A summary of progress on the Fetal Alcohol Spectrum Disorder (FASD) Action Plan[[1]](#footnote-1)

Last updated[[2]](#footnote-2)on 14 February 2022

| Prevention |
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| Specific action 1: Increase collaboration and coordination to better support activities aimed at shifting New Zealand’s drinking culture and targeting harmful alcohol consumption |
| Activity # | Activities and progress | Status |
| 1. | Establish an interagency group to develop, implement and monitor a collaborative approach aimed at shifting New Zealand’s drinking culture* A cross-agency coordination group has been meeting regularly to collaborate and coordinate cross-agency activities in the FASD Action Plan to shift New Zealand’s drinking culture and reduce harmful alcohol consumption.
* Next steps: The cross-agency coordination group will continue to coordinate cross-agency activities in the FASD Action Plan. Te Hiringa Hauora (NB previously called the Health Promotion Agency) is developing its alcohol harm reduction strategy (see activity 2 below).
 | Complete and ongoing |
| 2. | Extend existing culture change campaign (eg, ‘Say Yeah, Nah’)* The Say Yeah, Nah advertising (Dept of Lost Nights) is now out of market. The approach to denormalise alcohol is moving from traditional advertising towards an influencing strategy. This involves taking a systems-level view, creating and providing evidence-based messaging to limit the impact of harmful messages and practices, amplifying community voices, and strengthening community influence and leadership skills via partnerships. This strategy is currently in development.
 | Complete and ongoing |
| 3. | Support the Healthy Families communities to focus on alcohol harm reduction* The Healthy Families programme is funded by the Ministry of Health (MoH) and is currently being implemented in approx. nine communities in New Zealand. See <https://www.health.govt.nz/our-work/preventative-health-wellness/healthy-families-nz>.
* MoH promotes the key messages on alcohol and pregnancy within alcohol and drug prevention activity contracts.
 | Complete |
| 4. | Investigate options for increasing alcohol and drug prevention activity in schools* Play our best card resource has been distributed to every school (an interactive, hands on teaching resource).
* Tūturu ([www.tuturu.org.nz](http://www.tuturu.org.nz) ) is a programme which supports student wellbeing and prepares students for a world where alcohol and other drugs exist. A three-year pilot has been led by NZ Drug Foundation and supported by a cross-sector governance group (including Te Hiringa Hauora, MoH, MoE and NZ Police). The Tūturu framework includes:
1. tools to support schools to adjust their school-wide approaches to wellbeing, alcohol and drugs
2. teaching and learning resources that use alcohol and drugs as a context for learning (i.e., including learning about alcohol and drugs in classes beyond a Health class, for example students can study alcohol outlet density in their Geography classes, or alcohol advertising in their English classes)
3. connections to local Alcohol and other Drugs (AoD) treatment providers.
* Tūturu is endorsed by the NZ Health Education Association and more than 100+ educators and academics attended a Tūturu Summit at Parliament just prior to rāhui/lockdown. More than 3,000 people visited the Tūturu website in the past three months, ending June 2020. The Tūturu pilot was evaluated by NZCER.
* Development options for the programme are currently being explored. This is likely to include the development of a toolkit to build on the existing workshop guide (for students to create a wellbeing framework for their school). This will support students to implement student-led action to improve student wellbeing.
 | Complete and ongoing |

