

# FASD | ONE



Fetal Alcohol Spectrum Disorder  
Ontario Network of Expertise

## FASD and Justice: innovation, evaluation, research, programs and training in Ontario

### 2015 Highlights, Report Phase Two

This report summarizes FASD initiatives within the mental health, social services, and justice sectors in Ontario.

**Author:** Sheila Burns

*Justice Action Group, FASD Ontario Network of Expertise*

# Acknowledgements

The Justice Action Group would like to thank the Public Health Agency of Canada and FASD Ontario Network of Expertise (FASD ONE) colleagues for their support on this initiative. This report is the second of two that explore challenges and highlight opportunities related to the response to FASD. Phase One Report, FASD and Justice 2013 Survey, is available at [www.fasdontario.ca](http://www.fasdontario.ca).

A special thank you is extended to respondents to our 2013 FASD and Justice Survey who agreed to participate in interviews and provide more detailed information included in this Phase Two report. This contribution helps inform our understanding of the response to FASD in Ontario. It is this shared insight that guides the content of this report as themes and trends toward more effective and efficient organization becomes clearer.

- Jonathan Rudin, Aboriginal Legal Services of Toronto and the FASD Justice Committee
- Valerie Temple, Surrey Place and Beth Ann Currie Southern Network of Specialized Care
- Ryan Fritsch, Legal Aid Ontario
- James Gideon, Equine Assisted Life Skills Training Program and John Howard Society of Thunder Bay
- Maria Lauricella, Probation Manager, Simcoe County, Ministry of Children and Youth Services
- Sherry Jank, Peterborough and Lakefield Police Services, Peterborough
- Maureen Parkes, NorWest Community Health Centres, Thunder Bay
- Dee Tyler, Distress Centre Niagara and COAST Niagara
- Jack Martin and Rooke Pitura, Youth Justice Ontario, Kenora

With additional documentation from

- Rochelle Michaud, Lawrence Settle, Durham Region Social Services and Dr. Wendy Stanyon, University of Ontario Institute of Technology, Oshawa
- Margaret Leslie, Breaking the Cycle, Mothercraft, Toronto

## Phase Two Report working group

This report was prepared by FASD ONE Justice Action Group member Sheila Burns with support and interview contribution from justice group leads Lynda Legge and Roxana Vernescu and members Debbie Moore and Aaron Gouin. We are grateful to Elspeth Ross for her keen eye, thoughtful input and editing support.

## Disclaimer

Funding for this publication was provided by the Public Health Agency of Canada. The opinions expressed in this publication are those of the authors and do not necessarily reflect the official views of the Public Health Agency of Canada.

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# Introduction

Provincially and nationally<sup>(1,2,3,4)</sup> there is pressure to address the complex issues faced by individuals with Fetal Alcohol Spectrum Disorder (FASD) and their families, particularly when it comes to navigating the legal and justice system. There are disproportionately high rates of FASD found among victims, accused, and offenders. Systemically, we fail to consider the impact of brain-based impairments that often lead to conflicts with the law. This failure is evident in a system almost devoid of programs and services designed to meet offenders' needs while in custody or when released into the community.

The FASD and Justice Survey was developed to inform questions of prevalence and to identify FASD-specific or FASD-inclusive activities in Ontario. Survey findings are highlighted in the FASD and Justice: Summary of Activity in Ontario 2013 Survey, Report Phase One.

The Phase Two report identifies important themes and approaches undertaken by some innovators in the province. This report can act as a guide for leaders, policy and program developers by identifying gaps and barriers and highlighting opportunities to revision service delivery. It can contribute toward more efficient and effective programming for individuals and families, and ultimately contribute to safer communities.



*2013 Survey Report Phase One*

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1 Select Committee on Developmental Services, Inclusion and Opportunity: A new path for developmental services in Ontario, July 2014

2 Justice presentation House Justice and Human Rights Committee, Subject Matter of Bill C-583, An Act to amend the Criminal Code (fetal alcohol spectrum disorder), February–April, 2015

3 Consensus Statement on Legal Issues of Fetal Alcohol Spectrum Disorder (FASD) Edmonton, Alberta 2013, Institute of Health Economics

4 Canadian Bar Association Resolution 13-12-A: Accommodating the Disability of FASD to Improve Access to Justice

# Executive Summary

FASD is a neurodevelopmental disorder occurring in about one percent of the Canadian population (Health Canada); about 130,000 Ontarians. The disability is caused by exposure to alcohol in utero. This results in diffuse brain damage that impairs foundational systems of information processing and basic attention and/or memory affecting higher-order processing such as judgement, reasoning, and problem solving. Furthermore, secondary disorders frequently result from diminished cognitive and emotional capacity and have significant implications across the life span. This contributes to adverse outcomes associated with troubled social relationships, disrupted school experiences, homelessness, unemployment, failed parenting, and conflicts with the law.

