Appendix B

Making Sense of Fetal Alcohol Spectrum Disorder: Ayrshire & Arran Strategy 2018-2021
What is FASD?

The term Fetal Alcohol Spectrum Disorder (FASD) is a term used to describe a range of irreversible physical, psychological, neurological and developmental conditions that may affect a person when they were exposed to alcohol during pregnancy.\(^1\,2\) Studies have shown that exposure to alcohol during pregnancy can lead to long-term effects on growth, behaviour, cognition, language, and achievement, with alcohol being the most common identifiable teratogen (substance causing birth defects) associated with intellectual disability.\(^3\,4\,5\,6\) Prenatal alcohol exposure is therefore a major Public Health concern.

How common is FASD?

It is estimated that approximately 2\% of live births are affected by FASD\(^7\) which is twice the rate of autism. The full extent of FASD remains unknown however, based on community studies using physical examinations, experts estimate that in the United States and Western European countries that 4-5\% of school children may be affected.\(^8\,9\)

It is difficult to estimate UK prevalence in the absence of UK studies. However, in Ayrshire there is a generally high cultural consumption of alcohol along with other poor lifestyle choices. These are particularly apparent during pregnancy, high maternal smoking rates, obesity, poor breastfeeding rates and high reported alcohol/substance misuse. These factors coupled with high deprivation levels, poorer educational attainment, unemployment and low aspirations would suggest a likely high prevalence of FASD\(^1\,9\). With an estimated prevalence of between 2 and 5\% the number of people living in Ayrshire who have been affected by antenatal alcohol exposure is likely to be between 7,336(2\%) and 18,340(5\%). Ayrshire Maternity Unit sees approximately 3,500 births per year. The estimated prevalence would result in 70(2\%) - 175(5\%) babies born each year that have been affected by antenatal alcohol exposure.

Prevalence is also thought to be higher in vulnerable groups. Children in the UK Child Care system (including those moved on to adoption), for example, are at significantly increased risk. Studies suggest 34\% of children referred to a community clinic for looked after health assessments and 75\% children referred for adoption medicals had a history of antenatal alcohol exposure.\(^1\,0\)

What are the cost implications of FASD?

Whilst there are very few studies in the UK with regards to the cost of FASD, there are various studies from America and Canada estimating the cost across the lifespan.

The estimated lifetime cost of care, including social and health care services, for each child born with FASD in Canada is thought to up to $2.44 million.\(^1\,6\) The estimated cost to the Canadian Criminal Justice system is estimated to be $234 million CND.\(^1\,5\)

The calculated expense of raising a child with FASD is 30 times the cost of preventing the FASD. The estimated cost to care for a child with FASD was 9 times that of a child without FASD. In the UK this is thought to estimated as high as £3
billion. Individuals with FASD are more likely to access services such as health care, mental health services, substance use treatment programmes, criminal justice and require additional support through school and further education which collectively contribute to the overall cost of FASD across the lifespan.

**What can we do to improve outcomes?**

FASD remains undiagnosed in the majority of cases and children and young people affected often move between different aspects of service provision. The assessment of FASD can be largely dependent upon professional groups being aware of the condition and confident in the process by which individuals can be formally identified, assessed and supported. FASD also carries a high likelihood of co-morbid physical and psychological difficulties. Early identification of FASD is a protective factor that is associated with a reduction in associated adverse outcomes such as mental health issues, poor educational attainment, homelessness and involvement with the criminal justice system. It can add to the collaborative understanding of the affected child or young person. The pivotal factor is that children can be accurately understood in terms of their strengths and difficulties. This will help to reduce assumptions of what may be driving learning or behavioural difficulties, and to share knowledge of the child’s neuropsychological profile so that others’ (particularly colleagues in education) can harness the child’s strengths and target areas to maximise attainment and enjoyment of school. Appendix 1 demonstrates some of the outcomes later in life for those affected with FASD.

**What have we done so far?**

In 2010 NHS A&A, in response to SG HEAT Target, piloted an Antenatal Alcohol Brief Intervention (ABI) service. This was funded in collaboration with the 3 local Alcohol & Drug Partnerships. The post holders developed an innovative screening tool for use with antenatal women. This work has been presented at international conferences. The funding was subsequently reduced with one member of staff supporting the ABI work and delivering FASD multidisciplinary training. This post continues to be funded by the ADPs and is hosted within NHS A&A Public Health Department and is reviewed on a year to year basis. Funding for a half-time post within Public Health has been secured on a permanent basis to consider the FASD agenda.

