

**ANNUAL EVALUATION REPORT
CHILDREN'S DIAGNOSTIC AND SUPPORT SERVICES**

Lakeland Centre for FASD

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Annual Evaluation Report

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Introduction

The Lakeland Centre for FASD has been providing diagnostic and follow-up support services since 1999. With the original core funding from the Health Innovation Fund of Alberta Health came dollars for a thorough evaluation of the processes and outcomes of clinic services at that time. A culture of evaluation evolved as a result of this process which led to a commitment to continue to evaluate Centre activities when the HIF funding was completed in 2003.

Using the original framework proposed for the HIF funding as a basis for the evaluation, a smaller process focussed only on the children's diagnostic portion of the Centre's services was designed. The evaluation process was intended to be completed annually with a review after each year.

This annual evaluation process was to include the following major components:

- An assessment of caregiver perceptions post-diagnosis. Caregivers who attended clinic within the last year were surveyed as well as caregivers of children diagnosed in the first year.
- An assessment by school personnel of the usefulness of the diagnosis on student outcomes.
- An assessment by agency personnel of the Centre and its impact.

Methodology

Data for this phase of the evaluation was gathered in the following manner:

- telephone interviews with caregivers
- in person interviews with Special Education Coordinators in schools in the Cold Lake and Bonnyville area
- written survey of agency personnel from Bonnyville, Cold Lake, St. Paul and Lac La Biche.

Limitations

As stated earlier, the current evaluation was based on the larger evaluation conducted for Alberta Health and while it covered the main components it was smaller in scope and depth. It should be used to show continued progress on previously evaluated systems.

It is based on perceptions of diagnostic impact by both caregivers and support workers (agency and school personnel). Perceptions of intervention impact are best offered in support of more complete scientific evidence but on their own can be used as positive indications of change.

The written survey to agency personnel from throughout the service area was not well returned. The evaluator doubled the response rate by distributing surveys to a group of agency personnel attending a different meeting. Additionally, there was no specific attempt made during this evaluation to survey Aboriginal-specific communities or organizations so the results should not be generalized to that setting.

Finally, this evaluation does not include a presentation or analysis of client demographics. Client statistics are gathered by Centre staff and are available at the Centre..

Evaluation Findings

1. Caregiver Interviews

For this portion of the evaluation, caregivers from the first year and last year of the Centre's services were interviewed. The results of both processes are included below.

Interviews with Recent Clients

The interviews with recent clients focused on the same information as originally designed in the HIF evaluation as follows:

- parental knowledge about FASD post-diagnosis and an assessment of the change in parental behaviour towards the child;
- assessment of the child's behaviour at home and at school;
- the outcomes vs. parental hopes for the diagnosis, and
- their assessment of the follow-up support they have received from the Centre.

From a pool of 28 files, 10 interviews were completed. The remaining 18 were either not available after several attempts to contact them, had moved from the area, did not respond to requests for interviews, or no longer had custody of the child in question. The 10 completed interviews were with families that had 14 diagnosed children in their care. There was 1 birth parent, 2 extended family situations, 2 adoptive parents, and 5 foster parents. The interviews had a structured format and interview guide.

Knowledge of FASD prior to the diagnosis?

- 3 reported knowing nothing about FASD
- 4 were aware of FASD, but didn't know enough
- 3 had taken training before

Knowledge level now?

- 8/10 felt more aware but still wanted to know more
- 2 felt they knew enough and were doing okay

Understanding of their child and how to meet needs?

- 9/10 felt they have a better understanding now but would like to know more.

What specifically do they need?

- parenting strategies
- how to work with schools
- transitions – to adulthood, to puberty
- behaviour management

Parental behaviour towards child since diagnosis.

- 9/10 said they were more patient
- 10/10 said they explain things more clearly now
- Comments: It is still frustrating at times; depends on the day

How has the diagnosis affected other parts of their life?

- less frustrated
- speak out more on behalf of their child
- more consistent routines in all of their activities
- have less freedom and are very tired
- feel more confident and secure

Child's behaviour at home since diagnosis.

