

Co-developing innovative models of care to increase accessibility of assessment and diagnostic services for FASD

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Disclosure of Interests

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Diagnostic Services Grant

No conflicts to declare.

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CREATE CHANGE

Project Steering Committee

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Partner Organisations

The Murri School
Children's Health QLD
Southern QLD Centre of Excellence (Inala
Indigenous Health)
Carbal Aboriginal Medical Service
Cherbourg Community
Brisbane Youth Detention Centre
Institute for Urban Indigenous Health



Acknowledge of Country This work was undertaken on the unceded lands of the Turrbal, Yuggera, Wakka Wal
Giabal & Jarowair peoples.

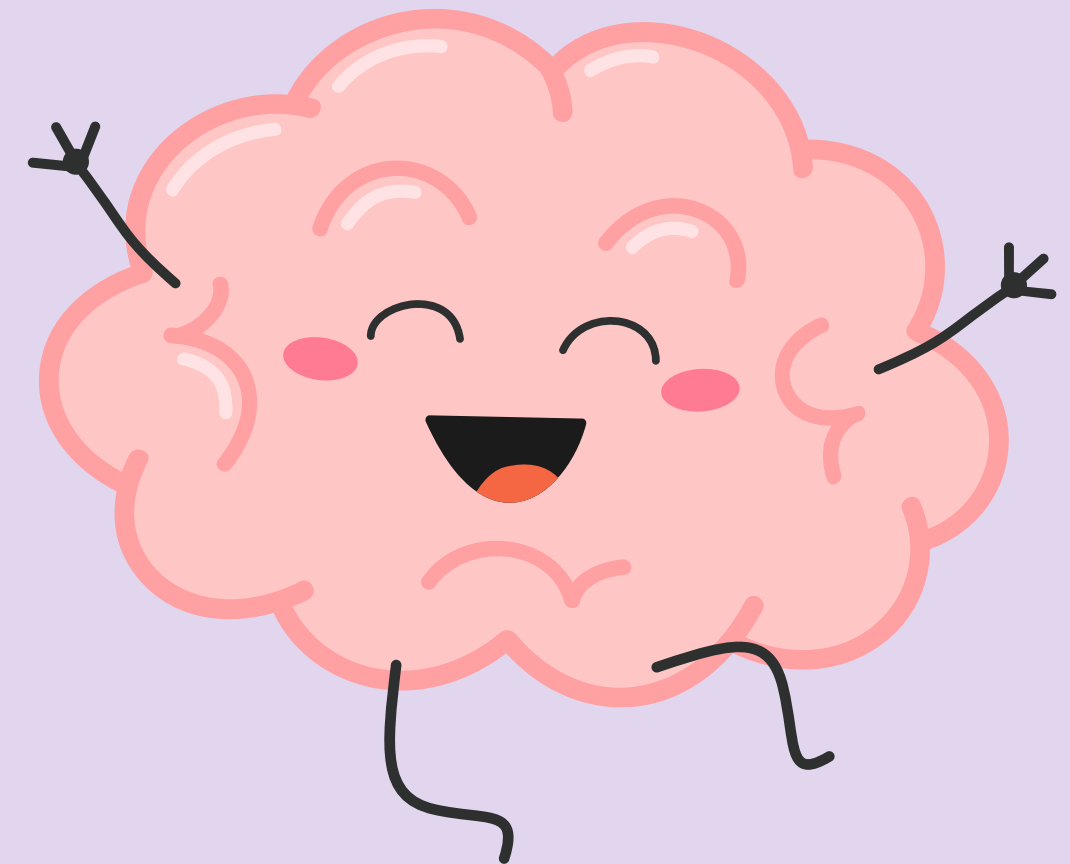
**Can assessment and diagnosis of FASD
be embedded into routine care across a
range of different service settings?**



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be embedded into routine care across a
range of different service settings?**

Yes! Yes!

Yes!