With this previous commitment to the Alcohol & Pregnancy agenda, the Scottish Government (SG) commissioned NHS A&A to pilot a pathway for assessment, diagnosis and support for children and families affected by antenatal alcohol exposure for all children pre-birth to 12 years. The research component of the pilot will facilitate learning that can be shared locally, nationally and internationally. The Fetal Alcohol Assessment & Support Team (FAAST) had capacity to assess and support 36 children over 2 years. In addition to the pilot caseload, the team have highlighted the high number of children within current local services who meet the criteria for FASD assessment. Learning outcomes from the pilot enable the team to
support other clinicians and professionals to assess, diagnose and support families affected by FASD.

A local FASD conference: Breaking Down Barriers was held in March 2017 with 200 attendees. Feedback from the conference was positive although the evaluation highlighted that there is currently no provision for FASD diagnosis for adults in NHS A&A. This is an area for further exploration.

Training for FASD awareness has been available across Ayrshire and Arran for multidisciplinary staff and partner agencies for more than five years. Bespoke training is also available for carers and educational establishments who are dealing with a child diagnosed with FASD.

What do we want this strategy to achieve?

First, we want to continue to raise awareness of FASD and the primary message that it is preventable. The adoption of the No Alcohol, No Risk message by all partners would be our first objective.

FASD is not just a health issue, it's everyone’s business. We must all take ownership and work together to reduce the social, financial and educational impact of FASD and ensure that every individual reaches their full potential.

Although the primary diagnosis of FASD is usually made within health services, FASD is not just a health issue. Individuals who live with FASD will come into contact with numerous services across their lifespan. It is vital that we work in partnership to improve the outcomes for all individuals affected by FASD.

It was decided that the simplest way to lay out this strategy was to consider four key areas: **Prevention; Training & Awareness; Diagnosis; and Interventions & Support.**
**Prevention**

Evidence suggests that women who drink to hazardous levels (more than 14 units/week) are more likely to drink throughout their pregnancy. Alcohol has become normalised within our culture and with an estimated 50% of pregnancies being unplanned, the risk of alcohol exposure to the developing fetus increases. FASD is 100% preventable. It is essential that everyone working across Ayrshire and Arran Health Board, the three Integrated Health and Social Care Partnerships (IH&SCP) and three local Councils are mindful of the No Alcohol, No Risk message.

**Activities:**

The No Alcohol, No Risk message for pregnant women and those trying to conceive ensures continuity of advice offered by Midwives and key professionals across the IH&SC Partnerships.

In Ayrshire & Arran, the No Alcohol, No Risk message and the inception of Antenatal Alcohol Brief Interventions (ABIs) was introduced in response to the Scottish Government HEAT target (2008-2011). Where there is evidence that a pregnant woman has consumed alcohol following conception, the Midwife will offer a Brief Intervention. An ABI is a short, structured conversation that seeks to motivate the woman to abstain from alcohol for the duration of her pregnancy. This in turn will reduce further alcohol exposure and prevent alcohol related harm, including FASD.

A locally produced Alcohol & Pregnancy resource further supports the No Alcohol, No Risk message. The Scottish Government is currently supporting the resource with a condensed version being included in the Health Scotland document Ready, Steady, Baby Book.

Collaborative working across the 3 Alcohol & Drug Partnerships (ADPs) and three local councils is instrumental in supporting the prevention work to reduce alcohol related harm during pregnancy. The 3 ADPs, in conjunction with NHS A&A Public Health, fund a Substance Use Specialist (Pregnancy) post to support midwives with alcohol screening and delivery of ABIs. Working together across the IH&SCP, schools and higher educational establishments will provide a greater awareness of the potential risks caused by alcohol during pregnancy and ensure the No Alcohol, No Risk message is clear.

**Proposed Actions:**

1. To work in partnership with other agencies to ensure that by 2019 every client contact promotes the No Alcohol, No Risk message.
2. To identify champions by 2018 across Integrated Health and Social Care partnerships and local councils to help spread the message among staff.
3. To support midwives to screen for alcohol use and deliver Antenatal Alcohol Brief interventions.
4. To reduce the number of pregnancies exposed to alcohol by monitoring ABI’s.
Measures:

1. All attendees at FASD training will be invited to participate in post-training evaluation regarding promoting the No Alcohol, No Risk message.
2. Identify 6 champions, 1 in each IHSCP, and 1 from education in each local council area. All champions will have attended training.
3. Numbers of midwives who have undertaken refresher training.
4. No of ABI’s delivered in Ayrshire and Arran.

