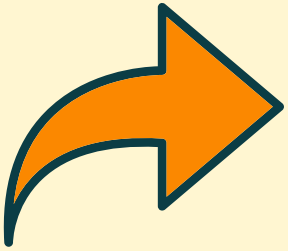
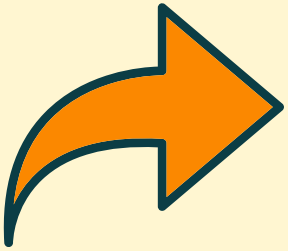


Fetal Alcohol Spectrum Disorder (FASD) facts



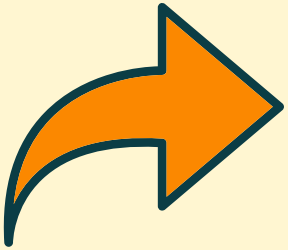
Australians consume alcohol in pregnancy at high rates.

In 2020:



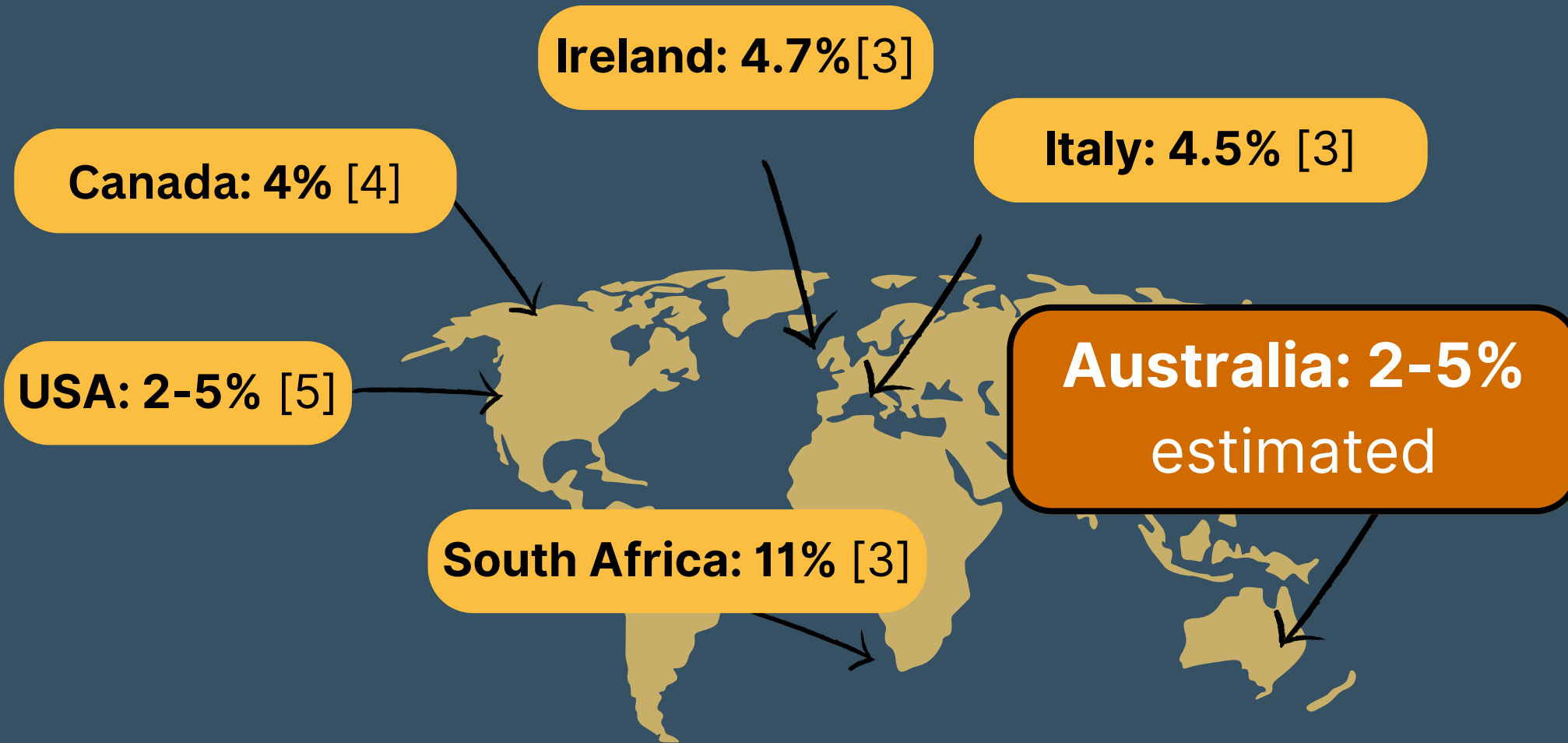
Prenatal alcohol use is under-reported.

