

# **Supporting Children in Care with Fetal Alcohol Spectrum Disorder**

## ***Caring Across the Boundaries: Bridging Knowledge Gaps, Services and Policies to Support First Peoples Child Welfare and Health***

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May 30, 2008**

The background features several large, overlapping, curved shapes in shades of purple, green, and blue. Scattered throughout are numerous small, yellow, triangular shapes, some pointing towards the center and others pointing outwards, creating a dynamic and celebratory feel.

# **The FASD Practice Standards Evaluation**

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**Centre for Social Work Research & Development  
University of Calgary**

**2005**

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# The FASD Practice Standards Region 1, Southern Alberta 2005

- Introduction – history and purpose
  - Pilot project – implementation of standards
  - Quantitative and qualitative approach
  - Did the standards make a difference?
  - Next steps – challenges for the future
  - Questions and discussion
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# The research process – phenomenology and narrative

- Changing the way child welfare and foster care services are delivered for children with FASD is an important phenomenon to study, as there are valuable lessons to be learned from the case management experiences within a specialized framework of service provision
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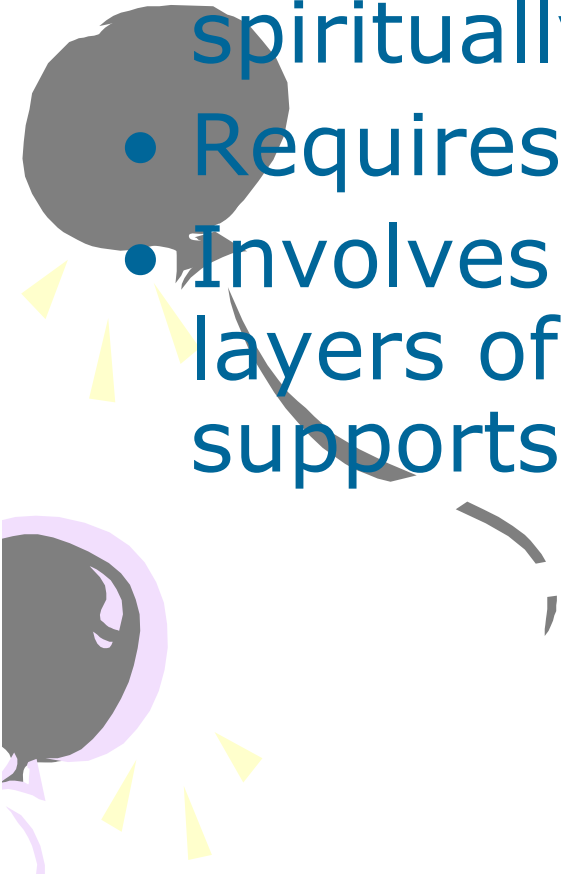
# FASD and Child Welfare






# Parenting a child with a disability in care, or within families is:

A complex journey

- Physically, mentally, emotionally and spiritually
  - Requires creativity and innovation
  - Involves examination of multiple layers of social and systemic supports and barriers
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# Purpose of Developing the Standards

- Creating better outcomes for children with FASD
  - Standards are designed to provide:
    - Early identification
    - Planning for specific needs of child
    - Support and specialized training to families and caregivers & increased contact with case worker
    - Increased placement stability
    - Decrease behavioral/psychosocial problems
    - Develop effective transition to adult services
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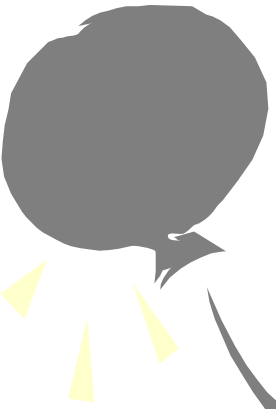

# Key Standards

- Training for staff and caregivers
- Assessments for youth and parents
- Support for foster parents
- Transition to adulthood
- Case worker contact
- Case plan reviews



