



Strategic Plan 2019 – 2024

VISION

Communities are supported with a comprehensive and coordinated response to Fetal Alcohol Spectrum Disorder.

MISSION

To provide community-driven services across the lifespan for FASD prevention, assessment and intervention, and supports for individuals and caregivers.



The Edmonton and area Fetal Alcohol Network Society works to enhance the capacity of our community to prevent Fetal Alcohol Spectrum Disorder (FASD) and support those impacted by an FASD through education, service delivery and collaboration.

The origins of EFAN go back to 1998 when the efforts of a number of people came together. At that time no specific services existed for people impacted by an FASD and many agencies were frustrated with their ability to meet the needs of their clients. It became obvious to staff that in order to be of service to children, youth, adults with FASD, their caregivers and families, they needed to support one another.

In any community initiative champions play a central role in taking an idea and making it into something. In Edmonton there were and continue to be several champions. From its inception as the Region 6 Steering Committee to present day, EFAN has been committed to the prevention and awareness of FASD and supporting individuals and families.



OUR PRINCIPLES

The Network operational policies and procedures and service delivery model are based on the following principles:

Develop a collaborative and flexible approach: The Network promotes collaboration among stakeholders at the government, agency, and community levels, within an environment that is flexible and responsive to unique local needs.

Align with identified direction setting documents: Development, implementation, and ongoing improvement of the Network and its operations is informed by provincial strategic directions established by the Government of Alberta, FASD Cross Ministry Committee (FASD CMC) and Alberta's FASD community at the national, regional, and local levels.

In partnering with the Government of Alberta and FASD Cross Ministry Committee, the Network has identified several direction setting documents that are considered in the development and implementation of all Network actions and funded services and supports. These include:

- **Year 5, Year 7 and Year 10 Evaluations of the FASD 10 Year Strategic Plan** (Government of Alberta).
- **FASD Across the Lifespan, FASD Strategic and Operational Plan** (AB FASD Cross Ministry Committee, 2018/2019).
- **FASD Service Network Program: Operating Grant Policies** (AB FASD Cross Ministry Committee, 2019).
- **Fetal alcohol spectrum disorder: a guideline for diagnosis across the lifespan** (Cook et al 2015).
- **Best Practices for FASD Service Delivery: Guide and Evaluation Toolkit** (Pei et al., 2015).
- **Towards Healthy Outcomes for Individuals With FASD** (Pei et al., 2019).
- **Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives** (Poole, 2008).
- **Gender-Based Analysis Plus (GBA+)** (Government of Canada).
- **Truth and Reconciliation Commission of Canada: Calls to Action**, especially Recommendation #33 (development of FASD preventive programs in collaboration with Aboriginal people and delivered in a culturally appropriate manner) and Recommendation #34 (reform of the criminal justice system to better address the needs of offenders with FASD).
- **United Nations Declaration on the Rights of Indigenous Peoples** (United Nations).
- **OCAP[®] : Ownership, Control, Access and Possession** (First Nations Information Governance Centre).
- **Convention on the Rights of Persons with Disabilities** (United Nations).
- **FASD and Access to Justice: Final Report to Federal/Provincial/Territorial Ministers Responsible for Justice and Public Safety** (Justice Canada).
- **Consensus Statement on FASD – Across the Lifespan, 2009** (Institute of Health Economics).
- **Consensus Statement on Legal Issues of FASD, 2013** (Institute of Health Economics).

Focus on accountability and transparency: The Network will be managed in a fiscally responsible and transparent manner, including regular reporting of FASD activities and measurable results to stakeholders.

Building on existing capacity to address identified needs: The Network will enhance and align with existing service provision and facilitate development of new services where none currently exist.



Use the GBA+ lens to inform services and operations: The Network operations, programs and services will be informed by a GBA+ lens to ensure they are equally accessible to individuals of all genders and other intersecting identity factors, such as age, education, language, geography, culture, and income.

Integrated delivery of FASD-informed supports across the lifespan: FASD is a full-body, lifespan disorder that requires access to FASD-informed services across all intersecting systems to support individuals with FASD to reach their full potential at every stage of life. From a developmental lifespan perspective, the Network will provide a continuum of supports and services that meet people when and where they are at, from pre-conception to death.

