

The Community Leadership in Justice Fellowship provided an opportunity for an FASD subject expert to infuse a college campus and a community with a better understanding of FASD. It provided a platform to develop curriculum, conduct research, coordinate the sharing of promising practices, and engage stakeholders to identify FASD priorities.

Community Leadership in Justice Fellowship 2011-2012 Summary Report

The Law Foundation of
Ontario, Georgian College of
Applied Arts and Technology,
Catulpa Community Support
Services

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Community Leadership in Justice Fellowship 2011-2012

The Law Foundation of Ontario and Georgian College

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Prepared by: Sheila Burns – Fellow

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Fellowship Partners: Georgian College Dr. Howard Bloom, Dean Mary O'Farrell-Bowers, and Catulpa Community Support Services

Executive Summary

Scope: the Fellowship will advance a sustainable Ontario-based knowledge/strategy in the area of Fetal Alcohol Spectrum Disorder (FASD). It will infuse FASD curriculum into the Georgian College Justice and Human Services diploma and degree portfolios, develop a new three semester graduate certificate in FASD studies, and provide a forum for learning, research and dialogue in the form of a series of round table discussions and a community conference connecting the FASD, justice and public safety communities. This will advance capacity to respond to the growing need for awareness of FASD for current post-secondary students and post graduate students.

Accomplishments

- Lectures
 - 27 lectures 2 & 3 hour to approximately 672 diploma and degree students in policing, security, mental health, addictions, developmental services, child and youth and social work fields
 - 8 lectures to community college faculty and advisory groups
- Curriculum development
 - Completed the framework for a general education course with details on class descriptions, learning objectives and resources to engage student learning on issues related to FASD prevention, effective intervention and its impact on society
- Workplace modules: two have been developed
 - The workplace training module designed for those working in the field of public safety as defined in the proposal
 - A module designed for those currently working in human services including social workers, child and youth workers, developmental disabilities, addictions, mental health, employment and education
- Graduate certificate program
 - Completed research into FASD courses available in Canada and internationally, developed course descriptions, learning outcomes, and course content for 12 courses and a comparison chart highlighting learning opportunities.
 - Recommended next steps for the advancement of the program including an advisory team comprised of faculty and community advisors.
- Roundtable discussions

- 4 stakeholder discussions gathered caregiver, justice and corrections, community committees, and Aboriginal perspectives to understand the challenges and opportunities that impede or support moving forward on FASD related issues in Ontario.
- Remarkably, the recommendations from all four groups were very similar, identifying priorities. These included access to assessment and diagnosis, training for more informed service provision, flexibility in program delivery to meet the needs of clients/families with FASD, increased prevention initiatives, and government leadership.
- Conference
 - 147 participants from justice and human services fields from across Ontario attended a full day of learning from subject experts exploring FASD and the implications on diagnosis, mental health court, charter rights, emerging intervention practice, and research
 - Key note addresses by
 - Jonathan Rudin, lawyer and director of the Aboriginal Legal Services of Toronto
 - Irwin Elman, Provincial Advocate for Children and Youth
- Research
 - The Simcoe County FASD Advisory received funding to train youth probation officers on an FASD screening tool. Our research project is evaluating the implementation of the tool from a youth probation officer perspective.
 - Preliminary findings include: 100% of youth probation officers suspected clients have FASD but only 33% referred them for diagnosis. Screening tools increased their confidence in making a referral for diagnosis and defining a pathway for diagnosis increased the likelihood they would seek a diagnosis. Youth probation officers describe appropriate accommodations to support youth with FASD in care management, plans of care but not probation orders.
 - The research plan was presented on a national webinar and the preliminary findings have/will be presented to justice-related trainings including YCJA crown attorneys, and will be submitted for publication upon completion (fall 2012).

Summary

The fellowship proposal was exceptional in its vision and scope. FASD presents so many complex issues that choosing priorities was difficult. Doing something of everything was a risk, an aggressive strategy that reflected a thirst for knowledge that went beyond the campus. The scope of the fellowship provided a platform to respond to the needs of the community and the college concurrently.

