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Our ref EDOC2014/24113

The Secretary
Select Committee on Action to Prevent
Foetal Alcohol Spectrum Disorders
GPO Box 3721
DARWIN NT 0801

28 May 2014

Dear Chair

RE: Call for Submissions on Action to Prevent Foetal Alcohol Spectrum Disorders

On behalf of the Department of Education, I am pleased to provide the attached submission to the Northern Territory Select Committee on Action to prevent Foetal Alcohol Spectrum Disorders. The submission has attempted to capture the known prevalence among the student population, the effects on its sufferers and the potential actions for improvement.

I appreciate the opportunity to present this information and wish you all the best in your deliberations.

Yours sincerely



Ken Davies
Chief Executive

Submission to the Northern Territory Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorders

Foetal Alcohol Spectrum Disorders

Foetal (sometimes spelt Fetal) Alcohol Spectrum Disorders (FASD) results from prenatal exposure to alcohol. Children with FASD may present with physical, mental, behavioural, cognitive and/or learning disabilities with possible lifelong implications. As FASD is a spectrum of disorders, at the most severe end an individual may have distinctive facial features, growth deficits, brain damage and neurological signs, physical problems such as heart, lung and kidney defects, behavioural and/or cognitive deficits.

At the less severe end of the spectrum, a student may have cognitive and learning deficits impacting on a student's ability to learn. All will have difficulty with abstract concepts and may also include mathematical deficiency, comprehension, behavioural and memory deficits. It is children at the lower end of the FASD spectrum, who have not been diagnosed, who present the greatest challenge to the education system.

Prevalence of Foetal Alcohol Spectrum Disorders in the Northern Territory

There is limited data on FASD, primarily due to a limited capacity to clinically diagnose students with FASD, using a national diagnostic tool or process. As of March 2014, there were 27 students in Northern Territory Government schools who were identified with a formal diagnosis of FASD. This small number is not reflective of the scale of students who may be presenting with behaviours consistent with a FASD diagnosis. The number of identified students per region is provided below:

Region	# of FASD identified students
Alice Springs	13
Katherine	4
Palmerston and Rural	6
Darwin	4

Research conducted in 2003, by Harris and Bucens¹, concluded that the prevalence of FAS² in Indigenous children in the Top End of the NT is comparable to the high rates in Indigenous populations worldwide and noted that the majority of children with lesser degrees of alcohol related effect had not been previously identified as having an alcohol related condition.

The Northern Territory has the highest alcohol per capita consumption of any state and territory, with Territorians consuming alcohol at 1.5 times the national average. This is the case in both the non-Indigenous population (approximately 1.5 times the national average) and in the Indigenous population (approximately 1.7 times the national average)³.

¹ Harris, K.R., Bucens, I.K. Prevalence of fetal alcohol syndrome in the Top End on the Northern Territory. *Journal of Paediatrics and Child Health* (2003);39(7): 528-33

² FAS refers to Foetal Alcohol Syndrome which is the diagnostic term for individuals at the most severe end of the FASD spectrum.

³ Northern Territory Government. Submission to the Australian Government Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities 2014.

The 27 identified FASD students are supported through the same model of care provided to other students diagnosed with disabilities. This involves professional advice and access to disability support funding. Educational Adjustment Plans and Learning and Engagement Plans are developed for each student which include explicit goals focussed on appropriate curriculum. However an approach to address the needs of the students who are undiagnosed and exhibit the learning and behavioural characteristics of FASD is required.

School Attendance

Compulsory school age in the Northern Territory begins when a child is six years of age. It is possible that FASD students would be irregular attenders due to family circumstances and their own state of health on any given day.

The Northern Territory and Australian Governments are committed to lifting low attendance rates in the Northern Territory and have implemented three new programs since 2011 to address school attendance. The most recent of these, the Remote Schools Attendance Strategy, has seen school attendance improve markedly. Since the strategy was implemented at the start of school this year, there has been a 17.2 per cent increase in the number of students attending Northern Territory Government RSAS schools compared to Term 1, 2013. FASD students could be among the mix of students attending school more often and therefore creating a demand for a coordinated whole school approach to supporting the students with high levels of learning and behaviour needs.

Anecdotal evidence coupled with the Northern Territory's high alcohol consumption rates and the recent attendance strategy, suggests there are many undiagnosed students in Northern Territory schools exhibiting the learning and behavioural characteristics of FASD.

Teaching and Learning

Students exhibiting the learning and behavioural characteristics of FASD represent a range of challenges for teachers. The students are often capable verbally and don't display the physical characteristics associated with FASD, however the developmental levels of FASD students will often be significantly lower than their peers.

Environmental Sensitivities

A typical classroom setting has bright lights, varying noise levels, is visually stimulating and has activities happening simultaneously. Students with FASD characteristics may find this environment difficult to manage because they have poor sensory processing becoming overwhelmed or easily distracted in these environments displaying in unpredictable behaviours.

To address a student's environment sensitivities teachers reduce the visual and auditory distractions where possible.

Learning Behaviours

Students with FASD characteristics can have difficulty with abstract concepts such as space and time, remembering things from one day to the next. To accommodate students with these characteristics, teachers use techniques of explicit teaching / instruction of daily routines, constant repetition, use of visual cues and of concrete experiences to develop and reinforce abstract concepts.

Social Skills and Behaviour

Students with FASD characteristics have difficulty developing interpersonal skills. They experience difficulties making and keeping friends, understanding personal boundaries, reading nonverbal cues and are often impulsive. The young people also experience an inability to see the relationship between cause and effect when interacting with others – this causes many social problems.

