



**Te Kāwanatanga o Aotearoa**  
New Zealand Government



# **Fetal Alcohol Spectrum Disorder Action Plan**

## **2025-2028**





# **Fetal Alcohol Spectrum Disorder Action Plan 2025-2028**

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# Minister's foreword

I am pleased to present this *Fetal Alcohol Spectrum Disorder Action Plan: 2025–2028*. In April 2024, the Government announced a renewed focus on fetal alcohol spectrum disorder (FASD). This included revitalising the FASD Action Plan, which ended in 2019, to help ensure a coordinated, system-wide approach to addressing the impacts of FASD in Aotearoa New Zealand.

While progress had been made under the previous Action Plan, a refreshed approach was required to better reflect emerging evidence, the lived experience of those living with FASD and their families and the ongoing challenges the FASD community face.

I acknowledge the Hon Dr Shane Reti for raising the profile of FASD for this Government, initiating work on the FASD Action Plan and being a continued supporter for better outcomes for the FASD community.

I also acknowledge the FASD organisations that led engagement to inform the development of this new plan, Te Kāhui Taurikura (Māori FASD advisory rūpū) which provided guidance along the journey, as well as those in the wider FASD community who have worked tirelessly to gain recognition for FASD and supported whānau, families and loved ones affected by FASD.

This Government's approach to implementing this FASD Action Plan will be informed by the voices, lived experiences and insights of the FASD community. It will also be guided by the *Government Policy Statement on Health: 2024–2027*, social investment and local evidence. This means focusing on what works and what matters most so that our actions will make the biggest impacts on people's lives. This FASD Action Plan provides a roadmap for improving FASD outcomes and aims to reflect a life-course approach to addressing FASD, that targets:

- increased awareness and the prevention of FASD
- identifying developmental concerns and providing early intervention for individuals with FASD
- supporting individuals and families through key life transitions with a coordinated government approach
- ensuring there is a capable workforce to deliver consistent and appropriate support.

This plan will build on work I have prioritised across my mental health and associate health portfolios. Investment in FASD training will support growing the mental health and addiction workforce, while peer support for young people with FASD or possible FASD will help build resilience and prevent or minimise the need for mental health and addiction services.

I am committed to continuing to listen to the FASD community as the Government works with you to deliver better outcomes for individuals and families affected by FASD.

**Hon Matt Doocey**

Associate Minister of Health



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# FASD Action Plan roadmap: 2025–2028

## Key deliverables across implementation

### Year one

- Establishment of a community-based assessment, diagnosis and early intervention support pilot
- Establishment of community-led FASD navigators, peer support and capability building for individuals with FASD
- Delivery of FASD training and workforce programmes across Health New Zealand, the Department of Corrections, Oranga Tamariki and the Police
- Initiation of delivery of a screening, brief intervention and treatment programme pilot
- First phase of community prevention campaign activations
- Establishment of a cross-agency FASD implementation group
- Publication of a baseline indicators report and phase one evaluation

### Year two

- Improvements to early identification of prenatal alcohol exposure, assessment and support pathways
- Completion of a FASD register or unified national FASD platform
- Annual review/stocktake for consistent FASD information and guidance across government agencies
- Publication of the first FASD Action Plan annual report

### Year three

- Publication of local and national data on FASD, including prevalence figures and ongoing diagnosis-related data
- Publication of an implementation and early outcomes evaluation
- Completion of training for more than 5,000 frontline health, social service and community workers in FASD awareness and support
- Initiation of a refresh of FASD priority actions based on monitoring and evaluation

## Outcomes

### Growing awareness and preventing harm

New Zealand is a society where families are supported to nurture alcohol-free pregnancies, the risks of drinking during pregnancy are well understood, FASD is without stigma, and the prevalence and impact of FASD are recognised

### Supporting individuals and families across the life course

People have access to timely FASD assessment and diagnostic services, are supported to shift through critical development stages, and there are clear pathways to services that support holistic wellbeing across the life course

### Building an informed and capable workforce

Health, education, social service, and justice sector professionals understand and are aware of FASD and have an ability to provide culturally appropriate and FASD-informed support