Training & Awareness

There are no known safe levels of alcohol during pregnancy. High levels of alcohol consumption is known to increase the risk of Fetal Alcohol Spectrum Disorder (FASD) however, the risks from low level drinking are less clear. That said, it cannot be predicted what fetus is most vulnerable and which one will be affected by low level alcohol exposure. Even low levels of alcohol exposure have been known to cause FASD which can lead to developmental, behavioural and learning concerns. It is essential that there is a clear message of No Alcohol being the safest option during pregnancy. Training and awareness is the key component in keeping this message consistent.

Activities:

A multidisciplinary FASD training programme has been devised in response to evidence that services required accessible information and education to support their understanding and recognition of FASD. In partnership with the three ADPs, a full training and awareness calendar is delivered across Ayrshire (Appendix 2). Education staff are in an ideal place to identify early signs of FASD. A training schedule has been devised to increase teaching staff awareness and understanding of FASD. Additionally, specialist training is offered to early years centres, schools and colleges following diagnosis of a child with FASD. Since 2012, the requests for, and the attendance at training and awareness sessions has increased. Whilst training sessions were initially attended mainly be health staff, over the last five years the FASD training sessions are now attended by a wide variety of multi-disciplinary staff.

In the last year – September 2016-September 2017 – 60 training sessions have been delivered to a total of 955 participants. Team members have also spoken at 6 conferences, attended by 453 delegates.
This can also be demonstrated by the wide range of partners who attended our most recent FASD awareness raising conference (Figure 1 & with further breakdown in Figure 2).

![Figure 1: Attendance at Conference](image1)

![Figure 2: Services: Other](image2)

Whilst our figures demonstrate some of the training and awareness raising going on, it is important that we continue to support this momentum across Ayrshire and Arran and all partners.

**Actions:**

1. To increase public awareness of FASD.
2. To provide resources and support that will benefit professionals when formulating care/neuropsychological plans for children and young people with FASD by 2019.
3. To ensure agencies/services work together to raise the awareness of FASD.
4. To provide health and other key professionals including education, with the confidence to promote the No Alcohol during pregnancy message at every suitable contact with women of child bearing age by 2019.

Measures

1. One learning event a year available to both public and professionals alongside FASD awareness day.
2. A library of resources will be made available in collaboration with FAAST and education services.
3. Identify 6 champions, 1 in each IHSCP, and 1 from education in each local council area. All champions will have attended training.
4. 10 full day training sessions will be available throughout the year for all multiagency staff across Ayrshire.

Diagnosis

The assessment of FASD can be largely dependent upon professional groups being aware of the condition and confident in the process by which individuals can be formally identified, assessed and supported.

Dr John McClure, MBE was instrumental in the very early stages of diagnosing children with FASD in Ayrshire. He first diagnosed FASD in 1973. Many children, now adults, owe the understanding of their condition to his innovative vision and commitment.

The Fetal Alcohol Assessment & Support Team (FAAST) currently provides on-going commitments to increase clinician knowledge and confidence when assessing and diagnosing FASD.

Activities

The FAAS Team committed to the assessment of 36 children within the life of the pilot (December 2015-March 2018). Findings from the pilot will be made available 2018. With support from colleagues in Manitoba, Canada the team developed an assessment, diagnostic and support service in NHS Ayrshire & Arran. This was in response to the National FASD Pathway\textsuperscript{13} to provide children and young people a formal assessment to explain the challenges that they experience in their daily lives due to antenatal alcohol exposure. The assessment process involves a Speech & Language Therapist, an Occupational Therapist, a Paediatrician and a Clinical Psychologist. A support network has been established to support clinicians and AHPs, out with the pilot team, to effectively assess children and young people who have been prenatally exposed to alcohol.

With the support of a research assistant, the team are able to gather data that will be used for research purposes. The outcome from the research and data collection is being used to share learning and areas of good practice with others at a local, national and international level.
Members of the FAAS Team are currently involved with the FASD SIGN Guideline group. This is likely to be ready for review late 2018.

**Actions:**

1. To continue to support clinicians to record antenatal alcohol use as part of routine assessments.
2. To promote clinicians and Allied Health Professionals confidence to effectively assess and diagnose FASD in children and adult services.
3. To identify champions within IHSCPs and educational establishments by 2018 to help co-ordinate care for those diagnosed with FASD.

**Measures**

1. FAAS team will devise a training package to support clinicians, number of attendees will be recorded.
2. Number of clinicians supported with diagnosis for children and adults.
3. Identify 6 champions, 1 in each IHSCP, and 1 from education in each local council area. All champions will have attended training.

