

Evaluation Summary	
Recipients	Families who have been through Gloucestershire's Family Drug and Alcohol Court (FDAC) process and have entered the post-proceedings support programme.
Estimated number of recipients	<p>The study should be able, subject to consent and permissions, to access data on and from:</p> <ul style="list-style-type: none"> <li>• At least nine cohorts of six families that have been involved in Gloucestershire's FDAC post-proceedings support programme since 2013 (n=54).<sup>1</sup></li> <li>• 12- 18 Families receiving FDAC post-proceedings support between 2020 and 2022</li> </ul> <p>At the present time it is not intended to involve children and young people in the evaluation.</p>
Number of pilot sites (e.g. local authorities)	One local authority: Gloucestershire County Council
Date	August 2020
Version	1

This document outlines the proposed methods to determine the profile of families accepting the FDAC post-proceedings support (PPS) offer; the nature and variation in the PPS offer; assessments on the effectiveness of the PPS offer; family and professional views on benefits, sufficiency and value of PPS support; efficiency of PPS in preventing relapse, further abuse or neglect and placement breakdown; and the cost of PPS.

## Summary

One of the targeted projects within the Supporting Families: Investing in Practice programme, run jointly by the Department for Education (DfE) and What Works for Children's Social Care (WWCSC) is the Family Drug and Alcohol Court (FDAC) programme. FDACs bring together specialists in substance misuse, domestic violence, and mental health, with social workers to

<sup>1</sup> There are plans to extend the number of families involved in Gloucestershire's FDAC which may mean this number could be slightly higher.

conduct an assessment that leads to an intervention plan for parents who come before the court in care proceedings. Parents then embark on a 'trial for change', with regular meetings with the judge to review progress.

As well as the impact evaluation of FDAC, which is being conducted by NatCen, two variations of the standard FDAC offer are being evaluated. One of these is the additional post-proceedings offer in place in Gloucestershire. The importance of providing post-proceeding support was identified by Harwin et al. (2016) in their five-year post FDAC report. The authors found that the immediate post-FDAC period carried high risks of substance misuse, neglecting children and returning to court. Although children had been placed on supervision orders following reunification with their parents they wondered if the level of support attached to such orders were sufficient. The report recommended intensive multi-agency support during this period. The Gloucestershire FDAC team has offered PPS since 2013. This team differs from other FDAC teams that are in place around England as it is the only one based within a local authority's children's social care services. Elsewhere, similarly constituted specialist, multi-disciplinary teams are linked to courts but are independent of local authorities.

The priorities for this evaluation are:

- a) a process evaluation to document how an intervention is implemented, to explore any strengths and weaknesses of the model and examine what was delivered;
- b) the production of a manualised version of the intervention, which would lend itself to replication by other sites; and
- c) an assessment of how feasible it would be to run a larger impact evaluation at a later date.

The evaluation will involve:

- a) interviews with members of the team, as well as with key professionals such as the psychiatrist and family judge;
- b) interviews with parents currently in the PPS and those who did not graduate from FDAC and so not accessing the full offer;
- c) focus groups with those based in services and agencies working closely with the FDAC team;
- d) focus groups with parents who received PPS between 2013 and 2019;
- e) examination of case records of those receiving PPS between 2020 and 2022;
- f) data collection on team member time and activity; and
- g) examination of documentation on PPS that is or has been in place in other FDACs.

## Project Background

FDACs are an alternative approach to care proceedings for parents who have drug and alcohol problems that place their children at risk of significant harm. In an FDAC the judge holds fortnightly court reviews with parents but without lawyers, and a multi-disciplinary team provides treatment and support for parents to address problems such as mental health problems, domestic violence and financial difficulties. Harwin et al. (2016) reported on five-year outcomes of cases heard in FDAC and indicated that many families require 'more intensive ongoing multi-agency support in the post-proceedings period' (p 34). Since 2013, Gloucestershire County Council has offered a year-long support programme following the conclusion of proceedings

