



What Works for  
**Children's  
Social Care**



# **How do Family Drug and Alcohol Courts work with parents to safely reduce the number of children in care?**

**A rapid realist review**





# What Works for Children's Social Care

## Authors

Melissa Meindl, Lorna Stabler, Laura Mayhew-Manistre, Lucy Sheehan, Chloe O'Donnell, Donald Forrester and Sarah L. Brand

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What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social

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## How do Family Drug and Alcohol Courts work with parents to safely reduce the number of children in care? A rapid realist review

Meindl, M., CASCADE, School of Social Sciences, Cardiff University

Stabler, L., CASCADE, School of Social Sciences, Cardiff University

Mayhew-Manistre, L., CASCADE, School of Social Sciences, Cardiff University

Sheehan, L., CASCADE, School of Social Sciences, Cardiff University

O'Donnell, C., CASCADE, School of Social Sciences, Cardiff University

Forrester D., CASCADE, School of Social Sciences, Cardiff University

Brand, S. L., CASCADE, School of Social Sciences, Cardiff University

Children's Social Care Research and Development Centre  
(CASCADE), Cardiff University

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## Executive Summary

### Overview

The What Works for Children's Social Care [scoping review](#) (Brand et al., 2018) comprehensively searched the literature on effective ways to reduce the need for children to enter care. Several "interventions"<sup>1</sup> were identified that presented evidence indicating they might be effective, each of which is now being reviewed in more detail. The intervention of focus in this rapid realist review is Family Drug and Alcohol Court (FDAC).

A recent meta-analysis (Zhang et al., 2019) found FDAC to be effective in reducing the number of children in care. In the UK, there are plans to fund and roll out FDAC in response to this evidence. To support this imminent practice change, a rapid realist approach is taken in this review to provide a quick and pragmatic summary of how FDAC can be implemented and delivered in the UK context to safely reduce the need for children to be in public care.

It is important to emphasise that the findings of this review are based on a variety of perspectives (e.g. social worker, judge, researcher, practitioner, family, child) obtained from included studies and through expert consultation, about *how* FDAC works well or not in different settings, rather than comparative evidence about *whether* it works.

### Intervention

FDAC was developed in the USA in the 1990's as an adapted version of adult drug courts (Green et al., 2007). In England, it is an alternative form of care proceedings for children who are at risk as a result of parental substance misuse and uses a problem-solving approach to help parents overcome their drug and alcohol issues, in order to safely

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<sup>1</sup> Interventions were defined as a disruption to the system (Hawe et al., 2009, McLeroy et al., 1988). They can operate across a single or multiple socio-ecological domain(s): intrapersonal, inter-personal, organisational, community, and policy.



remain or be reunited with their children (Tavistock and Portman NHS foundation Trust, 2018).

This review included any interventions that tell us something about how FDAC might best work in the UK context. This includes: Family Drug Treatment Court, Family Treatment Courts, Family Treatment Drug Court, Family Drug Court, Family Recovery Courts, Dependency Drug Courts, Family Dependency Treatment Court, and an adapted version of Juvenile Dependency Court. All of these variations are characterised by a multidisciplinary specialist team, frequent court hearings, provision of substance abuse treatment and related services, intensive judicial oversight, and sanctions/incentives linked to service compliance (Green et al., 2007; Worcel, et al., 2008).

This is not an exhaustive review of all studies relating to how FDAC works. This review summarises evidence from 13 studies identified in an earlier scoping review, seven studies identified in additional searches, and stakeholder engagement with four UK local authorities.

## **Objectives**

1. To add to the existing evidence on the effectiveness of the FDAC model by providing a richer understanding of how FDAC works, for what families, and under which circumstances.
2. To build theory and understanding about the most important components of FDAC and the key ways that these components work (mechanisms), for whom, and under which circumstances (moderators) to safely reduce the number of children entering care and/or to increase the number of children reunited with their family.



3. To provide a summary for policy and practice of what 'best practice' looks like in FDAC to safely reduce the number of children in care, that might be useful to those who are delivering or implementing FDAC.
4. To highlight issues related to the implementation of FDAC that are important for social care decision-makers and those who are implementing FDAC to reduce the need for children to be in care.

## Methods

This study is a rapid realist review consisting of two stages and six distinct steps. These six steps individually and collectively build a programme theory, articulating a developing understanding from research about how FDAC can work well to safely reduce the need for children to enter care:

Stage 1: Building an initial programme theory

Step 1: Synthesis of evidence from literature identified in a previous scoping review

Stage 2: Testing and refining the programme theory

Step 2: Site A visit, expert stakeholder consultation and court hearing observations

Step 3: Site B visit, expert stakeholder consultation

Step 4: Site C visit, expert stakeholder consultation

Step 5: Site D visit, expert stakeholder consultation and interviews with parent mentors

Step 6: Identification and synthesis of evidence from additional literature

The What Works for Children's Social Care scoping review extensively searched the literature on interventions that reduced the need for children to enter care, increased reunification, or reduced re-entry into care. This literature was then coded by 'system level mechanisms' that worked to achieve these outcomes. The literature relating to each of these 'system level mechanisms' was then brought together through a process of realist



synthesis. Thirteen appropriate studies were found that evaluated the impact of FDAC on the number of children in care which were used in Stage 1 of this rapid realist review to develop an initial 'programme theory' that described what works about FDAC to safely reduce care numbers, for which families, and under which circumstances. This was achieved through careful analysis of coded information from the 13 papers to identify "if-then" statements. These are claims about causality, for instance that a certain action is needed to produce a particular outcome, such as reducing the need for children to be in care.

In Stage 2, the initial programme theory was tested and refined in iterative cycles of theory-led data collection and theory refinement through consultations with expert stakeholders across four UK local authority sites (steps 2-5), and through additional searches and screening. This addressed identified gaps in the programme theory and ensured that it is relevant to the UK context.

The final programme theory was then used to develop a practice-focused table which describes key components and challenges to implementing and delivering FDAC for practice and policy.

The target audience of this report is policy makers and practitioners involved in the implementation and/or delivery of FDAC. For example, judges, keyworkers, mentors, local authority social workers and specific service providers whose services may be offered during FDAC proceedings. Those evaluating or researching FDAC may also find the report useful.

## **Findings**

### **Mechanisms and Moderators**

The programme theory identified two main stages through which FDAC safely reduces the number of children in care by supporting parents to address their alcohol and drug misuse:



Stage One: *Creating an internal change to increase engagement in treatment*

Stage Two: *Creating behaviour change through treatment*

A parent's success in Stage One is necessary for entering and being retained in Stage Two. The idea of stages is helpful to break down the key elements of the theory, however, progress through these stages can be cyclical in that they occur in overlapping and often simultaneous ways as the process of change is often iterative.

The programme theory also identified Key Mechanisms through which each stage is achieved, and the contexts in which they work to achieve the outcome of reducing the need for children to be in care. These are pathways, through which FDAC works in order to achieve the main outcome.

Key Mechanisms in Stage One were identified as KM1) Increased motivation to make a lifestyle/behaviour change; KM2) Increased self-confidence to make a lifestyle/behaviour change; KM3) Development/improvement of relationships and KM4) Increased knowledge of how to access treatment. Key Mechanisms in Stage Two were identified as KM5) Increased capacity to change behaviour and KM6) Increased desire to change behaviour.

A detailed description of good practice for each stage is presented in a practice guide.

### **Implementation**

Unfortunately, there was a lack of data referring to the implementation of FDAC in the literature included in this review. Where it was mentioned, any discussion of implementation was brief.

While this limits what can be said in relation to the implementation of FDAC, sufficient evidence was identified to highlight three main levels at which the implementation of FDAC occurs: 1) Policy level; 2) Local authority level; 3) Individual court level. General





barriers and enablers to implementing the FDAC model within each of those levels were also identified.

Policy level refers to national policies that impact on the implementation of FDAC, the local authority level refers to what needs to be done at the level of the individual local authority looking to commission or support the introduction of FDAC, and the individual court level refers to what needs to take place within the individual FDAC set up itself to enable implementation.

### **Implications and Recommendations**

FDAC is an intervention with evidence showing that it is effective (Zhang et al., 2019; What Works for Children's Social Care, 2019). This rapid realist review summarises learning from international implementation and delivery of FDAC, and combines it with UK stakeholder engagement, to provide a timely and meaningful evidence summary to support FDAC practice in the UK.

The findings of a recent meta-analysis (Zhang et al., 2019) combined with our findings presented in this report on how FDAC works, suggests that FDAC provides parents with a structure that supports them to make positive behaviour change, making it more likely that they will be able to keep their children safely at home. Indeed, the evidence would suggest FDAC should be offered as a right for every family in care proceedings where there is drug or alcohol misuse. We believe the combination of evidence provided in this report and the What Works for Children's Social Care (2019) [EMMIE summary](#) of the Zhang et al. (2019) meta-analysis make a case for the extensive roll-out of FDAC.

With this in mind, for those rolling out FDAC we recommend:

1. *FDAC implementation should focus on enabling the two key stages of FDAC identified in this report, namely creating an internal change to increase engagement in treatment and creating behaviour change through treatment.*



2. *FDAC implementation of each stage should focus on enabling key mechanisms.* In implementing these two stages, the programme theory in the findings section and the practice-focused guidance in the discussion section of this report provide practical information about how to work in ways that are most likely to enable these mechanisms and thus safely reduce the number of children entering care.

Wider implications to consider:

1. *The problem-solving model should be used beyond drug and alcohol misuse.* This could be for a wider range of issues that have elements of parental behaviour change e.g. specialist domestic abuse courts, though the application of a problem-solving model in courts across all care proceedings would be worth piloting.
2. *Less concretely, it should be considered whether elements of the FDAC model could be implemented into other settings.* For instance, a common theme from the literature and expert consultations was the way that parents and the FDAC team spoke so highly of FDAC judges. Are there lessons here for how child protection conference chairs or independent reviewing officers carry out their role? Might it be possible to move toward “problem solving” case conferences or looked after child reviews? It is hoped that the positive nature of the FDAC model opens up the opportunity for wider learning, rather than leading to a sole focus on FDAC.



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## 1. Introduction

The What Works for Children's Social Care [scoping review](#) comprehensively searched the literature on effective ways to reduce the need for children to enter care. Several "interventions"<sup>2</sup> were identified that presented evidence indicating they might be effective, each of which is now being reviewed in more detail. The intervention of focus in this rapid realist review is the Family Drug and Alcohol Court (FDAC).

While reducing the numbers of children in care is important in its own right, the outcome of interest in this review is reducing the 'need' for children to be in care. This is a priority area for What Works for Children's Social Care, identified through consultation with the children's social care sector.

A recent meta-analysis (Zhang et al., 2019) and [EMMIE summary of the meta-analysis](#) (What Works for Children's Social Care, 2019) found FDAC to be effective in reducing the number of children in care, and therefore it did not seem appropriate to review evidence of effectiveness again. However, these reviews did not address *how* FDAC works. Therefore, the aim of this review is to build on the findings of Zhang et al., (2019) by drawing together existing knowledge to develop and present a detailed theory about how, for whom and under which circumstances FDAC works to safely reduce the number of children in care. This realist rapid review also aims to provide a delivery model for future improvement and evaluation, articulating for practice and policy how FDAC can be implemented and delivered in a way that is more likely to be successful in achieving this aim.

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<sup>2</sup> Interventions were defined as a disruption to the system (Hawe et al., 2009, McLeroy et al., 1988). They can operate across a single or multiple socio-ecological domain(s): intrapersonal, inter-personal, organisational, community, and policy.



## 1.1 Background

This section outlines the broader context through which Family Drug and Alcohol Court (FDAC) developed in the UK, tracing the origins of the model from the USA adult corrections system and the USA child welfare system, to the roll out of FDACs across the UK. It also defines the FDAC model and briefly outlines its role.

This review included any interventions that tell us something about how FDAC might best work in the UK context. Variations of FDAC included in this review are: Family Drug Treatment Court (also known as Family Treatment Courts), Family Treatment Drug Court, Family Drug Court (also known as Family Recovery Courts and Dependency Drug Courts), Family Dependency Treatment Court, and an adapted version of Juvenile Dependency Court. All of these variations are characterised by a multidisciplinary specialist team, frequent court hearings, provision of substance abuse treatment and related services, intensive judicial oversight, and sanctions/incentives linked to service compliance (Green et al., 2007; Worcel, et al., 2008). Although there are also differences between each of these variants of FDAC (see Appendix 1 for a description of all named interventions) and within those that share the same name, this review focuses on understanding the cross-cutting mechanisms that work across all of the variants.

### 1.1.1 Origins in the USA

The FDAC model in the UK is based on the Family Treatment Drug Court (FTDC) model in the USA. In response to the Adoption and Safe Families Act of 1997 (ASFA), FTDCs developed from an awareness of the negative impact of drug and alcohol misuse on families and communities, alongside growing awareness of the success of adult drug courts (Larsen, 2000; Worcel et al., 2006). Adult drug courts developed in the 1990's in Miami with the aim of offering drug and alcohol treatment and other support services to offenders in lieu of imprisonment. They became a popular treatment model in the adult corrections system, reporting good outcomes when compared to the usual courts in terms of drug treatment completion, fewer positive drug tests, and fewer drug related





crimes (Belenko, 2001). Research that highlighted drug and alcohol abuse as the most frequent issue experienced by parents in the child welfare system, in addition to legislative and policy changes, brought light to the inadequacy of support available to substance misusing parents to change within the timescales set by the courts (Worcel et al., 2006). Adult drug courts offered a model with potential solutions.

The basic FTDC model draws on the elements of the adult drug court that were considered to be effective in helping participants with substance misuse problems. This includes regular court hearings which offer the adults support and provide judicial monitoring, specialist treatment and other support services, frequent drug testing, and rewards and sanctions based on compliance. The FTDC aims to offer a non-adversarial judicial setting to expedite permanency decisions for children, specifically by helping parents successfully complete treatment and other goals developed with child welfare agencies, in the timescales set by the courts (Worcel et al., 2006). Whilst the adult drug court and FTDC models are similar, the primary motivations to engage are different. Successful graduates from adult drug court are more likely to receive reduced sentences or convictions, whereas successful graduates from FTDCs are more likely to be reunited with their children (Worcel et al., 2008).

### **1.1.2 Development in the UK**

In the UK, the 2003 publication of Hidden Harm (Advisory Council on the Misuse of Drugs, 2003) raised the profile of the negative impact of parental substance misuse on children and the importance of multi-agency responses to help parents receive treatment and support. This was a prominent issue in inner London where the incidence of high parental substance misuse in care proceedings and poor outcomes for children were well documented (Whitehead, 2014). Broader issues relating to care proceedings were also on the agenda, particularly relating to the poor coordination of adult and children's services, late interventions to protect children, and the rising costs of proceedings linked to the cost of expert evidence (Harwin et al., 2011). Recognising the prevalence of these problems, Circuit Judge Nicholas Crichton brought together a working group with an



interest in the role of parental substance misuse in care proceedings (Whitehead, 2014). This became the Family Drug and Alcohol Court (FDAC) steering group. The steering group looked to the extensive use of FTDCs in the USA and the encouraging evidence in relation to faster permanence decisions for children and greater numbers of reunifications. In 2005 the steering group commissioned a feasibility study into developing a UK compatible model based on FTDCs.

The subsequent feasibility report by Ryan et al. (2006) recommended piloting FDAC in the UK and proposed an initial model of the operation of the court and the specialist team. The pilot was funded by the three London boroughs taking part, the Department for Children, Schools and Families (now the Department for Education), the Ministry of Justice and the Home Office. The diverse nature of FDAC funding reflects that the model rests on the theory that if the intergenerational cycle of harm associated with parental substance misuse is disrupted, risk factors for health, welfare and criminal justice services will be reduced. This cross-cuts government policy agendas (Harwin et al., 2011).

FDAC was formally launched on November 5<sup>th</sup> 2007 and began hearing cases on January 28<sup>th</sup> 2008. FDAC is now more widely available with nine specialist FDAC Teams, working in 12 courts and serving families in 20 local authorities in: London, Gloucestershire, Milton Keynes and Buckinghamshire, East Sussex, Coventry, Kent and Medway, Southampton, Leeds, and Armagh (<https://fdac.org.uk/existing-sites/>). However, in 2018 the FDAC National Unit, which supported the development of new FDACs across the UK, lost funding from central and local government. This received criticism from Sir James Munby, President of the Family Division who highlighted the importance of FDAC “at a time when the care system is in crisis” ([https://www.familylaw.co.uk/news\\_and\\_comment/care-crisis-fdac](https://www.familylaw.co.uk/news_and_comment/care-crisis-fdac)).

In the USA there are three main models of FDAC: integrated, dual track and parallel (Boles et al., 2007), however in the UK, FDAC follows the United States integrated Family



Treatment Drug Model whereby the same judge oversees both dependency petitions and a parent's compliance with substance abuse treatment orders (Harwin et al., 2018a).

### 1.1.3 What is FDAC?

FDAC handles care proceedings, brought by the local authority under section 31 of Children Act 1989. They offer an alternative problem-solving approach to care proceedings where parental substance misuse is a key factor in the decision to bring proceedings. FDAC has a detailed theory of change aiming to achieve '*better outcomes for children and families, better justice, and better value for money*' (FDAC National Unit, 2015). The theory of change outlines the values, inputs and lower level outcomes necessary to achieve change in each of these three areas, as well as in the area of service development.

FDAC is unique in that it is a court-based family intervention offering therapeutic support alongside judicial monitoring. The judge's role in the court is one of problem-solving, meeting regularly with parents and supporting motivation to change. Regular court reviews provide the opportunity for judges and parents to meet and engage in problem-solving, therapeutic aspects of the work. Here, judges are able to monitor, motivate and discuss key issues with parents, and parents are able to communicate directly to judges, without the presence of legal representatives. Parents also receive intensive support from a specialist multidisciplinary team working closely with the court to assess and coordinate an intervention plan, and in some cases have support from a volunteer parent mentor. Participation is 'voluntary', with nonparticipation resulting in a case being heard in ordinary care proceedings (Harwin et al., 2011).

FDAC aims to achieve better child health and development outcomes by either enabling parents to meet their children's needs in a timescale compatible with those needs, or, providing timely permanence elsewhere (FDAC National Unit, 2015). FDAC aims to promote parental behaviour change in areas that place their children at risk of significant



harm. In particular, FDAC is focused on the impact of substance misuse on the child. It is neither an 'abstinence model' nor a 'harm minimisation model' as the recommendations depend on the individual and the family (Harwin et al., 2011). It also aims to promote better outcomes for parents in their health and wellbeing, participation in education, training or work, and a reduction in antisocial behaviour or crime (FDAC National Unit, 2015).

## 2. Objectives

The objectives of this review are as follows:

1. To add to the existing evidence on the effectiveness of the FDAC model by providing a richer understanding of how FDAC works, for what families, and under which circumstances.
2. To build theory and understanding about the most important components of FDAC and the key ways that these components work (mechanisms), for whom, and under which circumstances (moderators) to safely reduce the number of children entering care and/or to increase the number of children reunified with their family
3. To provide a summary for policy and practice of what 'best practice' looks like in FDAC to safely reduce the number of children in care, that might be useful to those who are delivering or implementing FDAC.
4. To highlight issues related to the implementation of FDAC that are important for social care decision-makers and those who are implementing FDAC to reduce the need for children to be in care.



## 3. Methods

### 3.1 Design

This study is a rapid realist review consisting of two stages and six distinct steps. These six steps individually and collectively build a programme theory, articulating a developing understanding from research about how FDAC can work well to safely reduce the need for children to enter care:

Stage 1: Building an initial programme theory

Step 1: Synthesis of evidence from literature identified in a previous scoping review

Stage 2: Testing and refining the programme theory

Step 2: Site A visit, expert stakeholder consultation and court hearing observations

Step 3: Site B visit, expert stakeholder consultation

Step 4: Site C visit, expert stakeholder consultation

Step 5: Site D visit, expert stakeholder consultation and interviews with parent mentors

Step 6: Identification and synthesis of evidence from additional literature

In Stage 1 an initial programme theory was developed from a cluster of studies that were identified in the What Works for Children's Social Care scoping review (see section 3.2).

In Stage 2 of the rapid realist review, the initial programme theory was tested and refined in iterative cycles of theory-led data collection and theory refinement. Unlike a full realist review, only minimal cycles of iterations were used to develop the programme theory. Additionally, it maintained a narrower theoretical focus than a full realist review, with more of a focus on prioritising key mechanisms and their enabling contexts, and less of a focus on identifying or incorporating mid-range theories from a wider literature to help understand the system-level mechanism under consideration.



Update searches were intentionally narrow and began with papers previously identified in the original scoping review search, with some expert consultation and citation chasing to identify any key papers outside of the original search for the system-level mechanism under examination. Local authority sites were visited for expert consultation and were chosen in a purposive way to build understanding of the initial programme theory developed from international literature and how it would work best in the UK context.

### **3.2 Stage 1: Building an initial programme theory**

The first stage developed an initial programme theory from a group of studies identified in the previous scoping review. The method of the scoping review is briefly outlined below.

#### **3.2.1 Step 1: Synthesis of evidence from literature identified in a previous scoping review**

For the full report of the scoping review from which this rapid realist review stems, see the [What Works Centre for Children's Social Care website](#) which details the 'EMMIE' (Effectiveness; Mechanisms of change; Moderators; Implementation; Economic evaluation) approach taken. The scoping review ([Brand et al., 2018](#); [Brand et al., 2019](#)) utilised extensive systematic searches and Arksey and O'Malley's scoping review methodology (Arksey & O'Malley, 2005; see Appendix 2 for eligibility criteria and searches) and identified 13 papers that evaluated FDAC.

The 13 included studies were read and coded for information on what works, for whom, under which circumstances to safely reduce numbers in care using QSR International's NVivo 12 qualitative data analysis software (QSR, 2018). Each piece of coded information was put in to an excel worksheet and brought together using a process of realist synthesis to develop an initial 'programme theory'.



In Excel, each coded section was re-formulated into explanatory accounts in the form of if-then statements (e.g. see Pearson et al., 2015; Brand et al., 2018) (see Appendix 3) to capture theories in the studies relating to how FDAC impacts on care numbers. Particular attention was paid to nuance in relation to 1) which parents, families, and children FDAC was most likely to work for and why, and 2) which circumstances FDAC was most likely to work in and why.

These if-then statements were then grouped into themes. These themes related to either key components of the intervention, key mechanisms through which it worked, or key moderators that affected whether it worked for certain families. Themes were chosen by the two reviewers most familiar with the extracted and coded data and the resulting if-then statements for FDAC. The two reviewers identified themes through separate coding and then discussion of coding. Final themes were those groupings subjectively considered to best capture what was most important in the evidence in relation to how FDAC works, for whom, and under which circumstances.

Each themed group of if-then statements were then brought together in a process of consolidation (see Figure 1 for an example; see also Pearson et al., 2015, supplementary file 4) (see Appendix 4) into a smaller number of richer and more nuanced consolidated explanatory accounts explaining how the intervention works, for whom, and under which circumstances. Consolidated explanatory accounts were then expressed in diagrams and narratives (see section 4.4). This is the initial FDAC programme theory that was then taken forward and tested in Stage 2 of this rapid realist review.

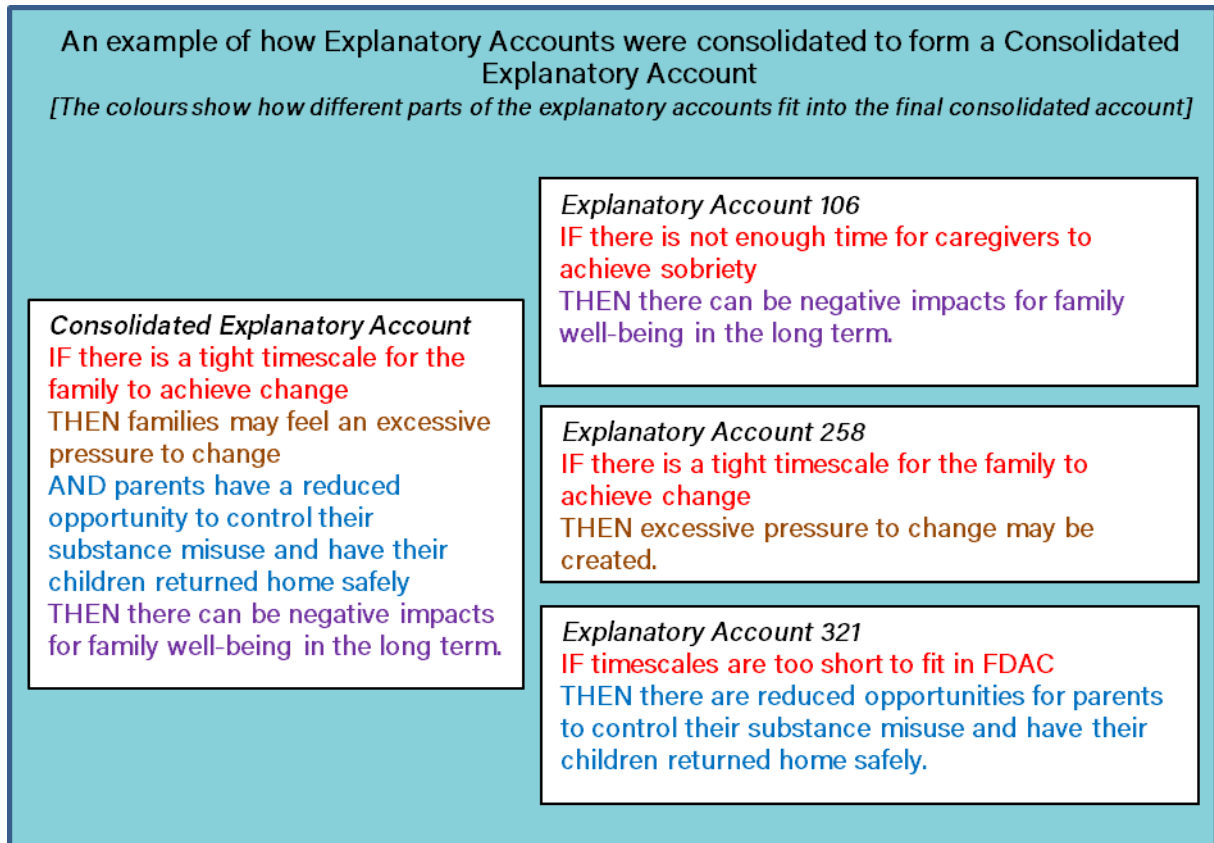


Figure 1: Moving from Explanatory Accounts to Consolidated Explanatory Accounts

### 3.3 Stage 2: Testing and refining the programme theory

In Stage 2, the initial programme theory developed in this rapid realist review was tested and refined through additional literature searches and consultations with expert stakeholders (professionals with experience in FDAC proceedings and/or the FDAC model) at four local authority site visits over a five-week period. Local authority sites were selected based on existing relationships with the sector and expert researcher-practitioner knowledge of relevant activity in the sector. All consultations were conducted face to face and in locations organised by each local authority.

In total there were five cycles of theory-led purposive sampling, data extraction and realist synthesis to refine the programme theory in five steps (steps 2-6 of the whole method, see section 3.1). Steps 2-6 tested the programme theory through the collection, extraction, and synthesis of new data from consultations with expert stakeholders and through





additional literature (see sections 4.1 and 4.2 for characteristics of the included studies and the local authority sites/expert stakeholders). After each step, data was extracted in the form of if-then statements (see section 3.2 for description of this process), and realist synthesis was used to add in the new if-then statements from the expert consultations and additional literature (see Appendices 5 and 6) to the emerging programme theory through a process of juxtaposition, comparison, contrast and combination. They were used to either add nuance, fill gaps in the initial programme theory, or not included if they either 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. These were then fed into the developing programme theory.

### **3.3.1 Step 2: Site visit A, expert consultation and court observations**

Two researchers (MM and LMM) visited Site A and facilitated a discussion with experts (n=2) focusing on gaining early feedback on the initial programme theory and filling identified gaps. The researchers took notes throughout this discussion. During the visit to Site A, the two researchers also observed six FDAC hearings including lawyer reviews, non-lawyer reviews and informal reviews. The researchers sat at the back of the court room and did not communicate directly with parents or judges, however, took subjective notes from their observations and direct quotes from parents and judges. These notes from discussions and observations were then turned into if-then statements and added to the emerging programme theory.

### **3.3.2 Step 3: Site visit B, stakeholder consultation**

At Site B, two researchers (MM and LMM) facilitated a discussion with experts (n=4) focussing on refining the initial programme theory, filling gaps and clarifying any conflicting information between the literature and Site A. Researchers took notes through the session and extracted the data as if-then statements.



### **3.3.3 Step 4: Site visit C, stakeholder consultation**

At Site C, two researchers (LS and DF) facilitated a discussion with experts (n=3) focussing on the implementation of FDAC in different contexts, as well as addressing gaps in the programme theory related to judge and parent characteristics. Researchers took notes through the session and extracted the data as if-then statements.

### **3.3.4 Step 5: Site visit D, stakeholder consultation and interview with parent mentor**

At Site D, two researchers (MM and LMM) facilitated a discussion with experts (n=2) focussing on parents' perspectives of FDAC and the role of parent mentors within an FDAC team. The researchers also carried out a separate discussion with a parent mentor about their role, how the role worked within FDAC and their experience of being involved as a client and then mentor. Researchers took notes through the sessions and extracted the data as if-then statements.

### **3.3.5 Step 6: Identification and synthesis of evidence from additional literature**

Four supplementary search approaches identified additional studies to test the programme theory.

1. The Endnote database created from the searches for the scoping review was searched using the following key intervention terms: Family Drug and Alcohol Court; Family Drug Treatment Court; Family Treatment Court; Family Treatment Drug Court, Family Drug Court; Family Recovery Court; Dependency Drug Court; Family Dependency Treatment Court; Juvenile Dependency Court (n=20).
2. All 17 studies included in the prior FDAC meta-analysis (Zhang et al., 2019) were checked against the 13 studies identified in the prior scoping review and any not currently included were obtained (n=9).
3. Purposive reference list checking of studies included in initial search (n=7).
4. Purposive citation chasing of included studies (n=1).



The literature identified in additional searches (n=37) was collated into one Endnote database, duplicates were removed, resulting in a total of 24 citations. The papers were read and subjectively screened by three researchers to determine whether they provided evidence that filled gaps or added nuance to areas of interest in the developing theory. Fifteen papers were excluded as they did not add newness to the data obtained from the already included literature and another two papers were excluded (Huebner et al., 2015 and Brook & McDonald, 2007) as it was unclear if the studies were evaluating FDAC (or variations thereof) or other interventions. Seven studies were relevant and had if-then statements extracted from them (see Appendix 6), making 20 total included studies in this review (see PRISMA diagram: Figure 2).

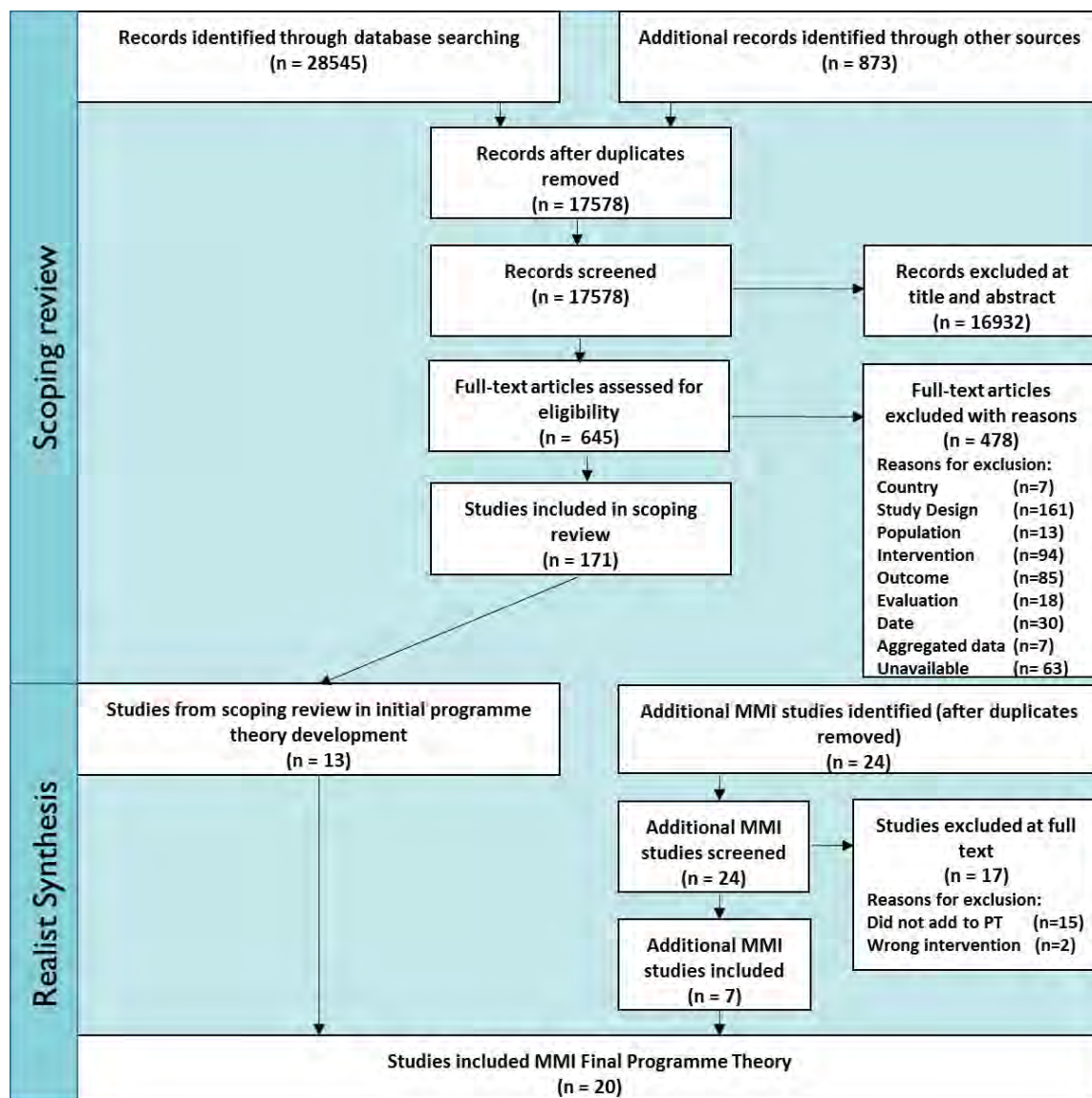


Figure 2: PRISMA flow chart of included and excluded studies



## 4. Findings

The findings of this review are presented in six sections. The first two sections report the characteristics of the included studies and the local authority sites that were visited for expert consultation. The third section provides a description of the parents who FDAC is most/least likely to be suitable for. The qualitative findings on the mechanisms and moderators that influence how FDAC works, for what families/children, and in which circumstances are summarised in the fourth section as a programme theory, which is presented in diagrams and narrative. The fifth section discusses some of the main gaps in the literature that may have implications in regards to the programme theory. Lastly, the key barriers and enablers to implementing FDAC are highlighted in the sixth section.