Catulpa Community Support Services, a fellowship partner, was invaluable to the success of this initiative. They provided the link to community agencies and two advisory committees that steered key elements of the fellowship. In collaboration with the fellow, the research team of Dr. Howard Bloom from Georgian College, FASD manager Tonya Millsap, Catulpa director Sheila Davis and with the support and cooperation of Youth Probation manager Rex Fendley, the fellowship research project will advance screening and access to diagnosis in the province. Ethics approval by the Ministry of Children and Youth Services will help elevate the profile of the research. The research will clarify the steps toward improved systemic response and better outcomes for youth in conflict with the law in Ontario and across Canada.

Lectures in the classroom environment pooled experienced faculty, student enthusiasm, and an expertise in an emerging issue that is both complex and intriguing. Each lecture was unique, tailored to the degree/diploma level and course theme with an aim to cultivate passion and stimulate discussion. Students were challenged to explore the issues from different perspectives. Case studies for justice students demonstrated the significant systemic disadvantage faced by individuals with FASD, how their

innate vulnerability is used against them, and the steps that can be taken to protect their rights and ensure their safety.

The stakeholder engagement through the roundtable discussions was inspired and inspiring. In spite of the diversity of groups, their needs are similar. Gaps and barriers are the same whether a frontline police officer, a policy analyst or a grandmother caring for her grandson. Ontario is lacking access to assessment, diagnosis, appropriate intervention programs and the leadership to drive change. Caregivers despaired that if their child had Autism Spectrum Disorder many of their needs would be addressed. The stigma associated with women drinking and FASD has resulted in discrimination against those with this disability.

Georgian College was generous with expertise and resources and facilitated the success of the fellowship initiatives. Their support of the conference was invaluable and helped contribute to an exceptional day of learning. Curriculum development, led by Dean Mary O'Farrell-Bowers, was a complex process. Her leadership accommodated new or emerging information; Mary will ensure that the curriculum will meet the needs of students and employers.

Acknowledgements

I have led multidisciplinary collaborations at regional and provincial levels for many years. Working with an academic institution provided a valuable perspective and reinforced the importance of bridging gaps in professional education related to women's use of alcohol during pregnancy and the resulting disability. The fellowship provided a focused exploration on FASD, clarifying the challenges this province faces in its efforts to promote more effective responses to FASD and its prevention.

Many individuals assisted in this project. Linda Love and Mary O'Farrell-Bowers recognized the gap in knowledge and Dr. Howard Bloom coordinated the college's application; Kimberley Glaze, Sue Knox, Bronwyn MacDonald and Doris Trei provided systems and administrative support; Simcoe FASD Advisory shared their community vision and action plan; Catulpa Community Support Services and staff Tonya Millsap and Sheila Davis supported the fellowship proposal and partnered with the Simcoe County Youth Probation Office in research; the faculty and students at Georgian College pursued a better understanding of FASD; conference presenters and participants shared their thirst for knowledge; and The Law Foundation of Ontario and the participants in the Roundtable Discussions – especially the caregivers – provided insight, vision, and hope for better outcomes and a more just response to FASD.

Thank you all for contributing to this opportunity.

Sheila Burns
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Community Leadership in Justice Fellow – 2011-2012
Georgian College and The Law Foundation of Ontario

The opinions expressed in this report are those of the author and do not necessarily reflect the view of The Law Foundation of Ontario, Georgian College of Applied Arts and Technology, or Catulpa Community Support Services. For additional information, please contact Sheila Burns at sheila.burns@rogers.com

Background

Fetal Alcohol Spectrum Disorder is a common, complex developmental disability. Caused by prenatal alcohol exposure, there is no cure. The incidence rate of FASD in Canada is believed to be 1:100 births meaning 130,000 Ontarians may have this disability. FASD costs the Canadian economy \$5.3billion annually; the implication on the Ontario economy and on the system of services is staggering.

