Government of Western Australia
Department of Health

Western Australian interagency, statewide Implementation Plan for the Fetal Alcohol Spectrum Disorder Model of Care

September 2013

Delivering a Healthy WA

Suggested citation

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Acknowledgements

The Child and Youth Health Network (CYHN) convened a Project Control Group (PCG) and three Implementation Action Groups to develop this Implementation Plan. A full list of the members and their agencies is set out in Appendix 2.

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1. Background

1.1 What is FASD?

Fetal Alcohol Spectrum Disorder (FASD) is the umbrella term used to describe adverse outcomes caused by fetal exposure to alcohol. Features of FASD may include some or all of the following[1]:

- growth retardation
- prenatal growth deficiency (small for gestational age)
- postnatal growth deficiency (lack of catch up growth despite good nutrition)
- low weight to height ratio
- central nervous system anomalies or dysfunction
- developmental delay
- learning and behavioural disorders
- intellectual disability
- microcephaly and/or other structural defects.

1.2 Context

WA Health, through the Child and Youth Health Network (CYHN) and with the guidance of the multi-agency FASD Project Control Group (PCG), has coordinated an across sector approach to developing this statewide Implementation Plan for the FASD Model of Care (MOC)[1].

A diverse range of government department representatives, interested health and social service providers, including the community sector and carers, have worked in collaboration to develop this Implementation Plan. The Implementation Plan sets out a number of strategies across the continuum of care to address the recommendations of the FASD MOC. In addition, it allocates lead agency responsibility for implementation.

This Implementation Plan is guided and supported by the **FASD Framework** (link to be included in final online version), which should be read in conjunction with this Implementation Plan. The Framework sets out the guiding principles and criteria to be considered in the development and delivery of FASD prevention/intervention programs, inclusion criteria, stakeholder engagement and background information.

1.3 Intent

The aim of the FASD MOC implementation is to prevent FASD, reduce its incidence within the community and provide improved coordination of services where people with FASD are identified. This will be carried out by:

- implementing strategies developed to address the recommendations of the FASD MOC.
- facilitating across sector collaborations in the implementation of strategies to prevent and manage FASD.
- facilitating and coordinating implementation activities and resources across the continuum of prevention and intervention.
- engaging whole of government participation in the prevention and management of FASD.
- taking into account cultural diversity and ways of working in the development and delivery of strategies, programs and services.

1.4 Scope

The Implementation Plan has been developed by three FASD Implementation Action Groups and provides the foundation on which to plan and deliver strategies to prevent and reduce the incidence of FASD across the continuum of care. There is recognition of the need for a societal change in attitude to harmful alcohol use. The focus is on prevention with priority given to primary and secondary prevention strategies of health promotion, community awareness and early identification and intervention in the general and targeted populations.

The Implementation Plan builds on the knowledge, best practice and research of existing prevention and service delivery models, including current capacity of the workforce, to address the needs across the continuum from prevention campaigns to services for the management and treatment of FASD.

The following tables set out the strategies across primary, secondary and tertiary prevention and intervention with responsibility allocated to lead agencies for implementation. This will facilitate a coordinated approach for activity and resources.

The strategies are based on the core themes as stated in the recommendations of the FASD MOC across the continuum of care of primary, secondary and tertiary prevention and intervention.

Primary Prevention

- Preventing and reducing harmful alcohol use and related problems across all populations.
- Promoting healthy lifestyle behaviours before pregnancy.
- Use of consistent messages to prevent and reduce any alcohol use during pregnancy and while breast feeding.

Secondary Prevention

- Screening for alcohol consumption in pregnancy for all women in the antenatal period by all maternity and health service providers using the Audit-C alcohol screening tool.
- Coordinated service pathways to provide seamless access to services between providers, across the continuum of care for the preconception, antenatal and postnatal period.
- Use of shared pregnancy health record in the antenatal and birth period to facilitate information sharing between all maternity and child health/family service providers.

Tertiary Prevention and Intervention

- Screening and referral of infants, children and young people at risk of FASD.
- Clinical pathway to support a consistent approach to be applied for diagnosis of FASD across WA.
- Resources for people working with and supporting children and young people believed to be affected by FASD in the community.

Enabling factors are core to the implementation of the strategies listed in the Implementation Plan and have been grouped together to promote a consistent approach to these strategies across the continuum of care.

The enablers address issues to facilitate and support the implementation of the primary, secondary and tertiary strategies. They are:

- workforce education, training and development needs

- data surveillance and linkage
- research in the current context.

While the coordination of service delivery, referral and care pathways can be considered as enablers, they are addressed in the three key strategy areas of the Implementation Plan as they are critical to the delivery of best practice programs and services.

1.5 Reporting and Monitoring

WA Health is the Western Australian Government agency responsible for coordinating the whole of government approach to the implementation of the FASD MOC. The FASD PCG, through the governance framework (see Appendix 3), has overall accountability for the implementation of the FASD MOC and reports to the Director General for WA Health.

With support from the multiagency PCG, WA Health will develop a monitoring and reporting process for the implementation strategies outlined in this Implementation Plan.

