



Date: Tuesday, October 7, 2025

Minutes

1. In Attendance:

Tracey, Aidan, Andres, Brittany, Blayne, Sarah, Raelee, Sophia, Amma, Mariam, Carol, Ann, Giz, Beth, Sadie, Denise, Bernie, Lisa

2. Action Follow Up – August 2025

- Action: Lisa will follow up with CanFASD concerning the potential project material revision contract (WRaP 2.0). COMPLETED
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3. EFAN Business Priorities:

→ *Reporting*

- Quarter 2: July 1 – September 30, 2025
- ORS is due not later than 9:00 am, Friday, October 3, 2025.
- Narrative reports are due Friday, October 10, 2025.
- 6 months expenditures to date (Schedule B) are due October 15, 2025.
- Edits will be made to the Letters of Agreement (2026): remove schedule B requirement for those who provide invoices for payment.

→ *Finances*

- Approximately \$7,000 remaining in the Strategic Engagement line item in Schedule D

→ *FASD Service Network Program*

- Still waiting for 3 year grant submission package from the GOA

→ *EFAN Expression of Interest: Adult Clinical Services*

- Due October 31, 2025
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4. Health Outcomes Fund Applications

- 103 participants
 - **Action: Programs to email Lisa the demographics of their clients who were in attendance.**
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5. 'Provincial FASD Initiatives:

→ *Prevention Conversation*

- Currently working alongside Dr. Pei and associates to develop a new module for the facilitators: brain domains/strategies/healthy outcomes.
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- Was suggested to use and adapt the 'Foundations of FASD' from the WRaP project as it is more comprehensive and currently being updated by CanFASD.
- *WRaP 2.0*
- Extended to June 30, 2026.
 - Reporting from November 1 – June 30, 2026 will be completed with new survey/reflection questions.
 - Reporting must be completed by the last day of each month so that outputs can be tabulated in real-time.
 - Data will be presented by Network/catchment area.
 - Helene is currently developing the final evaluation outline.
 - Important that the tone is system-level reflection, enablers/barriers and legacy/sustainability versus task reporting, satisfaction metrics and compliance history.

6. Teacher Strike

- Loss of routine and predictability can increase anxiety, dysregulation, and behavioural challenges.
 - Disruption to specialized supports (e.g., EAs, resource teachers, therapy services) may lead to skill regression or unmet needs.
 - Missed instructional time can widen existing learning gaps and reduce retention without repetition and scaffolding.
 - Increased stress or confusion for students with FASD due to sudden changes and lack of structure.
 - Greater burden on families/caregivers to provide supervision, regulation support, and learning activities at home.
 - Loss of access to safe, structured school environments may create instability during the day.
 - Re-entry after the strike may be challenging due to transition difficulties, academic catch-up needs, and adjustment to routine.
 - Students in lower-resourced or rural homes may face larger inequities due to lack of alternatives or access to supports.
 - **Reinforce routines:** Help clients and families create simple, visual daily schedules to replace lost school structure.
 - **Check in regularly:** Use brief phone, text, or virtual check-ins to maintain connection, reduce anxiety, and problem-solve early.
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- **Prioritize regulation first:** Encourage sensory breaks, calming strategies, and predictable activities before focusing on learning or tasks.
- **Share low-barrier activities:** Provide easy, home-based ideas for learning, life skills, or engagement that don't overwhelm caregivers.
- **Support caregivers' capacity:** Acknowledge increased stress and help them plan realistic expectations, breaks, or respite when possible.
- **Plan for return-to-school transitions:** Remind families and clients that re-entry may require prep, gradual adjustment, and advocacy for supports.

7. New Research/Resources

- <https://edmontonfetalalcoholnetwork.org/2025/09/08/exploring-canadian-public-perceptions-of-fetal-alcohol-spectrum-disorder/>
 - Researchers surveyed 372 adults across Canada to understand how the general public perceives Fetal Alcohol Spectrum Disorder. Participants came from different ages, genders, regions, and educational backgrounds. They were asked open-ended questions, rather than multiple choice, so the researchers could analyze how people naturally talk about FASD.
 - The responses clustered into five main themes:
 - General Understanding of FASD: Some people provided accurate definitions (e.g., "a brain-based disability caused by prenatal alcohol exposure"). Others gave vague or incorrect answers, such as "kids who drank alcohol before age 5" or "a genetic condition."
 - Beliefs About Causes: Most participants knew alcohol use during pregnancy was the cause. However, many assumed only "heavy" or "chronic" alcohol use leads to FASD, missing that any exposure carries risk. A few suggested it could be inherited or caused by drugs, trauma, or poverty.
 - Perceived Impacts on Individuals: People frequently mentioned learning difficulties, behaviour challenges, developmental delays, and problems with impulse control. Some believed individuals with FASD are aggressive, incapable of independence, or likely to develop addictions or criminal involvement - reflecting deficit-based and stigmatizing views.
 - How People Described FASD as a Medical/Social Condition: Many recognized it as lifelong and brain-based, but some thought people could "grow out of it" or that it only affected children.
 - Stigma and Moral Judgement: A significant number used blaming language toward birth mothers ("irresponsible," "careless," "unfit"). Others implied
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certain populations were more responsible - usually referencing Indigenous or low-income communities, reinforcing stereotypes.

- The most hopeful findings came from respondents who had personal or professional experience with FASD. These individuals were far more likely to:
 - Recognize strengths, not just challenges,
 - Emphasize support systems over blame,
 - Describe successful adults living with FASD who thrive when supported
- **Key Takeaways:**
 - Canadians know of FASD - but don't fully understand it. Awareness campaigns have worked at a basic level, but most people still lack accurate knowledge about the full spectrum.
 - Stigma is deeply embedded in public language - especially toward mothers and certain populations. This reinforces shame and prevents people from seeking diagnosis and support.
 - First-hand exposure changes perceptions. When people actually know someone with FASD, they shift from judgement toward understanding - a powerful case for increasing visibility of lived experience voices.

8. Next Meeting:

- Tuesday November 4, 2025 (virtual or Catholic Social Services office)
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