Without adequate judicial consideration, victims, accused, and offenders with FASD are disadvantaged from the initial interview through court proceedings and sentencing. For victims, the crime committed against them may go unpunished. Victims affected by FASD are often abused repeatedly<sup>5</sup>. For the accused and offenders, the impairments are mitigating factors but without adequate judicial awareness, punishment is disproportionate to their involvement or understanding of the offence. Perhaps more importantly, judicial sanctions including incarceration may do additional harm rather than deter, rehabilitate or reduce the risk of reoffending. This contributes to high recidivism rates including those for administration of justice offences.



The burden of costs for FASD to the Canadian economy across health, education, social, and justice sectors is 6.2 billion dollars annually<sup>6</sup>. However, as FASD becomes better understood, thinking has shifted toward strategies, interventions, and accommodations that better address the disability rather than its symptoms, and focuses on developing a comprehensive system of services responsive to the needs of individuals<sup>7</sup>.

The 2013 FASD and Justice Survey explored the perception of legal, justice, mental health, and developmental service agencies of FASD and identified exemplary FASD-informed activities in Ontario. The 11 question survey was circulated to member organizations of Human Services and Justice Coordinating Committees (provincially mandated collaboratives that address justice and complex care issues).

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5 Modell, Mak, Child Abuse and Victims with Disabilities  
<http://swrtc.nmsu.edu/files/2013/10/Child-Abuse-and-Victims-with-Disabilities>

6 Thanh, Jonsson, Dennett, & Jacobs, 2011 Fetal Alcohol Spectrum Disorder: Management and Policy Perspectives of FASD, edited by Edward P. Riley, Sterling Clarren, Joanne Weinberg, Egon Jonsson pg 45-125 Publisher Wiley-VCH 2011

7 Streissguth A., Sampson P., Understanding the Occurrence of Secondary Disabilities in Clients with FAS/FAE. Final Report: Centers for Disease Control, University of Washington Press, Seattle (1996).

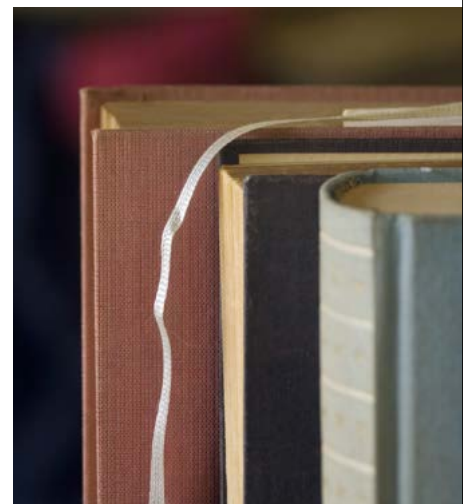


The survey<sup>8</sup> found that:

- FASD or suspected FASD was recognized by 90% of justice, mental health and developmental services providers with 14% of agencies identifying a prevalence rate as high as 65%
- Individuals with the disability were seen as vulnerable, requiring more support than was often available to them
- The systems' response was inadequate and this contributed to client instability and poor outcomes
- The disability was perceived as a systemic challenge best addressed by cross-sector collaboration

Survey respondents also identified multiple systemic opportunities to improve community safety and individual outcomes:

- Access to assessment for accurate diagnosis would provide better guidance in treatment, risk-assessment and interventions
- Programs needed to be redesigned to integrate the permanent nature of the disability to prevent or reduce the chronic marginalization and vulnerability of at-risk clients.
- Expanding the mandates of mental health courts, diversion programs, and extra judicial measures would address issues of offenders with FASD as well as easing pressures on the court system.
- Access to disability support programs, stable incomes, supported housing and education/employment services would contribute to stable quality of life and effective and efficient use of resources.



