

FASD Support Group for South West

Feasibility Questionnaire

This questionnaire is designed to support identification of a need for support for those living with FAS/FASD in Devon and possibly also Cornwall, and what that support might look like. Thank you for taking the time to complete it, it will help us to set up a group that gives the support needed rather than our assuming we know what the need is.

If you could please circle any areas detailed below that are relevant for you, and add anything further that would be helpful either in the spaces provided or at the end that would be most appreciated.

Name:

Town of residence:

1. What is your connection to FAS/FASD?

Parent/Carer:

Adoptive

Fostering

Birth Family

Number of children affected

Diagnosed/in process of diagnosis/not yet started process of diagnosis

Professional:

Social services support person

Medical

Education

Please give job title

2. What kind of support would be helpful for your situation?

Challenges you may want support with:

Challenging Behaviour

School understanding/support/EHCP/learning difficulties

Diagnosis (before, during, after)

Lack of awareness/difficulties gaining relevant support –
CAMHS/Paediatrician/GP/assessments/tools and strategies

Exhaustion

Isolation

Educating those around you inc your child(ren), family, friends, professionals, others

Financial support – DLA, adoption allowances etc

Other (please specify)

Information:

Reading list

Leaflets

Personal experiences of other families

Training course details (please specify any particular areas of training that would be helpful)

Contact/network of peer support:

Facebook general

Facebook Support Group Devon only group

Telephone

Coffee morning with peers without children

Coffee morning with peers with children

Days out with children

Other (please specify)

Individual contact peer:

Put in touch with other families in similar circumstances

In touch with Support Group Team

Other (please specify)

Individual contact professional:

Signposted to social services professionals

Signposted to CAMHS/clinical psychology/Occupational therapy/play therapy etc

Signposted to diagnosis

Signposted to EHCP/teacher guidance etc

Other (please specify)

3. Depending on the type of contact that would best support you, how often should this be?

ie monthly, quarterly, twice a year, once a year:

Please specify what and how often (for example it may be a coffee morning without children, once a quarter)

Any other comments or areas of support /challenges not covered in areas above: