| **Optional Template– Interim and Final report for Health Equity Fellowship** | |
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| **Project Details** | |
| Project Name | Fetal Alcohol Spectrum Disorder: Prevention and Early Identification |
| Mentor | Russel Wrenn |
| Start Date | 1st April 2024 |
| **Summary/Abstract – FINAL REPORT** | |
| The summary / abstract provides the reader with an overview of all covered in the project report. Even though a summary is placed at the beginning of a project report, you can only write it once your entire report is complete. | |
| Introduction | Foetal Alcohol Spectrum Disorder (FASD) is a condition in a child that results from alcohol exposure during the mother’s pregnancy. It is a neurodevelopmental condition with lifelong cognitive, emotional and behavioural challenges. In addition to effects on the brain, FASD is a full-body diagnosis that is associated with more than four hundred known conditions.  FASD is a preventable condition, eradicating alcohol consumption throughout pregnancy provides an opportunity for preventing FASD where alcohol could be avoided and will have a positive impact on the outcomes of children, services and costs associated with the condition.  Preventing FASD could also have wider impacts:   * reduced number of children needing neurological assessments, thus reducing pressure on an overwhelmed system * reduced pressure on support services needed for children diagnosed with FASD * potential savings through the reduced number of children diagnosed with FASD and the on-going care needed |
| Central aim of your project | I would like to develop a public health approach for FASD across the Humber and North Yorkshire Health and Care Partnership patch, original aim was to develop this across Hull, but this changed part way through due to new opportunities to work with other colleagues across Humber and North Yorkshire.  The aim of the project was to:   1. Develop preventative material to raise awareness of the FASD but also the dangers of drinking alcohol during pregnancy 2. Develop an e-learning package available to all professionals, increasing their understanding of FASD and how they can contribute to preventing FASD 3. Work with key service to develop processes that record alcohol use, whilst also ensuring services follow key guidance where women are at risk |
| Methodology, results, conclusion | Working in line with NICE guidance on Alcohol consumption during pregnancy and Fetal Alcohol Spectrum Disorder, the scope of the project was to develop interventions that were in line with national guidance and best practice.  Taking a project management approach and using public health evidence, I set out to work with key professionals that could support the work and help develop the interventions mentioned previously.  As the scope of the project changed from developing interventions for Hull to the ICB patch I had to rely on key professionals from each local authority to develop material in line with their local procedures. This was the most challenging part of the project, due to other work pressures and having to work at other individuals’ pace, meant work wasn’t complete in line with the original expectations at the start fo the project.  It has been a really beneficial piece of work as I haven’t had the opportunity to work at a regional level previously, it is challenging and does require a different approach when working at a local level.  Although the project is not at the place originally set out, I believe the work over the previous 12 months has created the foundation to be able to build on. ensuring any future development from this preventative work has a firm basis from which to progress from. As I would like to continue developing the support around FASD particularly the assessment and diagnosis element, which is currently not in place. |
| **Introduction: Purpose and Overview of the Project Brief – INTERIM REPORT** | |
| Provide background, context, and an outline for your chosen project | |
| Problem the idea is seeking to solve or address (if any) and population group | The project will develop resources that raise awareness of the risks of drinking alcohol throughout pregnancy, whilst also raising awareness of Fetal Alcohol Spectrum Disorder (FASD) amongst the general public and key professionals working with women before and during pregnancy.  The project will also develop routine enquiry of alcohol intake during pregnancy and monitoring and recording of the information captured to support future diagnosis of FASD.  This work will take place initially across the Midwifery and Health Visiting work force. |