Key recommendations from the first report are supported with trends and themes that reinforce training and cross-sectorial cooperation. A holistic interdisciplinary approach appears to have the maximum benefit for clients, service efficiency, and enhanced outcomes, given multiple access points. Complementary to these findings, this 2nd report identified significant concerns among key stakeholders regarding the vulnerability and poor outcomes of clients. Several barriers limiting more effective response and planning for individuals with FASD were identified. Stakeholders called for:

- 1 enhanced eligibility mandates
- 2 extended case management
- 3 improved coordination of interdisciplinary, life-span models of services especially through transition periods
- 4 expanded assessment and diagnostic services regardless of age
- 5 enriched disability-informed treatment programs
- 6 comprehensive coordinated housing, employment, and community support programs that address the permanent nature of FASD, and
- 7 access to judicial diversion options for those in conflict with the law.

The findings in both Phase One and Phase Two reports highlight the importance of recognizing the impact of FASD and establishing leadership and partnerships to advance collaboration across multiple health, social service and justice sectors. This would improve outcomes and ease the burden FASD places on communities, families and individuals.

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8 Report can be found at <http://www.fasdontario.ca>

# Background

The Fetal Alcohol Spectrum Disorder Ontario Network of Expertise (FASD ONE) Justice Action Group is concerned with the disproportionate rate of FASD among victims, accused and offenders. Research shows that youth with FASD are 19 times more likely to be involved in the justice system as their non-affected peers<sup>9</sup>, escalating into legal and criminal offences as adults<sup>10</sup>. With these staggering figures, it is reasonable to expect the legal and justice system to accommodate the needs of this disabled and vulnerable population.

In 2013, through the Human Service and Justice Coordinating Committee, the Justice Action Group surveyed justice, mental health, and developmental services across the province to understand the current status of FASD among these service providers. An eleven-question survey was completed by 110 respondents during the summer and fall of 2013. Survey findings were explored in our first report “FASD and Justice: Summary of Activity in Ontario”<sup>11</sup>. The report discusses preliminary rates of diagnosed and suspected cases of FASD, tracking strategies, priority issues and information on training. However there was limited information on initiatives related to research, evaluation, and program innovation that would address the complex issues presented by victims, accused, offenders and inmates with the disability. Depositions to the Canadian Parliament House Justice and Human Rights Committee indicate a lack of programs for inmates with FASD.

## Prevalence rates of/suspected FASD

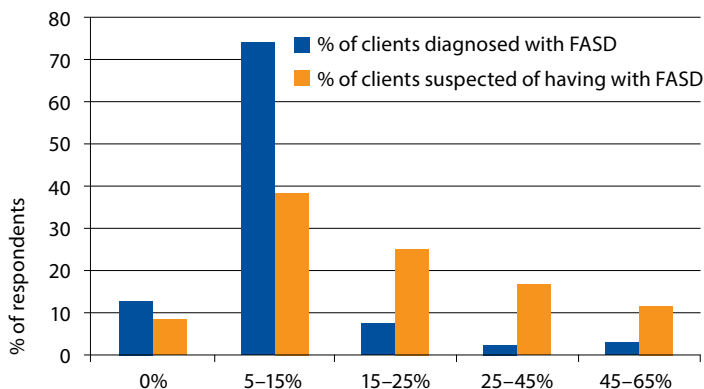


Table 1: 2013 Survey Stakeholder Reported Rates of/Suspected FASD

The original Report findings suggest that a significant subpopulation of mental health and justice clients are believed to have FASD or the behaviour profile associated with the disability. Most agencies (90%) recognize FASD among their client population though few tracked the diagnosis formally. Fourteen percent (14%) of respondents believed the rate of FASD to be as high as 65% (Table 1). Few programs or services were identified prompting this Phase Two report.

9 Popova S., Fetal Alcohol Spectrum Disorder Prevalence Estimates in Correctional Systems: A Systematic Literature Review, Can J Public Health 2011;102(5):336-40.

10 MacPherson, P.H., Chudley, A.E. & Grant, B.A. (2011). *Fetal Alcohol Spectrum Disorder (FASD) in a correctional population: Prevalence, screening and characteristics*, Research Report R-247. Ottawa (Ontario), Correctional Service Canada.

