



## **Our Vision:**

***In Hamilton, all people living with FASD have the opportunity to lead full and productive lives as valued and contributing members of the community.***

## **Our Mission:**

***The Hamilton FASD Collaborative exists to prevent FASD, and to build an integrated, evidence-informed system that offers accessible services and life-long supports for people affected by FASD.***

## **Our Values:**

*(Adopted from the Nishnawbe Aski Nation)*

### **Promote Hope**

- *Whenever drinking can be reduced throughout pregnancy, there is hope to have a healthier child*
- *Support and appropriate interventions make a big difference for all people affected by FASD*
- *Each and every thoughtful action makes a difference in preventing FASD*

### **Show Respect**

- *For the abilities of individuals affected by FASD*
- *For the knowledge of parents and caregivers who care for individuals affected by FASD*
- *For all communities in their efforts to address FASD*
- *For the rights and capabilities of women and their partners to make choices about their health and the health of their children*

### **Have Understanding**

- *By staying open to new information about being aware and reflective of you attitudes and values*
- *By staying informed about the issues and research*
- *By being sensitive to the impact of a diagnosis of FASD on an individual, a family, and a community*

### **Have Compassion**

- *By being sensitive to the needs of individuals and caregivers impacted by FASD*
- *By being open to hearing about both their strengths and their challenges*
- *By being sensitive to the situations of women with substance use problems, especially by being open to their individual processes of recovery*

### **Develop Cooperation**

- *By recognizing the importance of building partnerships within your community to address all aspects of FASD*

## **Our Priorities October 2019-October 2022:**

### **Ensure better, more consistent information for caregivers**

- *Develop key messages(e.g. What FASD is; The 'order' in which to access supports; where to go when facing hurdles/barriers)*
- *Amplify these messages in collaboration with community partners*

### **Develop a common understanding amongst key service systems/providers about how to work together**

- *Convene key influencers from relevant 'systems'*
- *Support facilitated dialogue to build a shared understanding*
- *Establish common language and protocols*

### **Energize the Hamilton FASD Collaborative**

- *Revisit the current 'organizing structure' (clarify roles and responsibilities and enhance coordination of/between various committees/groups; establish 'work clusters' to address identified goals/priorities)*
- *Provide ongoing FASD training (for new and continuing members)*
- *Invest in a Coordinator who can provide dedicated support to the Collaborative (explore cost sharing)*

### **Build diagnostic capacity to ensure early intervention**

- *Meet with OHIP-funded clinicians that have FASD in their 'scope of practice' (starting with those that are already connected to the Networking group)*
- *Explore the feasibility of establishing a diagnostic clinic/entity*
- *Develop 'screening protocols' that help to identify people with FASD in settings with vulnerable/high-prevalence populations so that appropriate supports and early interventions can be provided*
  - *\*In April 2019 Dr. Svetlana Popova, senior scientist at CAMH released findings from a major review of world literature (69 studies from 17 countries) that found FASD is 10-40 times higher in certain groups than in the general population. These 5 sub-populations are:*
    - *Children in care*
    - *Individuals in correctional service custody*
    - *Individuals in special education services*
    - *Individuals using specialized clinical services for developmental disabilities or psychiatric care*
    - *Indigenous populations*

### **Focus on prevention**

- *Develop a prevention strategy together with Public Health (data/research informed)*
- *Implement the strategy in collaboration with key influencers that have established relationships with 'at-risk'/high prevalence rates (Indigenous organizations; child welfare, education, justice, etc.)*