BEST PRACTICES FOR FASD SERVICE DELIVERY

GUIDE AND EVALUATION TOOL KIT

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Foreword

This document is intended to provide guidance for individuals and agencies working with clients with a Fetal Alcohol Spectrum Disorder (FASD) and their families. Together as a single source, a best practice guide and evaluation tool kit are provided for use by agencies and their staff. There are two anticipated uses for this resource: 1) to assess current service delivery by providing indicators and outcomes that can be measured to inform practice improvements; and 2) to inform future service offerings by supplying a framework on which to develop policy and practices.

Recognizing the evolving nature of evidence-based best practices and the need to respond to emerging understandings of FASD, this document provides the opportunity to monitor, evaluate and refine best practice service delivery over time. We anticipate that agencies will be able to use findings from the suggested evaluation process to improve their services and programs. Ultimately, agencies and programs that demonstrate alignment with identified best practices will be well positioned to provide optimal services to clients with an FASD as well as their families, and to advocate for continued support of their programs and services.

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DESCRIPTIVE GUIDE

Introduction

The purpose of this guide is to identify, describe, and synthesize current evidence-based promising practices for working with individuals with a Fetal Alcohol Spectrum Disorder (FASD) and their families. Until recently, services and interventions for individuals with an FASD were delivered based on practical wisdom and research from the general disability literature. With few exceptions, these interventions lacked empirical investigation and for this reason, there is a pressing need to understand evidence-based best practices for individuals with an FASD.

The impetus for creating this document came from agencies and individuals working with individuals affected by an FASD. Stakeholders (i.e., service providers, administrators, and policymakers) identified that a common understanding of best practices for working in the area of FASD was lacking. Stakeholders also communicated that developing a common understanding of best practices based on quality evidence was critical for optimizing services.

A review of the literature was conducted with an initial focus on identifying and describing peer reviewed studies in an effort to enhance understanding of the existing research for evidence-based practice with this population. However, as there is, at best, a moderate amount of scientific literature in this area, reviews, program evaluations, conference presentations and government documents were also included.

As depicted in Figure 1 below, the current document begins with a description of aspirational practice principles that serve as a foundation for each of the identified best practices. Next, the ranking methodology used in this document to categorize each of the best practice statements is presented. Following the ranking methodology are the best practice statements; specifically, statements for organizational best practices and best practices within domains of service delivery are described.

Figure 1. Elements of the Best Practices Guide.

This information has been synthesized within this document to provide a source of guidance regarding evidence-based practice in working with individuals with an FASD. The intention of this document is to build a shared understanding of how to provide consistent and evidence-based practice throughout the province of Alberta. It also serves as a framework to identify indicators and outcomes of evidence-based best practices, and to inform future practice and policy development.

Aspirational Practice Principles

In compiling this guide, four overarching principles of practice were identified. These broad themes permeate many of the specific best practices, and represent a philosophy of practice that rises above any specific action alone. As such these principles can be considered *aspirational* practices:

1) Consistency – in placement, relationship and approach. This includes stable living conditions, long term relationships, and support structures that are the same between settings. Consistency in all of these aspects promotes a system in which responses are structured and dependable.

2) Collaboration – truly integrated systems of responding are needed from the grass roots to the policy development level. This requires organizational support, including time allotments for meetings and intentional strategy planning between types of services and levels of service delivery. All points of care should be educated on FASD in order to promote common goals, and a consistent message and approach.

3) Interdependence – the delicate dance between dependency and complete independence, in which expectations are managed based on each client's individual situation. This includes anticipation of transition periods and clear planning to navigate change in proactive ways. Programs should harness the development of individuals' competencies in a supportive environment that recognizes the need for a lifelong supportive role.

4) Proactivity – learning to anticipate rather than respond. This approach fosters control and promotes a success focused trajectory rather than the use of problem avoidance strategies. Early interventions are key to developing change oriented behaviours and preventing secondary disabilities.

Best Practices: Ranking Methodology

Through this review, best practices were identified, described, and ranked utilizing the same ranking system as Health Canada's 2000 report "Best Practices: Fetal Alcohol Syndrome/Fetal Alcohol Effects and the Effects of Other Substance Use During Pregnancy." This ranking system uses the following criteria:

Good evidence:

- 2 or more controlled studies.

Moderate evidence:

- 2 or more quasi-experimental studies, or 1 controlled study (i.e., random control group).

Some evidence:

- 2 or more case studies or evaluations without control or comparison groups, or 1 quasi-experimental study (i.e., non-random comparison group).

Expert consensus:

- Includes the perspectives of consumers, expert practitioners, educators, government documents and other stakeholders. Best practices with the *expert consensus* level of evidence have not been formally researched or evaluated.

Throughout this guide, best practice statements will be identified along with the level of evidence to support each best practice statement. Subsequently, descriptions of the research evidence to support each best practice statement are provided.

Organizational Best Practices

Delivery of Supports:

Support services should be collaborative: Some evidence

Parents believe centralized services will help them conserve time and energy and make the caregiver role less overwhelming (1). However, central intake is not always feasible because of funding issues and geographical distance. Collaborative supports can coordinate across multiple services, so that parents are able to navigate available services more easily and a synchronized support system is developed for the child. Indeed, it has been shown that the greater the number of agencies and organizations which actively work together, the more in-depth clients' understanding of available supports and services becomes.

Collaborative service delivery is generally considered best practice but it can be defined in many ways. Common activities and mechanisms which include similar functions and orientations are criteria by which collaboration can be evaluated (2). Collaborative support systems will promote communication and intentional planning to meet the unique needs and challenges of every child. Support services should work with community partners and have common goals, interventions and a consistent message and approach (3;4).

Support services should focus on transitions: Expert consensus

Traditionally, transitions represent a point in time where services reduce or terminate their support. However, as young persons with an FASD reach legal age, they are likely to experience one of the most challenging periods of their lives as their vulnerabilities clash with a new set of social expectations and responsibilities.

Arguably, this represents a compelling case to offer more intensive support in daily living activities instead of the conventional drop-off (for an example see (5)). Whenever possible, an extension of care beyond age 18, or alternatively, the development of daily living supports should be considered for clients who are transitioning (6). Supporting transitions means also recognizing the need for interdependence and age appropriate supports, topics which are discussed further in this document.

Organizational Best Practices

Support Worker Education:

FASD competent workforce in all systems of care: Expert consensus

Services that are involved with children with FASDs and their families should have staff members who are specifically trained in FASD, in order to improve understanding by different systems of care.

Training should be framed from a disability context and develop core competencies: Expert consensus

An FASD informed practice will be strongest if training is framed from a disability lens. Understanding of FASD as a brain-based disability shifts expectations and helps workers appreciate the needs of this population (4). The development of core competencies is key to effective training (7). In the case of FASD, support workers should be given more than just information, but a chance to practice these skills in real life. This means direct engagement in consultations and the active development of case planning strategies (4).

Support workers should remain current on FASD related information: Expert consensus

Employees need the support of their organization in keeping current on resources, through the attendance of events like conferences, as well through organizational information, like referral processes and the availability of services (4).

Support and education for vicarious trauma: Expert consensus

A key component of service provider safety is training and support for vicarious trauma (8). Support workers should have ample opportunity for supportive debriefing and supervision, as well as access to counselling services to deal with burnout and stress (9).

Hiring practices:

Interpersonal and work skills: Expert consensus

Along with strong communication skills, the personal qualities of people working with individuals with cognitive disabilities and their families are key in avoiding client drop-out (10;11). An attitude of possibility is complimented by a non-judgmental, non-condescending attitude (11;12). Trustworthy, empathetic, available and mature are other qualities noted by experts as important to successful service delivery.

Familiarity with complex case management, developmental awareness: Expert consensus

Traumatic histories are often a factor in the lives of families dealing with FASD. For this reason, workers who deal with the needs of families affected by FASD should be familiar with complex case management (4). This includes the ability to accommodate the communication, learning styles, and cultural and socio-economic circumstances of all families (7). Developmental awareness is also an important knowledge base for front line workers. This means being able to recognize which approaches and interventions are developmentally appropriate for each individual.

Diagnosis:

Early Diagnosis: Good evidence

Betrand et al. report that among some professionals there has been a reluctance to diagnose children with an FASD because of a concern that there are no known effective treatments (13). However, it is well established that early diagnosis is associated with better outcomes for individuals with an FASD and their families (14;15). Timely diagnosis is key to accessing appropriate services and funding, which can help prevent secondary disabilities such as mental health problems, homelessness, inappropriate sexual behaviours, alcohol and drug addictions, and incarceration (16).

Streissguth et al. defined 'early' as a diagnosis before age 6 (17). However, it is never too late for a diagnosis to be beneficial, as it improves options for interventions and helps reframe problematic behaviours (18).

Individual Support:

Early interventions: Some evidence

Early interventions are frequently recommended for children with an FASD and their families. Long recognized as a boon for other disabilities, in the case of FASD, early interventions also appear to improve the developmental outlook for children (13;19). Early intervention has been called especially important for children with an FASD because central nervous system (CNS) function seems to have the potential to improve in early childhood (20).

The United States government's Center for Disease Control and Prevention (CDC) defines early intervention as those services aimed at the period from birth to age 3; however many others use young or preschool school age to qualify early, while some consider early to include the period up until puberty. As is the situation with early diagnosis, early appears to mean as soon as possible in the case of interventions too.

Positive strength based approach: Some evidence

Clinical expertise and a wealth of evidence show that positive perceptions and strengths based activities are associated with improvements in the personal development and satisfaction of individuals, as well as family flexibility and resilience (21;22).

A positive, strengths based approach is a client-centered model of support from the general disability literature which promotes the natural strengths and resources of individuals and their families in order to improve functioning and overall well-being, while minimizing secondary risks associated with FASD (7). It does this by emphasizing that dysfunctional behaviours are the result of brain damage and not willful noncompliance. It then builds on this understanding to promote adaptation by supports, rather than punishment (22). It emphasizes activities and employment that play to the unique personal characteristics and skills of each individual with an FASD (22).

Age appropriate services: Expert consensus

The effects of FASD are manifested throughout the individual's lifespan (23). While it is well known that the developmental age of a person with an FASD often differs from their chronological one, there are, nonetheless, major changes in needs and expectations which occur as an individual ages (14;18).

These needs evolve not only from changes in cognitive and behavioural functioning, but from other life changes as well. For instance, when individuals with an FASD become parents themselves, supports must adapt to meet the new needs of these families (24). Similarly, housing and employment are concerns for many adults with an FASD as they age beyond 18 years, which is also a typical service endpoint for many youth programs.

Experts believe that age appropriate supports reflect both the social role of the individual, as well as their cognitive capacities.

Focus on interdependence not independence: Expert consensus

As they transition out of adolescence, the majority of people with an FASD should not hope to have the same degree of independence as their non-affected peers (22). Indeed, developing the independence of clients appears to be an unrealistic goal, as most persons with an FASD will need lifelong support, with a full continuum of services in order to succeed (21;22). Thus interdependence appears to be a more reasonable aim and has seen great success in increasing access to enhanced supports (25).

Interdependence has been defined as "a relationship in which both persons are valued, respected and each one contributes equally; and where no one person is required or expected to have all the answers. It is a relationship in which a belief in the validity of each person's perspective, skills and insights allows us to collectively make good decisions" (Whitecrow Village, Nanaimo, British Columbia, FASD Interdependent Living programs for Adults).

Consistency and structure from support: Expert consensus

People with an FASD need consistency and structure, not only in their home environment but also in the services and supports they receive (22;26). This basic principle is recognized as essential by clients, caregivers and service workers alike and is highlighted in the FASD framework for action published by the Public Health Agency of Canada (1;27).

Staff turnover can be detrimental to client access; for this reason, consistency in supports should create the security and stability necessary for a successful client-mentor relationship (1;24;28). Likewise, in addition to having FASD specific training, professionals from different systems of care should use a similar approach, including common goals and interventions, which creates consistency across environments (4).

Awareness and support for sensory processing disorders: Moderate Evidence

Individuals with sensory processing disorders have difficulty interpreting and organizing sensory information from their body or environment (29). These same issues have been consistently reported in persons with an FASD (30;31).

Awareness of sensory processing disorders in the FASD population and their impact on behaviour and performance can help reframe challenging behaviours and poor functional skills, providing a new background from which to deliver supports (32). Thus, in order to provide effective services for individuals with an FASD, caregivers and service providers have to assess, understand and address sensory processing disorders. Addressing sensory processing disorders often means taking environmental and visual structure into account within school and home environments; that is, taking care to create structured routines in visually uncluttered settings.

Education:

Functional assessment: Expert consensus

Once a diagnosis of FASD has been made, experts believe that it is important not to jump directly into an individualized education plan without first conducting a functional assessment (33;34). The aim is to understand the individual strengths and challenges of each student, in order to supplement other diagnostic testing information like IQ scores (24; 28). This information can be used to produce individualized learning plans and to identify environmental conditions and supports which will enhance a child's performance and can serve as a checklist to monitor progress (26).

Comprehensive assessments capture the performance and behaviours of individuals with an FASD in a variety of natural settings, in order to shed light on problems which may be occurring in a specific environment (34). Functional assessment will normally include identifying if a skill is present; the student's potential for developing the skill; and what is needed for the student to independently display the skill (35;36). It should also include functional behavioural assessment to target both the behaviours that are interfering with learning, as well as the conditions which promote the behaviours (36;37).

Use of a unique learning profile: Moderate evidence

The intelligence scores of individuals with prenatal alcohol exposure vary greatly, with those with normal IQs exhibiting difficulties not necessarily captured by basic diagnostic tests (28). Because of this variability, individualized programming is necessary to meet the different needs of students in this population. Customized education plans have been shown to enhance the learning and development of individuals with an FASD within a number of larger interventions (1;29). Indeed, a clear, tailored learning profile is a productive step toward the goal of inclusion for each child (24).

An individualized program or education plan (IPP or IEP) has been defined as both a process and a product. The process provides an opportunity for support staff, teachers and family to communicate and plan together. The product should include operationally defined goals and objectives which are functional and meaningful as these are the basis of a high quality, effective individualized education plan (34;38). Training on writing quality goals and objectives has been highlighted in the literature as important to the success of customized plans (38).

Parent-assisted adaptive functioning training: Moderate evidence

Regardless of IQ, individuals with an FASD often struggle with many aspects of day to day functioning (22). These deficits are lifelong and often limit children's opportunities to participate in typical rites of passage as they age (30). Adaptive skills interventions, particularly trainings aimed at social interaction and communication, have shown lasting results in children which experts suggest may also reduce the development of secondary disabilities (1;31-33).

Adaptive functioning training should cover the three domains of conceptual, practical and social skills. For example, these domains include, but are not limited to, personal care, safety, food preparation, the ability to work, money management, home care, making friends, etc. While their peers acquire these skills from observing others, children with an FASD learn these skills through concrete, explicit instruction and guided practice; manualized skills training reflects this. There are also multiple evidence-based interventions which demonstrate that caregivers should be included as facilitators in adaptive skills training, as parent-assisted activities are key to the maintenance and generalization of the newly learned skills (13;39;40).

Health:

Preventative mental health services: Expert consensus

Individuals with an FASD experience high rates of mental health problems, including suicidal behaviour and mood and substance abuse disorders (41-44). Appropriate preventative services and early treatment of these psychiatric conditions can help these individuals live rewarding lives (42).

Within the last decade, many interventions aimed at the prevention of mental illness have targeted children (45). Several interventions focussing on children's mental health disorders in the general population have proven successful in children and adolescents with an FASD as well (46). This suggests that the involvement of mental health providers in childhood may ameliorate mental health outcomes for individuals with an FASD. Along with supported, regular access to mental health and substance abuse programming, mentorship programs for adults have also been recommended by experts as helpful for sustaining mental health. The inclusion of a supportive third party in therapy, as well as the use of hands on tools and techniques that engage more than one of the senses have shown particular success with clients affected by an FASD (47).

Support for accessing medical care: Expert consensus

Like everyone else, regular check-ups are essential to the good physical health of those with an FASD. For persons with an FASD, health concerns specific to their disorder must also be monitored and addressed by medical professionals and specialists. However, many individuals with an FASD require help accessing medical services and benefit from the aid of support services in following up with health professionals.

Supported recreation activity: Expert consensus

Regular physical activity is vital for individuals with intellectual disabilities because of the physical, psychological, and emotional benefits it provides (48).

Experts believe participation in healthy recreational activities is important not only because of the physical activity it provides, but also for the opportunities it creates for "teachable moments" and experiencing success (5;49). Experts recommend programs which are pro-social, recreational, and extracurricular in nature and which include appropriate developmental and social supports (50).

Managing sexually exploitative situations and risky behaviours: Expert consensus

Due to increased impulsivity and lack of inhibition, along with lowered abstracting abilities and poor social skills, some individuals with an FASD are at a high risk for sexual exploitation (75). Relationship safety and peer pressure are thus areas of concern for clients affected by an FASD.

