

TITLE OF REPORT: Family Drug and Alcohol Court update

REPORT OF: Caroline O'Neill, Strategic Director, Children, Adults and Families

Purpose of the Report

1. To update Cabinet on progress on the application to develop a Family, Drug and Alcohol Court (FDAC) across Gateshead, Newcastle and North Tyneside
2. For Cabinet to agree future progress on the implementation.

Background

3. Information was shared with members in a briefing in December 2019 (see Appendix 2). This provides detail about how the FDAC works and the long-term benefits of a successful intervention; in partnership with Newcastle and North Tyneside Councils.
4. Funding was approved from the Department for Education's "*Supporting Families: Investing in Practice*" programme. The total payment for the two-year pilot is £749,573 which will be made in March 2020 through a Section 31 grant to enable the Council to build its team's capacity to deliver the programme.
5. There will be no local authority funding required for FDAC until year 3 (2022/23). This funding is dependent upon an effective evaluation and suitable business case being produced and will be subject to a decision by each of the respective Council's Cabinet's.
6. Gateshead have been asked by partners to host the FDAC team and service within the management of the Gateshead Independent Reviewing Officer (IRO) service. This will maintain the required independence of the service from local authority social work teams.

Proposal

7. In partnership, Newcastle led an options appraisal (Appendix 3) on the potential procurement route by which to deliver the FDAC e.g. externally commissioned or host LA with a subcontracting arrangement.
8. The Steering Group meeting (see Governance Structure Appendix 4) in December 2019 agreed to endorse the option of the FDAC Team being hosted within one of the participating local authorities (arm's length arrangement) and procure, by negotiation, the elements of delivery (e.g. clinical) that the local authority cannot directly provide.

9. This model is similar in operation to one deployed in Milton Keynes and Bucks. Notwithstanding this, there are a number of factors which need to be accounted for in how the model is translated into use over our footprint for example the volume of cases and throughput into the court system here is much greater than in Milton Keynes.
10. Following this, discussion between Gateshead officers identified that our IRO services would be best placed to host and manage the FDAC Team. In doing so, they can ensure the FDAC's independence is maintained by having the service "sitting" alongside the Safeguarding Unit, thereby maintaining its independence from Children's Services, an essential criterion for its success.
11. The Safeguarding Unit in Gateshead sits within the Commissioning and Quality Assurance Directorate in order to support greater and more effective challenge to Children's services.
12. The Safeguarding Children Unit was re-structured in 2019 by appointing two practice supervisors and a full time Service Manager to strengthen their offer and provide a stronger challenge. The Service Manager for Safeguarding Children would supervise the Team Manager responsible for the FDAC delivery ensuring the independence of the FDAC service.
13. In addition, Gateshead's recent 'Good' Ofsted inspection of Children's Services places the authority in a stable position to move forward into a new area in order to provide better outcomes for children and families.
14. Newcastle's Safeguarding Standards Unit is line managed by Children's Services therefore it would not offer the independence needed for the FDAC service.
15. North Tyneside felt that their adoption of the Signs of Safety model across their service would compromise their ability to host the FDAC project independently.
16. The Steering Group was also in agreement that:
 - Secondment opportunities for local authority roles would be open across the three participating local authorities – thereby reducing the chance of losing experienced staff from one local authority.
 - Funding from the DfE grant includes a share of reasonable overheads – thereby covering some of the management costs required for setting-up.
 - Project management support continues to be provided via Newcastle.
17. If Gateshead does host the FDAC it would follow that Gateshead accept the DfE grant and manage the funding. An agreement would need to be put in place between the participating local authorities covering individual and collective local authority responsibilities.
18. If Cabinet is in agreement with these proposals the implementation phase will commence in March 2020. Implementation decisions are then delegated to the Strategic Director, Children, Adults and Families The outcome of the pilot will be reported back to Cabinet in due course.

Recommendations

19. It is recommended that Cabinet approves:

- (i) The Council acting as the Lead Authority to host the FDAC service under the Independent Reviewing Officer service.
- (ii) The Council accepting the £749,573 funding from the Department for Education to spend on the implementation and delivery of an FDAC service across Gateshead, Newcastle and North Tyneside.
- (iii) Any future decisions regarding the implementation of the service are delegated to the Strategic Director, Children, Adults and Families.

For the following reasons

- (i) It complements the ambition of the Thrive agenda in making Gateshead a Place Where Everyone Thrives, supporting whole family approaches and recovery
- (ii) To achieve the aims set out in the Thrive Policy Framework, we must provide Gateshead residents with good quality support and services. This is one way of enabling Gateshead residents to tackle the problems they are facing and preventing those problems from escalating.
- (iii) Longer-term benefits of successful reunification accrue to children and young people in improved life chances, which also positively impact on demand/costs in Social Care, Health, Criminal Justice, Education and Welfare Benefits. There are also several benefits to the parents including stability within treatment services, improved wellbeing and reductions in other associated issues (community safety impacts, offending, etc).
- (iv) It complements the recent work of the Police and Crime Commissioner in directing a preventative agenda focusing on communities and tackling root causes to make a difference and improve people's lives.
- (v) FDAC evaluation has found this intervention was more effective than ordinary care proceedings in achieving parental substance misuse cessation and reuniting families at the end of proceedings. It was also more successful in preventing fresh neglect or re-abuse in families whose children were returned home.

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Policy Context

1. The proposals support the Council's our strategic approach of Making Gateshead a Place Where Everyone Thrives and the Council Pledges:
 - Put People and families at the heart of everything we do.
 - Tackle inequality so people have a fair chance.
 - Support our communities to support themselves and each other.
 - Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough.
 - Work together and fight for a better future for Gateshead.
2. One of the underlying principles of FDAC is the belief that helping families to overcome their difficulties and raise healthy well-adjusted children is the best possible outcome. Sometimes that is not possible, in which case the best outcome will be ensuring alternative long-term placements are found for our children without undue delay. In such cases the FDAC approach is to encourage parents to keep trying to overcome their difficulties so they can continue to play a role in their children's lives and be able to care for future children

Background

3. Each local authority will need to identify 10 cases for support through the FDAC and the service would have the ultimate discretion as to which cases are referred to the FDAC team for a suitability assessment. The Council will need to develop its own robust criteria to determine which of the most eligible families would be most suitable for a FDAC.
4. At the time of modelling our potential cohort in 2018/19 Gateshead issued 112 care proceedings. Using the same Newcastle data model, it is anticipated 16% of these cases in Gateshead are eligible - this would equate to 18 families per year who would be potentially eligible for FDAC.

Consultation

5. The lead Cabinet member has been consulted and members have been advised of the proposals via a briefing.
6. Externally the Centre for Justice & Innovation have been consulted on setting up a FDAC service together with clinical services, private law firms, Police and Crime Commissioner, judiciary, CAF/CASS, other local authorities operating FDAC

Alternative Options

7. Continue as we are. Care proceedings continue to be issued by the Council in the usual way with no additional intervention to support parents.

Implications of Recommended Option

8. Resources:

a) Financial Implications –

The Centre for Justice Innovation considered the financial impact of FDAC interventions. <https://www.justiceinnovation.org/publications/better-courts-financial-impact-london-family-drug-and-alcohol-court>

Their cost benefit analysis suggests that over 5 years FDAC saves the taxpayer £730,000 per year – that's £2.30 for every £1 invested. Savings are made across care days saved, increased rates of reunification leading to reduced spends on fostering and adoption, less repeat proceedings arising from placement breakdown or sibling proceedings, and the wider public purse savings through reduced legal costs in criminal justice related to drug related crime and the NHS in respect of long-term drug and alcohol treatment. Their estimates suggest that 88% of the savings go to local authority children's services, with the remainder split between the legal aid agency, the criminal justice system and the NHS.

FDAC's main cashable savings are accrued through FDAC's better outcomes:

- Fewer children permanently removed from their families
- Fewer families returning to court with less substance misuse.

The upfront costs of the services are partially offset during proceedings because FDAC:

- Saves money on legal costs - fewer hearings with lawyers present, fewer contested hearings
- Saves money as reduced need for expert witnesses and assessment.

The Strategic Director, Resources and Digital confirms that the first two years funding are covered by the grant from DfE of £749,573. No Council matched funding is required. If the Council wishes to sustain the service (dependent on evaluation) we would have to contribute approximately £117,000 funding per annum from 2022/23 to support the ongoing joint delivery of a Family Drug and Alcohol Court.

b) Human Resources Implications - Social work staff would be seconded from across the three participating local authorities or recruited externally to avoid draining our own children's workforce resource.

c) Property Implications - Non identified

9. **Risk Management Implication** - There is the potential for risk if children and young people and their families do not have timely access to support services that can make the difference between a child staying with their family and being taken into care. If a child or young person is deemed to meet the eligibility criteria for social care, the Council is obliged to fulfil its statutory duty. Being a partner in this consortium to provide this service mitigates this risk.

