



# FASD Youth Justice Program Evaluation Report

This project was undertaken with the financial support of:  
Ce projet a été réalisé avec l'appui financière du:



Department of Justice  
Canada

Ministère de la Justice  
Canada

john  
howard  
society

## About Us

For more than 90 years, the John Howard Society of Ontario has worked to keep the humanity in justice. Today we continue to build a safer Ontario by supporting the people and communities affected by the criminal justice system. Our 19 local offices deliver more than 80 evidence-based programs and services focused on prevention, intervention and re-integration across the province.

We promote practical, humane policies while raising awareness of the root causes of crime and calling on Ontarians to share responsibility for addressing them. Within our criminal justice system, we work toward the fair treatment of all. As the system evolves to reflect our changing society, we ensure that no one is left behind. We believe that policy should be grounded in the day-to-day reality of the people it impacts. That's why our Centre of Research & Policy specializes in bridging the gap between analysis and frontline service delivery. By collaborating closely with our local offices, the Centre's team of analysts and researchers develops policy positions that truly reflect the needs of each community, advances those positions to governments and other organizations, educates the public on the critical issues, and evaluates program efficacy to guide future work. Through it all, we're committed to ensuring that innovative ideas can translate into real action.

## Authors

**Lead Author:** Meaghan Costa

**Contributors:** Hannah Cook, Emma Jewell

## Systemic Acknowledgement

When recognizing the systemic challenges within the Canadian criminal justice system, it is important to acknowledge the historical and present-day impacts of colonialism and systemic discrimination which includes but is not limited to the over-representation of Black individuals and Indigenous Peoples throughout the criminal justice system.

Black and Indigenous populations face higher levels of policing, incarceration, and biased treatment within the criminal justice system, with Black people being over-represented by more than 3 times that of the general population, and Indigenous Peoples by more than 5 times.

Additionally, individuals with Fetal Alcohol Spectrum Disorder (FASD) are disproportionately affected by the justice system, with 60% of those with FASD having contact with the justice system – 30 times higher than the general population.

It is our hope that this acknowledgement contextualizes the research found in our report and serves as a reminder of our shared responsibility to engage in open dialogue, challenge biases, and work collaboratively towards dismantling the systems of oppression that result in persisting inequities in our criminal justice system.

## Funding Acknowledgement

John Howard Society of Ontario received funding from **Department of Justice Canada (DOJ)** under the

This project was undertaken with the financial support of:

Ce projet a été réalisé avec l'appui financière du:



Department of Justice  
Canada

Ministère de la Justice  
Canada

**Youth Justice Fund.** The views expressed are the personal views of the authors and DOJ accepts no responsibility for them. We are thankful for the generous contribution and support provided by DOJ.

We would like to gratefully acknowledge the significant support and collaboration of John Howard Society of Hamilton, Burlington & Area staff **Kim Gibson-Chalmers, Jeff Parker, Beth Fennell, and Cassy Bowden** in their contributions to the evaluation. In addition, a special thank you to our JHSO volunteers **Karin Jose, Jane Mospan, and Phylisia Earl** for assisting with the development of this report.

## Table of Contents

About Us.....	2
Authors .....	2
Systemic Acknowledgement.....	3
Funding Acknowledgement.....	3
1. INTRODUCTION.....	8
1.1. CONTEXT .....	8
2. PROGRAM OVERVIEW .....	9
2.1. Logic Model Narrative.....	11
2.1.1. Logic Model.....	12
2.2. PARTICIPANT ENGAGEMENT .....	13
2.2.1. Target Participants .....	13
2.2.2. Referral Process .....	13
3. EVALUATION METHODOLOGY & LIMITATIONS.....	14
3.1. PURPOSE & APPROACH .....	14
3.2. EVALUATION QUESTIONS.....	14
3.2.1. Process and Monitoring Questions .....	15
3.2.2. Outcome Questions .....	16
3.3. WORK PLAN.....	16
3.3.1. Participant Criteria .....	17
3.3.2. Data Collection Procedure & Instruments .....	18
3.3.3. Ethical Considerations .....	21
3.3.4. Data Flow & Analysis .....	21
3.3.5. Implications/Applications of the Evaluation .....	22
3.3.6. Special Considerations with the Proposed Population.....	23
3.4. RISKS & LIMITATIONS.....	23
3.4.1. Risks .....	23
3.4.2. Limitations.....	23
4. PROCESS AND MONITORING FINDINGS.....	24
4.1. PROGRAM DELIVERY .....	24
4.1.1. Program Participant Referrals.....	25
4.1.2. Program Participant Demographics & Profile.....	25
4.1.3. Program Staff Training.....	29
4.2. YOUTH PARTICIPANTS.....	29
4.2.1. Program Participant Meetings.....	30
4.2.2. Supports & Services Provided.....	31
4.2.3. Goal Setting & Youth Satisfaction.....	32

4.3. CAREGIVER PARTICIPANTS .....	36
4.3.1. Program Participant Meetings.....	36
4.3.2. Supports & Services Provided.....	37
4.3.3. Caregiver Level of Satisfaction.....	37
4.4. COMMUNITY PARTNERS & ENGAGEMENT .....	40
4.4.1. Community Organizations & Referrals.....	40
4.4.2. Youth Justice Stakeholders Advisory Committee .....	41
4.4.3. Community Partner & Stakeholder Satisfaction.....	42
4.5. EVALUATION .....	46
4.6. SUMMARY OF PROCESS AND MONITORING FINDINGS .....	46
5. OUTCOME EVALUATION FINDINGS.....	46
5.1. PROGRAM DELIVERY OUTCOMES .....	47
5.1.1. Staff Training & Supervision.....	47
5.1.2. Community Training & Resources .....	48
5.1.3. Staff Knowledge & Capacity.....	48
5.2. YOUTH PARTICIPANT OUTCOMES .....	49
5.2.1 Reduced Contact with Police.....	50
5.2.2. Increased Knowledge & Awareness of Community Resources.....	51
5.2.3. Improved Social-Cognitive Skills & Increased Life Skills.....	53
5.3. CAREGIVER PARTICIPANT OUTCOMES.....	55
5.3.1. Increased Positive & Trusting Relationships .....	56
5.3.2. Increased Awareness of FASD Resources & Support.....	58
5.3.3. Increased Use of Formal/Informal Supports & Services.....	60
5.4. COMMUNITY PARTNERS & ENGAGEMENT OUTCOMES .....	62
5.4.1. Case Conferencing Plans .....	63
5.4.2. Support for FASD Impacted Youth .....	64
5.4.3. Increased Knowledge of FASD & FASD-Informed Approaches.....	67
5.5. SUMMARY OF OUTCOME FINDINGS .....	68
6. CONTRIBUTION TO YOUTH JUSTICE FUND OUTCOMES.....	70
7. LESSONS LEARNED & RECOMMENDATIONS.....	70
7.1. Program Lessons Learned & Recommendations .....	70
7.1.1. Lesson Learned: COVID-19.....	70
7.1.2. Lesson Learned: Lack of Services for FASD-Impacted Justice-Involved Youth .....	71
Recommendation 1: Increase FASD-Specific Resources in Hamilton.....	71
7.1.3. Lesson Learned: Age Criteria .....	71
Recommendation 2: Revise Age Requirements Through an FASD Lens.....	71
Recommendation 3: Increase FASD Training & Education in the Community.....	72
7.1.4. Lesson Learned: Sustainability Planning .....	72

7.1.5. Lesson Learned: Future Programming for Justice-Involved Youth with FASD .....	72
Recommendation 4: Long-term Sustainable Funding for FASD-Specific Programs .....	73
7.2. Evaluation Lessons Learned & Recommendations .....	73
7.2.1. Lesson Learned: Data Collection & Evaluation Development Process .....	73
Recommendation 1: Ensure Adequate Time for Planning .....	73
7.2.2. Lesson Learned: Flexibility to Modifications .....	74
Recommendation 2: Flexible and Relevant Data Collection Instruments .....	74
7.2.3. Lesson Learned: Availability of Data .....	74
Recommendation 3: Frequent and Formal Collection from Staff and Management .....	74
7.2.4. Lesson Learned: Opportunity for Observation and Rapport Building .....	74
Recommendation 4: Adequate Funding for Travel Expenses .....	75
9. APPENDICES .....	76
Appendix A: Process Evaluation Matrix .....	77
Appendix B: Outcome Evaluation Matrix .....	81
Appendix C: All 4 One FASD Youth Justice Program Data Flow .....	85
Appendix D: Data Collection Instruments – Administrative & Evaluation Tools .....	86

## List of Abbreviations

FASD	Fetal Alcohol Spectrum Disorder
All 4 One	All 4 One FASD Youth Justice Program
JHS-Hamilton	John Howard Society of Hamilton, Burlington & Area
The Centre	The Centre of Research & Policy at the John Howard Society of Ontario
DE	Developmental Evaluation
PAE	Prenatal Alcohol Exposure
REB	Research Ethics Board
IMS	Information Management System
JHSO	John Howard Society of Ontario
TCPS-2	Tri-Council Policy Statement
CAS	Children's Aid Society
CCAS	Christian Children's Aid Society
HRIC	Hamilton Regional Indian Centre
CAPIS	Halton Regional Child & Adolescent Psychiatric Inpatient Service
MCCSS	Ministry of Children, Community and Social Services