Context: Current services are predominately based in tertiary specialist health settings

Professor Larry Burd

“FASD is common; there are 1,726 to 17,810 new cases every DAY globally. Currently, we cannot diagnose even 1% of these cases. There are 11.3 MILLION affected people 18 years old or younger. Even a moment of reflection should startle us to the realization that we do not have the capacity to provide multidisciplinary evaluations for a population of this size. Even the wealthiest countries cannot provide this service. The good news is, it is not needed. Most individuals with FASD are in systems of care that with a few modest modifications can greatly improve care for people with FASD and their families.”



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8th International Conference on Fetal Alcohol Spectrum Disorder

Research, Results and Relevance

*Integrating Research, Policy and
Promising Practice Around
the World*

March 6–9, 2019

The Westin Bayshore
Vancouver, BC, Canada

.....
"Knowledge has to be improved,
challenged, and increased
constantly, or it vanishes."
.....

-Peter F. Drucker

Presented by



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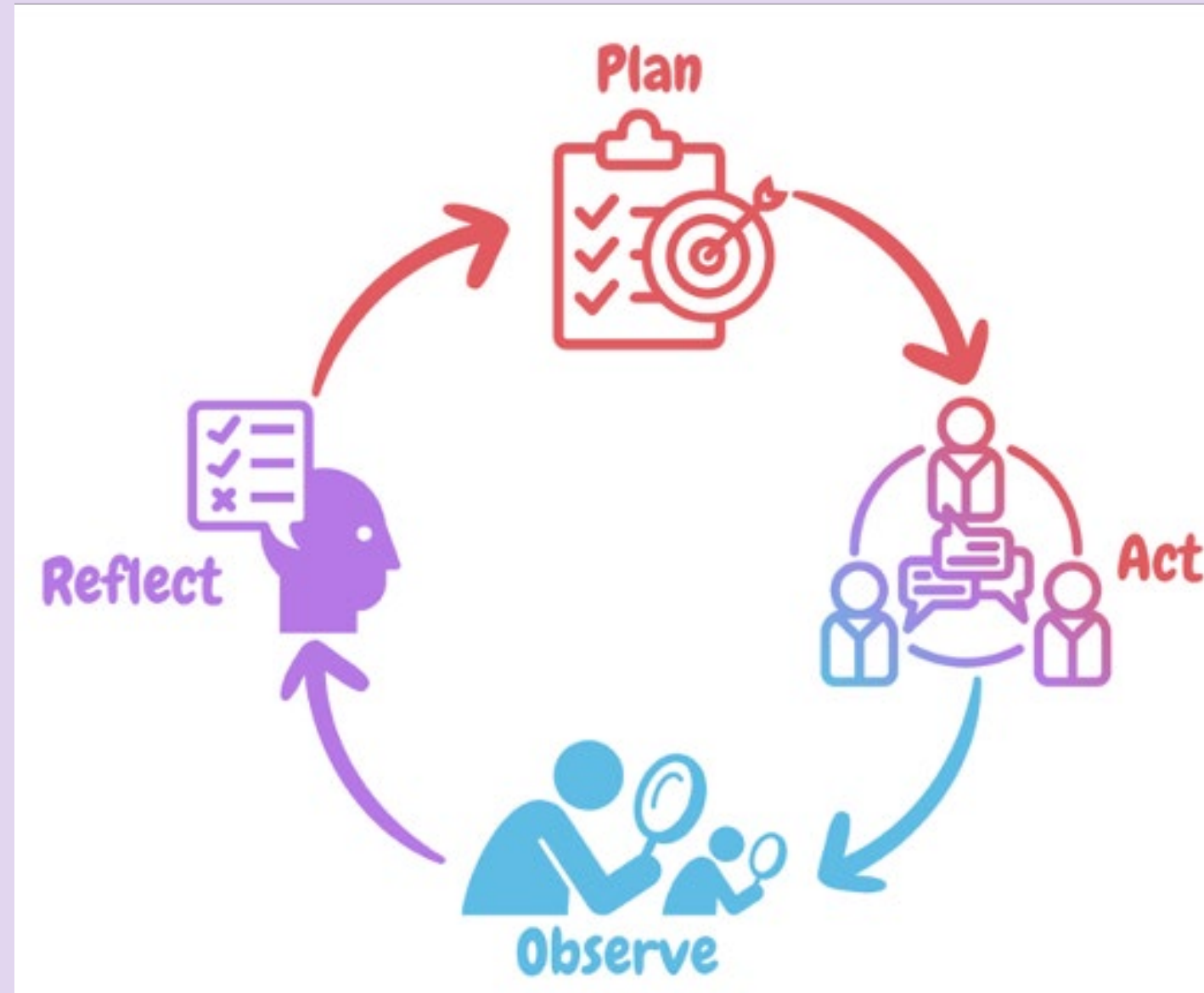
Interprofessional
Continuing
Education