10. **Equality and Diversity Implications** - FDAC aims to support parents to overcome their entrenched problems while the case is being determined in proceedings. People who suffer from substance misuse face a myriad of problems; the key to the success of their treatment is a real understanding of these often very complex needs and inequalities they have/are experiencing.
11. **Crime and Disorder Implications** – There are not expected to be any crime and disorder issues from the programme. If the Council decided to not provide a FDAC there may be a negative impact on crime and disorder as a result of children being placed in care and the impact on their lives and the ramifications of continued parental drug use.
12. **Health Implications** - Improved outcomes from those impacted by substance misuse will have a positive impact on local health services as a result of the changed habits of the adults, and improvement of family life for children within the affected families.
13. **Sustainability Implications** - The first two years funding are covered by the grant. If the Council wishes to sustain the service (dependent on evaluation) it would have to prioritise approximately £117k funding from 2021-22 onwards to support the joint delivery of a Family Drug and Alcohol Court from Year 3.
14. **Human Rights Implications** - None identified. Parents have to agree to be part of the programme which includes voluntary drug testing.
15. **Ward Implications** - None identified
16. **Background Information** – See appendices

Family Drug & Alcohol Courts (FDAC)

Background:

The Family Drug and Alcohol Court is a problem-solving Court, which operates in care proceedings where the prevalent threshold criterion for issue is parental / carer substance misuse. It involves an independent, specialist team who work intensively and proactively with parents/carers, involving both therapeutic interventions and continuous assessment. Parents meet with the team weekly and the Court fortnightly, allowing greater opportunities both for recognition of progress and tackling of issues. The team then deliver recommendations to the Court, which has the jurisdiction to make all the usual orders available in care proceedings. NB the local authority continues to plan in parallel.

The FDAC approach has been evaluated in London, where it has been running since 2008. The evaluation showed a marked initial increase in parent / child reunifications over standard care proceedings (37%/25%) upon conclusion of those proceedings. It also revealed a far greater number of reunifications still holding strong three years later (19%/5%). Other immediate benefits related to reduction in subsequent proceedings for siblings in families who had been through FDAC, even where reunification had not been possible.

Longer-term benefits of successful reunification accrue to children and young people in improved life chances, which also positively impact on demand / costs in Health, Criminal Justice, Education, Welfare Benefits and Social Care. There are also several benefits to the parents including stability within treatment services, improved wellbeing and reductions in other associated issues (community safety impacts, offending, etc).

In July 2019, a successful bid was submitted by Newcastle City Council, working in partnership with Gateshead and North Tyneside local authorities. Two years' funding has been agreed to set up and run an FDAC team.

This bid was supported by our local family court which has been involved in discussions for some time with all local authorities and wider partners (such as treatment providers, mental health support and family law practitioners) about implementing this approach and how the court could help facilitate the operation of the FDAC in our region. This complements the ambition of the Thrive agenda in making Gateshead a place where everyone thrives, supporting whole family approaches and recovery as well as the recent work of the Police and Crime Commissioner in directing a preventative agenda focusing on communities and tackling root causes to make a difference and improve people's lives.

Funding has been approved from the Department for Education's "*Supporting Families: Investing in Practice*" programme for a Family Drug and Alcohol Court. Funding has been approved in the sum of £350k per annum running costs for 2 years plus an additional £50k for start-up costs*.

Costings for the FDAC team were derived from the information gathered from Milton Keynes and Buckinghamshire about the team composition of the FDAC running there, as this operates on a similar sized caseload (30 per annum) to that envisaged for the initial pilot period here. The aim is for LAs to fund costs for a further two years to enable a thorough analysis of the programme across the four-year period. The funding being made by LAs in these 2 years is contingent upon a suitable Business Case being approved by the three Local Authorities.

Subject to a more detailed evaluation and a further Business Case, LAs will be able to determine as to whether they wish to provide further funding for FDAC into YR 5 (2024/25) & beyond.

