



# FASD: What The Child Welfare System Should Know

Fetal Alcohol Spectrum Disorders (FASDs) are a group of diagnosable medical conditions that can occur in a person who was exposed to alcohol before birth. Effects are lifelong and can include mental health conditions, learning disabilities, sensory issues, and physical manifestations such as heart defects, hearing and visual impairments, and more.

While rates of FASD are high in foster care, they are ALSO high in other contexts as well, such as two-parent households with high education levels. One reason for this disparity is the **stigma** surrounding FASD and PAE and the bias and prejudice that lead some to **wrongly assume** that FASD only occurs in certain socio-economic groups but not others.



**Talking  
about  
Child  
Welfare?  
Give FASD a seat  
at the Table.**

FASD is more actively screened for within foster care, which while important, should not cause us to lose sight of the fact that FASD affects **all communities, everywhere.**



**We should ask:** What would it look like if all pediatricians screened for FASD with the same awareness as social workers and doctors working with foster and adopted kids?

**In fact:** Research shows that PAE is often particularly high among highly educated, married pregnant people in their 30s, yet there is less frequent FASD screening within this population.

Children with FASD can be easily frustrated and require a stable, structured home and school environment. Adjusting to a new home, a new family, and a new school can be particularly difficult.

Children with FASD can benefit from:

- Early and accurate diagnosis
- FASD-informed care, interventions, and mental health support
- Consistent routines with memory supports
- Concrete language and examples
- Multi-sensory learning (visual, auditory, and tactile)
- Educational advocacy for an IEP or 504 plan
- Supervision
- A neuro-psych evaluation to determine areas of strength and support needs

**The child welfare system can help support children with FASD by:**

- Providing training to child welfare personnel to help recognize the characteristics of FASD in order to seek diagnoses for suspected cases and ensure appropriate placements and recommendations.
- Implementing education to parents entering the foster care system, as well as for families already supporting youth in care, in order to help recognize the characteristics of FASD, seek a diagnosis, and appropriately respond to the unique needs of the child in care.
- Developing and/or enforcing non-punitive policies for obtaining and disclosing information on prenatal alcohol exposure.



Due to high rates of screening, studies have found that among children diagnosed with FASD, 70% are or have been in foster care.

Studies suggest that a rise in alcohol and drug use has resulted in more children coming into state care.

(Burd, 2011).

Burd, L., Cohen, C., Shah, R., & Norris, J. (2011). A court team model for young children in foster care: The role of prenatal alcohol exposure and Fetal Alcohol Spectrum Disorders. *Int. J Law Psychiatry*, 39(1), 179-191.

Popova, S., Lange, S., Shield, K., Burd, L., & Rehm, J. (2019). Prevalence of fetal alcohol spectrum disorder among special subpopulations: a systematic review and meta-analysis. *Addiction (Abingdon, England)*, 114(7), 1150-1172.