

Report on FASD & Justice Educational & Discussion Event



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EVENT INFORMATION

Event Name: FASD and Justice Educational and Discussion Event

Event Date: November 16, 2012

Event Locations: Primary: Regina Provincial Court

Off-site: Provincial Courts of Estevan, La Ronge, Lloydminster, Meadow Lake, Melfort,
Moose Jaw, North Battleford, Prince Albert, Saskatoon, Swift Current, Yorkton

Event Objective: To bring together justice system and human service delivery professionals with an interest in improving identification and response mechanisms for individuals with FASD involved in the criminal justice system, whether as offenders, victims or witnesses.

Sectors represented: **Judiciary**, Provincial Court Offices

Aboriginal court workers **Corrections – Adult** **Corrections – Young Offenders**

Legal Aid Saskatchewan **Prosecution** **Victims Services**

Ministry of **Justice**

Ministry of **Social Services**

Ministry of **Health** (including Mental Health Services)

Ministry of **Education** (Including school boards and divisions)

Saskatchewan Associations of Chiefs of **Police** (RCMP, Municipal Police Services)

Community Based Organizations (FASD Support Network of Saskatchewan, Agency Chiefs Tribal Council, Battleford Agency Tribal Chiefs, Door of Hope, File Hills Qu’Appelle Tribal Council, Lac La Ronge Indian Band, Métis Family & Community Justice Services, Onion Lake Tribal Council, Prince Albert Grand Council, Regina Alternative Measures Program, Salvation Army Alternative Measures Program, Saskatoon Community Mediation Services, Saskatoon Tribal Council, Smile Services Inc, Sandy Bay Community Center, Touchwood Agency Tribal Council, Yellowknife Tribal Council)

Pre-Registered: 410

Attendance: 380

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INTRODUCTION

The FASD & Justice Educational and Discussion Event was the first video-conference event hosted by the Provincial Court network. It featured a presentation by Corey La Berge at the Regina Provincial Court which was broadcast to 12 provincial courts around Saskatchewan. In the afternoon, members of the Judiciary, sometimes accompanied by volunteers from the Saskatchewan FASD Support Network, facilitated thematically similar group discussions held concurrently in the dozen locations.

The event was designed to engage networks of justice system and related human service delivery professionals in their local communities. The morning presentation ensured that participants shared a common basic level of knowledge about FASD in the criminal justice system while the afternoon discussions were an opportunity to cooperate in discussions aimed at improving identification and response mechanisms for offenders, victims or witnesses with FASD. Participants were encouraged to assess what local program, policy or practice responses might be needed to better respond to individuals with FASD.

The following report summarizes the notes taken in almost two dozen discussion groups. Although the judges were asked to lead their communities in answering a few key questions, groups were encouraged to structure their discussions as suited local circumstances and the participants in attendance (though invited, not all sectors were represented at every location).

Based on the content of these notes and the feedback in the post-event survey, it is evident that discussion styles varied. Nevertheless, as the report shows, participants across the province shared many similar experiences. There were a few misconceptions which the Roundtable on Persons with Mental Disabilities addresses through “Clarifications” in this report. As a complex event with participants from numerous locations representing a diverse range of sectors, the event ran the risk of not meeting the needs of some people. Indeed, participants who were knowledgeable about FASD found the La Berge presentation too basic while some participants found it too advanced, and while the focus of the event was justice issues, some participants outside of the justice community were dissatisfied by what they saw as an excessive focus on criminal justice.

However, overall, participants reported satisfaction with the event. Participants praised the event as an opportunity to get to know colleagues in other sectors, to put faces to names and to learn about the challenges different agencies face. Many reported being surprised to discover different points of view and gain a better understanding of other sectors’ procedures and policies. From the notes on the local discussions, it was evident that many participants used the event to network and to share information about programs and services available locally.

Although some participants expressed disappointment that the event did not lead to more immediate solutions such as access to resources and services, others pledged to continue the dialogue in their communities. Indeed, these new informal networks have continued to meet post-event.

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BACKGROUND AND PURPOSE

On March 30, 2012, the Saskatchewan Ministry of Justice helped organize a workshop on FASD and Justice in partnership with the FASD Support Network of Saskatchewan. The over 70 participants included members of the judiciary, police, youth and adult corrections workers, Legal Aid counsel, Crown prosecutors, staff from the Ministry of Justice policy and planning, victims services and alternative measures programs as well as officials from other ministries. Corey La Berge, then Accommodation Counsel for Youth Living with FASD, Legal Aid, Manitoba, gave a three-hour introduction to FASD presentation tailored for a justice audience. Facilitated discussions in the afternoon yielded two key recommendations for an effective response to FASD: additional training, especially for front line staff, and the establishment of multidisciplinary networks or an intersectoral protocol.

In response to the former recommendation, the Committee agreed that each sector should be responsible for developing its own training frameworks. For the latter, a follow up event was held on November 16, 2012 to focus on creating local interdisciplinary networks. A wider range of participants were invited to this event including community-based organizations; representatives from the education, health and social services sectors; as well as corrections; lawyers; police; victim services workers; Aboriginal Courtworkers; and justice officials.

