

Newcastle  
**FASD**  
Youth Justice  
**MODEL OF CARE**  
Handbook

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# Preface

This resource has been developed as part of the Making FASD History – Newcastle project. This resource provides information for generalist services to understand the pathway a young person, who may have FASD or other neurodevelopmental disorder, travels in their journey through the justice system.

## Acknowledgements

Many individuals and organisations kindly contributed directly and indirectly to the production of this resource document.

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- Will Doran (Youth Development Officer, & Chairman, Regional Youth Development Officer's Network)
- Dubravka Vasiljevic (Multicultural Health Liaison Office for mental health and drug and alcohol clinical services, Hunter New England Local Health District)
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- Natalie Kippin, Telethon Kids Institute
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### Strategic Contributions

The following groups are thanked for their guidance and input to the Making FASD History project in Newcastle:

The Making FASD History Project Steering Committee: Dr James Fitzpatrick (Program Lead); Tony Brown (Newcastle site lead); Tony Bidstrup (Newcastle host site lead); Dr John Boffa (Alice Springs site lead); Glenn Pearson (Deputy Director, Aboriginal Health (Telethon)); Louise Gray (NOFASD); Kath Thomas (Community representative).

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# 1.0 Background

## 1.1 Making FASD History in Newcastle

The Making FASD History: A multisite prevention program was a two and a half year fetal alcohol spectrum disorder (FASD) prevention program delivered by the Telethon Kids Institute, in partnership with the Newcastle Local Drug Action Team (LDAT), local auspicing partner Mercy Services (New South Wales), and Central Australian Aboriginal Congress Aboriginal Corporation (Northern Territory), and funded by the Commonwealth Department of Health from December 2017 to August 2020.

The focus of the program was sustainability and building local capacity so that communities can continue to lead FASD prevention activities. Targeted prevention activities in the justice sector in Newcastle were undertaken, including:

- Research exploring the role of service providers and staff in the youth justice sector.
- Development of FASD awareness factsheets for use in the youth justice sector.
- Development of a Model of Care tool for young people with cognitive disabilities including FASD who are involved with the Youth Justice system.

This handbook is designed to provide people working in the youth justice sector and other related sectors with information about FASD, and resources about how and where to refer young people who may have FASD or other neurodevelopmental disorders who come into contact with the Youth Justice system. Information about services and supports is provided at the end of the document.

For further information about the Making FASD History: A multi-site prevention program please visit the [Telethon Kids website](#).

### What is a Model of Care?

A “Model of Care” broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event. It aims to ensure people get the right care, at the right time, by the right team and in the right place (Agency for Clinical Innovation, 2013).

# 2.0 What is FASD?

Fetal Alcohol Spectrum Disorder (FASD) is a neurodevelopmental disability caused by prenatal alcohol exposure. FASD is a lifelong and often invisible disability that may affect growth, coordination, behaviour, attention span, memory, learning, speech, IQ, reasoning and judgment. FASD may also affect vision and hearing, and can cause cardiac, renal and skeletal problems. People with FASD may have characteristic facial features, such as a smooth philtrum, small eyes and a thin upper lip (Bower & Elliott, 2016) (for more information on FASD see resources provided in Table 4).

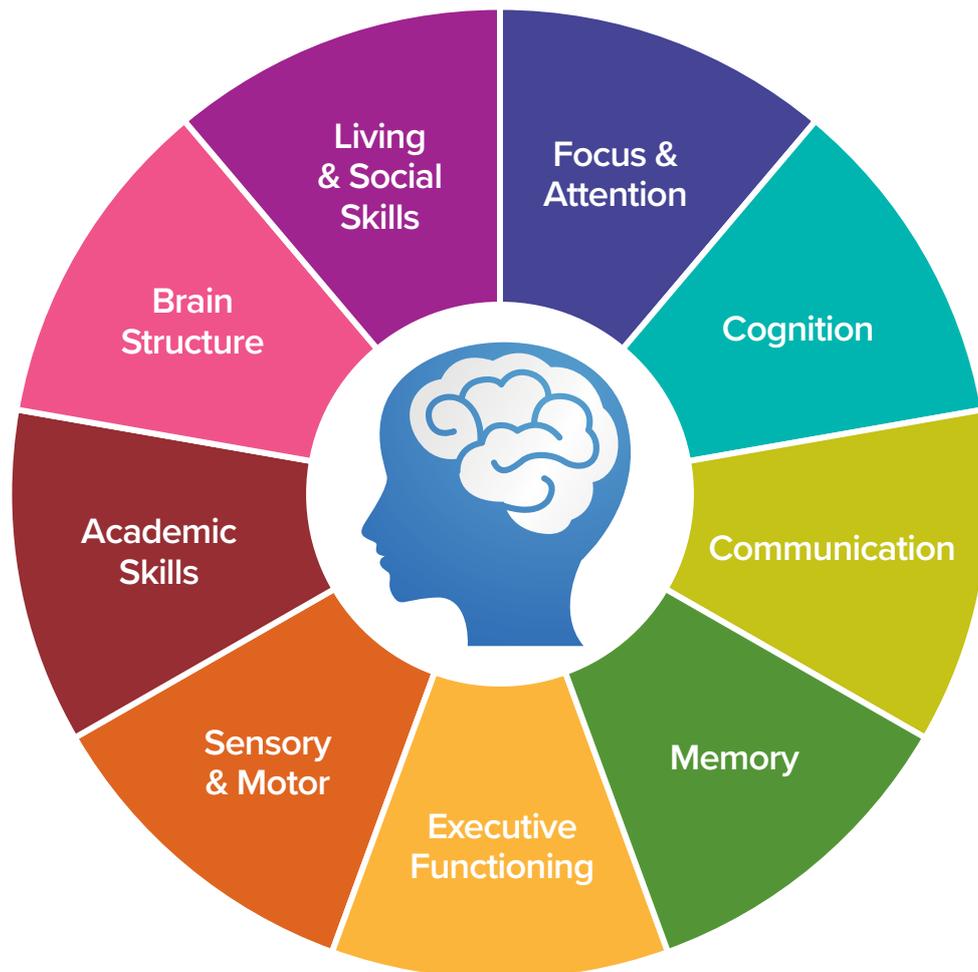
## 2.1 Brain anatomy and function

Different areas of the brain can be affected by prenatal exposure to alcohol. The degree of damage to the unborn baby will depend on its stage of development at the time of exposure to alcohol because different parts of the brain develop at different times during pregnancy (Brown & Mather, 2014) (see Appendix A: When does alcohol affect the fetus?).

The diagram below demonstrates the different brain function domains that can be affected by prenatal alcohol exposure. People with FASD may present with impairments across these domains (see Table 2: Observation Across Brain Domains, page 9).

**Figure 1**

*Brain Domain and Function*



**Note.** Adapted from *Understanding Fetal Alcohol Spectrum Disorder (FASD)* (p.8.), by NHS Ayrshire & Arran, 2019, n.p. <https://www.nhsaaa.net/media/7926/understanding-fasd-a5-summary-guide-aug-19-print.pdf>

## 2.2 Reframing challenging behaviour as a “brain-based” difficulty

When working with a young person who has FASD, consider reframing their behaviour as the unintentional consequence of compromised brain function, rather than wilful defiance. It can be useful to frame behaviours with the question, “Is it that the child won’t or is it that the child can’t?” (Malbin, 2002). The beliefs that we have about behaviour and the way we frame behaviours can influence our commitment to continue supporting a child with challenging behaviour (McLean, Kettler, Delfabbro, & Riggs, 2012).

## 3.0 Newcastle Model of Care

### 3.1 Aim

The aim of this work was to improve diagnosis and management of young people with FASD and other neurodevelopmental disorders in contact with the Youth Justice System in Newcastle and to reduce the risk of harm to both themselves and others, and break a cycle of reoffending.

### 3.2 Objectives

1. To determine the patient journey for young people with possible undiagnosed neurodevelopmental disorders (including FASD) involved with the Newcastle Youth Justice System;
2. To build capacity and understanding among justice professionals and custodial staff of the effects of prenatal alcohol exposure; and
3. To publish a Model of Care tool that can be accessed by staff working with young people who are engaged with the justice system.

