

## End of Project Report

Project title	Foetal Alcohol Syndrome Disorder
Grantee organisation	One Adoption South Yorkshire
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Total Grant Funding	£243,000
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### 1. PROJECT BACKGROUND

*The proposal was to engage a specialist educational psychologist to contribute to the initial assessment of children who may be affected by foetal alcohol spectrum disorder and produce effective education plans to meet the specific needs of affected children.*

*The new Integrated Care Board in South Yorkshire and the Regional Adoption Agency have already identified FASD as likely to be having a significant impact on the health and well-being of many children in South Yorkshire and a significant proportion of children affected by FASD are likely to be adopted children.*

*Although FASD is often difficult to diagnose and there are no specific medical treatment options, research is suggesting that the best way to support affected children is through targeted education plans, as the impact is often most clearly seen in the child's approach to learning and their specific educational needs.*

*The Health Service is keen to develop initial support services for children and an educational psychologist would then be able to deliver practical advice and assistance to schools and parents.*

*The idea of an educational psychologist with a specific brief to work with adopted children would bring together multi-disciplinary work across South Yorkshire. Our colleagues in the Virtual Heads Teams would support this proposal as they too have identified a significant gap in services around this area.*

*The Integrated Care Board has the same footprint as the South Yorkshire RAA and the FASD would be amongst the first services for children they would be developing on a South Yorkshire wide basis. As a RAA we have been working with our colleagues in the Virtual Schools to develop South Yorkshire wide services where appropriate so this would be a real opportunity to bring key services for children together in a single integrated offer across the sub-region.*

As OASY we are in regular contact with our adopters as we aim to develop services to meet identified need and multi-disciplinary assessment and services working together to support our children and their families is very much what they are encouraging us to consider. FASD has been raised many times as an issue affecting a significant number of our adopted children. We have adopters involved in various working groups to develop services and we would ensure that OASY adopters from across South Yorkshire are involved in the development of this project. We would ensure that there are adopter representatives on the project steering groups, and we have effective feedback loops to the wider group of adopters through our 'WhatsApp' groups and the adopter pages on our web-site. We also have two very active adopter-voice workers who are able to actively engage South Yorkshire adopters in projects and service development.

## PROJECT OBJECTIVES

The central purpose of this proposal is to get agencies working together in a multi-disciplinary way around the specific issue of FASD. As yet it is not clear what agencies might be able to contribute beyond existing committed resources but even if we can get those to be co-ordinated, we have already found, as a OASY working across South Yorkshire that it is much more effective to work together than try to create four distinct services. Working relationships across services are already good but the introduction of the Integrated Care Board is at once an opportunity, as it brings Health on the same footprint as some other services such as the OASY and a challenge in that many people in Health Services now have changed roles and responsibilities. This is a really good time to start to build new relationships based on the new structures and develop new ways of working together.

The idea behind this project is to give a focus to gather partners around and to explore how we would develop joint evidence and joint reporting and together achieve improved outcomes for in this case a specific group of children but ultimately modelling provision for other groups of children.

In terms of financial sustainability of this specific post we will be considering contributions from partners if it is proved to be successful and necessary. Partners would include the OASY itself, if there is funding available and Partners on the Board agreed.

A key area of development within this project are the relationships with individual schools and Trusts across South Yorkshire (SY). We currently have a mailing list of over a thousand adopters. Given that most of them will have at least one child in school that is potentially a million pounds of adoption premium in schools and we know that not all of this is currently being claimed. Potentially we could work with our adopters and schools to ensure that we are claiming more of this and that a portion is being used to fund the OASY Educational Psychologist if the post has the successful outcomes we expect.

## 2. PEOPLE AND THEIR INVOLVEMENT

*South Yorkshire Integrated Care Board (ICB) have been involved since conception and have worked closely to support the development of Prevention & Awareness services across SY. We have worked closely to start developing a FASD pathway to diagnosis and support across SY, whilst ensuring that we utilise developments from other agencies.*

*One Adoption West and One Adoption North & Humber have supported where appropriate to develop a Yorkshire approach to bringing FASD to the fore across a range of services and have allowed us to attend and deliver awareness sessions at their annual conference.*

*SY Adopters have been involved throughout bringing lived experience to all the meetings and specific examples of their lived experience, especially the difficulties around getting a diagnosis. Attendance from adopters across all working groups has been key to ensuring that experience of services is reflected in all the work we complete.*

*The virtual schools (VS) heads meet regularly to ensure FASD remains a key topic across the service and we have delivered training to all VS staff across SY.*

*All SY schools have been given the opportunity to attend face to face or online FASD training and this continues to be part of the legacy to develop a FASD eLearning package that can be accessed by schools, adopters and other service providers.*

