2019-2020

ANNUAL REPORT

CanFASD
CANADA FASD RESEARCH NETWORK

WHO
WE
ARE

The Canada Fetal Alcohol Spectrum Disorder Research Network (CanFASD) is a network of stakeholders from across Canada focused on addressing Fetal Alcohol Spectrum Disorder (FASD). We are a national and charitable organization that supports research and knowledge exchange initiatives to inform evidence-based policies and practices. CanFASD's unique partnership brings together researchers, students, practitioners, policymakers, families, and communities across Canada and internationally to address the complexities of FASD. Our research teams currently lead over 50 major projects in the areas of prevention, diagnosis, intervention, justice, and child welfare.

Together.
Finding answers.
Improving outcomes.

Table of
CONTENTS

STRATEGIC PLAN

A new strategic plan is currently under development that will guide CanFASD's work over the next five years. The updated strategic plan will be implemented over 2020 and 2021.

VISION

All Canadians are engaged and united with awareness, evidence and knowledge and are effectively addressing the complexities of FASD.

MISSION

CanFASD supports Canada's leadership, across all sectors and at all levels, in addressing the extraordinary complexities of FASD. The Network does this through producing and sustaining national collaborative research, shared with all Canadians, focusing primarily on the critical areas of FASD prevention, intervention and diagnosis.

The work of the Network leads to increasingly effective prevention strategies and practice, and improved support for people affected by FASD.

NETWORK GOALS

As the centre of expertise on FASD in Canada, our goal is to inform policy, practice and decision-making at the local, regional, provincial, national and international levels to:

- Develop and foster relationships, research programs, and initiatives across the spectrum of FASD activity.
- Facilitate and enhance productive linkages across jurisdictions, communities, and disciplines related to FASD.
- Answer high priority questions that are meaningful about the prevention, diagnosis and treatment of FASD to disseminate empirically validated knowledge about the prevention, prevalence, surveillance, diagnosis and treatment of FASD.
- Build research capacity and knowledge across and within all communities.
- Ensure that the voices of individuals and families affected by FASD are incorporated into research development.

DEFINITION of FASD

Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term used to describe impacts on the brain and body of individuals prenatally exposed to alcohol. FASD is a lifelong disability. Individuals with FASD will experience some degree of challenges in their daily living, and need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to reach their full potential. Each individual with FASD is unique and has areas of both strengths and challenges.

In 2018, CanFASD researchers developed an evidence-based, common definition of FASD for use in the Canadian context. We recommend that all governments, service agencies, and researchers implement this common definition to:
- Reduce stigma;
- Increase consistency in FASD language across Canada;
- Increase understanding of FASD; and
- Reduce confusion surrounding this disability.

The definition has been developed and refined based on recommendations from researchers, governments, national and international organizations, and community members. It is not static in nature. The definition will be continuously reviewed and revised to stay in line with existing research and best practices in FASD.

In response to recommendations from community members and professionals, CanFASD also released a definition for everyday use:

Fetal Alcohol Spectrum Disorder (FASD) is a lifelong disability that affects the brain and body of people who were exposed to alcohol in the womb. Each person with FASD has both strengths and challenges and will need special supports to help them succeed with many different parts of their daily lives.

The intention of this shorter definition is to make the evidence-based definition of FASD more accessible by limiting the amount of technical language used. We recommend individuals use this definition in their daily lives to encourage the use of consistent, strengths-based language when talking about FASD.
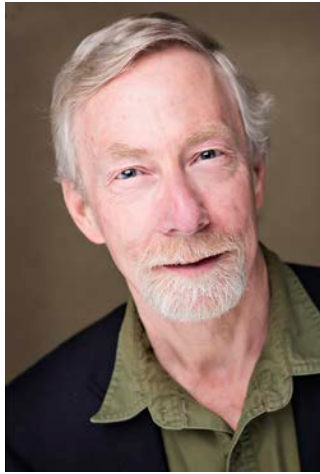
Message from the
BOARD CHAIR

It has been a sincere privilege to serve as Chair of the Canada FASD Research Network Board of Directors over the past year. The Network continues to stimulate exponential growth in research, engagement, support and influence for those living with FASD, their families and caregivers, policy makers and practitioners. The CanFASD Board is made up of truly committed and dedicated people who provide exceptional insight, advice and direction to the organization in our efforts to work toward attaining our vision relating to FASD in Canada.

I am very pleased to note that for the first time, under the current Board configuration, CanFASD has a full slate of Board members. This year saw Al Bocking (Ontario), Darren Joslin (Alberta), Christian Whalen (New Brunswick) and David Brown (Manitoba) join the Board of Directors. Their collective knowledge, experience and commitment to FASD are very valuable to the work undertaken by the Board of Directors.
Another first for CanFASD is the inaugural Claudette Bradshaw Award, presented to the team at the New Brunswick Centre of Excellence in recognition of their work on the Dreamcatcher Model. The Honourable Claudette Bradshaw presented the award to the Centre Team on January 9, 2020. This year the CanFASD Sterling Clarren Award was presented to John Aspler, in recognition of his research work titled *Stigmatization, Exaggeration, and Contradiction: An Analysis of Scientific and Clinical Content in Canadian Print Media Discourse About Fetal Alcohol Spectrum Disorder*. Both these awards are an essential component of CanFASD's role in recognizing, supporting and promoting the excellent work being done by researchers and program and service agencies in FASD in Canada.