### 4.1 Study characteristics

In total, 171 publications were included in the original scoping review (the literature search and screening of publications is summarised in the PRISMA flow diagram: Figure 2). Of these, 13 were coded as FDAC and included in this review (see Appendix 7). Twelve of the papers were published in peer reviewed journals (Ashford, 2004; Boles et al., 2007; Bruns et al., 2012; Burrus et al., 2011; Chuang et al., 2012; Dakof et al., 2009; Gifford et al., 2014; Green et al., 2007; Harwin et al., 2013; Sagatun-Edwards and Saylor, 2000; Sloan et al., 2013; Worcel et al., 2008) and one was grey literature (Harwin et al., 2014).

All 13 studies that were used to develop the basis of the programme theory in this review related to the reunification of a child with their family. While three of these also related to the number of children entering care in addition to reunification (Green et al., 2007; Sagatun-Edwards and Saylor, 2000; Worcel et al., 2008), none of the included studies related solely to the number of children entering care. This may be due to 11 of the of the studies being based in the USA (Ashford, 2004; Boles et al., 2007; Bruns et al., 2012; Burrus et al., 2011; Chuang et al., 2012; Dakof et al., 2009; Gifford et al., 2014; Green et al., 2007; Sagatun-Edwards and Saylor, 2000; Sloan et al., 2013; Worcel et al., 2008) where a



majority of children are required to be placed in custody during FDAC proceedings, whereas in the UK context there appears to be more occasions where the goal is prevention of placement and a child might remain in the family home while a parent is in FDAC proceedings. As a result of the lack of literature specifically on care entry, the programme theory presented in this review relates to how FDAC increases the number of children being reunified with their parents unless otherwise stated.

Furthermore, seven papers were identified through additional searches and screening to add detail to/fill specific gaps in the Mechanism, Moderator and Implementation data (see Appendix 8). Five of these were conducted in the USA (Akin et al., 2016; Carey et al., 2010; Dakof et al., 2010; Drabble et al., 2016; Somervell et al., 2005), one was conducted in Canada (Kissick et al., 2015), and one was conducted in the UK (Harwin et al., 2018b).

Three of the studies evaluated Family Drug and Alcohol Court (Harwin et al., 2013; Harwin et al., 2014; Harwin et al., 2018b), five evaluated Family Drug Treatment Court also known as Family Treatment Courts (Akin et al., 2016; Drabble et al., 2016; Gifford et al., 2014; Kissick et al., 2015; Sloan et al., 2013), three evaluated Family Treatment Drug Court (Bruns et al., 2012; Green et al., 2007; Worcel et al., 2008), seven evaluated Family Drug Court also known as Family Recovery Courts and Dependency Drug Courts (Ashford, 2004; Boles et al., 2007; Burrus et al., 2011; Carey et al., 2010; Dakof et al., 2009; Dakof et al., 2010; Somervell et al., 2005), one study evaluated Family Dependency Treatment Court (Chuang et al., 2012) and one study evaluated an adapted version of Juvenile Dependency Court (Sagatun-Edwards and Saylor, 2000).

## **4.2 Expert stakeholder and local authority site characteristics**

Expert consultation took place in four local authority site visits. All four local authorities were located in England, UK. A total of 12 experts were consulted regarding the programme theory developed in this review (see Table 1), 11 of which were female.



**Table 1: Characteristics of expert stakeholders and local authority sites**

Local authority site	Data collection method	# of expert stakeholders	Roles of expert stakeholders	Site characteristics
Site A	Focus group	n=2	<ul style="list-style-type: none"> <li>• Service Lead; Mental Health Nurse</li> </ul>	<ul style="list-style-type: none"> <li>• Located in South West England</li> <li>• Based in an urban area that covers a large rural county</li> <li>• The FDAC model at this local authority site includes informal reviews after formal proceedings have ended</li> </ul>
	Observations of FDAC proceedings	n=6	<ul style="list-style-type: none"> <li>• Individuals observed during hearings: FDAC Judge, Substance Misuse Nurse, Social Workers, Lawyers, parents (mothers and fathers) and children</li> </ul>	
Site B	Focus group	n=4	<ul style="list-style-type: none"> <li>• Service manager/Social Worker; Clinical Nurse Specialist; Child and Adolescent Psychiatrist/ Clinical Lead; Specialist Drug and Alcohol Worker</li> </ul>	<ul style="list-style-type: none"> <li>• Located in South East England</li> <li>• Covers a large rural area</li> <li>• This local authority site is particularly experienced in addressing mental health issues that affect substance misusing parents</li> </ul>
Site C	Focus group	n=3	<ul style="list-style-type: none"> <li>• Service Manager; Deputy Manager/Substance Misuse Specialist; Social Worker</li> </ul>	<ul style="list-style-type: none"> <li>• Located in East England</li> <li>• Covers a large urban area</li> <li>• This local authority site is particularly experienced in implementing FDAC in the UK</li> </ul>



Site D	Focus group	n=3	<ul style="list-style-type: none"><li>• Team Manager; Parental Substance Specialist; Parent mentor</li></ul>	<ul style="list-style-type: none"><li>• Located in East central England</li><li>• Covers a large urban town and surrounding rural areas</li><li>• The FDAC team at this local authority site included parent mentors who have previously been through FDAC</li></ul>
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### 4.3 Suitability of FDAC

In the UK, each FDAC case is selected or referred by local authorities. Parents must have a history of alcohol and/or drug misuse that impacts on their ability to provide a safe and nurturing environment for their child, whereby their child's health and development is at risk. As FDAC is voluntary, parents must also agree to have their cases heard by FDAC rather than family court.

Given the complex nature of substance misuse, determining predictive factors that moderate a parent's ability to become sober and succeed in FDAC is a challenge. All four FDAC local authority sites that were consulted for this review indicated there is no single predictive value that determines if a parent will be suitable for, or successful in FDAC. Rather, several factors must be considered when deciding if a parent should be referred to FDAC, or if they will enter usual family court proceedings.

From these expert consultations and the literature examined, the following parents were identified as those who are more likely to be referred to, willing to enter and successfully complete FDAC:

- Parents who are willing and prepared to get their child back, particularly if they feel wiser and more responsible as a result of age, as they are more likely to feel ready to make the necessary changes.



- Parents who have a low level of child and parent problems. For example, if parents only experience substance misuse and no additional problems, FDAC is better able to build on the parents' capacity to change/promote behavioural change, and parents then have a better chance at ceasing substance misuse.
- Parents who are willing and able to communicate with FDAC workers, as they are able to gain more knowledge about how to access other services that may be useful to them.
- Parents whose main motivation for participating in FDAC is reunification with their child (as opposed to just seeing it as an opportunity access treatment) are likely to experience better outcomes as they are more receptive, have better compliance with court ordered programmes and are more likely to attend court hearings.
- Parents who are able to take responsibility for their actions.
- Parents who have the cognitive ability to learn, reflect and take on new ideas.
- Parents who have become tired/fallen out of love with their drug use lifestyle.
- Parents who have capacity to understand and acknowledge the impact their lifestyle has on their child, such as recognising their child has experienced harm due to their substance misuse.

The following parents were identified as those who are less likely to be referred to, willing to enter and successfully complete FDAC:

- Parents who cannot get past having their children removed from their care and as a result are externalising, angry or mistrustful of services, may not be the best fit for FDAC as it can be more difficult for the FDAC team to try and work with the parent, and the parent is prevented from being able to do the work required to be reunified with their child.
- Parents who cannot identify anything they want to change about their lifestyle or habits e.g. parents who believe they do not require help with parenting or do not believe their substance misusing behaviour was of harm to their child/children.





- Parents (particularly fathers) who are oppositional and are involved in a drug dealing culture. A fear of losing status/money, or fear of retribution may prevent them from engaging in/being suitable for FDAC and may also prevent their partner (if they have one) from ceasing substance use. They are also less likely to develop a good relationship with an FDAC judge as they see them 'on the opposite side of the fence'.
- Parents with previous experience of family court proceedings who felt disempowered by the process, as they are more likely to stop attending court.
- Parents (particularly mothers) with a history of more than 5 years contact with Children's services.
- Parents who have multiple problems/needs (three or more) that require specialized treatment and case management services as they face more barriers to ceasing substance misuse and can be prevented from cooperating with necessary court agencies to be able to regain custody. E.g. If a parent is abusing substances and also has a related chaotic lifestyle or their case involves child fatalities or sexual abuse, serious mental illness, cases that were being immediately moved to termination of parental rights (fast tracked), or parental incarceration.
- Parents whose child has been placed with another family member are less likely to engage with FDAC or cease substance misuse as they have the potential to access their child at a later date.

It is important to acknowledge that these lists are only an indication of parents who may or may not be suitable for FDAC and are by no means definitive. During consultations, experts indicated that parents they thought would not do well were at times able to successfully complete FDAC and vice versa. For example, even if a parent has a chaotic life prior to FDAC proceedings, if the FDAC team were to provide them with practical steps, a parent may be able to regain enough routine and structure in their lives to be able to engage with relevant services. Moreover, parents who are considered 'difficult'



and therefore perhaps less likely to be offered the opportunity to participate in FDAC, (or decline participation if they were offered in FDAC) could also be the group of people who would benefit most if efforts are made to engage and retain them in FDAC. On the other hand, even if a parent is cooperative, motivated and ready to participate in FDAC, there are a limited number of places available in FDAC at any given time which could result in the parent's case still being heard in usual family court proceedings.

It is also important to note that a large majority of the studies examined in this review referred to mothers and often used 'mother' interchangeably with 'parents'. Some of the literature suggested this may be due to fathers being stereotyped as uninvolved, irrelevant and potentially dangerous. Consultations with experts supported the notion that there is still a culture within social work where a father's role in the family is minimised, primarily by only using mothers as a main point of contact, not affording fathers with the same assertive outreach as mothers, and a lack of effort to involve fathers in proceedings because they are assumed to want to prioritise work, or be in prison. As a result, fathers may be less likely to enter FDAC than mothers. While fathers were not often explicitly discussed, the literature provided no evidence to suggest that the programme theory is not also relevant to fathers in FDAC.

#### **4.4 Programme Theory: How FDAC can reduce the numbers of children in care**

The following programme theory details how FDAC safely reduces the number of children in care by supporting parents to address their alcohol and drug misuse. It should be emphasised that the basis for this programme theory was the available literature identified in the What Works for Children's Social Care scoping review. Additional purposeful data searches and consultations with experts were conducted within a limited timeframe (see section 3.3) to address gaps identified in the initial literature, however several gaps were still unable to be answered within the scope of this review (see section 4.5).



The programme theory identified two main stages through which FDAC safely reduces the number of children in care by supporting parents to address their alcohol and drug misuse:

*Stage One: Creating an internal change to increase engagement in treatment*

*Stage Two: Creating behaviour change through treatment*

A parent's success in Stage One is necessary for entering and being retained in Stage Two. The idea of stages is helpful to break down the key elements of the theory, however, progress through these stages can be cyclical in that they occur in overlapping and often simultaneous ways as the process of change is often iterative (see Figure 3). It is worth noting that Stage Two behaviour change may occur without the Stage One internal change first being present, however it is unlikely to be sustainable or lead to success in FDAC (e.g. if a parent changes their substance misusing behaviour in the short term recognising this will help them to be reunified with their child, but does not believe that this change is necessary for the wellbeing of their child in the longer-term).

The programme theory also maps the key mechanisms through which each stage is achieved, and significant contexts that enable or inhibit each of these mechanisms to occur. Mechanism is defined as how the intervention resource (e.g. FDAC) interacts with how individuals think and feel (e.g. social workers, parents, families, children) to bring about changes in thinking, feeling, or behaviour that influence whether the intervention 'works' to achieve its intended outcome. The term moderator refers to the contextual factors that are critical in enabling these mechanisms to 'fire'. The most important mechanisms and their moderators that emerged from the realist synthesis are prioritised and elaborated. Unlike previous systematic reviews using EMMIE, evidence of mechanisms and moderators are presented together, as the activation of mechanisms is contextually contingent (see Appendix 9 for a full definition of realist terms used in this review).

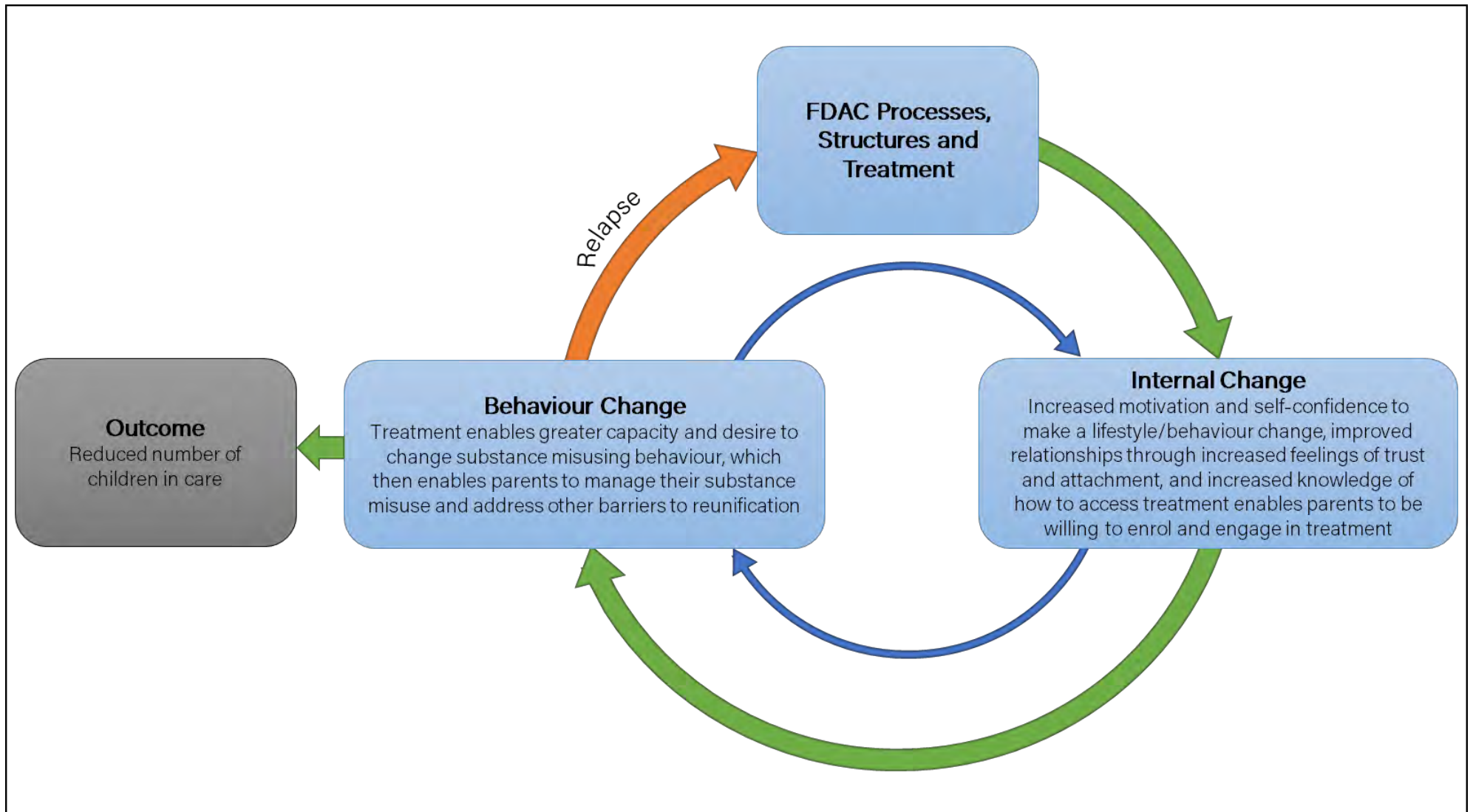


Figure 3: The overarching cyclical relationship between FDAC and the changes in parents described in Stage One and Stage Two



#### **4.4.1 Stage One: Creating an internal change to increase engagement in treatment**

The first stage to FDAC safely reducing the number of children in care by supporting parents to address their alcohol and drug misuse is creating an internal change that increases a parent's willingness to enrol and engage in treatment. This can be achieved through the activation of four Key Mechanisms: KM1) Increased motivation to make a lifestyle/behaviour change, KM2) Increased self-confidence to make a lifestyle/behaviour change, KM3) Developing/improving relationships and KM4) Increased knowledge of how to access treatment (see Figure 4).

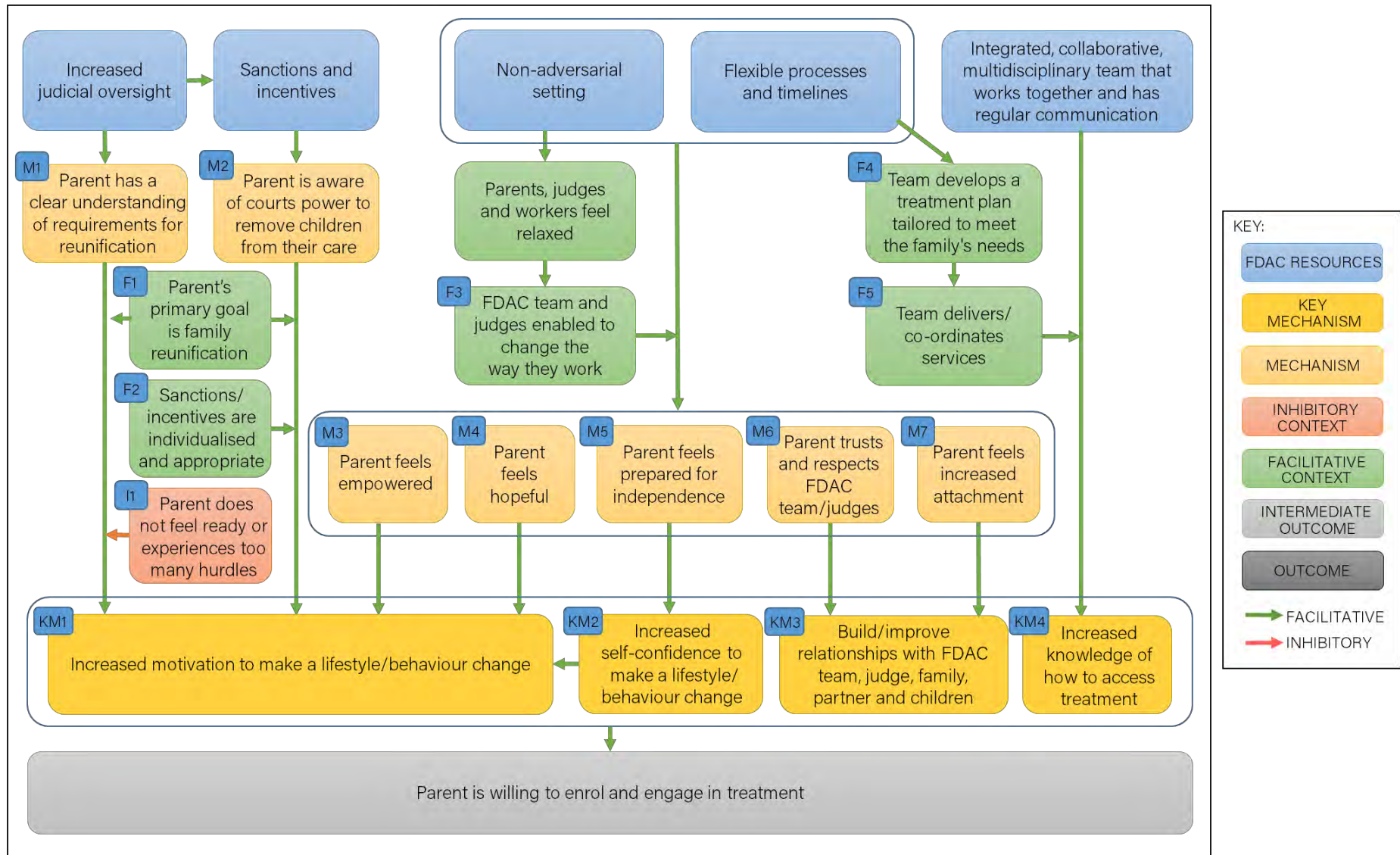


Figure 4: Key Mechanisms and contexts that enable an internal parental change in Stage One



### Key Mechanism 1: Increased motivation to make a lifestyle/behaviour change

Figure 4 shows four mechanisms that can enable a parent's motivation to make a lifestyle/behaviour change (see box KM1) to produce an increase in a parent's willingness to enter/engage in treatment: M1) Parent has a clear understanding of the requirements they need to meet in order to be reunified with their child; M2) Parent is aware of the courts power to remove their children from their care; M3) Parent feels empowered; M4) Parent feels hopeful.

*M1) Parent has a clear understanding of the requirements they need to meet in order to be reunified with their child*

One of the ways that FDAC may increase a parent's motivation is by enabling them to have a clear understanding of the requirements they need to meet in order to be reunified with their child (see box M1). This is achieved through increased judicial oversight in the form of fortnightly review hearings. These hearings provide opportunities for consistent monitoring of a parent's progress and identification of any continuing 'risky' behaviours. Fortnightly hearings also facilitate regular communication within the FDAC team, and between the FDAC team, judge, legal representatives and any other relevant services. The increased communication allows social workers to be notified if a parent has relapsed or if they are progressing and enables the FDAC team/judges to problem solve for any setbacks that arise, review the parent's intervention plan, provide encouragement and make decisions.

Ultimately the consistent monitoring and increased communication results in parents receiving a clear, repeated message about what they need to do to be successfully reunified with their children which generates an internal change in the parent. For some parents (particularly those who have not experienced FDAC or other court proceedings before) this could be a feeling of being over-assessed and they may view the frequent hearings as a sanction, making them more likely to want to disengage from FDAC. Other parents may find it more difficult to follow basic guidance, particularly if they do not



feel ready to change or if they are experiencing too many other hurdles to addressing their substance misuse (see box I1). However, if a parent's primary goal for entering FDAC is reunification with their child (see box F1), the internal change is likely to be more positive, such as feeling the increased judicial oversight is useful in 'hurrying things up' and 'keeping everyone working', and that it allows professionals to see they are making progress. This leads to an increase in a parent's motivation to engage in treatment and be compliant with court orders.

*M2) Parent is aware of the courts power to remove their children from their care*

The second way that FDAC may increase a parent's motivation is by ensuring they are aware of the courts power to remove their children from their care (see box M2). Judges in FDAC often remind parents of incentives for complying with the court such as retaining/regaining custody of their child, and sanctions such as the court's power to remove children from their care as a consequence for noncompliance. It was also identified during expert consultations that judges utilise a variety of lower level sanctions/incentives based specifically around what happens moving forward with a case e.g. hours of contact a parent has with their child, whether they are granted unsupervised access, subjecting parents to increased drug testing. Other tangible and intangible incentives (gift cards, praise/applause, certificates, family gifts such as board games and children's books etc.) are also used and are awarded for specific behaviours so that parents learn what positive behaviours they should continue to perform in order to retain care of/be reunified with their child.

The literature suggests these sanctions/incentives can create a positive internal change such as an increase in a parent's motivation to change their lifestyle, but only if the parent's primary goal for entering FDAC is reunification with their child (see box F1) and if the sanctions/incentives are appropriate and individualised (see box F2). If parents experience an increase in their motivation to address their substance misuse, they are more likely to enter treatment, make good use of the services on offer and then have a





better chance of successfully completing the treatment as prerequisite to being reunified with their child.

#### A note on FDAC resources

The final two mechanisms that enable Key Mechanism 1 (parent feels empowered; parent feels hopeful) and the remaining Key Mechanisms of Stage One (increased self-confidence to make a lifestyle/behaviour change; developing/improving relationships; increased knowledge of how to access treatment) all rely on the FDAC team and judges changing the way they work (see box F3). This is enabled through FDAC's non-adversarial settings and flexible timelines/processes.

Non-adversarial setting: While parents are represented by their lawyers at certain hearings within the FDAC process, if their case is progressing according to plan, their fortnightly hearings will be non-lawyer reviews where they attend their hearing without a lawyer. The opportunity to conduct hearings without lawyers present reduces the formality and the expectation of cross examination, allowing the FDAC team (particularly keyworkers) and judges to feel more relaxed.

Flexible timelines: As in normal family court, FDAC has timescales that are expected to be met, aiming to complete proceedings within 26 weeks (typically the case children are not going to be reunified with their parent/parents). However, if it is nearing the end of proceedings and there is still the possibility of a child returning home to their parent, but more time is needed, an application for extension can be made and the court may allow proceedings to exceed the 26-week mark.

When the FDAC team and judges are feeling more relaxed due to a non-adversarial setting and are provided with an approach, structure, processes and timelines that are flexible and responsive, they are enabled to change the way they work, performing their roles in a therapeutic, non-punitive manner that is underpinned by therapeutic



jurisprudence (examples are detailed below). This can then facilitate the following internal changes for the parent which act as mechanisms to increasing a parent's willingness to enter/engage in treatment.

### *M3) Parent feels empowered*

When judges perform their roles in a therapeutic, non-punitive way, they may be able to increase a parent's motivation is by empowering them (see box M3). For example, if judges keep a parent's case on track by being firm with parents about the consequence of noncompliance while also engaging with parents by being supportive, friendly and empathetic, parents may feel more empowered to take responsibility for their actions.

In addition, if judges address parents before members of the FDAC team, take an active interest in the parent by being well informed and remembering previous hearings, gets to know the parent well, asks parents how they feel things have gone since their last hearing, and encourages lawyers to report on the parents' progress in a positive way, parents feel empowered that someone of high status and role knows their name, cares about them and remembers their details.

The literature suggests that if parents feel empowered, they are more likely to speak for themselves through proceedings, they experience an increase in their motivation to change their lifestyle, and they are more likely to make good use of services on offer.

### *M4) Parent feels hopeful*

A parent's motivation may also be increased by the FDAC team and judges working in a non-punitive and therapeutic way as it can increase a parent's feelings of hopefulness (see box M4). By reassuring parents that they will be provided with the time they need to make a change whilst also being clear about their role, judges can help parents feel less anxious and more positive/hopeful about their chances of succeeding in FDAC. Keyworkers can also create positive expectations by telling parents that they would not



have been selected for FDAC if they did not think the parent could make a change, which enables parents to feel hopeful and provides them with a sense that the FDAC team believes in them. Additionally, if difficulties arise during proceedings and the FDAC team/judges encourage parents to learn from their mistakes and reinforce the positive progress a parent has already made, without being confrontational, then parents retain hope that they will be able to change their behaviour in the given timeframe.

If the FDAC team is able to offer practical and emotional support while listening to parents without judging them, parents feel that the FDAC team will be there for them throughout the process. Once parents feel they have the full support of their workers, they are more likely to feel hopeful that FDAC is their best opportunity of being reunified with their children, increasing the parents' motivation to change their behaviour (such as misusing substances).

### Key Mechanism 2: Increased self-confidence to make a lifestyle/behaviour change

The literature identified one main mechanism through which FDAC can increase a parent's self-confidence in order to increase a parent's willingness to enter/engage in treatment (see box KM2):

#### *M5) Parent feels prepared for independence*

If the FDAC team and judges are enabled to work in a therapeutic, non-punitive way (see Key Mechanism 1), they can help parents feel more prepared for independence (see box M5). In particular, if keyworkers have the time to provide parents with practical support such as helping them develop a workable routine for their everyday life (how a mother will balance self-care, children and work), outline a plan for dealing with common children and family emergencies, develop a detailed relapse prevention plan, and provide advice on how they might deal with setbacks, parents feel equipped to break down problems into manageable steps, encouraged to problem solve and trust their own judgements. This enables them to regain responsibility for their lives and feel better prepared for



independence, increasing their self-confidence to make a lifestyle/behaviour change and then treatment entry may be improved. The FDAC team can also facilitate a parent's feelings of being prepared for independence by providing them with praise and positive reinforcement for making progress, as they are then more likely to feel like they are succeeding at something and can believe in themselves, increasing their self-confidence to make a lifestyle/behaviour change.

### Key Mechanism 3: Development/improvement of relationships

There are two mechanisms through which FDAC builds and/or improves a parent's relationships (with the FDAC team, judge, their family, partner and their children) which can change a parent's willingness to enter or engage in treatment (see box KM3): M6) Parent trusts and respects FDAC team and judges; M7) Parent feels increased attachment.

#### *M6) Parent trusts and respects FDAC team/judges*

The FDAC team and judges may be able to develop/improve a parent's relationships by earning their trust and respect (see box M6). However, this is again only possible if the FDAC team and judges perform their roles in a therapeutic, non-punitive way (see Key Mechanism 1). If the FDAC team (particularly keyworkers) have the availability and capacity to adapt to a parent's circumstances and utilise assertive outreach where necessary, they are able to work in a more practical way, meet with parents outside of a court setting, and help parents with a transient lifestyle to access treatment and court hearings which can increase trust and the quality of the parent/keyworker relationship. By being persistent and consistent with each parent, keyworkers reduce the chances that they will be moved to another worker and as such parents are able to experience a consistent, reliable, and trusting long-term relationships.

Keyworkers can also support the development of a trusting relationship between parents and other professionals (i.e. Social Workers, treatment providers etc.) by explaining their roles to parents, and reinforcing that they are not there to deliberately 'pick' on parents,



but rather are involved for the safety of children and to help parents with their difficulties. Moreover, if FDAC judges are firm whilst being supportive and kind, do not sit behind their bench, validate a parent's feelings, adopt a problem solving approach, provide encouragement and make an effort to get to know the parent, then parents feel nurtured, see the judge as fair, are more willing to open up to judges and experience increased feelings of respect towards the judge and FDAC team.

Increased trust and respect towards the FDAC team and judges enables the parents to feel they have developed strong bonds and positive, therapeutic relationships. This in turn increases a parent's motivation to attend hearings and enter/remain in treatment as they are more likely to value what the FDAC team have to say, and parents see them a source of support and encouragement that can help them prevent relapse and facilitate their access to services they may need (i.e. education, employment, benefits, housing). Parents are also able to utilise these positive adult relationships as a form of role modelling, enabling and motivating them to change their substance misusing behaviour in order to actively repair other relationships in their lives and practice having a good relationship with their child/partner/family.

#### *M7) Parent feels increased attachment*

If the FDAC team and judges perform their roles in a therapeutic, non-punitive way by providing parents with practical and emotional support whilst restraining negativity, they can enhance positive attachment between a mother and children, as well as with her family of origin and/or spouse (see box M7). The literature suggests this is achieved by the keyworker holding individual sessions with a mother, between the mother and her children, between mother and her partner and sessions with the whole family where they focus on core areas of change such as emotional attachment between the mother and her children, relationships between the mother and her family of origin/romantic partners and skill building (e.g. parenting, emotional regulation and communication). Keyworkers focus on creating change in these areas by encouraging a mother to speak about family



issues, conducting a relationship life review (tensions between having a relationship and being a mother/relationship choices they have made, and continue to make), teaching mothers how to make better decisions for themselves and their children and helping them explore their maternal role. This can enable mothers to feel they are able to build/rebuild family relationships and helps to enhance the emotional attachment between the mother and her children which increases their commitment and motivation to enter treatment in order to make a behaviour change.

#### Key Mechanism 4: Increased knowledge of how to access treatment

An integrated, collaborative and multidisciplinary specialist team (see Box 1 below) is particularly important for increasing parents' willingness to enter/engage in treatment through increasing a parent's knowledge of how to access treatment (see box KM4).

#### Box 1: Roles and Members of FDAC Teams

Members of the FDAC team vary between and within countries (i.e. different in the USA compared to the UK, and variations were noted between different UK local authorities), however it often comprises of team manager, members of the local child welfare agency such as child and family's social worker, mental health services for the parent and child, domestic abuse specialists, substance misuse treatment providers and the parent's keyworker. In the UK, keyworker refers to the primary person who works directly with the parent, in other countries such as the USA this role may also be referred to a caseworker, case manager or social worker. Various other professionals may also be included in this team, working closely with the court and parents dependent on the parent's specific needs e.g. Family support specialists, Volunteer Court Appointed Special Advocates, a treatment liaison, specialised Treatment and Recovery Services worker, a recruitment specialist, a wraparound care coordinator and other designated social workers. Another role often seen in the FDAC specialist team are parent mentors (nonprofessional role models who have experienced FDAC themselves) who provide parents with a mutual social network and are a role model to encourage, support and reassure parents which can enhance the chances of them recovering from substance misuse.



Two essential roles of the specialist multidisciplinary team attached to FDAC are the development of an intervention plan for each parent and the delivery/co-ordination of services. The flexible processes and timelines of FDAC allow time for the FDAC team to complete thorough and high quality assessments of the difficulties a parent may be experiencing, and then work with local authorities, a wide range of services and parents to develop a purposeful and careful intervention/treatment plan that is tailored to meet the full range of identified needs of each family, and is appropriate and intensive (see box F4). Once a treatment plan has been developed the FDAC team can work on coordinating/delivering relevant services to meet that plan (see box F5).

By identifying and coordinating a parent's access to services or agencies that are in line with the agreed intervention plan, the FDAC team can connect parents to substance misuse services while ensuring any complex and overlapping needs will be addressed. Parents are then able to be offered more appropriate and individualised services/support than they would in family court. This is primarily achieved in two ways, the first is through the FDAC team establishing relationships with other agencies/treatment providers who respect the authority of FDAC and are thus likely to take referrals more seriously, making FDAC more successful at getting people into treatment than other routes. The second way is through FDAC team members working together and communicating regularly (e.g. meet each other before each hearing or email to discuss cases) which enables them to close the gaps in service delivery, gain knowledge of each other's services reducing referral times and monitor/support the parents' progress.

Being able to coordinate these services enables the parent's use of and willingness to enter/enrol in treatment as they are actively encouraged to attend and complete treatment programmes, and parents are provided with the knowledge of how to navigate treatment services for themselves, increasing the likelihood that they will want to enrol and engage in treatment.



Once a parent is willing to enrol and engage in treatment, they can progress into and be retained in Stage Two.

#### **4.4.2 Stage Two: Creating behaviour change through treatment**

The second stage to FDAC safely reducing the number of children in care by supporting parents to address their alcohol and drug misuse is creating behaviour change. This is achieved through the activation of two Key Mechanisms: KM5) Increased capacity to change behaviour and KM6) Increased desire to change behaviour (see Figure 5). These mechanisms are enabled through a variety of treatment services/programmes, however, even if a parent has progressed through Stage One and is willing to enrol and engage in treatment, they will only be able to enter these services if there is funding (i.e. grant money) that allows them to operate, be accessible and for spaces/beds to be available (see box F6).



