

National Organization on Fetal Alcohol Syndrome

Helping Children & Families Through Education and Advocacy to Prevent Fetal Alcohol Spectrum Disorders

FASD: What the Foster Care System Should Know

The majority of children with Fetal Alcohol Spectrum Disorders (FASD) are not raised by their birth parents.

- It is reported that approximately 80% of children with FASD do not stay with their birth families due to the high needs of parents and children (Barth, *Child Welfare*, 2001).
- Studies suggest that a rise in alcohol and drug use by women has resulted in 60% more children coming into state care since 1986 (Stratton, Howe, & Battaglia, *Institute of Medicine*, 1996).

The incidence rate of FASD is unusually high among the U.S. foster care population.

- Children in foster care are 10-15 times more likely to be affected by prenatal alcohol exposure than other children.
- Children from substance abusing households are more likely to spend longer periods of time in foster care than other children (median of 11 months versus 5 months for others in foster care) (Foster Care Today, Casey Family Programs, 2001).

Many children with FASD go unidentified or are misdiagnosed. Often, behavioral problems caused by brain damage due to prenatal alcohol exposure are mistakenly thought to be solely a result of difficulties in the child's previous home environment.

Secondary behavioral disorders associated with FASD can further complicate a child's transition into and out of foster care homes.

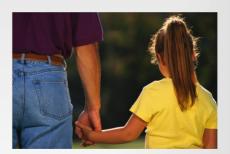
Children with FASD often have difficulty:

- translating body language and expressions;
- understanding boundaries;
- focusing their attention; and
- understanding cause and effect.

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:

- Consistent routines;
- Limited stimulation;
- Concrete language and examples;
- Multi-sensory learning (visual, auditory and tactile);
- Realistic expectations;
- Supportive environments; and
- Supervision.



The foster care system can help prepare for children with FASD by:

- Providing training to foster care/adoption personnel to help recognize the disorder's characteristics in order to seek diagnoses for suspected cases and ensure appropriate placements;
- Providing education to parents entering the foster care system, as well as for families who already have foster children, in order to help recognize the disorder's characteristics, seek a diagnosis, and appropriately respond to the unique needs of the child; and
- Developing and/or enforcing policies on obtaining and disclosing information on birth mothers' history of drinking during pregnancy.

Source: SAMHSA, FASD Center for Excellence, 2007