11 Report can be found at <http://www.fasdontario.ca>

# Phase Two: Summary of FASD training, evaluation, research and innovation

The Justice Action Group conducted interviews with individuals who were identified in the original survey. The goal was to understand initiatives, promote emerging practice and identify elements that could inform programs and policy. Fifteen initiatives were selected for the Phase Two Report but staff changes and the limited resources of the Justice Action Group resulted in fewer interviews. However, the initiatives highlighted here provide insight into the process of change to improve inequities in the justice system as well as enhance the delivery of service for a vulnerable population.

Survey responses indicate limited awareness of FASD-justice related research, pilot projects, programs, evaluation and training (Table 2). Of the survey responses, fifty-three percent were aware of FASD training. The definition of training crossed the spectrum including one-time workshops, a module in staff orientation, a core component in professional development, and a community of practice model. All other categories were measured far lower, suggesting there is little activity in the province. Efforts to address the issues presented by clients with FASD/suspected FASD are not congruent with the perceived incidence rate or needs of this high-risk group.

## Respondent awareness of justice-related initiatives

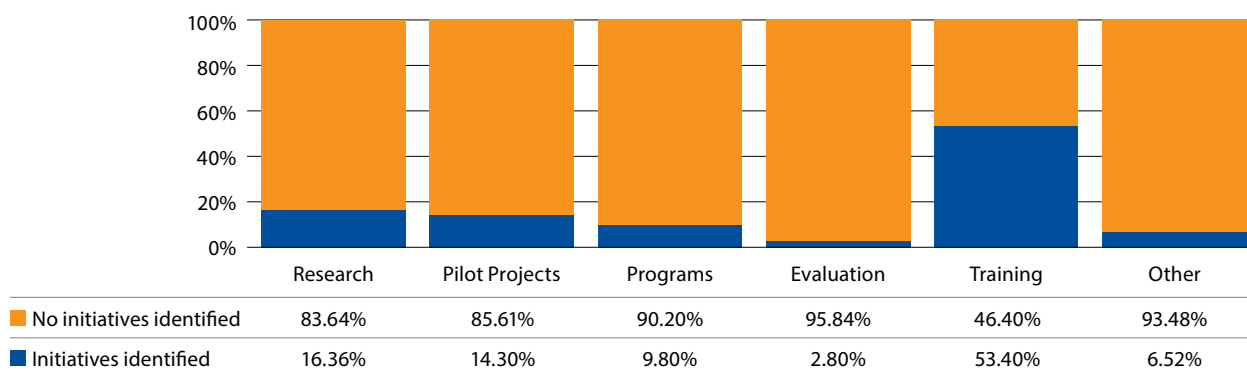


Table 2: 2013 Survey Responses – Rate of response in each category varied from 42%–55% of overall responses

## Training

The importance of training was not immediately obvious but emerged during interviews. Training was a core element in the activities undertaken by an individual or an agency; it was the catalyst for action. It appears that once the implications

of FASD were understood and accommodations defined, organizations attempted to advance more effective interventions, evaluate client needs, work collaboratively or set out to change their practice. Fostered by individual, agency and/



or community leadership, this resulted in diverse and creative approaches to an issue that challenges the justice and social service system. With revised understanding, organizations could see solutions to long-term challenges that impeded the health, safety and wellbeing of the clients they were mandated to serve.

### Peterborough FASD Committee

Peterborough FASD Committee with funding from the Ontario Trillium Foundation delivered community-based FASD training. Thirty staff from 14 agencies took part in in-depth FASD training and case consultation; half of the trained team formed a leadership team. This community of practice approach<sup>12</sup> is a best practice. An evaluation of the training was summarized in a key findings report<sup>13</sup>. The team members share their expertise in FASD case management to help their agency colleagues and other community service providers in the care and support of clients with FASD. They facilitated the coordination of services to stabilize placements, to improve education plans, to assist with transitional age youth and to coordinate care and services for adults with FASD. They also inform the committee on emerging resources and identified gaps to help strengthen the committee's effectiveness.

