

## **CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE**

**5 JUNE 2018**

### **MEMBER'S ITEM: FOETAL ALCOHOL SPECTRUM DISORDER (FASD)**

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#### **Summary**

This report sets out the response to an issue raised by Councillor Purdy regarding Foetal Alcohol Spectrum Disorder (FASD).

The paper provides detail on Foetal Alcohol Syndrome (FAS) and sets out what action has taken place so far in Medway in relation to FAS.

#### **1. Budget and Policy Framework**

1.1 Under Medway Constitution Overview and Scrutiny rules (Chapter 4, Part 5, Paragraph 9.1) Councillor Purdy has requested that an item on this matter is included on the agenda for this meeting.

#### **2. The Issue**

2.1 Councillor Purdy requested that an item was placed on the agenda regarding Foetal Alcohol Spectrum Disorder.

#### **Director's comments**

#### **3. Background**

3.1 During Pregnancy alcohol can pass across the placenta from the mother's bloodstream to the foetus which is unable to process the alcohol in the same way as a developed adult body.

- 3.2 Drinking heavily in pregnancy can lead to Foetal Alcohol Syndrome (FAS) which is typified by restricted growth; facial abnormalities; learning and behavioural disorders. FAS is a subset of the umbrella term Foetal Alcohol Spectrum Disorder (FASD); FAS is a diagnostic term and FASD is not.
- 3.3 NHS Choices state that a baby exposed to alcohol in the womb may have:
- a head that is smaller than average
  - poor growth – they may be smaller than average at birth, grow slowly as they get older, and be shorter than average as an adult
  - distinctive facial features – such as small eyes, a thin upper lip, and a smooth area between the nose and upper lip, though these may become less noticeable with age
  - movement and co-ordination problems, known as cerebral palsy
  - learning difficulties – such as problems with thinking, speech, social skills, timekeeping, maths or memory
  - mood, attention or behavioural problems – such as autism-like behaviour or attention deficit hyperactivity disorder (ADHD)
  - problems with the liver, kidneys, heart or other organs
  - hearing and vision problems
- 3.4 FASD is a continuum ranging from mild intellectual and behavioural issues to the extreme that often leads to profound disabilities or premature death. These problems are permanent, though early treatment and support can help limit their impact on an affected child's life. (NHS, 2017).
- 3.5 The diagnostic process involves identifying features which are commonly associated and characteristic of one of the FAS diagnoses. It also attempts to rule out any other possible causes for the symptoms children may be experiencing. This can often make the diagnostic process seem complicated for people unfamiliar with the system.
- 3.6 Diagnosis of FAS is sometimes complex and may require specialist input. It can however be undertaken at a local level, as long as there is the relevant expertise available. Any diagnostic process needs to take account of the specific context of the individual and their family. There is generally input from a wide range of people.
- 3.7 Despite the impacts of alcohol on foetal development being formally acknowledged in the 1960s and 1970s there are still no reliable datasets about prevalence of FAS in the UK or internationally. The World Health Organisation (WHO) state “There are no reliable global prevalence figures, but a 2005 study estimated a global incidence of 0.97 per 1000 live births based on research in the United States of America (USA)” (WHO, 2011). Any estimates based on this figure should be treated with caution due to the changes in alcohol consumption since the study, the differences between the global and UK alcohol consumption and possible compounding of errors.
- 3.8 More recent studies including one undertaken in 2017, have attempted to quantify the scale of FAS problem internationally. These studies are based on

estimates as opposed to actual confirmed clinical diagnosis. This means it is difficult to extrapolate findings to a local level. This point has been further reinforced by the British Medical Association (BMA, 2017 p.3) who state: “Determining the incidence of FASD is complicated by a lack of reliable and consistent data collection, and the difficulty in diagnosing the range of disorders. The incidence of FASD, either in the UK or internationally, is not therefore accurately known.”

- 3.9 The evidence does suggest that FASD is more common in children whose mothers are dependent on alcohol.

#### **4. National Guidance**

- 4.1 The harms of alcohol on foetal development have been recognised to lead to Foetal Alcohol Spectrum Disorder (FASD) and its extreme form Foetal Alcohol Syndrome (FAS).

- 4.2 The UK Chief Medical Officers’ Low Risk Drinking Guidelines states that:

- *If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.*
- *Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk (Department of Health, 2016).*

- 4.3 The BMA (2017) call for interventions to target Alcohol use in pregnancy to prevent FASD consisting of:

- health promotion to the general population;
- targeted health promotion to women of child bearing age and their support networks;
- specialised holistic support for women with multiple issues of which alcohol use in pregnancy is one;
- and post-partum support.

- 4.4 Women who drink alcohol during pregnancy should be offered brief or extended interventions to reduce their alcohol consumption completely or to as low a level as possible (Department of Health, 2017).

#### **5. Interventions In Medway based on BMA Recommendations**

- 5.1 *Health promotion to the general population*

- 5.1.1 Public Health deliver Identification and Brief Advice (IBA) training to a wide range of professionals working on the frontline. IBA is an evidence based, cost effective intervention that upskills staff to ask questions about alcohol consumption and provide a brief intervention to reduce drinking back to lower risk limits. This training makes explicit reference to the risks of drinking during pregnancy and the national guidelines for pregnant women. Training has been delivered to: GPs, Pharmacies; Health Visitors; Social Care workers; Mental

Health teams; foster carers; children centres; sexual health teams; Job Centres and housing providers amongst others.

