

# CVAA response to the ASF national cost framework consultation

The Consortium of Voluntary Adoption Agencies (CVAA) is providing this response on behalf of its 24 members, in relation to the Department for Education's proposal to introduce a national cost framework for the Adoption Support Fund (ASF) detailing the costs that can be claimed for, and the rates that the ASF will fund.

In summary, CVAA is supportive of greater consistency across providers, to avoid excessive rates being charged by therapists and to make it easier to compare rates. However, CVAA members are extremely concerned about further measures to cut costs at a time when agencies are already under enormous financial strain, compounded by recent ASF changes such as therapists being unable to claim for time spent travelling.

This pressure on VAAs is already affecting the children and families they support, and further caps will make it increasingly hard for VAAs to deliver for their families on an individual level, and ultimately remain in the market of providing adoption support services. In this document we outline the main issues VAAs have raised with us in relation to each element of the DfE's proposal.

## Limits on non-direct therapy costs from April 2023

The Department has stated its intentions to set limits on non-direct therapy costs, to happen from April 2023, and has sought feedback on this proposal. It is extremely difficult for CVAA to provide a meaningful response without further information on what these limits would be for each type of work listed in the non-direct costs section. We therefore urge the Department to carry out further consultation with the sector if and when figures have been calculated.

VAAs have however identified a number of concerns about the impact of setting limits for non-direct work, on children and families as well as agencies. These are summarised as follows:

1. **Capping non-direct work cost will drive quality down.** Many of the tasks listed under non-direct work – such as preparation, reading case files, recording of work, liaison with other professionals, report writing – contribute to highly valuable and necessary work. If the costs of these tasks are not adequately covered, the support provided to families will inevitably suffer.
2. **Capping non-direct costs will increase risk within families and services.** For example, caps are being proposed on the costs of clinical supervision, which is already under-funded. Stripping funding further from this area will have a direct effect on the quality of supervision, how effectively it achieves its role of safeguarding families, and the level of risk agencies themselves hold. Caps on other areas of work mean there is no flexibility to offset extra costs spent in some areas with savings made in others.
3. **It will be harder for children and young people to access the appropriate therapeutic assessments in a timely fashion.** The limit on what the ASF will fund and expectations that any additional costs will be paid for by agencies is going to put additional pressure on

agencies, leading to long waits for access to services and at worst lack of access to service due to non-agreement or ability to fund.

4. **Limits do not make sense for match funded work.** VAAs informed us that this work comes with more risks than £5k work and a higher level of support is required outside of sessions. For this reason match funded work needs to be treated differently, and the RAA or LA should be able to choose for their element of the work to be providing for non direct costs. Tasks that were identified as needing to be costed separately for match funded work included professional liaison/discussions, review meetings, professional network meetings, and report writing.
5. **Caps will lead to some agencies stopping the provision of ASF-funded work altogether.** At present there are already costs which agencies have to commission and pay for, but are not able to claim for – one example is claiming for clinical supervision costs when offering packages under 25 hours of direct work. These costs are adding up over time, and if agencies cannot continue to provide a good quality service to families within the set funding parameters, many will discontinue their work in this area. This is especially worrying since VAAs support children with the highest levels of need and who need the most support. In recent months we have seen 2 VAAs withdraw from using the ASF on the basis of the excessive administrative costs associated with accessing it. These VAAs previously supported many families via the ASF, so the fact that they have taken these decisions shows just how unworkable the ASF system already is for VAA families, and indicates the very real prospect of more VAAs following suit.
  - a. VAAs have requested that greater flexibility is built into the ASF to allow VAAs to claim back costs for what is actually being delivered, such as a percentage of the 1-hour supervision for every 25 hours of therapy delivered, for packages less than 25 hours. This would be one way to ease the current strain on agencies.