One of the most significant current initiatives of CanFASD is the continuing development and implementation of the Network's FASD online training courses. The response to the initial modules has surpassed expectations and has confirmed that e-learning is a valuable strategy in addressing FASD in Canada and internationally. The uptake on these courses has been excellent with some of the member jurisdictions making the courses mandatory training for their respective staff members.

All of the work of CanFASD is driven by and supported by the work of our very talented Research Leads, our Family Advisory Committee, and the Alumni and Ambassador Committees who continue to work hand in hand with the Board to ensure that all of the work the Network engages in has a direct benefit to families, caregivers and individuals, practitioners, and policy makers. Behind all of this, of course, are our amazing staff, led by our Executive Director Audrey McFarlane, who take all of the ideas and strategies and turn them into effective action and results. Truly, without the exceptional competence and commitment of the Network staff there would not be a CanFASD.

The Board implemented a broad stakeholder engagement process for the first time in developing an updated strategic plan for CanFASD. Overall 150 stakeholders provided information toward the new plan through comprehensive interviews representing 21% of respondents and two levels of online surveys. The participants included a wide cross section of individuals, agencies, organizations and government officials that CanFASD works with to achieve our strategies and goals. I was very pleased to see that of the persons providing feedback, 94% supported CanFASD's current Vision and 99% supported the current Mission of the Network.

As I have in previous years, I would like to acknowledge that we, as members of CanFASD, are very aware we do not do this work alone. We have many partners, agencies, organizations, institutions and individuals that enable the work of the Network to carry on and to continue to grow and develop. In particular, we deeply appreciate the continued commitment and support of the Network by the Canada Northwest FASD Partnership, the Government of New Brunswick, and the Government of Canada through the Public Health Agency and First Nations Inuit Health Branch and anticipate other provincial jurisdictions joining CanFASD in the next year. We are much more effective in preventing FASD and in providing research and evidence-based knowledge to support those persons with FASD, their families, caregivers and communities across Canada when we work collectively and collaboratively.

Finally, in this 2019 – 2020 message, I do note that all Canadians are in a very challenging time created by the impacts of the COVID-19 pandemic. I would like to acknowledge the individuals with FASD, their families and caregivers as well as the agencies and service providers who are dealing with the additional challenges that the virus and its substantial impacts create. CanFASD has been closely monitoring the evolving situation and responding with measures that are within our ability and capacity to assist. Under the leadership of our Executive Director, Audrey McFarlane, CanFASD has taken steps including making the online courses for Educators free during this period, developing and releasing a joint statement with the Centre of Excellence in Women's Health (Dr. Nancy Poole) on the prevention of FASD during COVID-19, and released a statement on working with Individuals with FASD during COVID-19. My sincere hope is for all to stay safe and well during this very trying time.

Tim Moorhouse

Message from the
SENIOR RESEARCH LEAD

I have recently entered the role of Senior Research Lead (SRL). This is a new position within CanFASD, replacing that of the Scientific Advisor. This is an exciting new opportunity, and the strong support of the CanFASD team has made the transition feel smooth and productive. From this position I am able to continue with my research activities in interventions for individuals with FASD, while also representing all of the Research Leads within Network activities. Perhaps my favourite part of this new role has been the ability to see the Network from a different perspective, in which I can more fully appreciate the scope and impact of the work being done across Canada and internationally.

Creating evidence-based knowledge is at the forefront of the work that we do. Our Research Leads are innovators in their respective fields and continue to provide important advances in the areas of prevention, intervention, diagnosis, justice, and child welfare. Over the past year, CanFASD has been well represented in both FASD-specific venues as well as discipline-specific settings. Our Research Leads have attended and presented at child welfare, housing, psychology, substance use, and mental health conferences, in addition to FASD specific events, like the International FASD Conference in Vancouver. All of our Research Leads have contributed to the development of research articles and presentations, as well as practice-based initiatives within their communities.

The scope of the work conducted by our Research Leads is broad. I have selected a few projects here to illustrate some of the ground-breaking work being done by this exceptional group. Many of our Leads are engaged in work to help continue to evolve our diagnostic approaches and our ability to positively impact the lives of those with FASD. For instance, Dr. Hanlon-Dearman is conducting a social

epigenetic study of FASD in full partnership with Indigenous communities in Manitoba led by Cree Nation Tribal Health. The team working on this study seek to better understand FASD and its associated behaviours and co-morbidities to inform the development of pre-assessment and diagnostic tools that facilitate earlier diagnosis and intervention, and advance Indigenous control over these processes.

