



# **FOETAL ALCOHOL SPECTRUM DISORDER (FASD)**

## Reintegreat School Toolkit

### Supporting Children with Foetal Alcohol Spectrum Disorder (FASD)

#### Understanding FASD

**Foetal Alcohol Spectrum Disorder (FASD)** is an umbrella term describing a range of physical, developmental, behavioural, and learning difficulties caused when alcohol is consumed during pregnancy.

Because alcohol crosses the placenta and disrupts brain development, children with FASD may have **permanent and irreversible brain injury**, leading to significant challenges in thought processing, communication, behaviour, and emotional regulation.

Research indicates that children with FASD are at greater risk of:

- Lifelong mental health difficulties.
- Increased vulnerability to addiction.
- Difficulties with employment and independent living.
- Risk of involvement in crime, homelessness, or poverty.

#### The Effect of FASD on the Brain

Children with FASD may experience difficulties in the following areas:

- **Cognition:** Intellectual disability, lowered IQ.
- **Memory:** Poor recall, difficulty storing/retrieving information.
- **Learning:** Struggles with abstract concepts (time, money, maths).
- **Attention:** Easily distracted, impulsive.
- **Speech & Language:** Stronger expressive than receptive skills (may appear capable but don't fully understand).
- **Mood & Behaviour:** Impulsivity, hyperactivity, poor emotional regulation.
- **Social skills:** Difficulty reading cues, building friendships.
- **Sensory processing:** Easily overwhelmed by lights, noise, or smells.
- **Sleep:** Poor sleep cycles affecting focus and behaviour.

Secondary risks can include loneliness, exclusions, poor self-esteem, risky behaviours, and difficulty learning from mistakes.

#### Recognising Children with FASD

**Physical indicators (not always present):**

- Small stature and low weight.
- Small head circumference.
- Flattened midface or philtrum, thin upper lip.

- Small, upturned nose.
- Smaller eye openings.

### Developmental and behavioural indicators:

- Poor co-ordination and movement skills.
- Delayed milestones (walking, toilet training).
- Language and memory difficulties.
- Hyperactivity and impulsivity.
- Struggle with cause-and-effect thinking.
- Behaviour often younger than chronological age.
- Difficulty with sequencing or following multi-step instructions.
- Social immaturity and vulnerability to bullying.




## Supporting Strategies

### 1. Key Classroom Principles

Children with FASD need **structure, clarity, and repetition**.

- **Structured environment:** predictable routines reduce anxiety and confusion.
- **Consistent routine:** same seating, same order of lessons where possible.
- **Brief instructions:** keep directions short, clear, and concrete.
- **Variety of approaches:** multisensory teaching (visuals, music, drama).
- **Repetition:** reinforce key concepts often; don't assume learning has been retained.

### 2. Communication

- Always begin with the child's name.
- Avoid group instructions – give clear, direct individual instructions.
  -  "Everyone tidy up soon."
  -  "Sam, put your book away now."
- Use positive phrasing: "Walk" instead of "Don't run."
- Avoid idioms – be literal ("It's raining heavily" rather than "It's raining cats and dogs").
- Give **one instruction at a time** and in sequence:
  -  "First maths, then playtime."
- Allow extra processing time before expecting a response.
- Use visuals: pictures, gestures, hand signals, demonstrations.
- Match your language to their ability (short phrases if needed).

### 3. Classroom Environment & Learning

- Seat the child near the teacher with minimal distractions.
- Use **rows or defined workspaces** to create structure.
- Provide a **safe, quiet space** for regulation during sensory overload.
- Use visual timetables, timers, and picture-based rules.
- Keep workspace clear – only provide what's needed for the task.

- Assign consistent seating and peers (good role models).
- Pre-warn about changes to reduce anxiety.
- Pair verbal teaching with visuals (videos, props, diagrams).
- Use multisensory methods:
  - Singing, rhythm, movement.
  - Drama, role play.
  - Art, puppetry, crafts.
- Link learning to **real-life experiences** (shopping, menus, bus journeys).

#### 4. Supporting Memory & Processing

- Break tasks into **small, manageable steps**.
- Cover parts of worksheets to reduce overload.
- Repeat instructions in the same wording.
- Use technology: iPads, voice recorders, audiobooks.
- Provide consistent symbols or cues for rules (e.g. “No hitting” instead of “Always use kind hands”).
- Encourage children to show understanding (act it out, draw, or demonstrate).

#### 5. Supporting Maths

Maths is often especially challenging for children with FASD.

- Work one problem at a time; cover the rest.
- Use visuals and real-life props (coins, shopping).
- Repeat maths vocabulary consistently (“add” not “add/sum/total”).
- Break down word problems – keep language simple.
- Accept alternative responses (drawing, manipulatives instead of written answers).

#### 6. Behaviour & Emotional Support

- Remember: **behaviour is brain-based, not willful defiance**.
- Avoid punishment systems relying on cause-and-effect – these are often ineffective.
- Give immediate, clear consequences paired with explanation.
- Use humour and creativity to diffuse tension (where appropriate).
- Praise effort and persistence, not just outcomes.
- Support self-esteem through strengths and talents.
- Provide sensory breaks and opportunities for physical movement.

#### Useful Resources

- **Sunfield Research**
- **FAS Aware UK** – [www.fasaware.co.uk](http://www.fasaware.co.uk)
- **FASD Trust** – [www.fasdtrust.co.uk](http://www.fasdtrust.co.uk)
- **NOFAS UK (National Organisation for Foetal Alcohol Syndrome UK)** – [www.nofas.uk.org](http://www.nofas.uk.org) | 020 8458 5951
- **The Centre for FASD** – [admin@centreforfasd.co.uk](mailto:admin@centreforfasd.co.uk) | 07388 802320

## Key Takeaway

Children with FASD require **predictable routines, concrete communication, repetition, and multi-sensory teaching**.

Behaviour modification strategies often fail — what works best is **adaptation of environment, teaching style, and relationship-based support**.

With consistent strategies, children with FASD can make progress, feel safe in school, and develop their strengths.

## Book Recommendations

