

# The FASD Hub Australia

## **Strategic Plan 2026-29**

**December 2025**

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## 1. Executive Summary

This Strategic Plan sets out the guiding statements, pillars and strategies for The FASD Hub Australia (FASD Hub or the Project) for the four-year period from 2026 to 2029. It is intended to provide high-level direction and a sense of stability to the Advisory Group and Project Team as the FASD Hub transitions into its next phase of operation.

The overarching strategy proposes stabilisation in year one, followed by growth in years two and three, and a phase of optimisation of return on investment, or consolidation, in year four.

### 1.1 Strategy highlights



Multidisciplinary relevance	Collaboration	Online presence
Provide a repository for current, evidence-based information, training and resources for health and other professionals, researchers and policymakers.	Collaborate with partner organisations to cross-promote information on FASD and the harms of alcohol use during pregnancy and breastfeeding.	Increase visibility, engagement, and inclusivity across digital platforms.
2850 <i>informed clinicians</i>	15/24 <i>webinar collabs</i>	3000 <i>social media followers</i>

## 2. Background

Established in 2016, The FASD Hub Australia (FASD Hub or The Project) brings together the latest evidence-based resources and research about Fetal Alcohol Spectrum Disorder (FASD) in Australia. The current grant agreement for the Project states that the funded activity is to support prevention and early intervention activities and promote evidence-based information about drug and alcohol harm through education.

The external strategic and guidance documents under which the FASD Hub operates are:

- *National FASD Strategic Action Plan 2018-2028* (Strategic Action Plan)
- National Health and Medical Research Council's *Australian guidelines to reduce health risks from drinking alcohol*, 2020 (NHMRC Alcohol Guidelines)
- *Australian clinical practice guidelines for the assessment and diagnosis of fetal alcohol spectrum disorder*, 2024 (Australian FASD Guidelines)
- World Health Organisation *Guidelines for identification and management of substance use and substance use disorders in pregnancy*, 2014 (WHO Guidelines)

The key objectives of the Strategic Action Plan are to reduce the prevalence of FASD, reduce the impact of FASD and improve the quality of life for people living with FASD. These aims may be met through pursuit of four priority areas: prevention, screening and diagnosis, support and management, targeted interventions for at risk populations, such as Aboriginal and Torres Strait Islander peoples. It emphasises the importance of partnerships between governments, service providers, and communities.

Embedded in the recommendations of the NHMRC Alcohol Guidelines are two guiding statements for women who are pregnant or planning a pregnancy:

- "To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.
- For women who are breastfeeding, not drinking alcohol is safest for their baby."  
(NHMRC, 2020: 5)

For public messaging purposes, the guidelines translate to the key message that because there is no known safe level – it is safest to avoid alcohol altogether.

Launched in May 2025, the Australian FASD Guidelines have been approved by the National Health and Medical Research Council, confirming they meet national standards for evidence-based clinical practice. These guidelines arose from extensive evidence reviews and widespread consultation and are notable for their emphasis on lived experience and provision of a FASD Indigenous Framework. The Australian FASD

Guidelines exist to support Australian health practitioners involved in the assessment and diagnosis of FASD across the lifespan.

The WHO Guidelines provide an important foundation for both the Strategic Action Plan, the Australian FASD Guidelines and the NHMRC Alcohol Guidelines. They were developed to address the need for universally applicable technical guidance on identifying and managing alcohol and other substance use disorders during pregnancy. The WHO Guidelines articulates five overarching principles that should guide planning, implementation and evaluation activities: Prioritising prevention, ensuring access to prevention and treatment services, respecting patient autonomy, providing comprehensive care, safeguarding against discrimination and stigmatisation (WHO, 2014: 6-7).

Together these documents inform the future direction of the FASD Hub Australia, providing a strong basis for the continuation of the Project for another triennial funding period and more.

### *2.1 Document purpose*

This Strategic Plan sets out the guiding statements, pillars and strategies for the FASD Hub Australia for the four-year period from 2026 to 2029. It is intended to provide high-level direction and a sense of stability to the Advisory Group and Project Team as the FASD Hub transitions into its next phase of operation.

The overarching strategy proposes stabilisation in year one, followed by growth in years two and three, and a phase of optimisation of return on investment, or consolidation, in year four.

### 3. Purpose and Objectives

#### 3.1 Mission statement

The FASD Hub exists to be:

Australia's leading source of evidence dedicated to reducing prenatal alcohol exposure and promoting optimal outcomes for people with FASD.

