



THE UNIVERSITY
of EDINBURGH



Fetal Alcohol Advisory
Support & Training Team

Fetal Alcohol Spectrum Disorder Training & Competency Framework

Authors:

Dr Jennifer Shields

Rachel Burn

Dr Sarah Brown

Dr Suzanne O'Rourke

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01. Introduction

Fetal Alcohol Spectrum Disorder (FASD) is a neurodevelopmental condition which can occur following prenatal alcohol exposure (PAE). FASD is a significant public health issue in Scotland requiring proficiency in those working within health, social care, third sector organisations, education and criminal justice, across all life stages including preconception and ante-natal care, childhood, adolescence and adulthood. In Scotland, the prevalence of FASD is conservatively estimated to be 3.35%-5%¹ with evidence indicating that 1 in 7 babies have sufficient alcohol exposure to place them at high risk.² This makes FASD, a largely preventable diagnosis, one of the most common, neurodevelopmental conditions in Scotland with its potential prevalence being three to four times that of autism.¹ FASD is a lifelong diagnosis and disability which, without early diagnosis and appropriate support starting in early childhood, is linked to a range of physical, functional and psychological difficulties. Associated difficulties are common and can include reduced educational attainment and outcomes, mental health and addiction issues, involvement with the criminal justice system, and premature death from violence, accidents and suicide. Timely intervention can ameliorate such risks, allowing individuals to achieve their full potential and a better quality of life.

Despite FASD being a descriptor term coined in the 1970's, the condition has not received parity with other neurodevelopmental conditions in terms of recognition, education, investment and support. Practitioners specialising in neurodevelopment may perceive their knowledge and confidence in diagnosing FASD as distinct from their expertise and training in other conditions such as Autism, or ADHD for example. Following the Scottish Government Taskforce's publication of the Child and Adolescent Mental Health Services (CAMHS): NHS Scotland National Service Specification³ and National Neurodevelopmental Specification for Children and Young People⁴, which advocate for the inclusion of FASD within neurodevelopmental pathways, there is a pressing need for enhanced knowledge, skills and professional development in the area of FASD.

This need will only increase with the planned neurodevelopmental specification for adults aged over 25 years.⁵

To address this need, the Scottish Government has funded the Fetal Alcohol Advisory Support and Training (FAAST) Team to develop an *FASD Training and Competency Framework* to support and guide services and professionals on the level and type of training required to ensure sufficient competencies for safe, trauma-informed practice in a range of roles. FAAST are a Scottish Government funded resource based within the University of Edinburgh offering training, consultation and research on the neurodevelopmental impacts of prenatal alcohol exposure.

Reference to the FASD Training and Competency Framework should inform annual Personal Development Plans for all practitioners in health, education, social care, criminal justice, public services and third sector organisations who work with individuals with confirmed or potential neurodevelopmental diagnoses given the high rates of co-morbidity, missed and misdiagnosis.

Regular reference to the Framework is essential for services and professionals meeting the needs of child and adult populations with increased risk of FASD e.g.: individuals who are care-experienced or who have experienced school exclusion, individuals experiencing homelessness and those who are engaged with addiction services, mental health services or the criminal justice system.

Further information on the scale and scope of FASD in Scotland, along with guidance on the identification and management of individuals exposed prenatally to alcohol, has been published by the Scottish Intercollegiate Guidelines Network (SIGN) in SIGN 156.¹

02. What is FASD?

FASD describes a range of physical, emotional and developmental difficulties that may affect a child or adult who was exposed to alcohol during pregnancy. PAE affects multiple organs including the growth, structure and function of the brain and central nervous system. The presentation of FASD varies according to the timing and dose of PAE but often presents as differences in learning, attention, emotion regulation and behaviour. As a result, FASD may present similarly to, or co-exist with, other neurodevelopmental presentations such as Autism, Attention Deficit Hyperactivity Disorder or Intellectual Disability increasing the risk of misdiagnosis or a failure to recognise comorbidity. Unfortunately, individuals with FASD often experience trauma and other adverse childhood experiences (ACEs), which can further increase the risk of missed or misdiagnosis. This is due to diagnostic overshadowing, as these co-occurring experiences tend to receive greater emphasis in professional training.

Known to be one of the most common and destructive teratogens (toxins), alcohol is commonly ingested in pregnancy with evidence suggesting 40% of Scottish pregnancies are exposed in the second and third trimester, 15% to frequent high-volume doses.² The toxic effect of alcohol can however impede development from the moment of conception, long before the pregnancy is recognised. Given this context, the consideration of FASD ought to be commonplace, particularly in services where individuals require additional support, for example people experiencing mental health difficulties, addiction issues or homelessness.

Diagnosis of FASD involves a multidisciplinary team, with skills in the assessment of facial features, neurodevelopment, cognition, language, motor and sensory impairments. These commonly include a Paediatrician or Psychiatrist, a Clinical Psychologist, Occupational Therapist and Speech & Language Therapist. Often there are important contributions from multiagency colleagues such as Educational Psychologists, Social Workers, Health Visitors and Teachers in addition to parents and third sector colleagues.

International guidelines illustrate the move from Fetal Alcohol Syndrome (FAS; a now redundant term) to recognising the wider, and more common phenotype, of Fetal Alcohol Spectrum Disorder without sentinel facial features (see Table 1). FAS tended to be diagnosed in those with overt facial features, short stature and structural brain differences (e.g. a small head circumference) at birth or in the early years of development. In contrast, the majority of those with FASD (~90%) do not have the distinctive facial features typical of FAS, creating a reliance on caregivers or multiagency professionals recognising and raising concerns regarding neurodevelopmental differences. Importantly, where evidence of prenatal alcohol exposure exists, and concerns regarding development have been identified, a comprehensive assessment is still required as not every alcohol exposed pregnancy leads to FASD.

Table 1: SIGN 156 Diagnostic Criteria Summarised

Fetal Alcohol Spectrum Disorder with facial features Previously known as Fetal Alcohol Syndrome	Fetal Alcohol Spectrum Disorder without facial features also referred to as 'FASD'
<ul style="list-style-type: none"> • Confirmation of pre-natal alcohol exposure • Significant impairment of central nervous system affecting 3 or more of the following: <ul style="list-style-type: none"> - Motor skills - Neuroanatomy /neurophysiology - Cognition - Language - Academic achievement - Memory - Attention - Executive function - Affect regulation - Adaptive behaviour, social skills or social communication • Distinctive facial features: <ul style="list-style-type: none"> - Small eyes - Smooth philtrum (area between nose and mouth) - Thin upper lip 	<ul style="list-style-type: none"> • Confirmation of pre-natal alcohol exposure • Significant impairment of central nervous system affecting 3 or more of the following: <ul style="list-style-type: none"> - Motor skills - Neuroanatomy /neurophysiology - Cognition - Language - Academic achievement - Memory - Attention - Executive function - Affect regulation - Adaptive behaviour, social skills or social communication • Absence of distinctive facial features 90% <ul style="list-style-type: none"> - FASD is often referred to as a 'hidden disability'

The diagnosis of FASD requires a comprehensive neurodevelopmental assessment and an interpretation of results to identify significant differences in multiple brain domains. This includes language, memory, executive function, general and social cognition and sensory motor skills. Individuals with FASD often present with an unusual pattern of difficulties alongside areas of strength, which are not fully explained by other known factors beyond a documented history of prenatal alcohol exposure.

03. Who is this framework for?

This **Fetal Alcohol Spectrum Disorder (FASD) Training & Competency Framework** is designed for professionals across health, social care, education, justice, and third sector and public services who may support individuals affected by FASD. It provides a structured approach to developing competency at different levels, from basic awareness to advanced expertise.

Whilst FASD awareness should be universal, Figure 1 outlines examples of workforce groups and anticipated level of training required. It is the responsibility of service leads to consider the needs of their workforce and contextualise this with regards to specific roles.

Figure 1: FASD Training Levels by Workforce



Example workforce groups

FASD awareness should be embedded across multiple sectors to improve recognition, support and service accessibility. It is therefore recommended that awareness of FASD becomes ingrained within relevant government departments and policy areas. Table 2 outlines example key government directorates and policy areas where FASD awareness should be considered in strategic planning and service development.

Table 2: Relevant Government and Policy Areas

Government Departments	Example Policy Areas
Health and Social Care Directorate	<ul style="list-style-type: none"> • Public Health (including Alcohol and Substance Use Policy) • Primary Care and GP Services • Secondary Care and Specialist Services • Child and Maternal Health • Mental Health and Wellbeing • Neurodevelopmental and Intellectual Disability • Allied Health Professional Development
Education and Skills Directorate	<ul style="list-style-type: none"> • Early Years and Childcare • Additional Support for Learning (ASN/SEND Policy) • Teacher Training and Professional Development • School Inclusion and Wellbeing Policies • Further and Higher Education Support • Lifelong Learning and Skills Directorate
Justice Directorate	<ul style="list-style-type: none"> • Criminal Justice, Policing, Courts and Prisons • Youth Justice and Early Intervention • Vulnerable Adults and Domestic Abuse • Legal Aid and Access to Justice
Social Justice, Housing, and Local Government Directorate	<ul style="list-style-type: none"> • Homelessness and Housing • Employability and Fair Work • Poverty Reduction • Social Security • Equality, Inclusion and Human Rights Directorate

Government Departments	Example Policy Areas
Children and Families Directorate	<ul style="list-style-type: none"> • Child Protection and Family Support • Early Intervention and Family Support • Care-Experienced Children and Care Leavers • Adoption and Fostering
Alcohol, Drugs & Public Health Policy Areas	<ul style="list-style-type: none"> • Alcohol and Substance Use • Alcohol Licensing and Harm Reduction • Drug and Alcohol Treatment and Recovery • Public Health Awareness Campaigns

By embedding FASD awareness within these sectors, policies can be designed to underpin prevention messaging, provide better support, improve early identification, and ensure that individuals with FASD receive the appropriate services throughout their lifespan.

04. Best Practice Guidance

The Fetal Alcohol Advisory Support and Training Team has adopted best practice as outlined in the SIGN Guideline #156 for Children and Young People exposed prenatally to alcohol.¹ Based on the Canadian Guidelines for Fetal Alcohol Spectrum Disorder (FASD)⁶ the SIGN guideline is congruent with the international consensus on the importance of early identification of FASD. Early identification of FASD ensures individuals receive timely support to reach their potential and reduce the risk of known associated difficulties e.g. experiencing school exclusion, mental ill health, addiction issues, homelessness, and criminal justice involvement.

Scotland's SIGN guideline was adopted as the basis for the NICE Quality Standard for Fetal Alcohol Spectrum Disorder in England and Wales⁷ creating a shared framework for service provision for those with confirmed or suspected FASD. Along with the UK wide adoption of a standardised vocabulary of medical terms in health records, (Systemised Nomenclature of Medicine clinical terms; SNOMED) for FASD, this will facilitate the ability to audit rates of diagnosis and intervention.

A key theme is the timely identification of an individual's strengths, needs and required support based upon the profile established via neurodevelopmental assessment. Both the SIGN Guidelines¹ and NICE Quality Standard⁷ emphasise the importance of joint working across agencies, using multidisciplinary team approaches where possible. Interventions should therefore follow from the formulation and assessment findings, drawing on strengths where possible, and addressing difficulties as indicated.