## Vision

The prevalence of FASD is minimised and people with FASD and their families are supported to live their best possible lives

## Social investment

**Early intervention** – building capacity and capability for early, targeted intervention and prevention

**Targeted intervention** – targeting interventions to groups and populations at higher risk of poor outcomes

**Local intervention** – working with local organisations and networks to commission services in communities

**Evidence-based intervention** – establishing data and measures to provide better evidence to inform commissioning



# Context

## What is FASD?

FASD is a diagnostic term for a neurodevelopmental condition that results from prenatal alcohol exposure. With the right supports and community conditions, FASD can be prevented. In the case of FASD, the main effects from exposure to alcohol are to the brain, but it can also affect other parts of the body, and as such FASD is a 'whole body' disorder, as opposed to one that is restricted to the brain and behaviour. Additionally, FASD can co-exist with a range of neurodevelopmental conditions, and with trauma history. It is therefore important that diagnosis and management of FASD is considered within these broader contexts.

FASD significantly impacts people's lifelong health, learning and development. However, it is often termed a 'hidden' disability, as it is commonly undiagnosed, underdiagnosed and misdiagnosed. Research shows:

- **FASD is widespread and impacts thousands of families** – 1,800–3,000 babies may be born with FASD each year in New Zealand.
- **FASD has a significant cost to New Zealanders** – it is estimated to cost New Zealand \$4.8 billion annually in health and social costs.
- **People with FASD suffer worse outcomes across the life-course** – for example, young people with FASD are up to 19 times more likely to be incarcerated than those without FASD.
- **Most people never receive an FASD diagnosis** – it is estimated that only 5% of those with FASD receive a formal diagnosis in New Zealand due to limited current capacity.
- **FASD is preventable and can be addressed** – by raising awareness and providing the right support at the right time, we can significantly reduce the prevalence of FASD and alter the life trajectories of those impacted.

# How will the Action Plan deliver for those with the highest need?

For the FASD Action Plan to achieve its objectives and make the biggest impact for its associated investment, it will need to adopt a social investment approach and principles. Social investment is about putting people and outcomes at the centre of social service delivery, being clear about the outcomes we seek and for whom, and using data and evidence to do more of what works – particularly for those most at risk of poor outcomes. This approach focuses on early investment, targeted interventions and prevention to avoid more intensive and expensive services across the life course.

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Within our social investment approach, we need to understand the drivers of inequitable outcomes, work proactively and closely with impacted communities and build on the inherent strengths within communities where effective solutions already exist. The FASD Action Plan will reflect a social investment approach through the following principles:

- **early intervention** – building capacity and capability for early intervention and prevention
- **targeted intervention** – targeting interventions to groups and populations at a higher risk of poor outcomes
- **local intervention** – working with local organisations and networks to commission services in communities
- **evidence-based intervention** – establishing data and measures to provide better evidence to inform commissioning.

Where evidence demonstrates that certain population groups experience higher risk or worse outcomes, the plan will implement service models that are culturally responsive, community-embedded and demonstrably effective. This includes kaupapa Māori and community-led solutions that meet the identified needs of whānau, caregivers and affected individuals.

# Who is responsible for the Action Plan?

The FASD Action Plan is a health-led plan that is underpinned by a cross-agency approach, with health, justice and social service agencies taking responsibility and accountability for the implementation of priority actions. This joined-up approach was important to the FASD community; it will support more connected pathways between services and ensure we are delivering services across the continuum of needs and ambitions within the FASD community.

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## What did the FASD community tell us?

The five organisations that led engagement on behalf of the Ministry of Health were: Kookiri ki Taamakimakaurau Trust, Māori Coalition for Te Iho Tātai-ā-Rongo (FASD), Fetal Alcohol Spectrum Disorder – Care Action Network Aotearoa (FASD-CAN), Alcohol Healthwatch and the Village Collective.

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### Key insights from community engagement

1. Stigma and lack of awareness of FASD across all facets of society is a major barrier to prevention and support
2. Culturally responsive care and support is critical to communities feeling safe and addressing inequities
3. Barriers to diagnosis and FASD-specific supports are leading to significant challenges for individuals and families
4. The education system is a crucial intervention point to improve FASD life outcomes
5. A shift in broader drinking culture will support efforts to reduce the risk of FASD
6. Alcohol use and FASD are intrinsically linked to trauma and addiction for many individuals and communities
7. Peer support and collective empowerment are important for facing the challenges of FASD
8. Sustainable and sufficient funding across all life stages must underpin the FASD Action Plan if it is to achieve meaningful outcomes



# Strategic outcomes and priority actions

# Growing awareness and preventing harm

## What are we aiming to achieve?

New Zealand is a society where families are supported to nurture alcohol-free pregnancies, the risks of drinking during pregnancy are well understood, FASD is without stigma, and the prevalence and impact of FASD are recognised.

## Why is this important?

FASD is a leading cause of preventable intellectual and neurodevelopmental disability. However, prevention of FASD is complex and requires understanding the risk, nature of the challenge, and impact FASD presents in New Zealand communities, along with a range of important shifts in societal drinking culture and behaviours.

## What is the context?

The *Government Policy Statement on Health: 2024–2027* recognises the importance of investment to support stronger prevention approaches and the need to better address modifiable risk factors, including alcohol consumption. Over time, FASD awareness and prevention requires New Zealand-specific data on FASD prevalence, including a better understanding of high-risk settings and demographics, including in the justice and children-in-care systems. This will help to implement a range of evidence-based actions related to both FASD and wider alcohol-related harm and to measure their impact.

Research indicates that:

- 16.6% of New Zealanders have hazardous drinking patterns.<sup>1</sup>
- 75% of New Zealanders disagreed that during pregnancy drinking small amounts of alcohol is OK.<sup>2</sup>
- Māori are likely to be more impacted by FASD due to higher rates of alcohol consumption during pregnancy which increases the risk of FASD.<sup>3</sup>
- 50% of children and young people in the care of Oranga Tamariki could be affected by FASD.<sup>4</sup>
- Young people with FASD are up to 19 times more likely to be incarcerated than those without FASD.<sup>5</sup>

1 Ministry of Health. 2024. Annual Data Explorer 2023/24: New Zealand Health Survey [Data File]. URL: <https://minhealthnz.shinyapps.io/nz-health-survey-2023-24-annual-data-explorer/> (accessed 29 July 2025).

2 Rout J, Hannan T. 2016. *Consumer awareness and understanding of alcohol pregnancy warning labels Research Report*. Wellington: Health New Zealand.

3 Romeo JS, Huckle T, Casswell S, et al. 2023. Foetal alcohol spectrum disorder in Aotearoa, New Zealand: Estimates of prevalence and indications of inequity. *Drug and Alcohol Review* 42(4): 859–67.

4 Smith L, Lau C, Rogers M. 2024. *Research to inform the FASD Action Plan Phase 2: Research on the whole-of-system response to young people aged 11–18 years with diagnosed and suspected Fetal Alcohol Spectrum Disorder (FASD) in Aotearoa New Zealand*. Wellington: Litmus.

5 Popova S, Lange S, Bekmuradov D, et al. 2011. Fetal alcohol spectrum disorder prevalence estimates in correctional systems: a systematic literature review. *Canadian Journal of Public Health* 102(5): 336–40.

## Growing awareness and preventing harm

### Current actions led by health agencies

Action	Timeline	Lead
<b>Deliver nationwide FASD prevention campaign and activations</b> to raise awareness and support community solutions to address the impacts of alcohol use and FASD.	Refresh ongoing campaign by January 2026  First-wave community activations completed by July 2026	Health New Zealand

### New actions led by health agencies

Action	Timeline	Lead
<b>Develop and implement alcohol screening, brief intervention, and treatment</b> programme including support for the healthcare and social service workforces to deliver these interventions.	Development and delivery from 1 July 2025	National Public Health Service Ministry of Health
<b>Establish cross-agency FASD implementation group</b> to support a joined-up approach to FASD Action Plan implementation, effective monitoring and evidence to inform ongoing design and delivery of priority FASD actions.	Group established by 30 September 2025	Health New Zealand Ministry of Health
<b>Establish national or regional FASD platforms</b> for individuals, families, clinicians, researchers and government to work together to improve diagnosis, treatment and prevention.	Launched by 30 June 2027	Health New Zealand Ministry of Health
<b>Produce FASD prevalence and return-on-investment data</b> that focuses on the extent, challenge and impact FASD presents in New Zealand and among different populations.	Report completed by 30 June 2028	Health New Zealand Ministry of Health

