

Fetal Alcohol Spectrum Disorder (FASD) is a lifelong neurodevelopmental condition that can create compounding learning, behavioural, mental health and social challenges during adolescence, when expectations increase and formal supports may reduce. For young people and families in rural and remote communities, these challenges are often amplified by service gaps, travel burden and limited access to specialist multidisciplinary care. This session shares a practice-based model from the NSW FASD assessment service that works collaboratively with families and local partners to deliver developmentally appropriate, culturally responsive care for adolescents.

Drawing on outreach experience across regional and remote settings, the session highlights an approach that pairs evidence-informed medical and allied health guidance with recommendations that are feasible in real-world contexts and that intentionally strengthen community protective factors. Rather than focusing solely on deficits, clinicians work with caregivers (and where appropriate, young people) to identify existing strengths and supports, such as trusted adults, schools, cultural connections and community activities, and translate these into concrete, prioritised care recommendations. This includes how recognising a positive relationship with a community mentor (for example, a sports coach) can be incorporated as an explicit recommendation to protect and strengthen that support alongside strategies for day-to-day functioning.

Intended for health professionals and others who influence youth health systems, we will present practical ideas for integrating strengths-based, culturally informed supports into clinical formulations, improving engagement with recommendations, and adapting care planning to rural and remote realities to better support adolescent wellbeing and long-term equity.