

FASD | ontario news

EDITION 12

MAY 2012

The Newsletter of FASD Ontario Network of Expertise

PREVENTION WORKING GROUP: PROVINCIAL MEDIA BUYS



Postcard for this poster was provided by Public Health Agency of Canada

FASD | ONE
Fetal Alcohol Spectrum Disorder
Ontario Network of Expertise

Contact Motherisk for helpful information:
1-877-FAS-INFO
www.alcoholfreepregnancy.ca

best start
meilleur départ
by/par health **LEXUS** santé

The Prevention Working Group of FASD of Ontario Network of Expertise (FASD ONE) is planning a provincial media campaign to support local efforts to raise awareness about alcohol use in pregnancy. The campaign will take place in September 2012. The main focus will be provincial media buys that are often beyond the scope of local groups. The media buys will include transit ads, mall ads, cinema ads, and information through web, print and social media. We hope this helps to support your work in raising awareness about this important issue.

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Purpose:

This newsletter was developed to help people in Ontario work together to address FASD. It reports on activities of FASD Ontario Network of Expertise (FASD ONE) and shares news of relevance to individuals, caregivers and service providers who work on FASD across Ontario.

For submission requirements and previous editions visit:

<http://www.fasdontario.ca/cms/newsletter>

Fetal Alcohol Spectrum Disorder (FASD)

"FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioural and learning disabilities with lifelong implications."

FASD: Canadian Guidelines for Diagnosis, 2005

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Fetal Alcohol Spectrum Disorder
Ontario Network of Expertise

Continue...PREVENTION WORKING GROUP: PROVINCIAL MEDIA BUYS



The Prevention Working Group of FASD of Ontario Network of Expertise (FASD ONE) is planning a provincial media campaign to support local efforts to raise awareness about alcohol use in pregnancy. Here are the details:

Mall Ads: Barrie, Cornwall, Hamilton, Kitchener, London, Markham, Ottawa, Richmond Hill, Stoney Creek, Thornhill, Thunder Bay, Toronto (Fairview, Eaton Centre, Woodbine), Windsor

Interior Transit Ads: Barrie, Belleville, Brantford, Chatham-Kent, Cornwall, Elliot Lake, Fort Erie, Guelph, Hamilton, Kenora, Kitchener-Waterloo-Cambridge, Midland, North Bay, Orangeville, Orillia, Ottawa, Owen Sound, Peterborough, Port Hope-Cobourg, Sarnia, Sault Ste. Marie, St. Catharines-Niagara, St. Thomas, Stratford, Sudbury, Timmins, Thunder Bay, TTC (subway, streetcar, bus), Windsor, Woodstock, York Region Transit (Markham-Newmarket-Aurora-Richmond Hill-Vaughan)

Exterior Transit Ads: GO Buses

Cineplex Theatre Ads: Digital still pre-movie ads in 56 Ontario theatres, 594 screens

News Canada Release: English and French articles to print and web media.

Social Media Release: This work is being completed with funds provided by the Public Health Agency of Canada – Ontario Region. The media companies gave us discounts of up to 70%, given the importance of the topic. The media packages purchased do not include all communities in Ontario for transit and mall advertising – but they were the best we could manage within budget.

Submitted by
Wendy McAllister



Save the Date for FACE Research Roundtable

The 13th FACE Research Roundtable will be held on Tuesday, September 11, 2012, at the Saskatoon Inn, Saskatchewan. This one-day conference will highlight another ground-breaking year of Canadian fetal alcohol research, and kick off a week-long series of FASD conferences and workshops in Saskatoon. Watch for program and registration details on the Conferences / Events page of the online journal **Fetal Alcohol Research (FAR)** at www.motherisk.org/FAR.

Also available in **Fetal Alcohol Research**: Go to www.motherisk.org/FAR/fas10.jsp to download the presentations and view the videos of the Canadian FASD research that was presented at the 12th FACE Research Roundtable in Prince Edward Island in 2011.

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Fetal Alcohol Spectrum Disorder
Ontario Network of Expertise



UPDATE

It has been a busy and productive time for FASD ONE since the fall, 2011 Newsletter. These are some highlights:

- ✓ A strategic planning session was held and 2012-2015 strategic directions were established. They include: addressing organizational issues (membership, structure, policies and procedures, decision making, funding diversification, staffing resources); developing a provincial FASD strategic framework, promoting the development of diagnostic services across Ontario; developing a train-the-trainer model; enhancing and utilizing current communications resources.
- ✓ Funding has been accessed through the generosity of the Public Health Agency of Canada to hire a consultant to assist FASD ONE in developing a provincial FASD strategic framework and that process is now underway. Ontario is one of the few provinces without such a framework, which we hope will be soon rectified.
- ✓ Planning has begun for a two-day 2013 FASD ONE provincial symposium. A task group has been established and a symposium planner hired, once again with funding support from the Public Health Agency of Canada. While specific dates have not been set, the symposium will take place sometime in September 2013 to mark FASD Awareness month.
- ✓ The Kim Meawasige Memorial Lecture is in the planning stages. Kim, a valued FASD ONE member and significant contributor to addressing FASD within both Aboriginal and non-aboriginal communities, passed away in 2011. The annual lecture is FASD ONE's way to honour and remember Kim and her contribution to FASD across Ontario. The 2012 Lecture will most likely take place as a webinar. Our Aboriginal Working Group will take the lead with this initiative.
- ✓ FASD ONE is proposing that September be marked as FASD Awareness Month. One of our initiatives to do so will be a FASD Awareness and Prevention Campaign being organized by our Prevention Working Group in collaboration with Best Start. Local communities are invited to join us, so check our website for details as they evolve.
- ✓ FASD ONE was invited by the Neuro Developmental Research Network to participate in their 2012 conference being held in Toronto on September 21-23. FASD is one of the three foci of the Network. On Saturday, September 22, a "free to the public" panel presentation focused on FASD will be presented in which FASD ONE will participate.

Check www.fasdontario.ca for more details, as they are available.

- ✓ FASD ONE was represented by the chair at a recent national FASD prevalence forum in Winnipeg sponsored by Healthy Children Manitoba and funded by the Public Health Agency of Canada. This was a follow-up to an earlier session held in October 2011, at which it was decided that a Canadian FASD prevalence study was long overdue. At the recent forum, the focus was on next steps in moving this initiative forward. The Canadian FASD Research Network was asked to take the lead in bringing together a small planning group assigned the task of producing a critical path and work plan to move to next steps.
- ✓ At the recent 5th National Biennial Conference on Adolescents & Adults with FASD 2012 held in Vancouver, FASD ONE hosted a lunch-hour meeting for conference attendees from Ontario. An estimated 20 people shared lunch as well as an opportunity to meet each other, be updated about FASD ONE activities and share information about their personal, agency or local FASD community networks.
- ✓ On May 31 and June 1, FASD ONE is hosting a gathering of local community FASD networks/ coalitions/ committees in Toronto. The purpose of the gathering is to: provide an opportunity for local networks to hear about FASD-related activities and initiatives; participate in the development of the provincial FASD strategic framework; hear about how they can participate in the September FASD Awareness and Prevention Campaign; look at ways to be linked together more effectively on a regular basis; and share with each other information about FASD-related activities, initiatives taking place and resources being developed in communities across Ontario.
- ✓ Recruiting members for a newly constituted FASD ONE Justice Working Group. Anyone interested in joining can contact the chair at info@fasdontario.ca
- ✓ Care and service providers continue to contact FASD ONE with inquiries about accessing a range of services for children, youth and adults affected by FASD. The urgency expressed in their requests speaks volumes about the need for service systems in Ontario to understand FASD as a disability caused by brain damage so they can adapt existing services to better accommodate the disability as well as develop new services appropriate to meeting the life-long needs of those affected by FASD.

Knowing that those living with FASD cannot change to manage current service systems' eligibility application processes nor comply with what's expected of them to sustain qualifying for on-going service demands that all existing service systems must take a look at what changes are required to better serve and accommodate people affected by FASD. We do a disservice to those affected by FASD when we expect them to meet the expectations of service systems when their disability prevents them from doing so.

Sharron Richards
Chair, FASD ONE

SO LONG AND SINCERE THANK YOU

FASD ONE would like to say a special so long to Pat Spadetto, Jonathan Rudin and members of the Justice Working Group, all long-standing and valued members of FASD ONE.

Pat Spadetto

Pat has lead, for many years, been a member and, more currently, the Lead of our Intervention and Support Working Group (I&SWG). In her role as Lead, she also played a key role in the FASD ONE Leads/Co-Leads Working Group. Under her leadership the I&SWG is credited with several significant achievements including an increased and engaged working group membership; two provincial respite camps for caregivers, children and youth; producing & distributing a how-to-organize-a-respite-camp manual; conducting an on-line provincial survey of care and service providers designed to identify needs; and, based on the priority needs identified, the production and distribution of three position papers related to education, respite and effective practices. Not only did Pat provide leadership to this work, but she enlisted her agency, Timiskaming Child and Family Services to provide very appreciated administrative support for the work of the I&SWG.

Pat has taken a new position as a manager within the agency, which necessitates her stepping away from FASD ONE and the I&SWG. We wish her all the best in her new position and want to say a sincere and heartfelt thank you for her significant contribution to helping address the needs of those affected by FASD. We hope that this is only so long for now and that she knows she will be warmly welcomed back into our FASD ONE membership.

Jonathan Rudin

Jonathan has, for some time now, acted as the lead of our Justice Working Group (JWG) and member of the FASD ONE Leads/Co-Leads Working Group. As a lawyer with Aboriginal Legal Services, he has been ideally suited for this role. He is an articulate, passionate and effective advocate for those who are affected by FASD who find themselves involved with the youth and adult justice systems. His leadership with the JWG has been outstanding, resulting in the development of a FASD ONE justice website (www.FASDjustice.on.ca) designed to educate judges, crown attorneys, defense lawyers and all practitioners working in the justice system about FASD, the impact of the disability on the behaviour of those affected and the implications for the justice system. The website has been visited by over 800,000 viewers worldwide and is among the top accessed websites. As well, the JWG has produced posters and other resources to educate justice practitioners about FASD.

Jonathan and the current members of the JWG have recently decided to work at a more national level, given their focus on case law and federal legislation. FASD ONE supports this move and wants to thank Jonathan and the Justice Working Group members for the very important work they have accomplished in furthering the awareness and understanding of FASD within the youth and adult justice systems. FASD ONE looks forward to working with the new national justice group in the future.

Thanks are also extended to departing members of the JWG: Patti McDonald, Aboriginal Corrections Policy Unit, Public Safety Canada; Sawsan Khowessah, Ministry of Community Safety and Correctional Services; Judy Mungovan, Ministry of the Attorney General; Nancy Dinnigan, writer and consultant; Teala Quintinilla, Ontario Federation of Indian Friendship Centres; Carol Lee Smith, Social Justice Tribunals Ontario.

A newly constituted provincial FASD ONE Justice Working Group will soon be established.

Submitted by
Sharron Richards

THE ROLE OF THE MOTHER-CHILD RELATIONSHIP IN DEVELOPMENTAL OUTCOMES OF INFANTS AND YOUNG CHILDREN WITH AND WITHOUT PRENATAL ALCOHOL EXPOSURE

Mary Motz¹, Stacey D Espinet¹, Jessica J Jeong², Danielle Major¹, Nicole Racine², Julie Chamberlin², Debra J Pepler²
1Mothercraft, Toronto, 2 Department of Psychology York University, Toronto