## Programs

FASD is a spectrum disorder. Individuals are impacted by dose, timing, genetics and various other peri- and postnatal experiences. This also means the needs of individuals are different—the strengths and deficits vary. There is strong evidence to suggest that those with the disability and their caregivers are heavy users of specialized services: neonatal care, child development, and special education services. FASD is

12 Badry, D. (2013), The FASD (Fetal Alcohol Spectrum Disorder) Community of Practice (CoP) in Alberta Human Services: Leading from Within Initiative. Alberta Centre for Child, Family & Community Research.

13 Burns S., (2012), Key Findings Report, FASD Peterborough Committee

also more common in child protective, mental health, and youth and adult corrections services. Having FASD discrete services is not required but having programs that accommodate the disability are. There are many opportunities to tweak the way services are delivered to prevent systemic and individual failure. It is cost effective and morally and ethically appropriate.

### Peterborough Lakefield Community Police Service

Peterborough Lakefield Community Police Service has had an officer on the Peterborough FASD Committee<sup>14</sup> for more than a decade. The officer promotes FASD awareness, FASD is a topic in regular training and officers are encouraged to attend community-based training sessions. There are still gaps in knowledge within the justice system which the Committee has begun to address through workshops for court and corrections service workers.

Facilitated **support groups** provide education opportunities and peer support for caregivers and those living with FASD. This provides practical support for families and reduces the stress and isolation that is common among families living with FASD. The police officer participates in the community's **FASD camp**—a 2 week day program for children and youth sponsored by the City of Peterborough and augmented by committee volunteers.

### Crisis Outreach and Support Team, Niagara

Crisis Outreach and Support Team (COAST)<sup>15</sup> is a partnership with health, mental health and police services providing trained frontline workers for crisis situations in Niagara. FASD awareness and effective interventions is provided in training initiatives. Changes in practice and protocol are emerging with a plan to revise crisis planning, screening and therapeutic interventions. A lead team comprised of members from each partner agency has been proposed.

14 <http://www.fasdpeterborough.ca>

15 <http://coastniagara.ca>

## Summary

### The FASD Justice Committee, Toronto

The FASD Justice Committee maintains the FASD and the Justice System website—[fasdjustice.ca](http://fasdjustice.ca). The website has had over 1.7 million visitors and is the go-to site on the Internet for information on FASD and justice. In addition to practical information on FASD and how it impacts, accused, victims and offenders, the site also provides a comprehensive set of case summaries from across the country.

### Legal Aid Ontario, Toronto

Legal Aid Ontario (LAO) is weaving FASD into a mental health strategy<sup>16</sup>, a 5 year project, aiming to identify best and promising practice in terms of advocacy to avoid criminalization of the mentally ill. LAO has 75 clinics in Ontario and 4,500 certificate partners responsible to criminal, family, refugee poverty – housing and employment, and mental health. Lawyers must appreciate the impact of mental health as well as disability on client capacity to consent and for forensic review. Increasingly interactions with clients who have mental health issues or limitations include clients with/suspected FASD diagnosis.

The consultation process identified additional concerns regarding accused and victims who have or are suspected of having FASD. The organization will explore service gaps including how best to serve the needs of these vulnerable clients. There is an understanding that the complex communication and memory deficits need to be factored into appointments and at court/tribunals; this is especially critical in criminal cases.

The LAO project leader identified the need for better awareness of local community services and other resources so clients have the supports needed to avoid legal conflicts. Links with natural partners like Human Services and Justice Coordinating Committee foster collaboration and

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16 For additional information go to <http://legalaid.on.ca/en/policy/mentalhealth>



help address service gaps that make individuals with FASD vulnerable.

### NorWest Community Health Centres, Thunder Bay

According to the project leader, it started with annual training to keep FASD top of mind but the NorWest Community Health Centres in Thunder Bay<sup>17</sup>, has gone on to develop a coalition to coordinate information sharing about community resources and to enhance efficiencies. Recognizing the benefit of accurate diagnosis, the agency has overseen diagnostic capacity development. They have found partners in Ontario Works, and Anishinawbe Mushkiki Health Centre to cover the cost of psychological assessments needed to make the diagnosis. The local Gladue<sup>18</sup> Service program and legal clinic are referral sources. The community has been able to learn from their colleagues and partnership with Toronto's St. Michael's Hospital to develop local capacity.

Diagnostic capacity doesn't address gaps in programming but establishes a profile and prevalence of the disability. The 'then what' still needs to be addressed. A framework based on community consultation will identify needs and priorities and the Centre will continue to coordinate the dissemination of information to probation, parole and youth criminal justice act partners, respond to court-ordered diagnostic requests, and host training to academic institutions and community services providers.

