



Funding for Foetal Alcohol Spectrum Disorder (FASD) Interventions

Guidance for Applicants

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This document provides information about applying for grant funding for 'Foetal Alcohol Spectrum Disorder (FASD) Interventions', which will be awarded in the financial year 2020-21.

You should read the information in this guide carefully as the document will give you information to help you decide if the Grant is suitable for your organisation and the activity you want the funding for.

If you need support, you can contact us by email: cadep@dhsc.gov.uk

To be successful, organisations will need to have a clear focus in their applications on how their proposals would support and drive forward delivery of the ambitions of the grant scheme.

The Grant is open for applications for projects which should be delivered between 01st April 2020 and 31st March 2021.

The deadline for applications is noon Friday 15th November 2019.

Applications received after this deadline will not be considered.

1. Introduction

Excess alcohol consumption has a significant impact on people's health and on the health and care system, with an estimated annual cost to the NHS of £3.5bn. Public Health England (PHE) estimate that there are 595,000 adults in need of assessment and treatment for alcohol dependency and around 200,000 children in England are living with parents suffering from alcohol dependency.

Alcohol exposed pregnancies present a significant public health problem across the country; the UK has the fourth highest level of prenatal alcohol use in the world¹. Foetal Alcohol Spectrum Disorder (FASD) is an increasingly recognised condition resulting from pre-natal alcohol exposure, an umbrella term that covers a range of diagnoses.

Foetal Alcohol Syndrome (FAS) is the most clinically recognisable form of FASD. The clinical features of other forms of FASD are less well defined and are more complex to diagnose.

FASD can cause physical, mental and behavioural problems in childhood, persisting throughout life. Its effects are diverse and range from cognitive and sensory processing issues and Attention Deficit Disorder, to heart problems and concerns with bones and organs. Quite often people with FASD have multiple diagnoses. As referred to in [NHS Choices information on Foetal Alcohol Syndrome](#), the condition is entirely preventable if there is zero alcohol exposure throughout pregnancy. This is further supported by the Chief Medical Officer (CMO) and National Institute for Health and Care Excellence (NICE) guidance. FASD may not be detected at birth but sometimes becomes apparent later in life. It carries lifelong implications for the individual, and international evidence highlights the significant economic cost to society in terms of lost productivity², with impacts on the health, social care, education, and criminal justice systems.

FASD can have a significant impact on the early years development of children and their life chances. Early intervention services can help reduce some of the effects of FASD and support some of the secondary disabilities that result. Responsibility for commissioning FASD services lies with NHS clinical commissioning groups working together across all sectors.

PHE and NHS England and local commissioners are already undertaking awareness and education on the prevention agenda on the dangers of drinking alcohol while pregnant. For example, the Greater Manchester Health and Social Care Partnership has just launched

¹ Popova, S., Lange, S., Probst, C., Gmel, G., & Rehm, J. (2017). Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. *The Lancet Global Health*, 5(3), e290-e299.

² The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review. Public Health England, 2016.

its Drymester campaign to raise awareness of drinking alcohol when pregnant:
<http://www.drymester.org.uk/>

Midwives and health visitors have a central role in providing clear, consistent advice and early identification and support. The Department of Health and Social Care and its Arms Length Bodies are reinforcing that role through a number of central strategies:

- Through the Maternity Transformation Programme to promote safer maternity services.
- The National Institute for Clinical Excellence has updated its guidelines “CG62 Antenatal care for uncomplicated pregnancies” to reflect the CMOs’ guidelines not to drink during pregnancy.
- Working with the Royal Colleges and regulatory bodies to raise the profile of the CMOs’ guidelines and recommend they include within their training.
- To help better inform consumers by including the UK CMOs' advice not to drink during pregnancy on the labelling on alcohol drinks.

In addition to the risks to the child of alcohol exposed pregnancies, we know that alcohol misuse by parents is often associated with a higher risk of parental conflict and family separation. Children who are exposed to parental conflict can suffer long-term harm. It can affect their early emotional and social development, their educational attainment and later employability - limiting their chances to lead fulfilling, happy lives, as referred to in [Improving Lives evidence resource on multiple disadvantage in families and its impact on children](#), published by the Department of Work and Pensions.

The evidence review from the [Early Intervention Foundation: What works to enhance interparental relationships and improve outcomes for children](#) demonstrated children who are exposed to frequent, intense and poorly resolved parental conflict are at significant risk of experiencing poorer long term outcomes.

The policy paper [Improving lives: Helping Workless Families](#) published by DWP in 2017, announced the Government’s intention to launch a new programme to reduce parental conflict. The Reducing Parental Conflict Programme (RPC Programme) runs to 2021 and will address parental conflict by testing a range of interventions and sharing learning on how to make a difference.

The transition to parenthood can itself trigger an increase in relationship conflict. The first 1,001 days of a child's life represent a developmental window that can be negatively

affected by interparental conflict. Further information can be found in the cross-party manifesto [The 1001 Critical Days, The Importance of the Conception to Age Two Period](#).

Poor outcomes for children are damaging and costly, not only for individuals (children and parents) but also for the state as extra support is needed through health care, education, social and employment services to mitigate these problems. Therefore, supporting the inter-parental relationship early in a child's life has the potential to reduce cumulative costs across childhood, adolescence, and adulthood.

Parental conflict is defined as conflict that is frequent, intense and poorly resolved, below the threshold of domestic abuse as outlined in the Home Office Guidance [Domestic abuse: how to get help](#).

Through this fund, we want to address the issues of FASD and parental conflict together.

The Government's Commitment

The Government acknowledges there is still some way to go on improving services and diagnostics for those with FASD and that is why the Deputy Chief Medical Officer, Professor Gina Radford led two stakeholder events co-hosted with the National Organisation for Foetal Alcohol Syndrome (NOFAS) UK in autumn 2018 to discuss the latest evidence base, learn about current good practices, identify problem areas and consider options for the development of future policy.

