After FDAC: outcomes 5 years later
Final Report

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Professor Judith Harwin, Dr Bachar Alrouh, Mary Ryan, Tricia McQuarrie, Lily Golding, Professor Karen Broadhurst, Jo Tunnard, and Dr Stephen Swift

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Lancaster University

Centre for Child & Family Justice Research

Brunel University London

RyanTunnardBrown

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About the FDAC research team

The report authors are members of the Family Drug and Alcohol Court (FDAC) research team, a partnership between Brunel University London, Lancaster University[1] and RyanTunnardBrown. The team combines expertise in research, policy, law, data science, social work and evaluation. Team members have carried out research and consultancy for government departments, local authorities and other agencies and have published widely on child care policy and practice, including the impact of parental substance misuse on children and their families.

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[1] In April 2016, the project transferred from Brunel University London to the Centre for Child and Family Justice Research at Lancaster University.

1. Introduction

This report presents the findings from a continuation study of outcomes of cases heard in the first Family Drug and Alcohol Court (FDAC) in England. It builds on earlier findings reported in 2014[2]. It provides information on child and maternal outcomes at the end of the care proceedings using a larger number of FDAC cases than before. It also has a longer follow-up period, reporting on outcomes up to five years after the end of proceedings. This is the first report in which the longer term outcomes of non-reunified FDAC mothers and their children five years on are also presented.

The FDAC evaluation team has been following up the same cohort of cases that entered the London FDAC between 2008 and 2012 and similar cases entering ordinary care proceedings in the same court over the same period (140 FDAC and 100 comparison). It provides a unique opportunity to track cases with the aim of finding out whether the FDAC approach achieved better substance misuse and family reunification outcomes than ordinary court and service delivery.

1.1. What is FDAC and how does it differ from ordinary care proceedings?

FDAC is an alternative, problem solving approach to care proceedings in cases where parental substance misuse is a key factor in the decision by the local authority to bring proceedings.

FDAC aims to improve outcomes for children by helping parents change the lifestyle that has put their children at risk of significant harm. It provides intensive motivation and support to parents who want to overcome their substance misuse and related problems so that their children can be safely returned to their care. It aims to assist parents to develop problem-solving capacities which in turn will ensure they have a better resilience and ability to deal with adversity and avoid return to old habits. If parents do not have the capacity to change the court aims to identify this in a timely fashion so that alternative permanent carers for the children can be identified by the local authority.

In FDAC, the same judge deals with the case throughout and holds regular court reviews without lawyers present. Parents receive intensive treatment and support from a specialist multidisciplinary team, which is independent from the local authority, and works closely with the court. The court and the team help parents engage with other services to address their wide range of needs. These are the main differences between FDAC and ordinary proceedings, and all are part of the problem-solving and collaborative approach. In ordinary care proceedings, there is no independent multidisciplinary team or judge-led review hearings in which the judge plays a problem solving role and seeks to motivate parents to change. Parents do not talk to judges directly.

FDAC has been adapted to English law and practice from a model of Family Drug Treatment Courts (FDTCs) that is used widely in the USA and has shown positive results. The US national evaluation of over 2,000 cases found that, compared to proceedings in the ordinary

[2] Harwin J, Alrouh B, Ryan M & Tunnard J et al. (2014), Changing lifestyles, keeping children safe: an evaluation of the first Family Drug and Alcohol Court (FDAC) in care proceedings. Brunel University,London. A shorter version -*Introducing the main findings from: Changing lifestyles, keeping children safe: an evaluation of the first Family Drug and Alcohol Court (FDAC) in care proceedings*- is available at http://nuffieldfoundation.org/evaluation-pilot-family-drug-and-alcohol-court .

court, more FDTC parents and children were able to remain together safely, and there were swifter alternative permanent placement decisions for children if parents were unable to stop misusing, all of which meant savings on the cost of foster care during and after proceedings.

As with the Family Drug Treatment Courts in the USA, FDAC is a problem-solving court and like all problem-solving courts, whether in the context of criminal or family justice, it is based on the principles of therapeutic jurisprudence. Therapeutic jurisprudence recognises the court as having an active role in helping to resolve the problems that underlie the problematic behaviour. Problem solving courts make use of motivational approaches to promote adherence to treatment[3]. Its proponents also argue that the approach involves an ethic of care that gives 'voice, validation and respect'[4] to the offender or parent.

1.2. Rationale for the study

The 2014 evaluation of FDAC showed some encouraging results. In that study, all 90 cases that received the FDAC intervention were compared with 100 similar cases subject to ordinary care proceedings due to parental substance misuse. At the end of the proceedings a significantly higher proportion of FDAC mothers had stopped misusing drugs or alcohol (40% v 25%) and were reunited with their children (35% v 19%). One year later a significantly lower proportion of the FDAC children who were reunited had suffered subsequent neglect (25% v 56%), but caution is required in interpreting this last result because the total number of reunification cases was small.

Following these promising findings, the President of the Family Division expressed the ambition to see FDAC embedded in all designated family justice areas across the country[5]. In order to support different areas to set up FDAC a consortium[6] applied for and was awarded a grant under the DfE Innovation Children's Social Care Programme. An important part of that work is developing the evidence base about the FDAC approach and about the sustainability of the improved outcomes achieved through FDAC. As the number of FDACs has increased[7], and with a growing number under development, it is important to continue to obtain further evidence about the impact of the model. It is too early to have data about outcomes from cases in the new FDACs and so, to provide an interim source of evidence, this longer-term follow-up of cases coming into the first FDAC pilot service and the comparison cases was included in the work carried out under the Innovation Programme grant.

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[3] Plotnikoff J and Woolfson R (2005) Review of the Effectiveness of Specialist Courts in Other Jurisdictions. DCA Research Series 3/05, Department for Constitutional Affairs, London; King M and Wager J (2005) Therapeutic Jurisprudence and Problem-Solving Judicial Case Management. Journal of Judicial Administration, 15 (1), 28-36. Winick B and Wexler D (2003) Judging in a Therapeutic Key: Therapeutic Jurisprudence and the Courts. Carolina Academic Press. King M. and Wager J (2005). Therapeutic Jurisprudence and Problem-Solving Judicial Case Management. Journal of Judicial Administration, 15 (1), 28-36.

[4] King M. and Wager J (2005). Therapeutic Jurisprudence and Problem-Solving Judicial Case Management. Journal of Judicial Administration, 15 (1), 28-36.

[5] President of the Family Division (2013) View from the President's Chambers (7) The process of reform: changing cultures.
https://www.judiciary.gov.uk/wp-content/uploads/JCO/Documents/Reports/view-7-changing-cultures.pdf

[6] The Tavistock and Portman NHS Foundation Trust, Brunel University London, the Centre for Justice Innovation, Coram, Lancaster University and RyanTunnardBrown. The grant was for one year, from April 2015.

[7] There are currently 13 FDAC teams, linked to 16 courts and serving 21 local authorities
http://fdac.org.uk/locations/existing-sites/

A further rationale for the present study is that the problems that led to the set-up of FDAC in 2008 continue to be relevant and reinforce the need for new information on the contribution of FDAC. Parental substance misuse is estimated to be involved in up to two-thirds of care applications[8]. These applications are at their highest level since 2012[9] and are therefore likely to include many cases concerning children affected by their parents' drug and alcohol problems. Parental substance misuse is a leading cause of child abuse and neglect and is associated with a range of child health and developmental difficulties as well as problems in adult life[10]. Recovery from parental substance misuse is a lengthy and uncertain process, a factor which may help explain why family reunification is particularly fragile in such cases[11]. Some studies suggest that recovery takes at least three years, often longer[12]. Precisely because so many parents are not able to overcome their substance misuse difficulties, many children end up in out of home care. The social and financial costs to society are substantial. All these considerations are the reason for the present study.

[8] https://www.cafcass.gov.uk/media/6437/Cafcass%20Care%20Application%20Study%202012%20FINAL.pdf (page 21); Forrester D & Harwin J (2006) 'Parental substance misuse and child care social work: findings from the first stage of a study of 100 families', Child and Family Social Work, Vol.11, Issue 4, pp.325-335.

[9] https://www.cafcass.gov.uk/leaflets-resources/organisational-material/care-and-private-law-demand-statistics/care-demand-statistics.aspx

[10] http://developingchild.harvard.edu; http://www.unicef.org/earlychildhood; Forrester, D and Harwin, J (2011) Parents who misuse drugs and alcohol, Wiley-Blackwell, Chichester

[11] Farmer et al (2011). Achieving successful returns from care: What makes reunification work? London: BAAF. https://www.nspcc.org.uk/services-and-resources/research-and-resources/2015/reunification-framework-return-home-practice/. Wade, J. et al. (2011) Caring for abused and neglected children: making the right decisions for reunification or long-term care. London: Jessica Kingsley. Thoburn, J., Robinson, J., & Anderson, B. (2012). Returning children home from public care, SCIE research briefing 42 Social Care Institute for Excellence. Harwin, J et al (2013); Strengthening prospects for safe and lasting family reunification: can a Family Drug and Alcohol Court make a contribution? Journal of Social Welfare and Family Law, Volume 35, Issue 4, 2013 pages 459-474 DOI:10.1080/09649069.2013.851244

[12] Best et al (2015). UK life in recovery survey: the first national UK survey of addiction recovery. Sheffield Hallam University. ACMD (2013) Recovery from drug and alcohol dependence: an overview of the evidence. Second report of the Recovery Committee November 2013. https://www.gov.uk/government/publications/acmd-second-report-of-the-recovery-committee-november-2013. Rossow I, Lambert F, Keating A, McCambridge J (2015) Drug and Alcohol Review, 35, 397-405.

2. Aims and methodology

This section outlines the aims of the research study, the specific research questions that frame the analysis and the hypotheses that underpin the research questions. It provides information on the methodology, data sources, and ethical arrangements and identifies some of the research limitations.

2.1. Aims, research questions and hypotheses

2.1.1. Aims

The main aim of the study was to ascertain whether the more positive outcomes achieved in FDAC and identified in the 2014 evaluation persisted after the care proceedings ended. A subsidiary aim was to determine if the findings from the 2014 evaluation would be supported on the basis of larger FDAC case numbers. A third aim was to establish if there were any differences in outcomes at the end of the follow-up between FDAC and comparison mothers and children who were not reunited at the end of the proceedings.

2.1.2. Questions

Using the larger FDAC cohort and the original comparison cases, the study investigated 7 questions to address the study aims:

1. Did FDAC continue to show a higher rate of maternal substance misuse cessation at the end of care proceedings?
2. Did FDAC continue to show a higher rate of family reunification at the end of care proceedings?
3. In reunification cases, was there any difference in the likelihood of mothers returning to substance misuse during the 5-year follow-up period?
4. In reunification cases, was there any difference in the durability of reunification during the 5-year follow-up period?
5. For all cases, (FDAC and comparison), was there any difference in the likelihood of a return to court for new care proceedings following the birth of a subsequent child?
6. In non-reunification cases, was there any difference between FDAC and comparison mothers during the 5-year follow-up period in relation to rates of substance misuse, domestic violence and mental health problems?
7. In cases where children did not return home, was there any difference between FDAC and comparison cases in the time taken to reach a permanent placement and in the likelihood of that placement disrupting?

2.1.3. Hypotheses

We did not expect to find any differences between the FDAC and comparison cases at the start of the proceedings. This hypothesis was based on the fact that all the care proceedings were triggered by maternal substance misuse, the eligibility and exclusion criteria were similar, and we had previously found in 2014 that similarities outweighed the differences between the cases. We needed to compare the cases at the start of the proceedings because we had included 50 new FDAC cases to ensure that the time frames of the FDAC

and comparison cases matched, with all of them entering care proceedings between January 2008 and August 2012.

Questions 1 and 2 We did however expect to find higher rates of substance misuse cessation in the FDAC cases at the end of proceedings (Question 1) and also higher rates of family reunification in FDAC (Question 2). Our hypothesis here, based on our conclusions in the 2014 report, was that the intensive package of support made available to FDAC parents during the care proceedings laid the foundation for the higher rate of substance misuse cessation which in turn paved the way for higher rates of reunification[13]. The American national evaluation of FTDCs found that treatment completion was the key factor in achieving better outcomes than in ordinary court[14].

Questions 3 and 4 The follow-up element of the study is underpinned by two main hypotheses in relation to family reunification cases. One is that the intensive intervention that FDAC parents receive during care proceedings might have a continuing 'effect' that persists after the care proceedings and FDAC treatment come to an end. This hypothesis would fit with FDAC's objective to build resilience and effective coping strategies to help parents face future difficulties more confidently and to parent better over the longer term. As a consequence, we would expect that FDAC mothers would be less likely to misuse substances in the follow-up period and that family reunification would be less likely to disrupt.

The counter-hypothesis would be that once the intensity of the FDAC intervention stops at the end of the care proceedings, it would be hard for FDAC mothers to sustain change. As a result, we would expect similar rates of substance misuse to occur in the follow-up in both FDAC and comparison cases and similar levels of disruption to reunited families.

Question 5 The hypothesis for Question 5 was that the FDAC reunified mothers would be less likely to return to court following the birth of a subsequent baby after proceedings ended as they had shown capacity to make major behavioural changes during the FDAC court process. If this hypothesis were upheld, proportionately fewer reunited FDAC mothers would return to court with a subsequent baby compared to all other mothers.

Question 6 It was harder to put forward any clear hypothesis in relation to Question 6 because most of these mothers had not stopped misusing and were not reunited with their children. In addition we lacked information on many of these mothers in relation to domestic violence and mental health problems at the end of proceedings. However, the qualitative material in our 2014 evaluation had identified that some FDAC mothers had gained better insight into the impact of their behaviour on their child and been able to accept that reunification would not have been right for their child. Would these mothers translate these insights into a change in behaviour, despite the outcome of the care proceedings? If this hypothesis were upheld we would expect lower rates of substance misuse, domestic violence and mental health problems in the follow-up amongst FDAC mothers whose children were removed.

Question 7 The hypothesis here was that there would be no difference in longer term outcomes between FDAC and comparison children who did not return home. FDAC aims to

[13] Harwin J, Alrouh B, Ryan M and Tunnard J (May 2014) *Changing lifestyles, keeping children safe: an evaluation of the first Family Drug and Alcohol Court (FDAC) in care proceedings*. Brunel University London.

[14] Worcel S et al (2007) Family Treatment Drug Court Evaluation Final Report. Submitted to Center for Substance Misuse Treatment, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Sciences; Worcel S et al (2008) Effects of Family Treatment Drug Courts on Substance Abuse and Child Welfare Outcomes. Child Abuse Review, 17, 6, pp 427-443.

support parents to change so that children can return home. Where this is not possible, parallel planning and family finding remains the responsibility of children's social care. There was no reason to think that the time it took for a child to reach a permanent placement or the sustainability of that placement could be linked to FDAC. We did however expect to find that some out of home placements would be less likely to breakdown than family reunification. Adoption has a very low disruption rate [15] and so does special guardianship[16] compared to family reunification[17]. Second, we would expect greater instability and placement movement for older children in all types of placements, a well-established finding in the research literature[18].

2.2. Methodology

2.2.1. The Cohort

The evaluation is based on all cases (140 cases involving 201 children) entering FDAC, and receiving the intervention for different lengths of time at the Inner London Family Proceedings Court between January 2008 and August 2012.[19] Three local authorities had agreed that all of their cases in which parental substance misuse was a key factor in the local authority application for care proceedings were to be referred into FDAC. Parents retained the right to decide whether or not their case should be heard in FDAC or in ordinary care proceedings.

We compared the cases heard in FDAC with all cases from three further local authorities (100 cases involving 149 children) which were heard in ordinary care proceedings in the same Family Proceedings Court. In all of these cases parental substance misuse was also key factor in the application for care proceedings. The comparison cases were referred between April 2008 and August 2012.

Some exclusion criteria had been agreed before the pilot started by FDAC as cases that were not suitable for FDAC. The grounds for exclusion were that:

- the parent was experiencing florid psychosis, *or*
- there was serious domestic violence posing a major risk to child safety, or a history of severe domestic or severe other violence where help had been offered in the past and not accepted, *or*
- there was a history of severe physical or sexual abuse of the children.

These criteria were applied to both FDAC and comparison cases.

The cohort incorporates the 90 FDAC cases and 101 comparison cases which were reported on previously in 2014[20]. It includes 50 additional consecutive FDAC cases entering FDAC

[15] Selwyn, J et al (2014) Beyond the Adoption Order: challenges, interventions and adoption disruption, DfE

[16] Wade, J et al (2014) Investigating Special Guardianship: experiences, challenges and outcomes Research Report, November 2014 DfE R32297; Selwyn J & Masson J. (2014) Adoption, special guardianship and residence orders: a comparison of disruption rates, Family Law Journal, vol. 44, http://www.familylaw.co.uk/news_and_comment/adoption-special-guardianship-and-residence-orders-a-comparison-of-disruption-rates

[17] Thoburn, J., Robinson, J., & Anderson, B. (2012). *Returning children home from public care, SCIE research briefing 42* Social Care Institute for Excellence.

[18] http://sro.sussex.ac.uk/44711/1/Boddy_2013_Understanding_Permanence.pdf

[19] From the local authorities 2 of the comparison boroughs started to refer cases to FDAC in 2011.

[20] Harwin J, Alrouh B, Ryan M and Tunnard J (May 2014) *Changing lifestyles, keeping children safe: an evaluation of the first Family Drug and Alcohol Court (FDAC) in care proceedings*. Brunel University London.

from January 2011 to August 2012[21]. This ensured that the time frames for FDAC and comparison cases matched. In the previous study FDAC case collection stopped in December 2010 because the target numbers had been reached for that study. The number of comparison cases could not be increased for this study as the local authorities involved had identified all the relevant cases that they considered met the FDAC eligibility criteria at the point when care proceedings started.

A decision was made to focus only on mothers and children in this study because of the difficulties in obtaining consistent information about fathers from local authority files. Our previous study had found that information about fathers was very unreliable and this was particularly problematic when following up cases once proceedings had ended.

All the cases were tracked until the end of the care proceedings. All FDAC and comparison mothers and children were then followed up after the final hearing in the case. The length of the follow-up period varied depending on when the care proceedings had ended, cases that concluded more recently had a shorter follow-up period, an issue addressed by the methodology used for the follow-up (see Appendix 1: Length of follow-up).

We collected data about the mothers and their children at three points in time:

- the start of proceedings
- the end of proceedings
- at the end of the follow-up.

All information was collected using a systematic data collection tool, enabling all researchers to input to standard fields. Data was entered onto a specially designed relational database that linked each child to their mother and siblings.

The table below (Table 1) sets out the numbers of FDAC and comparison mothers and children at the three different time points considered: start of proceedings, end of proceedings and five years on from the end of proceed1ings.

Table 1: Numbers in the cohort at each time point

Time point	FDAC		Comparison	
	Mothers	Children	Mothers	Children
Baseline (start of proceedings)	140	201	100	149
End of proceedings †	139	201	98	149
Follow-up once proceedings had ended (reunification cases)	52	71	25	42
Follow-up once proceedings had ended (non- reunification cases) ††	92	130	74	107

† One FDAC mother and two comparison mothers died during the course of the proceedings
††Some mothers, 6 FDAC and 1 comparison, are in both the reunification and the non-reunification groups because they were reunited with some children and other children were placed away from them.

2.2.2. Data sources

There were four main data sources as shown in Table 2 below. These were:

- The research database used to report findings in the Brunel University London evaluation 2014

[21] Five families withheld consent (see 2.2.4 Ethical approval).

- FDAC files for baseline and end of proceedings information for the additional FDAC cases
- Local authority social work files, for the data on what happened after the proceedings ended and for baseline and end of proceedings data on the additional FDAC cases
- The Cafcass national electronic case management database, which was used to track all cases that returned to court up to July 2014[22] and to corroborate court related data from the local authority files.

Table 2: Data sources

	Baseline		**End of proceedings**		**Follow-up post-proceedings**	
	Cases reported on in 2014 evaluation 190 cases (90 FDAC & 100 comparison)	**Additional FDAC 50 cases**	**Cases reported on in 2014 evaluation 190 cases (90 FDAC & 100 comparison)**	**Additional FDAC 50 cases**	**Cases reported on in 2014 evaluation (90 FDAC & 100 comparison)**	**Additional FDAC 50 cases**
Research database	✓		✓			
FDAC files		✓		✓		
Local authority files (up to day of data collection 2015/2016)	✓	✓	✓	✓	✓	✓
Cafcass (up to 31/07/2014)					✓	✓

The majority of the data for the 5-year post-proceedings period was provided through the social work case file analysis in the local authorities. These files record data for administrative purposes rather than for research. In addition, they are focused on children rather than on their parents, so information about mothers, particularly when children are no longer living with them, can be very limited. In some local authorities there had been a change from one electronic case management system to another and this could make it hard to retrieve information stored in the earlier system.

In most reunification cases in both cohorts there was a supervision order in relation to the child or children and this meant there was a certain level of involvement by children's services and recording on the file. However recording about mothers could be inconsistent so that it was sometimes difficult to establish whether or not a substance misuse, domestic violence or mental health event had occurred during the follow-up period.

Retrieving information in the cases of mothers who had children removed from their care was especially problematic as these mothers ceased to be a focus for social workers. However if they had returned to court with a subsequent child we were able to collect

[22] Ethical approval with Cafcass covered records up to July 2014.

information via the Cafcass database and from the local authority files if they were living in one of the study local authority areas.

It is important to note that as a result of these challenges in collecting data there is likely to be an **underestimate of events** for mothers. Missing data tended to be less of a problem for children as they were the primary focus of the local authority case files.

2.2.3. Data analysis

The baseline characteristics of all parents and children in the FDAC and comparison cohorts were analysed and tested to ensure that any differences that we identified between the two groups did not affect the outcomes for each variable studied.

All results have been tested for statistical significance, based on calculating the probability of error. We have used the minimum level generally regarded as indicating a significant finding (this level is the p-value <0.05, or p<0.05). In this report we put an asterisk after a finding [*] to denote a statistically significant difference and, as footnotes, we give the p value and sample size for the variable where a percentage difference is given.

Results ***at the end of proceedings*** are based on cross-tabulated frequencies/percentages and here the statistical significance is tested using the Chi-Square test.

Results ***at five years after the end of proceedings*** are based on a statistical approach called *survival analysis*[23] which calculates the probability of an event such as substance misuse occurring and the timing of that event. Results reported below are based on *the timing of the first event and all percentages are cumulative*, thus providing *estimates over the 5-year period* (and, exceptionally, for 3 years instead), *based on a survival analysis model*. The survival distributions of the FDAC and comparison groups are tested using the log-rank test. The choice of events is discussed below.

The main advantage of this statistical approach is that it takes into account varying lengths of follow-up, a common problem in follow-up studies. In this study, the length of follow-up varied for several reasons as noted above.

A further benefit of the model for practitioners and policy makers is that its results provide detailed information on the timing of events such as relapse or return to court and thereby can highlight critical periods of risk.

Although the use of survival analysis helped maximise sample size in the 5-year follow-up, it cannot overcome the problems of small datasets. As with any small-scale dataset, very large differences between FDAC and the comparison cases were needed to generate statistically significant differences. With a larger data set, smaller differences can generate statistically significant results.

All follow-up studies present their own set of problems. Two are particularly important to note. The first is the problem of case attrition which was especially important in the present study because of its small overall sample size. A further problem is about attribution of outcome effects to FDAC. The longer the follow-up, the more likely it is that other factors come into play.

Appendix 3: Statistical analyses provides a supplementary technical appendix with a complete set of statistical analyses.

[23] For further information about survival analysis, see Appendix 2: Survival Analysis

2.2.3.1. The events we tracked

In line with *survival analysis methodology* (also known as *time to event* methodology), we looked to see whether specific events occurred during the 5-year period and, if they did, when they occurred. We looked for differences between the proportion of FDAC and comparison mothers who:

- did not misuse substances in the 5-year period
- had experienced domestic violence or mental health problems
- had given birth to a subsequent baby
- had returned to court in relation to a child reunited with them or in relation to a subsequent baby
- had retained care of at least one child reunited with them.

We analysed information on mothers who had been reunited with their children and on those whose children had been placed away from home. The number of cases of reunification is relatively small but this was determined by the decisions at final order and could not therefore be increased.

In relation to the children, we were interested in events that would indicate whether or not their permanent placement was secure, stable and safe. For the analysis we grouped the children into two subsets: children who had returned home; and children who had been placed out of home.

We looked for differences between the proportion of FDAC and comparison children, who:

- had returned to court
- had experienced further neglect or abuse
- had changed placement.

For children placed out of home and in temporary placements at the end of proceedings only we looked at:

- the time taken for them to reach a permanent placement in line with the care plan, and
- a change in placement after they had reached their permanent placement.

2.2.3.2. Defining and identifying the events

We set out below how we identified events:

Substance misuse
Substance misuse events were identified on occasions by a drug testing report, with accurate dates and details. In other cases they were identified through case recording by the social worker or through information sent through by other services working with the mother.

Domestic violence
Identified through reports from the police, if they had been called to an incident, or through case recording by the social worker.

Mental health
Identified through case recording by the social worker and only included where there was mention of a specific condition such as depression or schizophrenia or an incident such as admission to psychiatric hospital or attempted suicide.

Subsequent baby
Identified through social worker reporting, or through new care proceedings being started in relation to a new infant, which could be cross-checked with the Cafcass database.

Neglect and abuse
Identified if the child was placed on a child protection plan after the care proceedings had finished and assumed in a small number of cases where the case came back to court as an emergency without a child protection plan in place.

Permanent placement
This was the placement identified for the child in the care plan which informed the final order made.

Permanent placement change
Identified through the local authority recording system about placements or through case notes or through Cafcass database.

Return to court
Identified from documents on local authority files and cross-checked with Cafcass data. A return to court was defined as any new application under section 31 of the Children Act 1989 in relation to children who had been the subject of the earlier proceedings or in relation to subsequent children. This included applications for extensions to supervision orders as well as new applications for a care or supervision order. Although an extension to a supervision order did not involve a plan to change the placement, it was included because of the demands it placed on children's services and court time. Returns to court for private law applications, such as applications for residence orders or applications to discharge special guardianship orders made by parents were also included.

Emotional and behavioural problems for children
Identified from social work recording of uncontrollable or violent behaviour, offending, a concerning level of hyperactivity and/or symptoms of anxiety, such as bedwetting, and/or other psychological difficulties such as self-harm. On occasions, there was evidence on file of a diagnosis of mental health problems or a completed Strength and Difficulties Questionnaire[24] provided information.

2.2.3.3. Service inputs

We decided not to extract this information from local authority files as we had previously found that the data was often patchy and did not provide information on crucial variables such as whether services offered were taken up, and if they were, the length of engagement, drop out and completion rates. It means that we cannot comment on any possible association between service inputs in the follow-up and outcomes for children and their mothers.

2.2.3.4. Information on cases that went well

The study is more informative about problematic life events rather than when cases went well. Whilst it was a deliberate decision to concentrate on robust unambiguous indicators of problems, this does mean we were not able to look at positive life events such as positive relationships, adequate housing, meaningful occupation as well as perceived sense of well-

[24] An SDQ is a validated standardized instrument that is used to measure the psychological wellbeing of 3-16 year olds (Goodman R (1997). The Strengths and Difficulties Questionnaire: A research note. Journal of Child Psychology and Psychiatry). See also www.sdqinfo.org/

being, although these are all known to help build recovery capital.[25] This information is rarely recorded on local authority files.

