? Radical reform for care experienced children and young people’* report published by the Children, Young People and Education Committee (2023a) in the Senedd (Welsh Parliament), as part of the ‘Services for care experienced

¹ The number of current FDAC sites in the UK has fluctuated since the evaluation interim report due to the opening and closure of FDAC sites.

children: exploring radical reform' inquiry. Throughout the inquiry, the pilot was a subject of debate in the Senedd and in correspondence between the committee chair and LA leaders. This has given the pilot a relatively high profile and, consequently, expectations of the evaluation have grown over time. To clarify which questions the evaluation can answer and the areas of the pilot it explored, the next section provides a brief summary of the aims and scope of the study.

Aim and scope

Aim

This evaluation aimed to provide evidence and theory that could be used to support the effective delivery of FDAC in Wales and set the scene for a larger-scale evaluation.

Scope

The evaluation was conducted in three phases and ran from January 2022 to January 2024. Phase 1 of the evaluation included interviews with professional stakeholders as the pilot was being established, to ascertain their expectations of the pilot, experiences of its set-up, and to identify barriers and facilitators of the implementation of FDAC in Wales. Policy, research, and literature reviews were also conducted in this phase. A summary of the findings from phase 1 can be found below, and the full findings can be found in the interim report of this evaluation (Meindl et al., 2022).

This final report focuses on phases 2 and 3 of the evaluation. These involved interviewing families and professional stakeholders, in addition to observing FDAC hearings and key meetings, at various time points throughout proceedings. Qualitative data obtained during these phases was used to update, test, and refine a previously developed programme theory describing what it is about FDAC that works to improve outcomes, for whom, under what circumstances and how. Phase 3 also included analysis of quantitative administrative data collected by the C&V FDAC site.

This study was an implementation and process evaluation (IPE) with an embedded realist evaluation (RE). Although it included quantitative data showing changes in outcomes of interest in a before and after design, it did not include a full impact evaluation or an economic analysis - both were outside the scope and funding for this evaluation.

Research questions

There were three main research questions (RQs) for this evaluation:

- 1. Feasibility:** Is the FDAC pilot implemented as intended, and does it operate in a way that enables it to be easily scaled?
- 2. Experiences and potential:** How is the pilot experienced by key stakeholders, and what signs of potential can be identified?
- 3. Scalability and readiness for further evaluation:** Is the FDAC pilot sufficiently well-defined to roll out more widely, and is it suitable for a more robust experimental or quasi-experimental evaluation?

Summary of interim findings

The evaluation interim report (Meindl, et al., 2022) published in August 2022 presented early findings on the progression of C&V FDAC from the first eight months of the pilot, and three additional areas of review and analysis:

Research and literature reviews – A brief review of current research on FDAC in the UK identified that some of the largest and most ambitious evaluations of FDAC to date were underway, all of which were funded by the Department for Education’s *Supporting Families: Investing in Practice* programme. The review of recent research on FDAC suggested the intervention was more effective than standard care proceedings at helping parents to retain or regain care of their children and cease substance misuse. The positive outcomes of FDAC were considered to be longer lasting than standard care proceedings and were often attributed to the collaborative way of working inherent to FDAC, the model’s use of a trauma-informed approach, parents’ co-production of goals and intervention plans, as well as the transparency and respect parents felt they received from professionals. There was also a suggestion that FDAC may yield significant cost-savings by avoiding recurrent care proceedings and care placements, reducing callouts of emergency and police services for issues related to substance misuse, and reducing legal costs. The challenges of the Covid-19 pandemic were also apparent in more recent additions to the literature, and some changes made to the model during that time, such as the use of hybrid hearings, have been retained as they were considered beneficial.

Policy Review – An overview of current practice across FDAC sites in England, described as a policy review, showed that at the time of publication, 16 FDAC teams were operating in 24 courts, serving 36 LAs. All sites adhered to the core FDAC model established during the original London pilot, though many featured iterations, adaptations, and enhancements such as expanded support around domestic abuse or mental health, and the addition of post-proceedings support. The longevity and predictability of funding were prominent issues for many sites. This led to variations in how FDAC sites were funded and was a determinant of whether they expanded or ceased operating. The relationship FDAC sites had with the LAs they served was also a theme of variation between FDACs.

Implementation factors – Qualitative analysis of interviews and focus groups with professional stakeholders involved in the C&V pilot suggested FDAC implementation occurred at four main levels: 1) national/policy level, 2) local authority level, 3) FDAC level and 4) individual level. Based on the implementation enablers and barriers identified within each level, interim recommendations were made to support the implementation of FDAC more broadly in Wales. These included widening the availability of FDAC training to all key partner agencies/services, offering refresher training sessions after FDAC teams start working with families, enhancing the supporting documentation about the pilot to explain how child safety is prioritised, and standardising funding and support for new FDAC sites.

Recent additions to the FDAC evidence base

Since the interim report, there have been developments in the published research on FDAC. The most notable of these is the findings of the largest evaluation of FDAC that has been undertaken in England to date, which involved four concurrent studies of different types, all of which were

funded by Foundations, the What Works Centre for Children and Families². These included an impact evaluation, an evaluation of a parent mentoring intervention which was embedded within FDAC, an evaluation of post-proceedings support in one FDAC, and a randomised controlled trial of the effects of sending parents a letter at different stages of the process to increase engagement with the model (Baginsky et al., 2023; Damman & Ruch, 2023; Lewis et al., 2023; Papaioannou et al., 2023). The latter was based on a body of work within behavioural economics, which has suggested such letters can encourage people to engage with various services (Hallsworth et al., 2016; Sanders et al., 2017; Santoro et al., 2020).

The impact evaluation's primary objective was estimating FDAC's effectiveness at increasing rates of reunification. Secondary outcomes included substance misuse by parents, the use of expert witnesses, and rates of contested final hearings. The study adopted a quasi-experimental approach to comparing outcomes for children and families involved in FDAC with those engaged with standard care proceedings. These two groups were matched using data from nine LAs and 13 FDAC sites.

With caution, the researchers reported several positive effects, such as increased rates of reunification and drug and alcohol misuse cessation. They also found that FDAC sites used fewer external expert witnesses and saw far fewer contested final hearings. However, due to significant practical and methodological challenges, the researchers noted they cannot be confident these differences are fully attributable to FDAC. The availability and quality of data proved particularly challenging – especially in relation to standard care proceedings. This limited the researchers' ability to match children and families on several variables that are likely to be important, including the severity of substance misuse and self-reported motivation to tackle it. The data on costs was so poor that no meaningful estimates could be given (Papaioannou et al., 2023).

Alongside the encouraging signs of impact, they also reported positive findings in relation to the implementation and process element of the evaluation, noting the perceived advantages of FDAC over standard proceedings. Positive effects and experiences were ascribed to two key factors – the “wraparound” intensity and tailored support of the multidisciplinary FDAC team and the “active oversight” of the specially trained judges (Papaioannou et al., 2023).

The study of post-proceedings support (PPS) focused on the Gloucestershire FDAC and used a mixed methods design to explore the implementation and process of a specific PPS component of the FDAC model in that site. Findings were generally positive, suggesting PPS fitted well within the FDAC approach and was well received by key stakeholders, though effectiveness was difficult to discern due to small sample sizes, data quality, and the impact of the Covid-19 pandemic (Baginsky et al., 2023). The study of parent mentoring also suggested adding this capacity to FDAC teams may be beneficial, though the researchers identified several implementation challenges including difficulties in recruiting and retaining mentors, and maintaining role clarity (Damman & Ruch, 2023).

Finally, Lewis and colleagues found that the letters designed to encourage participation did not have that effect, with no significant differences between the two randomised groups in terms of engagement with the service or other outcomes (Lewis et al., 2023).

² Foundations was previously What Works for Children's Social Care and was operating as such when the evaluations were commissioned.

Current status of Cardiff and the Vale FDAC

The C&V FDAC pilot was scheduled to run from November 2021 to the end of November 2023. The South East Wales LFJB were made aware during the application process that renewed funding beyond the pilot could not be guaranteed and that LAs were expected to demonstrate commitment to continuing FDAC once Welsh Government funding ended. Within their EOI, they acknowledged the need to achieve sustainability for the FDAC site in the lifetime of the pilot funding and the impact on children and families if the service were to end after the pilot period. While they were not able to confirm funding commitments from key partners at the application stage, the EOI stated a commitment from the Board to explore all avenues of funding available across all agencies and all strategic partnerships beyond the pilot. However, in September 2023 it was announced that the C&V FDAC would indeed be closing, leading to widespread surprise, disappointment, concern, and frustration being expressed by stakeholders involved in the pilot (Bryant, 2023a; Bryant, 2023b). This reaction appears to be for two reasons; expectations among the stakeholders that the C&V FDAC pilot would be extended, and the manner in which communication about the closure was managed.

Following an inquiry into the radical reforms needed for care experienced children in Wales, in May 2023, the Children, Young People and Education (CYPE) Committee recommended that Welsh Government continue the roll-out of the FDAC model across Wales, subject to a successful evaluation of the C&V pilot (Children, Young People and Committee, 2023a, recommendation 9). The recommendation was accepted by Welsh Government (Morgan, 2023a, recommendation 9), who stated in their reply:

“The Welsh Government will review the evaluation of the Cardiff and Vale of Glamorgan pilot to consider sustainable delivery models for a National Rollout. We will work with local authorities, members of the judiciary and other relevant stakeholder to ensure key partners are involved in advising and scoping future FDACs in Wales.”

Due to a misalignment in timescales between when the C&V pilot was scheduled to end and the publication of this report, a request was made by Cardiff and Vale of Glamorgan LAs for Welsh Government to consider extending both the short and long-term funding for the C&V FDAC pilot. Welsh Government had already been “looking at ways of extending the funding in order for the evaluation to be completed” since March 2023 (Children, Young People and Education Committee, 2023b, paragraph 222). In the months leading up to the end of the initial funding for the pilot, the CYPE Committee sought assurances from Welsh Government regarding their funding commitments to the pilot and FDAC in Wales.

In September 2023, the C&V FDAC team were informed by Cardiff Children’s Services that the pilot would be closing at the end of November when the funding period concluded. Prior to this announcement of the C&V FDAC closure, Welsh Government’s ability or decision to provide funding to extend the pilot was not communicated to stakeholders (Bryant, 2023b). A letter from the Deputy Minister for Social Services indicates that this was because Welsh Government were still actively seeking funding at the time Cardiff LA made the decision to close the pilot (Morgan, 2024).

In response to a letter from the Chair of the CYPE Committee expressing concerns about the closure of the C&V FDAC, letters from Cardiff and Vale of Glamorgan councils in November 2023 advised of Welsh Government’s decision – that an extension to the C&V pilot was not feasible due

to budgetary constraints (Lister, 2023; Thomas, 2023). The C&V FDAC team began dissolving at the start of November 2023 and the pilot closed at the end of November 2023. The closure was described as a 'scheduled end' to the pilot (Morgan, 2023b).

Methodology

A mixed methods implementation and process evaluation (IPE) with an embedded realist evaluation (RE) was chosen for this study because the C&V FDAC pilot is the first FDAC site in Wales. IPEs are well placed to determine whether an intervention or service can work in a particular context, thus better informing whether it can be successfully delivered long-term and if it is worth future development and investment (Early Intervention Foundation, 2021). IPEs use various data collection methods to explore whether the key components of an intervention or service are practical, achievable, and working well. This not only helps to understand how and why impact was or was not achieved, but also helps to refine, inform, or improve an intervention or service to increase the likelihood of it creating positive change. This seemed most appropriate for the early stages of FDAC in Wales.

Realist evaluation is a theory-driven approach to the evaluation of an intervention or service that attempts to understand and explain what works, for whom, under what circumstances and how (Wong et al., 2016). It is based on the assumption that all interventions or services will have partial success and partial failure, and is particularly suitable for evaluating complex interventions (Wong et al., 2013). FDAC is such an intervention, having multiple components and supporting a wide variety of families, all of whom have different backgrounds and needs.

There are three key concepts in realist evaluation;

1. Mechanisms are a combination of resources offered by an intervention and how people respond or react to those resources (The RAMESES II Project, 2017). They are the underlying causal forces that generate observable outcomes and are only triggered in certain contexts (Astbury & Leeuw, 2010; Pawson, 2008; Pawson & Tilley, 1997).
2. Contexts are any factor or condition outside of an intervention that enables or inhibits mechanisms to produce outcomes.
3. Outcomes can range from short to long-term and can be both intended and unintended. Interventions or services can also have multiple outcomes with varying importance, depending on the stakeholder.

A range of evidence can be used to identify or theorise causal relationships between contexts, mechanisms, and outcomes (Pawson & Tilley, 1997). This generates an initial programme theory, which offers a hypothesis of how an intervention or service is thought to produce an intended outcome (Funnell & Rogers, 2011; Pawson, 2002). Initial programme theories undergo iterative cycles of testing and refinement until a final programme theory offers an explanation of what it is about an intervention that works, for whom, under what circumstances and how.

Participants/sample

Across all phases of the study, 41 professional stakeholders took part in the evaluation (see Table 1), 38 of whom featured in phase 2 and 3 data collection activities. This far exceeded the target number of professionals set at the inception stage of the evaluation (n=5). Thirteen parents also took part in data collection activities, including mothers (n=7) and fathers (n=6). At the outset of

the evaluation, the intention was to involve 15 families who had been referred to the C&V FDAC pilot. However, due to the number of FDAC cases, the composition of the families, and the practical challenges of recruiting parents to the study, this target was amended to 15 individual parents going through a trial for change. This remained a difficult target to meet due to the complexities the parents were experiencing, last-minute changes to hearings, parents dropping out of proceedings, parents not consenting to the research, and the capacity of the FDAC team.

Table 1: Summary of professional stakeholders who took part in the evaluation

Professional stakeholder role		Count
FDAC team		6
FDAC judge		3
Children's guardian		8
Legal representative	Parent	6
	Local authority	3
	Guardian	2
	Child	1
Social work staff	Social worker	5
	Team leader/manager	2
Other ³	Integrated Family Support Team worker	1
	CJI staff*	2
	Senior professional in local authority*	1
	FDAC court staff	1
Total		41

Parents were recruited to the study with the assistance of the FDAC team who provided information about the evaluation to parents during the early stages of their involvement in FDAC proceedings, or later in proceedings if deemed more appropriate for the parent⁴. Once identified as being interested in taking part, the parent's key worker (KW) or the FDAC team manager acted as gatekeepers to arrange the first interaction between the parent and researchers. Parents who took part were given a £10 voucher to thank them for their time and participation.

A small portion of the professional stakeholders were invited to take part in the evaluation through a strategic group meeting, though the majority were recruited through data collection activities with parents (see 'data collection' below). With the support of the FDAC team, researchers were introduced to relevant professionals working with parents involved in the evaluation. The C&V FDAC team manager and administrative assistant also aided the research team in identifying additional suitable or interested professional stakeholders working with other families in the pilot.

Researchers provided all participants with a formal information sheet on the study and obtained consent to participate before data collection activities.

³ Asterisk indicates professionals who only took part in phase 1.

⁴ In some instances, the FDAC team felt that for various reasons it was not appropriate to introduce the study to parents at the start of proceedings and sometimes opted to introduce the research later. The team were given the autonomy to decide but were encouraged to introduce the research opportunity as early as possible.

Data collection

The evaluation involved three main qualitative data collection activities: interviews/focus groups, observations, and written submissions. Quantitative administrative data was also collected by the FDAC team and features in this evaluation.

Interviews and focus groups

Realist qualitative interviews and focus groups were used to gather data on individuals' perceptions, attitudes, and experiences of the pilot. Questions followed semi-structured topic guides and primarily focused on uncovering, testing, and refining theories on the causal relationships between contexts, mechanisms, and outcomes. Some questions also focused on capturing nuance to ensure the programme theory being developed was relevant for the local area and families involved in the pilot, understanding how C&V FDAC was operating, and how certain components of the model achieve outcomes for families. After each interview or focus group, knowledge gained was used to inform the questions asked in subsequent interviews and focus groups in an iterative fashion. All interviews and focus groups were audio-recorded and transcribed.

As noted above, the original aim was to conduct up to five interviews with five professional stakeholders and up to four interviews with 15 families, at various stages of FDAC proceedings throughout the evaluation (n=~65-85). Due to timescales, the availability of parents and professional stakeholders, and the challenges noted above regarding recruiting families to the evaluation, it was necessary to revise this target. Focus groups were conducted in addition to interviews, and the target of 15 families was revised to 15 parents, reflecting the methodological change noted in 'participants/sample'. Parents were still interviewed at various stages of FDAC proceedings, though they were not necessarily the same parents at each time point. The change substantially increased the involvement of professionals in the evaluation.

Across all phases of the evaluation, 29 interviews and/or focus groups were conducted and involved 65 individual instances of a professional stakeholder or parent contributing to this data collection activity⁵ (see Table 2).

⁵ Some participants were interviewed or involved in focus groups more than once.

Table 2: Distribution of total interviews and focus groups by participant group

Type of interview/focus group	Number of interviews/focus groups conducted
Parent interview	8
Joint parent interview	3
FDAC team focus group	4
Additional FDAC team interview	2
FDAC judge focus group	5
Legal representative focus group	1
Guardian focus group	1
Additional guardian interview	1
Social worker interview	1
Initial stakeholder interviews and focus groups ⁶	3*
Total	29

Forty professional stakeholders were formally invited⁷ to an interview or focus group (see Table 3). Nineteen took part in 18 interviews/focus groups which accounted for 51 of the 65 instances of participant involvement in interviews/focus groups. The remaining 11 interviews were conducted with eight parents (four mothers and four fathers) which accounted for 14 instances of participant involvement in interviews/focus groups.

Twenty-six of the interviews/focus groups (55 instances) were conducted in phases 2 and 3 of the evaluation and were analysed for this report. This included 15 interviews/focus groups with 16 professional stakeholders (41 instances) and all 11 parent interviews (14 instances).

Table 3: Professional stakeholders who were invited to, and took part in, interviews and/ or focus groups across all phases of the evaluation

Professional stakeholder ⁸	Invited	Took part in interviews/focus groups
FDAC team	6	5
FDAC judges	3	3
Legal representatives	8	3
Social work staff	11	1
Guardians	8	4
Integrated Family Support Team worker	1	0
Senior professional in local authority*	1	1
CJI staff*	2	2
Total	40	19

⁶ Asterisk indicates interviews/focus groups conducted in phase 1.