Additionally, the National FASD Database project led by Dr. Jocelynn Cook is continuing to grow. The Database now has over 2,200 records and continues to provide up-to-date information about FASD diagnosis from clinics across Canada. Our Intervention Network Action Team (iNAT) is studying developmental pathways as well as the impact of different interventions in individuals with FASD to inform intervention initiatives. These findings have resulted in new materials and resources, such as the Towards Healthy Outcomes model, that help to support evidence-based practice in communities.

International collaborations remain an important tool to our research team. Dr. Jocelynn Cook is involved in efforts to create international diagnostic standards for FASD. Additionally, Dr. Dorothy Badry is continuing to develop partnerships with researchers and service providers in Australia through in-person presentations and research collaborations. CanFASD's presence at international conferences and events enables us to support innovative research initiatives and facilitate best practices for healthy outcomes. Our Prevention Network Action Team (pNAT), led by Dr. Nancy Poole, continues to play a pivotal role in establishing national, evidence-informed, prevention initiatives. Their team is working to develop an international level pNAT that brings together researchers, practitioners, policy makers, and those with lived experience with the goal of enhancing the voices of women and girls.

Knowledge translation continues to be a major part of our work. Our researchers are exploring innovative approaches to increase community knowledge and understanding. In April, 2019 CanFASD partnered with Inclusion Alberta and community advocates to present a one-day preconference workshop using an interactive "talk show" format. Additionally, our team convened an expert advisory council to support the development of an online FASD training program for professionals working in the Justice sector, which launched in April 2020. Our newly released Justice course supplements the extensive work that Dr. Kailyn McLachlan is doing to understand and support individuals with FASD in the justice and forensic systems.

Moving forward, our research team is working to explore complex issues, such as stigma, from an interdisciplinary perspective. Incorporating the evidence and expertise from multiple disciplines is an effective way to harmonize training, research, and practice approaches.

I would like to share my excitement at taking on this new role. I appreciate the opportunity for continued learning and growth with such a knowledgeable and enthusiastic team and I look forward to contributing to CanFASD in meaningful ways over the next year.

Dr. Jacqueline Pei

Board of DIRECTORS

Tim Moorehouse	**Alan Bocking**	**Olecia Walker**	**Lisa Brownstone**	**Carol Ann Cheechoo**	**Wenda Bradley**	**Darren Joslin**	**David Brown**	**Christian Whalen**
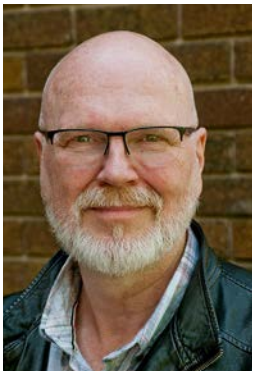
MANAGEMENT & RESEARCH Team

Audrey McFarlane
Executive Director

Kathy Unsworth
Managing Director

Dr. Jacqueline Pei
Senior Research Lead & Intervention Research Lead

Edward Swatschek
Manager of Corporate Services & Administration

Dr. Kelly Coons-Harding
Research Assistant

Dr. Katherine Flannigan
Research Assistant

Victoria Bailey
Communications Coordinator

Dr. Kaitlyn McLachlan
Justice Research Lead

Dr. Nancy Poole
Prevention Research Lead

Dr. Dorothy Badry
Child Welfare Research Lead

Dr. Ana Hanlon Dearman
Diagnostics Research Co-Lead

Dr. Mansfield Mela
Diagnostics Research Co-Lead

Dr. Jocelynn Cook
Data Research Lead

FAMILY ADVISORY Committee

The Family Advisory Committee (FAC) of the CanFASD Research Network was struck in 2014 with the two-fold mandate of advising the Network on research priorities for families impacted by FASD, and assisting in translating results of research to families. Within this mandate, the FAC has been engaged in a number of different activities over the past year.

We have collaborated in the development of a number of research projects with CanFASD Research Leads, providing a caregiver's voice to documents and publications. We have developed and published documents of interest to caregivers, such as the *Caregivers Guide to FASD Diagnosis*, to assist caregivers in understanding the diagnostic process. CanFASD, in consultation with the Family Advisory Committee, has also published a number of resources for caregivers, including *Succession Planning: What parents & caregivers of a loved one*

with FASD need to know and *How to Explain an FASD Diagnosis to Your Child*. We have consulted with CanFASD researchers on the development of documents such as *Towards Healthy Outcomes*, an excellent resource for anyone working in the field or supporting individuals with FASD.

We continue to assist CanFASD staff and researchers in developing and reviewing online training modules designed to improve professional and community understanding. We are pleased to have reviewed and supported the FASD for School Staff course and we are eagerly anticipating the latest online course for individuals working in the Criminal Justice System. We recognize the importance of community education and awareness in creating a society in which people with FASD can thrive and prosper and are delighted at the community uptake on the Foundations in FASD course.