In 2021:

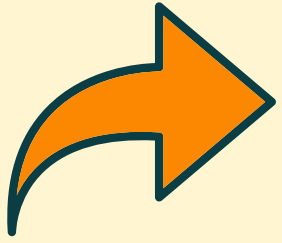


FASD is one of the most common developmental disorders in Australia.

Global prevalence of FASD = 1%



FASD is an important issue for child and family welfare services.

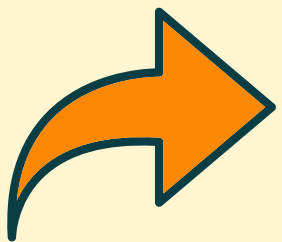


Parents' alcohol use is a key factor in children entering care

Parental alcohol use was identified in **63%** of pre-birth reports to child protection [6]

In **15%** of these reports, alcohol was consumed in pregnancy

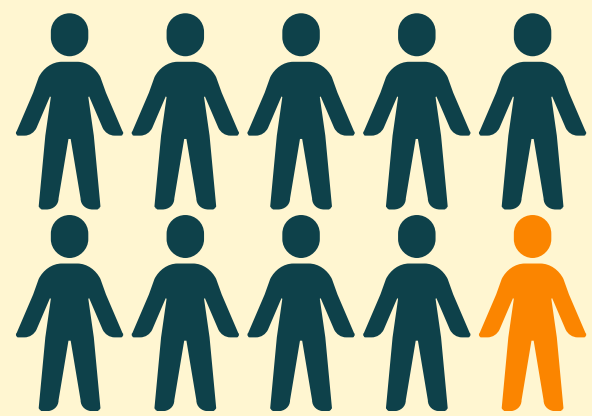
Children who are prenatally exposed to alcohol enter care at **4 X** the rate of their peers [7]



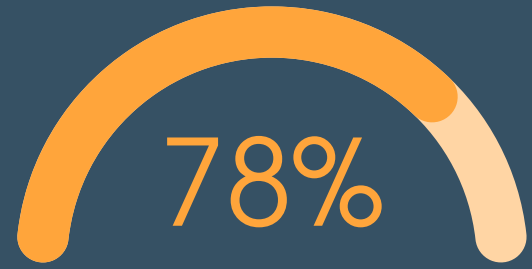
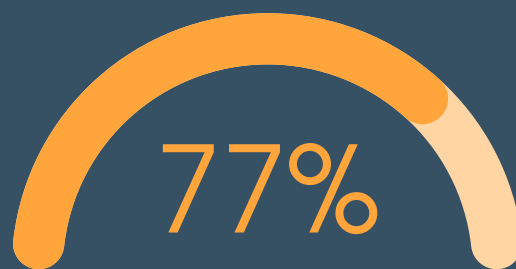
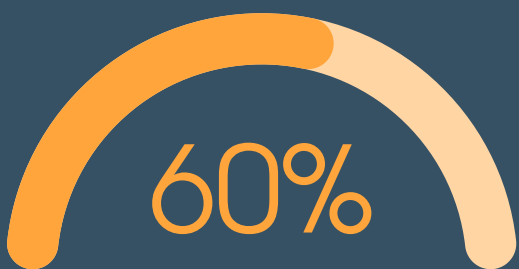
Children with FASD are over-represented in Out of Home Care, and the diagnosis is often missed.