Managing risky behaviours should include teaching and planning by a trusted individual, promoting a "planned versus crisis approach to sexual activity" (6). Support workers should help clients to better understand their particular vulnerabilities, as well as help them identify supports to address these issues and develop safety plans. This should include a discussion of reproductive health, including birth control and sexually transmitted infections (5;76). Women should be encouraged to consider Depo-Provera as a method of birth control, as clients may have difficulty remembering to take birth control pills (5).

Employment:

Client centered employment services: Expert consensus

Employment takes a central role in most people's lives, providing social inclusion and identity (51). Indeed, positive, stable work and volunteer experiences can be very fulfilling for adolescents and adults with an FASD.

Experts believe that job preparation programs which include individually tailored vocational counselling, along with employment supervision and training for adolescents and adults produces the most sustainable, successful placements (5;52). A balance of structure and flexibility in the work environment, along with having an informed and understanding supervisor are also important factors to sustainable employment (53).

Housing:

Importance of housing support: Some evidence

Streissguth and colleagues report that nearly 80% of adults who have been diagnosed with FASD, regardless of IQ, were unable to live independently (19). As a result, many of these adults end up homeless (54;55). Stable housing facilitates the delivery of other support services (56). For this reason, providing housing support to adults with an FASD is of critical importance for success in the other areas of life where they may encounter difficulties (e.g., health, education, employment, and secondary disabilities such as criminality).

Housing support schemes can take many forms, ranging from 24-hour residency to regular visitation support. Services should be actively involved in securing housing at either end of such a needs spectrum (5).

Importance of safety and security in housing: Expert consensus

A place to live that is safe and secure is essential to stability. Individuals might feel threatened by the behaviour of other residents in recovery housing, experience threats from strangers, and/or encounter threats related to loss of self-control (57). These physical and mental threats might decrease residents' feelings of safety. When residents feel threatened, they may shy away from social interactions with others and isolate themselves as a means of self-protection. Such behaviours are not conducive to success. Thus, researchers suggest that service providers continuously monitor and address safety and security issues in order to better serve their clients (57).

Family Support:

Stability of the home environment: Good evidence

Stability in the home life of individuals with an FASD is associated with a number of positive outcomes, including a reduction in the severity of behavioural and social problems and the frequency of secondary disabilities (17;19).

For children in care, this means reducing the number of placements through training, support services and funding for biological, foster and adoptive parents (58). In particular, a dedicated team that maintains regular contact with the family promotes placement stability (59).

Emphasis on caregiver well-being: Good evidence

Many caregivers struggle to cope with the economic impact, emotional stress and fatigue that comes with raising a child with complex mental and physical health needs (60). Self-care is vital in meeting these challenges head on (21).

Along with a positive outlook, in which parents do not take their children's behaviour personally, best practices for stress management identified so far include the use of respite care and counselling services, especially peer parent support networks (21;58;61-69). Support workers should help caregivers access these services and funding (70).

Support workers should provide educational resources: Moderate evidence

Educational resources are critical to parents' understanding of the neurodevelopmental nature of FASD and overall confidence in their parenting. When caregivers understand their child's impairments, they recognize that behaviours are not the result of wilful disobedience and are able to focus on the positives of raising a child with disabilities (13;21). This leads to less frustration and more successes overall (7).

Many parents report feeling that they do not have complete information on their child's disorder (21). Support workers can spare parents a great deal of time and energy by providing FASD material directly, rather than having parents search it out on their own (71). Providing these resources can take many forms, such as reading material, information sessions and parent mentoring (7).

Training in parenting strategies which focuses on caregiver attitudes: Moderate evidence

Clinicians find that many parents with children with an FASD struggle to develop effective parenting skills and attitudes (13). Effective behavioural parenting strategies, along with positive caregiver cognitions are associated with lower parenting stress levels and better outcomes for children (21;72).

Trainings which address parent attitudes alongside parenting responses to problem behaviours are more effective than a one prong approach (21). Problem-focused management exercises which also target cognitive appraisals have been shown to improve parental efficacy in the general disability literature and in a small number of FASD interventions (13;21;73). This instruction might take the form of coaching or mentoring, or cognitive behavioural therapy, and skills should be practiced in person with instructors (13;69). Parenting intervention methods must also be tailored to some extent to meet the very diverse group of families who raise children with FASDs, who may have different baseline skills (13). Indeed, while some parents may need comprehensive behavioural training, others may need to focus only on supervision and monitoring (21).

Planning for the future: Expert consensus

The future is a major concern for many parents of children with an FASD, as they worry that when they are no longer able to look after their children, their children will be unable to live safely and independently.

Support workers and communities can provide peace of mind by helping parents plan for the future and develop an interdependent support network for adolescents and adults with FASDs (22).

Financials:

Aid accessing funding: Expert consensus

Like many other disabilities, FASD takes a financial toll on the families of children with the condition. As these children transition into adulthood, they continue to require additional financial resources, as they have great difficulty finding and maintaining employment that covers the costs of their basic needs. Persons with an FASD often lack the ability to independently apply for financial support, while parents of children with an FASD are often unaware of the sources of funding for which they may be eligible. Support services are thus key in helping clients and their families access income support. This can include help with filling out applications and compiling documentation, as well as more practical support, such as helping clients attend their appointments. For adults with an FASD, assistance with money management should be provided in tandem with securing financial aid.

Legal System:

Supported dealings with the justice system: Expert consensus

Delinquency and criminality are common secondary characteristics of FASD; indeed, a disproportionate number of people in conflict with the law have FASDs. This has been well recognized by the criminal system and specific best practices for this field can be found elsewhere. However, because clients affected by an FASD are at high risk for legal issues, service providers should be knowledgeable about this subject and take an active role in supporting clients with legal problems.

Part of this is recognizing that many adults with an FASD may have diminished capacity and require assistance to navigate the complexities of the legal system, which may require the use of guardianship and trusteeship programs (74). This may include providing the court with information about the client's disability (5) and helping clients to attend court appointments and follow up with legal requirements, such as probation orders and community service (5).

Conclusions and Moving Forward

Four broad themes of consistency, collaboration, interdependence, and proactivity were described within many of the preceding best practice statements. It is anticipated that these overarching aspirational principles may guide decision-making and promote effective service delivery.

This guide also identifies the level of evidence to support each best practice statement. It is clear that, at this time, the majority of practice involving clients with an FASD is directed by expert consensus. This indicates that there is general agreement in the field, although there is a lack of formal research or evaluation to determine whether current practice is accomplishing intended outcomes. Further to promoting effective service delivery, the preceding best practice statements were operationalized into clear outcomes and indicators as part of the following evaluation tool kit. This operationalization was designed to allow for 1) assessing the degree to which agencies and programs are providing services that align with current understandings of best practices for working with individuals with an FASD; and 2) examining the way in which these current understandings translate to intended program outcomes. Therefore the preceding literature review is instrumental in identifying best practices as we currently understand them, and the subsequent evaluation tool kit provides an accessible means for measuring the implementation of these best practices as well as contributing to enhancement of what constitutes best practice.

BEST PRACTICES FOR FASD SERVICE DELIVERY

EVALUATION TOOL KIT

Introduction

The Process. In the earliest stages of compiling the Best Practices guide, stakeholders (i.e., service providers, administrators and policymakers working in the realm of FASD services) emphasized the importance of operationalizing best practice statements so that organizations might measure whether these practices are being effectively implemented. The preceding guide provided a natural framework on which to build outcomes and indicators of best practices in FASD services. Initially, using as a foundation the graphic *Mapping Evaluation of FASD Support Programs* created by Deborah Rutman, Carol Hubberstey, Nancy Poole, Sharon Hume and Marilyn Van Bibber in 2012, existing outcomes were identified and matched with best practice statements. Next, as depicted in Figure 2, outcomes were refined and indicators were generated for each outcome based on relevant literature as well as existing tools and resources from the fasd-evaluation.ca website.

Evaluation Framework. Identified outcomes and indicators were matched with best practice statements; these are presented in the Evaluation Framework that follows. The Evaluation Framework thus shows linkages between best practice statements, outcomes, indicators, and six instruments that were created to operationalize each of the identified indicators.

Evaluation Instruments. Three checklists and three surveys were created to measure identified indicators. Three separate surveys are provided for use with clients, families, and staff, while a training checklist, policy checklist, and case management plan checklist are provided for use with agencies and staff members. Specific items on these surveys and checklists link to specific outcomes and indicators; this linkage is presented in the Evaluation Framework. Additionally, a scoring guide is provided that offers a systematic method for agencies and/ or programs to assess their use of best practices.