| Prevention |
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| Specific action 2: Develop and disseminate clear, unambiguous and consistent messages to increase the whole community’s awareness of the risks of drinking during pregnancy, including FASD |
| Activity # | Activities and progress | Status |
| 5. | Produce two key resources on alcohol and pregnancy – one for consumers and one for professionals – and use them to update existing government resources and make it easy for others to build similar messages into their own resources* A new alcohol and pregnancy pamphlet has been produced and is available to order from the HealthEd and [alcohol.org.nz](http://www.alcohol.org.nz) websites.
* [Alcohol and pregnancy key messages resource](https://www.alcohol.org.nz/resources-research/alcohol-resources/resource-publications?field_audience=All&search_api_views_fulltext=Alcohol-free%20pregnancy%20key%20messages%20infosheet) has been completed.
* [Alcohol and pregnancy evidence summary](https://www.alcohol.org.nz/sites/default/files/images/Evidence%20summary%20-%20alcohol%20and%20pregnancy.pdf) has been completed.
 | Complete |
| 6. | Extend the public education campaign on alcohol and pregnancy* An alcohol-free pregnancy campaign was in the market over 2018/2019. The campaign, Pre-Testie Bestie, aimed to reduce alcohol consumption during early pregnancy by encouraging women to stop drinking if there is any chance that they could be pregnant. This approach aimed messaging at the supporters of young women who may be pregnant. The attention grabbing and humorous tone of the campaign challenged women to be a ‘Pre-Testie Bestie’ and support their friend to be alcohol free if they think they might be pregnant.
* Te Hiringa Hauora worked with health promoters in some regions to develop regionalised implementations of the campaign. Next steps: A new approach to promoting alcohol free pregnancies is currently in development.
 | Complete and ongoing |
| 7. | Provide guidance on alcohol and pregnancy for schools as they develop and implement their own curriculum* Te Hiringa Hauora and MoH continue to promote key messages on alcohol and pregnancy for school curriculum. See the key messages in the new brochure (<https://www.healthed.govt.nz/resource/alcohol-and-pregnancy-what-you-might-not-know>).
* Within the FASD online guide for teachers, there is a section titled “Teach students about alcohol harm during pregnancy”. This section of the resource can support schools in their curriculum development and implementation. This section of the guide is available at: [https://www.inclusive.tki.org.nz/guides/fetal-alcohol-spectrum-disorder-and-learning/teach-students-about-fasd-cause-and-effects](https://scanmail.trustwave.com/?c=15517&d=_KK44IhSWdYBDGpvnPODfN5tWZwx6x4ihrZkEEKWtg&u=https%3a%2f%2fwww%2einclusive%2etki%2eorg%2enz%2fguides%2ffetal-alcohol-spectrum-disorder-and-learning%2fteach-students-about-fasd-cause-and-effects).
* See activity 4 above.
 | Complete and ongoing |
| 8. | Formally review the success of the coverage, consistency and effectiveness of the voluntary alcohol warning label initiative in both Australia and New Zealand* In July 2020, the mandatory pregnancy warning label on alcohol beverages was agreed by Australia and New Zealand Ministerial Forum on Food Regulation. New Zealand will be moving to mandatory pregnancy warning labels on alcohol products.
* The Ministry for Primary Industries (MPI) reviewed the success, coverage, consistency and effectiveness of the voluntary alcohol warning label initiative in New Zealand.
* Overview report: voluntary pregnancy warning labelling on alcohol products in New Zealand (<https://foodregulation.gov.au/internet/fr/publishing.nsf/Content/Pregnancy-Warnings-on-Alcohol-Labels>).
* Te Hiringa Hauora commissioned research on consumer awareness and understanding of alcohol and pregnancy warning that provided contributory information for the review (<https://www.hpa.org.nz/research-library/research-publications/consumer-awareness-and-understanding-of-alcohol-pregnancy-warning-labels>).
 | Complete |

