

**REPORT ON THE FEASIBILITY OF
ESTABLISHING
A FAMILY DRUG AND ALCOHOL COURT
AT WELLS STREET FAMILY
PROCEEDINGS COURT
EXECUTIVE SUMMARY**

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EXECUTIVE SUMMARY

Introduction

Parental substance misuse¹ and its impact on the children in the family is a significant feature in a high percentage of cases in the child protection system and of cases taken to court for care proceedings. Services and interventions are often disjointed and un-coordinated and lack a focus on the family and their individual and joint needs. As a result there are often poor outcomes for the children which impacts on society as a whole.

This is a report following a six month study to examine the feasibility of setting up a pilot Family Drug and Alcohol Court, based on the model from the USA, at Wells Street Inner London Family Proceedings Court. The Family Drug Court initiative in the USA offers an exciting way of trying to break the destructive cycle of numbers of children being removed from the same parent and of such children being at risk of becoming substance misusers or experiencing other difficulties. First, it recognises that parents come with a mass of problems apart from substance misuse and that these parents need help to be provided in a co-ordinated way. Second, it offers parents hope by enrolling them on an intensive programme with the prospect of regaining their child/children if they successfully complete the scheme. Third, and central to the scheme, it is managed through the courts with a judge closely involved from the outset who holds together the whole case and all the support services are provided through the intermediary of the court. Fourth and most important, it holds the promise of improving outcomes for these very vulnerable children.

The principles of the model appear very sound – intensive, closely managed intervention, offering parents a real incentive to tackle their problems but tough on those who cannot stay the course. Emerging evidence from the USA indicates improved outcomes for children and parents. Potentially the model offers a way of reducing family break-up and dependency on public care and breaking the cycle of substance misuse re-occurring through the generations.

The report supports the setting up of such a pilot court, to run for three years and to be evaluated on whether outcomes for children and parents improve. The report argues that such a court is an innovative approach to a growing problem and fits well within the framework for improving outcomes for children set out in the Every Child Matters/Change for Children agenda.

Background

A steering group to examine this possibility was set up in 2003 at the instigation of Judge Nick Crichton and Catherine Doran, Assistant Director of children's services in the London Borough of Camden. Three London Boroughs, Camden, Islington and Westminster have agreed to be part of the project together with CAF/CASS and have provided the funding for this feasibility study to be carried out under the auspices of Brunel University.

Over a period of six months from November 2005 to April 2006 the Steering Group and Practitioner Group met regularly to discuss findings and issues arising; structured interviews were carried out with professionals in children and adult services and in the voluntary sector, with lawyers, guardians and court staff and with

¹ For the purposes of this project the term substance misuse refers to the problem use of drugs or alcohol which is having a negative impact on parenting capacity.

parents. Relevant literature was identified and the range of services in the three boroughs was mapped.

Family Drug Treatment Courts in the USA

Family Drug Treatment Courts (FDTCs) have been set up across the USA in courts which deal with the equivalent of care proceedings. The FDTC has a multi-disciplinary team based in the court made up of substance misuse treatment experts, social workers, other health and social care practitioners and housing specialists who work together with the judge, lawyers and children's guardians. The courts are also supported by parent mentors who have successfully been through the programme themselves. Parents are offered the opportunity to enter the programme at the first court hearing. An assessment is carried out of the extent and nature of the substance misuse problems and of the other problems and needs impacting on the parent and a plan of action is developed to meet the individual needs. Thereafter the parent attends court on a regular basis so that they and the team can report to the Judge on their progress in engaging with substance misuse and other services. The length of the programme varies from three months to one year. There are a range of services which the courts see as essential to have available to meet the needs of substance misusing parents.

The main aims of the FDTCs are to enable more children to be reunited successfully with their parents and to ensure that those who cannot return home have permanent placements as quickly as possible. FDTCs are committed to ensuring that the same Judge follows the parent's progress from start to finish, that targets set are achievable, that progress is rewarded, and that there is an holistic approach to the provision of services to ensure that issues such as housing, domestic violence and mental health are addressed in addition to the substance misuse. FDTCs are not courts in the traditional sense in that the process is non-adversarial and based on a collaborative approach which supports a parent in successfully addressing their substance misuse problems.

A four year national evaluation funded by the Centre for Substance Abuse Treatment is being undertaken and is due to complete in March 2007. The emerging findings are encouraging and give strong support for a pilot in England. They suggest that the drug court does help parents engage with treatment services and keeps them motivated to stay in treatment so that more parents are able to be reunited with their children. Where parents are not able to stay engaged the court makes quicker decisions to establish a permanent alternative for the children.

