

## From Statewide Coverage to Rural Connection: Transforming FASD Diagnosis with a Unique Model of Care

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**Introduction:** Evidence shows that Aboriginal and Torres Strait Islander communities, children in rural and remote areas, young people in the justice system, and those in out-of-home care experience disproportionate substance use challenges. The NSW CICADA Centre supports children and families navigating substance use from birth to 18 years. Within the centre, the NSW Fetal Alcohol Spectrum Disorder (FASD) Service provides state-wide multidisciplinary assessments for children with prenatal alcohol exposure. This paper examines a decade (2014–2024) of service data, highlighting clinical outcomes and tailored pathways to address diverse needs.

**Methods:** A retrospective review of the NSW FASD Service was conducted, including patient records, to evaluate demographics and diagnostic outcomes.

**Key Findings:** Over 10 years, the NSW FASD Service received 848 referrals, with 470 (55%) children undergoing MDT assessments. Of these, 311 (68%) were diagnosed with FASD, including 28 with sentinel facial features. Children diagnosed were predominantly male (61%) and overrepresented among vulnerable groups, including Aboriginal and Torres Strait Islander communities (49%), with the majority (87%) living in out-of-home care. One fifth had microcephaly and the most common severe neurodevelopmental impairments were attention (73%) and adaptive behaviour (68%).

To address complex needs, the NSW FASD Service evolved, employing male and female Aboriginal Care Navigators, implementing telehealth, developing specialised clinics (FASD-Track, Baby, outreach and genetic consultation) and formalising referral pathways (NSW Substance Use in Pregnancy and Parenting Service, NSW Children's and Koori Court, Healthy Communities Foundation, and ELVER program).

**Discussions and Conclusions:** The NSW FASD Service facilitates the assessment and diagnosis of FASD in disadvantaged cohorts. Innovative clinics enhance access and collaboration, reinforcing the value of multidisciplinary approaches to tailored assessments and family support.

**Implications for Practice or Policy:** This review underscores the necessity of ongoing service adaptation to meet rising demand. Equitable access via telehealth and outreach, culturally responsive care for Indigenous communities, and early intervention strategies remain essential in addressing FASD holistically.

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