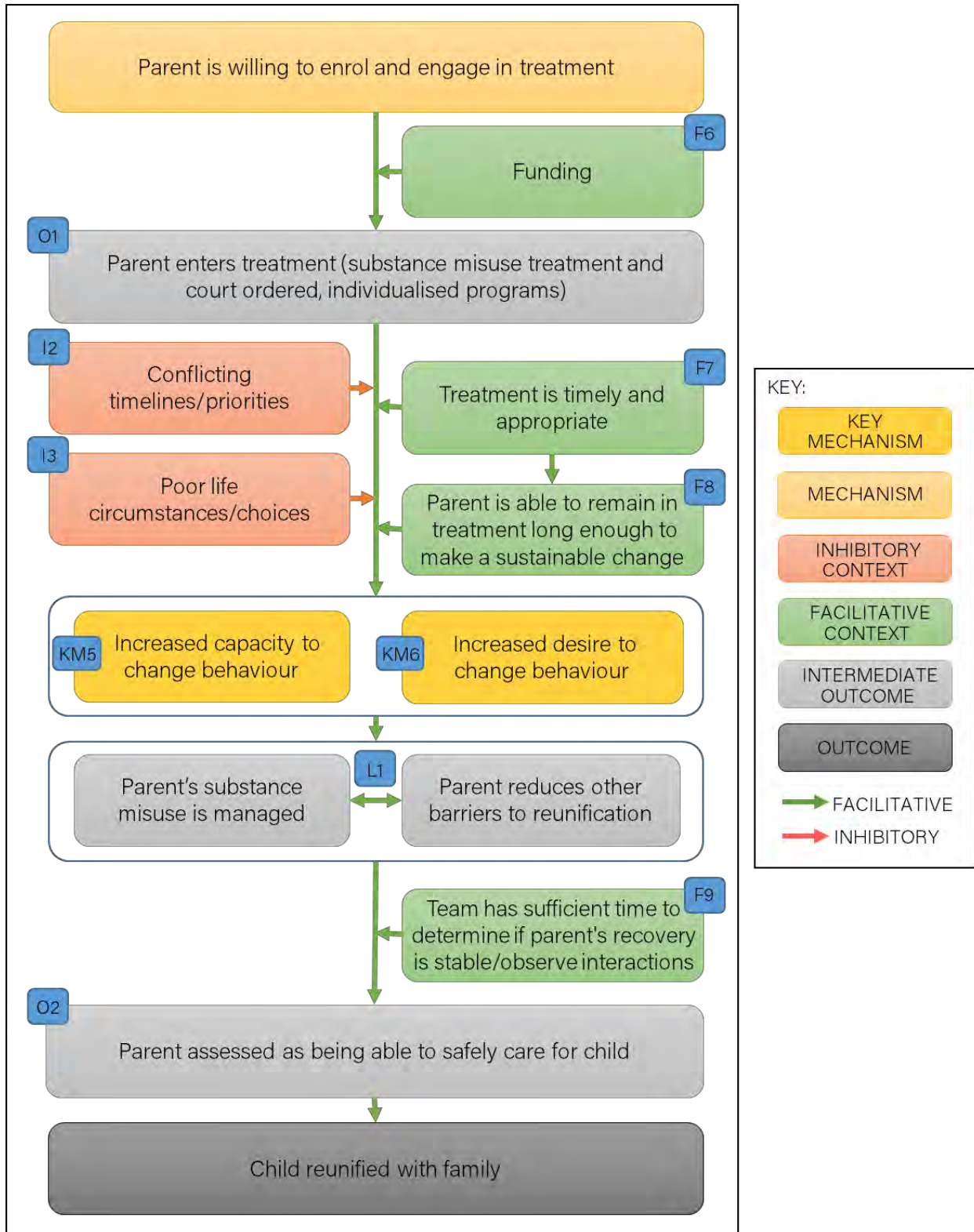


Figure 5: Key Mechanisms and contexts that enable parental behaviour change in Stage Two



Once a parent is willing to enrol and engage in treatment and there is funding that allows those services to be accessible, they are more likely to enter treatment services/programmes as a prerequisite to being reunified with their child. In FDAC these treatment services/programmes are split into two main streams: substance misuse treatment and a range of additional wrap around services/programmes (see box O1). The substance misuse treatment typically includes residential, outpatient or community group rehabilitation programmes in the local area and are aimed specifically at addressing a parent's drug or alcohol misuse. The additional wrap around services/programmes can include services for poor mental health, a lack of parenting knowledge, certain personality traits, domestic violence, homelessness, childhood trauma, poor budgeting etc. that aim to help parents address other difficulties that may also impact on their ability to safely care for their child, but would normally fall outside of the court remit. As individuals who misuse substances are more likely to have additional needs/problems compounded by these issues, addressing them in addition to a parent's substance misuse may be essential to increasing a parent's capacity to change, awareness of the impact their substance misuse has on their child and their willingness to change their behaviour.

#### Key Mechanism 5: Increased capacity to change behaviour

The literature suggests that when a parent is misusing substances, their needs tend to take precedence over all others, including their children. In particular, a parent's additional problems may feel more pressing or of higher priority to them and as such feel they are not able to address their substance misuse at the same time, or that they need to be addressed before they can even attempt to become sober. By offering treatment/programmes that help parents resolve any additional problems or issues that they are facing, parents may feel that they have less to worry about. This can increase not only a parent's capacity to work on and change their substance misusing behaviours (see box KM5), but also their capacity to consider their child's/children's needs and wellbeing.



### Key Mechanism 6: Increased desire to change behaviour

A parent's additional problems may also be the underlying reason that they turn to substances, misusing them as a form of coping mechanism. As a result, parents may be reluctant to become sober due to fear of then having to face these additional problems or uncertainty over what abstinence could look like for them. In this instance, treating a parent's substance misuse without offering treatment programmes that target a parent's additional problems is unlikely to result in sustainable reunification. Even if a parent achieves sobriety, the problems that led them to misuse substances in the first place may become prominent again if left unaddressed, increasing the chances of relapse, child maltreatment and re-entry into care. Therefore, receiving a range of additional wrap around services/programmes in addition to substance misuse treatment may be essential to increasing a parent's willingness/desire to change their behaviour (see box KM6). If a parent feels that they are receiving services for their substance misuse and services that address the underlying problems that caused them to turn to substances (e.g. childhood trauma, stress, history of domestic violence), they may feel they no longer need to misuse them in order to cope with those problems and are more willing to give up/reduce their substance misuse.

Additional wrap around services/programmes may also teach parents appropriate parenting knowledge and skills, enabling them to develop an awareness of the impact their substance misuse has on their child. While for some parents this awareness could result in secondary trauma, the literature suggests that it is more likely to increase their desire to change their behaviour.

It is important to note there are certain factors that inhibit treatment from increasing a parent's capacity to change, their awareness of the impact of their substance misuse and willingness to change their behaviour, and other factors that facilitate it.



### *Inhibitory factors*

When child welfare, FDAC and substance misuse treatment systems have differing priorities, perspectives and information sharing processes, timelines for achieving permanency for a child and timelines for a parent completing their substance misuse treatment are more likely to be conflicting (see box I2). This conflict not only results in a tight timescale for parents to achieve the changes necessary for them to be reunified with/safely maintain care of their child, it also makes it difficult in general for FDAC to serve families effectively, both of which can create feelings of excessive pressure for parents. The literature suggests that while this excessive pressure could increase some parents' motivation to change their behaviour, it is more likely that a parent would relapse or experience uneven progress as a result of reduced opportunities to control their substance misuse.

In addition, the literature and expert consultations identified a range of life circumstances/choices (listed below) that may also inhibit treatment from increasing a parent's capacity to change and desire to change their behaviour (see box I2).

- Parents who live in communities with high unemployment rates are likely to be experiencing greater residential instability and food insecurity and may face additional hurdles to achieving sobriety.
- If a parent's primary drug of choice is heroin and parents whose substance misuse is considered severe, they may find recovery more difficult and thus are less likely to complete treatment.
- Parents who live in a community that has a high rate of drug use are likely to face more temptation.
- Parents who have a history of criminal convictions or are convicted during proceedings.
- Parents who do not have stable housing (have no known address or move around frequently) are likely to find it more difficult to participate in treatment, services



may be more difficult to deliver to them and children may not be allowed to reunify with their parents.

- Parents who experience/have experienced domestic violence.
- If an individual is a single parent.
- Parents who have complex, unaddressed childhood trauma that led to their substance misuse are more likely to be scared of what sobriety will look and feel like for them and the prospects of having to face their trauma, and thus are more likely to relapse or not engage in treatment.
- If parents present in a couple and are moving at different times in their recovery (because of different needs or lack of extended family support) and their partner is still substance misusing, they may find themselves in a position where they have to choose between their partner and their child.

#### *Facilitative factors*

Parents are more likely to increase their capacity and desire to change their substance misuse behaviour if the services/programmes are timely and appropriate (see box F7). When the FDAC team have close involvement with treatment providers they can facilitate a parent's rapid entry into treatment. If the FDAC team ensures the necessary services for substance use treatment are provided in a timely manner, parents have immediate access to an assessment of their substance use disorder and can experience the benefits of intensive substance use treatment faster which may improve the clinical and functional outcomes for families. The relationship with treatment providers also allows parents' progress to be monitored and swift intervention should a relapse occur. Furthermore, as treatment in FDAC is voluntary it is important that the available treatment is tailored to and appropriate for each parent, as this increases the likelihood that a parent will stay in treatment longer.

Remaining in treatment longer is also an important facilitative factor as it provides parents with more opportunities to cease their substance misuse in a sustainable and safe way



(see box F8). In addition to tailored and appropriate treatment services/programmes, parents are enabled to remain in treatment by the flexible processes/timelines and consistent oversight and sanctions of FDAC (see Stage One). These enable the FDAC team/judges to have the time to provide parents with extensive support, manage problems experienced during treatment, provide encouragement and remind them of the consequences of noncompliance.

This constitutes a positive feedback loop: once a parent has increased their capacity and desire to change their substance misusing behaviour, they are more likely to successfully manage their substance misuse, and reduce other barriers to reunification which in turn further enables them to improve on their substance misuse (see box L1).

Whilst completing treatment programmes improves a parent's ability to safely care for their child, they must also be assessed as being able to do so (see box O2). These assessments are only able to occur if timelines and processes allow adequate time for the local authority and FDAC team/judges to observe a parent's interactions with their children and determine if a parent's recovery is stable (see box F9). Once a parent has a specified period of continuous abstinence, shows evidence of a safe, stable and nurturing living environment, spends a substantial period adequately performing the parental role, has a life plan in place (e.g., employment, education, vocational training), and demonstrates an understanding of the impact of their behaviour on their children, then they are able to be reunified with their child. Where a parent is assessed as not being able to safely care for their child, parents are more likely to accept a judge's final decision not to return their child to their care if they feel the judicial process has been fair and they were given a chance to change throughout the FDAC process.

The main mechanisms highlighted in this programme theory show how, and why, FDAC could work to reduce the need for children to be in care. This is not evidence of the



effectiveness of the intervention, rather an articulation of the theory behind what can work about FDAC for different parents to support reunification.

#### 4.5 Identified gaps

Substantial gaps were identified in the literature in relation to *how* FDAC reduces the need for children to be in care. Figure 6 highlights the main gaps that may have implications with regards to the programme theory presented in this rapid realist review (see Appendix 10 for a more detailed description of the identified gaps).

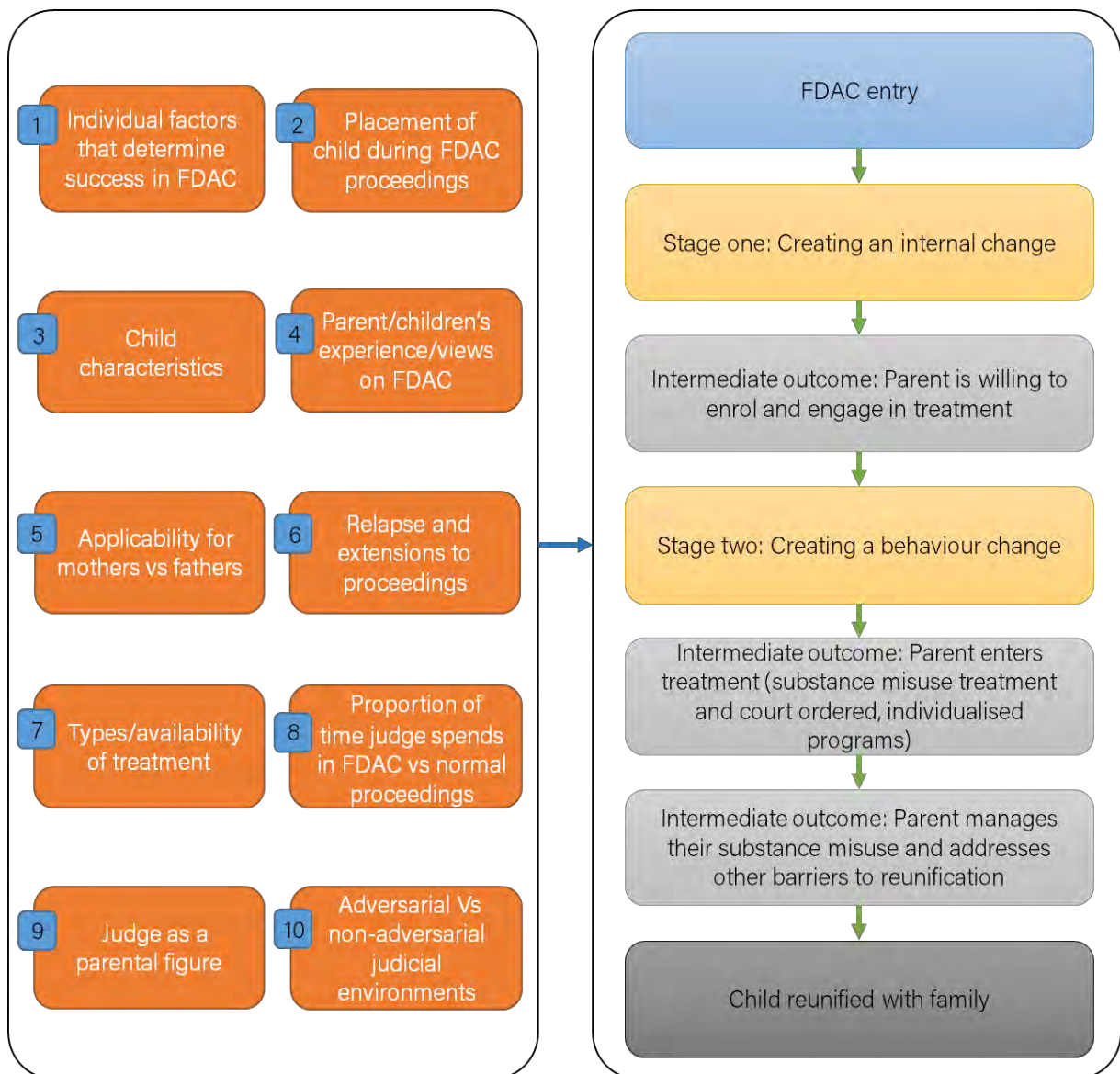


Figure 6: Identified gaps in the literature



## 4.6 Implementation of Family Drug and Alcohol Courts

Nine papers included in this review discussed implementation. All nine studies provided evidence for implementing FDAC to increase the number of children reunified with their family. While one of these studies also provided evidence on implementing FDAC to reduce the number of children entering care in addition to the number of children reunified with their family, none of the studies provided evidence on implementing FDAC solely to reduce the number of children entering care. Unfortunately, any discussion of implementation in these studies was brief.

In addition, no full implementation study on FDAC was able to be identified within current literature for the outcomes being explored in this review. Two additional papers were obtained for data on the implementation of FDAC, however, these also did not link specifically with the outcomes of interest to this review.

It is important to note that of the 11 papers that were used to for data relating to the implementation of FDAC, nine were based in the USA and two were based in the UK.

While this limits what can be said in relation to the implementation of FDAC in the UK, there was sufficient evidence to extract if-then statements (see Appendices 11 and 12) which identified general barriers and enablers to implementing the FDAC model, though not enough detail was identified to support the development of a full programme theory. The if-then statements were brought together with expert consultation from Site Visit C to detail key considerations for implementation (presented in Table 2) to inform practitioners and policy makers when looking to implement FDAC.





#### 4.6.1 Barriers and enablers for implementing FDAC

Key themes were identified in the barriers and enablers of implementing FDAC (see Table 2). These related to different levels at which the intervention is implemented within the system: policy level; local authority level; and individual court level.

##### Policy level

Policy level refers to national policies that impact on the implementation of FDAC. At this level, legislation regarding timescales for assessment was seen as both an enabler and a barrier to the use of FDAC. Legislation stating a 26-week assessment period can be a barrier to FDAC when it restricts the amount of time FDAC has to work with families. This limits the scope of what the FDAC team/judges are able to achieve, and their ability to help families create change, therefore impacting on the viability of the programme. However, the FDAC team is able to apply for extensions which (if approved) provides them with more time to work each family. This was the same for policies regarding the cost of experts in court hearings.

##### Local authority Level

Local authority level refers to what needs to be done at the level of the individual local authority looking to commission or support the introduction of FDAC. Themes included: culture and values of the organisation; the importance of communication within the local authority, across agencies, and between the local authority and FDAC; knowledge of, and commitment to the FDAC model by leaders and individual workers is an important enabler; and ensuring FDAC is both commissioned, and that referral processes are clear, appropriate, and utilised. FDAC does not operate in a vacuum, and the availability of services within the Local Authority is important to ensure that FDAC is a viable service and can offer a holistic approach to families.

##### Individual court level

Individual court level refers to what needs to take place within the individual FDAC set up itself to enable implementation. Themes included interagency working,



multidisciplinary team working, the culture of the team and court and the processes and procedures built into the model. Leadership was found to be important in setting up a new FDAC site, and to increase understanding and commitment to the model within partner agencies. Extensive training that covers both the processes and values of FDAC is also required for the whole FDAC team, judge, and potentially partner agencies.



Table 2: Key enablers and barriers to implementing FDAC

Level of implementation	Enablers	Barriers
Policy level	<p>Legislation regarding timescales:</p> <ul style="list-style-type: none"> <li>FDAC can adapt to fit within legislation, both before and within proceedings, enabling it to fit well with child protection policy and local authority processes.</li> </ul> <p>Policy regarding cost of experts:</p> <ul style="list-style-type: none"> <li>Where FDAC is able to commission 'in-house' expert services, the cost of the use of experts can be lower than commissioning individual expert assessments for court.</li> </ul>	<p>Legislation regarding timescales:</p> <ul style="list-style-type: none"> <li>Short time scales can make achieving stability, recovery and testing appropriateness of reunification difficult.</li> <li>Legislation that places an emphasis on earlier adoption can restrict the role of FDAC in reunification planning.</li> </ul> <p>Policy regarding cost of experts:</p> <ul style="list-style-type: none"> <li>Where legislation states a need to reduce cost of experts FDAC may not be commissioned.</li> </ul>
Local Authority Level	<p>Availability of services:</p> <ul style="list-style-type: none"> <li>FDAC sites based in areas where there is a wide variety of treatment providers and third sector organisations for parents to be referred to, will better support the FDAC model of individualised support plans.</li> </ul> <p>Interagency working (Culture/shared values and communication):</p> <ul style="list-style-type: none"> <li>Local authorities/workers who: have a curious and creative approach and are open to innovation.</li> <li>Developing a mutual understanding of risk and impact on children can support referral into FDAC.</li> <li>Interagency case co-ordination.</li> <li>Consistent communication between social worker, FDAC team/key worker helps the model to be acceptable to practitioners.</li> <li>Team all informed of the direction of the case, open and honest communication.</li> </ul> <p>Buy in:</p> <ul style="list-style-type: none"> <li>Leaders who believe in the programme and its approach.</li> </ul>	<p>Availability of services:</p> <ul style="list-style-type: none"> <li>Treatment services that are limited: in availability, by long waiting lists, by cost, by remit (i.e. ability to address substance use disorders and holistic needs), or by entry criteria (i.e. limited residential treatment services available for men; restrictive entry criteria (i.e. mental health services often only allow entry in a crisis whereas FDAC may be seeking to prevent a crisis occurring).</li> <li>Differing assessment of thresholds between/within local authorities.</li> </ul> <p>Interagency working (Culture/shared values and communication):</p> <ul style="list-style-type: none"> <li>Different agencies can have different views on successful outcomes and service measures (i.e. treatment providers may use a payment by result model for completed cases, whereas FDAC is looking for individualised goals such as reduction).</li> <li>Different entry criteria between service providers and FDAC.</li> <li>Different perceptions of problem drug use between providers.</li> <li>Local authorities that are: risk averse and process driven, have a negative perception of the key worker model, are under stress (through high turnover, funding).</li> </ul>



	<ul style="list-style-type: none"> <li>• Neighbouring local authorities that have had a positive experience of the FDAC model.</li> </ul> <p>Timescales:</p> <ul style="list-style-type: none"> <li>• Referrals that include FDAC at the stage of the pre-proceedings process can allow the 26 weeks deadline to be more achievable.</li> <li>• Flexible timescales make extensions less likely to be needed.</li> </ul>	<p>Buy in:</p> <ul style="list-style-type: none"> <li>• Unfamiliarity with the dynamic model of FDAC can limit local authority buy in.</li> </ul> <p>Timescales:</p> <ul style="list-style-type: none"> <li>• Judges requiring longer than 26 weeks to end care proceedings will need to apply for an extension of 8 weeks to continue.</li> <li>• Cases heard within 26 weeks may increase the number of contested proceedings and incur further costs.</li> </ul>
Individual court level	<p>Buy in:</p> <ul style="list-style-type: none"> <li>• Local judges who champion the FDAC approach.</li> <li>• FDAC teams' able models a calmer, less confrontational approach.</li> <li>• FDAC services working in an integrated way.</li> <li>• Specialist social workers assigned to FDAC cases.</li> <li>• Staff members dedicated to the coordination and implementation of the programme.</li> </ul> <p>Training:</p> <ul style="list-style-type: none"> <li>• Training for all team members is important to understand the model.</li> <li>• Training needs to cover both the processes and values of the FDAC model.</li> <li>• Opportunities for judges to learn from each other and observe hearings can be an effective way of passing on knowledge and training new judges.</li> <li>• Encouragement of ongoing professional development and training of drug court staff can keep staff updated on new procedures and help maintain a high level of professionalism.</li> <li>• Implementing a training plan and a log system which is reviewed by programme administrators can allow the tracking of training activities and reinforce the importance of professional development.</li> <li>• Mentors can be an effective part of the FDAC team if adequate resources, training and supervision are provided.</li> </ul>	<p>Buy in:</p> <ul style="list-style-type: none"> <li>• Lawyers that are unfamiliar with the FDAC approach may be sceptical about its effectiveness.</li> <li>• Employing judges on a part time basis whereby they also operate in standard family or criminal courts can make it difficult for them to adapt between processes and approaches.</li> </ul>



	<p>Multi-disciplinary Teams:</p> <ul style="list-style-type: none"><li>• Using integrated, collaborative interventions that share values, goals and outcomes.</li><li>• Team members can meet with each other regularly to discuss cases and to develop inter-agency referral systems, enabling reduced waiting times for additional services.</li><li>• Team members with overlapping skills and knowledge of each other's services.</li></ul>	
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## 5. Discussion

This section draws together key findings, presents a practitioner guide, considers limitations of the review and contemplates implications for practice, policy and research.

### 5.1 Key Mechanisms and their enabling contexts through which FDAC can safely reduce the number of children in care

The programme theory presented in this rapid realist review is intended to inform practice to support the implementation, delivery, and evaluation of effective FDACs to safely reduce the need for children to enter care, or safely return home to live with their families, and the contexts that enable this.

The programme theory details two main stages through which FDAC can safely reduce the number of children in care by supporting parents to address their alcohol and drug misuse:

*Stage One: Creating an internal change to increase engagement in treatment*

*Stage Two: Creating behaviour change through treatment*

A parent's success in Stage One is necessary for entering and being retained in Stage Two, however progress through these stages can be cyclical in that they occur in overlapping and often simultaneous way (Figure 1).

#### 5.1.1 Stage One: Creating an internal change to increase engagement in treatment

The first stage to FDAC safely reducing the number of children in care by supporting parents to address their alcohol and drug misuse is creating an internal change that increases a parent's willingness to enrol and engage in treatment. This is achieved through the activation of four Key Mechanisms:



*KM1) Increased motivation to make a lifestyle/behaviour change.* Key Mechanism 1 is enabled through four mechanisms: a clear and shared understanding of the requirements for reunification with their child/children which is facilitated through increased judicial oversight and reinforced by strong links between the court process and the FDAC team; an awareness of the court's power to remove their child/children from their care, potentially permanently; feelings of empowerment because someone of high status and role (namely the FDAC judge), knows the parent's name, cares about them and remembers their details; feelings of hope, particularly about their ability to change and have their child returned to them.

*KM2) Increased self-confidence to make a lifestyle/behaviour change.* Key Mechanism 2 is enabled by the FDAC team working in a therapeutic, non-punitive way to build parent self-confidence and sense of responsibility for their actions.

*KM3) Developing/improving relationships.* Key Mechanism 3 is enabled through two mechanisms: trust and respect for the FDAC team/judges and increased feelings of attachment to their child. This is achieved by providing parents with consistent, reliable, and trusting long-term relationships, explaining the roles of professionals and providing practical and emotional support

*KM4) Increased knowledge of how to access treatment.* Key Mechanism 4 is enabled by the specialist multidisciplinary team identifying and coordinating a parent's access to services/agencies in line with their intervention plan which provides parents with knowledge of how to access treatment for themselves

Stage One can produce an internal change in parents, enabling them to be willing to work with the service and treatment providers in Stage Two.



### **5.1.2 Stage Two: Creating behaviour change through treatment**

In the second stage, specialist substance misuse treatment and additional wrap around services/programmes support parents to address their alcohol and drug misuse by creating behaviour change through the activation of two Key Mechanisms:

*KM5) Increased capacity to change behaviour.* Key Mechanism 5 is enabled by additional wrap around services/programmes that can help parents resolve any additional needs/problems, allowing them to feel that they have capacity to address their substance misuse.

*KM6) Increased desire to change behaviour.* Key Mechanism 6 is enabled by wrap around services/programmes in addition to substance misuse treatment addressing the parent's substance misuse *and* the underlying problems that caused them to turn to substances (e.g. childhood trauma, stress, history of domestic violence).

Progressing through these two stages can make parents more likely to successfully complete their treatment programmes and be better able to safely care for their child. Once a parent has a specified period of continuous abstinence, shows evidence of a safe, stable and nurturing living environment, spends a substantial period adequately performing the parental role and has a life plan in place (e.g., employment, education, vocational training), and demonstrates an understanding of the impact of their behaviour on their children, then they are more likely to be reunified with their child.

## **5.2 Practice-focused summary: Supporting FDAC delivery, implementation and evaluation**

The programme theory presented in this review describes how FDAC works, for whom, and under which circumstances. It is intended to support the implementation and delivery of FDAC such that it is delivered in a way most likely to be effective in safely





reducing the need for children to be in care, and in a way that supports future evaluations of FDAC.

### **5.2.1 Practice-focused summary: How the programme theory might support FDAC team members to deliver FDAC**

The key findings from the programme theory are presented here as a practitioner guide. This guide is not intended to replace existing FDAC training handbooks/manuals. Instead, it uses learning from the implementation of FDAC in various settings to offer a summary of key ways FDAC can be delivered in line with the programme theory to reduce the number of children in care. It is designed to support reflection on and the development of practice and not to be used as a checklist.

Judges and members of the FDAC team can use this guide to determine if they are meeting the key aims of FDAC, to monitor a parent's progress, and as a prompt to reflect upon and overcome potential challenges.

This practice guide may also be of use to supervisors in thinking through work with practitioners, and it can be used as a basis when contemplating quality assurance and the evaluation of a service.

For ease of use, this practice guide is presented in two tables (see Tables 3 and 4) which reflect the two stages identified in the programme theory. Part one focuses on how to increase a parent's willingness to enrol and engage in treatment and part two focuses on how to increase a parent's capacity and desire to change through treatment.



Table 3: How to increase a parent's willingness to enrol and engage in treatment

What are you aiming to achieve?		Signs of success	Overcoming challenges: What to do if the signs of success are not there
1	Parent enters FDAC and engages in proceedings	<ul style="list-style-type: none"> <li>• Parent agrees to have their case heard in FDAC</li> <li>• Parent attends hearings</li> </ul>	<p>Make sure parents are aware of the possible consequences and rewards of FDAC (described as sanctions and incentives in US literature), particularly if parents are deemed to be suitable for FDAC but are showing uncertainty about whether they would like to proceed.</p> <p>Provide parents who have a chaotic life with practical support to help them gain enough routine and structure to be able to engage with FDAC and relevant services.</p> <p>Remind parents of the potential rewards for complying with the court such as retaining/regaining custody of their child, and negative consequences for noncompliance such as the court's power to remove children from their care.</p> <p>If parents are particularly anxious, efforts can be made to offer and connect parents with a mentor early in the FDAC process as they are more likely to benefit from "hand holding". If parents are already feeling overwhelmed at engaging with multiple people at this stage, they are more likely to benefit from a mentor later in proceedings. A parent's anxiety around coming to hearings can also be eased by judges if they treat parents with respect and are encouraging, sensitive and calm.</p>



			<p>Keyworkers can encourage and enable parents to attend and complete court hearings, providing assertive outreach as necessary e.g. for parents with a transient lifestyle. To help parents feel prepared for court and reduce their anxiety/worry, keyworkers can share notes they have prepared for court and talk parents through the court processes.</p> <p>Judges attempts to engage parents in the court process, understand a parent's concerns, and encourage parents to share their problems can increase parental engagement.</p>
2	Parent feels increased motivation to make a lifestyle/behaviour change	<ul style="list-style-type: none"><li>• Parent has a clear understanding of the requirements they need to meet in order to be reunified with their child</li><li>• Parent is aware of the courts power to remove their children from their care</li><li>• Parent feels empowered</li><li>• Parent feels hopeful</li></ul>	<p>Fortnightly FDAC hearings provide parents with a clear, consistent and repeated message about what is required of them in order to be successfully reunified with their child. Judges and other FDAC team members can remind parents of rewards and consequences of the court. To work, rewards/consequences (i.e. incentives/sanctions) need to be appropriate and individualised, and delivered close in time to the desirable/undesirable behaviour. Some rewards, like praise, are more likely to increase a parent's motivation coming from a judge. Consistent use of words to describe rewards/consequences helps parents to understand them, and judges asking parents questions clarifies that they understand.</p> <p>If parents are making progress, FDAC team members should vocalise that they can see this.</p>



			<p>Judges seem more supportive, friendly and empathetic when they validate a parents feelings and experiences, do not sit behind the bench, give praise for positive progress, provide parenting advice and information, provide encouragement, be explicit about parents' positive progress from one meeting to the next, ask parents whether they are getting the services they need, or acknowledge any other challenges a parent may be facing e.g. mental health.</p> <p>It can be helpful if parents feel that someone of high status and role knows their name, cares about them and remembers their details. Parents tend to respond positively when judges address them before members of the FDAC team, take an active interest in them by being well informed and remembering previous hearings, get to know them well, and ask how they feel things have gone since their last hearing.</p> <p>If parents are not hopeful about their chances of completing FDAC, active reassurance can help. Examples include telling parents you will give them the time they need to make a change and that they were selected for FDAC because the team think they can make the change.</p> <p>Where parents are experiencing a lack of motivation, mentors can remind parents that they have been in their situation and completed FDAC successfully (if applicable).</p>
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3	Parent feels increased self-confidence to make a lifestyle/behaviour change	<ul style="list-style-type: none"><li>• Parent feels prepared for independence</li></ul>	<p>Keyworkers can provide parents with practical support to help them feel equipped to break down problems into manageable steps, encouraged to problem solve and trust their own judgements. This could include helping parents develop a workable routine for their everyday life (how a mother will balance self-care, children and work), outline a plan for dealing with common children and family emergencies, develop a detailed relapse prevention plan, and provide advice on how they might deal with setbacks.</p> <p>Judges addressing and making eye contact with parents during lawyer review hearings makes parents feel more prepared for independence.</p> <p>The FDAC team can provide parents with praise and positive reinforcement for making progress.</p>
4	Parent develops/improves their relationships	<ul style="list-style-type: none"><li>• Parent trusts and respects FDAC team/judges</li><li>• Parent feels an increased attachment towards their children</li><li>• Parent feels nurtured and as a result opens up more/shares experiences</li><li>• Parent feels respected and relaxed around the keyworker/team</li><li>• Parent feels comfortable being open and honest</li></ul>	<p>Make sure parents attend non-lawyer reviews to help build trust and respect, as these reviews offer an opportunity to engage with the judge directly in a more relaxed environment.</p> <p>Parents are more likely to value and respect a judge when they are knowledgeable about a parent's case and are direct but supportive.</p> <p>Keyworkers can spend more time with a family in non-adversarial settings and work in ways that take into account parents'</p>



			<p>circumstances, like providing assertive outreach where needed, to build the trust and relationship between them.</p> <p>'Shuttle diplomacy' by keyworkers can facilitate parents' relationships with court personnel (judge, child welfare workers, and attorneys), treatment and other service providers.</p> <p>Mentors can act as a translator between the parent/parents and the FDAC team/other professionals when there are issues with communication and relationship development.</p> <p>FDAC team members can encourage parents to feel supported and be more open with the team by taking the time to listen to a parent's worries and issues outside of their substance misuse.</p> <p>When parents struggle to develop trusting relationships with FDAC workers/judges, the FDAC team can tell them that they will not harm their case if they openly express their views and that they will not be criticised if their progress falters.</p> <p>Parents need reliable, long term relationships with professionals, including persistent and consistent workers and not being moved between workers.</p> <p>Judges being firm but supportive, not sitting behind their bench, validating a parent's feelings, providing encouragement and making an effort to get to know the parent can enable parents to feel nurtured</p>
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			<p>To personalise relationships with parents and emphasise the collaborative nature of FDAC, judges can frequently use the terms 'we' and 'I'. e.g. "I am glad that you are making progress, I don't want you to quit and we are going to try to work through this together".</p> <p>Keyworkers can hold individual sessions with a mother, between the mother and her children, between mother and her partner and sessions with the whole family to focus on core areas of change (see Stage One, Key Mechanism 3 of Programme Theory).</p>
5	Parent knows how to access treatment	<ul style="list-style-type: none"><li>• Parent navigates treatment services on their own</li></ul>	<p>Connect parents to substance misuse services and make sure that any additional complex and overlapping needs are addressed through additional services. The FDAC team can support this by establishing relationships with other agencies/treatment providers who respect the authority of FDAC, and work together.</p>



Table 4: How to increase a parent's capacity and desire to change their substance misusing behaviour

What are you aiming to achieve?		Signs of success	Overcoming challenges: What to do if the signs of success are not there
1	Parent enters and remains engaged in treatment	<ul style="list-style-type: none"> <li>• Parent agrees to the intervention plan</li> <li>• Parent expresses a willingness to enrol in treatment</li> <li>• Parent attends treatment on their own</li> </ul>	<p>If a parent is not engaging with treatment services, check that the intervention being offered is consistent with what the parent agreed to and that they feel the services are appropriate for them. Mentors can help educate other FDAC team members on treatments they received that may be relevant for the parent and group treatment options can be explored, particularly if parents are feeling alone or isolated in their recovery.</p> <p>Parents with a transient lifestyle may have difficulty accessing/attending treatment. Keyworkers should provide assertive outreach as necessary.</p> <p>Provide increased case management.</p> <p>If a lack of stable housing is impacting a parent's ability to participate in treatment, assist the parents in finding stable accommodation.</p> <p>If parents are unlikely to access treatment on their own, particularly group work sessions, mentors can attend sessions with them.</p>
2	Parent has a greater capacity to change their behaviour	<ul style="list-style-type: none"> <li>• Parent is addressing any additional issues that could be impacting on their ability to parent or become sober</li> </ul>	<p>Check whether there are additional concerns that need to be addressed, such as difficult relationships or childhood trauma. Make sure where needed parents are linked in with relevant treatment/programmes.</p>





3	Parent has an increased desire to change their behaviour	<ul style="list-style-type: none"><li>• Parent is not defiant</li><li>• Parent is attending their substance misuse treatment</li><li>• Parent shows a willingness to become sober</li><li>• Parent is aware of the impact their substance misuse has on their child</li></ul>	<p>Check whether there are additional concerns that need to be addressed, such as domestic violence or childhood trauma, that might be related to substance use. Make sure where needed parents are linked in with relevant treatment/programmes in addition to substance misuse programmes.</p> <p>Provide parents with parenting knowledge and skills to help them build an awareness of the impact their substance misuse has on their child.</p> <p>Where a parent seems defiant or finds reasons not to change their substance misuse, mentors may be better placed than the FDAC team to challenge the parents' thought process and to remind them of possible consequences.</p> <p>To encourage parents to be more honest about their progress, the FDAC team can remind parents that relapsing does not mean that they will not be reunified with their child, and that they will continue to work with them. If a parent relapses and the FDAC team help parents find solutions to the reasons that they relapsed, rather than having a punitive focus, parents will feel more supported and encouraged.</p>
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### 5.3 Limitations

The 13 studies that were used as a basis for the initial programme theory were all evaluations of FDAC i.e. had to include effect on the prior scoping reviews main outcomes (reducing the need for children to enter care, or increasing reunification). As a result, valuable data that could have increased the depth and richness of the theory presented may have been overlooked from wider literature such as discussion pieces. While additional literature searches were conducted in an attempt to address this limitation and capture any other relevant literature that may have been overlooked, those searches will not have been able to cover everything. A related limitation was a lack of studies based in the UK (n=3), though one of these studies (Harwin et al., 2018b) was particularly rich and insightful. Site visits with four UK based local authorities attempted to address this limitation and ensure the final programme theory is relevant to a UK context. However, there was still a lack of literature specifically on care entry due to a large portion of the literature being based in the USA where a majority of children are required to be placed in custody during FDAC proceedings. Consequently, the programme theory relates specifically to working with parents who do not have their children in their care, and it is unclear how relevant it may be for parents who retain care of their children.