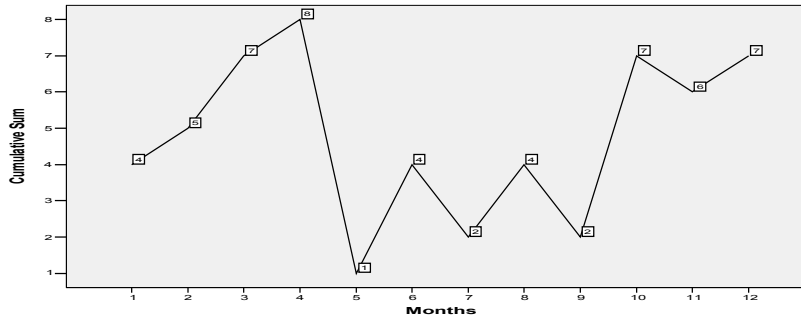
# Specific Standards

- Case Management Standards

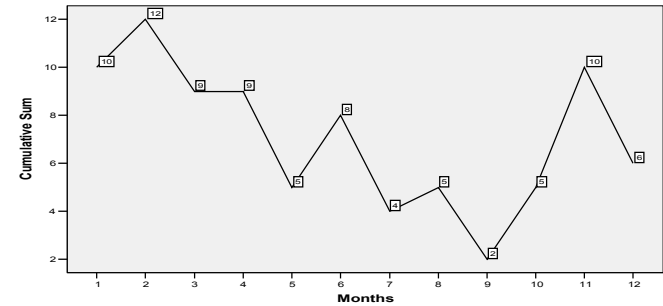
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- Screening for FASD
  - Child Assessment
  - Parenting ability
  - Case Plans
  - Case Plan review
  - Home visits
  - Case Worker contact
  - Child and Family awareness of FASD
  - Permanency Planning
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# Risk Behaviours By Month