Current project: What did we do?



Practical supports - Step 1: Needs assessment

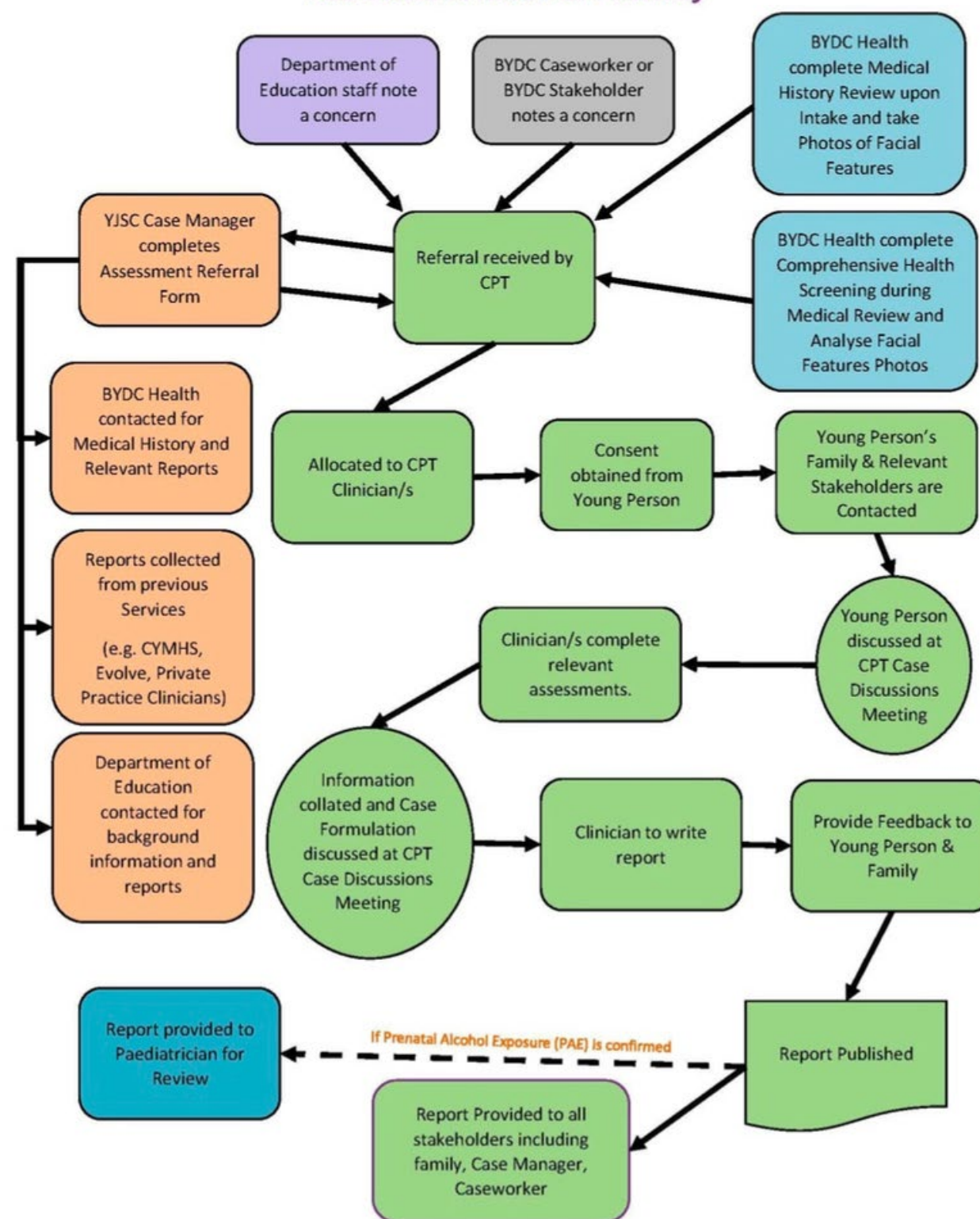