The main messages from the events included:

- Not enough is happening on prevention - people still think they can consume alcohol when pregnant;
- Education and awareness is poor in the health and care system on FASD;
- FASD is not just a health and care problem - it impacts on education, employment, the benefit system and justice;
- The diagnosis and treatment pathway is often too lengthy and poor;
- There is no central data on FASD prevalence.

The Department of Health and Social Care is working across Government to consider improvements on the areas identified. For example, the Department of Health and Social Care and NHS England have asked the National Institute for Health and Care Excellence

to develop a Quality Standard to help improve diagnosis and care of those affected, based on pioneering work in Scotland³. This programme of work commenced this year.

Work is also already underway to improve outcomes for children whose parents are dependent on alcohol and experiencing parental conflict, through the Children of Alcohol Dependent Parents (CAdEP) programme. On 23rd April 2018, the Department of Health and Social Care (DHSC) and the Department for Work and Pensions (DWP) announced a jointly funded package of measures totalling up £6 million to identify evidence based approaches to address this problem.

The package of measures includes:

- £4.5 million innovation fund for local authorities to develop plans that improve outcomes for children of alcohol-dependent parents
- £1 million to fund national capacity building by non-governmental organisations
- £500,000 to expand national helplines for children with alcoholic parents

The programme also complements a body of work led by the Department for Work and Pensions on [Reducing Parental Conflict](#) (RPC) including capacity building across services nationally and a face-to-face support package delivered across several local authorities. It is important to be clear that the RPC Programme is focused on addressing parental conflict below the threshold of domestic abuse.

This guidance relates to funding made available from the CAdEP programme in order to support initiatives in the voluntary sector to support those living with FASD, and to reduce the number of alcohol exposed pregnancies to prevent new cases of FASD.

The funds will be allocated through Section 64 of the Health Services and Public Health Act 1968.

Ambitions

The voluntary sector plays a vital role in raising awareness of FASD and providing support and education to those affected. We want to support this sector to do more on this agenda to complement the work happening. Applications are invited for grants to harness the creativity and capacity of the voluntary sector to improve outcomes for those living with

³ Scotland In January 2019 released SIGN 156 (8) guidance on “Children and young people exposed prenatally to alcohol.” Which cover: identification of children at risk of FASD; criteria for diagnosis and use of FASD as a descriptor; the medical assessment; physical examination; sentinel facial features; neurodevelopmental assessment; the multidisciplinary assessment team; special considerations in the neurodevelopmental assessment; management and follow up of children and young people affected by PAE.”

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FASD and their families, and to reduce the number of alcohol exposed pregnancies. Where parental conflict is identified, we want successful grant participants to address this.

Evaluation and dissemination of learning will be crucial to ensure projects support these aims, and the agenda of the broader CADeP programme.

2. Current knowledge base

Impact

If a woman drinks alcohol during pregnancy the toxins in her blood pass to the foetus through the umbilical cord. This exposure to alcohol can cause physical, mental or behavioural damage to the baby.

FASD is an umbrella term used to describe a range of conditions associated with prenatal alcohol exposure. This can cause a wide range of intellectual and physical disabilities.

These may include:

- Foetal Alcohol Syndrome, FAS
- Partial Foetal Alcohol Syndrome, PFAS
- Alcohol Related Neuro-developmental Disorder, ARND
- Alcohol Related Birth Defects, ARBD
- Foetal Alcohol Effects, FAE

A person with FASD may experience the following:

- Abnormal facial features such as a smooth ridge between the nose and upper lip
- Small head size
- Below average height
- Low body weight
- Poor coordination
- Hyperactive behaviour
- Poor memory
- Difficulty with attention
- Learning disabilities
- Speech and language delays

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- Poor reasoning or judgement skills
- Vision or hearing problems
- Problems with the heart, kidneys or bones

Foetal Alcohol Syndrome (FAS) is the most clinically recognisable form of FASD. However, the clinical features of other forms of FASD are less well defined and are more complex to diagnose. Information on FASD is available to the public at:

<http://www.fasdnetwork.org/what-is-fasd.html>

FASD is considered to be a relatively hidden disability because most individuals with it do not show physical features. It is thought to be under-diagnosed with only one specialist clinic in England (Surrey).

Effects of pre-natal alcohol are known to have life long consequences, persisting beyond childhood. It is common for secondary disabilities to develop as a result of other problems.

For example, one study⁴ found that 90% of adults with FASD had mental health problems, 60% had trouble with the law, and 45% experienced drug and alcohol problems. These issues can have profound effects on people's ability to function, adapt and live independently as adults.

The cognitive deficits, behavioural problems, psychopathology and other secondary disabilities associated with FASDs can impact everyday functioning or adaptive behaviour, and hinder achievement of adult independence.

The societal and economic costs associated with FASD are considerable, estimated at \$1.8 billion per year in Canada. The UK has the fourth highest level of prenatal alcohol use in the world, yet rates of FASD are unknown.

In 2019, The Scottish Intercollegiate Guidelines Network (SIGN) produced a Quality Standard for FASD⁵. NICE are developing a Quality Standard for England to help improve diagnosis and care of those affected, based on the pioneering work in Scotland. This programme of work commenced this year.

The Early Intervention Foundation evidence review [What works to enhance interparental relationships and improve outcomes for children](#) demonstrated children who are exposed

⁴ Streissguth, A. et al (2004). Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. *Journal of Developmental & Behavioral Pediatrics*, 25(4), 228-238

⁵ SIGN (2019). SIGN 156 - Children and young people exposed prenatally to alcohol: A national clinical guideline.

to frequent, intense and poorly resolved parental conflict are at significant risk of experiencing poorer long term outcomes.