# 1. INTRODUCTION

This report outlines the process, monitoring, and outcome evaluation findings for the **All 4 One Fetal Alcohol Spectrum Disorder (FASD) Youth Justice Program** (All 4 One) operated by the **John Howard Society of Hamilton, Burlington & Area** (JHS-Hamilton). In September 2020, JHS-Hamilton received funding for the All 4 One program from the Department of Justice Canada. The funding was aimed to respond to the need to build capacity within the justice sector to better address the needs of youth with FASD who are justice-involved. The program ran from January 2021 up to the end of September 2023. The All 4 One program aimed to create best practices around working with and supporting justice-involved youth with FASD while contributing to a community of practice among youth justice professionals. The program was designed to deliver specialized one-to-one case work and wraparound supports for youth participants with FASD and their caregivers, respectively. In addition, All 4 One connected justice professionals by bringing together a Youth Justice Stakeholders Advisory Committee and providing them with resources that could assist in supporting youth to build resiliency and prevent recidivism. Through the Department of Justice Canada funding, **The Centre of Research & Policy** at the **John Howard Society of Ontario** (the Centre) was contracted by JHS-Hamilton to evaluate this program.

This evaluation implemented a realist approach,<sup>1</sup> analyzing what works, for whom, and under what contexts to examine the All 4 One program. This evaluation approach was optimal as this program used a responsive and individualized model to work with individuals with FASD across the spectrum who have varying risks, needs and protective factors. As the goals for this program are informed by the youth's strengths and needs, this evaluation aimed to track and document each individuals' perspective on their systems of support and whether this had helped to create a better path for youth to change their trajectory in the justice system. By providing insight on the client profile of individuals who access supports through the All 4 One program, this evaluation sought to discover what aspects worked for them, and the circumstances that contributed to positive outcomes for All 4 One program participants. In addition to adopting a realist evaluation approach, this evaluation was also supplemented with a Developmental Evaluation framework.

Accompanying this focus on the program client's profile was an emphasis on the community of practice in Hamilton. As such, this evaluation sought to gain a better understanding of individuals who accessed any supports from the program and how the community of practice worked to support youth with FASD. Illuminating the circumstances that facilitated or hindered participant engagement and success in the All 4 One program also presents new areas to expand or develop services. In summary, this evaluation aimed to answer for whom, in what ways, and under what circumstances All 4 One works.

This evaluation is separated into eight sections. The first two sections provide context and an overview of the All 4 One program, detailing how the program operates. Section three specifies the methodological approach and evaluation questions for the process and monitoring and outcome evaluation. Sections four and five identify the data collected since program start (January 2021) that can address the process evaluation and outcome evaluation questions. The sixth section provides a discussion on how this program contributes to the youth justice fund outcomes defined by the Department of Justice Canada. Finally, the seventh and eighth sections conclude with lessons learned, conclusions, and program and evaluation recommendations.

## 1.1. CONTEXT

FASD is a lifelong disability that causes cognitive, emotional, behavioural, and physical health-related deficits following prenatal alcohol exposure (PAE). Primary disabilities that are very common amongst youth with FASD include: learning and intellectual disabilities; problems with receptive and expressive language; problems with memory and attention; difficulty planning and organizing tasks; difficulty with life skills such as hygiene, understanding time, following directions, and managing money; and poor



social skills development.<sup>2</sup> Individuals with FASD often function at a level younger than their chronological age. This can put youth at risk with others as they may appear more mature and capable than they are, which leads to situations with peers and adults where they are at a significant risk.

FASD is a hidden disability as only 10% of those impacted have any of the facial features that would indicate to those around them that they require patience and understanding.<sup>3</sup> This factor along with difficulties in getting a formal diagnosis and accurate information about prenatal drinking can lead to a number of adverse outcomes for youth with FASD. Adverse outcomes are challenges that the person was not born with but develop over time because there is a mismatch between the person and their environment. Adverse outcomes include mental health problems, school disruptions, inappropriate sexual behaviour, substance use, and conflict with the justice system. These adverse outcomes make youth with FASD vulnerable to getting caught up in the justice system. Some examples of the risks to criminal justice involvement for youth with FASD include:

- Youth are more likely to be arrested because they are impulsive and lack avoidance strategies
- Youth do not know when to walk away from situations making them more likely to be caught
- Youth have a strong desire to make friends making them easy scapegoats
- Youth can seem uncooperative when they do not understand something which is often interpreted as non-compliance
- The youth's problem-solving deficits mean that their ability to predict consequences and learn from past mistakes is impaired<sup>4</sup>

Adding to the vulnerability of these youth is the fact that their needs are not well understood within the justice system and there are few options available to them within the system to be held accountable and 'rehabilitated' in a way that is meaningful to them, the person(s) harmed, and the community. As such, this evaluation will take a unique approach to capture the varying needs and risks associated with this participant population.

## 2. PROGRAM OVERVIEW

All 4 One was an FASD Youth Justice Program developed and implemented by JHS-Hamilton that supported youth involved in the justice system who have been diagnosed with FASD or were querying<sup>1</sup> a diagnosis. The All 4 One program provided individual case management services to two streams of participants: (1) youth with FASD; and (2) their caregivers. In addition, the All 4 One program created a Youth Justice Stakeholders Advisory Committee to connect youth justice professionals to the community of practice developed by the Hamilton FASD Collaborative (see below). The All 4 One program employed one full-time Youth Worker, a part-time Program Coordinator/part-time Caregiver Worker in addition to funding some Program Manager hours. The Program Manager oversaw program activities and communication, while the Program Coordinator was responsible for day-to-day operations of the program including program marketing, data collection, and responding to information requests.

The program's goal was to have the [FASD Youth Justice Worker](#) carry about eight to ten cases annually. They were responsible for supporting youth engaged in the justice system by providing individualized case management and support services including:

---

<sup>1</sup> The development of clinical capacity for FASD diagnosis is challenging and access to these resources is extremely limited. Accessing a formal diagnosis of FASD in a relatively timely manner in the Province of Ontario requires money, advocacy, and access to private practitioners. An FASD diagnosis requires a medical evaluation and neurodevelopmental assessment conducted by a multidisciplinary team. Even if there are services within a region that has the diagnostic capacity there are funding limits to the number of assessments these services can provide within a funding year. As a result, many children, youth, and adults have a query of FASD rather than a formal diagnosis. FASD screening tools are used to identify certain social, personal, and neuro-developmental markers that could support a formal diagnosis of FASD.

- Advocacy within and navigation of the youth justice system, education system and other systems and agencies, as required
- Assistance to follow through on measures, sanctions, and other sentences
- Access and linkage to community supports and resources
- Individual programming for the youth to learn life skills and build good habits that would support their day-to-day functioning

Similarly, the program's goal was to have the [FASD Caregiver Support Worker](#) supporting about eight to ten cases annually. They were responsible for assisting participants by helping them build systems of support for themselves and their youth with the following services:

- Referrals to community agencies and supports across all sectors
- Assistance following through with recommendations from service providers above, as required
- Building capacity with caregivers to implement FASD friendly strategies at home and with extended family
- Assisting youth and families querying FASD in pursuing a formal diagnosis
- Helping caregivers and support persons identify and use their youth's strengths to create a future trajectory that may include employment, volunteerism, and other opportunities

This program also aimed to strengthen relationships among various agencies and service providers working with youth with FASD including justice system partners such as Crown counsel, defence counsel, police, probation services, and youth justice service providers. The All 4 One program expanded on the community of practice created by the Hamilton FASD Collaborative and worked to extend this practice amongst the Youth Justice Stakeholders Advisory Committee.

JHS-Hamilton has participated on the [Hamilton FASD Collaborative](#) for eleven years with representation on the Resource Team, and more recent representation on the Leadership Team and Networking Group. The Hamilton FASD Collaborative is comprised of 15 different agencies that donate 10 hours each month providing service to the FASD community. In 2018, the Collaborative joined forces with Contact Hamilton's Ministry of Children, Community and Social Services (MCCSS) funded Community-based FASD Worker to ensure there was no duplication of service. In doing so, there has been strength and value added as Contact Hamilton's resource now acts as coordination and backbone to the Collaborative. The Leadership and Resource Team on the Hamilton FASD Collaborative both acted as Advisory Committees to the FASD Program Workers by providing space on their meeting agendas to provide advice, support, and direction, as required.

Finally, a [Youth Justice Stakeholders Advisory Committee](#) was formed to inform and support the work of the All 4 One program within the context of the local youth justice system. Throughout the program, the Program Coordinator provided information and resources to committee members periodically highlighting new community resources, upcoming training opportunities or sharing research articles as part of building on the community of practice. The intention of this was to bridge the gap between the FASD Collaborative and youth justice professionals to prevent working in silos and working to mobilize knowledge throughout the justice system. As it evolved, the aim was for this group to educate and advocate for the use of FASD strategies within the youth justice system and to make meaningful contributions to the FASD community of practice.

