



**MAKING FASD HISTORY: A MULTI-SITE PREVENTION PROGRAM
NEWCASTLE**

**Making FASD History in Newcastle, NSW:
Learnings from a training session for service workers**

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In March 2020, the Making FASD History program in Newcastle, NSW organised a two-day training session aimed at improving worker knowledge, confidence, and strategies for working with young people living with fetal alcohol spectrum disorder (FASD). The training was targeted at stakeholders who work with individuals who may have a cognitive impairment or FASD, including health professionals, justice professionals, youth workers, out-of-home care workers, and legal professionals. We held the sessions in response to findings from interviews conducted with workers across the youth justice, out-of-home care, alcohol & drug counselling, and health sectors in June-July 2019, and the evaluation findings from the Making FASD History International FASD Day Forum held on 9 September 2019. These findings indicated the need for training across all professions who work with people who have neurodevelopmental disorders (including FASD), with a focus on improving skills and providing strategies for workers in client-focused roles.

In line with the identified training needs, we engaged NOFASD Australia to deliver two training sessions for Newcastle stakeholders. The “Train it Forward Masterclass” was designed to raise awareness of FASD in the Newcastle Local Government Area (LGA) and provide opportunities for organisations to have a representative trained in best practice so that they could pass their newly-gained knowledge on to other staff in their organisation. The “Sensory Strategies for FASD” training provided organisations with practical skills when working with individuals with FASD.

Results from interviews conducted in 2019 indicated that participants wanted to learn specific strategies to assist them to improve outcomes for clients. We therefore included a 1-hour module to assist workers to navigate the National Disability Insurance Scheme (NDIS) for their clients. We invited Barbara Mannell from CatholicCare, who has extensive knowledge of the NDIS system, to present the NDIS module. This module focused on what

types of disabilities are eligible under the NDIS, advice for filling out NDIS forms, and the different types/levels of NDIS support available to clients.

The training was well-received, and we identified key learnings from a survey of training participants to inform future work. Our assessment of the training indicated that participants viewed the sessions positively, indicated the training was relevant to their needs, and provided an opportunity to improve their knowledge about FASD generally, as well as strategies for working with clients who live with FASD.

At the end of the training sessions, most participants (87% on day 1 and 88% on day 2) indicated a high level of confidence in understanding the issues that individuals with FASD and their families face in their daily lives, compared just 27% at the beginning of day 1 and 64.5% at the beginning of day 2. These measures were based on self-assessment, reported through a Likert-scale. Participants also said that they appreciated learning about the ways in which FASD presents, both in terms of the specific effects of pre-natal alcohol exposure on the individual, the types of support a person has around them, and the extent to which those supports enable them to achieve their goals.

Participants indicated a need to provide more knowledge-sharing and networking opportunities across services in the Newcastle area. Participants were asked to rate on a Likert scale whether they agreed with the statement, “Local services are providing informed supports to individuals and families with FASD”. Responses were mixed, as shown in the table below:

	Disagreed	Neither agreed nor disagreed	Agreed
Day 1 (37 responses)	19% (No: 7)	40.5% (No.: 15)	40.5% (No.: 15)
Day 2 (34 responses)	23.5% (No.: 8)	35% (No.: 12)	38% (No.: 13)

These responses suggest that, although some work is happening in this space, there is room to provide more opportunities for local services to share their approaches and to improve their work practices.

A second key learning from the survey was that training should be streamlined, and the content more clearly communicated in advertising. Participants who attended both days of training said that the second day was repetitive, and would have preferred to enrol someone else from their organisation for the second day or chosen which parts of the training to

attend. While all participants appreciated the opportunity to learn strategies for working with children with FASD, they wanted to know more about strategies that could be used with teenagers and adults with FASD.

Overall, participants appreciated the opportunity to learn more about FASD, and to network with other practitioners. There is an appetite for training that focuses on strategies to improve work practices, to work with both young people and adults, to assist workers to navigate complex systems like the NDIS, and ultimately, to improve the lives of people living with FASD.

Further information on the Making FASD History project can be viewed at

<https://alcoholpregnancy.telethonkids.org.au/our-research/research-projects/making-fasd-history-multi-sites/>.