



FOETAL ALCOHOL SPECTRUM DISORDER (FASD) IN ADOPTED AND FOSTERED CHILDREN



Author

Nicola Carr 2415256



Affiliations

UWTSD Module: ECEY6006

What is FASD?

- Lifelong neurodevelopmental condition caused by prenatal alcohol exposure (Mukherjee, Hollins and Turk, 2006).
- **May affect:**
Memory • Executive Functioning • Emotional Regulation • Sensory Processing • Adaptive Behaviour
- Often described as a **“hidden disability”** because many children have no visible physical characteristics (Cunningham, 2012).
- Prenatal Alcohol exposure can significantly affect psychological, behavioural and neurodevelopmental outcomes throughout childhood (Lees *et al.*, 2020).
- Adopted and fostered children are disproportionately represented within FASD diagnoses due to prenatal adversity and incomplete histories (Tenenbaum *et al.*, 2020).

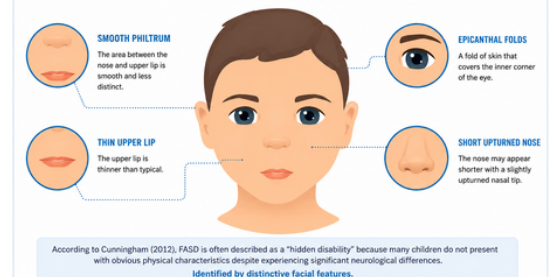
Identification & Diagnosis

- No single medical test or biomarker currently exists for FASD diagnosis (Breuer, Greenmyer and Wilson, 2024).
- **Diagnosis relies upon:** **multidisciplinary assessment • developmental history, • cognitive functioning • behavioural presentation • physical characteristics, • prenatal alcohol exposure,** (Hoyme *et al.*, 2016)
- Many adopted and fostered children experience delayed diagnosis due to incomplete or undisclosed prenatal histories (Tenenbaum *et al.*, 2020). This creates ethical tension between parental confidentiality and children’s rights to early support and inclusion.
- Children with FASD experience significant neurological impairment without presenting with characteristic facial features

ETHICAL TENSION:
SHOULD PARENTAL
CONFIDENTIALITY
OUTWEIGH A CHILD'S
RIGHT TO SUPPORT

FOETAL ALCOHOL SYNDROME

FACIAL FEATURES



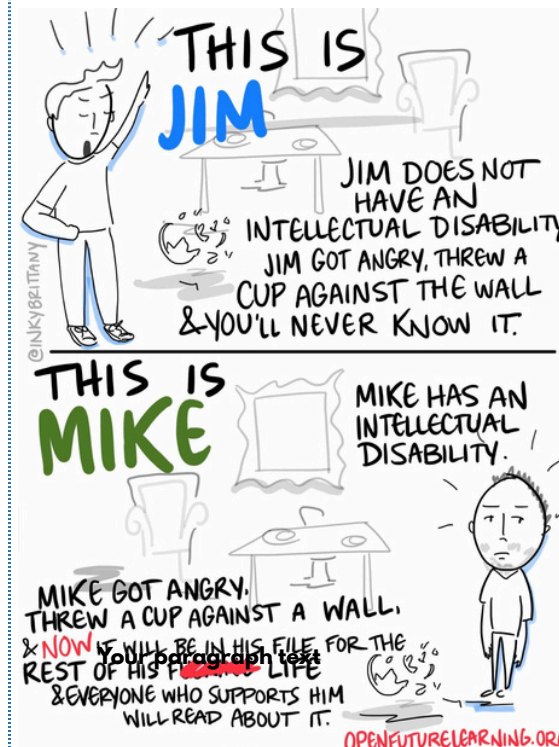
An Illustration of FASD facial features.

Barrier 1: Memory Processing and Behaviour Misunderstanding

Children with FASD commonly experience:

- working memory difficulties
- executive functioning challenges
- emotional regulation difficulties (Lees *et al.*, 2020)
- Behaviours may be misunderstood as: **not listening, lazy, defiant** rather than neurological difficulty.
- Children may forget instructions immediately after hearing them, leading to **frustration, anxiety and behavioural escalation.**
- Structure and predictable routines can reduce cognitive overload (Cunningham, 2012).
- Sensory overload frequently contributes to exclusionary educational experiences (Reedmand, Breen and Wu, 2024).
- The social model of disability suggests educational barriers may arise when neurological differences are viewed through disciplinary rather than neurodevelopmental frameworks (Blackburn, Carpenter and Egerton, 2010; Writer, 2022).

What adults may see	What may actually be happening
'Not listening'	Working memory difficulty
'Defiant'	Processing overload
'Lazy'	Difficulty transferring learning
Repeating behaviour	



Source: National FASD (2020)

Barrier 2: Undisclosed Prenatal History and Misdiagnosis

- Incomplete prenatal histories may delay diagnosis and support for adopted and fostered children (Tenenbaum *et al.*, 2020).

Barriers may include:

- **stigma, limited professional training, inconsistent diagnostic pathways,** (Gibson *et al.*, 2025).

Misdiagnosis may lead to:

- **inappropriate interventions • exclusion from education • unmet additional learning needs**
- **punitive behavioural responses • low self-esteem and emotional distress**
- **disrupted educational outcomes • secondary difficulties into adulthood** (Mukherjee, Hollins and Turk, 2006; Cunningham, 2012; Adoption UK, 2023).

THE PROBLEM IS NOT ONLY THE CHILD'S NEED. IT IS ALSO THE SYSTEM'S FAILURE TO IDENTIFY AND RESPOND EARLY.

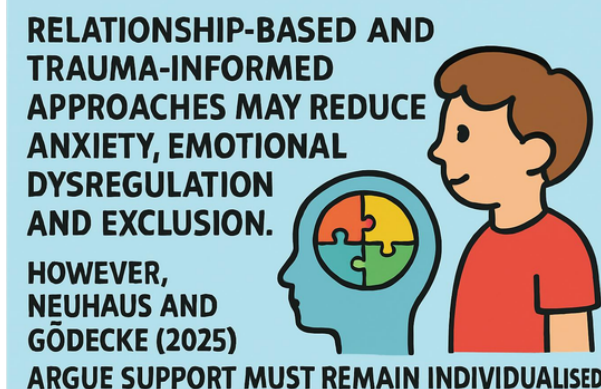
Social model perspective (Blackburn, Carpenter and Egerton, 2010)



(Tenenbaum *et al.*, 2020; Gibson *et al.*, 2025)

Support Strategy: Relationship-Based and Trauma-Informed Practice

- Children with FASD benefit **from: structured and predictable environments, emotionally safe relationships, trauma-informed practice** (Bath, 2008; Petrenko, 2015).
- Strategies:
 - ✓ visual timetables.
 - ✓ calm spaces
 - ✓ sensory regulation
 - ✓ choices.
 - ✓ calm transitions
 - ✓ co-regulation.
 - ✓ gentle cues/prompts
 - ✓ emotionally available adults
 - ✓ predictable routines
- Support should remain individualised (Neuhaus and Gödecke, 2025).



Conclusion

- FASD remains misunderstood and under-identified, particularly within adopted and fostered populations.
- Barriers are created not only through neurological differences, but through stigma, misdiagnosis, missing prenatal histories and inflexible educational systems.
- Children with FASD benefit from trauma-informed, neurodiversity-informed and relationship-based approaches which adapt environments to individual strengths and needs.