

JULY 2024

**NORTHWEST CENTRAL  
ALBERTA FASD NETWORK**

**IN REACH  
PROJECT  
EVALUATION  
REPORT**

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# 1.0 Introduction

In 2019, the Central Alberta Fetal Alcohol Spectrum Disorder (FASD) Network began developing and implementing the In Reach project, aiming to provide support to local service area correctional institutions. This document reports findings from an evaluation of the In Reach project, with a snapshot of the project up to June 2024.

A description of the Central FASD Network and the In Reach program opens this report. Next, evaluation methods are detailed, and evaluation findings are subsequently shared according to data source. Following a description of evaluation methods and findings, a summary of data to address the evaluation questions is presented. Finally, this report closes with recommendations and concluding remarks.

## 1.1 Central Alberta FASD Network

The Central Alberta FASD Network (Central Network) is a non-profit organization offering community based, cost-free services to persons impacted by FASD across the lifespan, and their caregivers. Central Network is part of the system-wide FASD Network model in Alberta, with programs offered in Red Deer and surrounding area, Rocky Mountain House and surrounding area, South Central, Drumheller, Hanna, Trochu, Coronation, Castor and Three Hills. Central Network offers education and prevention, outreach, assessment and diagnosis, and awareness and advocacy. All Central Network programs are client-led and voluntary, and the Network strives to ensure that their services and programs are accessible. The Network's vision is a future where all individuals and communities impacted by FASD are supported to reach their full potential, and there is continuous reduction in alcohol-exposed pregnancies, and the accompanying stigma attached to this disability.

## 1.2 Central FASD Network In Reach Program

The In Reach program was formed out of the recognition that individuals exiting correctional institutions are at high risk of being stigmatized, marginalized, and isolated from supports, and from society in general, thereby leading to struggles with community reintegration and a higher likelihood of recidivism. Through the In Reach program, members of the Central Network team work closely with individuals who have been incarcerated to provide FASD education, FASD assessment and diagnosis, and provide necessary support services, so they have a successful transition back into the community upon release. Through In Reach, staff aim to ensure that individuals receive a continuum of care between incarceration and reintegration into community, enhancing access to the supports they need to avoid reoffending and reach their goals as members of society. Central In Reach staff collaborate with staff from other Alberta FASD Networks who are providing In Reach services to incarcerated individuals in other areas of the province, with the intent of fostering a community of practice to learn from one another.

Four Central Network staff contribute to the In Reach project. These include (1) the Network Executive Director, who guides the direction of the project, forms partnerships with facilities and other stakeholders, and manages staff, (2) the Network Restorative Justice Supervisor, who provides frontline staff supervision and coordinates and delivers In Reach services and supports across institutions, (3) the In Reach transition mentor, who works with In Reach clients in the Red Deer area, and (4) the clinic coordinator, who coordinates the implementation of FASD assessments in facilities.

# 2.0 Evaluation Methods

## 2.1 Evaluation Approach and Questions

Evaluation of the In Reach program involved both formative and summative elements, integrally involving Central Network staff in the evaluation design and implementation. We also drew from developmental evaluation, which is an approach to evaluating complex, emergent initiatives that are in ongoing stages of development and evolution.

The objectives of the In Reach program evaluation are as follows:

1. To assess the extent to which the project is influencing change with respect to intended and unintended outcomes.
2. To identify areas in which the project can continue to be refined.
3. To synthesize learnings that can be applied to emerging opportunities for project replication and/or expansion.

What follows is a description of each of the methods used to address our evaluation objectives.

## 2.2 Document Review

Central Network staff provided information regarding the day-to-day work of In Reach, the number of facilities involved in the In Reach project, the number of education sessions and attendees at sessions, the number of FASD assessments completed, as well as the number of incarcerated individuals who In Reach staff worked with one-on-one. The evaluator compiled this information based on a simple count.

## 2.3 Stakeholder Surveys

Surveys were distributed via email to correctional facility representatives via the online Survey Monkey tool. Respondents were made aware that their participation was voluntary and anonymous. The evaluator formulated survey questions with input from Central Network staff. Quantitative survey data were compiled in the form of graphs, and qualitative data were analyzed using content analysis (Krippendorf, 2004). In particular, data were coded according to similar content and sorted into categories.

## 2.4 Stakeholder Interviews

Seven In Reach stakeholders took part in individual interviews via telephone or videoconference. Central Network staff identified individuals who had knowledge of the In Reach project, and the evaluator emailed invitations to participate. One stakeholder was a clinic staff member, and the other six stakeholders who participated in interviews were staff at corrections facilities where the In Reach project was implemented. With participant consent, interviews were audio-recorded and transcribed verbatim. Interview data were coded and organized using content analysis. For In Reach stakeholder interview questions, please see Appendix A.

## 2.5 Education Session Surveys

73 incarcerated individuals completed surveys after attending In Reach education sessions. Data are summarized below using descriptive statistics.

## 2.6 Direct Observation of Education Session

The evaluator visited Red Deer Remand Centre in March 2024. Accompanied by the Central FASD Network Restorative Justice Coordinator, the purpose of this visit was to directly observe an education session and to interview an incarcerated individual.

## 2.7 Participant Interviews

Seven In Reach participants were interviewed in-person at the Red Deer Remand Centre. Before the evaluator visited the Remand Centre, the Central FASD Network Restorative Justice Coordinator connected with Remand staff to obtain permission for the evaluator to visit and to ask if In Reach participants could be pulled from their units to participate in individual interviews. When the evaluator attended the Remand Centre, staff called participants from their units one-by-one to meet with the evaluator. Since recording devices are not permitted in the facility, interviews were not audio-recorded. Instead, the evaluator took extensive notes by hand during interviews, which each lasted approximately 20 minutes. For In Reach participant interview questions, please see Appendix B.

## 2.8 Literature Review

In keeping with the developmental aspect of this evaluation, the evaluator reviewed project documentation to understand program activities, reflections, and opportunities for program improvement. These documents included grant proposals, reports, surveys, and program materials such as brochures and information sheets handed out during information sessions. The goal was to understand the extent to which In Reach is providing services that align with identified best practices for FASD services and supports. As such, a brief literature review was conducted to understand the state of the field with respect to FASD and the justice system.

# 3.0 Evaluation Findings

## 3.1 Document Review

In Reach services were provided across three facilities, including Red Deer Remand Centre, Drumheller Institution, and Bowden Institution.

Beginning in March 2023, the In Reach program began tracking the number of education sessions provided to both staff and incarcerated individuals at these facilities. Between March 2023 and December 2023, 37 education sessions were provided across Red Deer Remand Centre (n=11), Drumheller Institution (n=14), and Bowden Institution (n=9). One education session was provided at each of Red Deer Courthouse, Red Deer Probation, and Red Deer Horizon House. Of the 37 education sessions, 29 were provided to inmates only, 6 were provided to facility staff only (i.e., guards, parole and probation officers, facility teachers, social workers, judges), and 2 were provided to facility staff and incarcerated individuals together.

Also in March 2023, In Reach began tracking the number of incarcerated individuals who the Coordinator worked with one-on-one. Since March 2023, the Coordinator has supported 47 individuals in facilities with 12 of these individuals having ongoing contact with the Coordinator throughout their time in facilities before being released. For those who did not sustain contact, this was for various reasons, such as being discharged from facility due to being moved or transferred to a different area, deciding that they did not want support, or discontinuing the FASD assessment process. Nine of these individuals received a “warm handoff,” meaning that the Coordinator linked these individuals with a specific person or organization who connected with the individual either before or on release from facility.

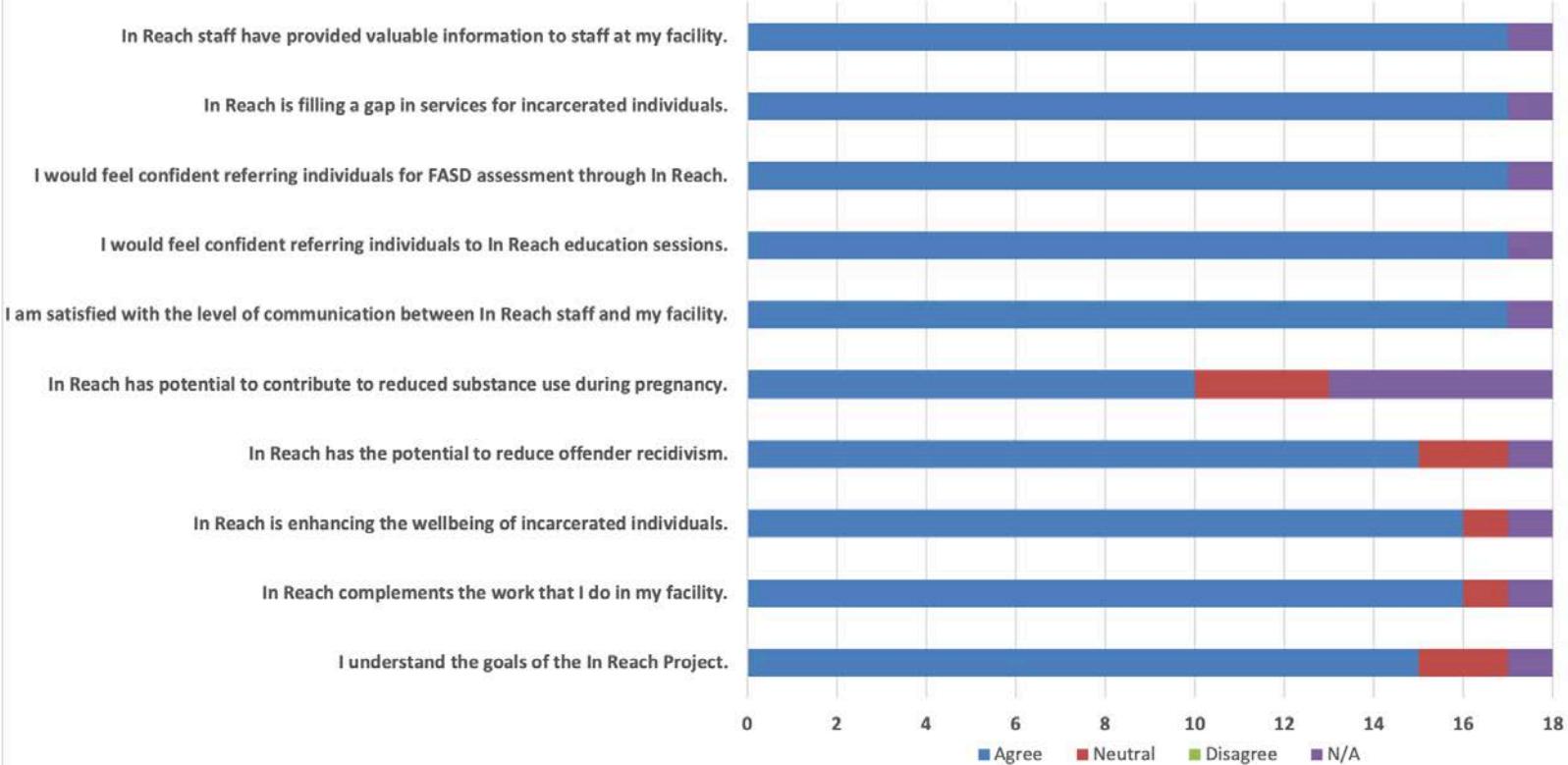
Finally, 11 FASD assessments have been completed with incarcerated individuals through the In Reach program, all of which required the clinic assessment team to travel to facilities to complete their work. In addition, the Coordinator works to ensure that the information in assessment reports is used. In particular, the Coordinator helps individuals themselves understand the assessment reports, with a focus on recommendations. The Coordinator also has conversations with parole officers about what to expect based on an FASD diagnosis, explanations of what FASD is, and strategies to use with participants to help them be successful on parole.

## 3.2 Stakeholder Surveys

Eighteen stakeholders, all representing corrections facilities, responded to an online, anonymous survey to provide feedback about the Central In Reach program. Responses to Likert scale items are presented in Figure 1 below.

Results demonstrate that the majority of stakeholders agreed with affirmative statements about the In Reach program. Stakeholders agreed that the In Reach program was providing valuable information to staff at their facilities, complementing their work, filling a gap in services, enhancing the wellbeing of incarcerated individuals, communicating effectively with staff at their facility, and that they would feel confident making a referral to In Reach education sessions and FASD assessments. Most respondents also agreed that In Reach has the potential to reduce offender recidivism, although less agreed that the program has the potential to contribute to the goal of reduced alcohol consumption during pregnancy. This is reasonable given that most In Reach clients are men, thus making the link between In Reach services and the goal of reduced prenatal alcohol consumption more indirect.

Figure 1. In Reach Stakeholder Survey



In addition to Likert-scale items, survey respondents were asked about the most significant change that they had observed as a result of the In Reach program. Of the 14 respondents who replied to this question, two specifically mentioned accessibility to FASD diagnosis and assessment. An additional three respondents indicated changes in staff knowledge, with one respondent noting that corrections staff were “learning how to successfully work with the offender population.” Similarly, three stakeholders identified the most significant change as being related to offenders themselves gaining knowledge of FASD as well as an enhanced understanding of their own behavior; one respondent shared that, “the inmates are engaged and more receptive. They are showing interest in learning more about themselves and how they can be productive members of society.” Finally, the remaining six survey respondents cited additional post-release resources as being the most significant change that had taken place as a result of In Reach. Stakeholders expressed appreciation for “allowing incarcerated offenders to put a name to a face... and make a comfortable connection so they have more support for their eventual release” and described this “continuity of care” as being a critical, much-needed support for offenders.

Stakeholders were also asked to describe the needs that they saw In Reach filling; 14 respondents again replied to this item. Respondents mentioned the importance of education, awareness, and assessments, and all 14 mentioned the transitional support provided by In Reach. Stakeholder responses reflected the importance of “a connection in the community upon release for those who may not have any connections,” with three respondents using the language of a “bridge between the institution and release.” Respondents mentioned the limited existence of FASD-specific support for offenders, which meant that In Reach services were perceived as particularly needed.

Stakeholders were also asked to provide suggestions for improvement of In Reach. Six respondents indicated that they could not think of any suggestions for improvement; one respondent mentioned that “The In Reach project is doing an amazing job, so I can’t think of any way to improve.” Seven respondents were clear that the only suggestion for improvement they had was for more In Reach services to be offered by way of more frequent visits to facilities and “more staff so more offenders can use the service.” One respondent expressed a desire for “support/assessments for clients that have no confirmation that their mother drank in utero but have significant indication of same,” reflecting the complex nature of FASD assessment and diagnosis.

Finally, respondents had the option to provide any additional comments on In Reach. All seven stakeholders who responded to this item expressed appreciation for the “hard work being put forth by the local FASD Network” and commended staff for their consistency and “outstanding commitment to providing resources.”

Overall, stakeholder survey results demonstrate clear support for In Reach from corrections facilities. There were no concerns raised by stakeholders with respect to the Central FASD Network or the In Reach program, and respondents provided several strong statements of support for the work of In Reach as well as the program’s ability to provide critical services within the criminal-legal system.

## 3.3 Stakeholder Interviews

During interviews, stakeholders provided feedback on the In Reach program, including successes and opportunities for improvement, and described how their work interfaced with that of In Reach. Participants spoke to the nature of FASD as an invisible disability; the need for corrections service providers to have an awareness of FASD; the potential for FASD awareness to have a preventive impact; the importance of providing services, including assessments, in facilities; the critical need for supports beyond assessments to be instigated while participants were still in facilities; and In Reach operations.

To begin, interview participants spoke about **FASD as an invisible disability**. As one interviewee shared, “*When someone doesn’t have facial features, which most people don’t, it’s literally a silent disability so to speak. Nobody knows. It just looks like, oh they didn’t comply. But it’s not necessarily the case there. It could just be that intellectually, with poor executive functioning, they were just unable to.*” Put another way, “*you can’t see the disability...no one can expect you to climb a ladder if you have one leg. But because you won’t know they have FASD if you just talk to the person. But let’s say at work somebody gets told to do something, and then the supervisor comes back and it’s not done, they’re not going to know it’s because the person couldn’t do it. They’ll just look and say, it’s not done, ok you’re fired. Right? And that happens more often than one thinks.*” Interview participants were clear that the invisible nature of FASD added to its complexity and difficulty with management in the criminal-legal system.

Interview participants also shared their perspectives about the need for corrections service providers to have an **awareness of FASD**. Speaking to this point, one person mentioned how, *“I’m not saying they should be experts, but the awareness that they’re dealing with somebody with a disability. In the more severe cases that somebody whose chronological age might be significantly different than their actual age. Just as you’re not going to get upset if a grade 3 student can’t solve a trigonometry problem... it just provides a lot more perspective. I’m not saying it should be used as an excuse but as we all know that’s why we do the assessments because it’s a mitigating factor.”* As another participant noted, *“Overall I think the education isn’t there enough for the officers to be able to manage [people with FASD], understand maybe the pace in which they need to work with them or kind of the grace given, the memory deficits... And just so they know how to work with them a little bit differently instead of having them shut down and having those you know power struggles and stuff.”* This point was made by all interview participants. They expressed an understanding of the frustration that can accompany working with people who have complex needs and challenges, and shared that FASD awareness could help to soften that frustration.

Along with describing how increased FASD awareness could impact direct work with incarcerated people, participants spoke more broadly to the potential for FASD awareness to have a **preventive impact**. In particular, one participant spoke about how, *“It seems like the public’s perception is that corrections is not doing enough to fix these guys. Well, they were impacted from birth. How are we to fix that? So if there was greater awareness on FASD, maybe the focus might change a little bit to what got them in the system in the first place. And I think there needs to be more focus on that, because it seems like half the time the government is trying to fix the fence after the horses got out.”* Participants were clear that proactive approaches to preventing the involvement of people with FASD in the criminal-legal system were needed; as one participant noted, *“We, as a society, need to be looking to prevention too and we can’t have prevention without awareness.”*

In addition, the importance of **completing assessments in facilities** was reinforced; as one interview participant stated, *“The FASD population, there’s a really good chance they just end up either unable or even unwilling to attend, and it’s not just one assessment because it’s the occupational therapist, there’s the psychologist, it’s the physician, and there’s one where we put everything together, so it’s multiple appointments and just by virtue of already having a disability, it just sometimes doesn’t happen.”* One interview participant also

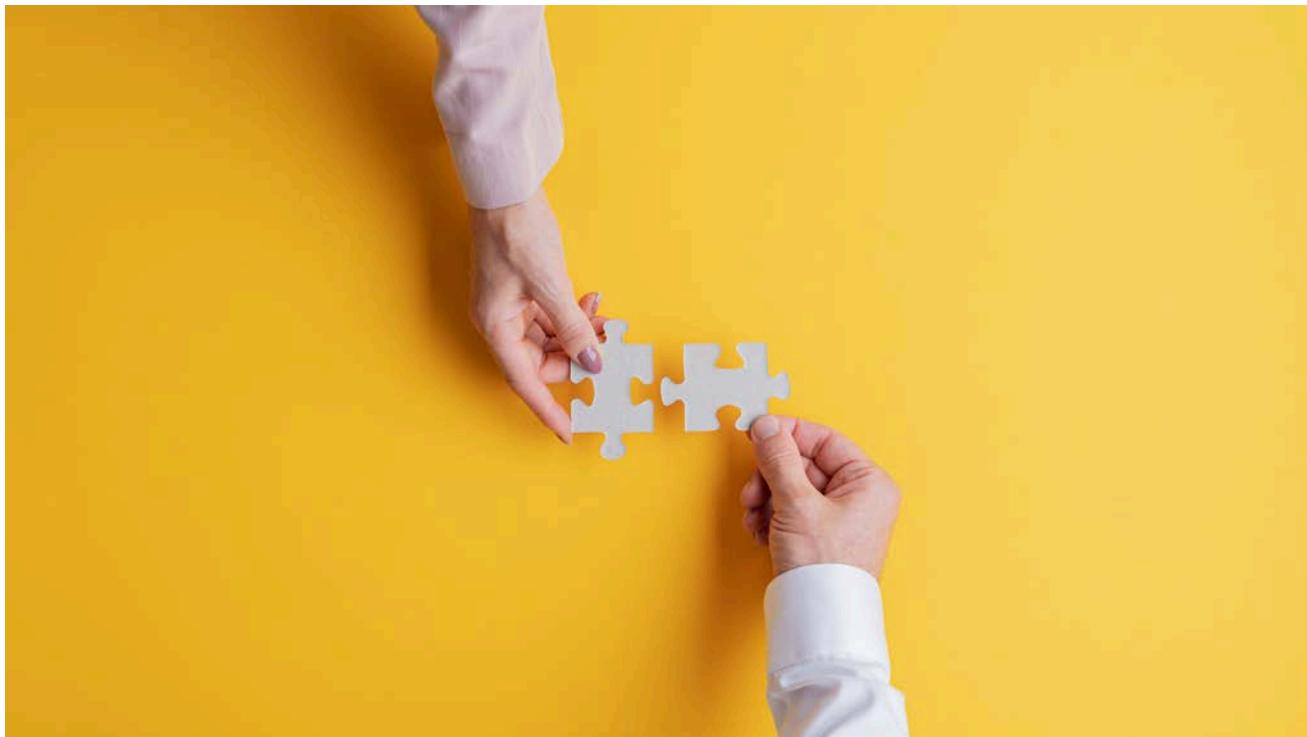
emphasized the importance and utility of completing FASD assessments in general. They noted that, “*Lots of [people receiving a diagnosis] have actually been very thankful and felt very empowered because it provides clarity looking back why they behaved a certain way in certain situations. They always thought, well why did I do that? And they may have always known they’re different, but they can’t put their finger on it. And the diagnosis provides validation.*” In this way, receiving an FASD diagnosis was described as “*a light at the end of the tunnel,*” with examples provided of clients who reported feeling more optimistic about their future after receiving a diagnosis, beginning to understand themselves more, and hoping that a diagnosis would result in supports outside of facilities.

Similarly, participants spoke to the **critical need for supports beyond assessments to be instigated while participants were still in facilities**. As one interview participant put it, “*It’s nice to be able to get the supports in place when they’re able to because let’s be honest, especially with AISH, the government doesn’t exactly make it easy for you. Which is already difficult enough, now when there’s a situation when you’re vulnerable and don’t have the supports, good luck getting all of that stuff done.*” Participants expressed gratitude for the work that In Reach staff were doing in this regard, and spoke about the importance of “*getting the ball rolling*” with respect to practical supports such as obtaining government-issued identification and completing taxes, which would support participants to leave facilities with “*a good step forward, which they might never have had before.*” They also emphasized their appreciation for the work of In Reach given that their own work did not necessarily extend outside of facility walls. As one person shared, “*Honestly a lot of the time, our hands are tied with discharge planning. A lot of the time it’s done through the parole officers. We struggle to get the inmates connected with really anything in the community. We’ve been looking for ways to revamp how we can support more in that transitional period. Our resources are just very slim. We don’t have a whole lot of community connections to work with and we have to abide by the parole side of things as well, so In Reach really helps bridge that gap for people in here.*” Another participant expanded on this point, sharing the frustration of releasing incarcerated individuals into the community without appropriate supports: “*There’s no, like, streamlined process, unless they have like confirmed residency, there’s not much we can do to help them reintegrate into the community. So for example, if somebody who we know has higher needs doesn’t get a residency condition, they’re virtually being released to a homeless shelter in downtown Calgary or Edmonton...we’re pretty much watching our high needs clients walk into the*

*streets and then either you never see them again or they're back in a week because they were just homeless...There's not one place that we can refer to for housing or additional support in the community besides community mental health and that's just somebody following up...So basically so many of them get released to homelessness. So that's where we see the recidivism and the re-engagement in substance use and the deterioration of mental health. So a lot of times we feel like our hands are tied and we see them just walking out with no resources in place for them to be successful. That's why something like the In Reach transitional mentorship is so, so needed." Interview participants were clear that the transitional mentorship support offered through In Reach was filling a significant gap in services within the criminal-legal system. As another participant put it, "just having an outside voice gives some of these individuals who have very little support in the community or very few supports anywhere, it gives them a name, it gives them a phone number, it gives them something to be able to grasp onto, so something hopeful that they feel they can rely on or trust. That really goes a long way with some of these individuals." To further reinforce this point, another participant shared her view that, "I think these supports are critical for the success of our clients...it's incredibly important for their success and we would like to see it continue."*

Many of these realities converged on a point that all interview participants reiterated: namely, that the histories and present circumstances of In Reach participants were **highly complex**. As one facility staff member explained, "we're dealing with individuals who are here for sometimes a matter of just hours until their bail is paid, or days until they get a court release, or weeks or months, depending on how serious their charges are, and never really get a chance to do a full case plan for all of our individuals and unfortunately, some of our people, their case plans would change from week to week, because this week, they've gotten into a fight and they've broken up with their girlfriend. Next week, they're back together, but in the meantime, their girlfriend has been evicted from the apartment, and it's it is, unfortunately, a very transient, very complex individual that enters a facility like this one." Thus, part of the reason that interview participants reported valuing In Reach services was because of the complex, high-needs nature of the population. As another participant explained with respect to In Reach services, "it gives them a little bit of an anchor or a little bit of a tool to use to refocus some of our more distraught individuals who are clutching at straws and really have no person to rely on, or no agency that, you know, can listen to them."

Finally, interview participants provided feedback specific to **In Reach program operations**. When asked about areas for potential improvement, two suggestions were offered. First, reflecting a common survey response, interview participants shared that expanding In Reach services would be an improvement. They reported valuing In Reach services and therefore saw the need for even more participants and facilities to benefit from FASD Network involvement. Second, one participant expressed some concern with perceptions of inmates accessing services from the FASD Network: *"There is that...improper view of what the FASD is all about...And it's almost like a bit of a joke as to, oh yeah, you call FASD. I bet you think they can help you out. And it's almost almost like a disguised insult, you know, there's something wrong with you, must be FASD, and it just kind of does give a little bit of an ugliness or a black eye to the FASD Network. If people are seen talking to an FASD representative, it gets back to the unit as well. This guy, you know, is obviously mentally not well, or there's something wrong with them, and maybe he's a snitch...I do hope that if the guys are being spoken to by the FASD representative, they don't get classified as rats or snitches or individuals with... diminished, capacity."* This staff member clarified that a potential solution would be requesting an inconspicuous meeting space and continuing to practice discretion were important areas for In Reach staff to be aware of. In addition to these suggestions for improvement, facility staff also expressed high levels of satisfaction with In Reach operations. They shared that In Reach services were well-organized, and that In Reach staff were reliable, knowledgeable, and approachable. As one staff member noted, *"I really enjoy when I'm requested by one of my inmates to get them in touch with [an FASD Network staff member], because obviously that individual from the FASD Network is in fact making good connections, leaving some sort of reputation behind them, that they can be approachable, that they can be, you know, available."* With respect to the newest addition to the In Reach team (the transition mentor), a staff member commented that, *"He is building a lot of rapport, and he is getting to be a bit of a requested name when it comes to some of the individuals that I talk to, so the fact that he is making those connections is reassuring to me."* In all, facility staff communicated that they were pleased with In Reach operations, emphasizing that services were well-organized and that staff were highly suitable for their roles.



## 3.4 Education Session Surveys

Beginning in March 2023, surveys were distributed to education session attendees to obtain their feedback. Between March and September 2023, 47 incarcerated individuals completed feedback surveys after attending education sessions (see Figure 2 below). Beginning in October 2023, feedback surveys were changed to include simpler, more straightforward questions. Between October 2023 and January 2024, 26 incarcerated individuals completed surveys after attending education sessions (see Figure 3 below). Results show that a strong majority of respondents agreed with affirmative statements about In Reach. In particular, respondents agreed that education sessions were helpful, that they knew more about FASD after attending the session, that the session had provided them with information about people who could help them on release, and that they would talk to friends and family about FASD. Most respondents also agreed that they would be willing to undergo an FASD assessment.

Figure 2. Education Session Survey: March - Sept 2023 (n=47)

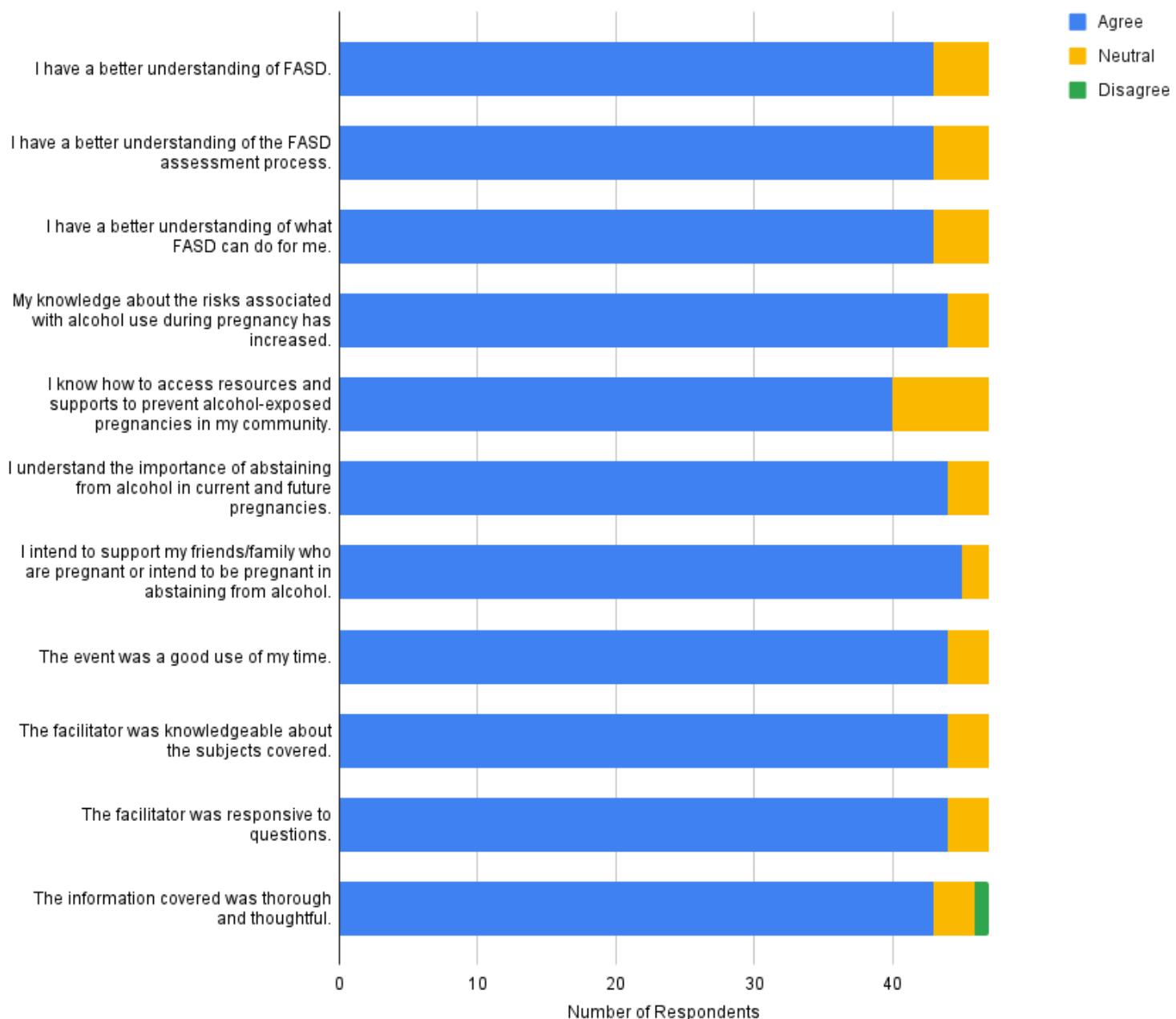
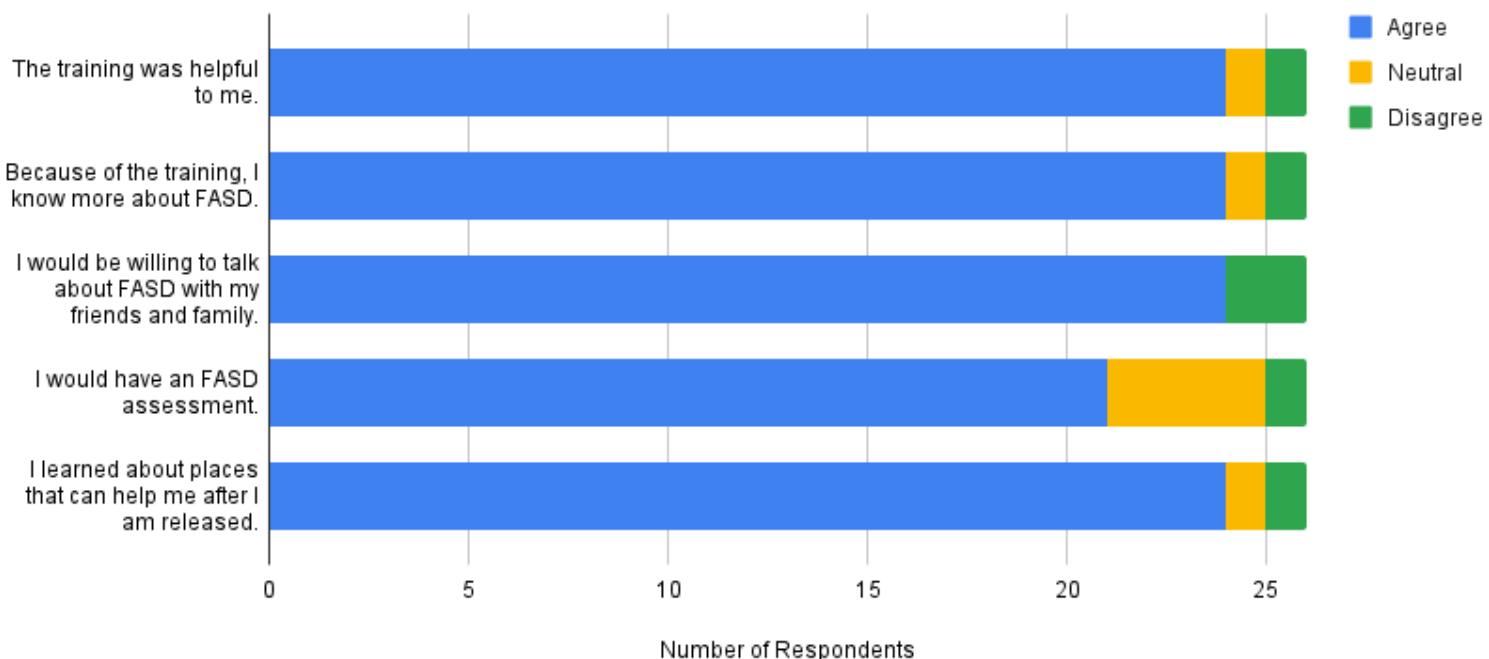


Figure 3. Education Session Survey: Oct 2023-Jan 2024 (n=26)



## 3.5 Education Session Observation

The evaluator visited Red Deer Remand Centre (RDR) in March 2024, accompanied by the Central FASD Network Restorative Justice Coordinator, to observe an education session. The day began with an orientation provided by an RDR corrections officer, who greeted us with an agreeable familiarity. The officer went through an orientation to the facility, along with safety protocols, emphasizing the need to avoid revealing any personal information to inmates, and to keep safety considerations top of mind at all times. As part of the orientation, the “paramilitary ranking system” of the facility was described in terms of a formal hierarchy.

After completing the orientation, the evaluator observed an education session facilitated by the Network’s Restorative Justice Coordinator (the Coordinator). The session took place in a large room surrounded by windows. The Coordinator set up a table at the front of the room near the door, along with chairs directly across from her where education session attendees could choose a seat. Three RDR residents attended the education session. As they entered the room, each of the men signed in by writing their names, birth dates, unit numbers, and parole officer’s name on a sheet of paper at the front

table. Each of them entered the room with a friendly demeanor, facilitated by the Coordinator's welcoming and open presence. As the Coordinator began to speak about FASD, one participant shared that, "You pretty much just summed me up." Each of the residents in attendance listened with curiosity, nodding along with the information presented and asking occasional questions; for example, about how prenatal alcohol confirmation is obtained during the assessment process. The education session was interactive, beginning with questions about what participants knew about FASD, reasons a woman might drink during pregnancy, and steps they might take to support a woman during pregnancy. The content presented concluded with a short set of questions to gauge participants' knowledge about the information presented, and all enthusiastically participated. At the end of the session, participants inquired as to how they might move forward with an assessment should they wish to start the process. One participant asked, "Do you guys [the Network] have women who come to you when they're pregnant and drinking? I'd think they'd be afraid you'd call CPS." The Coordinator answered all questions in a straightforward, respectful way. The session ended with participants thanking the Coordinator for her time. They each completed brief surveys before returning to their units, FASD Network information packages in hand.

## 3.6 Participant Interviews

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Through this section, narrative descriptions of 7 In Reach participants are provided, based on the information they shared during interviews. Pseudonyms are used, and identifying information has been removed to preserve anonymity.

## “Dave”

In a small interview room off of one of the main RDR units, the evaluator met with “Dave,” an RDR resident and current In Reach participant. Dave took a seat at the small table in the interview room, looking down at the floor with a quiet and unassuming presence. He initially responded to questions with one-word answers before he seemed to become more comfortable, offering more information as a few minutes passed. Dave spoke about having been shot three times and shared that he did not want to return to his community after he was released. He explained that “I’m still trying to find myself,” and that he had been working on discovering more about himself since engaging in counselling while incarcerated; Dave also shared that the FASD assessment process was helping him with self-discovery. He described the FASD assessment process as a “new experience,” indicating that his mom “told me she drank when she was pregnant with me.” He

expressed gratitude for having access to FASD assessment, although he felt that the questionnaires he was required to fill out were far too long. Dave also shared appreciation for FASD Network staff helping him to find housing and income support in advance of his eventual release. He indicated that he was unaware of the FASD Network before entering RDR; he was also clear that he would have “no idea” where to access support if not for the Network’s involvement, and that he had “no support” before meeting Network staff. He repeated that the Network had helped him to find income support and potential housing, and that he was hopeful about the possibility of finding work upon his release.

## “John”

“John” was interviewed from one of the main RDR units. He shuffled into the room after being directed by the officer on duty, and reached out to shake the interviewer’s hand before asking where he was supposed to sit. After taking a seat,

John was eager to explain that his trial would be taking place in two weeks. He spoke quickly and energetically, shifting positions in his seat while he spoke, and moving his legs underneath the table. He shared that he needed help with finding an apartment, and that “it’s been a long time since I had my own place.” John spoke about having lived with his mother most recently, although he would not be able to return to his mother’s home “cause me and my stepdad don’t get along.” When asked what supports he would need when transitioning out of prison, John responded that he would benefit from having “a caseworker who I could call when I need help with certain things.” He elaborated that, if he was able to secure his own place to live, he would need help with money management and budgeting in order to ensure that “my rent money comes out of my account and there’s food in the fridge...I’m not too good at knowing how to do all that.” John enthusiastically shared a goal, post-incarceration, to avoid using illegal drugs and to avoid houselessness. He explained that reaching these goals meant that “I need new friends. The only person I talk to in here is my mom. I don’t get along with many people.” John recalled that the previous FASD Network staff member had recommended he receive an assessment. He thought that his mother had visited the

FASD Network several years prior, and disclosed having used alcohol while pregnant with John. He remembered having completed an FASD assessment; in particular, filling out a long questionnaire, which he described as “hectic, doing multiple choice.” He indicated that the assessment report, which he referred to as a “printout,” had been sent to his lawyer. John mentioned that he would like to have a copy of the printout; he couldn’t recall where his copy had ended up, and stated that wanted to read the report to know “how the doctor picked my brain...know where I stand, what they were talking about.” John shared feeling “real glad I could get it [the FASD assessment] done while I’m in here. It threw me off when they said there’s a doctor who can see you and we can set you up.” When asked how he felt about his diagnosis, John shrugged and said, “I’ve accepted that I’m not all there. I definitely have the facial structures, so I’m being considered for AISH.” Referencing the road ahead of him after being released from prison, John shared how “it’s gonna be a long journey. I got lots on my plate.”



## “Mike”

From the therapeutic living unit (TLU), “Mike” entered the interview room with a quieter, more trepidatious energy. He kept his head tilted down, although he held steady eye contact. Mike often silently looked at the interviewer for an extended time during the moments between hearing a question and responding. Mike knew that he had undergone an FASD assessment but indicated that “I can’t really remember how it went.” Despite having a limited memory of the assessment process, Mike let the interviewer know that he kept the “papers” (i.e., assessment report) in his room because “I wanted to know more... and in a way it makes me sad, reminding me of back then.” He also knew that he had received an FASD diagnosis, which was helpful because “I was always mad I couldn’t read. Now I know it’s not my fault and I just gotta live with it...now I know why I can’t do a lot of things.” Mike also shared several physical conditions, some of which were evident during the interview, that complicated his ability to hold stable employment. Mike spoke with a sense of relief about receiving an FASD diagnosis. He expected that having a diagnosis helped him understand his limitations in “trying to find a regular job instead of trying to be a criminal. I don’t have to do that no

more...I’m thankful I got assessed because it helped me a lot. Without it, I might’ve done something awful to get money.”

He expected that “I’m gonna get out of here soon,” and shared that “I’m gonna be going to rehab right after this.” He shared that he was looking forward to living “clean” and “getting my life on track,” and revealed that he hadn’t felt this way “till I came in here.” When asked what had contributed to his shift in attitude, Mike responded, “Well, I ain’t high anymore.” He spoke about his time on the therapeutic living unit with gratitude, indicating that, “I done work I never thought I’d be able to.” With this statement, Mike was referencing reflective writing that he had completed; he expressed that “I was nervous about sharing my work, but I did it anyway.” Mike spoke about doing work to “understand my deep, deep scars and what caused the addiction, but it takes time.” He stated with fervour that “I want my family back, my kids.”

Mike shared that he would need help filing his taxes as well as with obtaining picture identification and a health care card. He explained that “I got nothing for when I get out. All I got is the clothes I came in with.” Mike felt that, if not for the Network offering practical supports, he would have nowhere else to turn. He felt that

maintaining contact with the FASD Network would help him “stay out of trouble,” along with having a “worker to handle my money, not me. And finding a way to get therapy, counselling...I wanna keep doing that even after rehab because...

**“I don’t wanna keep living the same life anymore. I don’t wanna keep hitting rock bottom.”**

## “Ben”

The interview with “Ben” from the TLU was short and to-the-point. He entered the room with an open but uncertain demeanour, and immediately asked where to take a seat. He sometimes asked for repetition of questions, and provided relatively short responses. Ben had not yet completed an assessment, although he reported that he had been through the intake process. He explained that his mother told him she had consumed alcohol while pregnant with him, and that his friend’s mother, who worked for an Alberta FASD Network, had recommended that he undergo an FASD assessment. Ben conceded that he

had “poor time management skills...I don’t have many life skills. I just kind of get by.” He shared that he was willing to be assessed because he was hopeful that a diagnosis would come with “resources...like I heard I could fill out a paper and get help...my bro [who received a diagnosis] got help with funding, like a place to stay, help with budgeting, getting to and from the grocery store.” Ben also expressed interest in “knowing how my brain works.” He spoke about goals related to addiction recovery, with hopes of attending a treatment centre that would soon be opening north of Red Deer. When asked if he wanted to attend this particular centre because it was closer to “home,” Ben hesitated slightly before admitting that, “I really don’t have a home.” Instead, he explained that he hoped to attend this specific treatment centre because, to his understanding, it would be run by the same people who ran the TLU, who had helped him “learn how to cope.” Ben was also hopeful that, in a treatment centre, he would have the luxury of his own bedroom. Finally, Ben expressed gratitude for the In Reach Transition Mentor, who he described as “awesome. Really helpful. He answers any questions I have and he’s easy to talk to.”

## “Bill”

Also on the TLU, “Bill” entered the interview room with a friendly, relaxed demeanour. He spoke slowly, although with an eagerness to respond to questions. He started out by describing how spending time on the TLU had “opened my eyes to see life from different angles...to see people from different perspectives.”

Bill recognized the interviewer from a previous education session that the interviewer had observed while he was in attendance. Bill was clear that he had not heard of FASD before attending the education session. From the education session, Bill learned “how to look at someone and not just assume. They can look as fine as other people but still have a handicap.” Bill indicated that the education session he attended held high importance to him; he reported feeling as though the description of FASD provided during the education session had helped him make sense of his own experiences. He noted how, “When I got into that education session and heard about it [FASD], I thought, holy, I gotta get myself assessed.” Bill spoke about how he had struggled with poor decision-making throughout his entire life, noting that “I wouldn’t be sitting here if I had good decision-

making.” Bill also expressed regret that, although he came to Canada with the intention of working hard, “people start talking me into things, I do this for you, I help you, next thing I know I’m sitting here... when I think of the things I’ve done, it would take an insane person.” In addition, he shared how “I’m always questioning myself, why I do certain things and I have no short-term memory. So I hope to do an assessment so I know why I do some of my shenanigans.”

Bill shared that he knew his parents were “alcoholics” and that his mother had consumed alcohol while pregnant with him. However, information about his mother’s prenatal alcohol consumption was “thousands of miles away in the third-world country where I’m from.” Bill understood that, without confirmation of prenatal alcohol exposure, he would not be able to access an FASD assessment: “I’m not getting my hopes too high in case I get sad and disappointed. It is what it is.” At the same time, Bill shared feeling that an assessment would be helpful. He was forthcoming about how his “mental health issues are a major concern. I want to be a part of my kids’ lives but it’s dangerous to be around me. If I get assessed and diagnosed, they’ll understand the decisions I made. My family will understand I made bad decisions but it wouldn’t have happened if I had support.”

Bill also spoke about how his mother, who still resides in his home country, was not aware that he was in prison. Instead, Bill's mother believed he was getting help with his brain, and that his mother had asked him if he was in a "psych ward." According to Bill, in his home country, people with mental health challenges were disowned and placed in facilities where they were restrained with chains. As such, he indicated that "people in my country have no education about mental health, FASD. So it's hard to even explain it to someone there." He also spoke of the shame that shrouds conversations about mental health and FASD: "You always feel shame to talk about it. You're mentally sick. Who's gonna discuss it with you when you're mentally sick?"

Despite the stigma that accompanies cultural understandings of FASD and mental illness, Bill was open about his struggles with mental health. As he shared, "I have a lot of PTSD in my life. I need my head checked out." He also spoke about going several nights without sleep due to recurring nightmares, and expressed feeling as though "no medication will get me to sleep." When asked about his post-incarceration goals, Bill spoke about wishing for his PTSD and anxiety symptoms to "go down." He also hoped to get to a place where he was no longer "making

stupid decisions," and hoped to find employment. Before exiting the interview room, Bill stated with a shrug of the shoulders:

**"It can't get any worse. You gotta go down to be lifted up from the bottom. Sometimes I can lift myself up but I need mental help."**

## **"Shawn"**

"Shawn" entered the interview room from the TLU with high energy. He spoke confidently and articulately. Even before the interviewer finished asking the first question, he stated that the help he had received from the In Reach Transition Mentor had been "so incredible." Shawn shared that he had been trying to complete his taxes since his time in a previous correctional institution, but that he kept running into barriers to obtaining government-issued identification. He expressed frustration with the process: "If you want a SIN card, you need ID and your Alberta Health Card. If you

don't have two of those three things, you're screwed. They got my fingerprints, you'd think it'd be easier, but it's not. It's a big obstacle." Given this frustration, Shawn expressed gratitude for the support he had been offered through In Reach with obtaining identification toward completing his taxes. He shared that he had been linked with support workers from other agencies in the past who had not been as helpful as the In Reach Transition Mentor. Shawn spoke about how:

**"Losing everything is absolutely terrifying. Once I get out, I've lost my job, my money, my vehicle, my home."**

He emphasized how important obtaining identification was since he had lost his job; without identification, he would not be able to obtain income support. "If I have ID already set up while I'm in here, I can get income support right away. Then when I get out, there's less chance of relapse. I could get out and sling dope, you know, you get set up with those contacts when you're inside. It's like they say

in that movie 'Blow,' you come in here for a marijuana offense and you get out with a doctorate in cocaine." To this end, Shawn expressed a firm commitment to staying away from drugs and alcohol upon release. He felt that engaging with In Reach was making it more likely that "when I get out, I won't fall on my face. All I've known is drugs and alcohol but I know I can do better." Shawn was looking forward to obtaining his identification, which was in process through the In Reach Transition Mentor, so that he could obtain a cell phone when he was released, which would make it easier to obtain income support, so "then I'll be set up to look for some work." Before leaving the interview room, Shawn once again emphasized how grateful he was for the practical support offered through In Reach.

## **"Dennis"**

Finally, "Dennis" was interviewed from one of the main RDR units. He appeared friendly and eager to begin sharing his story. He frequently shifted in his seat while he spoke, and did not break eye contact throughout the interview. Dennis started out his interview by sharing that, prior to entering RDR, he had been avoiding people because he was using

methamphetamine. He explained that he had previously been incarcerated and that he was “kicked out to the streets when I was on bail. I was set up for failure. I went to a place where people were using cause I didn’t have a place to go.” Dennis explained that this was a typical scenario; namely, he would leave prison and “go straight to the streets. Maybe the 7/11. Then someone would say, you want a hit? I had no place to go so I thought I might as well get high. Then maybe I’ll have a couch to sleep on.”

Dennis also spoke about several traumatic experiences including his mother passing away when he was 15 years old, “running crack” and being held hostage as a teenager, being shot, his father forcing him to “stay in a drug house with a dead guy on the couch for three days” while he was still a child, and his father passing away. He also told a story about being “stomped out” by several other inmates while previously incarcerated, which he recalled resulted in serious injuries requiring hospitalization. He indicated that he would often “pass out because of my head trauma” and that he had been homeless since being the victim of a home invasion. According to Dennis, he was not involved in criminal activity while incarcerated, “but I do crime when I’m homeless

because I need money.” Dennis also mentioned more than once that he did not like asking for help and preferred to “keep it all inside,” referencing his feelings about the traumatic events he shared. He also shared how, “since my parents are gone, it’s me against the world.”

Dennis understood that he had been diagnosed with FASD, anxiety, and depression. He also noted that, “for my disability, I’m pretty smart because I’m street smart even though I suffer in my own mind.” He recalled that his assessment had taken a long time to complete because he had difficulty moving through all of the requirements. He expressed gratitude for having been diagnosed because:

**“Now I have AISH so I don’t need to go out and steal. And now I can pay rent and bills. I like doing things myself but it’s a big help for me.”**

Dennis also described his experiences holding employment, sharing that, “I might get a job but

then one week in, I'm on a bad track cause I don't have no life skills. I don't even know how to use a measuring tape." With respect to the assessment, Dennis also noted that "it made me feel better to know what was going on with my mind." He also reflected on how "my thinking, my acting. I do stuff, I don't learn consequences, I don't think before I act. It's so stupid. If I thought before I act, I wouldn't do stupid shit, but I found out with FASD people, they have a hard time with that. I was looking for a reason for what was going on in my mind and now I know." As Dennis also shared, he often suggested to others on his unit that they should look into undergoing an assessment, "and then they say, 'but I'm not retarded.' And I say, 'well you don't have to be retarded to have FASD.'"

Dennis expressed motivation to help other people, noting that he hoped to one day "be a turning point so other people who have gone through stuff can look up to me." He also expressed fatigue with the life he had been living: "I'm tired of being high, having no home. I'm not that bad person I was before. If I could turn back those things, I'd do it in a second. But now I can only move forward." Dennis seemed to want the interviewer to understand that he was not defined by his offenses. He emphasized that, "I've shoveled

sidewalks, I've given community support. Old people in the community remember and respect me." Dennis ended his interview by expressing gratitude, again, for the supports offered through the FASD Network:

**"If you guys weren't there, I don't even know where I'd be. I can't even tell you how much I appreciate it."**

## Summary

Participants shared several commonalities, including past instances of severe trauma and adverse experiences that led to incarceration. They spoke candidly and humbly about their circumstances, sharing their missteps with frank regret, and communicating their desire to change. They shared hopes for moving forward on paths away from criminal activity; assessment and diagnosis played a large role in this sense of hope by opening doors to support that they felt were key in helping them stay out of trouble. They also expressed gratitude for the practical supports offered through the program, and spoke highly of In Reach staff.

# 4.0 Conclusions and Recommendations

The Central Alberta FASD Network has provided In Reach services at Red Deer Remand Centre, Drumheller Institution, and Bowden Institution. The Network has offered education sessions to incarcerated individuals and staff of these institutions, FASD assessments for incarcerated individuals, and one-on-one support for incarcerated individuals to transition out of institutions. This evaluation sought to understand ways in which the project is influencing change and areas in which the project can continue to be refined.

Through online surveys (n=18) and individual interviews (n=7), stakeholders voiced clear support for In Reach. A common suggestion for improvement was to expand services to support more individuals. During interviews, participants spoke to the nature of FASD as an invisible disability; the need for corrections service providers to have an awareness of FASD; the potential for FASD awareness to have a preventive impact; the importance of providing services, including assessments, in facilities; the critical need for supports to be instigated while participants are still in facilities; and emphasized that services are well-organized by staff who are highly suitable for their roles.

In addition, 73 incarcerated individuals completed surveys after education sessions and 7 participated in interviews. A strong majority of survey respondents agreed with affirmative statements about the helpfulness of education sessions. Interviews shed light on commonalities among participants, including appreciation for In Reach services and staff, and a sense that assessment and diagnosis could open doors that they felt were key in helping them stay out of trouble. Participants shared goals to transition out of institutions and participate in the social and economic lives of their communities, which they felt assessment and diagnosis could help to catalyze. Their stories illuminate deep trauma and adverse childhood experiences, and also hopes for future possibilities that they felt they could access with support.

Finally, a brief literature review highlighted the ways in which researchers and practitioners have actively called for FASD assessment, diagnosis, and community reintegration supports to be expanded for people in the criminal-legal system to prevent recidivism and support healthy outcomes. Although there is limited research in these areas to guide practice, the need for FASD-specific supports and services in the criminal-legal system is pronounced, and it is clear that culturally safe and person-centered approaches to FASD assessment and support can promote health and wellbeing.

## Drawing from these evaluation findings, the following summary points and recommendations are provided:

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Staff at the Red Deer Remand Centre, Drumheller Institution, and Bowden Institution hold In Reach services in high regard. **The In Reach project is perceived as lightening the load for staff, meeting the needs of incarcerated individuals, and contributing to larger, longer-term goals around reduced recidivism and healthier outcomes for people with FASD.**

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The research literature is clear that there is a need for the kinds of services that are provided through In Reach. **Virtually all peer-reviewed literature reviews in the area of FASD and the criminal-legal system call for enhanced FASD awareness and education among staff, and/or more access to assessment and transitional support.**

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People with FASD face structural marginalization, and so too do people with criminal-legal involvement. Layers of marginalization and vulnerability necessitate services that can account for complexity, in part by aligning with best practices. **Having staff with a deep familiarity and understanding of FASD has been key for aligning with best practices, so the integration of In Reach with other Network services is logical.**

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**Continued collaboration with other Networks is also recommended** so as to promote sharing of knowledge and strategies for addressing the challenges and complexities of FASD in the context of the criminal-legal system.

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Measuring the outcomes and impacts of FASD programs is complicated by several factors related to the disorder's complexity, including brain and body-based challenges, high rates of environmental adversity, intergenerational impacts, and stigma. Conventional experimental methods are unlikely to capture these complexities; therefore, **evaluation approaches that measure a program's contribution to outcomes and impacts (rather than attribution) are warranted. This involves centring the perspectives of people with lived experience of FASD.**

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An area for In Reach growth may be **increased attention to cultural safety and culturally grounded supports**. At the same time, it is acknowledged that In Reach staff need to put boundaries around their capacity with the time and resources they have, and that expanding culturally-related In Reach supports would require additional resources.

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**Sustaining and scaling up the In Reach project continues to be an important area of focus** for the Central Alberta FASD Network. Funding is not embedded into provincial or federal systems, so Network staff are required to expend ongoing time and resources into securing project funding.

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Researchers and practitioners have clearly indicated a call for FASD assessment, awareness-raising, and support services in the criminal-legal system. In Reach services are a response to this call. Project stakeholders and participants, who have lived experience with FASD, value the program as a way to meet their needs and support healthy outcomes. **All of these sources converge to support the need for sustaining and growing In Reach services.**

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**"I know I don't wanna go down the same path no more, but I need some help figuring out what my new path is gonna be, you know? Cause I ain't seen nothing different in my life than the path I've been on. I know I can do it, walk a different road. I just need some new people to walk with me."**

In Reach Participant

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# Appendix A: Stakeholder Interview Questions

1. Can you tell me about your involvement with the In Reach project?
2. How would you describe the In Reach project to someone who knew nothing about it?
3. To what extent is it important for residents of justice facilities to know about FASD? Why?
4. To what extent is it important for staff of justice facilities to know about FASD? Why?
5. What do you think are the main successes of the In Reach project?
6. What would you change about the In Reach project?
7. What is the most significant change that you think has taken place as a result of the In Reach project?

## Appendix B: Participant Interview Questions

1. Can you tell me about how you've been involved with the In Reach project?
2. What was the assessment process like for you?
3. How do you feel about your diagnosis?
4. Why were you interested in getting an FASD assessment?
5. What do you remember about participating in the education session? Did anything stand out for you?
6. What do you like about the In Reach project?
7. What would you like to change about the In Reach project?