05. Framework Development

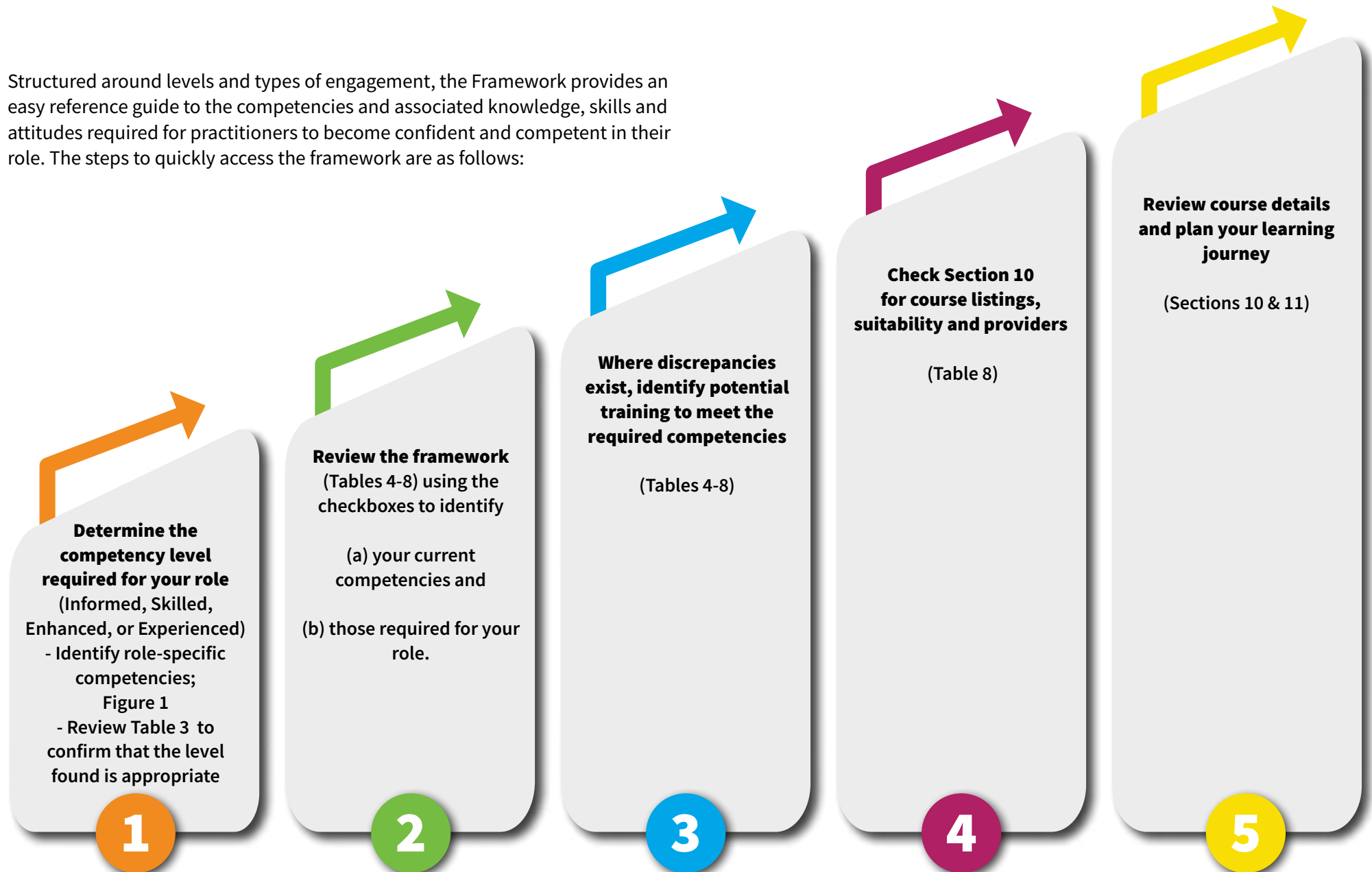
This framework was developed using elements of functional analysis and competency mapping. It was designed to ensure that individuals working in relevant roles have the necessary skills and knowledge to meet the needs of those affected by FASD. The framework consists of several key components, drawing on evidence from national and international sources and stakeholder consultation.

Key steps in its development included:

- **Review of Existing Competency Frameworks:** A review of established training and competency frameworks in the broader health field was undertaken to identify common themes, essential skills, and knowledge areas. This also helped determine effective formats already in use.
- **Evidence-Based Review of International Guidelines:** International FASD guidelines were examined to identify consistent messaging regarding training standards, best practices, and approaches relevant to the Scottish and UK context. This ensured alignment with global expertise while remaining practical for local implementation.
- **Workforce Training Needs Assessment:** Data collected from Scottish Government-funded training initiatives (2015–2019) were analysed to establish a baseline understanding of workforce needs. This included:
 - Identifying participant occupations and workforce groups (e.g., medical, nursing, allied health professionals, social care, education, third sector organisations).
 - Assessing the level of FASD awareness among different professionals.
 - Understanding the specific aspects of FASD diagnosis and support undertaken by various roles (e.g., direct support for families, involvement in neurodevelopmental teams).
 - Mapping these findings to define appropriate competency levels required for different professional groups.
- **Scoping of Existing Training Resources:** A mapping exercise was conducted to identify current training opportunities and resources available to professionals. This ensured that the framework aligned with existing CPD pathways and highlighted gaps where additional training might be needed.
- **Development of the Framework:** Based on these findings, the training and competency framework was structured to serve as a practical guide for individuals, service leads, policymakers, and organisations. It provides a clear structure for workforce development while being flexible enough to accommodate ongoing learning needs.
- **Stakeholder and Lived-Experience Consultation:** Once developed, the framework was shared for consultation with professional bodies, third sector organisations, and, most importantly, individuals with lived experience of FASD through Scotland’s National FASD Advisory Group. Their insights were invaluable in refining the framework to ensure it is both effective and accessible. We extend our sincere thanks to all who contributed.

06. How To Use This Framework

Structured around levels and types of engagement, the Framework provides an easy reference guide to the competencies and associated knowledge, skills and attitudes required for practitioners to become confident and competent in their role. The steps to quickly access the framework are as follows:



07. The Four Levels of Competency

The competencies, knowledge and skills and associated training recommendations are presented under the following four levels derived from NHS Education Scotland.

These levels guide users on what they need to know (Knowledge) and what they should be able to do (Skills) to facilitate best outcomes for people with FASD. Levels are incremental and the framework allows a flexible approach to developing knowledge and skills.

Reference to Table 3 and Figure 2 will allow you to **ascertain what level of training you require for your role**. For example, someone working in dentistry may be required to be FASD Aware (Informed level), whereas a CAMHS clinician involved in neurodevelopmental pathway may assist with Identification and Assessment (Enhanced level).

Appraisal of current knowledge and skills should recognise that these may not be the result of formal training opportunities and may instead reflect experience, private study and mentorship.