An explicit social skills program and behaviour management processes are essential and put in place for these students.

Early Identification

It can be difficult for an FASD student to recognise their limitations or functioning difficulties in the early years and this often leads to higher frustration levels. Early identification before six years of age will reduce secondary issues⁴ and lead to more positive outcomes for individuals. Secondary issues include mental health, alcohol and other drug problems, trouble with the law and inappropriate sexual behaviour.

Professional learning and training for school staff and early childhood care workers is provided for the identification of students with FASD behaviours.

Professional Learning

FASD students have the capability to learn. A teacher with a good understanding of the needs and strengths of FASD students can intervene early and ensure the appropriate teaching strategies and support is provided. Professional learning programs are provided to support teachers develop attitudes, skills and knowledge across the learning, behaviour and environmental domains⁵.

The need for professional learning and training for school staff and early childhood workers has been identified. Department of Education staff members Ms Anita Davidson (Consultant FASD) and Mr Greg Bull (FASD Psychologist) are developing professional learning materials using information in the *FASD Education Strategies* resource (provided by the South Dakota Centre for Disabilities), in addition to resources provided by the Anyinginyi Health Aboriginal Corporation, Telethon Kids Institute, NoFASD, Substance Abuse and Mental Health Services Administration and the Foundation for Alcohol Research and Education. The learning materials will provide key staff and advisors with support in identifying students presenting with FASD behaviours.

Initial training will occur with schools who receive a small grant to support staff professional learning about catering for students who are diagnosed or present with behaviours akin to FASD.

⁴ Streissguth, A. P., Barr, H., Kogan, J. & Bookstein. Understanding the occurrence of secondary disabilities in clients with fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE): Final report for Centre for disease Control and Prevention, Seattle: University of Washington, 1996.

⁵ Blaschke, K., Maltaverne, M. & Struck, J. *Fetal Alcohol Spectrum Disorders Education Strategies Working with Students with a Fetal Alcohol Spectrum Disorder in the Education*, National organization of Fetal Alcohol Syndrome, South Dakota, 2009 .

Interagency collaboration

To address the issues of prevention and intervention of FASD a collaborative approach is essential. Officers within the Department of Education (School Support Services) have established an informal cross-agency reference group with membership consisting of Department Health (Allied Health, Paediatrics, Obstetrics, Alcohol and Other Drugs), Department of Children and Families and Menzies School of Health Research. This group provides the opportunity for members to share information and align effort.

To date, the group has met a total of three times, with the first meeting being held on 27 March 2014. Membership is as follows:

- Ms Emily O'Kearney (Community Paediatrics Allied Health Officer)
- Ms Annie Whybourne (Senior Specialist Paediatrician)
- Ms Lee-Anne Jarrett Sims (Senior Policy Officer) Department of Children and Families
- Ms Heather D'Antoine (Researcher) Menzies School of Health Research
- Ms Anita Davidson (Senior Consultant FASD, Learning and Performance) Department of Education
- Mr Greg Bull (FASD Psychologist) Department of Education - based in Alice Springs.

The agenda for meetings varies, however the focus is on agency and stakeholder action in regards to FASD. These meetings are an opportunity for information sharing across agencies.

Current Initiatives 2014 - 2015

In November 2013, the Department of Education signed an agreement under the Stronger Futures Northern Territory (SFNT) Partnership to develop training, resources and teaching strategies and provide small grants for the intervention and support of FASD in the Northern Territory. The project is a pilot and will extend through the 2014 - 2015 period. In February 2014, two senior level officers, one based in Darwin and the other in Alice Springs, were employed to work with Northern Territory Government agencies and other non-government organisations on FASD related issues. To date, the team has been gathering an data on schools, supporting schools, developing partnerships and bedding down structures to facilitate working across agencies. The first FASD grant was provided to Anyinginyi Health Aboriginal Corporation in Tennant Creek during the 2013-14 financial year to develop culturally appropriate FASD resources and training.

A key achievement in 2014 has been renegotiating of the agreement with Anyinginyi Health Aboriginal Corporation. The new agreement now allows the Department of Education to incorporate international research based practices with Anyinginyi's remote Northern Territory context and culturally appropriate FASD teaching resources into training packages and a teaching tool called Northern Territory FASD Education Strategies. These resources and training packages will be badged as Department of Education resources with acknowledgement for Anyinginyi's input.

Other initiatives include:

- an FASD webpage that will include resources and information for the community and teachers in both government and non-government schools will be developed
- further training packages and professional development delivered to schools across the Northern Territory on FASD related issues. Training and support for early childhood education advisors so they can liaise with families and assist with the early identification of children with FASD
- the provision of a unit on FASD as part of a current special education online course
- a comprehensive Northern Territory specific educational package for school staff covering the characteristics of FASD learners, identification, impacts on learning and ways of accommodating students with FASD behaviours will be developed
- a formal FASD reference group consisting of agency representatives and specialist advisors will be established.

Future Actions the Northern Territory Government could undertake to reduce the impact of FASD

- Develop a media campaign that includes community education activities assisting the public to make decisions to reduce alcohol and tobacco consumption.
- Maintain the ability to provide early identification, intervention support and training and the ongoing development of resources with current research information.
- Co-ordinate the Annual International FASD Day on 9 September each year and document activities on the FASD webpage.
- Support the development and use of culturally appropriate sexuality and alcohol / drug education programs that include information on FASD.
- Provide sustainable funding to support the implementation of the Northern Territory FASD Education Strategies package.