### 3.3 Development of a Model of Care Document

In 2019 the Making FASD History team in Newcastle undertook research to inform the development of a Model of Care tool, including a literature review and interviews with key stakeholders in the youth justice sector. Following completion of the research process, we developed this Model of Care tool in consultation with a reference group of key stakeholders in the youth justice space. We sought input from the Australian and New Zealand FASD Clinical Network to ensure that the document conformed to Australian Standards and guidelines. This Model of Care tool is being made available to staff across the youth justice space in Newcastle. It includes:

- Newcastle FASD Youth Justice Model of Care: Designed for generalist services to understand the pathway a young person travels in their journey through the justice system.
- Looking for Warning Signs of FASD Across the Lifespan: Designed for stakeholders to understand how FASD presents across the lifespan, and to raise awareness of service providers and people who can act as observers and identify potential issues. Some strategies have also been included to assist those working with people with FASD.
- Map of FASD Impairments & Indicative Assessments Across the Life Course: This resource is a clinical diagram demonstrating functional impairments and includes the types of assessments indicated at different stages of the life course.
- FASD Diagnosis: Australian Guide to the diagnosis of diagrams.

## 4.0 Newcastle FASD Youth Justice Model of Care

The Newcastle FASD Youth Justice Model of Care as shown in Table 1 is designed for generalist services to understand the pathway a young person, who may have a FASD or other neurodevelopmental impairment, travels in their journey through the justice system (see [Appendix B](#) for poster).

There are a number of entry points where a young person may have contact with the legal system. These include:

1. **Youth on Track** – Is an early intervention scheme for 10 to 17 year-olds that identifies and responds to young people at risk of long-term involvement in the criminal justice system. Police and other eligible agencies can refer young people, known to be at medium to high risk of offending, to a support service without requiring a legal mandate. The young person's engagement in Youth on Track is voluntary (Communities & Justice, 2020).
2. **Police** – A young person may come to the notice of police within the community. If there is an offence the young person may be sent for youth conferencing or given a charge which would be heard in court before a magistrate.
3. **Children's Court** - A young person who has committed an offence appears before the magistrate who determines the course of action related to the offence.
4. **Section 32** – May be applied where a young person has a mental health condition, or cognitive impairment.
5. **Sentencing** – The magistrate may sentence the young person to a community order, or custody. If a cognitive impairment is suspected there are different processes for evaluation.

Young people who may have FASD or other neurodevelopmental disorders who have contact with the youth justice system can fall into the categories of victim, witness, or offender. They may also have contact with the wider justice system in other capacities, such as child protection and family law matters (Telethon Kids Institute, 2020). Staff and others working with young people in the youth justice system should be cognisant of this, as an awareness and understanding of the needs of young people in these scenarios can assist in accessing appropriate services and supports, and reducing the likelihood of re-offending (Telethon Kids Institute, 2020). The general information and principles illustrated throughout the Model of Care Handbook can apply to young people in all categories.

**Table 1**

Newcastle FASD Youth Justice Model of Care

<b>1. YOUTH ON TRACK - YOUTH AT RISK OF JUSTICE INVOLVEMENT</b>	
<b>DISCRETIONARY REFERRAL</b>	
<ul style="list-style-type: none"> <li>● Schools, NSW Police, Youth Justice NSW, Justice Health and Forensic Mental Health, solicitors, Community Services, Out of Home Care providers, Community Health, Family Referral Service, Headspace and other mental health services.</li> </ul>	
<b>AUTOMATED REFERRAL</b>	
<ul style="list-style-type: none"> <li>● Computerised Operating Policing System (COPS)</li> </ul>	
<b>ELIGIBILITY SCREENING</b>	
<ul style="list-style-type: none"> <li>● Eligibility for Youth on Track:               <ul style="list-style-type: none"> <li>» Have at least one formal contact with police and a number of offending risk factors (discretionary referral) OR</li> <li>» Have at least two formal contacts with police and are at 60% or greater chance of reoffending (automatic referral) AND</li> <li>» 10 to 17 years old</li> <li>» Have never received a supervised court order</li> <li>» Offend or go to school in one of the seven Youth on Track sites</li> </ul> </li> <li>● If an intellectual disability or cognitive impairment is present the YoT Senior Case Manager makes referrals for further assessment to a paediatrician or clinical support services.</li> <li>● Referrals to NDIS if required, where diagnosis is present.</li> <li>● Ineligible young people for Youth on Track are referred to Youth Crime Prevention Command as per the MoU between Youth Justice NSW and NSW Police for consideration for support under the Rise Up Strategy and or Police Youth Case Management</li> </ul>	
<b>2. POLICE</b>	
<ul style="list-style-type: none"> <li>● Arrest, warning, caution, youth justice conference, court referral</li> <li>● Youth on Track referral</li> <li>● Young person may be known to Department of Communities &amp; Justice and/or in Out of Home Care</li> <li>● Justice Advocate Support (JAS) in Police Stations. Contact 1300 665 908</li> </ul>	
<b>3. CHILDREN'S COURT</b>	
<b>BAIL</b> (Youth Justice supervision or conditions to attend assessment)	<ul style="list-style-type: none"> <li>» Youth Justice caseworker</li> <li>» Dept. of Communities &amp; Justice out posted case worker</li> </ul>
<b>PLEA/HEARING/SECTION 32/FITNESS TO PLEAD</b>	<ul style="list-style-type: none"> <li>» Education court liaison officer</li> <li>» Children's court assistance scheme</li> <li>» Youth on track</li> <li>» Allambi Care youth worker</li> <li>» Regular attendance from police youth liaison officers and school liaison police officers</li> <li>» Civil Youth Lawyer</li> </ul>
<ul style="list-style-type: none"> <li>● Cognitive impairment and mental conditions for which treatments is available in a hospital</li> </ul>	<ul style="list-style-type: none"> <li>● Referrals to mental health treatment, drug and alcohol, employment services, anger management, NDIS, health services, PCYC, programs</li> </ul>
<b>SENTENCE</b>	
<ul style="list-style-type: none"> <li>● Sentence can be a caution, youth justice conference, community based order or control order</li> <li>● Broadmeadow Pilot Project Court Support Services (assist the young person in identifying and addressing causes of offending but are not part of the sentence)               <ul style="list-style-type: none"> <li>» Justice Health Clinician</li> <li>» Specialist Police Prosecutor</li> </ul> </li> </ul>	
<b>4. SECTION 32 (S.32)</b>	
<ul style="list-style-type: none"> <li>● Young person has a mental health condition, or cognitive impairment               <ul style="list-style-type: none"> <li>» Six month community treatment plans</li> <li>» May adopt NDIS plans</li> </ul> </li> </ul> <p><a href="https://www.legislation.nsw.gov.au/#/view/act/1990/10/part3/sec32">https://www.legislation.nsw.gov.au/#/view/act/1990/10/part3/sec32</a></p>	
<b>5. SENTENCING</b>	
<b>YOUNG PERSON IN THE COMMUNITY</b>	
1. Lawyer arranges private psychological assessment	
<b>YOUNG PERSON IN CUSTODY</b>	
1. Court requests Psychological report. Youth Justice Psychologist undertakes report	
<b>CUSTODIAL ORDERS</b>	
1. Referral to Youth Justice Psychologist	
2. Caseworkers apply for NDIS (See procedures)	
3. If known to NDIS, Youth Justice is informed about services <ul style="list-style-type: none"> <li>» NDIS is suspended while young person is in custody</li> </ul>	

**Note.** Adapted from *Working with Young People who have an Intellectual Disability or Cognitive Impairment* (pp. 34 - 36), by the Juvenile Justice NSW, Department of Justice, 2016. Copyright 2016 by The Authors.