### Actions led by other government agencies

Action	Timeline	Lead
<b>Conduct prevalence study on FASD within a youth justice residence</b> to improve FASD data, identify staff training needs and the needs of individuals with FASD and their whānau in a New Zealand youth justice residential setting.	Report and findings to be published in 2026/27	Oranga Tamariki

# Supporting individuals and families across the life course

## What are we aiming to achieve?

People have access to timely FASD assessment and diagnostic services, are supported to shift through critical development stages, and there are clear pathways to services that support holistic wellbeing across the life course.

## Why is this important?

FASD is a lifelong disability and must be recognised and resourced as such. People with FASD face distinct needs and challenges through the life course, but there is strong evidence that through identification of FASD and provision of tailored and ongoing support, we can support individuals and families to achieve more positive long-term outcomes and wellbeing.

## What is the context?

Accessing quality screening and diagnostic services can be challenging in New Zealand due to long wait times, a lack of government coordination, and financial and logistical barriers. Many individuals with FASD remain undiagnosed or misdiagnosed, which can cause uncertainty, distress and emotional strain for families; make it difficult to access tailored support; and lead to long-term secondary impacts in areas such as justice, mental health and addictions.

Greater recognition of the long-term care needs of individuals with FASD across healthcare, education and social systems throughout the life course will improve service delivery and outcomes for individuals and families affected by FASD. This support is required for both the diagnosed and possible FASD population, recognising that a large proportion of people with FASD have already missed the opportunity for a formal early diagnosis, or will never receive one, but still have a range of needs. Community and whānau-based support provide

opportunities for people to connect with others facing similar challenges; emotional and practical support; and a sense of belonging. This can reduce isolation and stigma and help to build resilience.

Research and community engagements indicate that:

- Between 3 and 5% of the school-aged population is affected by FASD (around 1,800–3,000 children born with FASD per year).<sup>6</sup>
- A large majority of people report facing challenges in accessing FASD support and that overall levels of support for FASD in New Zealand are poor or unavailable.<sup>7</sup>
- Care and outcomes improve when relationships are built, supports are tailored to enable development and the provision of care is not episodic.<sup>8</sup>
- Investing in the early years of life can make the biggest difference to lifelong and intergenerational wellbeing.<sup>9</sup>

6 Ministry of Health. Action on Fetal Alcohol Spectrum Disorder (FASD). URL: [www.health.govt.nz/strategies-initiatives/programmes-and-initiatives/fetal-alcohol-spectrum-disorder](https://www.health.govt.nz/strategies-initiatives/programmes-and-initiatives/fetal-alcohol-spectrum-disorder) (accessed 29 July 2025).

7 Ministry of Health. 2025. *Fetal Alcohol Spectrum Disorder: Community engagement insights report*. Wellington: Ministry of Health.

8 Lau C, Smith L, Rogers M et al. 2023. *Research to inform the FASD Action Plan Phase 1: Research on the whole-of-system response to children/tamariki aged 0–10 years with diagnosed and suspected Fetal Alcohol Spectrum Disorder (FASD) in Aotearoa New Zealand*. Wellington: Litmus.

9 Health New Zealand. Kahu Taurima | Maternity and Early Years. URL: <https://mahitahihauora.co.nz/for-whanau/starting-well/kahu-taurima/> (accessed 29 July 2025).