- 4 said it got better and stayed better
- 3 said there was no change from before the diagnosis
- 2 said it changes all the time, depends on how much sleep, etc.
- 1 got worse but has improved

How is the parent feeling about the child's behaviour?

- 8/10 said they were coping with it

Child's behaviour at school (may have listed more than one)

- 6 said it got better and stayed better
- 1 said there was no change
- 1 said it got worse for awhile but has improved
- 1 said it got worse and has stayed bad (older child)
- 1 said it changes all the time
- Comments: The only problem is on the bus.

School's response to the diagnosis.

- 8 received funding
- 8 got a new or better IPP
- 7 got a full or part time aid

3 reported a change in the staff attitude towards the child
1 indicated a change in the classroom setting
Comments: Didn't follow through with the IPP or implement what they should have; Sometimes too much attention is paid to the child.

Parent's relationship with the school.

8 reported that it was good before and is still good
2 said it is improving but has a way to go yet.
Comments: Good communication and planning with the teacher; We work on strategies together.

What were the parental hopes for the diagnosis?

10 wanted to better understand their child
6 were looking for school funding

Were their hopes met?

10 said yes
Comments: Need more help with behavioural issues; Past year has been awesome, much less frustrating.

Would they recommend diagnosis?

10 said yes

Rating of follow-up support from Centre (scale of 1 to 5, 5 being totally satisfied)

6 – 5's
4 – 4's

Suggestions to make the clinic experience better?

Staff should provide better emotional support to the parents.

Which of the service recommendations was most useful?

IPP, coding and funding
speech/language, but needed more than could access

Least useful recommendations?

Therapy
Special Olympics
Youth worker – would have been useful but none were available.

First Year Clients

Interviews with the Centre's first year's caregivers were also conducted. These interviews focussed on an over-all assessment of how things have progressed since the original diagnosis. The format of these interviews was more open ended than with the recent clients.

During the first year, 24 children were diagnosed. Of the 24, 10 caregivers or social workers requested no further contact from the Centre or evaluator. While this request for no contact is likely handled differently now by the Centre, it was the situation at the time and those 10 have not been contacted. The 14 remaining children are living in 11 families. Two of these 11 families have since moved or changed phone numbers and were not able to be contacted. Seven of the remaining 9 caregivers were interviewed.

Six of the 7 families still have the children living with them that were brought to the clinic and they are now between the ages of 7 and 14. One is now 19 years old and living on her own with the original caregiver having occasional casual contact with her.

In answer to the question, “generally, how have things gone since the diagnosis” all responded with some variation of “generally okay”; “we have good days and bad days”; “lots of problems still.” This is fairly consistent with what is generally known of FASD and what was expected by the caregivers. Only one of the seven was uniformly pleased with how the child had progressed and was doing.

Specifically mentioned were the following issues of concern:

- being influenced by negative peer pressure
- following whomever into whatever seemed like fun at the time
- quick to anger
- blanks out on things he knows
- learning difficulties
- two mentioned their children were in trouble for stealing, one now involved with break and enter.

On the positive side, caregivers said their children were likeable, charming, bright (but unfocussed), really good within a familiar structure. One said his son was performing above his peers at school.

When asked if the diagnosis made a difference to their understanding of FASD all said yes, specifically in providing understanding of their particular child’s abilities and challenges and on how to deal with the child. Most of the caregivers were foster or adoptive parents and part of other organizations which may have also provided FASD information to them, so it is unclear if their perceived improved understanding is due to the diagnosis alone.

The caregiver of the 19 year old said that the diagnosis had made an “incredible” difference to her child in helping her understand herself and that she was not crazy.

Most felt that the diagnosis did not change the child in any way, but it helped the support system around the child to better interact with the child.

Only one caregiver indicated that she was still battling the school to get the proper help for her child. One indicated that the school does try but they run out of ideas and get

tired of the child's misbehaviour. The rest indicated that their schools have come around and have responded better to the needs of their children, but then the child goes into a new school and the process begins again.