In 2015-16, 1 in 11 children whose parents were living together, were exposed to potentially damaging levels of parental conflict; with children in workless families three times as likely to experience this compared to families where both parents are in work. In the same period around half of children in separated families did not see their non-resident parent frequently, which is indicative of a poor quality relationship between their parents and a higher likelihood of experiencing problems sustaining effective child maintenance arrangements. Evidence shows that children tend to have better health, emotional wellbeing and higher academic attainment if they grow up with parents (whether together or separated) who have a good relationship and are able to manage conflict well, as outlined in the policy paper [Improving lives: Helping Workless Families](#).

FASD prevalence

Public Health England collect and report information on individuals with foetal alcohol syndrome (not FASD), however only those identified at birth are notified so it is recognised that this is a significant underestimation of the overall prevalence.

Under-identification of FAS or FASD may occur due to difficulties in diagnosis; the recognition of the facial features at birth or later, the linking of growth deficiency or cognitive and behavioural problems, and the difficulty in confirming alcohol exposure. Nevertheless, prompt diagnosis may allow prevention of FASD in a subsequent pregnancy and may, for the child diagnosed, lead to improvement in management and alleviation of problems.

The National Organisation on Foetal Alcohol Syndrome (NOFAS) estimates 6,000 – 7,000 children may be born each year with FASD in the UK. This is based on USA research on prevalence.

A recent study undertaken by Bristol University published on 30 November 2018 states that figures could be as low as 6% to as high as 17% for people suffering from FASD in the general population⁶.

⁶ McQuire, C. et al. (2018). Screening prevalence of fetal alcohol spectrum disorders in a region of the United Kingdom: A population-based birth-cohort study. Preventive medicine.

Further information

Further information around FASD, parental conflict and the evidence base can be found via the links below:

- [PHE guidance on alcohol and drug misuse prevention and treatment](#)
- [PHE 2018 toolkit on problem parental drug and alcohol misuse](#)
- [SIGN 156: Children and young people exposed prenatally to alcohol](#)
- [NOFAS Overview for FASD](#)
- [Reducing Parental Conflict hub](#)
- [What works to enhance inter parental relationships and improve outcomes for children](#)
- [Improving Lives: Helping Workless Families](#)

3. Grant Terms

Grants will be awarded from April 2020 and must be spent by March 31st 2021. Funding of £473,000 will be available for financial year 2020-2021.

Payments cannot be made in advance of need and as a rule will be paid in arrears, although there may be possibility of some flexibility around this with smaller organisations. There are no set criteria for the amount awarded per grant.

We aim for a smaller number of grants and therefore encourage application via consortia where projects align. However, grants will be awarded according to quality of the bid against criteria outlined below. We recognise that robust cases may be set out for smaller or larger activities.

Awards will be made to organisations with a robust plan of work that is expected to have impact at national level. We are looking to award grants to organisations with a track record of managing and working in this field.

Applicants will be expected to have a project plan in place with projected output, costs, timelines and plans for internal evaluation. More details on this can be found in the supporting documents on the webpage.

Following receipt of the grant, DHSC will monitor outcomes against criteria agreed upon receipt of the award. Monitoring and evaluation may involve face to face meetings and/or collection of quantitative and qualitative data as well as project reports.

Potential Activities and Target Groups

We are particularly interested in innovative approaches from the voluntary sector along the themes of:

- Helping support Children and Young People with FASD to improve their understanding and management of their condition
- Developing support tools for families of those with FASD
- Developing tools to help improve training and education of professionals to raise the awareness of FASD
- Encouraging zero alcohol consumption during pregnancy
- Target activity to high-risk couples where complex issues like parental conflict, alcohol consumption and mental health problems are evident

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- Coordinate multi agency support where appropriate

Activities can be targeted across any part of the system relating to FASD prevention or management. We therefore welcome applications working directly with children, parents or other carers and supporting professionals.

Applications working across schools, communities and healthcare, social care, criminal justice, drug and alcohol services are welcomed. We are particularly interested in work that promotes integration of systems and services, and embedding family approaches.

Interventions may be delivered in any setting, including healthcare facilities, schools and the community, and online resources. Many management interventions focus on supporting children with FASD. However, the condition can have significant impacts on families and affects people throughout the life course. Therefore, we would be supportive of approaches that consider whole-families and adolescents/adults living with FASD.

In addition, we welcome innovations that will increase access to and uptake of services, and awareness raising for professionals and in the community to help identify those at risk, provide intervention earlier and reduce numbers of children going into care, and reduce stigma towards help-seeking.

Where parental conflict is identified, the intervention will need to address this and the application will need to explain how this will be done. It will also need to include an explanation of a screening process for domestic abuse and if this is identified as being present, details of onward referral through the appropriate route for handling domestic abuse cases.

A recent scoping literature review identified a wide range of possible interventions implemented around the world alongside evidence of their effectiveness⁷, and may be a useful resource for those seeking to apply:

[The Distribution of Available Prevention and Management Interventions for Fetal Alcohol Spectrum Disorder \(2007 to 2017\): Implications for Collaborative Actions. International Journal of Environmental Research and Public Health](#)

The Early Intervention Foundation (EIF) is a member of the What Works Network, funded by DWP to use evidence to make better decisions to improve public services. The EIF Reducing Parental Conflict Hub contains a wealth of guidance about research and interventions in this area: <https://reducingparentalconflict.eif.org.uk/>

⁷ Adebiji, B. O., Mukumbang, F. C., & Erasmus, C. (2019). The Distribution of Available Prevention and Management Interventions for Fetal Alcohol Spectrum Disorder (2007 to 2017): Implications for Collaborative Actions. *International Journal of Environmental Research and Public Health*, 16(12), 2244.