| Early identification |
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| Specific action 3: Support primary care to provide high-quality, responsive and equitable maternity care, including screening and brief intervention for alcohol |
| Activity # | Activities and progress | Status |
| 9. | Work with professional colleges to update clinical guidelines on alcohol and pregnancy and embed evidence-based interventions and messages into core workforce competencies* The colleges of general practitioners (GPs) and midwives were consulted in updating MoH’s guidelines on alcohol and pregnancy. The draft of the updated guidelines was not published but has been used as a knowledge base internal document to inform online tools and resources.
* Te Hiringa Hauora is working on an ABC alcohol module with improved pregnancy related content for GPs.
* Te Hiringa Hauora has partnered with New Zealand College of Midwives (NZCOM) to develop an online learning module specific for midwives.
* Te Hiringa Hauora partnered with the University of Auckland's Healthy Start Workforce Team, to create a new e-training on alcohol and tobacco exposure during early life: impacts on fetus and child. This course is free to New Zealand health practitioners and takes around 30 minutes to complete. The module explores why and how exposure to alcohol and/or tobacco during pregnancy and early childhood (first 1000 days), affects immediate and lifelong health outcomes for the child (<https://www.healthystartprofessional.org.nz/en/our-education-programmes/healthystarteducation1.html>).
* Work has also been done to increase the uptake into practice of tools that embed alcohol screening early in all pregnancies. Increasing and improving alcohol screening and support for pregnant women in primary care is a key priority in reducing FASD. The National Hauora Coalition launched the Best Start Kōwae suite of innovative assessment tools for use by Primary and Maternity Care Providers, designed to improve quality care throughout the pregnancy journey. Gen2040 is leading the national rollout of the tools that will see significant improvements across health services, ensuring all pēpī, especially pēpī Māori, are given the best start in life. Best Start Kōwae will be freely available for use by primary care providers and lead maternity carers across Aotearoa.
 | Complete and ongoing |
| 10. | Develop and promote an e-learning module that covers alcohol and pregnancy risks and the basics of FASD, which can be tailored for different professions and attract professional development credits* See activity 9 above.
* Training and guidance resources have been developed to enable a range of professionals, such as teachers, social workers and health professionals, to better support those with FASD and their families and caregivers. These resources and online training are available through the Ministry of Education’s (MoE) [TKI website](https://www.inclusive.tki.org.nz/guides/fetal-alcohol-spectrum-disorder-and-learning?stage=Live), Oranga Tamariki [Practice Centre website](https://practice.orangatamariki.govt.nz/previous-practice-centre/knowledge-base-practice-frameworks/fetal-alcohol-spectrum-disorder/) and Te Pou’s [website](https://www.tepou.co.nz/disability-workforce/fetal-alcohol-spectrum-disorder-fasd/239) (a MoH-funded workforce development provider).

Next steps: Ongoing promotion of the training and guidance resources, including incorporation in professional training curriculums and mandatory professional development and performance review frameworks.* MoH has extended support to Te Pou to deliver its introductory FASD e-learning course for frontline professionals. The course aims to upskill people to better recognise and respond compassionately to people with FASD. Activities in this area will also include updating the introductory course based on evaluation feedback and consultation, and exploring the use of a ‘train the trainer’ model for its workshops and developing and delivering a ‘train the trainer’ model, if feasible.
 | Complete and ongoing |
| 10. (cont) | **Flexible Supports for Neurodiversity**MoE has resources available to schools that support teachers to plan for neurodiversity in learning. Many of these are accessed through MoE’s [Inclusive Education website](https://www.inclusive.tki.org.nz/). In particular MoE has an [FASD learning](https://www.inclusive.tki.org.nz/guides/fetal-alcohol-spectrum-disorder-and-learning/) guide for teachers to design support for the learning and wellbeing of students with FASD. In addition, MoE is currently developing further resources for teachers and whānau including modules on designing for learner variability and creating inclusive learning environments. MoE is developing a series of professional learning and development modules for kaiako, whānau, resource teachers and Ministry specialists. The focus of the modules is to grow understanding of neurodiversity and to provide guidance on designing inclusive learning environments. The intention is for modules to be used as professional learning and development sessions facilitated by the existing workforce, such as LSCs and RTLBs.In New Zealand, learning supports provided by MoE specialists and specialist resource teachers are designed to respond to a range of needs. Learning supports can include responding to physical, behavioural, communication, learning and/or wellbeing needs. MoE services can be offered to children and young people with learning support needs, including needs associated with FASD. Provision for learning support needs is not based on diagnosis but on individual needs, due to the need for flexible, tailored supports.Flexible supports include tools and resources that can be easily adapted for the diverse needs of ākonga. Examples include supporting kaiako to implement inclusive design practices in services and schools, using assistive technologies and classroom design modifications.Other examples of flexible supports and programmes are teaching and practising social and emotional skills, using visual supports in the classroom, and delivering evidence-based parenting programmes. Building the skills of adults around neurodiverse ākonga through professional development for teacher aides, education support workers and kaiako enables them to support ākonga flexibly.TKI website: [Fetal alcohol spectrum disorder and learning | Inclusive Education (tki.org.nz)](https://inclusive.tki.org.nz/guides/fetal-alcohol-spectrum-disorder-and-learning/)This was promoted in September 2021 on the MoE social media pages.Along with the refresh of the NZ Curriculum a consistent content structure and progression model will make it easier for teachers to use. It will be available digitally through the new Online Curriculum Hub with direct links to supporting resources including the FASD resources and the flexible supports for neurodiverse learners. |  |