⁷ Formal invitation involved email correspondence with professional stakeholders and verbal and phone correspondence with parents. Due to high volumes, it was not possible to track the other professional stakeholders and parents who were informally invited to take part in this data collection activity.

⁸ Asterisk indicates professionals who only took part in phase 1.

Observations

Observations of court hearings and key meetings throughout proceedings were used to understand how the C&V FDAC process worked and how FDAC operated in a Welsh context. They provided a different and more direct perspective than the second-hand data obtained in interviews and focus groups. During court hearings, researchers sat at the back of the courtroom and did not communicate directly with parents, professionals, or judges. During key meetings, which were more intimate than hearings, researchers separated themselves from the meeting as far as reasonably possible. Researchers took field notes from their observations, which were typed up within 24 hours of the observation.

All observations took place during phases 2 and 3 of the evaluation. The original aim was to observe 15 families in up to three court hearings/key meetings at various stages of FDAC proceedings (n=~30-45). This target was also revised, for reasons already detailed above, to observations of 15 parents in court hearings/key meetings at various stages of FDAC proceedings, though not necessarily with the same parents at each time point.

A total of 27 key FDAC meetings and hearings were observed (see Table 4). These involved 154 individual encounters with a professional stakeholder or parent in this data collection activity⁹. Thirty-two professional stakeholders were observed, accounting for 122 of the encounters, and 13 parents' proceedings were involved in observations, accounting for 32 of the encounters¹⁰.

Table 4: Distribution of total observations by key FDAC meetings and hearings

Type of meeting/hearing observed	Number of observations conducted
Non-lawyer review	7
Key worker meeting	2
Key worker meeting with test and check-in	2
Initial formulation	5
Reformulation	6
Review intervention planning meeting	1
Issues resolution hearing	3
Graduation/recognition ceremony	1
Total	27

Written submissions

Written submissions were included as a data collection activity late in the evaluation to enable some additional professional stakeholders to contribute; they had previously not been able to due to availability at the time of other data collection activities, or due to the scope of the evaluation. Twelve professional stakeholders (see Table 5) were invited to provide short written submissions to similar semi-structured questions that were asked in interviews/focus groups. Four written submissions were received in total. Three submissions were provided by professional stakeholders

⁹ Some participants were observed more than once.

¹⁰ Due to the nature of some key meetings observed, 11 of the parent encounters included observations of meetings about a parent's proceedings where the parent was the focus of the meeting but was not present.

who conveyed their main thoughts and experiences about the pilot. One unsolicited written submission was also received from a parent who was unable to take part in an interview.

Table 5: Roles of professional stakeholders who were invited to, and provided written submissions

Professional stakeholder	Invited	Submitted
FDAC court staff	2	1
Social work staff	4	0
Guardian	1	2 ¹¹
Senior professional in local authority	5	0
Total	12	3

Quantitative data

The C&V FDAC team collected quantitative, pseudo-anonymised, administrative data on families involved in the pilot at three different levels – case level, parent level, and child level. Case level data included the referring LA, case progression, key dates, case duration, whether there was a contested final hearing, and details of expert reports/assessments. Parent level data included demographics, background information, engagement with the FDAC team, services received throughout proceedings, substance misuse, domestic abuse, and mental ill-health. Child level data included demographics, background information, and case outcomes from FDAC proceedings (orders and living arrangements). Data were collected on a standardised Microsoft Excel spreadsheet that was securely shared with the evaluation team via CJI.

The administrative data from the C&V FDAC pilot was intended to be compared with one or more FDAC sites in England to explore any key differences in the profiles, needs and outcomes between families using the service in England and families using the service in Wales. Unfortunately, comparison data was not available within the timeframe of the evaluation and is therefore not included in this report.

Data analysis

Using NVivo (Lumivero, 2017), transcripts from interviews and focus groups, field notes from observations, and written submissions were read and coded to nodes on components of FDAC, contexts, mechanisms, outcomes, implementation factors, and ‘other’ areas of interest. Each piece of coded data under the context, mechanism, and outcome nodes was exported to a Microsoft Word document and grouped into themes relevant to each identified component of FDAC. Overlapping data in each theme was consolidated. Through a process of juxtaposition, comparison, contrast, and combination, data was brought together and visually mapped into several programme theories that reflect contingent casual relationships identified between contexts, mechanisms, and outcomes. For example, the notion that a certain mechanism produces a particular outcome under certain circumstances. The programme theories were continuously fed into, updated, and tested with data and knowledge gained throughout the data collection period.

¹¹ Only one guardian was invited to provide a written submission, however, a second guardian also provided a submission.

Coded data was not mapped if it did not add anything new, or added something subjectively deemed by the researchers immersed in the programme theory to be outside the scope of the theory. Data in the 'other' areas of interest were also exported and grouped into themes which were then thematically summarised and presented.

Quantitative data was cleaned and analysed using Microsoft Excel. Unfortunately, due to data completeness/large amounts of missing and unknown data, several intended analyses were unable to be conducted. The implications of these issues with data are considered in the discussion.

Findings

1. Throughput and profile of families in the pilot

Before discussing key findings in relation to the evaluation research questions, this section characterises the families involved in the pilot using administrative data collected by the FDAC team and qualitative data collected through the evaluation¹². This serves to illustrate who accessed the service; their profile, needs, and any previous experiences of services they may have had.

Overview of FDAC cases

The C&V FDAC were set a target of 30 cases (15 per year) for the pilot. At the conclusion of the pilot, there was a lack of clarity about how and by whom the target number was determined. Welsh Government officials suggested it was based on a scoping analysis of expected demand for the service. The target is said to have been arrived at based on an estimation of the number of families needed to evaluate impact, and the number of families that were financially affordable for the pilot to work with. However, there was no shared understanding among senior stakeholders about the rationale behind the target and what it was meaningfully supposed to measure. Consequently, it is not possible to report whether the FDAC team met their target during the pilot. A summary of relevant figures is provided instead.

Table 6 shows that during the pilot period, C&V FDAC were referred 36 cases which involved 55 parents and 49 children. Half of the cases were referred by Cardiff and half were referred by the Vale of Glamorgan.

Table 6: Family composition of C&V FDAC cases at point of assessment

Case ¹³	Primary parent/carer	Parent/carer 2	Parent/carer 3	Number of children	Local authority	Signed up to FDAC
Case 1	Mother	-	-	1	Cardiff	Yes
Case 2	Mother	Father	-	1	Cardiff	Yes
Case 3	Mother	-	-	1	Cardiff	Yes
Case 4	Mother	Father	-	2	Cardiff	Yes
Case 5	Mother	-	-	1	Cardiff	Yes
Case 6	Mother	-	-	1	Vale of Glamorgan	No
Case 7	Mother	Father	-	1	Cardiff	Yes
Case 8	Mother	-	-	1	Vale of Glamorgan	Yes
Case 9	Mother	Father	-	3	Vale of Glamorgan	Yes
Case 10	Mother	Father	-	1	Cardiff	Yes

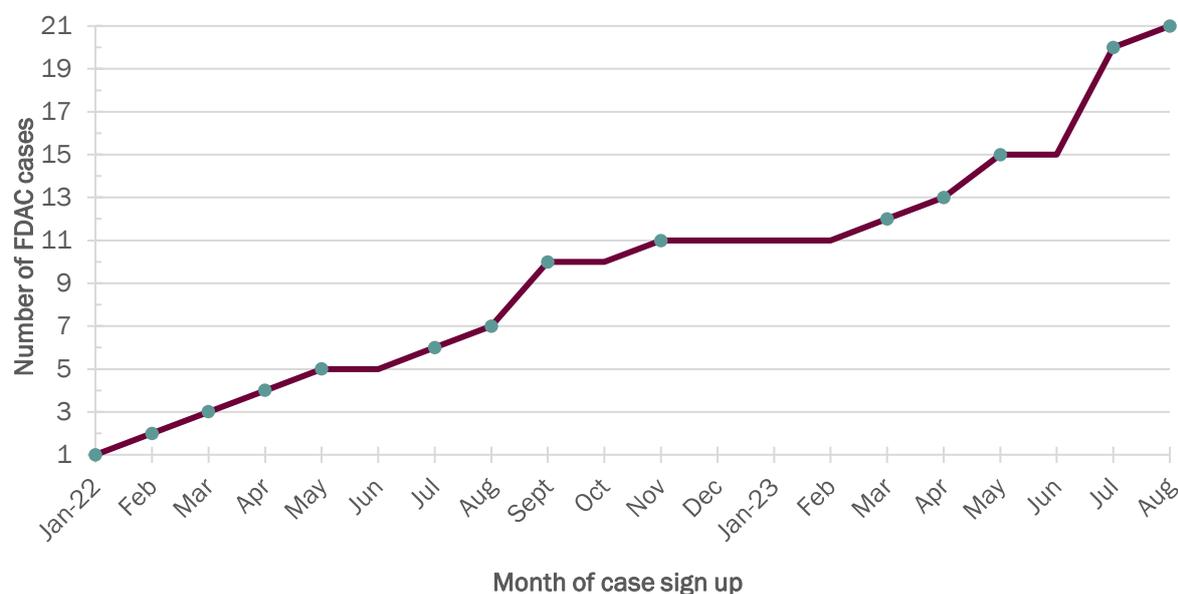
¹² Due to rounding, percentages reported throughout the 'throughput and profile of families in the pilot' section may equal slightly below or slightly above 100%.

¹³ While some cases include both a mother and father, this is not necessarily indicative that they were currently in a relationship. Primary carers may have also changed during proceedings. Some cases with multiple children also involved more than one father in FDAC proceedings.

Case 11	Mother	Father	-	1	Cardiff	Yes
Case 12	Mother	Father	-	1	Vale of Glamorgan	Yes
Case 13	Mother	-	-	2	Vale of Glamorgan	No
Case 14	Mother	Father	-	1	Vale of Glamorgan	No
Case 15	Mother	-	-	1	Vale of Glamorgan	No
Case 16	Mother	Father/step-father	-	2	Vale of Glamorgan	Yes
Case 17	Mother	Father	-	2	Cardiff	Yes
Case 18	Mother	Father	-	2	Vale of Glamorgan	Yes
Case 19	Mother	-	-	1	Cardiff	No
Case 20	Mother	-	-	1	Cardiff	No
Case 21	Mother	Father	-	1	Vale of Glamorgan	Yes
Case 22	Mother	-	-	1	Vale of Glamorgan	Yes
Case 23	Mother	-	-	1	Vale of Glamorgan	No
Case 24	Mother	Father	-	1	Vale of Glamorgan	No
Case 25	Mother	Father	-	1	Vale of Glamorgan	No
Case 26	Mother	Father	Father	4	Vale of Glamorgan	Yes
Case 27	Mother	-	-	1	Cardiff	No
Case 28	Mother	Father	-	1	Cardiff	No
Case 29	Mother	-	-	1	Cardiff	No
Case 30	Mother	Father	-	1	Vale of Glamorgan	Yes
Case 31	Mother	-	-	1	Cardiff	No
Case 32	Mother	Father	-	1	Cardiff	No
Case 33	Mother	-	-	1	Cardiff	Yes
Case 34	Mother	-	-	1	Vale of Glamorgan	Yes
Case 35	Mother	Father	-	4	Cardiff	Yes
Case 36	Mother	-	-	1	Vale of Glamorgan	No

Twenty-one of the 36 referred cases signed up to C&V FDAC during the pilot and progressed to a trial for change. The first parent signed up in January 2022 and the final parent signed up in August 2023 (see Figure 1). Fifteen of the cases did not sign up to FDAC; 11 were deemed 'not suitable' by the FDAC team, three didn't sign up due to 'other reason', and one case declined to be involved. The 15 cases that did not sign up are **not** included in the following data.

Figure 1: Timeline of cases signed up to the C&V FDAC



Legislation requires care proceedings to be complete within 26 weeks (Children and Families Act, 2014), and FDAC aims to achieve this in cases where children will not be reunited with their parent(s). However, FDAC proceedings can be extended beyond 26 weeks where reunification is in the children’s best interests, or where there is the possibility that children will return home (FDAC National Unit, 2018). Case duration in the C&V FDAC pilot ranged from 23 weeks to 50 weeks, with a mean case duration of 28.5 weeks. The median case duration was 25 weeks, and 38% of cases (n=8) went over 26 weeks. This compares favourably with data that suggests the average length of proceedings in traditional family court cases is 49 weeks (Ministry of Justice, 2022).

Demographics

The 21 cases that signed up to C&V FDAC included 35 parents and 33 children. Tables 7 and 8 show a summary of parent and child demographics. The majority of parents (57%) were female. Parent ages ranged from 18-54 years, with an average age of 34 years. The average age of male parents (36 years) was slightly higher than the average age of female parents (32 years). Most parents (77%) were recorded as White British (English, Welsh, Scottish, Northern Irish), 6% were recorded as Asian/Asian British, 3% were recorded as White/Black Caribbean, and 14% were recorded as Mixed/multiple ethnic background. Comparatively, the most recent census showed that in Cardiff and the Vale of Glamorgan respectively, 79.2% and 94.6% of the population were recorded as White, 4% and 2.3% were recorded as Mixed or Multiple ethnic background, 9.7% and 2.1% were recorded as Asian, Asian British or Asian Welsh, 3.8% and 0.5% were recorded as Black, Black British, Black Welsh, Caribbean or African, and 3.3% and 0.5% were recorded as other ethnic groups (Office for National Statistics, 2023).

Fifty-two percent of the children were male. Child ages ranged from unborn to 16 years old, though the vast majority (93.9%) were under 10 years old. Similarly to parents, most children (70%) were recorded as White (English, Welsh, Scottish, Northern Irish/British), 9% were recorded as Mixed/multiple ethnic background, 3% were recorded as Asian/Asian British, and ethnicity was not recorded for 6% of children (see Table 8).

Tables 7 and 8: Summary of parent and child demographics¹⁴

Parent demographic ranges	Number of parents
Gender	
Male	15
Female	20
Age (years) at date of first hearing	
18 – 24	4
25 – 29	8
30 – 34	7
35 – 39	7
40 – 44	7
50+	2
Ethnicity	
White (English, Welsh, Scottish, Northern Irish/British)	27
Mixed/multiple ethnic background	5
Asian/Asian British	2
White/Black Caribbean	1

Child demographic ranges	Number of children
Gender	
Male	17
Female	16
Age (years) at date of first hearing	
< 12 months	10
1 – 3	5
4 – 6	8
7 – 9	8
10 – 12	1
16+	1
Ethnicity	
White (English, Welsh, Scottish, Northern Irish/British)	23
Mixed/multiple ethnic background	3
Asian/Asian British	1
Unknown	6

History with children's services

Over a quarter of the parents in the pilot (n=9, 26%) were former looked after children themselves, and a majority of all parents had previous contact with children's services (n=30, 86%). Thirty-one percent of all parents (n=11) previously had children removed, with a combined total of 31 children removed from parents before their involvement in FDAC proceedings. The number of children previously removed from parents ranged between one and seven, with an average of just under three children being removed per parent.

No parent in the pilot had been a party in a previous FDAC case, and no children involved in FDAC proceedings were previously looked after.

Domestic abuse

Reflecting a trend identified in the policy review of other FDAC sites (see interim report), almost all parents in the C&V pilot reported having past experience of domestic abuse (n=34, 97%). Thirty-four percent of parents (n=12) reported having previous experience as a victim, 11% (n=4) reported experience as a perpetrator, and 51% (n=18) reported experience as both a victim and perpetrator. Whether the remaining parent had past experience of domestic abuse was unknown.

For some parents, domestic abuse was also a current issue at the start of FDAC proceedings, though the number who reported experiencing domestic abuse was lower (n=8, 23%). At this time point, 17% of parents (n=6) reported being a victim of domestic abuse, 6% (n=2) reported perpetrating domestic abuse, and 74% (n=26) reported not currently experiencing domestic abuse.

¹⁴ Unfulfilled categories are not included in the tables.

Mental health

Also consistent with findings of the policy review, at the start of FDAC proceedings all but one parent had experienced mental health issues (n=34, 97%). Many parents (60%; n=21) were receiving prescribed mental health medication at this time point, 31% (n=11) were not receiving mental health medication, and for 9% (n=3) this was unknown.

Unfortunately, the quality and completeness of data precludes the reporting of other findings related to parents' mental health, such as mental disorder diagnoses, parental depression/anxiety disorder severity, whether parents engaged with community mental health teams before and after proceedings, or trauma screening scores.

Housing

A majority of parents in the pilot were living in social housing (n=22, 63%) when their proceedings began. The next most common accommodation type was living in a supported house, hostel, or refuge (n=6, 17%). The least common accommodation types were owner-occupier (n=1, 3%) and private tenant (n=1, 3%). One parent (3%) was homeless at the start of proceedings. Data was not collected on accommodation type at the end of FDAC proceedings, and thus it was not possible to trace how parents' accommodation status changed over time.

2. Feasibility

To determine whether the pilot was implemented as intended and whether it is feasible in the context of Cardiff and the Vale of Glamorgan, this section explores several key aspects of the pilot that are important both for the internal purposes of the pilot and for the wider consideration of scaling up FDAC to other parts of Wales.

FDAC team

The core C&V FDAC team comprised of the following roles:

- Team manager
- Administrative assistant
- Clinical psychologist
- Mental health specialist
- Substance misuse specialist

The team was established in November 2021, however, not all posts within the team were recruited to when the pilot went live, with some posts not being filled until December 2021. A member of the team noted this created difficult circumstances from the outset:

“There were different timescales when people joined the team. So, I think we were given very difficult circumstances in which to kind of, you know, form the team, have time together, maybe even as a team, go to other FDACs or just have that opportunity really to kind of as a team think about a bit more, ‘how does this work?’” – FDAC team member

The team sat alongside the existing Cardiff & Vale Integrated Family Support Team (IFST). In practice, this meant that the FDAC team manager reported to the IFST service manager and that families who were reunified through FDAC were able to receive 12 months of post-proceedings support from the IFST. The FDAC team were primarily based in Cardiff City Hall, though this was not the case for the entire duration of the pilot. A lack of a physical space to base themselves out of for the first three to four months of the pilot presented another early challenge for the team, one that resurfaced in the last two months of the pilot when they had to leave City Hall due to renovations to the building.

When supporting families based in the Vale of Glamorgan, the FDAC team often operated from the Cardiff and Vale Drug & Alcohol Service (CAVDAS). The team spoke highly about the support and accommodation they received from CAVDAS and how helpful it was to have this additional space:

“They’ve really bought into FDAC. A good example, this week they let us use their space. You know, no cost, really accommodating...that really helped us.” – FDAC team member

In the second year of the pilot, to expand the capacity of the C&V FDAC team and increase the number of cases to be heard, CJI sourced additional funding via the National Lottery Wales Community Fund for a qualified social worker. The post was filled for approximately one month before becoming vacant again. Further recruitment was not attempted, and the additional funding was not collected. The team had accepted additional cases with the expectation of increased capacity, and while a worker from the Cardiff and the Vale IFST supported the C&V FDAC team toward the end of the pilot to ameliorate the loss of the additional social worker, the number of cases the team was able to work with at one time was still impacted.

Although the team manager was a qualified social worker and could offer social work expertise, a separate qualified social worker was one of several roles not included in the C&V FDAC team. For example, the team also did not include a post-proceedings worker or parent mentor(s). While these three roles are recommended in the FDAC service standards (Centre for Justice Innovation, 2019a) and guidance on getting started from the FDAC national partnership (Centre for Justice Innovation, 2019b), the evaluation interim report (Meindl et al., 2022) showed the composition of FDAC teams varies depending on local context and that it is common for the latter two roles not to be included in many UK FDAC teams.

FDAC judges

The C&V FDAC had one lead judge when the pilot commenced. The intention was for the pilot to include two full-time judges, hearing FDAC cases on alternate weeks. However, due to the volume of work and to ensure appropriate cover, the judicial team expanded to three specially trained judges by June 2022. The third judge was recruited mainly to provide additional cover and overall held fewer FDAC cases than the two primary FDAC judges. All three judges operated from the Cardiff Family Court.

Case numbers

While it has been difficult to determine if the C&V FDAC met their target number of cases throughout the pilot, there appeared to be three main barriers to increasing the number of families involved. The first related to the referral pathway into FDAC, which yielded a lower volume of referrals than initially expected. One reason the FDAC team felt referrals were not made in the

numbers anticipated, was that some professionals may have been confused about thresholds of substance misuse. Consequently, professionals were thought to be pre-screening referrals themselves and only referring to FDAC if a parent's substance misuse was particularly severe.

This confusion was reflected in interviews with social workers and legal representatives, who noted a lack of clarity around the referral pathway into FDAC, the thresholds at which the FDAC pilot operated, and the scope of support offered in FDAC proceedings. A social worker explained that for some families *"...drug and alcohol is a feature, but it wouldn't always meet that threshold potentially"*, and that *"low-level cannabis use"* was *"probably not at a level where it's suitable"* for FDAC.

Similarly, some legal representatives were under the impression that the LAs were responsible for determining whether a case met the FDAC threshold. One recounted a case that was not initially put forward for FDAC by the LA, but ended up coming into the service on the orders of a judge:

"When we had the FDAC training, we thought that the local authority had to select whether or not it was suitable for FDAC before [issuing proceedings]. But what happened on this particular case is they didn't select the FDAC route. We ended up as an urgent hearing before the DFJ, who's a designated family judge. And he basically said, 'this is going down the FDAC route'. And I don't think any of us thought, having been newbies to it, that that was possible - that we could then elect to go down that route...I know it's all trial and error, but that was one of the first [issues], cause I thought, oh, I don't even think we could do this." – Legal representative

Other examples showed how a misconception of the nature and scope of FDAC may have prevented some families from being considered for FDAC proceedings. The following comment from a social worker suggests FDAC was viewed as being focused on drug and alcohol issues at the exclusion of other problems:

"...in this circumstance, we had a lot of physical harm concerns. Previous children have been removed from very dangerous adult violent behaviour, not just exposure to domestic abuse, but physically, you know, evidently non-accidental injuries. It was felt that FDAC wouldn't necessarily assess that element in the necessary depth." – Social worker

The misunderstanding here is that the presence of other issues outside of substance misuse, such as non-accidental injury, precludes FDAC from working with a family when this is not the case. More broadly, an FDAC judge suggested a general lack of awareness and exposure to the model among professionals may have been another reason contributing to lower referrals. They stated:

"I've had a couple of cases that seemed appropriate for FDAC, but it just hasn't been explored because the particular lawyer and team dealing with it hadn't had any exposure to the system." – FDAC judge

The second barrier relates to the FDAC team's capacity. The team had been informed that in an established FDAC, team members would hold a caseload of 5+ cases (families) at a time. KWs in the C&V FDAC were holding up to three or four cases at a time and felt that there was no capacity to expand that any further at their current size. This was particularly because of the heavy administrative load and the intensity of the casework. Reflecting on this issue, one FDAC team

member suggested “if we were a bigger team, then maybe we will be able to carry a greater caseload.”

The third barrier arose toward the end of the pilot. The ambiguity surrounding whether the pilot would be extended, recommissioned, or closed at the scheduled end (see ‘findings’ section 5 for more details) meant the FDAC team were unable to accept new referrals into the FDAC pilot after July 2023. This was deemed necessary due to inadequate time remaining in the pilot for new FDAC proceedings to be completed if additional funding was not secured.

Range and type of work undertaken

During FDAC proceedings, all 35 parents received in-house support/services from the FDAC team for the following:

- mental health
- physical health
- family
- parenting
- sexual abuse or trauma (sexual and general)
- substance misuse

Parents also received support from other external agencies through referrals made by the FDAC team, specific to the parent’s needs. Unsurprisingly, the most common additional support was substance misuse intervention (n=11, 31%), followed by parenting support (n=8, 23%), and peer-led recovery support (n=7, 20%). Other services received by parents included physical health support/treatment (n=3, 9%), dental treatment (n=1, 3%), other mental health support (n=5, 14%), domestic abuse survivor programme (n=1, 3%), housing (n=4, 11%), debt management (n=4, 11%), education or training support (n=3, 9%), sexual abuse or trauma support (n=1, 3%), and women’s centre (n=1, 3%). This shows the wide breadth of support parents received throughout FDAC proceedings which was further reinforced by parents in interviews. Many felt there was no limit to what the FDAC team was able, or willing, to assist them with:

“Everything that you’ve, you struggle with and that you’ve got a problem with, they’ll help with. They’re not just there to ask you to do drug testing and to get you in trouble. They’re there to help you...and they do tell you that every time they meet you.” – FDAC parent, not reunified with child(ren)

“It feels like they’re more than willing to help you with any situation that you’re involved in. And it’s nice.” – FDAC parent, reunified with child(ren)

Commitment to the FDAC approach

There was an important but somewhat ineffable quality to the way proceedings and casework were managed within the pilot, which became evident during observations involving the FDAC team and judges. They demonstrated a shared commitment to, passion for, and belief in the FDAC ethos, particularly the strengths-based, trauma-informed way of working, and the problem-solving approach. This translated across all aspects of their FDAC work observed in the evaluation but was especially notable in the way they spoke of the families they were supporting and the work they were doing.

In some cases, progress was slow, parents appeared challenging to engage with, setbacks were common, and workloads were high. Regardless, the FDAC team and judges showed commitment to the FDAC approach and embodied the underlying principles and philosophies of FDAC. They used strength-based language when discussing parents, even when they weren't present. They sought to understand parents' past and current circumstances to identify solutions and better support parents' needs. Moreover, they provided consistent support and a safe space to help families weather the inevitable challenges that arose, all while keeping child and parent safety paramount.

Implementation factors

While the implementation of the C&V FDAC pilot featured in phase one data collection and the evaluation interim report, qualitative analysis of interviews and focus groups with professional stakeholders in phases 2 and 3 provided further insight into the implementation of FDAC in Wales as the pilot progressed. This section presents a brief update on implementation barriers and enablers experienced by key stakeholders in the C&V FDAC pilot. These are separated according to the levels at which FDAC implementation was found to occur in the Welsh context during phase 1 of the evaluation (see Table 9).

The list is not exhaustive, but it details some enablers and barriers previously identified in phase 1 that were reiterated in phases 2 and 3 (underlined text in the table) and new enablers and barriers identified during phases 2 and 3 (bold text). Appendix 1 is an expanded version of the tables and details the enablers and barriers to FDAC implementation in Wales identified across all phases of the evaluation. Given the circumstances surrounding the closure of the C&V FDAC, more barriers than enablers to the successful implementation of FDAC were identified as the pilot progressed. Factors relating to funding, training, and buy-in were notable across several implementation levels.

Table 9: Enablers and barriers to FDAC implementation in Wales, identified in phases 2 and 3

Level of implementation	Enablers	Barriers
National/policy	-	Funding: <ul style="list-style-type: none"> • Lack of resources and funding made available for FDAC. • Reassignment or recommissioning of substance misuse services.
Local authority	Availability of services: <ul style="list-style-type: none"> • <u>A wide variety of treatment providers and third sector organisations are available in the local area for parents to be referred to.</u> • <u>Robust local services in the LA (particularly those with similar core principles to FDAC, similar multidisciplinary team structure, and/or similar processes for referring into the service).</u> 	Availability of services: <ul style="list-style-type: none"> • <u>Treatment services that are limited by: availability, long waiting lists, cost, remit (e.g., ability to address substance use disorders and holistic needs), or entry criteria (e.g., limited residential treatment services available for men; mental health services only allowing entry in a crisis).</u> Buy-in:

	<p>Buy-in:</p> <ul style="list-style-type: none"> • <u>Leaders who believe in FDAC and are committed to the changes in approach and practice.</u> • Social workers in LA are supportive of FDAC. <p>Training:</p> <ul style="list-style-type: none"> • Substance misuse workforce trained in trauma-informed practice. 	<ul style="list-style-type: none"> • <u>Unfamiliarity with the FDAC model and lack of understanding of its purpose.</u> <p>Timescales:</p> <ul style="list-style-type: none"> • <u>Short time periods to set up a new FDAC.</u> <p>Training:</p> <ul style="list-style-type: none"> • <u>LA social workers, legal practitioners, guardians, court staff and partner agencies/services do not all receive the same training or any training at all.</u> <p>Funding:</p> <ul style="list-style-type: none"> • Lack of resources made available for the FDAC team to function effectively e.g., office space. • Lack of sustainable funding for an FDAC. <p>Strategic plan¹⁵:</p> <ul style="list-style-type: none"> • Poor communication and planning regarding outcomes and measures of success for an FDAC. • Unclear aims, objectives, and strategic plan for a pilot.
FDAC	<p>Buy-in:</p> <ul style="list-style-type: none"> • <u>Local judges who champion the FDAC approach.</u> • <u>When a new FDAC site believes it will exist beyond the scope of its pilot.</u> <p>Training:</p> <ul style="list-style-type: none"> • FDAC team trained at trauma-enhanced level. 	<p>Training:</p> <ul style="list-style-type: none"> • <u>FDAC training delivered too early in FDAC implementation.</u> • <u>LA social workers, legal practitioners, guardians, court staff and partner agencies/services do not all receive the same training, or any training at all.</u> <p>Team capacity¹⁶</p> <ul style="list-style-type: none"> • Too small of a team to balance capacity vs expected caseload
Individual	-	-

¹⁵ These barriers were relevant to the 'national/policy' level due to Welsh Government's involvement in funding the C&V FDAC pilot, however, for the majority of FDACs, it is more likely to be relevant to the 'local authority' level.

¹⁶ This barrier is also relevant to the 'national/policy level' and 'local authority' level as it is associated with available funding for FDAC.

3. Experiences of the pilot

This section explores the experiences and perspectives of some of the parents and professional stakeholders involved in the C&V pilot.

Parent perspectives

Parents were overwhelmingly positive about their experience of being involved in FDAC proceedings. While parents who were less positive may have also been less likely to participate in this evaluation, it is notable that those who did take part spoke highly of the intervention even if the outcome of their proceedings was that their child or children were removed from their care. The most common topic of their praise was the FDAC team, frequently using words such as “brilliant” and “amazing” to describe them. Other strong themes that came out of parent interviews are summarised below.

FDAC’s role in helping parents to change course

Several parents expressed the view that their lives were heading in a bad direction and felt FDAC helped them change the course of their lives. This was the case even where problems were longstanding, as one parent described:

“Everything they’ve done for me, I’ve needed...I was in a bad place. I was in a dark place...I find myself in a dark, deep hole. And they’ve dragged me out of that. I was doing a lot of substances for almost 20 years...And they’ve turned my life around for me, which I can’t thank them enough for.” – FDAC parent, not reunified with child(ren)

Similarly, another parent, who was reunified with their child at the end of proceedings, described the service as a “lifesaver” and said, “*my life’s back on track because of them [the FDAC team] I can’t recommend them enough*”. While these parents credited FDAC with doing the work to tackle their entrenched substance misuse and change their life’s prospects, other parents noted that FDAC helped them to make changes themselves. This is demonstrated by one parent who also invoked the notion of changing course, sharing “*I feel like they’ve helped so much, and I feel like I can turn my life around and come off the drugs*”. The idea that parents had been able to surprise themselves with what they could achieve with the right support also arose in several of the interviews.

Recognition of support and effort provided by the FDAC team

Some parents not reunified with their child(ren) were still able to recognise how much effort the FDAC team had put in, expressing they felt nothing more could have been done and that they appreciated the sense that the team was on their side in the struggle to make the changes needed:

“They just give everyone the best chance. And they, they work extremely hard.” – FDAC parent, not reunified with child(ren)

“...they stand by you and fight the whole way with you while you’re doing it.” – FDAC parent, not reunified with child(ren)

Another parent who was not reunited with their child but who felt progress had been made, emphasised the motivational quality of FDAC, explaining *“I don't think we could have done it without them. I think they do motivate you more and to do it in like the short space of time.”*

Advocating for non-judgemental, problem-solving support

Arguably, the reason for the level of positive feedback from parents, even those who had children removed from their care, reflects the way FDAC sought to support both parents and children. One parent who was reunited at the final hearing, alluded to this in saying *“I just recommend them to anyone really. It just really helped me as a person as well as being where I needed to be [for the child]”*. In a similar vein, other parents suggested an FDAC-style problem-solving team would benefit other legal settings:

“I feel like all courts for any type of courts should have, maybe not an FDAC, but like a team, which are trying to do the same sort of thing for whatever that situation is. Because I feel like it, it would make not just the court system, but people which are on the lower end of life, become a bit more open with authority. And I think the country would run a bit smoother then on that side.” - FDAC parent, reunified with child(ren)

“...it's not just the family drug and alcohol court that should have a team like this. There should be a team for like every type of court. And because if they were in every type of court, I feel like it would restore more trust amongst the people with the government and like the authority and knowing that there are actually people that are gonna listen and try and help rather than just instantly judge and not wanna know. And like, yeah, I've like, I feel like it's been a lifesaver, to be honest.” - FDAC parent, reunified with child(ren)

Both parents make the point that FDAC has the potential to reshape how people perceive authority and power. This seems linked to the notion that FDAC is primarily about problem-solving rather than judging. As one parent who was not reunited with their child described, *“there was no judging involved...if they had to sit there and listen for an hour or two, that's all they would do.”*

Comparison to standard care proceedings

Parents who had experienced standard care proceedings previously were able to compare and contrast these past encounters with FDAC. This brought to light a stark contrast. One parent, who had previously had children removed, said of standard proceedings, *“We felt like we had no voice, and we were powerless, and we were just getting accused of things and there was no opportunity to even defend ourselves.”* They went on to describe FDAC in very different terms:

“It feels like we actually have the power to actually have our say, get things done, have our side heard, and then they try and work with us to try and improve things and meet in middle grounds.” - FDAC parent, reunified with child(ren)

The level of involvement with professionals was also cited as an important point of difference between FDAC and standard proceedings, with parents recalling being *“sat at the back of the room...like a spectator”* in standard proceedings, whereas in FDAC they felt *“at the forefront most of the time”*. In keeping with this idea, there was also reportedly a much higher level of engagement felt within FDAC, especially in between hearings:

“...to be to be left alone in that time. I think it would be very, very difficult. Where with FDAC you’re never ever left alone as such. You’re always being, there’s always messages being sent. There’s always talks and arrangements of appointments and what’s happening next. So, you’re always in contact with them. And as you say with, with someone always in contact with you, you know where everything’s going and what’s happening then.” – FDAC parent, not reunified with child(ren)

Another parent shared that the long periods of time without communication or hearings in standard care proceedings caused so much stress that it further exacerbated their mental health and substance misuse:

“It [standard care proceedings] was really stressful and to the point like, I wouldn’t give up cannabis. I’d still smoke it, and it was like really stressful. You’d go in [to court] not knowing what was gonna happen. You felt like everyone was against you. Cuz like, it [hearings] wasn’t like every two weeks like it is now. It was like one every six months. So, it’s just the build-up of it, it was like stress. My anxiety was through the roof. Whereas with this one, it’s so different to the normal care proceedings.” – FDAC parent, reunified with child(ren)

Things parents would change

When asked if there was anything about FDAC that could be changed or improved to make FDAC in Wales work better for families, three parents (all of whom were not reunited with their children) responded there was nothing that they would change:

“To be honest, no. Like I said, it’s been, it’s been amazing, it’s really helped me a lot, and I think, I think it’ll definitely help a lot more people.” – FDAC parent, not reunified with child(ren)

Another four parents made suggestions which all broadly fell under the theme of expanding FDAC. This included multiple suggestions for a bigger team to enable them to work with more families, providing the team with longer time frames to work with parents, and improving the visibility of FDAC by advertising it to more parents. For instance, one parent reflected *“I know that I’m very lucky to be with FDAC cause they don’t accept many families...they should be able to accept more families in our situation”*, while another suggested the intervention *“should be rolled out and every family court should be run the same way.”*

Professional stakeholder perspectives

While professional stakeholders’ views of the pilot on the whole were also positive, there was more of a mix of perspectives that included some criticisms. The themes that came out of professional stakeholder interviews and focus groups are summarised below.