These activities culminate into the outputs presented in the *Logic Model* in [Figure 1](#) on Page 11.

As the youth participants of the All 4 One program have FASD, a lifelong disability that commonly affects their day-to-day functioning, the focus of the outcome portion of the evaluation was on the short-term. For caregiver participants of the All 4 One program, the outcomes focus on increased awareness and knowledge of FASD resources that would ultimately aid in supporting their youth as part of the circle of

care. The circle of care is centered around youth participants, and may involve their caregivers, friends, and service providers, while the community of practice is comprised of stakeholders and community partners working as a network within the justice system. Those involved in the community of practice aspect of the All 4 One program worked toward establishing a best practice when working with youth with FASD in the justice system.

In short, this evaluation aimed to capture insights on youth participant improvement in relation to their:

- Reduction in criminal justice involvement
- Increased knowledge and awareness of community resources which could lead to their increased ability to access those community supports & services
- Reduction of barriers to social supports and programming
- Increased structure, routine, and life skills

This evaluation also aimed to capture insights on caregiver participant improvement in relation to their:

- Increased awareness of FASD resources and support
- Increased use of formal/informal supports and services

Finally, the broader stakeholder and community engagement activities developed under the community of practice for the All 4 One program were intended to increase cross-programming and collaboration amongst service partners. This aspect of the program was captured by connecting All 4 One staff and the Youth Justice Stakeholders Advisory Committee to inform them about FASD resources.

## **2.1. Logic Model Narrative**

The logic model below details the intended activities, outputs, and outcomes of the All 4 One program. To reach the program's intended goal and objectives, the program had three areas of focus including: participants, community, and the program. The All 4 One program aimed to mobilize staff and resources to develop a circle of care to support youth with FASD and caregivers. In order to do this, program staff delivered individualized case management and wraparound services for youth and caregivers, respectively. As well, the All 4 One program sought to connect youth justice professionals to FASD-informed resources with the support of the FASD Collaborative to bridge the gap between the FASD community of practice and stakeholders in the youth justice system. Other aspects of the program included training staff and collecting data which was used to evaluate the program.

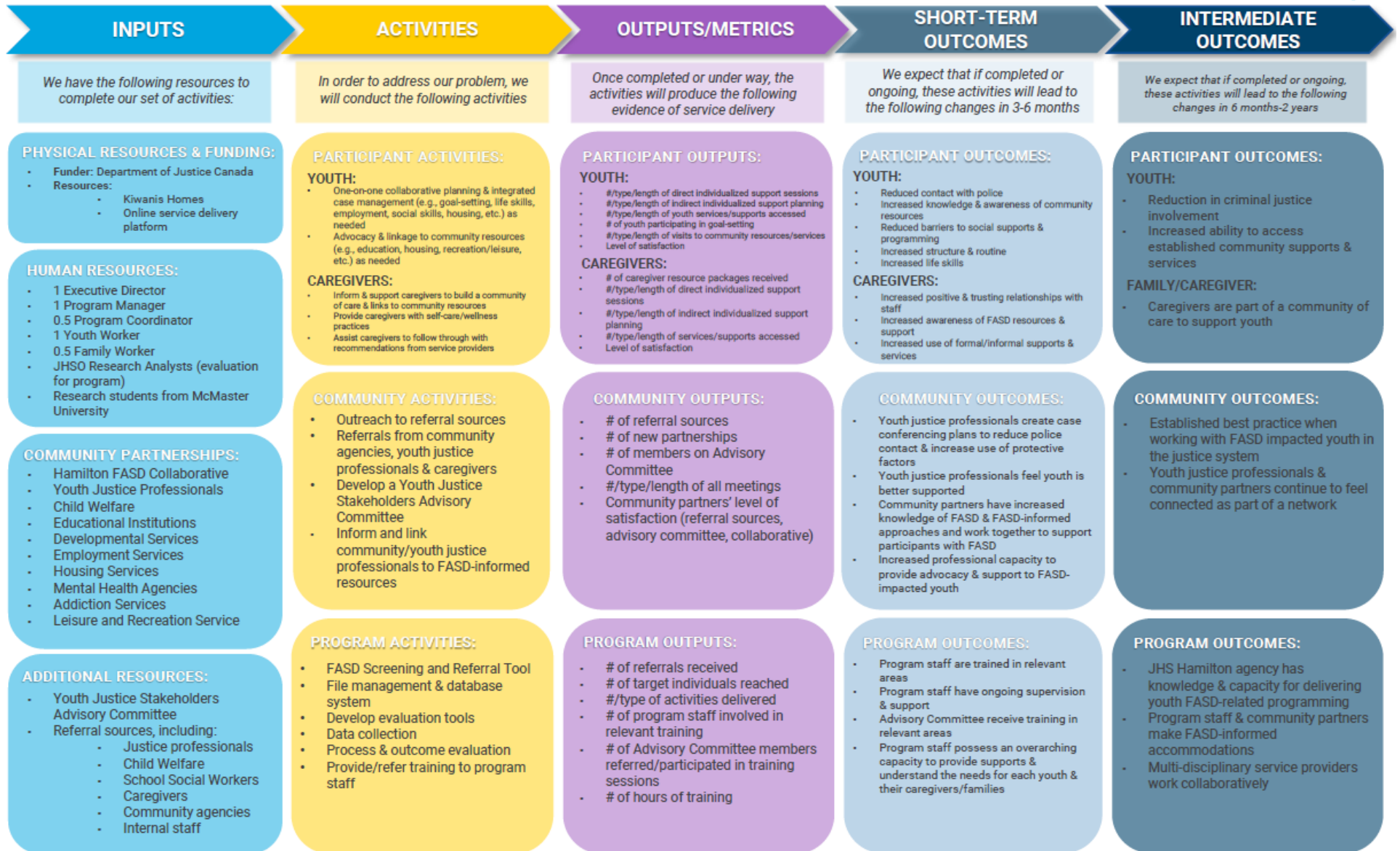
By youth accessing supports and services through the All 4 One program, the program intended to change their attitudes which, in turn, may change their behaviour leading to less criminal justice involvement. Through participation in this program, the goal for caregivers was to increase their awareness of FASD resources and supports, which would ultimately enable caregivers to support youth as part of their community of care. By connecting youth justice professionals with program staff and the FASD Collaborative, the program aimed to increase their knowledge of FASD and FASD-informed approaches to build their capacity to support youth while being a part of the community practice that works together as a network. Through data collection, evaluation, and staff training, the program aimed to increase capacity and knowledge for JHS-Hamilton to deliver FASD-programming and produce knowledge mobilization about best practices for program delivery amongst the Hamilton community and beyond.

2.1.1. Logic Model

# FIGURE 1: JHS HAMILTON: FASD YOUTH JUSTICE PROGRAM - LOGIC MODEL

**Goal:** To improve the services and support for youth impacted by FASD involved in the justice system and their caregivers/families.

**Objectives:** This project will improve the justice system's ability to understand and support youth impacted by FASD who are in conflict with the law. Youth and caregivers will be provided resources and supports to create greater capacity with the goal of reducing youth contact with police and enhancing life course outcomes.



## 2.2. PARTICIPANT ENGAGEMENT

Given the individualized approach of the program, there was no set amount of dosage or point where All 4 One participants were considered to have 'completed' the program. Individuals referred to the All 4 One program varied in their level of involvement with some participating short-term and others remaining in the program long-term. Participants could decide to leave the program when they no longer wished to receive supports or engagement with the program tapered off to where files were closed. Although there was no precise dosage or length of service where participant files were closed, there are nonetheless patterns to service delivery.

As there were no set timelines for participant engagement, this evaluation centres on unpacking what works for those who accessed supports. This evaluation focuses on the experiences of those who engaged in the All 4 One program for both short-term and long-term supports. Section [3.3 Workplan](#) provides context for how each of these participants were engaged. The remainder of this section details the target participants and referral process conducted for the All 4 One program.

### 2.2.1. Target Participants

The All 4 One program directly delivered individualized supports to youth with FASD that were involved in the justice system, while also providing similar supports to their caregivers.

The following were the **target participants** directly receiving support services from staff:

**Youth:** youth participants were between 12 to 18 years old and identified as male, female, or non-binary. Youth participants were involved in the justice system and had a formal diagnosis of FASD or a strong query of FASD.

**Caregivers:** caregiver participants were a caregiver(s) to the youth participants in the All 4 One program.

The following were the **targeted stakeholders** supporting the community of practice:

**Collaborative Group:** the Collaborative group included a group of individuals from 15 different agencies who donate 10 hours each month to services within the FASD community. These individuals provided advice, support, and direction, as required.

**Youth Justice Stakeholders Advisory Committee:** these individuals included, but were not limited to, Crown attorneys, defence lawyers, probation officers, police, and other community agencies and service providers.

**Program Staff:** any JHS-Hamilton staff that was involved in the All 4 One program. This included, but is not limited to, Youth Workers, Program Coordinators, Managers, and other management staff.