| Key assumptions and interdependencies | **Assumptions:**   * All professionals know about the risks of alcohol during pregnancy * All women know the risks of alcohol during pregnancy. * There is a general awareness of FASD across the local population and key professionals working with families. * Women are asked about alcohol consumption during the antenatal stages. * Professionals use the audit c tool throughout practice (Midwifery & Health Visiting) * Professionals are recording the result fo the audit c tool (Midwifery and Health Visiting).   **Interdependencies:**  Health Visiting Service  Midwifery teams  Local Maternity and Neonatal System  Integrated Care Board  Local Authority (Public Health, Childrens Social Care, Family Hubs)  Local Drug and Alcohol Services. |
| What is the overall purpose of this project? Aims? | The overall aim fo the project is to:   * Prevent FASD by reducing alcohol consumption throughout pregnancy.   To achieve the overall aim, the following outcomes will be achieved:   * Raise awareness of the risk of drinking alcohol throughout pregnancy amongst the general public and key professionals. * Develop procedures across the maternity and health visiting services to ensure routine enquiry around alcohol during pregnancy and develop recording systems to capture alcohol intake. |
| Why it needs to be done? / Why it should be done now? | FASD is 100% preventable by abstaining from alcohol throughout pregnancy, there are currently no resources to support awareness raising for the risk of alcohol during pregnancy and FASD. Developing resources that aim to raise awareness of FASD and the risks of drinking alcohol throughout pregnancy will help prevent FASD.  There is also no consistent approach to routine enquiry regarding alcohol consumption throughout pregnancy, developing a consistent approach across midwifery and health visiting services will ensure the risks of alcohol during pregnancy will be raised and information on consumption will be recorded supporting future FASD diagnosis. |
| Opportunities and Challenges? | Initially the work was to be delivered at place in Hull, however since working on the project, it was decided that we could improve the offer across partners local authorities by working with colleagues across local authorities within the ICB for Humber and North Yorkshire to develop the intervention in partnership and achieve a consistent approach across a wider geographical footprint.  Although, positive, working within a larger footprint also has its challenges:   * Working across a regional footprint relies on key individuals to drive the work forward within their areas and the work is not aways a priority for them due to holding other portfolios of work that take priority. * The time taken to progress and complete key pieces of work takes much longer when working on a larger geographical area. * There are many more stakeholders to consider when working at a regional level and can sometimes create additional issues that need working through before progressing to the next stage. |
| Desired results of the project? | Ideally the following will be in place towards the end fo the project:   * Midwifery and Health Visitors are using an appropriate assessment to identify alcohol intake during pregnancy * Preventative material is developed (leaflet / videos) to raise awareness of the dangers of alcohol during pregnancy * Key professionals are educated on the risks of alcohol during pregnancy and have an awareness of FASD |
| Brief description of methodology used? | Working in line with NICE guidance on Alcohol consumption during pregnancy and Fetal Alcohol Spectrum Disorder, the scope of the project was to develop interventions that were in line with national guidance and best practice.  Taking a project management approach and using public health evidence, I set out to work with key professionals that could support the work and help develop the interventions mentioned previously. |
| **Theory of Change – OPTIONAL: INTERIM REPORT** | |
| A Theory of Change is a way of mapping and visualising the future goals you want for your project which is fundamental to its design. It helps to set out; A clear link between the activities you want to do to achieve your goals; What needs to be in place to ensure your activities link to your goals; how you will know whether you have achieved your goals. It helps to test how plausible and feasible are your goals and provides a framework from which you gather data, learning and insight on your journey to prove how you are achieving your goals | |
| Activities | Midwives are using the Audit C Tool provided on badger net and recording the results. |
| Health Visitors are using the Audit C Tool within antenatal visits and recording the results. |
| Education tool is developed for professionals (E-learning package) to raise awareness of risks of alcohol during pregnancy and FASD. |
| Preventative material is developed to support all of the above (leaflets, videos, webinar etc). |
| Outputs | Increased number of Midwives and Health visitors are carrying out alcohol assessments in practice. |