The caregivers' assessment of their children's success in school covered the full range. Some have done and are doing well in school while others have not and are getting worse. One reported that this year the child had done well without an aid and special programming and is looking forward next year to being "normal." Some are managing well enough with support, while some are struggling daily with both the school and the child.

In the original evaluation the ability to access outside services was seen as one of the main reasons for coming to the Centre for a diagnosis, the school being the most important one to the caregiver. Access to other services was not mentioned by this group as an issue. It could be that the caregivers have accessed the services they needed from the school system and none others are seen as important. One did mention that the child was going to a psychiatrist and one spoke about having ongoing contact with Dr. Rajani whom she described as "awesome."

All indicated that the diagnosis was important for them and they would recommend that others seek a diagnosis if they suspect FASD. One indicated she would not have known what to do without the diagnosis. One suggested that parents be strongly cautioned to not use it as an excuse for the child's bad behaviour but to use it as a tool to build on.

All indicated that the Centre was helpful or very helpful post-diagnosis. Joanne Ring was mentioned by some as still being involved with them or "only a phone call away if I need her." The caregiver of the oldest child said that Joanne was excellent but it wasn't enough. She needed more ongoing support at the time. Her child was older at diagnosis (16) and may have been in need of an advanced level of support.

By way of suggestion to the Centre, one parent indicated that after having worked in the school as a TA for many years, that there "appeared" to be many children with FASD who had no hope of a diagnosis due to funding, and who would be lost with no hope for success. Any progress towards providing cost-free diagnosis would be seen as beneficial. One parent said that the Centre should keep talking about FASD so that the stigma, which is getting better, would be totally eliminated. He went on to say that he has "great respect" for the Centre and its work.

2. *School Interviews*

During the month of February, an interviewer was sent to the following schools in the Lakeland area:

Cold Lake: Grand Centre Elementary
 St. Dominic's School
 Grand Centre Middle School

Bridges and Off Campus School

Bonnyville: H.E. Bourgoin School
Duclos School
Dr. Brosseau School
Notre Dame Elementary School
Iron River School

The interviews were with the Special Education Coordinators in each of these schools and included questions regarding their assessment of the value of the diagnosis. Specifically they were asked about the difference the diagnosis made to the child's school experience in a variety of areas including:

- IPP design
- child's relationship with the teacher
- child's relationship with peers
- school success
- school's relationship with the Centre and suggestions for improvement

The data gathered during this process is reported below.

Approximately how many children from each school have been diagnosed by the Centre?

In almost every school, the number of students diagnosed was between 5 and 10. Two schools had only had 2 students diagnosed. The number of cases sent for diagnosis is increasing each year as they have come to see the need and benefit of the diagnosis. The school budget is the deciding factor.

Are there more children suspected of having FASD who have not been diagnosed and who they would like to have diagnosed? Are there plans to proceed with these diagnoses? (If not, why not?)

Every school indicated yes to each of these questions. There was no hesitation either in the suspicion of more cases or in the desire for the diagnosis. Some said they suspected anywhere from 5% to 10% of the school population were in need of a diagnosis. In one school, the number was close to 60%. The universal challenge for every school in deciding whether or not to get a diagnosis is the cost.

Another challenge is the decision of who broaches the topic with the parent. At one school, there is complete reliance on the family doctor to initiate the process. Another school in the same division initiates the process with the parent. Still another school relies on the parent/guardian to initiate the process. The biggest obstacle for each school in moving the process forward has been getting an admission of alcohol use during pregnancy.

For the children who have been to the Centre what difference, if any, did the diagnosis make to the following:

a. *Design of the IPP*

Every person but one said that there was a dramatic difference in the design of the IPP. The diagnosis provides a roadmap for the learning expectations and goals of the student and allows the IPP to truly be tailored to meet the child's needs and as they get older to help them set and meet reasonable expectations.

b. *Child's relationship with the teacher*

This question was more difficult because the meetings were not with the actual classroom teachers but with the Special Education Coordinator, so the answers were not concrete. The universal response was "most likely yes". When pressed for details, the answers were descriptive of both sides being calmer and more positive. Especially the teacher, who now had a greater understanding and usually some research and training to help with their work/management of the child.