Researchers estimate FASD affects 25-31% of children in care [8]



A US study found a missed-diagnosis rate of 87.5% among children diagnosed with FASD [9].



Data from three Australian FASD diagnostic clinics indicates that children in OOHC represent 60% (Qld), 77% (Qld) and 78% (Vic) of children assessed [10,11,12].



People with FASD are at increased risk for adverse life outcomes.

FASD is a neurodevelopmental condition with impairments that affect an individual's learning, behaviour and development, and the effects are lifelong. Many people with FASD have difficulties in self-regulation, impulsivity and attention, as well as cognitive and learning difficulties.

Individuals with FASD are at a higher risk than their peers for adverse outcomes including mental health issues, alcohol and drug issues, involvement in the justice system and disengagement from education.

Behavioural challenges including anger, aggression, harmful sexual behaviour, violence and self-harm lead to caregiver stress, risks to self and others, and contribute to high rates of placement breakdown, school exclusion and entry into residential care or youth justice settings.

The majority of individuals with FASD have also experienced trauma.



A diagnosis of FASD was found to increase the risk for ACEs (Adverse Childhood Events), demonstrating that the adverse impact of FASD is apparent early in life and is a persistent risk marker for exposure to childhood trauma.

Kambeitz, C. et al (2019)

Adverse outcomes were less likely when people received early diagnosis and access to disability supports. [13]

However... people with FASD are **20 to 40 times** less likely to be receiving NDIS supports than those with Autism. [14]



Early diagnosis of FASD reduces risks.

Early identification, assessment and diagnosis

Positive role models and mentors

Targetted therapies – speech, OT, psychology

Caregiver education and support

Individuals with FASD benefit from:

Paediatric or other medical care, pharmacotherapies

Sensory supports

Adapted learning environments and teaching methods

Adapting environments

Being FASD-informed means:

Understanding behaviour as a symptom of neuro-developmental impairment

Changing our expectations, our approach and the environment rather than trying to ‘change the person’.

Being strength-focused and working within the family’s cultural framework



FASD-informed practice ... means a solid grounding in knowledge on FASD from a family systems perspective and engagement in trauma-informed practice while building supportive relationships with families and communities.

Bagley, K., & Badry, D. (2019).



5 actions to improve outcomes for people with FASD:

1

Ask the question - did you use alcohol during the pregnancy?

Screening for prenatal alcohol exposure can be done in a sensitive and culturally safe way. Make this part of standard practice, and document it.

2

Make referrals for developmental assessments.

Professionals need to be familiar with the indicators of FASD and refer for speech, motor skills and cognitive/neuropsychology assessments when there are concerns.

3

Educate yourself about FASD.

Explore online training modules and webinars - learn about the range of impacts, and how FASD-informed interventions can be effective (see NOFASD Australia, FASD Hub).

4

Seek out voices of lived experience.

Listening to stories of birth parents, individuals with FASD, First Nations people and family and carers to understand the diversity of experiences.

5

Identify gaps in our services and programs.

How can programs be more inclusive of and responsive to individuals with FASD? Is FASD training offered? Do staff have access to resources to guide their practice?

Scan the QR code to download FASD resources, (and the full list of references) or get in touch if you have questions @ prue@pruewalkerfasd.com.

References: [1] AIHW (2020); [2] AIHW (2023); [3] Lange et al (2017); [4] Flannigan et al (2018); [5] May et al (2014); [6] Meiksans et al (2021); [7] Hafekost et al (2017); [8] Popova et al (2019); [9] Chasnoff et al (2015); [10] Webster et al (2020); [11] Reid et al (2017); [12] VicFAS (2021, unpublished); [13] Stressguth et al (2004); [14] NDIS (2023).



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