The neurobehavioral sequelae of prenatal alcohol exposure are well established.¹ Studies report a continuum of fetal alcohol effects consistent with the continuous nature of alcohol's teratogenicity. At the one extreme are children of chronic alcohol users born with the characteristic craniofacial dysmorphism of Fetal Alcohol Syndrome (FAS), which tends to be associated with serious physical and intellectual growth deficiencies. At the other end are children born relatively healthy, but with more subtle behavioral and cognitive difficulties detectable within the first year of life.^{2,3} These difficulties include problems with emotion regulation, impaired language and motor development, in infants as young as 6 months of age.⁵⁻⁷ Importantly, delays in cognitive development apparent at 8 months have been shown to persist into adolescence and adulthood in a broad range of neuropsychological domains including difficulties with attention and impulsivity, reasoning, manipulating information, following directions and persistence.⁸ Heavier exposure in utero is also linked with alcohol use in adolescents, and alcohol dependence and psychiatric illness in adulthood.⁸

Prenatal alcohol exposure, cumulative risks in the postnatal environment, and difficulties in the mother-infant relationship are not mutually exclusive, but interact to affect development outcomes, and needs, of infants and young children in early intervention services.¹¹ The aim of the current study was to explore the relations among prenatal alcohol exposure, cumulative risk, the quality of the mother-infant relationship, and the developmental outcomes of infants and young children of substance-using mothers.¹²

The participants for this study were recruited from Breaking the Cycle (BTC), a Toronto-based infant mental health program for substance-exposed infants, young children and their mothers. BTC is designed to reduce the risk of substance use on child development by promoting a healthy mother-child relationship and by addressing maternal addictions, mental health and domestic violence.

Participants were 40 mother-child dyads who accessed service at BTC. There were 27 children with prenatal alcohol exposure and 13 children without. In our sample, children with and without prenatal alcohol exposure did not differ significantly on any of the outcome measures including amount of postnatal risk, IQ or neurobehavioral functioning. Given this finding, the data for all of the children were analyzed as a single group. Neurobehavioral outcomes measured were based on the domains for FASD assessment recommended by the Canadian Medical Association.

In this study, the quality of the mother-child relationship statistically mediated the direct relation between cumulative risk and neurobehavioral functioning, and cumulative risk was related with IQ indirectly through the mother-child relationship. The results of this study highlight the importance of the postnatal environment – including the mother-child relationship -- in early intervention/infant mental health services for substance-exposed infants. This focus is particularly salient given that many substance-exposed children and their mothers experience a complex combination of risk factors that are sometimes difficult to change through interventions.

The present research suggests that if substance-involved families have access to intensive, relationship-focused, clinical interventions, the negative impact of cumulative risk on development may be minimized. In addition, these findings speak to the importance of identifying cumulative risk as an indicator for early intervention services. Developmental outcomes for children of substance-using women are linked not only to prenatal alcohol use, but also to caregiving context in the postnatal period, of which the mother-child relationship seems to be a key element.

Therefore, interventions for infants, young children and their substance-using mothers must be comprehensive with a focus on supporting the child, the caregiving environment (including the mother), and the mother-child relationship in order to optimize developmental outcomes.

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THE ROLE OF THE MOTHER-CHILD RELATIONSHIP IN DEVELOPMENTAL OUTCOMES OF INFANTS AND YOUNG CHILDREN WITH AND WITHOUT PRENATAL ALCOHOL EXPOSURE

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Submitted by
 Mary Motz, Ph.D.,
 Clinical Psychologist, Mothercraft, Early Intervention Department

FASD/ Neurological Model: “A Model of Understanding”



Photo of Nancy Hall with Diane Malbin

Diane Malbin from FASCETS visited the Niagara Region in southern Ontario to deliver a one-day workshop on her FASD/Neuro-behavioural Model. The event was held in Thorold, Ontario, on April 26, 2012. The model was labeled “A Model of Understanding” by the events organizer, Nancy Hall, facilitator for The Southern Network of Specialized Care. “I added the description “a model of understanding” on our promotional flyer because it is a logical, compassionate, strength-based approach that helps us better understand people with FASD and how to support them as individuals.”

The room was filled to capacity, with 200 attending including various sectors such as; Mental Health, Education, Child Welfare, Justice, Health, Developmental Services, Housing as well as Parents/Caregivers. The workshop was so full, more than forty people had to be turned away! The day featured a special evening question-and-answer session for parents and caregivers only as well give-away door prizes of Diane Malbin's book *Trying Differently Rather Than Harder*. This one-day conference was hosted by The Niagara FASD Networking Group and sponsored by The Southern Network of Specialized Care.



**Submitted by
Nancy Hall**



NEWSLETTER SUBMISSIONS:

We want to hear what is happening in your area. Are there some exciting developments or activities your FASD Committee is currently working on?

If you have a news submission for the next issue or feedback about FASD Ontario news, please email the editor, Yvette Nechvatal-Drew at yndrew@durham.girls-inc.org



FASD Durham

Second International Congress of Saffrance Congress Centre of Strasbourg, France
December 15th to 16th, 2011



Photo from L to R:

L. Settle and R. Michaud

The Fetal Alcohol Spectrum Disorder (FASD) Steering Committee of the Region of Durham's Income and Employment Support Division was invited to present its innovations and research findings at the 2nd International Congress of Saffrance held in Strasbourg, France, on December 15 to 16, 2011.

The conference hosted over 300 delegates from around the world, including the United States, Russia, Germany, Great Britain, Israel and Ireland. France was seeking best practices from world experts in FASD in order to improve its prevention, identification and support of individuals with this disability.

Rochelle Michaud, Training Coordinator, and Lawrene Settle, Employment Program Supervisor, from Durham Region presented as part of an international panel alongside Her Honourable Judge Mary Kate Harvie, Provincial Court of Manitoba, FASD Youth Justice Program; Paediatrician Dr. Sally Longstaffe, Professor at University of Manitoba Medical School, Director of the Child Development Clinic, Children's Hospital, as well as the Medical Director of the Manitoba FASD Centre; and Dr. Audrea Kilgour, Clinical Neuropsychologist, University of Manitoba.

Research was initiated by Durham's FASD Committee in 2008 to understand the profile of clients who remain on social assistance, some of whom remain on Ontario Works for extended periods of time and who cycle on and off the service, to see if there was a link between these clients and the profile of individuals who have Fetal Alcohol Spectrum Disorder (FASD).

The Durham representatives reviewed the committee's research findings its staff training initiatives, and distributed its unique client service job aid, a practical tool for Ontario Works staff. The job aid was created to accompany training as a means of supporting staff and addressing client needs.

For more information, please contact

Rochelle.michaud@durham.ca or lawrene.settle@durham.ca

Submitted by
Rochelle Michaud

Local FASD Community Groups Across Ontario:

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Grey-Bruce FASD Community Mobilization Committee-
Grey and Bruce Counties
bfowensound@bmts.com

Hamilton FASD Community Initiative-Hamilton
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Linda Dayler, Executive Director of Catholic Family
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FACT Coalition (Cochrane District and Timmins)
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Toronto FASD Coordinating Network

FASD Networking
Committee of Waterloo- Wellington-Dufferin
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FASD Coalition of York Region
877-464-9675, Ext 2015

If you have a FASD Committee and would like to be listed on our website, please email

Yvette Nechvatal-Drew at yndrew@durham.girls-inc.org



FIANO Update

The goal of the Government of Canada's Fetal Alcohol Spectrum Disorder (FASD) Initiative is to provide leadership and to collaborate with partners to prevent FASD and improve the outcomes for those already affected. The Public Health Agency of Canada is the federal lead on FASD in Canada, in partnership with Health Canada's First Nations and Inuit Health Branch, which has the federal lead with respect to First Nations and Inuit communities. Collaboration and an intersectoral approach to program and service delivery can reduce the incidence of FASD and help improve outcomes for those affected and their families. The FASD Intergovernmental Action Network of Ontario (FIANO), which is made up of Ontario representatives from various federal departments and provincial ministries, continues to share updates to ensure our efforts are not duplicated. For further information regarding the federal FASD Initiative please visit the PHAC website at

<http://www.publichealth.gc.ca/fasd>

The Ministry of Children and Youth Services delivers the Aboriginal FASD and Child Nutrition Programs, which combines healthy lifestyle and nutrition-based activities with FASD education and interventions using a holistic delivery model. The program was created in 2000-2001 in response to requests made by Aboriginal leaders for an FASD program. Services are delivered by 20 Aboriginal organizations in communities across Ontario, both on and off reserve. The program has been renewed until March 31, 2014. The Ministry of Children and Youth Services recognizes that FASD is not specific to Aboriginal communities.

