# Service Evaluation of the Fetal Alcohol Assessment & Support Team (FAAST)

**FAAS Team** 

0.2 WTE

**Process** 

Treatment

as Usual

(TAU)

CAMHS

Community

**Paediatrics** 



Dr Fiona McGruer, Dr Jennifer Shields, Dr Sarah Brown and David Zammitt Scottish Government Fetal Alcohol Advisory and Support Team, Community Paediatrics, NHS Ayrshire and Arran



### Background

- Fetal Alcohol Spectrum Disorder (FASD) is a lifelong physical & neurodevelopmental condition related to prenatal alcohol exposure.
- The estimated UK prevalence of FASD is 3-6%<sup>1</sup> & therefore it is the most common neurodevelopmental condition (Autism is 1.2%).
- 41.3% of pregnant women in the UK drink alcohol<sup>1</sup>: this is the 4<sup>th</sup> highest in the world.
- Early identification & diagnosis is known to improve outcomes in respect of educational attainment, social inclusion and mental health.
- NHS Ayrshire & Arran piloted the Fetal Alcohol **Assessment and Support Team (FAAST).**
- This was the first multidisciplinary (MDT) assessment & diagnostic pathway for children affected by prenatal alcohol exposure in Scotland<sup>2</sup>
- Due to high demand, the pilot process was also mainstreamed within child health services

## **Evaluation Methodology**

- Two clinical pathways were examined in parallel: The Fetal Alcohol Assessment & Support Team (FAAST) pilot versus treatment as usual (TAU: CAMHS/Community Paediatrics).
- 36 pilot children and ~175 TAU children received assessment, support & intervention between 2015-2018.

The **Trident Method**<sup>3</sup> was used to evaluate these by looking at:

- 1. Process: Analysis of timing and input from the FAAS team versus 'treatment as usual' cases plus diagnostic outcomes.
- Outcomes: Pre/post-questionnaires measuring quality of life, mental health & behaviours administered to carers & children. Interventions provided to children & families were recorded.
- Perspectives: Qualitative interviews with carers & educational professionals took place. Questionnaires were also completed by carers and multiagency professionals.

### **Process**

- Multidisciplinary assessment is key!
- There was an average of 4 years between a child's 1st referral to services & when FASD was considered.
- Many TAU children had an ADHD diagnosis prior to FASD assessment.
- Children with FASD can often have affected siblings, and the majority of children were care-experienced.
- Across both service pathways 80% of children acquired a neurodevelopmental diagnosis & MDT profile.

# **Outcomes**

Children felt that they achieve less than others, were less resilient and took more risks.

Fetal Alcohol

Team

(FAAST)

Children within the pilot study had a high rate of suicidal ideation (35%).

Over the course of the evaluation, quality of life, mood and behaviour were positively affected in these children.

- Carers reported strong coping skills and belief in their parenting.
- All cases were supported to access education and community inputs.

# Stakeholder perspectives

Both carers and educational professionals voiced satisfaction with the FAAS team and the service received.

### 1) Carers

- Reported having to "fight to be heard" prior to FAAS team input. They finally "felt heard by the FAAS team" following their acceptance to the service and receiving an assessment.
- Had previously felt "stigmatised" & their parenting doubted.
- Viewed assessment processes from the FAAS team as helpful in understanding their child's strengths & difficulties.

"FAAST have gave us a new understanding, things now make sense and we can move forward"

"I finally feel like someone understands my child and I know what I can do to help and support him..."

"We had pursued services for our child for years and no-one could help or listen, now FAAST have listened and we feel understood"

#### 2) Educational professionals

- Found diagnosis to be helpful to a child & that the FAAS team multidisciplinary assessment helped them understand the strengths and difficulties of affected children.
- Felt "informed but not yet empowered," to work with affected individuals. Strategies were highlighted as an area where education wanted to collaborate with clinicians.

"It makes you feel like ... we can do something here"

"This is the sort of information we really need to try and translate into strategies, for teachers to use in the classrooms"

# **Key Learning & Future Work**

- The complex interplay of neurodevelopmental and mental health needs in these children evidenced that mainstream neuro-developmental pathways with MDT & mental health inputs are essential. Care experienced children are also disproportionately affected by FASD.
- This evaluation identified a need for tailored intervention strategies at both home & school as well as improved supports for parents/carers.
- Improving knowledge of FASD is urgently required alongside profession specific training in assessment, diagnosis and intervention.
- FAAST now has a national consultancy, training, research, & pathway development remit to encourage implementation of multiagency assessment and support services for those affected by prenatal alcohol exposure (see the new SIGN guideline published January 2019)4.
- As a priority we are furthering research around families, carers & individuals' perspectives of the lived experience of FASD & the diagnosis.
- Having raised awareness in 5,000 individuals across Scotland, we will roll out Scotland-wide e-learning resources to foster knowledge of **FASD** across health & social care partnerships, education & the third sector. This will include input from those with lived experience of FASD.

FASD is the most common neurodisability & has a significant impact on health, education, social care & the 3<sup>rd</sup> sector. FASD is preventable. Fetal Alcohol Spectrum Disorders are everybody's business!

- 1. Popova et al, The estimation of national, regional & global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. The Lancet Global Health, 5(3), 2017.
- 3. Ellis & Hoggard, The trident: A three-pronged method for evaluating clinical, social and educational innovations. Evaluation, 12(3), 2006. 4. SIGN 156: Children & Young People Exposed Prenatally to Alcohol; <a href="https://www.sign.ac.uk/assets/sign156.pdf">https://www.sign.ac.uk/assets/sign156.pdf</a>
- 2. Cook et al, Fetal alcohol spectrum disorder: a guideline for diagnosis across the lifespan. Canadian Medical Association Journal, 188(3), 2016.