2.2.4. Ethical approval

The follow-up study received approval from Brunel University London and Lancaster University, from Cafcass, the Tavistock and Portman NHS Foundation Trust and the six participating local authorities. Approval from Cafcass covered the period up to July 2014.

For the new FDAC cases parents were contacted to ask for their consent for files held by FDAC and by the local authority to be accessed for data collection. We contacted 55 parents (mothers and fathers) and were given informed consent to access the files of 50 families.

2.2.5. Independent evaluation

All grants awarded by the DfE Children's Social Care Innovation Fund in 2015 required an external evaluator to be appointed. As Brunel University London and Lancaster University were part of the consortium funded by the DfE to work on the roll out of FDAC, NatCen took on this function. Its role in relation to this part of the innovation project work has been to act as "critical friend", providing methodological advice and feedback on the draft report.

[25] ACMD (2013) Recovery from drug and alcohol dependence: an overview of the evidence. Second report of the Recovery Committee November 2013. https://www.gov.uk/government/publications/acmd-second-report-of-the-recovery-committee-november-2013. Best D, Albertson K, Irving J, Lightowlers C, Mama-Rudd A and Chaggar A (2015). The UK Life in Recovery Survey 2015: the first national UK survey of addiction recovery experiences. Project Report. Sheffield, Helena Kennedy Centre for International Justice, Sheffield Hallam University.

3. FDAC and comparison mothers and children at the start of the proceedings

3.1. Introduction

This section provides information about the FDAC and comparison mothers and children at the start of the proceedings[26]. It compares demographic information about the mothers and children, and includes data on the maternal difficulties that contributed to the need for care proceedings.

One purpose of this section is to establish whether or not the similarities between the two samples outweigh the differences and therefore provide a sound basis for addressing the seven research questions outlined in (2.1 Aims, research questions and hypotheses, *Page 4)*. Any differences that reach the level of statistical significance are marked by the asterisk symbol (*).

Another purpose is to provide information about the parents and children involved in care proceedings because of parental substance misuse to illustrate the complex nature of these cases.

Table 3: Number of families at the start of proceedings

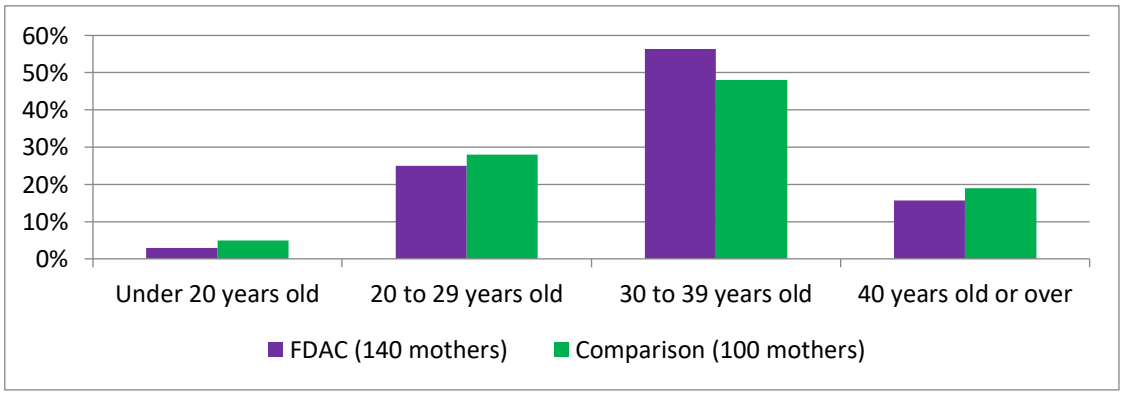
	Cases	Mothers	Children
FDAC	140	140	201
Comparison	100	100	149

3.2. Information about the mothers at the start of proceedings

3.2.1. Age

The age spread for mothers was broadly similar in FDAC and comparison cases. The largest cluster was of mothers aged 30 to 39 followed by those aged 20 to 29. These clusters accounted for over three quarters of the mothers. As can be seen from Figure 1, there were few very young mothers aged under 20.

Figure 1: Age (mothers)

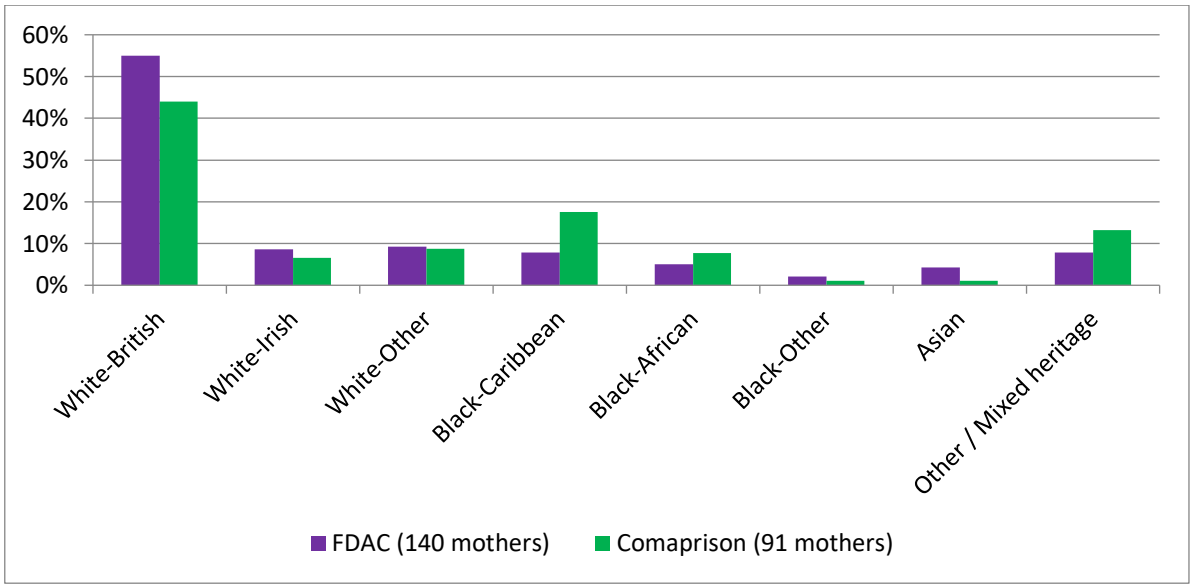


[26] For further information about the cohort see Section 2.2

3.2.2. Ethnicity

The majority of mothers in each sample were White (British/Irish/Other). However there was a higher proportion of White mothers in the FDAC sample (73% v 59%)*[27]. The FDAC sample also had a lower proportion of Black mothers (15% v 26%)*[28].

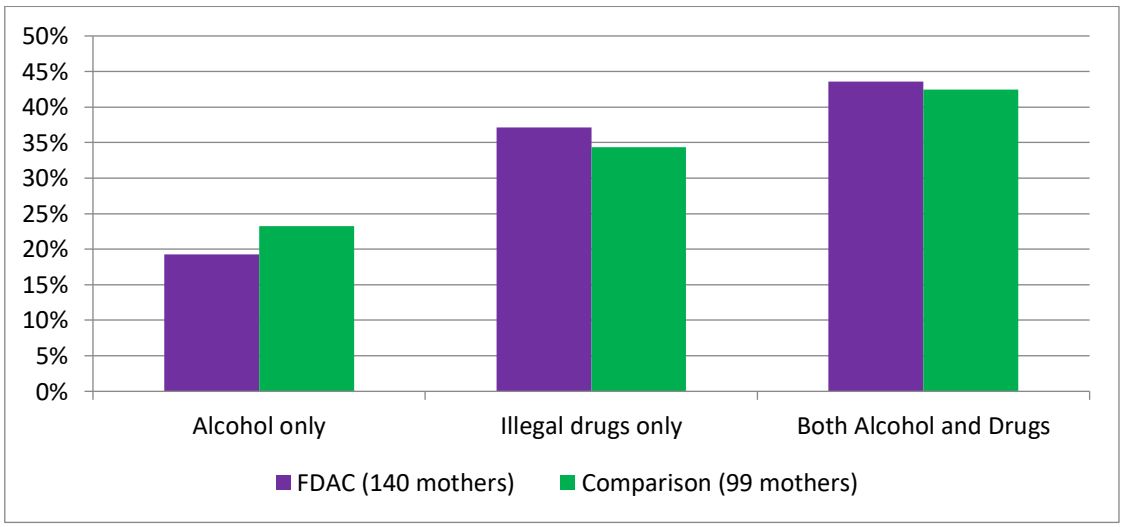
Figure 2: Ethnicity (mothers)



3.2.3. Substance misuse

The pattern of substance misuse was similar for both FDAC and comparison mothers. A combination of alcohol and drugs was the largest category, followed closely in size by illegal drugs only. Misuse of alcohol alone was the least common pattern (see Figure 3 below).

Figure 3: Pattern of maternal substance misuse



[27] p=0.032 (sample size 140 FDAC and 91 comparison mothers)

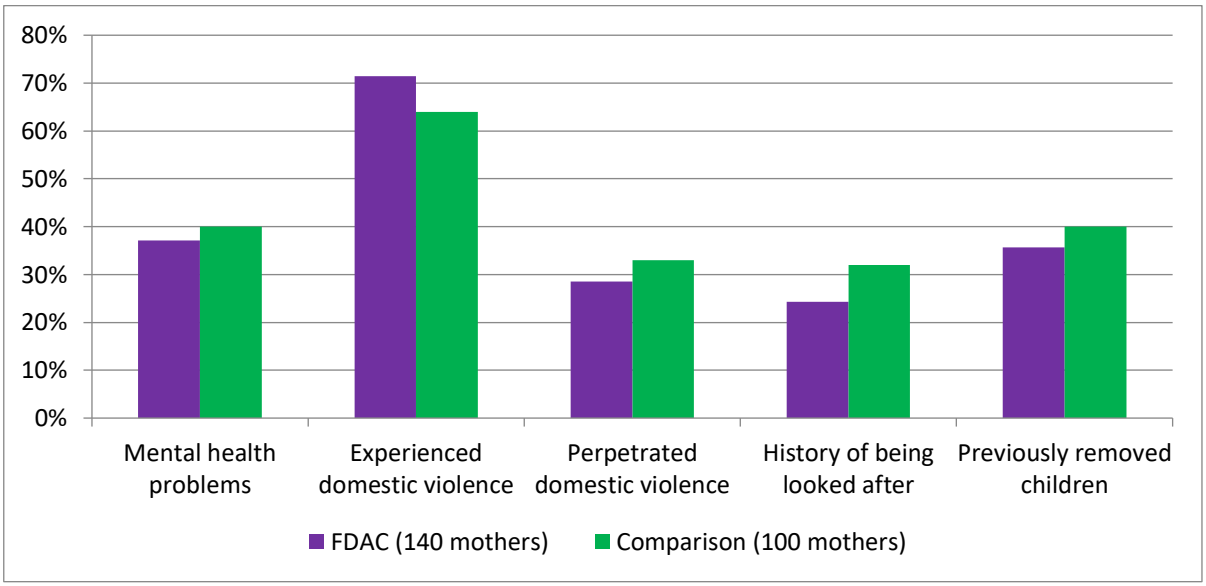
[28] p=0.033 (sample size 140 FDAC and 91 comparison mothers)

The four types of illegal drugs misused most commonly by mothers in each sample were cocaine, cannabis, crack and heroin. Alcohol (misused either on its own or with drugs) was the most commonly misused substance.

3.2.4. Psychosocial difficulties

The mothers had a range of difficulties in addition to their substance misuse and the picture for both FDAC and comparison mothers was similar.

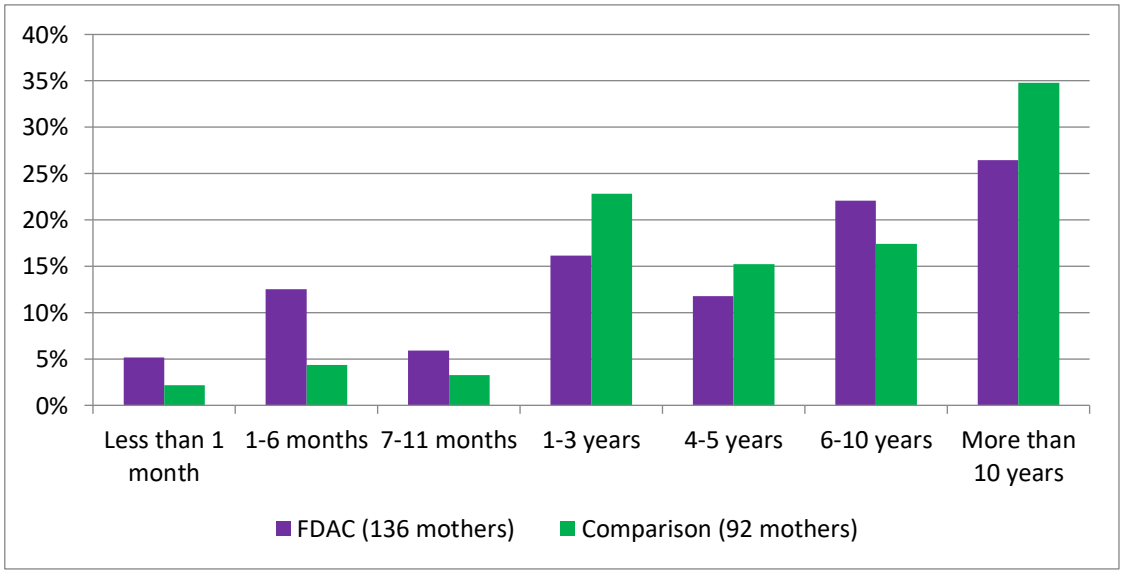
Figure 4: Psychosocial difficulties (mothers)



3.2.5. Length of involvement with children's services

The majority of all the families had been involved with children's services for over five years and over one quarter had been involved with children's services for over 10 years, although this involvement had not necessarily been continuous.

Figure 5: Length of involvement with social services (mothers)

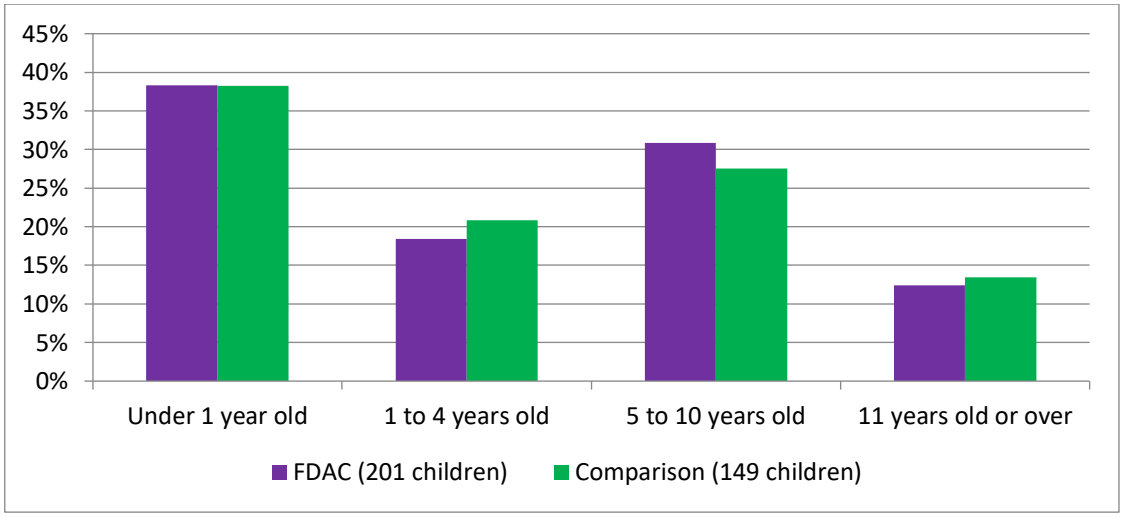


3.3. Information about the children

3.3.1. Age and ethnicity

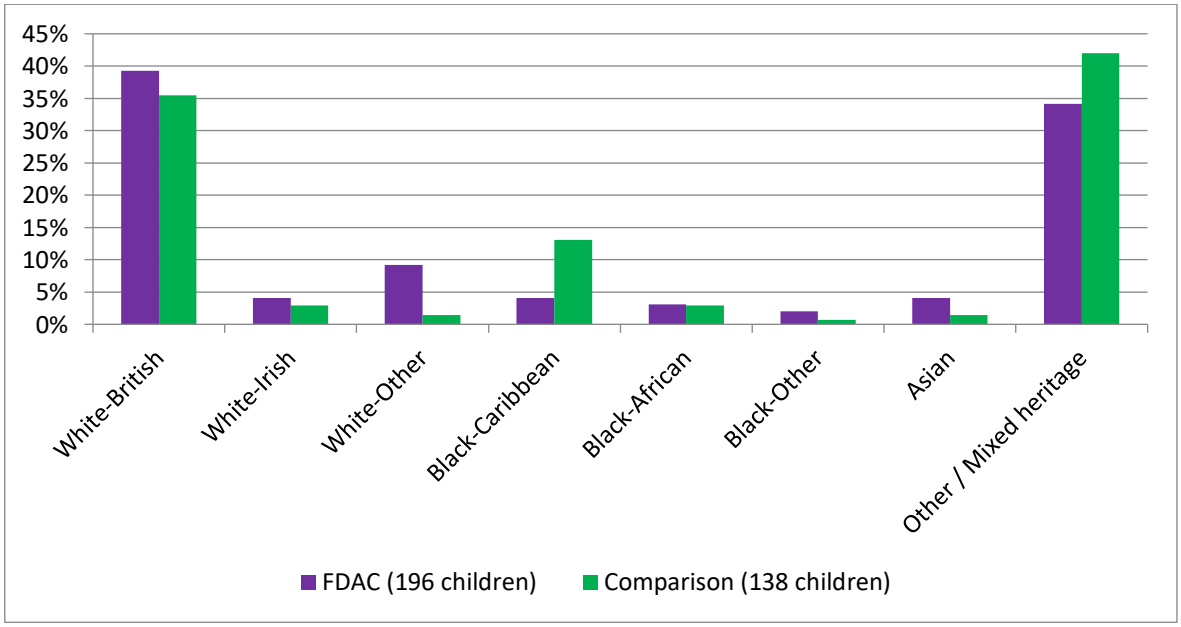
There was a similar spread of ages among FDAC and comparison children. Over a third of each sample was made up of children under one; the next largest grouping in both samples was children aged 5-10.

Figure 6: Age (children)



As with the mothers, there are proportionately more White children in the FDAC than in the comparison sample*[29] and more Black children in the comparison than in the FDAC cases*[30].

Figure 7: Ethnicity (children)



[29] p=0.022 (sample size 196 FDAC and 138 comparison children)

[30] p=0.040 (sample size 196 FDAC and 138 comparison children)

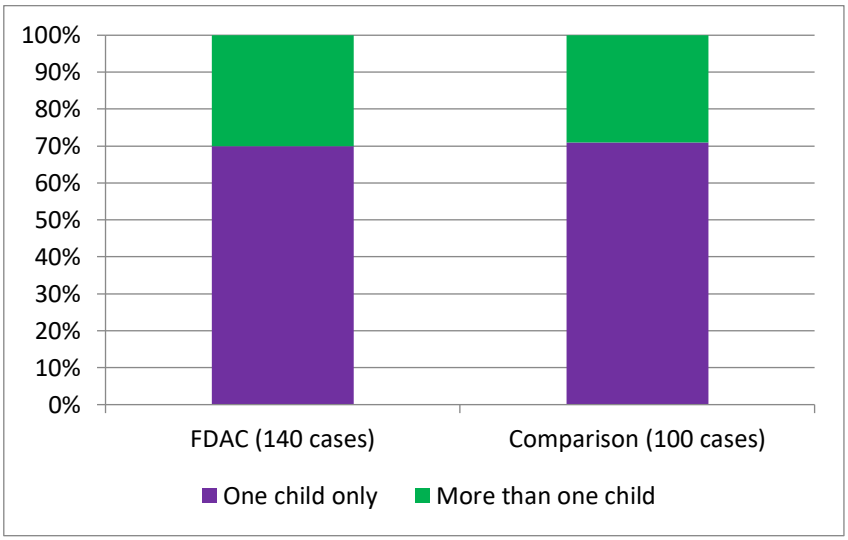
3.3.2. Children's psychosocial difficulties

There are similarities between FDAC and comparison children in relation to most of the psychosocial difficulties identified for children. Over a third of the children in both samples had physical health problems and just under a third were described in the files as having emotional and behavioural problems. Amongst the younger children, the problems included bedwetting, hyperactivity, and withdrawn or attention-seeking behaviour. For older children, the problems included lack of self-confidence, difficult behaviour at home or school, and running away from home or school.

3.3.3. Number of children in each case

The majority of both FDAC and comparison cases (around 70%) concerned only one child.

Figure 8: Number of children in the case



3.4. Conclusion

The reason for undertaking a new comparison of the profiles of the mothers and children at the start of the proceedings was to take account of the 50 extra FDAC cases that formed part of the FDAC cohort in this study. The analysis has shown that, apart from ethnicity[31], the two maternal and child samples were similar in their sociodemographic profiles and psychosocial difficulties. Ethnicity was the one area where statistically significant differences emerged between FDAC and comparison mother and child samples. Our 2014 study reported that this difference reflected the composition of the population in the different authorities and of parents accessing treatment services.

There was no reason to expect that the additional FDAC cases would affect the pattern reported in earlier studies, whereby similarities at the start of proceedings between the cohorts outweighed the differences. This hypothesis proved to be correct (see p4). It has therefore established from a methodological perspective that there was a sound basis for comparing outcomes at the end of the proceedings and at follow-up.

[31] The tests carried out in this study showed that ethnicity did not have any influence on outcomes at the end of the proceedings or in the follow-up.

As in our earlier 2014 study, the profiles of the families at the start of the care proceedings confirm the long-standing and wide-ranging nature of the mothers' difficulties and the vulnerability of their children. These cases would present many challenges to the court to bring about change when so many of the problems were entrenched, and sometimes extended to the mother's own childhood experiences of the care system or more recent experience as adults of losing their children to the care system.

4. End of proceedings (Research Questions 1, 2 and 7)

During the care proceedings FDAC families receive the multidisciplinary intensive intervention by the FDAC team and court and are linked with community substance misuse and family support services. Parents continue to receive these services as long as the FDAC team and court consider their progress is sufficient to stand a realistic chance of family reunification without compromising the health and development of their child.

This intervention within the court process is called the 'trial for change' by FDAC. It is a crucial period in which the potential ability of parents to change, and the possibility of breaking the cycle of substance misuse is tested.

It is against this background that in this section, we address three of our seven research questions:

Using the larger FDAC cohort and the original comparison cases:

1. Did FDAC continue to show a higher rate of maternal substance misuse cessation at the end of care proceedings?
2. Did FDAC continue to show a higher rate of family reunification at the end of care proceedings?
3. In cases where children did not return home, was there any difference in the time taken to reach a permanent placement and in the likelihood of that placement disrupting?

In this section, when addressing question 3, we look only at the proportion of children who, at the end of proceedings, had reached a permanent placement that was not return home. (Disruption is considered in Section 5).

The sample for this analysis is set out in Table 4 below.

Table 4: Number of families at the end of proceedings

	Cases	**Mothers**	**Children**
FDAC	140	139	201
Comparison	100	98	149

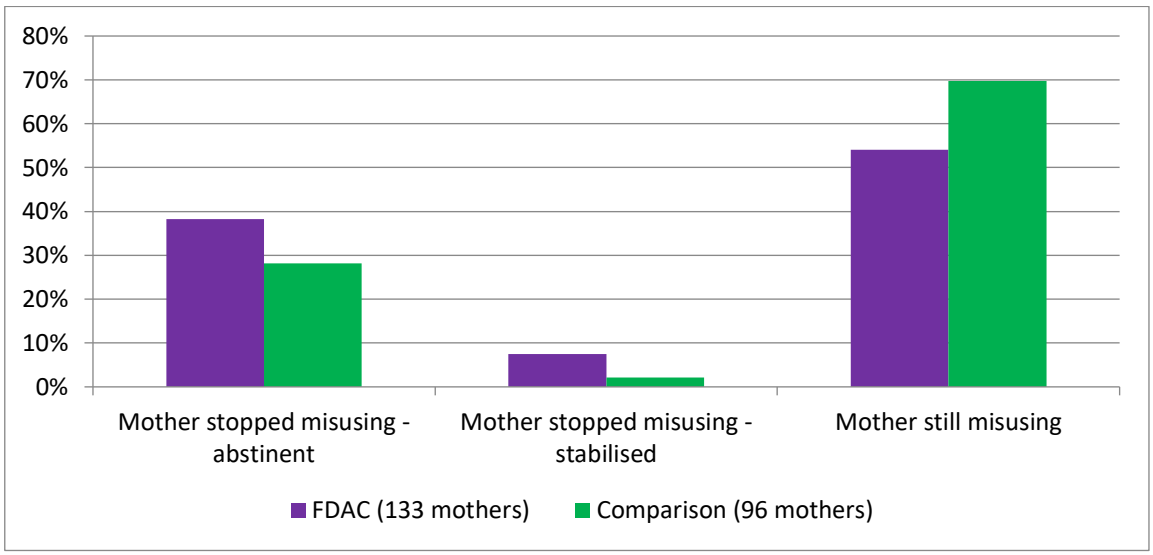
†One FDAC and two comparison mothers died during the course of the care proceedings

4.1. Substance misuse

A significantly higher proportion of FDAC than comparison mothers had ceased to misuse by the end of the proceedings (46% v 30%) [32]*. Cessation included mothers who were abstaining from alcohol or illegal drugs and those who were stabilised on an agreed treatment programme (such as a methadone script) and were not taking any non-prescribed or illegal street drugs.

[32] p=0.017 (sample size 133 FDAC and 96 comparison mothers)

Figure 9: Substance misuse at the end of proceedings (mothers)



† 1 FDAC and 2 comparison mothers died during the proceedings.
††Information missing on 6 FDAC and 2 comparison mothers. They were all mothers who were not reunited with their children.

4.2. Family reunification

Family reunification included those children who either remained with or returned home to the primary carer they had been living with at the start of proceedings. In the overwhelming majority of cases the main (and lone) carer was the mother. The results show that:

- A higher proportion of FDAC than comparison **families** were reunited or continued to live together (37% v 25%)[33]*
- A higher proportion of FDAC than comparison **children** returned to mothers who were no longer misusing (35% v 21%)[34]*.

4.3. Placement permanency for children at the end of proceedings

Data collected on children at the end of proceedings enabled us to analyse how many were living in their permanent placement by the time the proceedings came to an end.

A similar percentage of FDAC and comparison children were living in permanent placements by the end of the proceedings (77% v 74%)[35]. This result includes children who returned to live with their mothers as well as those placed in alternative care.