#### 3.2 Objectives

The objectives of the Project are to:

1. Expand awareness and use of FASD Hub Australia.
2. Increase health professionals' knowledge of the assessment and diagnosis of FASD, including by dissemination of the *Australian clinical guidelines for the assessment and diagnosis of FASD* (2024).
3. Provide reliable, targeted information to address the needs of specific professional groups (disability, justice, education and child protection).
4. Promote and facilitate registrations of interest and the reporting of FASD diagnoses to the FASD Australian Registry (FASDAR).
5. Increase community knowledge and understanding of the harms of prenatal alcohol exposure and lifelong consequences of FASD and promote awareness of the 'no safe level' recommendation for women who are or may become pregnant, or are breastfeeding.
6. Improve access to, and quality of, general resources for anyone with an interest or need relating to FASD and alcohol consumption during pregnancy or while breastfeeding.
7. Enhance existing activities as well as introduce new initiatives to build upon and increase the use and impact of the FASD Hub Australia.

### 4. Vision and Values

#### 4.1 Vision

A future in which:

- Australian professionals and communities are informed, equipped and supported to prevent and respond to FASD.

Condensed version [for restricted word contexts, such as banners]:

- FASD-informed professionals and communities across Australia.

## 4.2 Values

The following values are adopted from The Kids Research Institute Australia and The University of Sydney:



- Collaboration – Our work is better when we work together
- Evidence – We do not compromise on quality
- Respect – We are honest, ethical and fair



- Trust – Actively creating an inclusive and collaborative work environment
- Accountability – Owning our successes and failures, both collectively and individually

To be expressed for FASD Hub Australia purposes as four guiding values:

- Collaboration – We work together
- Evidence – We do not compromise on quality
- Trust and respect – We are trustworthy, ethical and fair
- Accountability – We own our successes and failures

## 5. Pillars and Strategies

### 5.1 Pillars

The FASD Hub Project Team and Advisory Group identify three pillars to underpin the work focus for the next four years.



### 5.2 Strategies

Out of these pillars drop eight specific strategies for goal achievement:

#### 1. Multidisciplinary relevance

- Identify gaps in the current evidence base and provide strategic direction to the research community regarding the information needs and priorities of relevant professional groups and communities.
- Monitor, evaluate and collate new information and resources on FASD and the harms of alcohol use in pregnancy.
- Continually update and promote information, training and resources, incorporating the latest evidence from research.
- Maintain an up-to-date directory of multidisciplinary FASD-informed services.

#### 2. Collaboration

- Share the latest research and evidence-based prevention messages, including the key messages and recommendations from relevant national guidelines and campaigns.
- Collaborate with partner organisations (e.g. NOFASD Australia, FARE) to cross-promote resources for the general community, including women who are or may become pregnant, or are breastfeeding, and those impacted by FASD.



### 3. Online presence

- Grow awareness among professional communities of the FASD Hub, the *Australian clinical practice guidelines for the assessment and diagnosis of FASD* and the *NHMRC Australian guidelines to reduce health risks from drinking alcohol* through tailored content, targeted campaigning and strategic relationship-building.
- Enhance engagement of clinicians and Aboriginal and Torres Strait Islander communities, using multiple and creative digital strategies.

For more on our partner organisations and target audiences, see Attachment 1. Attachment 2 provides a pillars and strategies cross-reference in tabular format.

## 6. Governance

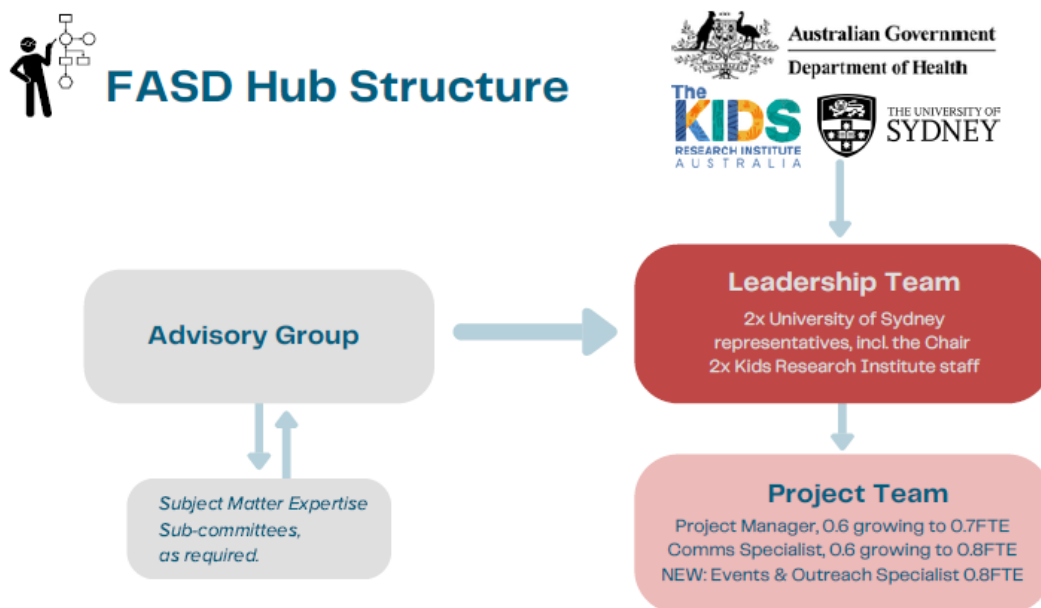
The FASD Hub Australia is a collaboration of The Kids Research Institute Australia and The University of Sydney. It complies with the requirements and policies of The Kids Research Institute Australia, the fundholder, and with those of the Department of Health, Disability and Ageing, the funder. A group of skilled and representative advisors is convened quarterly to provide strategic advice and guide the work of the Project Team, ensuring sound governance, transparency and accountability.