Submitted by
Donna De Filippis,
Program Consultant and FASD Ontario Regional Lead
Public Health Agency of Canada, Ontario and Nunavut Region
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Adults with FASD on Social Assistance

Considerations for serving chronic complex-needs clients

Ontario has two social assistance/income support programs funded through the Ministry of Community and Social Services (MCSS) to help eligible residents who are in financial need. Ontario Disability Support Program (ODSP) is a long-term disability pension for those who qualify as having a defined disability. Ontario Works (OW) is a temporary income support program for clients in financial need due to unemployment or illness.

The Regional Municipality of Durham delivers the OW program, offering financial and employment assistance. Clients are required to participate in various activities with a goal of increasing their employability, exiting the program and eliminating reliance upon social assistance.

OW staff attended training on FASD and came to suspect that a portion of their clients could have the disability. A diagnosis of FASD is rarely medically confirmed or communicated by clients or their families. In response, the FASD Steering Committee was formed in 2005 to provide organizational support to the department in its efforts to examine the connection between FASD and the inability of some clients to move to sustainable employment.

Research was initiated in 2008 to understand the profile of clients who are on social assistance, some of whom remain on OW for extended periods of time and who cycle on and off the service, to see if there was a link between these clients and the profile of individuals who have Fetal Alcohol Spectrum Disorder (FASD). The possibility of FASD in OW clients had never been studied, but it was reasonable to expect that individuals who do not qualify for a disability pension but who have significant impairments in sustaining employment, thinking, judgment and daily life management might access OW programs. Understanding the connection between undiagnosed FASD and clients who have chronic reliance on what should be a short-term program could help identify new opportunities in policy and programs that could improve efficiencies in the system and outcomes for this vulnerable population.

In addition, a unique client service/case planning job aid has been created to accompany training, as a means of supporting staff and addressing client needs.

Submitted by
Rochelle Michaud

Does your client struggle with any of the following life factors?

ACCOMMODATION	COMMON REFERRALS
FINANCIAL RESPONSIBILITIES	FAMILY FUNCTIONING
WORK	LEGAL
MENTAL HEALTH	PERSONAL CARE
EDUCATION	OTHER

Each Information Card Lists:

- ♦ observations of client circumstances
- ♦ possible explanations
- ♦ what actions you can take/recommend for case management (including some helpful questions to ask)

Actions you can take prior to meeting:

- ♦ review accommodation history
- ♦ review safety/service delivery flag
- ♦ review employment history
- ♦ review employment assistance notes

It's not their fault

Investing in people to build stronger communities

Created & distributed by:

FASD Steering Committee

Department of Social Services
Income & Employment Support Division

Helping You Meet the Challenges of Client Service

April 2011

Newsletter Submissions Criteria

Submissions and content suggestions are welcome. Examples include information about:

- Ontario FASD workshops or conferences
- National or international FASD conferences
- New FASD resources
- New FASD services in Ontario
- Photos of recent FASD activities in Ontario
- Short articles about recent Ontario FASD initiatives/news/events

Submissions or inquiries can be sent to info@fasdontario.ca

Inclusion of submissions is at the discretion of the newsletter task group. We reserve the right to edit submissions for length, grammar, consistency, etc. The opinions and accuracy of the information in submissions to the newsletter are the responsibility of the original author.

For those submitting photos or identifying individuals in an article or at an event, please note that it is your responsibility to ensure you have the subject's permission for the posting. Please be especially sensitive to the identification of children and other vulnerable individuals.

It is the responsibility of the person submitting the photo/article to ensure they have permission to do so. This necessary form can be accessed on website.



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Also available in French

FASD | ONE

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