## 5.0 FASD Across the Lifespan

This information is designed to:

- a. Help services and individuals understand FASD across the lifespan and how it may present (see 5.1).
- b. Raise awareness in service providers and people who can act as observers and alert clients and their families to the possibility of FASD (see 5.2).
- c. Provide strategies for working with people with FASD across the lifespan (see 5.3).
- d. Demonstrate the concept of dysmaturity as it relates to FASD (see 5.4).  
(See [Appendix C](#) for poster)

### 5.1 Observation Across Brain Domains

**Table 2**

*Observations Across the Lifespan—Brain Domains Affected by FASD*

<b>EXECUTIVE FUNCTIONING</b>	<b>FOCUS &amp; ATTENTION</b>
<ul style="list-style-type: none"> <li>● Trouble with planning, sequencing, problem solving, organisation</li> <li>● Impulsivity</li> <li>● Challenges with transitions and change</li> <li>● Repeats mistakes and difficulty understanding consequences</li> <li>● Difficulty with:               <ul style="list-style-type: none"> <li>» controlling emotions</li> <li>» abstract ideas/concepts</li> <li>» managing time</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Easily distracted, over-stimulated or impulsive</li> <li>● Difficulty paying attention and over active</li> <li>● Can't sit still</li> </ul>
<b>SENSORY &amp; MOTOR</b>	<b>COGNITION</b>
<ul style="list-style-type: none"> <li>● Unable to make sense of what is going on around them</li> <li>● Under or over react to sensory input e.g. light, noise, touch, smell, taste and movement</li> </ul>	<ul style="list-style-type: none"> <li>● Difficulty with attention, learning, memory, planning and organisation</li> <li>● Difficulty with understanding complex ideas</li> <li>● Wide range of IQ possible</li> </ul>
<b>ACADEMIC SKILLS</b>	<b>COMMUNICATION</b>
<ul style="list-style-type: none"> <li>● Difficulty with:               <ul style="list-style-type: none"> <li>» school e.g. maths, reading, time and money</li> <li>» comprehension, organisation and abstract concepts</li> <li>» age appropriate tasks</li> </ul> </li> <li>● May have normal IQ</li> <li>● Learning is enhanced with visual or hands on approach</li> </ul>	<ul style="list-style-type: none"> <li>● May speak well but not understand the full meaning</li> <li>● Delayed language milestones for age</li> <li>● Difficulty with long conversations</li> <li>● Difficulty following instructions</li> <li>● May be able to repeat instructions but not able to follow through</li> </ul>
<b>LIVING &amp; SOCIAL SKILLS</b>	<b>MEMORY</b>
<ul style="list-style-type: none"> <li>● May not understand personal boundaries and reading social cues</li> <li>● Socially vulnerable and easily taken advantage of</li> <li>● Difficulty seeing things from another's point of view</li> <li>● Socially and emotionally immature e.g. behaves younger than actual age</li> </ul>	<ul style="list-style-type: none"> <li>● Difficulty with long and short term memory e.g. seems forgetful</li> <li>● Difficulty recalling sequences or complex instructions</li> <li>● Better visual memory</li> <li>● Steps in normal daily routine are easily forgotten</li> <li>● Appear to lie but are really 'filling in the blanks'</li> </ul>
<b>BRAIN STRUCTURE</b>	<b>AFFECT REGULATION</b>
<ul style="list-style-type: none"> <li>● Brain and head circumference may be small</li> </ul>	<ul style="list-style-type: none"> <li>● Emotional swings from sad to happy</li> <li>● Anxiety, depression, panic attacks</li> <li>● Separation anxiety or attachment disorders</li> <li>● Inappropriate sexual behaviours</li> </ul>

**Note.** Adapted from *Understanding Fetal Alcohol Spectrum Disorder (FASD)* (p. 9 & 10), by NHS Ayrshire & Arran, 2019, n.p. <https://www.nhsaaa.net/media/7926/understanding-fasd-a5-summary-guide-aug-19-print.pdf>; *Characteristics across the lifespan*, by NOFASD Australia, n.d. <https://www.nofasd.org.au/parents-carers-and-families/characteristics-across-the-lifespan/>

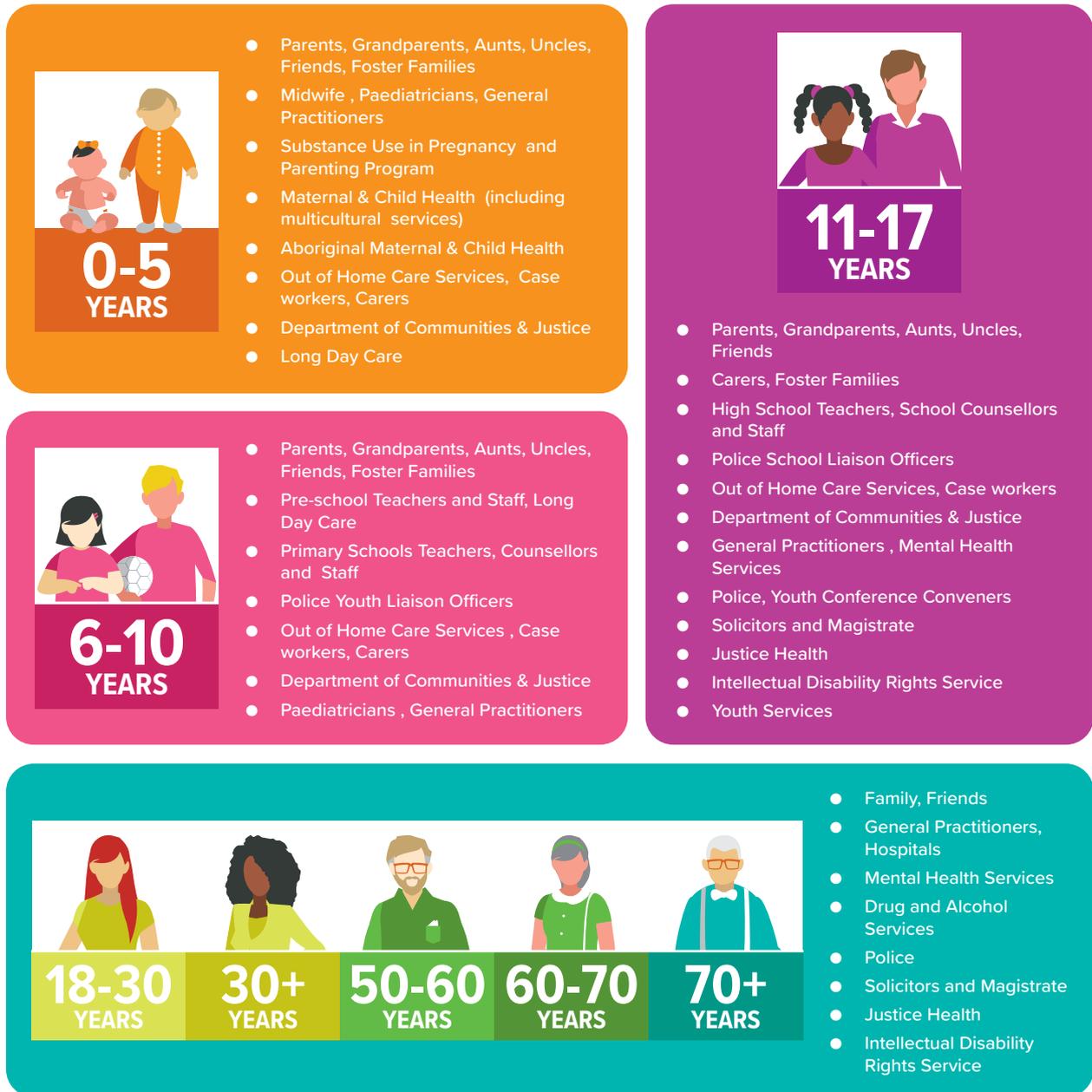
## 5.2 Observers Across the Lifespan

Opportunities arise across the lifespan where families, friends and service providers can be looking out for any irregularities in development or behaviour that might indicate FASD.

If you are one of these observers there are tools available from NOFASD Australia to assist in your observations, in the [FASD – A Lifetime Story](#) and [FASD – A Check List](#) document (also see Services and Support). These tools should not be used as a diagnostic instrument.

**Figure 2**

*Observations across the lifespan*



## 5.3 Strategies Across the Lifespan

The following table outlines some simple strategies to address FASD across the lifespan.