The Family Advisory Committee recognizes the need for more work in the provision of housing options for individuals with FASD and was particularly encouraged to have representatives attend the Canada Northwest FASD Partnership Symposium this year. We, as caregivers, have long recognized the significant risk of unstable housing faced by individuals with FASD. This has recently been confirmed by a survey completed by individuals with FASD noted that 30% of the 370 responses received had been homeless at some point in their lives, with 25% having been homeless more than three times. We were fortunate enough to have FAC representatives attend the Canada Northwest FASD Partnership Symposium in the beautiful Kwanlin Dün Cultural Centre in Whitehorse, Yukon this year. The symposium was entitled *A Mosaic of Options: A Housing Continuum for People with FASD* and it's purpose was to share current research and community knowledge to better understand how to support the housing needs of people with FASD. The symposium report will be made available soon. It was a successful coming together of compassionate people of mixed backgrounds and experiences to seriously grapple with the challenging issue of secure housing for adults with FASD.

There are some excellent examples of supported housing designed for individuals with FASD, including the NWR FASD Society Housing Project in High Level, Alberta. This program provides 24/7 services to their four residents, ensuring safety, stability, security, support, structure and supervision. Their project is subsidized by the Government of Alberta and follows the 7-S Housing Model for Persons living with FASD, where the housing unit operates like a "family home". The work is delegated in a similar manner to a family setting with each member of the household rotating and taking responsibility with supports for various tasks and activities. Learning about the current housing models that exist for individuals with FASD can help us to support the development of national-wide policies and programs that can improve housing outcomes for individuals with FASD.

The members of the Family Advisory Committee continue to appreciate the support we receive from CanFASD staff and Research Leads. We enjoy the openness and collaborative spirit as we work together to improve outcomes.

Members of the Family Advisory Committeee in Yellowknife, Northwest Territories. From left to right: Simon Laplante, Shana Mohr, Tammy Roberts, Marsha Wilson, Wanda Beland, Ray Marnoch, Mary Ann Bunkowski, Ken Edwards, and Dorothy Reid.

The National
FASD DATABASE

The National FASD Database, led by CanFASD's Data Research Lead, Dr. Jocelynn Cook, continues to provide important information on the implications of prenatal alcohol exposure through diagnosis and data, which can ultimately help to improve health and social outcomes for individuals and families that are affected by FASD and inform policy decisions for our partners.

Twenty-nine clinics from British Columbia, Alberta, Manitoba, Ontario, New Brunswick, Yukon, and the Northwest Territories continue to enter this important data and demonstrate their commitment to the research project. The Database now has over 2000 records in it, 96% of whom have confirmed prenatal alcohol exposure.

	Number of Participating Clinics	Number of Records	Percent of Database
British Columbia	2	37	1.7
Alberta	16	802	37.7
Manitoba	1	493	23.2
Ontario	6	596	28
New Brunswick	2	171	8
Yukon	1	16	0.8
Northwest Territories	1	13	0.6
Total	**29**	**2,128**	**100**

The Database provides real-time information on the difficulties, challenges and needs of those who present for an FASD-related diagnosis, including type of diagnosis, recommendations for interventions, specifics of the assessment, other substance use and exposure, mental health issues, demographics and adverse outcomes, such as difficulties in school and trouble with the law.

This chart demonstrates the breakdown of diagnostic outcomes in the Database, with 51% of individuals receiving a diagnosis of FASD without sentinel facial features and only 9% of individuals having FASD with sentinel facial features.

- FASD without sentinal facial features
- FASD with sentinal facial features
- At risk for FASD
- No FASD
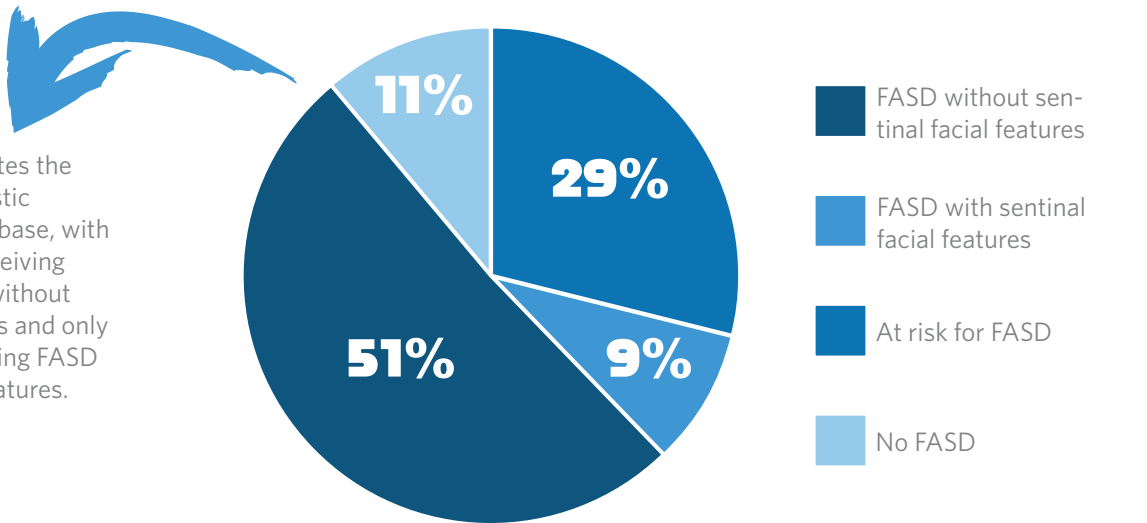
CanFASD and our Research Leads have started submitting manuscripts from this data for publication in the scientific literature. This year, we are delving even deeper into the data to start thinking about brain profiles, healthy outcomes and effective interventions as well as the impact of other prenatal exposures.