While the Implementation Plan nominates lead agencies for each of the strategies, agencies across sectors are expected to collaborate and partner to implement the strategies.

2. Implementation plan

2.1 Primary prevention strategies

2.1.1 Core concept themes

- Preventing and reducing harmful alcohol use and related problems across all populations.
- Promoting healthy lifestyle behaviours before pregnancy.
- Use of consistent messages to prevent and reduce any alcohol use during pregnancy and while breast feeding.

2.2.2 Implementation strategies

Core concept theme: Preventing and reducing harmful alcohol use and related problems across all populations **MOC Recommendations: 1, 2, 3**				
Strategy	**Target audience**	**Performance measure**	**Existing initiatives**	**Lead agencies**
Community awareness and public education campaigns that increase knowledge of alcohol and other drug related issues and consequences and support the development of a safer drinking culture, practices and environments.	Whole of population	Awareness levels regarding alcohol use and related harm (AIHW survey)	Alcohol – Think Again Strong Spirit, Strong Future program	Drug and Alcohol Office (DAO) working with local stakeholders
Implement evidence based alcohol strategies such as enforcement of liquor licensing laws, controlling access and availability, targeting harmful alcohol use including binge drinking and responsible marketing, supply and service.	WA Police, Local Government Authorities (LGAs), community groups, retail liquor industry, Harmful drinkers parents/carers	# of infringement for sales to minors % of licensed outlets audited that are practising RSA Per capital alcohol consumption; alcohol related morbidity & mortality data, violence data; change in liquor licences	Alcohol Think Again	Department of Racing Gaming and Liquor (DRGL) DAO WA Police

Improve knowledge and recognition of FASD to inform prevention strategies and assist affected children and families.		# programs and promotion that includes information on alcohol and pregnancy		DAO
Consumer, community and key stakeholder participation in the development of implementation of strategies, such as alcohol management plans, particularly in areas where high levels of harm are evident.		# of local Alcohol Management Plans		DAO
Continue to develop and implement an appropriate school curriculum including evidence based school alcohol and other drug education and associated workforce development for teachers.		# schools participation in SDERA	School Drug Education Road Aware (SDERA)	SDERA Department of Education (DoE)
Provide universal programs within the school health promotion framework, facilitating student engagement, behaviour management and support services for young people and their parents in school settings.		# schools participation in SDERA	SDERA	SDERA DAO DoE WA Health
Promote recreational, educational and cultural activities using methods and channels favoured by young people to prevent and delay alcohol and other drug use.		# programs on internet, social media	SDERA	
Core concept theme: Healthy lifestyle behaviours before pregnancy **MOC Recommendations: 4, 5, 13**				
Strategy	**Target audience**	**Performance measure**	**Existing initiatives**	**Lead agencies**
Provide access to information about alcohol and pregnancy in pre-conception information to women of child-bearing age and men.	Women of child bearing age and men	# resources available	Mary G advert Advertisements	WA Health DoE and SDERA

Encourage the provision of education in schools addressing alcohol use and pregnancy within existing Health Education programs and existing professional learning supports.	Secondary school aged young people and teaching staff Australian Independent Schools WA (AISWA); CEO (Catholic Education Office)	# schools participation in SDERA	School sexual health and relationship education programs e.g. Growing and Developing Healthy Relationships. School Drug Education and Road Aware	DoE WA Health
Promote the use of the National Health and Medical Research Council (NHMRC) guidelines on alcohol and pregnancy to all health professionals.	Health Professionals across sectors, including mental health, disability services, Primary Care and GPs	Awareness of NHMRC guidelines about alcohol use in pregnancy	NHMRC guidelines	WA Health
Core concept theme: Use of consistent messages to prevent and reduce any alcohol use during pregnancy and while breastfeeding **MOC Recommendations: 1, 2, 3, 4, 22**				
Strategy	**Target audience**	**Performance measure**	**Existing Initiatives**	**Lead agencies**
Review current alcohol health promotion and awareness campaigns to include messages about the risks of consuming alcohol when planning and during pregnancy.	General population – families Women of child bearing age and their partners	% of awareness of alcohol use in pregnancy	Alcohol, Think Again Strong Spirit Strong Future	DAO and McCusker Centre for Action on Alcohol and Youth (MCAAY) working with local stakeholders
Build on and expand alcohol-related health promotion and social marketing targeted at females of child-bearing years, including pregnant women and their partners about the risks of consuming alcohol when planning and	General population – families Women of child bearing age and their partners	Health promotion/social marketing includes messages re alcohol use in pregnancy	Australian Breastfeeding Association	DAO WA Health

during pregnancy and while breastfeeding.				
Review and expand culturally appropriate and acceptable health promotion and social marketing about the risk of consuming alcohol when planning and during pregnancy and while breastfeeding that are informed by and led by local communities.	Aboriginal communities Culturally and Linguistically Diverse (CaLD) communities		Strong Spirit Strong Future	DAO Aboriginal Health Council of WA (AHCWA)
Review of the Child Health Record (Purple Book) to include information on alcohol and pregnancy and breastfeeding.	All parents and carers	# Inclusion of information in the Child Health Record	Child Health Record	WA Health
Include health warnings on alcohol labels, including warning about drinking during pregnancy.	All users of alcohol drinkers and general community	Presence of effective health warning labels		Australian Government Food Standards authorities Advocacy groups e.g. MCAAY, National Alliance for Action on Alcohol (NAAA)
Include health warnings labels on pharmaceutical products such as Elevit vitamins, home pregnancy kits and contraceptive products.	Pregnant women and people planning pregnancy Sexually active men and women	Presence of effective health warning labels		Commonwealth Therapeutic Goods Administration WA Health