In most FDACs the team is independent of children's services and the court. In contrast, the Gloucestershire FDAC is delivered by the Turn Around for Children Service (TACS), part of Gloucestershire Health and Care Trust. TACS is a co-located multi-agency team where the team manager, a social worker by background, manages two social workers, three full-time dual-diagnosis nurses, a speech and language therapist (clinical management from within that team) and two administrators. In addition, a consultant psychiatrist works with the team one day a week and a family judge sits in the FDAC every other Friday. These resources are spread across FDAC and post-proceedings. A range of other services is involved, including the Children and Family Court Advisory and Support Service (CAFCASS), drug and alcohol services, education and housing. The team members are trained in Community Reinforcement Approach and Family Training (CRAFT) intervention.<sup>2</sup>

PPS is integrated into permanency planning and attached to a Supervision Order<sup>3</sup> or, where a Special Guardianship Order is in place, a Child in Need (CiN) plan. The post-proceedings plan is based on the final assessment conducted by TACS and tailored to the needs of the family and child(ren). This is then agreed with lawyers, the judge and CAFCASS, with input from parents and, where appropriate, other family members. Where a Supervision Order is in place, PPS is written into the legal documents attached to that and signed by parents and the judge. Although participation in the post-proceedings work is voluntary, as there is no basis in law for post-proceedings work, reports are filed to all parties including guardians and family

---

<sup>2</sup> A scientifically based intervention designed to help concerned significant others (CSOs) to engage treatment-refusing substance abusers into treatment. (<https://www.robertjmeyersphd.com/craft.html>)

<sup>3</sup> If parents asked not to have a Supervision Order they would not necessarily be excluded if level of risk was judged not to warrant an order.

solicitors. Statutory social work in relation to the child is conducted by social workers in the TACS team. In other FDACs, because that social worker would not be within the FDAC s/he would be removed from day to day FDAC involvement.

Family participation in PPS is voluntary and involves the continuation of elements of FDAC, but also has distinctive elements, which include:

- intervention planning meetings leading to an individualised plan;
- voluntary judicial reviews – while the Judge no longer has decision making power s/he engages with parents and builds on their prior relationship at approximately three, six and nine-monthly intervals;
- attachment to a key worker from the team;
- therapeutic interventions as outlined in the plan; and
- parental drug and alcohol testing that is less intense than during FDAC involvement and conducted on a more flexible basis.

Many of the individual and group interventions are delivered through the partner agencies and NHS providers.

Children and young people can meet with the Judge and attend reviews, but the current evaluation will not include their participation.

Between 2013 and 2019 all children from families that had taken part in Gloucestershire's FDAC stayed with at least one parent, although in 2019 two cases returned to proceedings. Nationally the figure for return to proceedings is around 50 per cent. In March 2020 there were six families with live cases in this FDAC although there are plans to expand this to nine.

In March 2017 Gloucestershire's children's services received an inadequate judgement from Ofsted and, although the monitoring visits that have followed have identified improvements, that judgement still stands (May 2020) and is said to have had a considerable impact across children's services generally.

Gloucestershire is alone amongst local authorities with FDACs in having this model, although other FDAC sites are reported to have a less defined offer, none of which involve the judiciary.

## Pilot Evaluation

The pilot evaluation will add to an understanding of the details of the post-proceedings intervention, outcomes, and the potential mechanisms of impact as detailed in the logic model.

The overall priorities for this evaluation are:

- a) a process evaluation to document how an intervention is implemented, to explore any strengths and weaknesses of the model and examine what was delivered;
- b) the production of a manualised version of the intervention, which would lend itself to replication by other sites; and
- c) an assessment of how feasible it would be to run a larger impact evaluation at a later date.

## Pilot Design

### Research questions

The pilot is designed to blend in-depth qualitative research and some 'lighter touch' quantitative methods to address the three objectives and the attached research questions.

### **Feasibility**

- Is the model acceptable to parents and professionals?
- Is it appropriately resourced (including time)?
- Was it implemented as intended and as set out in logic model?

### **Evidence of promise**

- Does PPS maintain or change parental behaviour *as predicted* in the logic model?
- Did any combinations of services impact on outcomes?
- What, if any, were the facilitators and barriers?

### **Readiness for trial**

Will it be possible to replicate the model either in:

- a) its current form?
- b) an amended form?

Note on replicability: Even if there is a clearly defined intervention model, one factor is clearly different in Gloucestershire from all other FDACs: Gloucestershire's FDAC is located within children's social care services, unlike any other FDAC, so there are already elements that it will not be possible to replicate.