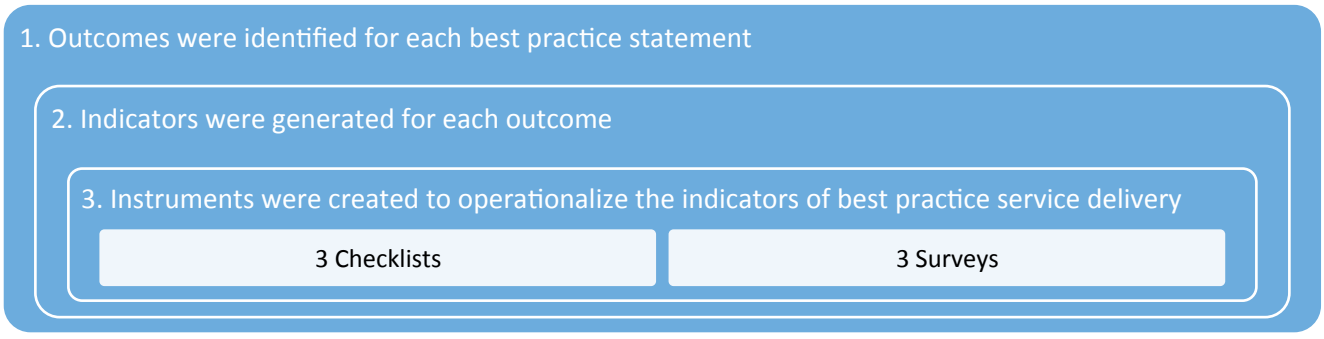

Figure 2. Development of the Evaluation Tool Kit.

Use of the Evaluation Tool Kit. Checklists and surveys should serve as instruments by which organizations can evaluate and monitor their use of current best practices. It is anticipated that the use of this evaluation tool kit will provide agencies and/ or programs with the means to monitor and continually improve services for clients and families affected by an FASD.

Evaluation Framework

Delivery of Supports:

Best Practice	Outcomes	Indicators	Measures
Support services should be collaborative. *(Some evidence).*	Multi-disciplinary service providers work collaboratively.	Policies are in place regarding interagency referrals and information sharing. The agency has a mandate emphasizing the importance of interagency collaboration. Clients and families report that staff from different agencies help them work toward the same goals.	Policy checklist (#1,2) Client survey (#21) Family survey (#22)
Support services should focus on transitions. *(Expert consensus).*	Clients are supported in navigating transition periods.	Targeted transition support is included in case management plans. Clients and families report feeling supported in dealing with life changes. Staff are trained to provide support to clients during transitions and feel comfortable doing so.	Case management checklist (#17) Client survey (#3) Family survey (#8) Training checklist (#1) Staff survey (#4, A4)

Support Worker Education:

Best Practice	Outcomes	Indicators	Measures
FASD competent workforce in all systems of care. (*Expert consensus).*	Clients receive FASD informed services and supports.	Policies are in place to ensure that current staff have experience and knowledge regarding FASD. Staff are trained to understand FASD and feel comfortable with their level of knowledge. Clients and families report satisfaction with the way that they are treated by staff.	Policy checklist (#3) Training checklist (#2) Staff survey (#1, 3, A1, A3) Client survey (#5) Family survey (#9)
Training should be framed from a disability context and develop core competencies. *(Expert Consensus).*	Staff understand FASD as a disability and develop core competencies for working with impacted clients.	Staff are trained to understand FASD as a disability. Staff have the opportunity to develop core competencies through practice.	Training checklist (#3) Staff survey (#2, A2) Training checklist (#4)
Support workers should remain current on FASD related information. (*Expert Consensus).*	Staff have updated knowledge regarding FASD.	An agency policy is in place to allow staff time for FASD-related professional development. An FASD training refresher is offered at least annually to staff. Staff report that their FASD-related knowledge is current and up to date.	Policy checklist (#4) Training checklist (#5) Staff survey (#A7)
Support and education for vicarious trauma. *(Expert consensus).*	Staff are supported in preventing and dealing with vicarious trauma.	Staff have access to counseling and support. Staff have the opportunity to engage in supportive debriefing and supervision. Staff receive vicarious trauma education and report a strong understanding of vicarious trauma.	Policy checklist (#5,6,7) Staff survey (#A9) Staff survey (#A28) Training checklist (#6) Staff survey (#7, A8)

Hiring practices:

Best Practice	Outcomes	Indicators	Measures
Interpersonal and work skills of support workers. *Expert consensus).*	Clients receive services from staff that are accepting, trustworthy, empathetic, available, and mature.	Agency hiring practices emphasize interpersonal and work skills important for working with clients impacted by an FASD (non-judgmental, trustworthy, empathetic, available, and mature). Clients and families report feeling safe, welcome, and accepted by staff. Clients and families report having trusting relationships with staff.	Policy checklist (#8) Client survey (#4, 5, 20) Family survey (#13) Client survey (#19) Family survey (#14)
Familiarity with complex case management, developmental awareness. *(Expert consensus).*	Clients receive services that are responsive and appropriate to their unique circumstances.	Agency hiring and training practices emphasize complex case management skills. Staff are trained in and feel comfortable with their skills in complex case management and developmental awareness. Clients and families report feeling that staff are responsive to their needs.	Policy checklist (#9) Training checklist (#7, 8) Staff survey (#8, 9, A10, A11) Client survey (#7) Family survey (#10)

Diagnosis/Individual Support:

Best Practice	Outcomes	Indicators	Measures
Early diagnosis and early intervention. (*Expert consensus).*	Clients have access to assessment/ screening and appropriate intervention services.	Case management plans include consideration of formal assessment, diagnosis, and intervention. Procedures are in place to refer clients for formal screening/assessment and intervention. Staff are comfortable with and trained to recognize the signs of FASD, to refer clients for formal assessment/ screening and intervention, and to understand the importance of early diagnosis and intervention.	Case management checklist (#24) Policy checklist (#10, 11) Training checklist (#9-12) Staff survey (#10, 11, 12, A12-A15)

Individual Support:

Best Practice	Outcomes	Indicators	Measures
Positive strengths-based approach. (*Some evidence).*	Clients and families learn to focus and build on their strengths.	The agency has an explicit commitment to using a strengths-based approach. Staff are trained in and comfortable with the use of a strengths-based approach. Families and clients identify that staff have helped them recognize their strengths.	Policy checklist (#13) Training checklist (#14) Staff survey (15,A18) Client survey (#6) Family survey (#11)
Age appropriate services. *(Expert consensus).*	Clients receive services that are responsive to their chronological and developmental age.	Case management plans include re-assessing clients' changing needs. Clients and families report that services are responsive to their changing needs.	Case management checklist (#25) Client survey (#7) Family survey (#10)
Focus on interdependence, not independence. (*Expert consensus).*	Clients develop interdependent support networks.	The agency has an explicit commitment to working toward interdependence rather than independence for clients with an FASD. Case management plans include developing an interdependent support network. Staff are trained to work toward interdependence rather than independence for clients with an FASD and are comfortable with knowledge in this area. Clients and families report that staff encourage them to work toward goals at their own pace.	Policy checklist (#14) Case management checklist (#19) Training checklist (#15) Staff survey (16,A19) Client survey (#8) Family survey (#12)
Consistency and structure from support. *(Expert consensus).*	Clients receive consistent, structured supports.	The agency has strategies and target goals for staff retention. Procedures are in place for dealing with staff turnover to ease the transition for clients. Staff are trained in helping clients to deal with staff turnover.	Policy checklist (#15, 16) Training checklist (#16) Staff survey (17,A20)
Awareness and support for sensory processing disorders. *(Moderate evidence).*	Clients receive support for sensory processing disorders.	The agency has adapted its physical environment to accommodate clients with an FASD. Support for sensory processing disorders is included in case management planning. Staff are trained to recognize and support sensory processing difficulties and feel comfortable with their knowledge in this area.	Policy checklist (#17) Case management checklist (#12) Training checklist (#17) Staff survey (18,A21)

Education:

Best Practice	Outcomes	Indicators	Measures
Functional assessment. *(Expert consensus).*	Clients receive functional assessments, which are used to inform case management.	Procedures are in place to facilitate client access to functional assessments. Clients receive a functional assessment; results are incorporated into case management plans. At least one staff member is trained to conduct functional assessments OR staff are trained to refer clients for a functional assessment.	Policy checklist (#12) Case management checklist (#15, 16) Training checklist (#13) Staff survey (#13, 14, A16, A17)
Use of a unique learning profile. (*Moderate evidence).*	A unique learning profile is developed and utilized for all clients.	A unique learning profile/ IEP/ IPP is created for each client and used in case management planning. Staff are trained in understanding IEP's/ IPP's and in incorporating IEP's/ IPP's into case management planning.	Case management checklist (#13, 14) Training checklist (#18) Staff survey (#19, A22)
Parent-assisted adaptive functioning training. *(Moderate evidence).*	Clients and families have access to parent-assisted adaptive functioning training.	Case management plans include facilitating access to parent-assisted adaptive functioning training. Staff are trained to facilitate access to parent-assisted adaptive functioning training and are comfortable with their knowledge in this area. Clients report having access to someone who can help them take care of themselves.	Case management checklist (#23) Training checklist (#19) Staff survey (#20, A23) Client survey (#9)

Health:

Best Practice	Outcomes	Indicators	Measures
Preventative mental health services. *(Expert consensus).*	Clients have access to preventative mental health services.	There is an established procedure for referring clients to preventative mental health services. Staff are permitted to accompany clients to mental health appointments. Case management plans include facilitating access to preventative mental health services. Staff are trained to refer clients with an FASD to preventative mental health services. Clients and families report access to mental health services.	Policy checklist (#18, 19) Case management checklist (#6) Training checklist (#20) Staff survey (21,A24) Client survey (#10) Family survey (#17)
Support for accessing medical care. *(Expert consensus).*	Clients have access to medical care.	There is an established procedure for referring clients to medical care. Staff are permitted to accompany clients to medical appointments. Case management plans include facilitating access to medical care and medication management. Staff are trained in facilitating access to medical care and are comfortable with their knowledge in this area. Clients and families report having access to medical services.	Policy checklist (#20, 21) Case management checklist (#3, 4) Training checklist (#21) Staff survey (22,A25) Client Survey (#17) Family Survey (#19)
Supported recreation activity. *(Expert consensus).*	Clients have access to supported recreation activities.	Staff are permitted to accompany clients to recreation activities. Case management plans include facilitating access to supported recreation activities. Staff are trained in facilitating access to supported recreation activities and are comfortable with their knowledge in this area. Clients and families report having access to supported recreation activities.	Policy checklist (#22) Case management checklist (#7) Training checklist (#22) Staff survey (#23, A26) Client survey (#11) Family survey (#18)
Managing sexually exploitative situations and risky behaviors. *(Expert consensus).*	Clients are educated in relationship safety and reproductive health through a planned approach to sexual activity.	Case management plans include educating clients about relationship safety and reproductive health. Staff are trained to facilitate client access to education about relationship safety and reproductive health through a planned approach to sexual activity; staff are comfortable with their knowledge in this area. Clients and families report that they have access to someone who can answer questions about relationships and sexual health.	Case management checklist (#5) Training checklist (#23) Staff survey (#24, A32) Client survey (#12, 13) Family survey (#15)

Employment:

Best Practice	Outcomes	Indicators	Measures
Client-centered employment services. *(Expert consensus).*	Clients gain skills for appropriate employment.	Case management plans include facilitating access to vocational supports. Staff are trained to facilitate client access to vocational supports and are comfortable with their knowledge in this area. Clients and families report receiving assistance in finding a place to work or volunteer.	Case management checklist (#8) Training checklist (#24) Staff survey (#25, A27) Client survey (#14) Family survey (#20)

Housing:

Best Practice	Outcomes	Indicators	Measures
Importance of housing support. *(Some evidence).*	Clients receive support in accessing housing.	Case management plans include facilitating access to appropriate housing. Staff are trained to facilitate client access to housing supports and are comfortable with their knowledge in this area. Clients report that they have received assistance in finding a place to live.	Case management checklist (#1) Training checklist (#25) Staff survey (#5, A5) Client survey (#1) Family survey (#21)
Importance of safety and security in housing. *(Expert consensus).*	Clients experience safe and secure housing.	Case management plans include monitoring the safety and security of clients' housing arrangements. Staff are trained to monitor the safety and security of clients' housing arrangements and are comfortable with their knowledge in this area. Clients and families report that staff check-in to ensure their living situation is safe.	Case management checklist (#2) Training checklist (#26) Staff survey (#6, #A6) Client survey (#2)

Family Support:

Best Practice	Outcomes	Indicators	Measures
Stability of the home environment. *(Good evidence).*	Clients experience stable living arrangements.	The agency has an explicit commitment to partnering with foster agencies and group homes. Staff maintain regular contact with clients' families/ caregivers as part of case management plans. Families/caregivers report that staff keep in regular contact with them.	Policy checklist (#23) Case management checklist (#20) Family survey (#6)
Emphasis on caregiver well-being. *(Good evidence).*	Families of clients have access to respite and counseling supports.	Case management plans include facilitating families' access to respite and counseling supports. Staff are trained to facilitate family access to respite and counseling and are comfortable with their knowledge in this area. Families/ caregivers report that they have access to respite and counseling supports.	Case management checklist (#22) Training checklist (#27) Staff survey (#26, A29) Family survey (#4)
Training in parenting strategies which focuses on caregiver attitudes. *(Moderate evidence).*	Families of clients have access to training in parenting strategies that focus on caregiver attitudes.	Case management plans include facilitating access to parenting strategies training. Staff are trained to facilitate family access to parenting strategies training and are comfortable with their knowledge in this area. Families identify that they have been assisted in developing parenting and/ or support strategies.	Case management checklist (#21) Training checklist (#28) Staff survey (#27, A30) Family survey (#2, 3)
Planning for the future. *(Expert consensus).*	Clients and families have positive plans for the future.	Case management plans include planning for the future with the client. Families and clients report that staff have helped them to plan for the future.	Case management checklist (#18) Client survey (#15) Family survey (#7)

Financials:

Best Practice	Outcomes	Indicators	Measures
Aid accessing funding. *(Expert consensus).*	Clients are supported in accessing funding and dealing with finances.	Staff are permitted to attend appointments with clients to secure financial aid. Case management plans include assisting clients with securing funding support and with financial management. Staff are trained to facilitate client access to financial supports and are comfortable with their knowledge in this area. Clients and families report that they know where to go to receive assistance with financial problems and questions.	Policy checklist (#24) Case management checklist (#9, 10) Training checklist (#29) Staff survey (#28, A33) Client survey (#16) Family survey (#5)

Legal System:

Best Practice	Outcomes	Indicators	Measures
Supported dealings with the justice system. *(Expert consensus).*	Clients are supported in dealing with the justice system.	Staff are permitted to attend court appointments with clients. Case management plans include supporting clients to comply with legal requirements. Staff are trained to facilitate client access to guardianship and trusteeship programs, and are comfortable with their knowledge in this area. Clients and families report receiving support in complying with legal requirements.	Policy checklist (#25) Case management checklist (#11) Training checklist (#30) Staff survey (#29, A31) Client survey (#18) Family survey (#16)

Scoring Guide for Best Practice Evaluation Instruments

Scoring Guide for Best Practice Evaluation Instruments

Six instruments (three surveys and three checklists) are provided to measure the extent to which indicators of best practice are being implemented. This guide provides a method for scoring and interpreting the results of these instruments.

To obtain scores, the following steps should be applied:

1. For instruments that include scales from 1-10 (i.e., staff survey part two, client survey, family survey): assign the numeric value of 1-10 (or 0 for Don't Know).
2. For Yes/No scales (i.e., agency policy and procedures checklist, agency training checklist, case management plan checklist, staff survey part one): assign 10 points for a Yes response or 0 points for No, or Unsure/Do not remember responses.
3. If your organization determines that certain questions reasonably do not apply, ranges may be appropriately adjusted by subtracting 10 points from each range (per question) in order to avoid skewed results. For instance, should one question in the Family Survey not apply, 10 points may be deducted from each range, adjusting the Developmental category to those scores between 0-70, In Progress to 71-150, and FASD Informed to 151-230. Reasoning for such adjustments should be documented.
4. Consult Table 1 below to determine score ranges for each instrument.

Table 1. Score ranges for each evaluation instrument.

	Developmental	In Progress	FASD Informed
Family Survey	0-80	81-160	161-240
Staff Survey	0-203	204-406	407-610
Client Survey	0-70	71-141	142-210
Training Checklist	0-102	103-206	207-310
Policy Checklist	0-80	81-161	162-240
Case Management Checklist	0-180	181-361	362-540

5. Calculate your combined overall score out of 18:

For each Developmental category, assign 1 point; for each In Progress category, assign 2 points; and each FASD Informed category, assign 3 points. The maximum possible score is 18.

Developmental 0-5	In Progress 6-12	FASD Informed 13-18

Three score ranges are offered, consisting of Developmental, In Progress and FASD Informed as overall categories by which to classify organizational or program status. Developmental, In Progress, and FASD Informed scores can be achieved either in regard to individual best practice statements, or in regard to best practices overall.

