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CHILDREN'S SOCIAL CARE

EMMIE SUMMARY

Family Drug and Alcohol Courts

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About the What Works Centre for Children's Social Care

The What Works Centre 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 care sector. Our mission is to foster a culture of evidence-informed practice. We will generate evidence where it is found to be lacking, improve its accessibility and relevance to the practice community, and support practice leaders (e.g. principal social workers, heads of service, assistant directors and directors) to create the conditions for more evidence-informed practice in their organisations.

About CASCADE

CASCADE is concerned with all aspects of community-based responses to social need in children and families, including family support services, children in need services, child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

To find out more visit the Centre at: **whatworks-csc.org.uk**, or CASCADE at: **sites.cardiff.ac.uk/cascade**

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This evidence summary is based on the following systematic review

Zhang, S., Huang, H., Wu, Q., Li, Y. and Liu M. (2018) The impacts of family treatment drug court on child welfare core outcomes: *A meta-analysis*. *Child Abuse & Neglect*. 88, 1-14.
DOI: 10.1016/j.chiabu.2018.10.014

What is the intervention?

Family Drug and Alcohol Courts (FDACs) emerged during the 1990s as a multi-agency service model for the treatment of substance abusing caregivers. They are also known variously as Family Treatment Drug Courts, Dependency Treatment Courts, Family Treatment Courts and Family Drug Treatment Courts. We will refer to FDACs throughout this review as this is the model best known in the UK. However, it should be understood as a collective term for all of the types of model listed above. FDACs were adapted from therapeutic adult drug court models. These models are characterised by regular and frequent court hearings, provision of substance abuse treatment and intensive judicial monitoring, rewards and sanctions linked to service compliance.

FDACs are typically categorised into three models; 1) integrated, 2) dual-track and 3) parallel models. In the integrated model a single judge oversees both dependency petitions and parental compliance with substance abuse treatment orders. The oversight of dependency petitions and parental compliance is divided between two courts in the other two models. FDACs originated in the USA but have subsequently been adopted more widely in other nations such as Australia, England and Northern Ireland.

This narrative is based on a meta-analysis by Zhang and colleagues (2018). A meta-analysis pools findings from multiple studies to allow more confidence in findings than a single study. Zhang and colleagues conducted the meta-analysis to assess the effectiveness of interventions designed to address co-occurring issues of child maltreatment and substance use in family reunification, prevention of recidivism and the improvement of child welfare outcomes.

Which outcomes were studied?

The review looked at two outcomes: family reunification and recurrence outcomes (foster care re-entry or maltreatment re-report).

Effectiveness: how effective are the interventions examined?

Outcome 1 – Reunification

Effect rating	1
Strength of Evidence rating	3

The primary aims of the interventions were, overall, effective in the reunification of families who received treatment. Pooled data from 16 quasi-experimental studies involving a total of 7,085 participants, demonstrated that FDAC participants were almost twice as likely to achieve reunification than the non-FDAC participants (OR = 1.75 per cent, 95 per cent CI = [1.38, 2.21]).

Sub-group analysis showed where comparison groups were better matched with intervention group participants through a statistical matching technique known as propensity score matching, FDAC participants were almost twice as likely to achieve reunification than in studies that used a contemporary group or historical comparison group. In studies that examined integrated FDAC models, FDAC participants were almost one and a half times more likely to achieve reunification. This compares with studies that used non-integrated models, a mixture of both, or whose model information could not be identified, where chances of reunification were greater than for the integrated models.

Where studies had a moderate observation length (13-24 months), reunification was slightly more likely than for a shorter (less than a year) or longer (over two years) observation period. A marginal but negligibly larger effect size was seen where children (OR = 1.79, 95 per cent CI = [1.19, 2.69]) as opposed to caregivers (OR = 1.7, 95 per cent CI = [1.3, 2.24]) were used as the unit of analysis. Both were, however, close to being twice as likely to achieve reunification.