## Outcomes

Research question	Indicator	Method
<b>Feasibility:</b>		
<i>Is the model acceptable to parents and professionals?</i>	<p>Parents' reasoning for accepting or rejecting the offer of PPS</p> <p>Parents' understanding of PPS</p> <p>Parents' views on the acceptability of the PPS they have experienced</p> <p>Number of families who have entered PPS</p> <p>Number of families refusing the offer of PPS</p>	<p>Interviews with families in PPS and any who have refused PPS in 2020 and 2021</p> <p>Interviews with FDAC team members and key associated professionals</p> <p>Examination of Gloucestershire's TACS and FDAC administrative data</p>
<i>Is it appropriately resourced (including time)?</i>	<p>Number and professional background of staff working on PPS in FDAC team and in other agencies</p> <p>Number of families who have entered PPS</p> <p>The staff time and resources required to provide post-proceeding support, and what the resulting costs</p>	<p>Review of TACS/FDAC staffing costs and working hours</p> <p>Examination of Gloucestershire's TACS and FDAC administrative data</p>
<i>Was it implemented as intended and as set out in logic model?</i>	<p>Determine how a post-proceedings plan is put together, how decisions are taken and if different routes are associated with different outcomes</p> <p>The content of the offer for each family entering PPS in 2020 and 2021</p> <p>The staff time and resources required to provide PPS, and the resulting costs</p> <p>Do professionals involved in post-proceedings work consider that: a) they have the right skills to deliver PPS?</p>	<p>Interviews with FDAC team members and key associated professionals</p> <p>Examination of agreed plans for all families entering PPS in 2020 and 2021</p>

	b) overall the correct skills are available to deliver the PPS offer?	
<b>Evidence of promise:</b>		
<p><i>Does PPS maintain or change parental behaviour as predicted in the logic model?</i></p> <p><i>Did any combinations of services impact on outcomes?</i></p>	<p>Outcomes for families who have accessed PPS between 2013 and 2021</p> <p>Are variations in the services offered to parents during PPS associated with differential outcomes?</p> <p>Perceptions of professionals on PSS in terms of sufficiency, benefits and outcomes</p>	<p>Interviews with professionals in FDAC and focus groups (interviews) with those working in other agencies / services</p> <p>Examination of Gloucestershire's administrative datasets relating to cases to follow the trajectories of those families who have participated in Gloucestershire's post-proceedings support specifically in relation to maintenance of recovery, rates of relapse, placement breakdown and return to proceedings.</p>
<p><i>What, if any, were the facilitators and barriers?</i></p>	<p>The key factors associated with facilitating or challenging implementation</p> <p>Reasons for initial and ongoing engagement/disengagement of parents</p>	<p>Interviews with professionals in FDAC and focus groups (or interviews) with other professionals</p> <p>Interviews with families in PPS and any who have refused PPS in 2020 and 2021</p>
<b>Readiness for trial:</b>		
<p>Will it be possible to replicate the model either in: (a) its current form? or (b) an amended form?</p>	<p>The extent to which PSS is delivered consistently in accordance with the plans in place.*</p> <p>Assess how the Gloucestershire model of PSS would fit into other FDACs' established models.<sup>4</sup></p> <p>Describe any changes that would be necessary to support adoption in other FDACs.</p>	<p>Interviews with families and professionals; focus groups (or interviews) with representatives of other agencies and parents who received PSS between 2013 and 2019.</p> <p>Examine documentation from WWCS and CJI</p> <p>Send a short pro-forma survey to all FDAC sites (in</p>

	<p>Revise the logic model, if necessary, on basis of work conducted.</p> <p>The key factors associated with facilitating or challenging implementation and upscaling</p> <p><i>* Important to recognise that PPS is low fidelity.</i></p>	<p>consultation with WWCS, NatCen, CJI and other partner organisations) to ensure emerging practice is not omitted.</p>
--	---	---

## Methods

### **Engagement with Post-Proceedings Team**

The evaluators will work with the Gloucestershire FDAC and local authority to minimise the research burden on staff in the post-proceedings team. It will be essential to have a key link person with whom the team liaises over visits, interviews and focus groups. We envisage that families will be starting on the programme of support on a rolling basis so close liaison with the FDAC/local authority team to facilitate this contact will be essential.

## Recruitment

### **Families**

The FDAC team will lead on contacting all families who have been in the FDAC process, past and present.