*Worked closely with North Yorkshire & Humber ICB to develop an FASD Pathway document, which will hopefully be adopted across Yorkshire and create a clear FASD Pathway that meets the needs of all those requiring FASD diagnosis and post diagnosis support.*

*Joined with North Yorkshire & Humber ICB to influence NHS England to set up and run a Yorkshire FASD Community of Practice event.*

## 3. ACHIEVEMENTS AND BENEFITS

*The predicted benefits of the project were to highlight FASD as a condition that effects many CYP across SY and to develop an understanding of FASD with those who come into contact with these CYP.*

*As part of the project, we have been able to deliver training to key staff across SY, these include school staff, virtual schools staff, OASY social workers, SY Educational Psychologists and adopters. All training has been bespoke and developed for individual groups, to identify and meet their needs and current awareness of FASD.*

*We have created three distinct working groups:*

- **Prevention & Awareness:** Working across SY to develop and deliver strategies such as;
  - Ensuring all Midwives across SY ask questions around alcohol use to all service users at each appointment and that this is recorded.
  - REED Codes for Pre Natal Alcohol Exposure & FASD added to all NHS recording systems and rolled out across the NHS.
  - Working to get FASD warning added to Ovulation, pregnancy testing and folic acid kits.
  - Working with local licencing authorities to highlight the risks of drinking in pregnancy, including posters and beer mats across SY pubs.

- Discussions with local MP's to introduce a bill around awareness and prevention of FASD.
- Introduction of an FASD specific WhatsApp group.
- FASD is a key focus for Public health across SY.
- **Support working group:** Working to identify current support services around FASD, where there are gaps and who we need to work with to fill these gaps. Focus on:
  - Developing local support group, run by those with lived experience and open to anyone who has a diagnosis or suspected FASD.
- **Assessment & Diagnosis:** Looking at the development of services to support FASD diagnosis.
  - Currently working with Sheffield ICB who have opened up their supervision with Professor Raja Mukherjee to all SY Paediatricians.
  - Sheffield CAHMS now carry out FASD assessment & Diagnosis.
  - Developed a draft FASD Pathway for diagnosis and support.
  - Working to get FASD added to all SY neurodevelopmental pathway assessments.

Educational Psychologists have supported 43 CYP across SY offering a range of bespoke support, whilst ensuring that local Educational Psychologists, school staff adopters and the CYP are fully involved in decision making, future planning and support services. The use of baseline emotional well being screeners and executive function screeners (BRIEF) have helped key areas of need within cognitive, emotional and behavioural regulation skills, which has then informed the type of interventions and provision required in school. More EP involvement for cases that would not have been picked up, despite being very complex.

Increased use of multi-disciplinary approach to dealing with complex cases, across schools, social care and adopters, ensuring better communication and outcomes for CYP with suspected or diagnosed FASD. Upskilling and developing confidence of practitioners and parents (how to respond and develop a personalised approach to pupils with suspected FASD). As a result of more social workers being aware of FASD (EP training and in casework), there are more conversations happening between social care and health professionals about assessment pathways for pupils. In one LA (out of the 4) formal medical discussions are taking place around the identification of FASD.

Attendance at numerous events have given us the opportunity to highlight the project across a wide range of authorities and at different service levels, raising the awareness of FASD across SY and beyond.

The benefits not realised at this point of the project are to have a fully integrated assessment & diagnosis pathway. Although some progress has been made across SY in getting a diagnosis, mainly through Sheffield services, getting agreement on a neurodiversity pathway that includes FASD, seems some way off at present. We will continue to push for FASD to be included in pathways and have a draft agreement ready but there appears reluctance to implement this across SY.

#### **4. OUTCOMES**

*Describe what your project has achieved this far. What have been your main successes? What went well? What would you do again if you were to start again?*

We have seen the set up of three multidisciplinary FASD working groups in 3 of the four Local Authorities (LA), with discussions continuing to take place with the 4<sup>th</sup>, although they include FASD in their 0-24 month programme.

Our Educational Psychology team have trained over 650 members of staff across SY schools, adoptive parents, post adoption Social workers and educational psychologists and virtual school staff.

<b>Role</b>	<b>Total in receipt of training<sup>1</sup></b>
School staff	535
Adoptive parents	30
Post adoption social workers	40
Educational Psychologists and Virtual School colleagues	61
Youth Justice colleagues	18
<b>Total</b>	<b>684</b>

Please see Appendices 1 for evaluation of feedback.

We have helped in the setting up and development of the Yorkshire FASD Community of Practice, currently meeting quarterly.

Joined other initiatives to ensure FASD is a focus in neurodevelopmental projects across SY, including Neurodevelopment and Eating Disorders, Partnerships for Inclusion of Neurodiversity in Schools (PINS).