A united approach

FDAC was commonly viewed to be a more collaborative, united approach between parents and professionals, who worked together to meet shared goals:

“...it was very open...it wasn’t an ‘us and them’, it very much felt like we were in this group together.” – Children’s Guardian

“I think it takes all that adversarial nature out of proceedings and it allows the parents that opportunity of realizing that everybody working with them is working with them. And it's not, they have to prove something. It's, we are working together to get this better.” – FDAC judge

One Children's Guardian described the successful outcomes they had witnessed and attributed them to parents and professionals working together as a team:

“I saw the powerful effect of the team around the family to scaffold the changes they were making. I saw successes being celebrated and was part of that and a constant re-evaluation of the support network available to the family and how well it was working. I saw the family start to make internal changes first the mother then later the father. I saw how the disparity was handled in the interim period by the judge. The key focus for me was upon professionals' ability to 'hold their nerve' during relapses or times of setback and to stick with the family through painful moments of change.” Children's Guardian

The FDAC team credited the increased collaboration between parents and professionals in part to the trauma-informed approach of FDAC, with one team member stating working with the team in that way built parents' *“confidence and trust in feeling safe with professionals.”* However, they did not make it clear how the 'trauma-informed approach' manifested in practice.

Comparison to standard care proceedings

Similarly to parents, professional stakeholders also made stark comparisons to standard care proceedings. Professionals often spoke positively of how FDAC empowered parents and provided them with more agency. One member of the FDAC team felt this started right at the beginning of proceedings, where parents were presented with *“a little bit of choice and option[s]”* simply because FDAC exists as an alternative to standard care proceedings. The increase in empowerment and agency was also attributed to FDAC giving parents greater opportunity to affect change than in standard care proceedings:

“[parents are given] the opportunity to understand that actually they have some power in all of this, and actually they have the ability to change the outcome, whereas you don't get that focus [in standard care proceedings].”- Children's Guardian

FDAC was also thought to have a different atmosphere to standard care proceedings, particularly surrounding NLRs. This was said to ease the tension of care proceedings for parents and allowed professionals to get a better sense of the parents they were working with.

“They would have a laugh...And I thought that wouldn't have happened in the other proceedings...I think it allowed a bit of their personality to come through as well, so you had a better feel on the person” – Children's Guardian

The differences between FDAC and standard care proceedings were not just felt with respect to parents' experiences. Some professionals expressed how differently the experience felt for them as a practitioner, as described by this social worker:

“Court generally is terrifying. It's nerve-wracking as a social worker, if you were a parent I, I, it would be horrific, I think really...and I think that way of working [in FDAC] it's far kinder,

I think it's far fairer. You are all working to a shared goal of trying to support those parents to make the necessary changes to parent that baby safely. And even though that should be the tact at all times, sometimes it can feel, I think in a, in a more traditional court arena, quite different really. And naturally there's a lot of fear. But I think the support available through FDAC is, is really, really helpful, I think. And it's, it's a golden opportunity" – Social worker

Legal representatives also expressed how FDAC felt different for them. They explained that in standard care proceedings, they are often “scrambling around for resources within the family”. In some cases this might involve:

“...contacting other professionals to try and get things like contact sorted out, referrals to support services sorted out, you know, following up on things to make sure my client has a reasonable support network in place” – Legal representative

Whereas, in FDAC, the team was said to have more control over resources and how they are deployed:

“...they lead on that in arranging all of those things. And if there are problems, because they are so involved, it usually gets dealt with quite quickly to the point where a client may not ring me to even tell me that there was an issue because it's been resolved so soon.” – Legal representative

They considered FDAC as a “catchall” that was on top of everything but wondered “whether that level is sustainable” if FDAC were to be scaled up.

Things professionals would change

Several professionals highlighted things they would change to improve FDAC. Similarly to parents, a common view among professionals, when asked what they would change, was that the team and service should be expanded to increase capacity to work with more families. Increasing capacity generally, including having more judges available and trained in FDAC, was cited as a positive change that could be made. One member of court staff felt the most important change would be one that gave more families the opportunity to take part in FDAC:

“After sitting in most of the case management hearings, seeing the optimism and hope during the sign-up hearings, seeing the change every fortnight for the better and the conclusion in the IRH hearings; the only change I would make is that FDAC is available to more families in Wales. The idea that the pilot has ended and no more families will be given the opportunity is heartbreaking. I just wish the people making the decision about funding could have been at the graduation ceremonies and seen the children who have been reunited with a parent free from substances who has fought their hardest with the help of FDAC to be the parent they deserve.” –FDAC court staff member

As well as the basic matter of being able to serve more families, professionals pointed to other, more functional advantages of increasing capacity. One judge viewed “having a greater number of people on both sides of the fence, judges and FDAC professionals” as a potential solution to problems that had arisen around listing hearings. This had caused some disruption and added to administrative burden as a result of having to move hearings at short notice.

More in-depth FDAC training was also cited as an important implementation element that should be somewhat required for the wider group of professional stakeholders working with families, to enable a better understanding of FDAC.

Incongruence between legal representatives and FDAC

Some legal representatives praised FDAC for the way it can help families, and members of the FDAC team praised the way some legal representatives supported clients through the process. However, legal representatives also criticised aspects of FDAC, and there was frustration from within FDAC about how some legal representatives acted.

There was a perceived subjugation of children to their parent(s), as demonstrated by one legal representative who commented that *“sometimes the child is lost in the FDAC process, the emphasis is very much on the parents”*. Other legal representatives took issue with what they felt was a positive bias within the court:

“It's almost like in an FDAC court you can't actually talk about that [problems]. You've got to put a positive spin on everything. Well, the reality is they're there because they have got difficulties and sometimes it's very difficult to conduct a hearing as an advocate where you're not allowed to freely talk about maybe what the negatives are.” – Child's legal representative

When asked what created this perception, they felt it was apparent in FDAC training and in the way the FDAC team champions parents.

Another critical perspective among legal representatives was that they felt alienated by an FDAC process that contrasted notably with traditional proceedings. One legal representative commented on what they perceived to be a lack of transparency in the court, where the prominence of the FDAC team and their relationship with the judges created *“a very different power balance”* in which information was not shared as readily:

“[FDAC is] very good in terms of support for parents and its services they would not otherwise get, and that bit of it is absolutely fab for them. But in terms of us as lawyers, I think it's a whole process that that's going on without us”. – Legal representative

On the other hand, the judges were in agreement that some legal representatives *“effectively...undermine the process”* of FDAC by focusing on negatives and not recognising the progress being made by parents. They felt legal representatives should have more training and *“temper their language”* during lawyer reviews where parents were present. One judge illustrated this with the example of a legal representative acting for the Children's Guardian:

“When they're making submissions in an FDAC case, sometimes I'm looking at them thinking ‘your client might be the professional and she might be properly raising concerns about the parents. But they're gonna have to go away and work together’. And it's mind-boggling sometimes. Last week I had a case where, halfway through, after we've had to remove the child from mother and the submissions made by the Guardian, I actually had to stop her...I actually had to stop her in adjourn and I had, I had to say to her, I want you to take formal instructions on those submissions because the mother is entitled to know if that is what the Guardian really thinks, as opposed to whether this is an advocate choosing their words unwisely because she was saying there are no positives in the

parenting being given by the mother to the child in a case where, that was just, it was just wrong. And secondly, in a case where we were removing the child halfway through the FDAC and the mother was remaining in FDAC and it was just like, why are we having this type of really quite inflammatory language? But I think arguably that's a lesson that all advocates should learn in all care and family proceedings. But in FDAC in particular, there's a real misunderstanding between the advocates that this is a different type of process.” – FDAC judge

A concrete suggestion of how a more congruent approach could be achieved between legal representatives and FDAC emerged from a discussion with the judges. They recommended that legal representatives be drawn from “a panel of some description, of people who...properly understand [FDAC]”.

Changes to professional roles

Professional stakeholders involved in FDAC, but who were outside of the core FDAC team, suggested some aspects of their role or workload changed while working within the model.

Several Children’s Guardians felt that due to the intensity of FDAC, there was an increased demand on their time, especially as there was “an expectation you will attend the hearings and the non-lawyer hearings in particular”. There were, however, some identified positives to being more involved in the FDAC process than they would be in standard care proceedings. For example, one Children’s Guardians suggested shared:

“For us it's about keeping the child's views, wishes, feelings, and what's best for them at the forefront. And [FDAC] really does allow us to, to be involved in...everything being done. And if there are tweaks in services or additional services, I think we've got a real good input into that...which we wouldn't normally have such an involvement.” –Children’s Guardian

When reflecting on the process as a whole, another Guardian said that “on the flip side of that, it's actually much easier because it does cut down on things like reading time and thinking time”. Likewise, meeting parents more regularly was thought to give Guardians greater insight into the issues they faced and how they were progressing, and a more in-depth understanding of cases throughout proceedings. The investment of time spent engaging with parents and attending NLRs seemed to pay dividends later on, because “you get to your final report and you have everything that you need”.

In contrast, while legal representatives received reports on a regular basis and were kept up to date with cases, they generally felt less involved than they would in standard care proceedings and like their workload decreased due to less direct contact with parents. To restate an earlier point about feeling side-lined, one legal representative noted:

“I feel completely disempowered as a lawyer, and completely outside of the process...In [traditional] care cases you are very involved in it from start to finish, whereas this [other parts of FDAC] all goes on and you just do the lawyer reviews. And I feel that it's very outside of what we would normally do. It's a very, very different way of working.” – Legal representative

Another echoed that they felt “quite isolated from the process quite a lot of the time”, though acknowledged that FDAC offered their clients “a much better opportunity to address longstanding

concerns” than traditional proceedings. Three legal representatives, representing a child, a parent, and a LA, agreed that FDAC reduced their workload overall, and – as one explained – made them feel “surplus to requirements” even when they were attending court.

This had implications for the type of work legal representatives did, the time it demanded, and how involved they felt. Some noted they were not called upon as much as usual, because the FDAC team performed that role or because things were going well for the parent:

“In traditional proceedings, all these issues arise and then they never really get resolved. So, I’m contacting other professionals to try and get things like contact sorted out, referrals to support services sorted out, you know, following up on things to make sure my client has a reasonable support network in place, from professionals, whereas in FDAC, FDAC very much take the lead on that in arranging all of those things. And if there are problems because they are so involved, it usually gets dealt with quite quickly to the point where a client may not ring me to even tell me that there was an issue because it’s been resolved so soon.” – Legal representative

A member of FDAC court staff also recounted differences in their work – notably in the frequency they saw families due to the fortnightly NLRs, and the increased administrative demands of listing hearings and reviews. This placed greater emphasis on organisation and record keeping but seemed to work well.

Judges noted that in FDAC proceedings different skills were required of them. Perhaps predictably, speaking directly to parents and orchestrating the problem-solving elements of the process meant they were making greater use of communication skills and empathy:

“If you’re sitting - I’ve never had that experience [before], it’s probably the most challenging I’ve had as a judge full stop - sitting, you know a depth width away from somebody trying to urge them to effectively focus on the question of contact...and the fact that these children will still need her in her life, in their lives, and so, you know, you don’t get taught that at judge school and maybe you might build it up over years of practice. But if, like me, you didn’t really have that you just have to rely on your own innate sense of empathy to try and get through it.” – FDAC judge

As this implies, and echoing similar comments from parents discussed above, having a judge sitting close to parents within the courtroom rather than behind their desk changed the dynamic and enabled these direct conversations.

Finally, there was some evidence that these changes in judges’ roles were spilling over to other non-FDAC work. One of the judges described how they use their experience with FDAC in their wider work as a family court judge:

“I think what I’ve actually noticed is my judging in ordinary care cases has changed...It depends on the type of case, but I will always now in a care case, certainly after the first hearing, talk directly to the parents about what’s expected of them...You do have a, a perhaps a bit of a better eye open to in regular care proceedings still the type of things parents are, are going through and how better to allow them to engage and participate in the proceedings.” – FDAC judge

4. Signs of potential

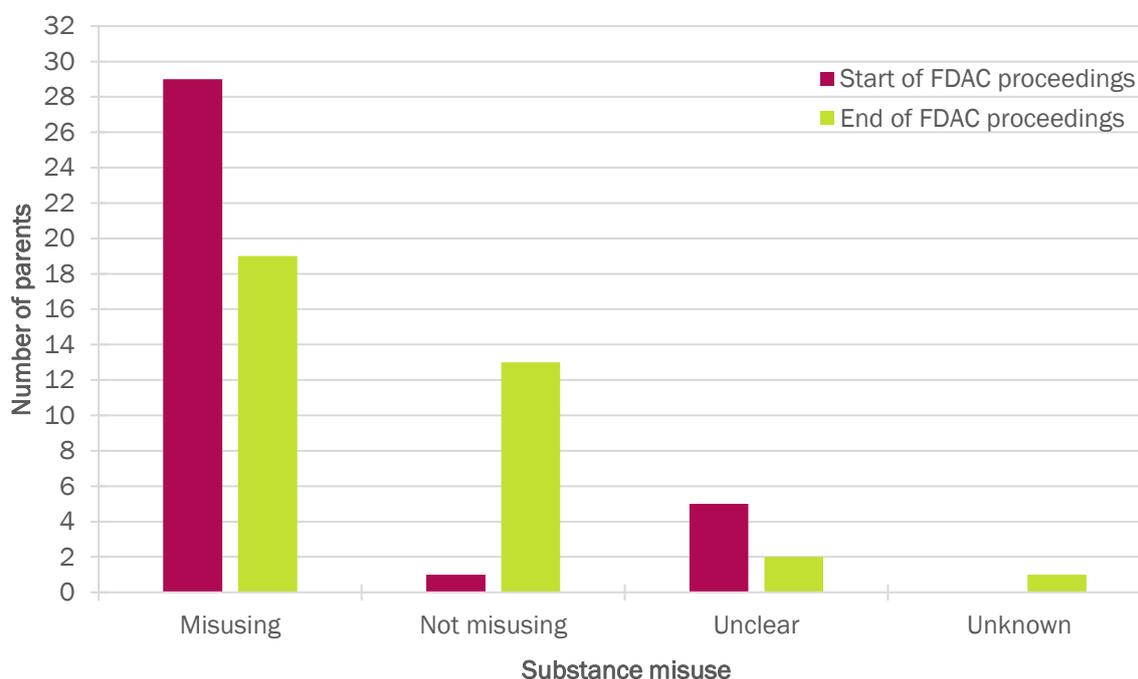
To explore if FDAC in Wales demonstrated signs of potential, this section reports analyses of outcomes for families involved in the C&V pilot.¹⁷

Parental substance misuse

Data on parents' substance misuse was available from a clinically judged and self-reported perspective. However, data quality and accuracy were again of concern. For seven parents involved in the C&V FDAC pilot, there were discrepancies between the data reported on whether the parent was misusing substances, and the severity of their misuse (e.g. some were said to not be using yet the severity level variable contradicted this). Because parental substance misuse is an important outcome in determining signs of potential for the C&V FDAC, this data has been treated with caution. Where discrepancies existed, variables have been recoded as 'unclear'.

Data showed there was a decrease in the overall number of parents misusing substances at the end of FDAC proceedings. At the start of FDAC proceedings, 83% of parents (n=29) were misusing substances and by the end of proceedings, this had decreased to 54% (n=19). The number of parents not misusing substances increased from 3% (n=1) at the start of FDAC proceedings, to 37% (n=13) at the end of proceedings (see Figure 2)¹⁸.

Figure 2: Overall number of parents misusing substances

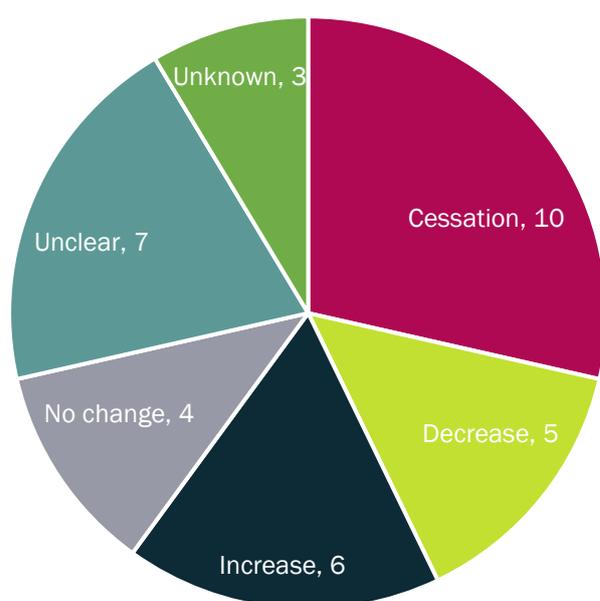


¹⁷ Due to rounding, percentages reported throughout the 'signs of potential' section may equal slightly below or slightly above 100%.

¹⁸ It was unclear if 14% (n=5) of parents were misusing substances at the start of proceedings or if 6% (n=2) were misusing substances at the end of proceedings. Furthermore, it was unknown whether one parent was still misusing substances at the end of proceedings.

Parents' overall severity of substance misuse was determined by the severity of their alcohol misuse combined with the severity of their drug misuse, and this was also shown to generally decrease at the end of FDAC proceedings. Between the start and end of FDAC proceedings, approximately 29% (n=10) of parents achieved complete cessation of substance misuse. The severity of 14% of parents' (n=5) overall substance misuse decreased, 17% of parents' (n=6) substance misuse severity increased, and 11% of parents (n=4) experienced no change in the severity of their substance misuse. It was unclear if there was a change in the severity of 20% of parents' (n=7) substance misuse, and unknown if there was a change in the severity of approximately 9% of parents' (n=3) substance misuse (see Figure 3).

Figure 3: Change in parents' substance misuse severity



At the start of proceedings, 9% of parents were not misusing alcohol, 23% of parents' alcohol misuse was rated low, 23% was rated medium, 31% was rated high, and 14% was unclear. In comparison, at the end of proceedings, 40% of parents were not misusing alcohol, 3% of parents' alcohol misuse was rated low, 17% was rated medium, 26% was rated high, 6% was unclear, and 9% was unknown (see Table 10, and Appendix 2 for a definition of misuse ratings).

Table 10: Parents' alcohol misuse and the start and end of FDAC proceedings

Time point	Severity of alcohol misuse					
	None	Low	Medium	High	Unclear	Unknown
Start	3	8	8	11	5	0
End	14	1	6	9	2	3

Between the start and end of FDAC proceedings, 26% of parents achieved complete cessation of alcohol misuse. The severity of 6% of parents' overall alcohol misuse decreased, and 6% of parents maintained no alcohol misuse. On the other hand, 17% of parents' alcohol misuse severity increased during proceedings, and the severity of alcohol misuse for a further 17% of parents did not change. For some parents, changes in the severity of their alcohol misuse were unclear (20%), or unknown (9%) (see Table 11).