In relation to these other permanent placements, a similar proportion of children from both samples were placed with fathers who had not been caring for them at the start of proceedings (9% for both groups)[36] and a similar proportion with long term foster carers

[33] p=0.047 (sample size 140 FDAC and 100 comparison families)

[34] p= 0.005 (sample size 201 FDAC and 149 comparison children)

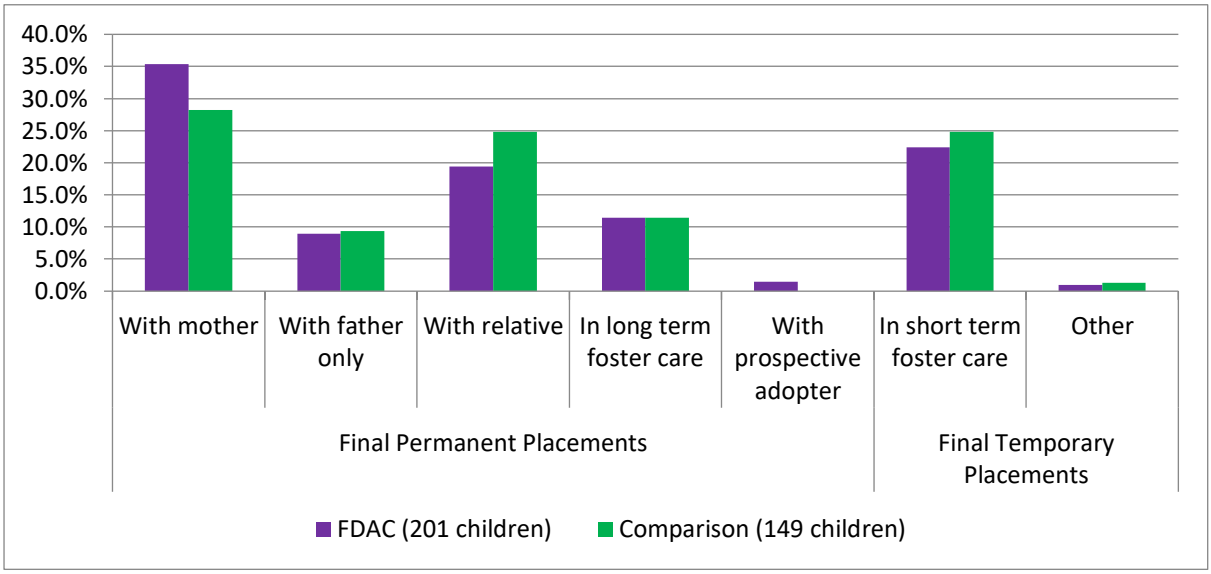
[35] p=0.549 (sample size 201 FDAC and 149 comparison children)

[36] p=0.888 (sample size 201 FDAC and 149 comparison children)

(11% for both groups)[37]. There was no statistically significant difference between FDAC and comparison children placed with relatives (19% vs 25%)[38].

The children who were in temporary placements at the end of the proceedings were mostly in short term foster care placements (see Figure 10 below). They were awaiting a move to the permanent placement identified in their care plan, and for most of the children under 4 this plan was for adoption. Some older children were awaiting a long term foster placement and a very small number of children were in residential care or secure accommodation.

Figure 10: Children in permanent and temporary placements at the end of the proceedings: FDAC v comparison children



4.4. Legal orders made at the end of the proceedings

The majority of children who returned home were made the subject of a supervision order at the end of proceedings in both cohorts. Placements with family members were made under residence orders or special guardianship orders while children with foster carers or moving on to adoption were the subject of care orders or placement orders.

4.5. Conclusion

The main research question to be addressed in this section was to find out if FDAC, as in the 2014 evaluation, continued to show higher rates of maternal substance misuse cessation and family reunification at the end of the proceedings. The rationale underpinning this question was that the FDAC sample had increased by 56% to ensure matching in relation to the time frames of case collection (see methodology).

The results show that a statistically higher proportion of FDAC mothers stopped misusing and were reunited with their children. The hypothesis underpinning this analysis has therefore been upheld.

[37] p=0.992 (sample size 201 FDAC and 149 comparison children)
[38] p=0.223 (sample size 201 FDAC and 149 comparison children)

In our previous report we noted that in addition to the intensive service provided by FDAC, a significantly higher proportion of parents were offered help from other agencies for their substance misuse and family support services and were more likely to remain in treatment and to stay engaged in the court process. As the samples were similar and the services available in the FDAC and comparison local authorities were also similar, we concluded it was receipt of FDAC that helped explain the differences in outcomes. In this study we were not able to undertake a new analysis of service receipt during proceedings (see methodology). However as the analysis of case characteristics at the start of proceedings found no association with cessation or family reunification, it is reasonable to assume that receipt of FDAC was a key determinant of change. Furthermore, although the better FDAC outcomes had been predicted, their importance should not be underestimated.

The findings in relation to permanence show that whilst routes may vary, three quarters of the children in both samples were in permanent placements by the end of the proceedings.

In the next section we turn to examine whether the outcomes identified at the end of proceedings were sustained once the proceedings were over.

5. After care proceedings ended: FDAC and comparison maternal and child outcomes at the end of the five year follow-up (Research Questions 3-7)

5.1. Introduction

In the previous section we found evidence of a *short term* FDAC impact at the end of the proceedings. In this section, we consider whether there was any evidence of a possible *longer term* influence by comparing maternal and child outcomes in the five years that followed the care proceedings. We start by examining the outcomes of family reunification and report on maternal substance misuse in the follow-up (Question 3) and the durability of reunification (Question 4). We then turn to the other questions for the follow-up. They were investigation of the likelihood of return to court with a new baby (Question 5) and, for non-reunification cases, outcomes for mothers in relation to substance misuse, domestic violence and mental health (Question 6). The final question we address is about the time it took children placed out of home to reach their permanent placement and the likelihood of its disruption (Question 7).

The sustainability of outcomes is a crucial issue to consider but any attempt to link it to receipt of FDAC may seem counter-intuitive. This is because, as we noted earlier, FDAC is a court based intervention which *therefore ceases to play any role in the case after the final order is made*. At this point, the local authority takes the lead responsibility whether it is to support family reunification or to find placements. However, even though FDAC is not involved in cases after proceedings end, the rationale to warrant investigation of a possible longer term influence is that FDAC seeks to bring about change which persists after the intervention ends (see 2.1.3 Hypotheses).

The results reported in this section are based on a survival analysis model (see methodology section and appendices for further information). *They provide estimates of outcomes based on the timing of the first event and all percentages are cumulative over the 5 years (exceptionally over 3 years)*. As also noted in the methodology section, the quantitative data was supplemented by case file analysis to provide supplementary information on the nature and timing of the events and any inter-relationships between them.

The numbers in the follow-up of the reunification and non-reunification cases are as set out in Table 5 below.

Table 5: Case numbers in the follow-up

Time point	FDAC		Comparison	
	Mothers	Children	Mothers	Children
Follow-up once proceedings had ended (reunification cases)	52	71	25	42
Follow-up once proceedings had ended (non- reunification cases) †	92	130	74	107

†Some mothers, 6 FDAC and 1 comparison, are in both the reunification and non-reunification groups because they were reunited with some children and other children were placed away from them.

The number of family reunification cases was determined by the court decision that it was safe to return the children to their mothers and this explains why the number of cases is small.

5.2. Outcomes of family reunification (Research Questions 3 and 4)

We looked at a range of measures to compare outcomes of family reunification as set out in research questions 3 and 4. We start with the two results that showed statistically significant differences in outcomes between FDAC and comparison cases and then discuss those that demonstrated some important percentage differences, although they did not reach statistical significance.

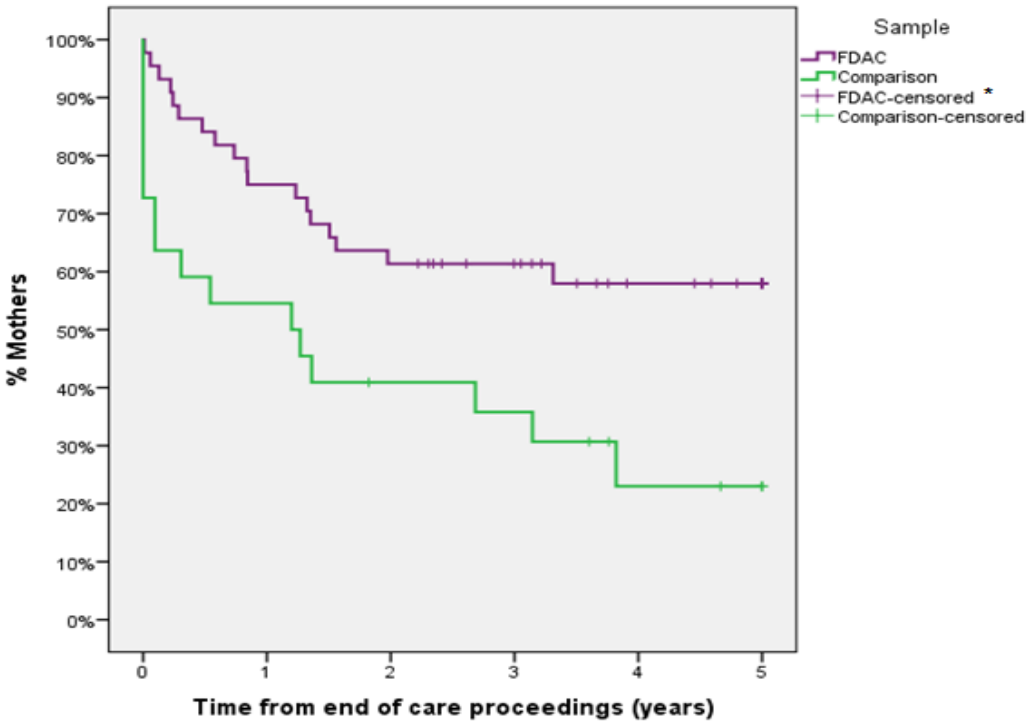
There were two statistically significant results:

5.2.1. Substance misuse during the 5-year follow-up (Question 3)

This analysis was based on the number of FDAC and comparison mothers who had stopped misusing at the end of the proceedings

- A significantly higher proportion of FDAC than comparison reunification mothers (58% v 24%)[39]* were estimated to sustain cessation over the five-year follow-up.

Figure 11: Substance misuse during the 5-year follow-up



* For further information about censoring, see Appendix 2: Survival analysis

This graph also illustrates the timing of the first substance misuse event occurring. As can be seen, the maximum period of risk is in the first two years after reunification in both FDAC and comparison cases, but thereafter the gap widens and significantly more comparison mothers were estimated to experience substance misuse difficulties.

[39] p= 0.007 (sample size is 44 FDAC and 22 comparison mothers)

5.2.2. Durability of family reunification at 3-year follow-up (Question 4)

A key objective of family reunification is that it provides the child with a safe and permanent home throughout childhood free from exposure to parental substance misuse and neglect which may result in a need for a permanent placement change or to return to court. Relapse, neglect, permanent placement change and return to court were the individual events that were selected to examine the durability of family reunification.

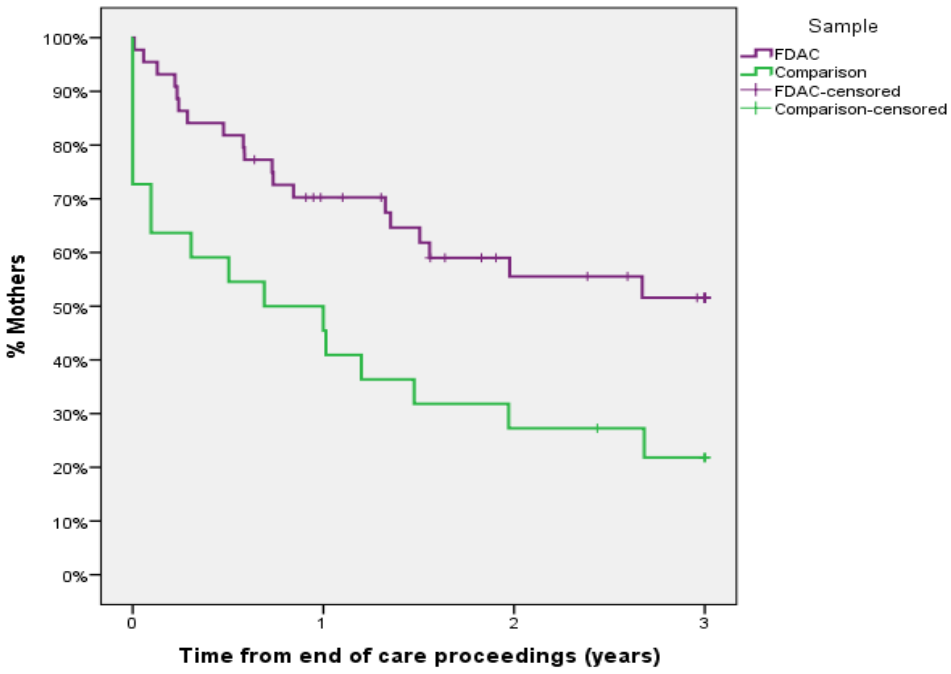
As well as reporting on these events separately, we wanted to find out if there was any difference in the proportion of FDAC and comparison mothers and children who were estimated to experience **none** of these problems in the follow-up period. Ultimately, this is the best way of establishing that reunification is not only durable but provides a positive home environment in which children can develop and flourish. This is the true test of a good outcome. To this end a mother's outcome was defined as good if none of a *combination* of the following three key events occurred during the 3-year follow-up period: substance misuse; a permanent placement change for a child or children; or return to court. This *composite* measure became our proxy of a good outcome and enabled us to compare the two samples to establish if there were any differences on this indicator.

Based on the time to event (survival) estimates, and taking relapse, placement change and return to court as a **single composite** measure we found that: -

- A significantly higher proportion of FDAC than comparison mothers who had been reunited with their children at the end of proceedings were estimated to experience no disruption to family stability at 3-year follow-up (51% v 22%)*[40].

It was only possible to follow up mothers on this measure for three years because thereafter the information became too sparse to report on.

Figure 12: Durability of family reunification during the 3-year follow-up



[40] p=0.007 (sample size is 44 FDAC and 22 comparison mothers). Due to data availability this analysis was done for 3 years rather than 5.

The graph illustrates the widening gap over the three years post-proceedings between FDAC and comparison mothers in terms of the proportion of mothers who do not experience any of the three events. It also shows that the critical period for maximum risk was the first two years.

5.2.3. Findings relating to children and durability of reunification (Question 4)

Two findings, both relating to research question 4, would merit further investigation when a larger number of cases become available. This is because, although not reaching statistical significance, the findings showed sizeable percentage differences between FDAC and comparison cases. The findings were:

- A higher proportion of FDAC than comparison reunified children were estimated to experience no disruption in the 3-year period after proceedings ended (57% v 39%).[41] No disruption was defined as a *combination* of no permanent placement change, no subsequent neglect, and no return to court for new proceedings.
- In relation to the *single* variable of return to court, a lower proportion of FDAC than comparison reunified children were estimated to start new proceedings in the follow-up period (34% v 55%).

5.2.4. Findings on other events tracked for reunified mothers and children

we could identify no statistically significant differences between FDAC and comparison cases in relation to the other events we tracked. We found that over the 5-year period around a quarter of all reunified mothers were estimated to experience domestic violence or mental health issues; approximately one fifth of FDAC and comparison mothers gave birth to subsequent children; and around one fifth of FDAC and over one third of comparison children experienced neglect. The rates of permanent placement change and return to court when measured as *single* variables rather than as part of a *composite* measure in relation to mothers rather than children, were similar in both samples. The rates of permanent placement change when measured as a *single* variable in relation to children were approximately one third in each sample.

When we were collecting information on the study variables from the local authority files, we also obtained details about when problems first occurred, as well as some information about the circumstances and consequences for children and mothers. The following points relate to both FDAC and comparison family reunification cases:

5.2.5. The timing of events in reunification cases

5.2.5.1. The inter-relationship between events and their timing

Understanding the timing and sequence of events is important because it can highlight critical periods of risk and shed light on inter-relationships between different kinds of events and their consequences. Using both the quantitative data and qualitative case file analysis of the family reunification cases we found that there were some patterns:

[41] p= 0.053 (sample size is 61 FDAC and 33 comparison children).

5.2.5.2. Maternal psychosocial events and their timing

As Figure 11 showed, substance misuse relapse was most likely in the first two years after proceedings ended. The risk of domestic violence was also higher in the first and second year following proceedings than in subsequent years for both samples.

For mothers, the event that was most likely to occur first in the follow-up period was substance misuse. A recurrence of substance misuse did not necessarily lead to a return to court. Domestic violence was the second most frequent psychosocial event to occur first and the perpetrators included fathers, ex-partners and new partners. The severity of domestic violence ranged from the mother reporting harassment to physical assaults. Mental health problems were never the first event to occur in the follow-up period. The most common mental health problem was depression and there were rare instances of acute psychosis and attempted suicides. In all but one case, mental health problems were a continuation of pre-existing problems present at the start of the care proceedings.

5.2.5.3. Child events and their timing

Child neglect
The risk of neglect was highest in the first two years after proceedings ended. The risk to children in both samples was spread across all age bands but no children aged under one were exposed to neglect. Nor were there any episodes of physical or sexual abuse in the follow-up period. The issue was always neglect. The trigger events were similar in both samples and included mothers who were unable to distance themselves from violent partners or family members, a lack of emotional care towards the children, and mothers who relapsed and did not access support. Neglect cases in both samples were very likely to result in a return to court, but substance misuse was not necessarily involved.

Permanent placement change
Permanent placement change took place throughout the 5 years in both samples. A permanent placement move without a return to court was more common amongst young people aged 17 or older who moved into independent living or in cases where family members took over informal care or when young people sought an alternative placement due to tensions in the home and a difficult mother/child relationship. A permanent move away from the child's mother was most likely to result in a foster placement.

Return to court
The risk of return to court was highest in the second year after proceedings ended in both FDAC and comparison cases. The ages of children returning to court were spread fairly evenly between 1 and 15. The case analysis showed that the most frequent application type for both samples was for a care order. However a return to court did not necessarily lead to a permanent move away from the mother in either sample. Indeed only a minority of care applications led to the making of a care order. They also resulted in the making of new supervision orders, residence orders and special guardianship. Mothers who had subsequent babies in the follow-up period did not necessarily return to court or have these babies removed.

The inter-relationship between child and maternal events and their consequences
Child and maternal events interacted with each other and some clear patterns emerged:

- Mothers in both samples who experienced three or more events such as relapse, domestic violence and offending in the follow-up period were very likely to have their case return to court for new proceedings.

- Children's emotional and behaviour problems were linked in all cases with other events, including neglect, relapse, mental health problems, domestic violence and/or the birth of a baby in the follow-up period.
- Around a third of all children who were reunited with their mother at the end of the care proceedings were estimated to display emotional and behavioural problems in the follow-up period[42]. The problems included uncontrollable and violent behaviour, offending, anxiety symptoms, bedwetting and self-harm. Some difficulties developed during the follow-up period: others were a continuation of pre-existing problems.

5.3. Out of home children and mothers - findings (Research Questions 5, 6 and 7)

When children cannot be returned home a key aim is to find an alternative family as quickly as possible and to ensure that this new home endures. At the end of proceedings 64% of all the non-reunified children in both samples were living in their permanent alternative placement by the end of the care proceedings. In this section, we look at how long it took for permanent placements to be found for children still living in temporary placements at the end of the proceedings and then examine the likelihood of any subsequent moves and reasons for them. We also report on the mothers whose children were not returned to them to see if any FDAC effect can be identified in relation to the likelihood of psychosocial problems. As we have noted in the methodology, it was particularly difficult to collect reliable data on these mothers from local authority files which compounded the issue of the small number of cases.

We found no statistically significant differences between FDAC and comparison mothers in relation to events tracked for cases where children did not return home. Similarly, as we had expected (see hypothesis 7), there were no statistically significant differences in results between FDAC and comparison children.

5.3.1. Children placed out of home – time to reach permanent placements

- The majority of FDAC (85%) and comparison children (86%) were estimated to be living in a permanent placement one year after the proceedings ended and this increased to 93% and 95% respectively two years' post-proceedings. By the end of the 5-year follow-up period all but 1% of the FDAC and 3% of the comparison children were in permanent placements. Of those who were not in permanent placements, all of them were older (aged between 9-17) and struggled with serious behavioural and emotional difficulties.
- All children aged one or under at the end of the care proceedings had moved from short term foster care to their adoptive family within a year after the proceedings ended. Children who moved to their adoptive placement in the second year of the follow-up tended to be older (aged 1-8).
- All the children with an adoption plan at the end of the proceedings were living with their adoptive family within two years after the final order apart from 3 children whose care plan changed as they wanted to remain with their foster carer permanently.
- For a small group of children, the move to a permanent long term foster placement took up to two years after the end of the proceedings. The longer time frame was linked to age, complicated sibling groups, assessment of special guardians and the birth of new infants.

[42] p=0.391 (sample size is 62 FDAC and 33 comparison children)

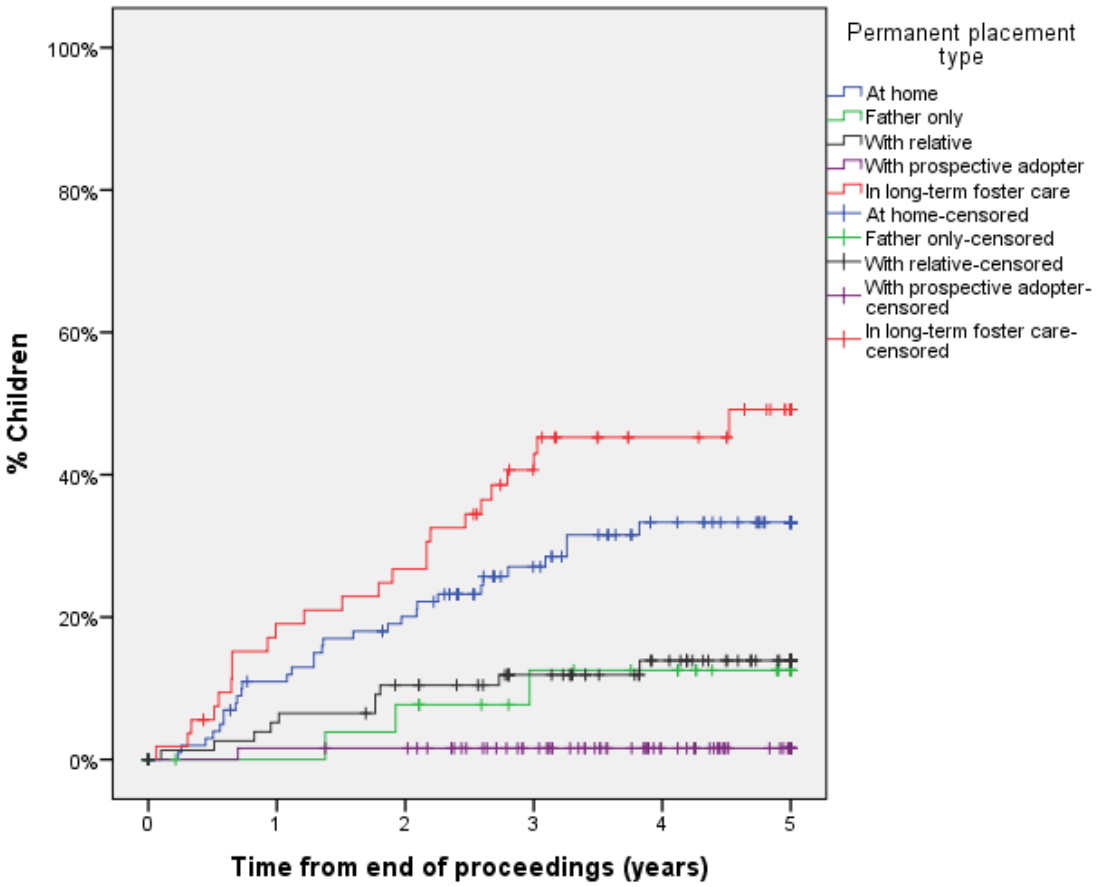
- In relation to children in temporary placement at the end of proceedings, younger children were more likely to reach their permanent placement more quickly in both FDAC and comparison cases.
- Age also influenced the type of permanent placement. Approximately 86% of children placed with prospective adopters were aged under 5 and 90% of children placed in long-term foster carer were aged 5 or over. Rates were similar in FDAC and comparison cases.

5.3.2. Placement changes after permanency for out of home children

The majority of children (82% FDAC and 78% comparison)[43] were estimated to remain in their permanent placement throughout the follow-up. This was the case for each of the main alternative placement types. However around a fifth of all FDAC and comparison children were estimated to experience a placement change after they had reached their permanent placement. The proportion was similar for both samples and children aged between 5-17 years were most likely to experience placement change.

There were statistically significant differences in the estimated rate of change of placement for the different placement types. Children placed in long-term foster care had the highest risk of placement change (51%), followed by children placed at home (33%). The estimated rates for children placed with relatives and with fathers were 14% and 12% respectively. The lowest risk was for children placed with adopters (2%).

Figure 13: Placement changes after permanency by permanent placement type



[43] p=0.703 (sample size is 128 FDAC and 103 comparison children)

The case file analysis indicated that placement breakdown in both samples accounted for the overwhelming majority of moves after permanency had been reached.

- The majority of disruptions to long term foster care occurred in the first three years of the follow-up in both samples. These placements broke down because the foster carer could not manage the child's behaviour, or the child was not happy, or there were difficulties in the relationship between the child and the foster carers' own children. A few placement moves from foster care were made because the child wanted to live closer to their own family and in a few other cases, they were the result of parents applying to revoke the care order. The child was most likely to move to a new foster placement, but other changes included a move to relatives, semi-independent living, residential care and, exceptionally, secure accommodation.
- A small number of placements with special guardians disrupted in both samples. Common concerns were the quality of care provided by the special guardian or the guardian being unable to cope with the children and/or with contact with birth parents.

The behaviour of the child was the most common reason for placement breakdown, especially with older children. The behaviours included:

- Children absconding from placements and going missing
- Being aggressive with other children or to their carer
- Refusing to go to school
- With younger children, behavioural problems were linked to developmental delay
- With older children, there were examples of self-harm and/or attempted suicide.

All children who experienced more than one placement change after reaching permanency had serious emotional and behavioural difficulties or mental health problems.

5.3.3. Return to court for out of home children

In estimating the likelihood of return to court, applications for full adoption orders were excluded.

- Around 10% of all children returned to court for new proceedings. The rate was similar in the FDAC and comparison sample. The children ranged in age from 1-12.
- Cases that returned to court included children who had been made subject at the end of the proceedings to care orders, special guardianship orders and residence orders but care order children were more likely to come back to court.
- Returns to court included applications for the discharge of care orders or special guardianship orders by parents or applications for care orders to replace special guardianship orders. Specific reasons for the applications varied from case to case.

5.3.4. About the mothers whose children were placed out of home at the end of the proceedings over the five year period

The information available on all mothers whose children were placed out of home was limited for all events, as noted above. The local authorities generally did not record information reliably on the mother once her child was removed from her care. From the supplementary information that was available less than 10% had an event recorded in relation to substance misuse. This was too low a sample to address the question of any possible FDAC influence after final order. There were more domestic violence incidents (21) and mental health (20) incidents recorded. They showed that:

- Between one third and one half of all the mothers experienced domestic violence
- Over one third experienced mental health problems.

5.3.5. Returns to court: non-reunified mothers

- Less than a fifth of the non-reunified FDAC and comparison mothers returned to court in new proceedings. The risk increased most rapidly in the second and third year after proceedings ended in both samples.
- Between a quarter and a third of the non-reunified mothers had babies in the 5-year follow-up period (n=36). Over 10% had new babies in the first year and the majority were born in the first 6 months of the follow-up, suggesting that these mothers were already pregnant by the end of the proceedings.
- Approximately three quarters of returns to court in respect of non-reunified mothers were triggered by the birth of a subsequent baby in the follow-up period. There was no clear pattern on the factors that triggered return to court in the other cases.