Ensured FASD continues to be considered through Safeguarding, Health & Wellbeing Board and neurodevelopmental working groups.

Influenced the training for FASD across Sheffield and Doncaster and persuaded both authorities to open up their FASD Training to SY staff.

Worked with Sheffield City Council, Doncaster City Council to hold FASD conferences, including and FASD conference with a criminal justice theme. This was promoted and attended by SY Police, SY Fire, SY HMPS and YoP personnel.

Worked with 4 LA's to develop and implement an Alcohol in Pregnancy eLearning package that is now available across all 4 LA'S.

Involved in the development of an FASD Animation which is available for use across SY.

Worked on the development of an FASD information video with NHS England which will be available for professionals by the end of October 2025.

Educational Psychologists have created a series of FASD Webinars, which will be available on the Adoption England website from early October 2025.

## 5. BARRIERS

*It was a challenge to recruit staff to all positions once funding was agreed. The project focus changed due to being unable to recruit to the Educational Psychology roles initially. The funding was utilised to bring in a Project Manager and support the commissioning of Educational Psychology services from a partner LA.*

*There were delays in signing the data sharing agreement with all 4 authorities and this resulted in delays for the One-to-One work planned for the Educational Psychology team.*

*There was and still is issues around engagement for the SY ICB, especially in attempting to set up an assessment & diagnosis working group. Although this is now in place it is still felt that we do not have the right people to be able to influence change within the ICB.*

*Even though several authorities have made changes to their neurodiversity pathways and General Development Assessment (GDA) Pathways, it has proved difficult to get FASD considered as part of these redevelopments.*

## 6. FUTURE AND SUSTAINABILITY

*There is a raised awareness of FASD across SY and more trained staff thanks to the project. More staff across SY have received FASD training and the feedback from this training has been excellent. Adopters, both new and existing now have a better understanding of FASD and where to gain support with their adoptees.*

*The educational Psychologists are creating an FASD toolkit that will be available across SY with tools for parents, schools and educational psychologists.*

*We are working with authorities across SY to develop and FASD eLearning package that is available to all staff across SY.*

*The changes to the questions and recording systems for midwives across SY should help with diagnosis of FASD in the future, where all alcohol consumption during pregnancy is recorded on both the parents and child's records.*

*Reed codes for FASD and suspected FASD available for use on EMISS and System One for the recording of FASD.*

*All midwives across SY ask about alcohol exposure at all appointments and record findings.*

*FASD Amination and video available for use across SY.*

## 7. LESSON LEARNED

*Key lessons are around the funding and how to implement the project with short time scales from bid to acceptance. Getting the staffing in place seems to be an issue across all projects and it would have been helpful to have scoped out LA's about commissioning at an earlier time in the bidding process. We should have started the data sharing agreement at the onset of the project, as this would have resulted in a timelier completion and prevented delays in the one-to-one work.*

*If anyone is thinking about a similar project, I think getting agreement with senior management within the NHS is vital, as it feels we are pushing against a locked door when it comes to getting FASD recognised by services across SY.*

## 8. RECOMMENDATIONS

*A longer lead time from the grant agreement to starting the project to allow for recruitment to positions across the project.*

*I felt that the community of practice events were well received. There were clear opportunities to share best practice, issues and risks at the various meetings throughout the duration of the projects.*

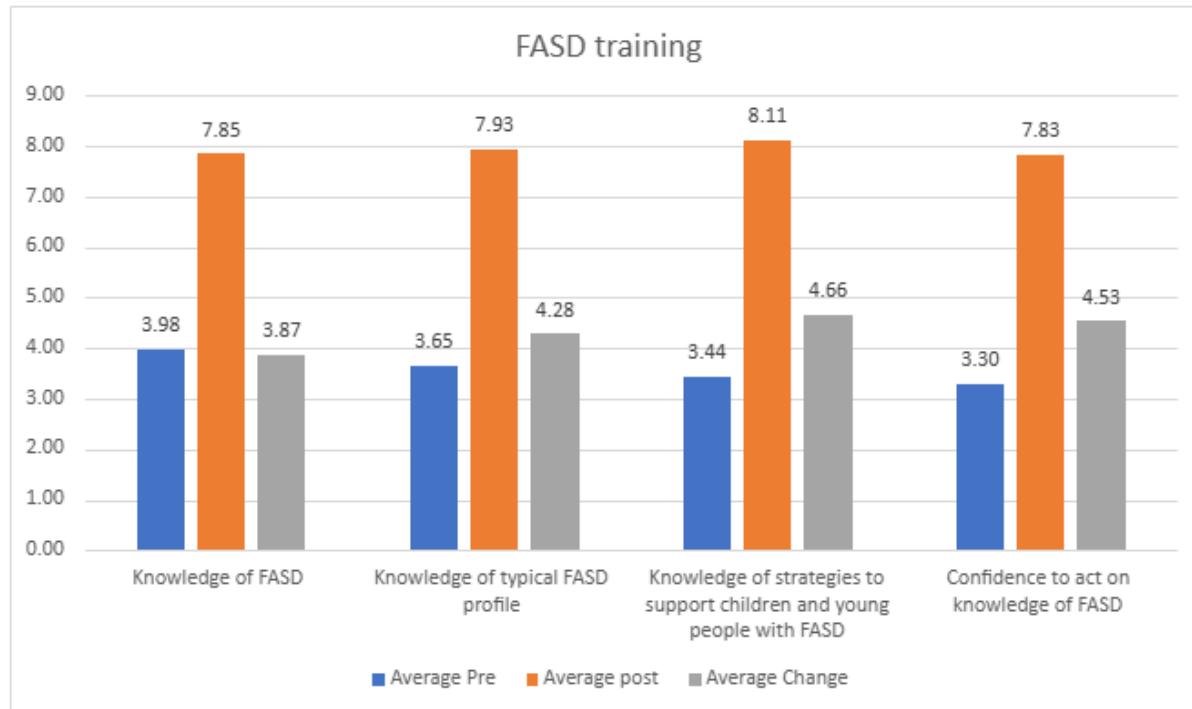
*Overall I think the process worked well, except for our ability to engage NHS colleagues fully with the project.*