| Early identification |
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| Specific action 4: Increase access to equitable and culturally competent sexual and reproductive health care |
| Activity # | Activities and progress | Status |
| 11. | Implement the Sexual and Reproductive Health Action Plan for 2016–2026* In 2016, MoH commenced planning to develop a Sexual and Reproductive Health Action Plan. By the end of 2018, the decision was made not to progress and instead to continue with the Sexual and Reproductive Work Plan that the Ministry was working to.
 | Discontinued |
| 12. | Access to contraception* The cross-agency FASD co-ordination group worked with the Ministry’s sexual and reproductive health programme to prevent FASD by supporting better access to contraception for women at highest risk of having babies with FASD. The Ministry’s subsequent contraceptive equity initiative provided DHBs with funding for low cost (maximum $5) contraceptive consultations and if they choose – free long acting reversible contraception. The Ministry strongly encouraged DHBs to provide access to this programme for women using Community Alcohol and Drug Services (CADS), and many DHBs have done this.
 | Complete |

| Early identification |
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| Specific action 5: Increase access to support and specialist services for women with alcohol and drug issues (AOD) |
| Activity # | Activities and progress | Status |
| 13. | Increase support for pregnant and postpartum women experiencing AOD issues* Pregnancy and Parenting Support Services (PPS) have been set up in three pilot locations to support women with children who have AOD, complex needs. This is based on the Waitematā intensive wraparound service.
* The aim of the PPS is to reduce harm and improve the wellbeing of children by addressing the needs of parents and working to strengthen the family environment. The pilot sites are: He Tupua Waiora, Northland; Te Hiringa Matua, Tairawhiti and Te Ara Manapou, Hawkes Bay.
 | Complete and ongoing |
| 14. | Implement and evaluate intensive wraparound services for pregnant women in three DHB areas* Three PPS services are currently being piloted in Northland, Hawkes Bay and Gisborne to support women with AOD issues and complex needs.
* The first evaluation of the pilot has been conducted and the report shows it is working well towards the intended outcomes.
* The pilot sites, He Tupua Waiora, Te Hiringa Matua, Te Ara Manapou and Hawkes Bay are being evaluated. Early findings support the progress of the PPS towards the aims.
 | In progress |