5.4. Conclusion

The results in this section show that a higher proportion of FDAC mothers sustained cessation than comparison mothers in the follow-up period (research question 3). They also suggest that FDAC family reunification was more durable than in the comparison cases. However, in both groups, (albeit in fewer FDAC cases) the results indicate a need for more support if reunification is to be sustainable.

The event analysis has pinpointed some very helpful findings for practice. It has underlined the central role that substance misuse continues to play after proceedings end: relapse was the most frequent event type and it was the first to happen with many consequences for children. The event analysis also reinforces the idea of a critical period of risk. Third, it suggests that family support needs to be multidisciplinary and include support with domestic violence and mental health concerns. FDAC and comparison mothers were equally likely to experience these problems in the follow-up period.

The results in this section do confirm, as expected, that family reunification is likely to be more unstable and higher risk than out of home care for many children. A majority of the children who were placed out of home were found alternative homes in timely fashion and with the exception of long term foster care, the risk of breakdown was lower than in the reunification samples. Overall however, the hypothesis we had formulated in relation to the outcomes for children placed out of home was upheld. There were no statistically significant differences between the two samples in the likelihood of reaching a permanent placement or that placement disrupting.

The results also indicate that FDAC did not have any lasting influence on mothers whose children were placed out of home. In hypothesis 6 we had suggested that FDAC might have reduced rates of substance misuse, domestic violence, the birth of a subsequent baby or return to court in the follow-up. There was no evidence to support this hypothesis.

We go on to explore these issues in the conclusions to this report.

6. Conclusions and recommendations

The rationale for a problem solving approach to family justice is threefold. It is seen as a more humane and transparent ways of conducting care proceedings. The second claim is that it brings about better outcomes for parents and children and third, that it can achieve financial savings.

The main aim of this continuation study has been to contribute to the evidence base on the outcomes of FDAC and to examine the extent to which the more positive outcomes found from our 2014 evaluation persisted after care proceedings ended. Understanding the extent to which FDAC can deliver sustainable outcomes was a prime reason for the DfE commissioning this study.

We have tracked a cohort of 240 cases (350 children) and compared the outcomes for the 140 FDAC mothers and their 201 children with those in the comparison group (100 mothers and 149 children). This cohort comprises the cases that entered FDAC and received assistance over the period from its inception in 2008 to 2012 and comparison cases entering the same court, for the same reasons, but heard in ordinary care proceedings. We have explored the seven questions that underpinned the aims of the study and the linked hypotheses. In this section, we examine what the findings tell us and set out our conclusions and recommendations. Before doing so, we highlight the methodological challenges faced by the study and their impact.

6.1. Study challenges and limitations

This is a relatively small scale study in which the size of the cohort was determined by the number of cases that were selected for FDAC by the three pilot authorities and the number of similar cases that comparison authorities considered to match the FDAC eligibility criteria. The small number of reunification cases was a particular challenge to generating solid evidence but it was determined by the court decision. Missing data on many variables also limited the evidence we have been able to adduce. The use of survival analysis has helped to address some of these difficulties and allowed us to establish whether differences in outcomes were statistically significant, but it could not overcome the problem of the small cohort. Many of the questions we have sought to address would have benefited ideally from multilevel analysis to enable us to establish the relative importance of different factors. For example, we have not been able to identify any particular case profiles that might help predict outcomes. It is therefore important to be cautious about the conclusions that can be drawn and the recommendations that can be made from this evaluation.

6.2. What the findings tell us

6.2.1. Treatment efficacy

The study has found new evidence that FDAC is better able to build on the potential of mothers to change, *in both the short and the longer term*.

In the short term, FDAC mothers were more successful than comparison mothers in stopping their misuse of drugs and/or alcohol by the end of the care proceedings. In turn, this led to a higher rate of FDAC family reunification than in the comparison cases. Both results confirm the findings of the 2014 evaluation, but on the basis of a larger number of FDAC cases than in the earlier study. As the case characteristics of the two groups were

well matched, it is reasonable to infer that receipt of FDAC was the main determinant of the better FDAC outcomes at the end of proceedings.

The evidence also suggests that there may be a continuing *longer term* 'FDAC effect' that enables some mothers to maintain positive change after care proceedings and the intensive FDAC intervention come to an end. The risk of substance misuse was significantly lower at the 5-year follow-up stage for the FDAC mothers who had been reunited with their children. In addition, a significantly higher proportion of FDAC families reunited at the end of the proceedings did not experience any disruption, based on the composite "three events" measure that was our proxy for a good outcome. For these mothers, FDAC appears to have achieved its objective: building resilience and promoting effective coping strategies to help parents face future difficulties more confidently and to parent better over the longer term. The two non-significant results regarding the durability of reunification point in the same direction, but would need testing on much larger case numbers.

Understanding what lies behind the results is an important question for practice and policy but not one that is easy to answer. FDAC is a complex intervention and a much larger study would be needed to try and unpick the relative contribution of its different components. However our previous 2014 report helps shed some light on this issue. In addition to the intensive treatment provided by FDAC it found that during the care proceedings a significantly higher proportion of FDAC families received substance misuse and family support services covering a wider range of needs than comparison families. This was due to the work of the FDAC team in coordinating services and the FDAC approach of keeping families engaged. These services were highly valued by the parents who appreciated their easy access to the team, their ongoing support, insight and practical help to help them change. Just as important as receipt of services was the parents' view that the process was fair, respectful and empowering. The unique role of the judge as both arbiter and problem-solver was highly appreciated. Parents with experience of ordinary care proceedings repeatedly emphasized that in ordinary proceedings they felt they had no voice and did not understand the process.

In short, the better outcomes in FDAC in the short and longer term can plausibly be linked to the delivery of the model and to what parents experienced as better justice. The results are in line with the theory of change in FDAC which is derived from therapeutic jurisprudence. They have led to the development of a set of standards, and principles and practices to ensure fidelity to the model. A recent linked study of court observations in 10 FDACs in different parts of the country found that fidelity to these principles and practices is being applied, suggesting that the pre-requisites for achieving better outcomes are in place[44].

The encouraging results in relation to family reunification outcomes also have potential financial implications, with some likely longer term savings to courts, the Legal Services Commission, children's social care, and adult services and health services, as outlined in the recent report from the Centre for Justice Innovation[45].

6.2.2. Enhancing prospects for safer family reunification

The study found that whilst FDAC families had better outcomes on key variables, many families in both samples continued to be vulnerable and encounter difficulties in the follow-up. Qualitative evidence collected from case files in relation to the 'life events' described in

[44] Tunnard J, Ryan M and Harwin J (December 2016) *Problem solving in court: current practice in FDACs in England*. *Final report*. Lancaster University. http://wp.lancs.ac.uk/cfj-fdac/publications/.
[45] Reeder N and Whitehead S (2016) Better Courts: the financial impact of the London Family Drug and Alcohol Court. Centre for Justice Innovation, FDAC National Unit, and Head and Heart Economics.

the report highlight the challenges faced by families after reunification and indicate a need for more family support to help reunification be sustained over time. In each sample (albeit less in FDAC) we found worrying evidence of children who were estimated to experience further neglect in the follow-up period, change of permanent placement or return to court. This was almost always linked to maternal substance misuse, domestic violence and mental health problems, either singly or in combination. Substance misuse was usually the prime trigger to new problems in the follow-up period. The children's own difficulties often made parenting difficult. Over a third of the children in both reunification samples had emotional and behavioural difficulties.

Reunification can never be risk free, but the study provides some pointers to possible ways of reducing the risks. It found that the two years after proceedings was the period of maximum risk for substance misuse difficulties, recurrence of neglect, and return to court. It suggests that support in these first two years post-proceedings could be particularly beneficial. In our previous study we also found that the support provided during the supervision order was very variable. In this study a majority of the families were subject to supervision orders in the first year following proceedings. Although we did not explore service input during the supervision order (see methodology 2.2.3.3) in this study, the timing of the events raises the question of whether more assistance might be needed. A national study[46] is investigating the sustainability of supervision orders and whether the use of directions might help provide more clarity as to the services to be provided by the local authority and the expectations on parents.

The results suggest that many families need more intensive ongoing multi-agency support in this post-proceedings period. The level of support needed would vary, according to individual needs, but could for many parents be a useful way of preventing problems from accumulating and getting a hold. This offer of support would build on the research evidence that recovery is a fluctuating and lengthy process that requires different types and levels of support, and that children need good support when they return home from care[47]. The government's permanence agenda reinforces this message[48] as does its investment in strengthening social workers' expertise in permanency planning[49].

One option in relation to FDAC families would be to consider whether it could provide a short-term bridging service to ease the transfer of the support role to the local authority. This proposal builds on the evidence of the value of parents maintaining links with known and trusted professionals after receiving an intensive service, to reduce risk of relapse into substance misuse: extensity is important too [50].

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[46] Harwin, J. Alrouh B, Fusco L, McQuarrie T and Morriss L. A national study of supervision orders and special guardianship (2015-2017). Funded by the Nuffield Foundation

[47] Farmer E et al (2011) Achieving successful returns from care: what makes reunification work. BAAF ,London; Biehal N et al (2015) *Reunifying abused or neglected children: decision-making and outcomes*. Child Abuse and Neglect; Wilkins M and Farmer E (2015) Reunification: an evidence informed framework for return home practice. https://www.nspcc.org.uk/services-and-resources/research-and-resources/2015/reunification-framework-return-home-practice/

[48] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/365091/Looked-after_children_improving_permanence_consultation_response.pdf

[49] https://www.gov.uk/government/publications/putting-children-first-our-vision-for-childrens-social-care Ref DFE-00158-2016

[50] McKay J (2009) Continuing care research: What we've learned and where we're going. Journal of Substance Misuse Treatment 36, 131-145. Orford J (2008) Asking the right questions in the right way: the need for a paradigm shift in research on psychological treatments for addiction. Addiction, 103(6):875-85 https://www.ncbi.nlm.nih.gov/pubmed/18190662

6.2.3. The contribution of FDAC when families are not reunited

In both samples proportionately more children were placed in alternative care because their mother had not been able to overcome her substance misuse difficulties by the end of the proceedings.

In relation to outcomes for children placed away from home in alternative care, we had no reason to expect to find any continuing FDAC influence. This is because the focus of FDAC is on the parents, not the children, and FDAC has no role in finding alternative placements for children. This view proved to be correct. Two thirds of the children in both samples were in permanent alternative placements by the end of the proceedings and this proportion had risen to 90% by the end of the first year after the care proceedings finished. A majority of the placements remained intact over the follow-up period and again, there were no differences in these rates between the FDAC and comparison children. As we had expected from the research literature, placement in alternative care was much less likely to disrupt than family reunification with the exception of long term foster care where disruption rates were significantly higher. This was a sub-group of very vulnerable and damaged children whom foster carers – and sometimes relatives – found too difficult to look after and who were unlikely to settle in any placement. In relation to special guardianship, the extra financial and other supports which are now available to guardians[51] are likely to help prevent these arrangements from breaking down and leading to a return to court.

The study had postulated that non-reunified FDAC mothers might have better outcomes than comparison mothers in relation to cessation of substance misuse, domestic violence and mental health difficulties. It had also hypothesised that these mothers might be less likely to return to court with subsequent babies. The evidence did not support either proposition. From the limited available evidence, all the non-reunified mothers in both samples were estimated to face similar rates of domestic violence, mental health problems and returns to court, often triggered by the birth of a subsequent baby. The qualitative information indicated that a number of these mothers were already pregnant during the care proceedings.

These results suggest that any longer term impact of FDAC is predicated on completion of the intervention during proceedings. Second, whilst it was not possible to predict who might do well in FDAC, the decision that the court had reached about placing the children of these mothers in alternative care had been well-founded. Third, it points to the need to provide support to these mothers in order to prevent their return to court. The research evidence on recurrent mothers makes this point forcibly[52].

6.2.4. Family reunification and out of home care: risks and benefits

The purpose of this study was to find out whether FDAC produced better outcomes than ordinary services and delivery. Inevitably the results take us into a wider issue of the relative risks and drawbacks of family reunification and out of home care. This is not a question that research evidence alone can answer. Given the duty in legislation to keep children within their family where possible, reunification will remain an option for all children in principle and

[51] Department for Education (2016) Special guardianship guidance: Statutory guidance for local authorities on the Special Guardianship Regulations 2005 (as amended by the Special Guardianship (Amendment) Regulations. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/503547/special_guardianship_guidance.pdf

[52] Broadhurst B, Alrouh B, Yeend E, Harwin J, Shaw M, Pilling M, Mason C and Kershaw S. (2015) Connecting Events in Time to Identify a Hidden Population: Birth Mothers and Their Children in Recurrent Care Proceedings in England, British Journal of Social Work, http://bjsw.oxfordjournals.org/content/early/2015/12/14/bjsw.bcv130

for many children in practice. It is therefore crucial to give due attention to supporting safe permanence for children who return home. FDAC is not a panacea and it is important to have realistic expectations of what any intervention can do to tackle the complex and widespread problem of parental substance misuse in care proceedings. The evidence from this study is that FDAC is more successful than ordinary services in minimising risk, keeping families together and helping parents to sustain substance misuse recovery.

6.3. Recommendations

It is important to be cautious in the recommendations that can be made from a small scale study but provided that the challenges and limitations we have set out are taken into consideration, the study can make a contribution in three ways:

- It can help provide estimations of the longer term outcomes of FDAC, for use by commissioners and policy makers as the provision of FDACs continues to grow.
- Its results provide benchmarks that can be used for future evaluations of FDAC.
- It highlights the need for greater support for reunification after care proceedings, for families involved in both FDAC and ordinary proceedings.

Our specific recommendations are these:

- **Extending availability** Given the more durable outcomes from FDAC cases, in relation to substance misuse cessation and family reunification, we conclude that FDAC is a helpful model that should be made available more widely and sustained in the longer term.
- **Continued funding** To support the wider roll-out of FDACs and their sustainability, local health services and adult services should contribute to the funding required for the specialist FDAC teams. We recommend this, given that health services and adult services, as well as children's services, benefit directly from the FDAC intervention[53].
- **Multidisciplinary support** In higher-risk cases, more multidisciplinary support should be made available to mothers and their children in the first two years after reunification, to enhance the prospects of lasting and safe reunification. In FDAC cases, a possibility would be for the specialist team to provide some ongoing involvement, if funds were available.
- **Continued scrutiny of outcomes** A large national study of FDACs should be undertaken that could usefully be framed around the seven questions that underpin this continuation study and take account of differences in locality and the organisation of the FDAC team, as well as changes introduced by the Children and Families Act 2014.

[53] Neglect and abuse is a leading cause of adverse physical and mental health problems in adult life, including the risk of substance misuse. https://www.cdc.gov/violenceprevention/childmaltreatment/consequences.html

Appendix 1: Length of follow-up

Mothers

	FDAC (140 mothers)		Comparison (98 mothers)	
	#	%	#	%
Case Transferred after proceedings	7	[5.0%]	3	[3.1%]
Mother died after proceedings	2	[1.4%]	5	[5.1%]
Local authority follow-up				
less than 1 year	14	[10.0%]	7	[7.1%]
1 year	0	[0.0%]	2	[2.0%]
2 years	25	[17.9%]	7	[7.1%]
3 years	28	[20.0%]	24	[24.5%]
4 years	26	[18.6%]	31	[31.6%]
5 years or more	47	[33.6%]	27	[27.6%]
CAFCASS follow-up				
less than 1 year	8	[5.7%]	0	[0.0%]
1 year	29	[20.7%]	16	[16.3%]
2 years	28	[20.0%]	29	[29.6%]
3 years	41	[29.3%]	30	[30.6%]
4 years	25	[17.9%]	19	[19.4%]
5 years or more	9	[6.4%]	4	[4.1%]

Children

	FDAC (202 children)		Comparison (149 children)	
	#	%	#	%
Local authority follow-up				
less than 1 year	17	8.4%	12	8.1%
1 year	1	0.5%	2	1.3%
2 years	43	21.3%	10	6.7%
3 years	38	18.8%	29	19.5%
4 years	37	18.3%	56	37.6%
5 years or more	66	32.7%	40	26.8%
CAFCASS follow-up				
less than 1 year	12	5.9%	0	0.0%
1 year	49	24.3%	19	12.8%
2 years	34	16.8%	51	34.2%
3 years	60	29.7%	43	28.9%
4 years	38	18.8%	32	21.5%
5 years or more	9	4.5%	4	2.7%

Appendix 2: Survival analysis

Introduction

Survival analysis is a set of methods for analysing data where the outcome variable is the time until the occurrence of an event of interest. In this study we focused on the first occurrence of an event (i.e. mothers' substance misuse relapse, domestic violence, mental health, offending, birth of a subsequent baby and return to court, and children's neglect/abuse, reaching permanent placement, moving from a permanent placement, etc.) during a 5-year follow-up period, starting from the end of proceedings.

The time to event (or survival time) is measured in years. For example, if the event of interest is domestic violence, then the survival time can be the time in years from the end of proceedings (i.e. final hearing) until a mother experiences the first incident of domestic violence.

Observations are called censored when the information about their survival time is incomplete. The most commonly encountered form is right censoring, which occurs if a subject withdraws from the follow-up (e.g. transferred cases), or if the follow-up period concludes without the occurrence of the event.

Unlike ordinary linear regression models, which cannot effectively handle the censoring of observations, survival analysis methods incorporate information from both censored and uncensored observations. In the Kaplan–Meier curve graphs, small vertical tick-marks indicate individual subjects whose survival times have been right-censored.

The main concepts in survival analysis for describing the distribution of event times are the survival and hazard functions. The survival function calculates, for every time (i.e. year in this case), the probability of surviving (or not experiencing the event) up to that time. The one-minus-survival function, on the other hand, can be used to describe the probability of experiencing an event up to that time. The hazard function gives the potential that the event will occur, per time unit, given that an individual has survived up to the specified time (e.g. the risk of a substance misuse relapse in the second year of follow-up, if the mother did not relapse in the first year).

Appendix 3: Statistical analyses

Start of proceedings (Mothers)

	FDAC			Comparison				
	#	N	%	#	N	%	$\chi 2$	Sig.
Number of children in the case								0.867
One child only	98	140	70.0%	71	100	71.0%	0.028	0.867
More than one child	42	140	30.0%	29	100	29.0%	0.028	0.867
Ethnicity								
White-British	77	140	55.0%	40	91	44.0%	2.691	0.101
White-Irish	12	140	8.6%	6	91	6.6%	0.300	0.584
White-Other	13	140	9.3%	8	91	8.8%	0.016	0.898
Black-Caribbean	11	140	7.9%	16	91	17.6%	5.053	0.025
Black-African	7	140	5.0%	7	91	7.7%	0.702	0.402
Black-Other	3	140	2.1%	1	91	1.1%	0.353	0.552
Asian-Indian	2	140	1.4%	0	91	0.0%	1.311	0.252
Asian-Bangladeshi	2	140	1.4%	0	91	0.0%	1.311	0.252
Asian-Other	2	140	1.4%	1	91	1.1%	0.047	0.829
White & Black Caribbean	5	140	3.6%	5	91	5.5%	0.492	0.483
White & Black African	0	140	0.0%	3	91	3.3%	4.676	0.031
White & Asian	1	140	0.7%	0	91	0.0%	0.653	0.419
Other mixed heritage	4	140	2.9%	3	91	3.3%	0.036	0.849
Other	1	140	0.7%	1	91	1.1%	0.095	0.758
Ethnicity2								
White	102	140	72.9%	54	91	59.3%	4.595	0.032
Black	21	140	15.0%	24	91	26.4%	4.548	0.033
Mixed	10	140	7.1%	11	91	12.1%	1.632	0.201
Other	7	140	5.0%	2	91	2.2%	1.157	0.282
Ethnicity3								

White	102	140	72.9%	54	91	59.3%	4.595	0.032
Black and other minorities	38	140	27.1%	37	91	40.7%	4.595	0.032
Length of involvement with social services								
Less than 1 month	7	136	5.1%	2	92	2.2%	1.279	0.258
1-6 months	17	136	12.5%	4	92	4.3%	4.361	0.037
7-11 months	8	136	5.9%	3	92	3.3%	0.821	0.365
1-3 years	22	136	16.2%	21	92	22.8%	1.586	0.208
4-5 years	16	136	11.8%	14	92	15.2%	0.573	0.449
6-10 years	30	136	22.1%	16	92	17.4%	0.742	0.389
more than 10 years	36	136	26.5%	32	92	34.8%	1.812	0.178
Length of involvement with social services 2								
5 years or less	70	136	51.5%	44	92	47.8%	0.292	0.589
More than 5 years	66	136	48.5%	48	92	52.2%	0.292	0.589
Mother's age								0.559
Under 20 years old	4	140	2.9%	5	100	5.0%	0.742	0.389
20 to 29 years old	35	140	25.0%	28	100	28.0%	0.271	0.603
30 to 39 years old	79	140	56.4%	48	100	48.0%	1.663	0.197
40 years old or over	22	140	15.7%	19	100	19.0%	0.445	0.505
Type of substance misuse								0.728
Alcohol only	27	140	19.3%	23	99	23.2%	0.546	0.460
Illicit drugs only	52	140	37.1%	34	99	34.3%	0.197	0.657
Both SM	61	140	43.6%	42	99	42.4%	0.031	0.860
Mother's psychosocial difficulties								
Mental health problems	52	140	37.1%	40	100	40.0%	0.201	0.654
Experienced domestic violence	100	140	71.4%	64	100	64.0%	1.488	0.223
Perpetrated domestic violence	40	140	28.6%	33	100	33.0%	0.541	0.462
History of being looked after	34	140	24.3%	32	100	32.0%	1.741	0.187
Previously removed children	50	140	35.7%	40	100	40.0%	0.457	0.499

Start of proceedings (Children)

Start of proceedings	FDAC			Comparison				
	#	N	%	#	N	%	χ2	Sig.
Ethnicity								
White-British	77	196	39.3%	49	138	35.5%	0.492	0.483
White-Irish	8	196	4.1%	4	138	2.9%	0.327	0.567
White-Other	18	196	9.2%	2	138	1.4%	8.605	0.003
Black-Caribbean	8	196	4.1%	18	138	13.0%	9.061	0.003
Black-African	6	196	3.1%	4	138	2.9%	0.007	0.932
Black-Other	4	196	2.0%	1	138	0.7%	0.951	0.329
Asian	8	196	4.1%	2	138	1.4%	1.932	0.165
Other / Mixed heritage	67	196	34.2%	58	138	42.0%	2.128	0.145
Asian-Indian	0	196	0.0%	1	138	0.7%	1.425	0.233
Asian-Bangladeshi	7	196	3.6%	0	138	0.0%	5.034	0.025
Asian-Other	1	196	0.5%	1	138	0.7%	0.063	0.802
White & Black Caribbean	28	196	14.3%	27	138	19.6%	1.641	0.200
White & Black African	7	196	3.6%	15	138	10.9%	7.010	0.008
White & Asian	2	196	1.0%	2	138	1.4%	0.126	0.723
Other mixed heritage	30	196	15.3%	12	138	8.7%	3.219	0.073
Other	0	196	0.0%	2	138	1.4%	2.858	0.091
Ethnicity2								
White	103	196	52.6%	55	138	39.9%	5.237	0.022
Black	18	196	9.2%	23	138	16.7%	4.211	0.040
Mixed	67	196	34.2%	56	138	40.6%	1.424	0.233
Other	8	196	4.1%	4	138	2.9%	0.327	0.567
Ethnicity3								
White	103	196	52.6%	55	138	39.9%	5.237	0.022
Black and other minorities	93	196	47.4%	83	138	60.1%	5.237	0.022

Child's age								0.887
Under 1 year old	77	201	38.3%	57	149	38.3%	0.000	0.992
1 to 4 years old	37	201	18.4%	31	149	20.8%	0.314	0.575
5 to 10 years old	62	201	30.8%	41	149	27.5%	0.457	0.499
11 years old or over	25	201	12.4%	20	149	13.4%	0.074	0.785
Child living with/at								0.772
Mother and father/partner	19	198	9.6%	12	149	8.1%	0.249	0.618
Mother only	52	198	26.3%	33	149	22.1%	0.778	0.378
Father only	6	198	3.0%	3	149	2.0%	0.348	0.555
Residential provision (with mother)	9	198	4.5%	5	149	3.4%	0.311	0.577
Family and friends	24	198	12.1%	18	149	12.1%	0.000	0.991
Hospital	52	198	26.3%	42	149	28.2%	0.160	0.690
Foster carer	36	198	18.2%	35	149	23.5%	1.472	0.225
Other	0	198	0.0%	1	149	0.7%	1.333	0.248
Child's psychosocial difficulties								
Emotional and behavioural difficulties	51	201	25.4%	43	149	28.9%	0.529	0.467
Physical health problems	83	201	41.3%	67	149	45.0%	0.471	0.492
Born affected by drugs	53	201	26.4%	19	149	12.8%	9.710	0.002
Born premature	18	201	9.0%	13	149	8.7%	0.006	0.940
Development Delay	17	201	8.5%	14	149	9.4%	0.093	0.760
Type of harm								0.000
Actual	119	182	65.4%	115	135	85.2%	15.723	0.000
Likelihood only	63	182	34.6%	20	135	14.8%	15.723	0.000
Physical harm	76	161	47.2%	65	120	54.2%	1.333	0.248
Emotional harm	106	161	65.8%	81	120	67.5%	0.085	0.770
Neglect harm	140	161	87.0%	104	120	86.7%	0.005	0.943

Placement LA seeking								0.138
No removal from parent	40	185	21.6%	28	140	20.0%	0.127	0.722
Father only	2	185	1.1%	1	140	0.7%	0.117	0.732
Residential	16	185	8.6%	9	140	6.4%	0.553	0.457
Family and friends	30	185	16.2%	11	140	7.9%	5.051	0.025
Adoption	5	185	2.7%	3	140	2.1%	0.104	0.747
Foster carer	90	185	48.6%	88	140	62.9%	6.494	0.011
Other	2	185	1.1%	0	140	0.0%	1.523	0.217

End of proceedings (Mothers)

	FDAC			Comparison				
	#	N	%	#	N	%	$\chi 2$	Sig.
Mother's age								0.049
Under 20 years old	2	140	1.4%	1	100	1.0%	0.087	0.768
20 to 29 years old	28	140	20.0%	31	100	31.0%	3.807	0.051
30 to 39 years old	84	140	60.0%	42	100	42.0%	7.579	0.006
40 years old or over	26	140	18.6%	26	100	26.0%	1.897	0.168
Mother's substance misuse								0.029
Not misusing	51	133	38.3%	27	96	28.1%	2.593	0.107
Stabilised	10	133	7.5%	2	96	2.1%	3.317	0.069
Still misusing	72	133	54.1%	67	96	69.8%	5.729	0.017
Case reunification outcomes								
Reunification (at least 1 child)	52	140	37.1%	25	100	25.0%	3.947	0.047
Reunification and stopped misusing (at least 1 child)	52	140	37.1%	20	100	20.0%	8.163	0.004
Out of home (at least 1 child)	93	140	66.4%	76	100	76.0%	2.565	0.109
Case Transferred during proceedings	8	140	5.7%	6	100	6.0%	0.009	0.926
Mother died during proceedings	1	140	0.7%	2	100	2.0%	0.781	0.377

End of proceedings (Children)

