

## **Children and Young People Overview and Scrutiny Committee**

### **2 October 2025**

### **Taking a System Wide Approach to Health and Early Intervention for Children in Medway**

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#### Summary

This paper provides the Medway Children's Overview and Scrutiny Committee with a summary of the commissioning and provision of health and support services for Medway children and families, detailing the strategic shift towards early intervention.

This change was necessitated by a significant increase in referrals to Medway's children's health services since 2022, which has resulted in longer waits for specialist care. By strengthening preventative services through a system-wide partnership between Medway Partnership Commissioning, Public Health Commissioning, Education and other partners, the goal is to improve long-term outcomes for children and to reduce demand and thereby improve access to more specialist services for those who need it most. This approach is also bolstered by national programmes such as the 'Start for Life' initiative.

1. Recommendation
  - 1.1. The Committee is asked to note the content of the report.
2. Budget and policy framework
  - 2.1. The Government have launched a new programme, '*Giving Every Child the Best Start in Life*', aimed at enabling Local Authorities to integrate and expand existing *Start For Life* work. Funding details for this initiative are expected to be announced in the Autumn 2025 budget statement.

- 2.2. The services detailed in this report fall within the Council's '*One Medway Council Plan*' strategic priorities, specifically Priority 4: '*Improving Health and Wellbeing for all*'.
- 2.3. Medway Child Health Partnership Commissioning, within the Public Health directorate, facilitates joint commissioning of holistic children's services by procuring services across the NHS, either on behalf of or in collaboration with NHS Kent and Medway ICB and Medway Council.
- 2.4. Other guidance and legislation that is taken into consideration when providing health services include:
- Children Act 2004
  - Children and Families Act 2014
  - Health and Care Act 2022
  - Medway Parenting Support Strategy (2021-2031)
  - Medway Early Help Strategy
  - Medway SEND Strategy
  - Start for Life/Family Hubs Programme (2023-2025)
  - Giving Every Child the Best Start in Life (2025)
  - NHS Fit for the Future: 10 Year Health Plan for England (2025 - 2031)
  - NHS England Case for Change: Implementing a strength and needs-led support approach for children and young people who are suspected to be autistic and/or have attention deficit hyperactivity disorder (ADHD) (2025)
- 2.5. Furthermore, the introduction of the Children's Wellbeing and Schools Act represents a significant policy shift that is likely to strengthen and support the system-wide approach to early intervention for children and families. The Act's emphasis on stronger multi-agency collaboration, improved information sharing, and a statutory focus on children's wellbeing supports the approach of earlier identification of need and more coordinated support for children. By embedding early help and preventative approaches across health, social care and education systems, the Act aims to reduce escalation to specialist services, improve outcomes for children, and ensure that families receive timely, holistic support. This legislative framework therefore aligns closely with our current strategy and provides better opportunities to support all children for example by improving awareness and understanding of the needs of electively home educated children.
3. Background
- 3.1. Increasing demand and pressure on Medway's specialist child health services has led to a shift in thinking by Commissioners, towards an early intervention and joint systems approach, where needs can be identified early for strategies and support to be put in place at the right time. This model has enabled services to work together to ensure pathways are graduated. There has also been a

programme of work to support children and their families whilst they are waiting to access services where there are significant waiting times, such as the NHS neurodevelopmental assessment pathways.