| Support |
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| Specific action 6: Enhance the ability of frontline professionals to recognise and respond effectively and compassionately to people with FASD and other neurodevelopmental impairments |
| Activity # | Activities and progress | Status |
| 15. | Conduct a stocktake and gap analysis of current frontline and allied health workforce competencies for preventing, identifying and responding to FASD* In March 2017, MoH conducted a stocktake and gap analysis of specialist health workforce competencies for assessment and intervention for FASD.
* MoH contracted Matua Raki, the national centre for addiction workforce development, to co-design training and resources for frontline professionals to identify people with FASD and respond appropriately. The stocktake of current frontline workforce capabilities was completed as part of the co-design project.
 | Complete |
| 16. | Test the ability of the B4 School Check/Well Child Tamariki Ora (WCTO) screens to identify children with FASD and other neurodevelopmental impairments* A research report was completed on the adequacy of the Strength and Difficulties Questionnaire (SDQ) for neurodevelopmental delay screening**.**
 | Complete |
| 17. | Develop a resource for teachers, to improve their knowledge and practice regarding FASD* MoE has developed a guide for teachers to improve knowledge and awareness of FASD and its effect on learning. This guide includes a range of resources that teachers can use to support students with FASD. It is available at: [https://www.inclusive.tki.org.nz/guides/fetal-alcohol-spectrum-disorder-and-learning/](https://scanmail.trustwave.com/?c=15517&d=_KK44IhSWdYBDGpvnPODfN5tWZwx6x4ihrI_RBHA5g&u=https%3a%2f%2fwww%2einclusive%2etki%2eorg%2enz%2fguides%2ffetal-alcohol-spectrum-disorder-and-learning%2f). This guide will continue to be updated as new resources become available.
 | Complete |
| 18. | Develop guidance for people working in the youth justice system, to increase their awareness of and ability to respond effectively to people with FASD and other neurodevelopmental impairments* Guidance for people working in the youth justice system to increase their awareness and ability to respond effectively to people with FASD and other neurodevelopmental impairments was developed as part of the Matua Raki co-design project.
* Oranga Tamariki has recently announced an organisational reset aimed at its commitment to ensuring that New Zealand is the best place in the world to be a child, and its commitment to partnering with iwi, hapū, and Māori organisations to find appropriate solutions for tamariki in need.
* Among many actions in the Oranga Tamariki Action Plan, there are specific actions around development and implementation of operating procedures and practice that span the entire depth and breadth of Oranga Tamariki. This includes a fundamental shift in how staff work with tamariki and rangatahi as a whole, and specifically those with neurodiversities.
* Oranga Tamariki has also progressed other more localised solutions for example:
* progression of practice standards that address neurodiversity
* neurodiversity and FASD specific training for youth justice sites
* increase of Oranga Tamariki Regional Disability Advisors
* initiation of a neurodiversity work programme directed at youth justice pathways and programmes
* Oranga Tamariki continues to work closely with FASD-CAN to inform approach.

See the Oranga Tamariki Practice Centre website: <https://practice.orangatamariki.govt.nz/previous-practice-centre/knowledge-base-practice-frameworks/fetal-alcohol-spectrum-disorder/>. | In progress |
| 19. | Early support in schools* **\*Proceeds of Crime-funded initiative** MoE and MoH have been working together with two primary schools to pilot an adaption of the Alert Program® (ALERT) using a tiered approach. The pilot seeks to test a model for integrating social-emotional learning into the curriculum, initially tailored at a primary school level.
* Phase 1 was completed in late 2019 where ALERT was adapted as a school-wide approach (tier one). Universal training and support were provided to staff in the two schools. As staff learn and embed ALERT language and strategies, it is expected that all learners will improve their ability to self-regulate and both teachers and learners will improve their overall wellbeing.
* Phase 2, includingtier two and three, focused on ensuring both school and home environments of learners with additional needs are supportive of their sensory needs. Learners were identified by their teacher as having participation or learning difficulties or compromised wellbeing. The wellbeing of all ākonga was supported by the continuation of the ALERT school-wide approach during phase 2. ALERT phase two evaluationis in progress.
 | Complete and ongoing |