Corey La Berge was again invited to present his overview on FASD to this intersectoral audience in the morning. This presentation was filmed (so that it can be used in training) while also being broadcast live to 380 participants at 12 Provincial Court sites across the province. Recognizing that resources and access to resources varies across the province, the afternoon focus was on discussions of local circumstances. A case study scenario was provided to help in identifying existing local resources which could be used to develop strategies for dealing appropriately with individuals with FASD in the court system. Participants were also asked to report gaps in local resources. While solutions to these challenges could not be found in an afternoon, the day's event was meant to generate interest in creating local multidisciplinary networks which would continue the discussions.

This report is divided into two sections. The first section summarizes the key points from the afternoon discussions. It looks at how participants' experiences resonated with the La Berge's presentation; identifies gaps in local capacity to engage individuals with FASD; and discusses some of the challenges faced by local communities. There were several innovative and promising recommendations which are shared in this report.

The second section shares the feedback from the post-event survey which includes direct quotes from participants. The Saskatchewan Cognitive Disabilities Strategy which was shared with registered participants before the event has also been included as Appendix C while the PowerPoint slides from Mr. La Berge are Appendix D.

Links to presentation by Corey LaBerge – [Part 1 of 2](#); [Part 2 of 2](#)

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AFTERNOON DISCUSSIONS

How participants' experiences with FASD resonated with Corey La Berge's presentation

- ***Competing pressures - Public Safety or accommodation for FASD?***

A popular topic of discussion was the often conflicting pressure police felt in being asked to both accommodate individuals with FASD and preserve public safety. Officers explained that while ideally arrests would minimize physical contact with individuals with FASD, this is not often practicable. Officers felt that 'there is no alternative at times but arrest' and objected to language used in discussion about FASD and Justice, such as describing sentencing as being 'abusive'. Other participants argued that FASD is a brain based disorder and that a person with a disorder like Alzheimer's who becomes aggressive would not be charged.

Trying to identify solutions to these challenges, it was proposed that police might arrest as normal but alter release conditions. Another suggestion was providing police with more discretion for officers considering obvious disabilities to use alternative measures instead of laying charges. But groups also questioned whether restorative justice is up to the challenge of dealing with individuals who cannot comprehend accountability.

- ***Lack of time***

Participants in many locations remarked on the large workloads and resultant short interaction time that many justice professionals can allocate to an individual client. With police, the need to act quickly often precludes the time needed to identify a disability like FASD. For legal counsel, there isn't enough time to get to know clients well and counsel often relies on information obtained from others. Unfortunately, clients do not often have cooperative parents or other supports and some Pre-Sentencing Reports (PSRs) allude that the client is just a really bad person. Though occasionally the nature of the offence or history of offences can be an indicator of an underlying disability, some prosecutors expressed frustration with repeat offenders and with issues that 'come crashing in at court'. Communities also identified witnesses with FASD as a challenge, observing that sometimes charges must be dropped due to witnesses' inability to describe or remember events.

Several groups recommended using some sort of flagging system, as done in cases persons with suicidal thoughts, to identify individuals with FASD. Suggestions included special identity cards, flags in Canadian Police Information Centre (CPIC) or Criminal Justice Information Management System (CJIMS) or as an option on the Legal Aid application form.

- ***Support (specialised employees or system)***

Many groups stressed that supports, whether parental, community or system-based, are lacking, especially for adult offenders with FASD. Groups described 'a fractured continuum of care' from Social Services and a lack of transitional strategy for individuals going from custody into the community. Communities explained that there are sometimes support programs but no support persons and identified the need for an employee or local Regional Intersectoral Committees (RIC) to act as a go-between for at-risk individuals involved in the criminal justice system.

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In almost every location, participants suggested the use of a Hub-like system designed specifically for individuals with FASD.

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Gaps in local response/capacity to interact with individuals with FASD

- *Access to assessments*

Groups identified programs¹ such as the Saskatchewan Cognitive Disabilities Strategy (CDS) as a resource for assessments but pointed out that this resource is not easily accessible to many outside of the major city centres. This is especially challenging for individuals with FASD who already have a poor capacity for remembering appointments. Smaller communities reported a lack of access to immediate assistance for persons in a crisis and expressed need for a local doctor specializing in Mental Health or localized access to screening clinics. Several groups across the province reported that the wait time for assessments or diagnosis can exceed 18 months, during which time a lot will have changed. This was especially frustrating to participants who felt that CDS funds are used for autism at the expense of clients with FASD. They compared the multiple staff, availability of financing and library resources available for Autism under the Government's Framework and Action Plan with the dearth of resources available for FASD and speculated that the disparity may be because autism is more sympathetically received in society.

Many communities observed that, even when assessments or diagnosis have been completed, there is usually lack of resources for follow up. Groups felt that individuals with FASD get lost in the system because they can't advocate for themselves or take advantage of assistance offered. Some observed that even with a diagnosis, the court system does not have supports to assist individuals with FASD. Adult probation officers explained that it is difficult to do PSRs with clients who don't understand questions or who lack familial or community support that can assist in completing the PSR.

