



Care of Children and Youth with Prenatal Substance Exposure in Child Welfare: A Scoping Literature Review of Best Practices

The purpose of this scoping review was to identify and describe within the existing literature child welfare best practices for children and youth in care with Fetal Alcohol Spectrum Disorders (FASD).

Canada FASD Research Network, 2018

Project Overview

- Children, youth and young adults with FASD are a key population in the child welfare system. The need to provide supports that focus on the lifespan are a critical part of intervention. Creating and maintaining stability across all systems is crucial for well-being of the child and family.
- There is limited information available regarding specific programs in the trajectories of care for children with FASD in the child welfare system.
- In this scoping review we examined literature in peer reviewed journals and web based policy documents for the time period 2006 - 2017. A separate scan of grey literature was also conducted yielding 13 sources including literature reviews, training manuals, conference materials, policy documents, quality improvement, and program evaluation reports.
- Key search terms: child, children, youth*, adolescent, teen* foster*, kinship, out of home care, child welfare, prenatal substance abuse, prenatal substance exposure, substance related disorder, substance-exposed, drug use*, drug abuse, prenatal exposure, Neonatal Abstinence Syndrome (NAS), Fetal Alcohol Spectrum Disorder, FAS*, drug exposed, alcohol exposed, cocaine related disorder, alcohol related disorder, amphetamine related disorder, impaired, parent
- Databases: SocINDEX, Social Work Abstracts, Social Services Abstracts, PsycINFO, Medline, Dissertation & Theses, CINAHL Plus, and Cochrane
- This scoping review examined quantitative, qualitative, mixed methods, systematic literature review, and program evaluation studies for inclusion. A total of 61 articles from the academic databases were included in the literature review analysis after screening and removal of duplicates - 43 primary research articles, 12 peer-reviewed non-research publications, 5 systematic reviews, and 1 Master's thesis.
- Locations of publications: Canada (41), United States (22), United Kingdom (5), Australia (3), South Africa (2), and Finland (1). (Academic and Grey Literature Sources Combined)
- We aligned this project and worked collaboratively with Dr. Lenora Marcellus from the University of Victoria who examined the research literature with a focus on *infants up to three years of age*, while we focused on *children and youth age 3 to 19*. Our collaboration on these studies served as a platform to a successful funding application by Badry, Marcellus and colleagues to PolicyWise in Alberta in 2017 to conduct the study: *Advancing Knowledge on Best Practice and Care of Infants, Children and Youth with Prenatal Substance Exposure/FASD in Child Welfare* (2018-2019).

Research Approach

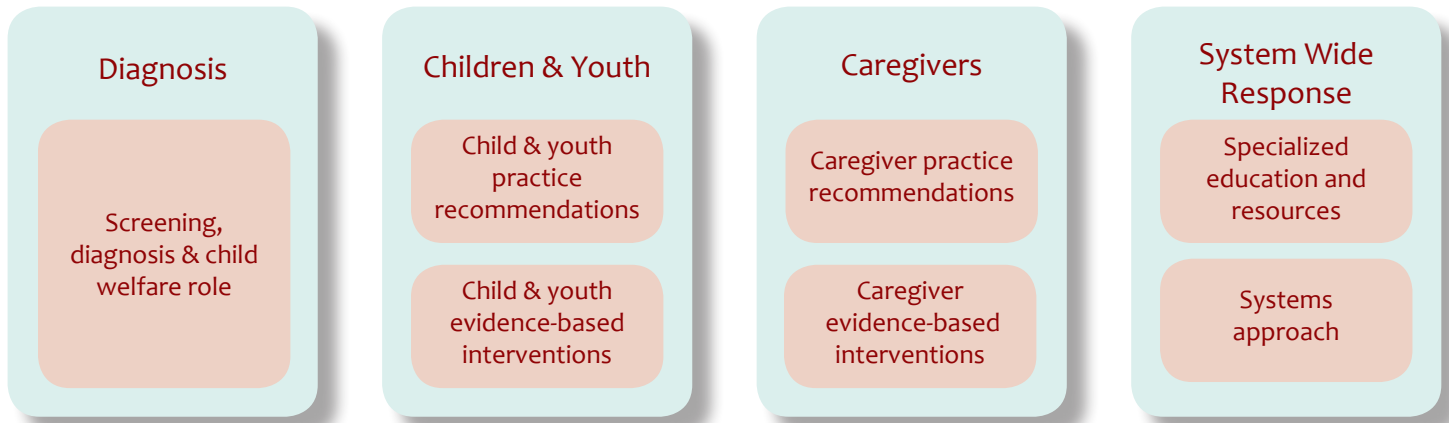
A rapid scoping review methodology was employed and inclusion criteria was English language, full text, included both academic peer review publications and policy documents. Key search terms were identified. These questions guided the research:

1. What are best practices to support children ages 3-19 with prenatal substance exposure who are in the care of child welfare?
2. What is taking place across Canada, the United States and elsewhere in child welfare practice, policy, intervention, and training for this population?
3. What are gaps for future studies and system mapping for this population?



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Literature Review Findings Organized into Four Thematic Areas



Discussion: Implications for Practice, Research & Policy

Prenatal substance exposed children, particularly alcohol-exposed children, are overrepresented in the child welfare system. Child welfare system planning should take a multi-sectoral lifespan approach that addresses the unique needs of these children and youth, and the unique needs of their caregivers. Research on best practices and system mapping for this population is limited, particularly for preschool children and youth approaching transition out of care. Early screening, diagnosis, and FASD informed interventions are critical in optimizing the conditions for healthy development and stability. A need exists to advocate for comprehensive statistical tracking of population prevalence in order to increase funding allocated to this area. There is also a need for increased research and policies for transition planning as youth age out of care.

- Child welfare, medical, and associated health professions can create joint protocols for FASD screening, diagnosis, and communications at the earliest possible points.



- Increase amount and depth of specialized training and education for all practitioners and caregivers involved in the care of youth with prenatal substance exposure. Caregivers of children and youth with FASD require in-depth understanding of diagnoses, implications, and access to effective, consistent supports.
- Create and maintain learning communities of practice, offering specialized training for caregivers and practitioners through face to face and online education
- The majority of published research focused on the needs and experiences of school aged children, with few articles addressing practice recommendations for youth within the child welfare system.
- Increased attention is required for youth-level interventions, especially as approaching age of majority.
- Interventions analyzed in this review go up to age 11, and then the research literature drops off. *There is very limited research focused on interventions for youth and young adults, revealing a significant gap in the research literature.*
- Practice should utilize life span developmental, ecological, and strengths-based approaches. Mentorship programs for youth in care are showing positive results.
- Interventions that focus on improving self-regulation and emotional control, as well as social skills and specific skill development are showing promise. Child welfare agencies can partner with community agencies in order to increase intervention provision.