Learning with FASD: Development of a national initiative to disseminate evidencebased resources on Fetal Alcohol Spectrum Disorder for primary school teaching and support staff.

<u>JULIA RICHES¹, EMMA K. DEVINE¹, LOUISE MEWTON², ELIZABETH J. ELLIOTT^{3,4}, STEVE ALLSOP⁵, NICOLA NEWTON¹, SUE THOMAS⁶, LAUREN J. RICE^{3,4}, MAREE TEESSON¹, LEXINE A. STAPINSKI¹</u>

¹ The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney, Australia, ² Centre for Healthy Brain Ageing, University of New South Wales, Australia, ³ Faculty of Medicine and Health, Specialty of Child and Adolescent Health, The University of Sydney, Australia, ⁴ The Sydney Children's Hospitals Network, Westmead, Sydney, Australia, ⁵National Drug Research Institute, Curtin University, Perth, Australia, ⁶Marulu Unit, Marninwarntikura Women's Resource Centre, Fitzroy Crossing, Australia.

Presenter's email: julia.riches@sydney.edu.au

Introduction / Issues: Early diagnosis and appropriate intervention can greatly reduce the risk of difficulties associated with Fetal Alcohol Spectrum Disorder (FASD), such as a disrupted education, mental ill-health, harmful substance use, and contact with the justice system. *Learning with FASD* is a website that provides evidence-based resources to assist primary school teaching and support staff to understand and support children with FASD.

Method / Approach: The development of *Learning with FASD* was informed by a scoping review of resources for the primary education sector that aid in the identification and support of students with FASD, and a series of consultations with FASD and education experts, educators, and parents and caregivers.

Key Findings: The scoping review identified 124 resources by searching peer-reviewed and grey literature databases, app stores, podcast services and contacting stakeholders. The findings of the scoping review, together with formative consultations with experts (N = 25), educators (N = 61) and parents and caregivers (N = 5) were used to identify priority areas for development and further refine *Learning with FASD*. Priority areas included: i) resources to raise awareness and understanding of FASD and its impacts on learning; ii) accessible evidence-based short-format resources to provide classroom support strategies, iii) guidance on how to engage with parents and caregivers of children with FASD.

Discussions and Conclusions: *Learning with FASD* was collaboratively developed to effectively disseminate evidence-based resources and tools to assist primary teaching and support staff to understand and support children with FASD.

Implications for Practice or Policy: In Australia, FASD is under-recognised and often undiagnosed. Primary educators are ideally placed to recognise neurodevelopmental concerns, connect families and health services, and implement strategies to support children with FASD. *Learning with FASD* supports primary educators to implement evidence-based practice in Australian schools.

Disclosure of Interest Statement: This work was supported by an Australian Government Department of Health grant. The Australian National Health and Medical Research Council provided support via Fellowships for LAS (GNT1132853), MT (GNT1078407), and NN (GNT1166377). EJE is supported by a Medical Research Futures Fund Next Generation Fellowship (#1135959). LJR is supported by the Ian Potter Foundation (#31110414) and a 2021 Westpac Research Fellowship