



Advancing Knowledge on Best Practice and Care of Infants, Children, and Youth with Prenatal Substance Exposure/Fetal Alcohol Spectrum Disorder in Child Welfare: Brief Summary

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Dorothy Badry, PhD, MSW, RSW & Lenora Marcellus, PhD, RN

Background Information and Rationale: FASD has a major impact on infants, children, and youth who are vulnerable to falling through the cracks due to a lack of knowledge about this disability within service systems. Families of children and youth with prenatal substance exposure (PSE) and Fetal Alcohol Spectrum Disorder (FASD) often experience intergenerational trauma, early exposure to substance use, and involvement with the child welfare system. However, we also know that infants, children and youth can overcome early life adversities if intervention is put in place at the right time to support family and individual resilience, enhance developmental pathways, and support family preservation. We utilized a life course perspective in this research, as it demonstrates that decisions made in the early years of a child's life will have a significant impact over their lifespan. This is especially true in a population that has a lifetime of cumulative disadvantages and frequent involvement in the child welfare and youth justice systems.

What did we do? The focus of this research was on the needs and care of infants, children and youth with PSE and FASD involved in the child welfare system. We conducted a metasynthesis of two scoping reviews:

- 1) *Caring for Infants with Prenatal Substance Exposure in Foster Care – A Scoping Review of the Literature* (Marcellus, 2017),
- 2) *Care of Children & Youth with Prenatal Exposure in Child Welfare: A Scoping Review of Best Practices* (Badry, 2017).

We completed an updated review of the literature (2017-2020) and reviewed key policy documents to inform this research. We talked to Alberta policy makers who contribute to decision making around cross-sectoral system design in services responding to FASD. We completed a systematic analysis of all publicly available documents from *Offices of the Child and Youth Advocates* or parallel jurisdictions in Canada over a decade from 2009-2019 on the death or serious injuries of children, inquiring for evidence of PSE and/or FASD within these reports. We engaged in a critical analysis of these public documents with a sharp focus on specific concerns where PSE and FASD intersect with the death or serious injury of a child, noting most reports emerge from Alberta, BC and Saskatchewan and many jurisdictions do not make this information available to the public. Our theory in undertaking this research was that PSE and FASD are important factors that often go unrecognized in child welfare practice, as noted in the reports we reviewed on deaths and serious injuries of children in care.

Key Research and Policy Findings on Child and Youth Advocate Reports on Death and Serious Injuries of Infants, Children and Youth in Canada: We applied an Intersectionality Based Policy Analysis (IBPA) Framework to the 60 reports on 98 child deaths included in this analysis. Why? Intersectionality is a theory that highlights the additional burden placed on an individual who experience more than one type of marginalization (known as intersections). For example, if a child or youth lives with a disability and is also living in poverty, an intersectional lens will help us to understand why this population needs a



tailored approach to early intervention. Complex challenges such as poverty, homelessness, violence, mental health, substance use, and disability, all contribute to the disadvantages experienced by infants, children and youth with PSE and FASD. Interventions targeted to this population need to take into consideration that many of these children and youth will be experiencing more than one form of marginalization at any given time. We discovered that FASD was either diagnosed or suspected in 17 of 98 deaths or in 16% of the reports reviewed. In the investigative and special reports from child and youth advocates, 67 of the 98 children or about 65% of the children in these reports were Indigenous. The highest risk periods for all reported child deaths was in the early years, birth to 4, and ages 13-17.

Infants, children and youth with FASD reflect a hidden and high-risk population in the child welfare system who have specific care needs. These reports identify that children with PSE and/or FASD have risk factors that threaten their health, well-being and lifecourse potential, all requiring vigilance in the child protection system. The deaths of infants and young children in particular, were in part linked to unsafe sleeping and housing situations, and child abuse and neglect. It was identified in the reports that youth died in multiple ways, either through suicide, in some cases through child abuse and neglect, and through high risk behavior, particularly in adolescence. Four major themes emerged in our analysis of Child Advocate reports: 1) *Challenges to stability and permanency for children in care*; 2) *Challenges to FASD-informed service provision*; 3) *Overrepresentation of Indigenous children and youth in care*; and 4) *The presence of concurrent mental health concerns*. Intersectionality points to a need to understand the separate intersections of marginalization a person will experience. For Indigenous people in Canada, the long history of colonization including residential schools has negatively influenced child welfare involvement due to historically entrenched systematic disparities. As most of the child death reports we reviewed involved Indigenous infants, children, and youth, it is critical that adequate, culturally sensitive training and knowledge is provided to frontline workers and all who provide care to this population.

Practice Recommendations: This report highlights the need for routine screening, assessment and early intervention for children with PSE and FASD in order to do effective case planning and minimize risks. It is critical that FASD be recognized and supported as a disabling condition with appropriate supports in place for children, youth, and their families. Offering services including screening, assessment, early intervention, a holistic and strengths-based approach, culturally sensitive practice and access to supportive resources for families, foster or kinship care providers reflects best practice. The need exists for systemic change to address stigma and promote dignity. Without these best practices in place there is risk and vulnerability to increased family stress and burnout, and the risk of many children becoming engaged in a system where their disability often goes unrecognized. It is noted that PSE and FASD are clear threads in child deaths across Canada and this requires action. Child advocates have made a multitude of system-level recommendations for decades that require implementation. Evidence suggests this specific population is severely disadvantaged in having safe and healthy experiences across the lifespan. This report signals a call to action to do better for this population of vulnerable infants, children, and youth living with a highly stigmatized and under-supported disability. We must move systems in new directions towards sustained change in the response to infants with PSE and children and youth with FASD.

Contact Information: Dr. Dorothy Badry, PhD, RSW Email: badry@ucalgary.ca
Dr. Lenora Marcellus, PhD, RN E-mail: lenoram@uvic.ca

Research Assistants: Taylor Ward, MSW student, Farrah Helwa, MSW Student and Erin Leveque, BSW, RSW