**Interventions & Support**

Every individual diagnosis of FASD is unique. The way in which a developing fetus is affected is dependent on timing, frequency and amount of alcohol exposure. **Appendix 3** shows the affect of alcohol on the developing fetus and **Appendix 4** demonstrates the nine brain domains impacted by prenatal exposure to alcohol. It is a pivotal factor that individuals are accurately understood in terms of their strengths and difficulties. **Appendix 5** demonstrates how the effect on the brain domains can manifest in an individual. A neurological profile is a key component in reducing assumptions of what may be driving learning or behavioural difficulties, and it is essential to share knowledge of the child’s neuropsychological profile so that others’ (particularly colleagues in education) can harness the child’s strengths and target areas to maximise attainment and enjoyment of school. Additionally, support and understanding for families is essential. An understanding of the individual profile will help parents/carers to advocate for their child in order to achieve the best outcome for them at home, at school and in the community.

**Activities**

Following the assessment process, interventions are offered for the child/young person by the Clinical Psychologist. This includes feedback to help with their understanding of their challenges/difficulties. Signposting to other services are made if necessary. Supports for parents to help them build confidence in implementing
strategies are offered. This may be face-to-face or by providing literature and online resources. Team Around The Child meetings are arranged following diagnosis to offer the opportunity for families to meet with all the professionals involved in the care of the young person. The meetings allow professionals to offer individual support to the family. Education staff will work collaboratively with the assessment team to determine how best to support the child within the school environment to maximise attainment.

A Parent Support Group (Making Sense of FASD) runs once a month to offer support for families either during the process or following assessment/diagnosis. Parents find support from others in a similar situation beneficial and good networks have been built offering each other support and advice.

A Parent/Carer Resource has been developed to provide some practical advice and strategies to help with common challenges experienced by families living with FASD. There is currently no provision to provide a diagnostic pathway for adults with FASD. However, plans are in place to develop resources to support adults living with difficulties that may be associated with antenatal alcohol exposure and local meetings are being arranged with fellow professionals around development of a diagnosis pathway for adults with FASD.

**Actions:**

1. To continue partnership working to improve outcomes of those affected by FASD.
2. To provide a support group for families affected by FASD.
3. To provide a support hub for professionals looking after individuals affected by FASD.
4. To provide support and resources for adults who may be affected by antenatal alcohol exposure by 2019.

**Measures**

1. Number of times FASD is on partnership agendas, number of presentations given at partnership meetings.
2. Number of families attending support group
3. Creation of professional support hub in each of the three areas.
4. Creation of adult resources, available from FAAS team in 2019

**Conclusion**

Prevention of alcohol exposed pregnancies, early identification of children ‘at risk’ of FASD and support for families affected by FASD is pivotal to the long term health and wellbeing of our population, and in turn, improved outcomes for those affected by FASD. Partnership working across IH&SCPs and Local councils, to ensure commitment to the No Alcohol, No Risk during pregnancy message, will be valuable in reducing the number of alcohol exposed pregnancies.

*Early identification of FASD is a protective factor that is associated with a reduction in associated adverse outcomes such as mental health issues, poor*
educational attainment, homelessness and involvement with the criminal justice system.

On-going support for children, adults, their families and the community is essential for long term physical and mental well-being. It is essential that professional groups are aware of the condition and gain confidence in the process by which individuals can be formally identified, assessed and supported. Working in collaboration with key partners will reduce the likelihood of additional adverse effects and ensure the best possible outcomes for each individual.

This strategy endeavours to set out the way we can work in partnership to ensure that every child has the best possible start in life. We must all take ownership and work together to reduce the social, financial and educational impact of FASD and ensure that every individual reaches their full potential.
References


14. National pathway REF


Appendix 1

Problems with FASD

"Fetal alcohol spectrum disorders" (FASD) is an umbrella term describing the range of effects that can occur in an individual who was prenatally exposed to alcohol. These effects may include physical, mental, behavioral, and/or learning disabilities with lifelong implications. FASD is not a diagnostic term used by clinicians. It refers to specific conditions such as fetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD).