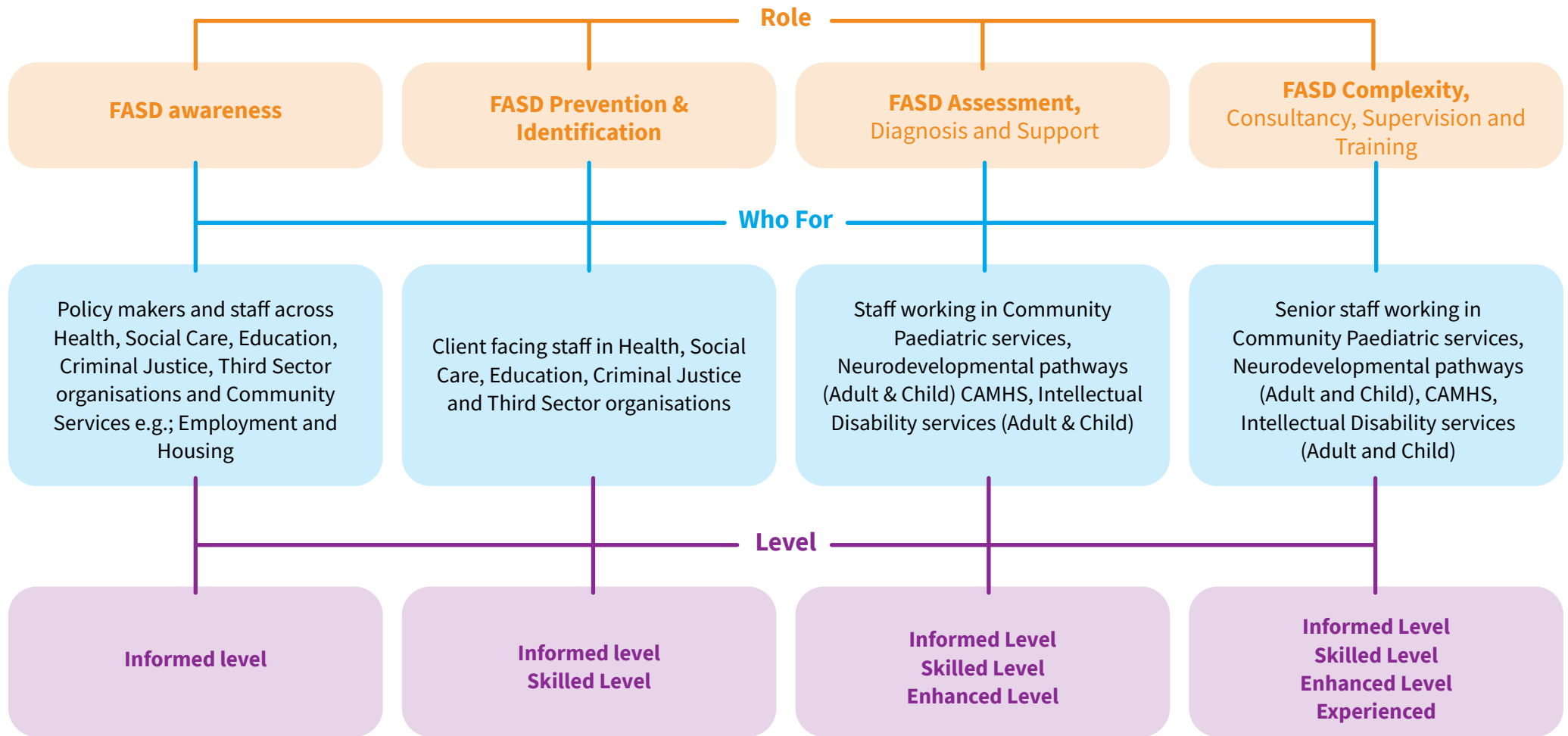
Table 3: Overview of the Four Levels of Competency

Level	Who for	Areas of competency
1 Informed level	<p>All staff FASD is often unrecognised, but it may affect any service user. All staff should understand FASD and how to support those with lived experience of the condition.</p>	<ul style="list-style-type: none"> - FASD Awareness
2 Skilled level	<p>For health and social care staff working with women of childbearing age The ability to initiate and facilitate non-judgemental, trauma informed, person-centred conversations regarding the CMO's guidance regarding alcohol use in pregnancy is required.</p> <p>Staff with direct contact with individuals who may have FASD In settings where FASD is more common, a greater depth of knowledge is essential. Health, social care, education, and third-sector services require the ability to recognise and refer potential cases, to provide appropriate trauma-informed support, and to reduce stigma for those living with FASD.</p>	<ul style="list-style-type: none"> - FASD Awareness - FASD Identification

Level	Who for	Areas of competency
3 Enhanced	<p>For practitioners working in neurodevelopmental pathways or delivering specialist services to individuals who may have FASD</p> <p>Where individuals require diagnostic neurodevelopmental assessment a comprehensive understanding of the UK's FASD diagnostic guidance is essential alongside the ability to provide differential and co-morbid diagnoses consistent with the staff member's professional affiliation.</p> <p>Reports should highlight strengths and challenges in both detailed and accessible formats, with clear recommendations to support each individual's potential.</p>	<ul style="list-style-type: none"> - FASD Awareness - FASD Identification - FASD Assessment, Diagnosis & Support
4 Experienced	<p>For practitioners who work in specialist services who may work with complexity and / or those who supervise and offer consultancy / training for other practitioners working in neurodevelopmental services.</p> <p>Multidisciplinary teams assessing FASD should include practitioners trained to Experienced level to guide others, support skill development, provide ongoing consultation and supervision and inform service structure and development.</p>	<ul style="list-style-type: none"> - FASD Awareness - FASD Identification - FASD Assessment, Diagnosis & Support - FASD Complexity, Consultancy, Supervision & Training

Figure 2: Role & Levels of Competency Required

What is your role in relation to FASD?



08. The FASD Training and Competency Framework

Please note that the training options listed reflect our understanding of course content, and it is only possible to guarantee the content of those courses provided by FAASTT.

We recommend readers liaise with course providers to determine the content's relevance to their needs, particularly as course content may change over time. Some courses will provide more depth and breadth than others.

Table 4: Competency Level 1: Informed; Awareness

	Competency statements	Knowledge and Skills	Competencies in Practice	Scenario in Practice	Training Options (See Section 09)
1.1 <input type="checkbox"/> skill <input type="checkbox"/> role	Demonstrate an understanding of alcohol use in Scotland.	Understands current levels of alcohol consumption and national alcohol policies including: SIGN 74 Guidance: harmful and dependent drinking Alcohol Framework 2018: Preventing Harm next steps on changing our relationship with alcohol.	Consideration of Scotland's relationship with alcohol and drinking culture, and how this may impact on society and your role.	A college is holding a health promotion event and approaches the local public health team for information regarding alcohol harm and suitable advice.	An introduction to Fetal Alcohol Spectrum Disorder (FASD) and supporting learners (Education Scotland) Fundamentals of FASD for Health & Social Care Practitioners (FAASTT) FASD: Insights and Strategies for Professionals (FASD Hub)
1.2 <input type="checkbox"/> skill <input type="checkbox"/> role	Demonstrate an understanding of alcohol units and alcohol guidelines.	Understanding of unit measures and the Chief Medical Officer Low Risk Drinking Guidelines. Awareness of advice for women who may be planning a pregnancy.	Confidence in rationale for the CMO alcohol guidelines to enable communication of this to others e.g., advice for pregnant women or those planning a pregnancy.	A family support worker knows her client is actively trying to become pregnant. She takes the opportunity to share the CMO's 'No Alcohol, No Risk' guidance with her client during one of their conversations.	An introduction to Fetal Alcohol Spectrum Disorder (FASD) and supporting learners (Education Scotland) Fundamentals of FASD for Health & Social Care Practitioners (FAASTT) FASD: Insights and Strategies for Professionals (FASD Hub)