| Support |
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| Specific action 7: Improve the capability of clinicians to diagnose FASD |
| Activity # | Activities and progress | Status |
| 20. | Develop and test a minimum assessment protocol for FASD* MoH tested a minimum assessment protocol for FASD with the Leading Lights (LL) pilot group of the Growing Up in NZ (GUiNZ) cohort.
 | Complete |
| 21. | Test the accuracy and usability of facial screening software for FASD in a New Zealand cohort* MoH tested the accuracy and usability of software which used clinical photography to assist a clinician to identify facial characteristics linked to fetal alcohol syndrome.
 | Complete |
| 22. | FASD assessment and diagnostic training* MoH funded Alcohol Health Watch (AHW) to conduct two clinical education days.
1. The first coordinated for Auckland in May 2019, was a multi-disciplinary workshop on diagnostic protocols, comparing and contrasting the similarities and differences of the Australian and Canadian models and their implication in practice. This was attended by 35 individual clinicians.
2. The second clinical workshop coordinated was held in February 2020 specifically for invited New Zealand psychologists.
* Three one-hour webinars were arranged and delivered to the Australian New Zealand FASD Clinical Network (ANZFASDCN) membership, each bringing a different perspective to understanding FASD.
* A fourth webinar opportunity arose with FASD specialists in Canada who invited ANZFASDCN members to join a webinar discussing virtual team FASD diagnostic via telehealth. This was jointly funded with Canada and enabled 50 New Zealand clinicians, including paediatricians, to participate.
* During 2021–2022,MoH is supporting AHWto provide mentoring to trainees as they proceed to their first FASD diagnosis and to support kaupapa Māori approaches in FASD clinical (and wider) networks. This includes the development of a webinar for the clinical network in November 2021.
 | Complete |
| 23. | Work with professional networks to support the implementation of consistent diagnostic guidelines for FASD in New Zealand, and embed them into core training* MoH has supported the development of an Australia-New Zealand network of clinicians working with people with FASD.
* MoH supports the child development professional clinical network of The Paediatric Society of New Zealand. The network is open to a wider group of health professionals, including those working with FASD.
 | Complete and ongoing |
| 24. | Developing FASD clinical diagnostic guidelines and training (\*Proceeds of Crime-funded initiative)* The project has been commissioned by MoH.
 | In progress |

| Support |
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| Specific action 8: Improve cross-sector collaboration and capacity to provide effective assessments for people showing signs of significant neurodevelopmental impairment |
| Activity # | Activities and progress  | Status |
| 25. | Work with clinical reference group to develop research, screening and assessment protocols* MoH, DHB clinicians and the GuiNZ team developed research, screening and assessment protocols that were tested with the LL group of the GUiNZ study.
* See activity 20 above.
 | Complete |
| 26. | Pilots in three Pregnancy and Parenting Support Services (PPS) and Child Development Services (PoC 2019 funded)* See activity 30 below.
 | In progress |

| Support |
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| Specific action 9: Develop a coordinated, consistent, accessible and appropriately resourced pathway for supporting affected people and their families, whānau and caregivers |
| Activity # | Activities and progress | Status |
| 27. | Undertake a stocktake and gap analysis of FASD interventions, services and supports* An overview of services available for people with FASD and their families was completed by Litmus in March 2017. The report provides a high-level summary stocktake and gap analysis of services for children and young people with neurodevelopmental delays.
* See activity 15 above.
 | Complete |
| 28. | Focus on neurodevelopmental need within the Special Education UpdateA priority area in MoE’s *Learning Support Action Plan 2019–2025* is ‘Flexible supports for neurodiverse learners’. Implementation work is under way to help build the understanding and confidence of early learning services, me ngā kohanga reo (early learning services), schools and kura to respond to neurodiverse children and young people. MoE provides around 350 study awards annually for early learning and school teachers to ensure the availability of a specialist teacher workforce. MoE has contracted Massey University to provide a new post-graduate qualification from 2021 with strengthened core content on neurodiversity across all endorsements and a study pathway for kaiako working in te kōhanga reo. | Complete |
| 29. | Gateway Assessments and FASD* Gateway Assessments are provided for children and young people involved with the statutory care system and are a critical avenue for identifying children with FASD among a high-risk population. Oranga Tamariki contracts with all DHBs to assess the health needs of children in, entering, or at risk of entering care.
* Oranga Tamariki is currently looking to identify gaps and strengthen these pathways.
 | In progress |
| 30. | Child Development Services improvement programme* In 2019, Child Development Services (CDS) received an additional $35m of funding over four years for an improvement programme. The additional funding for the CDS Improvement Programme have achieved the following outcomes:
* over 70 additional allied health workers recruited
* an additional 1000 children have been seen by the service each year.

