FASD and Foster Care: Findings and Recommendations

1. The majority of children with Fetal Alcohol Spectrum Disorders (FASD) are not raised by their birth parents. It is reported that up to 80% of children with FASD do not stay with their birth families due to their high needs (Barth, *Child Welfare*, 2001).
2. Studies suggest that a rise in alcohol and drug use by women has resulted in 60% more children coming into state care since 1986 (Stratton, Howe, & Battaglia, *Institute of Medicine, 1996*).
3. The incidence rate of FASD is unusually high among the U.S. foster care population. Children from substance abusing households are more likely to spend longer periods of time in foster care than other children (median of 11 months versus 5 months for others in foster care) (*Foster Care Today*, Casey Family Programs, 2001).
4. Many children with FASD go unidentified or are misdiagnosed. Often, behavioral problems caused by brain damage due to prenatal alcohol exposure are mistakenly thought to be solely a result of difficulties in the child’s previous home environment.
5. Secondary behavioral disorders associated with FASD can further complicate a child’s transition into and out of foster care homes.
6. 80% of children with Fetal Alcohol Syndrome are in foster or adoptive care. (Burd, 2001; May, Hymbaugh, Aase, & Samet, 1983; Streissguth, Clarren, & Jones, 1985.)
7. The prevalence of Fetal Alcohol Syndrome in the foster care system is 10 times higher than in the general population. (Pediatrics, 2002)
8. Children in foster care are at higher risk for an FASD. As many as 75% of children in foster care have a family history of mental illness, drug, and/or alcohol abuse. (Pediatrics, 2002)
9. Young children with maternal risk factors of substance use, mental health conditions and domestic violence exposure are 2-3 times more likely to experience aggression, anxiety, depression and hyperactivity than children without these maternal risk factors. (Archives of General Psychiatry, 2006)
10. Lack of understanding, frustration and ineffectiveness as a foster parent can lead to multiple placements which increases the childhood trauma for children as they go from one foster placement to the next.

Recommendations
1. Providing training to foster care/adoption personnel to help recognize the disorder’s characteristics in order to seek diagnoses for suspected cases and ensure appropriate placements.
2. Providing education to parents entering the foster care system, as well as for families who already have foster children, in order to help recognize the disorder’s characteristics, seek a diagnosis, and appropriately respond to the unique needs of the child.
3. Developing and/or enforcing policies on obtaining and disclosing information on birth mothers’ history of drinking during pregnancy.