In relation to those families involved with Gloucestershire's FDAC pre-2019 the FDAC team will send a letter to their last known address to:

1. make them aware of the purpose of the evaluation, procedures, and duration as well as details of the team
2. invite them to contribute to the evaluation, alongside a statement that participation is voluntary
3. make them aware that, if they do not contact the FDAC team to state they wish to object within two weeks of receipt, their contact details will be passed to the research team.

We realise that some attendees may not have had contact with FDAC and/or TACS for some years, but the manager of the FDAC team is reasonably confident that addresses for the majority will be available.



The decision to adopt this recruitment methodology is based on prior experience of recruiting similar groups. This strategy is generally considered to be acceptable where members of the group approached are not considered to be particularly vulnerable<sup>5</sup>, sufficient time is given to consider the decision, and where the contact is facilitated by a third-party contact (i.e. the FDAC team in this case) who is also available to answer questions (see Furyk et al., 2017; Baginsky et al., 2017). However, it is important to recognise that this does not constitute informed consent. Those who do not opt-out will be contacted by a member of the team by telephone and given the opportunity to decline or consent to participation. Those who agree will be asked to record their consent over the telephone which will be digitally recorded. They will be informed that they will be invited to a focus group and/or interview at a later date. It is recognised that addresses and contact numbers may have changed, and that engagement with some members of this group may take some time and/or be impossible.

Families entering Gloucestershire's FDAC post-proceedings support in 2020 and 2021 will be given an information sheet about the project containing the information in point 1 and 2 above. A member of the evaluation team will make direct contact with families at FDAC hearings where further information about the project will be provided and informed consent sought. The consent covers seeking permission to examine their case records. A suitable time for an initial telephone interview will be arranged. All families will be sent a letter subsequent to this telephone call providing details of how to contact the team and reminding them that they will be contacted in 9-12 months. Seasons greeting cards will be sent to these families where timing makes this sensible approach to adopt to keep in contact.

All families will be given an assurance of anonymity. No individual will be named in any report or output from the evaluation.

### ***Professionals***

Data will also be collected from key members of the FDAC/local authority staff, judiciary and staff in partner agencies including CAFCASS, Change Grow Live (a prescribing agency), and drug and alcohol services (as appropriate) by in-depth interviews. These will be supplemented by focus groups with staff in other agencies. A decision on whom to involve

---

<sup>5</sup> Examples of vulnerable groups include children, older people, people with mental health problems, or prisoners – see ESRC <https://esrc.ukri.org/funding/guidance-for-applicants/research-ethics/frequently-raised-topics/research-with-potentially-vulnerable-people/>

will be taken in consultation with the FDAC manager. An information sheet on the project and on the use of their data will be provided for each individual to be interviewed or asked to participate in a focus group. Subsequently all those to be interviewed will be contacted by email or telephone to confirm their participation and arrange a convenient time to meet. Before an interview starts informed consent will be confirmed and recorded. Those invited to focus groups will be asked to sign consent forms before each group starts.

All participants will be given an assurance of confidentiality in relation to the data provided and anonymity in any report produced. No individual will be named in any report or output from the evaluation although as the site will be named it may not be possible to guarantee that others may not make an attempt to guess identities. Certificates of participation in research will be offered for CPD purposes.

***Participant withdrawal***

All participants will be informed that they have the right to withdraw from the study at any time and this extends to the right to withdraw their data at any time up to 1 September 2022. Where someone does withdraw, they will be asked if the team may use the data they have contributed to that point. The data will not be used unless that consent is obtained.

**Data Collection**

Interviews with professionals will take place at three points: T1, T2 and T3.

In summary, data will be captured through:

Data Collection Method	Sample Size	Collection Timeline
Initial interviews with FDAC team members and key professionals	<b>Nine interviews:</b> <ol style="list-style-type: none"> <li>1. District Judge (FDAC)</li> <li>2. Senior legal advisor</li> <li>3. Social worker</li> <li>4. Consultant psychiatrist</li> <li>5. Substance misuse nurse</li> <li>6. Speech and language therapist</li> <li>7. Health visitor</li> <li>8. SPOC for FDAC (CGL)</li> <li>9. Head of Excellence and Development, Nelson Trust</li> </ol>	May - July 2020