- 3.2. In order to ensure the system is working in synergy, high-quality joint commissioning of children's health services is crucial for ensuring the well-being and development of Medway children and young people, especially those with Special Educational Needs and Disabilities (SEND), those with developmental needs or those who have long term health needs. This Public Health Partnership Commissioning approach involves collaborating with colleagues from across the system including education, health, social care, and Voluntary, Community, Social Enterprise, and Faith organisations (VCSEF) alongside Medway children and their families, to design, secure and deliver the right support at the right time.
- 3.3. This report examines some of the early intervention models of care and impact on the wider system, highlighting some of the commissioned providers and their roles and the intersectionality between these pathways.
- 3.4. Medway Child Health Partnership Commissioning is a collaborative function within Medway Council's Public Health directorate jointly funded by the ICB and Council. Its role is to facilitate the joint planning and purchasing of children's services by working closely with partners across the healthcare system, particularly the NHS Kent and Medway Integrated Care Board (ICB).
- 3.5. This partnership commissioning approach ensures that Medway's services for children are holistic and well-coordinated, with the primary goals of improving outcomes and supporting early intervention. The commissioning team has shifted its focus towards early intervention to address the rising demand for specialist services. By strengthening preventative care, the aim is to reduce waiting times and improve long-term outcomes for children and families.
- 3.6. All the programmes of work undertaken by Medway Child Health Partnership Commissioning and Public Health commissioning team are underpinned by the Medway Council values, with the teams being ambitious, respectful, trusted and caring, collaborative and proud to be Medway. Children and families are integral to all the commissioning programmes and Medway Parent Carer Forum and the Medway Parent Panel are trusted partners in shaping early intervention models of care and support. The Commissioning Team also work to the Medway Children's Co-production Charter, ensuring that children and young people are at the heart of service design.
4. Advice and analysis
  - 4.1. There are a number of ways in which Public Health work across the system to increase early intervention and prevention for children and families, some of those included in the core offer which can be found at [https://www.medway.gov.uk/info/200229/child\\_health](https://www.medway.gov.uk/info/200229/child_health). This paper will focus on the following areas:
    - Start for Life Programme & associated targeted support service

- Public health nursing
- Community health services
- Neurodivergent support for children and families in Medway

#### 4.2. Start for Life Programme & associated targeted support services:

4.2.1. Rooted in the "First 1000 days" research, the Start for Life programme commissions a variety of early intervention services to support Medway children from pre-birth onward. These services ensure families receive timely, accessible support and strategies during a critical developmental period. A full breakdown of these services is provided in Appendix A.

4.2.2. The partnership commissioning model within Medway allows for better informed commissioning decisions across the Start For Life programme offer. For instance, following a notable increase in referrals to specialist Speech and Language Therapy services with longer waits in the pre-school age range, the Start for Life Commissioners proactively invested in universal targeted support programmes. This has enabled the system to provide upstream support and improve long-term outcomes for children.

#### 4.2.3. These programmes include:

4.2.3.1. Medway Early Talkers Digital is a co-produced language platform for parents/carers with a focus on children aged 1-5 years. The universally available app that parents can access to encourage better speaking and listening skills.

4.2.3.2. Tiny Talkers is a programme offered by Homestart following a child's 24–30-month development review with a health visitor. If a child is identified with needing additional support with their Speech and Language, parents will be offered a referral to the Tiny Talkers programme. Tiny Talkers is a 5-week tiered intervention consisting of an initial workshop delivered by a speech and language therapist followed by 4 weeks of group sessions with fun activities to support the child's language development. 1-2-1 support is delivered in the home for children and families needing more intensive support, and families are directed to Speech & Language Therapy for highest need cases. Just under 50 families have completed Tiny Talkers in the last year. See Tiny Talkers Case Study in Appendix 1.

4.2.3.3. Early Talk Boost (ETB) programme aimed at 3-4 year old children who need help with talking and understanding words, helping to boost their language skills to narrow the gap between them and their peers. Just over 40 early years and primary school settings have completed ETB training delivered by Speech and Language UK. 255 children have started the ETB, of the 151 who have completed pre and post assessments 42% are now at expected levels of communication, 28% have narrowed the gap by 50% or more and a further 22% have narrowed the gap but by less than 50%, meaning 92% of children engaged have shown some form of improvement.

- 4.2.4. There are a wide range of early intervention support programmes commissioned through the Start for Life offer. A brief description of each can be found in Appendix 2.
- 4.2.5. Child Friendly Medway are a key partner raising the profile of the Start for Life Programme and hosting high foot fall events. Their events straddle the Start for Life strands and include a Baby and Toddler Week, wider community engagement including families with a SEND child, For the Love of Reading literacy campaign and resources, and Messy Play workshops.
- 4.3. In July 2025 the Government launched the Best Start in Life Strategy (BSIL) a central strand of which is to increase school readiness. While detail of funding and programme details are incomplete it is anticipated that Medway's BSIL response will continue to be collaborative and focus on early intervention and upstream support.
- 4.4. Public Health Nursing:
- 4.4.1. Medway Community Health Service (MCH) are commissioned to deliver health visiting and school nursing support to Medway children and families. As well as being part of the Children and Family Hubs offer through co-located service delivery the Health Visiting service carry out checks Antenatally, at New Birth, 6 to 8 weeks, 1 year and 2.5 year.

