


Policy Development in FASD

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A complex problem

-  The existence of bio-health fragilities endemic in FASD, invisible disabilities lead to cascading vulnerabilities in the social world. Children with FASD have existing predisposition and vulnerability to psychiatric disorders and are at high risk for abuse and neglect over their lifespan.




Overview

-  What is social policy?
-  Key areas for policy development.
-  Policy Recommendations.


Policy

- A set of guidelines that directs the governments response to particular social problems. Policy is created for example
- Universal or Targeted
- Specific – you must qualify based on criteria
- There are definitions in policy that create borders around who can receive service
- Even with FASD as a diagnosis you may not receive services
- Many individuals have to “prove” they need services and this is how people fall through the cracks in the evidenced based response framework
- Systemic barriers do not support those individuals to get services
- Transition to nowhere is one metaphor utilized in the literature for children with FASD leaving care



Policy Linkages

-  One of the difficulties is that different partners in federal government including federal government, provincial government, territorial government, NGOs respond differentially to FASD
-  Policy can be inclusive and specifically state that all people with a particular problem be included
-  Policies can be silent on the issue of FASD or they can be exclusionary (you can't get in because your IQ is too high)

Policy linkages

-  Fetal Alcohol Spectrum Disorder (FASD) is a public health issue with implications for policy development in the areas of health/disability, including mental health, social welfare, education and justice.

Disability Policy

-  A brief history of the Canadian response to disability has been institutionalization that suggested parents place and forget about their children, then to deinstitutionalization and finally, the movement to community living.
-  Policy related to supports is based on IQ, a measure representative of a medical model to exclude individuals in need of service. Adaptive functioning assessment representative of a social model of disability must be considered within policy for persons with FASD .

Lifespan Trajectory Planning



A lifespan management policy model must be developed. Those who intervene in early childhood must consider the implications of these decisions in later life. A multi-lateral, cross disciplinary, collaborative approach which offers 24/7 treatment models is distinct, yet required for individuals with FASD. Intensive supports that are life enhancing can mediate against vulnerabilities.

A model framework for policy development exists in the Alberta FASD Cross Ministry Committee


-  Currently, the FASD Cross Ministry Committee of the Government of Alberta has incorporated the following ministries:
-  Alberta Aboriginal Relations
-  Alberta Advanced Education and Technology
-  Alberta Education
-  Alberta Health and Wellness (including the Alberta Alcohol and Drug Abuse Commission and the Alberta Mental Health Board)
-  Alberta Employment and Immigration
-  Alberta Justice and Attorney General
-  Alberta Seniors and Community Supports
-  Alberta Solicitor General and Public Security (including the Alberta Gaming and Liquor Commission) (Retrieved online from www.gov.ab.ca)

Training service providers to respond to FASD




An inconsistent educational framework related to FASD across disciplines contributes to uneven system of service delivery. Therefore, those delivering practice to individuals with FASD across the lifespan are not doing so from a similar framework. We know that consistency; routine and structure are crucial for individuals with FASD.


Alcohol Education Policy

-  Alcohol use has been normalized and legalized through various mechanisms. Educational policy must be instituted and curriculum developed that teaches children about the use and risks associated with alcohol.

Child Welfare Policy

-  Child Welfare policy plays a crucial role in response to FASD as we know that many children with FASD end up in the care of this system. When we examine the long term picture of children's lives, their multiple placements and wounds/trauma related to their family of origin perhaps a more compassionate understanding of these children's lives will emerge, for it is not their fault they have a disability that is complex and difficult to manage and bound within the psychological, physical, emotional and spiritual dimensions of life.

Aboriginal Policy


-  Children who are aboriginal, have FASD and are in care, in part, reflect a history of intergenerational trauma related to the residential schools and the 60s scoop. Developing policy and responding to FASD within Aboriginal communities while reflecting on this history, inclusive of issues related to poverty, would be respectful of culture. Alcohol misuse as a coping strategy has dire consequences for everyone in a community.

An Aboriginal Perspective




“My son is here to teach me how things can be different if not in this generation, the next.” We need to develop from different community perspectives, culturally driven policy and program development.




Mental Health Policy

-  Social policy in relation to mental health service responses to persons with FASD requires ongoing development. The mental health system has a key role with individuals struggling with social problems associated with FASD that often manifest as co-occurring disorders.




National Framework for FASD

-  It is recommended that a national strategy/policy framework in response to FASD be developed in coordination with the appointment of a federal minister dealing specifically with FASD as a portfolio. Further, children's advocates must exist There is in every province and territory in Canada, but particularly in the north due to scarcity of social service infrastructure and outsourcing of care out of province/territory.

Key Policy Recommendations




-  FASD presents the strongest case possible for a policy of harm reduction related to alcohol use through early education.
-  Development of discipline specific policy/standards of practice is required in response to FASD, i.e. psychology, social work, and health related disciplines.
-  Develop a framework exists on how various programs offer education on FASD from those working on the front line to program administration.

Key Policy/Program Recommendations



-  Engage a new model of lifespan planning for children in care, life trajectory planning at the outset of their involvement with the medical/social service system
-  Develop policy that maximizes support and improves quality of life for children with FASD who live with challenges their whole life, while professionals move on to new cases.
-  Life Skills programs specific to FASD for children, adolescents and adults must be developed and easily accessible to individuals living with FASD and their families/caregivers.

 Life Skills and support networks associated with

Key Policy Recommendations




-  Open a channel of informational research that opens the door to best practice under a federal umbrella.
-  Develop a unilateral model of understanding of FASD from a social health paradigm
-  Open a channel of informational research that opens the door to best practice under a federal umbrella.

Key Policy Recommendations

-  Greater inter-jurisdictional cooperation between federal, provincial, urban and rural communities and between social services, education, and health authorities and their governance and in order to decrease duplication of program development funds
-  Develop child welfare policy and practice that supports longitudinal case studies

Policy

Recommendations

-  Develop policy that maximizes support and improves quality of life for children with FASD who live with challenges their whole life, while professionals move on to new cases.
-  Example: Child Welfare FASD Practice Standards Research and FASD Community of Practice (2009-2010 – Badry, Pelech, Milne & Stoddard) (ACCFCR funded)
-  Reduce differences in youth transition experiences across provinces and territories. Transition policy should consider urban and rural realities. Transition should not result in ‘closing a case’ without assurance that stable housing, income support, including trustee/financial guardianship exist to maintain stability.