We envisage an FDAC team covering the geographical footprint of the 3 LA's will be comprised of staff with a mix of skills from social work, management, clinical, addiction and administrative.

The way forward:

A Steering Group has been set up to provide an oversight of the programme and strategic direction. Membership has been drawn from all key bodies integral to the successful setting up and running of the FDAC. Operational Groups will now be established to take forward key areas such as Communications, Operational implementation, Performance & Key Performance indicators and Commissioning.

Gateshead are considering the possibility of hosting the FDAC team and service within the management of our Gateshead Independent Reviewing Officer (IRO) service. This will maintain the required independence of the service from local authority social work teams.

Contact:

**Lynn Wilson Service Director Commissioning & Quality Assurance
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Supporting Families; Investing in Practice Programme: Family Drug and Alcohol Court (FDAC) for Gateshead, Newcastle and North Tyneside

For FDAC Board/Steering Group

Funding has been approved from the Department for Education's Supporting Families: Investing in Practice programme for a Family Drug and Alcohol Court. Funding has been approved in the sum of £350k per annum running costs for 2 years plus an additional £50k for start-up costs.

This paper is to provide further information and recommendations on commissioning options.

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1. The Evidence Base for FDAC

The Family Drug and Alcohol Court is a problem-solving Court, which operates in care proceedings where the prevalent threshold criteria for issue is parental/carer substance misuse. It involves an independent, specialist team who work intensively and proactively with the parents/carers, involving both therapeutic interventions and continuous assessment. Parents meet with the team weekly and the Court fortnightly, allowing greater opportunities for both recognition of progress and tackling of issues. The team then deliver recommendations to the Court, which has the jurisdiction to make all of the usual orders available in care proceedings.

The FDAC approach has been evaluated in London, where it has been running since 2008. The evaluation showed an initial 12% increase in parent/child reunifications over standard care proceedings (37%/25%) upon conclusion of those proceedings. It also revealed a far greater number of reunifications still holding strong three years later (19%/5%). Other immediate benefits related to the reduction in subsequent proceedings for siblings in families who had been through FDAC, even where reunification had not been possible.

Longer term benefits of successful reunification accrue to children and young people in improved life chances, which also positively impact on demand/costs in Health, Criminal Justice, Education, Welfare Benefits and Social Care.

In July 2019, a bid submitted by Newcastle City Council on behalf of Gateshead, Newcastle and North Tyneside local authorities for 2 years' funding to set up and run

an FDAC team was successful. The costings for this team were derived from the information gathered from Milton Keynes and Buckinghamshire about the team composition of the FDAC running there, as this operates on a similar size caseload (30 per annum) as that envisaged for the initial pilot period here.

We envisage an FDAC team for our region comprised of the following:

- 1 x Consultant Social Worker (Team Leader)
- 1 x Senior Practitioner SW
- 1 x Clinical Nurse Specialist (Mental Health)
- 1 x Clinical Nurse Specialist (Substance Misuse)
- 1 x Admin
- 0.2 x Child Psychologist
- 0.5 day per month Adult Psychiatrist

2. Commissioning options

There are three broad options for procuring this FDAC team:

- a. Externally procure a 3rd party provider to deliver the FDAC team
- b. Build an independent FDAC team from an existing local service
- c. Host the FDAC team within one of the participating LAs and procure the elements of delivery (e.g. clinical) that the LA cannot provide.

3. Appraisal of commissioning options

Option	How this works	Advantages	Things to be aware of
<p>Externally procure a 3rd Party provider to deliver the FDAC team</p>	<p>A service specification for an FDAC team is developed, that the local authority(s) then commission(s) via a tendering process. Lead authority would commission on behalf of all three LAs. Preferably it should be jointly commissioned by health and children’s services. (This is the model in London and Kent and Medway.)</p> <p>The contract value of an entirely independent service (£ 700k) is such that Public Contracts Regulations 2015 require this opportunity to be competitively tendered on the open market.</p>	<ul style="list-style-type: none"> • Clear independence from the local authority. • The strong advantage of this option is that it gives total fidelity to the model that has been evaluated and found to be effective • Contract price allows clear budget envelope within which service must operate and deliver. • External clinical governance arrangements • No ongoing staff liabilities beyond pilot in event of cessation of service. 	<ul style="list-style-type: none"> • Timescales may make external procurement unworkable – desired delivery start is April 2020. Is there enough time now to agree procurement lead, design, tender, evaluate, award and mobilise to meet start date? • Project is a 2-year pilot at this stage, with years 3 and 4 dependent upon LA business case being made. This may limit appeal within market to providers already in situ locally. • Nature of expertise required to staff the team and maintain fidelity to FDAC evaluated model is judged to only currently be held by one organisation on the proposed FDAC footprint. For other organisations recruitment may not be compatible with delivery start date.