The Kids Research Institute Australia appoints the chairperson and employs the Project Team. All project staff are invited to sit in on Advisory Group meetings (ex-officio).

### 6.1 Composition



## 6.2 Organisational structure



## 7. Conclusion

With funding due to expire in July 2026, a new investment from the federal government is required to secure the long-term sustainability of The FASD Hub Australia. This plan dovetails the wrap up of current funding with an investment of \$1,738,979 over three years from July 2026 to June 2029 and ensures the momentum and benefits created by the FASD Hub over the past decade are not lost.

Critically, the additional funding sought by the FASD Hub will enable an increase in FTE for the existing roles and the creation of a new 0.8 FTE Events and Outreach Specialist role.

Team expansion underpins creation of capacity for growth in quality and quantity of services and resources, in turn addressing unmet need and allowing progress toward a vision of Australian professionals and communities that are informed, equipped, and supported to prevent and respond to FASD.

*For more information regarding the future plans of the FASD Hub Australia, please contact the Program Manager on [contact@fasdhub.org.au](mailto:contact@fasdhub.org.au).*

## **Attachment 1: Key collaborators and target audiences**

The FASD Hub Australia's partner organisations are:

- National Organisation for Fetal Alcohol Spectrum Disorders, NOFASD Australia
- Foundation for Alcohol Research and Education, FARE
- National Aboriginal Community Controlled Health Organisation, NACCHO
- Mental Health Commission and Cancer Council WA (Alcohol Think Again collaboration)
- Learning with FASD
- FASD Australian Registry, FASDAR
- FASD Research Australia NHMRC Centre of Research Excellence, FASD-CRE
- The Guidelines Dissemination Group, University of Queensland

Under a strategic priority to boost Aboriginal and Torres Strait Islander community engagement, organisations identified as potential partners or contributors to the FASD Hub's growing network are:

- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners, NAATSIHWP
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, CATSINaM
- National Voice for Our Children, SNAICC

The Project's target audiences are:

### **Primary**

- Health and other professionals (disability, justice, education and child protection)
- Researchers
- Policy makers

### **Secondary**

- Women who are or may become pregnant, or are breastfeeding (and their partners)
- Those impacted by FASD, including;
  - Individuals with FASD and their families/carers
  - High prevalence/ at risk groups
    - Aboriginal and Torres Strait Islander Communities
    - Children/youth (and their carers) in residential or foster care

## Attachment 2

Table 1: Pillars and strategies cross-reference	Multi-disciplinary relevance	Collaboration	Online presence
Identify gaps in the current evidence base and provide strategic direction to the research community regarding the information needs and priorities of relevant professional groups and communities.	√	√	√
Monitor, evaluate and collate new information and resources on FASD and the harms of alcohol use in pregnancy.	√	√	√
Continually update and promote information, training and resources, incorporating the latest evidence from research.	√	√	√
Maintain an up-to-date directory of multidisciplinary FASD-informed services.	√	√	√
Share the latest research and evidence-based prevention messages, including the key messages and recommendations from relevant national guidelines and campaigns.	√	√	√
Collaborate with partner organisations to cross-promote resources for the general community, including women who are or may become pregnant, or are breastfeeding, and those impacted by FASD.	√	√	√
Grow awareness among professional communities of the FASD Hub, the <i>Australian clinical practice guidelines for the assessment and diagnosis of FASD</i> and the NHMRC <i>Australian guidelines to reduce health risks from drinking alcohol</i> through tailored content, targeted campaigning and strategic relationship-building.	√	√	√
Enhance engagement of clinicians and Aboriginal and Torres Strait Islander communities, using multiple and creative digital strategies.	√	√	√

*Note: Each strategy supports all three pillars; use of colour shows **emphasis**.*