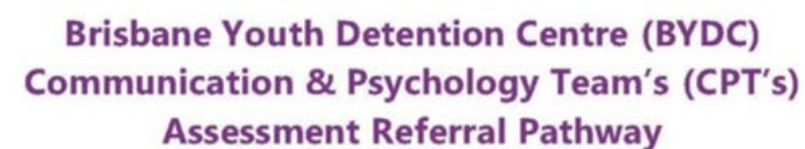
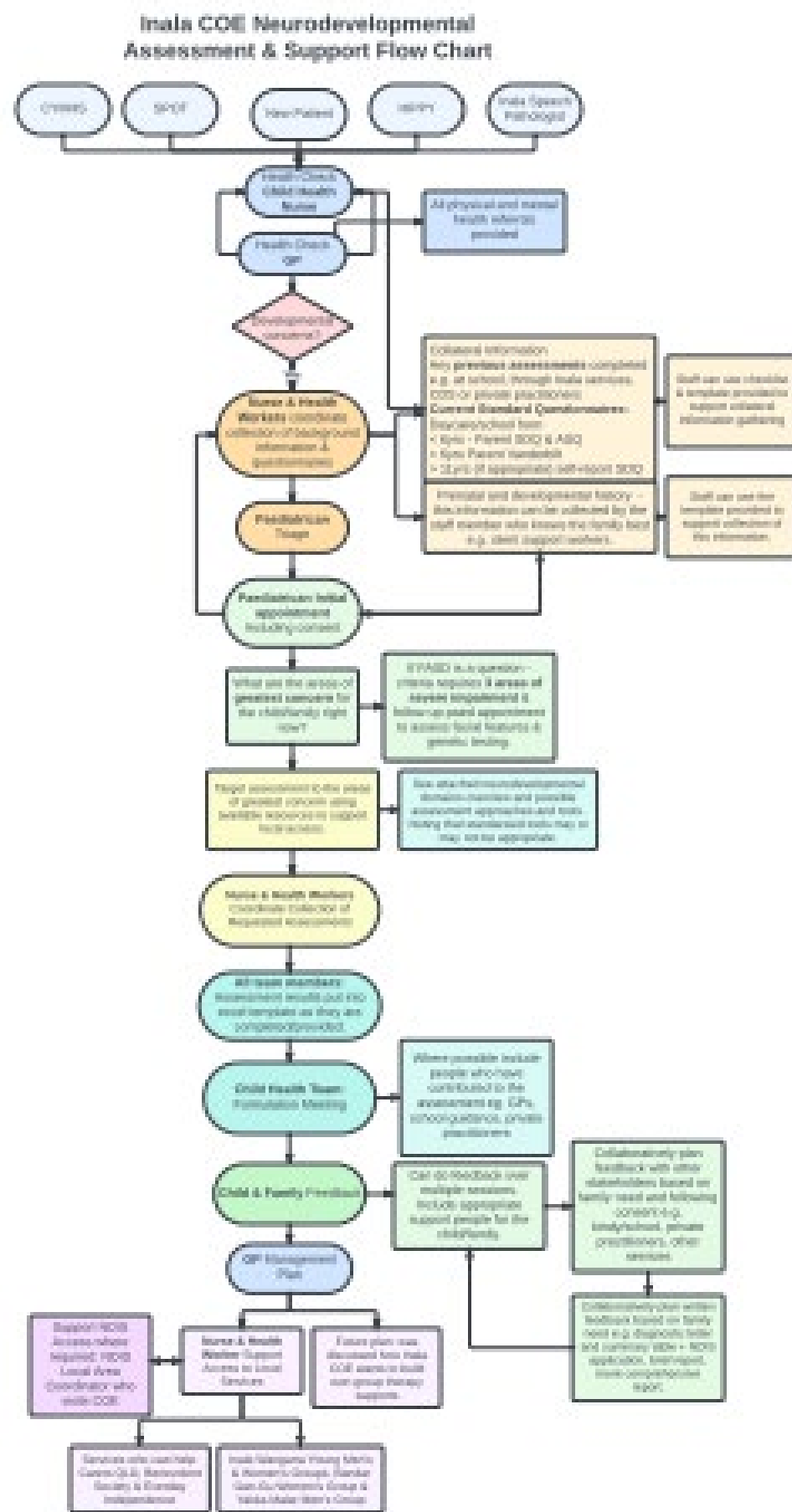