Prevention of FASD: Alberta has adopted a Canadian FASD prevention model that focuses on providing a continuum of care and support for women, where all strategies are considered preventative (Poole, 2008). This model has four mutually reinforcing strategies that focus on assisting women to improve their health and the health of their children with support from family, support networks, services and community. Women are supported to prevent future alcohol-exposed pregnancies, individuals with FASD are supported to reach their full potential, and caregivers are supported to safeguard their wellbeing.

FASD-informed workforce: Professionals in every intersecting system in every community are trained to prevent alcohol-exposed pregnancies, to refer individuals who may have FASD for assessment and diagnosis, and to deliver FASD-informed supports.

Evidence-informed practice: FASD supports and services are developed and continuously improved based on research and evaluation.

Strength-based: Every individual with FASD has unique strengths and capabilities. Fostering capacity supports individuals with FASD to live meaningful and fulfilling lives. The Network will provide services to individuals, families, and communities that emphasize self-determination and strength.

Culturally-informed: FASD is a population-wide health and social issue that impacts every community. Collaboration with families and communities is essential to developing culturally-informed FASD supports that respect diversity.

Trauma-informed practice: FASD-informed services include trauma-informed practices that discuss the connections between trauma, mental health and substance use in the course of work with all clients; identify trauma symptoms or adaptations; and offer supports and strategies that increase safety and support connection to services (BC Provincial Mental Health and Substance Use Planning Council, 2013).

Diagnosis is a gateway to supports: Individuals with FASD are provided access to services based on diagnostic recommendations and access to reassessment at key transition points during their lives.

A complete picture of FASD in Alberta: A centralized FASD data collection and analysis system supports evaluation and research to monitor the effective delivery of prevention and FASD-informed supports across all intersecting systems.



OUR GOALS

- **Supports & Services**

To provide individuals, families and communities with a continuum of interventions from a developmental lifespan perspective that meet their needs at all ages and stages of life.

- **Policy & Collaboration**

To help create a voice for and alongside people impacted by an FASD, including individuals with FASD, caregivers, families and communities.

1. **Knowledge Sharing & Education**

To provide access to information and resources while developing and delivering evidence-based education and training to the community.

- **Research & Action**

To inform, participate, and disseminate research and contribute to the development of best-practice interventions.

- **Community Engagement & Strategic Partnerships**

To nurture and maintain connections and partnerships with communities, agencies, and all levels of government.

STRATEGIES AND OUTCOMES

Support and Services Strategies:

1. Continue to provide funding for a continuum of coordinated supports from a developmental lifespan perspective to individuals (children, youth, and adults) and caregivers in the areas of assessment and diagnosis, interventions and prevention.
2. Survey individuals, families, and communities to determine current needs and gaps for persons impacted by FASD, creating a 'Community Needs Assessment'.
3. Develop and implement a feedback process on client experiences, ensuring that funded service providers utilize client satisfaction surveys.
4. Create and maintain an up-to-date repository of FASD specific resources and service information that reflects new research and best practices in the field.
5. Continue to offer referral and navigation support and links to community services through the Network Coordinator.
6. Continue to develop a continuum of services, including short-term navigation, long-term mentorship, and group-based supports, making adjustments from the learnings along the way.
7. Provide opportunities for case management consultations.
8. Create a private family and caregiver Facebook page.
9. The Network and funded programs complete the 'Best Practice' self-assessment survey, identifying their strengths, weaknesses, opportunities, and threats in relation to alignment with the FASD CMC and Network identified core documents and from survey results, develop recommendations to address any gaps.

Supports and Services Outcomes:

1. Individuals, families and communities affected by FASD have coordinated access to supports and services that meet their needs. These include access to interventions for individuals and caregivers, assessment and diagnosis services and prevention supports.
2. Individuals, families and communities have knowledge of and access to community resources.
3. Individuals, families and communities have knowledge about FASD and its related issues.
4. Individuals, families and communities experience an increase in well-being.



5. Individuals and families experience a decrease level of stress and in increased ability to cope.
6. Interdisciplinary teams collaborate in informed approaches.
7. Clients are satisfied with their program involvement.

