WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY C.D. CURTIS OF ST. HELIER CENTRAL
QUESTION SUBMITTED ON MONDAY 23rd MARCH 2026
ANSWER TO BE TABLED ON MONDAY 30th MARCH 2026

Question

"Will the Minister advise the number of children tested for Foetal Alcohol Spectrum Disorder (FASD) since the diagnosis service started in 2023, and detail the outcomes for children who are assessed as having the disorder?"

Answer

To date, we have had two children who were able to receive an early diagnosis of FASD with sentinel features, owing to the presence of all three characteristic facial features and a small head circumference. Currently, nine children have been assessed by Dr Howden and remain under FASD follow-up. They are progressing through the neurodevelopmental domain assessments, a process that typically takes several years. For children without the full set of sentinel facial features and reduced head circumference, cognitive domain assessments cannot be reliably completed until approximately seven years of age.

We have received two new referrals this year that are awaiting assessment. Realistically, our capacity allows for approximately six children to be assessed per year, due to the extensive, multidisciplinary evaluations required.

FASD ASSESSMENT AND TREATMENT

Assessment

In order for an FASD assessment to take place, there must be clear evidence of prenatal alcohol exposure. This evidence must be obtained either through direct maternal disclosure or from documentation by a relevant professional (for example, a midwife, social worker, police officer, or neonatal nurse). Reports from third parties such as an ex-partner are not sufficient. In addition, there must be an indication of neurodevelopmental differences to meet the criteria for assessment.
Children and young people can be referred into the FASD clinic via the Children and Family Hub.
Assessments are currently carried out for FASD via the Neurodevelopmental Service.
The initial assessments take place in the FASD clinic which operates at the Child Development Centre, Enid Quenault.

The initial appointment will take place to determine the next steps in relation to the assessment. If the child or young person displays all of the facial features for FASD, it is possible that a diagnosis can be achieved at that point, they would still be offered multidisciplinary assessment to establish their strengths and needs profile.

90% of children and young people do not have all the facial features, those that don't, will need the full multi-disciplinary assessment which include the following domains:

(The column on the right are the assessments that are applicable for that domain. If a child has already had a relevant assessment this would not need to be repeated.)

Brain Structure	**Neurology**	**Assessment**
Motor Skills	Physio	(Movement-abc 2); 3 years–16 years 11 months - beery-buktenika developmental test of visual-motor Integration, 6th edition; 3–7 years (short form) 7–100 years (full form) - bruininks oseretsky test of motor proficiency, 2nd edition (bot-2); 4 years–21 years 11 months - Bayley scales of infant and toddler development, 3rd Edition (Bayley-iii); 1–42 months - Griffiths scales of child development, third edition; Birth–6 years.
Cognition	Psychology	**<6 years** - Wechsler preschool and primary scale of intelligence (WPPSI-iv); 2 years 6 months–7 years 7 months - Stanford-Binet intelligence scales (sb-5); 2–85 years - differential abilities scales (das-ii); 2 years 6 Months–17 years 11 months - Wechsler non-verbal scale of ability-ii (WNV-ii); up to 21 years. **>6 years** - Wechsler intelligence scales for children (WISC-V ANZ); 6 years–16 years 11 months - Stanford-Binet intelligence scales (sb-5); up to 85 years - Wechsler adult intelligence scale (WAIS-iv); 16–90 Years - differential abilities scales (das-ii); up to 17 years - universal nonverbal intelligence test (non-verbal test); 5 years–21 years 11 months - Wechsler non-verbal scale of ability (WNV); 4–21 Years - naglieri nonverbal ability test – second edition (nnat-2); 4–18 years.
Language	Speech and language (salt)	Clinical evaluation of language fundamentals (celf-4); 5 years–21 years 11 months - pre-school language scales, 5th ed (pls-5); Birth–7 years 11 months.
Academic achievement	Psychology	Wechsler individual achievement test (wiat ii); 4 years–adult - woodcock–johnson achievement test (wjat-iii); 4 years–adult.
Memory	Psychology	Developmental neuropsychological assessment (nepsy-ii), memory and learning sub-tests; 3–16 years

		- wide range assessment of memory and learning, 2nd Edition (wraml-ii); 5–90 years - children's memory scale (cms); 5–16 years.
Attention	ADHD	ADHD assessment
Executive Functioning, Including Impulsive Control and Hyperactivity	ADHD	ADHD assessment
Affect regulation	Psychology/ Psychiatry	Spence Children's Anxiety Scales (SCAS); 8–15 years - Behaviour Assessment System for Children-III; 2–21 years - Beck Youth Inventories, 2nd Edition (BYI-II); 7–18 years - Children's Depression Inventory 2 (CDI-2); 7–17 years - Multidimensional Anxiety Scale for Children 2nd Edition (MASC 2).
Adaptive Behaviour, Social Skills, or Social Communication	Autism ADHD	AUTISM assessment ODD assessment

The doctor may also require the child or young person to have a physical assessment, genetic testing, and brain imagery.

TREATMENT

There's no cure or specific treatment for FASD. The physical and mental conditions caused by alcohol exposure before birth are lifelong. But early intervention services may help lessen some of the challenges of FASD and may help prevent some secondary disabilities

Children with FASD can have impairments in learning, memory, behaviour, social interactions, or combinations of these impairments.

Treatment services for people with FASD are most effective when they address a person's specific impairments and build upon their strengths.

Anyone diagnosed with FASD in Jersey, will have their own unique care plan, related to their specific needs. Their care plan will be specific to them.

The following services may be offered to a child with FASD:

Early Years: Therapeutic interventions from an Occupational Therapist, Speech and language Therapist, support from the Early Years Inclusion Team, Family Nursing and Home Care.

Education: The school SENCO raises any children with specific needs at their monthly MAST meeting (Multi agency support team) where they will come up with a plan of support for the child in Education.

CAMHS: Can offer individualised interventions dependant on their needs, early intervention, specialist input, psychiatry, ADHD treatment, Physiotherapist, Parent Infant psychotherapist.

Family: Children's service may be involved dependant on the child and family's needs. This may be in the form of a Family Partnership/Support Worker and or social worker. If it is a young person with FASD they may be supported by the Jersey Youth Service Targeted Youth Support team.

Courses:
New Forest Parenting Programme (for ADHD), Early Bird, Early Bird Plus and Teen life (for Autism), Neurodivergent siblings course (for any neurodivergent condition).

Those working with the child and family will work together to come up with the most suitable plan of intervention for a child or young person with FASD and their family. This support and intervention may be lifelong, again this is dependent on the child's needs.

Having recently attended a UK FASD conference, we have formed a connection with Salford university who are currently piloting a parent/carers course for those supporting children with FASD, supported by the Medical Research Council, that is specific for families and carers of children (aged 5 – 10) with FASD.

We have recently formed a connection with Frank Laine, founder and chairman of the Silkworth charity group. We shall be working with him and his team in 2026 to explore support for those with FASD further.