

Reaching Women, Reaching Children



Ontario's Early Childhood Development Addiction Initiative (ECDAI)

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For more information about the Early Childhood Development Addiction Initiative or for a copy of the full project evaluation report, see: www.jeantweed.com.

Executive Summary

Before the launch of the Early Childhood Development Addiction Initiative (ECDAI), women with substance abuse problems who are pregnant or parenting had few places to turn for help. Now 18 communities across Ontario offer a unique program to meet their needs and the needs of their children. This report summarizes the findings of a three-year assessment of ECDAI and the important gap it fills in the community. ECDAI programs are highly effective.

- They lead to better health outcomes for women and their children.
- The women report improvements in their substance use management and their relationships with their children.
- The women also experience significant, measurable improvements in their nutrition, housing, finances, life functioning, mental health, and social support networks.

The ECDAI programs are also cost effective. If this initiative prevents just five cases of Fetal Alcohol Spectrum Disorder (FASD) a year (see box on next page), it will pay for itself – without even taking into account the other cost savings associated with this type of prevention program, such as reductions in health care and social costs, and the costs of taking a child into foster care.

The ECDAI projects work because they focus on meeting each woman’s needs, building on her strengths, and helping her make effective use of a range of community services. They provide hope and support.

As one client said:

“I will not give up ... I will be one of the first in my family to put these things behind me.”

This report describes the critical success features of the ECDAI and their impact.



Goals of the Early Childhood Development Addiction Initiative

- To increase the capacity of substance abuse programs to provide services for pregnant women and/or women with children up to the age of six.
- To produce positive outcomes for the women who have participated and for their newborns, infants and children up to the age of six years.

Background

Why does Ontario need substance abuse programs for women who are pregnant and/or parenting?

Children of women who drink alcohol during their pregnancy are at risk of developing Fetal Alcohol Spectrum Disorder (FASD), a permanent condition caused by alcohol related brain damage that impairs children's ability to learn, understand the consequences of their actions, or control their behaviour.

- FASD affects about 9 of every 1000 babies born in Canada.
- FASD is the leading cause of developmental disability among Canadian children.
- It costs almost \$15,000 a year to care for a child with FASD.
- The direct lifetime costs of FASD – not counting lost potential and opportunity — are about \$1.5 million a person.

Public Health Agency of Canada: Framework for Action on FASD, 2003.

On just one night in 2002, 45 women staying in Toronto shelters were known to be pregnant and many more either had young children or were of childbearing age. Many of these women were using substances even though their substance use threatened their health, the health of their children, and their ability to provide a stable home for themselves and their children.

Women who are struggling with substance use are often living in poverty and experiencing mental health problems. They find it difficult to provide the care and attention their children need. Without support, their children are at risk of problems with healthy development and at higher risk of using substances themselves in the future.

In 2006/07, pregnant women accounted for only 1 to 2% of people participating in Ontario addiction treatment programs, yet pregnant women and women with children account for a much larger proportion of people with substance use problems. Although many young women who are pregnant or parenting need and would benefit from support programs, most do not access services.

What barriers prevent women from getting the support they need?

Women with substance use problems who try to access health and social services for themselves and their children face a number of complex, systemic barriers, such as:

- **Stigma.** Women of childbearing age are less likely to seek out services because of the societal prejudice associated with drug and alcohol use – particularly during pregnancy.
- **Child custody concerns.** Many women fear that if they are open about their substance use problem, they will lose custody of their children.
- **Lack of resources.** Women may not have the financial resources (e.g., money for transportation and child-care) to attend programs. They may also face other issues such as unstable housing, domestic violence, or abuse, that make it more difficult for them to find and attend services.
- **Lack of awareness on the part of service providers.** Many health and social service providers do not ask the questions that would help identify pregnant women or women with young children who are using substances. If they do, the service providers don't necessarily know where to refer the women for help.

- **Lack of expertise and resources on the part of substance abuse programs.** Even when women are referred for treatment, substance abuse programs may not have the expertise, capacity and flexible supports (e.g., child care) to meet the complex needs of pregnant and parenting women, and may be reluctant to accept them.
- **Attitudes of service providers.** If some service providers have biases about women who use substances during pregnancy or while parenting, they may not be effective in engaging the women in services.
- **Long wait times.** Pregnant women who have to wait weeks or months for services continue to expose themselves and their fetus to the harm associated with ongoing substance use.

Because of these barriers, women who are pregnant or parenting may not receive the help they need before their substance use does irrevocable damage to their own and their children’s lives. But this is changing.

