

# FASD AND THE FOSTER CARE SYSTEM

*FASD is an umbrella term used to describe a range of lifelong, diagnosable, medical and mental health conditions that can occur in a person prenatally exposed to alcohol, regardless of the timing or amount of exposure, including prior to recognition of the pregnancy. These can occur with distinctive facial features, but most commonly do not. People with FAS make up less than 10% of the population with FASD.*

## **The prevalence rate of FASD is unusually high among the U.S. population in foster care.**

Studies show that the percentage of youth in foster care in the U.S. with an FASD diagnosis is as high as 28% (Popova, 2019). Because most children with FASD are unidentified or undiagnosed, estimates of the actual number of youth in foster care with FASD are significantly higher.

Children from households where substance use is present are more likely to spend more extended periods of time in foster care than other children (median of eleven months versus five months for others in foster care).

## **Secondary behavioral disorders associated with an 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
- Understanding cause and effect
- Memory
- Regulating emotions

## **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 already supporting youth in care, in order to help recognize the disorder's characteristics, seek a diagnosis, and appropriately respond to the unique needs of the child.
- Developing and/or enforcing non punitive policies for obtaining and disclosing information on prenatal alcohol exposure.



**FASD United**

THE NATIONAL VOICE ON FETAL ALCOHOL SPECTRUM DISORDERS  
Formerly NOFAS

For free, confidential, peer support and resources, call or visit  
[www.fasdunited.org/family-navigator](http://www.fasdunited.org/family-navigator)  
**800-666-6327**

Support and information for caregivers, professionals, self-advocates, and pregnant people.

**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
- Concrete language and examples
- Multi-sensory learning (visual, auditory and tactile)
- Memory supports
- Supervision

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

Studies have found that among children diagnosed with FASD 70% are or have been in foster care, (Burd, 2011).

Studies suggest that a rise in alcohol and drug use by women has resulted in 60% more children coming into state care since 1986.

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.