## 9. FINANCIAL SUMMARY

Please provide a breakdown of how your funding has been used across each year of your grant period			
	Year 1	Year 2	TOTAL
Staff costs	£120,000	£120,000	£240,000
Overheads			
Travel	£600	£750	£1350
Training			
Other costs Room hire	£750	£500	£1250
<b>TOTAL</b>			£242,700
<b>Other costs:</b> Please provide brief detail			

## Appendices 1

### FASD Training feedback



### Snapshot from one training session (Meerbrook Bank)

#### Qualitative feedback

##### What will you do differently as a result of this course?

- Think about strategies for children in and outside of the class
- Consider lunch time 20 minute slots, break down risks.
- Be more aware of needs, provide scaffolding with 'first next then' resources including sensory breaks
- Have a proactive approach to certain children presenting with FASD
- I learnt new things
- Use less language
- Be more understanding with the children
- Pay more attention to the possible needs that a child may require
- Have more understanding and patience
- Simple language
- Use strategies more in class, used phased introductions, more movement breaks
- Use strategies offered. Reduce verbal overload
- Understand the child and their needs more, use more strategies and talk and listen more
- Think before acting / speaking. Be less heat of the moment
- Think a little bit more before I speak or react to a comment or incident

- Know a child isn't doing impulsive things on purpose so to have more time for them. To use ASD and ADHD strategies with child
- Explore some of the resources / websites shared to support planning / interactions
- Consider alternative provisions and interventions that may be required
- Use language, more resources and support in place
- Not judge, consider the language I use
- Use of language
- Carefully consider provision
- Look out for signs
- Put in place preventative strategies to support children with FASD
- Pay more attention.
- Visual aids and concrete examples, Use the break it down board consistently with conflicts.
- Plan strategies for child coming into Y1

**What has been the most helpful part of the course?**

- A chance to match the theory to real children
- Practical ideas to support
- Better awareness of profile
- Tips in how to implement and support those children suspected to have FASD
- Executive functioning, attention and memory
- Interesting to hear about FASD as I was not aware of the spectrum.
- Being informed about the effects of FASD
- Being given booklets and leaflets which help aid in the learning
- Being informed about the effects of FASD
- Seeing the FASD resources
- Everything has been helpful and very informative. It has given me a better insight to FASD.
- Not having any understanding of FASD, information given today was very beneficial
- Learnt more understanding and strategies
- All of it
- Understanding that FASD is a neurodevelopment disorder and can be thought of as ADHD or ASD
- Knowing the signs of a child with FASD
- Giving focus to FASD and awareness of how common it is
- Raising awareness / improving knowledge
- Group discussions - understanding greater depth of FASD
- Chatting to others
- Group discussions - sharing experience and knowledge
- To know in detail what causes it and how it affects behaviour and to raise awareness in all staff, so that we are all able to identify children through school
- Background information what FASD is
- Learning new techniques
- Advice on how to support children throughout the school day

- Insight to this condition
- Emotional Regulation Ideas
- Finding out more about FASD and strategies to support

**Was there anything else that you would have liked to have been included?**

- A chance to talk as a whole school - afterwards may be more appropriate
- I would like to learn different things
- Tea and Coffee!
- Parents - when they don't say the truth it is hard to work out needs
- Further information about working with parents and supporting them with their child's behaviours.