### Definitions of non-direct and direct costs

There was not agreement among VAAs with Department's definition of non-direct vs. direct costs, as laid out in the information document. VAAs maintain that it is standard practice to include work such as session planning, preparation/planning, reading, clinical supervision, report/document writing and professional/family liaison within the therapists' hourly rate. These tasks involved with understanding a child's history are essential to a therapist's work and cannot be completed by anyone other than the therapist. CVAA supports the Consortium of Adoption Support Agencies (CASA)'s comments about the definition of direct work needing to be expanded well beyond the current specified list, given the expectations on therapists detailed in statutory guidance and elsewhere. VAAs have noted that it is standard practice to include venue hire and materials in hourly rates as well.

VAAs agreed on the need for consistency across all providers to make it possible to compare rates, rather than some providers having lower hourly fees but numerous add-on costs. However, it was felt that a requirement to include all these elements within hourly rates was preferable to excluding them into the separate category of non direct costs, and having two separate systems operating.

### **Costs for time spent travelling**

The recent changes resulting in therapists being unable to claim travel expenses for time spent travelling has proved a major issue for agencies, therapists, families and children. It has resulted in independent/associate therapists being unable to travel to families, owing to the costs incurred delivering therapy packages across multiple sites, and therefore ceasing their work with VAAs undertaking ASF-approved work. Some VAAs are taking the decision to step in financially to make up the difference, but this is unaffordable long-term.

This, combined with the fact that many families are unable to arrange their own travel (with a child) to access therapy, means that families are disadvantaged on the basis of where they live. This adds to existing geographical differences in what services and interventions are available, and is at odds with the Government's Levelling Up Agenda, and ambitions to end the postcode lottery in adoption services through greater consistency across all RAA areas.

CVAA is deeply concerned that further limits will exacerbate this problem further and make it even harder to offer flexible services to families in desperate need of support.

It was acknowledged by VAAs that there are certain instances when not paying time spent travelling is reasonable, such as in the instance that a therapist is travelling to a client for a home-based session in order to not pay venue costs. However, if the home-based session is happening due to the needs of the child, meaning they cannot get to the session venue, then time spent travelling should be chargeable.

Although the Department has not invited comment on the mileage cap, it deserves mention that 25p a mile does not sufficiently cover costs for travel plus the costs of keeping a car on the road, and often car travel is the only realistic option for getting to a child's home.

### **Parameters for funding for specialist assessments from April 2023**

The Department proposes to clarify parameters on ASF specialist assessments, so that these assessments are only ever of a child and family's needs linked to trauma and attachment, rather than for assessing medical conditions such as ASD, ADHD, FASD or sensory issues.

VAAs have been clear that they understand and abide by the current parameters around ASF funding. They know that assessments for medical conditions are excluded from the ASF eligibility criteria, and therefore use the ASF for its primary purpose of assessing and supporting children with trauma and attachment issues. This suggests that there may not be a need for clarifying parameters further.

Nonetheless, VAAs are concerned about children who do have conditions such as ASD, ADHD, FASD or sensory issues, often as a direct result of early pre-adoption trauma. It can be difficult to separate some of these conditions and VAAs stressed the links between (for example) trauma and attachment difficulties and dysregulation (ASD), and extreme neglect leading to something that looks like Autism (see Rutter quasi autism research). VAAs are seeing sensory issues emerge more and more as an issue for children who have experienced ACEs, showing the challenges in drawing a clear line between the two types of assessment. Again, some flexibility is important to recognise these nuances. Treatment plans do need to take into consideration where children have experienced

developmental trauma *and* have a neurodevelopmental condition, as this will require a different approach than plans for children with just developmental trauma.

There is also the problem that assessments via CAMHS often have 2-year waiting lists, leaving families without any other assessment options. Additionally, services sometimes refuse to work with children who are adopted, because of assumptions that they can access the ASF instead. These delays and complications are already having very severe adverse impacts on daily life within adoptive families and children's wellbeing.

More detail is essential around how agencies and therapists should navigate cases where medical diagnoses are closely interrelated with children's adoption histories, and also urgent cases where children have extremely high levels of need but are on long CAMHS waiting lists, where this is compounding trauma and/or attachment issues for the child.

### **Restricting the frequency of funding for specialist assessments**

The Department also proposes to restrict the frequency of funding for specialist assessments, and is considering a usual maximum limit for funding of once every three years. CVAA is in agreement that repeated specialist assessments should be questioned. However, sometimes repeated assessments are needed and therefore a blanket period of 3 years may not be suitable. 3 years is a long time in relation to a child's development and an inflexible timeframe could have negative consequences for some children in need. VAAs suggested that a more appropriate frequency would be annually, or at least building in enough flexibility for certain children to have earlier assessments, on the basis of clear evidence showing why it is needed.

If the Department were to set the funding limit at every three years, it would be vital that assessments are accepted as valid for the same length of time, to allow for recommended therapeutic packages to take place beyond 12 months.

### **Timescales**

The Department has expressed intentions to roll out these changes as early as April 2023. VAAs maintain that this is far too soon. VAAs will be submitting applications to the ASF in just a couple of months' time for therapy packages to begin in April 2023. For this they require all the details on the set limits, so that they can prepare the packages in a cost efficient and sustainable way, and also manage the expectations of associate therapists undertaking this work. The proposed timescales do not leave enough time for an informed plan to be established, for further consultation with agencies on the finer details, and for this information to be communicated in good time ahead of 2023-24 ASF application submissions.

If the Department does take the decision to continue with its proposals despite these concerns raised, CVAA is requesting that a clear timeline be provided detailing when VAAs can receive: a) specific details and figures on the limits and parameters outlined; b) specific timeframes for when additional consultation will take place; c) details on the implementation date which needs to be communicated at least 2 months ahead of 1<sup>st</sup> April 2023.

### Maximum hourly rates for therapeutic support from April 2024

The Department is proposing to introduce maximum hourly rates for therapists starting from April 2024, in relation to both therapeutic support and specialist assessments.

VAAAs are in agreement that excessive hourly rates should be questioned, and hourly rates should accord with the experience and qualifications of the therapist. However hourly rates must also recognise the expertise therapists bring and the significant training they have undertaken to meet expected professional standards.

#### **Numerous VAAs have shared that this proposal poses a risk to the sustainability of their agency.**

First, there are many hidden costs involved in delivering adoption support services, including the time needed to meet the requirements of the ASF processes. If these costs are not covered, therapists and agencies will be unable to continue providing ASF-funded adoption support services.

Second, hourly rates present a challenge for agencies which need to factor in the market rate that therapists expect to be paid plus take into account overheads.

Third, given the variance of expertise and qualifications amongst therapists, introducing a maximum rate could restrict the availability of therapists that are willing to provide services. It could result in those who are most qualified deciding not to undertake adoption work.

It was stressed that there must be a differential between lone providers and Ofsted regulated agencies who have higher overhead costs for premises, insurance, Ofsted registration and so on. Again, we concur with CASA's response which provides more detail about the additional costs of being an Ofsted registered service. We support CASA's point that benchmarking against the NHS would be a useful exercise, as this would reveal that NHS therapeutic provision comes at a high cost because it includes the extensive infrastructure needed to support practitioners and keep the service running.

### Maximum hourly rates for therapists delivering specialist assessments from 2024

Points made in the above section similarly apply here. Multi-disciplinary assessments require collaboration between two or more practitioners, and guidance specifies that working together in this way requires registration as an Adoption Support Agency or a VAA. This requires additional registration costs which must be factored into any final costings.

### Timescales

The Department has stated that it aims to start enhanced data collection via the ASF application process from April 2023 to provide a more detailed picture of the market. This information will inform the maximum hourly rates which is proposed should come into effect in April 2024. CVAA supports an approach which uses robust data to decide the hourly rates, however additional data collection and reporting is time and resource consuming for agencies, at a time when financial pressures are already significant, and agencies are already significantly subsidising ASF admin costs. This additional requirement, which has the likely end goal of only disadvantaging VAAs and their families further, serves as a further disincentive for VAAs to engage with the ASF.

## Measurement

Lastly, the Department has stated that it hopes to complement the work on the implementation of outcomes measures. VAAs wish to know more about whether measurement tools will be mandatory, such as the Thinking Of Your Child document, and if so what are the proposed timescales for this as agencies will need to build the changes into their organisational plans.