## Supporting individuals and families across the life course

### Current actions led by health agencies

Action	Timeline	Lead
<b>Deliver community-led FASD programme</b> with the Māori Coalition for Te Iho Tātai-ā-Rongo (FASD) in communities identified with high needs, including regional wānanga, whānau and peer support networks, and Te Whare ō Oro neurodiversity training.	Four wānanga held annually  At least 150 people complete training annually	Health New Zealand
<b>Provide community support for whānau and families living with FASD</b> through grant funding for whānau, hauora Māori partners and community organisations to develop and test FASD interventions, including training for caregivers, mentoring programmes and school-based approaches.	Ten community projects delivered and evaluated by 31 March 2026	Health New Zealand
<b>Progress Māori FASD priorities (WAI 2624)</b> in collaboration with a Māori representative body to address the disproportionate impact of FASD on Māori – including whānau-centred and kaupapa Māori responses to FASD – and guide implementation and monitoring of the FASD Action Plan.	Priorities agreed by 31 December 2025	Ministry of Health Health New Zealand

## New actions led by health agencies

Action	Timeline	Lead
<b>Establish FASD navigators and case workers within communities</b> to support individuals and families with wrap-around care, to develop plans and navigate social services.	At least 20 navigators/ kaitiaki operating by February 2026	Health New Zealand
<b>Establish community-led peer support and activities</b> to ensure individuals with FASD are connected within a community, build life skills and receive support to achieve their goals.	Delivered to at least 10 cohorts annually, starting from 1 July 2025	Health New Zealand
<b>Support capacity building for individuals with FASD</b> and opportunities to be the next generation of FASD lived-experience support workers, champions and leaders.	Delivered to at least 25 individuals annually, starting from 1 July 2025	Health New Zealand
<b>Establish pathways to mental health and addiction services</b> for people presenting with known or possible FASD and ensure services are FASD-aware and informed.	Policy proposals for Minister for Mental Health completed by 30 June 2026	Ministry of Health Health New Zealand
<b>Establish a targeted community-based assessment, diagnosis and early intervention</b> behavioural and learning development support programme for children and young people with FASD and possible FASD.	Model established and delivery from 31 March 2026	Ministry of Health Health New Zealand
<b>Deliver and evaluate early neurodevelopment assessment and support pilot (NASP)</b> that brings together existing Pregnancy and Parenting Services and Child Development Services in Northland, Hawke's Bay and Tairāwhiti, aiming to enhance and integrate service pathways to holistically support tamariki and whānau at risk of the impacts of FASD.	Evaluation report completed by September 2026	Health New Zealand

## Actions led by other government agencies

Action	Timeline	Lead
<b>Explore improvements to early identification of prenatal alcohol exposure, assessment and support pathways</b> across a range of services, including Gateway, Kahu Taurima   Maternity and Early Years initiatives, Well Child Tamariki Ora enhanced support pilots and B4 School Check services.	Policy proposals for Ministers as applicable	Ministry of Health Health New Zealand Oranga Tamariki
<b>Deliver Child Development Services (CDS)</b> for children and young people.	Ongoing delivery	Ministry of Social Development Health New Zealand
<b>Develop resources and guidance for Oranga Tamariki caregivers</b> to enable them to understand how FASD may present and how they can support children with FASD or possible FASD in their care.	Delivery underway by June 2026	Oranga Tamariki
<b>Evaluate the ALERT pilot programme:</b> a sensory-based self-regulation programme for those aged under 25 in the Youth Unit at Manawatū Prison, including those with FASD, suspected FASD and other neurodivergent conditions, to inform wider use of sensory-based interventions for young people in prison over the longer term.	Evaluation report completed by 31 December 2025	Department of Corrections
<b>Ensure consistent and tailored information and guidance on FASD</b> across government agency channels to support community access to relevant and up-to-date FASD guidance/services.	Review/stocktake completed by 30 June 2027	All agencies

# Building an informed and capable workforce

## What are we aiming to achieve?

Health, education, social service and justice sector professionals understand and are aware of FASD and can provide culturally appropriate and FASD-informed support.

## Why is this important?

Ensuring an FASD-informed lens for a range of frontline professionals will better equip them to engage, interact, understand and support the needs of people with FASD and their families in different settings.

## What is the context?

Awareness and understanding of FASD and the potential signs of FASD vary across and within sectors. A lack of knowledge of FASD among frontline professionals leads to barriers in accessing assessment and diagnostic pathways and receiving FASD-informed support, children with FASD struggling to remain and succeed in learning environments, experiences of judgement and stigma, and services not being responsive to cultural needs. These negative experiences can be exhausting for families and result in them disengaging and losing trust in services.