### 2.2.2. Referral Process

All 4 One aimed to receive eight to ten referrals annually for youth participants and their caregivers. Referrals could be received from a variety of sources, including probation, Crown counsel, youth legal aid, school and youth officers, child welfare, school social workers and caregivers. In addition, program staff were actively involved in community outreach including promoting the All 4 One program on social media, contacting stakeholders via e-mail, and delivering agency presentations (e.g., youth probation, CAS). The FASD Collaborative was also assisting in the community outreach aspect of the program through the Leadership and Resource Team.



### 3. EVALUATION METHODOLOGY & LIMITATIONS

The All 4 One Program's process, monitoring and outcome evaluation used a mixed-methods approach with a descriptive design to assess the program from four separate units of analysis:

- (1) Program delivery
- (2) Youth participants
- (3) Caregiver participants
- (4) Community partners and engagement

The process evaluation questions were designed to measure the degree to which the All 4 One program was implemented as intended, the dosage of program delivery received, supports and services accessed, and how satisfied program participants (both youth and caregivers), collaborative group members and Advisory Committee members were with program delivery. The outcome evaluation questions focused on the impact the program had on program participants (both youth and caregivers) and the community both in short and intermediate terms. In order to appropriately assess each component of the All 4 One Program, the evaluation must answer key evaluation questions. A full list of the process and monitoring (see [Table 1](#)) and outcome (see [Table 2](#)) evaluation questions are presented in the following section.

#### 3.1. PURPOSE & APPROACH

As noted earlier, this evaluation adopts a realist evaluation approach, supplemented with a Developmental Evaluation (DE) framework. DE is often implemented during the planning stages of a project, as it supports the process of innovative practices while creating social change in complex environments.<sup>5</sup> In comparison to traditional forms of evaluation where the solution is clearly specified, DE responds to the need to support real-time learning in complex and urgent environments. Even with a good design, DE will not solve the challenges of a program, therefore, it requires a shift in mindset from growth and best practices to one that is strategic and adaptive. DE provides a more systematic approach to understanding the process, outcomes, outputs, and impacts associated with a program, while anticipating modifications. It is ideal that this evaluation adopted a developmental framework as the youth participants have complex needs and received individualized supports. Since each youth had a unique set of needs, the program did not look the same for each youth, therefore it was important to adopt a mindset and framework which understood and accepted making changes to the program along the way as needed.

Moreover, this perspective aimed to clarify who, in what ways, and under what circumstances individuals benefit from the All 4 One program, while remaining flexible to modifications throughout the course of the program. To precisely characterize the client profile who may benefit most from the All 4 One program and in what ways, this evaluation endeavored to understand variation in service delivery. Accompanying this desire to understand who benefits from the All 4 One program and how was the aim to assess how the community of practice supported youth with FASD. There are essentially two streams of learning this evaluation aimed to capture:

- (1) A clearer picture of the client profile of who engages in All 4 One programming, and how they benefited through their involvement in the program; and
- (2) How All 4 One operated within a community of practice in Hamilton to use best practices in the youth justice system to support youth with FASD.

#### 3.2. EVALUATION QUESTIONS

There are 44 questions in total that, when answered, will express the responses to the two streams of learning desired for this evaluation. Within the process and outcomes questions are their own headings that categorize the purpose behind the questions underneath. For example, this evaluation aims to

unpack program delivery by detailing the extent to which participants received planned supports and services.

### 3.2.1. Process and Monitoring Questions

Evaluation questions related to the process evaluation of the All 4 One program can be separated into five distinct categories including:

- (1) Program delivery;
- (2) Youth participants;
- (3) Caregiver participants;
- (4) Community partners/engagement; and
- (5) The evaluation.

A full evaluation matrix, including the data sources, indicators, and frequency of data collection for each of the following questions can be found in [Appendix A](#).

<b>Table 1: Process and Monitoring Evaluation Questions</b>	
<b>PROGRAM DELIVERY</b>	
1.	To what extent did the program receive participants from referral sources?
2.	To what extent did the program deliver programming to the targeted number of participants?
3.	To what extent did participants receive the planned supports/services?
4.	Was the program successful in providing relevant training to program staff? How many hours of training?
5.	How many Advisory Committee members participated in the program? From which community organizations?
6.	Was the program successful in engaging Advisory Committee members (#/type/length)?
<b>YOUTH PARTICIPANTS</b>	
7.	How many youth participants received one-on-one collaborative planning and integrated case management? How many sessions was each participant provided?
8.	Did the program connect youth participants to community resources (e.g., education, housing, recreation/leisure, etc.)?
9.	To what extent did youth participants receive direct individualized support sessions (#/type/length)?
10.	To what extent did youth participants receive youth services/supports accessed (#/type/length)?
11.	To what extent did youth participants visit community resources/services (#/type/length)?
12.	How many youths participated in goal setting?
13.	How satisfied were youth with the program?
<b>CAREGIVER PARTICIPANTS</b>	
14.	Did the program deliver the intended number of resource packages to caregivers?
15.	To what extent did caregiver participants receive direct individualized support sessions (#/type/length)?
16.	To what extent did caregiver participants receive individualized support planning (#/type/length)?
17.	To what extent did caregiver participants access community supports/services (#/type/length)?
18.	How satisfied were caregivers with the program?
<b>COMMUNITY PARTNERS/ENGAGEMENT</b>	
19.	Was a Youth Justice Stakeholders Advisory Committee developed?
20.	How many community organizations were a source of referral to the program? What community organizations?
21.	How many new partnerships were developed?
22.	How many members are on the Advisory Committee? Are members from a wide range of targeted groups? Who are they?
23.	To what extent did Advisory Committee members meet to discuss the program (#/type/length of all meetings)?
24.	How satisfied were community partners with program components (referral sources, Advisory Committee, collaborative)?

EVALUATION	
25.	Were all data collection tools developed and administered at the required times?

### 3.2.2. Outcome Questions

To assess the impact of the All 4 One program, the evaluation examined the outcomes which occurred as a result of involvement in the program. The outcomes are separated into four categories:

- (1) Program delivery;
- (2) Youth participants;
- (3) Caregiver participants; and
- (4) Community partners/engagement.

A full evaluation matrix, including the data sources, indicators, and frequency of data collection for each of the following questions can be found in [Appendix B](#).

Table 2: Outcome Evaluation Questions	
PROGRAM DELIVERY	
1.	Have program staff received training in relevant areas?
2.	Have program staff had ongoing supervision and support?
3.	Has the Advisory Committee received resources in relevant areas?
4.	Does program staff possess an overarching capacity to provide supports?
5.	Do program staff understand the needs for each youth and their caregivers?
6.	Have program staff demonstrated knowledge and capacity for delivering youth FASD-related programming?
YOUTH PARTICIPANTS	
7.	Have youth reduced contact with police?
8.	Have youth demonstrated increased knowledge and awareness of community resources?
9.	Have youth experienced reduced barriers to social supports and programming?
10.	Have youth demonstrated increased structure and routine as a result of the program?
11.	Have youth demonstrated increased life skills as a result of the program?
CAREGIVER PARTICIPANTS	
12.	Have caregivers demonstrated increased positive and trusting relationships with program staff?
13.	Have caregivers demonstrated increased awareness of FASD resources and support?
14.	Have caregivers demonstrated increased use of formal/informal supports and services?
COMMUNITY PARTNERS/ENGAGEMENT	
15.	Have youth justice professionals created case conferencing plans to reduce police contact and increase use of protective factors?
16.	Do youth justice professionals feel youth are better supported?
17.	Have community partners increased knowledge of FASD and FASD-informed approaches?
18.	Have community partners worked together to support participants with FASD?
19.	Have community partners increased professional capacity to provide advocacy and support to FASD-impacted youth?

### 3.3. WORK PLAN

The findings produced by the evaluation was dependent on the data collection of both the evaluators at the Centre and program staff at JHS-Hamilton. This section begins by detailing participant criteria (i.e., inclusion and exclusion criteria), and timelines around when the proposed methods were implemented including when consent for the evaluation was requested, when client tools were to be administered, when interviews were conducted, and proposed data collection with staff, stakeholders, and Advisory Committee and Collaborative Group members. The proposed implementation shown below highlights the activities that occurred after the Centre’s external Research Ethics Board (REB) approved the evaluation plan. [Table 4](#) in section [3.3.2. Data Collection Procedure](#) highlights the data collection tools



that were implemented over the duration of the evaluation including a brief description, frequency of data collection, and sample sizes for each tool. For more detailed information, see [Appendix D](#).

Moreover, the sections below also detail the roles and responsibilities for evaluators and the JHS-Hamilton staff in the evaluation. Aside from the youth and caregiver interviews and the staff data party, the majority of the data was provided to the evaluators by JHS-Hamilton. A review of the evaluation matrices ([Appendix A and B](#)) shows that much of the participant and referral tracking was reliant on the Information Management System (IMS). More details on the IMS and the role expected of evaluators and staff are provided in [Section 3.3.2](#) below.