- 5.1.2 'Don't Bottle it Up' (<https://medway.dontbottleitup.org.uk/alcohol-test>) is an online screening tool that allows individuals to answer a number of questions in relation to their alcohol consumption. Depending on the results they are directed to the appropriate advice or service.
- 5.1.3 Use of licencing to reduce availability of low cost / high strength alcohol in areas where there is an identified cumulative impact.
- 5.2 *Targeted health promotion to women of child bearing age and their support networks*
  - 5.2.1 The Medway Integrated Sexual Health service is required to provide pre-contraceptive advice including alcohol advice to women when they wish to have their Long Acting Reversible Contraception method removed.
  - 5.2.2 Primary Care teams have received IBA training which highlights the risks of alcohol and pregnancy.
- 5.3 *Specialised holistic support for women with multiple issues of which alcohol use in pregnancy is one*
  - 5.3.1 The Windmill Clinic in Medway is a multi-disciplinary team bringing together Obstetrics, neonatology, midwifery and substance misuse services. The purpose of The Windmill Clinic is to facilitate a safer pregnancy for both mother and baby and increase commitment to engage with helpful and healthier behaviours. It aims to provide a non-judgmental ethos to helping mothers with substance misuse issues. The clinic supports women to reduce substance misuse safely, where appropriate, by providing expert individualised case management help from Turning Point.
  - 5.3.2 Substance Misuse Services in Medway are delivered as a single system by two providers. The Engagement, Assessment, Stabilisation and Treatment service is delivered by Turning Point. The service achieves higher than England average successful treatment for alcohol using clients and higher than comparator areas for individuals who use alcohol with a non-opiate substance.
  - 5.3.3 The Wellbeing and Recovery service is a new service delivered by Open Road that aims to build recovery capital to maintain recovery. This will include the recruitment and training of volunteers and peer supporters who can be mobilised to support other services.
- 5.4 *Post-Partum Support*
  - 5.4.1 Any diagnosis of FAS would be made by a paediatrician. Health Visiting and Midwifery staff have had training around FASD and its identification.,

5.4.2 Medway Council and Medway Clinical Commissioning Group (CCG) have recently awarded an integrated 0-19 contract. This combines health visiting and school nursing contracts with more therapeutic and acute services. This will provide a more coherent pathway into paediatric and therapy services following a diagnosis.

5.4.3 There are also voluntary sector support services available locally including: FASD Awareness Kent and Medway and FASD Awareness South East who provide support to those living and dealing with Foetal Alcohol Spectrum Disorder.

## **6. Impact on Looked After and Adopted Children**

6.1 Figures for the prevalence of FAS in children who are looked after by the Local Authority are not collated but it is likely to be higher than the general population.

6.2 Social workers should always consider asking parents about their alcohol consumption as part of any assessment, to assist early diagnosis for children. This should be incorporated into a training programme for all social workers and support workers.

6.3 The impact of FAS on children's behaviour and learning can be considerable. Their behaviours can often be misinterpreted as leading from early trauma, attachment disorders or autistic spectrum disorder rather than FAS. Sometimes behaviours result from more than one condition. An integrated approach to taking social histories around parental alcohol misuse leading to early diagnosis is key to getting the right supports in place.

6.4 Without early diagnosis and support in place, including training and preparation for foster carers and adopters, children with FAS are at higher risk of placement breakdown or adoption disruption.

## **7. Next steps for Service Providers**

7.1 Local Public Health social media marketing campaign should be delivered across Medway. This campaign should be focussed on women of child bearing age and pregnant women to raise awareness of the risks of alcohol consumption to the unborn child.

7.2 Local NHS providers and social workers to review and audit the information they collect from pregnant women in relation to alcohol consumption during pregnancy.

7.3 Adoption and fostering teams to review training and preparation for foster carers and adopters in order to prepare those caring for children with FAS to properly meet their needs. Social workers in those teams should also be trained to enable carers to be well supported to meet the needs of the children.

## 8. Risk Management

Risk	Description	Action to avoid or mitigate risk	Risk Rating
Frontline staff are unaware or risks	Frontline staff are unaware of risks of drinking during pregnancy and FASD	IBA training includes reference to FASD and highlights the national guidelines in relation to alcohol and pregnancy. FASD training and IBA have been included in the new 0-19 integrated contract.	D2
Women of conception age are unaware of risks	Women of child bearing age in Medway are unaware of risks of drinking during pregnancy	Develop local campaign to increase awareness of the risks of alcohol during pregnancy	D2
Children's care staff are unaware of need to take detailed social histories	Medical staff do not have access to information about levels of alcohol consumption in pregnancy to assess risk to child and enable early diagnosis	Training for social workers and support staff to support them to take good histories when working with families	C2
Placement breakdown for children with FAS	Challenging behaviour from children with FAS can lead to increased risk of placement breakdown	Training and preparation for foster carers and adopters; training for social workers to enable them to better support carers to prevent breakdown	C2

## 9. Financial and legal implications

- 9.1 There will be some minor financial implications (less than £1,000) for the council to deliver the next steps in terms of training and campaigns but these are not believed to be significant and can be met from internal resources and existing budgets.
- 9.2 There are no legal implications arising directly from this report.

## **10. Recommendation**

- 10.1 The Committee is asked to note this report on Foetal Alcohol Spectrum Disorder (FASD), the interventions undertaken so far in Medway in relation to Foetal Alcohol Syndrome, as set out in Section 5 of the report and the next steps for Service Providers as set out in Section 7 of the report.

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### **Appendices**

None

### **Background Papers**

None