Participatory Action Research Approach

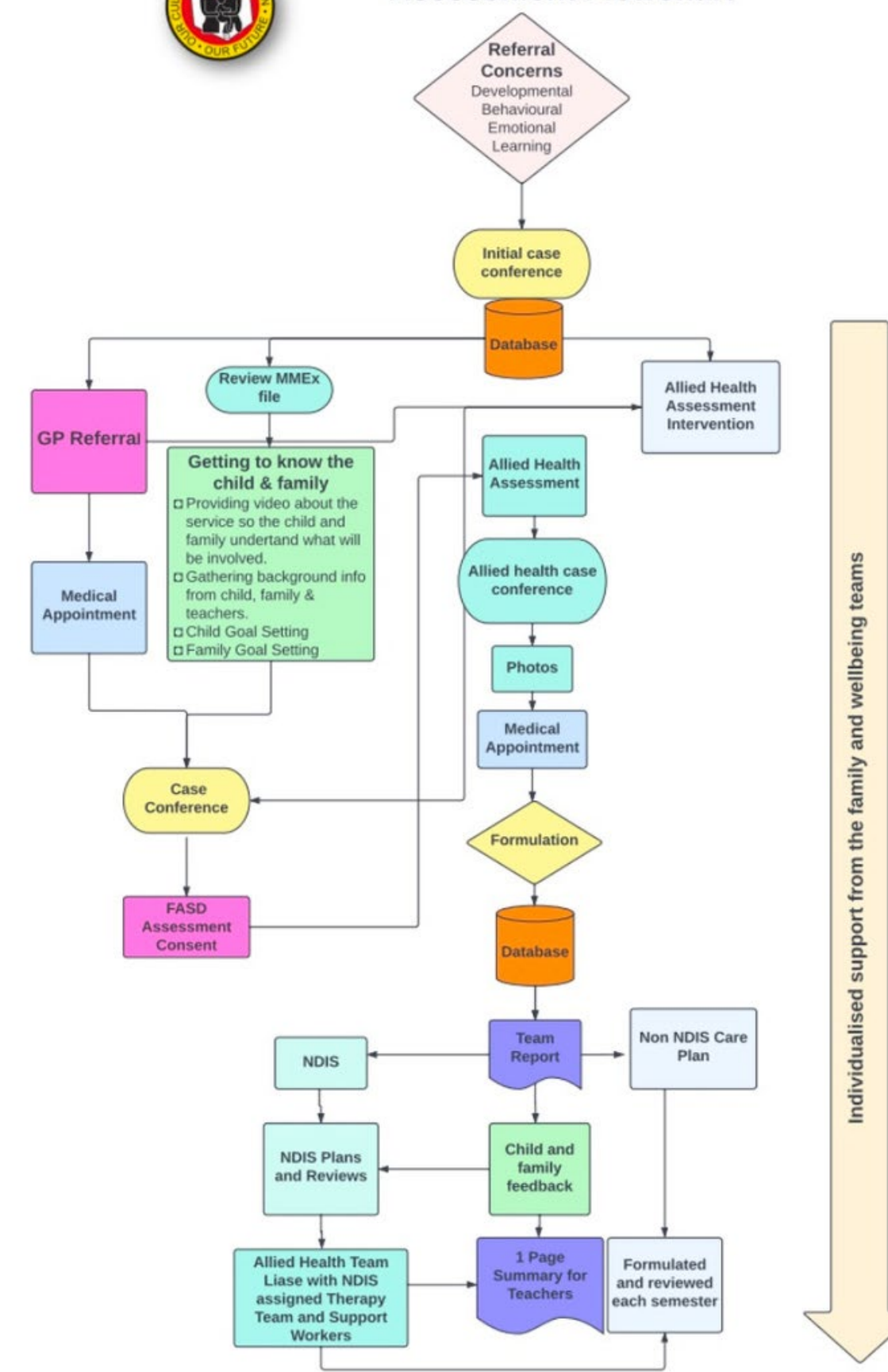
Needs Assessment

- What would your organisation like the outcome of your involvement with this project to be?
- Are there any relevant beliefs or conceptions about the concept of disability to consider in your setting?
- What are the strengths/assets of your organisation that you would like us to understand and incorporate?
- What services are already provided?
- What resources do you have available?

Step 2: Co-created individualised models of care with each site



Murri School Health Service Assessment Flowchart



Step 3: Provided individualised support

Mentoring and supervision for practitioners and students

Shadowing of practitioners in our UQ ND Clinic

Sharing feedback resources

Supporting practitioners in providing feedback to children and families

Support with learning and interpreting new assessment tools

Supporting establishment of student placements/ clinics “student infused”