Outcome 2 – Recurrence of care entry or maltreatment

Effect rating	0
Strength of Evidence rating	3

For the second outcome, pooled data from eight studies involving 1,474 participants found that FDAC participants were not statistically different from non-participants in their risk of experiencing foster care re-entry or child maltreatment re-report (OR = 0.5, 95 per cent CI = [0.15, 162]). Sub-group analyses did not reveal statistically significant differences between intervention and comparison groups.

Mechanisms and Moderators: When, where and how does it work, and who does it work for?

Using propensity score matching to achieve more of a like-for-like comparison between intervention and the control group appeared to better demonstrate the effectiveness of FDACs on family reunification.

Integrating FDAC models appeared to moderate the effects of the intervention, reducing the likelihood of reunification, whilst non-integrated and mixed models appeared to improve the likelihood. Length of observation also appeared to moderate the effects, with a medium duration period of between 13-24 months being more effective than a shorter (less than 12 months) or longer (in excess of two years) duration. The optimum period of observation was not, however, clear from the studies included in this meta-analysis.

FDACs were also found to be more effective when children were the unit of analysis as opposed to caregivers. The authors do not discuss what causal mechanisms may potentially underpin these effects.

Implementation: how do you do it?

The review did not specify key aspects of implementation. However, various different FDAC models were included in the review. Previous research has suggested that key aspects of FDAC models may affect programme outcomes, with integrated models being viewed as more effective than non-integrated models. Whilst this contrasts with findings from the current meta-analysis, cautious interpretation is needed due to limitations in model categorisation within this review. Questions, therefore, remain around the impact of different variations of FDACs, and what the important features of the model are.

Whilst most studies were originally conducted in North America, predominately the USA, the meta-analysis did include a large-scale longitudinal study from England. This study presented evidence from a study of outcomes of the London Family Drug and Alcohol Court up to five years after court cases ended. The inclusion of this study provides some consideration of how programmes may be implemented within different legal, health and social care contexts.

Economics: what are the costs and benefits?

No economic analysis is included in the study and cost-effectiveness is not mentioned.

What are the strengths and limitations of the review?

The review appears to be the first meta-analysis examining the effectiveness of FDACs on family reunification and reoccurrence (foster care re-entry or maltreatment re-report). It made a comprehensive attempt at determining which FDAC models are most effective in achieving positive child welfare outcomes. The authors were diligent in performing relevant tests to ensure publication bias and large sample sizes did not excessively influence the results of the meta-analysis, which have some practical and policy implications.

However, only a small number of studies was included in the meta-analysis with substantial variability across study and programme characteristics. No examination was made of the fidelity measures to assess the clinical quality of included studies. Sub-group analysis was carried out on smaller samples using analysis methods which cannot effectively exclude alternative explanations for outcomes.

Comparisons were only made between traditional FDAC models and conventional service models. This may, therefore, have inflated the effectiveness of these traditional models. As the reviewers note, it would be interesting to compare the effectiveness of both traditional and revised (and therefore more updated) FDAC models. However, to date, studies evaluating the effectiveness of revised models are few.

Summary of key points

- The review examined the impact of FDAC programmes targeting the co-occurring problems of child maltreatment and parental abuse upon family reunification and recurrence (foster care re-entry or maltreatment re-report).
- The overall meta-analysis found a statistically significant difference in outcomes between those who received FDAC treatment programmes and those who received support from usual services.
- Subgroup analysis showed, in contrast to previous research, non-integrated and mixed programme models were more effective for reunification than integrated models. However, this narrative includes caveats for cautious interpretation of these results.
- Several limitations were identified by review authors including sampling methodologies of comparison data, which may have introduced bias into the findings. However, this is the first meta-analysis to highlight the potential effectiveness of FDAC programmes not only in the USA but in a wider context.
- Future research is needed including a cost analysis of such interventions to determine the most effective and cost-efficient treatment for parental substance use and child welfare.

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