FASD is a burden on provincially funded services including neonatal care, child protection, education and employment supports, crisis and emergency services, welfare, mental health, police, justice and corrections. Prevention efforts in the province are sporadic and there is no expectation that provincially funded programs respond to this medical and social crisis. Pockets of innovative activities and expertise have developed in Ontario but there is no strategy to integrate FASD-sensitive programs known to improve the outcomes for individuals born with this disability.

Resources are wasted as we apply inappropriate and ineffective strategies to address the needs of individuals with FASD. Impairments in memory, language processing, abstraction, executive and adaptive functioning are relatively simple to understand but are not addressed in a meaningful way. Inappropriate service provision increases the vulnerability of individuals with FASD and the burden faced by families. Individuals with FASD move through the service network toward increasingly intrusive and expensive programs.

Confused and without the support system needed for success, individuals spiral into the justice system, receiving harsher punishments, often for unintended criminal actions. The prevalence rate of FASD in prisons is 30 times greater than the general population an issue that may be exacerbated by false confessions. 43% of youth in closed custody have given false confessions to protect friends or because they believe police when told they can go home if they confess.

Inmates with FASD are less able to move through the prison system to less restricted environments. They may break rules without intention or be manipulated by other inmates to commit crimes within the institution. They fail cognitive-based rehabilitation programs that require them to recall their actions, gain insight, know what to do differently and how to avoid reoffending. In spite of the commonness of the disability no court, probation and parole or prison programs are designed for offenders with FASD.

Achievements

The Community Leadership in Justice Fellowship provided an opportunity for an FASD subject expert to infuse a college campus and a community with a better understanding of FASD. It provided a platform to develop curriculum, conduct research, coordinate the sharing of promising practices, and engage stakeholders to identify FASD priorities.

Guest Lectures

While the FASD curriculum course outline was being developed and other fellowship initiatives were underway, guest lectures were given over the fall, winter and spring terms.

- 27 lectures to diploma and degree classes including police foundations, criminology, child and youth work, social service workers, addictions, early intervention and abnormal psychology to approximately 672 students

For the first term, formal and informal evaluations were done by the students and feedback was provided by faculty to help incorporate interactive teaching techniques aimed at engaging an audience that does not have experience working in their field.

For the students

- Exposure to the most current understanding of FASD, founded in extensive research and practice was a benefit.
- Engagement in dynamic discussions related to alcohol use in our society; prevention issues associated with FASD, the rights of women vs the rights of the unborn; the challenges associated with law when disability is ignored, excluded, or considered; the implications of disability on fairness in the law, equal access to protection of self, the marginalization of the vulnerable.
- Case studies specific to the course/student interest broadened the application of the learning. Students could see how the systemic response impaired the delivery of appropriate and fair treatment.
- For students in placements: an opportunity to blend new information with current practice. A role for advocating a different approach for clients who may have FASD was also defined.

In the evaluation of the lectures, two students felt they had many of the characteristics of individuals with FASD and three students suspected their child or a relative had the disability. One student was told by her doctor and family that her daughter couldn't have FASD because "she was not that kind of woman". She felt empowered after the lecture, knowing what she should pay attention to and how she should advocate for her child. Others students wanted to know how to talk about alcohol and pregnancy and how to suggest someone seek a diagnosis. This is extremely sensitive issue and is a challenge for the most seasoned and well-connected professionals.

For the college faculty

- Faculty got to hear a subject expert speak on a topic that is poorly understood. Feedback was very positive with faculty reporting that the lectures transformed their understanding of the disability.
- PowerPoint decks were provided. Some faculty planned to replace their FASD course content with the more textured and dynamic understanding of the disability, current data and terminology, the societal response and the implication of FASD on their course subject.
- Curriculum will be updated and expanded to a full module in both the police foundations and the child and youth worker programs.
- Faculty were involved in interactive exercises designed to engage learners in the specific challenges of living with the disability. They participated in demonstrations on how accommodating disability could improve outcomes in a variety of workplace and social settings. Some shared personal or professional stories to reinforce the commonness of FASD in the field.