| Increased number of Midwives and Health Visitors are recording alcohol assessments carried out in practice. |
| More professionals working with women of child baring age understand the risks of drinking alcohol during pregnancy and have an awareness of FASD. |
| Intermediate outcomes | Awareness raising material is developed and used throughout key service areas (Midwifery, Health Visiting) as well as the wider public on the risks of drinking alcohol during pregnancy. |
| Key professionals make routine enquiry about alcohol intake and record the results (Midwifery and Health Visiting). |
| Impact | More families are aware of the risk of alcohol during pregnancy.  Alcohol intake during pregnancy is reduced.  Less cases of Fetal Alcohol Spectrum Disorder (FASD) occur in the Humber and North Yorkshire Area. |
| Mission Statement | All women of childbearing age understand the risk of drinking alcohol throughout pregnancy. |
| Goals | Children born and living in the Humber and North Yorkshire Areas have a healthy start. |
| **Body of the report INTERIM REPORT and FINAL REPORT** | |
| This section provides the detail of your work analysis, data, and graphics | |
| Provide the evidence and theory behind your project | Foetal Alcohol Spectrum Disorder (FASD) is a condition in a child that results from alcohol exposure during the mother’s pregnancy. It is a neurodevelopmental condition  with lifelong cognitive, emotional and behavioural challenges. In addition to effects on the  brain, FASD is a full-body diagnosis that is associated with more than four hundred known conditions.  FASD is a preventable condition, eradicating alcohol consumption throughout pregnancy provides an opportunity for preventing FASD where alcohol could be avoided and will have a positive impact on the outcomes of children, services and costs associated with the condition.  Preventing FASD could also have wider impacts:   * reduced number of children needing neurological assessments, thus reducing pressure on an overwhelmed system * reduced pressure on support services needed for children diagnosed with FASD * potential savings through the reduced number of children diagnosed with FASD and the on-going care needed   Outcomes  I would like to develop a public health approach for FASD across the Humber and North Yorkshire Health and Care Partnership patch. The approach would consist of:   1. Developing a preventative campaign to raise awareness of the condition but also the dangers of drinking alcohol during pregnancy 2. Develop an e-learning package available to all professionals, increasing their understanding of FASD and how they can contribute to preventing FASD 3. Work with key service to develop processes that record alcohol use, whilst also ensuring services follow key guidance where women are at risk   Approach  2024-25:  Q1 – Scoping, understanding the level of need, engaging families with children who have FASD to shape the prevention resources.  Creation of prevention and early identification working group with representation from across Humber and North Yorkshire.  Creation of data dashboard to monitor impact of the work.  Q2 & Q3 – development and creation of prevention resources, e-learning package, development of processes to support early identification across key services (Midwifery / Health Visiting / Primary Care).  Support / encourage partners to utilise resources within their local areas.  Q4 – Evaluation of work over carried out and impact it has had on alcohol intake during pregnancy.  First stage is to understand the level of need in Hull, engage with families with children who have FASD and capture their voice and experiences. This will then inform the creation of prevention resources, an e-learning package and early identification processes within key services.  The work will be developed locally but shared with Humber and North Yorkshire colleagues to ensure maximum impact across the ICB patch.  Any resources we develop will be done so with sustainability in mind, ensuring the project can run with minimum budget.  Awareness fo FASD is increased amongst professionals and women, professionals form a wide range of professions complete the e-learning module, increasing knowledge of FASD amongst professionals. Key services have processes in place to identify and record alcohol use throughout pregnancy, with pathways in place to provide further support if needed.  Reduced FASD cases across the Humber and North Yorkshire. |
| Explain your key findings, results, |
| Describe achievements, changes and difference made, impact |
| Provide any recommendations |
| **Conclusion – FINAL REPORT** | |
| This section brings the entire project report together, summarising your argument and why it is significant | |
| Restate original ambition | The original intention was to develop early identification and prevention resources to raise awareness of alcohol in pregnancy and to prevent Fetal Alcohol Spectrum Disorder (FASD) within Hull. |
