FASD in Family Courts and Child Welfare System
FASD and The Law 2013

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Children in Care Facts:CIS

- Canadian Incidence Survey of Child Abuse and Neglect, 2008, PHAC, Nico Trocme
- 46% of children investigated for maltreatment had at least 1 functional difficulty by checklist: 23% academic, 19% depression, anxiety, withdrawal, 15% aggression, 14% attachment, 11% ADHD , 11% Intellectual disability
- US data (Leslie et al) 20 to 40% children in care had behavioral problems and 23-61% had developmental difficulties
- Also common in FASD presentations

FASD in Foster Care Facts

- Data from Manitoba foster care system (Fuchs)
- FASD confirmed in 11% and 6% on Dx waitlist
- Of children with disabilities in care 34.2% FASD
- FASD in care earlier age 2.5, stayed longer, cost more, required more resources but not necessarily accessed, prescribed more medications, especially for behavior, more placements (14), transitioned to group home placement as teens (15.3 years) that impacted transition to adult needs
- Another study: 80% of children in care with complex needs had PAE suspected

FASD and Trauma

- Trauma in pregnancy and in the early years, especially critical first 3 years, changes brain and neuroendocrine (HPA) function that can be life long (Science: Harvard, Norlein, Perry, Schore, Weinberg)
- Postnatal adverse life experiences can cause brain dysfunction in any child but **compounding** if already PAE brain damage
- Potentially preventable: exposure to domestic violence, abuse and neglect, multiple placements, lack of opportunities for attachment, developmental and emotional needs not met

Current State

- Legal and Child Welfare systems in position to minimize trauma by informed decisions **BUT!!**
- In core professional curriculum: lack of training on importance of early brain development, presentations of FASD across the lifespan, therapeutic environments and relational informed interventions
- Consider that the parent may be an individual with FASD themselves (multigenerational)

Current State

- System of care: fragmented, poor communication, no opportunities for collaboration, incomplete information, not timely
- Lawyers not provided with information about the child's functional, emotional and behavioral needs
- Lack of capacity to have assessments by team even in urban centers

Change State

- Education for all professionals in legal and child welfare system on brain development and FASD
- Timely access to information on child and family to inform decisions
- Child and family to have access to appropriate services to prevent reentry into the child welfare system or maintain placement stability
- Training for caregivers on creating the supportive environment

Education to Inform Practice

FASD Presentations: Infancy and Early Years Dilemma

- FASD difficult to diagnose as not specific: developmental delays, dysregulation in response to stimulation, sleep disruption
- Consider quality of previous environment: PAE, trauma or lack of opportunities or all
- Decisions based on functional needs and history of PAE; less rigorous for court decisions
- Goal: maximize environment for already vulnerable brain, avoid trauma, support attachment and development
- Stability of placement with trained caregivers

FASD Presentations: School Age

- Diagnosis of FASD using multidisciplinary team, impact of access and capacity
- Compounded by postnatal adverse life experiences, untreated attachment and mental health issues
- Data can inform court process
- Need to train teachers, caregivers (kinship, foster care, biological parents), caseworkers on current and future needs to avoid placement breakdowns

FASD Presentations: Adolescent Years

- School failure, severe behaviors, mental health and substance abuse issues, socially not fitting in with peers, gravitating to poor peer group for acceptance
- Trouble with the law: becoming your client but not understanding the process
- Often without a long term relationship with caregivers
- Transition to adult needs: what does that mean and will they accept supports voluntarily/mandated?
- Next birth mothers and fathers in the multigenerational cycle or prevention opportunity

Collaborative Model of Care

Improved System of Care

- Model of Court Teams: Judge Lederman, Florida: Zero to Three National Center for Infants, Toddlers and Families (www.zerotothree.org)
- Judicial - Mental Health partnership to evaluate needs of children entering the care system
- Helping Babies from the Bench
- Assist court in making more informed decisions about the best interests of the child using a multidisciplinary approach

Improved System of Care

- Questions that Judges and Lawyers should ask about Infants and Toddlers in the Child welfare System, US National Council of Juvenile and Family Court Judges
- Has the child received evaluation of their developmental and mental health needs?
- Have they accessed services to address these needs?
- Driver: in early childhood foundations are laid for development of trusting relationships, self esteem, empathy, approach to learning and impulse control

Improved System of Care

- Alberta: CATCH model (Collaborative Assessment and Treatment of Children in Care)
- Evaluation project funded by AMH, under CASA
- Multidisciplinary and across agency collaboration: mental health, developmental services, child welfare, community partners
- Timely contact with child and family within 30 days, considering child safety and stress
- Consent by biological families to participate and age of child under 5years in pilot phase

Improved System of Care

- Data gathering includes prenatal risk factors (PAE) and postnatal experiences
- Assessment of child from medical, developmental and emotional/attachment needs by team
- Biological parents empowered to tell about their child in a supportive environment (PAE, genetics) and their own storey (psychosocial determinants)
- Assessment of biological parents personal issues with help connecting to services
- Required involvement and education of foster or kinship care providers

Improved System of Care

- Development of a treatment/support plan for all
- Child developmental and medical interventions
- Trauma and attachment therapy for the child/caregiver dyad
- Caregiver coaching, understanding their child, changing the home environment
- Birth parent access to mental and physical health and addictions services as indicated
- Navigation and connecting to services by team

Improved System of Care

- Key mental health therapist works directly with child and caregivers
- Child Welfare worker attending case conferences
- Training for team: tools for assessment, cultural sensitivity, working with birth mothers from a psychosocial determinants of health model, workshops on FASD, attachment, etc
- Guiding principal of relationship building (Neurorelational Theory of Development)

Improved System of Care

- Lawyers and Judges on CATCH committees have guided legal aspects of project development such as consenting, information sharing, privacy
- Lawyers receive direct training on trauma, FASD, developmental disabilities
- Case information shared with lawyers to help with court decisions of placement

Future State

- Increase capacity for more families and children to be supported in CATCH model by adapting model for other communities, rural and urban
- FASD and trauma informed training in core curriculum of Law faculty
- More involvement with lawyers directly as members of CATCH team
- More stability in lives of most vulnerable children and prevention of further trauma and secondary disabilities

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