Another limitation of this review is a lack of parent and children consultation. During site visits CASCADE researchers observed FDAC hearings that parents and children were present at, however, they did not communicate directly with parents or judges. The researchers also met with one parent mentor who had previously been through FDAC, however no additional in depth or one to one discussion with parents/children were able to occur due to the time frame for conducting the review. While some of the included studies spoke with parents and presented direct parent quotes regarding FDAC, there appears to be almost no published research with children.



Lastly, the programme theory was used to develop practitioner guides that were intended to support members of the FDAC team, judges and other relevant professionals (particularly social workers) to reflect on and develop their practice to ensure it is consistent with what makes FDAC work well. However, the literature used in this review largely focused on the roles of judges and the FDAC team, and less on that of other professionals, namely social workers. Unfortunately, restricted timelines limited the opportunity to fill this gap through consultations with experts. While practitioner guides were still able to be produced for judges and members of the FDAC team, this is an area that would benefit from further exploration.

## **5.4 Conclusion**

The main aim of this rapid realist review is to provide an initial theory about how, for whom, and under which circumstances FDAC works to safely reduce the need for children to be in care. This programme theory adds value to the existing evidence from a meta-analysis of the effectiveness of FDAC (Zhang et al., 2019). The programme theory is not based on an exhaustive review of the literature or on intensive fieldwork. Rather, it is an overview and articulation of key elements of a theory behind how FDAC can work, built using a focussed literature search supplemented by expert stakeholder consultations. It is hoped that this review contributes to a broader attempt to understand, evaluate and improve the ability of FDACs to help families.

It is important to emphasise that the FDAC is not an abstinence model – parents do not necessarily have to completely abstain from drinking or drug-taking. Rather, recommendations are agreed for each individual and the family. As important is the recognition that the process of change is rarely linear and in relation to substance misuse, often includes periods of lapse and relapse. The FDAC model recognises this, while ensuring the child's welfare and safety is paramount.



The simplest but most powerful things that the FDAC model offers is quicker access to professional help for the parent in a non-adversarial court process, which incorporates multi-disciplinary service delivery that is coordinated around a parent's needs. Accessing treatment in a far more timely way than conventional approaches appears to be crucial in enabling parents to change their substance misusing behaviour.

## **5.5 Implications and recommendations**

While the scope of this review is modest, some of the issues it works with are large. Given the success of the FDAC model there are reasonable questions about whether it should and could be rolled out to all courts. FDAC is a complex and expensive service, and this more than anything has limited its ability to be implemented on a broader scale, despite evidence that it may save money in reduced use of care services. The primary argument for rolling-out the FDAC approach relates to its effectiveness. That is not the focus of this review, though, the ways in which FDAC helps families enshrines a supportive, therapeutic and respectful approach to working with parents even when there are significant difficulties lends support to the wider use of the model.

The research to date, and therefore this review, has been of the FDAC service as a whole. It is apparent that FDAC consists of many complementary elements - such as the way in which the court operates, and the multidisciplinary team attached to the court. One unknown is what difference each of the elements of the FDAC model might make without the other, or even if they could be delivered separately. For instance, would a problem-solving court format work without a multidisciplinary team support it? Or would a specialist service work to support conventional court processes? Some interventions may only be effective when offered holistically, and that may be the case for the FDAC. Nonetheless, the impact of implementing specific elements of FDAC as not been explored, and it is possible they may make a substantial difference separately.



This review also raises unanswerable questions about ways in which the FDAC model could be applied beyond drug and alcohol misuse. Substance misuse is a complex behaviour change issue and a possibility worth exploring is potential for the FDAC model to be used for a wider range of issues which have elements of parental behaviour change such as domestic abuse, some elements of mental illness, neglect or sexual abuse. It is also worth considering whether the model could be applied to all care proceedings. A problem-solving approach may be appropriate – or at least worth testing out – as a normal court process for care proceedings.

Beyond the focus of court proceedings, exploring the ways in which FDAC works has the potential to provide wider insights. Much of the practice described in this review can be seen as an outline of good practice for the use of authority in a sensitive and supportive way when intervening in family life. The FDAC model holds the child's safety and well-being as central but does so in a way that is supportive of parents and recognises their strengths and rights. As such the detail of the model may have much to offer regarding how to practice well when using authority.

FDAC is an intervention with evidence that it is effective. This rapid realist review summarises learning from international implementation and delivery of FDAC, and combines it with UK stakeholder engagement, to provide a timely and meaningful evidence summary to support FDAC practice in the UK.

The findings of a recent meta-analysis (Zhang et al., 2019) combined with our findings presented in this report on how FDAC works, suggests that FDAC provides parents with a structure that supports them to make positive behaviour change, making it more likely that they will be able to keep their children safely at home. Indeed, the evidence would suggest FDAC should be offered as a right for every family in care proceedings where there is drug or alcohol misuse. We believe the combination of evidence provided in this



report and the What Works for Children's Social Care (2019) [EMMIE summary](#) of the Zhang et al. (2019) meta-analysis make a case for the extensive roll-out of FDAC.

With this in mind, for those rolling out FDAC we recommend:

1. *FDAC implementation should focus on enabling the two key stages of FDAC identified in this report, namely creating an internal change to increase engagement in treatment and creating behaviour change through treatment.*
2. *FDAC implementation of each stage should focus on enabling key mechanisms. In implementing these two stages, the programme theory in the findings section and the practice-focused guidance in the discussion section of this report provide practical information about how to work in ways that are most likely to enable these mechanisms and thus safely reduce the number of children entering care.*

Wider implications to consider:

1. *The problem-solving model should be used beyond drug and alcohol misuse. This could be for a wider range of issues that have elements of parental behaviour change e.g. specialist domestic abuse courts, though the application of a problem-solving model in courts across all care proceedings would be worth piloting.*
2. *Less concretely, it should be considered whether elements of the FDAC model could be implemented into other settings. For instance, a common theme from the literature and expert consultations was the way that parents and the FDAC team spoke so highly of FDAC judges. Are there lessons here for how child protection conference chairs or independent reviewing officers carry out their role? Might it be possible to move toward "problem solving" case conferences or looked after child reviews? It is hoped that the positive nature of the FDAC model opens up the opportunity for wider learning, rather than leading to a sole focus on FDAC.*



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## Appendices

### Appendix 1: Named Interventions

Named intervention	Components/Context	Reference
Family Treatment Drug Court (FTDC)	FTDCs vary in structure and process. The basic FTDC model, much like adult drug courts, includes regular court hearings, intensive judicial monitoring, provision of timely substance abuse treatment and other wrap-around services, frequent drug testing, and rewards and sanctions linked to service compliance. The FTDC teams include child social care teams, along with the judicial and treatment services. Participants in FTDCs may not be criminally involved and are serviced based on civil matters.	Bruns et al. (2012); Green et al. (2007); Worcel et al. (2008)
Family Drug Treatment Court (FDTC) also known as Family Treatment Courts	Family Drug Treatment Court is used as an umbrella term for different court types in the US. FDTCs are a model of specialised therapeutic family court that aim to reduce maltreatment by treating the underlying substance use problem through the collaborative efforts of treatment professionals in child welfare, the courts, and substance abuse agencies. In contrast to adult drug treatment courts, which obtain referrals from the criminal courts, FDTCs in the United States obtain referrals from a caregiver, a parent's attorney, a Department of Social Services (DSS) social worker, an attorney, a guardian ad litem, or a family court judge. Families must have a pending abuse, neglect, or dependency case to be eligible for the program.	Akin et al. (2016); Drabble et al. (2016); Gifford et al. (2014); Kissick et al. (2015); Sloan et al. (2013)
Family Drug and Alcohol Court (FDAC)	Family Drug and Alcohol Court (FDAC) is an adapted version of Family Treatment Drug Courts (FTDCs) and is an integrated court model used in the UK aimed at improving children's outcomes by addressing their parent's difficulties with substance misuse. These services use voluntary sector organisations to provide substance misuse treatment services and NHS mental health services often commissioned by the Local Authority and seconded to the FDAC team. One distinct element of the FDAC approach are non-professional volunteer parent mentors who work alongside the FDAC team in order to provide parents with support from another adult who has experienced similar difficulties to themselves, primarily in relation to substance misuse.	Harwin et al. (2013); Harwin et al. (2014); Harwin et al. (2018b)
Family Drug Court (FDC) also known as Family Recovery Courts and Dependency Drug Courts	The FDC model developed from the adult drug court movement and shares similar components with adult drug courts including regular, frequent court hearings; intensive judicial monitoring; timely substance abuse treatment; frequent drug testing; and rewards and sanctions linked to parental compliance with their service plan. FDCs include a drug court team that represents the judicial, child welfare, and treatment systems. This team works together to support and monitor the parent. Parents appear before the court more frequently, often weekly, than is the case in traditional child	Ashford (2004); Boles et al. (2007); Burrus et al. (2011); Carey et al. (2010); Dakof et al. (2009); Dakof et al. (2010);



	welfare processing. Their main goal is reunification of children with parents.	Somervell et al. (2005)
Family Dependency Treatment Court (FDTC)	Family Dependency Treatment Court (FTDC) is a generic term for family drug courts and drug dependency courts, including integrated, dual track and parallel court models.	Chuang et al. (2012)
Juvenile Dependency Court	Juvenile Dependency Courts are a specific division of the juvenile court that works with minors who have pending drug related charges. To meet the needs of young parents, enhanced support services can be offered through the court to substance-abusing parents with children who are referred to the dependency division of the juvenile court. These enhanced services are intended to increase parents' motivation and ability to attend court hearings and successfully complete the programmes ordered.	Sagatun-Edwards and Saylor (2000)



## Appendix 2: Prior Scoping Review

### Eligibility criteria

The eligibility criteria were developed in accordance with the PICO (Population, Intervention, Comparator, and Outcome) format (Moher et al., 2014). To incorporate the EMMIE framework an additional Evaluation (E) criteria was included, with studies being eligible if they reported evidence mapping onto one or more of the EMMIE dimensions (Table 1). To meet the aims of the scoping review, studies were only included where there was evidence of effect (first E in EMMIE), whereas other MMIE dimensions were not essential for inclusion.

**Table 1:** PICO (E) Scoping Review Eligibility

<b>PICO (E)</b>	<b>Inclusion criteria</b>
<b>Population</b>	Children and young people who are in need of care or have been in care when $\leq 18$ years old.
<b>Intervention</b>	Interventions are defined as a disruption to the system. They can operate across a single or multiple socio-ecological domain/domains: intra-personal; inter-personal; organisational; community; and policy.
<b>Comparator</b>	Usual care; alternative intervention; no comparator.
<b>Outcome</b>	<ol style="list-style-type: none"><li>1. Number of children and young people entering care</li><li>2. Number of children and young people (re-)entering care</li><li>3. Number of children and young people reunified with their families following a period in statutory care</li></ol> <p>Corollary or proximal outcomes that support three outcome measures.</p>
<b>Evaluation</b>	Evaluation of the intervention is reported for one or more EMMIE dimensions: <ol style="list-style-type: none"><li>1. Effectiveness (E)</li><li>2. Mechanisms through which the intervention generates intended or unintended effects (M)</li><li>3. Contexts that moderate effects (M)</li><li>4. System determinants of implementation (I)</li><li>5. Economic effectiveness (E)</li></ol>



To ensure relevance to the UK setting, inclusion was limited to research conducted in the following countries: England; Wales; Scotland; Northern Ireland; USA; Canada; Australia; New Zealand; France; Germany; Sweden; Finland; Norway; Denmark; Netherlands; and Ireland. Whilst there are differences in the legal and social frameworks, research from these countries was deemed more likely to be applicable.

### **Information Sources**

The following eighteen databases were searched: ASSIA, British Education Index, Child Development & Adolescent Studies, CINAHL, Embase, ERIC, HMIC, IBSS, Medline (including Medline in Process and Medline ePub), PsycINFO, Scopus, Social Policy & Practice, Social Services Abstracts, Sociological Abstracts and Web of Science (Social Sciences Citation Index, Conference Proceedings Citation Index- Social Science & Humanities, Emerging Sources Citation Index). Grey literature was identified through the following online resources: Action for Children, Barnardo's, Care Leavers' Association, Children's Commissioners' offices for four UK nations, Children's Society, Child Welfare Information Gateway, Department for Education, Early Intervention Foundation, Joseph Rowntree Foundation, National Institute for Health and Care Excellence (NICE), OpenGrey, REES Centre, Samaritans, Thomas Coram Foundation. International expert consultation was also used as a supplementary searching technique to identify relevant published and unpublished studies.

The above electronic database and website searches were conducted to identify studies targeting reduction of care entry; reduction of care re-entry; and increase in post-care reunification. Abstracts and full-text studies were independently screened by two reviewers. Ten percent of data abstraction was independently conducted by two reviewers, with the remainder being extracted and then verified by a second reviewer. Evidence was extracted and grouped according to: primary outcome; intervention type, intervention point (mapped across socio-ecological domains); and the EMMIE categorisation of evidence type (Effectiveness; Mechanisms of change; Moderators; Implementation; Economic evaluation). This identified clusters of "interventions" that aim



to safely reduce care numbers. One of the clusters identified in the scoping review included 13 papers that evaluated the impact of FDAC on the number of children in care.



### Appendix 3: If-then Statements from Scoping Review Literature

#	Source	If-then statement
1	Ashford (2004) p.28	IF FDAC focus on the underlying problems of substance abuse that precipitate parents' involvement in child abuse and neglect, THEN...
2	Ashford (2004) p.28	IF FDACs offer access to treatment, coordination accountability, motivation and timely resolution of cases, THEN...
3	Ashford (2004) p.28	IF loss of one's child was the potential consequence of failure at general jurisdiction drug courts, THEN general jurisdiction drug courts would be even more successful (note: than when the potential sanction is imprisonment, which already had great success).
4	Ashford (2004) p.28	IF parents have appropriate support and services, THEN most parents will do anything to succeed in getting their children back.
5	Ashford (2004) p.29	IF a family drug court only provides judicial oversight, supervision, and coordination of services for parental substance abuse treatment, THEN parents are offered support that would not be available to them in the traditional dependency court process.
6	Ashford (2004) p.29	IF parents must appear weekly before a court to review the progress of their care, THEN compliance with court orders for treatment orders will increase.
7	Ashford (2004) p.30	IF the judge uses an individualised approach to sanctioning parents for not complying with program requirements, THEN...
8	Ashford (2004) p.30	IF parents use or abuse alcohol, THEN they are unable to provide appropriate care and supervision for their children.
9	Ashford (2004) p.30	IF parents use or abuse other drugs, THEN they are unable to provide appropriate care and supervision for their children.
10	Ashford (2004) p.32	IF families participate in family drug court, THEN they are more likely to engage in substance misuse treatment (note: Than those who refused family drug court or had treatment as usual).
11	Ashford (2004) p.33	IF parents are involved in family drug court, THEN they are more likely to engage in residential treatment.
12	Ashford (2004) p.33	IF parents are involved in family drug court, THEN they are more likely to enter outpatient treatment (than treatment refusal or treatment as usual groups).
13	Ashford (2004) p.33	IF parents are involved in family drug court, THEN they are more likely to be retained in substance abuse treatment.





14	Ashford (2004) p.33	IF parents are retained in substance abuse treatment long enough, THEN they are able to complete their treatment program (regardless of whether it was a residential or outpatient treatment program).
15	Ashford (2004) p.34	IF a family drug court is adapted to the approach used in Pima County, THEN a larger percentage of substance-abusing parents can be engaged and retained in treatment.
16	Ashford (2004) p.35	IF the availability of the residential treatment in the family drug court model reduced barriers to obtaining residential treatment, THEN parents who participated in the family drug court were more likely to successfully complete treatment than the parents who participated in the treatment-as-usual group.
17	Ashford (2004) p.35	IF the quality of the residential treatment in the family drug court model reduces barriers to obtaining residential treatment, THEN parents who participate in the family drug court are more likely to successfully complete treatment than the parents who participate in the treatment-as-usual group.
18	Ashford (2004) p.35	IF the family drug court model reduces barriers to obtaining residential treatment, THEN parents are more likely to successfully complete treatment.
19	Ashford (2004) p.35	IF drug courts have increased funding for residential treatment, THEN the use of residential treatment will increase.
20	Ashford (2004) p.35	IF increased funding (such as additional grant money) makes more beds accessible in residential treatment, THEN the use of residential treatment will increase.
21	Ashford (2004) p.35	IF the family drug court coordinates and establishes different qualitative relationships or partnerships with the residential treatment providers (which is a component of most drug court approaches), THEN outcomes (note: such as increased use of residential treatment or completion of residential treatment) can be influenced.
22	Ashford (2004) p.35	IF the intervention (treatment) is of higher quality, THEN more people completed the residential treatment in the drug court (compared to people in the outpatient treatment).
23	Ashford (2004) p.35	IF the intervention (treatment) is of higher intensity, THEN more people completed the residential treatment in the drug court (compared to people in the outpatient treatment).
24	Ashford (2004) p.35	IF the family drug court judge was also the dependency court judge, THEN participants doubted that they could be as honest about their substance abuse issues.
25	Ashford (2004) p.35	IF the family drug court judge was also the dependency court judge, THEN participants felt that they would lose a 'powerful advocate' with the dependency court judge (and reported they would not want the judge to perform both roles).



26	Ashford (2004) p.36	IF there is a lack of the type of residential treatment services for men (compared to those available for females), THEN men will not be accepted into the family drug court program.
27	Ashford (2004) p.36	IF parents had combined court oversight and case management services, THEN they achieved significantly higher rates of treatment engagement (than parents who received either the same case management services without drug court oversight or the treatment-as-usual case management intervention).
28	Boles et al. (2007) p. 162	IF families have multiple needs that require specialised treatment and case management services (i.e. mental health, domestic violence vocational rehab and parenting and life management skills), THEN... (Note: may need to be moved into Implementation.
29	Boles et al. (2007) p. 162	IF DDCs ensure that necessary services for substance abuse treatment are provided to parents in a timely manner, THEN parents have immediate access to an assessment of their substance use disorder.
30	Boles et al. (2007) p. 162	IF DDCs ensure that necessary services for substance abuse treatment are provided to parents in a timely manner, THEN parents have increased access to intensive levels of substance abuse treatment.
31	Boles et al. (2007) p. 162	IF DDCs ensure that necessary services for substance abuse treatment are provided to parents in a timely manner, THEN parents have increased case management (particularly those aspects of the case regarding substance abuse treatment).
32	Boles et al. (2007) p. 162	IF DDCs ensure that necessary services for substance abuse treatment are provided to parents in a timely manner, THEN parents have a team approach to case planning to better inform judicial decision-making.
33	Boles et al. (2007) p. 162	IF DDCs ensure that necessary services for substance abuse treatment are provided to parents in a timely manner, THEN parents have frequent judicial oversight and client monitoring.
34	Boles et al. (2007) p. 162	IF DDCs ensure that necessary services for substance abuse treatment are provided to parents in a timely manner, THEN parents have access to specialised cross system training efforts.
35	Boles et al. (2007) p. 162	IF DDCs are associated with more timely initiation of substance abuse treatment, THEN there are fewer subsequent child abuse and neglect reports.
36	Boles et al. (2007) p. 162	IF DDCs are associated with more timely initiation of substance abuse treatment, THEN parents might be reunified with their children faster.
37	Boles et al. (2007) p. 162	IF DDCs are associated with more treatment episodes, THEN there are fewer subsequent child abuse and neglect reports.
38	Boles et al. (2007) p. 162	IF DDCs are associated with more treatment episodes, THEN parents might be reunified with their children faster.



39	Boles et al. (2007) p. 162	IF DDCs are associated with fewer arrests, THEN there are fewer subsequent child abuse and neglect reports.
40	Boles et al. (2007) p. 162	IF DDCs are associated with fewer arrests, THEN parents might be reunified with their children faster.
41	Boles et al. (2007) p. 162	IF DDCs are associated with fewer subsequent child abuse and neglect reports, THEN children experience greater stability.
43	Boles et al. (2007) p. 163	IF the parents are offered specialised court services at the first appearance THEN...
44	Boles et al. (2007) p. 164	IF parents are offered an Early Intervention Specialist Assessment which results in a referral to STARS at the point of a detention hearing, THEN parents can participate in the programme voluntarily.
45	Boles et al. (2007) p. 169	If parents' primary drug problem is heroin, THEN they are significantly less likely to complete treatment (46.7%) than other users (63.9%).
46	Boles et al. (2007) p. 169-170	IF parents use heroin, THEN they are less likely to be reunified with their children. (Note: compared to other substance misuse).
47	Boles et al. (2007) p. 169-170	IF parents use marijuana, THEN they are more likely to be reunified with their children. (Note: compared to other substance misuse).
48	Boles et al. (2007) p. 170	IF parents are involved in DDCs, THEN they are more likely to enrol in treatment than comparison parents.
49	Boles et al. (2007) p. 170	IF parents are involved in DDCs, THEN they are more likely to complete treatment episodes than comparison parents.
50	Boles et al. (2007) p. 170	IF parents are involved in DDCs, THEN they experience shorter lengths of stay per treatment.
51	Boles et al. (2007) p. 170	IF a DDC has the advantage of a Specialised Treatment and Recovery Services worker, THEN They can keep parents connected with treatment services.
52	Boles et al. (2007) p. 170	IF parents can keep connected with treatment services, THEN they are more likely to be admitted for treatment.
53	Boles et al. (2007) p. 170	IF the Specialised Treatment and Recovery Services programme prepares parents for treatment, THEN parents may experience shorter time in treatment.
54	Boles et al. (2007) p. 170	IF the Specialised Treatment and Recovery Services programme monitors parents' treatment progress, THEN parents may experience shorter time in treatment.



55	Boles et al. (2007) p. 170	IF parents have a drug/alcohol problem AND can access treatment [unless the primary drug is heroin], THEN they have a very good likelihood of treatment completion.
56	Boles et al. (2007) p. 170	IF a parent meets the case plan requirements for reunification but there is a lack of adequate housing, THEN children may not be allowed to reunify and return home with their parents.
57	Boles et al. (2007) p. 170	IF instant drug test methods are used and there is intense oversight from the DDC court, THEN Social workers are able to be contacted immediately when a parent tests positive whilst children are in their care.
58	Boles et al. (2007) p. 170	IF a parent tests positive for substance abuse while children are in their care, THEN a child may be removed from the household.
59	Bruns et al. (2012) p. 218	IF parents are in FTDC, THEN they have significantly more review and motion hearings.
60	Bruns et al. (2012) p. 218	IF parents are in FTDC, THEN they are significantly more likely to enter treatment.
61	Bruns et al. (2012) p. 218	IF parents are in FTDC, THEN they will enter treatment faster.
62	Bruns et al. (2012) p. 218	IF parents are in FTDC, THEN they will receive more treatment.
63	Bruns et al. (2012) p. 218	IF parents are in FTDC, THEN they are more likely to successfully complete treatment.
64	Bruns et al. (2012) p. 218	IF FDAC can promote positive treatment and child welfare outcomes without deepening participants' involvement in justice systems, THEN...
65	Bruns et al. (2012) p. 218 - 219	IF FDAC facilitates parents' connection to substance abuse services while also addressing the full range of these families' complex and overlapping needs, THEN...
66	Bruns et al. (2012) p. 219	IF more timely and intensive supports are available AND they are coupled with consistent oversight and appropriate sanctions, THEN parents have incentives to participate actively in substance treatment and other services.
67	Bruns et al. (2012) p. 219	IF more timely and intensive supports are available and coupled with consistent oversight and appropriate sanctions, THEN parents have a greater overall likelihood of success.
68	Bruns et al. (2012) p. 219	IF more timely and intensive supports are available AND are coupled with consistent oversight and appropriate sanctions, THEN parents have a greater chance of being reunified with their children than in regular dependency courts.
69	Bruns et al. (2012) p.220	IF cross-disciplinary team staffing occurs before every hearing, THEN they promote understanding and a unified approach.



70	Bruns et al. (2012) p.224	IF families are in FTDC, THEN they are more likely to receive treatment of any kind.
71	Bruns et al. (2012) p.225	IF parents complete at least one treatment episode, THEN they are more likely to be considered by their treatment provider to have a successful discharge.
72	Bruns et al. (2012) p.226	IF parents are connected to treatment services AND successfully complete substance abuse treatment, THEN subsequent court and welfare outcomes are more positive for the families involved in FTDC.
73	Bruns et al. (2012) p.227	IF an FTDC incorporates a designated treatment liaison, a recruitment specialist, a family treatment court specialist, a wraparound care coordinator, and designated social workers with reduced caseloads, THEN a cumulative or synergistic relationship between these elements might produce positive outcomes.
74	Bruns et al. (2012) p.227	IF an FTDC incorporates a treatment liaison, THEN they might be a primary facilitator of treatment outcomes.
75	Bruns et al. (2012) p.227	IF an FTDC incorporates a judge and case workers dedicated to a smaller number of families, THEN this could influence child welfare processing and court decision making, and thus the child welfare outcomes.
76	Burrus et al. (2011) p. 2	IF FTDC's use a non-adversarial judicial setting, THEN parents hear a clear, repeated message about what they need to do to be successfully reunified with their children.
77	Burrus et al. (2011) p. 2	IF parents' primary motivation is reunification with their children, THEN they are more likely to participate in FDC's
78	Burrus et al. (2011) p. 11	IF parents are served by the Baltimore City Family Recovery Court (BCFRC), THEN enter treatment more quickly than parents who did not enter the program.
79	Burrus et al. (2011) p. 11	IF parents are served by the Baltimore City Family Recovery Court (BCFRC), THEN stay in treatment longer than parents who did not enter the program.
80	Burrus et al. (2011) p. 11	IF parents are served by the Baltimore City Family Recovery Court (BCFRC), THEN they are more likely to complete treatment than parents who did not enter the program.
83	Burrus et al. (2011) p. 11	IF parents spent increased time in treatment (note: and therefore, children spent an increased time in care), THEN there is an increased likelihood of reunification.
84	Burrus et al. (2011) p. 11	IF parents spent increased time in the BCFRC program, THEN there is better overall service delivery by these programs.
85	Burrus et al. (2011) p. 11	IF there is better overall service delivery by these programs, THEN more well-informed permanency decisions can be made.



86	Chuang et al. (2012) p. 1896	IF treatment services are initiated soon after families become involved in the child welfare system AND include a wraparound component, THEN treatment can support improved clinical and functional outcomes for families.
87	Chuang et al. (2012) p. 1896	IF substance abuse treatments are tailored, THEN treatment programs can decrease substance use.
88	Chuang et al. (2012) p. 1896	IF substance abuse treatments are tailored, THEN treatment programs can reduce co-occurring mental health symptoms.
89	Chuang et al. (2012) p. 1896	IF substance abuse treatments are tailored, THEN treatment programs can improve self-reported health status.
90	Chuang et al. (2012) p. 1896	IF substance abuse treatments are tailored, THEN treatment programs can increase employment rates of participants.
91	Chuang et al. (2012) p. 1896	IF families enter treatment quickly AND complete at least one treatment episode, THEN there is increased likelihood of reunification (thus decreased amount of time children spend in substitute care).
92	Chuang et al. (2012) p. 1896	IF there is limited availability of treatment programmes that address both the substance use disorder/disorders and ancillary service needs of the predominantly female caregivers involved in the child welfare system, THEN substance using caregivers won't engage in treatment.
93	Chuang et al. (2012) p. 1896	IF timelines for permanency and timelines for substance abuse treatment are conflicting, THEN it is difficult for courts to serve families effectively.
94	Chuang et al. (2012) p. 1896	IF child welfare, court, and substance abuse treatment systems have differing priorities, perspectives, and information-sharing processes, THEN timelines for permanency and timelines for substance abuse treatment are likely to be conflicting.
95	Chuang et al. (2012) p. 1897	IF Family safety service needs are not adequately met prior to reunification, THEN re-entry into care is likely.
96	Chuang et al. (2012) p. 1897	IF the court formed a collaborative, multidisciplinary team (consisting of a judge; court-employed case managers; local substance abuse treatment providers; the local child welfare agency; Guardian Ad Litem personnel; defence attorneys; and the state Office of the Attorney General) AND they work together, THEN substance-abusing parents are able to be provided with a holistic treatment approach.
97	Chuang et al. (2012) p. 1898	IF group counselling sessions include an evidence-based trauma-informed psycho-educational counselling component, THEN families' safety and well-being can be promoted.
98	Chuang et al. (2012) p. 1898	IF group counselling sessions include an intervention to foster parental nurturing, THEN families' safety and well-being can be promoted.



99	Chuang et al. (2012) p. 1899	IF the issues that triggered families' involvement with the child welfare system are not adequately addressed prior to permanency, THEN recurrence of maltreatment and re-entry into care is likely.
100	Chuang et al. (2012) p. 1900	IF FTDC has a single judge to which both agencies are accountable and caregivers interact with regularly, THEN service coordination can be improved.
101	Chuang et al. (2012) p. 1900	IF FTDC has a single judge to which both agencies are accountable and caregivers interact with regularly, THEN there is greater family engagement.
102	Chuang et al. (2012) p. 1900	IF there is increased monitoring of risky behaviours through mechanisms like random drug testing, THEN there are lower re-entry rates among reunified families.
103	Chuang et al. (2012) p. 1900	IF there is increased monitoring of risky behaviours through mechanisms like judicial status hearings, THEN there are lower re-entry rates among reunified families.
104	Chuang et al. (2012) p. 1900	IF there is increased monitoring of risky behaviours through mechanisms like judicial status hearings, THEN there is longer time to permanency among reunified families.
105	Chuang et al. (2012) p. 1900	IF there is increased monitoring of risky behaviours through mechanisms like random drug screening, THEN there is longer time to permanency among reunified families.
106	Chuang et al. (2012) p. 1900	IF there is not enough time for caregivers to achieve sobriety, THEN there can be negative impacts for family well-being in the long term.
107	Chuang et al. (2012) p. 1900	IF children spend increased time in out-of-home care before permanency, THEN caregivers have longer to achieve sobriety.
108	Chuang et al. (2012) p. 1900	If caregivers have longer to achieve sobriety, THEN it may be less expensive for the state in the long-term by decreasing the need for re-entry into care.
109	Chuang et al. (2012) p. 1900	IF substance abuse treatment is appropriate and evidence based, THEN it can be effective in reducing re-entry rates for children.
110	Chuang et al. (2012) p. 1900	IF integrated FDTC provides participants with intensive outpatient services such as trauma-informed group psycho-educational curriculum tailored specifically to the needs of low-income women, THEN they experience positive substance abuse treatment outcomes.
111	Chuang et al. (2012) p. 1900	IF integrated FDTC provides participants with intensive outpatient services such as wraparound services (i.e. transportation assistance, vocational counselling, and GED courses), THEN they experience positive substance abuse treatment outcomes.
112	Chuang et al. (2012) p. 1900	IF individuals receive more effective treatment, THEN they are more likely to experience lower re-entry rates.