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17 <http://www.norwestchc.org>

18 Gladue report is a presentencing or bail hearing report for consideration Aboriginal-based sentencing principles, i.e. restorative justice for Aboriginal offenders

## Pilot Projects

Re-envisioning the needs of individuals provides an opportunity to redesign the community approach and redirect energy and resources.

### Enhanced Extrajudicial Sanctions Program for First Nations, North Bay

Enhanced Extrajudicial Sanctions Program for First Nations youth<sup>19</sup> aged 12–17 in conflict with the law has expanded into the **Equine Assisted Life Skills Training Program**. This initiative is driven by an advocate who sees value in providing tactile stimulation along with a chance to learn skills in a cooperative farm setting. This unique project has been supported by the Thunder Bay John Howard Society and demonstrates how the efforts of one staff can inform programming and provide different life experiences to youth with FASD. Advocacy is an important component of many of the projects reviewed with both individuals and agencies leading creative initiatives for vulnerable clients.

### Building diagnostic capacity through collaboration, Kenora Rainy River Districts

A partnership among the Ministry of Children and Youth Services, Thunder Bay's Youth Justice Office and Firefly, a youth mental health agency was struck to coordinate two diagnostic clinics in the Kenora Rainy River Districts in 2012-13. Led by the Kenora-based FASD clinical team information was collected and youth were screened and assessed for FASD.

The pilot project was complicated by limited resources as well as the challenges associated with secondary disorders and adverse outcomes. Of the 15 youth referred, 13 were involved in the Youth Justice system and most had histories of child welfare involvement and mental health treatment. They were known to the system of care. Two had previously been diagnosed with FASD

<sup>19</sup> <http://yesnorthbay.com/programs/community-justice-programs/extrajudicial-sanctions>

but that information had not been included in their files. Most youth were coping with dire or life threatening issues as well as homelessness, violence, and addictions. Cultural and linguistic issues and systemic reluctance (how helpful is a diagnosis) were identified as barriers. The resilience in clients and cooperation among services were positive factors.

The pilot leaders see value in taking opportunities to assess for FASD earlier in children's lives to reduce the number or severity of secondary disorders and prevent adverse outcomes.

## Research

Research initiatives for the interviews conducted target several key areas of importance for FASD: effective practices, particularly through communication/collaboration and strengths-based approaches; assessment and judicial coordination; screening; and understanding profiles of disabilities/challenges for clients not diagnosed with FASD in order to coordinate supports and transitional services.

### “Exploring the impact of effective practices for adults with FASD living in the community and their contact with the Criminal Justice System”, Grey Bruce and Surrey Place, Toronto

This small and yet unpublished research highlights the value of early diagnosis. It appears that early diagnosis may redirect clients from the criminal justice system (CJS) and appears to be associated with lower substance use. These findings support the Streissguth & Sampson study from 1997 where early diagnosis was protective against poor outcomes. The Grey Bruce Surrey Place research suggests that when circles of support (i.e. family, caregivers and teachers) know that behaviour and learning issues were disability-related it reinforced a strength-based approach that included effective communication strategies and collaboration.

Factors related to more CJS involvement were:

- older when diagnosed
- less likely to have key supports trained about issues related to FASD
- reported varying levels of structure, routine, and supervision overall
- substance misuse that pointed to the need for FASD-informed addiction treatment opportunities

Other factors include:

- Caregiver training was linked to better outcomes though the researchers feel information on the exact type of training and intervention services is needed
- “a circle of care” with collaboration among service providers
- Asking for and/or accepting ongoing daily supports in life

## Assessment and judicial coordination

### Surrey Place, Toronto

In addition to this research initiative Surrey Place<sup>20</sup> is working with crown attorneys in Toronto and the Court Case Manager from Kenora who refer clients suspected of having FASD or other developmental disability for assessments to help ensure appropriate judicial responses.

The project lead noted that mental health diversion is just one challenge as short term treatment doesn't address the chronic and permanent nature of the disability. Resources need to be realigned with emerging understanding and the implications of FASD on the adult care system, including monitoring over the lifespan and the long-term developmental services programs. Training and policies need to be woven into adult developmental services including Developmental Services Ontario.