- 94% had mental health problems
- 23% had received inpatient care for mental illness
- 83% of adults experienced dependent living
- 79% of adults had employment problems
- 60% of those age 12 and older had trouble with the law
- 35% of adults and adolescents had been in prison for a crime
- 45% engaged in inappropriate sexual behavior
- 43% had disrupted school experiences (e.g., dropped out)
- 24% of adolescents, 46% of adults, and 35% overall had alcohol and drug problems

Appendix 2
Fetal Alcohol Spectrum Disorder (FASD) Training – 2018

Fetal Alcohol Spectrum Disorder (FASD) is a range of characteristics displayed by children who have been exposed to alcohol in-utero. Children may display physical, cognitive, social or emotional disabilities which last a lifetime. FASD has been recognised as a growing concern and it is estimated that it may affect between 2-5% of live births locally. Caring for children with FASD is challenging but awareness, education, early intervention and support will foster the child’s early learning, self-esteem and readiness for life-long learning. The training will provide an awareness and understanding of the issues around drinking alcohol during pregnancy. The training looks at Fetal Alcohol Spectrum Disorder and the disabilities caused when a pregnant women drinks alcohol, fetal development and the effects of alcohol on the developing brain. Information on strategies and approaches for supporting individuals who may/may not have a diagnosis of FASD but display some of the characteristics of the disorder will also be provided. This includes discussing the challenges displayed by individuals with FASD and advice, practical tips and guidance for caregivers and professionals.

FASD Full Day Training (9.30am – 4.30pm)

<table>
<thead>
<tr>
<th>Date</th>
<th>Venue</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>16th February 2018</td>
<td>Training Centre, Ayrshire Central Hospital</td>
<td>Training Room 1</td>
</tr>
<tr>
<td>28th March 2018</td>
<td>Education Centre, University Hospital, Crosshouse</td>
<td>Room 2A</td>
</tr>
<tr>
<td>26th April 2018</td>
<td>Education Centre, University Hospital, Ayr</td>
<td>Common Room 2</td>
</tr>
<tr>
<td>21st May 2018</td>
<td>Education Centre, University Hospital, Crosshouse</td>
<td>Room 1</td>
</tr>
<tr>
<td>15th June 2018</td>
<td>Training Centre, Ayrshire Central Hospital</td>
<td>Training Room 1</td>
</tr>
<tr>
<td>15th August 2018</td>
<td>Education Centre, University Hospital, Ayr</td>
<td>Common Room 1</td>
</tr>
<tr>
<td>10th September 2018</td>
<td>Education Centre, University Hospital, Crosshouse</td>
<td>Room 2B/C</td>
</tr>
<tr>
<td>18th October 2018</td>
<td>Training Centre, Ayrshire Central Hospital</td>
<td>Training Room 1</td>
</tr>
<tr>
<td>12th November 2018</td>
<td>Education Centre, University Hospital, Ayr</td>
<td>Common Room 1</td>
</tr>
<tr>
<td>12th December 2018</td>
<td>Education Centre, University Hospital, Crosshouse</td>
<td>Room 2B/C</td>
</tr>
</tbody>
</table>

To book a place on any of the dates above please e-mail: FASDtraining@aapct.scot.nhs.uk
## Appendix 3

<table>
<thead>
<tr>
<th>Age of Embryo (in weeks)</th>
<th>Fatal Period (in weeks)</th>
<th>Major Morphological Abnormalities</th>
<th>Minor Morphological Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>prenat al death</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>dividing zygote, implantation</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>and gastrulation</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>CNS</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>eye</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>heart</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>ear</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>teeth</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>palate</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>external genitalia</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>brain</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: The table represents the development stages of the embryo and the associated disorders.*
Appendix 4

Nine brain domains affected by FASD

- Brain Structure
- Living and Social Skills
- Focus and Attention
- Cognition
- Communication
- Memory
- Executive Functioning
- Sensory and Motor
- Academic Skills
Appendix 5

**Executive Functioning**
- May have trouble with planning, sequencing, problem solving and organisation.
- May be impulsive.
- Difficulty controlling emotions.
- Challenges with transitions and change.
- Often repeats mistakes and has difficulty understanding consequences.
- Difficulty with abstract ideas/concepts.
- Difficulty managing time.
- May have difficulty seeing things from another’s point of view.
- Socially and emotionally immature... may behave younger than actual age.

**Focus & Attention**
- Can be easily distracted, over-stimulated or impulsive.
- May have difficulty paying attention and be over active.
- ‘Can’t sit still’.

**Cognition (Reasoning & Thinking)**
- Difficulty with attention, learning, memory, planning and organisation.
- Difficulty with understanding complex ideas.
- Wide range of IQ.

**Communication**
- May speak well but not always understand the full meaning.
- Delayed language milestones for age.
- Difficulty with lengthy conversations.
- Difficulty following instructions.
- May be able to repeat instructions but not able to follow them through.

**Memory**
- Difficulty with long and short term memory – may seem forgetful.
- Difficulty recalling sequences or complex instructions.
- Relatively better visual memory.
- Easily forget steps in normal daily routine.
- Appear to lie but are really ‘filling in the blanks’.

*What Parents and Carers need to know*