Guidance on the differences between domestic abuse and harmful parental conflict can be found in a 'harmful conflict guide', which has been created by Cafcass:

<https://www.gov.uk/government/publications/domestic-abuse-consultation-response-and-draft-bill>

4. Eligibility

Are you eligible to apply?

You must meet the conditions set out in Section 64 of the Health Services and Public Health Act 1968 to be eligible to receive funding from this grants scheme. You must meet the following legal requirements (which are a summary of the criteria in Section 64 and not a complete description of the law):

Your organisation must be carrying out activities that involve

“... providing a service similar to a service provided by the National Health Service or by local authority social services, promoting, publicising or providing advice to do with providing either a national health or local authority social service or a similar service”.

The Act gives the Secretary of State for Health and Social Care the power to award grants to not for profit organisations in England whose activities support our priorities.

The following types of organisation are not eligible to apply to this Grant:

- Individuals or sole traders
- Organisations that make profit for private gain
- Public bodies including local authorities, schools, universities, community or town councils
- Organisations based outside of England
- Organisations formed less than 12 months ago
- Organisations without suitable accounting records

Start-up organisations

Please note that organisations that have been formed within the last 12 months will not be eligible to apply, as we require your last set of audited accounts and a reference from an organisation that has worked with you in the past. It is possible however to partner with an established organisation, with them acting as the lead accountable body. (Please see section on Joint and Partnership bids).

Is your proposal eligible?

You can submit:

- One application with your organisation as the designated sole applicant.

and/or one of:

- One application (for a separate proposal) with your organisation as the designated lead accountable body for a partnership application; or
- One application as an equal partner in a joint application.

If you send in more than one application as the sole applicant and/or more than one application as the lead accountable body for a partnership or joint application, we will ask you to identify which application(s) should continue and which should be withdrawn. You can be involved in numerous partnership applications as a delivery partner, which means that your organisation is not the lead accountable body; however we strongly recommend that this does not exceed 3.

The following types of proposals are not eligible for funding from the Grant:

- Activities that are not allowed under your organisation's aims.
- Delivering an existing service locally that is the responsibility of local organisations to arrange and pay for based on an assessment of local needs.
- Proposals that simply continue existing initiatives or activities.
- Routine on-going, updating or maintenance costs of websites and other electronic communications, phone helplines and hard copies of materials.
- If the organisation plans to use the funding to support party political activities.
- If the organisation plans to use any part of the Grant to finance fundraising efforts.
- Capital projects, for example, buildings, refurbishment and transport. Your proposal can include up to £5,000 of capital spending for equipment.
- Proposals where the funding you request for each year of the project is more than 25% of your annual income (based on your most recent available final accounts). For all proposals you will need to ensure your organisation has the capacity to undertake the work and you can clearly demonstrate value for money.

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- Proposals that include passing all or part of the Grant funding to individuals or other organisations e.g. through grants, will not be eligible.

Your proposal should adhere to the [Government Grants Minimum Standards Guidelines](#).

National Impact

All proposals for funding under this Grant will need to demonstrate they will have a national impact. The proposal should be able to make a difference to the health and well-being of people across England. If your proposal is simply to provide local services, we would advise you to contact local funding organisations for help.

Your proposal must only provide health and care services in England.

5. Evaluation and Dissemination

Evaluation

It is important that all applications include a clear evaluation methodology which will be in place from the outset and take place throughout the life of the project. The evaluation should focus on how and why the project works, and the impact on outcomes for those living with FASD and their families, and the number of alcohol exposed pregnancies.

As a minimum, you should ensure that there is an assessment of key performance indicators or outcomes which is meaningful and unbiased.

Dissemination

For all projects we also expect to see national dissemination arrangements reflected in your plans. This should factor in how learning from your activity might be taken up and used effectively by other organisations. We are not suggesting a preferred method as each project will be different, but some methods could include: learning events and conferences, setting up learning sets and networks, peer-to-peer support, and developing best-practice guidelines. Passing on these findings is essential and would have to be carried out effectively in order to have a national impact and make a difference to health and care across England. To take a worst-case example, we may not support a proposal that produces a report and simply mails it to other organisations across England. We would like to see some thoughtful appraisal and action plans on how learning can be applied.

6. Joint and Partnership Bids

For each application, working with partners, a 'Lead accountable body' (LAB) will need to be assigned. The LAB must be a voluntary, community, social enterprise or mutual organisation. The LAB will be responsible for:

- The audit trail of the project (including work carried out by partners)
- Completion and submission of monitoring data for the whole project, in a timely manner as requested
- Distribution of funds to partners
- Provide assurance of the suitability of partners
- Undertaking to deal with any breaches of eligibility/audit requirements/disputes amongst partners

What is the difference between a partnership application and a joint application?

A partnership application is where there is a lead organisation who acts as the 'lead accountable body' for the proposal, and a number of other organisations that deliver certain aspects of the project. These other organisations could act as subcontractors and receive money for delivering the services, but contracts would have to come from the lead organisation and all work would need to be invoiced for. It is advisable to check whether the activities that they are undertaking will incur VAT. Subcontractors have no management input; they are involved to provide specialist elements of the proposal.

The partnership should be guided by a 'Partnership Agreement', working towards a common set of strategic objectives.

For a joint application two or more organisations would come together as equal partners to apply for funding from the Grant. Although there must be a lead contact, each organisation would play an equal part in delivering the project. We would include both the names on the offer letter, and could even pay both organisations separately for the work. For joint applications, partners should have a 'Partnership Agreement' in place before the project begins.

We would require both organisations in a joint bid to complete the eligibility form, provide their most recent set of accounts and trustee sign off and both organisations would be

involved in completing the form, but only the lead contact would submit it. Please contact us to discuss joint bids to ensure that the correct procedure is followed.