The resources groups requested most often were additional funds for support personnel and assisted living facilities for individuals with mental disabilities and FASD.

Clarification: The Cognitive Disability Strategy includes a range of initiatives designed to better meet the needs of children, youth and young adults with cognitive disabilities. Priority areas of the strategy include strengthening FASD prevention and intervention, improving access to assessments and diagnoses, and strengthening supports based on need. Cognitive disability consultants are available to assist families with the development of appropriate behavioural support plans for individuals with cognitive disabilities and to provide some training to front line workers to enhance their capacity to provide services to individuals with cognitive disabilities. Flexible funding is available to supplement or extend existing programs that support individuals and their families throughout the province, including respite care, parent aides and independent living support.

¹ A few groups *erroneously* identified Saskatchewan Abilities Council (SaskAbilities) as a resource for assessments.

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The flexible funding pool is accessible to all residents with a cognitive disability in Saskatchewan.

- ***Assessment – whose responsibility?***

Unlike at the March 30, 2012 event where many participants were confused about where to obtain assessments, the more significant issue in November was assigning responsibility for obtaining an assessment or diagnosis. While no group framed the question in this way, the underlying theme of many of the discussions appeared to be that someone or some agency should have the responsibility and authority to incur the cost of obtaining assessments.

One proposal was that if Alternative Measures case-workers suspect FASD or other mental disabilities, they could be given the responsibility of contacting other relevant agencies or diverting the case.

- ***Training and assessment tools***

As at the March 30, 2012 event, assessment tools and training for front line staff was again identified as a need in many communities and sectors. Some education officials proposed the need for a paradigm shift for their front line workers. They felt that teachers need to change the way they look at students by recognizing that their behaviours may not be intentional and working to help keep these students in school where they can better connect to support services.

Police representatives explained that they are not trained to gauge comprehension during interview sessions and are not supposed to give opinions when writing reports. They stressed, however, that they do their best to respect Charter Rights and ensure that a suspect clearly understands what is being asked.

Other participants sought further clarification between which services (such as CDS-counseling or life skills training) are voluntary and which can be court mandated.

- ***Early Diagnosis and education***

Several groups discussed the advantages of early diagnosis or assessments. One group noted that incomplete assessments during childhood create challenges with accessing programming in adulthood, especially since, as individuals age, other issues such as drug or alcohol abuse make diagnosis more difficult. Other participants felt that a lack of communication between youth and adult court-workers also presents a challenge with accessing programming for adults.

The role of schools in early diagnosis was discussed in several communities with one group even considering screening as early as kindergarten to identify and address the individual needs of students with FASD. It was argued that schools could do more to keep students in school by educating them, not just in academics, but also in life skills. A representative from a school division pointed out that schools do their best to accommodate children with FASD and help them to succeed, going as far as providing transportation for young offenders with curfews. Nevertheless, education representatives at several venues stressed, there is a limit to how much information schools can share and with whom.

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- ***Communication and information sharing***

In every location there was some discussion about problems with communication and information sharing between agencies or across jurisdictional boundaries. Many groups were inspired by the Prince Albert Hub and proposed utilizing existing local Hubs or creating new 'mini-Hubs' specifically for FASD. Participants discussed the increasing the use of sentence conferencing circles and encouraged the development of creative solutions to the challenges faced by individuals with FASD.

While the school system was singled out by other sectors as a valuable potential source of information on young offenders, educators stressed that it is not the school's place to inform the legal system of potential FASD. However educators could encourage parents to share the diagnosis/assessment by explaining that this allows access to appropriate services to be arranged.

- ***Public Awareness***

Participants expressed a need for increased public education, especially for expectant mothers. Elders participating in the discussion observed that many individuals on reserves are not aware or do not fully comprehend the connection between maternal consumption of alcohol during pregnancy and mental disabilities. Other participants supported this observation, noting that the problem is being further exacerbated as women with FASD themselves become mothers. Several communities wanted to increase parent and community involvement in providing support services for individuals with FASD and felt that this would also be improved by increased public awareness.

Clarification: Speakers on FASD are available through the FASD Speakers Bureau that is operated by the Saskatchewan Prevention Institute in collaboration with the Saskatchewan FASD Support Network. They have a pool of trained speakers who are available to speak on various topics related to FASD throughout the province. <http://www.skfasnetwork.ca/main/resources/saskatchewan-fasd-speakers-bureau/>

- ***Assisted/supported living environments***

Participants noted that supported living environments are scarce and that even where available, they must often refuse access to individuals with FASD who have a history of violence. Groups discussed the need for and benefits of these structured environments and felt that they would assist greatly in community releases. Participants also expressed frustration at having to release individuals with mental disabilities or limited cognitive abilities to the community without supports.

- ***Structured environments***

Groups recognized that individuals with FASD thrive best in structured environments. Some communities identified the need for special group housing or increased community supports. Some groups went further, suggesting that programs which keep individuals with FASD productively busy should be an integral part of a structured system or as alternative sentences.

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FASD and Justice Challenges in local communities – Additional observations

Housing: Some communities face housing shortages, even without the challenge of providing assisted living environments for individuals with FASD.

Mental Health Services: Local Mental Health services already have an extensive waiting list and kids taken in to care by Social Services should be assessed but this doesn't always happen. Services like Mental Health do not even exist on reserves.

Uncooperative Parents: One Elder noted that it is difficult to get youth assessed unless they are wards of the province, partly because parents are often in denial and won't seek out services.

Other: Reports referenced 'jurisdictional barriers' and the need to 'balance on and off reserve services' as additional challenges in communities.

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The Way Forward: Enhancing local understanding and response to individuals with FASD

The following is a brief list of suggested activities that groups proposed which can help to enhance local responses to individuals with FASD.

- Court workers can play an important role in identifying individuals with FASD because they live and work closely with communities and know family histories. While this is not valuable in formal diagnosis, it is often the best source of information available.
- Increase use of Community Based Organizations (CBOs), Community Justice Committees (perhaps with a subcommittee for FASD) and Sentencing Circles.
- Increase public awareness, especially preventative education for expecting mothers. The Saskatchewan FASD Support Network, volunteer partners at both the March 30th and November 16, 2012 events, has expressed interest in working with communities. The Network also manages the FASD Speakers Bureau and can assist with coordinating guest speakers for local training or public awareness activities. (Toll Free: 1-866-673-3276; website: <http://www.skfasnetwork.ca/main/>)
- Train frontline staff, recruit new mentors and advocacy (example pushing for earlier assessments) were also seen as the way forward.

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ANALYSIS OF POST-EVENT SURVEY

On November 23, 2012, a week after the Educational and Discussion Event, participants were sent the link to an online questionnaire (Appendix A). There were 134 responses by end of day, December 14, 2012, the results of which are summarized below.

The 134 responses represented 35% of the day’s 380 participants. The response rate averaged 33% and ranged from 55% from Estevan to 23% from Yorkton and Meadow Lake. (There were no responses from Punnichy/Wynyard, however, as these participants actually attended in Regina, it is possible that they are included in the Regina responses.)

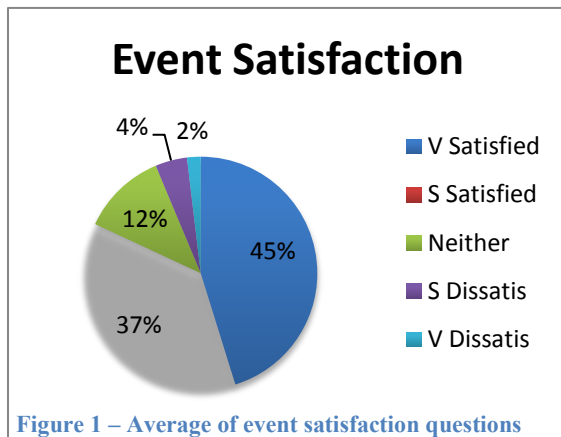


Figure 1 – Average of event satisfaction questions

Participants were asked about their *satisfaction with the event*. On average, the majority of responding participants were satisfied (37%) or very satisfied (45%) in every category (see Figure 1). Asked specifically about their level of overall satisfaction, 84% of participants were very satisfied or satisfied while 8% expressed neither satisfaction nor dissatisfaction and 8% were either dissatisfied or very dissatisfied.

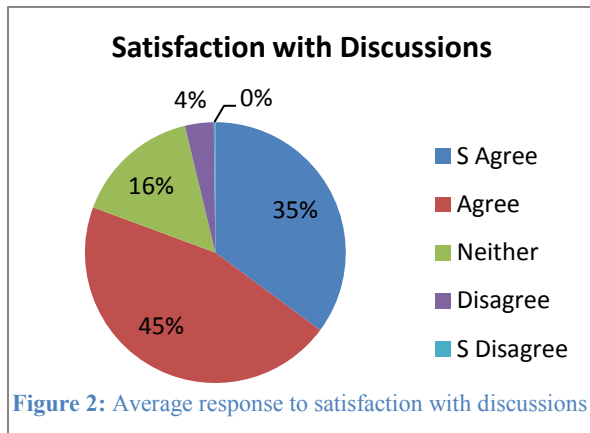
Satisfaction levels were lowest with audio and video quality of the teleconference. Participants complained about small screen size at their location and that Mr. La Berge was visible at an awkward angle and could not be clearly heard. Several participants also expressed frustration that the event did not achieve its goals, with 10% reporting dissatisfaction and 15% being neither satisfied nor dissatisfied.

Respondents who reported being dissatisfied were asked to provide details. The explanation most often given was that resources are still not available in local communities leaving participants feeling that discussion was pointless. One participant commented, ‘If the intent of the [event] was to raise awareness, then you were successful. If the intent was to have a plan of action based on possible outcomes, then this event (fell) quite a bit short of the mark...’ Another observed, ‘Great information but still no ‘hands on’ ideas about concrete, actual, methods to work with FASD. So we have the ‘label’ and can identify people with FASD better - now what?’

Dissatisfaction was also reported with the meal provided (‘I have special diet requirements... [which was] not considered’, ‘it’s hard eating soup when holding the bowl’) and with the venue (‘not a nice place to have lunch’, ‘court room gallery was an awkward, uncomfortable setting’).

When asked about the *facilitated afternoon discussions*, 81% of participants were either satisfied or very satisfied overall (see Figure 2). Responding in particular to the usefulness of the case study scenario as a tool for identifying existing resources, 77% agreed that it was useful (27% felt so strongly), while 17% neither agreed nor disagreed. A slightly higher percentage of participants (80%) felt the scenario was also useful in identifying gaps in local resources. Those

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who reported being dissatisfied were invited to comment. Respondents reported that the scenario wasn't used in their communities. 'There was no direct discussion on the scenario in MJ. Rather it was a general discussion specific to the MJ situation.' 'Our group discussed situations and resources that were available locally and provincially and came up with good information and some ideas of where to go from here.' 'The judges in our group opted instead to create their own scenario with specifics to our community...'

Others criticized the scenario itself, 'I, personally, found the scenario very simplistic, not enough detail about the woman's life' or 'The (scenario) did not present as a case with many options. The nature of the offence did not lend itself to creative solutions as, in my opinion, there was no alternative but arrest and prosecution.' Another respondent felt that, 'Not everyone had a strong enough understand of the effects of the brain damage caused by FASD to fully appreciate the scenario from the [FASD perspective...]

The majority of respondents agreed that they had sufficient opportunity to participate (84%) and that there was enough time was available for meaningful discussion (81%). Of the 16% who felt that they did not have an opportunity to participate, the complaints were that, 'group facilitators needed to control the group better', 'it was a very negative discussion that was generated during discussions', '...some of the participants in the group discussion dominated the conversation and began venting about irrelevant or unrelated topics'.

Although the event was presented as FASD and Justice, some participants felt that the focus on justice was uneven. While one respondent complained that there was actually too much time available, others felt that, 'Some wanted to keep discussion on a 'justice' vein only and wanted to only identify gaps in justice (resources) and not other gaps affecting the FASD community. People wanted to talk about prevention and a whole host of other related topics. Could have used more time' and that 'We had people from different areas of Justice, education, & social; however, the major discussion centered around where the gaps were and the frustration centered around 'how do we help this type of client'.

Speaking in general about the afternoon discussion, one respondent exclaimed, 'The [scenario] is oh so familiar....but where do we go from here? The unanswered question...! [...] No ideas or specific details on the actual changes needed ...made it frustrating for me.'

As one of the primary goals of the event was the creation or use of **local multidisciplinary networks**, participants were also asked about their interest and willingness to participate in on-going local discussions on FASD and Justice. As Figure 3 shows, response was mixed though a significant portion – 35% of respondents – pledged to participate.

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Of the 26% who expressed interest but said that they would not participate, several reported that they were too busy, 'My job doesn't allow me extra time to delve into this local network.' Another explanation given was that persons were not from the area or only on assigned on a term basis to the area and would therefore not be able to participate long term.

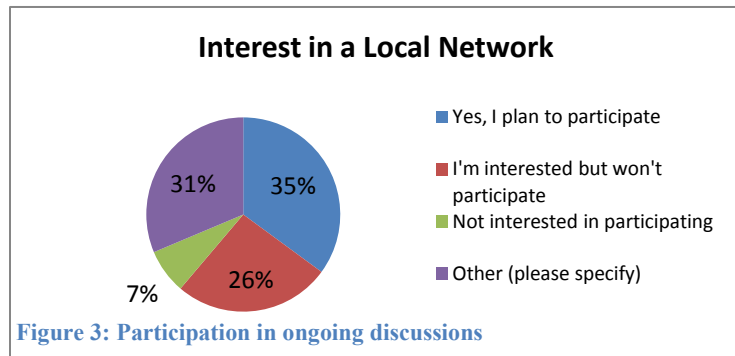


Figure 3: Participation in ongoing discussions

Yet others felt that they did not have a role to play in ongoing discussion. 'There may be challenges to participating in my current role.' 'My current position as a Probation Officer does not allow me access to this ongoing process and (availability) to participate...' 'Due to the nature of my work my participation is not relevant to the development of a local process.'

Forty-two persons representing 31% of respondents selected 'other' as their response. Of these, 17 respondents from different locations stated that 'We did not discuss this in our group' or 'I'm not sure concrete plans for follow up were made.' Another six persons explained that, 'It was brought up that there already was a multi jurisdictional working group doing this' or that 'the hub model may be effective in addressing issues.'

Others explained that, 'We did not make a plan for ongoing discussion with this particular group but we do have ongoing formats with some of the same parties' and 'We never picked a group, but I agreed to look into some questions that were raised'. Another respondent suggested that, 'we were [not] at the point of developing a local network... [we identified] a gap in participants who would be important in participating in a local group.'

There was also some evidence that some participants did not necessarily agree to the plans made with one respondent noting, 'there appeared to be an agreement to request the COR to take this issue forward although professional (I) am not confident that it is where it should go'. (*COR – Centre of Responsibility is the research and analysis branch of Community Mobilization Prince Albert commonly referred to as the PA Hub.)

Participants were then asked to identify the aspects of the event which they found the most and the least useful. For the former question, they were provided with a short list of choices but also

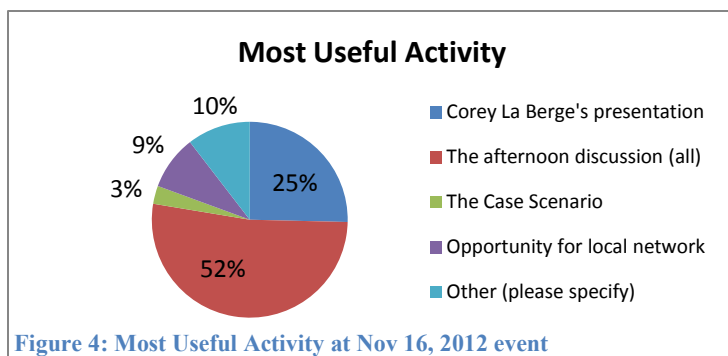


Figure 4: Most Useful Activity at Nov 16, 2012 event

provided with the opportunity to list their own option. Just over half of the respondents felt that the entire afternoon discussion was **the most useful** while Corey La Berge's presentation was judged second most useful.

Several respondents felt that, 'most beneficial was the opportunity to

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network locally with those in the justice system and discuss how FASD affects those entering the system' and that, 'The combination of the entire day was a great mix. Just one or the other event would not have been as effective'. No other activities were identified and 'Other' responses were actually explanations such as, 'Because we work ONLY with individuals with FASD this was more an (opportunity) for me to learn what others knew and thought about the disorder'.

For *the least useful activity*, 70 participants responded. While 13 felt that there was nothing was 'least useful' and that everything was informative or relevant, almost half (32) identified Corey La Berge's presentation as the least useful. However the reasons given were varied and perhaps not surprising given the variety of participants at the event. Complaints ranged from, 'La Berge's presentation was geared more for (participants) with little knowledge of FASD' to 'La Berge... sometimes spoke above (everyone's) knowledge of FASD'. Some complained that, 'I would liked to have heard more suggestions on what to do specifically with people in Justice that have FASD' while others felt that, 'Corey did an excellent job presenting, however, his presentation was structured primarily around his Court experiences with youth who are identified as having FASD. It may be helpful to expand this conversation with those in a variety of related fields'.

Other respondents felt that the presentation was 'unprepared', 'disorganized' and 'difficult to follow' because it was 'too long and not interactive enough', La Berge 'did not always speak clearly' and 'was extremely difficult to follow. His facts and solutions weren't really pronounced...'. Still others felt the presentation, 'more Canadian stats needed to be used' and that 'the talk could have been done locally by our rep that attended, rather than one person from Manitoba'.

The second most frequently cited 'least useful' activity was the afternoon discussions. 14 respondents felt that it was least useful, in particular the scenario (6 respondents) and the lack of resolution or conclusion of next steps (3 respondents). Similar to complaints in previous questions, participants felt that the afternoon discussions did not achieve its goals and that the discussions 'could have been more structured/controlled' or because certain sectors were missing or dominated the dialogue. Those who felt the scenario was least useful argued that, 'the reference to aboriginal woman just led to discussion that took away from the scenario. Just putting in 19 year old female, foster homes, etc. would not have changed the scenario.' 'I have (concerns) that participants attending without prior (knowledge) of FASD... may interpret these conversations in a way that could reinforce race-based stereotypes.'

Finally, participants were invited to share additional comments or ideas. In addition to reiterating many of the comments above, both complimentary and critical, participants asked for future events where individuals with FASD and or those who have successfully dealt with them would also present or participate so that participants could discuss practical, usable ideas.

Many respondents expressed enthusiasm, observing that 'these types of seminars/conferences bring awareness and understanding. More of these (types) of [multidisciplinary] events are needed' and that 'this was a great idea and concept.' 'I thought it was useful to bring the different stakeholders together and gauge the different viewpoints and concerns everyone had.'

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APPENDIX A : POST EVENT SURVEY

1. Where did you attend?

- | | |
|---|---|
| <input type="checkbox"/> Estevan | <input type="checkbox"/> Prince Albert |
| <input type="checkbox"/> La Ronge | <input type="checkbox"/> Regina |
| <input type="checkbox"/> Lloydminster | <input type="checkbox"/> Saskatoon |
| <input type="checkbox"/> Meadow Lake | <input type="checkbox"/> Swift Current |
| <input type="checkbox"/> Melfort | <input type="checkbox"/> Wynyard/Punnichy at Regina |
| <input type="checkbox"/> Moose Jaw | <input type="checkbox"/> Yorkton |
| <input type="checkbox"/> North Battleford | |
| <input type="checkbox"/> | |

2. Based on your experience at the FASD Regional Information and Discussion Event on November 16, 2012, how satisfied or dissatisfied were you with the following?

