



## Update for FASD Model of Care Implementation Stakeholders

### Background

WA Health, through the Child and Youth Health Network and with the guidance of the multiagency FASD Project Control Group, is coordinating an across sector including whole-of-government approach to the development of a statewide implementation plan for the Fetal Alcohol Spectrum Disorder (FASD) Model of Care (MOC).

Multiple government departments, interested health and social service sectors, including non-government organisations and carers, have given commitments to work collaboratively with us on this project.

### The focus of the implementation plan is on the prevention of FASD

Strategies and services to be outlined in the FASD MOC Implementation Plan will be delivered across the whole continuum of care, from a primary, secondary and tertiary prevention perspective.

Broad definitions of primary, secondary and tertiary prevention, within a public health context, are as follows:

- **Primary:** Reducing the number of new cases of disease (incidence).
- **Secondary:** Reducing the prevalence of disease by shortening the duration or diminishing the impact through early detection and prompt intervention.
- **Tertiary (diagnosis, treatment and management):** Reducing impairments and disabilities, minimising symptoms caused by illness and promoting family adjustment to conditions that cannot be ameliorated.

Recommendations from the FASD MOC have been mapped across a continuum of prevention which demonstrates the interplay between primary, secondary and tertiary prevention strategies and enabling factors. Enabling factors are core to the implementation of FASD prevention implementation strategies. They include workforce education, training and development, coordinated service delivery, referral and care pathways, data surveillance and linkage and research.

### Where are we up to and who is involved

#### Governance

A clear governance structure and reporting framework has been established. It describes the coordination of multiagency engagement, collaboration, accountability, roles and responsibilities and communications processes.

The FASD MOC Implementation Governance Paper details these processes and can be accessed from the Child and Youth Health Network FASD [webpage](#).

The governance structure attached at the end of the document demonstrates links between Implementation Action Groups, the FASD Project Control Group, the WA Health Executive, the Community Services Leadership Group and national stakeholders.





### Three implementation action groups

Three 'action' groups and one reference group have been convened by the WA FASD Project Control Group (PCG) to develop and implement the FASD Model of Care (MOC) Implementation Plan. The PCG was informed by an extensive consultation process prior to determining the final membership of these groups

#### Primary Prevention Implementation Action group

**Co leads:**

- Mr Gary Kirby – Director of Prevention and Workforce Development at the Drug and Alcohol Office.
- Ms Carmel Wilkinson – Manager of the Parenting WA Centre at the Department for Communities.

**Scope:** Reducing the number of new cases of FASD occurring through the prevention of women consuming alcohol whilst pregnant.

Broad strategies include community education, awareness, advocacy and attitudes to alcohol, planned pregnancy and promotion of the message that no amount of alcohol during pregnancy is the safest option.

**Progress:** The Primary Prevention Implementation Action Group was convened in May and since has mapped current activities and opportunities to promote consistent messages around the primary prevention of FASD. The group has participated in two half-day workshops and members have begun to pull together some clear overarching implementation strategies. Draft strategies will be written throughout September.

**Agency representation:**

- Public Health Division, WA Health
- School Drug Education Road Aware
- St John of God Health Care
- WA Country Health Services
- Aboriginal Health Division, WA Health
- Telethon Institute of Child Health Research
- Department of Education
- Drug and Alcohol Office
- Department for Communities
- Child and Adolescent Community Health
- Carer and NOFASARD
- The Lililwan Project.

#### Secondary Prevention Implementation Action group

**Co leads:**

- Ms Kate Gatti - Clinical Lead Child and Youth Health Network
- Professor Carol Bower - Senior Principal Research Fellow, Telethon Institute of Child Health Research

**Scope:** Screening for alcohol consumption during pregnancy and providing appropriate brief interventions to reduce the risk of FASD occurring

**Agency representation:**

- Telethon Institute for Child Health Research
- Child and Youth Health Network





through minimising the frequency and dose of exposure to alcohol where identified.

**Progress:** The Secondary Prevention Implementation Action Group also convened in May and has worked to develop a modified Audit-C tool to screen for alcohol consumption at all antenatal visits. The group is also working to influence National Perinatal Data collection sets and develop appropriate workforce training and development strategies to up-skill relevant health sector professionals. Health services and support agencies will also be engaged to map clear, coordinated service delivery pathways across the continuum of care. Draft strategies will be written throughout September–October

- State-wide Obstetric Support Unit
- Child and Adolescent Community Health
- Royal Australian College of General Practitioners
- Aboriginal Maternity Services Support Unit
- Curtin University School of Nursing
- Women’s and Newborns Drug and Alcohol Service, King Edward Memorial Hospital
- Curtin University -Centre for Population Research
- Drug and Alcohol Office
- NMAHS Public Health
- Department of Child Protection
- South Metropolitan Area Health Service Public Health Unit
- WA Country Health Services

### Tertiary Prevention Implementation Action group

#### Co leads:

- Mr Mark Crake – Director of Child and Adolescent Community Health Policy
- Dr John Wray – Senior Clinical Advisor, State Child Development Centre

**Scope:** Identifying, managing impairments and disabilities resulting from alcohol-related brain damage in the child that cannot be ameliorated. Minimising development of secondary complexities through the provision of appropriate and accessible support services.

**Progress:** The Tertiary Prevention Implementation Action group convened in August and has completed initial phases of service and activity mapping. The first workshop focussed on understanding the current context for tertiary prevention interventions and worked to identify opportunities for further activity and strategy development in this current context. Drafting of strategies for tertiary prevention is planned for October.

#### Agency representation:

- Child and Adolescent Community Health Policy
- Child Development Service
- Department of Child Protection
- Mental Health Commission
- Telethon Institute for Child Health Research
- Department of Corrective Services
- Department of Education
- Disability Services Commission
- King Edward Memorial Hospital –Drug and Alcohol Service
- Carers WA/Foster Parenting Association
- Aboriginal Health Council of WA





## Aligning with the national agenda

Since the completion of the MOC a number of national initiatives have informed the approach to FASD. These include the House of Representatives standing committee on social policy and legal affairs inquiry into FASD and the FASD Monograph.

It is within this national context that WA Health acknowledges and recognises a significant shift in emphasis to the prevention of FASD and the need for an across sector including a whole-of-government response through the leadership of the Project Control Group and Community Services Leadership group.

## Opportunities to get involved

A broad consultation process for the draft FASD MOC Implementation Strategy will enable you opportunities to provide your feedback to the whole-of-government, statewide implementation strategy. Opportunities for consultation will commence in late 2012 with the aim of a final draft in early 2013.

If you are not already a member of the **Child and Youth Health Network**, you may wish to consider joining by completing the online registration form available at:

<http://www.healthnetworks.health.wa.gov.au/home/register.cfm>

Quarterly NetNews articles are circulated to Health Networks members and include updates regarding progress of the FASD MOC implementation plan.

**Further queries can be addressed to Health Policy:**  
[healthpolicy@health.wa.gov.au](mailto:healthpolicy@health.wa.gov.au).