Table 1: Latest data for Mandated Checks carried out by MCH in Q1 2025/26:

Check	Eligible population in Q1	Children seen in Q1	Percentage seen
Antenatal	582	463	80%
New Birth	792	777	91%
6-8 weeks	734	678	92%
1 year	774	590	76%*
2.5 year	857	742	87%

*\*Due to staff sickness 1-year checks were lower in Q1 than expected. Q2 data is showing a significant improvement with latest data sitting at around 89%.*

- 4.4.2. In addition to the mandated checks, MCH have been commissioned in Medway to deliver a further 3.5-year check. This was agreed as an early intervention opportunity to identify families who may have additional needs that have arisen between 2.5-year check and starting school. The check is aligned to the school admissions process and promoted via the Start for Life programme. This year, 766 families completed the check, 598 received advice and information and 168 families were contacted for further follow up on a range of areas with the top four reasons being behaviour, diet, toileting and speech.
- 4.4.3. These checks will be central to identifying children who are at greatest risk of not achieving a good level of development at the end of school year R. The children aged 2.5 this year will be the first cohort with 75% expected to achieve a good level of development. Health Visitors are aware of their role in this early

identification and are working closely with commissioners and early years partners to put holistic support in place.

- 4.4.4. The school nursing service provide support across all mainstream schools in Medway. Along with the 3.5-year checks mentioned above, school nurses also support primary schools with induction days for families with children about to start in Reception. To understand what this looks like please see a case study in appendix 3.
- 4.4.5. Two years ago, school nursing introduced the chat health function whereby secondary school students can access a school nurse directly via text message and receive advice, information, signposting and if required a direct appointment with a school nurse. This early intervention offer ensures young people can access timely support so that needs do not escalate. The service has received 3063 messages in the last two academic years
- 4.4.6. In addition to the core public health nursing offer, school nurses also deliver Emotional Wellbeing Support (EWBS) to those schools not covered by the Mental Health Support Teams. In Q1 of 2025/26, 86 children attended 216 appointments. The case study in appendix 4 shows how this early intervention can support the whole family. Schools report positively on the impact the service has on children's engagement in Education.

*"We have found the EWBS very helpful. The 1:1 support our children have received have benefitted them significantly and this has shown in the behaviours and increased self-regulation which has impacted school attendance and engagement. The children themselves have fed back positively regarding the experience and support they have received"*  
Lordswood School

#### 4.5. Community Health Services:

- 4.5.1 In collaboration with Medway Community Healthcare (MCH), Partnership Commissioners are investigating the drivers behind the significant rise in referrals to specialist children's services, including Speech and Language Therapy, neurodevelopmental assessment pathways, and Occupational Therapy services. The joint effort is focused on developing and testing new models of care and triage to decrease waiting times.
- 4.5.2 Waiting times for speech and language services have been increasing as the number of referrals into services have increased significantly. As outlined in section 4.1, early evidence shows that targeted support commissioned through the Start for Life programme, such as Tiny Talkers and Early Talk Boost, is already improving outcomes for young children thereby helping to manage the demand for specialist provision.
- 4.5.3 Commissioners have also worked with MCH to develop other early intervention support strategies to help prevent escalation of need. Some examples of this include:
  - Embedding the use of free resources in early years settings such as the Baby Beats™ app. With activities that were designed jointly by a

music therapist and a speech and language therapist who specialises in deafness, this app has been successfully introduced into early years settings to support deaf children to develop their signing skills and build their skills/confidence.