	Competency statements	Knowledge and Skills	Competencies in Practice	Scenario in Practice	Training Options (See Section 09)
1.3 <input type="checkbox"/> skill <input type="checkbox"/> role	Demonstrate a basic understanding of the potential factors that can contribute towards alcohol use during pregnancy.	Understanding that prenatal alcohol exposure can affect both brain and body with the pattern of effects being related to a complex array of maternal, paternal and fetal factors.	Compassionate and trauma-informed understanding of why the impact of prenatal alcohol exposure can present across society. Knowing that alcohol exposure in pregnancy does not always lead to FASD.	Individual who has a history of alcohol dependency is planning a pregnancy. GP can discuss potential reasons for alcohol use and harm reduction in advance of pregnancy and refer for appropriate support.	An introduction to Fetal Alcohol Spectrum Disorder (FASD) and supporting learners (Education Scotland) Fundamentals of FASD for Health & Social Care Practitioners (FAASTT) FASD: Insights and Strategies for Professionals (FASD Hub) E-Learning Module on FASD (RCGP)
1.4 <input type="checkbox"/> skill <input type="checkbox"/> role	Demonstrate an awareness that alcohol affects the developing fetus.	Understanding that the fetus is susceptible to the effects of alcohol exposure and timing can impact on development.	Knowledge that alcohol use in pregnancy can affect the developing fetus, that this extends to all stages of pregnancy and those effects can be mitigated by various factors	An expectant mother asks her midwife about the potential effects of binge drinking on her unborn child. Midwife can provide information about potential effects and mitigating factors e.g., metabolism & age.	An introduction to Fetal Alcohol Spectrum Disorder (FASD) and supporting learners (Education Scotland) Fundamentals of FASD for Health & Social Care Practitioners (FAASTT) FASD: Insights and Strategies for Professionals (FASD Hub) E-Learning Module on FASD (RCGP)
1.5 <input type="checkbox"/> skill <input type="checkbox"/> role	Demonstrate an awareness of FASD and an understanding of how it affects individuals.	Awareness that FASD is a lifelong neurodevelopmental condition. Awareness that adults may have previously unrecognised FASD and require a diagnostic assessment.	Recognition that an individual with a diagnosis of FASD may struggle to engage with services due to neurodevelopmental difficulties. Recognition that individuals who struggle to engage with services may have undiagnosed FASD and require additional supports.	A person experiencing homelessness struggles to maintain the tenancy that is provided. The service recognises that neurodevelopmental differences may be contributing to their difficulties and provides additional supports.	An introduction to Fetal Alcohol Spectrum Disorder (FASD) and supporting learners (Education Scotland) Fundamentals of FASD for Health & Social Care Practitioners (FAASTT) FASD: Insights and Strategies for Professionals (FASD Hub) E-Learning Module on FASD (RCGP)

	Competency statements	Knowledge and Skills	Competencies in Practice	Scenario in Practice	Training Options (See Section 09)
1.6 <input type="checkbox"/> skill <input type="checkbox"/> role	Understanding of the prevalence of FASD.	Awareness of the prevalence of FASD and how that compares with other neurodevelopmental disorders.	<p>Knowledge of the greater prevalence of FASD in comparison to other neurodevelopmental conditions leads to equal consideration of FASD when considering neurodevelopmental conditions.</p> <p>Knowledge of increased prevalence of FASD in some populations leads to increased vigilance for missed or misdiagnosis.</p>	Social worker in care experienced childcare service integrates questions on pre-natal history into routine assessments.	<p>An introduction to Fetal Alcohol Spectrum Disorder (FASD) and supporting learners (Education Scotland)</p> <p>Fundamentals of FASD for Health & Social Care Practitioners (FAASTT)</p> <p>FASD: Insights and Strategies for Professionals (FASD Hub)</p> <p>E-Learning Module on FASD (RCGP)</p>
1.7 <input type="checkbox"/> skill <input type="checkbox"/> role	Awareness of sources of further information in relation to FASD and signposting opportunities.	Knowledge of recommended organisations in Scotland and (where appropriate) United Kingdom which can support individuals with potential or diagnosed FASD and their families or professionals wishing to increase their understanding.	Signposting of individuals and families to high quality, accredited, support organisations.	CAMHS CPN is asked for recommendations for support whilst family await neurodevelopmental assessment and provides them with contact details of the FASD Hub.	<p>An introduction to Fetal Alcohol Spectrum Disorder (FASD) and supporting learners (Education Scotland)</p> <p>Fundamentals of FASD for Health & Social Care Practitioners (FAASTT)</p> <p>FASD: Insights and Strategies for Professionals (FASD Hub)</p> <p>E-Learning Module on FASD (RCGP)</p>

Note: Courses have been listed alphabetically by provider

Table 5: Competency Level 2: Skilled; FASD Identification

	Competency statements	Knowledge and Skills	Competency statements	Scenario in Practice	Training Options (See Section 09)
<p>2.1</p> <p><input type="checkbox"/> skill</p> <p><input type="checkbox"/> role</p>	<p>Ability to contribute to aspects of neurodevelopmental assessment commensurate with professional training.</p>	<p>Knowledge of own professional assessment skills that are relevant to the diagnosis of FASD.</p>	<p>Ability to conduct a profession specific assessment of relevance to the diagnostic assessment of FASD.</p>	<p>A teacher provides the results of standardised assessments of educational progress to inform their local neurodevelopmental pathway team of a child’s academic performance.</p>	<p>An introduction to Fetal Alcohol Spectrum Disorder (FASD) and supporting learners (Education Scotland)</p> <p>Fundamentals of FASD for Health & Social Care Practitioners (FAASTT)</p> <p>Understanding FASD: Context, Contributors & Clinical Presentation (FAASTT)</p> <p>FASD: Insights and Strategies for Professionals (FASD Hub)</p> <p>E-Learning Module on FASD (RCGP)</p> <p>How to Manage: FASD in Community Paediatric Services (RCPCH)</p>
<p>2.2</p> <p><input type="checkbox"/> skill</p> <p><input type="checkbox"/> role</p>	<p>Ability to undertake a trauma informed preconceptual and prenatal history of health behaviours including prenatal alcohol exposure.</p>	<p>Capacity to undertake a comprehensive preconception and prenatal history inclusive of detailed information on lifestyle. This should be of sufficient detail regarding the use of any medications, drugs and substances such as alcohol and tobacco to allow consideration of teratogenic effect.</p>	<p>Completion of a preconceptual / prenatal history with sensitive yet accurate account of units of alcohol ingested at various time points in gestation.</p>	<p>Practitioner completes preconceptual / prenatal history with family with concerns around the school readiness of a 4-year-old child where pregnancy was recognised at 12 weeks gestation (with regular alcohol intake reported).</p>	<p>Assessment & Diagnosis of FASD (FAASTT)</p> <p>How to Manage: FASD in Community Paediatric Services (RCPCH)</p>