For the fellow

- The faculty suggested teaching strategies that including a broader range of exercises, group learning projects, and case studies. These were better suited for the younger student and will be incorporated into future lectures and workshops.
- Students provided feedback indicating the level of understanding. This reinforced the importance of simple, clear language and the value of stories to convey key messages.
- Faculty provided suggestions on the presentation elements to help with clarity. This led to the development of a more simplified lecture format, focusing on the most salient aspects of the disability and synthesising elements of presentations to make fuller, richer components.
- The lectures provided an opportunity to explore different clinical/workplace perspectives. These were discussed with faculty when the lectures were arranged and provided an opportunity to

understand the different learning priorities. Police officers wanted to know how to get everyone to get home safe so formulating and highlighting de-escalating techniques was a teaching priority. They were also taught about memory impairments, sensory and environmental issues and the risk of false confessions. Child and youth workers need to differentiate between behaviour disorder and disability and then draw on a menu of appropriate responses. Addictions counsellors needed to understand the implications of cognitive-based interventions for clients with cognitive impairments. Social workers needed insight into pressures on the family and the implications on child development and family stability depending on whether it was the child or the parents with FASD.

- The opportunity to lecture increased the profile of the fellowship (and the fellow). This led to many interesting discussions in the staff lunch room and the chance to get to know many staff and faculty on a more personal level.

For college community partners

- Internships and volunteerism are common college course requirements. Students were given information and strategies not often used in practice and were encouraged to discuss these with field placement peers and supervisors.
- The college placement supervisors will host an FASD presentation for community agencies so they are familiar with the revised course content and can engage in a larger discussion on the impact and implications of FASD on services.
- FASD's impact and fellowship objectives were presented to the Georgian College Leadership Team, the College Council, three college advisory committees (Child and Youth Worker, Social Worker and the College Community Advisory) and staff of the Developmental Services Department from both the Orillia and the Barrie College campuses.

For the community

- Simcoe County Youth Justice Committee invited a discussion on the disability and encouraged the research initiative.
- Guest speaker at the Orillia chapter of the Canadian Federation of University Women's annual general meeting to discuss the implications of FASD and the complex nature of prevention.
- A CYW student recommended the fellow train Inclusion Counsellors for summer camps for the City of Barrie. (pro bono July 5th)
- The fellowship provided an opportunity to increase the profile of FASD through the conference and a number of radio and newspaper interviews. Each of these opportunities provided a chance to clarify the implications of this disability not only on the justice system but the service system as well. It underscored the importance, the complexity, and the value of a coordinated response to divert individuals with FASD toward more proactive supports.

Curriculum Developmentⁱ

The process for curriculum development was prescriptive. There are guidelines set by the Ministry and the college has well-defined processes and tools. Understanding the systemic approaches taken by other provincial governments in their FASD strategies and research into existing programs (in Canada and internationally) was a helpful way to begin. This established a platform for the curriculum framework which was dovetailed with knowledge about the emerging strategy and defined needs in Ontario.

On-line Course for workforce and social services

Two on-line targeted workplace modules were developed. One, as proposed in the original The Law Foundation proposal, was for the police and security workforce. The second, in response to requests

from the continuing education department, had content geared to human services. PowerPoint presentations with scripts were provided to the continuing education department. They coordinated the development of the modules including the use of an actor to deliver the content.

Second Life Virtual Learning

Lecture presentation (PowerPoint) and resources purchased through the fellowship contributed to a virtual learning lab Second Life. It is a valuable teaching aid that can be a self-guided or interactive learning and training environment. This program option is being incorporated in the mental health curriculum for police foundations diploma and child and youth worker diploma programs as a starting point. It should have wide appeal to young learners who are already familiar with avatars and constructing and revising responses to a variety of experiences and conditions.

Second Life is also available for guests to explore resources purchased through the Fellowship from their home or office. We reached out to the provincial FASD network for artwork, hosting posters that frame the most current and effective messaging for prevention of FASD available.

General education course specific to FASD

With assistance from the Dean, faculty and a curriculum coach, a general education course description and the course map for 13 weeks of classes and applicable resources was developed. Library resources that have been funded by the Fellowship will enrich the course and should provide excellent guidance for faculty and an exciting learning opportunity for students from all programs.

The course outline is moving through the required steps toward approval. The direction and flow of the work has been driven by the Dean who is strongly committed to completing the course description and having it available to students as early as January 2013.

Graduate certificate program

There was an excellent response to “Industry Leader Survey” conducted by the Georgian College Organizational Development and Research Department. The survey was sent to social services and justices agencies seeking input and feedback on the feasibility of our FASD Graduate Certificate Program. This is a required element to ensure that the College invests in programs that are valued in the workplace environment and fits an identified or emerging need.

A review of current FASD courses in Canada and internationally was conducted and 12 course descriptions (initially the requirement was for 4 to 5 courses) and content outlined. It is recommended that an advisory committee be struck to guide the next steps of the process. Membership could include participants from roundtable discussions, faculty and representatives from community services. They can explore the options of course curriculum and the framework, a comparison of other available course to assist them in the process.

Roundtablesⁱⁱ

Four roundtable discussions were hosted to inform the curriculum, the conference and a call for action. Each group was asked similar questions in a similar process. The meetings were between 2.5 hrs.-4hrs in length and included an overview of FASD and the fellowship and discussions on the system’s strengths and challenges and the identification of priorities and recommendations.

Community practice, partnered with Public Health Agency of Canada, Toronto office Dec. 12, 2011 10 participants from 7 community partners attended including representatives from London, Hamilton, Peel, Toronto, Peterborough, Owen Sound/Grey Bruce, Simcoe County and the provincial group FASD Ontario Network of Expertise

Priorities

- **Cross-sector collaboration:** Communities represented at this Roundtable demonstrate the emergence of effective practices in the province, yet more is needed.
- **Screening and Diagnosis:** Each community represented at the Roundtable is working to advance local diagnostic capacity for FASD. Accurate assessments and diagnosis are vital for the provision of appropriate and effective parent support, education plans and treatment and intervention programs.
- **Supported families and caregivers:** All community committees represented provide direct service to families but these ranged from peer support (caregiver groups) to coordinated case management. A stigma associated with FASD was acknowledged as well as some community resistance to recognize and respond to the needs of families coping with FASD.
- **FASD prevention:** There are community developed awareness campaigns but these are localized and time limited. All communities provide treatment support for substance involved women.
- **A coordinated, cohesive provincially mandated response:** Communities which have developed a rich response to FASD have done so by leveraging agency relationships in the interest of ensuring better outcomes for clients with complex needs.

Aboriginal perspective was hosted at Georgian College Barrie Campus. Greg McGregor, managers of Georgian's Aboriginal Services, oversaw the invitation list that included key stakeholders from a number of First Nations and Metis organizations on January 5th, 2012. Greg also facilitated one of two small group discussions.

Priorities

- **Cultural sensitivity and strengths** built into process: turning teachings, ceremony, Elders, nature etc. to make a more sensitive approach
- **Early screening, assessment, and diagnosis** that is culturally sensitive and centred in the individual's community
- **Family/Caregiver Support** – more practical and daily supports and resources including people to turn to, respite and training, help when admitting to drinking during pregnancy, recognition that sacrifices will be need to accommodate the child, help dealing with trauma
- **Prevention** strategies that are on-going, embrace social media, involve family planning and the role men can take, are sensitive to the needs of women who have used alcohol during their pregnancies and doesn't further stigmatize. Harm reduction approach.
- **Mandatory training for educators, police, counsellors** etc. across the spectrum of services to ensure those with the disability receive the type of intervention that is appropriate for their abilities and to increase the safety of the individual and the frontline staff.
- **On-going lobbying** would bring attention to this issue in Aboriginal services.

Justice roundtable was also held at Georgian's Barrie Campus on March 22nd with the support of assistant dean Aaron Gouin who reached out to his colleagues in the justice field to add to the guest list and Dr. Bloom who facilitated one of two small group discussions.

Priorities

- **Screening, assessment and diagnostic services** are needed for youth and adult provincial and federal corrections facilities and services. Participants noted that there is limited knowledge regarding the disability, the diagnostic process, and effective programming strategies. There is a need for basic tools to help improve the system which would ensure the carriage of justice and safeguard victims, witnesses, accused, offenders and the community.
- **Programming:** Participants noted that the youth justice system provided more flexibility for individual programming and that federal programs had time to understand inmate needs

and set appropriate programming. More programming options are needed to address the learning styles and impairments offenders.

- **Transition planning** would reduce the criminalization of individuals with FASD who are moving from youth to adult services and from incarceration to community reintegration. This requires collaboration across a spectrum of services. Impairments mean clients are unable to follow plans/orders and cannot manage independently. Time away from family and community estranges them from supports and increases the risk for conflict with the law. Participants describe the need for case management with collaborative engagement of community partners with court orders and formal plans of care leveraging resources.
- **Advocacy:** Participants felt that better advocacy would advance awareness of the challenges presented by FASD on the system. They recognized that this is hampered by stigma, lack of knowledge, and the fear that asking for more resources looks self-serving - whether an agency or a family. Stable, nurturing homes and appropriate education and mental health services significantly improves outcomes. This contributes to the wellbeing of individuals with FASD and creates greater community safety. Innovation of programs and policies are needed.
- **Prevention:** The machinery is in place to define and articulate issues related to alcohol use during pregnancy. Participants believe that there are avenues to better inform everyone about the effects of drinking during pregnancy and the important of pregnancy planning.
- **Government Action:** Solutions for the prevention of FASD and the support of people living with the disability falls under the purview of many ministries. Failing to respond has proven costly in terms of opportunities to prevent FASD and funding wasted on inappropriate or ineffective services. We also lose the potential of youth and adults who are marginalized, living without the supports and services they need or able to contribute to society. Participants identified the need for government-led coordination for an effective response to FASD in Ontario.
- **Leadership:** Participants felt the Ministry of Health and Long Term Care is best positioned to take a leadership role to reduce the incidence of FASD and avert the profoundly negative outcomes that are common for individuals with the disability. It is within their mandate to develop and deliver informative and effective prevention strategies and to oversee mental health and addictions services that respond to the needs of the disabled.

Caregiver experience was held at Resources for Exceptional Children and Youth Durham Region and hosted by Eileen Deveau, FASD Caregiver Support Group facilitator. Eileen and advocate Ruth Hislop from the Office of the Provincial Advocate for Children and Youth facilitated two small group discussions and then the common issues were explored by all. Caregivers of 18 children, youth and adults shared their successes and frustrations with a system that appears to discriminate against individuals with FASD leaving them vulnerable to victimization and conflicts with the law.

Priorities:

- **Diagnosis:** Caregivers who were aware of their child's disability early addressed developmental issues proactively.
- **Appropriate response in the school system:** All caregivers related systemic failure in the school system to provide the environmental or academic accommodation their children needed. Children were routinely channeled into behaviour programs instead of receiving assistance in learning they required and programs that are skill-based and concrete were not available.
- **Access to a lifespan of support services:** Individuals with FASD will need a lifetime of support services including respite services for families and supportive housing and employment with reduced expectation of competitive employment for adults. Models for this kind of service are available in Ontario but need to include to those with FASD.

- **FASD-informed programs and aware professionals:** The development of innovative, flexible FASD-responsive programs is required to prevent the reliance on crisis programs and emergency services. Professionals and paraprofessionals need to understand the implications of the disability on interventions and programs; accommodations need to be factored in to service delivery.
 - **Leadership:** Caregivers are looking for cooperation, collaboration and leadership. They equate trying to find services for their children with hacking through the jungle with a machete. They need the path to be defined, informed by their experience, with solutions provided by those in the province mandated to prevent disabilities and to respond to needs of the vulnerable and marginalized by overseeing effective service provision.
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Conference: FASD and Justice: Effective Community Responseⁱⁱⁱ

Planning for the conference began in earnest in January. We had selected the venue (Georgian's Barrie Campus), the date and had a conference planning committee that included leads from the continuing education department, the Dean, Dr. Bloom, and administrative support personnel. The college designed and distributed a sponsorship package to generate revenue, a save the date notice and a call for abstracts were circulated across national and provincial listservs and on FASD and justice websites.

The event generated significant interest from individuals and agencies wanting to attend but attracted few abstracts for workshops. Colleagues in the justice field expressed some hesitation to present their work because their programs were region-specific or because their partners were unable to participate. This delayed the development of the agenda and the release of the registration package but we were able to build a conference day that address a wide spectrum of FASD issues.

The conference attracted 147 participants from the justice, education and human services fields from across Ontario. FASD diagnosis and the implications on charter rights, options in mental health courts, emerging intervention practice, and research were explored. We chose two key note speakers. Jonathan Rudin, lawyer and director of the Aboriginal Legal Services of Toronto did an amazing job of setting the stage, defining the disability and the challenges (legal, social and moral) for the delegates. Irwin Elman, Ontario's Provincial Advocate for Children and Youth provided a systemic perspective for youth in care. The emcee was Sharron Richards, chair of the FASD Ontario Network of Expertise (FASD ONE) who kept things moving and wove in a provincial context.

The evaluation responses were outstanding. Information on other conference topics and themes were gathered and forwarded to FASD ONE to support and inform their 2013 conference planning.

Research – “The Implementation of the Asante Centre FASD Screening Tool for Youth Probation Officers in Ontario”^{iv}

The partnership with Catulpa Community Support Services, their leadership role on the Simcoe FASD Advisory and membership on the Simcoe County Youth Justice Committee provided a valuable opportunity for research. The initial fellowship proposal described research on the lived experience but following a conversations with our fellowship partner, this was replaced with a more justice-system related research.

The Simcoe FASD Advisory received Knowledge Transfer Grant from the Children's Hospital of Eastern Ontario for a proposal to train agency staff on two screening tools: the neurodevelopmental tool for children 6-16years of age and the Asante Centre FASD Screening and Referral Tool for Youth Probation Officers. The tools were developed through The Canadian Association of Paediatric Health Centres (CAPHC) with funding from the Public Health Agency of Canada and were being disseminated across Canada. CAPHC was interested in getting feedback on their use.

We designed research to test for the perceived usefulness of the tool from a youth probation officer perspective. Exploring the value of the tool and any implementation issues could help inform the systemic approach that is needed to improve the identification of FASD in Ontario. The tool had been circulated to all youth probation offices in Ontario approximately one year earlier but was not being used. It is common practice in British Columbia where there is capacity to assess, diagnose and respond to FASD.

Our initial proposal was routed to the regional Ministry of Children and Youth Services office but we were asked to submit a more formal research application to MCYS. Since no client contact or client information was required it took only about 6 weeks to receive ethics approval from Georgian College and the Adult Correctional and Youth Justice Services Research Committee Chair, Effective Programming and Evaluation Unit, of the MCYS. Simcoe's youth probation office was a committed partner for the training and fully supported the decision to conduct research on the screening tool.

Dr. Bloom and I collaborated on the research questions with input from Simcoe's FASD manager Tonya Millsap. We developed qualitative and quantitative pre-post questionnaires, group interview questions and a follow-up survey to capture probation officer profiles, their awareness of FASD, opinions on screening tools generally, and the specifics and usefulness of the tool.

Ms. Tonya Millsap researched, prepared and delivered a five hour workshop for the youth probation officers. Dr. Bloom ensured all participants completed consent forms and then circulated the pre and post research questionnaires and led the group interview.

- 23 probation officers attended - 2 more than expected. All completed the training but only 18 submitted both the pre and post-test and attended the qualitative group interview conducted by Dr. Bloom.
- 100% of probation officers had had clients they suspected had FASD but only 1/3 had referred them for diagnosis. The tool was seen as a helpful when considering FASD and the in-service training helped define the pathways for diagnosis - the process toward FASD diagnosis i.e. who to call, what information was needed, what steps required. This significantly increased the likelihood of referral.
- Most probation officers felt the training improved their confidence in addressing FASD and they provided concrete examples on actions they could take if a youth had FASD or suspected FASD.
- Training and the use of the tool improved their confidence developing plans of care, case management but not in developing probation orders.

The research will be complete in the fall of 2012 and final study will be submitted as an addendum to this report.

The research plan was presented in March 2012 on the national webinar CAPHC National Screening Tool Kit for FASD: Feedback and Input from Screening Tool Kit Users at <http://ken.caphc.org/xwiki/bin/view/FASDScreeningToolkit/CAPHC+National+Screening+Tool+Kit+for+FASD%3A+Feedback+and+Input+from+Screening+Tool+Kit+Users> and preliminary findings were presented in a 90min workshop at the FASD and Justice Conference (a fellowship initiative) by Dr. Bloom and at the Crown Attorneys (YCJA) Summer School by this author on July 17' 2012 and in

along with the Crown Attorney Youth Court Lead at the Crown's conference in September 2012. An abstract has been submitted for an FASD research conference in Vancouver (February 2013) and we will submit the completed research paper for publication in applicable journals, to CAPHC and to the Law Foundation (as an addendum to this report).

Additional Results

National Profile

- Following the Law Foundation's fellowship announcement, I was contacted by counsel from Justice Canada. The subsequent discussion resulted in an invitation to participate in a panel discussion on FASD diagnosis at the National Conference on FASD Adolescents and Youth "It's a Matter of Justice" in Vancouver. With financial support from Public Health Agency of Canada (the panel organizer) I attended the conference and participated formally and informally in discussions and debates related to the needs of youth and adults with FASD.

Advocacy^v

- Bill C-10 is likely to have many negative consequences for individuals with FASD. Their ability to learn through punishment is impaired by their brain damage; their vulnerability to give false confessions and to being manipulated by others to engage in high-risk behaviour is well documented. With this in mind, I met with and corresponded with my (Conservative) Member of Parliament. I made several requests for the research that informed the national crime strategy but none was provided. What I did receive suggests that the support for C-10 is fueled by the anguish of victims whose personal nightmares and grief and that no research could be provided to support the "tough on crime agenda".
 - I led a delegation of four youth and their caregivers to a meeting with the Provincial Advocate for Children and Youth and his staff on Nov. 2, 2011. This helped solidify the commitment on FASD by that office and facilitated the involvement of the FASD lead, a new staffing role, in the justice and caregiver roundtable discussions and the Advocates role at our justice conference.
 - A staff member from the Attorney General's office connected regarding the fellowship and then participated in the Justice Roundtable. She has followed up regarding FASD and their training strategy.
 - I have been invited to participate on the FASD Ontario Network of Expertise Justice Working Group for the coming year and will use that forum to advance action related to FASD in the youth and adult justice and corrections systems.
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Appendices

ⁱ [Curriculum Development](#): Background research, Resource list, Workplace Modules, General Education "FASD in Society" course description and outline, and recommended courses and descriptions for the FASD Graduate Certificate Program

ⁱⁱ [Roundtable Discussions](#): Meeting Notes

ⁱⁱⁱ [Conference](#): Brochure, Syllabus and Evaluation Summary

^{iv} [Research](#): Proposal and Abstract including Preliminary Findings

^v [Correspondence](#): Documents from Member of Parliament outlining responses to Bill C-10, letters from youth with FASD