- Additional workshops, for example, following an influx of referrals for very young children with complex needs the Speech And Language Therapists (SALT) developed a bespoke parental workshop. The aim was to support family's holistic understanding of what communication is, how important the role of the parent/carer is and how communication development can be supported in the early months and years with a view to increasing the child's ability to communicate as they grew older. Parental feedback has been very positive with increased understanding of the importance of non-verbal communication and parents feeling more supported by SALTs as well as peers.
- Taking a multi-disciplinary approach to deliver holistic care. An example of this is the Joint Feeding Clinic (JFC) run at MCH by both a dietician and a SALT who work together to support children who have Eating, Drinking And Swallowing (EDS) disorders, impacting their ability to get sufficient nutrition and hydration to grow and develop healthily. The team identified that Occupational Therapy (OT) support could also be beneficial because the evidence base shows how effective posture and head and neck positioning (both of which OTs also support) impacts the effectiveness, function and safety of feeding and swallowing skills. To date, the OT has been an instrumental member of the JFC team providing, amongst other things, positioning advice, specialist seating systems, utensils and equipment, and information to support families around behavioural/sensory feeding difficulties/preferences; all of which previously would have had to have been addressed in a separate OT clinic thus reducing the number of appointments families need to attend and increasing knowledge and expertise across the team to deliver earlier interventions.
- Youth Justice App Development: Partnership commissioning is working with Speechlink on co-producing an app to support the Youth Justice Team in identifying the Speech, Language and Communication needs (SLCN) of children and young people referred to by the Youth Justice System. Research suggests Speech Language and Communication Needs (SLCN) is the primary indicator of recidivism, above all other conditions or diagnosis including Neurodevelopmental Conditions and mental health concerns. SLCN has also been considered "hidden" due to the complex nature of receptive and expressive communication. The app will ask the young person a series of multiple-choice quizzes, broken up into different situations relevant to a young person. In terms of prevention, the app aims to develop the skills of youth justice professionals to understand the individuals needs and be able to position their communication at an appropriate level. This will enhance the young person's ability to understand the process, implications and potential severity of their actions. Although the development of this was born from supporting

young people known to the Medway Youth Justice Service, it can be utilised in a number of other areas such as care leavers services, supporting education, and for children attending health appointments.

#### 4.6. Neurodivergent support for children and families in Medway

4.6.1. Children and young people with Autism Spectrum Condition (ASC) and/or Attention Deficit Hyperactivity Disorder (ADHD) often face extended waits for formal assessment and diagnosis. In recognition of the impact this can have on families—particularly where children present with dysregulated or challenging behaviours—Medway Partnership Commissioners have jointly commissioned a range of early intervention services and triage-based models of care. These services adopt a needs-first approach, ensuring timely and appropriate support is available during this critical period.

4.6.1.1. Small Steps (delivered by Family Action, Medway): provide targeted support for families with children who are either pre- or post-diagnosis of ASC and/or ADHD. The service offers: advice and guidance; parenting courses and thematic workshops. Between April 2023 and March 2025, the service supported 939 families, with over 60% referred due to pre-diagnosis behavioural concerns in home or educational settings. Feedback from families who have used the service demonstrate significant improvements in outcomes for both children and their families. Some of this feedback can be seen below and there is a case study in Appendix 5 that outlines the outcomes for a child and family:

- *“The Autism Awareness Workshop has been really helpful. It highlighted some of the attributes seen in my son that I never really understood what it was. Now I feel more informed about the topic”.*
- *“The sensory workshop was very informative. I haven’t had much experience in the topic and currently waiting assessment for my almost 5-year-old. It can feel quite daunting and isolating. I didn’t know this organisation had all of this information and support, so really pleased to attend”.*
- *“I was really happy to meet 2 new mums and given them some help, a listening ear and support as well as our group giving advice on apps, charities, SEN support and adding them to our WhatsApp group. Thank you for these mornings...they’re a blessing.”*

4.6.2. The current contract runs until March 2026, and Partnership Commissioning is actively engaging stakeholders—including Medway Parent Carer Forum (MPCF)—to co-design a future model. It is anticipated that this will be embedded within the Best Start in Life programme and form part of the Medway Therapeutic Alliance pathway.

4.6.3 Parental Support Workshops: Commissioners have collaborated with local providers, including Family Action as outlined above; Medway Community Healthcare (MCH); North East London Foundation Trust (NELFT) and Medway Council Colleagues to develop a comprehensive suite of parental support workshops and resources. These are offered in virtual, pre-recorded, and face-to-face formats, covering topics such as: behaviour management; anger and



emotional regulation; sleep strategies; Positive Behaviour Support; practical strategies for home and school environments; sensory-related challenges; concentration and learning. The full parental workshop offer is described in Appendix 6.