These gains have been achieved across the service. The goal is to increase access for all children including children with FASD.* There is no specific information available about access for children with FASD, but part of the improvement programme is to improve and standardise data collection nationally and this will include better visibility of individual diagnosis.
 | In progress |
| 31. | Pilots in three Pregnancy and Parenting Support Services (PPS) and Child Development Services (\*Proceeds of Crime-funded initiative)* PPS and CDS initiatives will be integrated, will complement each other, and is jointly called Neurodevelopmental Assessment and Support Pilot (NASP). The aim of NASP is to provide early identification and intervention support for children with FASD and/or other neurodevelopmental needs, and their whānau.
* These services will be delivered as pilots over three years, including six months for recruitment and co-design. Co-design agreements have been signed with three District Health Boards.
 | In progress |
| 32. | Commissioning research to identify what an effective system-wide approach to responding to FASD and neurodevelopmental disorders would look like (\*Proceeds of Crime-funded initiative)The research has been commissioned by MoH. | In progress |
| 33. | Providing mentoring and support for families (\*Proceeds of Crime-funded initiative)* The funding has been used to empower the parent/caregiver-led FASD-CAN network to work towards establishing a regional navigator role, training professionals and caregivers via webinars, increasing the network’s reach through improvements in IT infrastructure, and establishing grants for families and whānau.
 | In progress |
| 34. | Sensory based self-regulation Alert Program ® pilot in one youth justice residence (\*Proceeds of Crime-funded initiative)* MoH has signed a Memorandum of Understanding (MoU) with Oranga Tamariki to implement Alert Program®, a sensory based self-regulation programme. The programme will be rolled out in one youth justice residence, including to children and young people affected by FASD and other neurodevelopmental issues.
 | In progress |
| 35. | Sensory based self-regulation Alert Program ® pilot in one prison (\*Proceeds of Crime-funded initiative)* Work is in progress towards getting a MoU between the Department of Corrections and MoH signed.
 | In progress |

| Evidence |
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| Specific action 10: Conduct research into the incidence of FASD and other neurodevelopmental impairments in a New Zealand cohort |
| Activity # | Activities and progress | Status |
| 36. | Leading Lights pilot study* MoH conducted a pilot study in 2018 into the feasibility of a case ascertainment study within the GUiNZ cohort. The pilot study showed that it was possible to screen for FASD within the cohort, but that true case ascertainment would be difficult to carry out. However, it is likely that the GUiNZ dataset can provide answers to key questions relating to FASD in New Zealand.
* See activities 20 and 21 above.
 | Complete |
| 37. | Study to estimate prevalence (\*Proceeds of Crime-funded initiative)* MoH has commissioned a study which will estimate prevalence of children in the GUiNZ cohort that present with neurocognitive difficulties that may be related to FASD and would benefit from further assessment.
 | In progress |

1. <https://www.health.govt.nz/publication/taking-action-fetal-alcohol-spectrum-disorder-2016-2019-action-plan> [↑](#footnote-ref-1)
2. This table was first published in April 2021. The scope of February 2022 update is mainly limited to Activity # 4, 10, 17, 18, 19, 22, 24, 29, 30, 31, 32, 34, 35, and 37. The table will be further updated at a later date. [↑](#footnote-ref-2)