2.2 Secondary prevention strategies

2.2.1 Core concept themes

- Screening for alcohol consumption in pregnancy for all woman in the antenatal period by all maternity and health service providers using the Audit-C alcohol screening tool.
- Coordinated service pathways to provide seamless access to services between providers, across the continuum of care for the preconception, antenatal and postnatal period.
- Use of shared pregnancy health record in the antenatal and birth period to facilitate information sharing between all maternity and child health/family service providers.

2.2.2 Implementation strategies

Core concept theme: Screening for alcohol consumption in pregnancy for all woman in the antenatal period by all maternity and health service providers using the Audit-C screening tool **MOC Recommendations: 7, 8, 14**				
Strategy	**Target audience**	**Performance measure**	**Existing Initiatives**	**Lead agencies**
Adopt and implement screening for alcohol consumption using Audit-C screening tool for all pregnant women during antenatal care.	All maternity service providers, including primary care, public and private, and GPs	Audit-C score recorded on midwives notification form Number of Audit-C scores over number of births	Antenatal assessment and screening programs	WA Health
Engage the maternal health workforce & primary care sectors to support the introduction and administration of the Audit-C screening tool.	All maternity service providers, including primary care, public and private, and GPs	% of maternity service providers administering Audit-C		WA Health
Develop a WA Health Operational Directive and guidelines for the administration of screening for alcohol consumption using Audit-C tool across all maternity and child health service providers.	WA Health services	Compliance with Operational Directive		WA Health

Core concept theme: Coordinated service pathways to provide seamless access to services between providers, across the continuum of care for the preconception, antenatal and postnatal period **MOC Recommendations: 6, 8, 9, 10 11, 12, 16**				
Strategy	**Target audience**	**Performance measure**	**Existing initiatives**	**Lead agencies**
Development of metropolitan and regional specific care treatment pathways for use within and across agencies in the primary, secondary and tertiary service sectors.	Health Services	Care pathways are available for all staff		WA Health
Review and develop as required care/treatment pathways for women with alcohol dependency.	Womens Newborns Health Service (WNHS) Alcohol and other drug sector	Clinical pathways are available	Women's and Newborns Drug & Alcohol Service (KEMH)	WA Health DAO
Core concept theme: Use of shared pregnancy health record in the antenatal and birth period to facilitate information sharing between all maternity and child health/family service providers. **MOC Recommendations: 9**				
Strategy	**Target audience**	**Performance measure**	**Existing Initiatives**	**Lead agencies**
Maternity service providers to develop and publish the WA version of the hand-held pregnancy record to include questions re alcohol consumption and administering Audit-C and recording scores.	All pregnant women	Audit-C scores recorded in hand held pregnancy record	WA hand-held pregnancy record	WA Health WNHS and KEMH

2.3 Tertiary prevention and intervention strategies

2.3.1 Core concept themes

- Screening and referral of infants, children and young people at risk of FASD.
- Clinical pathway to support a consistent approach to be applied for diagnosis of FASD across WA.
- Resources for people working with and supporting children and young people believed to be affected by FASD in the community.

2.3.2 Implementation strategies

Core concept theme: Screening infants/children/young people at risk of FASD **MOC Recommendations: 16, 17, 18, 19, 20**				
Strategy	**Target audience**	**Performance measure**	**Existing initiatives**	**Lead agencies**
All maternity service providers use the special child health referral from maternity services to community child health service providers for infants screened as at risk of poor outcomes including FASD.	All maternity and community child health service providers and Aboriginal Medical Services	Number of referrals % of referrals where alcohol consumption in pregnancy is a reason for completing the special referral	Special child health referral form Universal offer to families of 7 child health and development assessments by community child health nurses at key stages from birth to school entry.	WA Health
Care planning processes for children in the care of the Chief Executive Officer of DCPFS are to consider the need for further health and development assessments and support where risky alcohol consumption in pregnancy is known and related concerns for the child exist.	Department for Child Protection and Family Support (DCPFS) workers and DCPFS contracted service providers		DCPFS care planning processes consider and refer for specialist health expertise as required. Agreed processes for health care planning for children in care between DCPFS and DOH,	DCPFS and partners

