The Cross-Party Group on a Fit and Healthy Childhood
Chair: Anna Sabine MP

Summary of meeting: Tuesday 2 December 2025 at 4.00pm until 5.00pm held in Meeting Room 'O' in Portcullis House

Subject: Fetal Alcohol Spectrum Disorder (FASD)

Speakers:

- **Professor Penny Cook** - Associate Dean Research and Innovation, School of Health and Society, University of Salford
- **Professor Raja Mukherjee** - Consultant Psychiatrist, AMD LD, Clinical Lead Adult NDD& FASD, Surrey and Borders Partnership NHS Foundation Trust
- **Julie Furney** - Director & CEO FASD Informed UK, FASD HUB South West & member of FASD UK Alliance (online)

Key insights from speakers and delegates:

1. The two main parts of FASD are: a) prevention and b) managing those who have been exposed.

2. FASD is one of the most common causes of more well-known disorders such as autism spectrum disorder (ASD) and attentions deficit hyperactivity disorder (ADHD) but is rarely acknowledged, under-diagnosed and largely invisible in national and local clinical and service planning.

3. There is no acknowledged and accessible UK pathway to services and no guarantee that current services will receive protection.

4. As FASD has no national diagnostic pathway, it is frequently 'confused' with ASD and ADHD and children are offered help not directly tailored to the condition, including play therapy and trauma counselling. Similarly, parents may be offered parenting interventions and are likely to suffer real or perceived stigma and blame when such 'interventions' are not successful.

5. FASD is a reproductive issue not solely a 'women's issue'.

6. Current international research indicators flag men's alcohol drinking as significant in the presence of FASD making the condition a public health issue.

7. There is an urgent need to address funding.

8. The position of funding for FASD is at best precarious and it is essential that secure funding streams are assured. Local Authorities are unable to offer a secure funding future for FASD and unlike autism (championed by 6 name-specific national concerns) FASD has no national charity.

9. The way local Children's Services are funded is reactive rather than proactive

10. FASD causes brain damage at birth and is non-reversible. The physical and mental impairment is life-long and the developmental gap widens with age. However, FASD remains the forgotten neuro-developmental disorder and case studies show that for many children, there is no help available as they do not 'meet' an external mental capacity standard. Such children remain increasingly vulnerable and at risk from others – and their own behaviour can cause increasing levels of risk to themselves and others, often members of their immediate family.

11. Shame and stigma are powerful inhibitors for women in seeking help for their FASD child, their family and themselves. No parent deliberately sets out to harm their unborn child, but the shaming of women

perceived to 'have a problem with alcohol' contributes towards the dangerously 'forgotten' nature of FASD and service provision. There is currently some research occurring around these issues but much more is needed. Questions were asked about the availability of long-term contraception for women perceived to be at risk but currently, GPs do not have sufficient (or any) knowledge of FASD to give proactive and preventive advice.

12. The knowledge of FASD at GP level is extremely low and although official UK guidance is that no amount of alcohol is 'safe' in pregnancy, the assumption that simply 'cutting down' has lingered in the UK population and even that drinking Guinness or Mackeson are useful for their iron content.

13. Questions were asked about the best ways in which to mentor and work with young people living with FASD and how to get a diagnosis for them. FASD is a life-long condition, but young people need to understand their condition and know how and when to ask for help. People with FASD can lead happy and fulfilled lives but only if their condition is recognised via diagnosis and they are therefore offered appropriately tailored ongoing support.

14. FASD is a lifestyle as well as a life-long condition. To assume that the only children who will acquire FASD are children of alcoholics is misguided. Heavy social drinking or 'binge' drinking can cause the condition

15. Much concern was expressed about the lack of accredited training in FASD for those in many professional sectors to include the criminal justice system, health professionals to include ambulance workers as well as GPs and teachers.

16. The presence of FASD and children affected by it seems set to increase, due to children conceived during the pandemic with higher levels of confinement at home and a consequential rise in the consumption of alcohol. Research is needed and advance preparation made as these children are already in nurseries and pre-school.

17. There is no support for children with FASD after the age of 18, many of whom are leaving care.

18. Local Authorities do not have the budgets or understanding to support individuals and families dealing with FASD.

19. 'Every Child Matters' was highly successful in empowering and supporting agencies to work together and a similar model is needed.

20. There has never been a national Government Alcohol Awareness Campaign. Alcohol has too long been 'protected' as the 'acceptable' drug of choice – this is a fiction that is damaging lives, families and society as a whole and making us all pay a terrible and costly burden. The alcohol industry must be a part of this strategy.

21. Professionals need to feel better supported (and better informed) in raising the issue of alcohol use in pregnancy and FASD.

22. Alcohol use in pregnancy and FASD should be on training curriculums for social care, paramedics and teaching.

Following the presentations, there were questions from:

- Dr Sascha M Colgan – Consultant GP
- Joe Lowther - CEO Kick
- Professor Jonathan Glazzard – Rosalind Hollis Professor of Education for Social Justice, University of Hull
- Tracy Allen - Founder of FASD Awareness

Due to time limitations, it was not possible to take further live questions, but guests were strongly encouraged to share their thoughts via the online chat service and the CPG Secretariat Office email: officefhcappg@gmail.com

Priority Policy Asks and Recommendations:

1. Government must commission updated UK prevalence research.

2. A nationally approved pathway of diagnosis and post-diagnostic support and full implementation nationwide of the NICE Quality Standard for FASD.

3. An end to a postcode lottery for service provision and sources of support.

4. Guaranteed funding for intervention trials to enable scaleable evidence-based interventions for families.

5. A multidisciplinary approach for the management and treatment of people with a diagnosis.

6. Specific training for all healthcare professionals to include, GPs, paediatrics and psychiatry, recognition and championing from the Royal Colleges and multi-sector working to provide lifetime support.

7. Inclusion in a national preconception and inter-conception strategy.

8. The Government must devise and promote a comprehensive national alcohol strategy and awareness campaign that focuses on education, not blame.

9. Specific recognition of the very real challenges faced by parents choosing to adopt with a national pathway to support, a determination to stamp out the blame culture and specific ways in which adoptive families can be supported as their child enters the education system and onwards.

10. 'Every Child Matters' should be reintroduced to ensure agencies work together for the support and protection of children.