Support with planning assessment approaches

Sharing assessment tools from our UQ ND Clinic

Case discussions and diagnostic formulation sessions

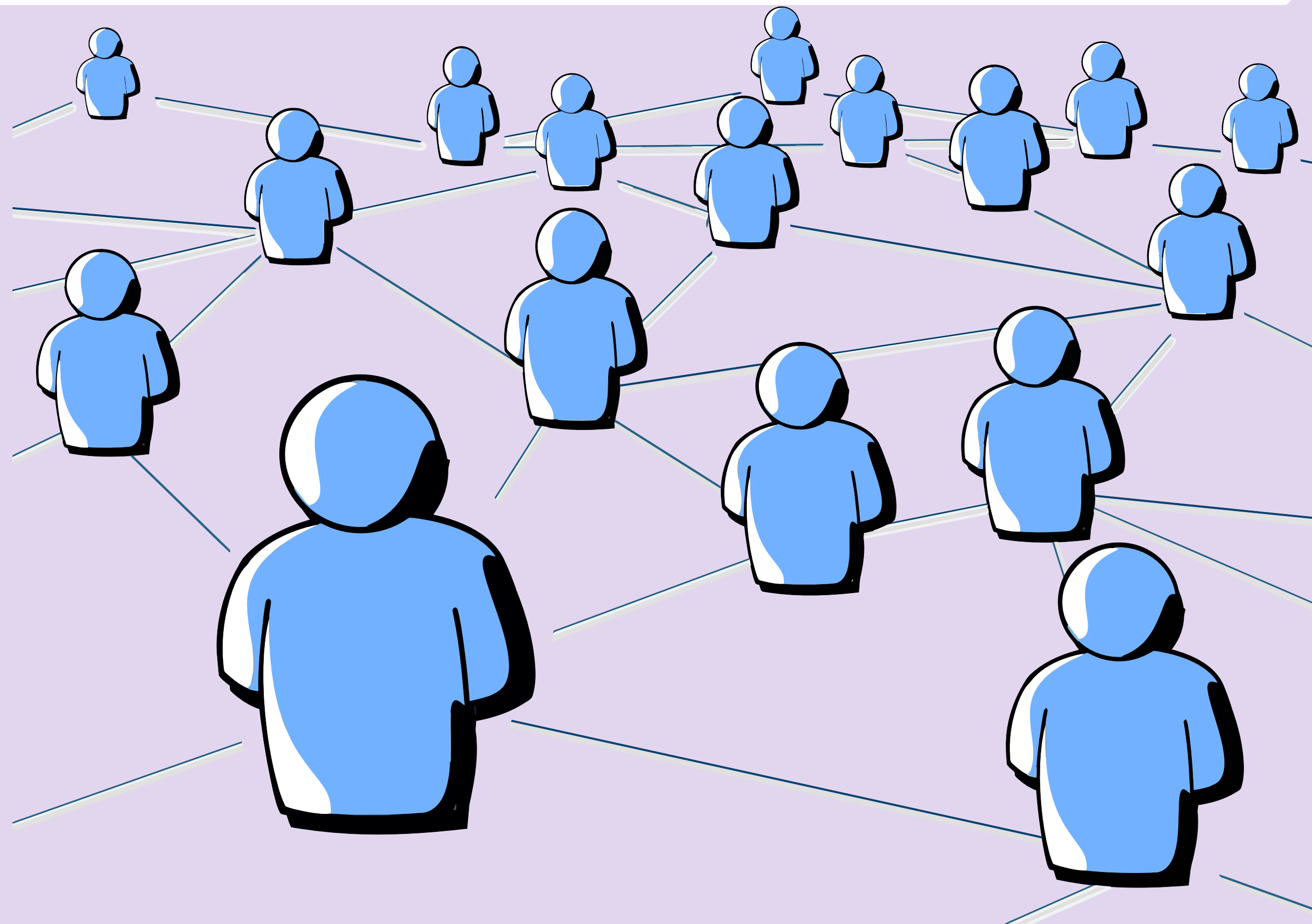
Co-creating development of professional development resources for stakeholders