	Competency statements	Knowledge and Skills	Competency statements	Scenario in Practice	Training Options (See Section 09)
2.3 <input type="checkbox"/> skill <input type="checkbox"/> role	Confidence in knowledge of FASD to offer sensitive, factual information in response to parental queries.	Ability to sensitively answer questions regarding associated risks of alcohol use in pregnancy should these be asked by parents, caregivers or individuals with PAE.	Sensitive responses are provided in response to caregiver enquiries informed by an understanding of what constitutes a significant level of alcohol intake in the context of FASD.	A concerned parent asks an OT if his child's difficulties may be a result of social drinking prior to pregnancy recognition. The OT can explain that while there is no known safe level of alcohol intake, the risk is lower where there were fewer exposures to lower doses of alcohol. The OT also explains that prenatal exposure does not always result in FASD.	An introduction to Fetal Alcohol Spectrum Disorder (FASD) and supporting learners (Education Scotland) Fundamentals of FASD for Health & Social Care Practitioners (FAASTT) Understanding FASD: Context, Contributors & Clinical Presentation (FAASTT) FASD: Insights and Strategies for Professionals (FASD Hub) E-Learning Module on FASD (RCGP) How to Manage: FASD in Community Paediatric Services (RCPCH)
2.4 <input type="checkbox"/> skill <input type="checkbox"/> role	Ability to gather information and make plans for further assessment if indicated.	Ability to consider developmental information gathered to ascertain if there is atypical neurodevelopment / neurodivergence and make referrals for further specialist assessment.	Confidence to identify atypical development and to refer for further specialist assessment.	Adult CMHT Psychiatrist can consult with multidisciplinary colleagues (SALT, OT, Psychology) about potential further assessment.	An introduction to Fetal Alcohol Spectrum Disorder (FASD) and supporting learners (Education Scotland) Fundamentals of FASD for Health & Social Care Practitioners (FAASTT) Understanding FASD: Context, Contributors & Clinical Presentation (FAASTT) FASD: Insights and Strategies for Professionals (FASD Hub) E-Learning Module on FASD (RCGP) How to Manage: FASD in Community Paediatric Services (RCPCH)

	Competency statements	Knowledge and Skills	Competency statements	Scenario in Practice	Training Options (See Section 09)
2.5 <input type="checkbox"/> skill <input type="checkbox"/> role	Ability to consider alternative or concurrent issues that may also require further assessment.	Skills in exploring alternative or concurrent conditions in line with professional training.	Use of professional training to assess, or refer on, for consideration of potential alternate or comorbid diagnoses.	CAMHS Clinician completes broad screening and collates this for discussion with neurodevelopmental team where ADHD, ASD and FASD are all indicated.	An introduction to Fetal Alcohol Spectrum Disorder (FASD) and supporting learners (Education Scotland) Fundamentals of FASD for Health & Social Care Practitioners (FAASTT) Understanding FASD: Context, Contributors & Clinical Presentation (FAASTT) FASD: Insights and Strategies for Professionals (FASD Hub) E-Learning Module on FASD (RCGP) How to Manage: FASD in Community Paediatric Services (RCPCH)

Note: Courses have been listed alphabetically by provider

Table 6: Competency Level 3: Enhanced ; FASD Assessment, Diagnosis & Support

	Competency statements	Knowledge and Skills	Competency statements	Scenario in Practice	Training Options (See Section 09)
3.1 <input type="checkbox"/> skill <input type="checkbox"/> role	Able to choose and administer assessments as per SIGN Guideline 156.	Sufficient familiarity with SIGN-156 to enable choice of domain specific standardised assessments in line with professional qualifications; e.g., cognitive and neuropsychological assessment / language assessments / neurological assessment/ sensory and motor assessments.	Selecting and administering discipline specific assessments as indicated for FASD.	Speech and Language Therapist chooses to administer the CELF-V to assess language development.	Assessment & Diagnosis of FASD (FAASTT)

	Competency statements	Knowledge and Skills	Competency statements	Scenario in Practice	Training Options (See Section 09)
3.2 <input type="checkbox"/> skill <input type="checkbox"/> role	Ability to interpret assessment information in the context of the broader formulation to consider if the brain domain assessed meets criteria required to contribute to a diagnosis of FASD.	Skills in formulation within a multidisciplinary team to consider assessment outcomes and meaning.	Clinician can conclude which brain domains are sufficiently impacted upon to contribute to a potential diagnosis	Clinician can discern whether their assessment results meet SIGN-156 criteria. Psychologist and Speech and Language therapist decide to not 'double count' language and memory for language domains.	Assessment & Diagnosis of FASD (FAASTT) How to Manage: FASD in Community Paediatric Services (RCPCH)
3.3 <input type="checkbox"/> skill <input type="checkbox"/> role	Clinician is able to be confident in conclusions reached from multidisciplinary assessment information.	Ability to reach an appropriate diagnostic conclusion.	Results of multi-disciplinary assessments are considered holistically, and the clinician reaches an accurate diagnostic conclusion.	MDT conclude that four brain domains have been assessed as two standard deviations below what is considered typical. PAE considered significant and facial features present. MDT conclude a diagnosis of FASD with sentinel facial feature is indicated.	Assessment & Diagnosis of FASD (FAASTT) How to Manage: FASD in Community Paediatric Services (RCPCH)
3.4 <input type="checkbox"/> skill <input type="checkbox"/> role	Ability to measure facial features and consider genetic influences	Ability to choose appropriate tools for facial feature measurement and interpretation relative to best norms for population with appropriate consideration of genetic influences.	Clinician able to undertake measurements and interpret with appropriate norms.	Child is of white Scottish heritage and therefore requires interpretation using norms derived from Scandinavian rather than US population.	Assessment & Diagnosis of FASD (FAASTT) How to Manage: FASD in Community Paediatric Services (RCPCH)