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Very Dissatisfied	Somewhat Dissatisfied
Event venue and meals					
Pre-event communications/ registration process					
Length of event					
Quality of videoconference (video)					
Quality of videoconference (audio)					
Networking opportunity/tools					
The Participant Handout/ list					
Facilitated group discussions					
Workshop goals were met					
Overall satisfaction with event					

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3. If you answered ‘somewhat dissatisfied’ or ‘very dissatisfied’ in the previous question, please explain why. Your feedback will help improve future events. [Text box]

4. Based on your experience with the afternoon facilitated discussions, would you agree or disagree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The Scenario was an effective tool for increasing participants’ awareness/understanding of available resources.					
The Scenario was an effective tool for identifying gaps in local resources.					
There was sufficient opportunity to participate in the afternoon discussions.					
There was sufficient time to discuss the questions/ Scenario.					

5. If you answered ‘Disagree’ or ‘Strongly Disagree’ in the previous question, please explain why. [Text box]

6. Participants were encouraged to create a local process for ongoing discussion. Did you volunteer to participate?

- Yes, I plan to participate in the local network.
- No, I am interested but not able to participate.
- No, I am not interested in participating.
- Other (please specify)

7. What was most useful to you about the event?

- Corey La Berge's presentation
- The afternoon discussion (all)
- The Case Scenario
- The opportunity to form a local network
- Other (please specify)

8. What was least useful to you about the event? [Text box]

9. Thank you for taking the time to complete our evaluation. Your feedback will help inform any future events. Do you have any additional comments/suggestions for us to consider? [Text box]

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APPENDIX B : POST EVENT SURVEY RESULTS*

Q1	Where did you attend?		Responses	Actual Turnout	% Turnout replied
	Estevan	9%	12	22	55%
	La Ronge	4%	6	20	30%
	Lloydminster	4%	6	15	40%
	Meadow Lake	4%	5	22	23%
	Melfort	7%	10	20	50%
	Moose Jaw	4%	6	18	33%
	North Battleford	8%	11	36	31%
	Prince Albert	12%	16	44	36%
	Regina	20%	27	67	40%
	Saskatoon	15%	20	61	33%
	Swift Current	5%	7	18	39%
	Wynyard/Punnichy at Regina	0%	0	6	0%
	Yorkton	5%	7	31	23%
	Did not respond	1%	1		
	Total	100%	134	380	35%

Q2	Event Satisfaction	V Satisfied	S Satisfied	Neither	S Dissatis	V Dissatis
	Event venue and meals	57%	28%	11%	2%	1%
	Pre-event communications/ registration process	62%	27%	6%	5%	1%
	Length of event	50%	38%	11%	1%	2%
	Quality of videoconference (video)	30%	41%	17%	9%	3%
	Quality of videoconference (audio)	31%	43%	19%	4%	2%
	Networking opportunity/tools (eg participant list)	44%	39%	11%	4%	2%
	The Participant Handout/ list	42%	42%	12%	2%	2%
	Facilitated group discussions	55%	31%	7%	5%	2%
	Workshop goals were met	41%	35%	15%	7%	3%
	Overall satisfaction with event	40%	44%	8%	5%	2%
	Average	45%	37%	12%	4%	2%

**Please note that this appendix shows only numerically quantifiable results. Questions 3, 5, 8 & 9 were open ended essay questions and are summarized in the report.*

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Q4	Satisfaction with Discussions	S Agree	Agree	Neither	Disagree	S Disagree
	Scenario - effective re increasing awareness of available resources	36	67	23	6	1
	Scenario - effective re identifying gaps in local resources.	43	63	21	6	0
	Opportunity to participate in the afternoon discussions.	61	51	16	5	0
	There was sufficient time to discuss the Scenario	47	61	23	2	0
	Average	35%	45%	16%	4%	0%

Q6	Interest in a Local Network	%	Num
	Yes, I plan to participate	35%	47
	I'm interested but won't participate	26%	35
	Not interested in participating	7%	10
	Other (please specify)	31%	42
	Total	100%	134

Q7	Most Useful Activity	%	Num
	Corey La Berge's presentation	25%	34
	The afternoon discussion (all)	52%	70
	The Case Scenario	3%	4
	Opportunity for local network	9%	12
	Other (please specify)	10%	14
	Total	100%	134

APPENDIX C: COGNITIVE DISABILITIES STRATEGY (CDS)

Saskatchewan's Cognitive Disabilities Strategy

The Cognitive Disabilities Strategy is meant to:

- Improve the availability of assessment and diagnosis services;
- Provide services to address the unmet needs of people with cognitive disabilities;
- Provide training opportunities to enhance the knowledge and skills of people who provide services to individuals with cognitive disabilities;
- Enhance Fetal Alcohol Spectrum Disorder prevention and intervention initiatives throughout the province;

Eligibility Criteria:

- Limitations and impairments that are present from an early age (except in the case of Acquired Brain Injury), are persistent and long-term; and,

Individuals must exhibit traits in each of the following categories:

- ***Significant limitations*** in learning and processing information. Individuals are limited in areas such as:
 - retaining knowledge – forgetting basic information or difficulty in remembering things such as appointments and dates;
 - learning skills – forgets skills or must be taught and re-taught basic day to day skills;
 - making decisions – is unable to make basic independent decisions or is influenced by others to make the wrong decision;
 - basic problem solving; and,
- ***Behaviour challenges*** which result in limited inter-personal, social and emotional functioning such as:
 - physical aggression that result in injury or the potential of injury to self or others;
 - sexually aggressive behaviour;
 - difficulty understanding social boundaries, impulse control, flat social affect, extremely annoying behaviour that severely isolates the individuals, that may result in limited social interaction;
 - communicating with others; and,
- ***Developmental challenges*** which limit capacity to adapt to daily living in areas such as:
 - significant delays in reaching developmental milestones
 - self-care – limited ability to perform tasks of personal care and grooming;
 - independence at home;
 - in the community;

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- at school work or leisure;
- money management.