113	Dakof et al. (2009) p. 12	IF drug courts embody the principles of therapeutic jurisprudence, THEN they can emphasise recovery and personal transformation in lieu of punishment.
114	Dakof et al. (2009) p. 13	IF family/dependency drug courts assist courts and child welfare agencies to help parents overcome their drug dependency, THEN parents can provide a healthy and safe environment for their children.
115	Dakof et al. (2009) p. 13	IF parents can provide a healthy and safe environment for their children, THEN they can avoid losing their parental rights.
116	Dakof et al. (2009) p. 13	IF parents have a specified period of continuous abstinence; show evidence of a safe and stable living situation; spend a substantial period adequately performing the parent role; and have a life plan in place (e.g., employment, education, vocational training), THEN they are able to graduate from a drug court program.
117	Dakof et al. (2009) p. 13	IF FDAC utilise an intervention program like the Engaging Moms Program (EMP) that is a brief, family-oriented intervention, THEN it can successfully facilitate the entry and retention of mothers with substance-exposed infants who are abusing drugs but not seeking drug treatment.
118	Dakof et al. (2009) p. 15	IF (note: FDAC utilise models such as) Engaging Moms Program (EMP) helps mothers to comply with all court orders, including attending substance abuse and other intervention programs (e.g., domestic violence counselling, parenting classes, etc.), attending court sessions, remaining drug free, and demonstrating the capacity to parent their children, THEN mothers can succeed in drug court.
119	Dakof et al. (2009) p. 15	IF EMP caseworkers conduct individual and conjoint sessions with the mother and her family, THEN they can focus on six core areas of change in the mother: (1) motivation and commitment to succeed in drug court and to change her life; (2) the emotional attachment between the mother and her children; (3) relationships between the mother and her family of origin; (4) parenting skills; (5) mother's romantic relationships; and (6) emotional regulation, problem solving, and communication skills.
120	Dakof et al. (2009) p. 15	IF drug using mothers change in the six core areas (1) motivation and commitment to succeed in drug court and to change her life; (2) the emotional attachment between the mother and her children; (3) relationships between the mother and her family of origin; (4) parenting skills; (5) mother's romantic relationships; and (6) emotional regulation, problem solving, and communication skills, THEN they are able to achieve sobriety AND adequately care for her children.
121	Dakof et al. (2009) p. 15	IF EMP caseworkers conduct a series of integrated individual and family sessions (e.g., individual sessions with mother, individual sessions with family/partner, family and couple sessions, etc.), THEN they can facilitate change in the six core areas.





122	Dakof et al. (2009) p. 16	IF EMP caseworkers provide total support to both the mother and her family, THEN they can build a strong therapeutic alliance with the mother and her family.
123	Dakof et al. (2009) p. 16	IF EMP caseworkers highlight the pain, guilt, and shame that the mother and her family have experienced, AND the high stakes involved (e.g., losing a child to the child welfare system) while simultaneously creating positive expectations and hope, THEN they can enhance the mother's motivation.
124	Dakof et al. (2009) p. 16	IF EMP caseworkers highlight the pain, guilt, and shame that the mother and her family have experienced, AND the high stakes involved (e.g., losing a child to the child welfare system) while simultaneously creating positive expectations and hope, THEN they can enhance the mother's family's motivation to change.
125	Dakof et al. (2009) p. 16	IF caseworkers work individually with the mother to help her explore her maternal role, THEN they can enhance the emotional attachment between the mother and her children.
126	Dakof et al. (2009) p. 16	IF EMP caseworkers hold sessions between a mother and her children, THEN they can enhance a mother's commitment to her children.
127	Dakof et al. (2009) p. 16	IF EMP caseworkers help the family restrain negativity AND offer practical and emotional support to a mother, THEN they can enhance the attachment between a mother and her family of origin and/or spouse.
128	Dakof et al. (2009) p. 16	IF EMP caseworkers help a mother conduct a relationship life review, including examining tensions between having a relationship and being a mother, THEN they are able to address romantic relationships, typically with men that have been a source of pain and distress for the mother.
129	Dakof et al. (2009) p. 16	IF EMP caseworkers help mothers examine the relationship choices they have made, and continue to make, THEN they are able to teach them how to make better decisions for themselves and their children.
130	Dakof et al. (2009) p. 16	IF EMP caseworkers help mothers to deal with slips, mistakes, setbacks, and relapses in a non-punitive and therapeutic manner (i.e., forward looking). THEN....
131	Dakof et al. (2009) p. 16	IF EMP caseworkers conduct "shuttle diplomacy" between mothers and service providers, THEN they can help facilitate mother's relationship with court personnel (judge, child welfare workers, and attorneys) and treatment or other service providers.
132	Dakof et al. (2009) p. 16	IF EMP caseworkers conduct "shuttle diplomacy" between mothers and service providers, THEN they can prevent and resolve problems.
133	Dakof et al. (2009) p. 16	IF EMP caseworkers conduct "shuttle diplomacy" between mothers and service providers, THEN they can ensure that the mother is taking full advantage of the provided services.



134	Dakof et al. (2009) p. 16	IF caseworkers prepare mothers for court appearances AND advocate for them before the judge and at the weekly drug court case review, THEN they facilitate therapeutic jurisprudence in the courtroom.
135	Dakof et al. (2009) p. 16	IF EMP caseworkers develop a practical and workable routine for everyday life; address how a mother will balance self-care, children and work; outline a plan for dealing with common emergencies with children and families; develop a detailed relapse prevention plan; and address how a mother will deal with potential problems, mistakes, and setbacks, THEN they help mothers prepare for independence.
136	Dakof et al. (2009) p. 20	IF women with children abuse drugs, THEN their children are at risk of abuse, neglect, and myriad social, health, and behavioural problems.
137	Dakof et al. (2009) p. 20	IF women with children have substance abuse problems, THEN are more likely to have their parental rights terminated than non substance-abusing parents involved in the child welfare system.
138	Dakof et al. (2009) p. 20	IF substance-abusing mothers are healed and strengthened, THEN children can be protected, and their outcomes improve.
139	Dakof et al. (2009) p. 20	IF substance abuse interventions are delivered to parents (and are not directly targeting the children), THEN the psychosocial functioning of children can be improved.
140	Gifford et al. (2014) p. 1660	IF family drug courts treat underlying substance use problems through the collaborative efforts of professionals in child welfare, the courts and substance abuse agencies, THEN they can aim to reduce maltreatment (note: of children).
141	Gifford et al. (2014) p. 1660	IF a parent or guardian has a pending abuse, neglect, or dependency case, THEN FDTCS are able to use the retaining or regaining of child custody as an incentive for participants to enrol in and complete the program.
142	Gifford et al. (2014) p. 1662	IF jail is used as a sanction in FTDCs, THEN it is a motivational tool.
143	Gifford et al. (2014) p. 1662	IF the threat of removal of custodial children is used as a sanction in FTDCs, THEN it is a motivational tool.
144	Gifford et al. (2014) p. 1666	IF mothers are involved in a FDTC program rather than fathers, THEN children will spend more time in foster care (36% more time).
145	Gifford et al. (2014) p. 1668	IF FDTC's provide systems level integration, THEN they can create an environment in which the justice system and social services partner their efforts to address family needs.
146	Gifford et al. (2014) p. 1668	IF women have a high level of family-related services, THEN they are more likely to reunify with their children than women with lower levels of these services.



147	Gifford et al. (2014) p. 1668	IF women have a high level of education/employment services, THEN they are more likely to reunify with their children than women with lower levels of these services.
148	Green et al. (2007) p. 44	IF FTDC's provide a non-adversarial judicial court context, THEN parents receive clear messages about what they need to do to be reunified with their children.
149	Green et al. (2007) p. 44	IF FTDCs involve a "drug court team" that includes representatives from the judicial, child welfare, and treatment systems, who work together, THEN they can support and monitor the parent.
150	Green et al. (2007) p. 44	IF parents are in FTDC, THEN they appear before the judge much more frequently than in traditional child welfare processing.
151	Green et al. (2007) p. 44	IF parents make positive progress, THEN the schedule of hearings will diminish.
152	Green et al. (2007) p. 44	IF FTDC's have close involvement with the treatment system, THEN they can facilitate rapid entry into treatment for participants (sometimes with partnering treatment providers offering dedicated treatment slots).
153	Green et al. (2007) p. 44	IF FTDC's have close involvement with the treatment system, THEN there is close communication between treatment providers, child welfare, and the judicial system.
154	Green et al. (2007) p. 44	IF there is communication between treatment providers, child welfare, and the judicial system, THEN FTDC's can monitor a parent's progress and provide swift intervention should relapse occur.
155	Green et al. (2007) p. 44	IF the threat for FTDC participants is losing custody of their children, THEN their primary motivation for participation is the prospect of family reunification.
156	Green et al. (2007) p. 45	IF cases involve child fatalities or sexual abuse, serious mental illness, voluntary cases, cases that were being immediately moved to termination of parental rights (fast tracked), or parental incarceration, THEN attendance at the FTDC is prevented.
157	Green et al. (2007) p. 45	IF parents fail to enrol in treatment services, THEN they will be offered more intensive FTDC.
158	Green et al. (2007) p. 45	IF parents are noncompliant with treatment services, THEN they will be offered more intensive FTDC.
159	Green et al. (2007) p. 45	IF parents are in drug court, THEN they receive more intensive and frequent case management.
160	Green et al. (2007) p. 45	IF parents are in drug court, THEN they receive more judicial oversight (in the form of more frequent hearings).



161	Green et al. (2007) p. 45	IF parents are in drug court, THEN they receive additional wrap-around services.
162	Green et al. (2007) p. 45	If FTDC has a Head Start program, THEN drug court parents have access to services and parenting classes.
163	Green et al. (2007) p. 45-46	IF a substance-abusing parent's case only involves neglect allegations, THEN children are less likely to be removed from the parents' custody.
164	Green et al. (2007) p. 45-46	IF a FTDC program offers court-appointed special advocates, THEN they can conduct individual family meetings and regular case conferences with Child Protective Services (CPS) and other team members.
165	Green et al. (2007) p. 46	IF FTDC services have weekly team meetings, THEN participant's progress can be discussed and monitored.
166	Green et al. (2007) p. 49	IF parents enter treatment more quickly, THEN their children are placed in permanent placements more quickly.
167	Green et al. (2007) p. 49	IF parents enter treatment more quickly, THEN they are less likely to be reunified with at least one of their children.
168	Green et al. (2007) p. 49	IF parents spend more time in treatment, THEN their children take longer to reach a permanent placement.
169	Green et al. (2007) p. 49	IF parents spend more time in treatment, THEN they are more likely to be reunified with their children.
170	Green et al. (2007) p. 49	IF parents complete treatment, THEN they are more likely to be reunified with their children.
172	Green et al. (2007) p. 53	IF FTDCs provide ongoing support even if a parent relapses, THEN the parent may be given more opportunities to drop out and then re-enter treatment.
173	Green et al. (2007) p. 54	IF a parent's level of success in treatment declines, THEN the likelihood of reunification with their children decreases markedly.
175	Green et al. (2007) p. 55	IF parents are in FDAC, THEN they are more likely to complete at least one but not all of their two or more treatment entries (than comparison parents).
176	Green et al. (2007) p. 55	IF parents complete at least one but not all of their two or more treatment entries, THEN children of these parents have slower permanent placements (comparison children even slowed than FDAC children).
177	Green et al. (2007) p. 55	IF FDAC parents complete at least one but not all of their two or more treatment entries, THEN they have higher reunification rates than comparison parents who achieved the same.
178	Green et al. (2007) p. 55	IF FDAC parents complete at least one but not all of their two or more treatment entries, THEN they are more likely to have subsequent



		substantiated child welfare reports than comparison parents who achieved the same.
179	Green et al. (2007) p. 56	IF parents do not complete a single treatment episode, THEN their children are more likely to have a faster permanent placement (which is less likely to be reunification).
180	Green et al. (2007) p. 56	IF FTDC parents do not complete a single treatment episode (i.e. fail to complete treatment successfully), THEN they experience stronger negative permanency outcomes i.e. are less likely to be reunified with their children than comparison parents.
181	Green et al. (2007) p. 56	IF FTDC parents do not complete a single treatment episode and thus fail to comply with treatment requirements despite the additional supports that FTDC provides, THEN FTDC judges may be more likely to decide against reunification for FTDC parents than comparison parents.
182	Green et al. (2007) p. 56	IF FTDCs have increased information sharing between treatment, child welfare, and the courts AND regular contact between judges and participants, THEN judges are enabled to be more knowledgeable about the case and in a better position to make good decisions regarding reunification (or alternatives).
183	Green et al. (2007) p. 56	IF a judge has more knowledge about a case (i.e. the success or lack thereof of the participants), THEN there is a stronger link between treatment success (and failure) and child welfare outcomes for FTDC parents.
184	Green et al. (2007) p. 56	IF FTDC's provide wrap-around and auxiliary services, THEN families are enabled to be more successful at reducing other barriers to reunification, such as unemployment, homelessness, or physical or mental illness.
185	Green et al. (2007) p. 56	IF parents have demonstrated mixed success in treatment, THEN exiting the supportive environment of the FTDC and returning to potentially difficult life circumstances without additional support and structure provided by the FTDC program may be difficult.
186	Green et al. (2007) p. 57	IF an FDAC site has a smaller amount of treatment providers, THEN a much stronger collaborative relationship is able to be developed between the FTDC and the treatment providers.
187	Green et al. (2007) p. 57	IF there is a strong collaboration between treatment providers and the child welfare system, THEN families involved with both systems are able to have their needs met.
188	Green et al. (2007) p. 57	IF judges have sufficient time to determine that a parent's recovery is stable, THEN judges are more likely to decide to reunify a parent with their child.
189	Harwin et al. (2013) p. 460	IF FDAC rigorously assess the appropriateness of return home AND provide extensive support for parents and children (where indications are promising) AND carefully plan for the return home, THEN the reunification has the best chance of success.



190	Harwin et al. (2013) p. 461	IF mothers have a new child, THEN they may make a positive change.
191	Harwin et al. (2013) p. 461	IF a mother does not become abstinent within six months of the birth of their new child (because of parental relapse, a lack of family support and adult treatment services for alcohol misuse, poor assessments, and variable knowledge and skills about parental substance misuse among children and family social workers), THEN they are unlikely to make positive changes without compromising the child's emotional and physical development (and thus long term prospects).
192	Harwin et al. (2013) p. 462	IF problem solving courts (note: of which FDAC is an adapted version) treat the underlying problems of an individual within the court process, THEN they can promote behavioural change.
193	Harwin et al. (2013) p. 462	IF problem solving courts (note: of which FDAC is an adapted version) include increased judicial oversight in a supportive environment and an integrated multi-disciplinary team, THEN parents can receive support and wraparound services.
194	Harwin et al. (2013) p. 462	IF problem solving courts (note: of which FDAC is an adapted version) are underpinned by therapeutic jurisprudence (TJ) thus make use of motivational approaches, THEN they can promote parental treatment adherence.
195	Harwin et al. (2013) p. 462	IF problem solving courts (note: of which FDAC is an adapted version) have an integrated multi-disciplinary team, THEN they can provide support and wraparound services.
196	Harwin et al. (2013) p. 462	IF problem solving courts (note: of which FDAC is an adapted version) make use of use of motivational approaches, THEN treatment adherence can be promoted.
197	Harwin et al. (2013) p. 462-463	IF a judge adjudicates the care proceedings and holds responsibility for running the specialist treatment court in which he plays a non-traditional role (which includes practical problem solving as well as the deliberate use of praise and challenge), THEN he can motivate parents.
198	Harwin et al. (2013) p. 462-463	IF a judge adjudicates the care proceedings and holds responsibility for running the specialist treatment court in which he plays a non-traditional role (which includes practical problem solving as well as the deliberate use of praise and challenge), THEN he can remind parents of their responsibilities.
199	Harwin et al. (2013) p. 462-463	IF a judge adjudicates the care proceedings and holds responsibility for running the specialist treatment court in which he plays a non-traditional role (which includes practical problem solving as well as the deliberate use of praise and challenge), THEN he can keep parents on track.
200	Harwin et al. (2013) p. 462-463	IF a specialist multi-disciplinary team attached to the court co-ordinates an intervention plan for the parents AND provides an expert assessment whilst providing ongoing support and monitoring for the time the case remains in



		FDAC as well as advising the judge of progress, THEN the team can focus on addressing parents' substance misuse and other difficulties.
201	Harwin et al. (2013) p. 463	IF FDAC has non-professional role models like parent mentors, THEN they can advise and support parents.
202	Harwin et al. (2013) p. 463	IF parent mentors to have come through FDAC successfully themselves, THEN they can provide the closest possible role model to help motivate parent.
203	Harwin et al. (2013) p. 463	IF parent mentors to have come through FDAC successfully themselves, THEN they can provide the closest possible role model to support parents practically and emotionally.
204	Harwin et al. (2013) p. 465	IF mothers in FDAC stop misusing substances, THEN they are more likely to be reunified with their children.
205	Harwin et al. (2013) p. 465	IF fathers are in FDAC, THEN they are more likely to stop misusing substances than comparison fathers.
206	Harwin et al. (2013) p. 466	IF FDAC assessments uncover more substance misuse and mental health difficulties than documented in the care proceedings application, THEN the parent's treatment plan can be better tailored to meet the full range of identified needs.
207	Harwin et al. (2013) p. 466	IF parents are in FDAC, THEN they are more likely to receive psycho-social services during the first 6 months than comparison parents.
208	Harwin et al. (2013) p. 466	IF parents are in FDAC, THEN they are more likely to access parenting programmes than comparison parents.
209	Harwin et al. (2013) p. 466	IF parents are in FDAC, THEN they receive more frequently help for housing, finances and domestic violence than comparison parents.
210	Harwin et al. (2013) p. 466	IF parents are in FDAC, THEN they receive more intensive services for a wider range of difficulties than comparison parents.
211	Harwin et al. (2013) p. 467	IF the FDAC team and judge offer practical and emotional support, THEN parents felt motivated.
212	Harwin et al. (2013) p. 467	IF the FDAC team and judge offer practical and emotional support, THEN parents felt their confidence had been built.
213	Harwin et al. (2013) p. 467	IF the FDAC team and judge offer practical and emotional support, THEN parents value the team.
214	Harwin et al. (2013) p. 467	IF the FDAC team and judge listen to parents without judging them, THEN parents value the team.
215	Harwin et al. (2013) p. 467	IF the FDAC team and judge offer practical and emotional support and listen to parents without judging them, THEN parents feel positive about their



		FDAC experience and are more likely to recommend FDAC to others in a similar situation.
216	Harwin et al. (2013) p. 467	IF judges provide parents with praise and honest feedback, THEN parents feel they are 'fair', 'sensitive' and 'treating you like a human being'.
217	Harwin et al. (2013) p. 467	IF judges provide parents with praise, THEN parents feel hopeful.
218	Harwin et al. (2013) p. 467	IF judges provide honest feedback, THEN parents feel appreciative.
219	Harwin et al. (2013) p. 467	IF parents feel a judge is knowledgeable about their case, THEN...
220	Harwin et al. (2013) p. 467	IF judges have a problem-solving role, THEN parents value them.
221	Harwin et al. (2013) p. 467	IF there are non-lawyer review hearings in FDAC, THEN parents feel empowered.
222	Harwin et al. (2013) p. 467	IF FDAC provides parents with the opportunity to speak up, THEN parents feel empowered.
223	Harwin et al. (2013) p. 467	IF parents receive feedback on their progress during the FDAC process, THEN parents feel empowered.
224	Harwin et al. (2013) p. 467	IF FDAC hearings are more frequent, THEN parents think they are useful in hurrying things up.
225	Harwin et al. (2013) p. 467	IF FDAC hearings are more frequent, THEN parents think they are useful in keeping everyone working.
226	Harwin et al. (2013) p. 467	IF FDAC hearings are more frequent, THEN parents think it enables professionals to see they are sober.
227	Harwin et al. (2013) p. 467	IF parents have previous experience of ordinary care proceedings, THEN they felt that FDAC 'gives you a chance' and 'if you don't understand anything, they explain it to you' and you can communicate 'direct'.
228	Harwin et al. (2013) p. 467	IF the FDAC team is highly efficient AND the quality of their assessments is high, THEN reunification may be increased.
229	Harwin et al. (2013) p. 467	IF the FDAC team plays a co-ordinating role AND does partnership work with other agencies, THEN reunification may be increased.
230	Harwin et al. (2013) p. 467	IF a judge engages and motivates parents AND is clear about the consequences of noncompliance, THEN reunification may be increased.
231	Harwin et al. (2013) p. 467	IF the FDAC team reinforce parents' views on the value of the non-lawyer review hearings, THEN reunification may be increased.





232	Harwin et al. (2013) p. 467	IF the FDAC team involves less conflict than ordinary care proceedings, THEN reunification may be increased.
233	Harwin et al. (2013) p. 467	IF the FDAC team involves less conflict than ordinary care proceedings, THEN reunification may be increased.
234	Harwin et al. (2013) p. 467	IF the FDAC team tackles problems before they build up, THEN a parent's case can be kept moving.
235	Harwin et al. (2013) p. 467	IF the FDAC team resolves difficulties that would normally fall outside of the court remit, such as housing, finances or service delivery, THEN reunification may be increased.
236	Harwin et al. (2013) p. 467	IF parents who are doing well are enabled to remain in proceedings longer, THEN good progress can be consolidated.
237	Harwin et al. (2013) p. 467	IF parents who are doing well are enabled to remain in proceedings longer, THEN a plan to return a child home carefully can be made.
238	Harwin et al. (2013) p. 467	IF parents who are doing well are enabled to remain in proceedings longer, THEN they are able to sort out practical obstacles.
239	Harwin et al. (2013) p. 467	IF parents who are doing well are enabled to remain in proceedings longer and are able to consolidate good progress, plan the return home carefully and sort out practical obstacles, THEN they are given the best possible chance at successful reunification.
240	Harwin et al. (2013) p. 467	IF parents are nearing the end of FDAC, THEN they may have anxiety about the loss of FDAC support after the proceedings ended.
241	Harwin et al. (2013) p. 467	IF parents are nearing the end of FDAC, THEN professionals may have anxiety about the loss of FDAC support after the proceedings ended.
242	Harwin et al. (2013) p. 467	IF parents nearing the end of FDAC felt it was likely to be a testing time, THEN they felt that it would be useful to be able to access continuing emotional and practical support from FDAC.
243	Harwin et al. (2013) p. 467	IF parents nearing the end of FDAC felt it was likely to be a testing time, THEN they felt that it would be useful to be able to access help with employment and education from FDAC.
244	Harwin et al. (2013) p. 467	IF there is a short-term aftercare FDAC service AND parents provide good quality committed parenting, THEN parents have a higher possibility of sustainable reunification.
245	Harwin et al. (2013) p. 467-468	IF parents who would normally be considered a 'bad bet' receive FDAC, THEN they may benefit.
246	Harwin et al. (2013) p. 468	IF a judge is involved in FDAC, THEN the personal authority of the judge, and his status and role, can be important elements of the [note: parent's] motivation and change process.



247	Harwin et al. (2013) p. 468	IF a judge is fair, THEN a parent is less likely to reoffend.
248	Harwin et al. (2013) p. 468	IF the FDAC process is flexible, THEN parents who are doing well are enabled to stay in the process longer.
249	Harwin et al. (2013) p. 468	IF the FDAC process is flexible, THEN local authorities, FDAC and the parents themselves have an opportunity to plan carefully for the return, discuss its progress and try to iron out difficulties.
250	Harwin et al. (2013) p. 468	IF there is purposeful planning for reunification, including parents and all relevant agencies, THEN there is a higher chance of a safer return home.
251	Harwin et al. (2013) p. 468	IF parents are provided with timely access to treatment AND are retained in treatment, THEN they are more likely to complete treatment as a pre-requisite to reunification.
252	Harwin et al. (2013) p. 468	IF FDAC is underpinned by TJ and thus uses the inclusive process based on 'voice, validation and respect, THEN parents' confidence is enhanced.
253	Harwin et al. (2013) p. 468	IF FDAC is underpinned by TJ and thus uses the inclusive process based on 'voice, validation and respect', THEN parents are encouraged to problem-solve.
254	Harwin et al. (2013) p. 468	IF parents have previous experience of ordinary care proceedings and felt disempowered by the process, THEN they are more likely to stop attending court.
255	Harwin et al. (2013) p. 468	IF parents stop attending court, THEN they are more likely to stop attending substance misuse services.
256	Harwin et al. (2013) p. 469	IF there is a tight timescale for the family to achieve change AND a parent relapses/has uneven progress, THEN alternative permanency placement planned may be used.
257	Harwin et al. (2013) p. 469	IF there is a tight timescale for the family to achieve change, THEN parents may be motivated to change.
258	Harwin et al. (2013) p. 469	IF there is a tight timescale for the family to achieve change, THEN excessive pressure to change may be created.
259	Harwin et al. (2013) p. 469- 470	IF FDAC holds fortnightly hearings, THEN it can be easier to plan ahead and reduce the risk of delays.
260	Harwin et al. (2013) p. 470	IF the time allowed for proceedings is reduced, THEN it is more difficult to test the appropriateness of return home for children.
261	Harwin et al. (2014), p. 2	IF parents have their case heard in FDAC, THEN they are more likely to stop substance misuse.



262	Harwin et al. (2014), p. 2	IF parents stop substance misuse, THEN they are more likely to be reunified with their children.
263	Harwin et al. (2014), p. 5 & p. 61	IF mothers have severe substance misuse problems, THEN FDAC is less likely to produce good outcomes.
264	Harwin et al. (2014), p. 5 & p. 61	IF mothers experience higher rates of domestic violence, THEN FDAC is less likely to produce good outcomes.
265	Harwin et al. (2014), p. 6	IF FDAC helps parents to deal with their problems, THEN parents achieve higher rates of reunification.
266	Harwin et al. (2014), p. 6	IF FDAC motivates parents to change, THEN parents will achieve higher rates of reunification.
267	Harwin et al. (2014), p. 6	IF FDAC helps parents to stop misusing substances, THEN parents achieve higher rates of reunification.
268	Harwin et al. (2014), p. 7	IF FDAC coordinates parents' access to other community services, THEN mothers and fathers are offered more support for substance misuse problems and more therapeutic family services.
269	Harwin et al. (2014), p. 7	IF parents are involved with FDAC, THEN they receive more therapeutic family services from the FDAC team AND other service providers.
270	Harwin et al. (2014), p. 7	IF parents are involved with FDAC, THEN they receive more support for substance misuse problems from the FDAC team AND other service providers.
271	Harwin et al. (2014), p. 7 (and p. 78)	IF an intensive substance misuse treatment package is made available to parents in FDAC, THEN parents (mothers and fathers) are more likely to cease substance misuse.
272	Harwin et al. (2014), p. 7 (and p. 78)	IF parents (mothers and fathers) cease substance misuse, THEN they are more likely to be reunified with their child.
273	Harwin et al. (2014), p. 7 (and p. 78)	IF parents in FDAC are offered more therapeutic support to improve their parenting skills, THEN their prospect for being reunified with their child is enhanced.
274	Harwin et al. (2014), p. 7-8 (and p. 78)	IF FDAC is underpinned by a motivating approach and therapeutic support, THEN...
275	Harwin et al. (2014), p. 8 (and p. 78)	IF the FDAC team identify and co-ordinate services for parents in line with their agreed intervention plan, THEN parents are offered more services.
276	Harwin et al. (2014), p. 8 (and p. 78)	Note: FDAC primarily addresses parents rather than children.
277	Harwin et al. (2014), p. 8	IF a mother experiences domestic violence, THEN the likelihood of substance misuse cessation is reduced.



278	Harwin et al. (2014), p. 8	IF a mother misuses crack cocaine, THEN the likelihood of substance misuse cessation is reduced.
279	Harwin et al. (2014), p. 8	IF a mother has a history of more than 5 years contact with Children's Services, THEN the likelihood of substance misuse cessation is reduced.
280	Harwin et al. (2014), p. 8	IF a mother doesn't cease substance misuse, THEN the likelihood of mother/child reunification is reduced.
281	Harwin et al. (2014), p. 9	IF parents experience a combination of problems, THEN they are less likely to control their substance misuse and be reunited with their children.
282	Harwin et al. (2014), p. 9	IF FDAC builds on a parent's capacity to change, THEN parents with fewer problems are able to control their substance misuse and be reunified with their child.
283	Harwin et al. (2014), p. 11 (and p. 92)	IF parents have previous experience of care proceedings and feel that FDAC gives them a fair chance to change their lifestyle and parent their child well, THEN they would recommend the service to other parents.
284	Harwin et al. (2014), p. 11 (and p. 92)	IF parents value the practical/emotional support and treatment intervention from the FDAC team, THEN they felt motivated by workers who knew how to help them regain responsibility whilst supporting them through difficulties.
285	Harwin et al. (2014), p. 13	IF judges provide non-lawyer reviews whilst keeping the case on track and are clear with parents about the court's power to remove children from their care, THEN parents are motivated to change their lifestyle and make good use of services on offer.
286	Harwin et al. (2014), p. 13	IF judges provide non-lawyer reviews whilst keeping the case on track and are clear with parents about the court's power to remove children from their care, THEN parents make good use of services on offer.
287	Harwin et al. (2014), p. 18	IF mentoring provides mutual support and a social network, THEN parents are more likely to recover from drug and alcohol dependence.
288	Harwin et al. (2014), p. 60-61	IF mothers are using heroin, THEN they are likely to find recovery more difficult.
289	Harwin et al. (2014), p. 61	IF mothers in FDAC have more severe substance misuse problems, THEN their chances of good outcomes are reduced.
290	Harwin et al. (2014), p. 61	IF mothers in FDAC experience higher rates of domestic violence, THEN their prospects of success might be lowered.
291	Harwin et al. (2014), p. 8 & p. 63 & p. 76 & p. 150	IF parents are participating in FDAC and have misused crack cocaine, THEN the likelihood of substance misuse cessation and reunification is reduced.
292	Harwin et al. (2014), p. 8 & p. 63 & p. 76 & p. 150	IF parents are participating in FDAC and have experienced domestic violence, THEN the likelihood of substance misuse cessation and reunification is reduced.



293	Harwin et al. (2014), p. 8 & p. 63 & p. 76 & p. 150	IF parents are participating in FDAC and have been known to Children's Services for more than 5 years, THEN the likelihood of a parent stopping substance misuse and being reunified with their child is reduced.
294	Harwin et al. (2014), p. 76 & p. 150	IF parents are participating in FDAC and have a low and similar level of child and parent problems, THEN the likelihood of a parent stopping substance misuse and being reunified with their child is higher.
295	Harwin et al. (2014), p. 76	IF parents are participating in FDAC and have experienced domestic violence, THEN the likelihood of substance misuse cessation and reunification is reduced.
296	Harwin et al. (2014), p. 76	IF parents are participating in FDAC and have been known to Children's Services for more than 5 years, THEN the likelihood of a parent stopping substance misuse and being reunified with their child is reduced.
297	Harwin et al. (2014), p. 76	IF parents are participating in FDAC and have misused crack cocaine, THEN the likelihood of substance misuse cessation and reunification is reduced.
298	Harwin et al. (2014), p. 76	IF a family has a low level of child and parent problems, THEN parents in FDAC are more likely to cease substance misuse and be reunited with their child.
299	Harwin et al. (2014), p. 77	IF parents are participating in FDAC and experience multiple problems (three or more), THEN the likelihood of a parent stopping substance misuse and being reunified with their child is reduced. (Note: The same was also true in the comparison group).
300	Harwin et al. (2014), p. 9	IF parents experience a combination of problems, THEN they are less likely to control their substance misuse and be reunited with their children.
301	Harwin et al. (2014), p. 77	IF parents had fewer problems, THEN FDAC was able to build on parental capacity to change.
302	Harwin et al. (2014), p. 77	IF FDAC builds on a parent's capacity to change, THEN parents with fewer problems are able to control their substance misuse and be reunified with their child.
303	Harwin et al. (2014), p. 77	IF FDAC helps fathers stop misusing substances, THEN children have a positive role model.
304	Harwin et al. (2014), p. 77	IF FDAC helps fathers stop misusing substances, THEN the mother is less likely to relapse.
305	Harwin et al. (2014), p. 78	IF parents are only experiencing substance abuse (and no additional problems), THEN they have a greater capacity to change their lives, THEN FDAC will be more effective.
306	Harwin et al. (2014), p. 78	IF parents have a greater capacity to change their lives, THEN FDAC will be more effective.



307	Harwin et al. (2014), p. 93	IF judges are supportive, friendly and empathetic AND also able to be firm AND point out the consequences of noncompliance, THEN parents are encouraged to take responsibility for their actions.
308	Harwin et al. (2014), p. 102	IF parents have a chaotic life before proceedings and an FDAC team provides parents with practical steps, THEN parents are able to regain routine and structure in their lives.
309	Harwin et al. (2014), p. 102	IF FDAC staff are willing to be flexible around parent's homework circumstances, THEN parents are able to attend FDAC treatment.
310	Harwin et al. (2014), p. 102-103	IF parents feel wiser and more responsible as a result of age, THEN they feel ready to make the changes.
311	Harwin et al. (2014), p. 103	IF parents believed they did not require help with parenting, THEN they did not feel that FDAC had a key role to play in relation to parenting.
312	Harwin et al. (2014), p. 103	IF parents thought the focus of FDACs work was on other issues (such as their own, personal, problems), THEN they did not feel that FDAC had a key role to play in relation to parenting.
313	Harwin et al. (2014), p. 103	IF parents have support from FDAC, THEN their confidence as a parent will increase.
314	Harwin et al. (2014), p. 106	IF FDAC staff are supportive, THEN parents experience benefits from the help received beyond the end of proceedings.
315	Harwin et al. (2014), p. 106	IF parents speak about 'family stuff' with FDAC workers, THEN parents feel that they had been 'set right for the future' and are able to work to build or rebuild family relationships.
316	Harwin et al. (2014), p. 106	IF parents come to realise that they have to be ready and willing to communicate with FDAC workers, THEN parents are able to gain knowledge about how to access services that might be useful to them.
317	Harwin et al. (2014), p. 106	IF the FDAC process equips parents to make decisions, THEN parents feel self-confident.
318	Harwin et al. (2014), p. 106	IF the FDAC process equips parents to see daunting problems can be broken down into manageable steps, THEN parents feel self-confident.
319	Harwin et al. (2014), p. 106	IF the FDAC process equips parents to take pride in trusting their judgement, THEN parents feel self-confident.
320	Harwin et al. (2014), p. 106	IF parents feel that the FDAC team is there for them throughout the process, THEN parents believe in themselves and feel as though they have succeeded at something.
321	Harwin et al. (2014), p. 122	IF timescales are too short to fit in FDAC, THEN there is reduced opportunities for parents to control their substance misuse and have their children returned home safely.