I'm making a partnership bid with two other organisations. Can we split the Grant money three ways?

No. The lead organisation will have full responsibility for the project and the Grant award throughout the life of the project. The lead organisation will be expected to have strong project governance in place covering all organisations within the partnership. You will however have to supply a breakdown of expenditure for each partner.

Can a private sector organisation be involved in a partnership application or a joint application?

In a partnership application, as long as the lead applicant (accountable body), who is the recipient of the grant is eligible as a voluntary organisation, it can partner with any other type of organisation (including, for example, private, NHS or local government). Where two or more organisations make a joint application (as opposed to a partnership application); each organisation would need to be eligible to apply in their own right.

Can I make unlimited bids under partnership arrangements?

We will allow an organisation to be involved in only one partnership application as the project lead. However, that same organisation could be involved in other partnership applications, provided that it isn't the project lead or involved in a joint application.

How will you handle the 25% rule for 'joint' applications?

We want to encourage joint working through our investments. If a bid is made jointly, we will look at the incomes of both partners when assessing the 25% rule. The reason behind this is that if one of the partners (with a small income) unfortunately has to close down, we would expect the project not to be at risk as it would continue under the management of the remaining partner.

How will you handle the 25% rule for 'partnership' applications?

We also want to encourage partnership working through our investments. If a bid is made as a partnership, we will look at the audited accounts of just the lead partner when

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assessing the 25% rule and will not take into account the income of any of the partner organisations.

7. Communications Activities

Restrictions on 'communications activities'

Effective, timely and targeted communications about your project will be critical to the delivery of its success. However, there are some considerations in the area of communications of which you need to be aware.

DHSC applies restrictions to any communications activity where the marginal cost of carrying it out is in excess of £5,000 per year. Costs of £5,000 and under (not including the time spent on the activity by those already employed by, or donated on a voluntary basis to the organisation) can be approved by the applicant organisation, where it is satisfied that the highest levels of value-for-money have been achieved. Organisations will be required to provide a detailed breakdown and justification as to why the costs that are in excess of £5,000 per year are essential in the delivery of the project.

For organisations considering applying for a Grant, the restrictions apply to all new advertising and marketing spend which is defined as:

Advertising including, but not limited to:

- TV advertising
- Radio advertising
- Digital advertising
- Outdoor advertising
- Print advertising, including advertorials
- Recruitment advertising campaigns
- Costs of media, and fees and commission for media buying, media planning, creative development and production

Marketing activity, including but not limited to:

- Design and branding
- Direct and relationship marketing
- Customer relationship management programmes

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- Telemarketing
- Campaign help lines
- Partnership marketing
- Sponsorship marketing
- Field or experiential marketing
- Merchandising
- Advertiser-funded programming
- Audio-visual activity
- Storage and distribution of marketing materials
- Communication strategy, planning, concept and proposition testing and development
- Market research that informs marketing and advertising activity
- Evaluation of marketing and advertising activity
- Printing and publications
- Events, conferences and exhibitions
- Public relations (PR) activity

8. Digital Activities

DHSC applies restrictions to any digital activity; organisations will be required to provide a detailed breakdown and justification as to why any costs are essential in the delivery of the project.

The following basic tests will help you to detect if there are digital elements to your proposal. This is not an exhaustive list and it is the responsibility of the submitting organisation to ensure that any potential digital elements are clearly highlighted in the application.

For the purpose of these controls digital has been defined as:

“Any external-facing service delivered through the internet to citizens, businesses, civil society or non-government organisations.”

The definition of digital covers any service that the public has any access to, regardless if that is the main audience or not. However, there is a distinction between the functional side of a website and the content it carries. The tests below are designed to detect if there are any functional requirements that would place the proposal under the digital controls.

Test Questions

If you answer ‘yes’ to any of the questions below, your application may be subject to additional approvals:

Q1. Does this application have any of the following?

Q1.1. The proposal requires the creation of a new website, including microsites, sites for the publication of information, campaigns, consultation or transactional activity, (note: transactional activity in this context typically means a web based system or site that provides an exchange of information, money, rights, goods or some combination of these),

Q1.2. Requires a new domain registration,

Q1.3. Requires a new e-learning platform,

Q1.4. Have any requirements for a native mobile app that is specifically designed to work on any smart phone platforms, such as Android or iPhone etc. rather than computer web browsers,

Q1.5. Initiate any new web function,

Q1.6. Development or redevelopment any web function.

Q2. For this proposal, will you have to?

Q2.1. Form a new contract for web services, including hosting, web development, support or maintenance,

Q2.2. Make any contract amendments, extensions or renewals, including renewal of licences or Cloud services associated with the website,

Q2.3. Make any 'business as usual' changes, enhancements, maintenance or refreshes to the function of an existing website, but not any content changes or testing such as AB testing,

Q2.4. Create a website to run any pilots, feasibility and/or proof of concept sites.

Q3. Other questions

The following areas are often more difficult to determine. The proposal should be clear that any cost in this area would be part of a present or future digital project.

Q3.1. User needs research. This is often a mixture of comms or policy research work and technical evaluation. There is potential that this cost, and the process used, would form part of a future digital proposition in the discovery phase, and therefore within the digital controls.

Q3.2. Identity assurance for the general public. This function may be part of digital controls.

The use of social media applications such as links to a video loaded on Facebook, which do not change the functionality of a website, are not in scope of digital controls. However, if the use of social media applications requires any changes to a website, then the controls apply.

If you answered yes to any of the above questions please let us know in section 3.4 of the application form.