Read the 2019 annual report for more information and subscribe to our blog to stay up to date.

Towards
HEALTHY OUTCOMES

Achieving healthy outcomes for individuals with FASD requires working together towards meaningful goals for each individual. Recognizing this, we have produced an evidence-informed model to help us to identify key needs for all humans – with specific consideration for how existing literature can inform our practice.

Within this model we present a developmental lifespan perspective that is enacted within interactive systems and is strength-based and empowered.

Why is a developmental lifespan perspective important?

Individuals with FASD each have a unique pattern of strengths and difficulties that may change throughout their lives. Establishing a shared understanding of this pattern equips us to consider how to support success for each individual.

What is an interactive system?

Taking a creative, individualized approach to support people with FASD requires clear, effective interaction and communication between intervention services. Together we can identify meaningful outcomes, and the role of service providers.

How can we be strength-based and empowered?

When we focus on future and possibility, we can develop meaningful goals towards healthy outcomes. Goals are informed by past experiences, responsive to present needs and strengths, and anticipate future hopes and challenges. Together we can promote a sense of self-confidence and optimism by holding individuals with FASD to high, yet realistic expectations, and communicating a belief that together we can succeed.

RESEARCH Awards

STERLING CLARREN RESEARCH AWARD

The Sterling Clarren Research Award is named in honour of Dr. Sterling Clarren to recognize his pioneering contribution and leadership in the field of FASD. The award is presented annually to an individual in recognition of a completed study that has made a substantial contribution to understanding the human dimensions of FASD.

The 2020 recipient of the CanFASD Sterling Clarren Research Award is John Aspler. John is doing his research in the Integrated Program in Neuroscience at McGill University under the supervision of Dr. Eric Racine. His research focus is on analyzing the discourse surrounding FASD, alcohol, and pregnancy in major Canadian print news sources and the related stereotypes that members of the FASD community have experienced.

In the first phase of his project, John analyzed 286 print news articles published the 10 top newspapers in Canada to see how FASD was talked about in the media. His research identified three major issues common across news stories that had the potential to perpetuate harmful stereotypes and misinformation surrounding FASD, alcohol, and pregnancy. In the second phase of the project, John held a number of focus groups to analyze the reactions that individuals with FASD, caregivers, and professionals had to these news articles and their associated messaging, and to get an understanding of their personal experiences with FASD, alcohol, and pregnancy-related stereotypes.

CLAUDETTE BRADSHAW INNOVATION AWARD

The Claudette Bradshaw Innovation award recognizes the work of individuals and organizations across Canada who are using innovative approaches to improve the lives of individuals with Fetal Alcohol Spectrum Disorder (FASD). The award is named in honour of Mme. Claudette Bradshaw to recognize her dedication and impact to the fields of FASD, early childhood education, and homelessness.

A team of service providers from the New Brunswick FASD Centre of Excellence were the recipients of this inaugural award for their ground-breaking Dreamcatcher service delivery model. The Dreamcatcher model was designed in partnership with Indigenous elders. It provides a framework for service providers to tailor resources and supports specifically to each client. It takes into consideration the skills and needs of not only the client, but their support system as well. This holistic, people-centered practice that ensures that Indigenous clients with FASD and those surrounding them are involved in supporting the individual throughout their lifetime. The Dreamcatcher Service Delivery Model serves not only First Nation Communities, but NB FASD has implemented this approach with all of our clients across the province.

The funding from the CanFASD 2019 Claudette Bradshaw Innovation Award will help the NB FASD Centre of Excellence fund research efforts to measure the effectiveness of the Dreamcatcher model in practice and identify any areas for improvement. Claudette Bradshaw had the opportunity to present this award to the New Brunswick FASD Centre of Excellence team at an award ceremony held in Moncton, New Brunswick in January 2020.

Members of the New Bruswick Centre of Excellence recieve the Claudette Bradshaw Innovation Award at a ceremony in New Brunswick. From left to right: Maria DesRoches, Claudette Bradshaw, Dr. Nicole Leblanc, Annette Cormier, Elder Noel Milliea, Nadine Cormier, and Melissa Bonefant

RESEARCH in Action

In 2019/2020, CanFASD Research Network completed:

55
research projects

73
published papers

68
presentations

10
international presentations

7
book chapters

Collaboration is the backbone of our Network. Our Research Leads and CanFASD Staff work in partnership with a number of stakeholders across Canada. In the 2019/2020 season, 86% of all work produced by the CanFASD Research Network was collaborative, and 63% were collaborations with individuals and organizations outside of CanFASD.