End of proceedings	FDAC			Comparison				
	#	N	%	#	N	%	χ2	Sig.
Child's outcomes								
Reunification	71	201	35.3%	42	149	28.2%	1.993	0.158
Reunification and stopped misusing (at least 1 child)	71	201	35.3%	32	149	21.5%	7.900	0.005
Out of home	130	201	64.7%	107	149	71.8%	1.993	0.158
Legal Orders								0.064
Order of no order	2	201	1.0%	0	149	0.0%	1.491	0.222
Family assistance order	1	201	0.5%	0	149	0.0%	0.743	0.389
Supervision order	72	201	35.8%	36	149	24.2%	5.452	0.020
Residence order	1	201	0.5%	1	149	0.7%	0.045	0.831
Residence order & Supervision order	10	201	5.0%	19	149	12.8%	6.810	0.009
Residence order & Family assistance order	2	201	1.0%	0	149	0.0%	1.491	0.222
Special guardianship order	34	201	16.9%	25	149	16.8%	0.001	0.973
Special guardianship order & Supervision order	4	201	2.0%	7	149	4.7%	2.061	0.151
Care order	30	201	14.9%	23	149	15.4%	0.017	0.895
Care order & Placement order	45	201	22.4%	38	149	25.5%	0.459	0.498
Final Placements								0.418
With mother	71	201	35.3%	42	149	28.2%	1.993	0.158
With father only	18	201	9.0%	14	149	9.4%	0.020	0.888
With relative	39	201	19.4%	37	149	24.8%	1.484	0.223
In foster care	68	201	33.8%	54	149	36.2%	0.219	0.640
With prospective adopter	3	201	1.5%	0	149	0.0%	2.243	0.134
Other (residential care, secure accommodation)	2	201	1.0%	2	149	1.3%	0.091	0.762

Placement permanency								
Permanent placement	154	201	76.6%	110	149	73.8%	0.360	0.549

Follow-up Analysis

Substance Misuse Relapse (All Mothers)

Life Table

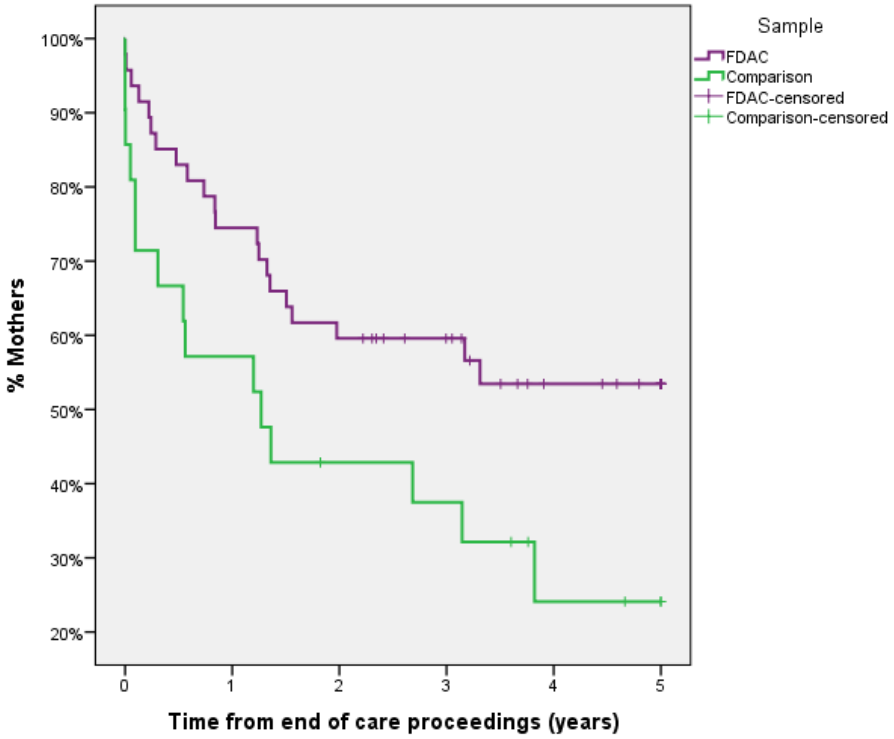
First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	47	0	47.000	12	.26	.74	.74	.06	.255	.064	.29	.08
		1	35	0	35.000	7	.20	.80	.60	.07	.149	.052	.22	.08
		2	28	6	25.000	0	.00	1.00	.60	.07	.000	.000	.00	.00
		3	22	7	18.500	2	.11	.89	.53	.08	.064	.044	.11	.08
		4	13	3	11.500	0	.00	1.00	.53	.08	.000	.000	.00	.00
		5	10	10	5.000	0	.00	1.00	.53	.08	.000	.000	.00	.00
	Comparison	0	21	0	21.000	9	.43	.57	.57	.11	.429	.108	.55	.17
		1	12	1	11.500	3	.26	.74	.42	.11	.149	.079	.30	.17
		2	8	0	8.000	1	.13	.88	.37	.11	.053	.051	.13	.13
		3	7	2	6.000	2	.33	.67	.25	.10	.123	.080	.40	.28
		4	3	1	2.500	0	.00	1.00	.25	.10	.000	.000	.00	.00
		5	2	2	1.000	0	.00	1.00	.25	.10	.000	.000	.00	.00

Overall comparison

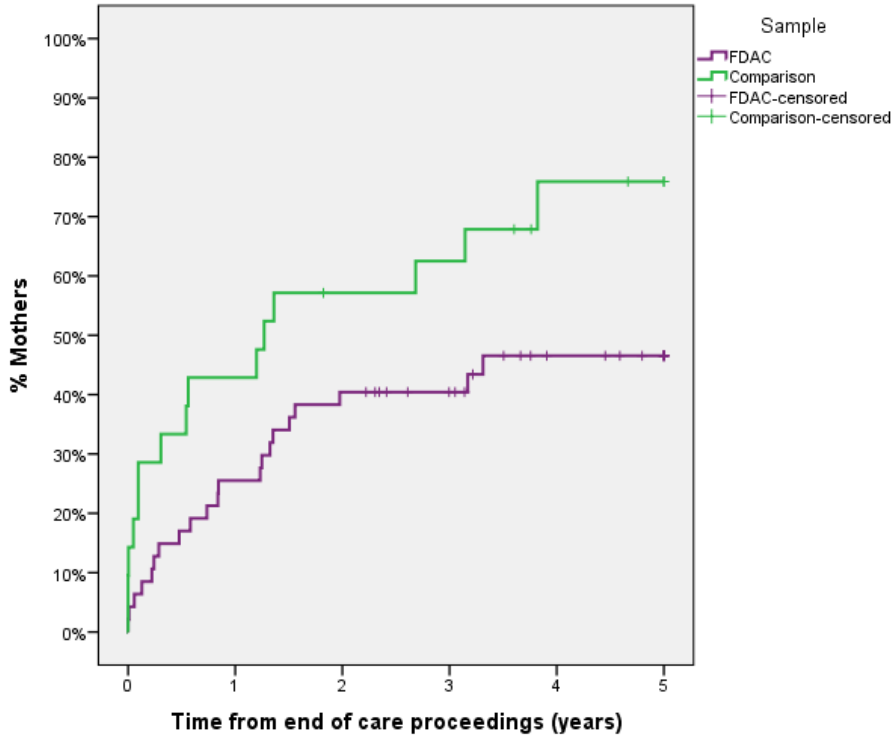
	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	3.599	1	.058	4.796	1	0.029
Breslow (Generalized Wilcoxon)	4.039	1	.044	4.621	1	0.032
Tarone-Ware	3.827	1	.050	4.678	1	0.031

Kaplan-Meier* (*Substance Misuse Relapse)

Survival Graph



On minus Survival Graph



At least One of Three Problems {relapse, placement change, return to court} (Reunification Mothers)

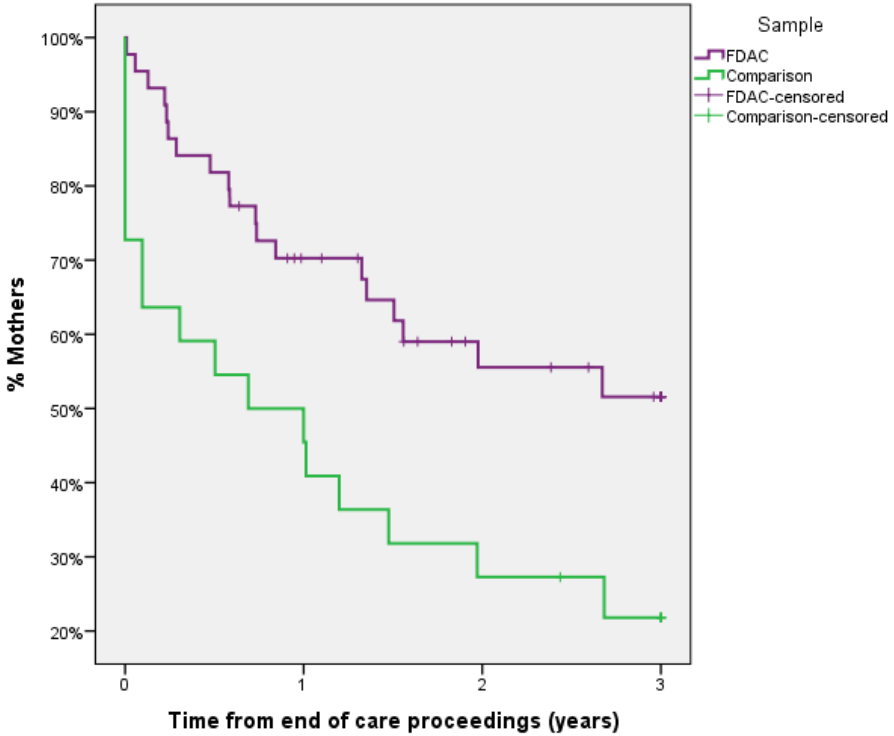
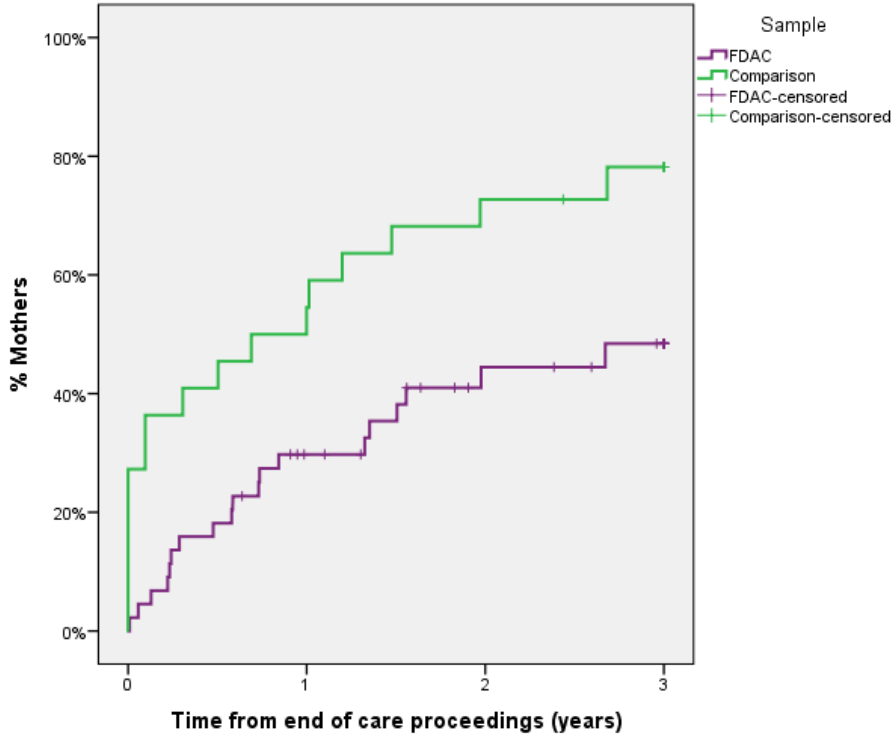
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	44	4	42.000	13	.31	.69	.69	.07	.310	.071	.37	.10
		1	27	6	24.000	5	.21	.79	.55	.08	.144	.059	.23	.10
		2	16	3	14.500	1	.07	.93	.51	.08	.038	.037	.07	.07
		3	12	12	6.000	0	0.00	1.00	.51	.08	0.000	0.000	0.00	0.00
	Comparison	0	22	0	22.000	12	.55	.45	.45	.11	.545	.106	.75	.20
		1	10	0	10.000	4	.40	.60	.27	.09	.182	.082	.50	.24
		2	6	1	5.500	1	.18	.82	.22	.09	.050	.048	.20	.20
		3	4	4	2.000	0	0.00	1.00	.22	.09	0.000	0.000	0.00	0.00

Overall comparison

	3-year follow-up		
	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	7.258	1	.007
Breslow (Generalized Wilcoxon)	8.379	1	.004
Tarone-Ware	7.902	1	.005

Kaplan-Meier (At least One of Three Problems {relapse, placement change, return to court} (Reunification Mothers))

Survival Graph	On minus Survival Graph
	

At least One of Three Problems {placement change, neglect, return to court} (Reunification Children)

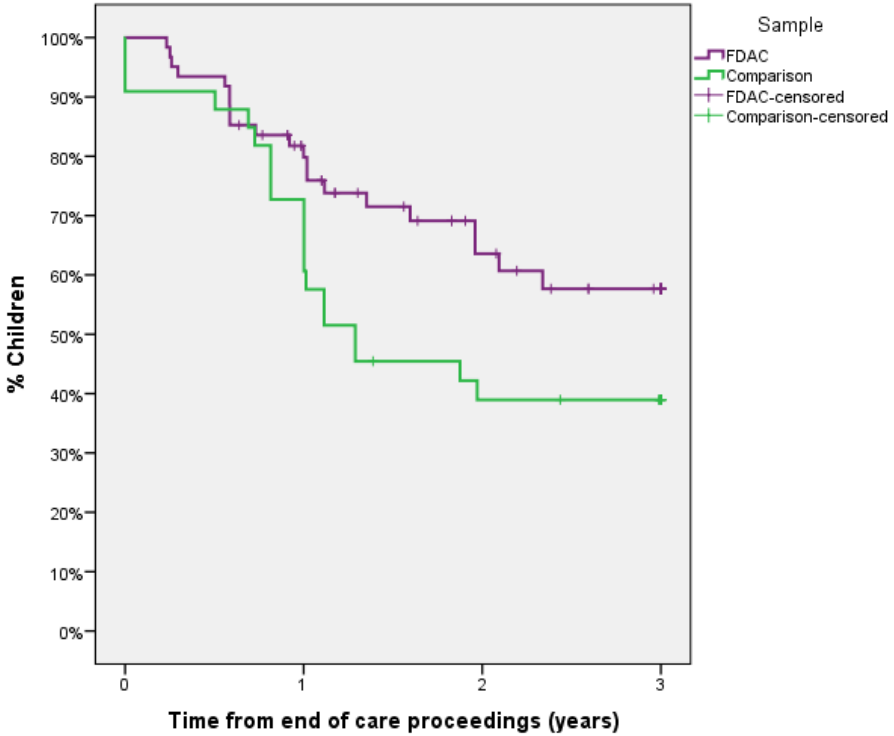
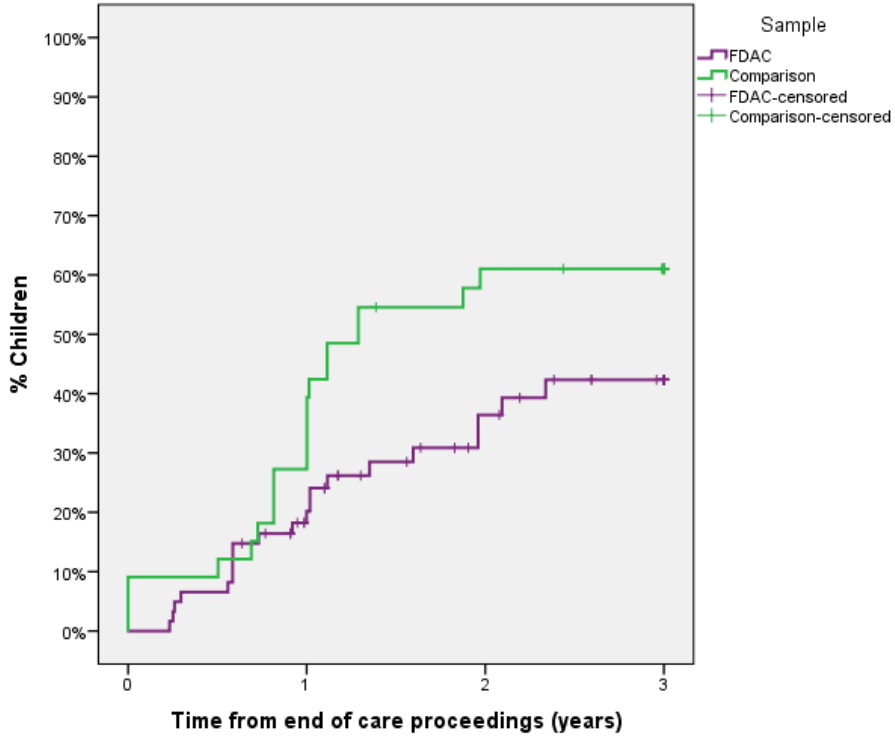
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	61	8	57.000	12	.21	.79	.79	.05	.211	.054	.24	.07
		1	41	11	35.500	7	.20	.80	.63	.07	.156	.054	.22	.08
		2	23	6	20.000	2	.10	.90	.57	.07	.063	.043	.11	.07
		3	15	15	7.500	0	0.00	1.00	.57	.07	0.000	0.000	0.00	0.00
		4												
		5												
	Comparison	0	33	0	33.000	9	.27	.73	.73	.08	.273	.078	.32	.10
		1	24	1	23.500	11	.47	.53	.39	.09	.340	.083	.61	.18
		2	12	3	10.500	0	0.00	1.00	.39	.09	0.000	0.000	0.00	0.00
		3	9	9	4.500	0	0.00	1.00	.39	.09	0.000	0.000	0.00	0.00
		4												
		5												

Overall comparison

	3-year follow-up		
	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	3.733	1	.053
Breslow (Generalized Wilcoxon)	3.698	1	.054
Tarone-Ware	3.849	1	.050

Kaplan-Meier* (*At least One of Three Problems {placement change, neglect, return to court} (Reunification Children))

Survival Graph	On minus Survival Graph
	

Substance misuse Relapse (Reunification Mothers)

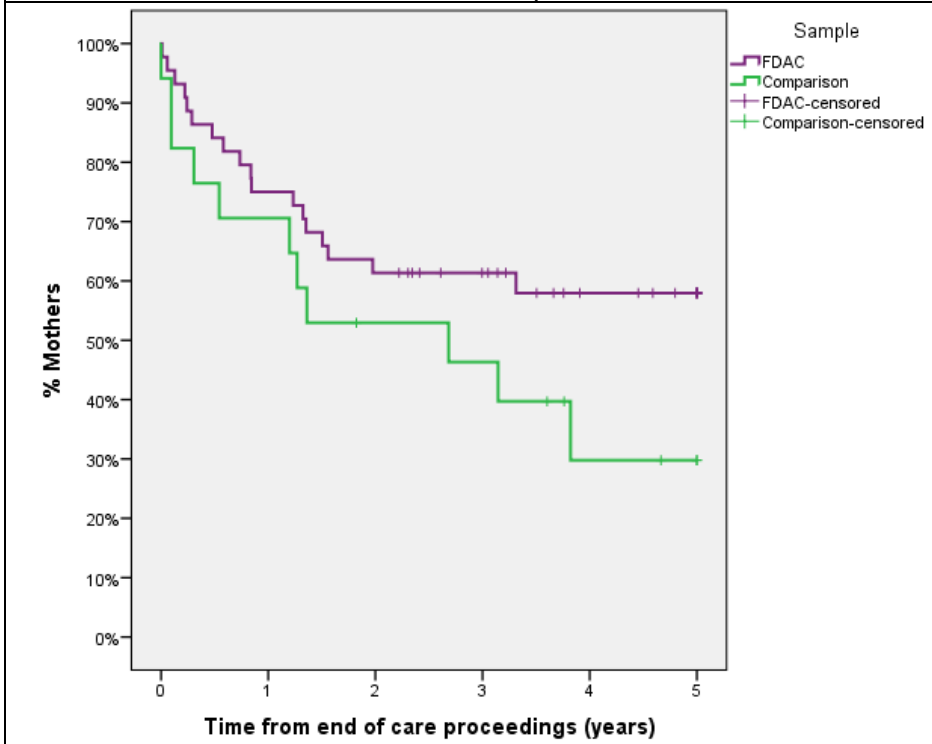
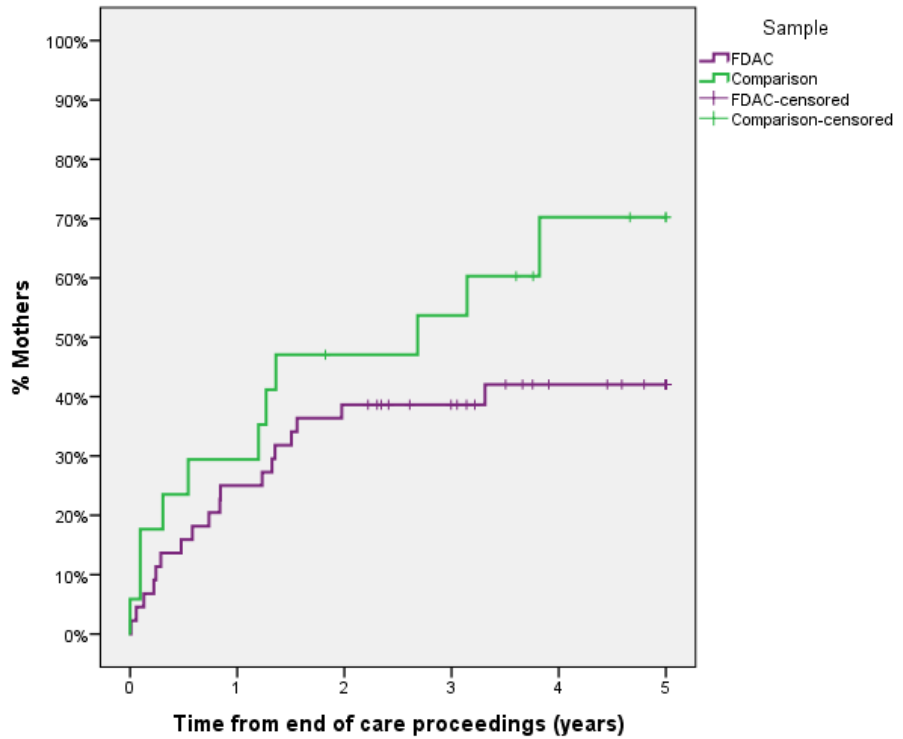
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	44	0	44.000	11	.25	.75	.75	.07	.250	.065	.29	.09
		1	33	0	33.000	6	.18	.82	.61	.07	.136	.052	.20	.08
		2	27	6	24.000	0	0.00	1.00	.61	.07	0.000	0.000	0.00	0.00
		3	21	7	17.500	1	.06	.94	.58	.08	.035	.034	.06	.06
		4	13	3	11.500	0	0.00	1.00	.58	.08	0.000	0.000	0.00	0.00
		5	10	10	5.000	0	0.00	1.00	.58	.08	0.000	0.000	0.00	0.00
	Comparison	0	17	0	17.000	5	.29	.71	.71	.11	.294	.111	.34	.15
		1	12	1	11.500	3	.26	.74	.52	.12	.184	.096	.30	.17
		2	8	0	8.000	1	.13	.88	.46	.12	.065	.063	.13	.13
		3	7	2	6.000	2	.33	.67	.30	.12	.152	.097	.40	.28
		4	3	1	2.500	0	0.00	1.00	.30	.12	0.000	0.000	0.00	0.00
		5	2	2	1.000	0	0.00	1.00	.30	.12	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	1.116	1	.291	2.366	1	.124
Breslow (Generalized Wilcoxon)	1.091	1	.296	1.628	1	.202
Tarone-Ware	1.098	1	.295	1.922	1	.166

Kaplan-Meier (Substance misuse Relapse (Reunification Mothers))

Survival Graph	On minus Survival Graph
	

Domestic Violence (Reunification Mothers)

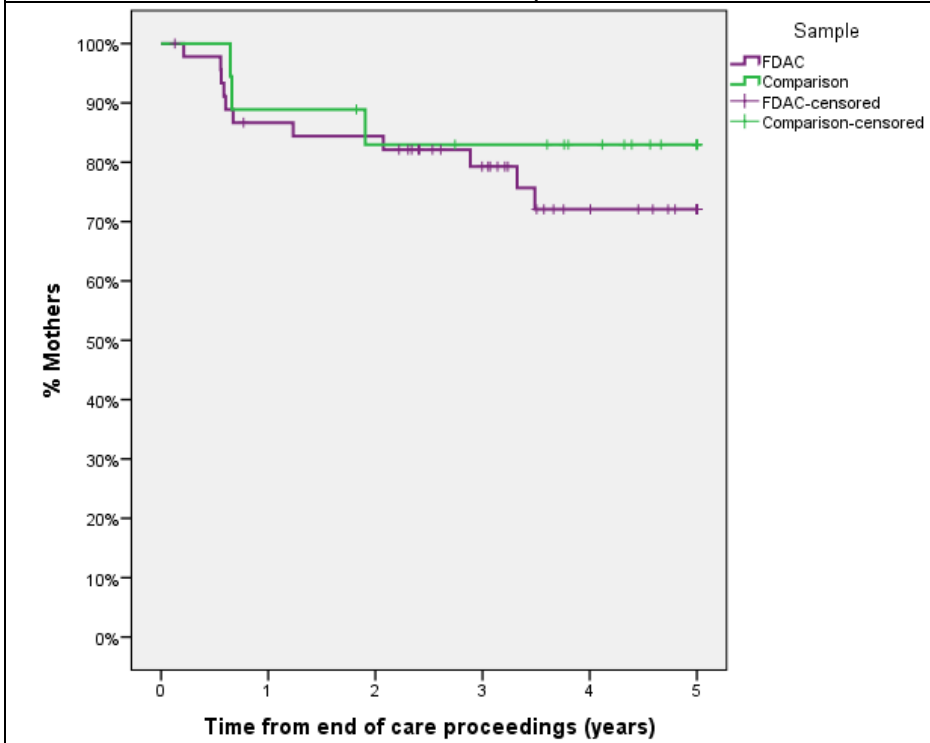
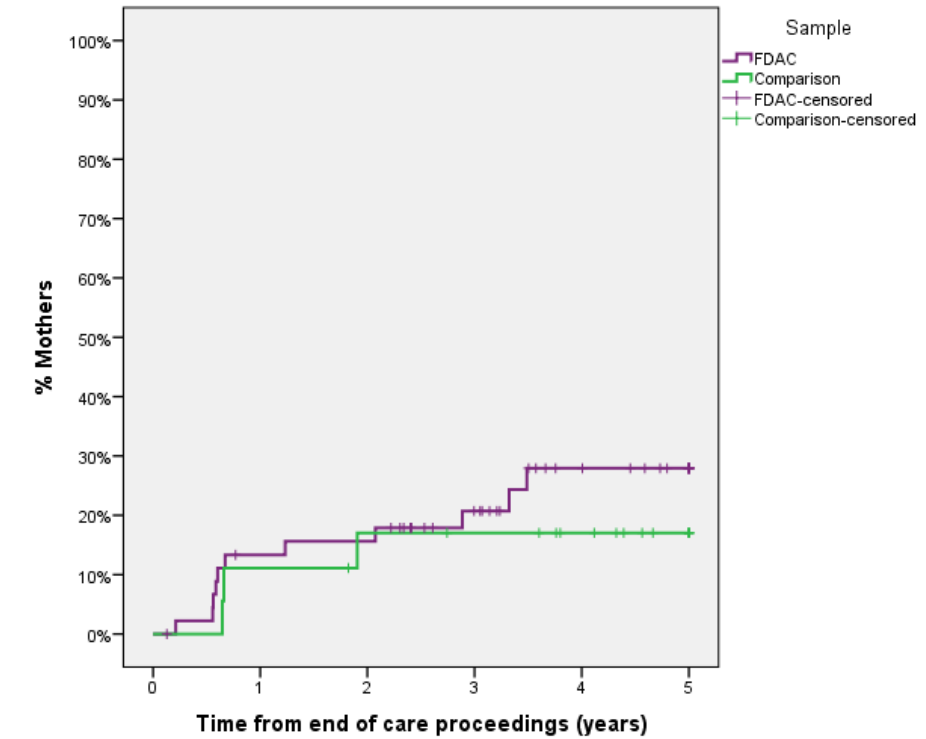
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	46	2	45.000	6	.13	.87	.87	.05	.133	.051	.14	.06
		1	38	0	38.000	1	.03	.97	.84	.05	.023	.023	.03	.03
		2	37	8	33.000	2	.06	.94	.79	.06	.051	.035	.06	.04
		3	27	9	22.500	2	.09	.91	.72	.07	.070	.048	.09	.07
		4	16	5	13.500	0	0.00	1.00	.72	.07	0.000	0.000	0.00	0.00
		5	11	11	5.500	0	0.00	1.00	.72	.07	0.000	0.000	0.00	0.00
	Comparison	0	18	0	18.000	2	.11	.89	.89	.07	.111	.074	.12	.08
		1	16	1	15.500	1	.06	.94	.83	.09	.057	.056	.07	.07
		2	14	1	13.500	0	0.00	1.00	.83	.09	0.000	0.000	0.00	0.00
		3	13	3	11.500	0	0.00	1.00	.83	.09	0.000	0.000	0.00	0.00
		4	10	5	7.500	0	0.00	1.00	.83	.09	0.000	0.000	0.00	0.00
		5	5	5	2.500	0	0.00	1.00	.83	.09	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	.117	1	.733	.564	1	.453
Breslow (Generalized Wilcoxon)	.129	1	.720	.395	1	.530
Tarone-Ware	.121	1	.728	.468	1	.494