**Table 3**  
*Strategies across the lifespan*

0-5 YEARS
<ul style="list-style-type: none"><li>● <b>Poor sleep:</b> soft music, sing, rocking, frequent holding, low lights, automatic swings, and wrap snugly</li><li>● <b>Poor weight gain:</b> consult a nutritionist</li><li>● <b>Chronic ear infections:</b> check hearing &amp; infections</li><li>● <b>Developmental delays:</b> consult an occupational therapist</li><li>● <b>Speech delays:</b> consult a speech therapist</li><li>● <b>Dental problems:</b> consult a paediatric dentist</li><li>● <b>Small appetites or sensitivity to food texture:</b> serve small portions that are lukewarm or cool and have some texture. Allow plenty of time during meals and decrease distractions such as television, radio or multiple conversations</li></ul>
6-10 YEARS
<ul style="list-style-type: none"><li>● <b>Sleep problems:</b> shorten naps or cut them out</li><li>● <b>Making friends:</b> pair your child with another who is one or two years younger</li><li>● <b>Boundary issues:</b> create a stable, structured home with clear routines and plenty of repetition</li><li>● <b>Attention problems:</b> establish a routine and use structure. Simplify rooms in the home and reduce noises or other stimulation</li><li>● <b>Easily frustrated/tantrum:</b> remove child from the situation and use calming techniques such as sitting in a rocker, giving a warm bath or playing quiet music</li><li>● <b>Difficulty understanding cause and effect:</b> repetition, consistency and clear consequences for behaviour are important</li><li>● <b>Network of friends, family and professionals</b> who can adapt the environment as needed</li></ul>
11-17 YEARS
<ul style="list-style-type: none"><li>● <b>Anxiety and depression:</b> counselling or encouraging participation in sports, clubs or other structured activities</li><li>● <b>Victimisation:</b> monitor the activities and discuss dealing with strangers</li><li>● <b>Lying, stealing or antisocial behaviour:</b> family counselling, set simple and consistent rules with immediate consequences</li><li>● <b>Network of friends, family and professionals</b> who can adapt the environment as needed</li></ul>
18-70+ YEARS
<ul style="list-style-type: none"><li>● <b>Anxiety and depression:</b> counselling or encouraging participation in sports, clubs or other structured activities</li><li>● <b>Victimisation:</b> monitor the activities and discuss dealing with strangers</li><li>● <b>Lying, stealing or antisocial behaviour:</b> family counselling, set simple and consistent rules with immediate consequences</li><li>● <b>Housing:</b> contact community housing services</li><li>● <b>Network of friends, family and professionals</b> who can adapt the environment as needed</li></ul>

**Note.** Adapted from *Living with FASD* by National Organization on Fetal Alcohol Syndrome, n.d. [www.nofas.org/living-with-fasd/](http://www.nofas.org/living-with-fasd/) Copyright by The Authors.

## 5.4 Dysmaturity - FASD Chronological Age Vs Developmental Age

Dysmaturity is when a person's developmental age is less than their chronological age, so they may act and think younger than they are (Malbin, 2010; Streissguth, 1994). It is thought that children will develop and grow according to an accepted chronological schedule and for physical, cognitive, and psychological development to occur at about the same rate. Unfortunately for individuals affected by prenatal alcohol exposure, these assumptions about development can create a poor fit between abilities and the expectations placed upon individuals (see, for discussion, the work of Diane Malbin (2002) - *Trying Differently Rather Than Harder: Fetal Alcohol Spectrum Disorders*).

The image below demonstrates how a person with FASD might present in terms of their developmental stages across a range of domains. In this example the chronological age of the person is 18 years. However, their social skills are that of a 7 year old, while their expressive language is that of a 20 year old.

**Figure 3**  
*Dysmaturity*

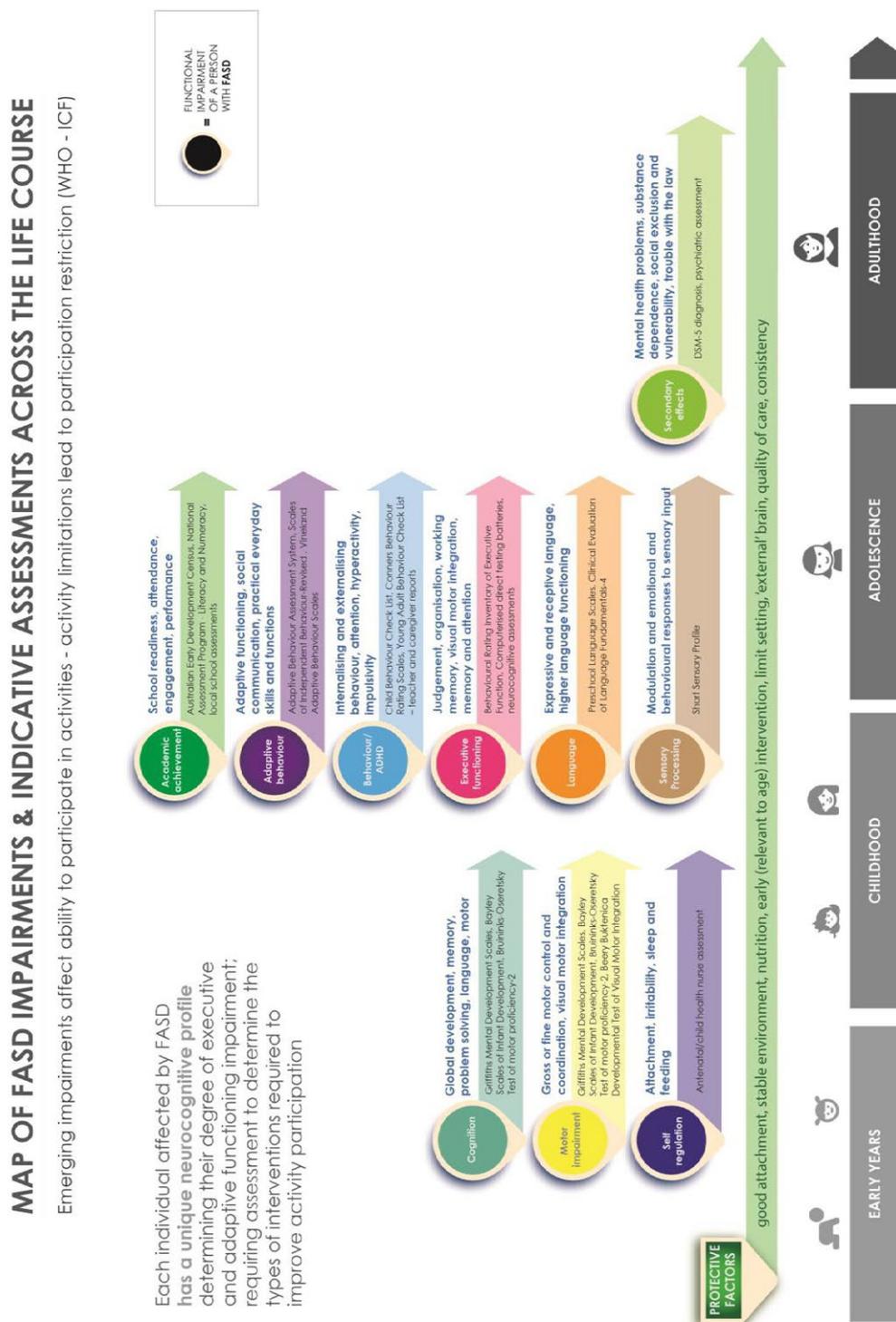


**Note.** Adapted from *Understanding Fetal Alcohol Spectrum Disorder (FASD)*, (p.11), by NHS Ayrshire & Arran, 2019, <https://www.nhsaaa.net/media/7926/understanding-fasd-a5-summary-guide-aug-19-print.pdf>

# 6.0 Map of FASD Impairments & Indicative Assessments Across the Life Course

This is a clinical diagram which demonstrates the functional impairments that can present with FASD and indicates the types of assessments required at different stages of the life course.