		<ul style="list-style-type: none">• Utilising National FDAC model so consultation/spec design is limited and less laborious.	<ul style="list-style-type: none">• The amount granted for overheads for the FDAC team may dictate location of the team within a larger enterprise, rather than in standalone premises, which impacts on ability to competitively tender.• Pilot nature of project would benefit from a provider who has existing and immediately exploitable links with existing wider support service provision locally, to allow speedy embedding of this into wider processes.• Delay in training for FDAC staff and children social care due to Commissioning and Procurement and possible recruitment.• Delay in agreeing and sign off governance, process and agreements due to the above.• Maintaining the integrity of the competitive process means we will not be able to involve the specialist addiction and mental health services currently providing in the localities in the design.• The monitoring of longer-term outcomes for parents and children –
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			beyond their involvement with FDAC – will be needed and children’s social care in the 3 local authorities will need to have mechanism in place to capture this information
Build an independent FDAC team from an existing local service	Creation of an FDAC team from another multi-disciplinary service already established in your area (This is the model in in East Sussex and Coventry). Likely to involve getting agreement from the relevant commissioners of that service to change the existing Service Level Agreement (SLA).	Not believed that a suitable MDT service that could be adapted into FDAC currently exists.	
Host the FDAC team within one of the participating LAs (arms-length arrangement) and procure by negotiation	<p>Nesting of FDAC team within the IRO governance structure at chosen host LA. Separate from operational CSC. Delivery location and team base in non-LA building.</p> <p>Line management for Team Manager is with host LA but clinical governance through clinical provider.</p>	<ul style="list-style-type: none"> • This option could be facilitated within the time line for FDAC to be operational in April 2020. • Allows clinical specialists (mental health and substance misuse) to be involved in the service design process as no competitive procurement risk. • Secondment opportunities for LA’s Children social care for the lead/Consultant social worker and senior practitioner social worker. 	<ul style="list-style-type: none"> • Clear expectations and distributing of tasks will still need to be facilitated by LA’s specifically children’s services and legal services. • There would have to be a supplementary agreement between LA’s legal teams to support the FDAC fidelity and independence in relation to FDAC court procedures • Could be perceived by parents as less ‘independent’ from CSC. Need to ensure robust mitigation in terms of governance separation from operational children’s

<p>the elements of delivery (e.g. clinical) that the LA cannot provide.</p>		<ul style="list-style-type: none"> • It will allow us to purchase immediately locally connected clinical expertise to supplement the FDAC team. • By seconding the Social workers the remainder of the FDAC financing would be below the threshold in terms of the procurement regulations meaning that an open competitive process is not required. • Locating the team in a non local authority building would assist fidelity to the model. • This model has been historically accepted by the national FDAC unit as appropriate way to run a FDAC. • Staff training could be procured and completed prior to commencement of FDAC. 	<p>social care, Board oversight and non local authority delivery location.</p> <ul style="list-style-type: none"> • Need for a supplementary agreement between the three LA's legal teams to provide legal advice and support to the FDAC team where the host LA's legal team is also advising CSC on a particular set of proceedings <div data-bbox="1451 571 1615 730" data-label="Diagram"> <pre> graph TD A --> B B --> C C --> A </pre> </div> <p>E.g.</p> <ul style="list-style-type: none"> • Note minimal additional overheads in connection with hosting and these may be allocated to delivery location costs (IT, security pass, disk space etc.) rather than LA governance time.
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4. Recommendation