Evidence of the need for a similar court system in England

Extent of parental substance misuse and its impact on children

There is a lack of accurate data on the extent of parental drug and alcohol misuse in England and thus on the numbers of children affected. It has been estimated that in England and Wales between 250,000 and 350,000 children are affected by parental drug misuse and around one million in the UK are affected by parental alcohol misuse.

Research indicates that parental substance misuse is the source of difficulties in a high proportion of cases being dealt with by children and families social services. Data collected from the three Boroughs involved in this project showed that in one

year between 60% and 70% of all care proceedings brought by them involved parental substance misuse.

In these cases the parents themselves have high levels of need, often having experienced deprived or traumatic childhoods, and in adulthood they face physical and mental health problems, domestic violence, housing problems and involvement in crime.

Children growing up in these circumstances may well experience neglect or abuse, both physical and emotional, and social isolation, leading to poor outcomes including emotional and behavioural difficulties and poor educational attainment and may themselves become substance misusers.

Current problems in responding to cases of parental substance misuse

- Social workers receive little or no training on substance misuse issues
- training tends to be around basic drugs awareness and not around alcohol use
- there is a lack of training on how to work with parental denial or resistance

as a result :

- there is a lack of detail recorded on the extent /frequency of substance misuse where it is identified
- the impact on the children of the substance misuse is not accurately assessed or recorded
- social workers have difficulties dealing with parents who are in denial or minimise their use and resist social work intervention
- there is an inconsistent response to referrals – both between those which concern alcohol and those which concern drugs but also in relation to referrals in relation to drug misuse
- there is a tendency, other than in those cases concerning pregnant women who are users of class A drugs, for there to be repeated initial assessments
- there is insufficient effective multi-agency working
- care proceedings are often started because a crisis suddenly occurs in cases already known to social workers rather than there being a clear plan that care proceedings are necessary
- there is a failure to treat alcohol misuse as seriously as drug misuse and there is confusion about how best to respond to alcohol misuse.

Within adult services, although there is now greater recognition that workers need to record information about children in the family, there is still a lack of confidence about what to do with that information.

All those involved in providing services are clear that this is an area where multi-agency working is very important but it was evident from this project that there remain many problems of poor communication between different professionals and tensions created by differences in professional ideologies, practice and objectives.

Gaps in services

There are a wide range of statutory and voluntary services available in the three Boroughs for adults with substance misuse problems but gaps in provision exist. It was also generally accepted that services were fragmented and that the complexity of the framework within which services are delivered, particularly when substance

misusers are also parents, makes it hard for professionals to co-ordinate their work and even harder for parents to find their way around the system.

Particular problems are:

- a serious lack of services to respond to alcohol misuse
- a lack of services that cater specifically for parents
- delays in accessing some services
- a poor response to people who have both mental health and substance misuse problems
- a lack of services for children of substance misusers
- a lack of supported housing for families

Current Court processes

Since the introduction of the Children Act 1989 in 1991 there have been a number of concerns about the court process for public law children cases. The key concerns have been:

- the length of the proceedings
- the growing use of expert evidence
- the costs of proceedings
- the effectiveness or otherwise of care plans.

These general issues are all relevant to care proceedings where the key issue is parental substance misuse. Concerns about cost, delays and the use of experts were raised by respondents in this project who are involved in court proceedings. The use of a range of experts in these cases is common, partly because the court lacks confidence in social work assessments of the extent of the substance misuse and the impact this is having on parenting and on the welfare of the children, and partly because courts, lawyers and frequently children's guardians do not feel they have sufficient knowledge of these issues themselves. Respondents were concerned that there was an overemphasis on assessment, rather than on intervention, and the sequential nature of the assessments often led to undue delay in making final decisions about the child's future.

Why a Family Drug and Alcohol Court could help

Improvements in local services are crucial and need support but the information collected as part of this project indicates that there are also strong arguments for, in addition, setting up and piloting an approach to dealing with parental substance misuse within a court setting. A key finding from this project was that all the respondents were in favour of the proposed family drug and alcohol treatment court. The advantages commented on most frequently were summed up by one respondent as follows: '*a cluster of specialist services and the clout of the court saying it's now or never*'.