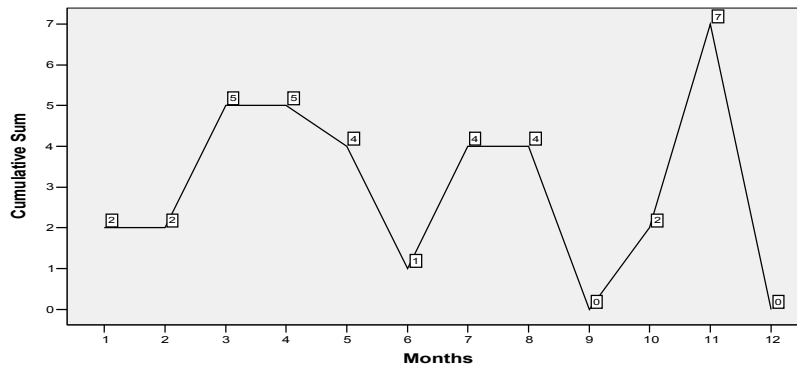
## AWOLS



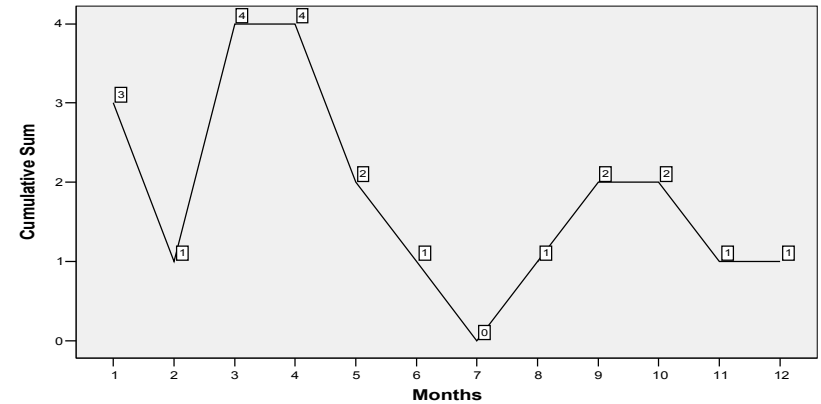
## Criminal Behavior



## Drug & Alcohol Abuse

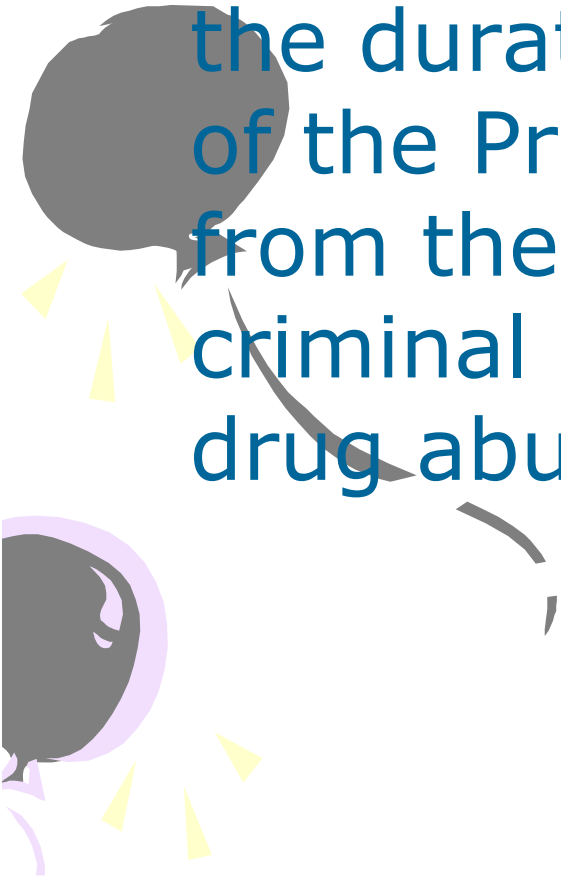


## Self-Harm





# Risk Behaviours

- Each form of risk behaviour demonstrates a downward trend over the duration of the implementation of the Practice Standards ranging from the steepest decrease for criminal behaviour to incidences of drug abuse.
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# Children with FASD can have particular vulnerabilities:

- Developmental delays
- Neurobiological problems – external locus of control
- Physical Problems such heart disease, musculo-skeletal problems, compromised immune system
- Societal perception of who they are

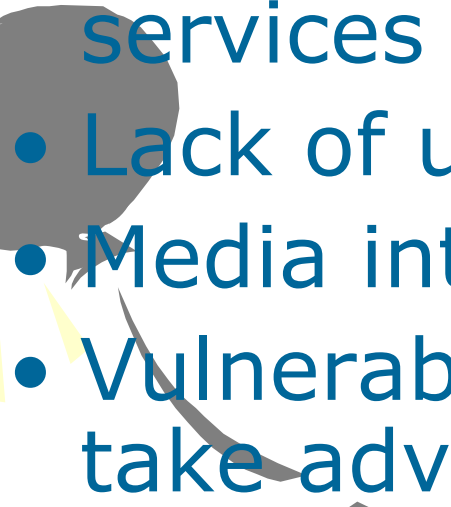



The social construction of knowledge about people with disabilities and other vulnerabilities is shaped by:

