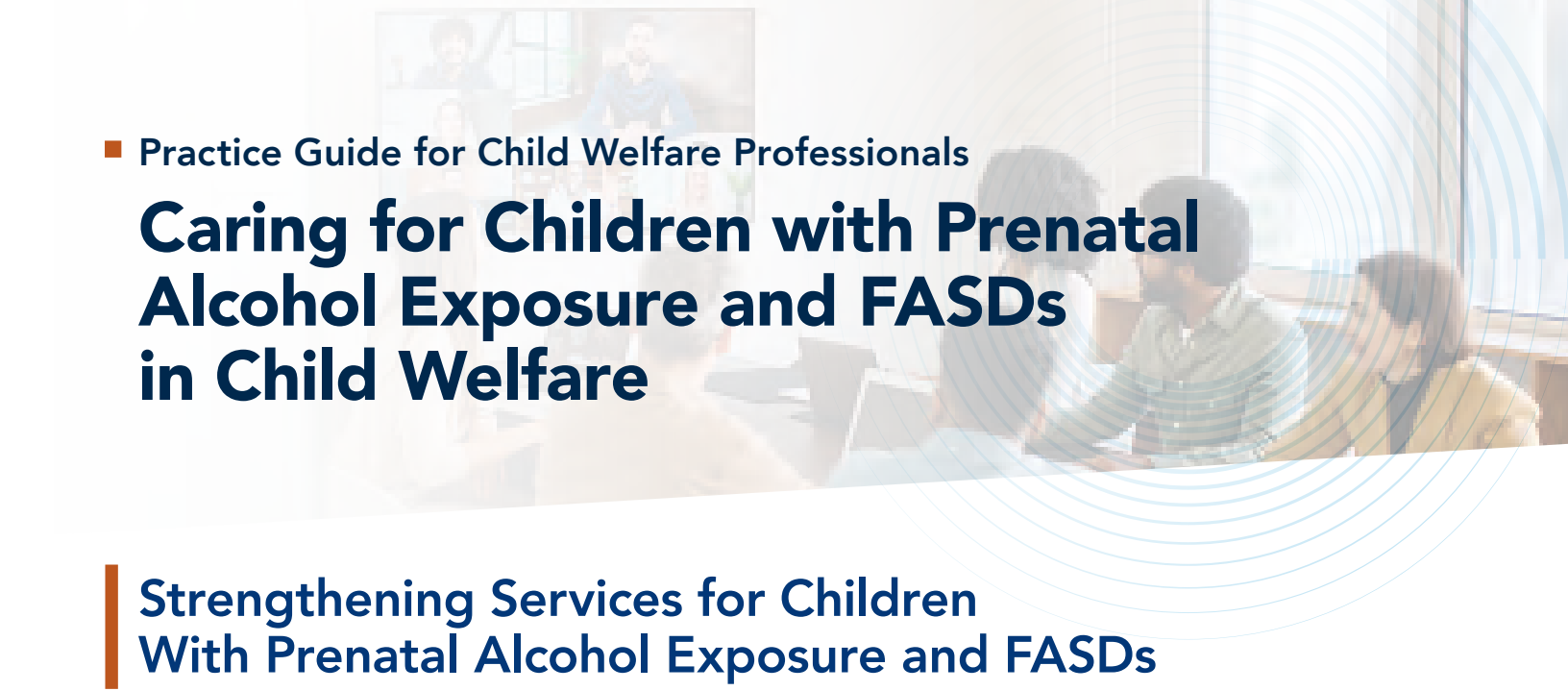




■ Practice Guide for Child Welfare Professionals

Caring for Children with Prenatal Alcohol Exposure and FASDs in Child Welfare

Strengthening Services for Children With Prenatal Alcohol Exposure and FASDs

Children with fetal alcohol spectrum disorders (FASDs) are overrepresented in the child welfare system and can be at an increased risk of out-of-home placement.¹ Recent estimates show that about 18 percent of children in foster care have an FASD (Engesether et al., 2024), compared to national estimates of up to 5 percent of school-aged children (May et al., 2018).

Early identification and intervention are key to reducing the risk of adverse life outcomes for children with FASDs, like school failure, homelessness, incarceration, and poor health. As a leader in your child welfare agency, you play a key role in developing and implementing practices and processes to help child welfare professionals and families understand the effects of prenatal alcohol exposure, coordinate referrals for diagnostic evaluation as needed, and connect children with FASD-informed services to improve safety, permanency, and well-being. You can provide supports and ease access to individualized services to mitigate potential risks and promote positive child and family outcomes.

What is FASD?

