

Fetal Alcohol Spectrum Disorders (FASD) Awareness SENCO's

Brian Roberts

fieldofenterprise@gmail.com



Introductions



The government recognises that foetal alcohol spectrum disorder can have a significant impact on the early years' development of children and on their life chances. As a result, schools **must use their best endeavours** to make sure a child or young person **gets the special educational provision they need**, this includes **monitoring the progress** of pupils regularly and **putting support in place** where needed, including **arranging diagnostic tests** where appropriate.

Catherine McKinnell
Minister of State (Education)

Feb 2025

Ashley Dalton
Parliamentary Under secretary of
State Dept Health & Social Care
March 2025

The Time is Now

Decades of
official indifference

2021 1st UK
gold-standard
prevalence study

2022
NICE Quality Standard
on FASD

2020-1st
DHSC
FASD
Grants

2021 DHSC FASD
Needs Assessment
for England

Decades of advocacy

2020 PHE
Maternity
High Impact Area
Report

2019 Scottish
SIGN 156 Guideline

2016 CMO
alcohol-free pregnancy
guideline

BMA
2007, 2016

Tipping point

Prevalence

In Care & Care Experienced Peterborough 2015

2024 ONS 422 Looked after children

27% = **114** with FASD

75% those adopted were exposed to
alcohol in the womb

Prevalence

Communities / School - Gold standard
school prevalence study Manchester 2021

1.8 to 3.6%

53,772 Children in census 2021

1,075 to 2,150 with FASD

There is no mild FASD (DHSC 2021)

For all

pervasive and long-standing brain dysfunction, which is defined by **severe impairment**...in three or more neurodevelopmental areas of assessment

For some facial features (Less than 10%)



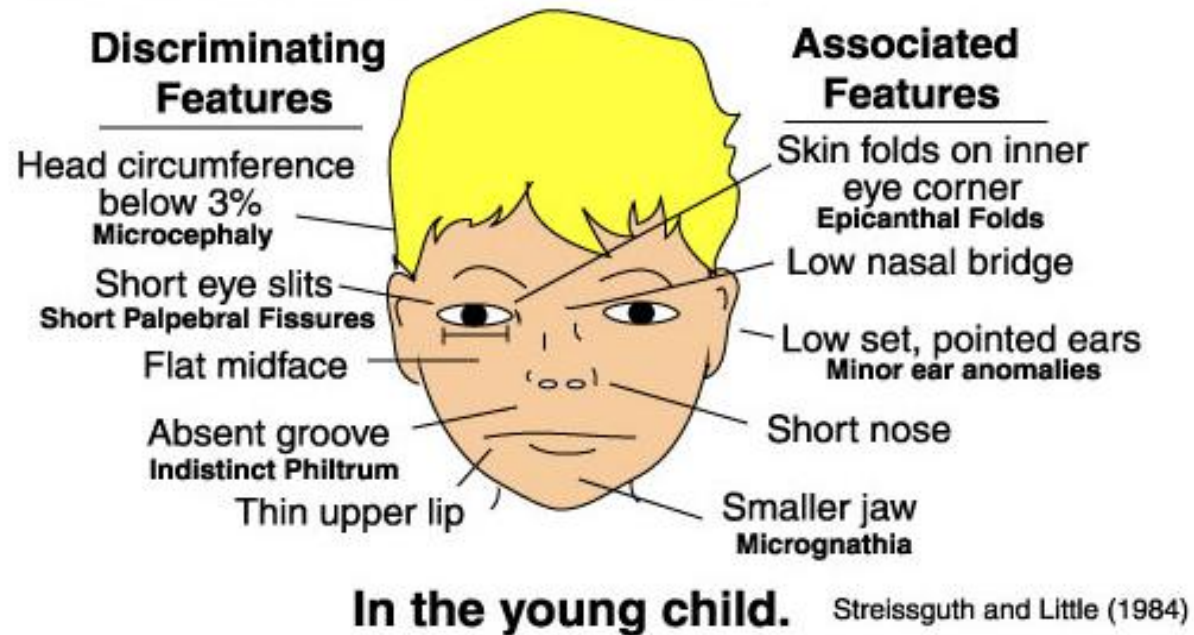
Neurodevelopmental areas of assessment

- Motor skills
- Cognition
- Memory
- Neuroanatomy/neurophysiology
- Academic achievement
- Language
- Attention
- Executive function, including impulse control and hyperactivity
- Affect regulation, adaptive behaviour, social skills or social communication

