

## Foetal Alcohol Spectrum Disorder: A Guide for Adult Social Care

### Introduction

Foetal Alcohol Spectrum Disorder (FASD) is the collective term used to describe 5 specific conditions that are caused directly by women drinking during pregnancy.

Alcohol is a teratogen—a substance that is known to directly cause malformations in a foetus and interfere with its development. Difficulties may not be apparent in early childhood, and may occur at different stages of development, including in adulthood.

It is important that those practitioners working with adults who have a FASD condition understand the difficulties that they may experience and the nature of the support they may require.

### FASD Conditions

The 5 Foetal Alcohol Spectrum Disorder conditions are:

1. Foetal Alcohol Syndrome (FAS);
2. Alcohol Related Birth Defects (ARBD);
3. Alcohol Related Neurological Defects (ARND);
4. Foetal Alcohol Effects (FAE); and
5. Partial Foetal Alcohol Syndrome.

The most widely recognised of the conditions is Foetal Alcohol Syndrome (FAS) which, because of the core physical defects it causes is normally diagnosed shortly after birth. However, FAS is not the most common form of FASD, and most people with a condition will have no physical symptoms, even though their brain will still be damaged.

The type of difficulty experienced by a person with FASD is directly related to the nature of the brain damage that has occurred. This correlates to the stage in pregnancy where the woman was drinking alcohol, a summary of which is provided in the table below:

Week	Development of
0-4	Heart, spinal column, liver, kidney, intestines
4-8	Eyes, legs, hands, mouth and lips, eyelids, palate, toes and nose
8-10	Hearing, teeth, facial expressions, head movement, breathing
11-12	Fine motor skills, vocal cords, sucking

12-16	Taste buds, bone marrow, increase heart activity leading to rapid growth
0-16	Central nervous system

## Difficulties in Adulthood

Depending on the effectiveness of any treatment received or strategies developed in childhood, a range of difficulties could be taken through to adulthood. These can be physical, but are more often than not functional. New functional difficulties can also appear, as the adult is faced with unfamiliar situations that were not present in childhood (for example having to manage money or work).

### Physical Difficulties

Movement and co-ordination difficulties  
 Conditions associated with heart, kidney and lung damage  
 Hearing or sight impairments

### Functional Difficulties

Difficulty understanding abstract concepts (money, time)  
 Impaired social skills  
 Problems with memory  
 Problems maintaining concentration and focus  
 Poor judgement and impulsive behaviours  
 Difficulty managing and controlling emotion  
 Inability to distinguish between appropriate and inappropriate behaviour  
 Inability to learn consequences

### Other Difficulties

Low self esteem  
 Anxiety and depression

## Care and Support for an Adult with FASD

The care and support that any adult needs must always be based on an assessment of individual need and subsequent determination of eligibility. However, based upon the outcomes defined in the Care Act 2014 the following table suggests some of the care and support needs that may exist:

Outcome	Care and support
<b>Manage and maintain nutrition</b>	Preparing and cooking complex meals Shopping lists and budgeting Understanding healthy eating

<b>Maintain personal hygiene</b>	Strategies to build personal care into daily routine To make and keep appointments e.g. dentist Taking medication on time
<b>Manage toilet needs</b>	Rails to support independent transfer
<b>Being appropriately clothed</b>	Support with socks, zips, buttons, laces Understanding appropriate clothing choices Washing clothing
<b>Be able to make use of the home safely</b>	Mobility support Support to access upstairs areas, or external areas
<b>Maintain a habitable home environment</b>	Strategies to build housework into daily routines Support to carry out more complex tasks
<b>Develop/maintain family and other personal relationships</b>	Making arrangements to see family or friends Using social media safely
<b>Access/engage in work, training, education or volunteering</b>	Finding employment or a learning opportunity Settling into a routine of work
<b>Make use of community services</b>	Identifying local community services Developing confidence to access services Learning to drive or use community transport safely
<b>Carry out caring responsibilities for a child</b>	Building a parenting routine Taking breaks from caring

If an adult has particular difficulties managing aspects of their behaviour or developing effective routines a referral to available psychology services should also be considered, and the adult should always be provided with information about any local support dedicated to FASD.

## Further information about FASD

The National Organisation for Foetal Alcohol Syndrome-UK  
<http://www.nofas-uk.org/?p=163>

FASD Network UK  
<http://www.fasdnetwork.org>

The FASD Trust  
<https://www.fasdtrust.co.uk/>



## Contact Us

To find out more about working with tri.x contact us on: Telephone: 024 7667 8053 or visit our website [www.trixonline.co.uk](http://www.trixonline.co.uk).

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