322	Harwin et al. (2014), p. 158	IF mothers do not have a criminal conviction, THEN they are more likely to be reunified with their children.
323	Harwin et al. (2014), p. 158	IF mothers don't have convictions during the proceedings, THEN they are more likely to be reunited with their children (true for FDAC and comparison groups).
324	Sagatun Edwards & Saylor (2000) p.1	IF good services for drug-using mothers are unavailable, THEN...
325	Sagatun Edwards & Saylor (2000) p. 1	IF good services for drug-using mothers do not address the complicated nature of their problems, THEN...
326	Sagatun Edwards & Saylor (2000) p. 1	IF a mother is drug dependent, THEN she is more likely to have medical and social needs not addressed in existing treatment programs
327	Sagatun Edwards & Saylor (2000) p. 2	IF a child has a substance-abusing parent, THEN they are a high risk of child abuse and neglect.
328	Sagatun Edwards & Saylor (2000) p. 2	IF a parent is abusing substances, THEN they often have problems compounded by mental illness, poverty, poor nutrition, poor health and a general lack of resources.
329	Sagatun Edwards & Saylor (2000) p. 2	IF a parent has a lack of housing, THEN good parenting is difficult.
330	Sagatun Edwards & Saylor (2000) p. 2	IF a parent has a lack of money, THEN good parenting is difficult.
331	Sagatun Edwards & Saylor (2000) p. 2	IF a parent is unemployed, THEN good parenting is difficult.
332	Sagatun Edwards & Saylor (2000) p. 2	IF an individual is a single parent, THEN good parenting is difficult.
333	Sagatun Edwards & Saylor (2000) p. 3	IF a parent is abusing drugs, THEN they are more likely to lose visitation and custody rights of young children than parents who do not use drugs.
334	Sagatun Edwards & Saylor (2000) p. 3	IF mothers are encouraged and enabled to attend court hearings, THEN chances of reunification are improved.
335	Sagatun Edwards & Saylor (2000) p. 3	IF mothers are encouraged and enabled to complete court-ordered drug testing, THEN chances of reunification are improved.
336	Sagatun Edwards & Saylor (2000) p. 3	IF mothers are encouraged and enabled to complete rehabilitation, THEN chances of reunification are improved.
337	Sagatun Edwards & Saylor (2000) p. 3	IF mothers are encouraged and enabled to complete parenting programs, THEN chances of reunification are improved.
338	Sagatun Edwards & Saylor (2000) p. 4	IF a mother uses illegal drugs, THEN she is more likely to be dysfunctional.



339	Sagatun Edwards & Saylor (2000) p. 4	IF a mother uses illegal drugs, THEN she is more likely to be extremely poor.
340	Sagatun Edwards & Saylor (2000) p. 4	IF there are typical bureaucratic delays in starting services for substance addiction, THEN substance addiction is very difficult to be cured.
341	Sagatun Edwards & Saylor (2000) p. 4	IF there is a scarcity of available resources for substance addiction, THEN substance addiction is very difficult to be cured.
342	Sagatun Edwards & Saylor (2000) p. 4	IF mothers attended their court hearings and complete court ordered programs, THEN they are more likely to be reunified with their children.
343	Sagatun Edwards & Saylor (2000) p. 4	IF juvenile dependency court utilises enhanced services for parents, THEN parent's motivation to attend court hearings will increase.
344	Sagatun Edwards & Saylor (2000) p. 4	IF juvenile dependency court utilises enhanced services for parents, THEN parent's ability to attend court hearings will increase.
345	Sagatun Edwards & Saylor (2000) p. 4	IF juvenile dependency court utilises enhanced services for parents, THEN a parent's motivation to successfully complete the programs ordered will increase.
346	Sagatun Edwards & Saylor (2000) p. 4	IF juvenile dependency court utilises enhanced services for parents, THEN a parent's ability to successfully complete the programs ordered will increase.
347	Sagatun Edwards & Saylor (2000) p. 4	IF a mother does not have a stable place to live (known and reliable residence), THEN services cannot be delivered.
349	Sagatun Edwards & Saylor (2000) p. 4	IF juvenile dependency court utilises enhanced services that refer mothers to special services, THEN they are encouraged to attend court hearings and to complete court ordered parenting and drug rehabilitation programs.
350	Sagatun Edwards & Saylor (2000) p. 4	IF juvenile dependency court utilises enhanced services that refer mothers to special services, THEN they are encouraged to complete court ordered parenting and drug rehabilitation programs.
351	Sagatun Edwards & Saylor (2000) p. 4-5	IF volunteer Court Appointed Special Advocates work with the entire family (instead of just working with older children), THEN they can focus on giving parents encouragement and special attention.
352	Sagatun Edwards & Saylor (2000) p. 4-5	IF court education groups are held at a residential drug rehabilitation centre where mothers are residing, THEN...
353	Sagatun Edwards & Saylor (2000) p. 5	IF family support specialists (who are in some cases former substance-abusing mothers) contact mothers and make home visits, THEN mothers and other family members are encouraged to be involved in ongoing resource centre activities such as parenting classes and peer support groups.
354	Sagatun Edwards & Saylor (2000) p. 10	IF juvenile dependency courts utilise enhanced services, THEN children are more likely to be placed with their father than regular services.





355	Sagatun Edwards & Saylor (2000) p. 10	IF mothers attend court AND complete court-ordered parenting and drug testing programs AND had a stable place to live AND are rated as cooperative and motivated, THEN they are significantly more likely to have their children remain at home or return to them at both the six and the 12-month hearing.
356	Sagatun Edwards & Saylor (2000) p. 11	IF parents completed parenting and drug testing/rehabilitation programs AND had a stable home, AND are rated as cooperative and motivated, THEN parents are significantly more likely to be reunited with or retain custody of their children.
357	Sagatun Edwards & Saylor (2000) p. 11	IF mothers have a court advocate, THEN they are more likely to complete parenting programs.
358	Sagatun Edwards & Saylor (2000) p. 11	IF mothers have a court advocate, THEN they are more likely to complete drug programs.
359	Sagatun Edwards & Saylor (2000) p. 11	IF mothers have a court advocate, THEN they are more likely to attend court hearings.
360	Sagatun Edwards & Saylor (2000) p. 11	IF mothers have a court advocate, THEN they are more likely to be reunified with their child.
361	Sagatun Edwards & Saylor (2000) p. 12	IF families participate in intervention services, THEN they are more likely to complete court-ordered programs.
362	Sagatun Edwards & Saylor (2000) p. 12	IF families participate in intervention services, THEN they are more likely to appear at court hearings.
363	Sagatun Edwards & Saylor (2000) p. 13	IF each family is in a different location, THEN services can't be provided on a group basis.
364	Sagatun Edwards & Saylor (2000) p. 13	IF each family is at a different stage in the court process, THEN services can't be provided on a group basis.
365	Sagatun Edwards & Saylor (2000) p. 13	IF families have no known address or move around frequently, THEN they can't participate in an intervention.
366	Sagatun Edwards & Saylor (2000) p. 13	IF services are voluntary in nature, THEN parents might refuse to participate.
367	Sagatun Edwards & Saylor (2000) p. 13	IF families are stable enough to be located, THEN they are able to receive program services.
368	Sagatun Edwards & Saylor (2000) p. 13	IF families are cooperative with participating agencies, THEN they are able to receive program services.
369	Sagatun Edwards & Saylor (2000) p. 13	IF families are motivated to regain their children, THEN are able to receive program services.



370	Sagatun Edwards & Saylor (2000) p. 13	IF intervention services are delivered to receptive families, THEN they result in better compliance with court-ordered programs.
371	Sagatun Edwards & Saylor (2000) p. 13	IF intervention services are delivered to receptive families, THEN they result in higher reunification rates.
372	Sagatun Edwards & Saylor (2000) p. 13	IF parents complete parenting and drug testing programs, THEN courts are more likely to reunify the family.
373	Sagatun Edwards & Saylor (2000) p. 13	IF parents have stable housing, THEN courts are more likely to reunify the family.
374	Sagatun Edwards & Saylor (2000) p. 13	IF parents are cooperative, THEN courts are more likely to reunify the family.
375	Sagatun Edwards & Saylor (2000) p. 13-14	IF parents have a drug addiction AND a related chaotic lifestyle, THEN parents are prevented from cooperating with agencies and courts necessary to regain custody of the children.
376	Sagatun Edwards & Saylor (2000) p. 14	IF FDAC uses an inter-agency collaborative model for intervention, THEN team members can meet with each other regularly to discuss cases and to develop inter-agency referral systems.
377	Sagatun Edwards & Saylor (2000) p. 14	IF team members can meet with each other regularly to discuss cases and to develop inter-agency referral systems, THEN the time needed for referrals is reduced.
378	Sagatun Edwards & Saylor (2000) p. 14	IF team members can meet with each other regularly to discuss cases and to develop inter-agency referral systems, THEN team members have knowledge of each other's services.
379	Sagatun Edwards & Saylor (2000) p. 14	IF team members can meet with each other regularly to discuss cases and to develop inter-agency referral systems, THEN families can be tracked.
380	Sagatun Edwards & Saylor (2000) p. 14	IF team members communicate, THEN delivery of services is improved.
381	Sagatun Edwards & Saylor (2000) p. 14	IF child welfare and treatment professionals forge new alliances AND close the gaps in service delivery, THEN substance-abusing families can be served effectively.
382	Sagatun Edwards & Saylor (2000) p. 14	IF families are willing AND able to receive them. THEN services make a difference.
383	Sagatun Edwards & Saylor (2000) p. 14	IF parents are cooperative, motivated AND complete court-ordered programs, THEN they will regain custody of their children.
384	Sagatun Edwards & Saylor (2000) p. 14	IF families are able to participate in the court process and to complete program, THEN they will regain custody of their children.



385	Sagatun Edwards & Saylor (2000) p. 14	IF more resources are spent on making services attractive and accessible to families, THEN families are more likely to participate in intensive interventions.
386	Sagatun Edwards & Saylor (2000) p. 14	IF efforts are made to motivate and locate parents in stable housing at an early stage in the court process, THEN families are more likely to participate in intensive interventions.
387	Sloan et al. (2013) p. 7	IF FTDC's use the retaining or regaining custody of children as incentive (a carrot), THEN parents are more likely to experience successful substance use treatment.
389	Sloan et al. (2013) p. 11	IF Family Dependency Treatment Courts deal with an adult's substance abuse problem, THEN they are able to provide a safe and nurturing environment for the child.
390	Sloan et al. (2013) p. 11	IF children are from a single-parent home, THEN they are less likely to be reunified than children removed from a two-parent home.
391	Sloan et al. (2013) p. 15	IF families live in communities with high unemployment rates, THEN they may experience greater residential instability.
392	Sloan et al. (2013) p. 15	IF families live in communities with high unemployment rates, THEN they may experience food insecurity.
393	Sloan et al. (2013) p. 15	IF families experience residential instability and food insecurity, THEN they face additional hurdles to regaining custody.
394	Worcel at al. (2008) p. 428	IF FTDCs use a non-adversarial judicial setting where parents receive clear messages about what they need to do in order to be successfully reunified with their children, THEN ...
395	Worcel at al. (2008) p. 428	IF a parent's goal is to be reunified with their children, THEN they are more motivated to participate in FTDC.
396	Worcel at al. (2008) p. 439-440	IF mothers are in FTDC, THEN they are more likely to enter treatment than comparison mothers.
397	Worcel at al. (2008) p. 439-440	IF mothers are in FTDC, THEN they enter treatment significantly faster than comparison mothers.
398	Worcel at al. (2008) p. 439-440	IF mothers are in FTDC, THEN they stay in treatment longer than comparison mothers.
399	Worcel at al. (2008) p. 439-440	IF mothers are in FTDC, THEN they are more likely to complete treatment than comparison mothers.
400	Worcel at al. (2008) p. 440	IF FTDC judges and service providers work to provide the most appropriate, and most intensive, service plan possible for each family, THEN this may result in longer cases/increased treatment length.



401	Worcel at al. (2008) p. 441	IF a family is a less severe neglect cases, THEN they may not need the intensive supervision of the FTDC.
402	Worcel at al. (2008) p. 441	IF a family is a less severe neglect cases, THEN FTDC may result in less favourable child welfare outcomes.
403	Worcel at al. (2008) p. 442	IF families are more difficult, THEN they are less likely to be offered the opportunity to participate in FTDCs or are more likely to decline participation.
404	Worcel at al. (2008) p. 442	IF families are more difficult, THEN they are more likely to decline participation in an FTDC.



## Appendix 4: Consolidated if-then Statements from Scoping Review Literature

#	if-thens in group (number identifier from if-then table)	Consolidated if-then
1	66, 67, 68	IF more timely and intensive supports are available AND they are coupled with consistent oversight and appropriate sanctions, THEN parents have incentives to participate actively in substance treatment and other services AND THEN parents have a greater overall likelihood of success AND THEN parents have a greater chance of being reunified with their children than in regular dependency courts.
2	285, 286	IF judges provide non-lawyer reviews whilst keeping the case on track and are clear with parents about the court's power to remove children from their care, THEN parents are motivated to change their lifestyle AND make good use of services on offer.
3	123, 124	IF EMP caseworkers highlight the pain, guilt, and shame that the mother and her family have experienced AND the high stakes involved (e.g., losing a child to the child welfare system) while simultaneously creating positive expectations and hope, THEN they can enhance the mother's AND the mother's family's motivation to change.
4	155, 143	IF the threat (sanction) for FTDC participants is losing custody of their children, THEN their primary motivation for participation is the prospect of family reunification AND it can be used as a motivational tool.
5	142	IF jail is used as a sanction in FTDCs, THEN it is a motivational tool.
6	230	IF a judge engages and motivates parents AND is clear about the consequences of noncompliance, THEN reunification may be increased.
7	7	IF the judge uses an individualised approach to sanctioning parents for not complying with program requirements, THEN...
8	257	IF there is a tight timescale for the family to achieve change, THEN parents may be motivated to change.
9	106, 258, 321	IF there is a tight timescale for the family to achieve change, THEN families may feel an excessive pressure to change AND parents have a reduced opportunity to control their substance misuse and have their children returned home safely, THEN there can be negative impacts for family well-being in the long term.
10	256	IF there is a tight timescale for the family to achieve change AND a parent relapses/has uneven progress, THEN alternative permanency placement planned may be used.



11	107, 108	IF children spend increased time in out-of-home care before permanency, THEN caregivers have longer to achieve sobriety AND THEN it may be less expensive for the state in the long-term by decreasing the need for re-entry into care.
12	260	IF the time allowed for proceedings is reduced, THEN it is more difficult to test the appropriateness of return home for children.
13	236, 237, 238, 239	IF parents who are doing well are enabled to remain in proceedings longer, THEN good progress can be achieved e.g. they are able to sort out practical obstacles, AND THEN a plan to return a child home can be made AND THEN they are given the best possible chance at successful reunification.
14	84, 85	IF parents spend an increased time in the BCFRC program, THEN they will receive a better overall service delivery AND THEN well-informed permanency decisions can be made.
15	188	IF judges have sufficient time to determine that a parent's recovery is stable, THEN judges are more likely to decide to reunify a parent with their child.
16	1, 140, 192, 305	IF parents are only experiencing substance abuse (and no additional problems) AND FDAC treat underlying substance use problems through the collaborative efforts of professionals in child welfare, the courts and substance abuse agencies, THEN they can promote behavioural change AND can aim to reduce child maltreatment.
17	8, 9, 58	IF parents use or abuse alcohol and/or drugs, THEN they are unable to provide appropriate care and supervision for their children AND THEN a child may be removed from the household.
18	45, 46, 288	IF parents use heroin (note: compared to other substance misuse), THEN they are likely to find recovery more difficult and are significantly less likely to complete treatment AND THEN they are less likely to be reunified with their children.
19	55	IF parents have a drug/alcohol problem AND can access treatment (note: unless the primary drug is heroin), THEN they have a very good likelihood of treatment completion.
20	47	IF parents use marijuana (compared to other substance misuse), THEN they are more likely to be reunified with their children.
21	136, 137, 327	IF a parent abuses drugs, THEN their children are at risk of abuse, neglect, and myriad social, health, and behavioural problems AND THEN are more likely to have their parental rights terminated.
22	204, 262, 267, 272, 261	IF parents have their case heard in FDAC AND FDAC helps them to stop misusing substances, THEN they are more likely to cease substance misuse AND THEN they are more likely to be reunified with their children.



23	263, 280, 289	IF mothers in FDAC have severe substance misuses problems AND don't cease substance misuse, THEN FDAC is less likely to produce good outcomes AND the likelihood of mother/child reunification is reduces.
24	278, 291, 297	IF parents participating in FDAC misuse crack cocaine, THEN the likelihood of substance misuse cessation is reduced AND the likelihood of reunification is reduced.
25	328, 338, 339	IF a parent is abusing substances, THEN they often have additional needs/problems compounded by mental illness, poverty, poor nutrition, poor health and a general lack of resources that are not addressed in existing treatment programs.
26	333, 375	IF a parent is abusing drugs AND has a related chaotic lifestyle, THEN they are prevented from cooperating with agencies and courts necessary to regain custody of the children, AND THEN they are more likely to lose visitation and custody rights of their children.
27	163	IF a substance-abusing parent's case only involves neglect allegations, THEN children are less likely to be removed from the parents' custody.
28	191	IF a mother does not become abstinent within 6 months of the birth of their new child (Because of parental relapse, a lack of family support and adult treatment services for alcohol misuse, poor assessments, and variable knowledge and skills about parental substance misuse among children and family social workers), THEN they are unlikely to make positive changes without compromising the child's emotional and physical development (and thus long term prospects).
29	256	IF there is a tight timescale for the family to achieve change AND a parent relapses/has uneven progress, THEN alternative permanency placement plan may be used.
30	389	IF Family Dependency Treatment Courts deal with an adult's substance abuse problem, THEN they are able to provide a safe and nurturing environment for the child.
31	119, 126, 121	IF EMP caseworkers conduct individual and conjoint sessions with the mother and her family (e.g., individual sessions with mother, individual sessions with family/partner, family and couple sessions, sessions between mother and child etc.), THEN they can focus on six core areas of change in the mother: (1) motivation and commitment to succeed in drug court and to change her life; (2) the emotional attachment between the mother and her children; (3) relationships between the mother and her family of origin; (4) parenting skills; (5) mother's romantic relationships; and (6) emotional regulation, problem solving, and communication skills AND THEN they can facilitate change in those six core areas AND they can enhance a mother's commitment to her children.



32	127, 122	IF EMP caseworkers help the family restrain negativity AND provide total support to both the mother and her family (practical and emotional support), THEN they can enhance the attachment between a mother and her family of origin and/or spouse AND they can build a strong therapeutic alliance with the mother and her family.
33	128, 129	IF EMP caseworkers help a mother conduct a relationship life review, including examining tensions between having a relationship and being a mother and relationship choices they have made, and continue to make, THEN they are able to address romantic relationships, typically with men that have been a source of pain and distress for the mother AND they are able to teach them how to make better decisions for themselves and their children.
34	131	IF EMP caseworkers conduct "shuttle diplomacy" between mothers and service providers, THEN they can help facilitate mother's relationship with court personnel (judge, child welfare workers, and attorneys) and treatment or other service providers.
35	315	IF parents speak about 'family stuff' with FDAC workers, THEN parents feel that they had been 'set right for the future' and are able to work to build or rebuild family relationships.
36	342, 361, 362	IF families participate in intervention services, THEN they are more likely to appear at court hearings AND complete court-ordered programs, AND THEN they are more likely to be reunified with their children.
37	77, 155, 395	IF the threat for FTDC participants is losing custody of their children AND their goal is to be reunified with their child, THEN their primary motivation for participation is the prospect of family reunification AND they are more likely to participate in FDTCS.
38	370, 371	IF intervention services are delivered to receptive families, THEN they result in better compliance with court-ordered programs AND they result in higher reunification rates.
39	311, 312	IF parents believed they did not require help with parenting AND thought the focus of FDACs work was on other issues (such as their own, personal, problems), THEN they did not feel that FDAC had a key role to play in relation to parenting.
40	383	IF parents are cooperative with participating agencies, motivated to regain their children AND complete court-ordered parenting and drug testing programs, THEN they are able to receive program services AND courts are more likely to reunify the family.
41	355, 356	IF mothers attend court AND complete court-ordered parenting and drug testing/rehabilitation programs AND have stable housing AND are rated as cooperative and motivated, THEN they are significantly more likely to retain custody of their child or reunited with them.





42	364, 363	IF each family is at a different stage in the court process AND is in a different location, THEN services can't be provided on a group basis.
43	366	IF services are voluntary in nature, THEN parents might refuse to participate.
44	382	IF families are willing AND able to receive them. THEN services make a difference.
45	255	IF parents stop attending court, THEN they are more likely to stop attending substance misuse services.
46	19, 20	IF more resources are spent on making services attractive and accessible to families, THEN families are more likely to participate in intensive interventions.
47	385	IF drug courts have increased funding for residential treatment (such as additional grant money), THEN more beds are accessible in residential treatment AND the use of residential treatment will increase.
48	205, 303, 304	IF there is a lack of the type of residential treatment services for men (compared to those available for females), THEN men will not be accepted into the family drug court program.
49	26	IF mothers are involved in a FDTC program rather than fathers, THEN children will spend more time in foster care (36% more time).
50	144	IF fathers are in FDAC, THEN they are more likely to stop misusing substances AND THEN children will have a positive role model AND the mother is less likely to relapse.
51	93, 94	IF child welfare, court, and substance abuse treatment systems have the same priorities, perspectives, and information-sharing processes, THEN timelines for permanency and timelines for substance abuse treatment are less likely to be conflicting AND THEN the courts can serve families effectively.
52	232, 233	IF the FDAC team involves less conflict than ordinary care proceedings, THEN reunification may be increased.
53	24, 25	IF the family drug court judge is also the dependency court judge, THEN participants feel that they have lost 'powerful advocate' in the dependency court judge AND felt less honest about their substance abuse issues.
54	307	IF judges are supportive, friendly and empathetic AND also able to be firm AND point out the consequences of noncompliance, THEN parents are encouraged to take responsibility for their actions.
55	320	IF the parents felt that the FDAC team are there for them throughout the process, THEN parents believe in themselves and feel as though they have succeeded at something.



56	151	IF parents make positive progress, THEN the schedule of hearings will diminish.
57	310	IF parents feel wiser and more responsible as a result of age, THEN they feel ready to make the changes.
58	316	IF parents are ready and willing to communicate with FDAC workers, THEN parents are able to gain knowledge about how to access services that might be useful to them.
59	317, 318, 319	IF the FDAC process equips parents to break down problems into manageable steps, make decisions and trust their judgements, THEN parents feel self-confident.
60	211, 212, 213, 266, 284, 313	IF the FDAC team and judge offer practical and emotional support to help parents regain responsibility, THEN parents value the team, feel motivated to change and their confidence increases AND THEN higher rates of reunification can be achieved.
61	214, 216, 217, 218	IF the FDAC Team and judges listens to parents without judging them and provides parents with praise and honest feedback, THEN parents appreciate being treated fairly and feel hopeful.
62	246	IF a judge is involved in FDAC, THEN the personal authority of the judge, and his status and role, can be important elements of the [note: parent's] motivation and change process.
63	282, 302	IF FDAC builds on a parent's capacity to change, THEN parents with fewer problems are able to control their substance misuse and be reunified with their child.
64	190	IF mothers have a new child, THEN they may make a positive change.
65	227, 283	IF parents involved in FDAC have had previous experience of ordinary care proceedings, THEN they feel positive about the communication received from FDAC and that they have been given a chance to change AND THEN they are likely to recommend the service to other parents.
66	254	IF parents have previous experience of ordinary care proceedings and felt disempowered by the process, THEN they are more likely to stop.
67	301	IF parents have fewer problems, THEN FDAC can build upon their parental capacity to change.
68	343, 344, 345, 346	IF juvenile dependency court utilises enhanced services for parents, THEN parent's motivation and ability to attend court hearings and complete the necessary programmes will increase.
69	240, 242, 243	IF parents are nearing the end of FDAC, THEN they may have anxiety about the loss of FDAC support after the proceedings have ended AND THEN they feel it would be useful to be able to access emotional, practical, education and employment support.



70	202	IF parent mentors to have come through FDAC successfully themselves, THEN they can provide the closest possible role model to help motivate parent.
71	123, 124	IF EMP caseworkers highlight the pain, guilt, and shame that the mother and her family have experienced and are clear about the high stakes involved (e.g., losing a child to the child welfare system) AND the EMP caseworkers simultaneously creating positive expectations and hope for the family, THEN they can enhance the mother's and family's motivation.
72	125	IF caseworkers work individually with the mother to help her explore her maternal role, THEN they can enhance the emotional attachment between the mother and her children.
73	126	IF EMP caseworkers hold sessions between a mother and her children, THEN they can enhance a mother's commitment to her children.
74	119, 120, 121	IF EMP caseworkers conduct individual and conjoint sessions with the mother, her partner and her family that focus on the mother changing in the six core areas ((1) motivation and commitment to succeed in drug court and to change her life; (2) the emotional attachment between the mother and her children; (3) relationships between the mother and her family of origin; (4) parenting skills; (5) mother's romantic relationships; and (6) emotional regulation, problem solving, and communication skills) AND the mother is successful in changing in these areas, THEN the mother is able to achieve sobriety AND adequately care for her children.
75	115, 116, 289	IF parents have a specified period of continuous abstinence; show evidence of a safe, stable and nurturing living environment; spend a substantial period adequately performing the parent role; and have a life plan in place (e.g., employment, education, vocational training), THEN they are able to graduate from a drug court program AND can avoid losing their parental rights.
76	138	IF substance-abusing mothers are healed and strengthened, THEN children can be protected, and their outcomes improve.
77	135	IF EMP caseworkers develop a practical and workable routine for everyday life; address how a mother will balance self-care, children and work; outline a plan for dealing with common emergencies with children and families; develop a detailed relapse prevention plan; and address how a mother will deal with potential problems, mistakes, and setbacks, THEN they help mothers prepare for independence.
78	221, 285, 286	IF judges provide non-lawyer reviews whilst keeping the case on track and are clear with parents about the court's power to remove children from their care, THEN parents feel empowered AND are motivated to change their lifestyle and make good use of services on offer.
79	222, 223	IF FDAC provides parents with the opportunity to speak up and provides parents with feedback on their progress during the FDAC process, THEN parents feel empowered.



80	24, 25	IF the family drug court judge was also the dependency court judge, THEN participants felt that they would lose a 'powerful advocate' with the dependency court judge (and reported they would not want the judge to perform both roles), AND they doubted that they could be as honest about their substance abuse issues.
81	224, 225, 226, 59, 6 150, 259	IF parents are in FTDC, THEN they have significantly more review and motion hearings than in traditional child welfare processing, AND THEN compliance with court orders for treatment orders will increase, AND it can be easier to plan ahead and reduce the risk of delays AND parents feel they are useful in hurrying things up, that they are useful in keeping everyone working and that it enables professionals to see they are sober.
82	76, 148, 394	IF FDC's use a non-adversarial judicial setting, THEN parents receive a clear, repeated message about what they need to do to be successfully reunified with their children.
83	66, 67, 68	IF more timely and intensive supports are available AND they are coupled with consistent oversight and appropriate sanctions, THEN parents have incentives to participate actively in substance treatment and other services AND parents have a greater overall likelihood of success AND parents have a greater chance of being reunified with their children than in regular dependency courts.
84	21, 229	IF the family drug court coordinates AND does partnership work with other agencies such as establishing qualitative relationships with residential treatment providers, THEN outcomes (note: such as increased use of residential treatment or completion of residential treatment) can be influenced AND reunification may be increased.
85	195, 376, 96	IF FDAC has an integrated, collaborative, multi-disciplinary team (consisting of a judge; court-employed case managers; local substance abuse treatment providers; the local child welfare agency; Guardian Ad Litem personnel; defence attorneys; and the state Office of the Attorney General) AND they work together, THEN team members can meet with each other regularly to discuss cases and to develop inter-agency referral systems AND THEN they can provide support and wraparound services AND THEN substance-abusing parents are able to be provided with a holistic treatment approach.
86	311, 312	IF parents believed they did not require help with parenting AND thought the focus of FDACs work was on other issues (such as their own, personal, problems), THEN they did not feel that FDAC had a key role to play in relation to parenting.
87	152, 153	IF FTDC's have close involvement with the treatment system, THEN there is communication between treatment providers, child welfare, and the judicial system AND FTDC's can facilitate rapid entry into treatment for participants (sometimes with partnering treatment providers offering dedicated treatment slots).



88	102, 57	IF there is increased monitoring of risky behaviours through mechanisms like random drug testing AND there is intense oversight from the DDC court, THEN social workers are able to be contacted immediately when a parent tests positive whilst children are in their care AND there is lower re-entry rates among reunified families.
89	100, 101	IF FTDC has a single judge to which both agencies are accountable and caregivers interact with regularly, THEN service coordination can be improved AND there is greater family engagement.
90	103, 193	IF problem solving courts (note: of which FDAC is an adapted version) include an integrated multi-disciplinary team AND increased monitoring of risky behaviours through judicial status hearings in a supportive environment, THEN parents can receive support and wraparound services AND there are lower re-entry rates among reunified families.
91	113, 274	IF drug courts embody the principles of therapeutic jurisprudence (motivating approach and therapeutic support), THEN they can emphasise recovery and personal transformation in lieu of punishment.
92	145	IF FDTC's provide systems level integration, THEN they can create an environment in which the justice system and social services partner their efforts to address family needs.
93	276	Note: FDAC primarily addresses parents rather than children.
94	2	IF FDACs offer access to treatment, coordination accountability, motivation and timely resolution of cases, THEN...
95	235	IF the FDAC team resolves difficulties that would normally fall outside of the court remit, such as housing, finances or service delivery. THEN reunification may be increased.
96	5	IF a family drug court only provides judicial oversight, supervision, and coordination of services for parental substance abuse treatment, THEN Parents are offered support that would not be available to them in the traditional dependency court process.
97	27	IF parents had combined court oversight and case management services, THEN they achieved significantly higher rates of treatment engagement (than parents who received either the same case management services without drug court oversight or the treatment-as-usual case management intervention).
98	64	IF FDAC can promote positive treatment and child welfare outcomes without deepening participants' involvement in justice systems, THEN...
99	189	IF FDAC rigorously assess the appropriateness of return home AND provide extensive support for parents and children (where indications are promising) AND carefully plan for the return home, THEN the reunification has the best chance of success.



100	249	IF the FDAC process is flexible, THEN local authorities, FDAC and the parents themselves have an opportunity to plan carefully for the return, discuss its progress and try to iron out difficulties.
101	268	IF FDAC coordinates parents' access to other community services, THEN mothers and fathers are offered more support for substance misuse problems and more therapeutic family services.
102	355, 356	IF mothers attend court AND complete court-ordered parenting and drug testing/rehabilitation programs AND have stable housing AND are rated as cooperative and motivated, THEN they are significantly more likely to retain custody of their child or reunited with them.
103	39, 40, 41	IF DDCs are associated with fewer arrests, THEN parents might be reunified with their children faster AND there are fewer subsequent child abuse and neglect reports, AND THEN children experience greater stability.
104	347, 365, 329, 56	IF a mother/parents meets the case plan requirements for reunification but does not have a stable place to live (has no known address or moves around frequently), THEN they can't participate in an intervention AND services cannot be delivered AND good parenting is difficult AND children may not be allowed to reunify and return home with their parents.
105	367, 373	IF parents have stable housing AND efforts are made to motivate and locate parents in stable housing at an early stage in the court process, THEN they are able to/more likely to participate in program services AND courts are more likely to reunify the family.
106	264, 292, 277, 295, 290	IF mothers/parents experience/have experienced domestic violence, THEN FDAC is less likely to produce good outcomes AND the likelihood of substance misuse cessation and reunification is reduced.
107	279, 293, 296	IF a mother/parents has a history of more than five years contact with Children's services, THEN the likelihood of substance misuse cessation is reduced and being reunified with their child is reduced.
108	28, 299, 300, 281	IF families experience multiple problems/needs (three or more) that require specialised treatment and case management services (i.e. mental health, domestic violence vocational rehab and parenting and life management skills), THEN the likelihood of a parent stopping substance misuse and being reunified with their child is reduced.
109	294, 298, 301, 282, 302, 306, 305	IF a family has a low level of child and parent problems (e.g. only experiencing substance abuse and no additional problems), THEN FDAC can build on parental capacity to change, AND THEN parents are more likely to cease substance misuse and be reunited with their child.
110	403, 404	IF families are more difficult, THEN they are less likely to be offered the opportunity to participate in FTDCs AND are more likely to decline participation in an FTDC.



111	322, 323	IF mothers do not have a history of criminal conviction/convictions during the proceedings, THEN they are more likely to be reunified with their children.
112	391, 392, 331, 393	IF families live in communities with high unemployment rates, THEN they may experience greater residential instability AND food insecurity, AND THEN they face additional hurdles to regaining custody.
113	332, 390	IF an individual is a single parent, THEN good parenting is difficult AND they are less likely to be reunified with their child.
114	401, 402	IF a family is a less severe neglect cases, THEN they may not need the intensive supervision of the FTDC, AND THEN there may be less favourable child welfare outcomes.
115	375, 326	IF parents have a drug addiction AND a related chaotic lifestyle, THEN they are prevented from cooperating with agencies and courts necessary to regain custody of the children AND they are more likely to have medical and social needs not addressed in existing treatment programs.
116	382, 384	IF families are willing AND able participate in the court processes/services AND complete them, THEN services make a difference and parents are more likely to regain custody of their children.
117	227, 283	IF parents have previous experience of ordinary care proceedings, THEN they feel that FDAC gives them a fair chance to change their lifestyle and parent their child well, if they don't understand anything it will be explained to them and that they can communicate directly, AND THEN parents are more likely to recommend the service to other parents.
118	330, 331	IF a parent is unemployed, THEN they are more likely to have a lack of money AND THEN good parenting is difficult.
119	325	IF good services for drug-using mothers do not address the complicated nature of their problems, THEN...
120	190	IF mothers have a new child, THEN they may make a positive change.
121	191	IF a mother does not become abstinent within 6 months of the birth of their new child (Because of parental relapse, a lack of family support and adult treatment services for alcohol misuse, poor assessments, and variable knowledge and skills about parental substance misuse among children and family social workers), THEN they are unlikely to make positive changes without compromising the child's emotional and physical development (and thus long term prospects).
122	245	IF parents who would normally be considered a 'bad bet' receive FDAC, THEN they may benefit.
123	254	IF parents have previous experience of ordinary care proceedings and felt disempowered by the process, THEN they are more likely to stop attending court.