			supported by the Cabinet endorsed Rapid Response Framework.	
Core concept theme: Clinical pathway to support a consistent approach to be applied for diagnosis of FASD across WA. **MOC Recommendations: 18, 20, 23, 24, 26, 27, 31**				
Strategy	**Target audience**	**Performance measure**	**Existing initiatives**	**Lead agencies**
Review the FASD National diagnostic tool when released by Department of Health and Ageing (DoHA).	Child Development Service (CDS)	Evidence of consultation when released by DoHA	Diagnostic tool developed	WA Health
Develop universal guidelines and clinical pathways to support clinicians to respond to needs of children at risk or with FASD across all sectors. This will include universal pathways adapted to different regions and for clinicians working with at risk groups in different sectors.	Paediatricians GPs Allied Health professionals Education DCP Department of Corrective Services (DCS) Disability Service Commission (DSC) Mental health sectors	Guidelines developed	Existing clinical guidelines	WA Health in collaboration with other Government agencies
Promote the inclusion of neuropsychological assessments in the clinical guidelines and referral pathways for people over 6 years of age where there is indication of neurological harm from alcohol exposure during pregnancy.	CDS Neurosciences Unit Neuropsychologists	# of referrals by age group	Neurosciences Service	WA Health

Core concept theme: Resources for people working with and supporting children and young people believed to be affected by FASD in the community **MOC Recommendations: 21, 22, 27, 28, 31**				
Strategy	**Target audience**	**Performance measure**	**Existing initiatives**	**Lead agencies**
Review existing resource material and adopt or develop information to inform and support people working with or caring for people with functional problems that may not be diagnosed and those diagnosed FASD to manage their condition.	Parents, carers and families. Workforce across Department of Local Government and Communities (DLGC), Mental health sectors, DoE, DSC, DCPFS, DCS, Department of the Attorney General		Existing resource material	WA Health

2.4 Enablers

Workforce professional education and development **MOC Recommendations: 25, 30**				
Strategy	**Target audience**	**Performance measure**	**Existing initiatives**	**Lead agencies**
Health workforce training and development in use of Audit-C screening tool & delivery of healthy pregnancy messages.	Primary care providers as above, including GPs	Number of training sessions and to whom Evaluations at end of the session.	Staff development E-learning modules State Obstetric Support Unit (SOSU)	WA Health
Health workforce training and development in BI/referral pathways delivered to appropriate support services as required (described in audit-C tool).	Area Health Services (AHS) public and private, Aboriginal Medical Services (AMS), General Practice/General Practitioners (GPs)	# training delivered by sector	Staff development E-learning modules SOSU Child & Adolescent Community Health (CACH) Training Program	WA Health Royal Australian College of General Practitioners (RACGP)
Develop workforce training for all health professionals to routinely ask alcohol question when undertaking child development assessments.	All child health service providers GPs	Inclusion of mother's alcohol use in pregnancy in all child development assessments	Existing assessments	WA Health
Medical practitioner software management packages requested to include alcohol prompt for consultation in pregnancy.	Medical Practitioners			RACGP WA Health

Identify and develop core skills and competencies across the continuum of care for the workforce across sectors. Review and strengthen resource material to complement and support workforce training.	Government and community agencies	Use existing resources and opportunities eg Barry Carpenter Course – Complex Learning Difficulties		WA Health, DAO DoE
Review existing professional development resources and adopt or develop as required learning /training modules for specific settings to support workers. DOE strengthen support for teachers to manage students with functional problems.	Government and community agencies			WA Health DCP DoE
Data surveillance and linkage **MOC Recommendations: 15, 32**				
Strategy	**Target audience**	**Performance measure**	**Existing initiatives**	**Lead agencies**
Data collection and reporting to monitor alcohol consumption patterns and target future across the continuum of prevention.	DAO and WA Health reporting		Current reporting mechanisms	DAO
Mandatory reporting of Audit-C scores on the WA midwives notification form and collection on relevant databases e.g. Stork Database.	Maternity Service providers and Midwives	#Audit-C scores recorded/#midwives notification forms Midwives notification form	Birth Notification forms	WA Health
Encourage Australian Institute of Health and Wellbeing (AIHW) to include reporting of Audit-C scores on the National Minimum Data Set.	AIHW National Perinatal Data Collection Committee		AIHW reporting	WA Health

Research and evaluation **MOC Recommendations: 33**				
Strategy	**Target audience**	**Performance measure**	**Existing initiatives**	**Lead agencies**
Undertake research/evaluation to validate the use of the Audit-C screening tool in pregnancy.	State Health in partnership with research institution or other		WA Health research grants Australian Government grants NHMRC grants	WA Health
Validation of the brief intervention components of the Audit-C tool (antenatal context).	State Health in partnership with research institution or other	Evaluation/research project results require outcome measure	WA Health research grants Australian Government grants NHMRC grants	WA Health