	Competency statements	Knowledge and Skills	Competency statements	Scenario in Practice	Training Options (See Section 09)
3.5 <input type="checkbox"/> skill <input type="checkbox"/> role	Demonstrate ability to convey diagnosis and formulation in relation to FASD	Skills in the sensitive communication of diagnostic outcomes and formulation to family and wider team around the child.	Feedback provided to family and individual who has undergone assessment in a non-judgemental, trauma informed manner.	Clinician meets with a family where FASD was not an initial concern and sensitively provides feedback on the assessed individual's brain profile and the diagnostic conclusions reached.	Assessment & Diagnosis of FASD (FAASTT) FASD Community of Practice (FAASTT) How to Manage: FASD in Community Paediatric Services (RCPCH)
3.6 <input type="checkbox"/> skill <input type="checkbox"/> role	Demonstrate understanding of neurocognitive profile to facilitate choice of interventions and wider care plan.	Ability to choose or design meaningful interventions from the formulation and to consider best plan for their delivery in the context of an individual with FASD and their immediate environments and systems.	Delivery of evidence-based interventions informed by individual profile of strengths and difficulties.	Individuals require support with attention, however difficulties attending appear mediated by sensory overload. Joint work with OT indicated.	Assessment & Diagnosis of FASD (FAASTT) FASD Community of Practice (FAASTT)
3.7 <input type="checkbox"/> skill <input type="checkbox"/> role	Ability to deliver interventions for FASD.	Knowledge of evidence based multidisciplinary intervention approaches for FASD and best practice approaches for delivery of these.	Use of a neurocognitive profile to select best evidence-based interventions.	Profile of ability indicates marked memory issues that may be due to comprehension. The formulation suggests these issues are contributing to frustration and emotional dysregulation. MDT approach is indicated involving both SALT and Psychology.	Assessment & Diagnosis of FASD (FAASTT) FASD Community of Practice (FAASTT)

Note: Courses have been listed alphabetically by provider

Table 7: Competency Level 4: Experienced; FASD Complexity, Consultation, Supervision and Training

	Competency statements	Knowledge and Skills	Competency statements	Scenario in Practice	Training Options (See Section 09)
<p>4.1</p> <p>☐ skill</p> <p>☐ role</p>	Ability to provide clinical supervision for MDT members on request.	Experience in the diagnosis and formulation of complex FASD cases, or those with concurrent conditions (such as Autism or ADHD)	Case management within neurodevelopmental pathway for multiple concerns including FASD.	A practitioner provides clinical supervision to MDT members to guide them during their assessment of a case with three sentinel facial features but no history of pre-natal alcohol exposure.	<p>Advanced Practice in FASD (FAASTT)</p> <p>FASD Community of Practice (FAASTT)</p> <p>Postgraduate Certificate in FASD (FAASTT)</p>
<p>4.2</p> <p>☐ skill</p> <p>☐ role</p>	Ability to provide case consultations on request for MDT members and the wider service.	Knowledge, experience and confidence in the assessment and management of complex cases related to prenatal alcohol exposure.	Ability to conduct FASD case consultations for those without diagnostic training.	CAMHS Clinical Psychologist requests a consultation as although they can undertake the neuropsychological assessment, they are unsure of the relevance of the results.	<p>Advanced Practice in FASD (FAASTT)</p> <p>FASD Community of Practice (FAASTT)</p> <p>Postgraduate Certificate in FASD (FAASTT)</p>
<p>4.3</p> <p>☐ skill</p> <p>☐ role</p>	Capacity to undertake lead role in facilitating reflective practice around FASD.	Knowledge of complexity of reflective practice in FASD assessment and intervention. Confidence in managing difficult discussions and process issues across agencies and skill levels.	Practitioner is sufficiently confident to create and facilitate a reflective practice group to enable development of skills pertaining to FASD in staff.	Practitioner facilitates reflective practice for an MDT who have made the difficult choice not to share a diagnosis of FASD at this time due to current maternal suicidality.	<p>Advanced Practice in FASD (FAASTT)</p> <p>FASD Community of Practice (FAASTT)</p> <p>Postgraduate Certificate in FASD (FAASTT)</p>

	Competency statements	Knowledge and Skills	Competency statements	Scenario in Practice	Training Options (See Section 09)
4.4 <input type="checkbox"/> skill <input type="checkbox"/> role	Ability to facilitate service development with regard FASD through multiagency CPD	Knowledge of the different service models that aim to meet the needs of those prenatally exposed to alcohol and the evidence regarding their efficacy.	Use of knowledge to facilitate change in service structure to improve services for those prenatally exposed to alcohol	Practitioner advocates for redesign of condition specific pathways to enable a broad approach encompassing neurodevelopmental assessment and formulation of all common conditions.	Advanced Practice in FASD (FAASTT) FASD Community of Practice (FAASTT) Postgraduate Certificate in FASD (FAASTT)
4.5 <input type="checkbox"/> skill <input type="checkbox"/> role	Ability to provide training in FASD Awareness and skill development.	Comprehensive knowledge and wide experience of working with the assessment and ongoing support of individuals who were prenatally exposed to alcohol to facilitate training and skill building within locality services.	Delivery of a training session on FASD in local HSCP.	Organisers of a multiagency development day have requested a workshop on FASD	Advanced Practice in FASD (FAASTT) FASD Community of Practice (FAASTT) Postgraduate Certificate in FASD (FAASTT)