ECDAI takes addiction services and other supports to pregnant and parenting women

Both service providers and funders in Ontario were aware of the barriers that pregnant and parenting women faced and began discussing ways to work together. The dialogue and collaboration across health and social service sectors, including substance abuse agencies and children’s services, led to an initiative – the Early Childhood Development Addiction Initiative (ECDAI) – that would foster change. The ECDAI is designed to break down the barriers, reach women and connect them to treatment and other services that might help improve their own and their children’s health and well-being, such as prenatal care, child care, life skills and parenting skills.

The initial funding for the pilot ECDAI came from the Ontario Early Years Initiative in 2003. It was used to develop demonstration projects in 18 Ontario communities (see box). Each project developed its own approach to reaching families and developing services, based on meeting local needs and leveraging existing services in their community. As a result, communities have developed a range of innovative service models that address the same barriers in different ways; however, all programs share some important “critical success” factors and services, including:

- a strong **outreach** component and the capacity to provide **timely, individualized services**
- a **close working relationship with child protection agencies** that helps women be well informed about the child welfare process

ECDAI Sites

- ABC Program, St. Catharines
- Alcontrol, Kitchener
- Alternatives for Youth, Hamilton
- Caring Connection, Windsor
- Champlain District ECD Project, Ottawa and area
- Community Outreach, Thunder Bay
- Heart Space, London
- Hope Place, Halton
- Let’s Grow Together, Guelph
- Mothervoice, Brantford
- Motherwise, Kingston
- New Choices, Hamilton
- New Link, Sault Ste. Marie
- Pathways to Healthy Families, Toronto
- Pregnancy Outreach, Sudbury
- Starting Point... A Time for Change, Simcoe
- Umbrella – Central East Region
 - Pinewood – Oshawa
 - Fourcast – Four Counties
 - ASYR – York Region
 - SOS – Barrie
- Youth Addiction Services, Kenora

- **ongoing support and relapse prevention services** that recognize how difficult it is to manage substance use problems
- **relationships with other community services** and a strong referral network, both of which help women access the full range of services available to them and their children.
- a commitment to **best practices**, and knowledge exchange with all ECDAI service providers to promote effective interventions and a broader understanding of related issues.

Based on the evaluation, which clearly showed the favourable impact of these projects, the Ministry of Health and Long-Term Care now provides ongoing funding for the ECDAI projects.



ECDAI Critical Success Factors

The ECDAI programs are successful because they incorporate the following features and services.

1. Outreach and Timely, Individualized Services

Patricia left an abusive partner, taking her two sons, who were 16 months and 2 years old, with her. She moved into her mother's small apartment. She had problems with substance use, which she had worked to control. Although she stopped smoking marijuana, she gradually returned to heavy drinking. She was extremely depressed and rarely left the apartment, which made her feel more isolated and contributed to her depression. Because of her escalated drinking, child welfare eventually apprehended her children and referred Patricia to the local ECDAI service provider. The ECDAI outreach worker started home visits the following day. She escorted Patricia to her appointments and provided counselling to help address her drinking. With this support, Patricia was able to see a physician and receive treatment for her depression. The outreach worker also helped Patricia find safe, stable housing and arranged visits with her children at the ECDAI child development site. With the initial support of her outreach worker, she was able to enter a structured substance abuse program within a few weeks. Her children were eventually returned to her care, and the family continues to access the parenting and counselling supports available to them through the ECDAI program.

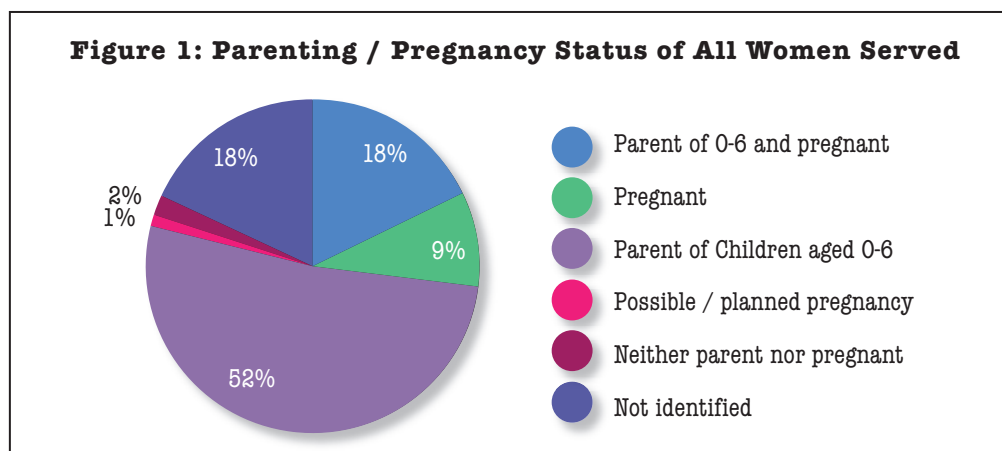
Outreach is an important component of ECDAI. It allows the service system to connect with women who, for a variety of reasons, are unable to access existing programs. Patricia's story is similar to that of many marginalized women who – without outreach services – would not access the help they need.

