Educational Support for FASD

This document provides an overview of Foetal Alcohol Spectrum Disorders (FASD), the signs and symptoms of FASD, the implications of having this diagnosis on daily life as well as impacts for educational settings and possible strategies that may help when future planning.

Prevalence
The term Foetal Alcohol Spectrum Disorder (FASD) is an umbrella term used to encompass the range of possible effects of prenatal exposure to alcohol. FASD is the leading known cause of intellectual disability in the Western world. According to international studies, it is estimated that FASD affects between 1% - 5% the UK population may be affected.

Recognition and diagnosis
When someone is undertaking an assessment for FASD, they often have multi-disciplinary assessments, are tested for genetic anomalies and undertake a full health assessment to identify the presence of any physical anomalies (there are 428 potential impacts from prenatal alcohol exposure so attention must be paid to any additional health impacts). Good practice suggests that they are also assessed for ADHD and autism as those conditions can be triggered by prenatal alcohol exposure. In various studies, more than 50% of children with FASD will also hit the criteria for an ADHD diagnosis so may qualify for a dual diagnosis and access medications that may assist with that presentation.

Investigation of cognitive and adaptive functioning
It is important that practitioners are aware of the true effects of the hidden impairments associated with FASD. Observations on children don't often elicit the depth of data that is required to fully understand their hidden impairments that formalised standardised testing of cognitive and adaptive functioning would elicit. Young people with FASD may score within normal limits on measures of IQ or have IQ's below 70, but either way, will typically function well below their IQ level would suggest. It is important that testing of both cognitive functioning and adaptive functioning is undertaken as many have needs that are unrecognised due to their positive presentation, vocabulary range, literacy skills, their sociability and their masking strategies. Formalised occupational therapy and speech and language assessments are also highly recommended to ensure that some of the additional impairments that are more subtle are properly identified and addressed. These assessments can be undertaken as part of the EHCP assessment process or as targeted services for intervention and support plans.

If a child has had any additional Adverse Childhood Experiences (ACE's) which include instability in parenting experiences and exposure to abuse or neglect, then this can add to and exacerbate the impairments for a young person especially in regard to their social, emotional and mental health. Many young people with FASD are living in kinship, fostering and adoptive families so have had multiple disruptions to their development which can further damage the development of the brain as well as emotional wellbeing. Understanding these underlying experiences can enable practitioners to use therapeutic and attachment focused methods of pastoral care which may in turn lead to more realistic expectations. This often results in a reframing of negative behaviour from being perceived as wilful and intentional towards interpreting it as a lack of understanding and skills, lack of impulse control and focus as well as sensory overwhelm and anxiety and exhaustion which are often the antecedents or drivers of those presenting behaviours. Providing simple changes to response often leads to an improvement in their sense of wellbeing and academic achievements.

Long term impacts
If their condition goes unrecognised and/or they do not receive the correct levels of support, then patterns of defensive behaviours commonly occur including fatigue, tantrums, irritability, frustration, anger, aggression, fear, anxiety, avoidance, withdrawal, shutting down, lying, running away, school refusal and mental health problems (depression, self-injury, suicidal tendencies). Two thirds of students with FASD don't realise their academic potential in school settings which is often due to many young people appearing to be academically more able than they are without additional attention, mentoring, emotional support and pro-active strategies. Positive engagements in school can have a great impact and much can be done to help individuals realise their full potential using their incredible skills and talents to create a unique path of success.

SEND categories
FASD is primarily a permanent organic brain impairment with associated cognitive and adaptive functioning and physical impairments so children will typically be identified and fit well within the Cognition and Learning SEND category. SEMH may be seen as the secondary category however typical SEMH approaches are less of an appropriate fit long term.