Scores in the Developmental range indicate that few best practices are being employed, providing an excellent opportunity to incorporate more evidence. Reflection on and revision of current policies and procedures are needed in order to shift toward a more empirically informed program or organization.

Scores in the In Progress range describe an organization or program that is already employing some best practices and that is well positioned to include additional best practices. A reflection on individual components of the evaluation tool kit with low to mid-range scores may reveal certain areas in which current standards do not reflect best practices. This can help target specific issues and should prompt individuals and services to review and adjust their policies and services as necessary.

FASD Informed scores suggest that a number of evidence-based methods are already being implemented within current programs and services. While reflection on individual components of the evaluation tool kit may reveal potential opportunities for improvement, scores within the FASD Informed range serve to highlight an excellent incorporation of current best practices.

Administering Instruments

It is intended that appropriate parties complete evaluation instruments. Agency administrators and/ or management should complete the policies and procedures checklist and training checklist; staff should complete the staff survey, parts one and two, as well as the case management checklist; clients should complete the client survey; and families/ caregivers of clients should complete the family/ caregiver survey. Where clients, families, and/ or caregivers require items to be read aloud to them, staff members who are not directly involved in these clients' care should administer surveys in order to facilitate clients' comfort in providing honest responses.

Best Practice Evaluation Instruments

Table of Contents for Best Practice Evaluation instruments

Agency Policies and Procedures Checklist

Agency Policies and Procedures Checklist

Who?: This checklist should be completed by an agency/program administrator who is familiar with and has ready access to documented agency policies and procedures.

Why?: This is a checklist of agency policies and procedures relevant to identified best practices for working with individuals and families affected by an FASD.

Support services should be collaborative:	
1. The agency has a specific mandate or policies that promote interagency collaboration.	Y ☐ N ☐
2. The agency has policies regarding interagency information sharing and service coordination.	Y ☐ N ☐
FASD competent workforce in all systems of care:	
3. The agency has policies that ensure that current staff have experience and knowledge regarding FASD.	Y ☐ N ☐
Support workers should remain current on FASD related information:	
4. The agency has a policy that allows staff time for FASD related professional development.	Y ☐ N ☐
Support and education for vicarious trauma:	
5. The agency provides staff with access to counseling and support.	Y ☐ N ☐
6. The agency provides staff with the opportunity to engage in supportive debriefing.	Y ☐ N ☐
7. The agency provides staff with supportive supervision.	Y ☐ N ☐
Interpersonal and work skills in support workers:	
8. Agency hiring practices emphasize interpersonal and work skills important for working with clients with an FASD (non-judgmental, trustworthy, empathetic, available, and mature).	Y ☐ N ☐
Familiarity with complex case management, developmental awareness:	
9. Agency hiring and training practices emphasize complex case management skills.	Y ☐ N ☐
Early diagnosis and early intervention:	
10. Procedures are in place to refer clients with a suspected FASD for formal screening and/or assessment.	Y ☐ N ☐
11. Procedures are in place to refer clients with a suspected FASD for appropriate intervention.	Y ☐ N ☐
Functional assessment:	
12. There is an established procedure for referring clients for functional assessment.	Y ☐ N ☐
Positive strengths-based approach:	
13. The agency has an explicit commitment to using a strengths-based approach.	Y ☐ N ☐
Focus on interdependence not independence:	
14. Agency policies emphasize the importance of placing interdependence over independence for clients with an FASD.	Y ☐ N ☐
Consistency and structure from support:	
15. The agency has strategies and target goals for staff retention.	Y ☐ N ☐
16. Procedures are in place to deal with staff turnover in a way that eases the transition for clients.	Y ☐ N ☐

Awareness and support for sensory processing disorders:	
17. The agency has made adaptations to its physical environment to accommodate clients with an FASD.	Y ☐ N ☐
Preventative mental health services:	
18. There is an established procedure for referring clients with an FASD for preventative mental health services.	Y ☐ N ☐
19. Staff are permitted to accompany clients to mental health appointments.	Y ☐ N ☐
Support for accessing medical care:	
20. There is an established procedure for referring clients with an FASD for medical care.	Y ☐ N ☐
21. Staff are permitted to accompany clients to medical appointments.	Y ☐ N ☐
Supported recreation activities:	
22. Staff are permitted to accompany clients to recreation activities.	Y ☐ N ☐
Stability of the home environment:	
23. The agency has an explicit commitment to partnering with foster agencies and group homes in an effort to promote stable home environments by maintaining regular contact with families and caregivers.	Y ☐ N ☐
Aid accessing funding:	
24. Staff are permitted to attend appointments with clients to secure financial aid.	Y ☐ N ☐
Supported dealings with the justice system:	
25. Staff are permitted to attend court appointments with clients.	Y ☐ N ☐

Agency Training Checklist

Agency Training Checklist

Who?: This checklist should be completed by an agency/program administrator who is familiar with, and has ready access to, documented agency policies and procedures.

Why?: This is a checklist of the training that staff have received, relevant to identified best practices for working with individuals and families affected by an FASD.

All current staff have received training in:

Support services should focus on transitions:	
1. Providing targeted support to clients during times of transition (e.g., when clients reach the age of 18).	Y ☐ N ☐
FASD competent workforce in all systems of care:	
2. FASD knowledge (e.g., FASD 101).	Y ☐ N ☐
Training should be framed from a disability context and develop core competencies:	
3. Understanding and framing FASD as a disability (i.e., as opposed to a behaviour problem).	Y ☐ N ☐
4. Developing core competencies through real life practice in developing case plans and engaging in consultations.	Y ☐ N ☐
Support workers should remain current on FASD related information:	
5. FASD basics- an FASD training refresher is offered at least annually.	Y ☐ N ☐
Support and education for vicarious trauma:	
6. Dealing with vicarious trauma.	Y ☐ N ☐
Familiarity with complex case management, developmental awareness:	
7. Complex case management.	Y ☐ N ☐
8. Recognizing which approaches and interventions are developmentally appropriate for each individual client.	Y ☐ N ☐
Early diagnosis and early intervention:	
9. Recognizing the signs of FASD.	Y ☐ N ☐
10. Referring clients with a suspected FASD for formal screening and/ or assessment.	Y ☐ N ☐
11. Referring clients with a suspected FASD for appropriate intervention.	Y ☐ N ☐
12. Understanding the importance of early diagnosis and intervention for clients with an FASD.	Y ☐ N ☐
Functional assessment:	
13. At least one staff member is trained to conduct functional assessments OR staff are trained to refer clients for a functional assessment.	Y ☐ N ☐
Positive strengths-based approach:	
14. The use of a strengths-based approach.	Y ☐ N ☐
Focus on interdependence not independence:	
15. Working toward interdependence rather than independence for clients with an FASD.	Y ☐ N ☐
Consistency and structure from support:	
16. Procedures for helping clients to deal with staff turnover.	Y ☐ N ☐
Sensory processing difficulties:	
17. How to recognize and support sensory processing difficulties.	Y ☐ N ☐

Use of a unique learning profile:	
18. Understanding IEP's/ IPP's and incorporating IEP's/ IPP's into case management planning.	Y ☐ N ☐
Parent-assisted adaptive functioning training:	
19. Facilitating client and family/ caregiver access to parent-assisted adaptive functioning training.	Y ☐ N ☐
Preventative mental health services:	
20. Referring clients for preventative mental health services.	Y ☐ N ☐
Support for accessing medical care:	
21. Referring clients for medical care.	Y ☐ N ☐
Supported recreation activity:	
22. Appropriate recreation activities for clients with an FASD.	Y ☐ N ☐
Managing sexually exploitative situations and risky behaviors:	
23. Talking to clients about relationship and sexual health and safety **or** referring clients to other professionals who can facilitate these conversations.	Y ☐ N ☐
Client centered employment services:	
24. Facilitating client access to individually tailored vocational counseling.	Y ☐ N ☐
Importance of housing support:	
25. Facilitating client access to appropriate housing.	Y ☐ N ☐
Importance of safety and security in housing:	
26. Continuously monitoring the safety and security of client's housing arrangements.	Y ☐ N ☐
Emphasis on caregiver well-being:	
27. Facilitating client access to respite and counseling supports for families of individuals with an FASD.	Y ☐ N ☐
Training in parenting strategies which focuses on caregiver attitudes:	
28. Facilitating family/ caregiver access to training in parenting strategies that focus on caregiver attitudes.	Y ☐ N ☐
Aid accessing funding:	
29. Facilitating client access to agencies that provide income support, financial planning support, and money management support.	Y ☐ N ☐
Supported dealings with the justice system:	
30. Facilitating client access to guardianship and trusteeship programs.	Y ☐ N ☐

Staff Survey:
Part One

Staff Survey- Part One

Who?: This is a survey to be completed by agency staff

Why?: It specifically inquires about the training that staff have received. . The purpose of this survey is to understand the extent to which staff have received training relevant to identified best practices for working with individuals and families affected by an FASD, and can assist agencies and programs in identifying areas of success as well as areas for improvement.