To conclude, the arguments in favour of setting up a FDAC are:

- there is evidence that outcomes for children are better when care proceedings are taken at an early stage
- there is also evidence that, apart from cases where babies are removed at birth, there are often delays in taking cases to court
- evidence is emerging from the US and Canada from both the criminal justice system and the juvenile dependency system that having the same judge overseeing reviews of substance misuse treatment motivates substance misusers and can improve the chances of them completing their treatment

- similar evidence is beginning to emerge here in relation to the use of Drug Rehabilitation Requirements attached to sentences in criminal proceedings
- having a specialist team attached to the court is likely to increase the court's confidence in making decisions without the need for receiving reports from a wide range of external experts
- a clear steer from the court team about work that needs to be done with the parent and family and areas that require further assessment should help reduce both costs and delays
- the model will provide an good opportunity to develop best practice in relation to co-operation between adult and children's services
- the pilot will also provide an opportunity to develop cross borough co-operation in delivering and commissioning services
- the timescales of the court process, in accordance with the Protocol will provide a tight framework reducing the risk of cases drifting
- having a judge overseeing the delivery of services to the parent will assist both in motivating the parent and ensuring that practitioners deliver the services as agreed
- the court framework provides a protective framework for the children
- the parents will have their own lawyer to oversee their interests and access to support from the team and from parent mentors
- although courts are traditionally places where disputes are resolved under an adversarial system there has long been a recognition that the adversarial approach should be avoided where possible when decisions are being made about children and that all parties should aim to work together for the benefit of the children
- there is a growing recognition in this country that specialist courts have a role to play in supporting people in accessing services, current examples being specialist drug courts and specialist domestic violence courts.

How would a Family Drug and Alcohol Court work?

There was general consensus that the FDAC would be compatible with English law and with the social care system and that it would be practicable.

Adaptations to the system

Various adaptations to the processes of the FDTCS in the US were discussed and agreed by the Steering Group including the make up of the multi-agency team and the range of services that the team should be able to access.

Ethos of the model

- This is a positive, proactive approach to addressing parental substance misuse. There will be a presumption that the parent can change and should be encouraged to change.
- It will ensure that effective services are provided in a timely and co-ordinated way for parents and at the same time there will be a clear focus on the welfare of the child, and the needs and wishes of children and young people will be identified and responded to.
- The same judge will review the parents' progress throughout the time that they are engaging in services. The judge has an important role to play in getting the message across to parents that people believe in their ability to change.

- This will be a model that is focused clearly on the impact on the child of the substance misuse. It is not helpful in this context to talk about either an 'abstinence model' or a 'harm minimisation model'. The approach will depend on the circumstances of the case and so, in some cases, the recommendation will be abstinence.
- The plan for the parent and the services provided will be grounded in what we know from research about effective interventions.
- The wider family will be involved from the earliest possible stage, and will be provided with support and information.
- Parents should receive support and encouragement as they address their substance misuse.
- Parents who do not succeed in the programme, and then come back to court at a later stage in relation to subsequent children should be able to access the system again.
- All parents should be given the opportunity of entering the programme but where the prognosis is poor the timescales for showing engagement and commitment to the programme should be short.
- Substance misuse refers to both drug and alcohol misuse.

The Specialist team

The team will be made up of a Manager, one senior substance misuse practitioner and one senior child and family social worker, two practical/family support workers and an administrator. The team will also have a domestic violence link worker and a housing link worker, either full or part time, and sessional time from both adult and child and adolescent psychiatrists.

During the pilot period it is proposed that the team will be accountable to the steering group, who will have responsibility for the strategic direction of the team, while one borough will take responsibility for operational matters. A partnership arrangement between the three boroughs and the court will be drawn up to outline the operational and strategic responsibilities.

How the process will work

The three boroughs taking part in the pilot will alert the court when starting care proceedings in cases where a key concern is parental substance misuse. Training and guidance will encourage them to bring cases to court sooner than currently happens because this is an innovative project where the ethos is one of early intervention and where court action is not seen as a last resort but as part of the framework for engaging parents in services.

The case will be listed to be heard on the day when the specialist FDAC court is sitting. CAFCASS will fast track these cases to ensure the early appointment of a guardian. The specialist FDAC judges have a key role to play in engaging, motivating and supporting parents in their engagement with services. In addition to the normal matters dealt with at a first hearing in care proceedings, the parent will be offered the opportunity to join the FDAC programme. If they agree, they will meet the members of the team at court. The team will begin a short assessment process that will last between 5 and 10 days. The team will obtain information from the parent, from all those working with the parent already and from those involved in the care proceedings. They will assess the level of substance misuse, its impact on parenting, the needs of the child, the parent's capacity for change and any gaps in assessments already carried out.