Kaplan-Meier (Domestic Violence (Reunification Mothers))

Survival Graph	On minus Survival Graph
	

Mental health (Reunification Mothers)

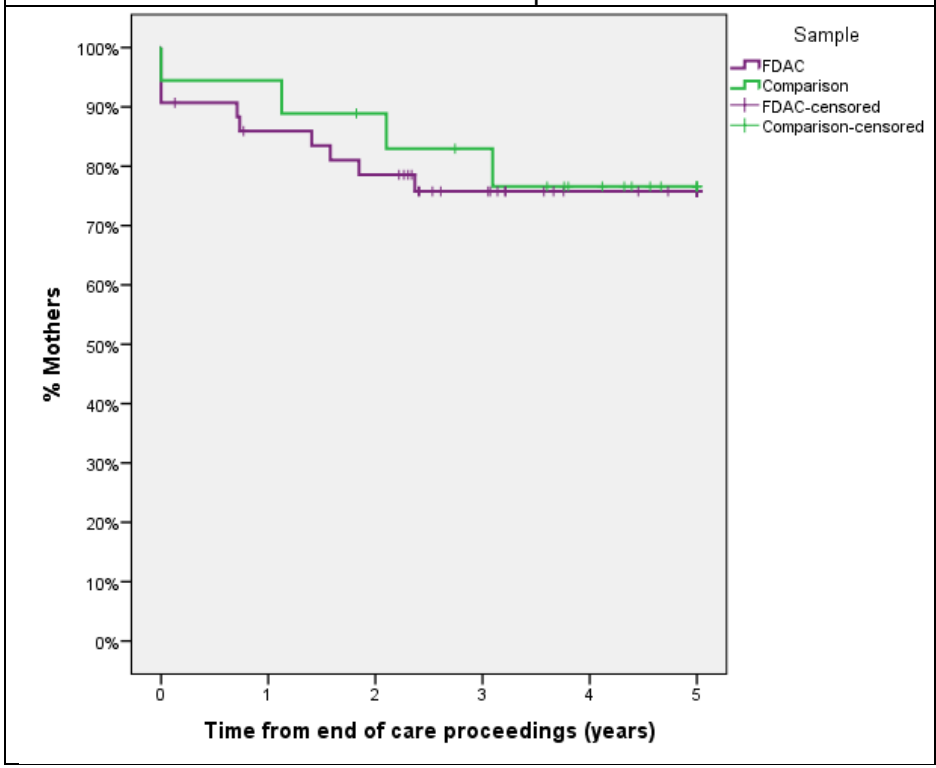
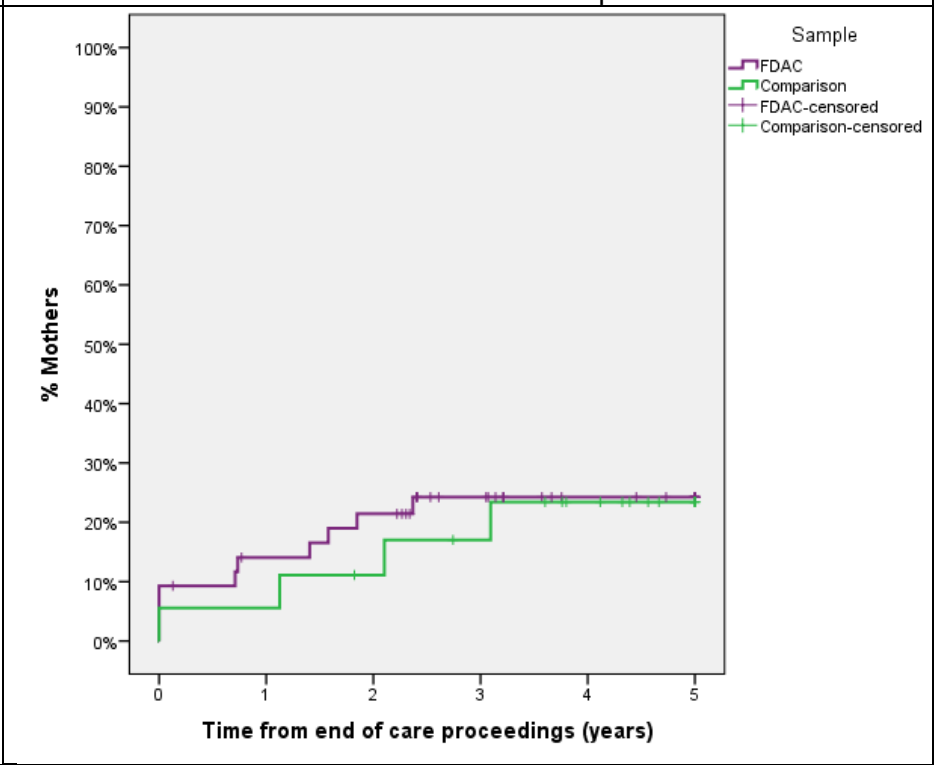
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	43	2	42.000	6	.14	.86	.86	.05	.143	.054	.15	.06
		1	35	0	35.000	3	.09	.91	.78	.06	.073	.041	.09	.05
		2	32	8	28.000	1	.04	.96	.76	.07	.028	.028	.04	.04
		3	23	8	19.000	0	0.00	1.00	.76	.07	0.000	0.000	0.00	0.00
		4	15	2	14.000	0	0.00	1.00	.76	.07	0.000	0.000	0.00	0.00
		5	13	13	6.500	0	0.00	1.00	.76	.07	0.000	0.000	0.00	0.00
	Comparison	0	18	0	18.000	1	.06	.94	.94	.05	.056	.054	.06	.06
		1	17	1	16.500	1	.06	.94	.89	.08	.057	.056	.06	.06
		2	15	1	14.500	1	.07	.93	.83	.09	.061	.059	.07	.07
		3	13	3	11.500	1	.09	.91	.75	.11	.072	.069	.09	.09
		4	9	5	6.500	0	0.00	1.00	.75	.11	0.000	0.000	0.00	0.00
		5	4	4	2.000	0	0.00	1.00	.75	.11	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	.388	1	.533	.056	1	.812
Breslow (Generalized Wilcoxon)	.409	1	.523	.158	1	.691
Tarone-Ware	.399	1	.528	.105	1	.746

Kaplan-Meier (Mental health (Reunification Mothers))

Survival Graph	On minus Survival Graph
	

Permanent Placement Change (Reunification Mothers)

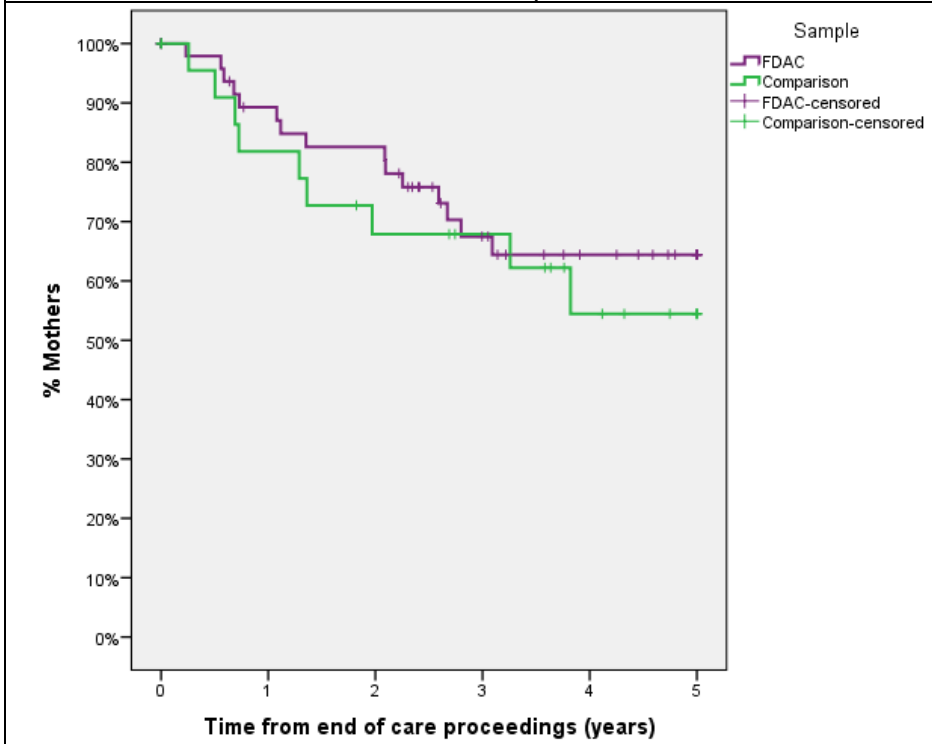
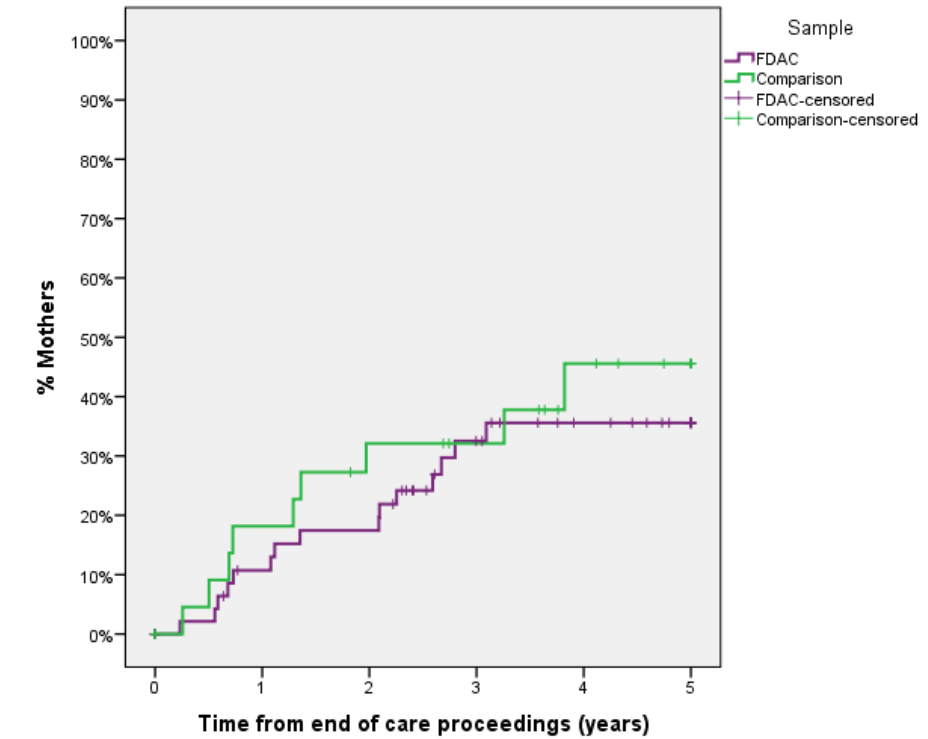
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	52	7	48.500	5	.10	.90	.90	.04	.103	.044	.11	.05
		1	40	0	40.000	3	.08	.93	.83	.06	.067	.037	.08	.04
		2	37	8	33.000	6	.18	.82	.68	.07	.151	.057	.20	.08
		3	23	6	20.000	1	.05	.95	.64	.08	.034	.033	.05	.05
		4	16	5	13.500	0	0.00	1.00	.64	.08	0.000	0.000	0.00	0.00
		5	11	11	5.500	0	0.00	1.00	.64	.08	0.000	0.000	0.00	0.00
	Comparison	0	25	3	23.500	4	.17	.83	.83	.08	.170	.078	.19	.09
		1	18	1	17.500	3	.17	.83	.69	.10	.142	.076	.19	.11
		2	14	2	13.000	0	0.00	1.00	.69	.10	0.000	0.000	0.00	0.00
		3	12	3	10.500	2	.19	.81	.56	.12	.131	.085	.21	.15
		4	7	3	5.500	0	0.00	1.00	.56	.12	0.000	0.000	0.00	0.00
		5	4	4	2.000	0	0.00	1.00	.56	.12	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	.049	1	.825	.383	1	.536
Breslow (Generalized Wilcoxon)	.193	1	.661	.390	1	.532
Tarone-Ware	.114	1	.735	.375	1	.540

Kaplan-Meier (Permanent Placement Change (Reunification Mothers))

Survival Graph	On minus Survival Graph
	

Permanent Placement Change (Reunification Children)

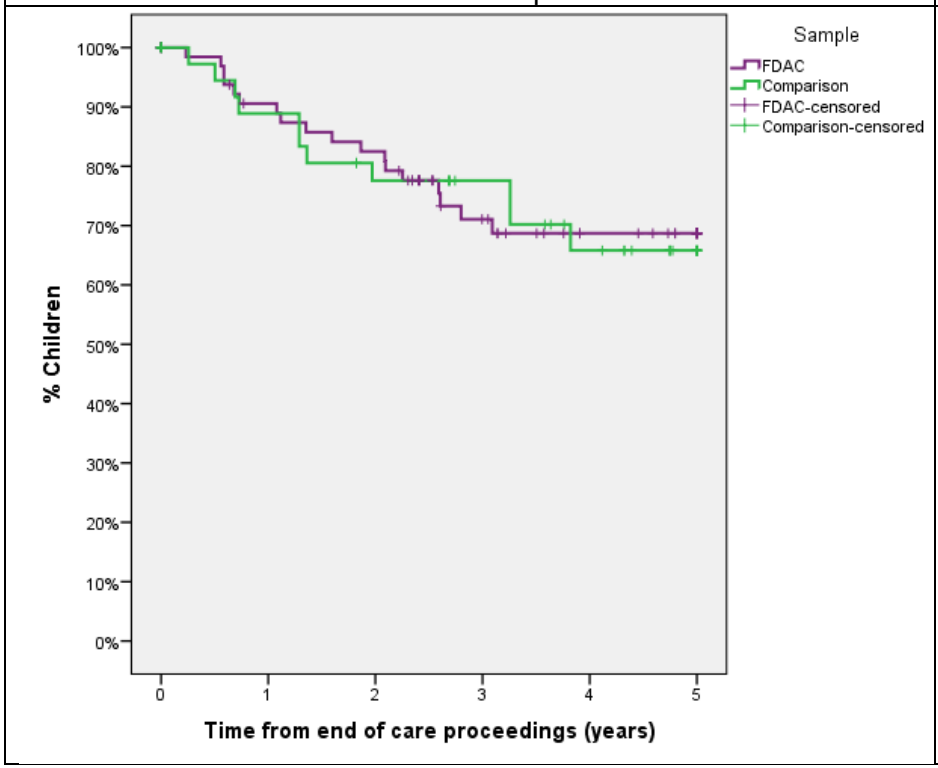
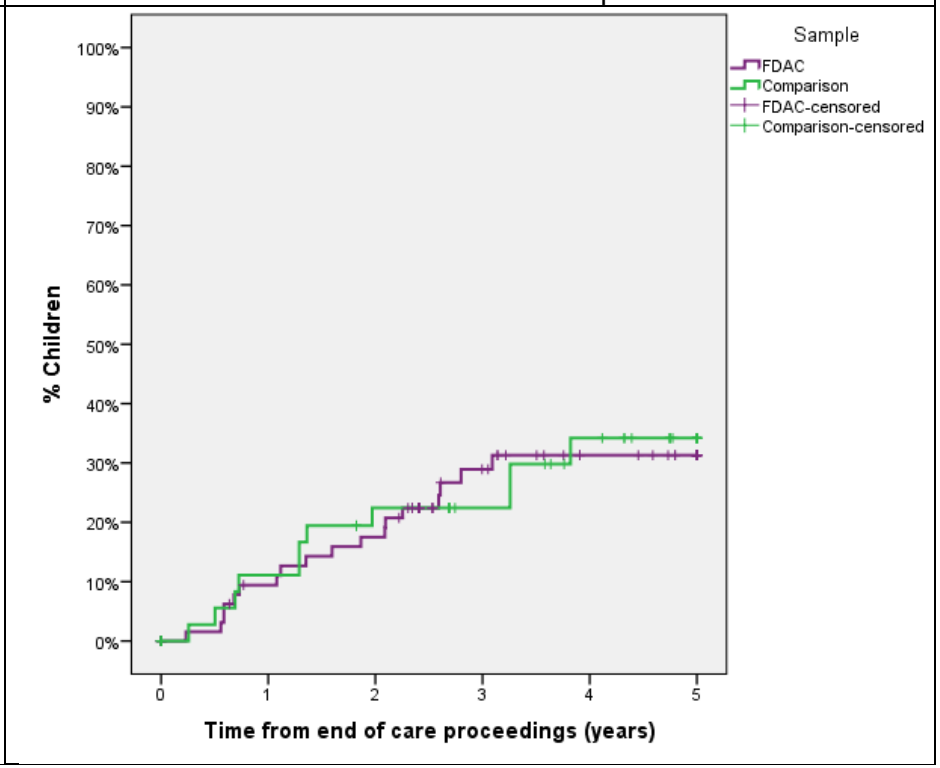
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	71	9	66.500	6	.09	.91	.91	.04	.090	.035	.09	.04
		1	56	0	56.000	5	.09	.91	.83	.05	.081	.035	.09	.04
		2	51	14	44.000	6	.14	.86	.72	.06	.113	.043	.15	.06
		3	31	9	26.500	1	.04	.96	.69	.06	.027	.027	.04	.04
		4	21	5	18.500	0	0.00	1.00	.69	.06	0.000	0.000	0.00	0.00
		5	16	16	8.000	0	0.00	1.00	.69	.06	0.000	0.000	0.00	0.00
	Comparison	0	42	6	39.000	4	.10	.90	.90	.05	.103	.049	.11	.05
		1	32	2	31.000	4	.13	.87	.78	.07	.116	.054	.14	.07
		2	26	5	23.500	0	0.00	1.00	.78	.07	0.000	0.000	0.00	0.00
		3	21	3	19.500	3	.15	.85	.66	.09	.120	.065	.17	.10
		4	15	8	11.000	0	0.00	1.00	.66	.09	0.000	0.000	0.00	0.00
		5	7	7	3.500	0	0.00	1.00	.66	.09	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	.208	1	.649	.005	1	.942
Breslow (Generalized Wilcoxon)	.062	1	.803	.000	1	.989
Tarone-Ware	.120	1	.729	.001	1	.976

Kaplan-Meier (Permanent Placement Change (Reunification Children))

Survival Graph	On minus Survival Graph
	

Recurrence of Neglect or Abuse (Reunification Children)

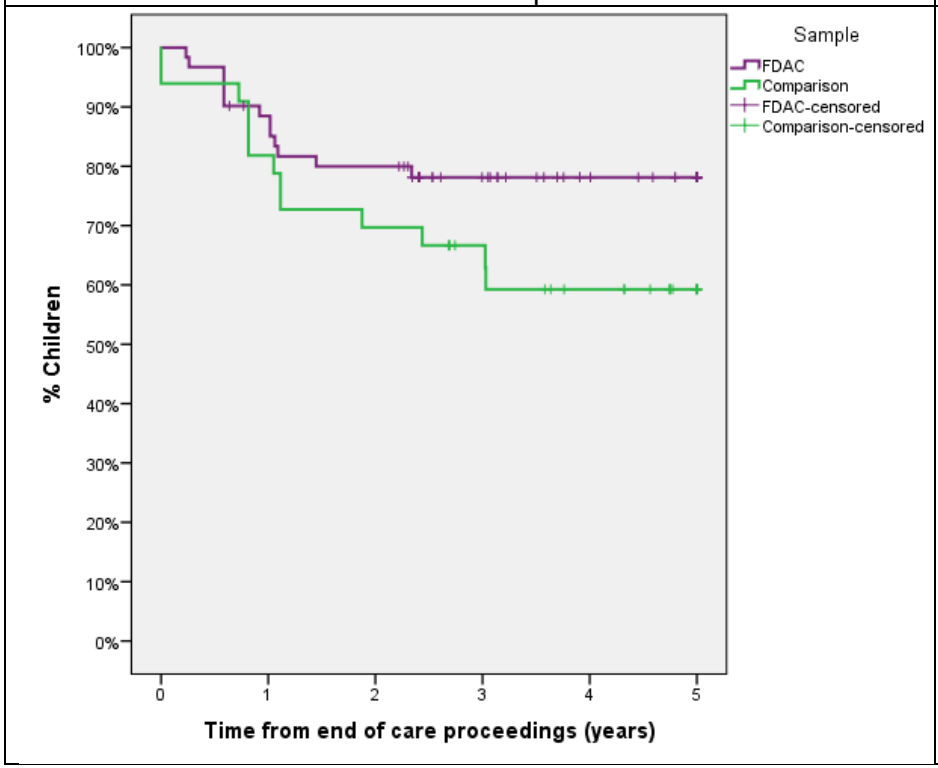
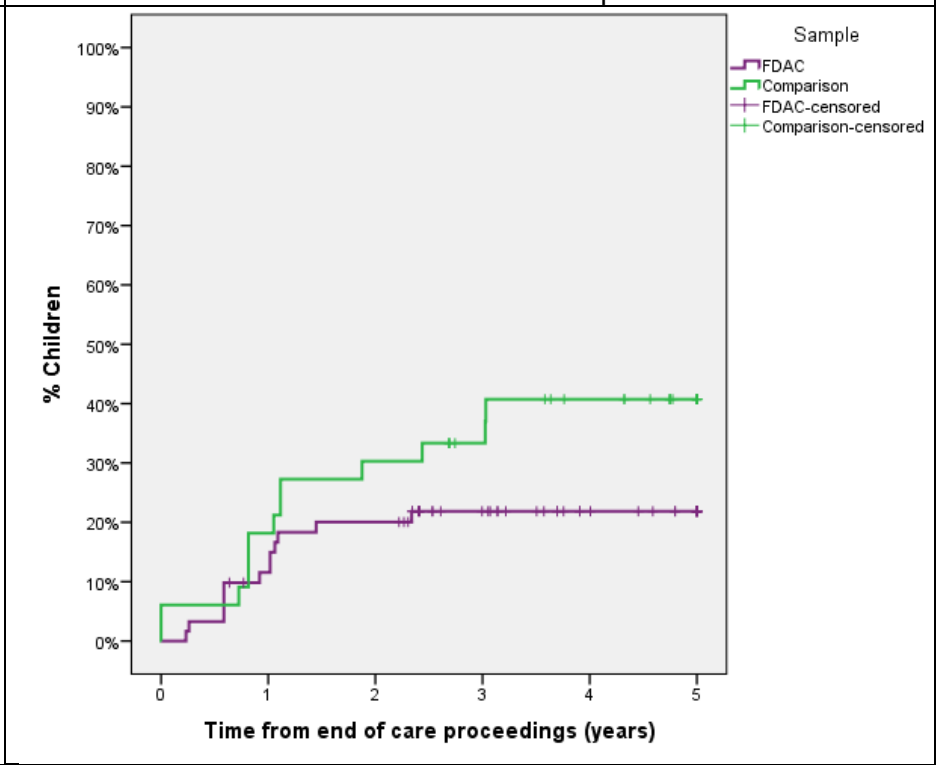
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	61	2	60.000	7	.12	.88	.88	.04	.117	.041	.12	.05
		1	52	0	52.000	5	.10	.90	.80	.05	.085	.036	.10	.05
		2	47	14	40.000	1	.03	.98	.78	.05	.020	.020	.03	.03
		3	32	12	26.000	0	0.00	1.00	.78	.05	0.000	0.000	0.00	0.00
		4	20	5	17.500	0	0.00	1.00	.78	.05	0.000	0.000	0.00	0.00
		5	15	15	7.500	0	0.00	1.00	.78	.05	0.000	0.000	0.00	0.00
	Comparison	0	33	0	33.000	6	.18	.82	.82	.07	.182	.067	.20	.08
		1	27	0	27.000	4	.15	.85	.70	.08	.121	.057	.16	.08
		2	23	4	21.000	1	.05	.95	.66	.08	.033	.033	.05	.05
		3	18	3	16.500	2	.12	.88	.58	.09	.080	.054	.13	.09
		4	13	7	9.500	0	0.00	1.00	.58	.09	0.000	0.000	0.00	0.00
		5	6	6	3.000	0	0.00	1.00	.58	.09	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	1.280	1	.258	2.629	1	.105
Breslow (Generalized Wilcoxon)	1.094	1	.296	1.857	1	.173
Tarone-Ware	1.185	1	.276	2.208	1	.137

Kaplan-Meier (Recurrence of Neglect or Abuse (Reunification Children))

Survival Graph	On minus Survival Graph
	

Return to court (Reunification Mothers)