OUTREACH and Communications

Over the past year our organization has placed a strong focus on connecting with Canadians. We've increased our presence on our social media channels, developed and implemented a number of targeted digital campaigns, and have made an effort to improve the coverage of FASD in the Canadian media.

Our most popular initiatives included our FASD Awareness Month campaign in September, our CanFASD Art Competition in November, and our 12 Days of Mocktails campaign in December. These initiatives will continue over the coming year, with additional campaigns being added as need arises.

Our increased focus on outreach and communications has translated to a greater awareness of FASD in the community, with more Canadians taking our online courses, increased traffic to our website, increased following on our social media sites, and broader dissemination of our research and resources.

As of March 31, 2020, CanFASD had:

3,294
followers on Facebook

1,564
followers on Twitter

330
followers on LinkedIn

ONLINE Courses

CanFASD has a number of online learning courses available to improve professional and community understanding of FASD. Our courses are categorized by level of experience, where level 1 courses provide a basic overview, level 2 courses provide sector-specific training, and level 3 courses provide expert training to FASD professionals.

LEVEL I COURSES

Foundations in FASD

Our introductory Foundations in FASD course is a basic training course designed to improve public understanding of FASD. It is our most popular training course, with over 8400 learners. Approximately 93% of these learners are located in provinces and territories all across Canada.
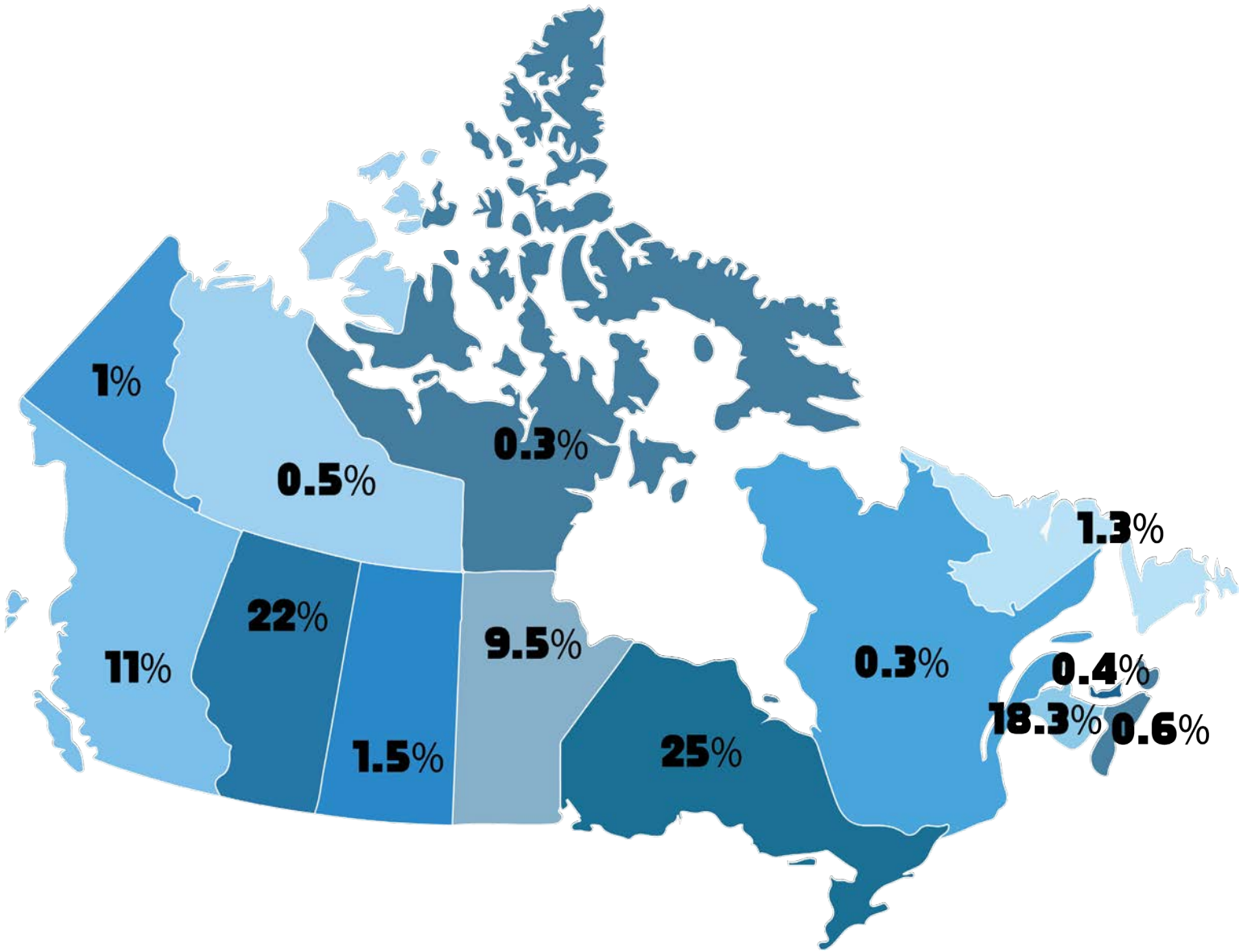
LEVEL II COURSES

1482 learners

FASD for School Staff: Practical Strategies for the School Environment

This online training program is intended for all professionals working within the school environment, including administrators, teachers, educational assistants, bus drivers, and school board personnel. It provides professionals with the skills needed to support students with FASD in an educational setting.