Who should apply for help from the Cognitive Disabilities Strategy?

- Individuals may have a diagnosis of FASD, Autism, or Acquired Brain Injury, but a diagnosis is not required to be eligible for assistance;
- Individuals with a cognitive disability and/or care providers who are experiencing a great deal of stress in daily living;
- Individuals who are at risk of losing, or have lost community contact and/or program placement because of behavioural issues;
- Individuals with unmet needs which require supports that do not fall within the scope of any other service provider (e.g. Social Services, Mental Health).

What does this Strategy mean for families and individuals living with cognitive disabilities?

- You can get assistance with developing an integrated case plan;
- You may be eligible for funding to access services that you do not currently receive;
- For families, it may mean respite care or additional therapy services for your child;
- For adults, it may mean having someone to help with activities of daily living, such as keeping appointments, taking medications or grocery shopping.

How can an individual get help from the Cognitive Disabilities Strategy?

There are three ways to apply for help:

1. An individual or a family member can fill out the application form.
2. An individual or a family member can ask a worker they are presently working with to help them complete the form.
3. If an individual or a family does not have anyone to help them with the form and are unable to complete the form themselves, the Cognitive Disabilities Consultant can provide assistance.

How does the Cognitive Disabilities Strategy work?

When the Intake Committee approves an individual's application, they also recommend a team coordinator. The team coordinator organizes and works with a support team to explore options, create and implement support plans around the individual's needs and desired outcomes. A plan is developed with the client to meet the unmet needs of the individual. The Cognitive Disabilities Consultant may be part of the team if required.

What does the Cognitive Disabilities Consultant do?

The Consultant works with the support team to provide suggestions and training that will support an individual to achieve his or her goals. The Consultant provides individual and group training to enhance the knowledge and skills of service providers, caseworkers and families concerning cognitive disabilities, developmental challenges and behavioural support strategies.

How can funds be accessed from the Cognitive Disabilities Strategy?

First, the Intake Committee must approve your application for support that includes an integrated case plan developed with your Support Team. The Support Team determines if the unmet needs can be addressed through an existing service. When this is impossible, the team develops a

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support plan that includes the use of the Cognitive Disability Flexible Funding Benefit and forwards this to the Intake Committee. The Intake Committee then makes the recommendation to the provincial Social Services office. In order to apply for this benefit, an individual (or family member) must complete the Daily Living Skills Assessment Checklist and provide information about his/her income. This information will be used to determine the individual's maximum monthly benefit. This process may take up to three months.

The Cognitive Disability Flexible Funding Benefit can be issued to the individual or to an approved payee, such as a family member or service provider. All support plans that include access to the benefit will be reviewed on an annual basis, and additional information may be required if there has been a change in circumstance.

CDS Contact List

How can someone contact the Cognitive Disability?

Phone the regional contact in your area.

LaRonge.....	425-6671
Regina.....	751-2480/ 751-5659
Saskatoon.....	955-3344 ext.117
Prince Albert.....	765-6752
Lloydminster.....	780-875-3633
Yorkton.....	786-1384
Moose Jaw.....	691-1569
Swift Current.....	778-8438
Ile a la Crosse.....	833-3383

How can someone access diagnosis and assessment services?

Children and youth may access one of three diagnosis and assessment teams:

Prince Albert Parkland Child and Youth Development Clinic.....	765-6055
Saskatoon Alvin Buckwold Child Development Program..... (includes traveling clinics to selected northern locations)	655-1070
Regina Qu'Appelle Child and Youth Services.....	766-6700

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(includes traveling clinics to the four southern health regions)

Individuals over the age of 18 years may access adult assessment and diagnosis service at the following clinics:

Saskatoon Genetics/Teratology Clinic, Royal University Hospital.....966-8112
FASD diagnostic service for adults is available on the afternoon of the first Wednesday of the month. A physician's referral is required to be seen at this clinic.

Adult FASD Psychology Services, Central and Northern Saskatchewan.....373-3110

Adult Autism Spectrum Disorders Psychology Services.....249-4472
Central and Northern Saskatchewan


Adult FASD and Autism Spectrum Disorder Psychology Services.....766-6700
Southern Saskatchewan

Regina Community Clinic FASD Centre.....543-7880 x268

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APPENDIX D: POWERPOINT SLIDES

Prepared and presented by Corey LaBerge, November 16, 2013 in Regina, Saskatchewan



FASD & Justice

Corey La Berge
Regina, 2012