### 3.3.1. Participant Criteria

The All 4 One program aimed to conduct an evaluation using the following groups: program participants (youth and caregiver), staff, and stakeholders including the FASD Collaborative Group, Advisory Committee, community partners, and referral sources. Details surrounding the inclusion and exclusion criteria for each of these groups are described in [Table 3](#) below.

<b>Participants</b>	<b>Inclusion Criteria</b>	<b>Exclusion Criteria</b>
Youth	Evaluation participants include All 4 One program participants who were 12 to 18 years old, and identified as male, female, or non-binary. Youth participants were required to have a formal diagnosis of FASD or strong query of FASD, as well as justice system involvement.	Only youth participants who were a part of the All 4 One program were included in the evaluation. Since this evaluation aimed to gain a better understanding of individuals who access any supports from the program, it was important that the evaluation sample developed a trusting relationship with program staff before participating in the evaluation.
Caregivers	Evaluation participants included the caregiver(s) to the youth participants in the All 4 One program. Caregiver(s) could also join the program on their own (i.e., without their youth participating) if they had a youth with FASD and justice system involvement.	Only caregivers to youth with FASD and justice system involvement were included in the All 4 One program evaluation.
Staff	Every All 4 One program staff and JHS-Hamilton management staff were included in the evaluation.	No staff member was excluded from the evaluation.
FASD Collaborative	All Collaborative Group members that were involved with the program were included in the evaluation. This group included individuals from 15 different agencies who donate 10 hours each month to services within the FASD community.	No collaborative group member was excluded. Collaborative group members were identified to the Evaluation Team by JHS-Hamilton.
Youth Justice Stakeholders Advisory Committee	All Youth Justice Advisory Committee members were included in the evaluation. These individuals included, but was not limited to, judges, Crown attorneys, defence lawyers, probation officers, police, and other community agencies and service providers.	No stakeholders, including members of the Youth Justice Advisory Committee, were excluded. All stakeholders and members were identified to the Evaluation Team by JHS-Hamilton.

### 3.3.2. Data Collection Procedure & Instruments

Data collection for the evaluation included administrative tools, tracking and attendance forms, surveys, interviews, and a staff data party. Tools were administered to program participants, caregivers, community partners, members of the Collaborative group, members of the Advisory Committee, and program staff. A complete list of tools, the frequency of collection, and the responsibility for administration is provided in the Appendices (see [Appendix D](#)).

As described in [Table 4](#) below, administrative tools and some evaluation tools for the All 4 One program were developed in collaboration with JHS-Hamilton during the first year of the program. Many of the initial administrative tools were developed by JHS-Hamilton, and the Evaluation Team included any required items for the evaluation into these tools. Further, the evaluation tools were developed by the Evaluation Team with a number of feedback sessions with JHS-Hamilton to ensure the tools were appropriate for the participant population. These tools were then included in the REB protocol submission for approval by the REB in July 2021. These tools included the following:

- **Administrative Tools:**
  - Consent to Service & Evaluation
  - Referral Form
  - Intake Form
  - Screening Tool
  - Youth Attendance Tracking & Case Note Form
  - Caregiver Attendance Tracking & Case Note Form
- **Evaluation Tools:**
  - Youth Check-In Tool
  - Caregiver Pre-Survey
  - Collaborative & Advisory Tracking Form
  - Collaborative Group & Advisory Committee Survey
  - Community Partner & Stakeholder Satisfaction Survey
  - Staff Data Party Guide

Once the evaluation received REB approval, the data began being collected by requesting consent from All 4 One participants, both youth and their caregivers, to access both their program data as well as ask for their consent to participate in the evaluation. As mentioned above, program data included administrative data such as intake data, attendance and tracking forms, and case notes, while evaluation data included any additional tools that were implemented for the evaluation outside of the scope of the program (i.e., surveys, interviews). Due to the COVID-19 pandemic, most of the research and evaluation data was conducted remotely. Staff at JHS-Hamilton assisted by recruiting participants, receiving informed consent, and administering any check-in tools or surveys to youth and caregiver participants. Since consent was collected on an ongoing basis, as youth and caregiver participants entered the program, program staff kept track of participants involvement in the program using an Information Management System (IMS), which was updated and shared with evaluators on a regular basis.

**Information Management System (IMS):** All quantitative and qualitative information from administrative and evaluation tools were entered into an Excel IMS. The data collected through each tool was stripped of any identifying information, and the IMS was password protected.

As the All 4 One program was unique, there were not many other examples of best practices on how to engage with justice-involved youth with FASD and their caregivers through interviews. In order to ensure that the interview guides were appropriate and relevant for the participants, the Evaluation Team waited until the second year of the program to learn more about the participants and what may work best for them. Through multiple consultations with the JHS-Hamilton program staff, the Evaluation Team developed a youth interview guide that incorporated both options of arts-based methods and

conversational interviewing. Prior to each interview, the Evaluation Team would tailor the interview to each individual youth (i.e., probing for relevant programming they worked on), and send the individual guide to be reviewed by the Youth Worker. Additionally, with their consent, program staff accompanied youth as a support person during the interviews with the evaluators, whether they were conducted online or in-person. Moreover, JHS-Hamilton administered a \$25 gift card honorarium that was provided to compensate those who participate in the evaluation interviews, and provided a debrief form to participants since the evaluators were remote. An interview guide for caregivers was also developed and reviewed by program staff. Once both interview guides were finalized, they were sent through another REB protocol submission for approval by the REB in July 2022.

### Role of the Staff

A central role for program staff centered on entering data on participants in the program onto the IMS developed by the Centre. The IMS included information on all individuals involved in the All 4 One program who consented to participate in the evaluation. The central purpose of the IMS was to be used as a tracking mechanism for All 4 One staff to oversee the services provided to participants. All data collected on referral sources, as well as the types of services delivered to each client, was tracked in the IMS. A secondary goal of the IMS was to ease the burden of annual reporting for staff.

A worksheet in the IMS validated which participants consented to the evaluation. The evaluators from the Centre were only able to access and use information from participants who had consented to the evaluation. In addition to the IMS data, program staff also sent detailed case notes to the evaluators every few months.

As noted above, All 4 One staff assisted with the recruitment of participants, maintained a contact list of the stakeholders (including community partners, Collaborative Group Members, and Advisory Committee Members) involved in All 4 One, administered evaluation tools, and recorded detailed case notes. This also included assisting evaluators on an ad-hoc basis, such as requests for data on the IMS or explanation of the data collection completed by JHS-Hamilton.

### Role of the Evaluators

The essential role of the evaluators was to implement the evaluation plan and assist with the collection of administrative data through the support of the IMS. The evaluators' tasks included administering interviews, surveys, troubleshooting data collection, and analyzing data.

### Training

The Evaluation Team provided training to All 4 One staff on the evaluation plan and ethical considerations in carrying out their responsibilities. A particular emphasis was placed on the fact that participants' involvement in the evaluation was voluntary and confidential. JHS-Hamilton staff also received specific training on using the IMS and all data related ethical considerations. This encompassed instruction on data entry, secure storage of data, and client confidentiality. All 4 One staff had the right to refuse involvement in the staff data party, just as the participants did, and they were advised of this and asked to provide consent at the start of each application of an instrument. An evaluation presentation was also provided to the Youth Justice Advisory Committee in September 2021.

Instrument	Description	Collection Period		Sample
		Earliest Entry	Latest Entry	
<b>Consent to Service &amp; Evaluation</b>	Informed consent to indicate whether participants were willing to provide their information and participate in the evaluation of the program.	February 2021	June 2023	17 youth participants 22 caregiver participants
<b>Referral Form</b>	Utilized to keep track of how each client was referred; collected	January 2021	April 2023	25 referrals

	demographic information, justice involvement, and FASD diagnosis.			(20 both youth & caregivers, 5 either youth or caregiver solely)
<b>Intake Form</b>	Collected demographic information, family information, justice involvement, FASD assessment, needs assessment and case management action plan for participants.	February 2021	May 2023	36 participants
<b>Screening Form</b>	Collected information about the youth's social and personal factors.	January 2021	June 2023	24 participants
<b>Youth Attendance Tracking Form</b>	Utilized to track engagement in the program (length/type of meeting, support services accessed, referrals made, client check-in, police contacts, etc.).	August 2021	September 2023	336 entries for 12 participants
<b>Youth Case Notes</b>	Detailed notes from program staff regarding engagement with youth.	February 2021	September 2023	568 case note entries for 14 participants
<b>Caregiver Attendance Tracking Form</b>	Utilized to track engagement in the program (length/type of meeting, support services accessed, referrals made, client check-in, youth police contact, etc.).	October 2021	September 2023	69 entries for 7 participants
<b>Caregiver Case Notes</b>	Detailed notes from program staff regarding engagement with caregivers.	January 2021	September 2023	1,742 case note entries for 19 participants
<b>Collaborative &amp; Advisory Tracking Form</b>	Utilized to assess number of meetings held with various stakeholder groups, and to track meeting details.	October 2021	July 2022	45 entries
<b>Youth Check-in Tool</b>	Administered after each meeting to check-in with how the youth was doing that day and how they felt before/after meeting.	September 2021	September 2023	313 check-in entries for 11 youth
<b>Youth Interview Consent Form</b>	Informed consent indicated whether youth were willing to participate, as well as a debrief form with a list of resources.	September 2022	September 2023	9 youth
<b>Youth Interview</b>	Using a mix of arts-based methods and dialogue, one-to-one interviews with youth were divided into a number of sessions to answer key evaluation questions.	October 2022	September 2023	9 interviews
<b>Caregiver Program Pre-Survey</b>	Administered to caregivers at the start of the program to gain insight into their awareness and knowledge of FASD.	September 2021	November 2022	11 surveys
<b>Caregiver Interview Consent Form</b>	Informed consent indicated whether caregivers were willing to participate, as well as a debrief form with a list of resources.	April 2023	September 2023	7 caregivers
<b>Caregiver Interview</b>	One-to-one interviews with caregivers to better understand their experience with the program.	April 2023	September 2023	7 interviews