Table 11: Overall change in parents' alcohol misuse

Change in alcohol misuse	Number of parents
Ceased misuse	9
Decreased misuse	2
Increased misuse	6
No change in misuse	6
Maintained no alcohol misuse	2
Change in alcohol misuse unclear	7
Change in alcohol misuse unknown	3

At the start of proceedings, 6% of parents were recorded as not misusing drugs, 6% of parents' drug misuse was rated low, 23% was rated medium, 51% was rated high, and 14% was unclear. In comparison, at the end of proceedings, 49% of parents were not misusing drugs, 3% of parents' alcohol misuse was rated low, 34% was rated high, 6% was unclear, and 9% was unknown (see Table 12, and Appendix 2 for a definition of misuse ratings).

Table 12: Parents' drug misuse and the start and end of FDAC proceedings

Time point	Severity of drug misuse					
	None	Low	Medium	High	Unclear	Unknown
Start	2	2	8	18	5	0
End	17	1	0	12	2	3

Table 13 shows parents appeared to be even more successful at reducing their drug misuse. Between the start and end of FDAC proceedings, 34% of parents achieved complete cessation of drug misuse. The severity of 3% of parents' overall drug misuse decreased, 9% of parents' drug misuse severity increased, 23% of parents experienced no change in the severity of their drug misuse, and 3% of parents maintained no drug misuse. It was unclear if there was a change in the severity of 20% of parents' drug misuse, and unknown if there was a change in the severity of 9% of parents' drug misuse.

Table 13: Overall change in parents' drug misuse

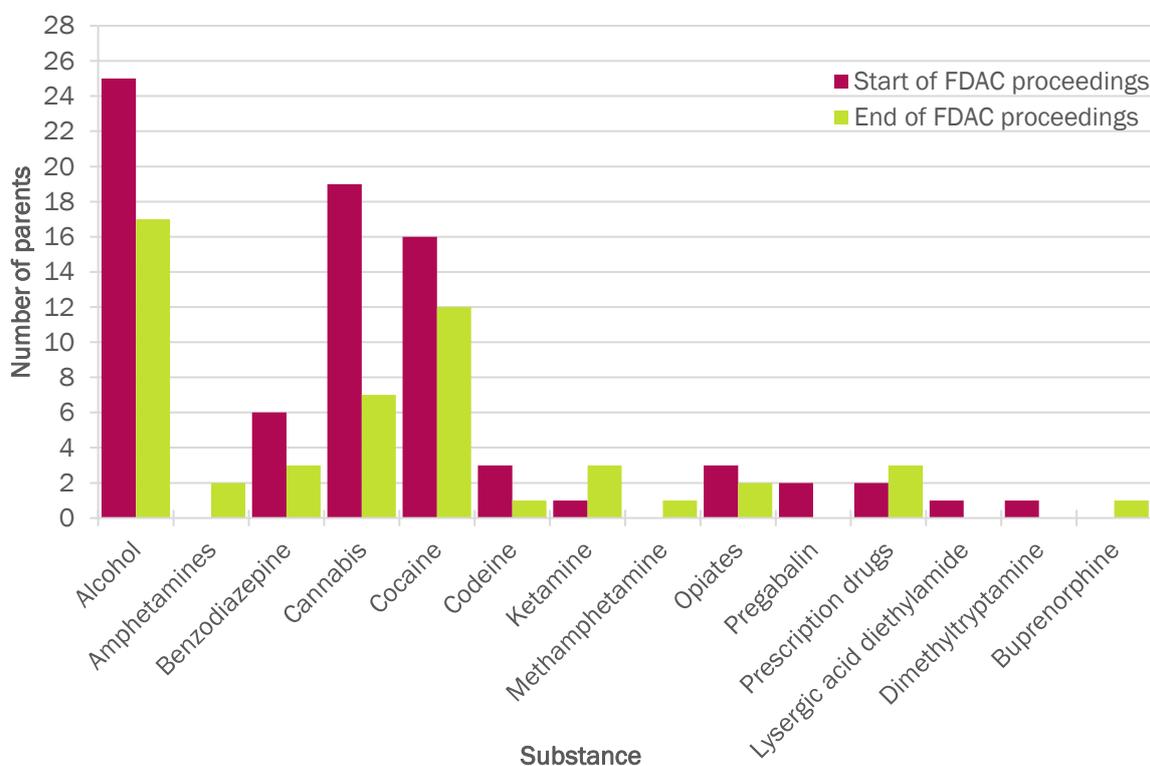
Change in drug misuse	Number of parents
Ceased misuse	12
Decreased misuse	1
Increased misuse	3
No change in misuse	8
Maintained no drug misuse	1
Change in drug misuse unclear	7
Change in drug misuse unknown	3

Parents self-reported misuse of 19 commonly misused substances and free-reported other substances misused in the past 90 days. Figure 4 shows that at the start and end of FDAC proceedings, alcohol, cannabis, and cocaine were the most commonly misused substances by parents in the pilot¹⁹. The number of parents misusing these substances decreased at the end of

¹⁹ Graph only includes substances which parents identified they had used in the previous 90 days.

FDAC proceedings; 71% of parents (n=25) were misusing alcohol at the start of FDAC proceedings compared to 49% (n=17) at the end of FDAC proceedings, 54% (n=19) were misusing cannabis before compared to 20% (n=7) after, and 46% (n=16) were misusing cocaine before compared to 34% (n=12) after.

Figure 4: Parents self-reported substances misused in the past 90 days



Parents used between one and six substances in the 90 days prior to the start of FDAC proceedings and in the 90 days prior to the end of FDAC proceedings. However, the average number of substances misused by parents reduced from between two and three to between one and two.

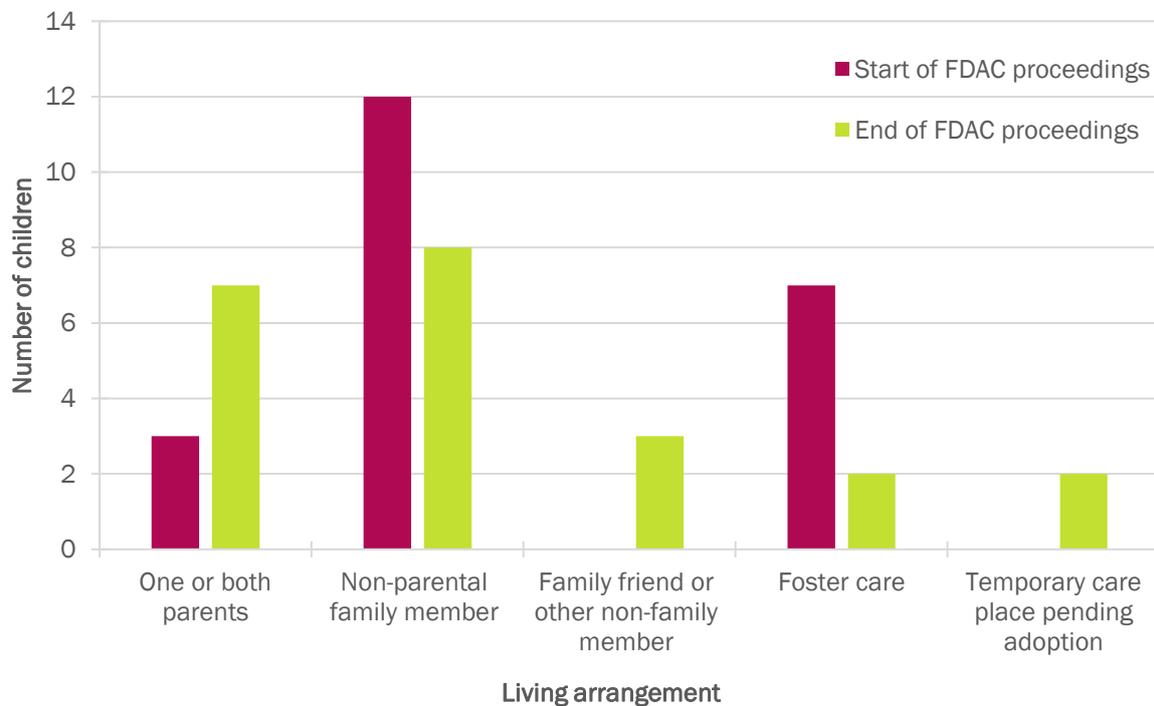
Case outcomes

Outcome data on child living arrangements at the end of FDAC proceedings was known for 24 of the 33 children involved in the C&V FDAC at the time the pilot concluded (see Table 14). In two cases (case 3 and case 11) the data reported on the child's living arrangement at the end of proceedings did not make sense in the context of what was reported for them at the start of proceedings. As with the substance misuse data reported above, living arrangements at the end of FDAC proceedings carry significant weight in determining signs of potential for the C&V FDAC. The same cautious approach to this data has therefore been taken, with the use of an 'unclear' category where data seemed inaccurate.

Of the 22 remaining children for whom living arrangements were known, 32% of children (n=7) were in the care of one or both of their parents at the end of FDAC proceedings, more than double the number of children at the start of FDAC proceedings (n=3, 14%). Additionally, 36% of children (n=8) were in the care of a non-parental family member at the end of FDAC proceedings compared to approximately 55% (n=12) at the start of proceedings. Approximately 14% of children (n=3) were in the care of a family friend or other non-family member at the end of FDAC proceedings, 9% (n=2)

were in foster care compared to 32% (n=7) at the start of proceedings, and 9% (n=2) were in a temporary care place pending adoption (see Figure 5).

Figure 5: Child living arrangements



Regarding the seven children in the care of one or both of their parents at the end of FDAC proceedings, only one had previously been in the care of their parent at the start of proceedings, four had been in the care of a non-parental family member, and two were in foster care. Of the three children who were in the care of a parent at the start of FDAC proceedings, one remained in the care of their parent, and two were placed in the care of a family friend or other non-family member. While the same number of children were living within their family unit (either living with parents or wider family members) at the start and end of FDAC proceedings (n=15, 68%), more of these children were in the care of one or both of their parents at the end of FDAC proceedings.

Outcome data was also available on what orders were made at the final hearing for 24 of the 33 children involved in the C&V FDAC at the time the pilot concluded. At the start of FDAC proceedings, approximately 71% of children (n=17) were placed under an interim care order, approximately 17% (n=4) were under a Single Period of Accom. under S.76 of the 2014 Act, 4% (n=1) were under an interim supervision order, 4% (n=1) were accommodated under Section 38(6) of the Children Act 1989 with Maternal Grandparents, and one child (4%) was not placed under any order. At the final hearing, just under half of the children (n=11, 46%) were placed under a care order, 33% (n=8) were under a supervision order (three of these children were also under a child arrangement order), approximately 13% (n=3) were under a special guardianship order, 4% (n=1) were under a placement order, and 4% (n=1) were not placed under any order.

Table 14: Child living arrangement and order at the start and end of FDAC proceedings

Case	Child	Living arrangement		Order	
		Start of proceedings	At final hearing	Start of proceedings	At final hearing
Case 1	Child 1	In foster care	With a non-parental family member	Interim Care Order	Care order
Case 2	Child 1	In foster care	With another parent	Interim Care Order	Supervision order
Case 3	Child 1	With a non-parental family member	Living arrangement unclear	Section 38(6) of the Children Act 1989 with Maternal Grandparents	Supervision order
Case 4	Child 1	With a non-parental family member	In foster care	Single Period of Accom. under S.76 of the 2014 Act	Care order
	Child 2	With a non-parental family member	In foster care	Single Period of Accom. under S.76 of the 2014 Act	Care order
Case 5	Child 1	In foster care	In a temporary care placement pending adoption	Interim Care Order	Placement order
Case 7	Child 1	In foster care	With a non-parental family member	Interim Care Order	Care order
Case 8	Child 1	With parent who was caring for them before proceedings	With parent who was caring for them before proceedings	No order	Supervision order
Case 9	Child 1	With a non-parental family member	In shared care	Interim Care Order	Child arrangement order and Supervision order
	Child 2	With a non-parental family member	In shared care	Interim Care Order	Child arrangement order and Supervision order
	Child 3	With a non-parental family member	In shared care	Interim Care Order	Child arrangement order and Supervision order
Case 10	Child 1	In foster care	With a non-parental family member	Interim Care Order	Care order
Case 11	Child 1	In foster care	Living arrangement unclear	Interim Care Order	Care order
Case 12	Child 1	In foster care	With both parents at home	Interim Care Order	Supervision order
Case 16	Child 1	With a non-parental family member	With a non-parental family member	Interim Care Order	Care order
	Child 2	With a non-parental family member	With a non-parental family member	Interim Care Order	Care order
Case 17	Child 1	With a non-parental family member	With a non-parental family member	Interim Care Order	Care order
	Child 2	With a non-parental family member	With a non-parental family member	Interim Care Order	Care order
Case 18	Child 1	With parent who was caring for them before proceedings	With a family friend or other non-family member	Interim Care Order	Special guardianship order
	Child 2	With parent who was caring for them before proceedings	With a family friend or other non-family member	Interim Care Order	Special guardianship order

Case 21	Child 1	In foster care	In a temporary care place pending adoption	Single Period of Accom. under S.76 of the 2014 Act	Care order
Case 22	Child 1	With a non-parental family member	With a non-parental family member	Single Period of Accom. under S.76 of the 2014 Act	Supervision order
Case 26	Child 1	In foster care	Unknown	Interim Care Order	Unknown
	Child 2	In foster care	Unknown	Interim Care Order	Unknown
	Child 3	In foster care	Unknown	Interim Care Order	Unknown
	Child 4	In foster care	Unknown	Interim Care Order	Unknown
Case 30	Child 1	With a non-parental family member	With another parent	Interim Supervision Order	No order
Case 33	Child 1	With a non-parental family member	With a family friend or other non-family member	Interim Care Order	Special guardianship order
Case 34	Child 1	In foster care	Unknown	Interim Care Order	Unknown
Case 35	Child 1	In foster care	Unknown	Interim Care Order	Unknown
	Child 2	In foster care	Unknown	Interim Care Order	Unknown
	Child 3	In foster care	Unknown	Interim Care Order	Unknown
	Child 4	In foster care	Unknown	Interim Care Order	Unknown

It is also notable that there were no contested final hearings (when the parties involved in a case, in this instance parents and the LA, cannot reach an agreement on the care and placement plan) during the C&V FDAC pilot. This suggests that, even when outcomes involved permanent removal of children, parents did not feel strongly enough that this decision should be legally contested.

Other outcomes

In previous evaluations of FDAC, rates of reunification between children and their parents have been considered the main metric on which to judge the effectiveness of FDAC. The current study suggests that a number of other outcomes are important, that reunification may not be a priority for some stakeholders, and that the focus on reunification may be problematic. Through phase 2 and 3 interviews and focus groups, it became clear that the FDAC team, judges, and some social workers felt the reunification focus sets parents and professional stakeholders up for failure.

“I think we need to be really careful for [the main outcome of FDAC] not to be about reunification, cause I think we're ultimately setting the majority of people to fail, as well as staff to fail as well. And I think it's so nuanced, the intervention plan, it, you know, nothing we do in the intervention plan is strict, is to equal reunification, it's about part of a package. It's like the different pieces of the puzzle.” - FDAC team member

Of the 54 participants who took part in this evaluation, only two parents and one Children’s Guardian explicitly expressed that they felt reunification was the most important outcome of FDAC proceedings. Table 15 summarises other outcomes that participants identified as the most important outcomes of FDAC. These outcomes were often described as ‘softer’ than reunification, but better indicators of whether FDAC proceedings were ‘successful’ for parents and their families.

Table 15: Additional outcomes

Participant	Outcome
Social worker	Any period of abstinence or reduction in substance misuse for parents
Parent, judge	Parents experience a sustainable change in their substance misuse
Parent, judge, social worker, guardian	Parents experience better relationships with, and increased trust in, social workers, the Children's Social Care system, authority, and services
Parent, FDAC court staff, judge, legal representative	Parents address a wide range of needs in their life (e.g., medical, housing, mental health needs)
Parent	Parents have increased contact with their child(ren) or is able to remain in their life
FDAC team	Parents experience safe, therapeutic relationships for the first time in their life
FDAC team	The FDAC intervention plan has been met
Judge	Parents are better able to care for their child(ren) even if not reunified
Social worker, FDAC court staff, judge, legal representative, parent	Children are well cared for in a safe, stable placement
Social worker, parent	Families receive more intensive support than ever before
Guardian, judge, parent	Less contested final hearings
Social worker	Improved parent safety from reduction in the use of substances
Judge, social worker	Children remain within the wider family
FDAC court staff	Improved family relationships

Some of the outcomes discussed rippled out beyond FDAC proceedings and the families involved in them. Examples included health, crime, and economic benefits to parents achieving sobriety in FDAC, social workers having better knowledge of what services are available for families through the FDAC team sharing their expertise, and judges finding their work more rewarding through a sense of being able to give families the best chance of overcoming difficulties. The last two were described as spilling over to standard care proceedings, where professionals took what they had learned in FDAC proceedings and applied them went supporting or engaging with parents in their wider work.

5. Scalability and readiness for further evaluation

Building on findings about the feasibility and potential of FDAC in the Welsh context, this section focuses on what might be next for FDAC in Wales. It starts with programme theories that describe how components of the C&V FDAC are thought to create outcomes for families. Programme theories such as these are designed to support implementation, scaling, and further evaluation, through generating transferable knowledge about key FDAC elements, resources, and ways of working.

Programme theories

FDAC is comprised of several components, and throughout the evaluation it became apparent that in the right contexts, each component can produce outcomes in its own way. However, due to the volume and richness of the data obtained, it has not been possible to analyse all FDAC components or explore all context-mechanism-outcome chains of causation within the scope of this evaluation. Instead, prioritisation was given to the four components of FDAC that are most different from standard care proceedings and were frequently attributed to being essential for successful outcomes. These were identified as:

1. A therapeutic problem-solving approach
2. Weekly testing for substance misuse
3. Fortnightly NLRs with consistent judicial monitoring
4. An integrated, collaborative, multidisciplinary team

The following four sets of programme theories are based on the above components. Within these components, theories that were clearest in articulating the causal claim, and were the most refined in scope, have been prioritised, described, and visually mapped. The below key should be used for the visual maps of programme theories presented in this section.



It is important to note that the programme theories are based on multiple perspectives (e.g. FDAC team members, judges, parents, other professional stakeholders, and researchers) about how FDAC works, rather than comparative evidence about *whether* it works. It is therefore not a substitute for an impact evaluation that involves a counterfactual comparison. Because FDAC involves individualised support to parents and families with complex needs, there will always be contextual differences in how or whether certain outcomes are achieved, and it is not possible to capture all possible nuances. The programme theories instead suggest semi-predictable patterns of how FDAC was theorised to work for most families in the pilot, most of the time.