Fetal alcohol spectrum disorder, or FASD, is the umbrella term for a group of diagnoses that can occur in a person exposed to alcohol before birth (also referred to as “prenatal alcohol exposure”). People with FASDs can have lasting effects, including behavior, learning, and physical difficulties that can lead to lifelong risks and adversities. Everyone with an FASD is unique and has areas of both strength and challenge. [Learn more about the effects of prenatal alcohol exposure and FASD.](#)

Using an FASD-Informed Approach

Adults may misinterpret a child’s behavioral difficulties as “willful misbehavior,” not the result of the brain-based effects of prenatal alcohol exposure, particularly the effects to the prefrontal cortex of the brain where executive functioning, self-regulation, and decision-making are controlled. This practice guide encourages

¹ The information included in this guide is intended for child welfare professionals supporting children possibly exposed to alcohol before birth and their families, whether or not a child has received a diagnosis under the FASD umbrella.



you as a child welfare leader to adopt an FASD-informed approach when engaging with children and families affected by alcohol exposure before birth and FASDs. An FASD-informed approach will help you to

- **Understand the potential effects of alcohol exposure before birth** on a child's brain, body, behavior, and development.
- **Be aware of the developmental and behavioral signs** of FASD, which will not look the same in each child.
- **Be strengths-based** and find a child's unique strengths, abilities, and gifts.
- Ensure children and families are connected to resources to assess, diagnose, and support a suspected FASD.
- **Help caregivers and other adults in the child's life** understand how exposure to alcohol before birth might affect the child's behavior and development, and how to support success for children with prenatal alcohol exposure or an FASD diagnosis (Rutman, 2016).

Becoming an FASD-Informed Agency

This practice guide is designed to support you and your agency in strengthening and expanding services for children involved in the child welfare system who may be affected by exposure to alcohol before birth and showing symptoms that can lead to a diagnosis under the FASD umbrella. As illustrated in exhibit 1 below, this four-step process begins by assessing how your agency's policies, practices, and service array may affect FASD service and referral options for families (Step 1), as well as understanding the availability of FASD services in your community (Step 2). Information gathered from your agency and community assessments can guide how to increase awareness and knowledge of FASDs to build agency capacity (Step 3) and support FASD-informed practices that are person-centered and strengths-based (Step 4).

Exhibit 1. Four Steps for Becoming an FASD-Informed Agency





Step 1: Assess Current Policies, Practices, and Service Array

In addition to state and federal directives, the values, systems, and policies of your child welfare agency are shaped by the unique needs of the community you serve. Applying an FASD-informed approach to assess current services for children and families affected by alcohol exposure before birth will give your agency a starting point to better understand how current service options (including referrals, policies, and state laws) may affect FASD service options for families served by your agency.

Understand the Community You Serve

- **Review the [laws and policies](#) in your jurisdiction regarding substance use during pregnancy.** Recognize that laws on substance use during pregnancy vary across jurisdictions.
- **Investigate and recognize service access gaps.** Some communities, like those in rural areas, may face challenges in accessing health care services. The [Health Resources and Services Administration](#) has data on areas that have limited access to services. Your jurisdiction may have other efforts to understand the availability of health care resources in your community.
- **Find potential barriers to services that may be influenced by state laws and regulations.** For example, states and jurisdictions vary in whether an FASD is listed as a condition to qualify automatically for early intervention or for special education services for older children. FASD United provides [information about how FASD is recognized](#) in each state.

Understand Current FASD Services

- **Recognize that specialized FASD diagnostic, intervention, and other clinical services are not available in all areas.** FASD is a common developmental disability, but many professionals can be unfamiliar with the disorders as well as the effects of alcohol exposure before birth. As a result, services can be limited, and access can vary across states and jurisdictions. [FASD United's Resource Directory](#) can help you better understand what services and supports exist in your area.
- **Find qualified professionals for the diagnostic assessment in your jurisdiction.** This may take inquiry and discussion, as an FASD diagnosis must be made by qualified professionals and is often done in a multidisciplinary setting. At a high level, a pediatrician or physician with expertise in FASD and differential diagnosis, a developmental specialist, or a psychologist can assess for an FASD. Keep in mind that the titles of these professionals can vary across jurisdictions. Being able to give specific providers and a referral process to staff can improve service delivery for families.
- **Complete the [Community Landscape Worksheet](#) designed to keep track of FASD resources available in your area.** By filling in the worksheet with information for providers in your community, you can be prepared to connect families with FASD support services.



Provide Information About Service Array Options and Referral Process

- **Provide staff with information about service options for FASD diagnostic evaluation and family support services in your area.** Some services may be delivered by providers to which your agency routinely refers children, such as pediatricians who provide medical examinations or early intervention specialists who provide Early Periodic Screening Diagnosis and Treatment. Resources can change quickly, so this information should be updated regularly and made easily accessible for caseworkers and families.