9. Additional Approvals

Proposals that include communications/digital activities will be subject to additional scrutiny, you will need to be satisfied that the highest levels of value-for-money have been achieved. Digital solutions are not to duplicate digital support and tools already available and that they should reflect User Needs (families) and be innovative. If a proposal can demonstrate that communications/digital activities would be able to demonstrate value-for-money in achieving specified, measurable benefits, the Department of Health and Social Care may consider the proposal for funding. Each bid will be considered on its own merit, but:

- All bids may be subject to an additional approvals process within DHSC. This would consider whether, in the particular case, the measurable benefits from the paid-for communications/digital activities proposed outweighed general concerns about the value-for-money of using Government funds in this way. **We may contact you with a request for additional information.**
- Proposals will need to include consideration of how they could achieve their outcomes other than through paid-for communications/digital activities and why these options are not being proposed. Please insert this information in section 3.4 of the application form. Proposals should show evidence of how the communications/digital activities will directly contribute to the project's objectives.
- The preparation and distribution of printed copies of publications will be funded only in exceptional circumstances; for example, where there is a known need from service users or the need for the document to be available in circumstances where electronic access is not available.
- Conferences and events will not be funded, unless they are explicitly for training or development and can demonstrate measurable outcomes and benefits.
- There are restrictions on grant funding for some aspects of technology and grant funding should not be used for Native Mobile Apps or for websites that duplicate existing services such as NHS Choices, GOV.UK.
- DHSC is not expecting that, even with value-for-money justification, any application would include a communications element of more than £100,000. Any such proposals over this figure would not only require the approval of DHSC, but also that of the Efficiency Reform Group at the Cabinet Office.

10. The Application Process

This chapter gives guidance on the application process and timescales.

August: Call for applications will be open for a period of 12 weeks.

Early January 2020: Successful applicants will be selected and informed.

April 2020: Project delivery commences.

March 2021: Grant money to be paid out by this date.

Assessment

Applications will be reviewed and assessed in relation to the following areas. Proposed weighting for each criterion is as shown however please note this may be adjusted closer to time:

Activity

- Extent to which grant ambitions are met (30%)
- Evidence base / Justification for approach (15%)
- Project reach and impact (10%)
- Quality of evaluation (10%)
- Feasibility (10%)
- Value for money (set minimum standard)

Delivery

- Expertise of bidding organisation/consortium (set minimum standard)
- Financial robustness of bidding organisation/consortium (set minimum standard)

Wider system impact

- Quality of plans for dissemination (5%)

- Potential to build capacity to better meet the needs of people with FASD across the system (15%)
- Impact on reducing inequalities (5%)

What makes a good application?

In addition to the above criteria, a good application:

- is concise;
- focuses on clearly defined aims and measurable outputs;
- clearly describes what benefits the proposal will bring, avoiding jargon and abbreviations (unless explained);
- has a strong project plan and clear details of costs (see Budget Template);
- shows meaningful arrangements for working with others;
- has a realistic strategy for long-term plans, including an 'exit strategy'.

How do I apply?

The deadline for applications is noon 15th November 2019. Include all the details we need to assess your application. We will not accept extra or supporting information received after this date and will treat it as if you have not supplied it. We will not accept applications after the closing date. We have fixed these deadlines to be fair to everyone applying and to make sure we can start the assessment process. Incomplete applications affect our ability to complete the assessment process as planned.

Important information

You should be aware that we do not fund all applications that meet the criteria and preferences. We are looking for those that best meet the criteria and preferences and this will allow us to take account of any similarities between proposals. If we identify similar proposals from different organisations, we will either choose the ones that show most potential on the information provided, alternatively, we may ask you to consider working together with the other organisation on a joint proposal.

Remember that the information we use to assess applications will be what you give on the application form and our knowledge of existing and planned initiatives in that area. If you know of similar services, you should explain on the form how your proposal adds to but

does not just copy similar services. If you have applied for alternative funding to deliver similar activities to those described in your application form you should declare this in section 1.9 of the application form.

As part of the assessment process, due diligence checks will be undertaken, which will include the financial sustainability of applicants. If you have any questions about this process, please contact the email address in chapter 15.

We will provide feedback on all unsuccessful applications. We provide this in a constructive way so you can review your proposals and see where we felt the strengths and weaknesses were in your application.

Application Form – Questions

You can download a word template of the application form from our website or if you require a paper document please contact us on the details in the introduction section. You should make sure that the responses you give clearly answer each question as fully as possible. Relate the responses to the detail set out in this guidance for applicants.

Please be aware of any word count limits on each section you answer. They will be clearly marked on the application form.

Application completion guidance

Some areas of the application form have resulted in questions from organisations in previous funding rounds. Please see the guidance below for advice on completion:

1.1 Proposal summary: Please ensure that this is kept to no more than a few sentences (100 word limit); this should be a very brief synopsis of what the proposal aims to achieve.

1.4 Joint/Partnership Bids: Please ensure you are completely clear on which structure type you are applying under; organisations have failed eligibility due to selecting the wrong option for joint or partnership bids. Please see page 16 for further information.

5.1 Reference: You are required to provide a reference letter as further evidence of your ability to deliver a project effectively. The reference must come from a stakeholder you have worked with recently on a project, for example an NHS organisation or Local Authority. The letter should provide some context (including a timeline) as well as contact details. Please note that this must not be a 'Department of Health and Social Care' or 'Department for Work and Pensions' member of staff.

All proposals will be expected to consider the sustainability of their project after funding has ceased. We would expect projects to develop a sustainability strategy showing how the project's outcomes will continue and how learning will inform future practice.

11. Costings

Working out the costs of the proposal

There are no set criteria for the number or size of individual grants delivered under current funding criteria.

Your application for funding should be realistic and follow the principles of recovering the full cost of your proposal. We will expect you to be able to show that your proposal will achieve value for money.