Typical impairments for an individual with FASD:

- **Physical anomalies** - ie Common examples include visual and auditory impairments, heart anomalies, iron deficiencies, bladder and bowel issues, reduced immune system, hypermobility, epilepsy.
- **Neuro Anatomy** – microcephaly, global impairments, reduced grey and white matter, structural and wiring impacts, delayed maturation.
- **Sensory/soft neurological** - difficulty to process, make sense and cope with incoming sensory information from the surrounding environment. Motor control issues, balance, rhythm, strength, motor planning and sequencing.
- **Language** - slow auditory processing pace, struggles with using the right words for the right context, receptive language is often much lower than expressive language
- **Executive Functioning** - struggles with their capacity for goal-directed behaviour, including self-regulation, initiation, working memory, planning, organizing, and self-monitoring. Difficulty linking actions with consequences.
- **Memory-** (particularly working/short term), difficulty storing & retrieving information, inconsistent performance.
- **Attention** – impairments in capacity for selective, focused, sustained, and flexible attention, for example, in behaviors of concentration, hyperactivity and impulsivity.
- **Social Communication** – challenges in their ability to communicate appropriately and effectively in a variety of social situations with both peers and adults although often present as pro-social.
- **Academic Achievement** – reading, maths, written language performance. In some areas they can be on par and for others they are under achieving and well below their peers. Maths time and money issues noticeable.
- **Affect Regulation** - the ability to modulate their emotional state to meet the demands of their environment. Lack of regulation is evidenced in behaviours of overwhelm which trigger the amygdala (fight, flight, freeze) response.
- **Cognition** - dealing with abstract concepts, such as maths, money management, time concepts. There can be developmental lags (may act younger than chronological age)

Strategies for supporting students with FASD

- Supervision, structure and emotional support are essential for young people with FASD.
- Having a calm, consistent approach with a clear routine.
- Watching for tone and volume when communicating them so as not to trigger their trauma centre.
- Some items of school uniform or changing for PE can be a trigger. Find options that can work ie compression garments underneath, alternative clothing, permission to leave uniform on for PE.
- Fidget toys, wobble cushions, weighted cushions or toys, chair bands, chewellry, Velcro under the seat, wrist bands can help meet sensory and movement needs.
- Asking them to repeat back tasks to check they have understood instructions. Using the same words, tone and actions is helpful.
- Using concrete language when explaining things to aid understanding as they often operate very literally.
- Using pictures, diaries and other visual aids to support learning
- Memory impairments mean that they will need a lot of repetition to gain new knowledge so do not sign off as competent immediately after task completion as it will give a false result.
- Considering homework at school or no homework policy due to memory issues and cognitive exhaustion.
- Avoiding the use of negative comments and statements ie ‘Don’t’ you feel like working today?’, ‘Can’t you sit still?’ They will plainly answer ‘No’ not understanding the technicalities of the engagement.
- Using smaller learning environments or groups to assist with focus and to minimise distractions.
- Checking that they are not hungry or thirsty. Regular healthy snacks and drinks can help with regulation.
- Using writing alternatives to help with extended engagement.
- Helping them to understand when things are difficult by naming the emotion and the difficulty. Giving options such as ‘You’re finding this hard. I wonder if it’s a bit noisy. Shall we go somewhere quieter?’ Give them the opportunity to express themselves and move to a position where they are more ready to be compliant. When there are difficulties use phrases like; ‘I’ll help you to…’; ’We’ll do this together’; ‘I can see you’re feeling a bit wobbly at the moment. Let me help you by…’
- Monitoring the environment for sensory triggers is helpful e.g. moving them away from noise or explaining that it will soon stop can keep them calmer.
- Re-directing when they start to show signs of upset.
- Reassuring them when triggered– e.g. ‘I know it’s a bit loud in this lesson today. It will be ok. You can use your hall pass if it gets too much for you to handle’.
- Having a quiet space to calm down that has been pre-arranged beforehand.
- Promoting positive behaviour – explain the behaviour you want to see. If you mention the behaviour you don’t want, you tend to get that immediately.
- Understanding that inappropriate behaviour is rarely intentional – we have to question whether the brain isn’t working as well at that point in time as sensory overload leads to confusion, frustration or exhaustion. This affects our responses – if they feel blamed for something, unintentional behaviour will escalate.
- Understanding that discussion isn’t possible when they are dysregulated. Give them plenty of time to calm down before discussing what happened in a no blame/shame way.
- Consequences should be used only when absolutely necessary. Use as soon as they are calm and explain clearly so they can understand the link between behaviour and consequences.

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