In its first three years of operation, the ECDAI programs were able to reach about 5,500 women – most of whom were pregnant and/or parenting young children (see Figure 1).

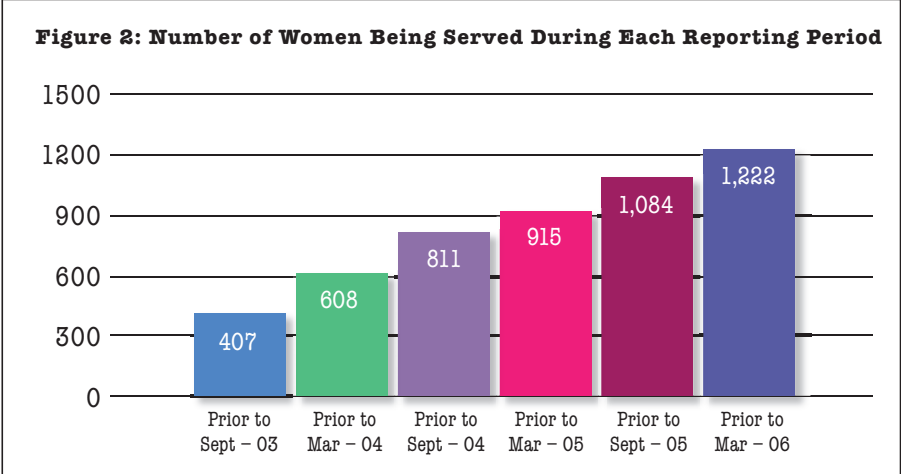
They were also able to respond quickly and provide timely services that met each woman's needs. More than half the women served during the pilot phase received support within days of being referred. For example, in Patricia's case

she was seen the day after the project received the referral.

The timeliness of services is extremely important, particularly for women who are pregnant,



to minimize the risks for the women and their children. Because ECDAI services were accessible, timely and individualized, demand for them grew steadily throughout the three-year pilot (see Figure 2). Agencies report that the demand continues to grow.



2. Working with Child Protection Services to Create Opportunities for Women

Lucy, a First Nations woman, was incarcerated for driving a car while under the influence. She had recently lost custody of her two year-old son because of her problems with alcohol and drug use. When she was incarcerated, child protection services filed an application for her son to become a Crown ward. Lucy also discovered she was pregnant during her incarceration. With the support of her Aboriginal ECDAI outreach counsellor, Lucy appealed the application from prison and was given an extension until she completed her sentence. Within three days of her release from prison, with the support from her outreach counsellor, Lucy found safe, stable housing and developed a service plan that would address her substance use and help her regain custody of her son and stay healthy during her pregnancy. Initially her child welfare worker suggested that Lucy attend another residential program, but Lucy confided in her outreach counsellor that she had previously been abused in a residential setting. She had tried in the past to attend residential programs but, because of her traumatic past experiences, was never able to complete them. Her outreach counsellor arranged a meeting with the child welfare worker and the three of them developed a collaborative plan that met Lucy’s needs and addressed the concerns of child welfare. This plan incorporated a traditional healing model that allowed Lucy to address both her history of trauma and her substance abuse, as well as services to support her pregnancy including medical care and a prenatal nutrition program. As part of the plan, her son was enrolled in a program for Aboriginal children designed to promote healthy development.

The mandate of child protection agencies is to protect children, while the focus of most substance abuse programs is on the needs of the adult client only. Because of their different mandates, substance abuse counsellors and child protection workers have sometimes found themselves in adversarial relationships that do not benefit their shared client. As Lucy’s story illustrates, when the two sectors work collaboratively with the family and develop a common understanding of how to protect the child/ren while supporting the woman who is trying to change her substance use, they can improve the outcomes for both. ECDAI programs use a number of strategies to facilitate collaboration between child protection and substance abuse programs, including:

- providing training for both child protection workers and addiction counsellors
- developing joint protocols for collaboration between the two sectors
- creating opportunities for cross sectoral knowledge exchange.