**Figure 4**  
Map of FASD Impairments & Indicative Assessments Across the Life Course



**Note.** Reprinted from *NDIA Planning Project*, (p. 12), by A. Dudley, T. Reibel, C. Bower, J. Fitzpatrick, 2016, <https://www.fasdhub.org.au/siteassets/pdfs/critical-review-of-the-literature-fetal-alcohol-spectrum-disorders-14jun2016.pdf>

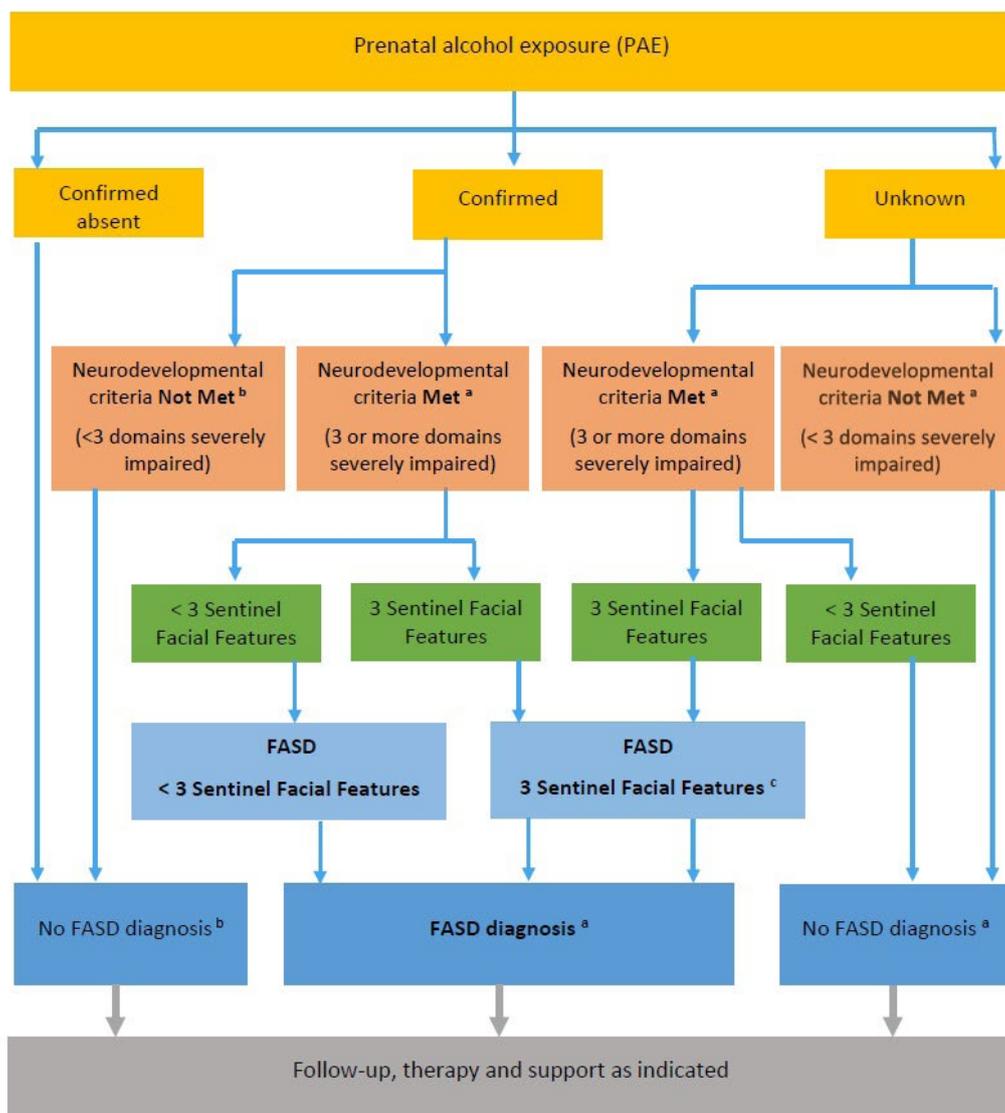
# 7.0 Australian Guide to the Diagnosis of FASD

## 7.1 FASD Diagnosis

This diagram shows the diagnostic algorithm for Fetal Alcohol Spectrum Disorder (FASD) in Australia.

**Figure 5**

*Diagnostic Algorithm for Fetal Alcohol Spectrum Disorder (FASD)*



<sup>a</sup> Assessment fully completed and other diagnoses have been considered. Currency of assessment is also assumed. For infants and children under 6 years of age, *severe* Global Developmental Delay meets criteria for neurodevelopmental impairment (in 3 or more domains) if it is confirmed on a standardised assessment tool (e.g. Bayley or Griffiths).

<sup>b</sup> In the presence of confirmed PAE, reassessment of neurodevelopmental domains can be considered as clinically indicated (e.g. if there is a decline in an individual’s functional skills or adaptive behaviour over time).

<sup>c</sup> In infants and young children under 6 years of age with *microcephaly and all 3 sentinel facial features*, a diagnosis of FASD with 3 Sentinel Facial Features can be made, *whether PAE is confirmed or unknown*, even without evidence of severe neurodevelopmental impairment in 3 domains based on standardised assessment. Nonetheless, in these children, concerns about neurodevelopmental impairment are likely to be present and should be documented.

**Note.** Reprinted from the *Australian Guide to the Diagnosis of FASD*, (p.6), by C. Bower, and E. Elliott, 2016, [https://www.fasdhub.org.au/contentassets/32961d4a5cf94de48ebcf985c34d5456/australian-guide-to-the-diagnosis-of-fasd\\_all-appendices\\_feb2020.docx.pdf](https://www.fasdhub.org.au/contentassets/32961d4a5cf94de48ebcf985c34d5456/australian-guide-to-the-diagnosis-of-fasd_all-appendices_feb2020.docx.pdf)

## 7.2 Information on FASD Diagnostic Assessment for Individuals and Caregivers

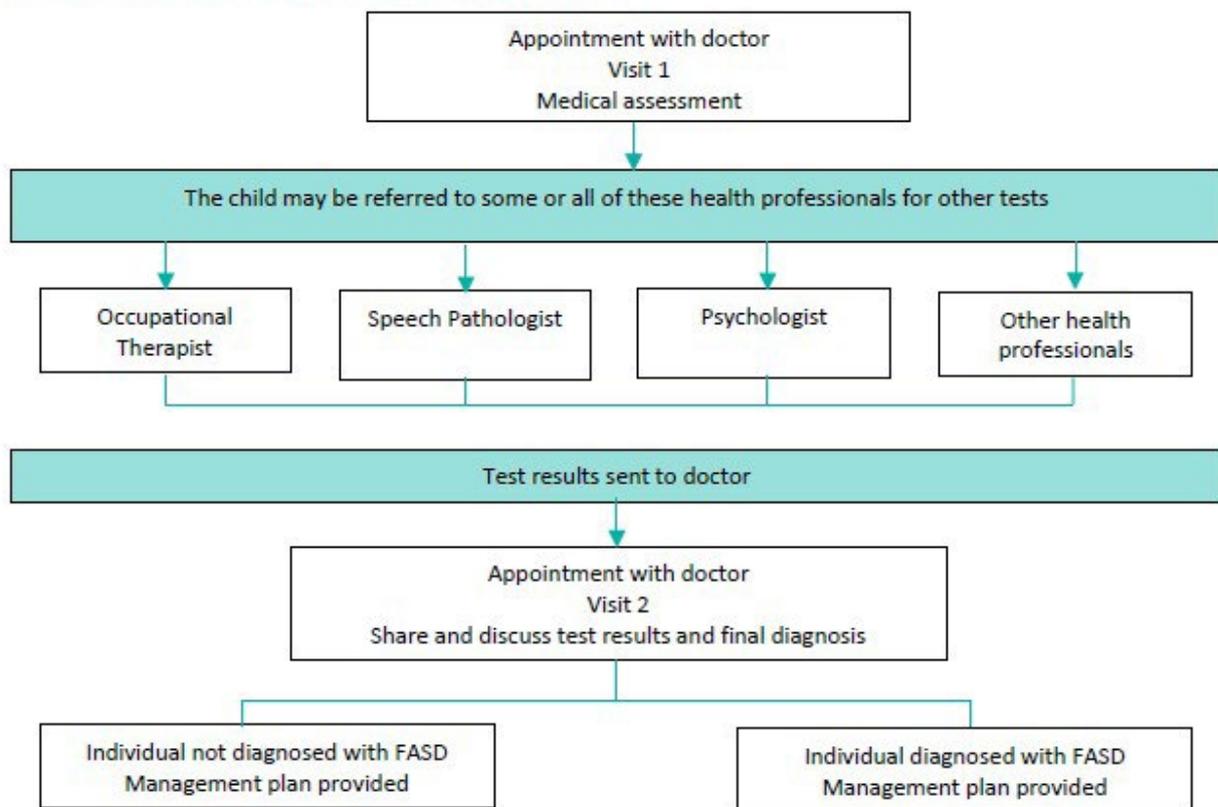
The flow chart below demonstrates the general pathway for diagnosing FASD, illustrating the steps and health care providers involved in this process.