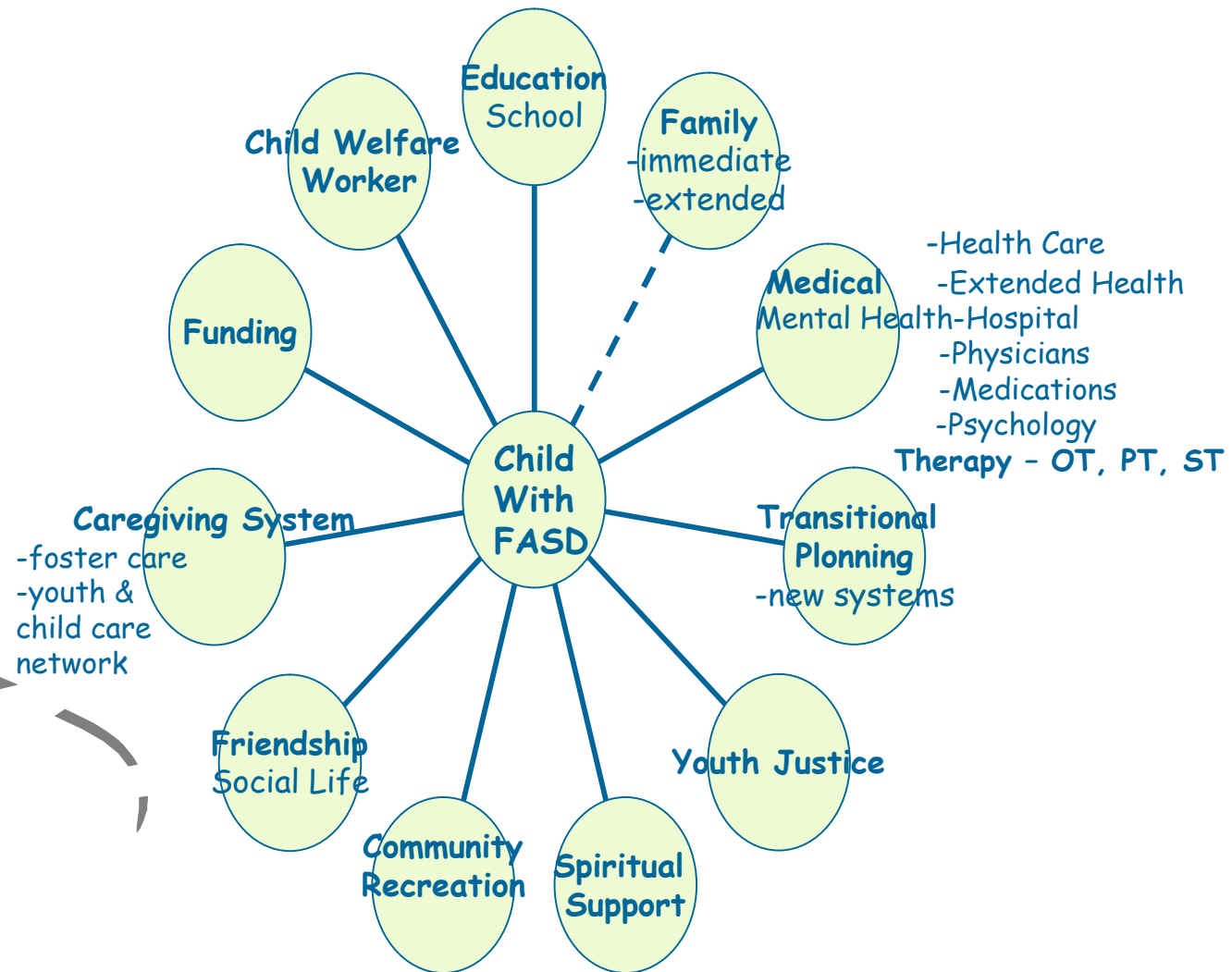
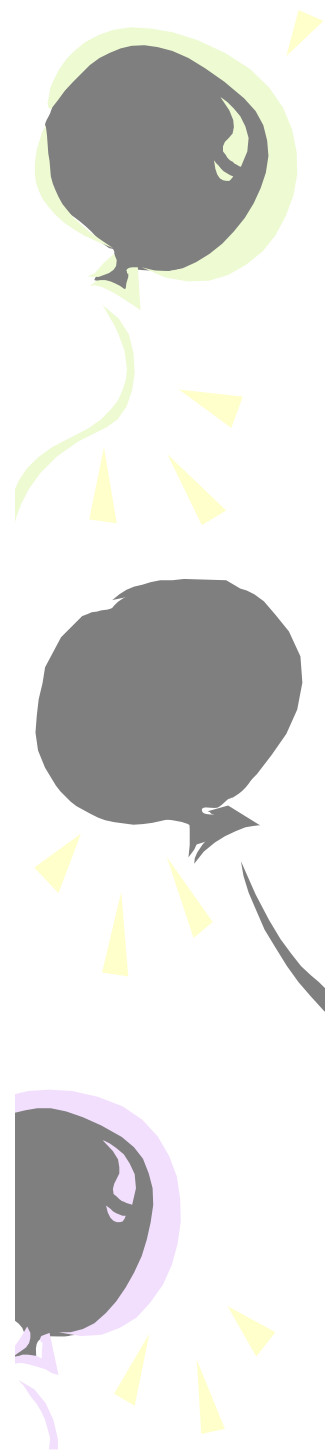
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- A society which values perfection
  - A society which does not accept difference
  - Failure to see the sacred nature of each person in the world
    - Power differentials – physically, financially, mentally, emotionally
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# Persons with disabilities are at risk in our society