Any change was seen as positive. Children are not so defiant if not challenged to do something they cannot do, and the teacher's understanding and expectations change and they can work at the child's level instead of having unrealistic expectations.

c. *Child's relationship with peers*

This question again was very subjective as the Special Education Coordinator doesn't necessarily have regular interactions with the students. The interesting point that came out was that the children are managed differently after diagnosis in order to avoid potentially difficult situations. More staff awareness leads to better classroom and playground management and therefore, less conflict.

d. *School success*

In every case, the response depended on the age of the child at diagnosis. For the children who were diagnosed very early (K-2), their educational successes were reported as "tremendous." For those diagnosed in middle school, it became very difficult to follow their progress, and they either drop out or end up at Bridges or Cold Lake Off-Campus.

Even at that stage, however, the Coordinators agreed that having the diagnosis was beneficial to the student, as it provided the resources allowing greater attention and specific programming which in most cases led to success in the student's academic endeavours.

In an isolated case, the student used the diagnosis as an excuse for poor behaviour and performance.

e. *Child's relationship with the parent*

It is likely that the school would not be aware of the parent/child relationship outside of school interaction, so this question was mostly about their opinion as to whether the diagnosis made a difference in that area. Most of the responses were positive, even if only mildly.

f. *School's relationship with the parent*

In almost every case, the school did not feel that the diagnosis made any difference to their relationship with the parent as they were already working together with the parent to find solutions. In only one case, the diagnosis actually got the parents involved in the IPP process, and paying attention to their child's education.

g. *Chances for success in life*

School personnel were asked whether they believed the diagnosis would have a positive impact on the child's chances of success in life. Most felt that if it did have an impact, it would be in the resources that were called into play for the child and after that, how effective those resources were.

h. *Any other impact*

In every case, those interviewed identified the additional benefit the diagnosis had in providing them with the opportunity to contact the Centre for support/information.

In your opinion, how significant an issue is FASD in your school? (Very, somewhat, not at all.)

In every case, the coordinator stated that FASD was a very significant concern in their schools. As stated earlier, the suspected incidence was thought to be anywhere from 5% to 10% of the school's population.

How would you rate your school's comfort level (i.e. openness, acceptance) with FASD?

Everyone said their school had a very high comfort level and acceptance of FASD, however being confident in dealing with it was another issue. It is recognized as an issue in every school, but not necessarily all the staff have interaction with the FASD students, so in that sense the confidence isn't as high as it might otherwise be.

Have you had to make any changes to the school/classrooms as a result of an FASD diagnosis? (Describe)

In every case except the Off-campus school, no substantial changes were reported as having been made to classrooms. That being said, every school has a room (quiet, resource, etc) where children may go if they are uncomfortable or becoming challenging

or disruptive to the other students. One school did go so far as to have a room designed especially for FASD students, specific to their IPP's, where they concentrated on life skills, but that has since passed from use.

This quiet room does make a difference to each of the schools and to the students when they go there. It must be noted that they do not go independently. All these students are considered "severe needs," so they have an aide with them when they leave the classroom that can assist them as necessary.

The schools have concentrated on changing programs rather than on changing environments/classrooms, physical settings. The child is taken out if necessary and allowed to work in a quiet area, one with more freedom and less restriction. It is very helpful, "a cool, blue place to go."

Have staff from the Lakeland Centre for FASD come to your school? (Yes No) For what?

Every person responded that, yes, staff members from the Centre have come to their schools. In most cases it has been to discuss with the Special Education Coordinator, the teacher and, where possible, the aide the results and details of a diagnosis.

Almost all had had a presentation of some sort about FASD, and some have had the Centre provide staff in-servicing.

Was their involvement with your staff helpful and sufficient?

All the coordinators agreed that the staff from the Centre had been very helpful. Some thought that the initial briefing and consultation after diagnosis were good, but all thought there should be more. All agreed that the initial meeting was excellent, but they were all wanting MORE.