<b>Collaborative Group &amp; Advisory Committee Survey</b>	Annual survey to gain an overall understanding of individuals' program knowledge, level of satisfaction, knowledge and awareness of FASD, and reflection of program aspects.	March 2022	September 2023	23 surveys (18 in 2022; 5 in 2023)
<b>Community Partner &amp; Stakeholder Satisfaction Survey</b>	Annual survey to gain an overall understanding of individuals' program knowledge, level of satisfaction, and reflection of program aspects.	March 2022	September 2023	27 surveys (15 in 2022; 12 in 2023)
<b>Staff Data Party</b>	Evaluators shared preliminary findings of the evaluation to program staff and stakeholders using aggregate totals to seek their perspectives on the findings.	November 2023		8 attendees

### 3.3.3. Ethical Considerations

As indicated previously, the evaluation involved collecting information from a vulnerable population, youth with FASD. As a result, several ethical considerations were considered to carry out this evaluation. All research and evaluation activities carried out by the Centre must comply with the John Howard Society of Ontario's (JHSO) Ethical Guideline for Research Practices. As part of the guideline, all research and evaluation activities must receive approval from the John Howard Society of Ontario's REB. The REB is an arm's length academic panel established by JHSO adhering to the principles and articles outlined in the Tri-Council Policy Statement (TCPS-2): Ethical Conduct for Research Involving Humans (2022). The TCPS-2 core principles include respect for persons, concern for welfare, and justice. The guiding principles are the following: respect for human dignity; respect for free and informed consent; respect for vulnerable persons; respect for privacy and confidentiality; respect for justice and inclusiveness; balancing harms and benefits; minimizing harm; and maximizing benefit. The Board's mandate is to ensure that ethical standards are maintained in every research project under its review. Major ethical considerations for the evaluation are discussed below:

**Consent Process:** Participation in the evaluation of the All 4 One program was voluntary, informed, and on-going. Prior to participation in the program and evaluation, potential participants were asked to review and sign an informed consent form outlining the purpose, data collection/storage, confidentiality information, risks associated with the project and other relevant information outlined by the TCPS-2 guidelines. The evaluator's contact information was provided for participants if they had questions or concerns regarding the evaluation at any point. The consent process also included clear language informing participants that participating in the evaluation would not have an impact on their access to services at JHS or any other organization. Consent was maintained throughout the program and participants were notified that they were free to withdraw from the evaluation at any point without consequences.

**Fairness & Equity:** Participation in this evaluation was open to all All 4 One participants, both youth and caregivers, regardless of culture, language, gender, race, ethnicity, age, and disability. Those who did not consent to participate in the evaluation could still access to the All 4 One program, but their data was not used for the evaluation.

### 3.3.4. Data Flow & Analysis

Using a mixed-methods approach, evaluators analyzed the quantitative and qualitative data as a whole for triangulation. Quantitative data was analyzed primarily using Excel. Qualitative information, which was contained in open-ended questions from the online survey tools, was exported to an Excel file, and prior to coding into discrete categories, was wiped clean of any information which may identify respondents to the surveys. Qualitative data from case notes and interviews was analyzed using NVivo in order to help identify patterns and themes among participants. Analysis of the data was carried out with

ongoing reference to the questions in the Process Evaluation Matrix (see [Appendix A](#)) and the Outcome Evaluation Matrix (see [Appendix B](#)) to ensure a consistent focus.

Unique identifier codes were assigned to each program participant and used on participant's data documents instead of recording identifying information such as first and last names. A separate master document that linked the identifier codes to subjects' identifying information was kept in a secure location on encrypted USBs. The master list was only used to link the individual to their ID if the participant decided to withdraw from the evaluation.

The data collected for this evaluation originated on paper forms and online. All surveys were completed using a secure online survey platform, Alchemer. Data was entered directly into the online surveys and stored on Alchemer. Upon program completion, the survey data was downloaded by the Evaluation Team in the form of Excel spreadsheets, which were subsequently merged with the IMS spreadsheets. All data from the paper forms were stripped of any identifying information and transferred into the IMS spreadsheets by the evaluators. A master file including the raw data was maintained but was only accessible to the Evaluation Team.

### **Case Note Coding**

Although the Evaluation Team created the *Youth Attendance Tracking & Case Note Form* and the *Caregiver Attendance Tracking & Case Note Form* as part of the evaluation tools, program staff already had an established mechanism in place for recording case notes. In order to reduce duplication of work, the Evaluation Team asked program staff to remove any identifiers (e.g., names, contact information) from the case notes and requested them to be sent every few months. As the case note section was already part of the evaluation tools, participants who consented to the evaluation also allowed access to their case notes for the purposes of the evaluation. Case notes were available for 36 participants who consented to the evaluation which provided in-depth information on youth and caregivers. Overall, the Evaluation Team reviewed and coded 951 pages of case notes. More specifically, youth had 568 case notes spanning 443 pages. From the analysis, 93 codes were found in the youth case notes with 4,810 references made. For caregivers, 1,742 case notes were reviewed across 508 pages. In total, 36 codes were found in the caregiver case notes with 2,598 references made.

### **3.3.5. Implications/Applications of the Evaluation**

One of the main implications of this program evaluation was to develop an effective model to address the needs of youth with FASD who are justice-involved and their caregivers. Data from the *Attendance Tracking & Case Note Tracking Form* informed youth and caregiver engagement with the program. All other data informed whether the program was successful in meeting its intended outcomes for each participant group. Another implication of this program was to connect youth justice professionals with program staff and the FASD Collaborative with the aim to increase knowledge of FASD and FASD-informed approaches to build capacity in supporting youth while also being a part of the community of practice that works together as a network. Data from the *Collaborative & Advisory Committee Tracking Sheet* ([Appendix K](#)) and the *Collaborative & Community Survey* ([Appendix R](#)) outlined the level of engagement and knowledge mobilization within these groups.

In a broader context, a significant intent of this evaluation was to advance programming that involves justice-involved youth with FASD while also increasing capacity and knowledge for JHS-Hamilton to deliver FASD-programming and produce knowledge mobilization about best practices for program delivery amongst the Hamilton community and beyond. Furthermore, this evaluation may result in future program possibilities for JHS local offices to help meet the needs of their justice-involved participants.



### 3.3.6. Special Considerations with the Proposed Population

The evaluation involved individuals who may have experienced and continue to experience trauma in their lives. For youth participants, all had a formal diagnosis or strong query of FASD, which is a lifelong disability affecting their day-to-day functioning. Individuals with FASD often function at a level younger than their actual age which often creates a great deal of vulnerability for them as they are perceived as much more mature and capable than they are leading to situations with peers and adults where they are at a significant risk. Individuals with FASD also face adverse outcomes which they were not born with but develop over time because there is a mismatch between the person and their environment. These adverse outcomes may include mental health problems, school disruptions, inappropriate sexual behaviour, substance use, and conflict with the justice system. As well, caregiver participants are vulnerable as they may be faced with challenges in supporting their youth and may face various forms of stigma. As a result, they require special protections and considerations. The evaluators took special care in ensuring that participants of the All 4 One program understood their rights to refuse involvement in the surveys and interviews, which was re-iterated at each step in the process (i.e., at the beginning of every survey/interview) at which time they were required to renew consent. Interviews were conducted by the Lead Evaluator with the support of program staff at JHS-Hamilton who are trained in what to do if someone disclosed a traumatic experience during their interview and where to refer them for assistance if they appeared to be in crisis.

## 3.4. RISKS & LIMITATIONS

### 3.4.1. Risks

The TCPS-2 asserts that determining the level of risk for participants is a crucial component of ethical review. Under the overarching principle of 'concern for welfare', there are ethical obligations that must be followed including preventing harm and maximizing possible benefits while minimizing possible harms.<sup>6</sup> The evaluation involved working with a vulnerable population, youth with FASD, which amplified the need to ensure that participants were not exposed to unnecessary harm or risks. One potential risk for participants may have included feelings of distress because of the evaluation tools, such as the interview process. To mitigate this risk, information on resources participants could access if they experienced feelings of distress was provided as well as on-site support from the All 4 One staff. This risk could be considered a minimal risk according to the TCPS-2 as the magnitude of possible harms was no greater than those encountered by participants in aspects of their everyday life that relate to the evaluation.