105 learners

The Prevention Conversation

This online training program for frontline health and social service professionals provides them with the knowledge and skills to engage their clients in supportive and non-judgemental conversations about alcohol use during pregnancy.

34 learners

Towards Improved Practice

This online training program is designed to support frontline service providers working in the fields of mental health, addictions, housing, corrections, literacy, and adult education. It provides these professionals with the knowledge and tools to implement effective approaches for FASD prevention, while also implementing screening and referral pathways to improve FASD diagnosis and interventions.

NEW

FASD for Judicial and Legal Professionals

This online training program is an advanced course intended for all professionals working in the Justice systems. It provides evidence-based and practice-informed information that can be easily and effectively applied to your practice working with people with FASD.

NEW

FASD for Solicitor General Professionals

This online training program is an advanced course intended for all professionals working in the Solicitor General systems. It provides evidence-based and practice-informed information that can be easily and effectively applied to your practice working with people with FASD.

LEVEL III COURSES

112 learners

Multidisciplinary Training for Diagnosis of FASD

This online training program is designed to assist professionals in developing the skills needed to be an effective member of a multidisciplinary diagnostic team.

As of March 31, 2020 CanFASD e-learning platform had:

9,635
total learners
in Canada

10,501
total learners

8.25%
of learners
outside of Canada

GOVERNMENT Relations

At a national level CanFASD has a long-standing working relationship with the Public Health Agency of Canada and together we have implemented a number of important FASD initiatives that are shaping programs and policies. These initiatives include the development of an application ("app") based on the updated Diagnostic Guidelines (Fetal Alcohol Spectrum Disorder: A guideline for diagnosis across the lifespan), data collection and analysis via the National FASD Database, and education and support for clinicians and front-line service providers.

CanFASD also works closely with First Nations Inuit Health Branch and the Assembly of First Nations to support First Nations, Inuit and Métis peoples in implementing evidence-based, culturally appropriate and community-driven responses to FASD. Provincially, CanFASD works with its jurisdictional members to provide evidence and support to improve regional and national efforts to address the extraordinary complexities of FASD.

FASD is a complex and multi-faceted issue that impacts many sectors beyond health. Individuals with FASD that are unsupported can experience significant challenges. Ninety percent of individuals with FASD also have mental health issues. These individuals can also struggle in school and at work, and they often end up in and out of corrections facilities that are not structured to support individuals with FASD. CanFASD is working with all of our partners and stakeholders in these sectors to break down barriers and create evidence-based awareness and understanding to support policy and practice that will improve outcomes.

FINANCIAL Snapshot

CANADA FETAL ALCOHOL SPECTRUM DISORDER RESEARCH NETWORK
Balance Sheet
March 31, 2020 with comparative figures for March 31, 2019

