

CHILD PROTECTION — FOETAL ALCOHOL SPECTRUM DISORDER

1362. Hon Dr Brad Pettitt to the minister representing the Minister for Early Childhood Education; Child Protection; Prevention of Family and Domestic Violence; Community Services:

I refer to the Department of Health (WA) report on Screening for Fetal Alcohol Spectrum Disorder (FASD) in Western Australia: Policy and Practice Recommendations, and I ask:

- (a) what specialist assessment, diagnosis and intervention processes does the Department have with regard to children displaying symptoms of FASD;
- (b) How many children entering out-of-home care in the last financial year were screened for prenatal alcohol exposure at the time of entry to child protection services;
- (c) how many children entering out-of-home care in the last financial year were referred to the Child and Adolescent Health Service for neurodevelopmental screening;
- (d) what training and resources does the Department provide to foster carers and kinship carers to manage the care of children with FASD;
- (e) what training and resources does the Department provide to staff to support early identification of FASD in at-risk families;
- (f) what policies and procedures does the Department have to ensure care planning for children with FASD includes a mandatory FASD action plan, to enable carers to support their children to manage their disability; and
- (g) what policies and procedures does the Department have to ensure that an Aboriginal health Service is consulted in the development of care planning for Aboriginal children with FASD?

Hon Jackie Jarvis replied:

The Department of Communities advise:

- (a) The Department of Communities (Communities) engages specialist assessment, diagnosis and intervention services for children in out-of-home care through both the public and private sectors. Health care planning is reviewed as part of the care planning process. Children in out-of-home care have an initial medical assessment followed by a more comprehensive health and development assessment, which is then carried out on an annual basis. Where children in out-of-home care have additional assessment needs, these are arranged as required.

Communities frequently obtain comprehensive neurodevelopmental assessments with attention to differential diagnoses and co-occurring conditions before progressing to more targeted assessments. If more specific neurodevelopmental assessments are indicated to be required, of which FASD may be one, Communities arranges these assessments.
- (b) This information is not reported through the Assist client system and would require the diversion of manually reviewing individual case files. Gathering this data would require significant resources.
- (c) 125 children
- (d) Communities offer a workshop on FASD each year delivered by the Telethon Kids Institute. Carers are also referred to Telethon Kids Institute and NOFASD websites for information outside the workshop. Carers also have access to individualised feedback sessions and information following the completion of a FASD diagnostic report with the assessor. Carers may also access additional support options, such as respite.
- (e) Given the complex nature of neurodevelopmental diagnoses, case managers consult with Communities' psychologists and public health specialists regarding concerns about the health and development of children in out-of-home care.
- (f) If a child is diagnosed with a neurodevelopmental disorder of which FASD may be one, the child's support needs are incorporated into their care planning, which includes relevant and appropriate actions required by carers, case managers and referrals to appropriate support services.
- (g) Case managers are required to consult with an Aboriginal Practice Leader when arranging health assessment referrals for Aboriginal children in out-of-home care, noting that the most appropriate referrals may be to an Aboriginal Medical Service or an Aboriginal Health Service.