According to the ECDAI evaluation, when women have access to parenting programs and counsellors who help foster positive relationships with the child protection system, they are more likely to keep their children and become better parents. In a survey of 23 women who participated in the ECDAI, 15 reported that they were able to regain or maintain custody of some or all of their children. They also reported that their parenting skills improved, and they had better relationships with their children.

A central role for ECDAI counsellors is to work closely with child protection workers to create opportunities for women to exercise greater control over their lives, and thus experience more success as parents.

3. Providing Ongoing Support and Relapse Prevention

Linda, a 29 year-old woman, has a long history of substance abuse that has negatively affected her ability to parent her children. Because of her substance abuse, her first child was apprehended at the age of three months. She gave her second and third children up for adoption because she felt she was unable to care for them. When she became pregnant again and delivered her fourth child, he was apprehended at birth because of her history. After that, Linda entered a treatment program, accessed support through a self-help group and was able to regain custody of her fourth child. About two years later, she had a fifth child.

Recent stresses in Linda's life, including a family member's legal problems, severe financial pressures and the realization that she was sexually abused as a child, caused her to feel concerned that she might relapse. When she heard about the ECDAI service through a public health nurse, she contacted the outreach worker who helped her develop a relapse prevention plan that includes stress reduction and parenting support.

Linda believes that her ability to remain stable and continue to care for her two children through a very difficult time in her life is due to the ECDAI program.

Like most women with substance abuse problems, Linda has experienced new challenges and stresses as she has worked to maintain the changes she has made in her substance use. Without support, this stress could have caused her to return to her previous pattern of drug use as a coping strategy.

Most people who have had substance use problems find that, when they are trying to change their substance use and learn different ways to cope, unanticipated events can lead to a relapse back to previous patterns of coping. For women, the stresses that can contribute to relapse are varied and can include: partners who continue to use substances, unresolved family issues and financial problems that prevent them from being able

Joint Protocols Between Addiction Agencies and Child Protection Services

For a copy of the Practice Guidelines Between Toronto Substance Abuse Treatment Agencies and Children's Aid Societies, see

http://camh.net/education/Resources_communities_organizations/Practice%20Guidelines%20Substance%20Abuse%20and%20Child%20Welfare.pdf

to care for themselves or their children. Grief and loss – including the loss of children who have been apprehended by child protection services – are also significant sources of stress for women. Any of these factors alone or compounded can contribute to a relapse.

Changing coping patterns and substance use is difficult and complex and, during the process of making those changes, women will face many challenges. It is not unexpected for women to start using substances again at points during the change process, and any sign of stress or change in substance use should be a flag for increased supports. The ECDAI is effective because it recognizes the complex interaction between managing substance abuse problems and parenting.

4. Linking Women to Other Services in the Community

A key element of ECDAI is linking women to other services in the community that can help in their recovery and provide services for their families. Women need different types of services depending on their needs. The program plays an important role in helping to identify their needs, such as housing, parenting support, social support, recreation programs for their children, income support, education and training programs, mental health services, and cultural services. ECDAI counsellors actively coordinate these services, set up appointments for the women and, when appropriate, go with them to discuss their needs and progress with other service providers. Helping women access community services is fundamental in helping

When Amanda first came to the ECDAI program, her goal was to regain custody of her child. She recognized the need for healing in her life to overcome a history of childhood physical, emotional and sexual abuse.

Through the program, she was able to access a number of services offered at the substance abuse agency, including group therapy, individual counselling, a relapse prevention group, psycho-educational workshops and family counselling. The counsellor also helped Amanda find and participate in a Women's Empowerment Circle offered by a partner agency in her community. This program helped Amanda reconnect to her cultural identity. She eventually became active in her community and participated in a traditional spiritual practice that has played a key role in her recovery, giving her the strength and determination to address a number of issues in her life.

When family pressures led to a relapse, her counsellor helped her access a residential treatment program where she was able to work on some traumatic childhood experiences. After leaving the program, she continued to attend counselling sessions and received treatment for hepatitis C and other health concerns from a community health centre. To make it easier for her to attend medical appointments, her ECDAI counsellor continued to provide parenting support.