Step 4: Facilitated connections & collaborations

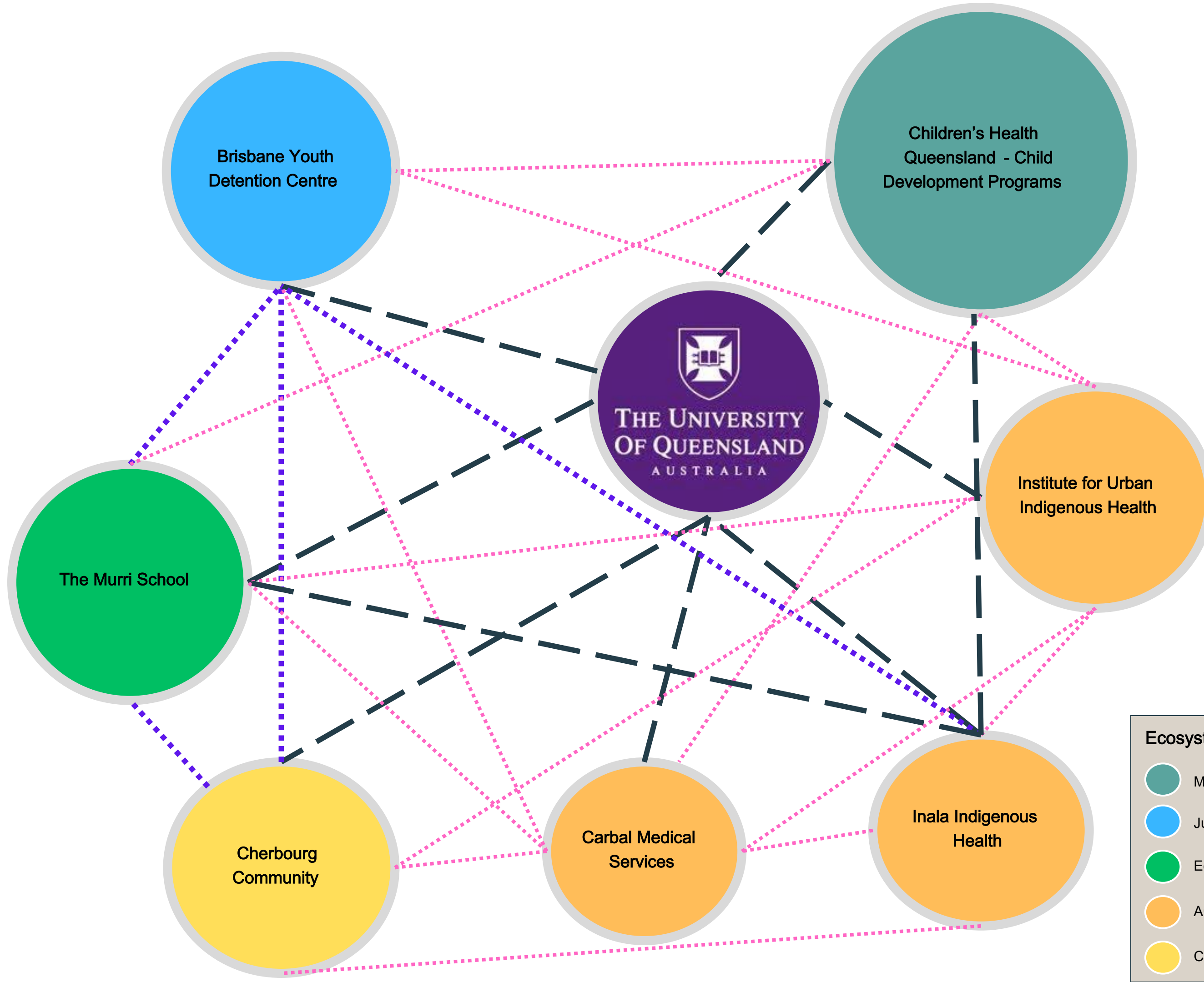
Annual Project
Symposium

Sharing
information
about services

Supporting
completion of
assessments
across sites



Network of
service providers
who are including
assessment and
diagnosis of FASD
into routine care



Ecosystem Map Legend

- Mainstream health org.
- Justice org.
- Education org.
- ACCHO led
- Community wide

Integrating

Cooperation

Networking

Aware of Each Other

Next steps: Evaluation & secure clinical data capture and sharing

KeyPoint – A secure collaborative research environment

QCIF's KeyPoint service provides a secure and trusted environment with robust governance controls, enabling research and data analysis on sensitive information.

It enforces data governance and security consistent with the Five Safes Data Sharing Principles:

Safe Project, Safe People, Safe Settings, Safe Data and Safe Outputs



Plug for the Perinatal Workshop & Future APSAD Perinatal Special Interest Group!

The Perinatal Substance Exposures Special Interest Group

Saturday 2 November

9:30am - 2:30pm

Theme for the workshop: *Perinatal Exposures: Challenges and Solutions in Child Protection*

The Perinatal Substance Exposures Special Interest Group post-conference event is planned to promote awareness, research, and clinical practice to help prevent perinatal substance exposure, respond to the needs of pregnant and parenting people and effectively support children, adolescents and adults affected by perinatal substance exposures. The post-conference workshop aims to be an inclusive event open to a wide range of people including researchers, clinicians, students, people with living experience, advocacy groups and community members with an interest in the area.

Thank you!

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Perinatal & Early Life
Exposures Research
Group