Alongside the workshop offer, MCH and NELFT have uploaded video vignettes on their websites, offering bite-sized information on topics parents have reported they are finding challenging. An example of these, related to Speech and Language needs can be seen at <https://www.medwaycommunityhealthcare.nhs.uk/our-services/self-help/speech-and-language-resources/>

- 4.6.4 Positive Behaviour Support (PBS) Model: Medway has adopted the Positive Behaviour Support (PBS) model across its system. PBS is a person-centred, evidence-based approach that seeks to understand and address the underlying causes of challenging behaviour. Rather than focusing on behavioural control, PBS promotes improved quality of life through proactive support.

Commissioners have rolled out PBS training across the workforce, commissioned specialist PBS services, established a Community of Practice to support ongoing professional development and peer learning.

- 4.6.5 Strengthening Educational Partnerships to Deliver Needs-First Support: Education settings play a pivotal role in identifying and responding to the needs of children and young people. Two key initiatives are currently underway in Medway to support schools in delivering early, inclusive interventions:

- Partnership for Inclusion of Neurodiversity in Schools (PINS)

PINS is a national programme, overseen by NHS England and the Department for Education, that was launched in 2024. The programme aims to shape and support a whole school SEND provision; deliver early interventions at the school level; upskill school staff and strengthen partnerships between schools and families.

In phase one (academic year 2024/25) 20 Medway primary schools engaged in the PINS programme. As part of the programme, schools were asked to undertake a self-assessment pre and post the programme interventions, based on a number of domains (including leadership, mental health, environment, readiness to learn). By the end of the programme a positive increase could be seen across all the domains. A more detailed feedback report from some of the schools involved can be found in Appendix 7.

Parent Survey Insights for PINS (for which MPCF received 571 initial responses) demonstrated the following improvements:

- Welcoming Atmosphere: SEND parents' scores rose from 5.78 to 6.37.
- Parental Inclusion: SEND scores increased from 4.90 to 5.83.
- Child Inclusion: SEND scores rose from 4.98 to 5.52.

- Communication Frequency: Daily and weekly contact remained steady or improved; termly and “never” responses declined.
- Quality of Communication: did not improve as much for SEND parents as it did for non-SEND parents—an area for continued focus.

In phase 2 of the PINS programme (beginning Autumn 2025) Medway Community Healthcare (MCH) is supporting the programme locally, including delivery of the Core Standards framework. Core Standards help parents and professionals identify areas of difficulty and explore practical strategies to address need through play and practice. The framework takes a holistic approach, addressing sensory, physical, and communication needs.

- *This Is Me* – Needs and Strengths based model

In alignment with NHS England South East’s report “*Case for Change: Implementing a Strength and Needs-Led Support Approach for Children and Young People Suspected to be Autistic and/or Have ADHD*”, Medway is piloting a new model of care known as ‘This is Me’. This model represents a shift away from diagnosis-led pathways, focusing instead on early identification of strengths and needs. It enables timely, tailored support for children suspected to be neurodivergent, without requiring a formal diagnosis.

This Is Me is a school-based holistic assessment tool, delivered jointly by trained professionals from MCH and the school, incorporating direct observation and engagement. A ‘This is Me Needs Summary’ is developed in partnership with the child, their family and school staff. Based on the summary, a bespoke support plan is created to guide interventions at home and school. The tool promotes understanding of neurodivergent profiles and supports inclusive practice. The process does not result in a clinical diagnosis but ensures that support is provided based on identified needs.

Initial rollout will be across a small cohort of six Medway primary schools from Autumn 2025, aimed at children in EYFS/KS1, with a second cohort of another six schools being onboarded from December 2025. Funding for the initial phase of this programme is provided by NHS Kent and Medway ICB. Once outcomes have been captured, analysed and shown an improvement, there will be a systemwide discussion on further rollout (and associated funding) for this work.

The ‘This is Me’ model complements existing early intervention services and supports the strategic ambition to deliver inclusive, needs-led care across education, health, and family systems.

- 4.7. Foetal Alcohol Spectrum Disorder (FASD) has often been omitted from pathways for children’s services. However, Medway have taken a number of proactive steps to try and reduce the number of children being born with FASD and support those with a suspected or confirmed diagnosis of FASD. These include:

- Working with Medway Foundation Trust, MCH, Medway Council and the Local Maternity and Neonatal System (LMNS) to upskill midwives, Social Workers and other professionals to understand the impacts of alcohol on the unborn child.