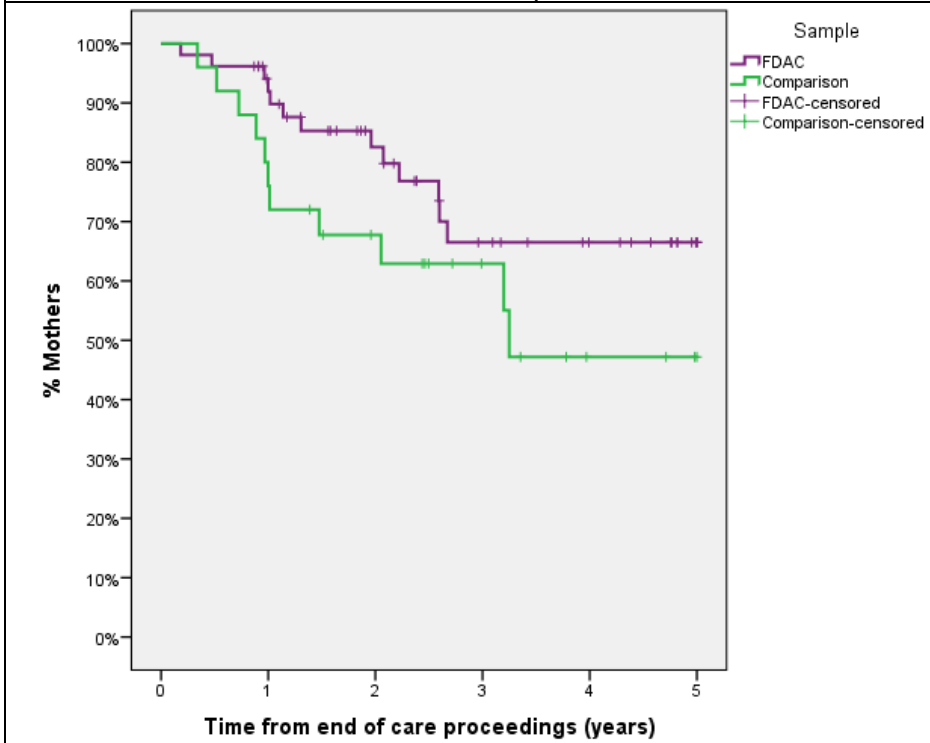
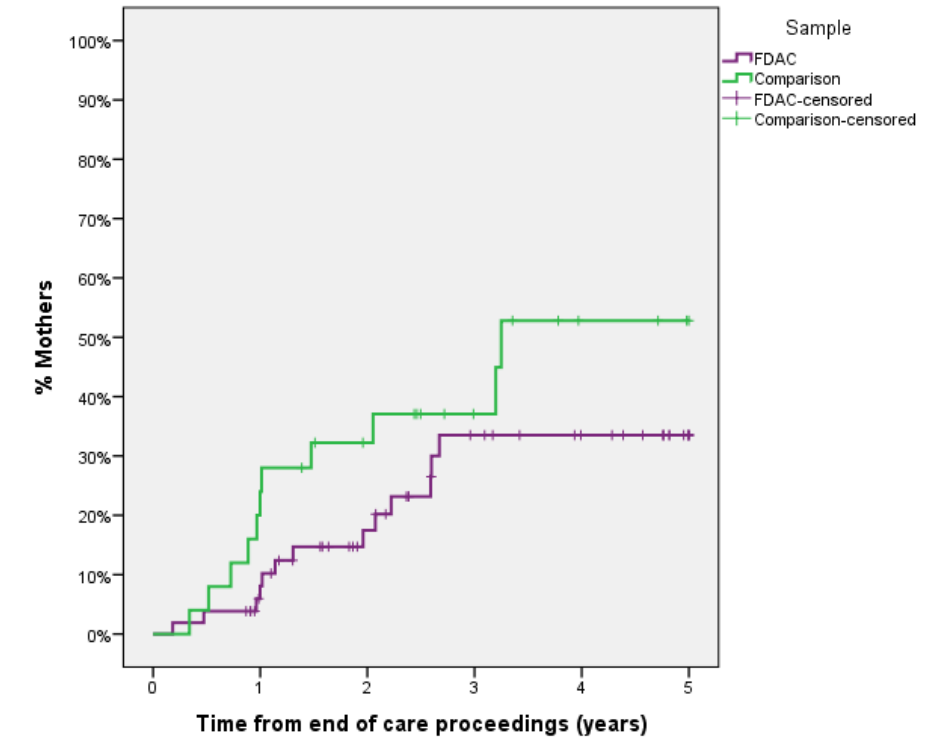
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	52	5	49.500	4	.08	.92	.92	.04	.081	.039	.08	.04
		1	43	9	38.500	4	.10	.90	.82	.06	.096	.045	.11	.05
		2	30	7	26.500	5	.19	.81	.67	.08	.155	.064	.21	.09
		3	18	5	15.500	0	0.00	1.00	.67	.08	0.000	0.000	0.00	0.00
		4	13	10	8.000	0	0.00	1.00	.67	.08	0.000	0.000	0.00	0.00
		5	3	3	1.500	0	0.00	1.00	.67	.08	0.000	0.000	0.00	0.00
	Comparison	0	25	0	25.000	6	.24	.76	.76	.09	.240	.085	.27	.11
		1	19	3	17.500	2	.11	.89	.67	.10	.087	.059	.12	.09
		2	14	5	11.500	1	.09	.91	.61	.10	.059	.057	.09	.09
		3	8	3	6.500	2	.31	.69	.43	.13	.189	.116	.36	.25
		4	3	2	2.000	0	0.00	1.00	.43	.13	0.000	0.000	0.00	0.00
		5	1	1	.500	0	0.00	1.00	.43	.13	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	.897	1	.344	2.266	1	.132
Breslow (Generalized Wilcoxon)	2.044	1	.153	2.772	1	.096
Tarone-Ware	1.491	1	.222	2.533	1	.112

Kaplan-Meier (Return to court (Reunification Mothers))

Survival Graph	On minus Survival Graph
	

Return to court (Reunification children)

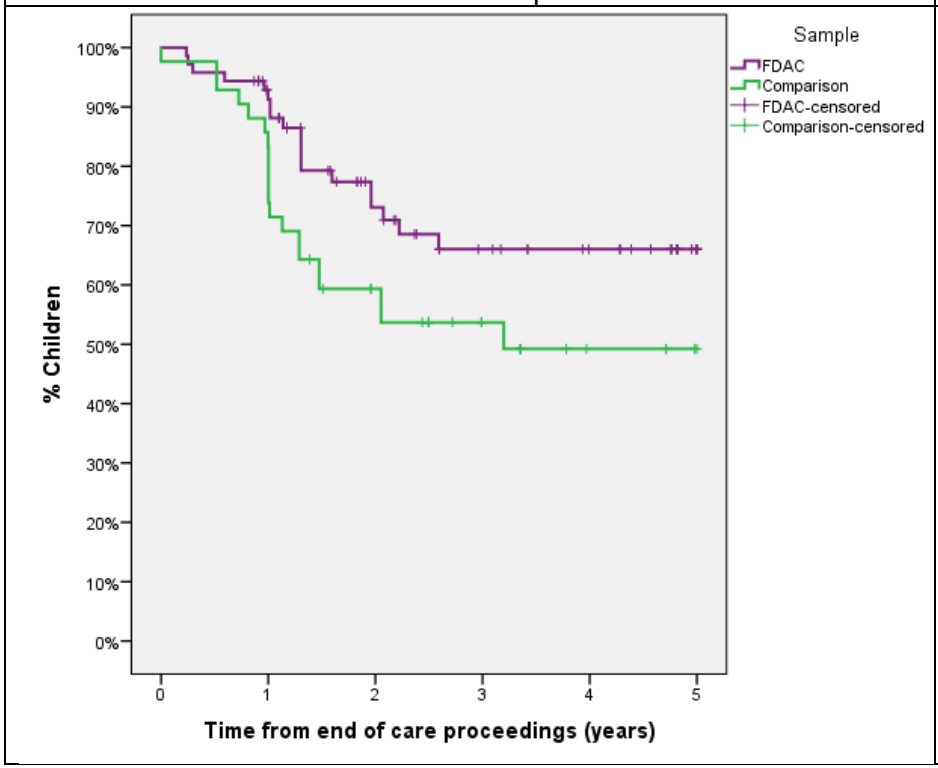
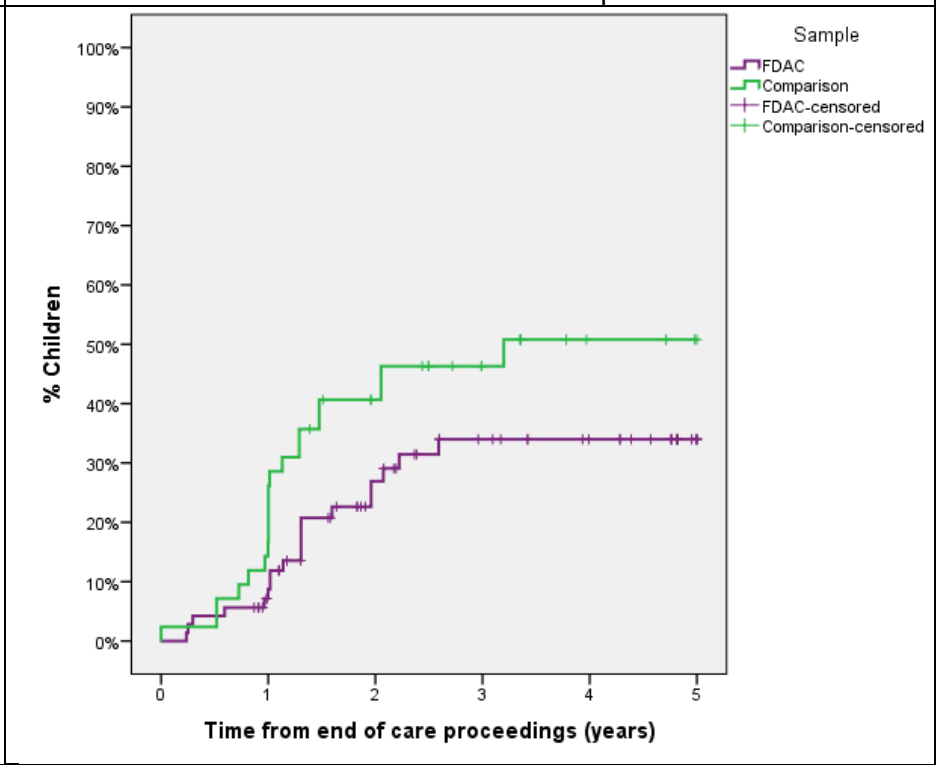
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	71	7	67.500	6	.09	.91	.91	.03	.089	.035	.09	.04
		1	58	14	51.000	10	.20	.80	.73	.06	.179	.051	.22	.07
		2	34	8	30.000	3	.10	.90	.66	.07	.073	.041	.11	.06
		3	23	6	20.000	0	0.00	1.00	.66	.07	0.000	0.000	0.00	0.00
		4	17	14	10.000	0	0.00	1.00	.66	.07	0.000	0.000	0.00	0.00
		5	3	3	1.500	0	0.00	1.00	.66	.07	0.000	0.000	0.00	0.00
	Comparison	0	42	0	42.000	7	.17	.83	.83	.06	.167	.058	.18	.07
		1	35	4	33.000	10	.30	.70	.58	.08	.253	.069	.36	.11
		2	21	7	17.500	2	.11	.89	.51	.08	.066	.045	.12	.09
		3	12	7	8.500	1	.12	.88	.45	.09	.061	.058	.13	.12
		4	4	3	2.500	0	0.00	1.00	.45	.09	0.000	0.000	0.00	0.00
		5	1	1	.500	0	0.00	1.00	.45	.09	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	2.902	1	.088	3.587	1	.058
Breslow (Generalized Wilcoxon)	3.945	1	.047	4.262	1	.039
Tarone-Ware	3.511	1	.061	3.993	1	.046

Kaplan-Meier (Return to court (Reunification children))

Survival Graph	On minus Survival Graph
	

Subsequent babies (Reunification mothers)

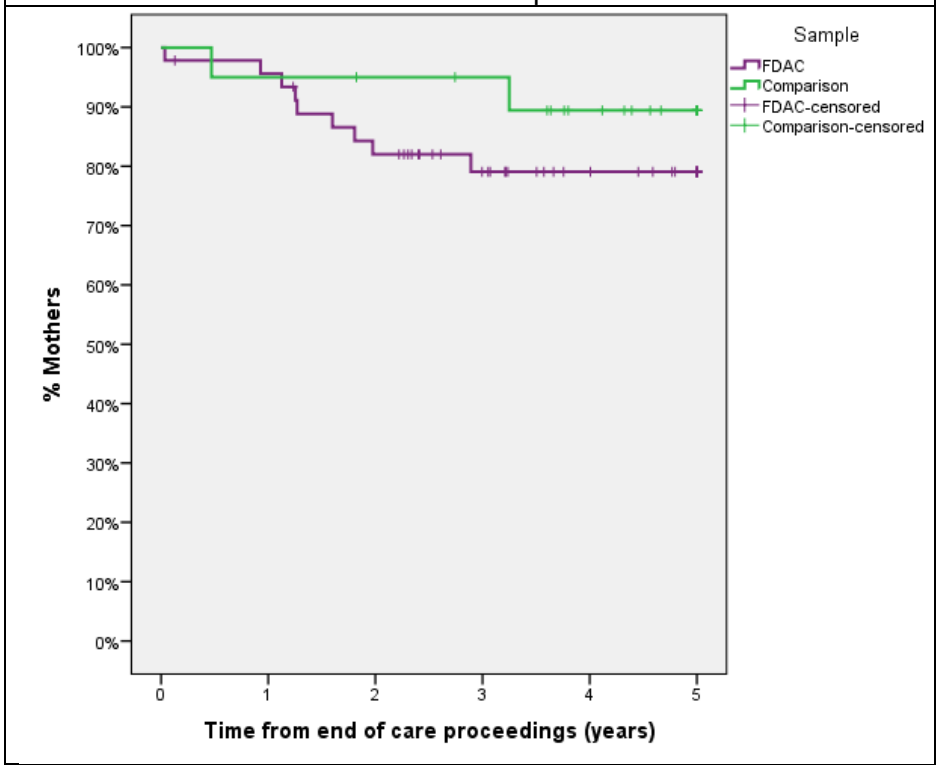
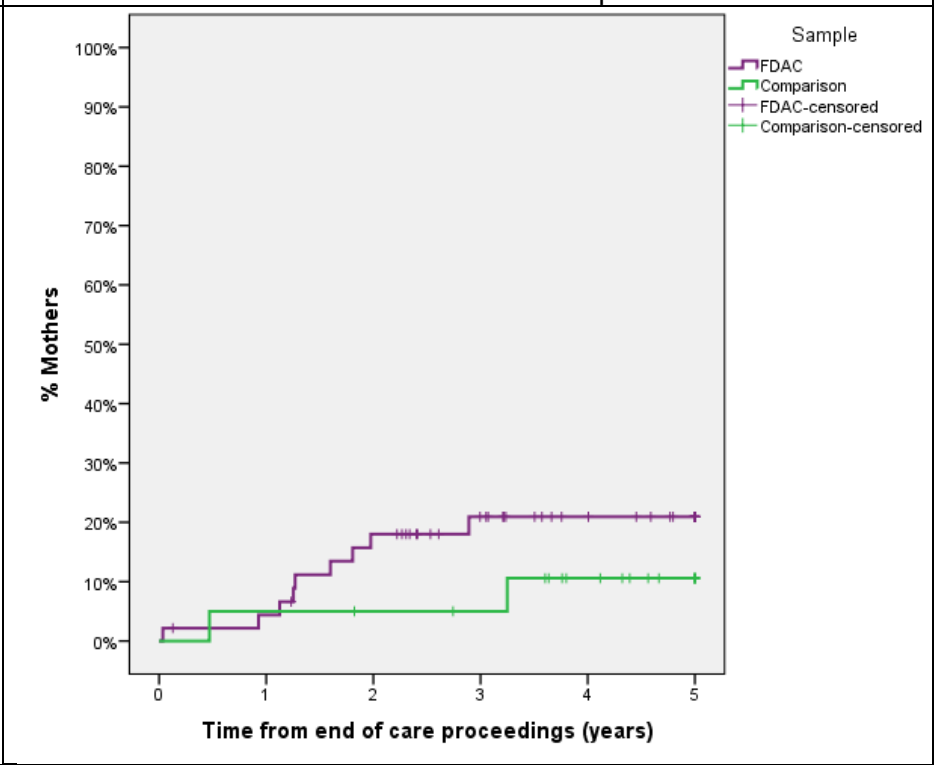
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	46	1	45.500	2	.04	.96	.96	.03	.044	.030	.04	.03
		1	43	1	42.500	6	.14	.86	.82	.06	.135	.051	.15	.06
		2	36	9	31.500	1	.03	.97	.80	.06	.026	.026	.03	.03
		3	26	9	21.500	0	0.00	1.00	.80	.06	0.000	0.000	0.00	0.00
		4	17	5	14.500	0	0.00	1.00	.80	.06	0.000	0.000	0.00	0.00
		5	12	12	6.000	0	0.00	1.00	.80	.06	0.000	0.000	0.00	0.00
	Comparison	0	20	0	20.000	1	.05	.95	.95	.05	.050	.049	.05	.05
		1	19	1	18.500	0	0.00	1.00	.95	.05	0.000	0.000	0.00	0.00
		2	18	1	17.500	0	0.00	1.00	.95	.05	0.000	0.000	0.00	0.00
		3	17	4	15.000	1	.07	.93	.89	.08	.063	.061	.07	.07
		4	12	5	9.500	0	0.00	1.00	.89	.08	0.000	0.000	0.00	0.00
		5	7	7	3.500	0	0.00	1.00	.89	.08	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	2.276	1	.131	1.156	1	.282
Breslow (Generalized Wilcoxon)	2.057	1	.152	1.360	1	.244
Tarone-Ware	2.168	1	.141	1.279	1	.258

Kaplan-Meier (Subsequent babies (Reunification mothers))

Survival Graph	On minus Survival Graph
	

Time to Reach a Permanent Placement (Out of Home Children)

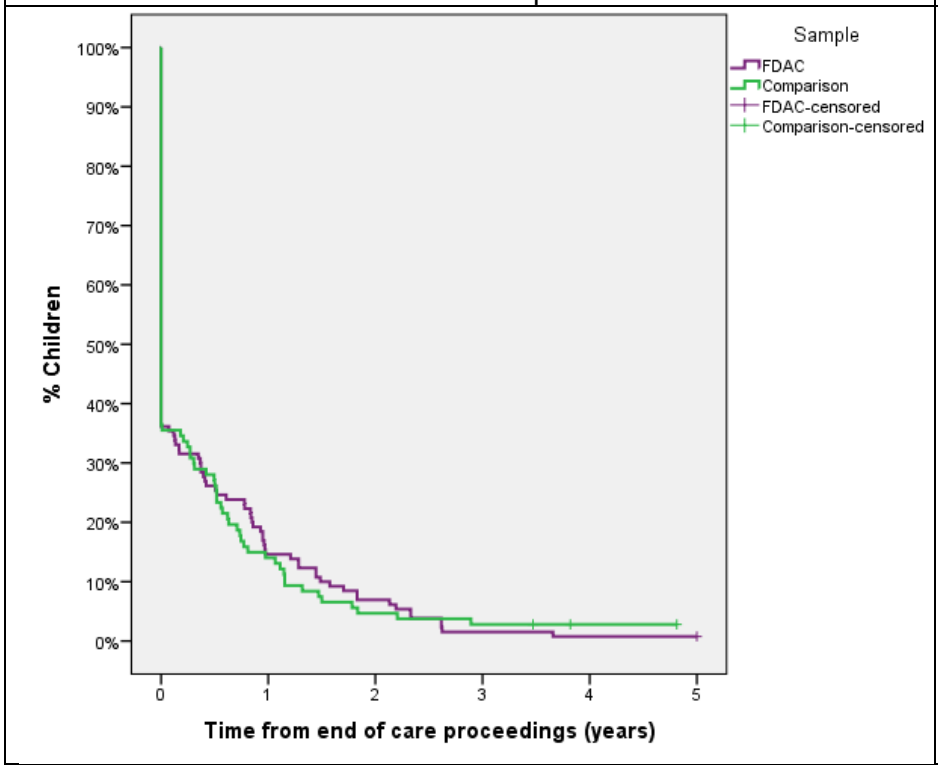
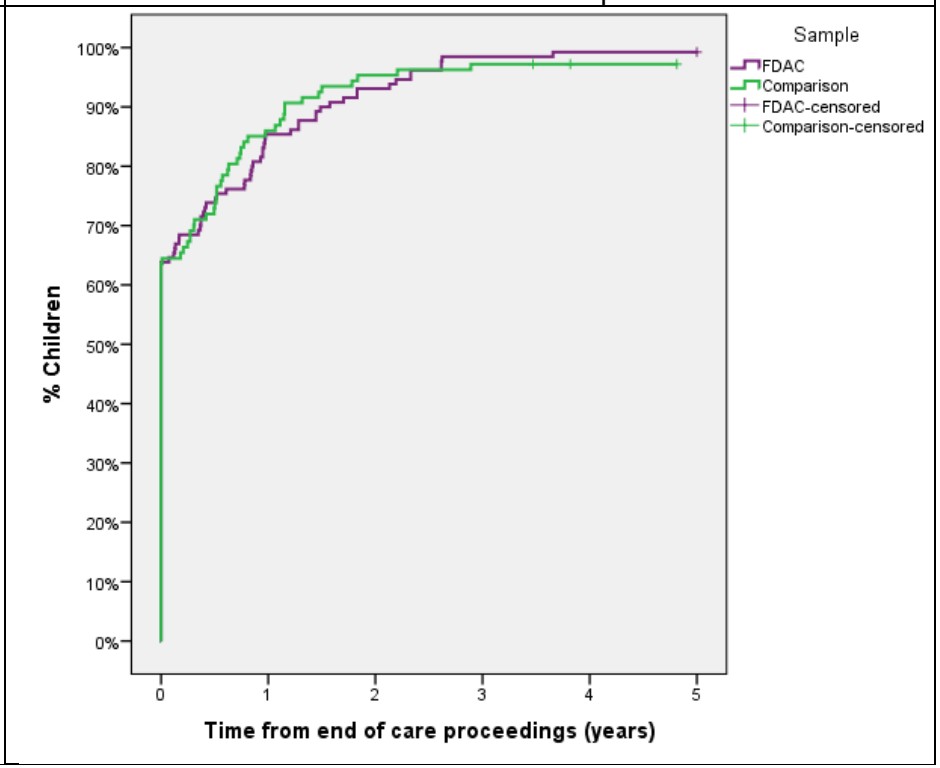
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	130	0	130.000	111	.85	.15	.15	.03	.854	.031	1.49	.09
		1	19	0	19.000	10	.53	.47	.07	.02	.077	.023	.71	.21
		2	9	0	9.000	7	.78	.22	.02	.01	.054	.020	1.27	.37
		3	2	0	2.000	1	.50	.50	.01	.01	.008	.008	.67	.63
		4	1	0	1.000	0	0.00	1.00	.01	.01	0.000	0.000	0.00	0.00
		5	1	1	.500	0	0.00	1.00	.01	.01	0.000	0.000	0.00	0.00
	Comparison	0	107	0	107.000	92	.86	.14	.14	.03	.860	.034	1.51	.10
		1	15	0	15.000	10	.67	.33	.05	.02	.093	.028	1.00	.27
		2	5	0	5.000	2	.40	.60	.03	.02	.019	.013	.50	.34
		3	3	2	2.000	0	0.00	1.00	.03	.02	0.000	0.000	0.00	0.00
		4	1	1	.500	0	0.00	1.00	.03	.02	0.000	0.000	0.00	0.00
		5	130	0	130.000	111	.85	.15	.15	.03	.854	.031	1.49	.09

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	.106	1	.745	.056	1	.812
Breslow (Generalized Wilcoxon)	.022	1	.882	.021	1	.884
Tarone-Ware	.085	1	.770	.076	1	.782

Kaplan-Meier (Time to Reach a Permanent Placement (Out of Home Children))

Survival Graph	On minus Survival Graph
	

Placement Changes after Permanency (Out of Home Children)

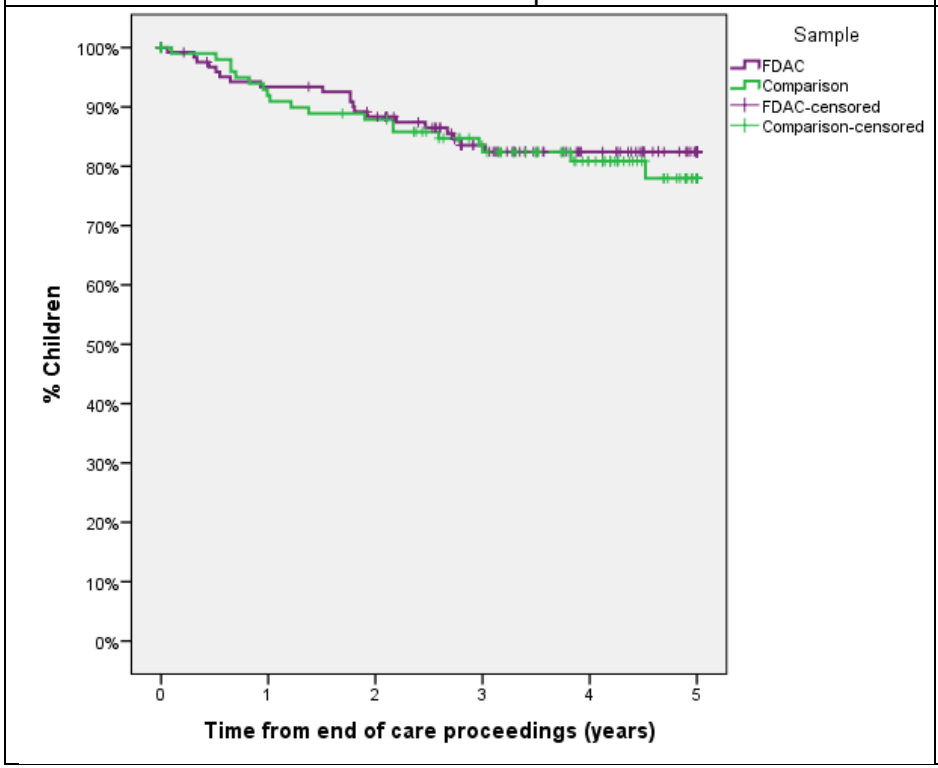
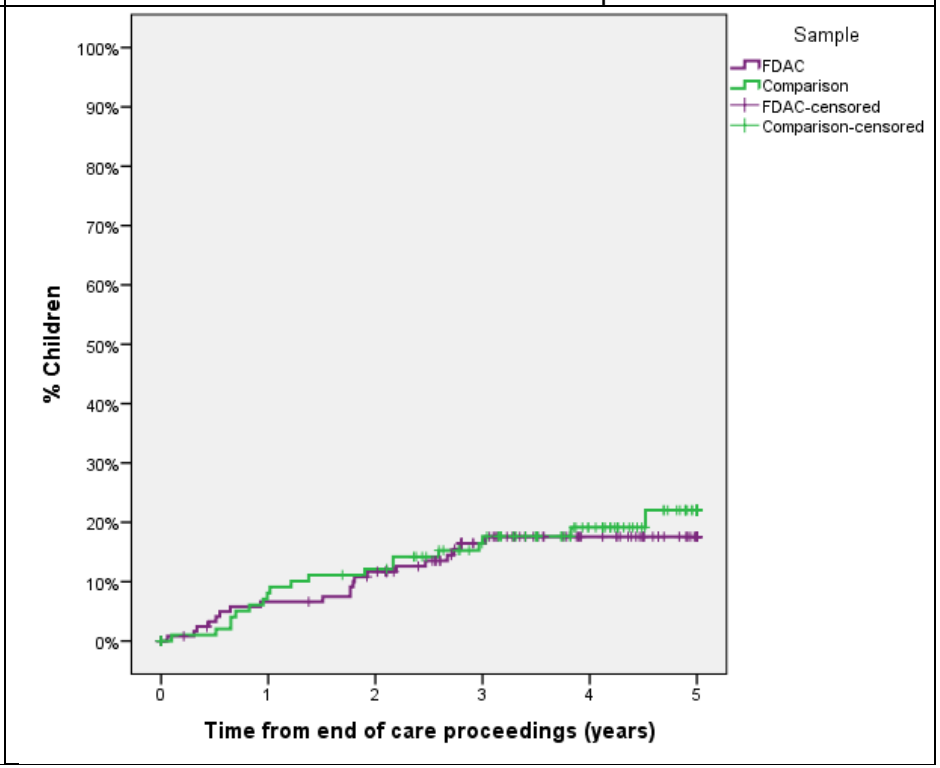
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	128	8	124.000	8	.06	.94	.94	.02	.065	.022	.07	.02
		1	112	2	111.000	6	.05	.95	.88	.03	.051	.020	.06	.02
		2	104	24	92.000	5	.05	.95	.84	.03	.048	.021	.06	.02
		3	75	23	63.500	1	.02	.98	.82	.04	.013	.013	.02	.02
		4	51	24	39.000	0	0.00	1.00	.82	.04	0.000	0.000	0.00	0.00
		5	27	27	13.500	0	0.00	1.00	.82	.04	0.000	0.000	0.00	0.00
	Comparison	0	103	4	101.000	8	.08	.92	.92	.03	.079	.027	.08	.03
		1	91	1	90.500	4	.04	.96	.88	.03	.041	.020	.05	.02
		2	86	11	80.500	4	.05	.95	.84	.04	.044	.021	.05	.03
		3	71	21	60.500	2	.03	.97	.81	.04	.028	.019	.03	.02
		4	48	31	32.500	1	.03	.97	.78	.05	.025	.025	.03	.03
		5	16	16	8.000	0	0.00	1.00	.78	.05	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	.001	1	.980	.145	1	.703
Breslow (Generalized Wilcoxon)	.002	1	.960	.046	1	.831
Tarone-Ware	.001	1	.970	.078	1	.780