- High risk of abuse
  - Policies which diminish access to services
  - Lack of understanding by systems
  - Media interpretation of disability
  - Vulnerability to those who would take advantage
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# Eco-Map for a Child with FASD



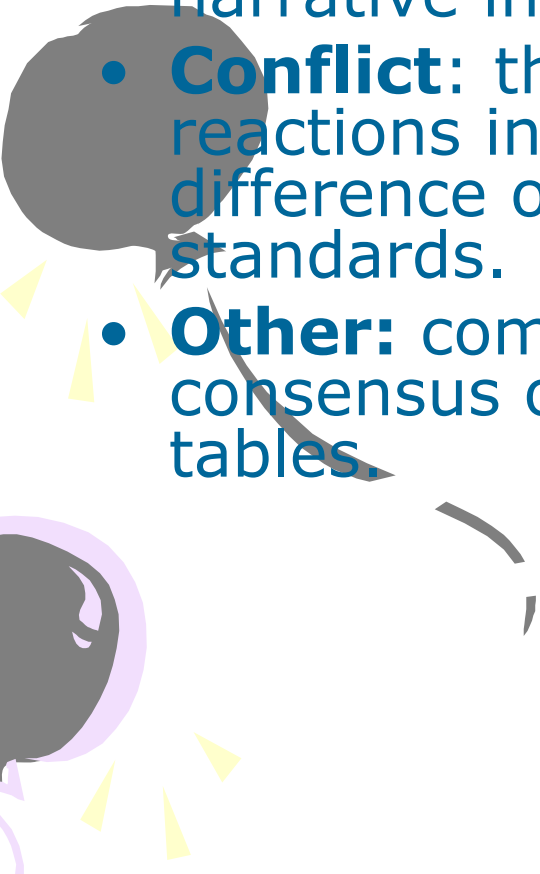


# The research process

- Phenomenological and Narrative Approach
- Focus Group 1 – Caseworkers
- Focus Group 2 - Foster Parents
- Interviews with workers on experience of application of new standards (available in full research report)
- Findings reported as sites of consensus and conflict on issues raised in the focus groups

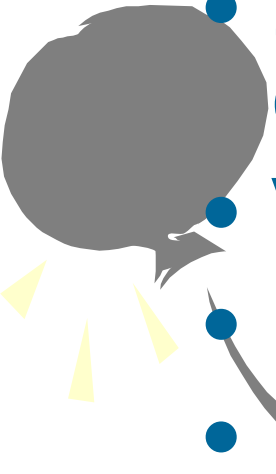



# Emerging Themes as Sites of Consensus and Conflict

- **Consensus:** *consensus* is basically a site of broad agreement in relation to a specific idea, concept or viewpoint that emerged from the narrative in the transcripts.
  - **Conflict:** those ideas, concepts, viewpoints, or reactions in which there was considerable difference of opinion in relation to impact of the standards.
  - **Other:** comments that did not fit either consensus or conflict are identified as *other* in the tables.
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## **Emerging themes from focus group with caseworkers: Assessment and Diagnosis**

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- Importance of assessment and diagnosis
  - Value of training
  - Disclosure of FASD to a child
  - Family Visitation
  - Placement Issues
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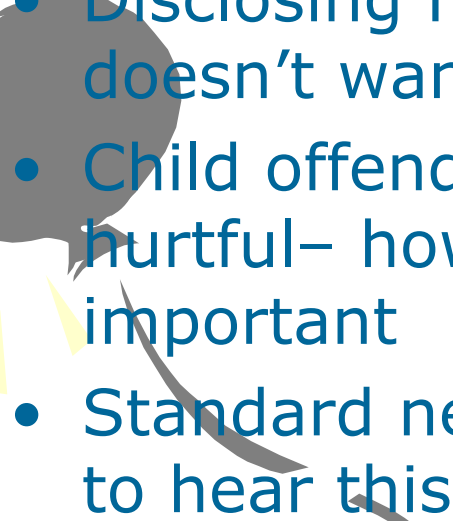