3. Appendices

Appendix 1: List of Acronyms

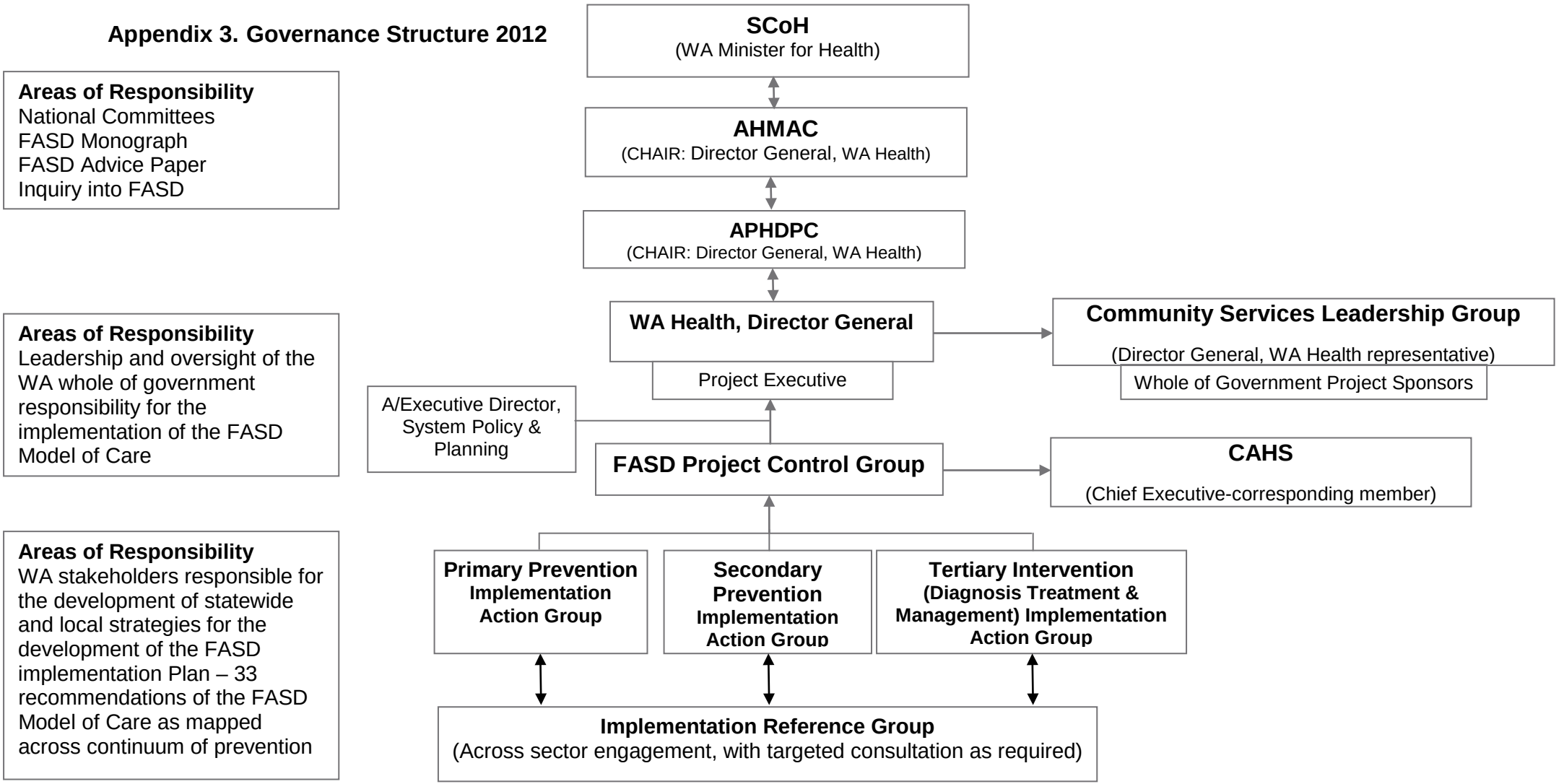
ACHWA	Aboriginal Health Council, WA
AHS	Area Health Service
AIHW	Australian Institute of Health and Welfare
AISWA	Australian Independent Schools WA
CACH	Child and Adolescent Community Health
CALD	Cultural and Linguistically Diverse
CDS	Child Development Service
CEO	Catholic Education Organisation
CSLG	Community Services Leadership Group
CYHN	Child and Youth Health Network
DAO	Drug and Alcohol Office
DotAG	Department of the Attorney General
DCP	Department for Child Protection (now DCPFS)
DCPFS	Department for Child Protection and Family Support
DCS	Department of Corrective Services
DFC	Department for Communities (now DLGC)
DoE	Department of Education
DOHA	Department of Health and Ageing
DLG	Department of Local Government (now DLGC)
DLGC	Department of Local Government and Communities
DRGL	Department of Racing Gaming and Liquor
DSC	Disability Services Commission
FARE	Foundation for Alcohol Research and Education
FASD	Fetal Alcohol Spectrum Disorder
GP	General Practitioner
KEMH	King Edward Memorial Hospital
LGA	Local Government Authorities
MCAAY	McCusker Centre for Action on Alcohol and Youth
MHC	Mental Health Commission
MOC	Model of Care
NAAA	National Alliance for Action on Alcohol
NHMRC	National Health and Medical Research Council
PCG	Project Control Group
RACGP	Royal Australian College of General Practice
SDERA	School Drug Education Road Aware
TICHR	Telethon Institute for Child Health Research
WNHS	Womens and Newborns Health Service