### 3.4.2. Limitations

Obtaining accurate information was critical for the purpose of program evaluation. The validity of the program evaluation was dependent on the consistency of the data and the tools used to obtain the data. There were several factors that could influence the validity of the responses to evaluation tools, such as interviews, from youth with FASD. People with FASD sometimes exhibit a desire to please authority figures leading them to provide responses that align with what they perceive those in authority want to hear.<sup>7</sup> Additionally, youth with FASD may have difficulties understanding what is being asked or difficulties understanding abstract concepts.<sup>8</sup> These factors may influence the validity of the evaluation as the outcomes of participants may not be accurately recorded. To mitigate this, measurement tools were readministered several times throughout the evaluation to ensure information was consistent and reflective of the participant's experience with the program.

Other limitations to the evaluation included:

- Due to the intensive wraparound supports provided through the program, there were a limited number of target participants. Though this provided valuable insight into the individuals in the

program, it serves as a significant limitation in terms of generalizability or ability to draw conclusions. As a result, the findings in this report are relevant and representative of those that were a part of the All 4 One program.

- Part of this evaluation was conducted during the COVID-19 pandemic. This meant that the Evaluation Team relied heavily on program staff for recruitment of participants to the evaluation and for data collection.
- Given the target population, the program design was unique, therefore there was limited to no validated tools, measures and methodologies for programs aimed at justice-involved youth with FASD in Ontario. In order to ensure that data collection tools were relevant and appropriate, program staff and the Evaluation Team worked diligently to collaboratively build tools. This was a lengthy process that required additional time awaiting an REB review. By the time REB approval was provided, the program had already begun, and the Evaluation Team had to backlog some of the data using the case notes.
- This evaluation was not able to provide an analysis through a gender or diversity lens. Due to the small number of participants in the program, an analysis would risk providing identifying information about the participants.
- Due to staff turnover and other challenges, data was inputted inconsistently or was not made available. This means that data on all participants that consented to the evaluation was not consistently available on each data collection tool. Where possible, the evaluators used case notes to supplement missing data.
- Due to limited evaluation funding, the Evaluation Team did not have many opportunities to travel to JHS-Hamilton to engage with the program and participants as planned.

## 4. PROCESS AND MONITORING FINDINGS

The following section of the report outlines the findings from January 1<sup>st</sup>, 2021 to September 30<sup>th</sup>, 2023 and focuses on the process and monitoring aspect of the evaluation for the All 4 One program operated by JHS-Hamilton. The following sections will examine the five distinct areas described in the previous section:

- (1) Program delivery;
- (2) Youth participants;
- (3) Caregiver participants;
- (4) Community partners and engagement;
- (5) Evaluation

### 4.1. PROGRAM DELIVERY

This section of the report provides a detailed response to the program delivery process and evaluation questions. Through these questions, the evaluation aimed to measure the following:

- The extent to which the program received participants from referral sources (section 4.1.1.)
- The extent to which the program delivered programming to the targeted number of participants (section 4.1.2.)
- The extent to which the participants received the planned supports/services (section 4.1.2.)
- Whether the program provided relevant training to program staff (section 4.1.3.)
- Whether the program was successful in engaging Advisory Committee members, and how many participated in the program (section 4.1.2.)



Findings presented in this section is drawn from the following data collection instruments: *Referral Form, Consent Form, Youth Attendance Tracking & Case Note Form, Caregiver Attendance Tracking & Case Note Form, Collaborative & Advisory Tracking Form*, and through informal discussions with the Program Manager and Program Coordinator. As mentioned in the limitations section above (section 3.4.2.), some data was not available for all evaluation participants. Where possible, data from the detailed case notes provided were used to supplement data provided in the tracking forms (for both youth and caregivers).

#### 4.1.1. Program Participant Referrals

The All 4 One program aimed to receive eight to ten referrals annually for youth participants and their caregivers. Program staff were actively involved in community outreach including promoting the All 4 One program on social media, contacting stakeholders via e-mail, and delivering agency presentations (e.g., youth probation, CAS). The FASD Collaborative also assisted in the community outreach aspect of the program through the Leadership and Resource Team.

The All 4 One program received a total of 25 referrals for 45 individuals (i.e., referrals for both caregiver & youth, youth only, and caregiver only) over the duration of the program, reaching their goal of about eight referrals each year. Referrals came from 10 sources including internally at JHS-Hamilton (e.g., through the diversion program), family members, the Children’s Aid Society (CAS) or Catholic Children’s Aid Society (CCAS), probation officers, local schools, and ‘other’ which included community organizations that service youth in conflict with the law, such as Contact Hamilton, the Hamilton Regional Indian Centre (HRIC), Halton Regional Child & Adolescent Psychiatric Inpatient Service (CAPIS), Banyan Community Services, and Dawn Patrol Child & Youth Services. For a breakdown of referral sources, see Table 5 below.

	n	%
<b>Program Participant Referral Sources (n=25)</b>		
CAS/CCAS	2	8%
Family	6	24%
Internal	7	28%
Judicial System	2	8%
Other	6	24%
<b>TOTAL</b>	<b>25</b>	<b>100%</b>

Youth were referred to the All 4 One program for various reasons, including but not limited to, learning about FASD informed strategies, to reconcile conflict in the home, working on emotional regulation such as anger, to gain life skills, support and mentorship, to address their criminal justice involvement, and to address educational and sexual health-related needs.

#### 4.1.2. Program Participant Demographics & Profile

Given the individualized approach of the program, there was no set amount of dosage or point where All 4 One participants were considered to have ‘completed’ the program. Individuals referred to the All 4 One program varied in their level of involvement with some participating short-term and others remaining in the program long-term. Participants could decide to leave the program when they no longer wished to receive supports or engagement with the program tapered off to where files were closed.

As mentioned earlier, the All 4 One program directly delivered individualized supports to justice-involved youth with FASD, while also providing similar supports to their caregivers.

The following were the target participants directly receiving support services from staff:

- **Youth:** youth participants between 12 to 18 years old and identified as male, female, or non-binary. Youth participants were involved in the justice system and had a formal diagnosis of FASD or a strong query of FASD.
- **Caregivers:** caregiver participants were a caregiver(s) to the youth participants in the All 4 One program.

The All 4 One program was successful in exceeding the target number of youth and caregiver participants to engage with the program. Similar to the referrals, the All 4 One program aimed to have about eight to ten participants for each program worker. A total of 45 individuals connected and consented to the All 4 One program, exceeding the goal of eight to ten participants for each the Youth Worker and Family Worker, respectively. Of these 45 individuals, 39 individuals consented to participate in the All 4 One program evaluation. It is important to note that the remainder of this report will only provide information for the 39 participants that provided their consent to the evaluation.

Overall, 17 youth and 22 caregivers were a part of the All 4 One program evaluation. 30 participants were youth and their caregiver (i.e., 15 pairs), while 9 were youth or caregiver joining on their own. Overall, program participants spent between three months to more than two years (up to 28 months) engaging in the program. Those who spent three months joined the program in 2023, and so their engagement ended when the program funding ended (for e.g., if an individual began in June 2023, they could only engage in the program up to September 2023). In order to maintain engagement with youth and their families, the All 4 One program staff connected participants to other programs within JHS-Hamilton to ensure that they would still be able to receive the supports that they needed.

**Youth Demographics:** Through the *Referral Form* and the *Intake Form*, individuals were asked to provide youth demographic information. This form asked for the youth’s date of birth, self-identified gender identity, and self-identified ethnic or cultural origin. The results in [Table 6](#) below present the data that was provided at intake. At intake, almost all individuals were between the ages of 12 to 17, with most between the ages of 12 to 15 (76%; n=13). Overall, 71% of participants identified as male (n=12), with 29% of participants identifying as female (n=5). In terms of ethnicity, 82% of participants reported that they are Canadian (n=14), while the remaining 18% identified as another ethnic or cultural origin (to ensure anonymity and confidentiality, any data reported for less than 5 individuals will not be specified).

**Caregiver Relationship:** Over two-thirds of the caregivers (68%; n=15) in the program had a relationship with a youth client in the All 4 One program. Relationships between caregivers and youth included family members, adoptive parents, birth parents, foster parents, and legal guardian(s).

**FASD Diagnosis or Query:** All youth participants had either a formal diagnosis or a strong query of FASD, with about half of the individuals having a query of FASD (n=9) and about half with a diagnosis of FASD (n=8). For those who had a query of FASD, sources of query include family (n=5), medical professionals, knowledge of PAE, and CAS/CCAS.

**Criminal Justice Involvement:** Through the *Intake Form*, individuals were asked to identify any previous criminal justice involvement such as receiving cautions/warnings from police, diversion, and previous charges. Overall, all youth participants had some form of judicial involvement in the previous 6 months (100%; n=17). About three-quarters of the participants had received a caution/warning from police (76%; n=13). Cautions/warnings from police included incidents such as conflict at home, self-harm and suicidal threats, fighting with peers or officers, underage drinking, theft, and inappropriate use of social media. Approximately 40% of participants went through pre-charge diversion (41%; n=7), while fewer youth went through post-charge diversion and probation.