How?: Please provide a response to every item. Please note that responses are anonymous.

	Yes, I have received training	No, I have not received training	Unsure/ do not remember
I have received training in….			
1. What FASD is (e.g., FASD 101).			
2. Understanding FASD as a disability (i.e., as opposed to a behavior problem).			
3. Support skills for working with clients affected by an FASD.			
4. Providing targeted support for clients who are undergoing transitions (e.g., the transition to adulthood).			
5. Facilitating client access to housing supports.			
6. Continuously monitoring the safety and security of client's housing arrangements.			
7. Addressing vicarious trauma.			
8. Complex case management.			
9. Recognizing which approaches and interventions are developmentally appropriate for each individual client.			
10. Recognizing the signs of FASD.			
11. Referring clients with a suspected FASD for formal screening and/ or assessment.			
12. Referring clients with a suspected FASD for appropriate intervention.			
13. Referring clients for a **functional** assessment.			
14. Incorporating the results of a functional assessment into work with clients.			
15. The use of a strengths-based approach.			
16. How to emphasize interdependence rather than independence for clients with an FASD.			

	Yes, I have received training	No, I have not received training	Unsure/ do not remember
I have received training in….			
17. How to deal with staff turnover in a way that eases this transition for clients.			
18. How to recognize and support sensory processing difficulties.			
19. What an IEP/ IPP is, and the importance of an IEP/ IPP for clients who are attending school.			
20. Facilitating client and family/ caregiver access to parent-assisted adaptive functioning training.			
21. The procedure for referring clients to preventative mental health services.			
22. The procedure for referring clients to medical care.			
23. Appropriate recreation activities for clients with an FASD.			
24. Talking to clients about relationship and sexual health and safety **or** referring clients to other professionals who can facilitate these conversations.			
25. Facilitating client access to individually tailored vocational counseling.			
26. Facilitating family/ caregiver access to respite and counseling supports.			
27. Facilitating family/ caregiver access to training in parenting strategies that focus on caregiver attitudes.			
28. Facilitating client access to agencies that provide financial planning and money management support.			
29. Facilitating client access to guardianship and trusteeship programs.			

Staff Survey:
Part Two

Staff Survey- Part Two

Who?: This survey should be completed by agency staff.

Why?: It assesses staff comfort and knowledge with providing specific services and supports to individuals and families affected by an FASD. The purpose of this survey is to understand the extent to which staff have received training relevant to identified best practices for working with individuals and families affected by an FASD, and can assist agencies and programs in identifying areas of success as well as areas for improvement.

How?: Please provide a response to every item. Please note that responses are anonymous.

Please indicate your level of agreement with the following statements:	Strongly Agree									Strongly Disagree	N/A
1. I have a strong understanding of what FASD is.	10	9	8	7	6	5	4	3	2	1	N/A
2. I understand why FASD is considered a disability rather than a behavior problem.	10	9	8	7	6	5	4	3	2	1	N/A
3. I feel comfortable working with clients affected by an FASD.	10	9	8	7	6	5	4	3	2	1	N/A
4. I know how to provide targeted support for clients who are undergoing transitions (e.g., the transition to adulthood).	10	9	8	7	6	5	4	3	2	1	N/A
5. I am able to facilitate client access to housing supports.	10	9	8	7	6	5	4	3	2	1	N/A
6. I know how to continuously monitor the safety and security of clients' housing arrangements.	10	9	8	7	6	5	4	3	2	1	N/A
7. My knowledge of FASD is current and up to date.	10	9	8	7	6	5	4	3	2	1	N/A
8. I have a strong understanding of vicarious trauma.	10	9	8	7	6	5	4	3	2	1	N/A
9. I know how to access staff counselling and support.	10	9	8	7	6	5	4	3	2	1	N/A
10. I am confident in my ability to manage complex client cases.	10	9	8	7	6	5	4	3	2	1	N/A
11. I know how to recognize which approaches and interventions are developmentally appropriate for each individual client.	10	9	8	7	6	5	4	3	2	1	N/A

Please indicate your level of agreement with the following statements:	Strongly Agree									Strongly Disagree	N/A
12. I am able to recognize the signs of FASD.	10	9	8	7	6	5	4	3	2	1	N/A
13. I know how to refer clients with a suspected FASD for formal screening and/ or assessment.	10	9	8	7	6	5	4	3	2	1	N/A
14. I know how to refer clients affected by an FASD for appropriate intervention.	10	9	8	7	6	5	4	3	2	1	N/A
15. I understand the importance of early diagnosis and intervention for clients with an FASD.	10	9	8	7	6	5	4	3	2	1	N/A
16. I know how to refer clients for a **functional** assessment.	10	9	8	7	6	5	4	3	2	1	N/A
17. I know how to incorporate the results of a functional assessment into work with clients.	10	9	8	7	6	5	4	3	2	1	N/A
18. I am comfortable using a strengths-based approach with clients.	10	9	8	7	6	5	4	3	2	1	N/A
19. I know how to emphasize interdependence rather than independence for clients with an FASD.	10	9	8	7	6	5	4	3	2	1	N/A
20. I am able to deal with staff turnover in a way that eases this transition for clients.	10	9	8	7	6	5	4	3	2	1	N/A
21. I know how to recognize and support sensory processing difficulties.	10	9	8	7	6	5	4	3	2	1	N/A
22. I know what an IEP/ IPP is, and understand the importance of an IEP/ IPP for clients who are attending school.	10	9	8	7	6	5	4	3	2	1	N/A
23. I know how to facilitate client and family/ caregiver access to parent-assisted adaptive functioning training.	10	9	8	7	6	5	4	3	2	1	N/A
24. I know how to refer clients to preventative mental health services.	10	9	8	7	6	5	4	3	2	1	N/A

Please indicate your level of agreement with the following statements:	Strongly Agree									Strongly Disagree	N/A
25. I know how to refer clients for medical care.	10	9	8	7	6	5	4	3	2	1	N/A
26. I know which recreation activities are appropriate for clients with an FASD.	10	9	8	7	6	5	4	3	2	1	N/A
27. I am able to facilitate client access to individually tailored vocational counseling.	10	9	8	7	6	5	4	3	2	1	N/A
28. I have the opportunity to engage in supportive debriefing and supervision.	10	9	8	7	6	5	4	3	2	1	N/A
29. I am able to facilitate family/caregiver access to respite and counselling supports.	10	9	8	7	6	5	4	3	2	1	N/A
30. I am able to facilitate access to training in parenting strategies that focus on caregiver attitudes.	10	9	8	7	6	5	4	3	2	1	N/A
31. I am able to facilitate client access to guardianship and trusteeship programs.	10	9	8	7	6	5	4	3	2	1	N/A
32. Talking to clients about relationship and sexual health and safety **or** referring clients to other professionals who can facilitate these conversations.	10	9	8	7	6	5	4	3	2	1	N/A
33. I am able to facilitate client access to agencies that provide financial planning and money management support.	10	9	8	7	6	5	4	3	2	1	N/A

Case Management Plan Checklist

Case Management Plan Checklist

Who?: This checklist should be completed by agency staff.

Why?: The following is a list of elements that should be included in a case management plan for a client with an FASD, **in addition** to components typically included in case management plans for your agency. The purpose of this survey is to assist agencies and programs in identifying areas of success as well as areas for improvement.

How?: Please provide a response to every item. Please note that responses are anonymous.