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20 <http://www.surreyplace.on.ca/specialized-programs-and-services-ap>

## Screening

Screening for FASD among offender populations has been tested in two jurisdictions in Ontario using British Columbia's **Asante Centre Youth Probation Officer Screening and Referral Tool**<sup>21</sup>. The screening tool identifies the combination of issues common among youth with FASD. It identifies family dynamics and school performance that are red flags often seen in youth and families struggling with the disability. The screening tool offers an opportunity to refer for assessment, diagnosis and informed interventions.

### Aboriginal Legal Services of Toronto and Anishnawbe Health Toronto

Aboriginal Legal Services of Toronto<sup>22</sup> and Anishnawbe Health Toronto is evaluating the tool in the context of a pilot project to provide FASD Assessments for Aboriginal offenders on remand and awaiting sentence in jails in the GTA. Funding for the project has come from the Law Foundation of Ontario.

### A study on the impact of screening tool and FASD training, Simcoe County

A study on the impact of screening tool and FASD training was completed in 2012<sup>23</sup> with a group of youth probation officers by Georgian College in partnership with the Simcoe County Youth Justice Advisory Committee and a Fellow from the Law Foundation of Ontario. The study found that the combination of training and the screening tool increased probation officer confidence in addressing the needs of their clients.

Youth Probation Officers were able to give multiple examples of how they could modify their practice to accommodate impairments of youth

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21 [http://www.asantecentre.org/FASD\\_Resources.html](http://www.asantecentre.org/FASD_Resources.html)

22 <http://www.aboriginallegal.ca>

23 Burns S., Bloom H.M. (2012), From Training to Implementation: Ontario Youth Probation Officers' Use of the Asante Centre FASD Screening and Referral Tool

with or suspected FASD in case planning, case management but not in probation orders. They identified multiple opportunities where the screening could be incorporated systemically to contribute to early interventions and extra judicial measures diversion from the youth criminal justice system and toward more prosocial, disability informed programs.

In an informal follow-up for the benefit of this report, the Probation Officers who took part in the 2012 study identified that the training continues to have impact on their practice. It assists them in paying closer attention to potential signs of FASD. Their heightened awareness of FASD and its impact on memory, perception, judgement and reasoning has assisted in case management and supervision. They feel comfortable and advised that they alter expectations and are more conscious of additional supports required by clients with FASD. Staff stated that they keep the training in mind when conducting risk assessments and when interviewing both the youth and their parents.

## Evaluation

It has been challenging to distil one element of activity that is exclusive to the descriptor categories (pilot program, research, evaluation, and training) outlined in the Survey. We found a few samples where training triggered program evaluation as agencies sought to understand and address complex issues facing marginalized clients regardless of their diagnosis or neurodevelopmental challenge.

### Income Support, Durham Region

A 2012 presentation on the profile of clients receiving income support through Ontario Works (OW) was conducted by the University of Ontario Institute of Technology and Durham Region Social Service, framed systemic issues and opportunities. OW provides income and employment support to adults who require financial support. In the absence of specific services for individuals with FASD, it was

hypothesised that the FASD profile, as described in Streissguth's research, may be found among the 41% of recipients who rely on Income Support chronically (defined as more than one year).

The evaluation found that five secondary disorders or adverse outcomes identified in Streissguth's research intersected with the profile of a portion of OW clients. This group of OW clients are impacted by complex issues including mental illness, incomplete education, homelessness, and limited employment. Twenty percent had criminal records or had displayed aggression toward staff. Criminal records were a barrier to securing employment and the expensive pardon process was perceived as arduous requiring time and organization skills, skills that clients did not have.

The research found that many clients were successful for short periods of time but failed when supports were withdrawn. The findings suggests value in delivering extended, cohesive and inclusive programming which would assist clients with measurable limitations regardless of diagnosis; there is value in offering a broader range of programs.

OW rules and requirements overwhelm clients who have limited capacity to plan and organize their lives. As the Grey Bruce research suggests, they do better with interdependence to stabilize their lives and limit displacement of family and children. It is also more effective to provide long-term services as supported by Surrey Place rather than to cycle in and out of crises.