124	163	IF a substance-abusing parent's case only involves neglect allegations, THEN children are less likely to be removed from the parents' custody.
125	156	IF cases involve child fatalities or sexual abuse, serious mental illness, voluntary cases, cases that were being immediately moved to termination of parental rights (fast tracked), or parental incarceration, THEN attendance at the FTDC is prevented.
126	308	IF parents have a chaotic life before proceedings and an FDAC team provides parents with practical steps, THEN parents are able to regain routine and structure in their lives.
127	206	IF FDAC assessments uncover more substance misuse and mental health difficulties than documented in the care proceedings application, THEN the parents' treatment plan can be better tailored to meet the full range of identified needs.
128	141	IF a parent or guardian has a pending abuse, neglect, or dependency case, THEN FDCs are able to use the retaining or regaining of child custody as an incentive for participants to enrol in and complete the program.
129	185	IF parents demonstrate mixed success in treatment, THEN exiting the supportive environment of the FTDC and returning to potentially difficult life circumstances without additional support and structure provided by the FTDC program may be difficult.
130	7	IF the judge uses an individualised approach to sanctioning parents for not complying with program requirements, THEN...
131	69, 96, 187, 381	IF the court formed a collaborative, multidisciplinary team (consisting of a judge; court-employed case managers; local substance abuse treatment providers; the local child welfare agency; Guardian Ad Litem personnel; defence attorneys; and the state Office of the Attorney General) AND they work together before every hearing, THEN they promote understanding and a unified approach by closing the gaps in service delivery AND THEN substance-abusing parents are able to have their needs met and be provided with a holistic and effective treatment approach.
132	76, 148, 394	IF FDC's use a non-adversarial judicial setting, THEN parents hear a clear, repeated message about what they need to do to be successfully reunified with their children.
133	104, 105	IF there is increased monitoring of risky behaviours through mechanisms like judicial status hearings or random drug screening, THEN it takes longer to achieve permanency among reunified families.
134	114, 140	IF family/dependency drug courts assist courts, child welfare and substance abuse agencies to help parents overcome their drug dependency through a collaborative effort of professionals, THEN parents can provide a healthy and safe environment for their children AND THEN they can aim to reduce child maltreatment.





135	130	IF EMP caseworkers help mothers to deal with slips, mistakes, setbacks, and relapses in a non-punitive and therapeutic manner (i.e., forward looking), THEN....
136	131, 132, 133	IF EMP caseworkers conduct "shuttle diplomacy" between mothers and service providers, THEN they can help facilitate a mother's relationship with court personnel (judge, child welfare workers, and attorneys), treatment or other service providers, THEN they can prevent and resolve problems by ensuring she is taking full advantage of the provided services.
137	134	IF caseworkers prepare mothers for court appearances AND advocate for them before the judge and at the weekly drug court case review, THEN they facilitate therapeutic jurisprudence in the courtroom.
138	145	IF FDTC's provide systems level integration, THEN they can create an environment in which the justice system and social services partner their efforts to address family needs.
139	149	IF FTDCs involve a "drug court team" that includes representatives from the judicial, child welfare, and treatment systems, who work together, THEN they can support and monitor the parent.
140	153, 154, 380	IF FTDC's have close involvement with the treatment system, THEN there is close communication between treatment providers, child welfare, and the judicial system, THEN the delivery of services is improved AND FTDC's can monitor a parent's progress and provide swift intervention should relapse occur.
141	164	IF a FTDC program offers court-appointed special advocates, THEN they can conduct individual family meetings and regular case conferences with Child Protective Services (CPS) and other team members.
142	165	IF FTDC services have weekly team meetings, THEN participants' progress can be discussed and monitored.
143	182	IF FTDCs have increased information sharing between treatment, child welfare, and the courts AND regular contact between judges and participants, THEN judges are enabled to be more knowledgeable about the case and in a better position to make good decisions regarding reunification (or alternatives).
144	183	IF a judge has more knowledge about a case (i.e. the success or lack thereof of the participants), THEN there is a stronger link between treatment success (and failure) and child welfare outcomes for FTDC parents.
145	186	IF an FDAC site has a smaller amount of treatment providers, THEN a much stronger collaborative relationship is able to be developed between the FTDC and the treatment providers.
146	194, 196, 252, 253, 274	IF problem solving courts (such as FDAC) are underpinned by therapeutic jurisprudence (TJ) and thus make use of motivational approaches, voice,



		validation and respect, THEN parents are encouraged to problem solve AND parents confidence increases AND THEN treatment adherence is promoted.
147	197, 198, 199	IF a judge adjudicates the care proceedings and also holds responsibility for running the specialist treatment court in which he plays a non-traditional role (which includes practical problem solving as well as the deliberate use of praise and challenge), THEN he can motivate parents AND he can remind parents of their responsibilities AND he can keep parents on track.
148	200	IF a specialist multi-disciplinary team attached to the court co-ordinates an intervention plan for the parents AND provides an expert assessment whilst providing ongoing support and monitoring for the time the case remains in FDAC as well as advising the judge of progress, THEN the team can focus on addressing parents' substance misuse and other difficulties.
149	215	IF the FDAC team and judge offer practical and emotional support and listen to parents without judging them, THEN parents feel positive about their FDAC experience and are more likely to recommend FDAC to others in a similar situation.
150	219, 220	IF parents feel a judge is knowledgeable about their case AND judges have a problem-solving role, THEN parents value them.
151	228, 234	IF the FDAC team is highly efficient by tackling problems before they build up AND the quality of their assessments is high, THEN a parent's case can be kept moving AND reunification may be increased.
152	230	IF a judge engages and motivates parents AND is clear about the consequences of noncompliance, THEN reunification may be increased.
153	231	IF the FDAC team reinforce parents' views on the value of the non-lawyer review hearings, THEN reunification may be increased.
154	241	IF parents are nearing the end of FDAC, THEN professionals may have anxiety about the loss of FDAC support after the proceedings ended.
155	247	IF a judge is fair, THEN a parent is less likely to re-offend.
156	248, 309	IF the FDAC process and staff are flexible around parent's circumstances, THEN parents are able to attend FDAC treatment AND those who are doing well are enabled to stay in the process longer.
157	250	IF there is purposeful planning for reunification, including parents and all relevant agencies, THEN there is a higher chance of a safer return home.
158	275	IF the FDAC team identify and co-ordinate services for parents in line with their agreed intervention plan, THEN parents are offered more services.
159	314, 320	IF FDAC staff are supportive, THEN parents feel that the FDAC team are there for them throughout the process, THEN parents believed in themselves and felt as though they had succeeded at something AND THEN parents



		will experience benefits from the help received beyond the end of proceedings.
160	334, 335, 336, 337	IF mothers are encouraged and enabled to attend court hearings, complete court-ordered drug testing, complete rehabilitation and/or complete parenting programmes, THEN chances of reunification are improved.
161	376, 377, 378	IF FDAC uses an inter-agency collaborative model for intervention, THEN team members can meet with each other regularly to discuss cases and to develop inter-agency referral systems AND THEN team members' have knowledge of each other's' service AND families can be tracked AND the time needed for referrals is reduced.
162	386	IF efforts are made to motivate and locate parents in stable housing at an early stage in the court process, THEN families are more likely to participate in intensive interventions.
163	387	IF FTDC's use the retaining or regaining custody of children as incentive (a carrot), THEN parents are more likely to experience successful substance use treatment.
164	400	IF FTDC judges and service providers work to provide the most appropriate, and most intensive, service plan possible for each family, THEN this may result in longer cases/increased treatment length.
165	10, 11, 12, 13, 14	IF parents are involved in family drug court, THEN they are more likely to engage in substance misuse treatment (note: than those who refused family drug court or had treatment as usual) AND more likely to engage in residential treatment AND more likely to enter outpatient treatment (than treatment refusal or treatment as usual groups) AND more likely to be retained in substance abuse treatment AND THEN they are able to complete their treatment program (regardless of whether it was a residential or outpatient treatment program).
166	16, 17, 18	IF the quality AND availability of the residential treatment in the family drug court model reduced barriers to obtaining residential treatment, THEN parents in family drug court are more likely to successfully complete treatment (than the parents who participated in the treatment-as-usual group).
167	29, 30, 31, 32, 33, 34	IF DDCs ensure that necessary services for substance abuse treatment are provided to parents in a timely manner, THEN parents have immediate access to an assessment of their substance use disorder AND increased access to intensive levels of substance abuse treatment AND increased case management (particularly those aspects of the case regarding substance abuse treatment) AND a team approach to case planning to better inform judicial decision making AND frequent judicial oversight and client monitoring AND access to specialised cross system training efforts.
168	22, 23	IF treatment is of higher quality AND intensity, THEN more parents will complete the residential treatment in the drug court (compared to people in the outpatient treatment).



169	19, 20	IF drug courts have increased funding for residential treatment (such as additional grant money), THEN more beds are accessible in residential treatment AND the use of residential treatment will increase.
170	179, 180, 181	IF parents do not complete a single treatment episode (i.e. fail to complete treatment successfully) and thus fail to comply with treatment requirements despite the additional supports that FTDC provides, THEN their children are more likely to have a faster permanent placements (which is less likely to be reunification for FTDC parents than comparison parents).
171	87, 88, 89, 90	IF substance abuse treatments are tailored, THEN treatment programs can decrease substance use AND reduce co-occurring mental health symptoms AND improve self-reported health status AND increase employment rates of participants.
172	61, 166, 167, 397, 78	IF mothers/parents are in FTDC/BCFRC, THEN they will enter treatment faster than comparison mothers AND THEN their children are likely to be placed in permanent placements more quickly AND parents are less likely to be reunified with at least one of their children.
173	398, 168, 169, 83	IF mothers are in FTDC/BCFRC, THEN they stay in treatment longer than comparison mothers AND THEN their children take longer to reach a permanent placement AND THEN parents are more likely to be reunified with their children.
174	63, 399, 49, 80, 170, 60, 62, 70, 396, 336	IF mothers/parents are in FTDC/DDC/BCFRC, THEN they are encouraged and enabled to enter and complete rehabilitation AND THEN they are more likely to successfully complete their treatment than comparison mothers AND THEN they are more likely to be reunified with their children.
175	2	IF FDACs offer access to treatment, coordination accountability, motivation and timely resolution of cases, THEN...
176	15	IF a family drug court is adapted to the approach used in Pima County, THEN a larger percentage of substance-abusing parents can be engaged and retained in treatment.
177	21	IF the family drug court coordinates and establishes different qualitative relationships or partnerships with the residential treatment providers (which is a component of most drug court approaches), THEN outcomes (such as increased use of residential treatment or completion of residential treatment) can be influenced.
178	26	IF there is a lack of the type of residential treatment services for men (compared to those available for females), THEN men will not be accepted into the family drug court program.
179	27	IF parents had combined court oversight and case management services, THEN they achieved significantly higher rates of treatment engagement (than parents who received either the same case management services without drug court oversight or the treatment-as-usual case management intervention).



180	35, 36, 37, 38, 251	IF DDC's provide parents with timely initiation of substance abuse treatment and/or treatment episodes AND parents are retained in treatment, THEN parents are more likely to complete treatment as a pre-requisite to reunification, THEN parents may be reunified with their children faster AND THEN there are fewer subsequent child abuse and neglect reports.
181	48, 50	IF parents are involved in DDCs, THEN they are more likely to enrol in treatment than comparison parents AND experience shorter lengths of stay per treatment.
182	51, 52	IF a DDC has the advantage of a Specialised Treatment and Recovery Services worker, THEN they can keep parents connected with treatment services AND parents are more likely to be admitted for treatment.
183	53, 54	IF the Specialised Treatment and Recovery Services programme prepares and monitors parents for treatment, THEN parents may experience shorter time in treatment.
184	55	IF parents have a drug/alcohol problem AND can access treatment [unless the primary drug is heroin], THEN they have a very good likelihood of treatment completion.
185	71, 91	IF parents enter treatment quickly AND complete at least one treatment episode, THEN they are more likely to be considered by their treatment provider to have a successful discharge AND THEN there is increased likelihood of reunification (thus decreased amount of time children spend in substitute care).
186	86	IF treatment services are initiated soon after families become involved in the child welfare system AND include a wraparound component, THEN treatment can support improved clinical and functional outcomes for families.
187	92	IF there is limited availability of treatment programmes that address both the substance use disorder/disorders and ancillary service needs of the predominantly female caregivers involved in the child welfare system, THEN substance using caregivers won't engage in treatment.
188	72, 109, 112, 271	IF substance abuse treatment made available to parents is appropriate, effective and evidence based AND parents successfully complete substance abuse treatment, THEN parents (mothers and fathers) are more likely to cease substance misuse THEN it can be effective in reducing re-entry rates for children.
189	117	IF FDAC utilise an intervention program like the Engaging Moms Program (EMP) that is a brief, family-oriented intervention, THEN it can successfully facilitate the entry and retention of mothers with substance-exposed infants who are abusing drugs but not seeking drug treatment.
190	139	IF substance abuse interventions are delivered to parents (and are not directly targeting the children), THEN the psychosocial functioning of children can be improved.



191	157, 158	IF parents fail to enrol in treatment services or are noncompliant with treatment services, THEN they will be offered more intensive FTDC.
192	172	IF FTDCs provide ongoing support even if a parent relapses, THEN the parent may be given more opportunities to drop out and then re-enter treatment.
193	173	IF a parent's level of success in treatment declines, THEN the likelihood of reunification with their children decreases markedly.
194	176	IF parents complete at least one but not all of their two or more treatment entries, THEN children of these parents have slower permanent placements (comparison children even slowed than FDAC children).
195	175, 177, 178	IF parents are in FDAC, THEN they are more likely to complete at least one but not all of their two or more treatment entries, AND THEN they are more likely to have subsequent substantiated child welfare reports OR have higher reunification rates than comparison parents who achieved the same.
196	340, 341	IF there is a scarcity of available resources for substance addiction OR there are typical bureaucratic delays in starting services for substance addiction, THEN substance addiction is very difficult to be cured.
197	4	IF parents have appropriate support and services, THEN most parents will do anything to succeed in getting their children back.
198	5	IF a family drug court only provides judicial oversight, supervision, and coordination of services for parental substance abuse treatment, THEN parents are offered support that would not be available to them in the traditional dependency court process.
199	27	IF parents have combined court oversight and case management services, THEN they are likely to achieve higher rates of treatment engagement (than parents who received either the same case management services without drug court oversight or the treatment-as-usual case management intervention).
200	43	IF the parents are offered specialised court services at the first appearance, THEN...
201	44	IF parents are offered an Early Intervention Specialist Assessment which results in a referral to STARS at the point of a detention hearing, THEN parents can participate in the programme voluntarily.
202	65	IF FDAC facilitates parents' connection to substance abuse services while also addressing the full range of these families' complex and overlapping needs, THEN....
203	66, 67, 68	IF more timely and intensive supports are available AND they are coupled with consistent oversight and appropriate sanctions, THEN parents have incentives to participate actively in substance treatment and other services, THEN parents have a greater overall likelihood of success AND THEN



		parents have a greater chance of being reunified with their children than in regular dependency courts.
204	73	IF an FTDC incorporates a designated treatment liaison, a recruitment specialist, a family treatment court specialist, a wraparound care coordinator, and designated social workers with reduced caseloads, THEN a cumulative or synergistic relationship between these elements might produce positive outcomes.
205	74	IF an FTDC incorporates a treatment liaison, THEN they might be a primary facilitator of treatment outcomes.
206	75	IF an FTDC incorporates a judge and caseworkers dedicated to a smaller number of families, THEN this could influence child welfare processing and court decision-making, and thus the child welfare outcomes.
207	95, 99	IF a family's safety service needs AND the issues that triggered families' involvement with the child welfare system are not adequately addressed prior to permanency, THEN recurrence of maltreatment and re-entry into care are likely.
208	96	IF the court formed a collaborative, multidisciplinary team (consisting of a judge; court-employed case managers; local substance abuse treatment providers; the local child welfare agency; Guardian Ad Litem personnel; defence attorneys; and the state Office of the Attorney General) AND they work together, THEN substance-abusing parents are able to be provided with a holistic treatment approach.
209	97, 98	IF group counselling sessions include an evidence-based trauma-informed psycho-educational counselling component OR an intervention to foster parental nurturing, THEN families' safety and well-being can be promoted.
210	110, 111	IF integrated FDTC provides participants with intensive outpatient services such as trauma-informed group psycho-educational curriculum tailored specifically to the needs of low-income women or wraparound services (i.e. transportation assistance, vocational counselling, and GED courses), THEN they experience positive substance abuse treatment outcomes.
211	118	IF FDAC utilise models such as engaging moms program (EMP) helps mother to comply with all court orders, including attending substance abuse and other intervention programs (e.g., domestic violence counselling, parenting classes, etc.), attending court sessions, remaining drug free, and demonstrating the capacity to parent their children, THEN mothers can succeed in drug court.
212	122, 127	IF EMP caseworkers provide practical and emotional support to both the mother and her family AND help the family restrain negativity, THEN EMP caseworkers can build a strong therapeutic alliance and attachment with the mother and her family and/or spouse.



213	128	IF EMP caseworkers help a mother conduct a relationship life review, including examining tensions between having a relationship and being a mother, THEN they are able to address romantic relationships, typically with men that have been a source of pain and distress for the mother.
214	129	IF EMP caseworkers help mothers examine the relationship choices they have made, and continue to make, THEN they are able to teach them how to make better decisions for themselves and their children.
215	146, 147	IF women have a high level of family-related services and or high level of education/employment services, THEN they are more likely to reunify with their children than women with lower levels of these services.
216	159, 160, 161, 184	IF parents are in drug court, THEN they receive more intensive and frequent case management, more judicial oversight (in the form of more frequent hearings) AND additional wrap-around services AND THEN families are enabled to be more successful at reducing other barriers to reunification, such as unemployment, homelessness, or physical or mental illness.
217	162	IF FTDC has a Head Start program, THEN drug court parents have access to services and parenting classes.
218	164	IF a FTDC program offers court-appointed special advocates, THEN they can conduct individual family meetings and regular case conferences with Child Protective Services (CPS) and other team members.
219	185	IF parents demonstrate mixed success in treatment, THEN exiting the supportive environment of the FTDC and returning to potentially difficult life circumstances without additional support and structure provided by the FTDC program may be difficult.
220	189	IF FDAC rigorously assess the appropriateness of the return home AND provide extensive support for parents and children (where indications are promising) AND carefully plan for the return home, THEN the reunification has the best chance of success.
221	193, 195	IF problem solving courts (such as FDAC) include increased judicial oversight in a supportive environment and have an integrated multi-disciplinary team, THEN parents can receive support and wrap-around services.
222	200	IF a specialist multi-disciplinary team attached to the court co-ordinates an intervention plan for the parents AND provides an expert assessment whilst providing ongoing support and monitoring for the time the case remains in FDAC as well as advising the judge of progress, THEN the team can focus on addressing parents' substance misuse and other difficulties.
223	201, 202, 203	IF FDAC has non-professional role models like parent mentors who have come through FDAC successfully, THEN they can advise parents AND provide the closest possible role model to motivate and support parents practically and emotionally.





224	206	IF FDAC assessments uncover more substance misuse and mental health difficulties than documented in the care proceedings application, THEN the parents' treatment plan can be better tailored to meet the full range of identified needs.
225	207, 208, 209, 210	IF parents are in FDAC, THEN they are more likely to receive psychosocial services, access to parenting programmes and/or frequent help for housing finances and domestic violence during the first 6 months than comparison parents.
226	235	IF the FDAC team resolves difficulties that would normally fall outside of the court remit, such as housing, finances or service delivery, THEN reunification may be increased.
227	244	IF there is a short-term aftercare FDAC service AND parents provide good quality committed parenting, THEN parents have a higher possibility of sustainable reunification.
228	249, 265	IF the FDAC process is flexible, THEN local authorities, FDAC and the parents themselves have an opportunity to plan carefully for the return, discuss its progress and try to iron out difficulties, THEN parents are helped to deal with their problems AND THEN parents achieve higher rates of reunification.
229	268, 269, 270, 273, 275	IF FDAC coordinates parents access to other community services in line with the agreed intervention plan, THEN mothers and fathers are offered more support for substance misuse problems and more therapeutic family services (such as help with parenting skills) AND THEN their prospects for being reunified with their child is enhanced.
230	287	IF mentoring provides mutual support and a social network, THEN parents are more likely to recover from drug and alcohol dependence.
231	308	IF parents have a chaotic life before proceedings and an FDAC team provides parents with practical steps, THEN parents are able to regain routine and structure in their lives.
232	324, 325	IF good services for drug-using mothers are unavailable or do not address the complicated nature of their problems, THEN...
233	337	IF mothers are encouraged and enabled to complete parenting programs, THEN chances of reunification are improved.
234	343, 344, 345, 346	IF juvenile dependency court utilises enhanced services for parents, THEN parents' motivation and ability to attend court hearings will increase AND parents' motivation and ability to successfully complete the programs ordered will increase.
235	349, 350	IF juvenile dependency court utilises enhanced services that refer mothers to special services, THEN they are encouraged to attend court hearings and to complete court ordered parenting and drug rehabilitation programs.



236	351	IF volunteer Court Appointed Special Advocates work with the entire family (instead of just working with older children), THEN they can focus on giving parents encouragement and special attention.
237	352	IF court education groups are held at a residential drug rehabilitation centre where mothers are residing, THEN...
238	353	IF family support specialists (who are in some cases former substance-abusing mothers) contact mothers and make home visits, THEN mothers and other family members are encouraged to be involved in ongoing resource centre activities such as parenting classes and peer support groups.
239	354	IF juvenile dependency courts utilise enhanced services, THEN children are more likely to be placed with their father than regular services.
240	357, 358, 359, 260	IF mothers have a court advocate, THEN they are more likely to complete parenting programs and drug programmes AND attend court hearings AND THEN are more likely to be reunified with their child.
241	385	IF more resources are spent on making services attractive and accessible to families, THEN families are more likely to participate in intensive interventions.
242	400	IF FTDC judges and service providers work to provide the most appropriate, and most intensive, service plan possible for each family, THEN this may result in longer cases/increased treatment length.



## Appendix 5: If-then Statements from Expert Consultations

#	Source	If-then statement
1	Site A	IF FDAC is flexible, THEN there is more time for managing a parent's substance misuse AND cases can be kept open with informal reviews (families can come back and keep the momentum going after the legal process).
2	Site A	IF judges provide a motivational speech before frequent hearings commence that provides parents with reassurance that they will be provided with the time they need to make a change AND is clear about their role (therapeutic, but will make the difficult decisions if required), THEN parents are less anxious AND feel more positive about FDAC AND understand that the judge will remove their child from them if needed.
3	Site A	IF a parent in FDAC has a relationship with someone who also has a history of substance misuse, THEN they feel more comfortable and that they can open up about their past and won't be judged.
4	Site A	IF parents feel nurtured, THEN they can open up to FDAC workers, AND THEN they are more likely to make the changes needed.
5	Site A	IF parents can become sober from drug addiction, THEN they can be committed to parenting and their child.
6	Site A	IF parents are scared of achieving sobriety on their own and abstinence looks scary for them, THEN they may see the offer of treatment in FDAC as their main motivation for participating rather than being reunified with their child.
7	Site A	IF a father is oppositional AND has drug dealing lifestyle, THEN they are less likely to have a good relationship with an FDAC judge (opposite side of the fence), AND THEN are less likely to remain in FDAC.
8	Site A	IF the FDAC process is flexible, THEN there is enough time for the team and parents to reconcile problems.
9	Site A	IF parents are able to understand the impact their lifestyle has on their child, THEN they are more likely to stop substance misuse.
10	Site A	IF a parent achieves sobriety, THEN they may have other issues such as personality disorders, mental health illness or personality traits that make permanence a challenge once the substance misuse has been over-come.
11	Site A	IF parents struggle with the intensity/scrutiny of FDAC, THEN they may see frequent hearings as a sanction on its own and want to disengage.
12	Site A	IF parents feel that someone with a high status knows their name, cares about them and remembers their details, THEN they feel empowered and important.
13	Site A	IF parents see the FDAC judge as a parent figure, THEN they are motivated to do well and please them, OR they feel burdened by the pressure to do well and please them.



14	Site A	IF judges give parents clear advice and guidance about what they need to do to be reunified with their child, BUT parents are not ready OR experience too many hurdles, THEN parents won't be able to follow the basic guidance.
15	Site A	IF judges encourage education, THEN parents are thankful.
16	Site A	IF the judge addresses and makes eye contact with parents in Lawyer review hearings, THEN parents are given permission and opportunity to speak.
17	Site A	IF parents make it to the second hearing AND judges can provide non lawyer reviews, THEN they are able to develop a relationship with parents.
18	Site A	IF parents don't have stable housing, THEN they are not able to be reunified with their child.
19	Site A	IF parents have housing that is away from the drug using community, THEN they are more likely to stop substance misuse.
20	Site A	IF a parent is involved in drug dealing, THEN a fear of losing status/money, or fear of retribution, may prevent them from engaging in/being suitable for FDAC, AND THEN their partner (if they have one) is less likely to stop misusing drugs.
21	Site A	IF there is a special guardianship order (the child can remain with another family member), THEN parents are more likely to continue substance misuse AND less likely to engage with FDAC as they have the potential to access their child at a later date.
22	Site A	IF a parent is defensive OR dishonest with FDAC workers from the outset, THEN they are not likely to stop substance misuse in the FDAC process.
23	Site A	IF parents are involved in drug culture, THEN they are less likely to be suitable for FDAC.
24	Site A	IF a parent's primary goal is reunification with their child, THEN lower level sanctions based around what happens moving forward e.g. contact, unsupervised access, increased drug testing, withdrawing community contact can increase a parent's motivation.
25	Site A	IF parents are fully aware of sanctions prior to FDAC, THEN they have more incentive for completing court ordered programs.
26	Site A	IF parents are not complying with court ordered programs, THEN they can be exited from FDAC at lawyer reviews.
27	Site A	IF there is no capacity in FDAC, THEN parents will remain in family court or sometimes enter proceedings.
28	Site A	IF parents relapse on methadone, THEN their supervision order will be extended
29	Site A	IF parents are in FDAC, THEN they have quicker access to other services when stepping down from FDAC than comparison parents.



30	Site A	IF parents are in a couple and move at different times in their recovery (because of different needs or lack of extended family support), THEN they may need to make difficult decisions between their partner and their child.
31	Site A	IF family members are used as temporary placements while the parent is addressing their substance misuse, THEN they can be mediators if they notice positive or negative changes in parents' substance misuse.
32	Site A	IF parents disengage from court, THEN professionals are unable to assess parents' ability to care for their child.
33	Site A	IF FDAC workers are persistent and consistent (parents don't get moved to other workers or judges), THEN parents get to experience reliable, long term relationships with professionals.
34	Site A	Note: Predicting factors is a challenge, as all families and cases are different.
35	Site A	IF parents have ongoing support after FDAC, THEN parents feel this is helpful.
36	Site A	IF parents have been stable and consistent in treatment (i.e. no relapse), THEN they are more likely to be anxious about relapsing after proceedings end AND THEN they are more likely to have a small relapse before reunification AND THEN they develop confidence from knowing they are able to get back up again.
37	Site A	IF parents present in a couple and the mother achieves sobriety BUT her partner is still substance misusing, THEN she may struggle to make a choice between her partner and her child (note: can be helped if given additional support, and if workers are thoughtful and don't force her to leave immediately).
38	Site A	IF the structure of FDAC is combined with a team that is nurturing and compassionate, THEN parents are more motivated to change.
39	Site A	IF FDAC has flexible timelines, THEN there is more time for workers to observe and assess parents with their children AND THEN a more accurate decision can be made about reunification.
40	Site A & Site B	IF judges address parents straight away, aren't sat behind a desk, validate parents feelings, engage with parents, give praise or get to know the parent well, provide parents with reassurance for doing a good job, provide parenting advice and information, is well informed, take an active interest in the parent, encourage parents, and pay attention to them, THEN they develop a good, therapeutic relationship with parents (note: other positive reinforcements for making good changes- remembers previous meetings with parents, compares parent to last meeting in a positive way, asks how parent feels things have gone since last hearing, asks if parent feels like services are lacking, addresses parents relationship with children, acknowledges parents other issues i.e. mental health. This can make parents want to come back for a catch up [i.e. voluntarily engage in hearings]).
41	Site A & Site B	IF parents have the cognitive ability to learn, reflect and take on new ideas, are comfortable in their own skin, motivated to get their child back, are wise and ready for change as a result of age, or have gotten tired/fallen out of love with drug use/drug lifestyle, THEN they are more likely to enter and be successful in FDAC.



42	Site A & Site B	Note: Non adversarial setting/non lawyer reviews allow judges to behave in these ways that develop the good relationship.
43	Site A & Site B	First court hearing: Assessment and development of intervention plan Second Hearing: Court and family commit to plan Trial for change: Fortnightly hearings to review progress and address problems. No lawyer presents. Third Hearing: Determine if parent has made enough progress for reunification Informal Review: Determine when proceedings will end.
44	Site A & Site B	IF judges and social workers have protected caseloads (maintain a smaller level of cases), THEN they are able to provide intensive support and maintain a higher quality of practice.
45	Site A & Site B	IF parents have complex, unaddressed childhood trauma that led to their substance misuse, THEN they are more likely to be scared of what sobriety will look and feel like for them AND THEN they are more likely to relapse or not engage in treatment.
46	Site A & Site B	IF social workers use a mother as main point of contact, minimise a father's role in the family, OR fathers are more likely to prioritise work or be in prison, THEN less fathers enter FDAC.
47	Site A & Site B	IF social workers afford fathers the same assertive outreach as mothers, treat them the same as they treat mothers and involve them in social care proceedings, THEN more fathers enter FDAC.
48	Site A & Site B	Note: Substance misuse must be addressed (but not necessarily completely sober i.e. methadone script because relapse is so high). Parents can graduate with just this and then arrangements can be made to complete other services after proceedings.
49	Site A & Site B	Note: No predictive factors for motivation or success.
50	Site B	IF parents are able to take responsibility for their actions, THEN they are more likely to be successful in FADC.
51	Site B	IF parents can't identify anything they want to change in initial meetings, THEN they are less likely to be successful in FDAC.
52	Site B	IF parents are told that their social worker wouldn't have recommended them for FDAC if they didn't think the parent could make a change, THEN parents feel hopeful AND parents have a sense of people believing in them/having faith in them.
53	Site B	IF FDAC workers make it clear to parents that they will still support them post reunification, THEN parents' support reduces dependent on need AND they have access to other services.
54	Site B	Note: Most parents who fit into the red box are there because they can't commit to assessment time. However, if flexible options exist for this i.e. done over two days or throughout proceedings, then they can potentially enter and be successful in FDAC.



55	Site B	IF parents feel that they have been invested in AND that they have the full support of their workers and know all of the different roles, THEN they are more likely to make a change.
56	Site B	IF FDAC is flexible and responsive, THEN families can access treatment quicker AND THEN they benefit from services more quickly.
57	Site B	IF a parent is in FDAC, THEN they will have increased court hearings, planning meetings and review meetings for interventions than regular care proceedings.
58	Site B	IF the judge is supportive BUT also direct when things haven't gone well, THEN parents respect them.
59	Site B	IF a parent can't get passed the fact that they have lost their children and as a result are externalising, angry or mistrustful of services, THEN it is difficult for the FDAC team to try and work with them AND parents are prevented from being able to do the work required to be reunified with their child.
60	Site B	IF FDAC is underpinned by a motivational approach, THEN FDAC workers are enabled to work in an intensive way.
61	Site B	Note: Timescales conflict depending on children's age.
62	Site B	IF mothers feel like they can't leave their children, THEN they are less likely to enter residential treatment (whereas men are more likely to go into residential treatment, because they often don't have sole custody).
63	Site B	IF a child is removed from their mothers care, THEN mothers are more likely to enter rehab as they don't have access to her children.
64	Site B	IF parents don't feel over assessed (like they often do in normal care proceedings), THEN they are more likely to be successful in reducing their substance misuse.
65	Site B	IF parents have been in standard care proceedings, THEN they feel like FDAC is more positive, in particular the role modelling and relationships they experience in FDAC.
66	Site B	IF THE FDAC team is transparent with parents OR other professionals, THEN there is more honest communication.
67	Site B	IF the clinical team/workers are present in the court, THEN there is more transparency amongst the team involved with the parent and the parent is aware of this.
68	Site B	IF the FDAC team works in the same way with all of the families regardless of whether they are in FDAC or not BUT the FDAC structure allows parents to spend more time with each family (sit alongside them throughout the court process) in non-adversarial settings, THEN both parents and workers feel more respected and relaxed, AND THEN there are more opportunities for a better relationship to develop.
69	Site B	IF parents feel invested in AND feel that FDAC is their best opportunity they have of getting their children back, THEN they are motivated to cease substance misuse.



70	Site B	IF technology such as video calling is available in FDAC, THEN parents in residential treatment or prison can still participate in proceedings/access FDAC.
71	Site B	IF parents haven't experienced FDAC before, THEN they can feel like the process is a lot and stressful.
72	Site B	Note: Couldn't say there are predicting factors, some families that you really don't think will succeed, do.
73	Site B	IF parents have a good relationship with FDAC workers, THEN they can use these positive adult relationships as a form of role modelling, AND THEN they can use this as a way to practice having a good relationship with their child AND THEN they can actively repair relationships in their lives.
74	Site B	IF the FDAC judge is aware that the clinical team is embedded in the process i.e. they attend court, THEN assessments are proportionate and more accurate AND more clinical information can be provided, AND THEN there is less of a chance that sessions will be caught up in lengthy legal arguments.
75	Site B	IF parents come to understand that he/she is better not having their child while they access treatment, THEN parents are more likely to feel the quality of the contact they do get is better than when they had their child in their custody.
76	Site B	IF workers are flexible and utilise assertive outreach, THEN they can work in a more practical way AND they can meet with parents outside of a court setting AND parents with a transient lifestyle are still able to access services AND they are able to bring parents to court AND THEN the quality of the parent worker relationship can develop i.e. increase trust.
77	Site B	IF a parent is having trouble finding stable housing, THEN the FDAC judge is able to write letters of recommendation, THEN parents are able to be housed sooner.
78	Site B	IF there is communication and transparency between the multi-disciplinary teams, THEN they are able to have more honest conversations with parents AND THEN there are better outcomes.
79	Site C	IF the integrated team is transparent about the direction of travel with regard to the recommendation they will be making to the court, THEN local authorities respect the recommendations (even when they may not agree with them).
80	Site C	IF local authorities and other agencies respect FDAC, THEN the FDAC team is able to be more flexible and creative in the solutions/approaches they use.
81	Site C	IF FDAC can work closely with parents over a period of time, THEN FDAC is able to gain a dynamic (rather than static) picture of risk to inform their recommendation.
82	Site C	IF FDAC is able to help parents to navigate treatment services, THEN they can be successful at getting people into treatment.
83	Site C	IF FDAC works with parents to address trauma, THEN parents can feel ready and able to engage with treatment AND attend group treatment.





84	Site C	IF treatment providers respect FDAC, THEN the team are more successful than other routes at getting people into treatment.
85	Site C	IF other agencies respect the authority of the court, THEN agencies and service providers take the request for entry to treatment more seriously.
86	Site C	IF the multidisciplinary team operates with the ethos of shared problem solving, THEN they are able to come up with creative treatment plans and solutions for parents.
87	Site C	IF the keyworker works in a way that focuses on the parent's trauma AND works to build relationships between the parent and Children's Services, THEN parents can gain a more nuanced picture of the social services and see that they are not bad or good AND THEN they are less likely to contest findings, even when there is a negative judgement.
88	Site C	IF FDAC deals with the symptoms of trauma with families, THEN there can be a long-term positive impact on parents in terms of increasing their confidence AND parents can feel more confident AND parents can feel less distrustful of professionals and other people.
89	Site C	IF FDAC works closely with families over a period of time AND the FDAC team is multidisciplinary, THEN they can pick up on more issues that the family may be experiencing (note: compared to usual proceedings) AND THEN the report may include a clearer picture of risk.
90	Site C	IF the FDAC team and additional services perceive a psychological shift in the parent (in terms of insight/engagement etc.), THEN it is more likely that the recommendation will be that it is safe for the child to be at home.
91	Site D	IF mentors provide parents with information and knowledge on how to access other services, THEN mentors can build a network for when FDAC proceedings have ended.
92	Site D	IF parents don't have a mentor, THEN they can still be successful in FDAC.
93	Site D	IF parents have a mentor, THEN they may access substance misuse group work quicker AND THEN they have a better chance at sobriety.
94	Site D	IF parents have a mentor, THEN they are more likely to be honest with them about their substance misuse.
95	Site D	IF parents have a mentor, THEN they feel they have something to aim for i.e. be the positive parent for someone else, AND THEN their motivation to complete FDAC may increase.
96	Site D	IF parents are anxious, THEN they are more likely to benefit from the 'hand holding' of a mentor early on in the FDAC process.
97	Site D	IF parents find it overwhelming to engage with multiple people straight away, THEN they are more likely to benefit from having a mentor later on in the FDAC process.



98	Site D	IF FDAC teams consist of a mentor, THEN the mentor can help educate staff on things like the 12 steps programme.
99	Site D	IF mentors tell parents 'you can do this', THEN they feel like someone believes in them, and will go above and beyond for them.
100	Site D	IF parents have a mentor, THEN they can act as a translator between the mentee and professionals.
101	Site D	IF mentors have experience in FDAC and use blunt language and challenge parents without being judgemental, THEN parents respect it more.
102	Site D	IF parents are unlikely to access group work sessions on their own, THEN a mentor can help them along with the process, as they can meet them and go along to group work sessions.
103	Site D	IF parents have a mentor, THEN they are exposed to someone who has been in their situation and has completed FDAC successfully i.e. a light at the end of the tunnel.
104	Site D	IF parents have a mentor, THEN they are able to receive more flexible and tailored support at different stages of FDAC.
105	Site D	IF mentors speak and interact with parents in a way that is more on their level than the rest of the FDAC team, THEN they are able to tell parents like it is and challenge the parent when they give excuses (note: FDAC team felt as though if they did the same thing then parents would feel like they were being told what to do).



## Appendix 6: If-then Statements from Additional Literature

#	Source	If-then statement
1	Akin et al. (2016)	IF the programme curriculum asks parents to discuss the impact of substance abuse on themselves, their families of origin, and their own children, THEN this can cause primary and secondary trauma for the families.
2	Akin et al. (2016)	IF peer support groups are available (as part of treatment) AND parents are settled in their substance misuse recovery, THEN this helps families to feel affirmed and less alone.
3	Carey et al. (2010)	IF Child Welfare caseworkers take a non-adversarial approach during team meetings and court sessions, THEN this leads to effective collaboration with programme staff (family drug court).
4	Carey et al. (2010)	IF other team members (other than the judge) dispense sanctions, THEN makes it more likely that sanctions occur in a timely manner, more immediately after the noncompliant behaviour.
5	Dakof et al. (2010)	IF counsellors work individually with the mother to help her explore her maternal role, THEN this can help to enhance the emotional attachment between the mother and her children.
6	Dakof et al. (2010)	IF instrumental and emotional support is provided to the mother and the family is helped to restrain from negativity, THEN this enhances the attachment between the mother and her family of origin and/or spouse.
7	Dakof et al. (2010)	IF the counsellor provides emotional support to the mother; highlighting her strengths and competencies; showing respect, empathy, and compassion; and generally empowering the mother, THEN a strong therapeutic alliance between the mother and counsellor can be developed AND THEN a foundation can be set for subsequent work.
8	Drabble et al. (2016)	IF parent mentors show parents how they succeeded, THEN this gives hope to the parents that they can succeed themselves.
9	Harwin et al. (2018)	IF clear, consistent and honest messages about a parent's progress is delivered to them in the context of trusted relationships and intensive support, THEN they are more likely to value those messages.
10	Harwin et al. (2018)	IF FDAC combines therapeutic treatment with adjudication, THEN they can achieve change by addressing underlying problems in the court process.
11	Harwin et al. (2018)	IF parents have experienced childhood neglect and maltreatment themselves, THEN they are more likely to appear as respondents in care proceedings such as FDAC.
12	Harwin et al. (2018)	IF parents have experienced childhood neglect and maltreatment themselves, THEN they are more likely to have unhelpful belief systems and fundamental problems of feeling safe or secure in the world, AND THEN their ability to receive help is impacted.



13	Harwin et al. (2018)	IF parents misuse substances, THEN there are increased complexities and challenges to building trusting relationships that can promote change.
14	Harwin et al. (2018)	IF parents misuse substances, THEN their needs can take precedence over all others, including their child's wellbeing.
15	Harwin et al. (2018)	IF the misuse of street drugs is a criminal offence, OR social attitudes towards mothers who misuse substances are frequently stigmatising, OR substance-misusing fathers are stereotyped to be at best 'uninvolved and irrelevant' and at worst 'potentially dangerous', THEN parents are more likely to resist treatment of their substance misuse.
16	Harwin et al. (2018)	IF professionals do not recognise the ways in which problem behaviours are 'functional' for substance misusing parents or understand specific gender-related issues to substance misuse, THEN professionals are unlikely to succeed in helping parents to change.
17	Harwin et al. (2018)	IF FDAC team/judge practise relational principles in proceedings (i.e. help parents feel heard and able to collaborate with professionals to find constructive solutions), THEN parents believe the judicial process is fair AND they have greater respect for the law.
18	Harwin et al. (2018)	IF the FDAC judge and team build a relationship with the parents, THEN they help motivate them to change.
19	Harwin et al. (2018)	IF FDAC has non-lawyer review hearings and a multidisciplinary team, THEN the structures and framework for promoting consistent, dependable and trusting relationships between the judge and parent, AND the specialist team and parents within the proceedings can be created.
20	Harwin et al. (2018)	IF FDAC has a specialist team attached, THEN skilled help is available to holistically tackle the full range of problems that a parent might be experiencing.
21	Harwin et al. (2018)	IF judges are consistent in the words that they use to explain the aims of FDAC and ask questions, THEN they can gauge whether parents have a grasp of what was happening AND they can engage them in the court and the FDAC process.
22	Harwin et al. (2018)	IF judges frequently use 'we' and 'I' when talking to parents, THEN they emphasise that the approach is collaborative whilst also personalising their relationship with the parent. e.g. 'I am glad that you have decided to sign up to FDAC. We are going to try and work together and achieve the aim of the children staying with you, because that is what we all want. It will be intensive, and I don't want you to quit.'
23	Harwin et al. (2018)	IF judges regularly express interest in parental progress, try to understand what parents are worrying about, probe for explanations and encourage parents to bring problems into the open in a welcoming and friendly way, THEN they may be more successful at maintaining parental engagement.
24	Harwin et al. (2018)	IF judges use praise, THEN they can reinforce good progress AND find positives when plans are not succeeding.
25	Harwin et al. (2018)	IF a parent's progress is not sufficient or quick enough to meet the child's needs, THEN judges urge parents to take responsibility by striking a balance between encouragement and challenge.



26	Harwin et al. (2018)	If workers/judges spell out the consequences of noncompliance AND use empathy to encourage parents to learn from past mistakes and reinforce positive changes when difficulties occur, THEN parents feel challenged without confrontation and like there is still hope that they can change.
27	Harwin et al. (2018)	IF Judges work collaboratively with other professionals as well as with the parents by identifying issues for discussion and steering conversations, THEN they can find practical solutions for parents such as for help in accessing counselling, suitable housing and help with travel costs.
28	Harwin et al. (2018)	IF FDAC is more intimate and more supportive than normal care proceedings, THEN parents feel that FDAC gives them a fair chance to change their lifestyle and to turn their life around.
29	Harwin et al. (2018)	IF parents felt unfairly treated by being labelled and written off in previous normal care proceedings AND workers do not make negative assumptions about parents based on labels (e.g. 'junkie' and 'prostitute'), THEN parents feel like they have a fair chance to change in FDAC.
30	Harwin et al. (2018)	IF judges appear to be more powerful than the LA ('man with the final word', a 'king' with the power to 'overrule the local authority') and fair (ability to 'look at both sides' and 'see the good side of families'), THEN parents perceive judges as a powerful lever for change.
31	Harwin et al. (2018)	IF parents think the FDAC judge is fair, THEN they still value the judge even when they do not like what the judge is saying to them.
32	Harwin et al. (2018)	IF judges are very understanding, don't judge parents and don't treat them differently when they engage and do things right, AND 'come down on' parents when they 'mess about' and aren't committed, THEN parents feel that judges are fair.
33	Harwin et al. (2018)	IF Judges treat parents like they are a human beings, talk about normal things, put parents at ease AND has personal attributes such as being 'reasonable', 'funny', 'encouraging', 'sensitive', 'calm', and 'knowledgeable about the case', THEN they help diffuse a parents anxiety of coming into court.
34	Harwin et al. (2018)	IF parents receive judicial praise, THEN they are more motivated than when they receive praise from any other professional. (Note: Praise from parents' lawyers was either 'expected' or 'not the same', and when it came from social workers it was perceived as 'just a little muttering under her breath' or 'never said in a way that feels nice').
35	Harwin et al. (2018)	IF parents want to please the judge and fear his censure if their progress faltered ('I feel like I can't say... I've been having a couple of bad days because he's a judge and he's so powerful so I'd rather talk to [my FDAC key worker].'), THEN they find it difficult to be open and honest with judges, AND THEN there is a barrier to achieving trusting relationships with the court.
36	Harwin et al. (2018)	IF parents think that they might harm their case if they openly express their views (especially when they have criticisms of the local authority), THEN they find it difficult to be open and honest with judges, AND THEN there is a barrier to achieving trusting relationships with the court.



37	Harwin et al. (2018)	IF FDAC team members are 'strict' and 'not a soft touch', and tell parents the things they don't want to hear while being honest, supportive and kind, THEN parents feel they can discuss their problems openly and realistically and retain hope, AND THEN parents are more likely to value FDAC team members.
38	Harwin et al. (2018)	IF the FDAC team is honest with parents, encourages parents to be honest and tells parents that if they lapse or relapse that it 'won't be the end of it' (FDAC), because they will work with parents on it, THEN parents feel it is easier for them to be honest with the FDAC team.
39	Harwin et al. (2018)	IF FDAC workers consistently remind parents of the time and location of appointments, THEN parents feel supported AND like order has returned to their lives.
40	Harwin et al. (2018)	IF FDAC workers listen to parents' worries about issues other than drug and alcohol, THEN parents feel supported and able to be open with workers AND workers can offer suitable support.
41	Harwin et al. (2018)	IF FDAC workers share what they have written for court with parents AND offer parents help to prepare for court, THEN parents feel prepared for court AND like they understand the court process.
42	Harwin et al. (2018)	IF parents feel they have received help from FDAC and feel they have built up a strong bond with their keyworker and can talk to them about any concerns, THEN they see FDAC as a source of support and encouragement as well as preventing relapse and helping facilitate access to education, employment, benefits and housing advice after their case has ended.
43	Harwin et al. (2018)	IF FDAC helps parents understand that professionals (such as social workers) are 'not just there to pick on them, but are there for the safety of the children', THEN FDAC is able to help parents improve their relationships with other professionals, AND THEN parents reunited with their children look to children's services to provide support after the proceedings end.
44	Harwin et al. (2018)	IF parents view the judge as fair and collaborative, THEN they are more likely to feel that they have been given a chance and understand a judge's final decision not to return their child to their care.
45	Harwin et al. (2018)	IF FDAC has non-lawyer review hearings and a specialist team that regularly meets with key workers, THEN consistent and dependable relational practices (availability, dependability, practical solutions and understanding of historic adversity) are able to be promoted, AND THEN parents value the FDAC team more.
46	Harwin et al. (2018)	IF judges encourage active participation, explore difficulties sensitively and adopt practical problem-solving strategies AND consistently remind parents of the consequences of their actions in a process that is open and transparent, THEN they can help parents address the parental problems that had placed their children at risk of significant harm.
47	Kissick et al. (2015)	IF regular meetings and collaborations with all partners occur, THEN FTC will benefit from the expertise that resides in all of the partner agencies AND THEN participants will enjoy greater access to a variety of services.



48	Kissick et al. (2015)	IF the judge is caring yet firm with participants, THEN participants may be engaged and respectful during the drug court session.
49	Kissick et al. (2015)	IF the judge actively listens to participants, offers advice and provides positive verbal reinforcement when appropriate, THEN participants may be engaged and respectful during the drug court session.
50	Kissick et al. (2015)	IF drug courts focus on providing incentives for positive behaviours (more than on sanctioning negative behaviours), THEN participants learn what positive behaviours they should continue to perform.
51	Kissick et al. (2015)	Note: The Clark County Family Treatment Court has a variety of tangible and intangible rewards available for participants. The programme staff indicated that rewards which seem particularly effective are increased visitations, gift cards, praise/applause and decreased fees. Other rewards include certificates, coins, family gifts (board games, kid's books, etc.), and cards. Witnessing graduation was also reported as a motivator for participants.
52	Kissick et al. (2015)	IF incentives are chosen that are meaningful to participants, THEN they can work to shape participant behaviour.
53	Kissick et al. (2015)	Note: Rewards are provided by the judge during court sessions and awarded on a case-by-case basis, as well as in a standardized way for specific behaviours. It was reported that participants know what behaviours lead to rewards and are given examples of possible rewards in the participant handbook.
54	Kissick et al. (2015)	IF the FDAC team members email each other regularly to share participant updates, THEN...
55	Sommerville et al. (2005)	IF parents feel the judge understands them AND sees them as individuals, THEN parents can feel they are given a voice to speak for themselves.
56	Sommerville et al. (2005)	IF collective interventions focus on validation, empowerment, support and understanding, THEN parents (women) feel validated and empowered to succeed.
57	Sommerville et al. (2005)	IF the attorney reports on women's progress following the court plan and provides legal advice, THEN this can lead to feelings of empowerment AND THEN the women are able to speak for themselves throughout the court process.
58	Sommerville et al. (2005)	IF the team address solutions AND are not punitive when relapses occur, THEN women feel supported and encouraged to find the answers.
59	Sommerville et al. (2005)	IF strategies motivate the women (note: parents) AND allow them to believe they have succeeded, THEN every success reinforces their efforts and contributes to the foundation of improving self-image.



## Appendix 7: Study Characteristics for Scoping Review Literature

Title	Authors	Year of publication	Name of intervention	Country
Treating Substance-Abusing Parents: A Study of the Pima County Family Drug Court Approach	Ashford, J. B.	2004	Family Drug Court	USA
The Sacramento Dependency Drug Court: Development and Outcomes	Boles, S. M., Young, N. K., Moore, T. & DiPirro-Beard, S.	2007	Dependency Drug Court	USA
Effects of a Multidisciplinary Family Treatment Drug Court on Child and Family Outcomes: Results of a Quasi-Experimental Study	Bruns, E. J., Pullman, M. D., Weathers, E. S., Wiresham, M. L. & Murphy, J. K.	2012	Family Treatment Drug Court	USA
Show Me the Money: Child Welfare Cost Savings of a Family Drug Court	Burrus, S. W. M., Mackin, J. R. & Finigan, M. W.	2011	Family Drug Court	USA
Effect of an Integrated Family Dependency Treatment Court on Child Welfare Reunification, Time to Permanency and Re-entry Rates.	Chuang, E., Moore, K., Barrett, B. & Young, S. M.	2012	Family Dependency Treatment Court	USA
Increasing Family Reunification for Substance-Abusing Mothers and Their Children: Comparing Two Drug Court Interventions in Miami	Dakof, G. A., Cohen, J. J. B. & Duarte, E.	2009	Dependency Drug Court	USA
How Does Family Drug Treatment Court Participation Affect Child Welfare Outcomes?	Gifford, E. J., Eldred, L. M., Vernerey, A. & Sloan, F.A.	2014	Family Drug Treatment court	USA





How Effective Are Family Treatment Drug Courts? Outcomes from a Four-Site National Study	Green, B. L., Furrer, C., Worcel, S., Burrus, S. & Finigan, M. W.	2007	Family Treatment Drug Court	USA
Strengthening Prospects for Safe and Lasting Family Reunification: Can a Family Drug and Alcohol Court Make a Contribution?	Harwin, J., Alrouh, B., Ryan, M. & Tunnard, J.	2013	Family Drug and Alcohol Court	UK
Changing Lifestyles, Keeping Children Safe: An Evaluation of the First Family Drug and Alcohol Court (FDAC) in Care Proceedings	Harwin, J., Alrouh, B., Ryan, M. & Tunnard, J.	2014	Family Drug and Alcohol Court	UK
A Coordinated Approach to Improving Outcomes for Substance-abusing Families in Juvenile Dependency Court	Sagatun-Edwards, I. & Saylor, C.	2000	Juvenile Dependency Court	USA
Do Specialty Courts Achieve Better Outcomes for Children in Foster Care Than General Courts?	Sloan, F. A., Gifford, E. J., Eldred, L. M., Acquah, K. F. & Blevins, C. E.	2013	Drug Treatment Court (including Family Drug Treatment Court)	USA
Effects of Family Treatment Drug Courts on Substance Abuse and Child Welfare Outcomes	Worcel, S. D., Furrer, C. J., Green, B. L., Burrus, S. W. M. & Finigan, M. W.	2008	Family Treatment Drug Courts	USA



## Appendix 8: Study Characteristics for Additional Literature

Title	Authors	Year of publication	Name of intervention	Country
A Study in Contrasts: Supports and Barriers to Successful Implementation of Two Evidence-Based Parenting Interventions in Child Welfare	Akin, B. A., Brook, J., Lloyd, M. H., Bhattarai, J., Johnson-Motoyama, M. & Moses, M.	2016	Family Drug Treatment Court	USA
Jackson County Community Family Court Process, Outcome and Cost	Carey, S. M., Sanders, M. B., Waller, M. S., Burrus, S. W. M. & Aborn, J. A.	2010	Family Drug Court Programs	USA
A Randomized Pilot Study of the Engaging Moms Program for Family Drug Court	Dakof, G. A., Cohen, J. B., Henderson, C. E., Duarte, E., Boustani, M., Blackburn, A., Venzler, E. & Hawes, S.	2010	Family Drug Court	USA
Measuring Client Satisfaction and Engagement: The Role of Mentor	Drabble, L. A., Haun, L. L., Kushins, H. & Cohen, E.	2016	Family Drug Treatment Court	USA
How does FDAC Succeed with Parents with Substance Misuse Problems? Exploring Relational Practices within the English Family Drug and Alcohol Court	Harwin, J., Ryan, M. & Broadhurst, K.	2018	Family Drug and Alcohol Court	UK
Clark County Family Treatment Court: Striding Towards Excellent Parents (STEP) Vancouver, WA Process, Outcome, and Cost Evaluation Report	Kissick, K., Waller, M., Johnson, A. & Carey, S.	2015	Family Drug Treatment Court	Canada
Public Health Nurse Interventions for Women in a Dependency Drug Court	Somervell, A. M., Saylor, C. & Mao, C. L.	2005	Dependency Drug Court	USA



## Appendix 9: Glossary of Realist Terms

<b>Realist programme theory</b>	<p>This is an underlying theory about what a programme or intervention is expected to achieve and how it is expected to work to achieve this. It describes the way that a programme or interventions resources (e.g. training for staff, manuals, supervision, policy changes) interact with the reasoning of the people delivering and receiving it to bring about outcomes.</p> <p>Realist programme theory uses the concepts of resource, mechanism, context and outcome to build a picture about what works, for whom, and under which circumstances.</p> <p>Realist synthesis aims to generate and refine programme theory through a process of identifying, articulating, and consolidating context-mechanism-outcome chains.</p>
<b>If then statements: Context-mechanism-outcome (CMO) configurations</b>	<p>In a realist review, mechanisms are a critical focus because they generate outcomes, and context because it changes the processes by which an intervention produces an outcome.</p> <p>CMO configurations are the building blocks of programme theory. A CMO configuration is a statement, diagram or drawing that draws out and reflects on the relationship of context, mechanism, and outcome of interest in a particular programme. CMO configurations relate to a whole program or simply certain aspects.</p> <p>If-then statements are statements that describe all or part of one context-mechanism-outcome configuration.</p>
<b>Context</b>	<p>“Context often pertains to the “backdrop” of programs and research. ... As these conditions change over time, the context may reflect aspects of those changes while the programme is implemented. Examples of context include cultural norms and history of the community in which a programme is implemented, the nature and scope of existing social networks, or built programme infrastructure. ...</p>



	<p>They can also be trust-building processes, geographic location effects, funding sources, opportunities, or constraints. Context can thus be broadly understood as any condition that triggers and/or modifies the behaviour of a mechanism.”<sup>1</sup></p>
<b>Mechanism</b>	<p>“Mechanisms are the agents of change. They describe how the resources embedded in a program influence the reasoning and ultimately the behaviour of program subjects.”<sup>2</sup></p> <p>“...mechanisms are underlying entities, processes, or structures which operate in particular contexts to generate outcomes of interest.”<sup>3</sup></p> <p>Mechanisms demonstrate “how program outcomes follow from the stakeholder’s choices (reasoning) and their capacity (resources) to put these into practice” (p 66); and are “propositions about what it is within the program which triggers a reaction from its subjects”<sup>4</sup></p>



## Appendix 10: Identified Gaps in the Literature

### 1. Individual factors that determine success in FDAC

The literature identified certain characteristics of parents that influenced whether they are likely or unlikely to be successful in FDAC (see section 4.3). However, the literature offers conflicting information about the impact of specific drug types on success, and the experts consulted with in this review all suggested that there are no predictive factors for success. Additionally, success within FDAC is not always clearly defined and there is considerable variation in the literature. In some cases it appears to mean parents agreed to have their case heard in FDAC, in others it relates to a reduction in substance and alcohol use, and in others that children return to the care of their parents. There is little information about the outcomes for parents who weren't successful as defined in these terms and the literature does not specify any differences in success between parents who misuse drugs and those who misuse alcohol. An important gap in the understanding of FDAC is whether there are certain issues that it may be more or less effective for.

### 2. Placement of child during proceedings

Reunification is the focus of the vast majority of literature included in this review, most of which is from the USA where children may be more likely to be removed from their parents care prior to proceedings. Whilst experts consulted in this review stated that this is also common in the UK, it is becoming more likely that children are remaining in their parents care throughout FDAC proceedings. As a consequence, the programme theory relates specifically to working with parents who do not have their children in their care, and it is unclear how relevant it may be for parents who retain care of their children. This may change the way FDAC works, and this possibility is worthy of exploration.

### 3. Child characteristics

No information was found in the literature relating to whether FDAC works in the same way for different types of children. For example, if the age of a child or their particular needs influence either the way the model is delivered or its likely effectiveness.



#### 4. Parent and children's experience/views on FDAC

The FDAC literature included in this review largely did not consider parents' views about how FDAC works, what they felt works well or less well, and what changes might be beneficial. Only one paper (Harwin et al., 2018b), sought the perspective of parents. None of the literature sought children's perspectives on FDAC. It is unknown if the non-adversarial nature of FDAC enables children who attend FDAC hearings to gain a better understanding of the process, nor whether they find other elements of FDAC particularly helpful.

#### 5. Applicability for mothers vs fathers

As mentioned above, it is unclear whether the programme theory works for both mothers and fathers in FDAC as the literature focused primarily on mothers. Whilst consultation with experts provide some insight into this (see section 4.3), the literature does not explicitly explain the reason for this focus, nor does it address whether findings were also applicable to fathers in instances where the term 'mother' is used interchangeably with 'parents'. Additionally, the literature suggested that to help parents change it is important to understand gender related issues to substance misuse, though very little is provided on how this can be achieved.

#### 6. Relapse and extensions to proceedings

Extensions to the 26-week time limit for care proceedings may be applied for on a case by case basis if it is necessary for the court to resolve proceedings justly. The literature in this review does not consider how frequently FDACs apply for extensions, the duration of extensions or the individual characteristics of families involved in such cases. It also does not consider whether and how extensions might impact upon children and parents' experiences of FDAC.

#### 7. Types/availability of treatment



The role of residential and community treatment services is touched on in the literature but there is no information relating to the relative success of FDAC when different treatment services are utilised. It also unclear whether treatment options are primarily guided by service availability.

#### 8. Proportion of time Judge spends in FDAC vs normal proceedings

FDAC hearings and ordinary care proceedings are often conducted by the same judges in the UK. It is unclear whether the time that judges spend in FDAC has implications for their practice in ordinary care proceedings. The literature did not consider whether switching between an adversarial and non-adversarial model approach affected ordinary practice and vice versa.

#### 9. Judge as a parental figure

The local authorities consulted in this review echoed a common theme in the literature; that parents see judges as parental figures, and this contributes to the development of positive judge-parent relationships. However, the literature did not consider what this looks like in practice or how parents understand this relationship, and consequently, it remains unclear as to why this is an important element.

#### 10. Adversarial vs non-adversarial judicial settings

The non-adversarial approach of FDAC is a key theme related to its success in all of the literature considered in this review. Yet it remains unclear what a non-adversarial approach in FDAC looks like when compared with a more adversarial approach taken in ordinary proceedings. In the brief observations of FDAC hearings and consultations with experts, judges moving out from behind their bench appeared to facilitate more informal interactions between parents and professionals. However, the literature did not comment upon the patterns of movement and interactions in the court, and their implications.



## Appendix 11: If-then Statements for Implementation from Scoping Review Literature

#	Source	If-then statement
1	Ashford (2004) p. 36	IF there is a lack of the type of residential treatment services for men (compared to those available for females), THEN men will not be accepted into the family drug court programme.
2	Ashford (2004) p. 29	IF the family drug court provides only judicial oversight, supervision and coordination of services for parental substance abuse (rather than dependency issues), THEN parents are offered support that would have not been available in the traditional court.
3	Bruns et al. (2012) p. 220	Note: FTDC promoted by federal entities and national advocacy organisation...
4	Bruns et al. (2012) p. 220 - 221	IF FTDCs only serve FTDC families, THEN SWs can have reduced caseloads (of less than 15).
5	Chuang et al. (2012) p. 1896	IF treatment programmes for caregiving women (involved in the child welfare system) address both substance use disorders and ancillary service needs have long wait lists and/or are expensive, THEN it can be difficult for caregivers to access and complete the programmes within the timelines.
6	Chuang et al. (2012) p. 1901	IF effective treatment programmes are offered AND courts allow longer time for carers to achieve sobriety, THEN positive outcomes are more likely.
7	Dakof et al. (2009) p. 19-20	IF the judge is responsible for bringing the Engaging Mums Programme (EMP) to the dependency drug court and therefore expects better outcomes, THEN she may be biased toward graduating mothers from drug court and thus more likely to reunify them with her children.
8	Gifford et al. (2014) p. 1662	IF the courts are required to operate within the context of their own state laws, THEN it can affect who can enter an FDTC programme and when participation begins (e.g. parents who have a pending child abuse case vs. post adjudication).
9	Green et al. (2007) p. 45	IF cases involve child fatalities or sexual abuse, serious mental illness, voluntary cases, cases that were being immediately moved to termination of parental rights (fast tracked), or parental incarceration, THEN attendance at the FTDC is prevented.
10	Green et al. (2007) p. 45	IF the FDAC site is located in a large region, THEN it can draw from a large pool of treatment services and options for parents.
11	Green et al. (2007) p. 45	IF there is a large pool of treatment services and options for parents, THEN parents can be referred to variety of treatment providers.





12	Harwin et al. 2013) p. 469	IF judges require longer than 26 weeks to end care proceedings, THEN they will need to apply for an extension of 8 weeks to continue, THEN a decision will be made depending on the welfare of the child and the impact of the extension on the duration and conduct of proceedings.
13	Harwin et al. 2013) p. 469	IF parents only have 26 weeks to prove they can change, THEN they will need to show good progress at an earlier stage of the proceedings.
14	Harwin et al. 2013) p. 469	IF parents only have 26 weeks to prove they can change, THEN lapses may be harder to accommodate without moving on to alternative permanency planning.
15	Harwin et al. 2013) p. 469	IF parents only have 26 weeks to prove they can change, THEN it may act as a powerful motivator for parents to change OR it may create excessive pressure that restricts opportunities to test out reunification properly.
16	Harwin et al. 2013) p. 469	IF parents only have 26 weeks to prove they can change, THEN it may increase the number of contested proceedings brought by parents, THEN delays and further costs will occur.
17	Harwin et al. 2013) p. 469 - 470	Note: FDAC judges do not need approval from another judge for an extension. There is no limit to the number of extensions. Fortnightly hearings reduce risk of delay by seeking an extension. FDAC is better placed to review contact and service plans to support reunification as they are part of non-lawyer review hearings. Potential issues are weighed up by judge against extra costs that incur from an extension.
18	Harwin et al. 2013) p. 470	IF the pre-proceedings process happens, THEN it can test parental capacity to change and enable some families to remain together without needing to start proceedings.
19	Harwin et al. 2013) p. 470	IF the pre-proceedings process happens, THEN the 26 week deadline is more likely to be met, THEN extensions are less likely to be needed.
20	Harwin et al. 2013) p. 470	Note: Local authorities need to be willing to commission FDAC, but legislation states a need to reduce cost of experts. LA's have the option of conducting the work itself in line with legislation and PLO where SW will play a central role in care proceedings.
21	Harwin et al. 2013) p. 470	IF local authorities decide to commission FDAC, THEN the timing of its involvement will be important to enhance prospects for keeping families together safely.
22	Harwin et al. 2013) p. 470	IF FDAC is adapted to fit with the processes in legislation both before and within proceedings, THEN it can help keep families together when it is appropriate and safe.
23	Harwin et al. 2013) p. 470	IF legislation states that proceedings are to end within a specified shorter time period and has an emphasis on earlier adoption, THEN testing the appropriateness of returning children home becomes difficult.



24	Harwin et al. 2013) p. 472	IF legislation states that proceedings are to end within a specified shorter time period, THEN the court is less likely to be able to test parental capacity to change.
25	Harwin et al. 2014) p. 17-18	IF adequate resources are provided for mentoring, THEN mentors can receive ongoing training and supervision.
26	Harwin et al. 2014) p. 17-18	IF mentors receive ongoing training and supervision, THEN they are better able to assist the team and parents.
27	Harwin et al. 2014) p. 103-104	IF parents are already engaged in too many services, THEN they will turn down the offer of a mentor.
28	Harwin et al. 2014) p. 122	IF timescales are too short to fit in FDAC (parent mentors are a distinct element of the FDAC approach), THEN there are reduced opportunities for parents to control their substance misuse and have their children returned home safely.
29	Harwin et al. 2014) p. 128	IF adequate time and resources are provided, THEN mentors can be recruited, trained and supported.
30	Sagatun Edwards & Saylor (2000) p. 13	IF each family is in a different location, THEN services cannot be provided on a group basis.
31	Sagatun Edwards & Saylor (2000) p. 13	IF each family is at a different stage in the court process, THEN services cannot be provided on a group basis.
32	Sagatun Edwards & Saylor (2000) p. 13	IF families have no known address or move around frequently, THEN they cannot participate in an intervention.
33	Sagatun Edwards & Saylor (2000) p. 13	IF services are voluntary in nature, THEN parents might refuse to participate.
34	Sagatun Edwards & Saylor (2000) p. 14	IF FDAC uses an inter-agency collaborative model for intervention, THEN team members can meet with each other regularly to discuss cases and to develop inter-agency referral systems.
35	Sagatun Edwards & Saylor (2000) p. 14	IF team members can meet with each other regularly to discuss cases and to develop inter-agency referral systems, THEN the time needed for referrals is reduced.
36	Sagatun Edwards & Saylor (2000) p. 14	IF team members can meet with each other regularly to discuss cases and to develop inter-agency referral systems, THEN team members' knowledge of each other's services increases.



37	Sagatun Edwards & Saylor (2000) p. 14	IF team members can meet with each other regularly to discuss cases and to develop inter-agency referral systems, THEN families can be tracked.
38	Sagatun Edwards & Saylor (2000) p. 14	IF team members communicate, THEN delivery of services is improved.
39	Sagatun Edwards & Saylor (2000) p. 14	IF child welfare and treatment professionals forge new alliances AND close the gaps in service delivery, THEN substance-abusing families can be served effectively.



## Appendix 12: If-then Statements for Implementation from Additional Literature

#	Source	If-then statement
1	Akin et al. (2016) p. 36	IF the organisation's leader has a positive (or negative) attitude about evidence-based interventions (EBI), THEN this can influence whether the providers attitude towards EBI is positive (or negative) AND THEN this can influence the client's attitude positively (or negatively) towards the intervention.
2	Akin et al. (2016) p. 36	IF there is a staff member who takes "ownership"/leadership of the programme AND is dedicated to the coordination and implementation of the programme (due to the extensive time, planning and organisation required to implement the programme), THEN this is beneficial to the implementation of the programme.
3	Akin et al. (2016) p. 37	IF the local judge is supportive of Family Drug Treatment Courts (FDTC) and takes it upon themselves to lead and champion the programme AND the family drug court is in operation longer ("more mature") and has strong community integration, THEN the implementation of the programme is more likely to be successful.
4	Akin et al. (2016) p. 38	IF leaders "buy in" to the programme, THEN frontline staff are more likely to "buy in" to the programme and vice versa.
5	Carey et al. (2010) p. 13	IF there is an expectation of, and encouragement for, staff taking advantage of ongoing learning opportunities (both locally and nationally), THEN all team members can receive initial and continuing drug court training.
6	Carey et al. (2010) p. 20	IF FDAC staff receive training on strengths-based philosophy and practices, THEN...
7	Carey et al. (2010) p. 23	IF judges observe and attend conferences, read written programme materials and attend rewards and sanctions meetings, THEN they can learn how to work in FDAC.
8	Carey et al. (2010) p. 24	IF judges are given opportunities to engage with outside drug court judges and review available literature, THEN they are able to learn effectively from other judges.
9	Carey et al. (2010) p. 25	IF there is encouragement of ongoing professional development and training of drug court staff, THEN team members can be updated on new procedures and maintain a high level of professionalism.



10	Carey et al. (2010) p. 26	IF a training plan and a log system are established AND it is reviewed by programme administrators, THEN training activities can be kept track of AND the importance of professional development can be reinforced.
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