- On behalf of NHS Kent and Medway ICB, Medway have commissioned the National FASD Centre in Surrey to provide specialist clinical support to professionals across Kent and Medway to help support assessment and diagnosis alongside co-development of support plans for children to ensure their needs are met in a bespoke and tailored way, reducing escalation into other services.
- Commissioning an organisation called Red Balloon to offer training to Medway colleagues (including Foster Parents) from across the system on how to identify, understand and support the needs of children with FASD and their families. Appendix 8 contains feedback from attendees to this training.
- Finally, a suite of webinars were organised by Commissioners during September 2025 (FASD awareness month), giving colleagues across the system some tools and strategies in supporting this cohort of young people. The average attendance was 50 colleagues per session (there were 4 in total) and some of the feedback included:
  - *Thank you for sharing such personal stories it was very powerful to hear.*
  - *Thank you all for your time and for sharing, this has been so helpful and insightful.*
  - *Thank you all so much for sharing your experiences. It's been so helpful for me to hear and has massively improved my understanding FASD and the impact.*

## 5. Risk management

5.1. Some of the risks associated to this programme of work are outlined below.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Best Start in Life requirements differ.	Reduced funding or changed programme requirements for the "Best Start in Life" programme could hinder service delivery, limit the scope of planned initiatives, and impact the quality of care for children and families. This risk is heightened by the potential for funding shortfalls in early years provision, driven by factors such as increasing costs.	Develop a robust contingency plan outlining how services could be adapted or scaled down in the event of reduced funding. Explore alternative funding streams and partnerships to diversify income. Ensure flexible service models that can be adapted to varying budget levels.	C III
Changes across NHS Kent and Medway and	These significant strategic and system wide changes may destabilise contracts and funding streams.	Continue robust contract management and cycle of review over pathways	BIII

Risk	Description	Action to avoid or mitigate risk	Risk rating
Medway Council			
Increased healthcare waiting times for children and families in Medway	If referrals into specialist services continue to increase, the waiting times for some specialist services will continue to grow.	<p>The suite of early interventions and needs led support outlined in this paper will mitigate some of the risk. However, in some cases, these will take time to show full impact.</p> <p>Neurodevelopmental assessment providers (MCH and NELFT) are engaged in an ICB wide programme to ensure: better use of triage; to strengthen assessment tools (including scoping the use of AI) and looking at opportunities for Trusts to share good practice.</p>	AIII

For risk rating, please refer to the following table:

Likelihood	Impact:
A Very likely B Likely C Unlikely D Rare	I Catastrophic II Major III Moderate IV Minor

## 6. Consultation

- 6.1. Medway Partnership Commissioning demonstrates a commitment to engaging with children, young people, and their families in the design and delivery of commissioned services, particularly within the Kent and Medway Integrated Care System (ICS). This approach aims to ensure that services are responsive to the needs of the community and promote positive health and wellbeing outcomes.
- 6.2 A Co-production charter has been agreed with Medway Parent Carers Forum and a separate one has been co-produced with children and young people. This sets out the ethos by which partnership commissioning engage and consult.

## 7. Climate change implications

- 7.1. There are no climate change implications as a result of this report. However, all commissioning specifications include questions around climate change and

social value, and these are taken into account during the scoring and moderation processes.

## 8. Financial implications

8.1. There are no financial implications for the Council as a result of this report. All activity is funded from existing revenue budgets and external grant funding.

## 9. Legal implications

9.1. There are no legal implications for the council as a result of this report.

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## Appendices

Appendix 1: Tiny Talkers Case Study

Appendix 2: Medway Start for Life Offer Summary

Appendix 3: School Nurses Ready for Reception case study

Appendix 4: School Nursing Emotional Wellbeing Support Case Study

Appendix 5: Small Steps Case Study

Appendix 6: Parenting services and workshops summary

Appendix 7: Partnership for Inclusion of Neurodiversity in Schools Case Studies

Appendix 8: Themed feedback from Foetal Alcohol Spectrum Disorder training

## Background papers

None