Barnardos
We *believe* in CHILDREN

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9th December, 2011

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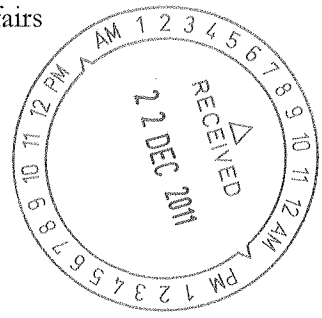

Fetal Alcohol Spectrum Disorder

Barnardos Australia is a family support and out of home care agency working with over 6,000 children each year. Each of our family support programs contain a small number of children with FASD. We are a specialist provider of care for children permanently entering foster care who are 'hard to place'. Some of these children are considered to be affected by FASD and require extensive support not normally available in foster care programs

We do not keep a registry of children understood to be affected by FASD but have attempted to estimate the numbers we are working with. In one of our Children's Family Centres they could could identify two FASD diagnosed children and another five who we believe fit the criteria. This family centre is in western NSW and has a high percentage of Aboriginal service users. In one of our permanency programs, catering for sixty children in western Sydney, we identified one diagnosed child and four where we believe FASD diagnosis would be likely.

Intervention Issues

The major problem for Barnardos is the difficulty of getting **good diagnosis** for children. International literature describes increased problems for children with delayed diagnosis (Koponen, Kalland et al. 2009).

We have some concern that mandatory reporting by doctors may mean that they are reluctant to make the diagnosis. Failure to diagnose may also be because mothers do not tell people how much they are drinking during pregnancy even when asked.

We believe that children not identified as suffering FASD are sometimes given a diagnosis such as ADHD or GDD which is not reflective of the broader spectrum they have. This means that welfare programs may often be unaware of the true cause of the difficulties affecting the children and this is further compounded if they go into care.

Poor diagnosis means that, on many occasions, families and carers do not know the cause of the child's problems. For example, a baby in our Substance Abuse in Pregnancy program was diagnosed only because we pushed hard for answers and finally the father disclosed the extent of his partner's drinking during pregnancy. Although the mother never admitted to the drinking, the paediatrician confirmed our suspicions. Confirmation was not received until the baby was 15 months old, meaning that interventions were only partly informed for some time.

We would also point out that there is a high correlation between FASD and ethnic minority children entering care in other jurisdictions (Selwyn and Wijedsa 2011). We believe that this

may be the case for a number of Aboriginal children in Australia as evidenced in our family support work. (Barnardos does not take Aboriginal children into our care programs.)

Management Issues

A number of children with suspicion of or confirmed FASD come into our 'permanency' foster care and adoption program. These young people have cognitive, behavioural and socio-emotional difficulties believed to be associated with FASD, although we note methodological difficulties in separating social and other factors from alcohol misuse (Irner 2011). We also note that many of these children require special attention in relation to carer time and education. We would like to point out two issues of importance for children with high needs:

1. We are currently encountering difficulties when trying to get access to NAPLAN results for children in such care. Despite the fact that Barnardos holds legal parental responsibility for children in our care we do not have ready access to current or previous NAPLAN testing. This means that it is very difficult to identify the child's educational attainment. We understand that this is also a problem for Australian Institute of Health and Welfare in their attempts to link children in care with NAPLAN results.

2. The amount of time required to care for children such as those suffering FASD is far and above what can be provided in standard foster programs. (Rosenberg and Robinson 2004; Brown, Sigvaldason et al. 2005)

   We have recently conducted studies of how much time is required to adequately provide support for these children and on average each child requires:

   - Workers time of 3 hours and 22 minutes per week (Tregeagle, Cox et al. 2011)
   - Carer time of 6 hours, 22 minutes per week (Forbes, O'Neill et al. 2011)

Yours faithfully

[redacted]

Louise Voigt
Chief Executive

References

Brown, J., N. Sigvaldason, et al. (2005). "Foster parent perception of placement needs for children with a fetal alcohol spectrum disorder." Children and Youth Services Review **27**: 309-327.

Forbes, C., C. O'Neill, et al. (2011). "Foster care and adoption: Carer/parent hours over and above ordinary parenting." Children Australia **36**(2): 56-65.

Irner, T. (2011). "Substance exposure in utero and developmental consequences in adolescents: A systemic review." Child Neuropsychology **17**(12): 1-29.

Koponen, A., M. Kalland, et al. (2009). "Caregiving environment and socio- emotional development of foster-placment FASD-children." Children and Youth Services Review **31**: 1049-1056.

Rosenberg, S. and C. Robinson (2004). "Out-of-home placment for young children with developmental and medical conditions." Children and Youth Services Review **26**: 711-723.

Selwyn, J. and D. Wijedsa (2011). "Pathways to adoption for minority ethnic children in England- reasons for entry to care." Child and Family Social Work **16**: 276-286.

Tregeagle, S., L. Cox, et al. (2011). "Worker time and the cost of stability " Children and Youth Services Review **33**: 1149-1158.