| Summarise the key themes | The project soon moved from its original scope of working at place (Hull) to working on a larger footprint and expanded to include Humber and North Yorkshire colleagues.  This introduced a whole range of challenges that wasn’t originally considered. Working on a larger footprint meant a joined up approach was needed and key leads from each area of the ICB for Humber and North Yorkshire where needed to drive forward work at place within each local authority area. As a result, more time was needed for key pieces of work to develop further.  Although not where I originally wanted to be in terms of finished products, it does mean that when the pieces of work are complete, they will have a greater impact on populations across the Humber and North Yorkshire patch rather than just for Hull residents that was the original aim.  Current progress with interventions identified above:   1. Midwifery and Health Visiting assessment using the Audit C Tool, working with key professionals from Midwifery, Health Visiting and specialist alcohol services a resource has been developed (Appendix 1) that will be used by Midwifery and Health Visiting colleagues after final sign off by the LMNS digital group and 0-19 services. The draft resource is available to view in appendices. 2. A webinar was delivered in the later part of 2024 to raise awareness of the dangers of alcohol in pregnancy as well as FASD. The webinar included key professionals providing presentations on key topics as well as individuals attending to present their stories of living with FASD. The aim of the webinar was to bring key professionals together and expand their knowledge on the risks of alcohol during pregnancy and FASD and the challenges it presents for individuals diagnosed with the condition. We had over 100 participants join the webinar which was fantastic, the webinar was also recorded and uploaded the ICB’s YouTube channel ([https://youtu.be/L1smjcBdp1A](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FL1smjcBdp1A&data=05%7C02%7CJason.Goforth%40hullcc.gov.uk%7C2a1a1551bef44718001508dd08a4ec06%7C998b793dd1774b888be16fe1f323a70b%7C0%7C0%7C638676226637138404%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=qN6ZBkOEfqPQQJmEf0jhW8nb1t8F%2BVoGNh%2FKtdt6MKs%3D&reserved=0)) which has meant more individuals can view the piece who were not able to join on the day. 3. The last piece of work that I set out to complete was a learning package that key professionals could access to develop their knowledge further of the dangers of drinking alcohol throughout pregnancy as well as an awareness of FASD. This piece is not finished and currently going through approvement with the National FASD team and our internal learning and development colleagues. Once signed off the aim is for each local authority are within the ICB footprint to use the context and create a learning package that can be used at place to raise awareness of the areas mentioned above. The current draft is included within the appendices (appendix 2). |
| Summarise your thoughts | It would have been much easier to work at place within Hull, all of the above would have probably been achieved and in place to support families locally. However, I wanted to use this opportunity to challenge myself and try to achieve something far greater, although not fully where I wanted to be at this current tie I do feel the foundations are in place to ensure a preventative approach across the Humber and North Yorkshire ICB for alcohol awareness in pregnancy as well as an increased awareness of Fetal Alcohol Spectrum disorder.  I do feel much more confident leading pieces of work, particularly with regional partners, something I wouldn’t have thought was possible at the start of the programme without more senior input and support.  The fellowship has also allowed me to expand my network, providing an opportunity to work with individuals who I wouldn’t have worked with previously and create contacts for key pieces of work.  Although, not fully complete I do feel the impact of the interventions mentioned above when finalised will have a significant impact on the families living in Humber and North Yorkshire. Hopefully resulting in less alcohol consumption during pregnancy and reduced rates of FASD as a result. |
| Describe any future actions or work needed | Once all of the above have been completed, hopefully at some point in 2025, my aim is to approach the ICB inequalities fund to seek further funding to develop the assessment and diagnosis strand ensuring where children are suspected of having FASD, they can receive an appropriate assessment and diagnosis and hopefully on-going support throughout their life. |

**Appendices**

Appendix 1 – Audit C Tool to be used by Midwifery and Health Visiting Colleagues during the antenatal stages.

Appendix 2 – E-learning lesson plan