Ongoing visits to FDAC hearings to observe PPS meetings between families in the study and the judge.	At least two per family in the 2020 and 2021 cohorts entering post-proceedings support	June 2020 - June 2022
Initial telephone interviews with 2020 cohort of entrants into PPS and anyone completing FDAC and not entering the support programme	In region of 4-6	May - December 2020
Two focus group(s) with those who have experienced post-proceedings support between 2013 and 2019	Potential sample in region of 30 participants.	Oct-Nov 2020 but with contingency to move to Spring / early Summer 2021 if Covid-19 resurgence makes this necessary (or interview)
Initial focus groups for staff from agencies involved with post-proceedings	Numbers in focus groups to be 10-12. 1-2 Focus groups likely, although this is to be confirmed, as these may be agency-based. Interviews may have to be used instead if there are new or remaining public health concerns related to COVID-19.	July-Sept 2020 if COVID -19 restrictions allow otherwise agree a shift to Spring / early Summer 2021
Examination of documentation held by CJI on other post-proceedings offered by other FDACs and held by CJI	N/A	December 2020
Establish contact with all FDACs via email, and short attached survey to capture any PPS that has been or is in place or planned	All FDAC sites (14)	January 2021

Face to face interviews with 2020 cohort on completion of PPS	In region of 4-6 (same as above – from 2020 cohort)	Feb- May 2021
Examination of case records on Cohort 2020 in PPS	4-6 (same as above – from 2020 cohort)	Feb- May 2021
Initial telephone interviews with 2021 cohort of entrants into PPS and anyone completing FDAC and not entering the support programme	N to be confirmed – possibly 6 but could be higher	March -May 2021
Mid-project face to face Interviews with FDAC team members and key professionals	9 (see above)	May - July 2021
Collection of data on FDAC team member time and activity	To be confirmed	Feb 2022
Face to face interviews with 2021 cohort on completion of PPS	N to be confirmed – possibly 6 but could be higher	Feb -March 2022
Examination of case records on Cohort 2021 in PSS	N to be confirmed – possibly 6 but could be higher	Feb-March 2022
Mid-project focus groups/interviews for staff from agencies involved with post-proceedings	Numbers in focus groups to be 10-12. 1-2 Focus groups likely. (See T1 above)	June 2022
Concluding face to face interviews with FDAC team members and key professionals	N to be confirmed (likely 9 – see above)	May- June 2022

Review of TACS staffing costs and working hours	N/A	June 2022
Survey of FDAC team member time and activity	To be confirmed	Feb 2022

**Further details on the methods (Please note – depending on the COVID-19 restrictions, these will determine how interviews and focus groups will be conducted)**

***Interviews with families with experience of post-proceedings***

Interviews will be conducted with all families in 2020 and 2021 post-proceedings cohorts who agree to be contacted. An initial short interview (approx. 15-20 minutes) will be conducted with all families coming to the end of the FDAC process to obtain immediate feedback on their:

- a) FDAC experience
- b) Decision to engage or not with post-proceedings support.

These interviews will be conducted over the telephone and will be digitally recorded where consent to this is given, otherwise notes will be taken. The same families will be re-contacted at the end of their involvement in PSS and, with their agreement, in-depth face-to-face interviews will be conducted with these families as they come to the end of the post-proceedings period. The interviews will last approximately one hour, and will be digitally recorded unless consent is not given. In any case where consent is not given, notes will be taken.

We shall explore with the Gloucestershire FDAC manager to discuss the possibility of engaging with those completing PSS in 2020. This would involve an end of contact interview and, as well as the data collected from these families, they would provide an opportunity to contribute to the development of the T2 interview schedule.

***Interviews with key staff in FDAC and related services***

Interviews will also be conducted with key members of the FDAC, local authority staff, or other agencies' staff at the beginning, middle and end of the evaluation period, i.e.

March/April 2020, May/June 2021 and July 2022 (T1, T2, T3).

### ***Focus/discussion groups***

All families that have been involved with FDAC between 2013 and 2018 will be invited to participate in a focus group in autumn 2020. The numbers accepting the invitation will determine whether one or two groups are held. The group(s) will last for one hour, will take place at the family court or at Gloucestershire FDAC office and assistance will be given with transport costs. The information sheet sent to participants in advance will make clear that the nature of a focus group is such that confidentiality cannot be guaranteed. It will also make clear that the data will be treated confidentially, and participants will be asked not to repeat what is said in the focus group to others.