A specific suggestion was that the diagnosis actually needs to be more concrete, especially for the purposes of coding. The Coordinators would like to have some greater definition regarding the seriousness of the condition for each student; whether mild, mild/moderate, or severe as funding is determined by the code the child receives, and programming is determined by the funding, so the schools need to have the diagnosis spelled out very clearly.

What else could the Lakeland Centre for FASD do either around diagnosis or other services in your school? (Describe)

The general consensus was that the diagnosis on its own is not enough and that the Centre should look at the complete continuum. Suggestions such as providing help with career planning, transitioning into adult services, and especially helping school staff learn more effective interaction with the child. They felt that the Centre's involvement should not stop with the diagnosis. Demonstrating effective strategies, modeling for aides, time

spent in the classrooms were all suggested. “We can be work-shopped to death; we need to be shown HOW to do the things they suggest. How to deal with the frustration, the in your face defiance; move from the diagnostic document to the beginning step in making significant change.”

“The diagnosis is great, but if the money isn’t helping to solve the problem, then what good is the diagnosis.” “Health, Education and Justice should be working together to build a complete strategy of how to deal with FASD.”

Other suggestions included: a Library of FASD resources, booklists, resource list, handouts, etc.; attendance at afternoon staff meetings, PD sessions, year start-up conferences/sessions with individual schools. Provide training for more than just the classroom teacher. FASD affects supervisors, other teachers (PE), and non-teaching staff as well. It should be more of a staff approach than a classroom approach. More help in determining whether the child is mild, moderate, or severe. A statement in the assessment as to the impact on the child’s learning and behaviour. Clear statements are the most helpful.

3. Agency Survey

In April a written survey was emailed to service providers in Bonnyville, Cold Lake, St. Paul and Lac La Biche. The survey was essentially the same as one that had been distributed and completed in 2003. The response rate was not statistically low (42%) but the numbers were small (11), six of which came from “cornering” service providers in an unrelated meeting.

In interpreting the results below it is important to remember that small numbers make big percentages, perhaps not as big a concern with this comparison as the original survey in 2003 was also small numbers and big percentages.

1. Have you heard of the Lakeland Centre for FASD?

	<u>2005</u>	<u>2003</u>
a. Yes (11)	100	97
b. No (0)	0	3

2. How aware are you of the Centre’s general mandate and services?

	<u>2005</u>	<u>2003</u>
a. Not at all aware (0)	0	6
b. Somewhat aware (3)	27	61
c. Very aware (8)	73	32

3. How aware are you of the Centre's work in your own community?

		<u>2005</u>	<u>2003</u>
a.	Not at all aware (1)	9	10
b.	Somewhat aware (2)	18	42
c.	Very aware (8)	73	48

4. Please rate your knowledge level of FASD.

		<u>2005</u>	<u>2003</u>
a.	Limited knowledge, need to know more (0)	0	28
b.	Adequate for my needs (5)	45	58
c.	Extensive knowledge (6)	55	16

5. Do you have direct involvement with any individual(s) who has been diagnosed with or is suspected to have FASD?

		<u>2005</u>	<u>2003</u>
a.	Yes (7)	64	84
b.	No (4)	36	16

6. How would you rate your ability to work with this individual(s) as a result of the Lakeland Centre for FASD? (of the 7 that said yes)

		<u>2005</u>	<u>2003</u>
a.	Easier (5)	71	45
b.	No difference	0	13
c.	Harder	0	3
d.	I've had no involvement with Lakeland Centre for FASD regarding this client.(2)	29	39

7. Has your agency ever referred an individual to the Lakeland Centre for FASD for a diagnosis? (This question and the next were not included in 2003.)