Knowledge Sharing and Education Strategies:

1. Survey the community (systems, service providers, families and caregivers, and individuals with FASD) to determine education and training needs.
2. Make available repositories of FASD supports and services that are specifically targeted to various populations. For example, families and caregivers, individuals with FASD, and women at-risk of giving birth to a child with FASD.
3. With community partners develop and deliver targeted education and training sessions to all sectors of the population. This includes evaluating effectiveness and refining based on results.
4. Provide prevention conversation trainings and education sessions through the 'Alberta FASD Prevention Conversation: A Shared Responsibility' project, including those targeting women of childbearing years (18 – 45) and youth (10-17).
5. Revise as needed the Network communications plan, internal and external, to ensure alignment with the values and practices identified by the Network, CanFASD, FASD Cross Ministry Committee and Government of Alberta.
6. Host targeted community initiatives/events to raise awareness of FASD and prevention.
7. Develop information and education resources, including newsletters and tip sheets, that can be cross-purposed on different media platforms.
8. Maintain and enhance the Network (www.edmontonfetalalcoholnetwork.org) and Prevention Conversation (www.preventionconversation.org) web and social media sites.

Knowledge Sharing and Education Outcomes:

1. The community has an increased knowledge about the effects of alcohol use in pregnancy.
2. The community has an increased understanding of FASD that includes caring for and supporting individuals with FASD.
3. There is a change in attitudes/stigma attached to FASD.
4. A full range of resources (electronic and print) is available.
5. Service providers and programs integrate knowledge of FASD into their practices.
6. Service providers have the ability to provide effective and holistic supports to individuals, families and communities impacted by FASD.
7. Government and service providers have an increased capacity to identify individuals with FASD, understand the unique needs and deliver and/or refer to appropriate services.

Community Engagement and Strategic Partnerships Strategies:

1. Identify at monthly Network meetings gaps in Network membership and develop a comprehensive plan for engagement.
2. Host yearly an interagency resource fair.
3. Participate in and present at key conferences, Network presentations and community events.
4. In partnership with Network stakeholders host a monthly 'FASD Frontline' meeting for staff who in their service positions support individuals with FASD.
5. Provide avenues to create new and formalize existing partnerships, including monthly Network meetings and continued improvement to Network operated web and social media sites.



6. Complete annual Network evaluation partnership survey and subsequent recommendations for improvement.
7. Promote FASD awareness and prevention by engaging with all levels of government and the community.

Community Engagement and Strategic Partnerships Outcomes:

1. New relationships and partnerships are expanded.
2. Existing relationships and partnerships are strengthened.
3. Mechanisms are in place to facilitate and encourage stakeholder and community engagement.
4. Effective lines of communication with stakeholders and policy makers are in place.
5. The profile of the Network at local, provincial, national and international levels is strong.
6. An increased number of initiatives, programs and service agencies are working to prevent FASD and support individuals and families impacted by FASD.

Policy and Collaboration Strategies:

1. Consult with municipal, provincial and federal governments on issues related to FASD.
2. Consult with stakeholders to enable individuals and families impacted by FASD to contribute to Network planning. This includes through formal monthly Network meetings, partnership surveys, and informal engagement.
3. Develop a communication process for individuals and families impacted by FASD that will empower their sharing of needs to the Network and experiences to the wider community.
4. In collaboration with stakeholders develop policy papers on issues related to FASD and the prevention of FASD.

Policy and Collaboration Outcomes:

1. FASD is recognized as a public health matter that impacts all public sectors and broad policy.
2. FASD is recognized as a community issue that requires a community response.
3. FASD is recognized as a disability that requires specific supports and services that are best practice and evidence based.

Research and Action Strategies:

1. Apply appropriate evaluation tools to assess effectiveness of Network funded supports and services and the operations of the Network.
2. Monitor current provincial, national and international resources and information, including research, and distribute broadly via communication channels.
3. Respond where necessary to provincial, national and international resources and information.
4. Provide forums where valid research is presented and the impacts of best practice are discussed, such as monthly Network meetings and agency staff meetings.
5. Participate and contribute to research initiatives.

Research and Action Outcomes:

1. The Network activities are evaluated.
2. Research findings, including those from monitoring and evaluation systems, are used to inform Network strategic planning, services and programs.
3. Stakeholders and the community have knowledge of and access to research and leading practice.

