

Social workers are the primary profession to work with children and young people affected but it's little understood

ABOUT FASD

FASD affects more than autism

Fetal Alcohol Spectrum Disorders are widespread but often undiagnosed or misdiagnosed. Social workers are the primary profession to work with children and young people who are affected by their family's alcohol and substance use.

Research into birth mothers of children with FASD has showed that many were in vulnerable groups:

- 95% of birth mothers had Mental Health problems
- 90% experienced physical/sexual abuse
- 60% were below the poverty line
- 77% had Post Traumatic Stress Disorder

Without the necessary support, alcohol may have been used as a form of self-medication. (Astley et al., 2000) Other research has shown that the groups of women most likely to continue drinking alcohol in pregnancy are educated, older mothers.

It is crucial to consider whether there has been prenatal alcohol exposure in all assessments. Social Workers have the skills to talk about difficult subjects with their clients and this is key to getting the right information.

- Have questions been asked about prenatal alcohol consumption?
- Is there any relevant information from other sources i.e. police, etc.
- How and where are we recording this?
- What do the family and young person need?
- How to avoid stigma, blame and remain non-judgemental

AREAS OF SW AFFECTED

- Pre-birth assessment
- Initial assessment
- Disability
- Fostering and adoption
- Leaving care
- Adult Services

FOSTERING, ADOPTION & FASD

A UK study found that there was a history of prenatal exposure in:

- 34% of children looked after
- 75% of medicals for adoption

In 2019 there were 78,150 children that were looked after (Coram BAAF, 2019). There is a clear need for great understanding within all social care, health and education provision.

Support, diagnosis, respite, training, and school support can all help.

WHAT ABOUT TRAUMA?

New research shows that the difficulties seen in children with both of these exposures seem to be primarily caused by PAE rather than childhood trauma. Children seen in care, school, or in a medical setting, who have both PAE and a history of trauma, should be thought of more as a child with FASD than a child with a history of trauma.

Strategies designed specifically for FASD may be more effective than those designed for trauma. (Price, 2019)

DOCUMENTATION IS KEY

Don't let people with FASD go unidentified in the system

Children and young people with FASD are living in a variety of settings including: Long – term fostering; Residential care; Kinship Care; Special Guardians and Adoption.

It is imperative that assessments consider the needs of the young people and also what is available to support the family. There can be a significant risk of parent or carer stress and anxiety/depression if the family haven't got the support they need as well as FASD training for families. There can also be an effect on other children within the family and the stresses have led to family breakdown in previous situations.

Given that only <10% have facial features, FASD should not be ruled out in young children where there may have been prenatal alcohol exposure at any level.

- Document any level of alcohol exposure
- Note child for follow up
- Inform adopters that a child who has been exposed to alcohol, that is meeting milestones may exhibit difficulties later
- Ensure adopters understand the potential long-term needs of the child

TRANSITION TO ADULTHOOD

The following assessments should be redone as they show current functional level: CELF; WISC; Vineland; BRIEF. A person with FASD's abilities should not be assumed.

ADULTS

Vulnerable adults have rights

The aforementioned functional assessments can help to provide insight into support needs.

The appropriate living arrangements should only be made following the functionality assessments. Some people with FASD live: with family; in residential care; in a shared-lives setting; in a supported living environment; independently.

Where adults with FASD have received poor levels of support they have been vulnerable to: Grooming (CSE, County lines); Mate crime; Cuckooing; Mental Health; Criminality; Unemployment; Homelessness

Any mental capacity and best interest assessments should be conducted by somebody who has undertaken FASD training.

Supported adults with FASD have the opportunity to live fulfilled lives. (Buckard and Mukherjee, 2016)

HELPFUL RESOURCES

[Dealing with Foetal Alcohol Spectrum Disorder: A guide for social workers](#), by Mary Mather, CoramBAAF.

FASD and Trauma: Tips for Parents and Carers, by Sue and Tony Sharp. National FASD and E. Herts and Area FASD Support Network.

[The Combined Effects of Prenatal Alcohol Exposure and Childhood Trauma](#), Alan Price, Salford University, 2019.

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