Staff in partner agencies will be invited to participate in focus group(s) to explore the post-proceedings support offer at the start of the evaluation and at the end.

### ***Examination of relevant documents***

Qualitative data collection will extend to examination of relevant documentation that has been collected by the Centre for Justice Innovation (CJI) on any examples of PSS offered by other FDAC sites in England. We shall use content analysis techniques to explore this information.

We shall also analyse the responses to our request to other FDACs for details of any PPS that is or has been in place or planned, via a short survey, along with any documentation they may provide.

### ***Examination of case records***

Data will be collected from all case records of families involved in the PSS from 2013- 2022 where permission of families has been provided. The data will cover contacts with children's social care during this time and the nature of these contacts. This will be converted into an anonymised dataset to support consideration of developments and elements of support that may otherwise not come to the team's notice. This will also include details of staff activity about the number of times certain activities were undertaken. This will help to inform the cost study.

### ***Data collection on team member time and activity***

Data will be collected via an online survey from FDAC team members on how each team member spends time on new and ongoing cases. The survey will ask each member of the team to record the time spent on each activity and the number of cases the activity is related to. We are proposing these forms are completed on a weekly basis, for one month.

### **Analysis**

We shall use reflexive thematic analysis on the interview and focus group data (transcripts) as it is particularly suited to exploring people's experiences, views and perceptions (see Braun and Clarke, 2006). It will allow an exploration of patterns of meaning across the datasets, driven by the research questions (Patton, 2015). The patterns are identified through data familiarisation, data coding, theme development and revision.

Survey data on team member time and activity will be combined with data from Turn Around for Children Service (TACS) on staff pay, overheads and working hours and information from case records on frequency of activity to establish estimates of the costs of post-proceeding support.

Quality Assurance of the data will be through checking of transcripts: analysis by two members of the research team, and team discussion of the themes. We shall examine the transcripts of the first interviews to ensure that they are covering the relevant areas. The interview and focus group data will be audio-recorded with two members of the research team attending larger focus groups to provide support for these meetings.

### **Evidence of promise analysis**

Quantitative data from case records will be analysed descriptively, due to the lack of robust comparison groups. The results will be triangulated with the qualitative findings and the revised logic model by looking for consistencies and inconsistencies between the different data sources.

### **Cost Evaluation**

The Cost Study will follow the model established by Harwin et al (2011) for collecting costs of FDAC provision. Data will be collected from Turn Around for Children Service (TACS) on staff

pay, overheads and working hours. This will be combined with information from case records on frequency of activity and a survey of team members' time to establish an estimate of the cost of providing the PSS.

## Ethics

Ethical approval has been provided by King's College London (KCL) Research Ethics Committee. HR-19/20-17824. Full ethical submission available on request.

## Data Handling

The data generated will consist of:

1. Digital recordings
2. Transcripts of interviews
3. Word documents of charts containing results of document content
4. Anonymised dataset of case outcomes
5. Data on costs

This data will be processed on the basis that the data subjects have given consent to the processing of their data for the specific purpose of this evaluation.

The data will be handled and stored in such a way to ensure their authenticity and integrity, as well as meeting all legal and confidentiality requirements.

The data will be handled according to the guidance given by the Information Commissioner's Office, which covers the General Data Protection Regulation (GDPR) as it applies in the UK, tailored by the Data Protection Act 2018.

The project will comply with its obligations by following the principles of under the Data Protection Act 1998

All data will be anonymised for everyone but the lead evaluator. As it is a longitudinal study it will be necessary to hold contact information for participants, who are interviewed, as well as the code to link data to participants and/or groups but these will be kept in a locked filing cabinet and not stored with electronic files. The contact information will be destroyed after the final contact with the relevant participants.



Data generated will be stored on a King’s College London (KCL) laptop and on KCL server. Both are secured by password protection and anti-virus software. The data files will also be password protected. The paper consent forms from interviewees/focus group participants will be kept in a locked cabinet in KCL. It should be noted that Ben Hickman will not have access to any un-anonymised data because Ben is a consultant on this project and the data sharing agreement will be between Gloucestershire County Council and KCL.

Recordings will be deleted after the transcripts have been checked. Transcribers routinely used by KCL will be used, and full confidentiality agreement are in place. Other data will be stored for ten years after the date when the report is accepted by the funder, according to KCL policy.