Families and children impacted by FASD need frontline staff they engage with to know the potential signs of FASD, and for these frontline staff to be confident in having non-judgemental and strength-based conversations with families about FASD. During pregnancy, professionals' ability to engage in culturally appropriate and safe ways to identify potential prenatal alcohol exposure will also help to reduce the impacts of FASD.

Research and community engagements indicate that:

- Due to a lack of health workforce capacity, access to assessment and diagnosis is delayed for children until they are approximately 10–12 years old.<sup>10</sup>
- Currently, approximately only 5% of those with FASD receive a formal diagnosis in New Zealand.<sup>11</sup>
- FASD diagnosis provides families and professionals with a framework for understanding an individual's unique strengths and challenges.<sup>12</sup>
- Training and development for professionals should be prioritised based on the likelihood to interact with FASD-affected individuals and families. Priority should be given to midwives; general practitioners; police; mental health and addictions staff; hauora Māori providers; and education providers such as teachers, learning support coordinators and teacher aides.<sup>13</sup>

<sup>10</sup> Lau C, Smith L, Rogers M et al. 2023. *Research to inform the FASD Action Plan Phase 1: Research on the whole-of-system response to children/tamariki aged 0–10 years with diagnosed and suspected Fetal Alcohol Spectrum Disorder (FASD) in Aotearoa New Zealand*. Wellington: Litmus

<sup>11</sup> Ministry of Education. 2025. *Guide to FASD and Learning: Understanding FASD*. Wellington: Ministry of Education.

<sup>12</sup> Sarah McLean. 2022. *Fetal Alcohol Spectrum Disorder (FASD): An update on policy and practice in Australia*. Melbourne: Australian Institute of Family Studies.

<sup>13</sup> Ministry of Health. 2025. *Fetal Alcohol Spectrum Disorder: Community engagement insights report*. Wellington: Ministry of Health.

## Building an informed and capable workforce

### New actions led by health agencies

Action	Timeline	Lead
<b>Develop and implement FASD training and workforce programme</b> , to: 1) increase diagnostic capability to support early identification and intervention; 2) expand a health and allied workforce that is better equipped to understand and support FASD (micro-credential training); 3) increase knowledge within the non-clinical workforce and communities to identify individuals with possible FASD and refer them to services; and 4) increase awareness of alcohol harm prior to conception and during pregnancy.	>30 people complete diagnostic training annually  >150 people complete micro-credential training annually  >500 people complete non-clinical training annually	Health New Zealand

### Actions led by other government agencies

Action	Timeline	Lead
<b>Improve frontline responses to FASD within the Corrections system</b> by focusing on best-practice guidance and formalising ongoing training opportunities for frontline Corrections staff to increase their awareness of, and ability to respond effectively to, people with FASD.	At least 350 people complete training annually	Department of Corrections
<b>Develop and implement frontline police training and resources</b> that provide officers and staff with the tools and skills to connect with members of the FASD community to decrease victimisation and offending within disabled communities.	Delivery beginning in 2026	New Zealand Police
<b>Develop capability within the children-in-care system to address FASD</b> through comprehensive training and guidance to identify possible FASD, leading to improved support and referrals for diagnosis.	Delivery underway by June 2026	Oranga Tamariki
<b>Enhance visibility of children and young people in the care of Oranga Tamariki within the health system</b> to support health practitioners to be more responsive to the needs of children in care, which will include identifying FASD needs in care plans.	To be confirmed	Oranga Tamariki Ministry of Health Health New Zealand



