

Co-developing innovative models of care to increase accessibility of assessment and diagnostic services for fetal alcohol spectrum disorder

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Background: It continues to be challenging for individuals and families to access assessment and diagnostic services that will consider fetal alcohol spectrum disorder (FASD) as one possible outcome. This project aimed to collaborate with different service providers to develop novel models of care to deliver assessment and diagnostic services for FASD as part of routine care.

Description of Model of Care: Unique models of assessment and diagnostic care were co-developed with each service site. An initial needs assessment was completed with each site and an iterative co-development and implementation process was undertaken. Key principles underpinning the models of care were: child/family centred practices, interprofessional collaboration and designs based on local staff availability and resources to support feasibility and sustainability.

Effectiveness/Acceptability/Implementation: Model of care co-development was completed across seven services. These included: one mainstream health service with 12 service sites (Children's Health Queensland, Child Development Program), three Aboriginal Community Controlled Health Services (Carbal, Inala, and IUIH), one youth detention centre (Brisbane Youth Detention Centre), one Independent School (The Murri School) and one community-wide model of care (Cherbourg community).

Conclusion and Next Steps: Outcomes of this project demonstrate that it is possible to have assessment and diagnostic services for FASD embedded into routine care across a wide range of different service settings. Supporting continued capacity building and sustainability of the services is now a key focus for the project team.

Implications for Practice or Policy: Assessment and diagnosis of FASD is predominately undertaken in specialist tertiary settings. Whilst tertiary clinics are important, to meet the high and unmet need for assessment and diagnostic services for FASD innovative models of care are needed. Findings from this project provide direction for how service accessibility can be significantly improved for this currently under-served population.

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