Step 1: Questions to Consider

1. How do current practices and policies engage children and families who may be affected by alcohol exposure before birth or FASD?
2. Are policies and practices based on current research related to alcohol exposure before birth and FASD? How often are they reviewed and updated?
3. How do the policies address families' individualized needs? Are there specific strategies in place to ensure person-centered engagement with all children and families?
4. How are the voices of children, families, and communities included in policy development and review processes?
5. What systems are in place for continuous feedback and improvement? How are data collected and used to inform policy changes?

Step 2: Collaborate With Community Partners and Service Providers

As a child welfare leader, you can strengthen existing services and develop new services to improve care and support for children and families; however, no single agency can provide all the support children and families affected by FASDs need. Effective and engaging service provision requires a coordinated response that draws on the resources of a variety of service providers and community partners, as outlined in exhibit 2.



Exhibit 2. Service Providers and Community Partners Supporting FASD Diagnosis, Intervention, and Services



Note: The relationship among service providers is complex and can vary across jurisdictions.

Understand and Enhance Existing Services

- **Partner with your state FASD advocacy organization to understand FASD screening and diagnostic capacity.** It is important to know whether there are providers to conduct initial screenings for children who show signs of prenatal alcohol exposure, and to know the availability of diagnostic services for children whose first screening results show the need for further assessment.
- **Distribute information on available FASD screening and diagnostic services to agency staff with periodic updating.** Without having to find services, staff will have more time to work with families during the referral process.
- **Follow up with staff and families about their satisfaction with FASD services and service providers.** Review contracts and agency partnerships to ensure services are effective in meeting the needs of families. Provide agency staff with updated information as service providers change.
- **Engage with service providers before referring families** to better understand the services provided and associated costs and their experience working with individuals with an FASD, and to ensure they can meet families' individual needs.

Increase and Strengthen Services

- **Develop FASD services as part of existing improvement efforts.** For example, increasing access to FASD services could be an area of focus in related efforts to improve services for families affected by substance use. Bring the topic of FASD service availability to the attention of existing task forces or work groups across behavioral health, primary care providers, and educational leaders and schools.



- **Use knowledge of how your state or jurisdiction recognizes FASD**, like whether an FASD is identified for early intervention or special education services, and **partner with community agencies to identify ways to serve families in need**, including conducting diagnostic evaluation.
- **Coordinate new efforts to improve access** through joint advocacy for funding for these services. Partner with other service systems with similar interests in improving the care of children and families.

Step 2: Questions to Consider

1. What are the strengths of our existing partnerships in meeting the needs of children with prenatal alcohol exposure and FASD? How can we build on the strengths of our partnerships?
2. What are the challenges or gaps in service providers or community partners in serving children with prenatal alcohol exposure and FASD? What do agency staff who work directly with families need to work effectively with partners?
3. What are any issues or barriers in our interactions with service providers and community partners? What are families' issues or barriers? How can we work together to address these issues?
4. What are current mechanisms for collaboration? What is working well? What can be improved?

Step 3: Provide Training to Build Agency Capacity

Building awareness and knowledge of the effects of alcohol exposure before birth and FASDs can be improved by dedicating time and resources for staff to take part in training and learning opportunities to build their individual capacity. It is important to support increased knowledge of caregivers and service providers to support increased agency and system capacity to use an FASD-informed approach when engaging with children and families affected by alcohol exposure before birth and FASDs.

Train Staff on the Effects of Alcohol Exposure Before Birth and FASDs

- **Designate time for staff to take part in training about the effects of prenatal alcohol exposure.** Staff can review the [practice guides](#) included in this series to increase their knowledge and take part in [on-demand e-learning courses](#) to build their skills.



- **Adapt or add on to existing training processes and licensing requirements to incorporate information about the effects of alcohol exposure before birth and FASDs.** If training is provided by contractors, adjust contracts to reflect expectations on the type of content that is delivered. Incorporate intentional discussions about FASDs into training scenarios to ease discussion and increase staff knowledge.
- **Include information, discussion, and reflection when providing training on the effects of exposure to alcohol before birth to increase awareness of and reduce the impact of shame and negative social beliefs toward individuals with FASDs and about alcohol consumption during pregnancy.** Addressing shame, stigma, and negative social beliefs is a critical part of using an FASD-informed approach to support children and families with prenatal alcohol exposure and FASDs. Encourage courageous conversations in supervision and in peer consultations across your agency.
- **Include content on the indicators of potential effects of exposure to alcohol before birth in training provided for temporary caregivers,** which can be integrated into existing training and licensing processes.
- **Reach out to your [state FASD advocacy organization](#) about FASD-specific training resources.** These organizations can be a key source of information on what training may be available or have been delivered. They may have or know where to access current training and materials for service providers, such as doctors or educational professionals. If a state affiliate is not available in your community, you can contact the national network, [FASD United](#).

