Stronger Together: Coordinated Action for FASD.

NEAFAN

Northeast Alberta FASD Network

Training + Community = Earlier FASD Support.

In Australia, six regions came together in a national project to better address fetal alcohol spectrum disorder (FASD). Before this initiative, many healthcare workers weren't trained to recognize or diagnose FASD, which left families struggling to get early help. This project tackled that gap through a coordinated plan that included training, community outreach, and new diagnostic services.

Health professionals such as doctors, psychologists, and therapists received specialized training to understand FASD and use official diagnostic guidelines. This boosted their skills and confidence when working with children and adults showing signs of the disorder. At the same time, public education sessions were held in local schools, clinics, and community centers. These events explained the risks of drinking during pregnancy and how to access support. They were well-attended and appreciated for their respectful and inclusive approach.

Another key part of the project was the creation of multidisciplinary diagnostic clinics. These teams of experts worked together to evaluate individuals, which gave families quicker and more accurate results. Thanks to these new clinics and the growing knowledge of healthcare providers, more people received proper diagnoses and were able to access the support they needed.

By the end of the project, each participating site had significantly improved its ability to identify and support people with FASD. Public understanding also improved. The combined efforts of training, public education, and new services proved to be a successful model. It showed that when communities invest in both professionals and the public, they can create systems that identify FASD earlier and support families more effectively.

This initiative provides an example of how a united effort can make a real difference. Not only did it train professionals, it also helped shift community attitudes and build access to care. It demonstrated that respectful, community-led approaches can lead to long-term benefits for families and children affected by FASD.

In Australia, six regions improved FASD awareness through combined training for professionals, education sessions, and new clinics. As a result, more accurate diagnoses and stronger community engagement emerged showing how coordinated efforts can prevent delays in care.

The Rural Challenge of FASD Assessment.

This national study explored the perspectives of clinicians and program leads from ten FASD diagnostic clinics across Canada. Through in-depth interviews, the researchers examined both the challenges and strengths experienced by teams working to assess individuals with suspected FASD.

A key theme was the inconsistency in funding, staffing, and infrastructure across clinics, which limits capacity and contributes to long waitlists. In rural and remote areas, families must often travel long distances—sometimes requiring overnight stays—to access diagnostic services, adding financial and logistical strain.

Many clinics also struggle to maintain a full complement of multidisciplinary professionals, such as pediatricians, psychologists, and speech-language pathologists, essential for a complete diagnosis.

Despite these barriers, staff expressed deep commitment to their work and highlighted the strengths of their teams. Clinics often rely on strong relationships within their communities and strive to offer culturally responsive, trauma-informed care. Some clinics have developed flexible service models to better reach underserved populations, including Indigenous communities.

The study emphasized the importance of stable, long-term funding, professional mentorship, and better integration of diagnostic services within the broader health and social care systems. Strengthening these areas would support timely, equitable, and high-quality diagnosis for individuals across Canada who are affected by prenatal alcohol exposure.

"FASD diagnostic clinics across Canada face capacity gaps, rural access barriers, and workforce shortages. Yet collaboration, community relationships, and culturally safe care models show promise. System reform is urgently needed.

Integrated Services, Real Results.

This Canadian study explores a new model for helping people with FASD that focuses on teamwork and personalized support. Rather than one-size-fits-all programs, this approach builds services around the individual's specific needs, preferences, and strengths. The model brings together health care, social workers, educators, and community organizations to work as one coordinated team.

The results were encouraging. Clients who participated in integrated service programs gained skills that helped them live more independently. They also reported feeling more confident in daily life. Some learned how to budget, cook, or manage personal routines. Others built better relationships with family or peers. What stood out was that learning happened through activity—not lectures. Clients practiced skills in real-life settings, such as community outings or cooking groups.

People with FASD and their caregivers felt included and heard. Support workers were trained to listen, adjust their strategies, and take time to build trust. The focus was always on what worked for the person, not what fit a standard program. Coordination among professionals was key. Team members stayed in regular contact through shared case meetings, which helped prevent gaps in support. Clients also had someone they trusted to guide them through transitions—like changing schools, moving homes, or finding work. These relationships made the biggest difference.

There were still some challenges. Staff turnover and funding limitations created uncertainty. In rural areas, it was harder to keep a full team in place. But in locations where integrated services were fully supported, families and individuals saw real benefits.