Diagnostic assessment for FASD can be conducted with people of all ages, but is generally conducted with children under 18 years of age. Ideally an individual should have a diagnostic assessment as early as possible. The information in the diagram below is for parents and caregivers. Here, the word 'child' refers to a person under the age of 18. However, the information could also be used to explain the FASD Diagnostic Assessment to a person of any age undergoing diagnostic assessment. The number and arrangement of appointments will depend on where a person has their assessment conducted e.g. hospital, community clinic, paediatrician in private practice (Bower & Elliot, 2016, updated 2020, p. 49).

### Figure 6

What is involved in getting a diagnosis?

#### What is involved in getting a diagnosis?



**Note.** Reprinted from the *Australian Guide to the Diagnosis of FASD*, (p.49), by C. Bower, and E. Elliott, 2016, [https://www.fasdhub.org.au/contentassets/32961d4a5cf94de48ebcf985c34d5456/australian-guide-to-the-diagnosis-of-fasd\\_all-appendices\\_feb2020.docx.pdf](https://www.fasdhub.org.au/contentassets/32961d4a5cf94de48ebcf985c34d5456/australian-guide-to-the-diagnosis-of-fasd_all-appendices_feb2020.docx.pdf)

## 8.0 Supporting Information

Table 4 below provides details for services, supports, information and training available in the Newcastle area and information and training opportunities for service staff and individuals interested in finding out more about FASD.

**Table 4**  
*Services, Support, Information & Training*

### SERVICES & SUPPORT

<b>Justice Advocate from Intellectual Disability Rights Service</b> for support at a police station or court.	7 days a week from 9am to 10pm <a href="https://idrs.org.au/site18/wp-content/uploads/2019/06/About-the-Service.pdf">https://idrs.org.au/site18/wp-content/uploads/2019/06/About-the-Service.pdf</a>
<b>FASD HUB</b> Service Directory	<a href="https://www.fasdhub.org.au/services/">https://www.fasdhub.org.au/services/</a>
<b>HealthShare</b> - Find a professional	<a href="https://www.healthshare.com.au/">https://www.healthshare.com.au/</a>
<b>NOFASD Australia</b> - Diagnosis	<a href="https://www.nofasd.org.au/parents-carers-and-families/fasd-diagnosis/">https://www.nofasd.org.au/parents-carers-and-families/fasd-diagnosis/</a>
<b>NOFASD Australia</b> - FASD: A Checklist for parents and carers	<a href="https://www.nofasd.org.au/wp-content/uploads/2018/05/FASD-checklist.pdf">https://www.nofasd.org.au/wp-content/uploads/2018/05/FASD-checklist.pdf</a>
<b>NOFASD Australia</b> - FASD: A Lifetime Story	<a href="https://www.nofasd.org.au/wp-content/uploads/2018/03/FASD-A-Lifetime-Story.pdf">https://www.nofasd.org.au/wp-content/uploads/2018/03/FASD-A-Lifetime-Story.pdf</a>
<b>Telethon Kids Institute</b> - Resources	<a href="https://alcoholpregnancy.telethonkids.org.au/resources/">https://alcoholpregnancy.telethonkids.org.au/resources/</a>
<b>Australian Institute of Family Studies</b>	<a href="https://aifs.gov.au/cfca/publications/supporting-children-living-fetal-alcohol-spectrum-disorders-practice-princ">https://aifs.gov.au/cfca/publications/supporting-children-living-fetal-alcohol-spectrum-disorders-practice-princ</a>
<b>PCYC</b> - Police Citizens Youth Club	Rise Up Programs - <a href="https://www.pycynsw.org.au/programs/police-programs/">https://www.pycynsw.org.au/programs/police-programs/</a>
<b>YAMS</b> - Youth Action Meetings	<a href="https://www.police.nsw.gov.au/__data/assets/pdf_file/0010/616816/YouthStrategy_D17.pdf">https://www.police.nsw.gov.au/__data/assets/pdf_file/0010/616816/YouthStrategy_D17.pdf</a>
<b>Community HealthPathways (FASD)</b> (for health professionals)	<a href="https://hne.communityhealthpathways.org/193728.htm">https://hne.communityhealthpathways.org/193728.htm</a>
<b>Youth on Track</b>	<a href="http://www.youthontrack.justice.nsw.gov.au/">http://www.youthontrack.justice.nsw.gov.au/</a>

### INFORMATION & TRAINING

<b>Australian Guide to the Diagnosis of FASD</b>	<a href="https://www.fasdhub.org.au/fasd-information/assessment-and-diagnosis/guide-to-diagnosis/">https://www.fasdhub.org.au/fasd-information/assessment-and-diagnosis/guide-to-diagnosis/</a>
<b>FASD HUB</b> - FASD and Justice Videos	<a href="https://www.fasdhub.org.au/fasd-information/managing-fasd/what-can-justice-professionals-do/videos/">https://www.fasdhub.org.au/fasd-information/managing-fasd/what-can-justice-professionals-do/videos/</a>
<b>Telethon Kids Institute</b> - FASD and Justice Videos	<a href="https://alcoholpregnancy.telethonkids.org.au/our-research/fasd--justice/professional-development/">https://alcoholpregnancy.telethonkids.org.au/our-research/fasd--justice/professional-development/</a>
<b>Telethon Kids Institute</b> - On-line Continuing Professional Development Module for Lawyers	Contact <a href="mailto:admin@legalaidd.wa.gov.au">admin@legalaidd.wa.gov.au</a> or phone (08) 9261 6384.
<b>Nate Sheets</b> - Oregon Behaviour Consultation	<a href="https://www.youtube.com/watch?v=LwxVZXefkr4">https://www.youtube.com/watch?v=LwxVZXefkr4</a>

## INFORMATION & TRAINING (cont.)

**Dan Dubovsky** - FASD Specialist at Substance Abuse & Mental Health Services Administration FASD Centre for Excellence, Washington D.C. Metro Area

Strategies for Improving Outcomes - <https://www.fasdoutreach.ca/resources/all/d/dan-dubovsky-strategies-improving-outcomes>

Rewards & Consequences - <https://www.fasdoutreach.ca/resources/all/d/dan-dubovsky-rewards-consquences>

Comparing ODD, ADHD, and FASD - <https://www.fasdoutreach.ca/resources/all/d/dan-dubovsky-comparing-odd-adhd-fasd>

**Malbin, D., Boulding, D., Brooks, S.**  
Trying Differently: Rethinking Juvenile Justice Using a Neuro-Behavioural Model

[http://fascets.org/images/uploads/docs/ABA\\_JJ\\_newsletter\\_Trying\\_Differently\\_july\\_2010.pdf](http://fascets.org/images/uploads/docs/ABA_JJ_newsletter_Trying_Differently_july_2010.pdf)