Shame and FASDs

Individuals with an FASD and their parents, caregivers, and families can experience multiple layers of shame and judgment. Shame and negative social perception compound the cognitive, physical, behavioral, and social challenges associated with FASD. Additionally, judgmental language can further shame individuals and cloud their identities with stereotypes (Morrison et al., 2019). Ongoing training and education for child welfare professionals and providers is essential to reduce shame and improve services and supports for children with an FASD and their families

Tailor Parenting Supports for Families Caring for Children with Prenatal Alcohol Exposure

- **Share information on [parenting techniques](#) that are effective for children with memory challenges and who have difficulty linking “cause and effect.”** Training and materials on useful strategies are available through national FASD organizations, like [FASD United](#), and may be locally available through [state FASD organizations](#). These techniques are important to understand, as they differ from commonly taught parenting strategies, like time-outs and natural consequences, which may not work or need to be changed for children and youth with an FASD.
- **Use processes already in place to distribute information and materials to caregivers about the effects of alcohol exposure before birth and FASDs.** For example, include [information on FASD](#) when distributing other resources to families when a child is placed in their home. Equipping relative caregivers and resource families with knowledge and information will help them recognize potential signs of prenatal alcohol exposure and communicate this information to caseworkers to facilitate proper referrals for screening, diagnosis, and services.



- **Share information about available parent and family support resources.** Many [state FASD organizations](#) host online or in-person peer groups, annual conferences, or other opportunities for families to gather with other families facing similar experiences. Sharing this information with staff can help caseworkers refer families to important sources of information and support. A shared file of contact information can be a useful agency resource.

“I am not a pregnant woman who drank. I am an alcoholic woman who got pregnant.”

—Peggy Way, FASD Consultant and Partner, member of Circle of Hope, and an individual with lived experience as a birth mother of an individual with an FASD

- **Develop respite care programs to provide temporary relief and support for families caring for children and youth with an FASD.**

This can reduce caregiver stress and burnout. It is important to provide respite to relative caregivers as well as resource families.

Increase Knowledge of FASDs Across Child Welfare System Providers

- **Offer training or learning collaboratives about FASDs for child welfare professionals and service providers to further professional learning.** Participation in training and learning collaboratives can increase overall system capacity for referral, diagnosis, and support. Additionally, some activities may qualify for continuing education credit.
- **Review child welfare policies and practices to ensure they support skill building of caseworkers and education across the community.** Involve staff, service providers, and individuals with lived experience in this review to bring their perspective and insights to inform and enhance policies and practices.

Step 3: Questions to Consider

1. What training and support are currently provided to staff related to the effects of alcohol exposure before birth and FASD?
2. Do staff know the signs of alcohol exposure before birth?
3. If staff recognize the signs of alcohol exposure before birth, do they know where to refer a family for FASD services or diagnostic evaluation?
4. Do administrators, supervisors, and caseworkers explore FASD as a consideration when facilitating a case conference, supervision, or peer case review?



Step 4: Support FASD-Informed Practices

Becoming an FASD-informed agency involves policies and practices that support clear and transparent communication, family involvement in decision-making, and continuous discussion and improvement within your agency.

Be Clear and Transparent With Staff and Families about Disclosure and Laws

- **Provide information to staff, including desk guides and action steps, about the laws in your jurisdiction** regarding substance use during pregnancy. It is important to note that the Children's Bureau does not instruct states that substance use during pregnancy is, by itself, evidence of maltreatment.
- **Explain to staff how disclosure of information about alcohol use during pregnancy will be used by your agency and agency policy and how this is communicated to the family.** This includes informed consent and releases of information.
- **Explain to staff how disclosure of information about alcohol use during pregnancy is shared with other service providers and the legal system,** and how it will be used to develop a case plan to ensure the family's needs are met and the information is correct.

Value Family Expertise

- **Recognize that families are the experts on their children and want the best for them.**

This can be a part of your agency's existing engagement practices with birth families.

Your agency is likely already working toward developing a culture that recognizes and acknowledges families as experts on their child's strengths and challenges. This may be especially helpful when caring for a child with an FASD, as each child with an FASD is unique and may have a range of specific needs.

"No mother drinks because she wants to hurt her baby."

