Children with fetal alcohol spectrum disorders (FASD) are highly overrepresented in the child welfare system, including foster care and out-of-home placement. On average, a child with FASD is 17 to 19 times more likely to be in the child welfare system than someone without an FASD.¹ In Minnesota, 41% of children with FASD are in foster care, and an additional 28% have been placed in adoptive homes.² These numbers are further exacerbated among children of color.³ For example, child welfare agencies in Minnesota are 12 times more likely to place American Indian children in out-of-home placement than white children.⁴ Nationally, a third of children in foster care are Black, although they make up only 15% of the child population.⁵

Despite being overrepresented in these systems, most (86.5%) of children with FASD in out-of-home placement have never been diagnosed or have been misdiagnosed. Without a proper diagnosis, children are not accessing the crucial FASD-informed supports and services needed. This puts additional stress on both the child and their family members.

It is very important that both professionals and families involved in the child welfare system have appropriate training on FASD so that they can better understand the effects of prenatal alcohol exposure, seek diagnosis as needed, and know how to connect with FASD-informed services and supports.⁷

Two Recent Statutes in Minnesota:

Because of the high rates of FASD among children in foster care, Minnesota has recently passed two statutes aimed at better supporting these children and their families.

Minnesota State Statute 245A.175:

This statute requires all foster care providers to receive at least one hour of training on FASD each year. During this training, participants learn how FASD can impact development, the importance of early assessment and intervention, and effective strategies to address the needs of children with FASD.8

Minnesota State Statute 260C.219:

This statute requires all children entering foster care to be screened for prenatal alcohol exposure. It is believed Minnesota is the first state in the nation to pass this legislation. By screening children for prenatal alcohol exposure, providers can then connect families with the appropriate interventions, supports, and services needed to improve outcomes.

Everyone plays a role in preventing FASD:

- If you can become pregnant, talk with your care provider about preventing an alcohol exposed pregnancy.
- If you are a health care provider, take every opportunity to have conversations with patients about alcohol use before and during pregnancy.
- Become an advocate for change as it relates to alcohol policies in your community and state.
- Learn more about FASD and how you can support those impacted by this disorder at proofalliance.org.

Sources:

- 1. Petrenko CLM, Alto ME, Hart AR, Freeze SM, Cole LL. "I'm doing my part, I just need help from the community:" Intervention implications of foster and adoptive parents' experiences raising children and young adults with FASD. Journal of Family Nursing. 2019;25(2):314-347.
- 2. Boys CJ, Bjorke J, Dole KN, Dalnes C, Terwey S, Chang P. Improving educational outcomes in fetal alcohol spectrum disorder through interagency collaboration. J Pediatr Neuropsychol. 2016;2:50-57.
- 3. Children's Bureau. Racial disproportionality and disparity in child welfare. Issue Brief November 2016. https://www.childwelfare.gov/pubPDFs/racial_disproportionality.pdf
- 4. Minnesota Department of Human Services. Minnesota child welfare disparities report. 2010.
- 5. National Conference of State Legislatures. Disproportionality and disparity in child welfare. 2020.
- 6. Boys CJ, Bjorke J, Dole KN, Dalnes C, Terwey S, Chang P. Improving educational outcomes in fetal alcohol spectrum disorder through interagency collaboration. J Pediatr Neuropsychol. 2016;2:50-57.
- 7. Badry D, Harding K. Fetal alcohol spectrum disorder and child welfare. Canada FASD Research Network. 2020.
- 8. Minnesota Department of Human Services. Mental health and fetal alcohol spectrum disorders training for child foster care providers. https://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs16 164899.pdf