		<u>2005</u>
a.	Yes (5)	45
b.	No (6)	55

8. Please rate your satisfaction with the diagnosis and follow-up information you received at that time. (of the 5 who had referred)

		<u>2005</u>
a.	very satisfied (3)	60
b.	somewhat satisfied (2)	40
c.	somewhat dissatisfied	0

- d. very dissatisfied 0
9. How would you describe the impact the Lakeland Centre for FASD has had in your community around the issue of FASD?
- | | <u>2005</u> | <u>2003</u> |
|---------------------------|-------------|-------------|
| a. No impact | 0 | 0 |
| b. Minimal impact (2) | 18 | 10 |
| c. Significant impact (8) | 73 | 48 |
| d. Unsure (1) | 9 | 42 |
10. How would you rate your ease of access to the services of the Lakeland Centre for FASD?
- | | <u>2005</u> | <u>2003</u> |
|--|-------------|-------------|
| a. Poor | 0 | 6 |
| b. Fair (4) | 36 | 10 |
| c. Excellent (4) | 36 | 55 |
| d. Have not tried to access their services.(3) | 28 | 29 |
11. How would you rate the quality of the services provided in your community by the Lakeland Centre for FASD?
- | | <u>2005</u> | <u>2003</u> |
|------------------|-------------|-------------|
| a. Poor (1) | 10 | 0 |
| b. Fair (5) | 45 | 10 |
| c. Excellent (5) | 45 | 58 |
| d. Unsure | 0 | 32 |

Comments: *Fair because our community is at a distance, the constant presence is a bit more of a challenge but the Centre staff deals well with it.*

There needs to be far more outreach support for individuals after they have been diagnosed. Recently they have hired an adult outreach worker but that is not near enough as there is very little support for individuals with FASD as most do not qualify for services under PDD.

12. What more could the Lakeland Centre for FASD be doing to help you better deal with FASD in your community?

Additional supports need to be available for children and their families in the community. Not enough supports for parents/caregivers.

Continue with the community awareness. They are doing an excellent job in increasing awareness and educating for individuals with an FASD diagnosis.

Support groups for families affected by FASD and prevention programs for young women. More work with Doctors in our community so the medical community works more proactively with high-risk pregnant women.

13. Please provide any general comments that you would like to make that would help us better evaluate the Lakeland Centre for FASD and its services.

FASD awareness has increased significantly in part due to the “in kind” contribution by partners, who in their regular work promote the FASD clinic and prevention of FASD. Excellent team work. Good example of MATRIX.

Seen as an excellent centre, provincially and nationally. Way to go!

Survey Summary: Keeping in mind again that larger numbers would give one more confidence in making general statements, a comparison of the agency survey suggests the following:

- People are more aware of both the Centre’s general mandate and their work in their own community.
- Knowledge about FASD has increased with now over ½ of the respondents claiming an “extensive” knowledge with the other ½ saying their knowledge level was adequate for their needs.
- Of the people who reported working with FASD clients, 71% indicated that it was easier as a result of the Centre, which is up from 45% in 2003.
- There was a large increase in the assessment of the impact of the Centre on FASD in their own communities. In 2003, almost half of the respondents were unsure what the impact had been. This year, 73% feel the impact has been significant, up from 48% in 2003.
- In the two years since the original survey, the ease of access to services appears to have decreased with an even split between fair and excellent. In 2003 over 1/2 said excellent with just over 1/3 reporting excellent in 2005. However in 2005, no one reported poor access.

General Conclusions

It became apparent during the original evaluation funded by HIF that the diagnostic process was being done respectfully and thoroughly and people were satisfied with their clinic experience. The question that remained at the end that could not be answered was does having a diagnosis make a difference? As mentioned earlier, a larger, longer term formal outcome measurement process is the best way to determine that but is beyond the Centre’s resources to complete. In the absence of that ability, we have checked back with recent and original clients and gauged agency response at different points in time throughout the 4 ½ years since the Centre began diagnosis.

With that as a background, we are able to offer some general statements that should be considered as what we know so far. An FASD diagnosis and follow up support services is making a difference to the following groups in the following ways:

Caregiver

Caregivers in both the short and long-term are supportive of the need for diagnosis. The evaluator has found none of the caregivers interviewed for this or the previous evaluation who were not glad they had gone for the diagnosis and felt that others should also do the same if FASD is suspected. Caregivers were able to say that the diagnosis increased their awareness of how to deal with the child's challenges including a better understanding of the issues around FASD as well as strategies that diminish their frustration and increase their effectiveness. Additionally, the diagnosis increased their ability to access services for the child, especially at school. Caregivers were almost unanimously respectful of the Centre and its involvement in their lives which again suggests their satisfaction with the impact of that involvement. Beyond the stated reasons for the support for a diagnosis is the assumption that it must have proven itself to be useful to the caregiver in dealing with their FASD child.

