

Q7

WHAT THINKING IS NEEDED ABOUT THE SPECIALIST TEAM?

“It is so much easier when FDAC is involved – everyone is at meetings, there is a clear plan, you don’t have to scabble around for experts or argue about resources. And a small point, I know, but they make sure the appointments don’t clash. This sort of joining up between services doesn’t happen in other cases.”

[family lawyer]

“Instead of fibbing we’re encouraged to be honest and if we relapse, or lapse even, we’re told it wouldn’t be the end of it, because they would work with us about that. They were being honest with us and making it easier for us to be honest with them.”

[parent]

“I do more because of having to be at court for all the reviews but what’s less is that I don’t have to spend time liaising with everyone involved. FDAC does that and that makes it all feel more streamlined.”

[social worker]

“The assessments of the specialist substance misuse worker were brilliant. I learnt a lot from him and it’s helped my practice, too.”

[social worker]

Approach

The evidence shows that the team’s way of working is an essential part of the process. It provides an early assessment to the court and the parties, does direct work with parents, co-ordinates the provision of services by other agencies, and gives the court and the parties regular feedback about how parents are doing.

The team needs to be committed to working well with other local services on the delivery of treatment and support for parents, as specified in their individual intervention plan.

Composition

The composition of the team will vary, depending on local conditions, but it should include child and family social workers and substance misuse workers, with regular access to a child and adolescent psychiatrist and, probably, occasional access to an adult psychiatrist. A parent mentor co-ordinator should also be part of the team. The London FDAC have found it helpful to have a clinical nurse specialist and a domestic abuse specialist on the team. The Gloucestershire team, working mainly with mothers of young children, have health visitor and speech and language input.

Team links with the local authority

It is important for the team to be seen as independent of Children's Services – the evaluation of the London FDAC found that this was felt keenly by parents, lawyers and guardians in particular. But this does not mean that the team cannot be commissioned by the local authority.

If there is already a multi-disciplinary team in your area that provides court assessments, this might be developed to work within the FDAC approach, as in East Sussex.

If not, you will need to consider how to set up an FDAC team. There are various options that have been or are being tried and tested. The FDAC National Unit will be providing regular updates about its experience of helping areas develop a package that is suited to their particular local circumstances.

Four options for setting up an FDAC team

Option 1: Commission a new, local, independent FDAC team

You can develop a service specification for an FDAC team that the local authority then commissions via a tendering process. The strong advantage of this option is that it will help ensure fidelity to the model that has been evaluated and found to be effective. Who commissions the service will need to be decided; preferably it should be jointly commissioned by health and children's services. You might also have a number of local authorities coming together to commission the team jointly.

Option 2: Build an independent FDAC team from an existing local service

You can create an FDAC team from another multi-disciplinary service already established in your area. This is likely to involve getting agreement from the relevant commissioners of that service to change the existing Service Level Agreement (SLA).

Option 3: Use a local authority in-house team to deliver FDAC

A variation of the standard FDAC model is where the local authority provides an in-house specialist team to work with families and report to the court. This model is being used in one site (Gloucestershire) but has not yet been evaluated. Its close link with the FDAC National Unit will facilitate on-going comparison with the FDAC model and outcomes for families.

Option 4 – Have a new, local, independent FDAC team, set up by the Tavistock & Portman Foundation Trust (TPFT)

This option has been used in one area and it might remain an option for other areas, especially those close to London. TPFT procured the team and established the new service, and then provided management, supervision and clinical governance for several months. It

worked with interested local partners, supported the Steering Group to commission a new team, and trained the team and others to apply the FDAC model.

Parent mentors

Setting up a parent mentor scheme has proved the most difficult aspect of work to establish and sustain. Experience shows the importance of paying attention to this from a very early stage, and of allowing sufficient time and resources to ensure that the recruitment and selection process for mentors is robust, with good systems in place for subsequent supervision and training.

You might be able to join forces with a relevant established scheme, such as mentoring provided to people who are using local substance misuse services. Some of those mentors might be parents who have had contact with children's services in the past because of concerns about their parenting. This is the model being developed by the Buckinghamshire/Milton Keynes FDAC service.