The case will return to court within one or two weeks, by which time the team will have identified what services are needed and whether any further assessments should be carried out. They will have made a written agreement with the parent, setting out the plan of action. This will be endorsed by the Judge.

The parent will then return to court on a regular basis to meet the Judge for reviews of how they are progressing in their engagement with services. The team will prepare a short report for these reviews and will attend court as well. No legal representatives will be present at the reviews because they will not be dealing with legal issues. If problems or disputes arise which have a bearing on the care proceedings the case will be listed for an early hearing with all the parties and their legal representatives.

There is general agreement that the FDAC judge should deal with the case throughout where there are no issues in dispute. There are differing views as to whether it is appropriate for the FDAC judge to adjudicate in those cases where disputes arise leading to the need for a contested hearing. As this pilot will be a new approach the majority view is that where possible the FDAC judge should deal with the case throughout.

The aim of the FDAC will be to get the parent engaged in services, rather than getting them to go through a whole range of assessments. The presumption will be that the services, and any assessments required, will be provided through local services in the three Boroughs. Parents, their legal representatives and the other parties to the proceedings will be expected to agree that they will not seek additional expert reports.

The FDAC will operate within the Protocol for Judicial Case Management. Where parents are engaged in services and the prognosis appears positive it will be possible to extend the date for the final hearing beyond the 40 week period.

Services

The plan drawn up between the FDAC team and the parent will make use of services available in the three Boroughs. Part of the purpose of the pilot will be to identify gaps in services or problems in accessing them.

Linked to the team will be a small group of parent mentors, who will be parents who have controlled or stopped their substance misuse. They will provide support and information to parents going through the court.

Other services that will be made use of include:

- Family Group Conferences
- adult substance misuse services
- probation
- employment and training services
- psychological therapies
- services for children and young people
- parenting assessments

A key challenge for this pilot will be to ensure that parents can access services quickly.

Evaluation

Discovering whether the proposed pilot family and drug court service can deliver better child and parent outcomes than traditional services is central to the rationale for the project. For this reason an evaluation needs to be built in from the outset and is planned as an integral aspect of the pilot. It will provide:-

1. A detailed description of the operation of the new service and lessons learnt
2. A picture of the views of parents and service providers
3. An evaluation of child and parent outcomes.

The outcome component of the evaluation will seek to establish whether, compared to traditional service delivery, the FDAC enables a higher proportion of children:-

- to be successfully reunited with their parents
- to achieve permanency more rapidly if reunification is not possible
- to achieve better Every Child Matters child outcomes (safety, health, education, achievement and enjoyment and economic well-being)

and a higher proportion of parents

- to access and maintain treatment for their substance misuse
- to achieve and maintain controlled substance use or complete abstinence
- to address their related psychosocial difficulties.

It is proposed that the pilot will run for three years and will be evaluated by researchers from Brunel University. Their research into parental substance misuse and child welfare has provided important baseline information for this project. The researchers have been closely involved in the Steering Group and the discussions around how a specialist court might operate in England. They will continue to work closely with the Steering Group as the team takes shape which will help to inform the nature of the management information to be collected and the specific outcomes to be measured. In developing this evaluation, Brunel University has been fortunate to have been offered the possibility of consulting over data collection, methodology and design with the US evaluation team.

The proposed evaluation fits in directly with the goals of *Every Child Matters* by focusing on outcomes and ways of enhancing stability and permanency for children whose lives are affected by parental substance misuse. The evaluation also links with government's *Respect* action programme in its aim to tackle underlying causes of disrespectful behaviour including alcohol and drug misuse.

It is anticipated that, if two Judges sit in the FDAC, there should be around 60 cases going through the court in any one year. It is intended that cases going through the FDAC will be matched with a comparison group. The sample for the evaluation should therefore contain around 180 cases with additional comparison cases. Cases will be followed through the process and outcomes will be measured as well as parental views obtained. As the evaluation is of a pilot it will be necessarily limited in terms of the length of follow-up and the sample size but it will be able to indicate whether this approach appears to improve child and parent outcomes.

An interim and final report will be prepared with the possibility of a dissemination conference at the end of the study.

Costings

Salary costs for staff per annum are estimated at £363,310

Expenses for parent mentors per annum estimated at	£3,750
Setting up costs, including equipment estimated at	£44,000
Training costs in the first year estimated at	£15,000
Training costs in subsequent years estimated at	£4,000
Accommodation costs per annum for the team estimated at	£45,000

In the first year the costs will be £471,060 and in subsequent years £416,060.