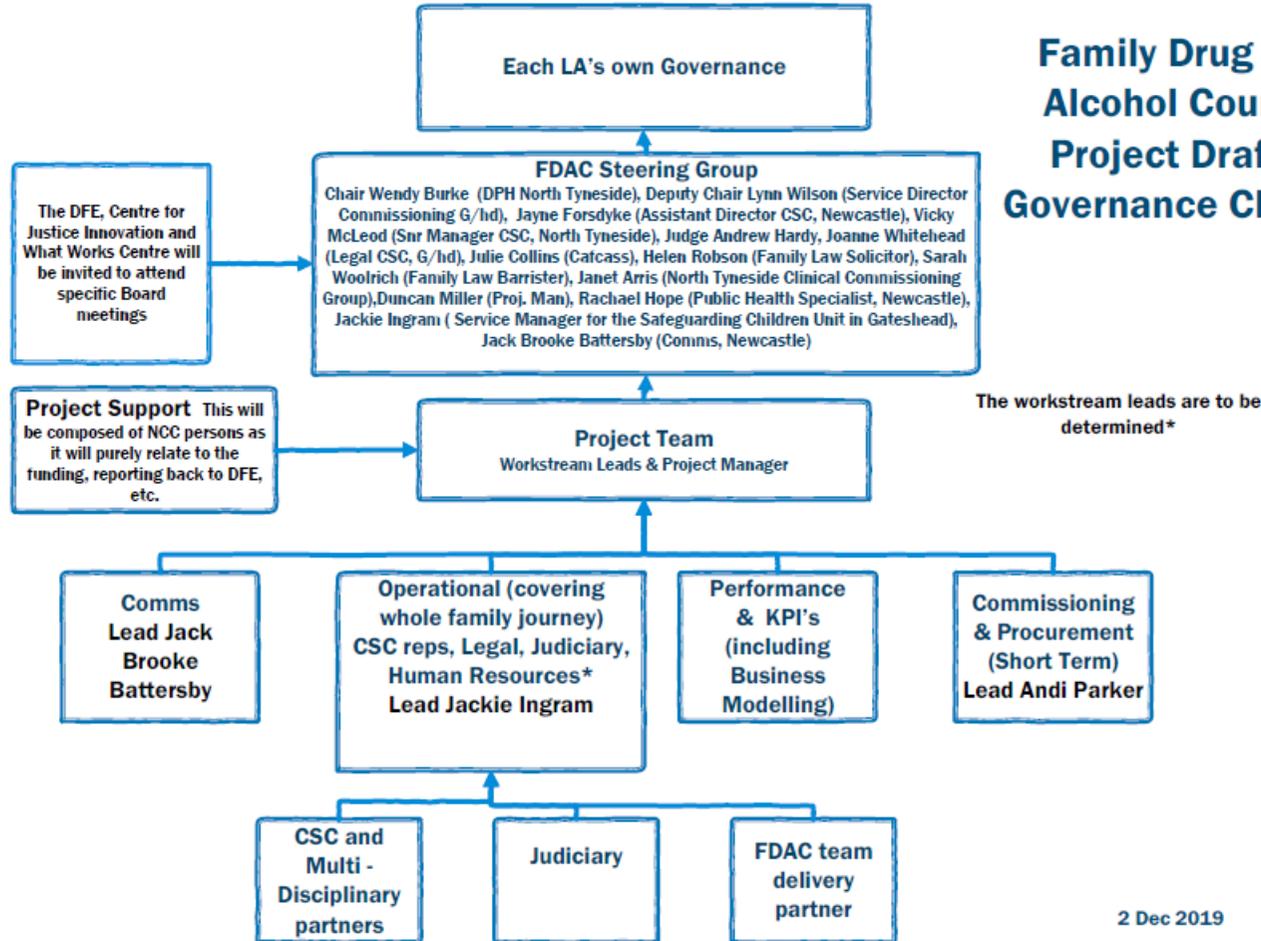
Having considered the options above it is recommended that we pursue option 3. This would allow us to involve our local specialist mental health and addiction NHS trust in the formulation of the specialist team, to meet the delivery start timeframe of 1st April by allowing a quicker, negotiated procurement of the clinical elements of the team.

Next steps, subject to Board approval would be:

- Prepare a matrix of criteria for choosing host arrangement
- Refer the procurement recommendation to the Directors of Childrens' Services in the three LAs for discussion and agreement as to:
 - the appropriate host LA
 - which LA to lead on procuring the clinical elements
 - which LA to lead on data set development for business case
- Obtain necessary permissions to commence negotiation with NTW NHS Foundation Trust to provide the necessary clinical delivery elements

APPENDIX 4

Family Drug & Alcohol Court Project Draft Governance Chart



2 Dec 2019