Kaplan-Meier (Placement Changes after Permanency (Out of Home Children))

Survival Graph	On minus Survival Graph
	

Return to Court (Out of Home Mothers)

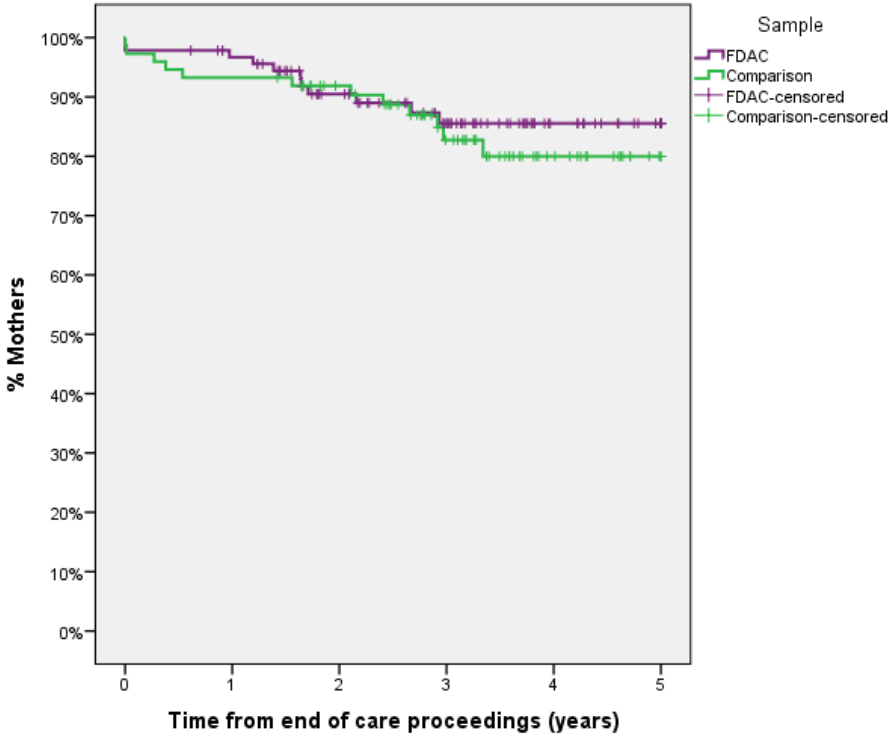
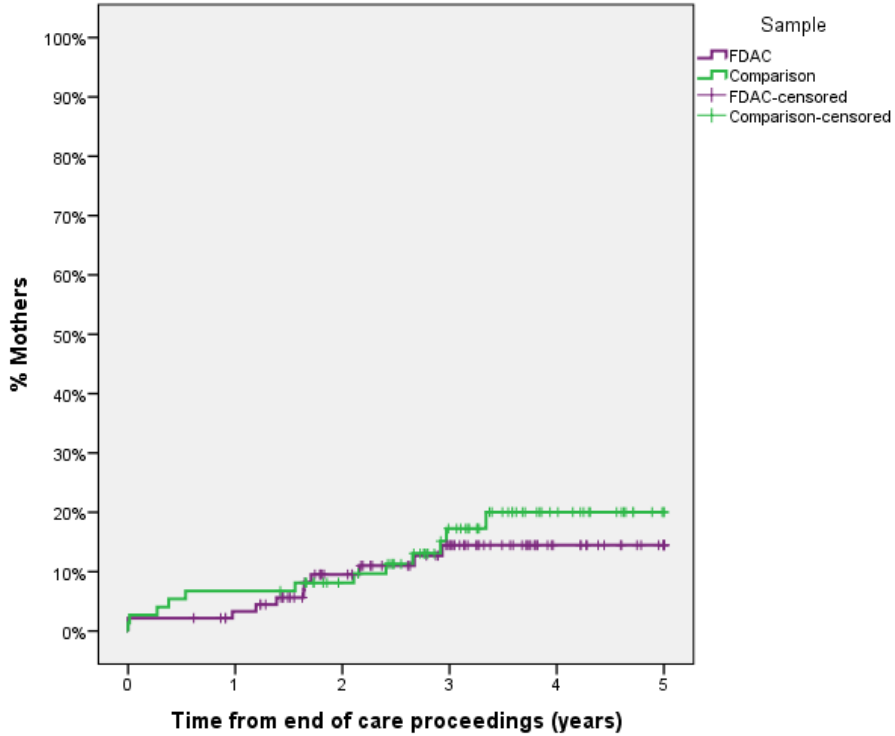
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	92	4	90.000	3	.03	.97	.97	.02	.033	.019	.03	.02
		1	85	16	77.000	5	.06	.94	.90	.03	.063	.027	.07	.03
		2	64	16	56.000	3	.05	.95	.86	.04	.048	.027	.06	.03
		3	45	28	31.000	0	0.00	1.00	.86	.04	0.000	0.000	0.00	0.00
		4	17	11	11.500	0	0.00	1.00	.86	.04	0.000	0.000	0.00	0.00
		5	6	6	3.000	0	0.00	1.00	.86	.04	0.000	0.000	0.00	0.00
	Comparison	0	74	0	74.000	5	.07	.93	.93	.03	.068	.029	.07	.03
		1	69	9	64.500	1	.02	.98	.92	.03	.014	.014	.02	.02
		2	59	16	51.000	5	.10	.90	.83	.05	.090	.038	.10	.05
		3	38	21	27.500	1	.04	.96	.80	.05	.030	.030	.04	.04
		4	16	14	9.000	0	0.00	1.00	.80	.05	0.000	0.000	0.00	0.00
		5	2	2	1.000	0	0.00	1.00	.80	.05	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	.123	1	.725	.317	1	.573
Breslow (Generalized Wilcoxon)	.087	1	.768	.156	1	.692
Tarone-Ware	.102	1	.750	.218	1	.641

Kaplan-Meier (Return to Court (Out of Home Mothers))

Survival Graph	On minus Survival Graph
	

Return to Court (Out of Home Children)

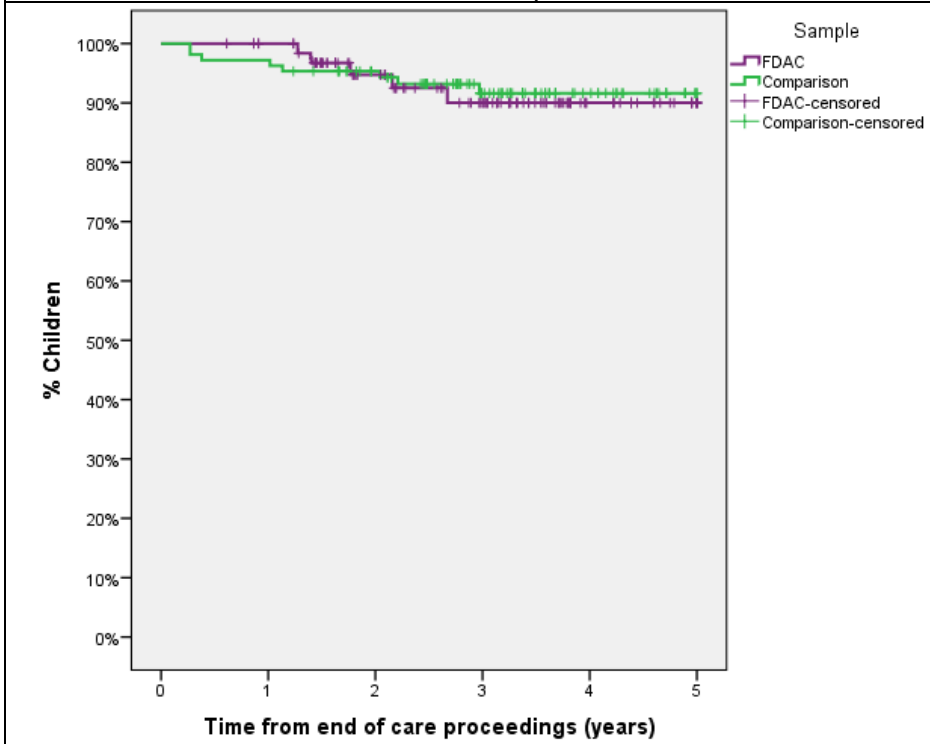
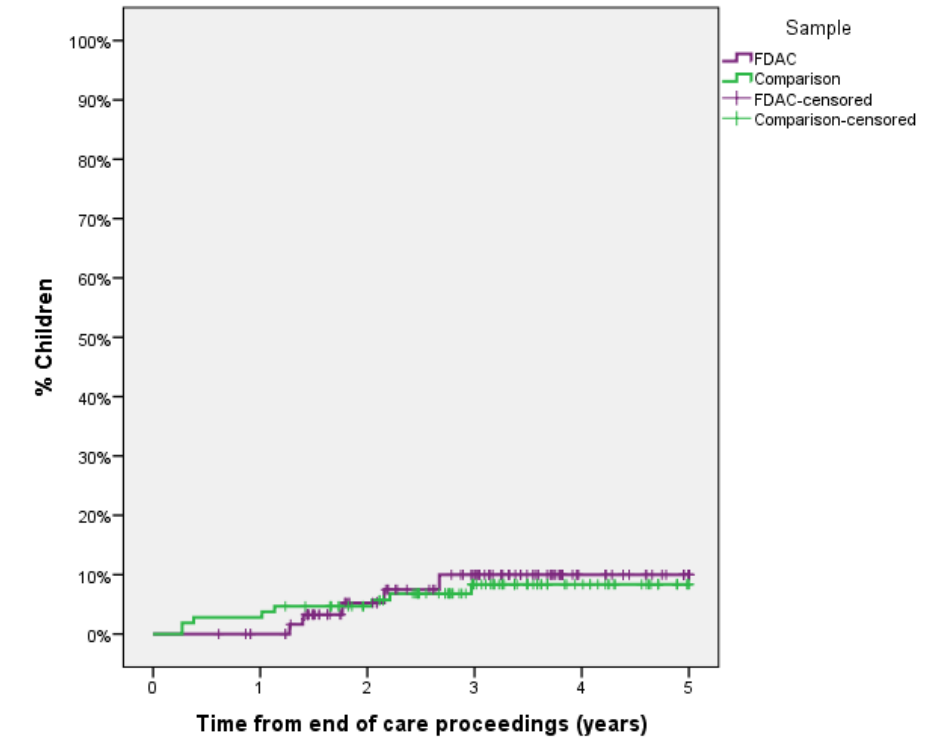
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	130	5	127.500	0	0.00	1.00	1.00	0.00	0.000	0.000	0.00	0.00
		1	125	29	110.500	6	.05	.95	.95	.02	.054	.022	.06	.02
		2	90	20	80.000	4	.05	.95	.90	.03	.047	.023	.05	.03
		3	66	43	44.500	0	0.00	1.00	.90	.03	0.000	0.000	0.00	0.00
		4	23	17	14.500	0	0.00	1.00	.90	.03	0.000	0.000	0.00	0.00
		5	6	6	3.000	0	0.00	1.00	.90	.03	0.000	0.000	0.00	0.00
	Comparison	0	107	0	107.000	3	.03	.97	.97	.02	.028	.016	.03	.02
		1	104	11	98.500	2	.02	.98	.95	.02	.020	.014	.02	.01
		2	91	33	74.500	3	.04	.96	.91	.03	.038	.022	.04	.02
		3	55	31	39.500	0	0.00	1.00	.91	.03	0.000	0.000	0.00	0.00
		4	24	22	13.000	0	0.00	1.00	.91	.03	0.000	0.000	0.00	0.00
		5	2	2	1.000	0	0.00	1.00	.91	.03	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	.069	1	.793	.069	1	.793
Breslow (Generalized Wilcoxon)	.007	1	.934	.007	1	.934
Tarone-Ware	.031	1	.860	.031	1	.860

Kaplan-Meier (Return to Court (Out of Home Children))

Survival Graph	On minus Survival Graph
	

Domestic Violence (Out of Home Mothers)

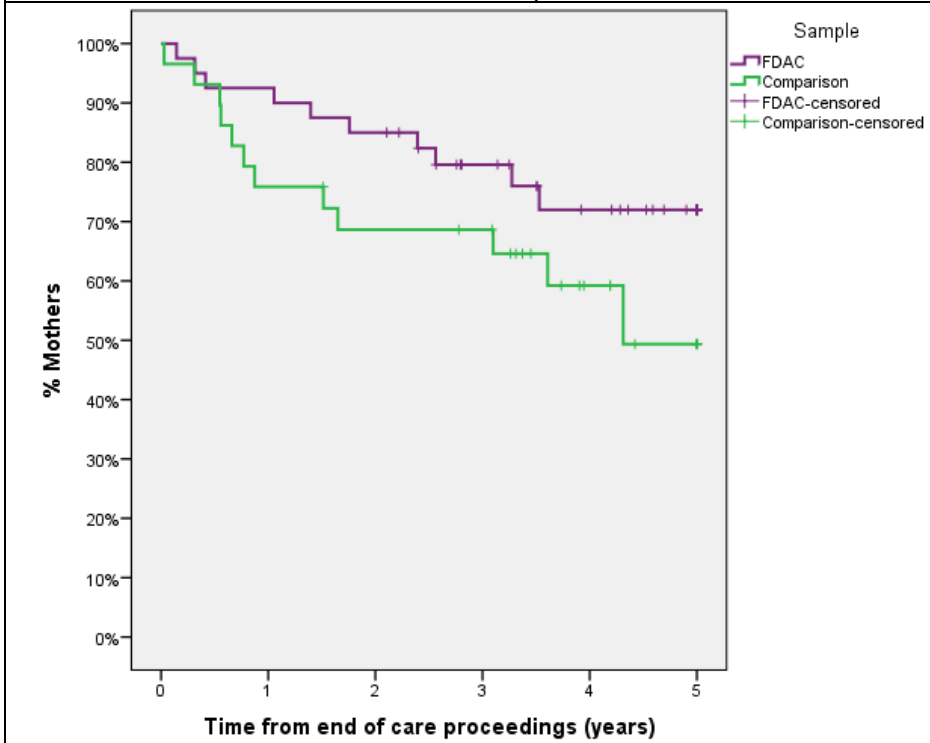
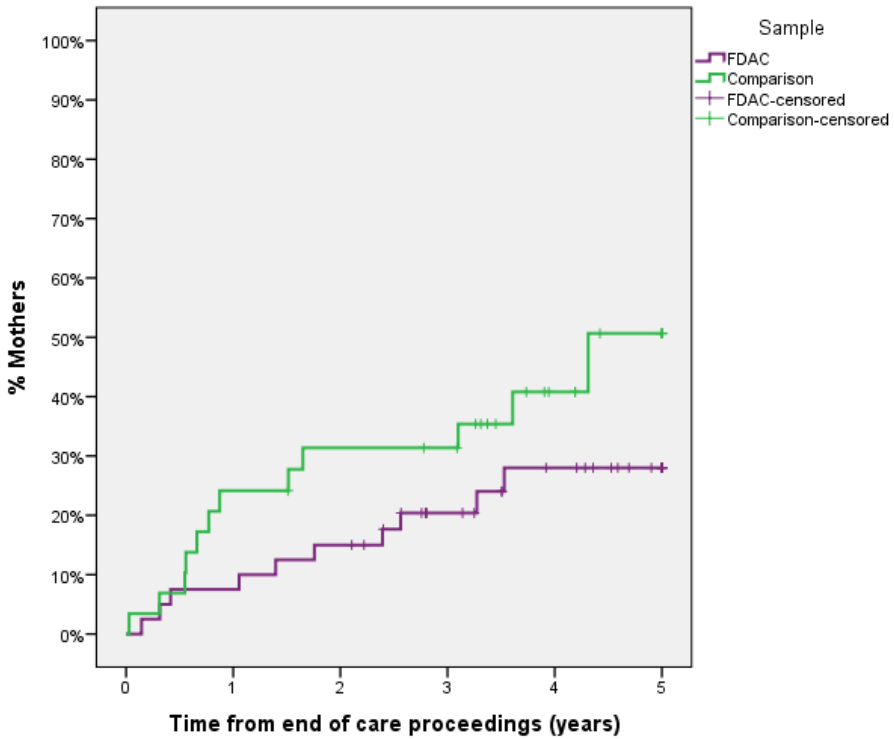
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	40	0	40.000	3	.08	.93	.93	.04	.075	.042	.08	.04
		1	37	0	37.000	3	.08	.92	.85	.06	.075	.042	.08	.05
		2	34	8	30.000	2	.07	.93	.79	.07	.057	.039	.07	.05
		3	24	5	21.500	2	.09	.91	.72	.08	.074	.050	.10	.07
		4	17	7	13.500	0	0.00	1.00	.72	.08	0.000	0.000	0.00	0.00
		5	10	10	5.000	0	0.00	1.00	.72	.08	0.000	0.000	0.00	0.00
	Comparison	0	29	0	29.000	7	.24	.76	.76	.08	.241	.079	.27	.10
		1	22	1	21.500	2	.09	.91	.69	.09	.071	.048	.10	.07
		2	19	1	18.500	0	0.00	1.00	.69	.09	0.000	0.000	0.00	0.00
		3	18	8	14.000	2	.14	.86	.59	.10	.098	.066	.15	.11
		4	8	3	6.500	1	.15	.85	.50	.12	.091	.085	.17	.17
		5	4	4	2.000	0	0.00	1.00	.50	.12	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	1.315	1	.251	2.236	1	.135
Breslow (Generalized Wilcoxon)	1.524	1	.217	2.018	1	.155
Tarone-Ware	1.426	1	.232	2.102	1	.147

Kaplan-Meier (Domestic Violence (Out of Home Mothers))

Survival Graph	On minus Survival Graph
	

Mental Health Difficulties (Out of Home Mothers)

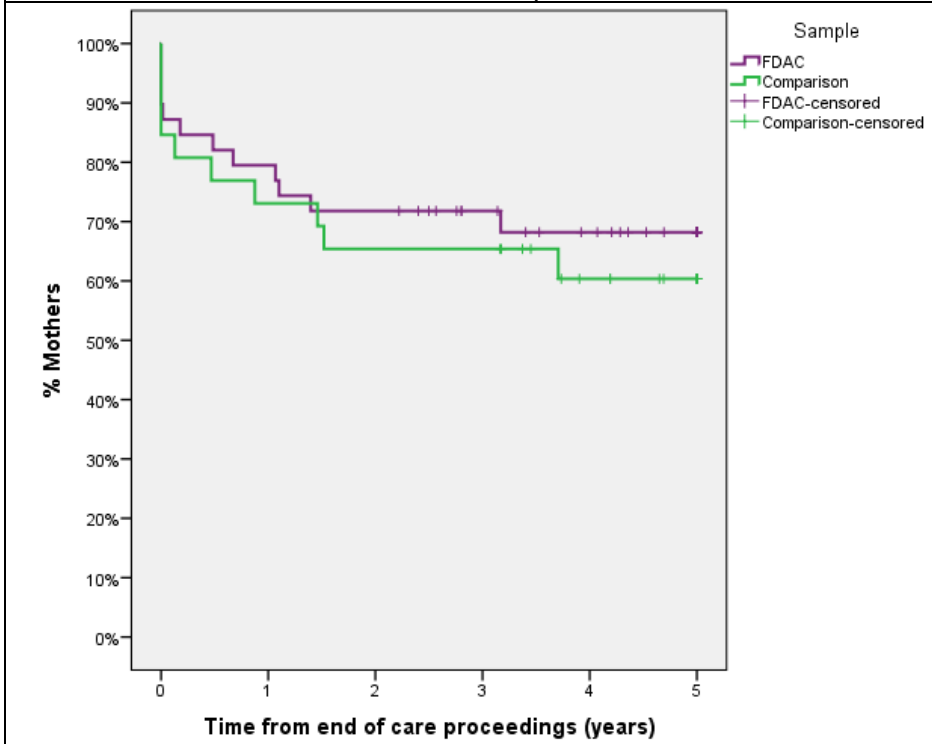
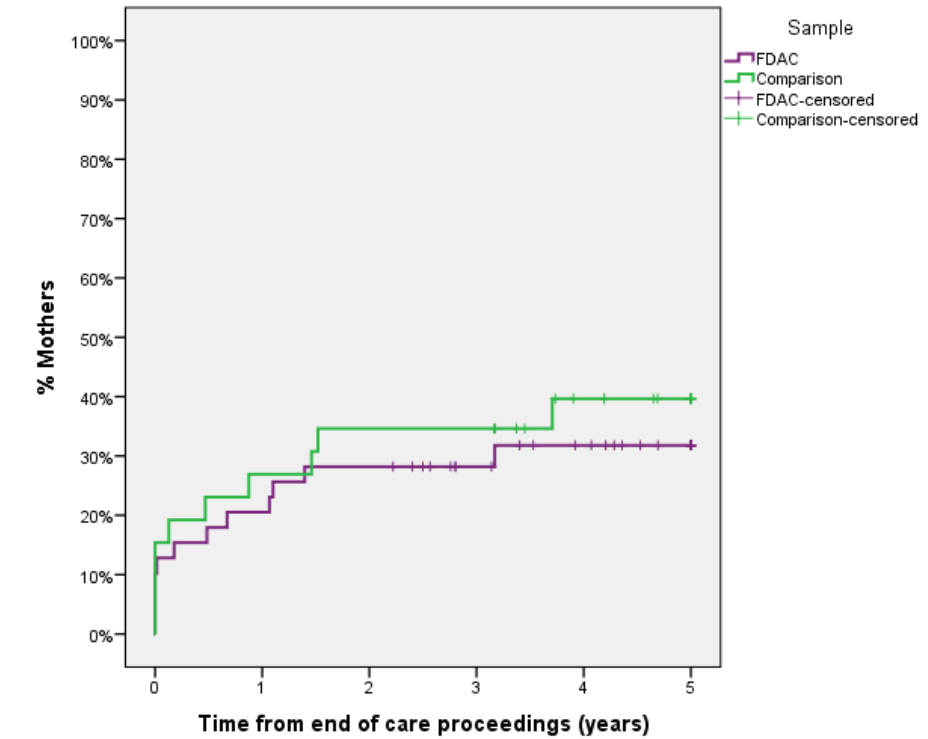
Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	39	0	39.000	8	.21	.79	.79	.06	.205	.065	.23	.08
		1	31	0	31.000	3	.10	.90	.72	.07	.077	.043	.10	.06
		2	28	7	24.500	0	0.00	1.00	.72	.07	0.000	0.000	0.00	0.00
		3	21	4	19.000	1	.05	.95	.68	.08	.038	.037	.05	.05
		4	16	6	13.000	0	0.00	1.00	.68	.08	0.000	0.000	0.00	0.00
		5	10	10	5.000	0	0.00	1.00	.68	.08	0.000	0.000	0.00	0.00
	Comparison	0	26	0	26.000	7	.27	.73	.73	.09	.269	.087	.31	.12
		1	19	0	19.000	2	.11	.89	.65	.09	.077	.052	.11	.08
		2	17	0	17.000	0	0.00	1.00	.65	.09	0.000	0.000	0.00	0.00
		3	17	6	14.000	1	.07	.93	.61	.10	.047	.045	.07	.07
		4	10	4	8.000	0	0.00	1.00	.61	.10	0.000	0.000	0.00	0.00
		5	6	6	3.000	0	0.00	1.00	.61	.10	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	.284	1	.594	.314	1	.575
Breslow (Generalized Wilcoxon)	.294	1	.588	.292	1	.589
Tarone-Ware	.289	1	.591	.300	1	.584

Kaplan-Meier (Mental Health Difficulties (Out of Home Mothers))

Survival Graph	On minus Survival Graph
	

Offending (Out of Home Mothers)

Life Table

First-order Controls		Interval Start Time	Number Entering Interval	Number Withdrawing during Interval	Number Exposed to Risk	Number of Terminal Events	Proportion Terminating	Proportion Surviving	Cumulative Proportion Surviving at End of Interval	Std. Error of Cumulative Proportion Surviving at End of Interval	Probability Density	Std. Error of Probability Density	Hazard Rate	Std. Error of Hazard Rate
Sample	FDAC	0	42	0	42.000	8	.19	.81	.81	.06	.190	.061	.21	.07
		1	34	0	34.000	4	.12	.88	.71	.07	.095	.045	.13	.06
		2	30	8	26.000	1	.04	.96	.69	.07	.027	.027	.04	.04
		3	21	5	18.500	2	.11	.89	.61	.08	.074	.050	.11	.08
		4	14	5	11.500	0	0.00	1.00	.61	.08	0.000	0.000	0.00	0.00
		5	9	9	4.500	0	0.00	1.00	.61	.08	0.000	0.000	0.00	0.00
	Comparison	0	35	0	35.000	13	.37	.63	.63	.08	.371	.082	.46	.12
		1	22	1	21.500	2	.09	.91	.57	.08	.058	.040	.10	.07
		2	19	1	18.500	1	.05	.95	.54	.08	.031	.030	.06	.06
		3	17	6	14.000	2	.14	.86	.46	.09	.077	.052	.15	.11
		4	9	4	7.000	0	0.00	1.00	.46	.09	0.000	0.000	0.00	0.00
		5	5	5	2.500	0	0.00	1.00	.46	.09	0.000	0.000	0.00	0.00

Overall comparison (5 years follow-up)

	3-year follow-up			5-year follow-up		
	Chi-Square	df	Sig.	Chi-Square	df	Sig.
Log Rank (Mantel-Cox)	2.162	1	.141	2.076	1	.150
Breslow (Generalized Wilcoxon)	2.548	1	.110	2.610	1	.106
Tarone-Ware	2.356	1	.125	2.368	1	.124

Kaplan-Meier (Offending (Out of Home Mothers))

Survival Graph	On minus Survival Graph