### Breaking the Cycle, a Mothercraft Program, Toronto

So what does early intervention look like? Breaking the Cycle (BTC)<sup>24</sup>, a Mothercraft Program is a holistic single access, evidence-based program designed to address the complex issues faced by women with addictions and to ease or eliminate their substance use during pregnancy. This award winning program coordinates services of several agencies and

24 <http://www.mothercraft.ca>



## Summary



*Breaking the Cycle program space in Toronto*

organizations to address the daily challenges of women with their children.

The profile of women who attend BTC paints a complex picture of women struggling to cope with not only addictions but histories of trauma and abuse: 33% sexual abuse, 81% physical abuse, 84% trauma, many (41%) remain in abusing relationships. Mental illness ranges from anxiety and depression (88% and 76% respectively), attempted suicide (43%), sleeping/eating disorders (73%), fears and phobias (46%). Just over half (51%) reported that their mothers misused substances (Pepler et al 2002). BTC mothers had higher rates of learning disabilities, conflict with the law, depression, suicide attempts, and were unsuccessful at school (Rouleau et al 2004).

Forty-one percent of BTC mothers had active/outstanding legal problems when they joined the program; most related to breaches or charges that had accumulated. BTC has partnered with Ministry of Community Safety and Correctional Services who have a dedicated female officer often on site to assist women with outstanding or active probation orders. This facilitates compliance and resolution while addressing issues of geographic barriers for reporting and child care.

In addition to relapse prevention, recovery, life skills counselling and peer support, BTC provides basic supports of food, clothing and transportation and addresses the physical and mental health needs of their clients – both moms and babies. BTC realized that many of the children of their clients might have FASD; they also saw that many of the clients themselves had the disability: alcohol use had crossed generations. The program now provides assessment and diagnostic services to children to identify the disability and then coordinates services that can ameliorate damage from prenatal alcohol exposure. Mothers learn to advocate for their children, early intervention services can ease the long-term impact. Mothers are supported in their care of their children and a supportive environment addresses their grief.

Program evaluation highlights the importance of the mother-child relationship and the value of this collaborative intervention process. The program removes many of the barriers that prevent women with FASD and/or addictions from accessing services, easing the burden on clients whose deficits in memory, planning and self-care complicate their potential as parents.



# Conclusion

Innovation and action has replaced the old mantra of paralyzing hopelessness, *there is nothing we can do*. Once FASD is understood to be a disability, a new and more creative response develops. This has been observed over the decades with those with Down syndrome and then Autism Spectrum Disorder. Early interventions and better responses yield better outcomes at home, in school, and in the community.

There are few programs and activities in the province to facilitate better outcomes for individuals and their caregivers at this time. But the response to FASD is growing exponentially. This will make a difference systemically for people living with FASD who are in contact with the justice system.

We weren't able to gain access to correctional institutions for this report but confirmed concerns for this vulnerable population in the victim witness assistance program. Individuals with FASD are often victims of crime and present the court system with additional challenges due to their inherent impairments. We confirmed concerns for this vulnerable population in Victim / Witness Assistance Program and a need for systemic sensitivity across the legal and judicial system.

Priorities identified by survey respondents and ideas developed by innovators and researchers highlight the need for systemic change and cooperation. Individuals with FASD often wander through services without being well served by any. It is unhelpful to them, as much as it is to taxpayers; everyone expects and needs better.

Phase Two findings highlight the importance of recognizing the impact of FASD and getting this issue on the agenda at every level of care. Leadership and partnerships will advance collaboration among mental health, addictions, health, education, protection, social services, justice and developmental services to help relieve agencies, communities, families and individuals of the burden of poor outcomes associated with this challenging disability.

The public is growing more aware of mental health issues as contributing factors to criminality but disability is rarely mentioned. Accommodations are made regularly for individuals with visible disabilities. It is time to remove barriers and consider accommodations for those with a neurodevelopmental disability caused by prenatal exposure to alcohol. Applying the knowledge we have can address not only victim and offender's complex issues but ensure services are better utilized. This will enhance safety and quality of life for everyone.



# FASD | ONE

Fetal Alcohol Spectrum Disorder  
Ontario Network of Expertise

FASD ONE is a volunteer group that is advancing discussion and knowledge exchange on Fetal Alcohol Spectrum Disorder across areas of prevention, screening and diagnosis, and effective interventions for individuals and families across the lifespan.

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