Appendix 2. Acknowledgements

Name	Organisation	Working Group
Kate Gatti	Child and Youth Health Network (CYHN), Department of Health (DoH)	Lead, CYHN and Chair FASD Project Control Group (PCG)
Philip Aylward	Child and Adolescent Health Service (CAHS), DoH	PCG Corresponding Member
Revel Bangor-Jones	Public Health and Clinical Services Division, DoH	Primary Prevention Implementation Action Group (IAG)
Terri Barrett	Statewide Obstetric Support Unit, DoH	Secondary Prevention IAG
Carol Bower	Telethon Institute of Child Health Research (TICHR)	Co-lead, Secondary Prevention IAG
Susan Bradshaw	Child and Community Health Policy, DoH	Secondary Prevention
Frances Cadden	Royal Australian College of General Practitioners	Secondary Prevention IAG
Paul Ciccarelli	Disability Services Commission (DSC), Statewide Services	Tertiary Prevention IAG
Kate Civetella	Mental Health Commission (former position)	Secondary and Tertiary Prevention IAG
Martin Clery	Department of Education (DoE)	PCG
Jenni Collard	Aboriginal Health, DoH, (former position)	PCG, formerly
Mark Crake	Child and Adolescent Community Health (CACH) Policy, DoH	PCG and Co-lead, Tertiary Prevention IAG
Julie Dixon	Department for Child Protection and Family Services (DCPFS)	Secondary and Tertiary Prevention IAG
Karen Edmond	Princess Margaret Hospital/University of WA School and Paediatrics and Child Health	Tertiary Prevention IAG
Bruno Faletti	School Drug Education and Road Aware (SDERA)	Primary Prevention IAG
James Fitzpatrick	The Liliwan Project	Primary Prevention IAG
Kimberley French	DCPFS (former position)	Primary Prevention IAG
Michelle Gray	Drug and Alcohol Office (DAO)	Primary Prevention IAG
Jennifer Gurner	DCPFS	Secondary and Tertiary Prevention IAG
Warren Harvey	Carer and NOFASARD	Primary Prevention IAG
John Hesketh	Statewide Services, DoE	Tertiary Prevention IAG
Heather Jones	TICHR	Tertiary Prevention IAG
Julie Kenyon	DCPFS	Tertiary Prevention IAG

Name	Organisation	Working Group
Gary Kirby	DAO	PCG and Co-lead, Primary Prevention IAG
Jane Leung	St John of God Hospital, Community Outreach	Secondary Prevention IAG
Anne Mahony	WA Country Health Service - Goldfields, DoH	Primary Prevention IAG
Sharon McBride	CACH Policy, DoH	Primary Prevention IAG
Nicole McCartney	WA Health - Aboriginal Health Division, DoH	Primary Prevention IAG
Anne-Marie McHugh	Aboriginal Health Council of WA and Aboriginal Maternity Services Support Unit (former position)	Secondary and Tertiary Prevention IAG
Sarah McKerracher	WA Health, Health Networks and Strategy, DoH	Project Coordinator
Fraser Moss	Department of Corrective Services (DCS)	Tertiary Prevention IAG
Ailsa Munns	Curtin University - School of Nursing	Secondary Prevention IAG
Sharon Nowrojee	South Metropolitan Health Service (SMHS) - Public Health and Ambulatory Care, DoH	Secondary Prevention IAG
Angela O'Connor	WA Drug and Alcohol Service, DoH	Secondary and Tertiary Prevention IAG
Colleen O'Leary	Curtin University - Centre for Population Research	Secondary Prevention IAG
Dionne Paki	DAO	Primary Prevention IAG
Jan Payne	TICHR	Primary Prevention IAG
Susan Renshaw	DCS	Tertiary Prevention IAG
Kim Snowball	DoH, (former Director General)	Whole of government oversight
Judi Stone	DAO	Secondary Prevention IAG
Simon Towler	Chief Medical Officer, DoH (former position)	Former Chair, PCG
Alison Turner	DoE (former position)	Primary Prevention IAG
Tarun Weeramanthri	Public Health and Clinical Services Division, DoH	PCG
Gavin West	Aboriginal Health, DoH	PCG
Jenni White	North Metropolitan Health Service, Public Health and Ambulatory Care, DoH	Secondary Prevention IAG
Belinda Whitworth	Health Networks and Strategy, DoH (former position)	Project Coordinator
Amanda Wilkins	Child Development Services, DoH	Tertiary Prevention IAG
Carmel Wilkinson	Department for Local Government and Communities	PCG and Co-lead, Primary Prevention IAG
Rosemary Woodward	Mental Health Commission	Tertiary Prevention IAG
John Wray	Child Development Service	Co-lead, Tertiary Prevention IAG

Appendix 3. Governance Structure 2012



Member Agencies on Project Control Group
Department of Health WA
Drug and Alcohol Office
Department of Education
Department of Communities

Acronyms

AHMAC	Australia Health Minister's Advisory Council
APHDPC	Australian Population Health Development Principal Committee (formerly)
FASD	Fetal Alcohol Spectrum Disorder
SCoH	Standing Council on Health

Appendix 4. List of agencies represented on CSLG, PCG, each implementation action groups (2012)