A notable gap in the programme theories is an in-depth understanding of how contextual factors enable or inhibit the activation of mechanisms through which the outcomes were thought to be achieved. There was considerable variation and a lack of clarity in the contextual factors, particularly those relating to the families accessing FDAC. This perhaps reflects the complexity of social interventions working with people who have complex needs such as substance misuse. However, this is not surprising given the common view amongst FDAC team members that it is difficult to determine factors that indicate which parents are most likely to ‘succeed’ in FDAC.

A therapeutic problem-solving approach

Five causal chains were identified between the ‘therapeutic problem-solving approach’ component of FDAC and identified outcomes (see Figure 6). Contextually, for all five causal chains to be activated it is important that the FDAC team have the time and capacity (mentally and practically) to offer consistent support to parents. This is largely determined by team size and caseloads, which

are shaped by funding. Two other important contextual factors were identified, both of which apply to all four FDAC components. The first is the complexity of parents' needs, in that the level of complexity or volume of needs cannot be so severe that it impacts on parents' ability to engage with FDAC and commit to the process, or their capacity to change. The second is that parents' motivation for entering and remaining in FDAC is intrinsic rather than extrinsic. This seems to be influenced by several other factors such as child placement at the start of FDAC proceedings and whether parents believe their substance misuse is a problem.

Causal chains 1, 2, 3, and 4: When parents enter FDAC, they are allocated an FDAC team member as their KW and an FDAC judge, who they work with over the course of their FDAC proceedings. The judge and KW provide parents with therapeutic support and take a problem-solving, trauma-informed approach to working with parents. Some examples of what this looks like in practice include:

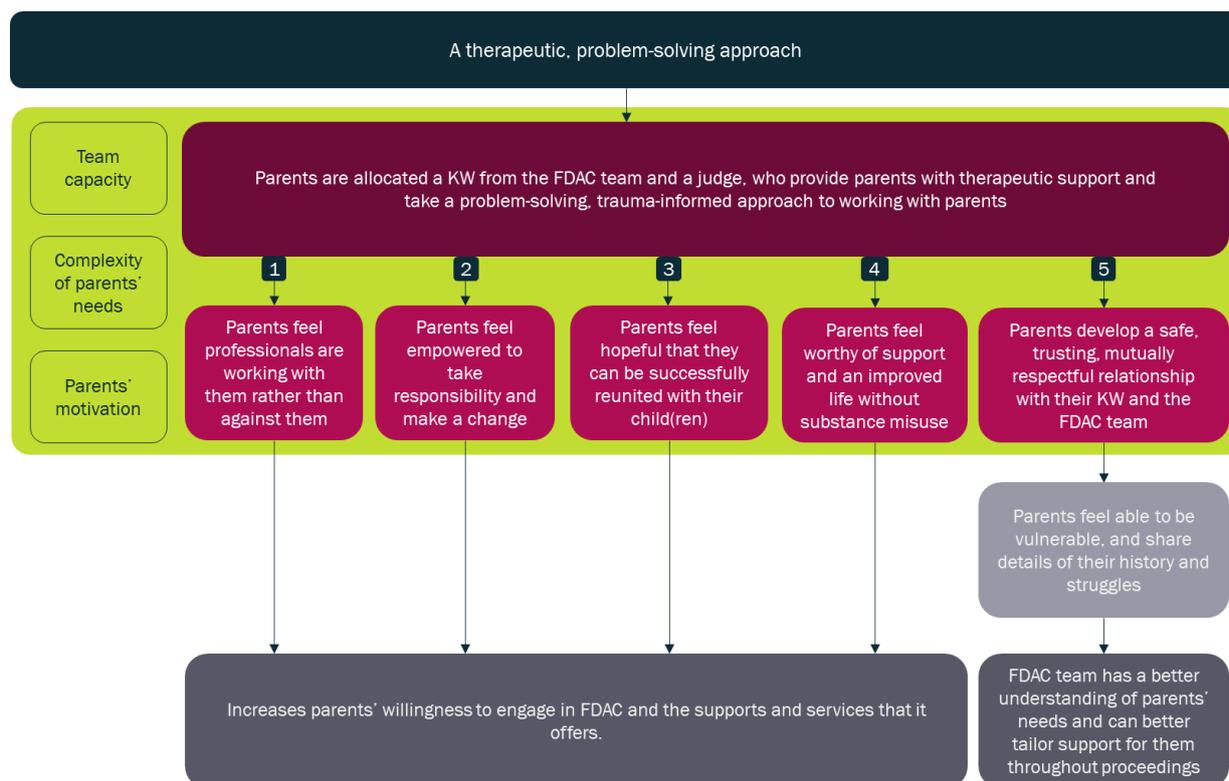
- listening to parents without judgement
- speaking to parents in language that they can understand
- reinforcing positive progress
- offering encouragement when parents face challenges
- focusing on parents' strengths and the resources they have available to them when holding them accountable for their choices and behaviour
- showing interest in parents' lives
- incorporating lighter moments of humour in their interactions
- advocating for parents
- reiterating parents' ability to achieve successful outcomes in FDAC
- allowing flexibility in how they work with parents and what goals they work towards
- acknowledging that parents in FDAC proceedings are still human

This enables parents to feel that professionals are working with them rather than against them, empowered to take responsibility for their past and to change their substance misuse, hopeful that they can successfully address their substance misuse and other barriers to reunification, and that they are worthy of support and an improved life without substance misuse. This results in an increase in parents' willingness to engage in FDAC and the support and services that it offers, which includes being open and honest about their past and their substance misuse.

Causal chain 5: Crucially, having a KW that provides parents with problem-solving, therapeutic support allows parents to develop a safe, trusting, mutually respectful relationship with their KW and the FDAC team. This is important as it results in parents feeling able to be vulnerable with their KW/the FDAC team and openly and honestly share about their history, struggles, and substance misuse. The FDAC team then has a better understanding of parents' needs and capacity to change and can therefore better tailor the support they offer. Parents' ability to develop this relationship with their KW was felt to be essential for enabling all other work in FDAC.

While a therapeutic, problem-solving approach is used throughout the entirety of FDAC proceedings, the outcomes it produces, particularly parents' willingness to engage in FDAC, are viewed as essential precursors that become contextual factors to the activation of causal chains associated with the other three components.

Figure 6: A therapeutic, problem-solving approach programme theories



Weekly testing for substance misuse

Three causal chains were identified between the 'weekly testing for substance misuse' component of FDAC and identified outcomes (see Figure 7).

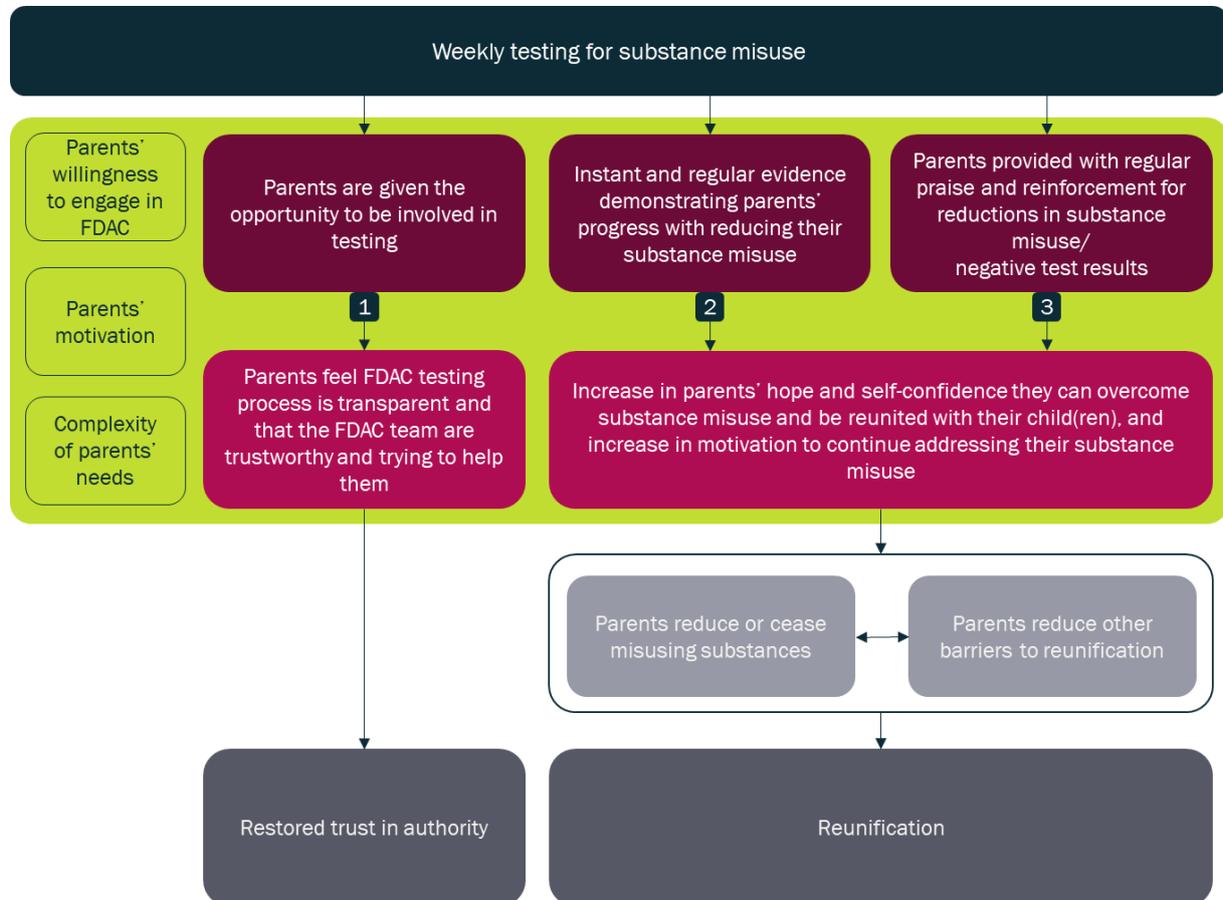
Causal chain 1: During weekly testing for substance misuse parents are given the opportunity to be actively involved in the testing process. For example, they can choose their own test pot and are taught by the FDAC team how to read test results. This leads parents to feel that the testing process in FDAC is more transparent than in standard care proceedings, and that the FDAC team are trustworthy and trying to help them. This goes some way in restoring parents' trust and faith in authority.

Causal chain 2: Test results provide parents with instant and regular evidence that demonstrates, to themselves and professionals, any progress they are making and maintaining with their substance misuse. Seeing evidence of progress every week increases parents' hope and self-confidence that they are capable of overcoming their substance misuse and being reunited with their child(ren). This appears to be the case even if their test is still positive for substances but their patterns of misuse are changing or reducing e.g. testing positive for one substance rather than two. Seeing weekly progress also increases parents' motivation to continue addressing their substance misuse and gives them something to work towards.

Causal chain 3: Through weekly testing, parents are also provided with regular praise and reinforcement for reductions in substance misuse or negative test results. In a similar vein to regular evidence, this increases parents' hope, self-confidence, and motivation. The increased feelings of hope, self-confidence, and motivation create a feedback loop, where reducing or ceasing misuse of substances increases parents' capacity to reduce other barriers to reunification

with their children, which then feeds back into their capacity to reduce or cease their substance misuse. Once parents have satisfactorily addressed their substance misuse and other barriers to reunification, they are then able to be reunified with their child(ren).

Figure 7: Weekly testing for substance misuse programme theories



Fortnightly NLRs with consistent judicial monitoring

Figure 8 shows the nine causal chains identified between the ‘fortnightly NLRs with consistent judicial monitoring’ component of FDAC and identified outcomes. An important contextual factor for causal chains 1, 2, 3, 4, 6, 7, 8, and 9 is that LA(s) have bought into FDAC and thus professionals show commitment to regular NLR attendance and use language consistent with the FDAC model.

Causal chain 1: Fortnightly NLRs provide a forum for the judge and professionals relevant to the care plan to problem solve with parents. Setting clear goals, delegating tasks and responsibilities, and setting direction for the following fortnight creates feelings of accountability and ownership over outcomes, for both parents and professionals. In the short term, parents view the judge and proceedings as fairer because everyone is held accountable by the judge. In the longer term, this translates into more trust in social services and authority, as well as fewer contested final hearings because parents are more accepting of final outcomes when they feel like they have been given a fair chance to change.

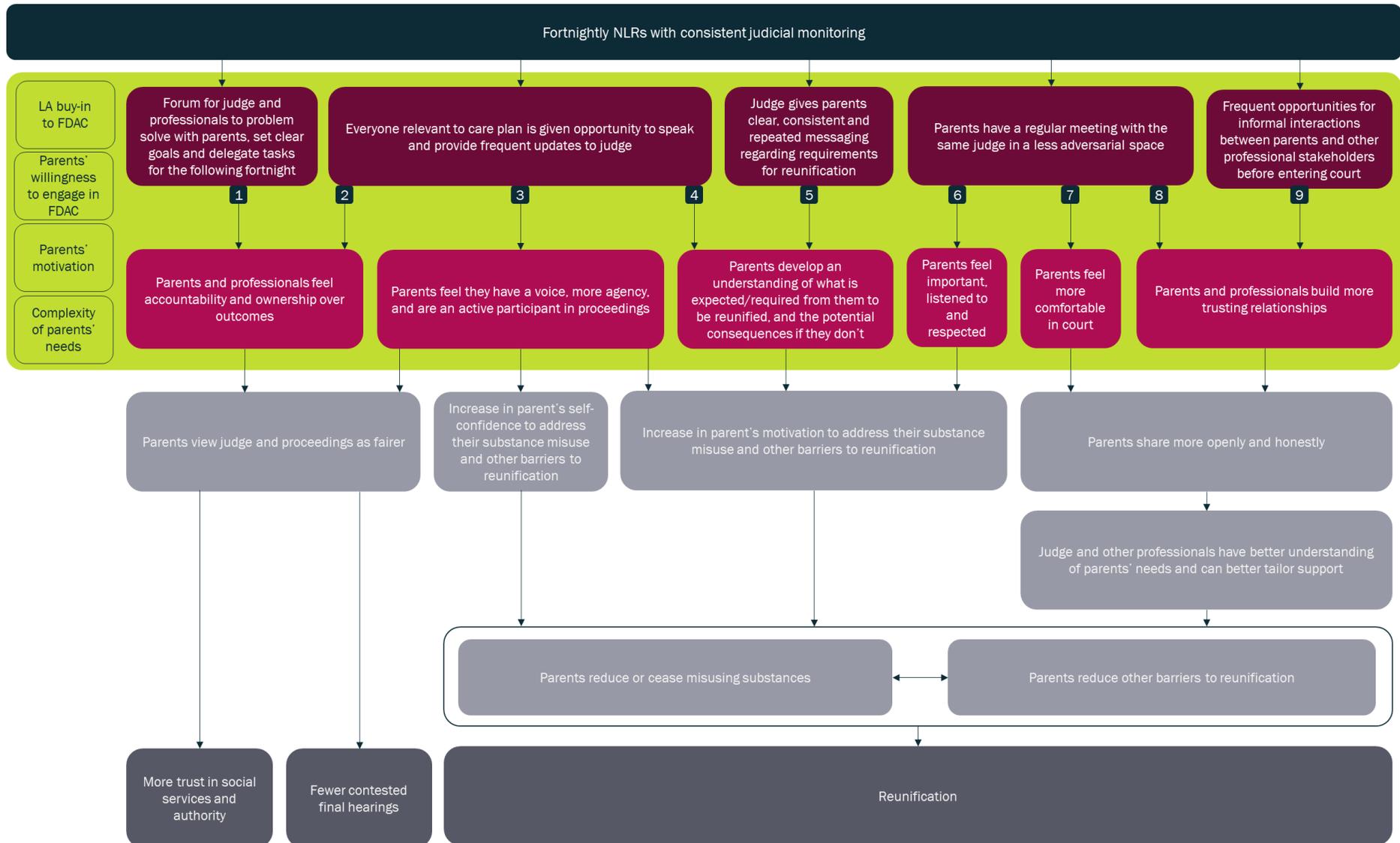
Causal chains 2, 3, and 4: Everyone relevant to the care plan is afforded an opportunity to speak in NLRs and provide frequent updates to the judge. This enables parents to feel like they have a voice, more agency, and are an active participant in their proceedings. It also enables parents to develop an understanding of what is expected or required from them to be reunified with their child(ren). As described in causal chain 1, parents then see the judge and proceedings as fairer. In addition, it also increases parents' self-confidence and motivation to address their substance misuse and other barriers to reunification. As already described in 'weekly testing for substance misuse' causal chain 3, increased feelings of self-confidence and motivation create a feedback loop - reducing or ceasing substance misuse increases parents' capacity to reduce other barriers to reunification with their children, which then feeds back into parents' capacity to reduce or cease their substance misuse. Once parents have satisfactorily addressed their substance misuse and other barriers to reunification, they are then able to be reunified with their child(ren).

Causal chain 5: Judges give parents clear and consistent messaging at every NLR regarding what they need to be working on throughout proceedings to be reunified with their child(ren). This includes regular updates on what parents are doing well and what needs more work. Each time parents see their FDAC judge this sentiment is repeated, and parents are reminded of the potential outcomes if they do not comply. Parents develop an understanding of what changes are expected or required of them and the potential consequence if they do not make changes, which increases their motivation to address their substance misuse and other barriers to reunification (see causal chains 2, 3, and 4).

Casual chains 6, 7, and 8: Parents have a regular meeting with the same judge in a less adversarial space e.g., everyone in court sits on the same level with the judge in the well of the courtroom, the judge's primary focus is speaking directly with parents, and questions and conversations are not just about proceedings. Being the judge's primary focus makes parents feel important and like they are being listened to and respected, which in turn increases their motivation to address their substance misuse and other barriers to reunification as described above in causal chains 2, 3, and 4. The relaxed atmosphere helps parents feel more comfortable in court and to start building a relationship with the judge, enabling them to open up and share honestly. This allows judges and professionals to get to know parents on a personal level (not filtered through lawyers) and gives them a better understanding of parents' needs so they can better tailor support for them. This leads to the feedback loop previously discussed in causal chains 2, 3, and 4.