Facial Features

FASD with Sentinel facial features formally Foetal Alcohol Syndrome

Less than 10% of those affected

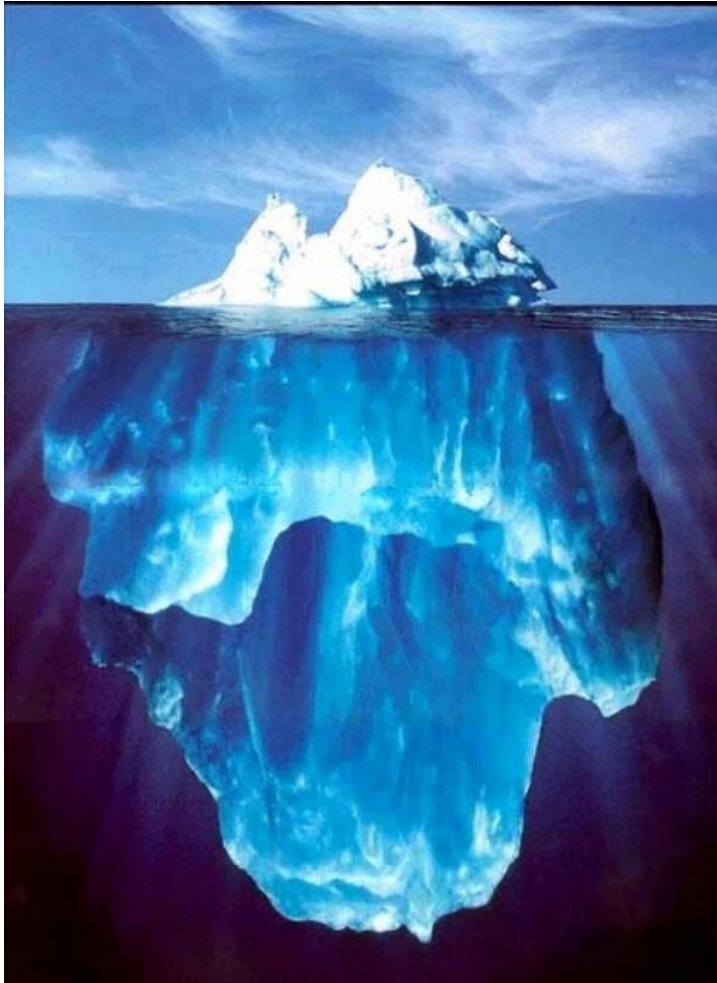


Some potential physical challenges

Over 425 co-occurring conditions

- Cleft palate
- Small teeth
- Hearing problems
- Heart defects
- Kidney problems
- Genital changes
- Sacral dimple
- Unusual chest shape
- Small head
- Curved fingers
- Shorter fingers and toes
- Small nails
- Low muscle tone
- Eye problems
- Fits
- Failure to thrive / growth deficiencies

What about the other 90%?



Some behavioural challenges

- Working memory
- Short term memory
- Planning and organisation
- Receptive language
- Obsessions
- Hyperactivity, fidgeting
- Inattention
- Lack of social understanding
- Impulsivity
- Can't learn from negative experience
- Lack of judgment
- No understanding of consequences
- Central nervous system damage - pain, hunger, temperature, toileting
- Concepts - time, money, maths, ownership
- Relationships - over-friendly, appearing to have attachment

Multiple diagnoses are common

Overlapping Characteristics & Mental Health Diagnoses	FASD	ADD / ADHD	Sensory Int. Dys	Autism	Bi-Polar	RAD	Depression	ODD	Trauma	Poverty
Easily distracted by erroneous stimuli	X	X	X							
Developmental Dysmaturity	X			X						
Feel Different from other people	X				X					
Often does not follow through on instructions	X	X					X	X	X	X
Often interrupts/intrudes	X	X	X	X	X		X			X
Often engages in activities without considering possible consequences	X	X	X	X	X					X
Often has difficulty organising tasks & activities	X	X		X	X		X			X
Difficulty with transitions	X		X	X	X					
No impulse controls, acts hyperactive	X	X	X		X	X				
Sleep Disturbance	X				X		X		X	
Indiscriminately affectionate with strangers	X		X		X	X				
Lack of eye contact	X		X	X		X	X			
Not cuddly	X			X		X	X			
Lying about the obvious	X				X	X				
Learning lags: "Won't learn, some can't learn"	X		X			X			X	X
Incessant chatter or abnormal speech patterns	X		X	X	X	X				
Increased startle response	X		X						X	
Emotionally volatile, often exhibit wild mood swings	X	X	X	X	X	X	X	X	X	
Depression develops often in teen years	X	X				X			X	