# Focus groups with caseworkers

## ***Sites of conflict***

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- -interpretation of assessment
  - -conflict over needs of child
  - *-not everyone on the same page*
  - *What is the right approach?*
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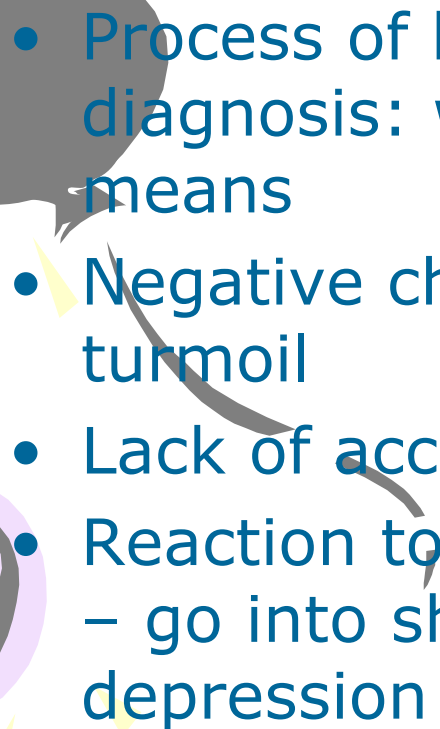
# Focus Groups with Caseworkers and Foster Parents: Disclosure of FASD to a child

- What are the concerns?
  - Education systems response to disclosure
  - Disclosing FASD to child – effect on child -- child doesn't want to be FASD
  - Child offended, angry about being labeled, hurtful– how parents handle the diagnosis is important
  - Standard needs to be flexible – not all kids ready to hear this diagnosis.
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# Focus groups with foster parents: Child awareness of FASD

## ***Sites of consensus***

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- Process of how to tell child about FASD diagnosis: who, when, where, what this means
  - Negative changes in child since finding out – turmoil
  - Lack of acceptance of diagnosis
  - Reaction to others in knowing they have FASD – go into shutdown, lack of interaction, depression



# Focus groups with caseworkers



## ***Sites of consensus***

- Need to find a way to support children suspected to have FASD*
- need for comprehensive diagnostic clinic*



# Focus groups with foster parents: Child awareness of FASD


## ***Sites of conflict***

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- Constant change
  - Demands of caring
  - Trust of children
  - Emotional problems
  - Teens – trust, influence of biological family
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# Focus groups with foster parents: Child awareness of FASD

## *Other*

- Understanding differences between children with FASD – severity of disability / needs for safety and security while navigating through developmental stages
  - Importance of treating children as individuals
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# Focus group with caseworkers Family Visitation

## ***Sites of conflict***

- breaks consistency, routine, attachments and bonds
- children not wanting to leave biological parent, not wanting to leave foster home creates internal conflict for child





# Challenges to contact with family of origin

- Visits perceived as disruptive
  - How can this be challenged and changed?
  - How can a community be available to the child when family visits may not be possible?
  - -Monthly community days?
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# Challenges to contact with family of origin

- This issue needs to be addressed from a holistic and ecological perspective with various stakeholders in order to bring some resolution to this issue.
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**Shared Sites** of Conflict and  
Consensus amongst Caseworkers  
and Foster Parents:  
*Emerging Themes*