Community Services Leadership Group (CSLG)	**FASD Project Control Group**
The CSLG is made up of Director Generals from health and human service agencies. Membership includes Government agencies such as: ▪ Department for Communities (DFC) ▪ Department for Child Protection (DCP) ▪ Department of Corrective Services (DCS) ▪ Department of Culture and the Arts (DCA) ▪ Disabilities Services Commission (DSC) ▪ Department of Education (DOE) ▪ Department of Health (DOH) ▪ Department of Housing (DOH) ▪ Department of Indigenous Affairs (DIA) ▪ Department of Local Government (DLG) ▪ Lotterywest ▪ Mental Health Commission (MHC) ▪ Department of Premier and Cabinet (DPC) ▪ Department of Sport and Recreation (DSR) ▪ WA Police Service.	The PCG includes representation from: ▪ WA Health: - System Policy and Planning, Aboriginal Health - Public Health and Clinical Services - Child and Adolescent Community Health - Child and Youth Health Network ▪ Drug and Alcohol Office ▪ Department of Education ▪ Department for Communities.

Membership of the three implementation action groups as shown in the 2012 governance structure.

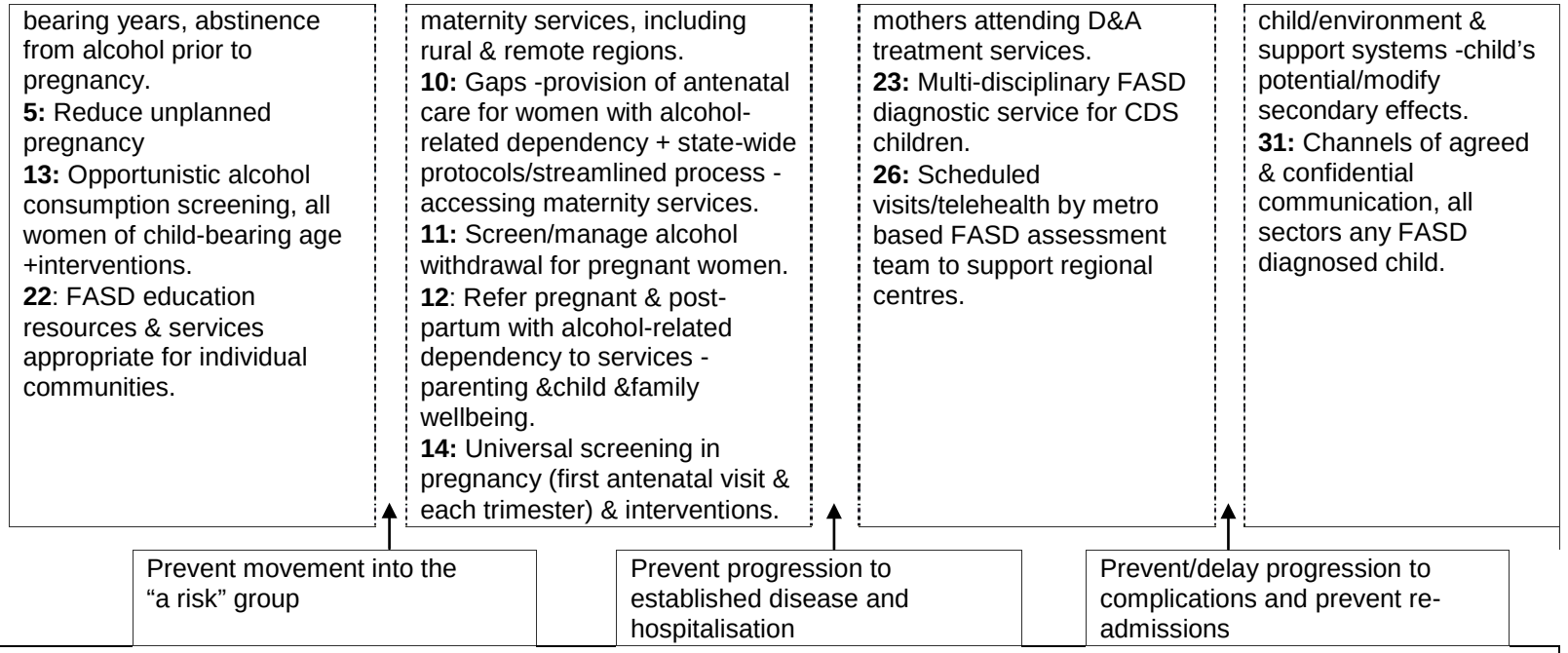
Primary Prevention Implementation Action Group	Secondary Prevention Implementation Action Group	Tertiary Prevention Implementation Group
▪ **Drug and Alcohol Office** ▪ **Department for Communities** ▪ WA Health - Public Health Division ▪ School Drug Education Road Aware ▪ St John of God Health Care ▪ WA Country Health Service-Goldfields ▪ WA Health -Aboriginal Health Division ▪ Telethon Institute of Child Health Research ▪ Department of Education ▪ Child & Adolescent Community Health ▪ Carer and NOFASARD member ▪ The Lililwan Research Project.	▪ **Telethon Institute for Child Health Research** ▪ **Lead Child & Youth Health Network** ▪ State-wide Obstetric Support Unit ▪ Child & Adolescent Community Health ▪ Royal Australian College of General Practitioners ▪ Aboriginal Maternity Services Support Unit ▪ Curtin University -School of Nursing ▪ King Edward Memorial Hospital – Drug and Alcohol Service ▪ Curtin University -Centre for Population Research ▪ Drug and Alcohol Office ▪ Department for Child Protection ▪ North Metropolitan Public Health Unit ▪ South Metropolitan Public Health Unit	▪ **Child & Adolescent Community Health Policy** ▪ **Child Development Service** ▪ Department for 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 ▪ Aboriginal Health Council of WA ▪ Professor, Aboriginal Clinical Child Health ▪ Paediatricians