Child

With more in depth research it may be shown that a diagnosis has a direct impact on the child itself. In the meantime what can be said is that the diagnosis increases the ability of those around the child to respond more effectively to the child's unique issues and challenges, thus indirectly impacting outcomes for the child. While not the topic of this evaluation, it may be safe to suggest the same will likely hold true for adult clients who receive a diagnosis as well, thus providing support for the need to focus on improving adult support systems.

Schools

While slower to come on board, area schools are also respectful of the work of the Centre and its impact on their ability to teach children with FASD. School personnel are mostly interested in the diagnosis' ability to access enhanced funding and therefore more help for the children and secondarily with the tools the diagnosis provides them to deal with the children by way of increased knowledge and strategies around FASD. Perhaps one of the largest impacts on area schools has been their general move towards awareness and acceptance of FASD as compared with schools in jurisdictions outside of the Centre's service area. It is felt that diagnosis specifically and the Centre's activities generally have made an important difference in a child's ability to succeed. This difference would be greater if the Centre had more time to spend with the schools.

Agency Service Providers

The difference that an FASD diagnosis makes to area service providers would be essentially the same as for the schools, that is in providing staff with more tools and

resources to work with individual clients and caregivers. For the survey included in this evaluation, the majority of staff reported that involvement with the Centre made it easier for them to work with FASD clients.

Recommendations

Based on the information gathered in this evaluation, the following recommendations are offered for the Centre's consideration:

1. All of those contacted for this evaluation were satisfied and had high regard for the services provided by Centre diagnostic teams and staff. What is being done is being done well. Therefore it is recommended that ***the Centre continue to provide the diagnostic services as currently offered.***
2. Any dissatisfaction that was reported was relating to gaps in services that were considered crucial and logically attached to the services the Centre is currently providing. The concern was in every case regarding follow-up support provided to clients and caregivers, and while all were appreciative of the work of the two current workers, it was felt that more should be done. Therefore it is recommended that ***the Centre consider future service enhancement be in the area of providing more support first to schools and secondly to parents.***
3. Confirmed during the parent interviews was the need for early diagnosis. Foster parents with FASD children of different ages indicated that things were going better for the children who were diagnosed at a younger age as compared to those who were teens at the time of the diagnosis. Also identified during the interviews was the difficulty in accessing youth support workers in the community and the need for more support for caregivers with teens. The Centre currently has two support workers for families post-diagnosis (Aboriginal and non-Aboriginal). ***Future consideration should be given to providing a worker with the specific task of assisting families with teens.***
4. Centre staff are aware of the need to contribute to the general body of knowledge regarding FASD and FASD interventions and have a significant amount of data that could be used by a team of researchers. Connecting the Centre's research interests with funding and researchers has been a difficult task. While the research potential is wide open, this current evaluation suggests the following research questions:
 - From interviews with caregivers and school personnel it is clear that some FASD children do better in school than others which is not surprising given the range of abilities of children with FASD. What is unclear is how much of the variance is due to the child's abilities, and how much is due to the school's interventions for that child. (Consider Education funding)
 - While not all caregivers were available to be interviewed for this evaluation, those that were interviewed indicated a continuing

commitment to the FASD child in their care. Do the support services provided by the Centre or other organizations contribute to placement stability? If so, what specifically is useful? (Consider CFSA funding)

5. While the Centre's commitment to evaluation is outstanding it is likely that nothing new will be learned by continuing to measure client and agency perceptions of service. Therefore it is recommended (sadly) that *until new funding can be obtained to go in a new research direction the Centre discontinue the current level of evaluation.*

Conclusion

Good work Audrey! You guys continue to be my heroes! I hope you have a great sense of satisfaction for what you have accomplished during your years with the Centre.