1.	Client has access to appropriate housing.	Y☐ N☐
2.	The safety and security of the client's housing arrangements is continuously monitored.	Y☐ N☐
3.	Client has access to medical care.	Y☐ N☐
4.	Provide or arrange medication management.	Y☐ N☐
5.	Client has learned about relationship safety, a planned approach to sexual activity, and reproductive health.	Y☐ N☐
6.	Client has access to preventative mental health services.	Y☐ N☐
7.	Client has access to appropriate recreation activities.	Y☐ N☐
8.	Have discussed employment and/ or volunteer-related goals with client.	Y☐ N☐
9.	Client has assistance to complete applications and compile documentation for funding support.	Y☐ N☐
10.	Client has assistance with financial management.	Y☐ N☐
11.	Client has support in complying with legal requirements (e.g., probation orders, community service).	Y☐ N☐
12.	Client has support for sensory processing disorders, if applicable.	Y☐ N☐
13.	A unique learning profile/ IEP/ IPP has been created for the client.	Y☐ N☐
14.	Client's unique learning profile/ IEP/ IPP has been used to inform the case management plan.	Y☐ N☐
15.	A functional assessment has been completed for the client.	Y☐ N☐
16.	Functional assessment results are incorporated into case management plans.	Y☐ N☐
17.	A plan is in place to ensure smooth client transitions (e.g., from school to workplace; to adulthood).	Y☐ N☐
18.	Have discussed plans for the future with the client.	Y☐ N☐
19.	Work with client to develop an interdependent support network.	Y☐ N☐
20.	Maintain contact with family/ caregivers.	Y☐ N☐
21.	Client's family/ caregivers have access to training in parenting strategies.	Y☐ N☐
22.	Client's family/ caregivers have access to respite and counseling supports.	Y☐ N☐
23.	The capacity of the client's family is being built toward teaching the client adaptive functioning skills.	Y☐ N☐
24.	Options for formal assessment, diagnosis, and intervention have been considered.	Y☐ N☐
25.	Client's changing needs are continually re-assessed in order to ensure the age appropriateness of services.	Y☐ N☐

Client Survey

Client Survey

This survey asks questions about the _____ agency. Your feedback will be used to help make the _____ agency better. We would like you to be honest in answering questions, whether you have positive feedback or negative feedback. Please note:

- You do not have to fill out this survey if you don't want to.
- Don't put your name on this survey. We won't know which answers are yours, so be as honest as you can.

Client Survey

	 **Yes**			 **Maybe**			 **No**				Don't Know/ Does Not Apply
1. The staff at _____ helped me find a place to live.	10	9	8	7	6	5	4	3	2	1	N/A
2. The staff at _____ make sure the place I live is always safe.	10	9	8	7	6	5	4	3	2	1	N/A
3. The staff at _____ help me deal with changes in my life.	10	9	8	7	6	5	4	3	2	1	N/A
4. The staff at _____ accept me.	10	9	8	7	6	5	4	3	2	1	N/A
5. I am happy with the way the staff at _____ treat me.	10	9	8	7	6	5	4	3	2	1	N/A
6. Staff at _____ help me find things I am good at.	10	9	8	7	6	5	4	3	2	1	N/A
7. Staff at _____ are good at meeting my needs.	10	9	8	7	6	5	4	3	2	1	N/A
8. Staff at _____ do not push me to do things by myself.	10	9	8	7	6	5	4	3	2	1	N/A
9. I know someone who can help me take care of myself safely.	10	9	8	7	6	5	4	3	2	1	N/A
10. I know who to go to for counselling if I need it.	10	9	8	7	6	5	4	3	2	1	N/A
11. Staff at _____ helped me learn about fun activities I can do in the community.	10	9	8	7	6	5	4	3	2	1	N/A
12. I know someone who can answer my questions about sexual health.	10	9	8	7	6	5	4	3	2	1	N/A
13. I know someone who can answer my questions about relationships.	10	9	8	7	6	5	4	3	2	1	N/A

Client Survey

	 **Yes**				 **Maybe**			 **No**			Don't Know/ Does Not Apply
14. Staff at _____ helped me find a place to work or volunteer.	10	9	8	7	6	5	4	3	2	1	N/A
15. Staff at _____ helped me plan for my future.	10	9	8	7	6	5	4	3	2	1	N/A
16. I know someone who can help me with money problems and answer questions about money.	10	9	8	7	6	5	4	3	2	1	N/A
17. I have a doctor that I can see when I need to.	10	9	8	7	6	5	4	3	2	1	N/A
18. I know someone who can help me if I get in trouble with the law.	10	9	8	7	6	5	4	3	2	1	N/A
19. I trust the staff at _____.	10	9	8	7	6	5	4	3	2	1	N/A
20. The staff at _____ make me feel safe and welcome.	10	9	8	7	6	5	4	3	2	1	N/A
21. Staff from other places help me with the same goals.	10	9	8	7	6	5	4	3	2	1	N/A

Family/Caregiver Survey

Family/Caregiver Survey

This survey should be completed by families and/ or caregivers of clients. This survey asks questions about the _____ agency. Your feedback will be used to help make the _____ agency better. We would like you to be honest in answering questions, whether you have positive feedback or negative feedback. Please note:

- You do not have to fill out this survey if you don't want to.
- Don't put your name on this survey. We won't know which answers are yours, so be as honest as you can.

Please indicate your level of agreement with the following statements:	Strongly Agree									Strongly Disagree	N/A
1. I have been trained to help my family member develop life and social skills.	10	9	8	7	6	5	4	3	2	1	N/A
2. _____ helped me develop parenting strategies for my child.	10	9	8	7	6	5	4	3	2	1	N/A
3. _____ has given me the information that I need to be a good support to my family member who is receiving services.	10	9	8	7	6	5	4	3	2	1	N/A
4. _____ has helped me access self-care services, such as respite and counseling services.	10	9	8	7	6	5	4	3	2	1	N/A
5. I know where to go for questions about funding to support my family.	10	9	8	7	6	5	4	3	2	1	N/A
6. The team at _____keeps in regular contact with my family.	10	9	8	7	6	5	4	3	2	1	N/A
7. The staff at _____ have helped me make plans for the future of my family member.	10	9	8	7	6	5	4	3	2	1	N/A
8. The staff at _____ have helped my family deal with life changes.	10	9	8	7	6	5	4	3	2	1	N/A
9. I am happy with the way that staff at _____ treat my family.	10	9	8	7	6	5	4	3	2	1	N/A
10. Staff at _____ are good at meeting my family's needs, even when our needs change.	10	9	8	7	6	5	4	3	2	1	N/A

Please indicate your level of agreement with the following statements:	Strongly Agree									Strongly Disagree	N/A
11. Staff at _____ helped my family member understand at least one thing s/he is good at.	10	9	8	7	6	5	4	3	2	1	N/A
12. Staff at _____ allow my family member to reach goals at his/her own pace.	10	9	8	7	6	5	4	3	2	1	N/A
13. Staff at _____ make my family feel safe, welcome, and accepted.	10	9	8	7	6	5	4	3	2	1	N/A
14. My family trusts the staff at _____.	10	9	8	7	6	5	4	3	2	1	N/A
15. My family member knows who to go to with questions about relationships and sexual health.	10	9	8	7	6	5	4	3	2	1	N/A
16. My family member knows who to go to for help if s/he gets in trouble with the law.	10	9	8	7	6	5	4	3	2	1	N/A
17. My family member knows who to go to for counseling.	10	9	8	7	6	5	4	3	2	1	N/A
18. My family member knows about options for recreation activities.	10	9	8	7	6	5	4	3	2	1	N/A
19. My family member has access to medical care.	10	9	8	7	6	5	4	3	2	1	N/A
20. Staff at _____ helped my family member find a place to work or volunteer.	10	9	8	7	6	5	4	3	2	1	N/A
21. Staff at _____ helped my family member find a safe place to live.	10	9	8	7	6	5	4	3	2	1	N/A
22. Staff from different agencies help my family work toward the same goals.	10	9	8	7	6	5	4	3	2	1	N/A

NEXT STEPS

Next Steps

Moving forward, a number of next steps should be considered in order for this document to be practically utilized. Next steps are described according to a suggested five-year plan.

Year One

Surveys included in the preceding evaluation tool kit would be piloted and refined. This would entail transferring survey content and materials to a survey system that is easily accessible to diverse communities, and partnering with key community organizations in rural, remote, and urban centres to distribute surveys. After implementing a pilot distribution of surveys, interpretation of survey data would allow for elevated understanding regarding the validity of survey questions, feasibility of the survey distribution process, and the usefulness of survey content, as well as refinement of the survey scoring system. In addition, results could be examined to determine where different programs and agencies were situated with regard to the four aspirational principles identified in the best practice guide. Using this information, a system could be developed for generating unique program/agency profiles regarding strengths and challenges as pertaining to aspirational practice principles and specific best practice domains. After piloting the evaluation tool kit, including data collection and interpretation, evaluation documents would be revised accordingly.

Years Two-Four

Full implementation of the revised evaluation tool kit would take place across the province. This would involve preparation followed by approximately two years of province-wide data collection.

Year Five

Provincial data would be examined. In recognition of the evolving nature of the best practice statements, best practices, outcomes, and indicators could be revised. In addition, the ranking methodology utilized for the various levels of evidence could be revisited. Finally, adjustments would be made accordingly to the evaluation tool kit, and province-wide implementation would continue.

These suggested steps would allow for a systematic examination of the preceding best practice guide and evaluation tool kit, and ultimately, toward consistent, evidence-based standards of practice for serving clients and families affected by an FASD.

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