

Table 1. Procedures and practices that may pose unintended barriers to children living with FASD

Limitations in child's functioning	Service features
<p><b>Poor verbal comprehension, language and literacy skills</b></p>	<ul style="list-style-type: none"> <li>• Services that use language-rich, language-reliant, narrative approaches to counselling and support provision.</li> <li>• Counselling approaches that use complex language, metaphors, and verbal 'contracts'.</li> <li>• Counselling approaches that discuss abstract goals (time, money, commitment).</li> <li>• Services that rely on the use of referral forms and other paperwork containing large amounts of written material in the absence of visual aids to understanding.</li> <li>• Services that rely on children and families to keep track of time, days and weeks; to monitor and track upcoming appointments using diaries or other means.</li> <li>• Services that don't use the child's language, don't explain technical language and/or don't use language consistently.</li> <li>• Counselling approaches that ask the child/young person to engage in self-reflection or self-monitoring.</li> </ul>
<p><b>Difficulty with executive functioning (memory, planning, monitoring and self-reflection)</b></p>	<ul style="list-style-type: none"> <li>• Services that discontinue service or remove families from the waiting list after missed (non-attended) appointments.</li> <li>• Services that consider it the client's responsibility to keep track of appointments and passage of time.</li> <li>• Services that set a limit on the number of appointment times a child can be allocated.</li> <li>• Services that are provided on a time-limited basis (less suited to addressing long-standing support needs).</li> <li>• Counselling approaches that ask the child to anticipate the outcomes of their actions or ask them to recall/reflect on historical events as part of a narrative.</li> <li>• Approaches and services that rely on the child to develop self-control, rather than focus on managing their environment and providing adequate supervision.</li> <li>• Services that exclude or restrict access for the child due to a critical incident or abnormal behaviour.</li> <li>• Counselling approaches that rely on the child monitoring their own progress and reporting/reflecting on progress towards their goals.</li> </ul>
<p><b>Difficulty with executive functioning (memory, coordination, organisation and planning)</b></p>	<ul style="list-style-type: none"> <li>• Services that set irregular appointment times that are harder to keep track of.</li> <li>• Siloing of service provision, requiring the child access to multiple services and professionals.</li> <li>• Placing the onus on children and families to coordinate multiple services and appointments.</li> <li>• Frequent changes in service providers or services.</li> <li>• Lack of access to a professional who can have an ongoing relationship with, coordinate services around, and advocate for the child.</li> <li>• Lack of one consistent person to follow the child through their journey; who has a strong knowledge of the child's history and the context of their journey and relationship with services.</li> <li>• Lack of adequate handover when the child is required to change service providers, contributing to a lack of consistency in approach.</li> </ul>