Over the course of her involvement with the program, she also took part in a group for women recovering from sexual abuse at a local community centre. Despite her ongoing struggles with substance use, Amanda continues to demonstrate her strength and determination to make positive changes in her life. In her words, "I will not give up... I will be one of the first in my family to put these things behind me."

them to negotiate the mix and type of supports that will meet their needs, and to develop the skills and confidence to know when and where to go for services.

As a result of well matched and timely referrals to other services, the women who participated during the pilot phase of the project experienced significant improvements in a range of social determinants of health: nutrition, housing, finances, life functioning and mental health, and social support networks. These improvements are essential to help women reduce the stress in their lives, modify their substance use, improve their health, and parent their children. In fact, there is evidence that these social determinants are more important than medical care or personal health behaviours.

To build a network of support services delivered by providers with the knowledge and skills to help pregnant and parenting women, the ECDAI programs worked hard to develop effective working relationships with other community services. During the three-year pilot phase, ECDAI projects involved 155 agencies on their steering committees and entered into formal agreements with 128 agencies. They shared information with over 1,000 agencies, and held almost 650 cross-training events with other service providers, building capacity within their own and other agencies' staff to support mothers with substance use problems. The links with other support services increased steadily during the three-year pilot, and still continue to grow.

5. Sharing Best Practices

Having 18 different agencies and communities involved in piloting ECDAI provided the opportunity to develop, evaluate and share promising practices in a relatively new but critical area of service provision. ECDAI brought together the substance abuse service sector, child protection, early childhood educators and other social services to build the capacity to provide cross-sectoral strategies that will improve the health and well-being of women and their children.

The ECDAI included funding to support knowledge exchange across the diverse pilot programs and services. ECDAI staff from across the province attended an annual conference and participated in workshops on topics such as effective collaboration with child protection, and promoting attachment in mother-child relationships.

In addition, a provincial coordinator worked with project managers and front-line staff to support professional and program development, ensuring that staff in each project had access to evidence-based practice information and emerging practices in other projects across the province. This knowledge exchange benefited everyone involved in the projects. The provincial coordinator also took responsibility for disseminating new evidence and emerging practices to a broader national and cross-sectoral audience through conference presentations and workshops.

Best Practices

For more information on best practices, go to our web site:
www.jeantweed.com

Conclusion

Parents – particularly mothers – are the key factor in their young children’s development. Mothers’ health and well-being affect their parenting skills and the home environment. When mothers have problems with substance use, it affects their health and their children’s health and well-being. Children of mothers with addiction problems are more likely to be born with fetal alcohol spectrum disorder (FASD), to suffer neglect, and to not receive the nurturing and stimulation they need for healthy development. They are also more likely to be taken into foster care.

Ontario developed the Early Childhood Development Addiction Initiative (ECDAI) specifically to meet the needs of women who are pregnant or parenting and have substance use problems.

The ECDAI helps women see their problems differently and build on their own strengths. The ECDAI is also cost effective: if it prevents just five cases of FASD a year, it pays for itself – without even taking into account the other cost savings associated with this type of prevention program, such as reductions in health care and social costs, and the costs of taking a child into foster care. The ECDAI projects work because they help women make effective use of a range of community services and provide hope and support. The ECDAI demonstrates that programs that reach out to women who are pregnant or parenting and who have substance use problems can:

- overcome the systemic barriers, such as stigma, fear of losing custody of their children and lack of resources, that keep women who are pregnant or parenting from accessing services
- connect women to services that can improve their health and the health of their children.

Programs for women who are pregnant or parenting and who have substance use problems are most effective when they: offer timely and individualized outreach services; forge a more collaborative relationship between substance abuse treatment and child protection services – to benefit mothers and children; provide ongoing support and relapse prevention services that recognize the complex interaction between managing substance abuse problems and parenting; and link women to other providers and services in the community that have the knowledge and skills to meet their needs.

Women who participate in the ECDAI like the services they receive and experience significant measurable improvements in their nutrition, housing, finances, life functioning, mental health, substance use and relationships with their children. For example, of the 23 women interviewed as part of the evaluation of ECDAI :

- 15 (65%) were able to regain or maintain custody of some or all of their children and felt their parenting skills had improved
- 20 (87%) reported improvement in their substance use and, of those, 15 said they had better relationships with their children
- 4 enrolled in formal education courses while in the program
- 5 moved to better housing.

Because of the measurable impact of the ECDAI on health, all 18 pilot projects now receive ongoing funding from the Ontario Ministry of Health and Long-Term Care. They are actively involved in sharing the program models and best practices with other agencies.

