

FASD

INTRODUCTION

Di Pietro (2016) states that foetal alcohol spectrum disorder (FASD) is increasingly recognised as a significant public health issue worldwide. It is acknowledged as a lifelong condition that affects brain structure and function, leading to neurodevelopmental impairment.

DEFINITION

However, National Organisation for FASD (2020) state Foetal Alcohol Spectrum Disorder (FASD) is identified as a lifelong neuro developmental condition caused by prenatal alcohol exposure. This leads to cognitive, emotional, and behavioural difficulties while also impacting multiple physiological systems beyond the brain. Some children may have distinct facial features, while others exhibit no outward physical indicators. The Centres for Disease Control and Prevention (2025) concur, acknowledging FASD can have lifelong effects, including behaviour and learning difficulties as well as physical implications to young children. However, Mukherjee and Alton (2021) refer to FASD as the 'hidden' disability, due to many children not displaying any physical characteristics of FASD. Moreover, Adoption UK (2018) describes FASD as a "hidden epidemic," stressing the challenges individuals face due to a lack of awareness and difficulties in obtaining a formal diagnosis.

DIAGNOSIS

According to NHS (2023) parents or caregivers can seek a referral from a GP or pediatrician for an FASD assessment. An essential part of the diagnosis involves healthcare professionals first determining whether prenatal alcohol exposure occurred. Smeets and Roeleveld (2016) emphasize the importance of recognising signs and symptoms of Additional Learning Needs (ALN), as children with ALN form a diverse and varied group rather than a strictly defined collective. However, Carter and McKenzie (2024) argue that ALN referrals are influenced by systematic biases, leading to certain groups of children being classified under ALN due to institutional practices rather than individual differences.

{Source: Google images, 2022}



CHALLENGES OF DIAGNOSIS

The Department of Health and Social Care (2021) emphasizes that diagnosing Foetal Alcohol Spectrum Disorder (FASD) is complex, as no definitive test exists for the condition. Instead, clinicians identify characteristic features while ruling out other possible explanations. Assessing FASD in babies presents additional challenges, and obtaining an accurate history of prenatal alcohol exposure can be difficult. Moreover, Bell *et al.* (2016) highlight that mothers may be hesitant to disclose alcohol use due to stigma, fear, or difficulties recalling specific details. Morrison *et al.* (2020) further supports this, noting that such reluctance can influence healthcare advice and support, as mothers may fear judgment from professionals.

The Child Psychology (2025) links heavy alcohol use during pregnancy to poor attachment, as maternal guilt, resentment, and judgment may hinder bonding. This aligns with Abraham Maslow's Hierarchy of Needs, stressing the importance of care, love, and security for healthy development (West, 2025).

John Bowlby's attachment theory also highlights the vital role of early emotional bonds in a child's well-being and long-term growth (Bowlby, 1997).

National FASD (2024) points out that the lack of specialised training among healthcare professionals in diagnosing Foetal Alcohol Spectrum Disorder (FASD) can lead to misdiagnosis or delayed identification, affecting support and intervention. Moreover, FASD Cymru (2020) state there is a significant shortage of specialised FASD training, which can limit the ability of healthcare professionals to provide effective diagnosis and support, potentially placing them at a disadvantage in addressing the needs of individuals with FASD. Lack of specialised FASD training which can hinder and place disadvantages on healthcare professionals. National Fostering Group (n.d.) affirms misdiagnosis can lead to anxiety, frustration, and guilt for parents and carers, especially when interventions are delayed. It may also reduce trust in medical professionals, making individuals hesitant to seek further assessments or support.

BENEFITS OF DIAGNOSIS

- Families will gain access to FASD specialised services that include healthcare support, specific therapies and education.
- Early interventions are beneficial for improving learning outcomes.
- Behavioural management strategies (National FASD, 2020).

The ALN Code for Wales establishes statutory guidance for assisting children with learning difficulties, including FASD. It requires schools and local authorities to identify learning barriers and implement appropriate support, helping to prevent misdiagnosis and ensure that children receive the necessary interventions (Welsh Government, 2021). Furthermore, this links to the UN CRC Article 23- Rights of children with disabilities: Governments must ensure children with disabilities, including those with ALN, receive education and care that promotes independence and inclusion (UNICEF, n.d.).

Davie (2017) emphasizes that emotional immaturity in children with FASD can leave them feeling overwhelmed and struggling to comprehend their surroundings, making it difficult to process their environment or recognise unfamiliar people. This can lead to heightened anxiety and emotional outbursts, while difficulties in self-regulation contribute to frustration for both the child and their parent or carer. However, Zieff (n.d.) argues children with FASD struggle with the concept cause and effect, leading to trouble at home and school. Having difficulty with generalisation makes it hard for them to learn from mistakes and make corrections.

National FASD (2020) states that children with FASD often experience significant emotional challenges, frequently relying on prompts from adults to navigate social interactions. This dependence can contribute to feelings of low self-esteem and frustration. As early as nursery school, children may begin to recognise differences between themselves and their peers. Likewise, peers may notice these differences and express their thoughts and feelings, which can lead to experiences of insecurity, rejection, and social exclusion for children with FASD



{Source: Google images, 2024}



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EVALUATION

Supporting children with Foetal Alcohol Spectrum Disorder (FASD) requires a careful balance between structure and flexibility to enhance development. Predictable routines provide consistency and stability, but interventions must be adaptable to individual needs to encourage independence and prevent reliance on rigid systems. Early identification, professional training, and awareness ensure timely support. Addressing prenatal education helps prevent FASD by informing parents and healthcare providers of its risks. When teachers, caregivers, and families collaborate, young children receive the support they need to thrive, develop skills, and build confidence in a nurturing environment.

BARRIERS

Regulation of emotions presents a daily challenge for children with FASD, as they often struggle to recognise and express emotions. Parental and adult responses play a fundamental role in shaping their emotional development. However, research on these processes in young children with FASD remains limited (Looney *et al.*, 2025). Learning with FASD (2025) highlights that children with FASD frequently experience difficulties in interpreting others' emotions, which can impact their social interactions and emotional well-being. Consequently, they may be more vulnerable to manipulation and external pressures. Te Nahu *et al.* (2020) notes that children with FASD show reduced adaptive behaviour due to severe brain impairment, though the factors shaping their adaptation and emotional expression remain unclear.

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STRATEGY

According to NHS Greater Glasgow and Clyde (2017) children with FASD can easily become overwhelmed, so it's important to keep things clear and straightforward.

- Break complex tasks into smaller, manageable steps
- Allow time for regular breaks and avoid spending too long on a single task
- Provide one clear instruction at a time to support understanding.

PROS

- Simply clear instructions can help manage frustration and anxiety
- Enhances focus, provides opportunity to release emotions, preventing overstimulation
- Encourages independence skills and promotes confidence

CONS

- Limiting flexibility can make it difficult to adapt to unexpected changes
- Relying on step-by-step instruction may limit problem solving and independent thinking
- Expectations need to be realistic to promote achievable goals without risk of underestimation (NHS Greater Glasgow and Clyde, 2017).
- The Additional Learning Needs (ALN) legislative framework review examines how effectively ALN policies are understood and applied in Wales. It gathers feedback from educators, health boards, and families to identify challenges and recommend improvements in supporting children with learning needs (Welsh Government, 2025).