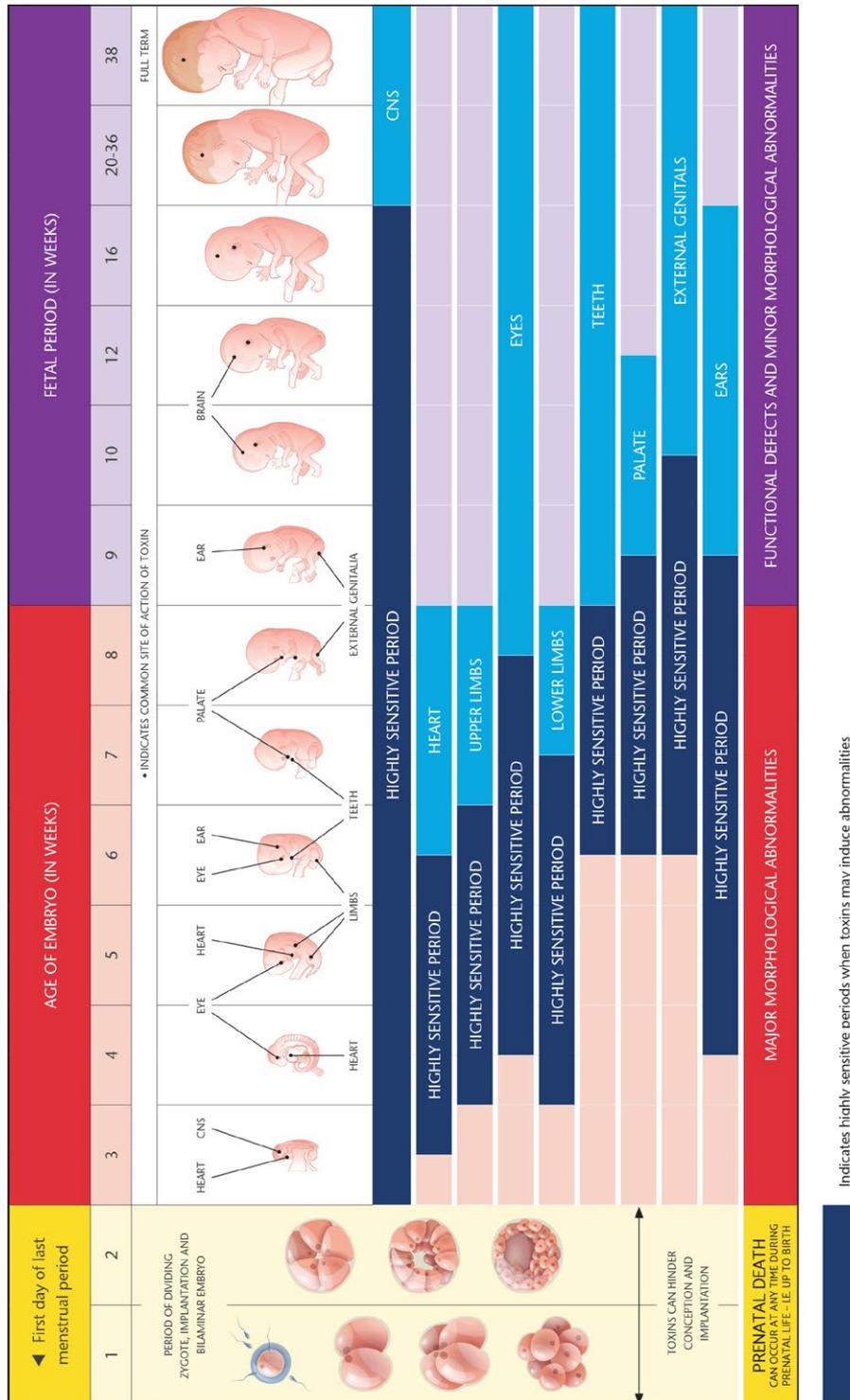
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- Bower, C., & Elliott, E. (2016, updated 2020). Australian Guide to the Diagnosis of FASD. [https://www.fasdhub.org.au/siteassets/pdfs/australian-guide-to-diagnosis-of-fasd\\_all-appendices.pdf](https://www.fasdhub.org.au/siteassets/pdfs/australian-guide-to-diagnosis-of-fasd_all-appendices.pdf)
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- Juvenile Justice NSW, Department of Justice. (2016). Working with Young People who have an Intellectual Disability or Cognitive Impairment, n.p.
- Malbin, D. (2002). Trying differently rather than harder (2nd Ed.). FASCETS Inc.
- Malbin, D., Boulding, D., & Brooks, S. (2010). Trying Differently: Rethinking Juvenile Justice Using a Neuro-Behavioral Model. Juvenile Justice Committee Newsletter (5). [http://fascets.org/images/uploads/docs/ABA\\_JJ\\_newsletter\\_Trying\\_Differently\\_july\\_2010.pdf](http://fascets.org/images/uploads/docs/ABA_JJ_newsletter_Trying_Differently_july_2010.pdf)
- McLean, S., Kettler, L., Delfabbro, P., & Riggs, D. (2012). Frameworks for understanding challenging behaviour in out-of-home care. *Clinical Psychologist*, 16(2), 72-81. <https://doi.org/10.1111/j.1742-9552.2011.00037.x>
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- National Organization on Fetal Alcohol Syndrome. (n.d). Living with FASD. [www.nofas.org/living-with-fasd/](http://www.nofas.org/living-with-fasd/)
- NOFASD Australia. (n.d.). Characteristics across the lifespan. <https://www.nofasd.org.au/parents-carers-and-families/characteristics-across-the-lifespan/>
- Streissguth A. P. (1994). A Long-Term Perspective of FAS. *Alcohol health and research world*, 18(1), 74–81. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6876481/>
- Telethon Kids Institute. (2020). FASD & Justice. <https://alcoholpregnancy.telethonkids.org.au/our-research/fasd-justice/>

# Appendix A: When Can Alcohol Harm the Developing Fetus?

This diagram shows the stages of fetal development during pregnancy, and the different parts of the body affected and the level of severity, depending on the point in pregnancy.

**Figure 7**  
When can alcohol damage the developing fetus?



**Note.** Adapted from *Understanding Fetal Alcohol Spectrum Disorder (FASD)*, (pp. 5 -6) by NHS Ayrshire & Arran, 2019, <https://www.nhs.uk/media/7926/understanding-fasd-a5-summary-guide-aug-19-print.pdf>

# Appendix B: Newcastle FASD Youth Justice Model of Care

## Newcastle FASD Youth Justice MODEL OF CARE

A young person's integrated journey: Fetal Alcohol Spectrum Disorder (FASD) 10+ Years • Hodgson, H. & Hamilton, O. • May 2020

### Number of entry points where a young person may have contact with the legal system.

**1. Youth on Track:** is an early intervention scheme for 10 to 17 year-olds that identifies and responds to young people at risk of long-term involvement in the criminal justice system. Police and other eligible agencies can refer young people, known to be at medium to high risk of offending, to a support service without requiring a legal mandate. The young person's engagement in Youth on Track is voluntary (Communities & Justice, 2020).

**2. Police:** A young person may come to the notice of police within the community. If there is an offence the young person may be sent for youth conferencing or given a charge which would be heard in court before a magistrate.

**3. Children's Court:** A young person who has committed an offence appears before the magistrate who determines the course of action related to the offence.

**4. Section 32:** May be applied where a young person has a mental health condition, or cognitive impairment.

**5. Sentencing:** The magistrate may sentence the young person to a community order, or custody, if a cognitive impairment is suspected there are different processes for evaluation.

## 1. YOUTH ON TRACK

### YOUTH AT RISK OF JUSTICE INVOLVEMENT

- Discretionary Referral**
  - Schools, NSW Police, Youth Justice NSW, Justice Health and Forensic Mental Health, solicitors, Community Services, Out of Home Care providers, Community Health, Family Referral Service, Headspace and other mental health services.
- Automated Referral**
  - Computerised Operating Policing System (COPS)

### ELIGIBILITY SCREENING

- Eligibility for Youth on Track:
  - Have at least one formal contact with police and a number of offending risk factors (discretionary referral) OR
  - Have at least two formal contacts with police and are at 60% or greater chance of reoffending (automatic referral) AND
    - 10 to 17 years old
    - Have never received a supervised court order
    - Offend or go to school in one of the seven Youth on Track sites
- If an intellectual disability or cognitive impairment is present the YoT Senior Case Manager makes referrals for further assessment to a paediatrician or clinical support services.
- Referrals to NDIS if required, where diagnosis is present.
- Ineligible young people for Youth on Track are referred to Youth Crime Prevention Command as per the MoU between Youth Justice NSW and NSW Police for consideration for support under the Rise Up Strategy and or Police Youth Case Management

## 2. POLICE

- Arrest, warning, caution, youth justice conference, court referral
- Youth on Track referral
- Young person may be known to Department of Communities & Justice and/or in Out of Home Care
- Justice Advocate Support (JAS) in Police Stations. Contact 1300 665 908

## 3. CHILDREN'S COURT

**Bail** (Youth Justice supervision or conditions to attend assessment)

- Plea/Hearing/Section 32/Fitness to plead**
  - Cognitive impairment and mental conditions for which treatments is available in a hospital

### Sentence

- Sentence can be a caution, youth justice conference, community based order or control order
- Broadmeadow Pilot Project: Court Support Services (assist the young person in identifying and addressing causes of offending but are not part of the sentence)
  - Justice Health Clinician
  - Specialist Police Prosecutor
  - Youth Justice caseworker
  - Dept. of Communities & Justice out posted case worker
  - Education court liaison officer
  - Children's court assistance scheme
  - Youth on track
  - Allambi Care youth worker
  - Regular attendance from police youth liaison officers and school liaison police officers
  - Civil Youth Lawyer
- Referrals to mental health treatment, drug and alcohol, employment services, anger management, NDIS, health services, PCYC, programs

## 4. SECTION 32 (S.32)

- Young person has a mental health condition, or cognitive impairment
    - Six month community treatment plans
    - May adopt NDIS plans
- <https://www.legislation.nsw.gov.au/#/view/act/1990/10/partD/sec32>

## 5. SENTENCING

### YOUNG PERSON IN THE COMMUNITY

1. Lawyer arranges private psychological assessment

### YOUNG PERSON IN CUSTODY

1. Court requests Psychological report. Youth Justice Psychologist undertakes report

### CUSTODIAL ORDERS

1. Referral to Youth Justice Psychologist
2. Caseworkers apply for NDIS (See procedures)
3. If known to NDIS, Youth Justice is informed about services
  - NDIS is suspended while young person is in custody

Please refer to the Newcastle FASD Youth Justice Model of Care Handbook for referencing, information on services, supports and training.

Note. Adapted from *Working with Young People who have an Intellectual Disability or Cognitive Impairment* (pp. 34 - 36), by the Juvenile Justice NSW, Department of Justice, 2016. Copyright 2016 by The Authors.

THIS PROJECT WAS FUNDED BY THE AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH.



Note. Adapted from *Working with Young People who have an Intellectual Disability or Cognitive Impairment* (pp. 34 - 36), by the Juvenile Justice NSW, Department of Justice, 2016. Copyright 2016 by The Authors.

# Appendix C: Looking for the Indicators of FASD Across the Lifespan

## Looking for the INDICATORS OF FASD Across the Lifespan

From Birth to Adulthood: Fetal Alcohol Spectrum Disorder (FASD) • Hodgson, H. & Hamilton, O. • May 2020

OBSERVATIONS	FOCUS & ATTENTION
<b>EXECUTIVE FUNCTIONING</b> <ul style="list-style-type: none"> <li>• Trouble with planning, sequencing, problem solving, organisation</li> <li>• Impulsivity</li> <li>• Challenges with transitions and change</li> <li>• Repeats, mistakes and difficulty understanding consequences</li> <li>• Difficulty with:                             <ul style="list-style-type: none"> <li>» controlling emotions</li> <li>» abstract ideas/concepts</li> <li>» managing time</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Easily distracted, over-stimulated or impulsive</li> <li>• Difficulty paying attention and over active</li> <li>• Can't sit still!</li> </ul>
<b>SENSORY &amp; MOTOR</b> <ul style="list-style-type: none"> <li>• Unable to make sense of what is going on around them</li> <li>• Under or over react to sensory input e.g. light, noise, touch, smell, taste and movement</li> </ul>	<b>COGNITION</b> <ul style="list-style-type: none"> <li>• Difficulty with attention, learning, memory, planning and organisation</li> <li>• Difficulty with understanding complex ideas</li> <li>• Wide range of IQ possible</li> </ul>
<b>ACADEMIC SKILLS</b> <ul style="list-style-type: none"> <li>• Difficulty with:                             <ul style="list-style-type: none"> <li>» school e.g. maths, reading, time and money</li> <li>» comprehension, organisation and abstract concepts</li> <li>» age appropriate tasks</li> </ul> </li> <li>• May have normal IQ</li> <li>• Learning is enhanced with visual or hands on approach</li> </ul>	<b>COMMUNICATION</b> <ul style="list-style-type: none"> <li>• May speak well but not understand the full meaning</li> <li>• Delayed language milestones for age</li> <li>• Difficulty with long conversations</li> <li>• Difficulty following instructions but not able to follow through</li> </ul>
<b>LIVING &amp; SOCIAL SKILLS</b> <ul style="list-style-type: none"> <li>• May not understand personal boundaries and reading social cues</li> <li>• Socially vulnerable and easily taken advantage of</li> <li>• Difficulty seeing things from another's point of view</li> <li>• Socially and emotionally immature e.g. behaves younger than actual age</li> </ul>	<b>MEMORY</b> <ul style="list-style-type: none"> <li>• Difficulty with long and short term memory e.g. seems forgetful</li> <li>• Difficulty recalling sequences or complex instructions</li> <li>• Better visual memory</li> <li>• Steps in normal daily routine are easily forgotten</li> <li>• Appear to lie but are really 'filling in the blanks'</li> </ul>
<b>BRAIN STRUCTURE</b> <ul style="list-style-type: none"> <li>• Brain and head circumference may be small</li> </ul>	<b>AFFECT REGULATION</b> <ul style="list-style-type: none"> <li>• Emotional swings from sad to happy</li> <li>• Anxiety, depression, panic attacks</li> <li>• Separation anxiety or attachment disorders</li> <li>• Inappropriate sexual behaviours</li> </ul>

**0-5 YEARS**

**OBSERVERS**

- Parents, Grandparents, Aunts, Uncles, Friends, Foster Families, Midwife, Paediatricians, General Practitioners
- Substance Use in Pregnancy and Parenting Program
- Maternal & Child Health (including multicultural services)
- Aboriginal Maternal & Child Health workers, Carers
- Out of Home Care Services, Case workers, Carers
- Department of Communities & Justice
- Long Day Care

**STRATEGIES**

- Poor sleep: soft music, sing, rocking, frequent holding, low lights, automatic swings, and wrap snugly
- Poor weight gain: consult a nutritionist
- Chronic ear infections: check hearing & infections
- Developmental delays: consult an occupational therapist
- Speech delays: consult a speech therapist
- Dental problems: consult a paediatric dentist
- Small appetites or sensitivity to food texture: serve small portions that are lukewarm or cool and have some texture. Allow plenty of time during meals and decrease distractions such as television, radio or multiple conversations

**6-10 YEARS**

**OBSERVERS**

- Parents, Grandparents, Aunts, Uncles, Friends, Foster Families, Long Day Care
- Pre-school Teachers and Staff, Primary Schools Teachers, Counsellors and Staff
- Police Youth Liaison Officers
- Out of Home Care Services, Case workers, Carers
- Department of Communities & Justice
- Paediatricians, General Practitioners

**STRATEGIES**

- Sleep problems: shorten naps or cut them out
- Making friends: pair your child with another who is one or two years younger
- Boundary issues: create a stable, structured home with clear routines and plenty of repetition
- Attention problems: establish a routine and use structure. Simplify rooms in the home and reduce noises or other stimulation
- Easily frustrated/tantrum: remove child from the situation and use calming techniques such as sitting in a rocker, giving a warm bath or playing quiet music
- Difficulty understanding cause and effect: repetition, consistency and predictability for behaviour are important
- Network of friends, family and professionals who can adapt the environment as needed

**11-17 YEARS**

**OBSERVERS**

- Parents, Grandparents, Aunts, Uncles, Friends
- Carers, Foster Families
- High School Teachers, School Counsellors and Staff
- Police School Liaison Officers
- Out of Home Care Services, Case workers
- Department of Communities & Justice
- General Practitioners, Mental Health Services
- Police, Youth Conference Convenors
- Solicitors and Magistrate
- Justice Health
- Intellectual Disability Rights Service
- Youth Services

**STRATEGIES**

- Anxiety and depression: counselling or encouraging participation in sports, clubs or other structured activities
- Victimisation: monitor the activities and discuss dealing with strangers
- Lying, stealing or antisocial behaviour: family counselling, set simple and consistent rules with immediate consequences
- Network of friends, family and professionals who can adapt the environment as needed

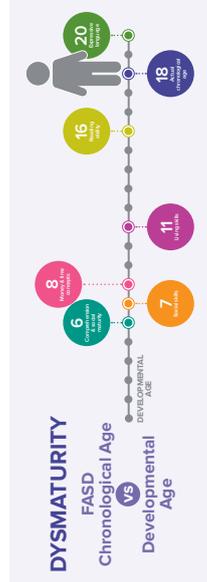
**18-30 YEARS**

**OBSERVERS**

- Family, Friends
- General Practitioners, Hospitals
- Mental Health Services
- Drug and Alcohol Services
- Police
- Solicitors and Magistrate
- Justice Health
- Intellectual Disability Rights Service

**STRATEGIES**

- Anxiety and depression: counselling or encouraging participation in sports, clubs or other structured activities
- Victimisation: monitor the activities and discuss dealing with strangers
- Lying, stealing or antisocial behaviour: family counselling, set simple and consistent rules with immediate consequences
- Housing: contact community housing services
- Network of friends, family and professionals who can adapt the environment as needed



Please refer to the Newcastle FASD Youth Justice Model of Care Handbook for referencing, information on services, supports and training. THIS PROJECT WAS FUNDED BY THE AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH.