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# **FASD and TRC Call to Action 34.4: A Consideration of Evaluation Methods**

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# Preface

In Winter 2019, the Research and Statistics Division of the Department of Justice Canada engaged the authors to write a “think piece” focused on the Truth and Reconciliation (TRC) Call to Action (CTA) 34, and more specifically, 34.4. The objective was to “engage with experts in FASD [Fetal Alcohol Spectrum Disorder] and program evaluation to develop a ‘think piece’ in response to the Truth and Reconciliation Commission’s Call to Action 34.4 on appropriate evaluation mechanisms in the context of FASD programming.” This document will discuss FASD-related justice programs and evaluation practices. There is often limited understanding of both the TRC *and* FASD. Accordingly, where possible, there will be background and context offered to assist the reader.

This piece was authored by the team at Adjust Consulting Ltd. including Mia Bell, Krystal Glowatski, Robyn Pitawanakwat and Michelle Stewart. Special thanks to Glen Luther and Brock Pitawanakwat for their contributions.

# 1. Introduction

According to Flannigan, Pei, Stewart, and Johnson (2018), “the involvement of individuals with FASD [Fetal Alcohol Spectrum Disorder] in the criminal justice system has garnered high levels of attention and activity in policy and practice circles, yet there is a paucity of available data to inform and direct these activities” (Flannigan et al. 2018, 50). There is a need to evaluate current interventions. This is not to indicate that these are poor practices but rather to note the *need* for evaluation as well as programming. Further to this, Flannigan et al argue:

Despite the emerging evidence that individuals with FASD and [prenatal alcohol exposure] PAE may be overrepresented and vulnerable in the justice system, we have a limited understanding, based on the current evidence, of what types of supports might lead to better outcomes. There is no research to explore what forms of intervention may help or harm individuals involved in the system, which hinders our ability to train professionals who are eager to support positive outcomes for this group, or even what training messages and approaches are needed. (Flannigan et al. 2018, 50-51)

The Truth and Reconciliation Commission (TRC) released 94 Calls to Action in June 2015. In the subsection of the justice-related action item is TRC Call to Action 34 that states:

34. We call upon the governments of Canada, the provinces, and territories to undertake reforms to the criminal justice system to better address the needs of offenders with Fetal Alcohol Spectrum Disorder (FASD), including:
- i. Providing increased community resources and powers for courts to ensure that FASD is properly diagnosed, and that appropriate community supports are in place for those with FASD.
  - ii. Enacting statutory exemptions from mandatory minimum sentences of imprisonment for offenders affected by FASD.
  - iii. Providing community, correctional, and parole resources to maximize the ability of people with FASD to live in the community.
  - iv. Adopting appropriate evaluation mechanisms to measure the effectiveness of such programs and ensure community safety. (TRC 2015)

Calls for justice reform and the need to address the impacts of FASD within the courts are not new. Having FASD mentioned specifically in the TRC Calls to Action stressed the relationship that the disability has to residential schools and amplified other calls for justice reform to address FASD as it relates to the criminal justice system. Research has demonstrated the need to address the prevalence of FASD in the criminal justice system in Canada (see for example McLachlan et al. 2019) and a wide range of projects have focused on FASD in the criminal justice system in recent years (Flannigan et al. 2018). The inclusion of FASD within the TRC has

broadened the expectations for reform, as the TRC Calls to Action are not about small-scale change, they are about systemic change.

FASD is a lifelong disability. It is frequently misunderstood, with an emphasis placed on cognitive disabilities, but FASD can impact the whole body and is often accompanied by a number of concurrent medical issues (Mattson, Crocker, and Nguyen 2011; Popova et al. 2016). FASD can occur as a result of an intricate combination of factors when an individual is prenatally exposed to alcohol (Cook et al. 2016). Some of the contributing factors can include: poverty, malnutrition, trauma, lack of access to prenatal health care, and pre-existing factors (Badry and Choate 2015). Moreover, individuals with FASD are likely to face stigma through both their disability and the many layers of marginalization they might face, including the misunderstandings and racism that surround the disability (Bell et al. 2015; Choate and Badry 2019; Stewart 2016). Misunderstandings about these complexities result in short-sighted prevention practices (Salmon 2011; Stewart 2016). FASD is a recognized disability, which means that people with FASD are entitled to rights and accommodations as enshrined in Section 15 of the *Canadian Charter of Rights and Freedoms*.

One could easily argue that the combined evidence that (1) there is a limited understanding of FASD as a disability, (2) there is an over-representation of individuals with FASD in the youth and adult courts, and (3) that FASD's inclusion within the TRC Calls to Action demonstrates some serious concerns about the *Charter* rights of those with this disability. For these reasons, bringing about programs and practices to address this issue is critical—and as the TRC notes, these programs need to be appropriately evaluated.

*The information provided in this document should not be taken as definitive direction for all communities, but as an initial guide in understanding appropriate evaluation mechanisms in the context of FASD programming.*

There is a need for increased FASD-specific programs and practices. As FASD is experienced differently by each individual and their communities, there is also a need for such programs and practices to be individualized and adaptable to the needs of the specific community. Accordingly, the design, implementation, and evaluation of such programs should be collaborative and consultative. Alongside an understanding of current practices, evaluation mechanisms should include robust collaborations that are community-driven and in direct consultation with individuals with FASD, their families, and the communities within which the proposed programs and practices will take place.

The following sections offer some critical background to the reader about the complexity of FASD programming, current programs, evaluation methods, and considerations for future evaluation practices.

## 1.1 Purpose of the Paper

The purpose of this paper is to answer the following research questions:

1. What evaluation mechanisms have been used by existing FASD programs?
2. What are some promising practices that exist in the evaluation of FASD programming?
3. What would be appropriate mechanisms to evaluate FASD programs in the criminal justice system?
4. What are hallmarks of programs and evaluation practices that are appropriate (for example being culturally-responsive and not perpetuating stigma)?
5. What existing evaluation tools could be revised in response to TRC Calls to Action 34.4 that would be useful for frontline service delivery?

These questions will be answered in this paper and will be revisited in the conclusion.

## 1.2 TRC Calls to Action 34.4

Prior to discussing TRC Calls to Action 34.4, and the role of evaluation as it relates to this particular subsection of the call, it is critical to first review the broader contexts that surround the TRC. This includes the critical role it has played in demanding increased recognition of the ongoing impacts of colonialism, as well as the need for truth and accountability as part of transformational change. This section will provide a short summary of the TRC. Readers are encouraged to visit the TRC website, where all content is available free for review and download, or the National Centre for Truth and Reconciliation website (<http://nctr.ca/map.php/>) that includes further resources.

One of the most profound impacts of colonization in Canada was the establishment of an education system that undermined Indigenous families, communities, and nations. Children were taken from their families and removed entirely from their communities to attend mission, industrial, or as more commonly known, residential schools. The Indian residential school system (IRSS) was intended to separate children from parental and community influences in order to accelerate their assimilation into British North American/Canadian society. The goal of these schools was to ensure the disappearance of Indigenous peoples as distinct nations.

Indigenous peoples had wanted access to Canadian education and negotiated for schools and teachers to be provided by the government. Canadian officials co-opted the treaty promise of education for Indigenous children by creating a country-wide system of schools where children stayed in generally church-run primary schools that were intended to be self-sufficient via farming. The government's intention to implement the education treaty promise at low cost meant that teachers and staff were underpaid, the facilities were inadequate and unhealthy, and Indigenous children were underfed and under-clothed while being expected to work to keep the schools running. The result was a disaster for Indigenous children; students experienced high death rates that the Indian Department's health inspector described as a

“national crime.” Students were frequently subjected to neglect, mistreatment, and abuse within the schools.

The Truth and Reconciliation (TRC) Commission of Canada was established as part of a Settlement Agreement between Canada, the churches responsible, survivors, the Assembly of First Nations (AFN), and Inuit Tapiriit Kanatami. Indigenous peoples organized a series of class action lawsuits that culminated in a settlement to provide compensation to former students of the IRSS. Former students, also known as survivors, insisted on the establishment of a truth commission to determine how and why the schools were created, as well as how and why the system had been allowed to continue for over a century, from the 1880s until the 1990s. The last boarding school closed in Saskatchewan in 1996 and the federal government is negotiating settlements with those survivors who attended schools that were outside the scope of the original settlement. The TRC delivered its 94 Calls to Action in 2015.

The TRC focused on issues that need reform in the justice sector, including concerns about people with FASD being involved in the CJS as both victims and offenders. In testimony of survivors and case law, there were examples such as *R. v. Jessie George* and *R. v. Charlie*. For example, in the case of *R. v. George*, the judge stated:

Mr. George did not ask for the hand he was dealt even before his birth. He did not ask for a chaotic childhood. His mother did not ask for the hand she was dealt in her childhood. Her inability to parent compounded the prenatal effects of alcohol on Mr. George’s brain. These are handicaps he will have to deal with for the rest of his life. I am sorry he has to deal with them. I hope he can overcome them. Nevertheless, the court must be concerned with the risk this young man presents to the public as a result of his impaired judgment and inability to control his impulsive behaviour. (TRC 2015, 163)

*R. v. Jessie George* reveals the links between FASD, justice, and residential schools in the courts, but such awareness does not appear to serve as mitigation. Conversely, with *R. v. Charlie*, Judge Lilles (Yukon) identifies and makes FASD and residential schools a mitigating factor in sentencing. Judge Lilles notes in his judgment that:

This history of Franklin Charlie’s family is important because it identifies a direct link between the colonization of the Yukon and the government’s residential school policies to the removal of children from their families into abusive environments for extended periods of time, the absence of parenting skills as a result of the residential school functioning as an inadequate parent, and their subsequent reliance on alcohol when returned to the communities. Franklin Charlie’s FASD is the direct result of these policies of the Federal Government, as implemented by the local Federal Indian Agent. Ironically, it is the Federal Government who, today, is prosecuting Mr. Franklin Charlie for the offences he has committed as a victim of maternal alcohol consumption. (TRC 2015, 225)



Judge Lilles' sentence has served as a national example, and a template for sentencing in which FASD is a mitigating factor, and one that is traced to the legacy of residential schools. And while Judge Lilles offers this important intervention, we are often left with a judiciary and criminal justice system that has limited understanding of the nuances of FASD.

### **1.3 FASD in the Criminal Justice System**

When TRC Calls to Action 34.4 speaks of evaluation of "such programs," it leaves the reader with the impression that "such programs" would include items listed in 34.1-34.3, such as enhanced community supports, sentencing discretion, and release planning. The authors believe the discussion that follows will be of particular interest to justice professionals and that these items should be noted when considering evaluation practices.

As noted in the introduction, there is considerable attention to the issue of FASD and the criminal justice system. There is also a critical absence of the complex contexts that surround justice involvement for persons with FASD. As part of their systematic literature review, Flannigan et al. (2018) identified core themes in the area of FASD and justice:

- Estimated prevalence is understood to be high, but the rates of FASD in the criminal justice system are not certain (Fast, Conry, and Loock 1999; Popova et al. 2011).
- There is a lack of standardized screening methods for FASD in the criminal justice system.
- FASD in the criminal justice system accounts for approximately 40% of the total financial cost of FASD in Canada (Thanh and Jonsson 2015).
- People with FASD face the following risks: first contact with the criminal justice system at a young age (McLachlan et al. 2014); suggestibility can deeply impact outcomes (Brown, Gudjonsson, and Connor 2011); adversities early in life coupled with lack of access to early diagnosis can impact outcomes and the need to consider broader adversities in early life as well as overall structural changes that result in alienation and marginalization (Currie et al. 2016; Tait et al. 2017; Pei et al. 2011).

FASD and justice is itself a broad category. This report is focused on policing, courts, corrections, and probation.

The literature highlights a lack of effective practices or strategies for dealing with FASD in the criminal justice system, as well as a clear desire for more access to training and information (Douglas et al. 2012). Research demonstrates a need for training strategies across the judiciary which could serve to improve management for youth in custody, or for release planning and parole (Burd et al. 2010; Passmore et al. 2018).

The Aboriginal Corrections Unit of Corrections Canada (as cited in the TRC) stated, “the justice system is set up to fail FASD-affected individuals—poor memory functions results in missed court appearances resulting in fail to appear charges” (TRC 2015, 223). “Set up to fail” is an apt description of the current situation we find ourselves in. For instance:

1. Individuals with FASD are often under-resourced in the community. These unaddressed needs can result in crisis and lead to sustained contact with the criminal justice system much like similar challenges seen with mental health and addictions.
2. Individuals with FASD who become involved in the criminal justice system are likely to encounter justice professionals with limited understanding and/or misunderstandings of the disability.
3. Misunderstandings can have a host of negative outcomes including escalation of force, breaches, and ongoing contact.

Justice professionals are often unprepared to work with a client who has FASD (Cox et al. 2008; Douglas et al. 2012). This can result in uneven practices (Douds et al. 2013) which raises concern about the rights of individuals in and between jurisdictions. Education is seen to be critical across all subfields within justice.

## **1.4 Program Evaluation**

Program Evaluation is the collection of information to assess the value or quality of the program. Formative evaluation sees evaluation as an ongoing process conducted to improve a program, while summative evaluation is done to render conclusions about a program (Chen 2015). Evaluation is typically not a one-time or short-term activity, but rather a continuous feedback loop, in which one or more types of information are collected over time to keep building success in a program and measure its usefulness for the intended audience/clientele (McDavid, Huse, and Hawthorn 2013). There are a wide array of evaluation types and techniques, so which one is chosen depends on what is meant to be achieved. The best way to determine the type of evaluation methods to use is to consider what programs exist, what needs to be known, and what program decisions need to be made.

Individuals with FASD should be included in the evaluation of any programs focused on FASD. Tracing back to the need to interview many people in any given context to achieve a holistic understanding, it would be a disservice to ignore the voices and experiences of individuals living with FASD in any project or evaluation around this disability. Evaluation mechanisms should be a collaborative effort which includes people with FASD as subject matter experts; families, guardians and support people of those with FASD; researchers; practitioners; appropriate front-line and management personnel; and where possible, evaluation professionals/consultants.

It is critical that all programs be adaptable to individual and community needs over time. Evaluation is invaluable in guiding this adaptability, particularly ongoing formative evaluation, as discussed above. A suggested starting point in any evaluation effort is to identify how

'success' is to be defined in the program and to begin to develop questions to understand if success is being achieved. Moreover, ensure that success is not being defined only in a punitive fashion. In other words, success should *not* be measured solely by recidivism. Rather, success should also focus on a variety of results coming out of the program (i.e., healthy ongoing relationships, stable housing, physical health, the ability of the individual with FASD to see a clear, positive future for themselves, etc.). The TRC CTA 34 notes the importance of community programs. Individuals with FASD are often embroiled in the criminal justice system because they have lost community and family connections. Community and family connections help one understand themselves and the world around them, including their role therein.

## **Ethics**

Evaluation should be conducted in an ethical manner. This means no one is harmed (physically, mentally, or emotionally) in conducting evaluation. People involved in the criminal justice system as victims, offenders, and/or witnesses are likely already mentally and emotionally vulnerable, given the stress experienced with legal proceedings. This vulnerability can be compounded when that individual has a cognitive disability. As such, it is inappropriate for an evaluator to approach people in the court setting to ask how their experience was with the criminal justice system. Moreover, people involved as participants in research and evaluation have a right to a degree of privacy, anonymity, and confidentiality. These factors all pose challenges in gathering evaluative information. One strategy is to ask the program worker to follow-up with their clients after a certain period of time has passed, to conduct a short interview or survey and submit that information to the evaluation team. This maintains the client's privacy, allows the client to only have to speak with the program worker with whom they are already accustomed to, and decreases the potential for trauma while still allowing for participation in the evaluation.

## **Culturally-specific**

Culturally-specific court practices should be assessed with culturally-specific evaluations, which hasn't necessarily been the case to date. It is important to evaluate the programs, but the evaluation needs to be culturally-sensitive and also must be location-specific. Indigenous cultures differ from community to community and therefore the most appropriate evaluation would be one that is done by the community or co-designed with the community. Co-design (cooperative design) indicates a participatory format where stakeholders are actively involved in the design process so that the results are appropriate and usable. As stated in the beginning of this section, such an approach would begin to address the colonial impacts underlying the criminal justice system. To move toward appropriate and culturally attentive evaluations, knowing this history is integral.

To implement appropriate evaluation mechanisms, it must be remembered at all times that one size does not fit all. An evaluation scheme that works well in one location might not be the best fit in the next. Not only does this apply to geographical locations (those in the Northwest

Territories are going to face very different challenges than those in the Greater Toronto Area), but also from organization to organization, where one agency may be offering diagnostic support, and another is offering advice and support in housing. As such, programs and evaluations should be community driven and community supported. Those most directly impacted should be invited to be at the forefront of evaluation plans. Any available guides should be consulted in implementing programs and evaluation. Moreover, while evaluations should be unique to each location and organization, there are opportunities to compare thematic findings and data between specific sites. Such evaluations would be beneficial to individual organizations, but also to policy sectors, and funding agencies.

## **Trauma-informed**

All programs and evaluation designs should be trauma-informed to construct appropriate evaluative measures, as people with FASD may have experienced trauma throughout their lives. The Substance Abuse and Mental Health Services Administration (SAMHSA) indicates that “[a] program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands the potential paths to recovery; recognizes the signs and symptoms of trauma in clients, family, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization” (2014, 9). The SAMHSA (2014) has also identified six key principles to trauma-informed approaches, including: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, choice; and cultural, historical, and gender issues. To elaborate:

- Safety implies, but is not limited to, physical and psychological security.
- Trustworthiness is applied to the program and the people operating it, while transparency suggests decisions are made with openness and integrity.
- Peer support is used between people who have experienced trauma to build a trusting community.
- Collaboration and mutuality is meant to divert programs away from tendencies of power imbalances - suggesting that all people are valuable and valued.
- Empowerment, voice, and choice builds on the last point such that when people are valued, their strengths are highlighted and celebrated, empowering all people. Moreover, people who have experienced trauma are often denied avenues to share their voice and make autonomous choices as well as self-advocate.
- Cultural, historical, and gender issues address individual experiences of marginalization or stigmatization, as well as offering opportunities to explore and celebrate cultural differences and connections, incorporating these into the functioning of a program, to better address ‘isms’ and historical and intergenerational traumas.

While trauma-informed practices cover a lot of ground, it is worth reiterating that appropriate evaluation methods should be person-centered, where the process is guided by the relevant individual or community, with a focus on stability and sustained relationships. While the overall functioning of the program is of course important, the only way to really know how effective a program is, is to pay close attention to the individuals being served. For example, in regard to stability, questions should be explored as they relate to housing. People with varying disabilities often have issues maintaining stable housing and this can directly correlate to their success in thriving in the community. In exploring relationships, questions need to be addressed around proper, stable, and ongoing supports. Often when an individual is identified as stable and/or healthy their support person will be removed, under the assumption that they are no longer needed. In reality, to maintain the achieved success, it is imperative that the supports remain in place. Evaluations that do not include formative assessments, where attention is paid to the experience of the individuals accessing the program, could miss important information that would assist the program in evaluating its effectiveness.

## 2. FASD Programs and Environmental Scan

The following is not intended to be an exhaustive list of FASD-related justice programs and evaluations. Not all programs have a public or online footprint. Very few programs disclose their evaluation methods and it is possible other programs may have been evaluated, but the findings have not been released. What is listed is a sample of some programs that have been evaluated, with the aim to offer guidance when thinking about creating evaluation for justice programs for people with FASD. We begin with a brief discussion of an environmental scan conducted in 2015 on FASD and justice programs in Canada, followed by a discussion guided by the research questions that directed this project.

In 2015, Dr. Stewart and her research team at the University of Regina prepared an environmental scan that examined FASD and justice programs across Canada (Stewart 2015). This document aimed to detail programs and practices that serve both youth and adult offenders with FASD throughout the country. Nationwide, a total of 13 programs were identified, with 8 programs for youth offenders with FASD and 5 programs for adult offenders with FASD. As indicated by the environmental scan, there are a limited number of programs across Canada that serve adult and youth that are involved in the criminal justice system and who are diagnosed with, or suspected to have, FASD. Many current programs have been created by local FASD organizations, associated foundations, and governmental organizations. Some of the programs include intensive supports in residential settings, while others primarily act as a place for case management and referral. Several of the current programs offer a range of supports, education, training, and outreach services.

As noted earlier, “research indicates that a disproportionate number of people involved in the criminal justice system have FASD (diagnosed, suspected, or otherwise) which places pressure on this system to address the needs of these clients—and raises questions about where needs

can be best met” (Stewart 2015, 3). The environmental scan found a “lack of FASD training and education amongst frontline justice personnel (police, judges, lawyers, corrections, and court staff), which can impact equal justice for persons living with FASD” (Stewart 2015, 3). Further, those with FASD face barriers to justice due to a lack of appropriate supports before they have contact with the criminal justice system, and they are then met with even fewer options once they enter the criminal justice system. As the majority of assessment tools within the criminal justice system have been designed with youth in mind, adults are frequently underserved. Additionally, the report found a lack of services and procedures designed to adequately support persons with FASD, which can further complicate encounters with the criminal justice system.

Many services, policies, and programs do not take aspects of the disability into account. An individual with FASD can have sensory processing disabilities, and become distressed and distracted in courtroom settings while in custody, to the point of not hearing or understanding what is being said. Some courtrooms have made adjustments (such as lowering lights) which is a promising practice and opens the door to other much needed changes. Stewart (2015) also indicated a “... growing recognition within the court system that FASD is a relevant and timely matter...” and that “... it can impact a wide range of justice outcomes including sentencing practices and supervision in the community” (Stewart 2015, 26-27). While there have been some developments since the report, such as extended pilot programs and the new FASD Court in Manitoba, there is still an urgent need for improved access to court and community supports that are FASD-informed and culturally appropriate. What is also clear from the environmental scan is that there needs to be strong, relevant evaluation of the programs across Canada that are addressing FASD and the criminal justice system. Those evaluations need to be made publicly available for greater accountability, transparency, and to communicate best practices with others offering similar services. These evaluations also need to include the perspectives of those with lived experience.

It is critical to involve individuals with FASD in program evaluation as they are the consumers of the service. Best practices in evaluation indicate the need to use plain language when developing surveys for the public. An appropriate guideline in the field of FASD evaluation would be to write at grade five literacy level. This can be achieved by using MS Word features to measure the literacy rate when authoring surveys. Research also shows that a best practice would be to allow “reasonable” time in conducting interviews and allowing for adequate breaks. When needed, participants can be asked periodically for their consent to allow for ongoing data collection at different times. Further, research also tells us that shorter interviews with a simple consent form allows for informed consent with “brain breaks” built in as needed. Data collection should not exceed 30 minutes if possible.

An effective practice with a project in British Columbia included team interviews with a trusted worker, researcher, and individual(s) with lived experience all participating in a guided discussion. This method can produce a lot of qualitative data. It allows for there to be a trusted individual in the room as well as individuals to “translate” the question as needed, to best ensure informed consent as well as understanding of the questions. Examples of this method can be found in a different FASD program evaluation that was conducted by Muhajarine et al. (2013) who evaluated government-funded FASD programs in Saskatchewan which included interviews with agencies as well as clients who received services. The letter of invitation to

clients was written in clear language, notes the time commitment, and the rights to participate or to decline participation. The full report is available online and is also listed in the Further Reading section.

There are dedicated dockets and specialized courts across Canada, some of which have existed for well over 30 years. Some of these courts, more recently, have also placed a focus on FASD, including the recently opened FASD Court in Manitoba that started hearing matters in Spring 2019. Prior to this entirely dedicated docket that branches off of youth justice, the Wellness Court in the Yukon, Gladue Court in Ontario, and dedicated Mental Health Courts in Saskatchewan have all placed specialized attention on using the strengths of a therapeutic court, to try to bring about better justice outcomes for individuals with complex disabilities like FASD.

The Yukon Wellness Court started in 2007 and was evaluated in 2011 (Hornick, Kluz, and Bertrand 2011). The court evolved from a pilot project to a long-standing and nationally recognized alternative justice practice. While not FASD-specific, the court does handle clients with FASD. The evaluation of the court included a variety of methods designed for a summative analysis (focused on outcomes) that tested the overall effectiveness of the court and whether the court was being implemented as planned.

The team recognized a number of limitations and challenges in the evaluation process including the lack of a control group, limited client information, and a low number of clients. The evaluation strategy was composed of several components, with only one part (interviews with court clients) relating directly to the purposes of this paper. The report indicates interviews were conducted with clients, though does not explicitly state any detail of how those interviews were conducted, and more specifically if any accommodations were made to increase accessibility to those with FASD. A promising practice was to engage with the clients that did stay involved with the courts and to include their perspectives. Of note, *all* clients were thanked for their participation, including those that participated by sharing their stories. This is an example of an FASD-informed approach to evaluation, where all participants are valued equally. All survey tools were shared and could be modified in other evaluations to become more FASD-client friendly and accessible.

There are now two dedicated mental health dockets in Saskatchewan that serve clients with FASD. Each of these courts were evaluated a short time after implementation. In 2015, Barron, Moore, Luther, and Wormith released “The Process Evaluation of the Mental Health Strategy” which focused on the results of the opening year of operations of the court that included clients with FASD. The team used an evaluation matrix, with a breakdown of their qualitative methods for conducting interviews with key stakeholders, including questions and indicators. Additionally, quantitative methods were used to conduct a closed file review. Some modifications were made to evaluation approaches to accommodate individuals with FASD, such as shorter interview times with opportunities to take breaks. Additionally, the evaluation aimed to streamline (remain consistent) and simplify language where possible, which would also work to accommodate individuals with FASD.

One year later “The Mental Health Disposition Court - A Formative Investigation” was released by Stewart and Mario (2016) which focused on the dedicated docket in Regina, Saskatchewan.

The researchers used mixed methods in this evaluation. Qualitative methods included participant observation and analysis of pre-court and in-court practices as well as semi-structured interviews with professionals and clients. Quantitative methods included case file review and analysis of court outcomes including statistical analysis of demographics and breakdown of charges. A new questionnaire tool was developed with an advisory group to better include the experiences of those who had participated in the court. The questionnaire allowed for participants to use a visual aid to illustrate their experience, by allowing them to use poker chips to indicate areas they felt they needed help in. This allowed for a unique form of communication, and a concrete way of understanding. The authors indicated that while there were a limited number of participants, use of this tool and similar modified tools should be revisited.

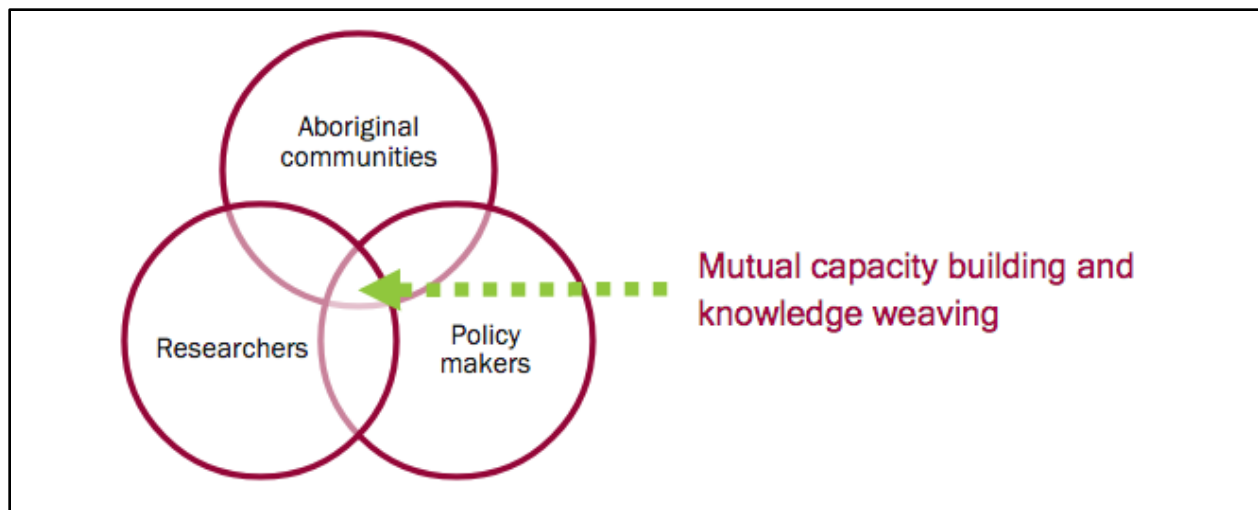
The Asante Centre in British Columbia runs a peer-to-peer mentoring program where two adults with FASD run group sessions for youth with FASD to help them learn about their disability and focus on their strengths. While not justice-related, this program's evaluation strategies are worth mentioning for future adaptation to the criminal justice context. This is a peer mentoring program meant to help youth not only make strong pro-social relationships, but also understand their disability. This program has been evaluated (2018) and is being evaluated again (2019) through a collaboration that brings together researchers, agency staff, and mentors with FASD that deliver the program. The team collaboratively co-designed parts of the program as well as the evaluation tool. The mentors have been using the "Playing To Our Strengths Toolkit" (see further information: [improvenabled.ca](http://improvenabled.ca)) developed by Dr. Michelle Stewart and Dr. Rebecca Caines since May 2018. The Toolkit is a community-based project and came about following consultation with caregivers and individuals with FASD. The toolkit responds to a need for strengths-based resources and research in the field and has been evaluated with a focus on how the peer mentors modified it for their purposes.

The evaluation strategy focused on the program goals to derive the evaluative questions. The evaluation method was weekly face-to-face semi-structured interviews with the peer mentors. As such, the first round of evaluation was aimed at understanding the usefulness of the Toolkit from the mentor's perspective. It was acknowledged that while the Toolkit was originally developed *for* people with FASD, it was not fully considered if the Toolkit was user friendly, to be delivered *by* people living with FASD. This round of evaluation set out to measure the usefulness of the Toolkit for use by people living with FASD. Currently evaluation has transitioned to focus on youth interpretations of the mentoring sessions through arts-based evaluations. Arts-based evaluation methods can potentially improve accessibility so that more individuals participate in evaluation. For the purposes of the Toolkit evaluation, participants used a memory box. The youth placed items inside the box each week that reminded them of the weekly lesson. In the following weeks, the youth revisited their memory boxes to discuss the meaning of the weekly and overall mentoring group, and to create audio and visual content for evaluation.

Critically, the authors want to draw attention to the possibility of looking at programs that are co-designed, meaning they are created within the community for individuals with FASD. The need for the participation and insights of individuals with FASD, and the need for evaluation to consider the impact of what co-designed practices can look like, cannot be emphasized enough.



While there are supports and services available within the criminal justice system, the first place to look for best practices is in the community; the first place to invest in individuals is in the community; and the first place to develop and foster strengths within the individual and the family is in the community. Co-designed programs and evaluation open the door to creating non-stigmatizing tools for evaluation and tools that are culturally-responsive as well as mutually-beneficial. Dreise and Mazursk (2018) note that the co-design methods address colonial legacies in which research and evaluation was done *upon* Indigenous communities rather than *with* communities. Just as arts-based evaluation methods can assist more individuals in becoming involved in evaluation, so too can co-design offer new insights. By engaging in co-designed methodologies, the evaluation or research team works collaboratively to identify items of interest, which in turn will impact the types of questions that are asked about a particular project. When Indigenous peoples are engaged with directly, and the evaluation design is collaborative there is an increased likelihood for more robust and potentially meaningful findings. There is also the potential to develop long-term relationships and shared capacity building, which can assist in the feasibility of the evaluation itself.



Source: This image from Dreise and Mazursk (2018) places an emphasis on “knowledge weaving” between indigenous and non-Indigenous researchers, policy makers, and communities.

### 3. Types of Evaluation

The following section will examine evaluation methodologies based on the limited amount of information that is available about FASD and justice programs that have been evaluated. These approaches are not exhaustive; they are a starting point for thinking about evaluation approaches. The authors have also included tips to modify methodologies so that they are FASD-informed. Basic methodologies for research or evaluation can be considered in two ways: qualitative and quantitative.

Qualitative approaches gather information from individuals typically in a written, visual, or oral format. They do not focus on statistical analysis and place an emphasis on narrative details that can be captured through methods that focus on narrative, image, and depiction. What follows

are some ways to gather such information, and modifications that could be made to support persons with FASD during the evaluation process:

- Conversation or interview methods such as:
  - Interviews (a discussion between two or more people). Interviews can be structured with a formal set of questions that each person is asked. Some interviews are less structured with a guide of questions or ideas to discuss and others are entirely informal in which an organic conversation takes place.
    - Tip: Make sure interview questions are written at a grade five level or lower and in plain language.
  - Oral histories are a longer discussion focused on collecting life stories. The knowledge gathered from individuals focuses on their first-hand experiences and can be used to offer a broader context to their life and circumstances.
    - Tip: Make sure you build in numerous breaks during lengthy conversations to avoid fatigue.
  - Focus groups where several people (typically around 8-10) are gathered for a discussion, again potentially structured, semi-structured, or informal.
    - Tip: Try to reduce the number of distractions in the room, by dimming lights, removing busy wall art, and reducing noise-creating objects.
- Visual and audio exploration methods such as:
  - Photovoice, where individuals are given a camera and directed to capture the essence of a program or experience. This strategy can be powerful when the visual images are narrated by the photographer and help to identify areas that are succeeding or need improvement.
    - Tip: Allow a support person to accompany individuals with FASD to complete their evaluation contribution.
  - Arts-based evaluation tools are plentiful and only limited by the evaluator's imagination. Evaluation could happen through drawing (pictures, maps, graphs, etc.), creating (murals, crafts, quilting/sewing, memory-boxes, etc.), dance, music, and so forth. These methods have been developed in a number of settings and are frequently utilized in health research. This can include creating long-lasting material evidence (such as murals or other visual material) that demonstrates engagement by participants. This means that arts-based methods can become both the evidence of the process and a final product. Arts-

based evaluation can allow for a client-centered practice and one that does not rely as heavily on verbal engagement, as interviews and surveys might. Arts-based evaluation can use semi-structured prompts in which the response is artistic. Arts-based evaluation can be combined effectively with other research methods. The evaluator must be positioned to lead and translate art into interpretable, accurate, and meaningful evaluation results. Arts-based evaluation schemes have great potential to make evaluation strategies accessible to those that are designing the project as well as participating.

- Tip: Be aware of individual sensory sensitivities, such as touch or smell, when selecting art mediums (e.g., strong scented markers and paints, or play-doh/clay).

Note: When working with Indigenous peoples or communities, be aware of cultural protocols or norms that might be associated with asking individuals to share their story (whether through an interview or expressive arts practice). For example, if something were to come up related to a cultural story, it should be understood that in many Indigenous communities there are stories that are only told during a specific season, in a particular location, or not shared with those outside the community. Appropriate protocols should be understood and respected. Working collaboratively with community can include employing community research associates who will understand these norms and will also be positioned to translate and analyze visual and oral material. The evaluation team needs to be trauma-informed and to understand the broader contexts and histories within which the project and evaluation is being conducted. The process of sharing stories can be triggering and the types of questions asked should be designed with a trauma-lens to minimize re-traumatizing people that are involved in the project.

Quantitative approaches typically gather information from many people for the purpose of comparison, capturing responses using numbers, which results in a database. The most common ways to gather such information is through:

- Surveys in which the researcher asks a series of well structured, typically closed-ended questions, to which people are only able to respond in a set number of ways. For example, a question such as “How likely are you to recommend this service to a friend?” where the respondent is able to answer on a scale of 1-5, where 1 is very unlikely and 5 is very likely.
- Tip: Support individuals to complete surveys by helping them to read and/or fill these out in person, as opposed to sending surveys electronically or by mail.
- Administrative data which involves the gathering and examination of information including but not limited to counts (e.g. how many people use a service), or case files and the details included therein.
- Tip: When counting participants do not exclude individuals that have not completed a particular program. Their participation and their stories are still valid. Consider

reaching out to workers to see if the client would like to participate and build in a more flexible method to include their perspectives. The reason they left the program might speak to much needed modifications for retention of others in the future.

In practice, the evaluation team must consider not only what they wish to evaluate, but also who they need to consult to gather the appropriate information. If, for example, an organization wanted to evaluate the effectiveness of a program in supporting individuals with cognitive disabilities through the criminal justice process, this could be done in a number of ways. First, is the evaluation local or broad? Are only the program workers' effectiveness in one city being evaluated? Or perhaps an entire province or all of Canada? If the evaluation is at the local level, there might be a small enough number of workers that individual interviews or focus groups would work best, and gather the most amount of detailed information. If the evaluation is to be national, it would likely be logistically and financially impossible to interview every single worker. In this case, it would be preferable to use a well-designed survey.

The evaluator must also recognize that program effectiveness cannot simply be evaluated based on information provided by the workers themselves. Other points of view should be collected including those of judges, lawyers, and the individuals receiving the service, in order to achieve a holistic understanding of the program's effectiveness. In only evaluating one group in any given context, the evaluation risks achieving a fragmented understanding.

The "Best Practices for FASD Service Delivery: Guide and Evaluation Toolkit," (Pei et al. n.d.), developed collaboratively in Alberta, indicates four interconnected aspirational principles in evaluation. The toolkit was an interdisciplinary endeavor to meet the needs of people with FASD and this is an established best practice. Concurrently making the toolkit available free and online is also a best practice moving forward. The toolkit has guiding principles that can be directly used in program design and evaluation, or revised to guide local practices. These principles are: consistency, collaboration, interdependence, and proactivity. The guide offers these aspirational principles and outlines the level of evidence to support best practices in each area. Additionally, the Toolkit includes template surveys to be used in evaluation. While not created for the criminal justice context specifically, this resource might be of assistance to those agencies that are trying to move towards FASD-informed and best practices in their agency. As noted in the document, much of what guides FASD programming and practices could be described as collective wisdom. Collective wisdom, however, does not always align with what the literature tells us. Accordingly, there is a need to strike a balance between projects that are grounded in collective wisdom and lived experience, while also trying to identify in what ways empirical evidence can support that wisdom and experience.

The following excerpt from the "Best Practices for FASD Service Delivery: Guide and Evaluation Toolkit" describes the core principles:

- 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 (Pei et al. n.d., 6).

The document then offers a summary of best practices ranked by level of evidence to support each practice. This could be helpful for program design and evaluation as it offers FASD-informed best practices when establishing goals that can be measurable.

The Best Practices Guide offers the following advice in the context of evaluation:

- 1) Consistency: Programs that are developed to support individuals could focus on consistency which could be measured by relative stability during the entire criminal justice experience (e.g. fewer breaches when on conditions or fewer charges when in custody when needs are met). This would be quantitative in nature and involve case file management and review.
- 2) Collaboration: Programs could place an emphasis on breaking down silos and facilitating collaboration. These collaborations could increase understanding and awareness. While a simple survey or questionnaire can measure increased awareness, this does not necessarily address if increased awareness changes the actions of workers, but more elaborate interviews could be undertaken or pre/post-surveys asking about awareness could be done.
- 3) Interdependence: Programs that place an emphasis on fostering interdependence might want to consider a series of interviews with their clients over the course of months or even years. This would be time consuming but would have value. Alternatively, an arts-based method could yield nuanced data.

- 4) Proactivity: Most programs aspire to be proactive. The question is, proactive about what? A possible method could be to look at the program design and indicate what elements are understood to be proactive, and then engage in interviews with the staff on a semi-regular basis in which they discuss their understandings of what issues they must be proactive about. This could then be combined with analysis of case file reviews, to understand where there were issues that arose that could have been addressed with more proactive measures.

Adding to the Best Practices Guide and returning to the research questions focused on being culturally-responsive and non-stigmatizing; before an agency can engage in evaluative work that is not stigmatizing and is culturally-responsive, one could argue, they would need to embed these aspirations in their program design. There are a number of academic and online resources to assist agencies in better understanding how to develop ground-up collaborations to support the co-design of programs and evaluations; some of these are listed in the Annex to this paper. “Indigenous Approaches to Program Evaluation” (National Collaborating Centre for Aboriginal Health 2013) offers an overview of different types of program evaluations including needs assessment, logic models, and how to assess impact. Embedded in this document is the importance of stakeholder engagement as well as participatory methods that allow evaluation results. Also included is discussion of protocols and respectful engagement as they embrace Kirkness and Barnhardt’s (2001) four Rs of working with Indigenous communities: Respect, Relevance, Reciprocity, and Responsibility. The authors of this report advocate strongly for on-the-ground collaboration to co-designing programs and evaluation.

## 4. Limitations

The lack of accessible evaluations presents a barrier in meeting the TRC CTA 34.4 in that there is an inability to easily compare the details of the evaluations between existing programs. Programs might be engaged in evaluation or quality assurance, but the information is not necessarily released for public consumption. Having this information readily available would assist greatly in creating momentum toward appropriate evaluations. Final products could be analyzed, adapted, and improved through a collective effort.

There are various challenges in conducting evaluation. Some of those challenges already mentioned include deciding on the appropriate approach (quantitative/qualitative), selecting the proper tool within that approach, accessing the participants needed to gather the information, and ensuring an ethically rigorous process.

Some other limitations that might surface are the common issues of time and money. Ongoing evaluation is important to acquire a holistic understanding of a program’s success, but this can be time-consuming and utilize abundant human resources. One potential solution to the lengthy process of evaluation is using continuous feedback loops of information. For example, if you want to know how a program is working, you might consider asking your clientele after each service provided to give feedback or rate their experience. This will provide data, though it also comes with considerable limitations. For example, collecting information after each service

can not only deliver skeletal information but also require the need to interpret why any given response was provided. This type of data also comes with limited amounts of baseline data in early stages. However, once more data is gathered, follow-up can be conducted through select interviews to gather more information about the success of service.

Another limitation of evaluation is that it can be quite expensive, depending on the length of evaluation, the number of people needed to conduct the evaluation, supplies needed (paper, recording devices, computers, art supplies, etc.), and the creation of final products/reports. There are sometimes grants available to conduct undertakings such as evaluation; though to secure such funds requires well developed proposals detailing what the evaluation is, how it will be conducted, a timeline, and needed resources. As such, the following considerations could be useful in crafting effective evaluation strategies.

Evaluating a program inadequately (i.e., not examining the program from all angles or not asking the right questions) or evaluating a program without the input of the aforementioned representatives, is likely to result in moot findings. Moreover, evaluation efforts should include this wide array of individuals from imagining and designing the evaluation, conducting the evaluation, to producing results. Evaluation mechanisms need to be accessible. Such accessibility issues that might be considered are:

- Is the language used understandable to a wide audience - particularly someone with FASD who might require information written in plain language?
- Do you offer support for individuals with FASD to be involved in the process?
- Are meetings held in geographically and physically accessible locations and spaces?
- Are the people on the evaluation team having their basic needs met, such as housing and food security, so that they are ready and able to focus on the project?

These are a few examples, and not an exhaustive list of items that need to be explored. As these would have to be individual, community, and circumstantially specific, these are only four possible accommodations.

## 5. Conclusion

The authors hope that the reader has a better background and understanding about the broader contexts associated to FASD after reading this document. And that these truths can help inform changes in programs and policies to better meet the needs of individuals with FASD alongside ideas on how to evaluate these changes. Further, the authors also hope that it is clear that there are many different methods to evaluate changes in programs and policies but that these methods must include the voices of those most impacted: people with FASD. This will be challenging work but there are proven methods to effectively include individuals with FASD

which is critical for reconciliation, truth, and justice. To conclude, the research questions will be re-visited, offering a summary response to each.

### 1. What evaluation mechanisms have been used by existing FASD programs?

This piece offered a short summary of some of the evaluation mechanisms that exist when looking at FASD programming. This includes programs and practices inside and outside the criminal justice sector, and also a summary of promising practices and the role of collective wisdom in programming and evaluation. Unfortunately, publicly available evaluation plans and final reports are scarcely available. Based on the few publicly available reports, the authors' extensive experience in the field of FASD and evaluation, and existing documents on program design and evaluation, this paper has offered a plethora of evaluation techniques and strategies. Some of these include qualitative approaches (interviews, oral histories, photovoice), arts-based approaches (memory boxes, drawing, music, dance, etc.), and quantitative approaches (surveys and administrative file reviews).

### 2. What are some promising practices that exist in the evaluation of FASD programming?

Qualitative and arts-based methods show promising possibilities in making evaluation processes accessible to those with FASD and their communities. These methods can also capture rich information that is sometimes lost in quantitative data. Quantitative methods are also significant in the evaluation of current programs. These methods provide necessary empirical data and allow for a greater number of subjects to be studied. It is important to consider the option of co-design, where all stakeholders, including those with FASD, are involved in the process of evaluation to ensure the programs are responsive to their needs. This would involve creating evaluation processes that are accessible and building sustained relationships with stakeholders. Knowing this, a combination of methods could be most appropriate in the evaluation of programs for individuals with FASD.

### 3. What would be appropriate mechanisms to evaluate FASD programs in the criminal justice system?

As was discussed, there are a range of options to choose from when it comes to evaluating FASD criminal justice programs. The methods chosen will depend on the community that the program exists in. The authors of this document strongly advocate for community involvement at all stages. In addition, if programs are being designed specifically for Indigenous participants this work must be done through relationship building and consultation. All programs and evaluations of this nature should be community-driven and co-designed with Indigenous communities, agencies, and families.

### 4. What are hallmarks of programs and evaluation practices that are appropriate (for example being culturally-responsive and not perpetuating stigma)?



Many key elements have been identified as hallmarks of appropriate evaluation, such as: including those most directly affected, ensuring person-centered approaches, adapting all methodologies to best support and include those with FASD (slowing down, taking breaks, reducing distractions, accounting for sensory sensitivities, etc.). The “Best Practices for FASD Service Delivery: Guide and Evaluation Toolkit” is one resource to consider looking at for modification when engaging in program design and evaluation. Also included at the end of the document are further readings (in Annex) with information on evaluation methods.

Unfortunately, there is a limited amount of data that is publicly available about how agencies engage in evaluation; an issue that will hopefully change in the future. In the end, each program will be unique. Each program should be responsive to local needs and to the best of an agency’s ability, program design and evaluation should be co-designed with key stakeholders. That said, the suggestions in this document are general guidelines to consider. The ideas discussed are anchored in the literature and evidence while also being grounded in collective wisdom and lived experience of individuals with FASD and their families.