# Monitoring and evaluation

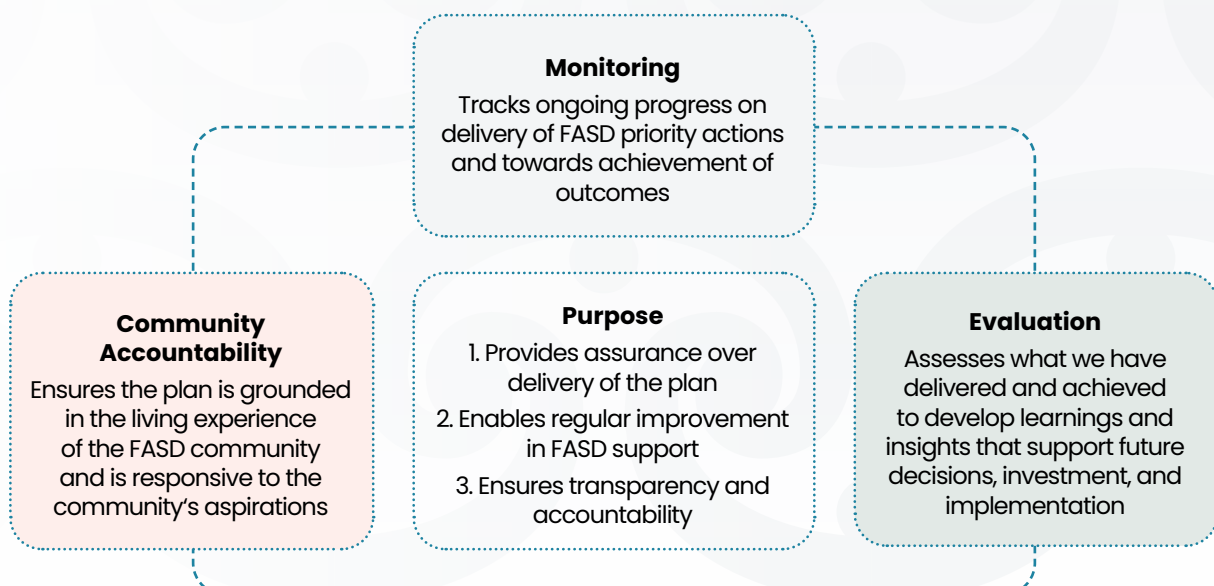
Regular monitoring and evaluation will help us to establish improved FASD baseline data and processes; track progress; and assess whether we are focusing on the right interventions and making changes that respond to FASD community aspirations.

Monitoring and evaluation activities will include an equity focus and track progress in reducing disparities in FASD outcomes for communities at higher risk of FASD and disproportionately impacted by it. These activities will include data measurement and reporting on the impact of the plan for target populations and evaluation of the efficacy of community-based and culturally responsive service models against system-wide goals.

The health sector and the public sector more generally currently face limitations in their ability to effectively monitor the impacts of the FASD Action Plan. New Zealand currently has limited locally specific information on FASD, and there is little to no routine collection of data specifically related to FASD. In addition, delivery and design of particular programmes influence how we can measure the success of them.

However, we are committed to building a more thorough evidence base and processes that will support more effective monitoring and measurement of our responses to FASD over the longer term.

**Figure 1:** Monitoring and evaluation of the FASD Action Plan



# Monitoring and evaluation activities and timeframes

## Monitoring activities

Focus area	Activity	Timeframe
What outputs have agencies delivered towards priority actions?	Determined and reported by government agencies with responsibility for priority FASD actions Published in FASD annual report by Ministry of Health	Annually
How much funding have agencies invested towards priority actions?	Reported by government agencies based on standardised cost schedule template Published in FASD annual report by Ministry of Health	Annually
What are the FASD impact measures/indicators?	Publish full baseline indicators report	June 2026
What trends are there in FASD impact measures?	Collated and reported by the Ministry of Health based on impact measures and indicators (including for target populations)	Annually (as applicable)
How are agencies delivering against the aspirations of the FASD community?	Demonstration of progress on addressing FASD by relevant government agencies responsible for priority FASD actions at FASD conference	Annually

## Evaluation activities

Focus area	Activity	Timeframe
How have phase one FASD activities contributed to improved FASD responses?	Complete phase one evaluation	June 2026
How effectively has the FASD Action Plan been implemented?	Complete implementation evaluation	March 2028
How effective have priority actions been in addressing FASD and improving outcomes?	Undertaken by individual government agencies responsible for priority actions as relevant across the lifespan of activities and the FASD Action Plan	Ongoing as applicable

# Monitoring and evaluation roles and responsibilities

## Ministry of Health

The role of the Ministry of Health is to coordinate regular monitoring and reporting across government agencies, and lead evaluation of the implementation and outcomes of the FASD Action Plan.