Causal chain 9: Parents are also provided with frequent opportunities for informal interactions with other professional stakeholders at court before entering their NLRs. Parents and professionals slowly start to build relationships which leads to the outcome of reunification in the same pathway as described above in causal chains 6, 7, and 8.

Figure 8: Fortnightly NLRs with consistent judicial monitoring programme theories



An integrated, collaborative, multidisciplinary team

Nine causal chains were also identified between the ‘integrated, collaborative, multidisciplinary team’ component of FDAC and identified outcomes (see Figure 9). Contextually, as seen with the causal chains in ‘a therapeutic problem-solving approach’, for these causal chains to be activated it is important that the FDAC team have the time and capacity to offer consistent support to parents. Another contextual factor important for the activation of casual chains 1 and 2 is the length of waitlists for local services. These need to be short enough that parents can access the service within the timeframes of FDAC proceedings.

Causal chains 1 and 2: KWs identify and coordinate parents’ access to services/agencies for substance misuse and any other additional needs they may have. Through this, parents have increased knowledge of the services/support available to them in the local area and confidence in how to access them. Parents having access to more support for a range of their needs also provides them with insight into the benefits of having support services. Both increase the likelihood that when in need, parents will reach out to services during proceedings and in the future. The services ultimately help them to reduce their substance misuse and/or other barriers to reunification.

Causal chains 3 and 4: The FDAC team provides parents with transparent, explicit communication and updates throughout proceedings (verbally and through the provision of reports). Information such as how their case is going, what will happen in certain hearings, what potential outcomes are likely to be etc. helps parents to feel less stressed and anxious about proceedings because they understand what is happening behind the scenes, what is expected of them, and what recommendations are being made. Therefore, parents are less likely to feel they need to use substances as a coping strategy. The transparent communication is also important for helping parents to feel that they are able to prepare themselves for all potential outcomes. In the longer term, this translates into fewer contested final hearings because parents are more accepting of final outcomes.

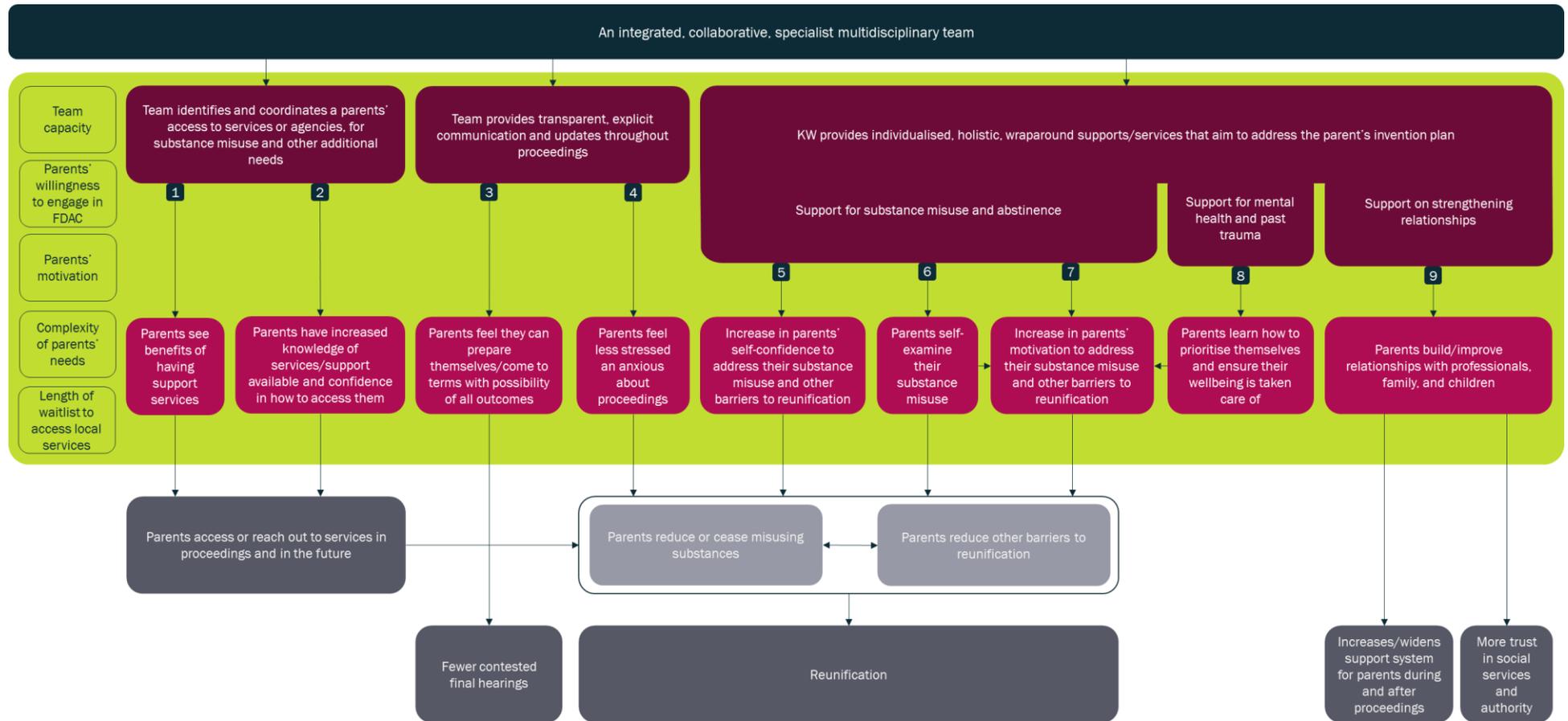
Causal chains 5, 6, 7, 8, and 9: Parents have multiple KW sessions per week where their KW provides individualised, holistic, wraparound supports/services that aim to address the parent’s invention plan. The focus of these sessions covers a wider range of areas, though three in particular are notable:

First, support for substance misuse and abstinence often includes information on the effects of substance misuse, the impact it can have on children, insight into why people misuse substances, how to come off them sustainably, and alternative coping strategies to use instead of substances. This not only increases parents’ self-confidence and motivation to address their substance misuse and other barriers to reunification as described in previous components, but it also leads parents to undergo a self-examination of their substance misuse, their behaviour, and what happened in their life that led up until now. As with increased motivation and confidence, this can help parents to reduce or cease misuse of substances, thus increasing their capacity to reduce other barriers to reunification with their children, and vice versa.

Second, through support for mental health, in particular dealing with past trauma, parents learn to prioritise themselves and ensure their wellbeing is taken care of. This is important in its own right, but also because it enables them to be a better parent. This leads to an increase in parents’ motivation to address their substance misuse and other barriers to reunification, which leads to outcomes in a similar fashion to what has previously been discussed.

Third, KWs provide support for strengthening relationships. Sometimes this is in the form of modelling how to speak to other professionals, providing resources on types of communication, helping parents to practice how to set boundaries, teaching the importance of having healthy relationships, and education on parenting. By helping parents learn these skills, parents are then able to build and improve other relationships, particularly with their judge, family, social workers, and children. This increases or widens parents' support systems during and after proceedings, and increases the trust parents feel towards children's services and authority.

Figure 9: An integrated, collaborative, multidisciplinary team programme theories



Sustainability and funding

The policy review within the evaluation interim report highlighted the issue of funding in the sustainable delivery of FDAC in England. It showed the disruptive consequences of uncertainty around funding, which led to some FDAC sites ceasing operation. There was similar uncertainty for the C&V pilot. Reflecting the findings of the interim report, funding was the most crucial factor for professional stakeholders in the C&V FDAC pilot when considering the sustainability of FDAC. This has clear implications for any future implementation and evaluation of FDAC in Wales.

The prospect of the pilot ending seemed to cast a long shadow, and members of the FDAC team described the later months of the pilot as a “tricky time” where a “*lack of clarity about what that ending looks like*” was impinging the day-to-day work of the service. This was supported by the judges, one of whom said, “*at that particular time...the issue of funding was at best ambiguous*”. There was a general feeling amongst the FDAC team and judges that the pilot should continue for longer, and frustration was expressed throughout the period when the future of the C&V pilot was unknown. This ambiguity had considerable implications for families and for professional stakeholders.

Implications for families

Due to the timeline of the intervention, the FDAC team had to stop accepting new families much earlier than the point at which the pilot closed. While those managing the intake of families were mindful of the timeframe of the pilot and its likely end date, some families received mixed messages from the LAs. Some families were assessed by the LAs as being suitable for FDAC, only to learn later that there was no option for them to take it up due to the likelihood of the service closing before they would reach the end of the process. Reflecting on this, one of the judges felt there was a sense of injustice which prompted them to (successfully) encourage the LA to help a family outside of the FDAC process. The judge explained:

“I made it clear I wasn't expecting the local authority to give them an FDAC - that would be impossible, but [I wanted to] ask the local authority to put a bit more services in than they would normally give. Because I felt there was [a sense of] of cruelty about offering this service to a family, then [them] passing the first test, and suddenly going ‘actually we can't - we're withdrawing it’...So, initially the local authority was saying, ‘well, if they're not going to go into FDAC, we're doing no further assessments because we've already assessed them and it's negative’...But I felt that that couldn't be right for a family who'd been offered FDAC and they couldn't take it up through no fault of their own. I just didn't see how it could have any element of fairness to then say ‘well, if you can't have that special assessment that's really good and is really designed to help you make changes’, to suddenly go ‘well, we're not going to do anything with you. The result of which means that your kids are going to be adopted’”. – FDAC judge

Conscious of how this decision might be interpreted by the family, and with a broader regard for how the ends of justice might be reached by the process, they went on to add:

“Because by taking that stance, what they're actually saying to the parents is, well, no, nothing's going to change because we're actually not going to do anything. So when I said that I wasn't going to go down that route and that didn't seem have any form of justice about it at all, and I said I don't want an FDAC replicated, but I want you to think about not

just assessing the family, but how you can help them change...doing some direct work with them, setting things up, not just sort of saying 'go to support services for alcohol', actually helping them engage with that." – FDAC judge

Families who were already within FDAC proceedings were also adversely affected, particularly those who would otherwise have had proceedings extended where reunification seemed likely. As one of the judges explained, the spectre of the pilot ending effectively removed – or severely curtailed – the option of extensions to proceedings:

"I have a case whereby it's almost certain - I've yet to get the final report - that they're going to recommend an extension. Obviously that now can't be an extension to the proceedings with the FDAC team's continued involvement. So what does that mean then in terms of that mother, who's made such huge strides? What are local authority going to say now needs to happen? Are they going to be able to replicate some of those services, if at all? That's what I'll be asking them, but there'll be no certainty. And so it throws individual families into chaos. And there's no thought for them. It's fairly abhorrent in that regard, and it's really quite an inhumane way of dealing with people." – FDAC judge

In some cases, extensions were granted but for a shorter timeframe than what would have been had the pilot not ended when it did, and there were concerns raised that this may leave parents in a more vulnerable position. Stretched resources at the time led another judge to share the FDAC team having to effectively say "...we can't give what we would normally have given to families even coming to the end of this assessment process because we've got to effectively tie everything up".

Implications for professionals

The ambiguity around funding toward the end of the pilot also had implications for professionals. The prospect of being unemployed meant that retaining staff in the FDAC team in the latter stages of the pilot proved to be difficult, due to members of the team understandably seeking alternative employment in case the pilot was not extended. This underpinned the concerns voiced by one judge about having "lost the team" in the event that a positive evaluation recommended FDAC was continued or scaled. The judge elaborated on this when a decision on funding an extension had still not been communicated. They explained the problems that would be faced even if a late decision enabled the pilot to continue:

"...we run the real risk of the team disintegrating either before the FDAC comes to an end because they get worried about it and they start looking for another job and take it now... you've got the concern that if in fact we've got...[to], close the doors completely...and there is a gap of a couple of months...then the funding comes up suddenly so everybody will go 'Yay, we've got our funding'. Well, we've lost the team and then we have to build that team up [from scratch]...I had envisaged - hoped - that perhaps we could use the expertise gained in our team to use that to sort of branch out into other areas because we already had an established team in Wales and then teams could learn from. And if our team disappears then we will have nobody." – FDAC judge

This was echoed by one of the legal representatives, who noted concerns about resourcing a scaled-up version of FDAC. They felt FDAC has a welcome capacity to put resources into solving family problems, but added that whether this is sustainable is "one of the things I do worry about longer term, knowing how the rest of the living world operates on...limited resources".

On a more day-to-day level, the prospect of the pilot ending and ambiguity around future funding also affected staff morale and changed the dynamic of the team. With no new families to work with, a member of the FDAC team expressed there was a feeling that *“it’s all kind of ending, rather than some ending, some beginning”*, and disappointment was expressed by a judge that *“the thing that we could offer families, which we all think is a real positive and different, has been denied to us and denied to them”*.

There was a consensus among professionals participating in the evaluation that the end of the pilot had not been handled well, and some were highly critical of the decision to end the pilot. The way the decision to not extend the pilot was communicated to professionals was given a similar appraisal, being described as *“an absolute shambles”* and *“an utter disgrace”* by one of the FDAC judges. Whereas one communication from a senior manager described the pilot reaching *“a natural conclusion...due to funding”*, it was clear in interviews and focus groups that those involved in the pilot felt the closure of the pilot was anything but natural.

Readiness for further evaluation

As the sets of programme theories demonstrate, this study has yielded a more granular understanding of how FDAC works than previously existed and is the first insight into how it works in Wales. This is important not only for those seeking to commission or implement FDAC in other parts of Wales or elsewhere in the UK, it is also crucial information that can be used to aid efforts to evaluate FDAC more rigorously. Moreover, it reveals insight into the range of outcomes that FDAC appears to be able to achieve for families. Clearly, the work of the C&V FDAC pilot was centred on addressing a wider range of problems and goals than previous literature on the model would suggest.

Being a complex intervention, it is necessary for a larger evaluation to determine the extent to which implementation approximates these theories. Any such studies will need to consider which outcomes are most important and how they should be measured. Whereas it is usual for summative studies to select a small number of outcomes of interest and one ‘primary’ outcome of greatest importance, the findings of this evaluation suggest this is not necessarily straightforward.

The role of procedural justice as an important outcome of FDAC also problematises the task of outcome measurement. Some work has been undertaken in other fields around conceptualising and measuring procedural justice, but to the researchers’ knowledge, this has not yet been applied to FDAC (see, for example, Scarpello and Jones, 1996; Gau, 2014). Future studies should consider how to incorporate this concept into evaluative studies of FDAC.

Discussion

This study was not an impact evaluation, nor did it include an economic analysis²⁰. While both would be instructive and should feature in any future evaluation of FDAC in Wales, they were outside the scope and funding for this evaluation. The type of study undertaken is more appropriate for the stage of development of FDAC in Wales, focussing on the implementation of the C&V pilot, how it operated, how it was experienced in this context, any indicative evidence of impact, and how suitable it is for wider roll-out and evaluation.

The evaluation examined many aspects of the C&V FDAC pilot, explored the perspectives and experiences of a wide range of people involved, and developed theories about how FDAC produced outcomes in its first iteration within Wales. Along with the interim report, the findings illuminate several policy-relevant issues that warrant further discussion.

Operationalising FDAC in Wales

The study has demonstrated that it was possible to establish an FDAC service in Wales and that the provision offered to families was broadly consistent with the established model, with some local variation that has come to be expected of FDACs in the UK. This is a major achievement, one that was brought about by the cooperation of many stakeholders. The clear ethos of the FDAC approach seemed to galvanise those tasked with delivering it and helped them provide a service to families remarkably different to what they would have received through standard care proceedings. Issues with referral and intake, and some confusion about the criteria and decision-making process at the front door of the service, meant fewer families than anticipated entered FDAC proceedings.

One unfortunate aspect of the pilot has been the misalignment between the timeframe the pilot was operational and the timeline of this evaluation. The closure of the pilot prior to the end of the evaluation will undoubtedly create challenges for those tasked with re-establishing it, if a decision is made for FDAC to be continued or scaled up in Wales. The knowledge, experience, infrastructure, and processes that the C&V pilot developed during its operation could have been used to inform and support other sites. Complex interventions take time to establish and cannot be easily 'switched on and off'. Consequently, further work will be needed to re-establish FDAC in Wales or make any scale-up of FDAC a success. It will be necessary to understand and address several implementation and contextual factors such as those identified in this report (see Findings section 2, Implementation factors). Further work will also be needed to understand the implications and challenges of scaling FDAC sites to support a larger number of local authorities, how it will operate in different regions (especially rural areas), and how it will interact with pre-existing services such as the IFST and other intensive family provision.

Outcomes and evidence of promise

The study offers some insight into whether FDAC is effective, though it relies on a basic before and after design which lacks a counterfactual. While some analysis was not possible due to data completeness/large amounts of unknown and contradictory data, the data that was available

²⁰ Although the current study does not provide estimates of costs or cost effectiveness, there is some evidence that FDAC costs significantly less than standard care proceedings and produces immediate and long-term savings (Bowen, 2021; Whitehead & Reeder, 2016).

showed some notable reductions in parents' levels of substance misuse when comparing the start and end of proceedings. Similarly, and likely related to these positive changes, the number of children placed with parents at the end of proceedings was more than double the number at the start.

While it cannot be guaranteed at this stage that these changes are caused by FDAC, at the very least these results, combined with overwhelmingly positive feedback from parents and generally positive feedback from professional stakeholders, support the argument that FDAC should be further explored in Wales. It also allays any potential concerns that the intervention may have a negative effect. Longitudinal data is needed to further explore long-term outcomes of FDAC such as whether the children are involved in further proceedings in future.

Since the inception of the model in London, reunification has been seen as the key outcome of FDAC. This is a classic example of a 'hard' outcome, being both important and objectively measurable (Grey et al., 2018; Young, n.d.). Being a final decision about permanence for the child, which has significant fiscal implications for the state, it is easy to grasp why reunification has been the main outcome of interest for FDAC. However, the current evaluation paints a more complex picture. It suggests reunification is only one of several important outcomes being worked towards by FDAC and is not necessarily considered the most important by parents or professional stakeholders. Often, outcomes such as improving family relationships, reducing alcohol and substance misuse, and finding alternative, safe options for children to reside within birth families were the primary focus of the FDAC team.