Note: Courses have been listed alphabetically by provider

09. Training and professional education courses

Table 8: Training and Professional Education Courses

Course name	Description	Audience	For further information
An introduction to Fetal Alcohol Spectrum Disorder (FASD) and supporting learners	<p>This Professional Learning Activity provides an introduction to Fetal Alcohol Spectrum Disorder (FASD) and effective approaches to supporting learners with FASD within the Scottish context.</p> <p>Upon completion of this Professional Learning Activity (PLA) you should have:</p> <ul style="list-style-type: none"> • an increased understanding of FASD; • an awareness of learning and behavioural characteristics common to children and young people with FASD; and • an understanding of approaches relevant to meeting the needs of learners with FASD in education settings. 	Education	<p>Self Guided Study Resource</p> <p><u>An introduction to Fetal Alcohol Spectrum Disorder (FASD) and supporting learners</u></p> <p>(GLOW login required)</p>
Fundamentals of FASD for Health & Social Care Practitioners	<p>Designed originally to give Health and Social Care professionals a detailed overview of FASD, this online 90- minute webinar is suitable for all those wishing to achieve the 'Informed' level of training. Participants will gain an increased understanding of:</p> <ul style="list-style-type: none"> • alcohol use in Scotland • alcohol units and alcohol guidelines • the potential factors that can contribute towards alcohol use during pregnancy • how alcohol can affect the developing fetus • Fetal Alcohol Spectrum Disorder (FASD) and how it can affect people • the prevalence of FASD 	All staff required to achieve the 'Informed' level of awareness	<p>90 minute Webinar</p> <p>For more information visit <u>Fundamentals of FASD for Health & Social Care Practitioners</u> or book onto a session via the <u>FAASTT Eventbrite</u> page</p>
FASD: Insights and Strategies for Professionals	<p>This course is for all those who support families and work in education, the Third Sector and those in social work supporting adoptive, fostering and kinship families. It is delivered by the FASD Hub</p>	Social Care 3rd Sector Education	<p>3 hour (or 2x90min) Webinar</p> <p>You can check any dates currently taking bookings on the <u>FASD: Insights and Strategies for Professionals</u></p>

Course name	Description	Audience	For further information
Royal College of GPs e-learning module	e-learning module aimed at increasing GPs' awareness of FASD	General Practitioners	30 minute e-learning module <u>Royal College of GPs e-learning module</u> (RCGP e-learning access required)
Understanding FASD: Context, Contributors and Clinical Presentation	A ten-week online course providing a comprehensive overview of the epidemiology, presentation and effects of FASD and prenatal alcohol exposure. Delivered annually in September. Available as continuing professional development (CPD) at reduced cost or for academic credit.	Postgraduates with a professional or lay interest in the field	10 week part time (minimum 2 hours weekly) online course delivered asynchronously <u>Understanding FASD: Context, Contributors and Clinical Presentation</u>
How to Manage: FASD in Community Paediatric Services	<p>The key aims of the course are to raise awareness of FASD amongst paediatricians from all specialities, including neonates. The course will cover the background and research base to FASD and the salient features and issues associated with this condition. The course has a practical element and aims to equip paediatricians, particularly community/neurodevelopmental paediatricians, to be able to assess children in their clinics. The workshops will explore and give attendees skills to take a thorough antenatal history, especially the alcohol and drug history, as well as explore other factors that could contribute to a child's difficulties with their development and behaviour.</p> <p>The skills gained in exploring this subject with parents will be transferable to others areas of paediatrics and 'having difficult conversations' with parents and children. The course aims to ensure that a broad formulation, rather than a single diagnosis, is considered to help a child receive the appropriate support they require.</p>	Paediatricians from all specialities	1 day online course <u>How to Manage: FASD in Community Paediatric Services</u>
The Assessment & Diagnosis of FASD	A ten-week online course supporting health care professionals to develop their advanced level practice in the diagnosis, assessment and post-diagnosis support for individuals with FASD. Delivered annually in January. Available as continuing professional development (CPD) at reduced cost or for academic credit.	Professionals directly involved in the assessment and diagnosis of FASD	10 week part time (minimum 2 hours weekly) online course delivered asynchronously <u>The Assessment & Diagnosis of FASD</u>

Course name	Description	Audience	For further information
Advanced Practice in FASD	A ten-week online course covering complexity within FASD neurodevelopmental assessment, multidisciplinary team assessment, analysis and case formulation, requiring complex differential diagnosis skills. Delivered annually in September. Available as continuing professional development (CPD) at reduced cost or for academic credit.	Professionals directly involved in the assessment and diagnosis of FASD looking to consolidate learning for more complex cases	10 week part time (minimum 2 hours weekly) online course delivered asynchronously <u>Advanced Practice in FASD</u>
FASD Community of Practice	Ongoing peer support between practitioners, facilitated by FFASTT, to enable skill development in relation to FASD.	Practitioners fully trained in the assessment and diagnosis of FASD	Contact the FFAST team at <u>FFAST@ed.ac.uk</u> for further information
Postgraduate Certificate in FASD	The three courses above; Understanding, Assessment & Diagnosis and Advanced Practice can be taken together to form a postgraduate certificate in FASD.	Practitioners seeking a comprehensive training in the assessment, diagnosis and ongoing care of complex cases where FASD is suspected or confirmed	Part-time, online, asynchronous, 18-36 months <u>Postgraduate Certificate in FASD</u>

Note: Courses have been listed alphabetically by provider

10. My Learning Journey

Use this space to note the courses you want to explore based on your role and competencies needed. For any advice and guidance on FFASTT courses, service development aspects or clinical queries, please contact the FFASTT team on **faast@ed.ac.uk**

What is your current level of knowledge and competency in relation to Fetal Alcohol Spectrum Disorders (FASD), and how does it align with evidence-based best practices?

To answer this question, we suggest you work through the framework using the checkbox for each competence to record your current abilities

What level of expertise in FASD is required for your professional role to ensure the effective identification, assessment, and support of individuals who may have been prenatally exposed to alcohol?

To answer this question, we suggest you again work through the framework this time using the second tick box to assess whether your current role requires the described competence

Finally, we suggest that, by reviewing any discrepancies in your answers, you identify any training or development opportunities that you might wish to consider to ensure you have the FASD related competencies required for your role.

Training Courses to Consider



11. References

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12. Abbreviations employed in this document

ACEs	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
ASN	Additional Support Needs
CAMHS	Child and Adolescent Mental Health Services
CELF-V	Clinical Evaluation of Language Fundamentals - 5th Edition
CMO	Chief Medical Officer
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
FAASTT	Fetal Alcohol Advisory Support and Training Team
FAS	Fetal Alcohol Syndrome
FASD	Fetal Alcohol Spectrum Disorder
HSCP	Health and Social Care Partnership
MDT	Multi-Disciplinary Team
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
OT	Occupational Therapist
PAE	Prenatal Alcohol Exposure
PLA	Professional Learning Activity
RCGP	Royal College of General Practitioners
RCPCH	Royal College of Paediatrics and Child Health
SALT	Speech and Language Therapist
SENCO	Special Educational Needs Coordinator
SEND	Special Educational Needs and Disabilities
SIGN	Scottish Intercollegiate Guidelines Network