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## Health New Zealand

The role of Health New Zealand is to lead a cross-agency implementation group to support a joined-up approach to implementation and effective monitoring of the FASD Action Plan.

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## Ministry of Disabled People – Whaikaha

The role of the Ministry of Disabled People – Whaikaha<sup>14</sup> is to contribute to relevant data and insights for disabled people impacted by FASD to support the coordination of regular monitoring, reporting, and evaluation across government agencies of the implementation and outcomes of the FASD Action Plan.

## Other government agencies

The role of other government agencies is to report regularly to the Ministry of Health on delivery of priority actions, evaluate individual agency priority actions as applicable and engage with the FASD community on delivery of FASD priority actions.

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## FASD implementation group

The role of the cross-agency FASD implementation group is to support a coordinated approach across government agencies to implementation and progress of priority FASD actions.

The group will ensure that monitoring and reporting is coordinated and consistent across government agencies and responsive to the FASD community.

Membership of this group will include agencies responsible for FASD priority actions and other agencies that wish to support implementation.

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## FASD community

Agencies are accountable to the FASD community through annual reporting and regular engagement.

The FASD community provides voice and perspectives grounded in lived experience and will be supported by government agencies to participate in forums related to implementation and accountability.

<sup>14</sup> The Ministry of Disabled People – Whaikaha has a system stewardship role for disability issues across and beyond the government. It focuses on removing barriers and bringing about societal changes that improve the lives of disabled people.



# Monitoring and evaluation questions

## Monitoring questions

### Priority action outputs

- What outputs have agencies delivered towards priority actions?
- Is delivery of priority actions progressing as intended?

### Priority action investment

- How much funding have agencies allocated/invested towards priority FASD actions?
- Have funding allocations increased across the implementation timeframe?
- What proportion of funding have agencies allocated towards community-led initiatives?

### Impacts towards FASD

- What trends are there towards the objectives and high-level outcomes of the FASD Action Plan?
- What trends are there in improving equity of FASD outcomes for disproportionately impacted communities?

### Community aspirations

- How have agencies engaged with and been responsive to the lived experience of the FASD community?
- To what extent have agencies delivered against the goals and aspirations of the FASD community?

## Evaluation questions

### Phase one FASD activities evaluation

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- To what extent have phase one activities achieved what they set out to do?
- How have phase one activities contributed to the outcomes of the FASD Action Plan?
- To what extent have phase one activities renewed the focus on FASD?
- How have phase one activities contributed to improving equity of outcomes for populations disproportionately impacted by FASD?

### Action plan implementation

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- How well is the FASD Action Plan being implemented?
- What activities or approaches have been most effective, including for disproportionately impacted populations?
- To what extent and in what ways has the FASD Action Plan led to improved responses to FASD?
- To what extent has the FASD Action Plan led to better coordination between agencies and with communities?
- To what extent are the priority actions focused on delivering the intended FASD outcomes?
- To what extent has implementation been responsive to the needs and aspirations of disproportionately impacted populations?
- To what extent have government agencies given effect to social investment principles set out in the FASD Action Plan?
- To what degree has there been good governance and leadership across implementation of the FASD Action Plan?
- To what extent has this phase of implementation increased the capacity of government agencies to respond to FASD?
- What changes need to be made to improve implementation of the FASD Action Plan?
- What barriers or challenges have government agencies faced in implementation of the FASD Action Plan?
- How have agencies adapted to or addressed emerging challenges and opportunities related to responding to FASD?
- What barriers or challenges have communities faced throughout the implementation of the FASD Action Plan?

### Action plan effectiveness

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- How is the government progressing towards achieving its FASD outcomes and targets?
- Has the FASD Action Plan improved equity of outcomes for disproportionately impacted groups?
- To what extent are improved FASD outcomes attributable to the priority actions set out in the FASD Action Plan?
- Has the FASD evidence base improved under the FASD Action Plan?
- Has the FASD Action Plan improved system pathways to support people with FASD and suspected FASD?
- What factors contributed to, or prevented, achievement of the priority actions and outcomes set out in the FASD Action Plan?