This broader set of goals makes sense in light of the focus of FDAC being a problem-solving approach, and the fact many parents involved in public law proceedings face multiple and interlinked problems. Rather than being focused narrowly on the end point, the court process is an active agent of change that deals with many different issues. There was also a recognition that for some families, FDAC may be helpful even if reunification is not a realistic prospect. Future conceptions of FDAC – and how success is conceptualised – need to take account of a wider range of outcomes and goals, without losing sight of the importance of reunification.

At a more abstract level, the importance of the process being 'procedurally just' was also highlighted throughout the study. For instance, as part of causal chain 1 in the programme theory relating to fortnightly NLRs, parents were thought to perceive the judge and proceedings as fairer due to shared accountability. Some measure of the extent to which parties felt this was realised also seems important. Whether or not final hearings are contested may be a partial proxy for this concept, but others should be explored.

Context

This study adds weight to arguments made elsewhere about the role of context in realist evaluations (Dixon-Woods, 2014). While mechanisms and outcomes were relatively consistently identified, there was great variation in contexts. Some were able to be identified, but they were generally harder to discern. This has resulted in some gaps and a general lack of clarity about the contexts in which mechanisms were activated to produce outcomes, particularly those relating to the families accessing FDAC.

Funding

The uncertainty surrounding extended funding for the pilot caused serious disruption to the service, and – combined with the decision to not extend the pilot beyond November 2023 – some families were not able to complete the FDAC process once they had started. As noted in the interim report, funding issues are not confined to this pilot; several FDAC services in England have been constrained, disrupted, or closed by challenges relating to funding. Funding issues are also not confined to FDAC itself; problems caused by uncertainty about funding, late decisions, and cancellations are unfortunately common across many interventions in Children’s Social Care (see Westlake et al., 2023 for another example).

Notwithstanding the familiarity of these challenges, future FDAC services need to secure sustainable funding to enable them to offer families a consistent and reliable service. In their EOI for the pilot, the South East Wales LFJB indicated interest in developing a regional ‘invest to save bid’ which could offer a promising option for future FDAC funding in Wales. However, they rightly highlighted the need for a financial analysis to determine the average cost of standard care proceedings and evidence any cost savings associated with FDAC.

Data quality

One of the major issues any future FDAC site will need to keep in mind is the collection, quality, and completeness of routine administrative data. As discussed above, there were many problems with the administrative service level data that was gathered as part of the pilot, which is somewhat surprising given the relatively manageable numbers involved. Unfortunately, the pilot had closed by the time analysis was undertaken, which meant anomalies in the data could not be checked and resolved in consultation with the FDAC team. However, a broader point is that, without attention, these issues can continue to be a barrier to determining the impact of FDAC. Similarly, other researchers have encountered problems with data gathered about care proceedings more generally, which risks the validity of any comparative analysis.

Strengths and limitations

This evaluation has several strengths and limitations. The range of methods used and the number of encounters with participants mean the study has captured data on almost all stages of the FDAC process. The large amount of qualitative data sheds light on the service and how it is experienced by parents and professionals. The involvement of professionals has been particularly beneficial – as well as having good engagement from those within the FDAC team, several other professional stakeholders who worked with families in the pilot took part. This has generated insights about FDAC from professionals who are *close to* but not *part of* the intervention. The active involvement of judges has also strengthened the study.

The programme theories presented in this evaluation are, to researchers’ knowledge, the most granular theories about how FDAC works to date. They serve as an explanatory tool for how successful outcomes can be generally achieved for families in FDAC proceedings, in certain contexts. The programme theories can be used to aid the development and evaluation of future FDAC policy and will inform a future practice-focused output.

There are also several limitations to consider. It was not possible to access comparative data from English FDAC sites to compare outcomes for families involved in the C&V pilot and families involved

in other FDAC services. Moreover, the quality of the quantitative service level data that was available was poor. In light of similar experiences from other FDAC evaluations, including those which were far better resourced than this study, this is a concerning finding. It suggests that the quality of data available on FDAC (and indeed other family court proceedings) needs to be improved significantly for summative evaluations of FDAC to proceed. Nonetheless, the issues found with data quality led to some conclusions which support those of other FDAC research. This should at least strengthen the case for action to improve data quality in future.

In practice, it also proved impossible to adopt the case study approach intended to follow families through proceedings due to the lower than anticipated numbers of families engaging in the evaluation. This was mitigated in part by involving a wider range of families in data collection activities, enabling multiple experiences to still be captured at different points in proceedings, even though the case study element had been lost.

Conclusions and recommendations

This report has presented the findings from a small evaluation of FDAC in Wales, based on the C&V pilot. It has suggested that it was feasible to implement FDAC in the context of South Wales, and highlighted various factors associated with setting up and delivering the services. Taken together, the findings of this study are positive and support the continued use of FDAC in Wales as an alternative form of care proceedings in the family court. Most stakeholders felt FDAC had various advantages over standard care proceedings and that it was a better model for helping families and reaching appropriate permanence decisions for children. While it was limited, the analysis of quantitative changes between the start and end of proceedings suggests FDAC is promising in several respects. A more robust analysis of impact is now needed to verify whether the positive changes observed can be attributed to the intervention. The programme theories and implementation analysis should serve to aid any future development of FDAC, both in Wales and in the rest of the UK.

The pilot wasn't without its challenges. Although parents and professionals who were close to the service were overwhelmingly positive about FDAC, some professional stakeholders on the periphery – principally legal representatives – were more critical. The FDAC team and judges ascribed this to a misunderstanding about the nature of the model and the philosophies underpinning it.

In the future, better data about the impact of FDAC, including the rates of repeat proceedings, placement breakdowns, and future involvement with child protection services, will clarify the effectiveness of FDAC's modus operandi. In the meantime, it is important for all professionals involved in the model to be engaged and committed to a different way of conducting public law proceedings, and efforts should be made to build a consensus and shared understanding. This may lead to further adaptations in how the service operates and the support it delivers.

Notably, the study has problematised the issue of choosing and measuring outcomes for FDAC, and the data suggests a simple focus on reunification may not be adequate. Several of the issues discussed above have implications for the next stages of evaluating FDAC, whether it is implemented further in Wales or elsewhere.

Recommendations

Based on the findings of this evaluation, the following recommendations aim to support the implementation, delivery, scaling, and evaluation of FDAC in Wales, and more broadly in the UK.

Recommendation 1: Progress with plans to scale FDAC further in Wales, and commission an evaluation of impact and cost effectiveness. The generally positive findings of this evaluation support the continued use of FDAC in the family court in Wales. Funding for any new FDAC sites should take into account the core roles within an FDAC team that are required to not only ensure the service can run effectively and sustainably, but also that families are provided with the support that has come to be expected and aligned with the FDAC model. It will be essential to understand the implications and challenges of scaling FDAC sites and necessary to address several of the implementation barriers highlighted in this report.

Recommendation 2: Increase training opportunities for all stakeholders interacting with FDAC and offer follow-up training for professionals after they begin working with families in FDAC proceedings. Training for professionals outside of the service should clarify the aims and scope of FDAC and the role, nature, and value of a problem-solving approach more generally. This would help reduce misconceptions and confusion among professionals about how risks are raised and dealt with in FDAC, what the service can provide support for, and how to engage with families in a manner that is aligned with the approach. Furthermore, clarifying thresholds and the referral process would ensure families who may benefit from FDAC have the opportunity to access the service.

A second training or ‘refresher session’ after the professionals, particularly the FDAC team, begin working with families in FDAC would provide an additional opportunity for practitioners to attend training on FDAC if they were unable to attend in the first instance. It would also reinforce the team’s knowledge of the model in the context of having applied the processes and principles and identified areas that require further guidance or support.

Recommendation 3: Improve the quality and completeness of routinely collected data about FDAC and standard care proceedings. This is essential to pave the way for further evaluation of the impact of FDAC, particularly during a pilot phase. Enabling and/or training FDAC teams to do this may require additional resources within FDAC teams. Consistent, good quality data about both FDAC and standard proceedings is vital for comparative impact analysis and for economic evaluation. Data collection of additional variables should be considered to better enable analysis of cost effectiveness.

Recommendation 4: Give further consideration to how outcomes other than reunification are defined and measured. Reunification is one of many potential positive outcomes for families engaged in FDAC. Expanding the consideration of how these outcomes might be more consistently defined and measured would allow the value of FDAC to be better understood. In addition, methods of conceptualising procedural justice and measuring the extent to which it is realised should be explored.

Recommendation 5: Increase the timescales for pilot set-up and implementation. Prior to a new FDAC site opening, adequate time is needed to recruit staff to posts, deliver training, advertise the service, and develop and clarify strategic plans and goals for the service. If a delay in launching a new FDAC site is required to provide additional time for the appropriate planning and preparation of an FDAC site, this should be considered. The availability and timing of any evaluation findings should also be determined in this period to ensure decisions about the future of FDAC are evidence based.

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Appendix 1: Identified enablers and barriers to FDAC implementation in Wales

Level of implementation	Enablers	Barriers
National/policy level	<p>Buy-in:</p> <ul style="list-style-type: none"> • Governments and senior key stakeholders demonstrate a level of commitment, engagement, and interest in FDAC; enables a trickle-down of buy-in from stakeholders at other levels, and increased support to resolve issues if they arise during FDAC implementation. <p>Funding:</p> <ul style="list-style-type: none"> • Funding is available for FDAC to be well researched and evaluated; more high-quality research can lead to wider enthusiasm for, and trust in, the model. • Government funding provided to CJI to oversee implementation and post-setup support; allows more intense support for FDAC sites, and improved embeddedness of the model. <p>Covid-19:</p> <ul style="list-style-type: none"> • Legislation and guidance requiring remote working; can enable FDAC training to be provided to more practitioners and partner agencies/services. It can also improve engagement and accessibility in essential strategic and operational group meetings during the implementation of FDACs. 	<p>Funding:</p> <ul style="list-style-type: none"> • Increased national funding around drug strategies, and recommissioning drug services; increases demand for substance misuse specialists which can create difficulty in recruiting this role to the FDAC team. • Lack of resources and funding made available for FDAC; leads to poor sustainability for new FDAC sites. • Reassignment or recommissioning of substance misuse services. <p>Covid-19:</p> <ul style="list-style-type: none"> • Legislation and guidance requiring remote working; may create barriers to developing relationships with families and partner agencies/services, and delays in launching new FDAC sites.
Local authority level	<p>Availability of services:</p> <ul style="list-style-type: none"> • A wide variety of treatment providers and third sector organisations are available in the local area for parents to be referred to; better enables the FDAC team to create bespoke support plans for each family and allows families to have easier access to more short and long-term support. • Robust local services in the LA (particularly those with similar core principles to FDAC, similar multidisciplinary team structure, and/or similar processes for referring into the service); makes FDAC feel 	<p>Availability of services:</p> <ul style="list-style-type: none"> • Treatment services that are limited by: long waiting lists, cost, remit (e.g., ability to address substance use disorders and holistic needs), or entry criteria (e.g., limited residential treatment services available for men, mental health services only allowing entry in a crisis whereas FDAC may be seeking to prevent a crisis occurring); creates barriers for parents accessing services, completing courses, and making necessary changes during proceedings.

	<p>more familiar for families to engage with, practitioners recruited from these services adapt better to working within FDAC, and it is easier for FDAC to use these services and be implemented within budget.</p> <p>Interagency working:</p> <ul style="list-style-type: none"> • Partner agencies/services who can work collectively and collaboratively; important for 'getting everyone on the same page' regarding supporting families within the FDAC model. • Partner agencies/services who have similar perceptions of risk to, and impact on, children; increases the likelihood they will support referrals into FDAC. <p>Buy-in:</p> <ul style="list-style-type: none"> • Leaders who believe in FDAC and are committed to the changes in approach and practice. • Partner agencies/services who are aware of the model and how it works; more likely to be invested in FDAC and interested in undertaking training on the model. • Social workers in LA are supportive of FDAC; can help to ensure families who are eligible for FDAC are referred. <p>Training</p> <ul style="list-style-type: none"> • Substance misuse workforce trained in trauma-informed practice. 	<ul style="list-style-type: none"> • A wide variety of treatment providers and third sector organisations are available in the local area for parents to be referred to; can attract a more complex demographic, creating longer waitlists for services. <p>Buy-in:</p> <ul style="list-style-type: none"> • Unfamiliarity with the FDAC model and lack of understanding of its purpose; limits buy-in from the LA and partner agencies/services and makes it difficult to connect with some professional stakeholders. • Documentation supporting FDAC focusing heavily on parents and little on how children are prioritised and worked with in FDAC; can create uncertainty for professionals (particularly social workers) around child safety and reduce the likelihood they will refer to FDAC. <p>Timescales:</p> <ul style="list-style-type: none"> • Short time periods to set up a new FDAC; doesn't allow any leeway for implications with recruitment to the FDAC team (e.g., having job descriptions approved by unions), and reduces opportunities to advertise the service, set up necessary procedures, and deliver training, all which impact on buy-in. <p>Strategic plan:</p> <ul style="list-style-type: none"> • Poor communication and planning regarding outcomes and measures of success for an FDAC. • Unclear aims, objectives, and strategic plan for a pilot. <p>Training:</p> <ul style="list-style-type: none"> • LA social workers, legal practitioners, guardians, court staff, and partner agencies/services do not all receive the same training, or any training at all; contributes to a lack of understanding of the model, referral pathways into FDAC, entry criteria (e.g., threshold of substance misuse), and the roles, responsibilities and commitment when involved in FDAC. <p>Funding:</p> <ul style="list-style-type: none"> • Lack of resources made available for the FDAC team to function effectively– e.g., office space. • Lack of sustainable funding for an FDAC.
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<p style="text-align: center;">FDAC level</p>	<p>Buy-in:</p> <ul style="list-style-type: none"> • Local judges who champion the FDAC approach. • FDAC team members dedicated to the coordination and implementation of FDAC. • When a new FDAC site believes it will exist beyond the scope of its pilot; allows the FDAC team to be more invested in their practice and ensure they are providing their best service. • FDAC team are approachable and open to supporting partner agencies/services; this reduces anxiety and uncertainty in other professionals who may be referring to FDAC or supporting families within FDAC. <p>Training:</p> <ul style="list-style-type: none"> • Specialist training (covering processes and values of FDAC) for all FDAC team members. • Opportunities for judges and the FDAC team to observe/shadow existing FDAC sites during implementation; effectively passes on knowledge, develops a good understanding of FDAC processes and principles, and makes the transition to working in a different way easier. • Encouragement of ongoing professional development and training for the FDAC team; keeps staff updated on new procedures and helps maintain a high level of skillset within the team. • Mentors from other FDAC sites for FDAC team members and judges; can be effective for providing support during implementation challenges. • Community of practice forums; allows members of the FDAC team to feel like they are part of a wider FDAC community, to share knowledge and continue to develop FDAC in the UK. • Joint training for the FDAC team, judges, and other professionals working with families in FDAC; helps build relationships, ensures everyone understands all aspects of FDAC, and supports wider understanding of what working with FDAC families involves and what is expected of practitioners. This can increase buy-in and desire to support FDAC cases when knowledge gained in training is fed back to other team members and families. • FDAC team trained at trauma-enhanced level. 	<p>Training:</p> <ul style="list-style-type: none"> • FDAC training delivered too early in FDAC implementation; can cause confusion and result in team members missing training if recruitment for the core FDAC team isn't complete and contributes to the need for follow-up training after the FDAC team starts working with families, as they often have little context of FDAC cases during implementation. • Significance of FDAC training is not emphasised enough to partner agencies/services; professionals can feel like the training is optional or unsuitable for their role. • LA social workers, legal practitioners, guardians, court staff, and partner agencies/services do not all receive the same training, or any training at all; contributes to a lack of understanding of the model, referral pathways, thresholds, and the roles, responsibilities and commitment when involved in FDAC. <p>Team capacity:</p> <ul style="list-style-type: none"> • Too small of a team to balance capacity vs. expected caseload; reduces the opportunities for the FDAC team to take leave which affects the wellbeing and sustainability of the team.
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	<p>Interagency working:</p> <ul style="list-style-type: none"> • Established relationships between LAs; enables quicker implementation of FDAC sites that support multiple LAs. • A focus on collaboration, resolving issues, shared values and cultures, and good communication. • Specialist social workers and Children’s Guardians assigned to FDAC cases. 	
<p>Individual level</p>	<p>Buy-in:</p> <ul style="list-style-type: none"> • Families understanding the FDAC model and being aware it is an alternative option; improves buy-in from entire family going through proceedings and creates better working relationships with practitioners. <p>Suitability:</p> <ul style="list-style-type: none"> • Getting the right practitioners in the FDAC team with appropriate primary and secondary skillsets; enables them to adapt to working in line with the FDAC model and helps the team to offer holistic support to families. • Professional stakeholders who are: curious, open to new ways of working, believe that people can change, have the ability to approach families gently and willing to work collaboratively. • Judges who are: personable, open, honest, and committed to a problem-solving approach and working collaboratively; reduces stigma and builds working relationships with families and other professionals. • Professional stakeholders have capacity to work intensively with families and a work schedule that matches FDAC court days. • Families who have a mindset to fully commit to and maintain engagement with FDAC. 	<p>Buy-in:</p> <ul style="list-style-type: none"> • Practitioners who feel like FDAC’s way of working in care proceedings criticises their practice/skills, or that their roles and responsibilities are being taken off them by the FDAC team; can reduce the likelihood that they will buy into the model. • Families with previous negative experience of care proceedings/children’s social care. <p>Suitability:</p> <ul style="list-style-type: none"> • Professional stakeholders who are not willing to leave their comfort zone. • Workload capacity of professionals working with families in FDAC inhibits them from attending NLRs.

Appendix 2: Definition of substance misuse ratings

Severity	Alcohol misuse	Drug misuse
None	Not using alcohol	Not using drugs
Low	Non-harmful/non problematic alcohol use, at or below the recommended level (no more than 14 units per week)	Low level cannabis use, use of prescription drugs (zopiclone, diazepam, co-codamol)
Medium	Social drinking with history of harmful, non-physically dependent use Social drinking where there is a history of physically dependent use	Social/recreation drug use including club drugs and legal highs
High	Physically dependent alcohol use	Intravenous drug use Chaotic drug use (homelessness, crime, preoccupation with drug use dominating lifestyle, chaotic relationships, sex work) Polysubstance misuse of illegal drugs (more than one substance) Polysubstance misuse including misuse of prescriber drugs (more than one substance) Polysubstance misuse including misuse of legal highs, High level cannabis (daily multiple use) Misusing prescribed drugs (obtaining without prescription; overuse)



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