

# FASD, Justice and Reconciliation: Tough Questions, New Collaborations

## Executive Summary

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term used to describe a spectrum of physical, neurological, cognitive, socio-emotional, and behavioural impairments that may result from prenatal exposure to alcohol. In addition to these impairments, secondary challenges (such as involvement with the criminal justice system) may be experienced in the absence of appropriate supports and services. FASD is often discussed in the context of the criminal justice system, as individuals with FASD are understood to be overrepresented in the justice system.

In 2015, the Truth and Reconciliation Commission of Canada released 94 Calls to Action, directed at various levels of government and to all Canadians. TRC Calls to Action 33 and 34 specifically address FASD. The Calls to Action provided an opportunity to bring together policy makers, front-line workers, parents/caregivers, and students to discuss how the TRC can be considered in justice practices. The Symposium took a holistic look at how justice programs at the local and national level may incorporate culturally-appropriate programming. This included discussions on how individuals and families can be best supported in the community and, when necessary, in the justice system.

Moreover, the Symposium drew attention to the need for programs that are attentive to the broader contexts that impact Indigenous peoples with FASD, particularly when in contact with the justice system. Indigenous voices and programs were at the centre of the discussion. Justice programs that have solidly incorporated Indigenous perspectives were also explored—from smaller community-based projects to larger programs embedded in province-wide judicial initiatives. The goal was for participants to be exposed to programs from across Canada, to gain

a broader understanding of the complexity of issues when discussing FASD in the justice system and to be introduced to new tools and networks to respond to the TRC Calls to Action.

The Symposium featured six presenters who led an exploration of how justice system programming supports people with FASD, focusing on the experiences of Indigenous individuals. This included the perspectives of parents, front-line community workers, and diagnosticians. Participants engaged in discussions focused on current practices, future directions, and the path forward. From the feedback collected throughout the event, Dr. Stewart's research team has produced 6 key findings and 18 recommendations for moving forward.

### Key Findings and Recommendations

1

#### Culturally and Historically-Informed Practices

Participants noted that there is often a lack of culturally and historically-informed programming for individuals with FASD across systems.

**Recommendation 1:** Develop relationships between agencies and Indigenous communities.

**Recommendation 2:** Develop training focused on the TRC and the history of residential schools and colonialism in Canada for agencies.

**Recommendation 3:** Explore the potential for culturally and historically-informed practices within the health system.

## 2

### Trauma

Participants recognized the role of trauma in the lived-experience of individuals with FASD, particularly in relation to the potential for re-traumatization within the justice system.

**Recommendation 4:** Develop and distribute training on trauma-informed practices.

**Recommendation 5:** Establish the capacity for trauma to be incorporated as a mitigating factor in sentencing.

**Recommendation 6:** Develop outreach and training material for frontline health professionals about practices surrounding diagnosis and care.

## 3

### Advocacy

Participants discussed the ways in which individuals with FASD, families, and support agencies can advocate for greater awareness of FASD and confront the stigma surrounding FASD.

**Recommendation 7:** Facilitate collaborative spaces that are inclusive and welcoming of candid discussions.

**Recommendation 8:** Create spaces for individuals with FASD and caregivers to engage directly with policy-makers and program managers.

**Recommendation 9:** Facilitate spaces for individuals with FASD and families to access training.

**Recommendation 10:** Implement and integrate changes to programs and practices that honour Indigenous perspectives.

**Recommendation 11:** Establish keeping families together as a top priority informed by Indigenous perspectives.

## 4

### Resources

Participants expressed that, while some jurisdictions have demonstrated success in establishing supports for individuals with FASD and their families, there are

substantial gaps in services particularly in rural or remote communities.

**Recommendation 12:** Identify wise practices that best support individuals with FASD across the lifespan informed by Indigenous perspectives.

**Recommendation 13:** Prioritize community driven requests for supports and services with an emphasis on sustained funding.

**Recommendation 14:** Fund culturally appropriate diagnoses, mentorship, and respite for families, life-skills and mentoring for individuals, and ongoing support that changes across the lifespan.

## 5

### Interagency Collaboration

Participants noted that a primary challenge to the provision of appropriate supports and services to individuals with FASD is the “silos effect” (agencies working in isolation) which prohibits effective collaboration.

**Recommendation 15:** Facilitate regular opportunities for interdisciplinary teams to come together to share resources.

**Recommendation 16:** Strike working groups comprised of federal, provincial/territorial stakeholders, and policy-makers in collaboration with Indigenous communities to implement TRC Calls 33 and 34.

## 6

### Challenging Systems and Policy

Participants noted many barriers to individuals with FASD accessing services, including the need for maternal confirmation and justice-specific concerns (such as conditions of release and use of legal jargon).

**Recommendation 17:** Complete a program and policy review through a TRC lens to make appropriate modifications to programs, practices, and protocols.

**Recommendation 18:** Undertake a review of culturally modified/culturally appropriate diagnostic practices to modify or enhance current diagnostic practices.