**Q & A (that wasn’t answered in the webinar):**

We received a lot of questions from parents and carers focused on diagnosis and the challenges faced when looking after a child or children with FASD or suspected FASD. Thank you for sharing your experiences as I am sure for some this may have been very difficult. Please be assured your experiences have been collated and will be used to support the work we are doing for children of alcohol dependent parents.

**Questions addressed by Katherine Wadbrook (Young Persons and Families Service Manager, Change Grow Live):**

**Q1. What is the cost of the Growing Resilient families programme?**

The service is free to pregnant people and their partners.

**Q2. In what areas is the Growing Families project running?**

Our project runs in West Sussex only.

**Q3. As a social worker the theme throughout the pandemic, has been adult treatment interventions largely moving online. This causes huge difficulties for families in terms of digital poverty and for mums who have complex needs who need face to face 1:1 support. Thinking of the shame mums experience and feel, group interventions are not always appropriate.**

Throughout the pandemic, the Growing Families service has continued to provide 1-1 interventions.

Organisationally, much of the delivery has been digital e.g. phone; skype; online but face to face appointments continue to be provided for people whose clinical requirements necessitate this.

I agree with your comments about digital poverty. Organisationally, we have been able to purchase credit/mobile phones for people that do not have the means to access digital support without this purchase.  This has happened on a case by case basis in the core service, and would be available if required for people working with our Growing Families Service.

**Q4. The prevention work you are doing sounds great. i) How long is this initiative due to run for? ii) What is the eligibility criteria for engaging people with the intervention e.g. is it open to all, or people with identified dependency?**

Thank you! We are hoping this project will run beyond the lifetime of the grant. It has been recommended that funding continues and approved for a further two years. This is going through local authority governance and formal approvals routes now. There are no eligibility criteria other than someone is pregnant or has a child under one year old (or is the partner of someone with either of these).

**Q5. How long is the growing families project going to be run for? Is it going to be rolled out into other counties?**

It has been recommended that funding continues and approved for a further two years. This is going through local authority governance and formal approvals routes now This is local to West Sussex, so I'm afraid I can't comment on other areas. However, the work we have been doing is being fully evaluated both by Public Health England (PHE) and by the local authority (West Sussex) so hopefully this will add strength to any areas wishing to do the same kind of projects. PHE and local commissioners are certainly very supportive of what we are doing.

**Q6. What qualifications/knowledge do the two workers have who are working for the Growing Families project?**

They are experienced drug and alcohol workers and have had training around working with families and a range of other issues. They work alongside our wider family workers, so we share knowledge and experience regularly. All staff have opportunities to develop their practice through shadowing, internal and external training. Both the Team Leader (who supervises the team) and Service Manager are qualified Social Workers.

**Questions addressed by Monica Davison (National Programme Manager: Maternity Transformation Programme, Public Health England):**

**Q7. How did Monica go about ensuring inclusion of those affected by FASD in the project design? I imagine from my lived experience and knowledge of underinvestment in this area that those affected by FASD have seldom been heard and would be interested in approaches to involvement and engagement.**

We didn’t include those affected by FASD specifically in project design as the project had a huge number of topics. We engaged with alcohol and drug policy leads and experts across the health system and service users.

**Q8. I am aware having been recently pregnant, I was not asked once whether I was drinking alcohol. The posters in my local maternity unit had posters for not smoking, taking illegal drugs, but not one notice on not drinking alcohol. I'm guessing the healthy pregnancy pathway would be used to help on a day to day prevention basis?**

The healthy pregnancy pathway is intended as a learning resource for health care professionals to get easy access to the latest resources and guidance on alcohol in pregnancy.

**Q9. Could Monica share a copy of the Rapid Review report please?**

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942477/Maternity_high_impact_area_4_Reducing_the_incidence_of_harms_caused_by_alcohol_in_pregnancy.pdf>

**Q10. Do you have any data yet on who/how the maternity pathway is being used?**

Not yet.

**Q11. Monica mentioned disseminating information to healthcare professionals. Considering the higher prevalence of FASD amongst Looked After Children what is being done to educate social care professionals?**

The healthy pregnancy pathway is available to NHS and Local Authority colleagues.