

Foetal Alcohol Syndrome (FAS)

A Quick Guide for Schools – How children and young people are affected and how we can support their learning

What is FASD?

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy.

FASD covers other terms such as:

- Foetal alcohol syndrome (FAS)
- Alcohol-related neurodevelopmental disorder (ARND)
- Alcohol-related birth defects (ARBD)
- Foetal alcohol effects (FAE)
- FAS is the most identifiable and most serious disorder under the FASD umbrella, although it only accounts for approximately 25% of all alcohol-related effects.

Foetal Alcohol Syndrome is medically defined by four criteria:

- *Maternal drinking during pregnancy*
- *Characteristic facial appearance*
- *Growth delay*

People affected by FAS will face cognitive, physical and possibly sensory challenges and the impact of their difficulties will often lead to poor outcomes later in life. However there is a strong evidence base that intervention and support makes a difference.

What does this mean for the child/young person in school?

Often, most frustrating and confusing for school staff is understanding that **INCONSISTENT PERFORMANCE** is part of the young person's difficulties. They may remember one day and forget the next, they may acquire one skill quickly and struggle with a similar one. It is not predictable, it just is.

Other common challenges in the classroom and playground include having difficulty with; concentration, being distracted, following instructions, organising themselves, short term memory, vulnerability to bullying, other abuse or being easily lead into trouble by others, social skills including friendships, turn taking and lining up, transitioning between activities, frustration, physical skills particularly fine and gross motor, concepts particularly time, maths and money, hypo- or hypersensitivity, language production being better developed than comprehension, and problem solving strategies.

Developmental profile of an 18yr old with FASD



People affected by FAS have areas of strength and difficulty that can result in;

- Frustration and confusion
- Others' expectations being too high or too low.

For example, relatively strong reading skills may lead to assumptions that understanding is in line with this

So, what can we do?

- teach new concepts visually, with a focus on concrete operational learning
- repetition, repetition and revision
- use simple rules and instructions and repeat them using the same wording each time, break down into parts and ensuring comprehension before the next part is given
- allow opportunities for physical movement during activities
- divide work into small portions – use cardboard frames
- limit stimulation/distractions
- use predictable routines, keep physical environment consistent
- use advanced warnings for transitions (utilise the visual, have consistent signals)
- offer the child choices to practice decision-making skills
- teach daily living skills
- redirect inappropriate behaviour when possible
- notice and reward positive pro-social behaviour immediately with specific praise
- change rewards often to avoid loss of interest and saliency
- access to adult supervision at social times and provide contextual coaching

Food for Thought

C.J. – Things I would like teachers to know

I have FAS

It is a birth defect caused by the mother drinking while she is pregnant. I am small, I have a different face (not too noticeable any more), bone problems and lots of learning problems.

Mom's do not do this on purpose

Do not be mean or mad or blame them

I am 17 years old and have had FAS all my life

I will have it for ever

It will never go away

Don't be mean or mad or blame me

Useful Resources

- <http://www.come-over.to/FASCRC/>
- <http://acposb.on.ca/Resources/FAS.pdf>
- <http://www.nofas.org/main/index2.htm>
- http://www.nap.edu/openbook.php?record_id=4991&page=154
- Educating Children and Young People with Fetal Alcohol Spectrum Disorders – Blackburn, Carpenter and Egerton