This study makes a strong case for expanding person-centered, integrated models across Canada. By respecting each person's story and offering services that adapt to their life, these programs create long-term success for individuals with FASD and their communities.

Canadian integrated programs for FASD bring together care, education, and social services. With team-based, personalized approaches, clients gain independence, confidence, and meaningful connections.

The model's success points to the need for person-centered, trauma-informed, and coordinated support.

A National Plan to Guide FASD Prevention, Diagnosis, and Support.

This 2025 national report by the Canadian Academy of Health Sciences looks at what Canada knows about FASD and what still needs to be done. It finds that while there are strong local efforts, the country lacks a coordinated national PLAN plan to guide prevention, diagnosis, and support.

The report identifies problems in four main areas. First, data collection is inconsistent across the provinces. Without shared systems for tracking diagnoses or outcomes, it's hard to know how many people are affected and where services are working. Second, not all regions have equal access to diagnostic clinics. Long wait times and uneven distribution of services continue to be a barrier for many families.

Third, public awareness campaigns exist, but they're not always sustained or targeted. The report calls for long-term investment in culturally relevant messaging, especially for Indigenous communities and remote areas. Fourth, support services after diagnosis vary widely. Some families receive wraparound care; others are left with few or no options.

The report offers several recommendations. Canada should standardize data collection and create a national registry. It should also fund more multidisciplinary diagnostic clinics and ensure they're accessible in underserved areas. Prevention efforts should include culturally grounded campaigns and long-term community partnerships. Support services should follow people across their lifespan, especially during key transitions like adolescence or aging out of youth programs.

Finally, the report urges governments to center equity, reconciliation, and collaboration in all FASD planning.

Without a united approach, progress will remain uneven and many individuals will continue to fall through the cracks. The report concludes that Canada has the knowledge and tools it needs. What's missing is a clear, coordinated path forward.

> ***"The 2025 CAHS report outlines Canada's progress and gaps in FASD tracking, services, prevention, and support. It calls for better data systems, expanded clinics, cultural campaigns, and coordinated national policy to ensure equitable access and effective care across all regions.***

NEAFAN works to enhance FASD services and supports for those affected by FASD and their caregivers. We operate within the Wood Buffalo Municipal area including Fort McMurray and Surrounding Communities.

The North East Alberta Fetal Alcohol Network (NEAFAN) is one of twelve (12) FASD Service Networks set up across Alberta to enhance FASD services and supports for those affected by FASD and their caregivers. These networks are tasked with developing and enhancing FASD services and supports to address the impact of FASD on individuals, families and communities in a collaborative, community-based model that engages with key stakeholders on an ongoing basis.

People with FASD are capable.

Families need support.

Women at risk of having a child with FASD also need our support.

How we talk about FASD matters.

There is HOPE.

NEAFAN
Northeast Alberta FASD Network

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Let's Talk

The Prevention Conversation

It's time to talk about alcohol and pregnancy

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Amy Tobin, B. Ed, is the FASD Prevention Conversation Facilitator with NEAFAN (Northeast Alberta FASD Network) and an adoptive mother of two. Prior to motherhood, she was an elementary school teacher with the Fort McMurray Public School District for six years. Her passion for FASD, and its prevention, began nine years ago when she became a mother through adoption and was introduced, personally, to the beauty and perplexity of parenting those with prenatal alcohol exposure. Since then, she has dedicated much of her time to learning about, and educating others, on the effects of alcohol during pregnancy and Fetal Alcohol Spectrum Disorder. Her approach is one that takes into consideration the complexities that adoption, generational, and cultural trauma can play within FASD.

PREVENTION CONVERSATION

The Prevention Conversation program aims to raise awareness of FASD and FASD Prevention among target populations including Healthcare and Social Service Providers, Women of Childbearing Age, Partners, Families, Friends and Caregivers. The Project is geared towards highlighting the importance of screening all women in child bearing age for alcohol use and the risks associated with FASD, improving supports for these women and promoting involvement of community members and primary care providers.

The Prevention Conversation is aimed at encouraging a community wide awareness of FASD and prevention, developing the skills within the community to engage in non-judgmental, empathetic conversations about alcohol use during pregnancy. The Prevention Conversation is centered around increasing knowledge of FASD through training service providers on the use of screening tools to engage women in the Prevention Conversation.

To book a **Prevention Conversation** presentation, please contact:

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