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Overlapping Characteristics & Mental Health Diagnoses	FASD	ADD / ADHD	Sensory Int. Dys	Autism	Bi-Polar	RAD	Depression	ODD	Trauma	Poverty
Problems with social interactions	X			X	X		X			
Defect in speech and language, delays	X									
Over/under-responsive to stimuli	X	X	X	X						
Perseveration, inflexibility	X			X	X					
Escalation in response to stress	X		X	X	X		X		X	
Poor problem solving	X			X	X		X			
Difficulty in seeing cause & effect	X			X						
Exceptional abilities in one area	X			X						
Guess at what "normal" is	X			X						
Lie when it would be easy to tell the truth	X				X	X				
Difficulty initiating, following through	X	X			X		X			
Difficulty with relationships	X		X	X	X	X	X			
Manage time poorly/lack of comprehension of time	X	X			X		X			X
Information processing difficulties speech/language: receptive vs. expressive	X			X						
Often loses temper	X		X		X		X	X	X	
Often argues with adults	X				X			X		
Often actively defies or refuse to comply	X				X			X		
Often blames others for his/her mistakes	X	X			X		X	X		
Is often touchy or easily annoyed by others	X				X		X	X		
Is often angry and resentful	X						X	X		

Children with Acquired injuries have many overlapping symptoms



Organic and Acquired

What do children think?

They fear growing up

They are confused and frustrated

They understand the challenges that they face

They worry about the future

They know they can't cope and aren't in control



Bedford Borough Council
Youth Service



BAAF Research Dr Raja Mukherjee et al April 2013

- ▶ Lack of information
- ▶ Lack of knowledge among professionals
- ▶ Having to fight for things
- ▶ Feeling misunderstood and blamed
- ▶ Family stress and the benefits of one to one
- ▶ Isolation
- ▶ Concerns about the future

These Children are different

Supporting individuals

It's not about fixing the person,
but facilitating them to perform
optimally

Raja Mukherjee Sept 2018

Reframing expectations

Acting like a child ↔ Is a child
Won't ↔ Can't
Lazy and does not try ↔ Exhausted with trying
Does not care ↔ Does not understand feelings
Refuses to sit still ↔ Over stimulated /needs contact
Forgets everything ↔ Can't remember
Fussy, demanding ↔ Hypersensitive
Steals ↔ Does not understand ownership
Does not get the obvious ↔ Does not learn from experience
Calculating and sly ↔ Does not understand social norms

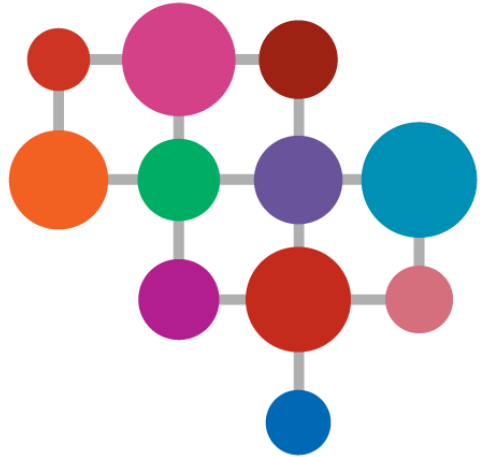
**The damaged brain is working harder,
its going to take longer Much longer**

Sources of local support



PETERBOROUGH
Virtual School

Sources of support



NATIONAL
ORGANISATION
— F O R —
FASD

www.nationalFASD.org.uk



www.FASD.me



Brian Roberts

Fieldofenterprise@gmail.com

01354 669086 / 07906 988992

Trainer, Author & consultant

Director of Education & Well-Being at the National Organisation for FASD

Member of national FASD Advisory Group

Ex-Virtual School Head
Peterborough

