

## Q8

### WHAT ABOUT COSTS & FUNDING

*“Imagine a child about to be born to a mother misusing substances. The mother could have treatment costing about 12K, with a 40 per cent chance of the child then able to stay with her mother. If you were being child centred you would say ‘yes’ to that, because it would improve the likelihood of the child staying in her family.”*

*[Assistant Director Social Care, at FDAC national network meeting in October 2014]*

*“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]*

*“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 commissioned cost of an average family going through the London FDAC process is approximately £13,000. This would mean that a new FDAC service would cost approximately £260,000 per year for 20 families. Additional initial start-up costs vary, depending on the situation in the new FDAC locality, but can be about £50,000. This average cost per case of £13,000 is equivalent to the charges of other multi-disciplinary teams providing assessment in care proceedings.

The London FDAC now commissions individual packages for both pre-proceedings and post-proceedings work with parents, and this work is costed as a proportion of the average cost per case.

The cost of the team will depend on the number of staff needed and this, in turn, will depend on the likely number of cases and the availability of local services. If there are fewer local treatment services, or other parenting services, the team will need greater capacity to do more direct work with families themselves.

A cost benefit analysis was carried out as part of the DfE-funded work in 2012 about the sustainability of FDAC. This model was developed further, to provide a value-for-money (VFM) case study about the proposed work to establish 4 new sites during 2015/16. Part of the work of the National Unit during this period will be the development of a robust VFM money model and cost avoidance tools.

Note that the cost savings identified in the independent evaluation of the London FDAC were about fewer hearings with lawyers, fewer contested proceedings, less expenditure on expert assessments, and less expenditure on placements for children during proceedings. These anticipated savings need revisiting in light of the implementation of the revised PLO and the 26-week time limit for care proceedings. There are also likely to be longer-term cost savings in relation to the cessation of substance misuse, improved parental and child physical and mental health, and a reduction in repeat removals of children from mothers with substance misuse problems.

Since the end of the original pilot project, Children's Services alone have borne the costs of the London FDAC team, but there are good arguments for joint commissioning with other services. Wider funding offers the prospect of sharing ownership as well as risks. The specialist team is jointly funded by health services and Children's Services in East Sussex and in Gloucestershire, and health are contributing funds in Milton Keynes/Buckinghamshire.

It is recommended that new sites explore the possibility of joint commissioning with other parts of the council, and with adult treatment services (Public Health), other health services, and other agencies that might benefit from a successful FDAC in their area.

### **Reflections about getting colleagues interested in talking about funding, from an early FDAC commissioner**

*"I first heard about FDAC in October 2010. There were so many elements that made immediate sense to me. I like the emphasis on the problem-solving court and the non-adversarial approach. I could see the sense in diverting resources away from spending on lawyers and expert witnesses. As the Senior Commissioner Manager I was convinced there was potential to make significant savings compared to the normal care proceedings route.*

*But most important of all I was attracted to working with parents with substance misuse problems so that the social work relationship was still intact at the end of proceedings - regardless of whether the child returned to the parent's care.*

*I spent a long time seeming to get nowhere and the lowest point was when a generally sympathetic senior manager told me to go away and stop obsessing about FDAC. The turning point came 20 months later in June 2012 when a new manager who could see what I was 'going on about' agreed for me to run a one-off multi agency information session. This was led by colleagues from the London FDAC. The results were electric. By the next morning I had calls of support from several agencies and in particular from our local judiciary. We heard our first case in July 2014.*

*What was the learning point for me? When you are operating in complex and highly pressurised environments like social work, simple and elegant ideas like the FDAC find it hard to capture the attention of senior managers. You need to run the risk of appearing a little obsessive."*