A full data management plan has been created on King’s DPMonline <https://dmp.kcl.ac.uk/>

## Personnel

Professor Jill Manthorpe is the PI with Dr Mary Baginsky as project lead, working with Ben Hickman on data collection and Jess Harris in establishing and maintaining contact with the Gloucestershire FDAC team.

## Risks

This section outlines the anticipated risks that may arise and steps that will be taken to mitigate against these.

Risk	Mitigation
Delay to progress due to COVID-19	As the timescale for business as usual is not known, interviews with professionals will continue by telephone or video calls. Initial introduction to families was to take place at a hearing. However, discussions will take place with the FDAC team regarding how to manage this if it is not possible to link with 2020 cohort in this way. Initial interview with members of 2020 cohort will be via the telephone.
FDAC team and other staff in partner agency fail to engage in the evaluation.	Full details of commitment required of individuals and groups will be communicated from the beginning. Sufficient notice and flexibility will be given when making arrangements.

It proves difficult to contact families who have engaged with FDAC pre 2019.	We shall work with TACS and other agencies working with FDAC to encourage them to search for current contact details and send them project details. We have worked with such challenges before and achieved reasonable to high contact levels.
It proves difficult to make contact and/ or engage families who have had recent/ current contact with FDAC post-support.	We have had early discussions with the FDAC manager to discuss the most appropriate way to do this and these will continue.
Documentation on other FDACs is not made available.	CJI has agreed to share information, as has WWCS. We shall also work with NatCen to see if they can facilitate access.
Issues accessing case records due to the length of time required after proceedings have ended before analysis	Consent form to parents will request access until end 2022.

## Timeline

Phase	Timing	Lead
Refine evaluation design	By 30 April 2020	MB
T1 Interviews with key members of FDAC team other professionals	May-July 2020	MB
Initial telephone contact with families in 2020 Cohort	May-December 2020 as families enter project	MB
T1 Focus groups for staff in partner agencies	July-September 2020 (COVID-19 restrictions may shift group interviews until Spring / Early Summer 2021)	JM and MB
Focus groups for those who have been in post-proceedings support between 2013 and 2019	October-November 2020 (COVID-19 restrictions may shift group interviews until Spring / Early Summer 2021)	JM and MB
Document analysis	December 2020	MB

Face to face interviews families in 2020 Cohort	Feb-May 2021	MB
Examination of case records of Cohort 1 families	Feb-May 2021	MB
Initial telephone contact with families in 2021 Cohort	March-May 2021	MB
T2 Interviews with key members of FDAC team other professionals	May-July 2021	MB
Collection of data on FDAC team member – time and activity	February 2022	BH
Face to face interviews families in 2021 Cohort	Feb-March 2022	MB
Examination of case records of Cohort 1 families	Feb-March 2022	MB
T2 Focus groups for staff in partner agencies	June 2022	JM and MB
T3 Interviews with key members of FDAC team other professionals	May-June 2022	MB
Review of staffing costs and working hours	June 2022	BH
Pilot report	October 2022	

## References

Baginsky, M., Moriarty, J., Manthorpe, J., Beecham, J. and Hickman, B. (2017) *Evaluation of Signs of Safe in 10 Pilots*. London: Department for Education

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 2, 77-101

Furyk, J., McBain-Rigg, K., Watt, K., Emeto, T.I., Franklin, R. C. Franklin, D., Schibler, A., Dalziel, S.R., Babl, F. E., Wilson, C., Phillips, N. and Ray, R. (on behalf of PREDICT) (2017)

Qualitative evaluation of a deferred consent process in paediatric emergency research: a PREDICT study *BMJ Open*, **7**: e018562. doi: 10.1136/bmjopen-2017-018562

Harwin, J. Alrouh, B., Ryan, M., McQuarrie, T., Golding, L., Broadhurst, K., Tunnard, J. and Swift, S. (2016) *After FDAC: outcomes 5 years later. Final Report*. Lancaster: University of Lancaster

Harwin, J., Ryan, M., Tunnard, J., Pokhrel, S., Alrouh, B., Matias, C. and Momenian-Schneider, S. (2011). *The Family Drug and Alcohol Court (FDAC) evaluation project final report*. London: Brunel University

Patton, M. (2015) *Qualitative Research and Evaluation Methods: Integrating Theory and Practice*. Thousand Oaks, California: Sage Publications