*—Kathleen Tavenner Mitchell,
M.H.S., L.C.A.D.C.
FASD United*

- **Ensure agency policy directs caseworkers to include the family in all decision-making** and honors the family's decision to consent to services and disclose information.

Build in Check Points and Discussion Opportunities Across Your Agency

- **Facilitate discussions around staff's understanding and beliefs related to alcohol consumption during pregnancy and FASDs.** Incorporate intentional discussions about FASD into supervision practices, policies, and case conferences.
- **Find an agency leader or group that can champion ongoing engagement related to policies, practices, and services for children with prenatal alcohol exposure and FASDs.** Be sure the group is informed by the perspectives of agency staff, families, community service providers, and individuals with lived experience. This leader or group can support periodic updating of local FASD resources.



Step 4: Questions to Consider

1. How would you support a staff member in engaging with a family member to explore a potential FASD diagnostic evaluation?
2. How are families involved in decision-making processes related to the care of a child with alcohol exposure before birth and FASD?
3. Are educational pamphlets and resources available to help connect families with national and local FASD services and supports?
4. Are staff using person-centered, strengths-based language when discussing alcohol exposure before birth and FASD?

Putting the Steps Together

Every touchpoint your agency has with children, families, and caregivers involved with the child welfare system is an opportunity to explore and understand a child's unique strengths, needs, and developmental progress; strengthen caregiving capacity; and link families with tailored services and supports. Consider the opportunities you have as a child welfare leader to apply the strategies discussed in this guide to your agency's policies, casework practice, and community-based programs and service array as outlined in exhibit 3.

Exhibit 3. Strategies for Becoming an FASD-Informed Child Welfare Agency

Policy	Practice	Service Array
Assess existing policies and services with a fetal alcohol spectrum disorder (FASD)-informed approach.	Employ a non-judgmental approach to build trust with families.	Understand how current community-based programs and services are meeting the needs of children with prenatal alcohol exposure and FASD and their families.
Review local laws and policies on substance use during pregnancy.	Use person-centered language when discussing prenatal alcohol exposure and FASD.	Investigate potential service access gaps or shortage areas.



Policy	Practice	Service Array
Ensure policies are based on current research on prenatal alcohol exposure.	Apply a positive and strengths-based approach when working with the family.	Find any barriers to accessing FASD services and supports (such as transportation, costs, and child care for siblings).
Regularly provide agency staff with current information on FASD services and referral processes.	Discuss developmental or behavioral needs or concerns with parents and caregivers.	Understand the availability and limitations of FASD diagnostic and intervention services in your community.
Provide ongoing professional development and training for agency staff on prenatal alcohol exposure and FASD.	Provide concrete parenting tips and resources to develop and strengthen skills.	Use the Community Landscape Worksheet to track FASD resources and contact information for local providers.
Engage in reflective discussions on how current practices engage children with FASD and their families.	Connect parents and caregivers with available FASD resources and services.	Offer professional development and training opportunities on FASD and FASD-informed practice to service providers and community partners.
Include family and community voices in policy review and development.	Find members of the family's broader network (family members, friends, and professionals) who can offer support.	—
Establish systems for continuous feedback and improvement.	Emphasize the importance of caregiver well-being.	—



Becoming an FASD-informed agency begins with an increased awareness and understanding of the effects of alcohol exposure before birth and FASD. The process involves authentic engagement with families and intentional collaboration and coordination with community partners and service providers. By using an FASD-informed approach in your agency's work with families, you affirm your commitment to meeting children and families where they are and connecting them with the necessary resources, services, and supports to help them reach their full potential.

For More Information on Prenatal Alcohol Exposure and FASD

- [Recognize the Signs of Alcohol Exposure Before Birth and FASD](#)
- [Module 1: Recognize the Signs E-Learning](#)
- [Engage and Build Trust to Support Children and Families Affected by Alcohol Exposure Before Birth and FASD](#)
- [Module 2: Engage and Support Families E-Learning](#)
- [Refer and Coordinate Services for Children and Families Affected by Alcohol Exposure Before Birth and FASD](#)
- [Module 3: Strengthen and Expand Coordination of Services as an Agency and Caseworker E-Learning](#)

About the Resource Collection

Visit the [Resource Collection for Caring for Children with Prenatal Alcohol Exposure and FASDs in Child Welfare](#) to find more guides, tools, and resources.

The resources in this collection support child welfare professionals in:

- [Recognizing the signs](#) of prenatal alcohol exposure and FASD
- [Engaging families and building trust](#) through information and support
- [Coordinating care and referrals](#) for diagnostic assessment and services
- [Strengthening and expanding services](#) by enhancing system capacity

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