NB: Co-leads for each implementation action group are representatives of the bolded agencies.

Appendix 5. Continuum of prevention and intervention of FASD

Continuum of prevention and intervention over lifespan ⟶ ⟶ ⟶

Stage of Health Continuum	**Well Population**	**At Risk of fetal exposure to alcohol and Brief Intervention**	**Diagnosis and Early Intervention of FASD**	**Management of FASD**
Level of Prevention & Management	**Primary Prevention**	**Secondary Prevention** Early Detection of Risk Factors/Intervention	**Tertiary Prevention and Intervention** Disease Diagnosis, Treatment & Management	
	Promotion of healthy behaviours Low drinking behaviours Planned pregnancy Advocacy for low risk drinking environments Praise of low risk drinking environments Universal approaches Social marketing/use of media Health education Regulation and legislation Targeted approaches Access to range of strategies to suit cultural & socioeconomic requirements	Screening of alcohol use antenatal period Early intervention/ Brief intervention Surveillance & recall/ monitoring Periodic health examinations Coordinated referral pathways	Advice on options for management of FASD Screening and Diagnosis of symptoms Tracking & recall Acute care Supportive environments Therapy based interventions Treatment of symptoms Management and prevention of secondary complications Advice on options for management of FASD	Self Management Continuing Care Monitoring and recall Management of complications Education re minimisation of complications Rehabilitation
Relevant Recommendations from Model of Care	**1:** Public education & community action, responses to alcohol-related problems **2:** Prevent harmful alcohol consumption, responsible supply & service of alcohol. **3:** Reduce harmful alcohol consumption by youth, addressing risk factors, protective factors & resilience. **4:** Healthy behaviour practices & pre-conception care for females of child	**6:** Access antenatal & maternity services, disadvantaged groups. **7:** Information, all pregnant/families -substance use/risks associated with alcohol use during pregnancy, abstinence. **8:** Protocols, using brief interventions -maternal alcohol use during pregnancy. **9:** Collaboration -GPs, maternity & newborn service providers, Alcohol & Drug services -ensure comprehensive Alcohol & Drug	**16:** Identify at risk newborns/children for further screening/FASD assessment. **17:** Refer suspected FASD to appropriate assessment & intervention services. **19:** Include screening in child health nurse screening assessments of children in DCP care. **20:** Develop clinical pathways for screening &/or assessment of children of	**21:** Magistrates/juvenile justice officers support potential FASD clients. **24:** Clinical pathways, joint FASD assessment + other relevant health services/agencies. **27**: Map referral pathways/existing clinical services & family support, identify gaps + develop resources. **28:** Treatment programs -support



Enablers: Each stage requires critical assessment of workforce requirement, resource allocation, data requirements, evidence base for intervention (incl. cost effectiveness), quality measures, guidelines and standards, monitoring & evaluation, roles & responsibilities (Commonwealth/State), public/private, equity impact, consumer involvement, etc…	
Research	**33:** Research -accurately determine prevalence, specific communities/regions & changes in prevalence over time.
Data surveillance and linkage	**15:** Routine data collection alcohol use during pregnancy & annual reporting in WA Perinatal Statistics Report. **32:** Data linkage ability all sectors -record, evaluate & share health/other needs & service access of FASD individuals.
Workforce training & development	**25:** Workforce training & development in FASD diagnosis, staff in regional centres. **30:** Training & education to all relevant health professionals -alcohol use in pregnancy, brief intervention, FASD & healthy behaviour change.
Service delivery and clinical pathways	**18:** Initiate consultation by DoH -screening into Medicare-funded child health checks & develop clinical pathways/referral protocols.
Coordinated implementation strategies	**29:** Inter-agency FASD steering group + reference group.

References

1. Department of Health Western Australia. Fetal Alcohol Spectrum Disorder Model of Care. In. Perth: Health Networks Branch, Deparment of Health, Western Australia; 2010.
2. Department of Health Western Australia. A healthy future for Western Australians: Report of the Health Reform Committee. In. Perth: Department of Health.; 2004.
3. Department of Health Western Australia. Fetal Alcohol Spectrum Disorder Model of Care Implementation Governance Paper. In. Perth: Health Networks Branch, Deparment of Health, Western Australia; 2011.

This document can be made available in alternative formats on request for a person with a disability.