The issue of precarious access to housing and community supports as well as other structural and institutional barriers should be part of program design and evaluation. These factors influence the rate at which individuals with FASD are involved with the criminal justice system. It is crucial to account for them in program design and evaluation. To not do this would risk missing a critical piece of the structural inequalities that surround the disability, that often lead directly to criminal justice system involvement. While it is challenging to build in these broader structural issues, it is ethically important to do so.

5. What existing evaluation tools could be revised in response to 34.4 that would be useful for frontline service delivery?

Adopting appropriate evaluation mechanisms to measure the effectiveness of community, correctional, and parole programs for individuals with FASD is a complex task. The Call to Action indicates the need for collaborative involvement at all levels of government. This action also demands a comprehensive understanding of the structural, institutional, and historical contexts that surround FASD. As indicated, there is a need for more FASD training and capacity across the subfields of justice. Those conducting evaluation should also have FASD-informed expertise which comes with a broader contextual understanding of the disability. This will necessarily inform the programs and evaluation practices that take place. The methods used should reflect an awareness of these nuanced contexts for the evaluation methods to be appropriate. Further, more explicit and accessible communication about what evaluations have been done and the results, would be beneficial. Sharing evaluation methods and outcomes will build program *and* evaluation capacity. This capacity building is critical to address TRC Call to Action 34.4 in a robust and sustainable manner. This also speaks to broader ethics in evaluation.

While few evaluation tools are publicly available, there are some resources discussed in this document that might be revised in response to TRC Calls to Action 34.4, such as the Best Practices Guide, and Mental Health Evaluation, and the Yukon Wellness Court evaluations. While the Guide and these previous evaluations are valid and served their purpose, there are adaptations that could be made to ensure greater accessibility to those with FASD. These

resources should be consulted as a starting point in crafting evaluation strategies, as they are already rooted in FASD research and expertise.

Programs developed with evaluation methods built into the design could transform the nature of the program and the range of data to evaluate. This does not mean programs should be designed in such a way that evaluation is guaranteed to render particular results. This entails designing programs with plans for evaluation built in, so that data can be collected from the start and avoid the challenges presented by retrospective data collection, as it can result in an uneven story about a particular program. Moreover, if the program is designed with evaluation in mind, the correct types of consultations can take place in advance to assist with co-design.

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# Annex

The following section offers a cross-section of resources that might be helpful for those that are designing evaluations. The selection is designed to offer direct access to readily available resources that do not require journal/library subscriptions. Short titles and hyperlinks are provided to simplify and facilitate ease of access.

## 1. Cross-Section of Evaluation Resources:

- Choosing a Qualitative Approach (peer-reviewed article with free online access): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4675428/>
- A Systematic Review on How to Conduct Evaluations in Community-Based Rehabilitation (peer-reviewed article with free access): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3913006/>
- Research Methods: Qualitative Research and Quantitative Research: <https://www.statisticshowto.datasciencecentral.com/research-methods-qualitative-research-and-quantitative-research/>
- Creative and Arts-Based Evaluation Methods: [http://creativeandcredible.co.uk/wp-content/uploads/2015/07/CreativeCredible\\_Creative-and-arts-based-evaluation-methods.pdf](http://creativeandcredible.co.uk/wp-content/uploads/2015/07/CreativeCredible_Creative-and-arts-based-evaluation-methods.pdf)
- Examples of Existing Evaluation Toolkits and Guides: <http://www.ascevaluation.ca/course.aspx?type=toolkits>
- Arts-Based Assessment and Evaluation: <https://quizlet.com/80474706/arts-based-assessment-and-evaluation-flash-cards/>
- National Endowment for the Arts (Resources on program evaluation and performance measurement): <https://www.arts.gov/artistic-fields/research-analysis/program-evaluation-resources-and-performance-measurement>

## 2. FASD-Informed Resources:

- Best Practices for FASD Service Delivery: Guide and Evaluation Toolkit: <https://edmontonfetalalcoholnetwork.org/wp-content/uploads/2015/11/2015-best-practices-for-fasd-service-delivery-final.pdf>
- Evaluation of FASD Prevention and FASD Support Programs: <http://www.fasd-evaluation.ca/home/> and <http://bccewh.bc.ca/wp-content/uploads/2014/06/Evaluation-of-FASD-Prevention-programs-Intro-Guide.pdf> (An introductory guide)
- FASD and Justice: Innovation, evaluation, research, programs and training in Ontario (2015 Highlights, Report phase two): <http://www.fasdontario.ca/cms/wp-content/uploads/2014/01/FASD-and-Justice-Report-Phase-Two.pdf>

- Saskatchewan FASD Prevention Programs: Evaluation Report: <https://fasdprevention.files.wordpress.com/2014/10/fasd-final-evaluation-report-sask-march-25.pdf>
- FASD Tool Kit for Aboriginal Families: <http://ofifc.org/sites/default/files/docs/FASD%20Toolkit%20-%202008-01.pdf>
- Evaluation of the Government of Saskatchewan's FASD-Related Services: Cognitive Disabilities Consultants and Community-Based Support Programs: [http://www.spheru.ca/publications/files/FASD\\_CDS%20Report.pdf](http://www.spheru.ca/publications/files/FASD_CDS%20Report.pdf)

### 3. Culturally-Responsive Resources:

- Indigenous Approaches to Program Evaluation: <https://www.ccnsa-nccah.ca/docs/context/FS-IndigenousApproachesProgramEvaluation-EN.pdf>
- Aboriginal Co-Design and Evidence (definitions and resources): <https://www.theirfuturesmatter.nsw.gov.au/implementing-the-reform/needs-based-supports/aboriginal-co-design-and-evidence>
- Indigenous Approaches to Aboriginal Health Evaluation: <https://www.ccnsa-nccah.ca/docs/context/FS-IndigenousApproachesProgramEvaluation-EN.pdf>

### 4. Other Sample Evaluations that Include Tools for Use/Modification:

- Evaluation of the Fetal Alcohol Spectrum Disorder (FASD) Initiative 2008-2009 to 2012-2013: <https://www.canada.ca/en/public-health/corporate/mandate/about-agency/office-evaluation/evaluation-reports/evaluation-fetal-alcohol-spectrum-disorder-initiative-2008-2009-2012-2013.html#a3.1>
- An Evaluation of the Yukon Wellness Court: [http://www.yukoncourts.ca/pdf/cwc\\_final\\_report\\_05-10-11.pdf](http://www.yukoncourts.ca/pdf/cwc_final_report_05-10-11.pdf)
- Weaving Knowledges: Knowledge exchange, co-design and community-based participatory research and evaluation in Aboriginal communities - Literature Review, Case Study and Practical Tips: <https://www.aboriginalaffairs.nsw.gov.au/pdfs/new-knowledge/Weaving-Knowledges-codesign-report-FINAL.pdf>