We will not accept applications where the proposal costs are more than 25% of your annual income for each year of the project (based on your most recent available final accounts). We have introduced this rule because experience has shown us that organisations who receive a single project grant which is a high percentage of their income may experience difficulty in covering core costs which then has an effect on their ability to deliver the project. If there are particular circumstances which mean that your latest accounts do not represent your current or expected income, please explain this on the form.

You do not have to pay VAT on the Grant as they are generally considered out of scope of VAT because we do not receive direct benefit from the Grant. We cannot give you advice on whether the activities you will be carrying out with the Grant will be charged VAT. You will need to discuss this with HM Revenue and Customs. It could be that while the income (the grant) is outside the scope of VAT, the activities you are providing may be charged VAT. If you need to pay VAT on any of the work and you cannot get it back, you should include this in the initial costings. If it is a partnership bid and delivery partners will be invoicing you for their costs, you should also check with HM Revenue and Customs whether the activities will incur VAT that cannot be recovered.

Recovering the full cost of the proposal

You should aim to recover the full costs of delivering services for public sector organisations, including overhead costs and VAT that you cannot recover. This will involve you presenting applications for funding on the basis of strong and evidence-based calculations of the costs of the funded activity or service. Overhead costs can include accommodation, human resources, utilities, maintenance for premises and monitoring requirements. This is not a full list. These overhead costs need to be both relevant and reasonable.

We would normally expect overheads to make up to 10% of your project's costs, if your overhead costs are higher please provide an explanation why.

Please note you may find it helpful to refer to clause 3.8 of [The Compact](#) in relation to recovering the full cost of the proposal. There are also organisations in the voluntary sector that may be able to support you in calculating these costs, including the Association of Chief Executives of Voluntary Organisations (ACEVO) and the National Association for Voluntary and Community Action (NAVCA).

12. Use of DHSC Logos and Branding

You will not normally be able to use the DHSC, DWP or the NHS logos on any material you produce through the Grant. You can use 'Produced with funding support from the Department of Health and Social Care and the Department for Work and Pensions' or similar. But the statement should not suggest that we have guaranteed the quality of the product or that we endorse the product.

If you are producing material that has intellectual property rights (IPR) or copyright issues, we ask that you highlight this in your application. We may want to discuss this with you.

Data Protection and Confidentially

It is essential for the Grant recipient to have all the necessary processes in place to ensure the exchange of information between external bodies throughout the lifetime of the project is fully respected, secure and to adhere to rules of the Data Protection Act (DPA) 1998, the Freedom of Information Act 2000 and the Human Rights Act 1998. The Grant recipient will need to take reasonable care to prevent inappropriate access, modification or manipulation of data from taking place. In practice, this is applied through three cornerstones – confidentiality, integrity and availability;

- information must be secured against unauthorised access – confidentiality;
- information must be safeguarded against unauthorised modification – integrity;
- information must be accessible to authorised users at times when they require it – availability.

For further information please refer to Data Security and information governance on the [NHS Digital website](#)

13. What Happens Next?

We will assess applications along with the supporting information you have provided.

We may contact external stakeholders to discuss your proposal with them. If we send any applications outside the Department, we will also inform them that the proposals are confidential and they should not discuss them with others.

A short list of applications will be submitted to Ministers, along with advice as to how it matches up with our conditions and preferences.

Please be aware, any grant will be issued in line with the Government standards for grant making, as set out in the Cabinet Office minimum standards. The terms will be captured in the grant agreement. The Cabinet Office have produced a code of conduct for grant recipients which applicants should be aware of.

Giving you our decision

We aim to inform you of our decision of the outcome of your application by the last week of January 2020. We will do this by e-mail to the contact on the application form. Please let us know if the following changes: the e-mail address of the application contact and/or her/his organisation; the name of the organisation and/or its application contact; the address of the organisation.

Some organisations have their e-mail systems set to automatically filter out 'system-generated e-mails', so if you have not received a reply from us, please check your 'spam' or 'junk' folders before contacting the helpdesk.

Summary of conditions of the award

If you are successful, we will send you an award letter showing the full terms and conditions of the Grant. Below are some of the conditions you should be aware of at this stage.

- The terms and conditions must be accepted by a board member (trustee or director) or the chair of the management committee if you are an unincorporated association.
- Grants are restricted funds and are recorded as such in the accounts. (Identifying the Grant in your accounts is required as a measure of accountability for the use of public funds).
- You will have to repay the Grant if you do not use it for the purposes intended.

Guidance for Applicants

- You cannot pass all or part of the Grant funding to individuals or other organisations, funds can only be moved to pay for contractual activities as part of a partnership or joint bid.
- You will be required to provide us with monitoring information.
- We are not committed to provide any funding after the agreed term of the Grant.
- You must identify the Grant in your accounts as being from 'Department of Health and Social Care'.

Appeals

The Grant is a discretionary scheme and you cannot appeal against the decisions made by Ministers. However, we do know that, at times, you may feel that we have not followed the grant application process correctly and you may want to raise a concern. We treat these requests as complaints and use our complaints procedure. The first stage is 'informal resolution' where the Voluntary Sector Grants Hub would handle your complaint. If you are unhappy with the response, you can make a formal complaint to the 'Deputy Director of Departmental Financial Management and Partnering'. The complaint will be investigated and the findings reported back to you.

Deputy Director of Departmental Financial Management and Partnering

Voluntary Sector Grants Hub

2NW Quarry House

Quarry Hill

Leeds

LS2 7UE

If you are unhappy with that response, you can take this further within our [complaints procedure](#) by writing to the Head of Customer Service.