- *Respite*
  - *Number of Children Placed in one home*
  - *Family Visitation*
  - *Disclosure of FASD to a Child*
  - *The Education System*
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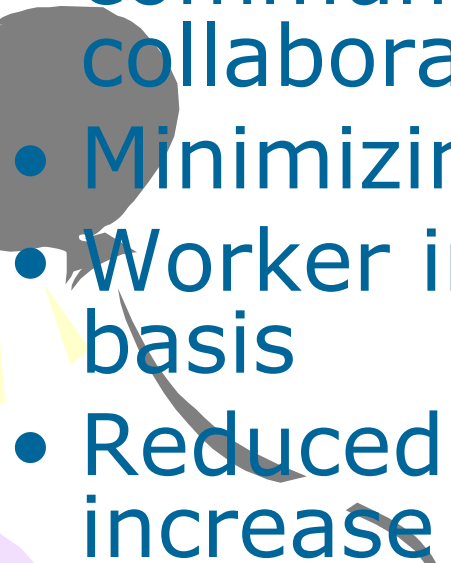


## What is important in the delivery of service to children with FASD in care?

- Changing the way child welfare and foster care services are delivered for children with FASD is an important phenomenon to study.
  - There are valuable lessons to be learned from the case management experiences within a specialized framework of service provision.
  - Supporting family and / or community interaction on a regular basis.
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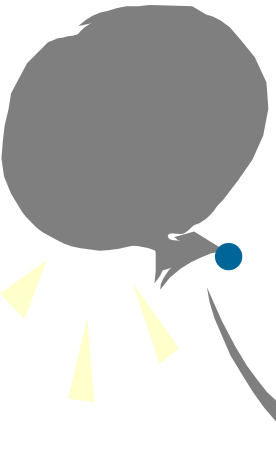



# What is important in the delivery of service to children with FASD in care?

- Caseworkers and foster parents and communities must work collaboratively
  - Minimizing life disruption
  - Worker involvement on a consistent basis
  - Reduced caseloads in order to increase face to face contact
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# What is important in the delivery of service to children with FASD in care?

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- Use caution in how the information on alcohol consumption is gathered from birth mothers as this can trigger grief and guilt responses
  - Work with one child, one mother, one father, one family at a time to foster change
  - Change the definition of success
  - Support resiliency



## What is important in the delivery of service to children with FASD in care?

- Working with biological families – possible involvement in a mediated process
- Remove the stigma of FASD
- Provide anchors and connections for the child or young person
- A cross disciplinary (team) model of support
- Be involved
- Training in addictions



# What is important in the delivery of service to children with FASD in care?

- Changing the way child welfare and foster care services are delivered for children with FASD is an important phenomenon to study, as there are valuable lessons to be learned from the case management experiences within a specialized framework of service provision.
- Caseworkers and foster parents must work collaboratively
- Minimizing life disruption critical

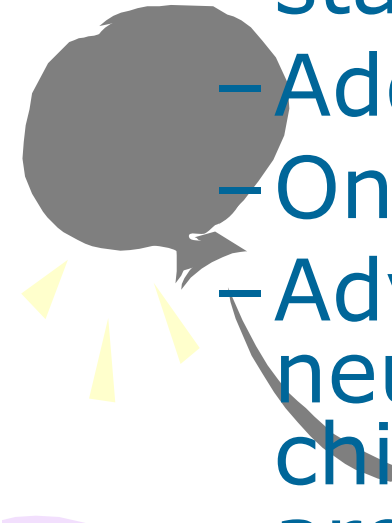



# Next Steps – Future Hopes

- Training in the area of addictions for child protection workers
- Multidisciplinary protocol development and joint case planning (Cross-Ministry Approach: Education, Justice, Health, Children’s Services, First Nations involvement)
  - Cross disciplinary initiatives
  - Focused Research on specific topics related to FASD




# Next Steps – Future Hopes

- Advocacy for Regional/Provincial adoption of the enhanced practice standards
  - Address staffing models
  - Ongoing Training on FASD
  - Advanced Training that focuses on neurobiology and understanding children and youth living with FASD are each a unique biopsychosocial phenomenon
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# Next Steps – Future Hopes

- Children will be supported to develop a sense of identity and connection to their community if this does not exist.
  - Communities and child welfare agencies working collaboratively to facilitate support for child visitation.
  - The need for visitation will become a more natural process within child welfare practice, while appreciating a lifespan approach to children in care with FASD.
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