The costs of the evaluation will be in the region of £380,000 for the three years.

Messages from research

A range of messages from research and practice have informed this report. There is little precise evidence on the extent of parental substance misuse overall but there is evidence about the high proportion of cases concerning parental substance misuse being dealt with by children and families social services departments. Research findings describe the impact on children and families of parental substance misuse and the poor outcomes for children which can occur. A number of studies have noted that outcomes for children can be worse when there is parental alcohol misuse rather than drug misuse, possibly because the response to this issue is often slower and less focused.

A literature review of effective substance misuse treatment approaches was not considered necessary for this review, but part of the ethos of the FDAC is that the plan for the parent and the services provided will be grounded in what we know from research about effective interventions and the report highlights a number of these.

Conclusions

This project has provided compelling evidence of the potential value and timeliness of the proposed FDAC initiative and has demonstrated widespread support for this innovative approach from the wide range of professionals consulted.

The FDAC links in well with a number of current initiatives:

- Its focus on improving outcomes for children links with the five outcomes in the Children Act 2004 and the Every Child Matters/Change for Children agenda. Also linked to this agenda for change is the focus the pilot will give to improved multi-agency working – across adult and children’s services, across health and social care, across the statutory and voluntary sectors and across different local authorities.
- The focus on parental substance misuse links well with other initiatives being developed as a result of the Hidden Harm inquiry; with the Respect Agenda; and with the growing interest in parental alcohol misuse.
- The role of the court in engaging parents with substance misuse treatment services and maintaining their involvement with such services links with the Drug Intervention Programme and Drug Rehabilitation Requirements
- The specialist nature of the court links with the development of specialist Drug and Domestic Violence Courts.

- The focus on support around domestic violence and housing links with the Supporting People initiative and the range of initiatives designed to improve the response to domestic violence.
- The proposed court processes link well with the work and recommendations of the Judicial Review Team, reviewing the Protocol, with the developments in CAFCASS and with the Legal Aid Review.

Importantly this pilot project will bring a focus on parental substance misuse, and on the problems of parental alcohol misuse in addition to drug misuse. It is noticeable that the focus of so many initiatives and the funds that go with these are on drug misuse and their links with crime or on drug misuse and young people. As one respondent commented:

'Being a parent does not make you a priority for treatment although committing a crime does'

American findings suggest that the FDAC has the potential to reduce costs to courts and social services and improve outcomes for parents and - most importantly - for children. There is therefore a strong case for implementing this initiative on an experimental basis and evaluating the programme from the outset to establish its value and effectiveness.

APPENDIX 1

Membership of Steering Group

Judge Nick Crichton
Catherine Doran (LB Camden)
Mark Morton (LB Camden)
Sally Gorry (LB Camden)
Trevor Moores (LB Westminster)
Clare Brighton/Antony Nagle (LB Islington)
Melanie Davies (LB Islington)
Professor Judith Harwin (Brunel University)
Dr. Donald Forrester (Brunel University)
Terry Hunter (DCA)
Helen Jones (DOH)
Di Hart (NCB)
Jane Powell (CAFCASS/NCB)
Vivienne Salisbury (CAFCASS)
Audrey Damazar (Justices Clerk, Inner London Family Courts)
Margaret Wilson (Chair, Greater London Family Panel)
Avril Calder (Chair, Inner London Family Panel)
Louise Creighton (Solicitor)

Membership of the Practitioners Group

Eamon Brennan (LB Westminster)
Nabil Fattal (LB Islington)
Hardey Barnett (LB Islington)
John Crawford (LB Islington)
Penny McKenna (LB Islington)
Gill Watson (LB Islington)
Shirley Scott-Norton (Substance Misusers User Group)
Kim Heales (LB Camden)
Julia Simmonds/Michelle O'Regan (LB Camden)
Sally Gorry (LB of Camden)
Stephen Clarke/Tracy Bowen (CAFCASS)
Dr John Dunn (Camden and Islington Mental Health and Social Care Trust)
Dennis Yandoli (Family Therapy Service)
Pat Ridpath (Family Alcohol Service)
Nina Smith/Karen Quinn (NCH)
Paula Cronin (Camden Safety Net)
Mary Mason/Fran Stone (Camden Women's Aid)
Louise Crighton (Solicitor)
Dr Alyson Hall (East London and the City Mental Health Trust)