	2020	2019
Assets		
Current assets:		
Cash	$ 291,895.39	$ 567,441.28
Investments	161,499.78	161,111.71
Accounts receivable	177,665.80	92,685.67
HST receivable	16,674.08	35,309.58
Prepaid expenses	81,020.47	172,810.88
	728,755.52	1,029,359.12
Capital assets	7,379.31	11,093.99
	807,384.83	1,040,453.11
Liabilities and Net Assets:		
Current Liabilities:		
Accounts payable and accrued liabilities	$ 72,467.70	$ 44,132.86
Deferred capital contributions	71,250.00	928.58
Deferred contributions	172,794.19	304,634.53
	316,511.89	349,695.97
Net assets		
Unrestricted net assets	490,872.94	690,757.14
	807,384.83	1,040,453.11
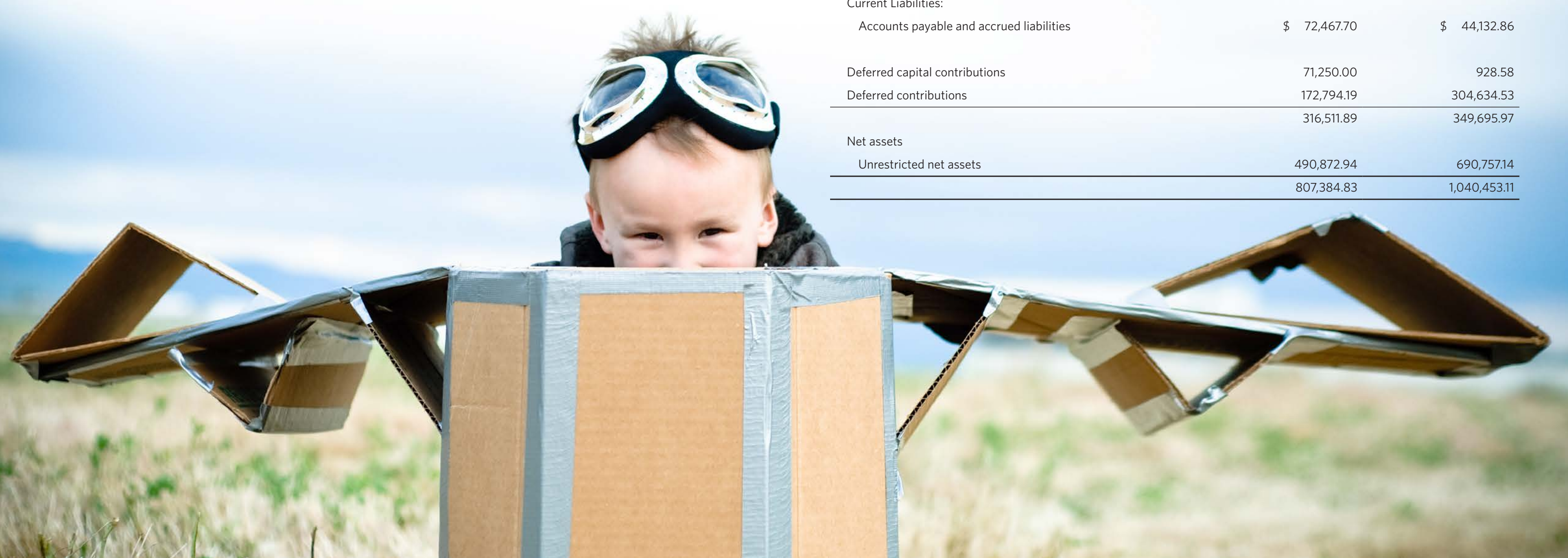
SUPPORT Our Work

CanFASD is a registered charity, funded by leading health and policy organizations across Canada. Your financial support helps to develop and share the evidence needed to inform the policies and programs needed by pregnant women, families, and people impacted by FASD.

Decision-makers in governments, communities, and families need to know which initiatives will have the most impact and which are the most cost-effective. Sound data provides a compass to guide those decisions. CanFASD is Canada's only national network focused on FASD. We bring a multi-disciplinary approach to the study of this disability, bringing together the findings of researchers, parents and caregivers, clinicians, service providers, community advocates, program planners, government officials and individuals with FASD.

Our goal is to ensure the scope of our approach is reflected in the breadth of our funding base so that we can continue to have a national reach. You have an important role to play in making sure the knowledge developed at CanFASD reaches the stakeholders who need it to make effective policy decisions, provide the best supports, and make the healthiest choices possible.

Partners & Stakeholders

New Brunswick Nouveau Brunswick CANADA

kids brain health network

Canada Northwest FASD Partnership

Health Canada First Nations and Inuit Health Branch

THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

First Nations and Inuit Health Branch

Centre of Excellence for Women's Health

Public Health Agency of Canada — Agence de la santé publique du Canada

MEMBER Benefits

Membership in CanFASD is available to provinces, territories, First Nations, Regional Health Authorities and other groups that would like to increase capacity for meaningful FASD research in their jurisdiction. Membership for governments also offers the potential to reduce longer-term costs associated with FASD diagnosis, prevention and intervention through collaboration and sharing of evidence-based best practices.

Provinces and territories who become members of CanFASD benefit from increased research capacity, advice and assistance in evidence-based policy and program development, and collaboration with other member jurisdictions. They receive policy-relevant information and recommendations on topics and issues related to FASD tailored to the needs and priorities of their jurisdiction. They also have access to researchers across the country who can assist them in meeting their needs and that of their community members.

Better, more meaningful information that matters to families and service providers is made available to guide evidence-based-decision making that will lead to new and more cost-effective programs and services.

Members: Alberta, British Columbia, Northwest Territories, Yukon, Nunavut, Saskatchewan, Manitoba, and New Brunswick

Non-Members: Ontario, Quebec, Newfoundland and Labrador, Prince Edward Island, and Nova Scotia

As members, contributing provinces and territories receive benefits such as:

- Access to a trusted agency to turn to for answers to important policy questions

- Responses to direct requests for information (i.e., policy/position papers on FASD to highlight policy implications for governments)

- Opportunities to have input into CanFASD's research direction/agenda

- Annual reports

- Invitations to CanFASD symposia, workshops and learning events

- Annual visits and presentations by CanFASD staff

- Opportunities to stimulate, collaborate and participate in CanFASD research and evaluation projects

- Travel awards for researchers and trainees

- Access to member researchers and governments

- Access to platforms and tools developed by the Network

- Representation on CanFASD's Family Advisory Committee

- Mentoring from other member jurisdictions, with venues for sharing information and experiences and learning from those of others

CanFASD

CANADA FASD RESEARCH NETWORK