Complaints Manager - Customer Service Centre

Department of Health and Social Care

39 Victoria Street

Westminster

London

SW1H 0EU

14. Delivery and Monitoring

Summary of monitoring requirements

All Government Departments have a duty to ensure that all grant awards offer value for money and are spent in line with the original plans. The Department therefore places great importance on the monitoring of all grant awards. If your application is successful and you receive grant funding, you will be asked to provide the following documents during the period of the grant:

- A quarterly update on the progress of the project;
- An end-of-project report and summary of total spending on the project;
- A Statement of Grant Usage (SoGU); and
- Annual accounts to show you have identified the grant correctly or;
- A 'Certified statement of the project's income and expenditure' signed by any of the following; - trustee, company director, chief executive, finance officer/treasurer, registered auditor, reporting accountant or independent examiner. This must be in the same detail as the budget template provided along with this guidance document.
- You may also be asked to provide a 'Certified statement of the project's income and expenditure' if we feel that the accounts provided are unclear.
- However, if your organisation is not legally required to have its accounts audited, reported on by a reporting accountant or independently examined, then you must provide one copy of a 'statement of your organisation's gross income and total expenditure', in which the Grant must be separately identified, and signed by a trustee or, if a limited company, a company director.

You will be assigned an Accounts Manager, they will:

- Monitor your progress against your project plan/milestones/outcomes
- Discuss and manage any risks against delivery
- Agree any changes to the project plan
- Agree payment against outcomes

Please note, you may find it helpful to refer to sections 3 and 4 of [The Compact](#), particularly clause 3.6.

15. Contact Us

By email: cadep@dhsc.gov.uk

We will reply to your query as soon as possible.

Appendix A: Risk Management Template

Please ensure you complete risk management in your application using the template below. See the format in example below:

Risk Reference Number	Rating (Likelihood)	Rating (Impact)	Description of Impact	Action being taken to manage the risk	Risk management responsibility
EG: 001: Impact upon NHS and/or other organisations	Low	Medium	One of the key drivers for the project is to improve functionality for NHS users in order to achieve significant efficiency gains. Impact: Failure to do this would result in reduced confidence both in the system and the DHSC's ability to deliver promised enhancements	Project Manager will closely monitor the project and report progress to the Project Board both by means of Highlight Reports and Board meetings. Any significant project issue will be immediately brought to the attention of the Project Chair.	Project Manager (PM), Project Board (PB)

Appendix B: Frequently Asked Questions

1. Do projects have to be delivering in the 12 months April 2020-March 2021?

Payment will be made upon delivery of activities only and not in advance. Project delivery can exceed this timescale if payments can be made by March 31st **2021**.

2. How will the available funding be proportioned?

There are no fixed restrictions on the number or amount of grants. Our current preference is for a smaller number of grants (3 or so), but we recognise that there may be a strong case for smaller or larger individual awards and thus these types of bid should not be discouraged.

3. Who will be responsible for competing evaluation of the projects?

Evaluation will need to be completed by organisations, which will then feed into overall evaluation of the wider CADeP programme. Monitoring and evaluation by Department of Health and Social Care will be carried out as agreed upon grant award. This is likely to focus on process rather than core outcomes given the limited timescale. No extra funding will be available for evaluation - this should be factored into the application costings.

4. What are plans for further engagement with organisations?

Questions are encouraged via the dedicated email address.

5. Can more than one bid be submitted?

An organisation can submit one bid as an individual organisation and one as part of a consortium.

6. Will organisations be penalised for not bidding as consortium?

Organisations will not be penalised. Both individual and consortium bids are welcome. Selection will be based upon quality of bids and how well they meet the criteria for assessment.

7. Can a proportion of costs be awarded up-front to allow essential developmental costs?

We cannot pay in advance of need. In general, this means payments should be made in arrears upon delivery of key milestones, however there may be room for some flexibility around this: for example we may agree there is need where a smaller organisation has insufficient capital to start the project but provides a strong application on other grounds

and no other financial concerns are raised. This will be subject to appropriate due diligence and consideration of associated risks and therefore cannot be guaranteed.

8. What will happen after 31st March 2021?

Organisations should include in their bids their plans for what will happen post-delivery, how the knowledge will be disseminated and how this can be filtered down to relevant health and local authority services. Once the successful bids have been agreed we will also work with organisations on how knowledge can be disseminated going forward.

9. What is the potential relationship between the FASD Section 64 projects and the broader CADeP programme of work?

We hope that learning from the Section 64 grant projects can be used to inform and enhance future work streams, especially in local authorities currently involved with the CADeP programme (innovation fund areas).

10. Can you provide some clarity on where interventions should be directed?

Activities can be directed at any part of the system around FASD: this can include direct work with children, parents or families, or with other professionals working with them.

11. Would we be open to a pilot approach?

Yes, if it can be delivered upon set timescales.

12. Are we open to digital forms of early intervention?

We are open to this method of delivery as would open up a good opportunity to explore what works well in this space, evaluate it, as well as share best practice. We also recognise the potential benefit these routes have in relation to overcoming stigma.

We aim to help more families digitally self-serve wherever possible, accessing information and support digitally at a time convenient to them. Any potential bids for funding of local or national digital services should consider the Governments published Design Principles for digital services <https://www.gov.uk/guidance/government-design-principles>; which highlights the importance of understanding 'user need', placing information and support where people go on line, and in a format they will engage with.

13. Do the projects have to be delivered at National level?

Projects do not need to be delivered at national level but must demonstrate potential for national impact.

14. If we are seeking collaboration, can funding be awarded to one organisation (lead) and then shared to other organisations that are partnered?

Yes, in a partnership application the lead applicant will receive the money and distribute to others. In a joint application where organisations are acting as equal partners, payments may be made to both organisations.

15. If providers are already delivering work as part of the CAdEP programme, are they eligible to apply for this Section 64 FASD grant?

Yes, although the application should be delivering new outcomes specifically focussed on the prevention and management of FASD.

16. The guidance refers to tackling conflict below the threshold of domestic abuse. How does Government define what is domestic abuse?

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse.

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