APPENDIX 2

Family Drug Treatment Court Team Members in the US

Presiding Judge

Two substance misuse assessors from adult drug and alcohol services

Seven social workers from drug and alcohol services

Lawyers for parents, lawyers for children, lawyers for social services

Public health nurse

Two domestic violence workers

Two housing specialists

One Mental health professional for assessments

One mental health treatment provider

Representatives from two relevant voluntary organisations

Representative from organisation providing parenting training

Range of Services Provided through Family Drug Court in the US

Assessment

80 bed residential facility and detox centre for adults only

42 bed residential facility for mothers and children aged 5 or under

Transitional housing units (supported living, for up to one year)

Outpatient programmes for pregnant women and mothers with new babies

Outpatient programmes for adults

Services for people with both substance misuse and mental health problems

Drug testing

Alcoholics anonymous and related organisations

Therapy for parents

Therapy for children (funded by Victim support)

Parenting classes/parenting programmes

Domestic violence advocacy services

Health services – home visiting and health education

Mentors (mothers who have successfully been through the programme)

Specialised social work support – social workers who work exclusively with substance misusing parents and their children.

Legal services for parents

Housing help – residential facilities; plus housing case manager

Head Start and Child development services for children

Bus passes

Mental health services

Volunteers from different faith communities who provide support to families

Special events – two per year for families involved in the programme.

APPENDIX 3

Schedule of interviews

Courts

Judge Nick Crichton
Audrey Damazer
Jan Lesser

District Judge, Wells Street
Justices Clerk, London Family Courts
Clerk to the Justices, West London

Children's Services

Catherine Doran
Anne Turner
Ila Modi
Julia Simmonds
Sally Gorry
Melanie Davies
Nabil Fattal
Hardey Barnett
John Crawford
Gill Watson
Trevor Moores
Eamon Brennon

AD, LB of Camden
Principle Officer, LB Camden
Service Manager, LB of Camden
Senior Practitioner, LB of Camden
Senior Development Officer, LB Camden
Service Manager, LB Islington
Social worker, LB Islington
Social worker, LB Islington
Social worker, LB Islington
Social worker, LB Islington
Service Manager, LB Westminster
Manager YOT, LB Westminster

Adult Services

Clare Brighton
Kim Heales
Mark Morton
Danilo di Giacomo
Loudes Keever
Dr John Dunn
Dr Katie Kemp
Selina Douglas
Davina Firth
Adam Frankland

DAT Co-ordinator, LB Islington
Head of Social Care SM Services, LB Camden
DAT Team Leader, LB Camden
DIP co-ordinator, LB Camden
Probation service, Camden and Islington
Adult Psychiatrist, Camden and Islington
GP, Camden and Islington
DAT co-ordinator, LB Westminster
DAT services development, LB Westminster
DIP manager, LB Hammersmith and Fulham

Service Providers

Pat Ridpath and other staff
Karen Quinn
Denis Yandoli
Dr Alyson Hall
Mary Mason
Ian May/Grainne Dobbin
Elaine Sheppard
Mercia Powis
Jenny Cope/Hazel Jordan
Lali Gostich
Dr Asen
Young Carers Projects

Family Alcohol Service
NCH, Family Centre, LB Westminster
Family Therapy Service
Child and Adolescent Psychiatrist
Camden Women's Aid
Core Kids, LB of Westminster
FWA, LB Islington
Phoenix House Residential Provision
CASA Family Service, LB Islington
CASA, service for other family members, LBI
Marlborough Family Service
Camden, Islington, Westminster

Lawyers

Louise Creighton
Polly Low
Mike Tait

Solicitor (for LB of Westminster and private)
Solicitor, LB Camden
Solicitor

Claire O'Garro
Katherine Gieve
Liz Dromfield
Richard White

Solicitor, LB Islington
Solicitor
Solicitor
Solicitor

Housing

Clare Henderson
Margaret Gates
Greg Roberts
Karen Swift
Field Lane Foundation

Supporting People, LB Islington
Homelessness and prevention, LB Islington
Supporting People, LB Westminster
Strategy & Commissioning, LB Camden
Supported Housing provider

Research

Di Hart
Jane Powell

National Children's Bureau
National Children's Bureau

CAFCASS

Jane Powell
Vivienne Salisbury
Stephen Clarke
Carol Edwards

National Children's Bureau/Children's Guardian
Manager, CAFCASS
Manager, CAFCASS
Family therapist/Children's Guardian

Parents

Mother A
Mother B
Mother C

Heroin addict for 14 years, 6 month old child
Heroin addict since teens, 5 year old child
Heroin addict for over 10 years, 3 year old