**Table 6: Youth Program Participant Demographics & Profile (January 1<sup>st</sup>, 2021 – September 30th, 2023)**

	n	%
--	---	---

Participant Age at Intake (n=17)		
12 to 15	13	76%
16 to 18	>5	23%
<b>TOTAL</b>	<b>17</b>	<b>100%</b>
Participant's Identified Gender (n=17)		
Male	12	71%
Female	5	29%
Other Gender Identities	0	0%
<b>TOTAL</b>	<b>17</b>	<b>100%</b>
Participant's Identified Race/Ethnicity (n=17)		
Canadian	14	82%
Other Racial/Ethnic Origins	>5	18%
<b>TOTAL</b>	<b>17</b>	<b>100%</b>
Participant's FASD Diagnosis/Query (n=17)		
Diagnosis of FASD	8	47%
Strong Query of FASD	9	53%
<b>TOTAL</b>	<b>17</b>	<b>100%</b>
Participant's Criminal Justice Involvement (n=17)		
Judicial Involvement in past 6 months	17	100%
Pre-Charge Diversion	7	41%
Post-Charge Diversion	>5	18%
Received caution/warning	13	76%
Probation	>5	18%

The *Screening Tool* and the *Intake Form* also provided further insights into social and personal factors, previous assessments, developmental and/or behavioural concerns, and substance use concerns. The results are provided below.

**Social Factors & Personal Factors:** Through the *Screening Tool*, program staff asked participants to identify any social factors and personal factors from a list of options. The most commonly reported social factors included: documentation that youth is suspected of having FASD (71%; n=12), history of alcoholism or known prenatal alcohol use (65%; n=11), experience with foster care or child protective services (53%; n=9), and youth has a sibling with documented diagnosis of FASD. In terms of personal factors, almost all youth (94%; n=16) had a diagnosis of attention deficit hyperactivity disorder (ADHD). Other commonly reported personal factors included school training difficulties (82%; n=14), developmental delay in early childhood, and growth deficiency. Individuals were also able to specify other mental health diagnoses. Other mental health diagnoses included anxiety (41%; n=7), Oppositional Defiant Disorder (ODD) [35%; n=6], depression (18%; n=3), with fewer reporting complex trauma, disruptive mood dysregulation disorder (DMDD), post-traumatic stress disorder (PTSD), non-verbal learning disability, and conduct disorder.

**Assessments:** Through the *Intake Form*, program staff asked participants if they had any assessments done. Overall, 14 youth previously had an assessment done including an FASD assessment (53%; n=9), and a psychoeducational assessment (29%; n=5). Fewer reported having assessments for sentinel measurements, Clinical Assessment of Articulation and Phonology (CAAP-2), Multidimensional Inventory of Dissociation (MID), ADHD, and sensory integration delay.

**Developmental and/or Behavioural Concerns:** The *Intake Form* also asked for individuals to identify any developmental and/or behavioural concerns from a list of options, where participants could select all that apply. The following results are presented from most common concerns to least:

- Poor decision-maker/problem-solver (100%; n=17)

- Impulsive (94%; n=16)
- Anger control problems (88%; n=15)
- Attention seeking/demanding/loud (82%; n=14)
- Requires supervision of time and money (82%; n=14)
- Lack of understanding of actions on others (82%; n=14)
- High need for acceptance (82%; n=14)
- Socially inept/immature (77%; n=13)
- Trouble following rules (77%; n=13)
- Easily manipulated and led by others (77%; n=13)
- Disinhibited of sharing personal info (71%; n=12)
- Poor understanding of personal boundaries (65%; n=11)
- Concrete and literal thinker (59%; n=10)
- Misuse of alcohol/drugs (59%; n=10)
- Chronically misses appointments (53%; n=9)
- Sexualized behaviour (29%; n=5)

**Substance Use Concerns:** Through the *Intake Form*, program staff asked participants to identify any substance use concerns for youth. Overall, **14** youth had substance use concerns identified at intake. The most common concerns identified was cannabis (77%; n=13), alcohol (29%; n=5), and vaping (29%; n=5). The frequency in which youth consumed substances varied from daily and excessive to experimented or tried the substance.

### **Program Participant Supports & Services**

The program was successful in providing the planned supports and services to youth and caregiver participants. The following data was collected through the *Youth Attendance Tracking & Case Note Forms* and the *Caregiver Attendance Tracking & Case Note Forms*. Overall, program staff spent **1,163** hours in **1,204** support sessions (e.g., direct service, indirect support, caregiver service support) for youth participants (for a detailed breakdown of support sessions, see section **4.2.1**). During these sessions, youth participants were provided with **2,310** various supports and services (for a detailed breakdown of supports and services provided, see section **4.2.2**). For caregiver participants, program staff spent **903** hours in **1,818** support sessions (direct service, indirect support, youth service support) for caregiver participants (for a detailed breakdown of support sessions, see section **4.3.1**). Through these sessions, caregiver participants were provided with **208** supports and services (for a detailed breakdown of supports and services provided, see section **4.3.2**).

### **Youth Justice Stakeholders Advisory Committee & Other Stakeholder Groups**

In addition to the program participants, the All 4 One program identified the following targeted stakeholders to support the community of practice:

- **Collaborative Group:** the Collaborative group includes a group of individuals from 15 different agencies who donate 10 hours each month to services within the FASD community. These individuals provided advice, support, and direction, as required.
- **Youth Justice Stakeholders Advisory Committee:** these individuals included, but were not limited to, judges, Crown attorneys, defence lawyers, probation officers and other community agencies and service providers.
- **Program Staff:** any JHS-Hamilton staff that were involved in the All 4 One program. This may have included, but was not limited to, Youth Workers, Program Coordinators, Managers, and other management staff.

During the program, there were a total of **37** active members within the FASD Collaborative group. The FASD Collaborative held space on their agenda for about 15 minutes at each meeting for the All 4 One program staff. Overall, All 4 One program staff were present for over **60** hours of FASD Collaborative

meetings (for a detailed breakdown of FASD Collaborative meetings, see section 4.4.2.). Further, the All 4 One program successfully developed a Youth Justice Stakeholders Advisory Committee that meets the proposed target for stakeholders. The Youth Justice Stakeholders Advisory Committee was comprised of 12 members from police services, community organizations, Crown attorneys, defense lawyers, probation, and CAS/CCAS. By the end of the program, 9 members were still actively engaged on the Advisory Committee. The Advisory Committee dedicated over 16 hours to the All 4 One program (for a detailed breakdown of Advisory Committee meetings, see section 4.4.2.).

#### 4.1.3. Program Staff Training

The process and monitoring evaluation aimed to measure the success in providing relevant training to program staff. Since its' inception, the All 4 One program was successful in providing about 154 hours of relevant training to both the Youth Worker (~79 hours) and the Caregiver Support Worker/Program Coordinator (~75 hours). Program staff received training from various sources including Canada FASD Research Network, Sick Kids, Youth Research and Evaluation eXchange (YouthREX), the FASD Network of Saskatchewan, Navigating Onward, Ministry of Children, Community and Social Services (MCCSS), Committee of Youth Officers of Ontario (COYO), Telus Health, and ABLE2. Training covered a wide range of topics including:

- Mental health needs of Black, Indigenous, and racialized youth
- Youth suicide prevention
- Trauma-informed practices for frontline staff
- Prevention practices
- FASD training for justice professionals as well as frontline workers
- Program evaluation for youth wellbeing
- Anti-black racism training
- Restorative justice training
- Conferences and symposiums
- Trainings related to criminal justice and disability, FASD and sleep, FASD in school, employment opportunities and outcomes for people with FASD, and perseverative and fixated behavioural patterns
- Training related to personal care for staff (for e.g., *The Cost of Caring: Overcoming Cumulative Stress and Vicarious Trauma*)
- Opportunities related to caregiver support such as *Unpredictable Adolescence: FASD Caregiver Group*

## 4.2. YOUTH PARTICIPANTS

This section of the report provides a detailed response to the youth participants' process and evaluation questions. Through these questions, the evaluation aimed to measure the following:

- The number of sessions and number of youth participants that received one-on-one collaborative planning and integrated case management (section 4.2.1.)
- Whether the program connected youth participants to community resources (section 4.2.2.)
- The extent to which youth participants receive individualized support sessions (section 4.2.1.)
- The extent to which youth participants received youth services/supports (section 4.2.2.)
- The extent to which youth participants visited community resources/services (section 4.2.2.)
- The number of youth participants that participated in goal setting (see 4.2.3.)
- How satisfied youth participants were with the program (see 4.2.3.)

The following data presented in this section originates from the following data collection instruments: *Youth Attendance Tracking & Case Note Form*, *Youth Check-In Tool*, and *Youth Interviews*. As mentioned earlier, data for some youth participants was not consistently available or reported across the data collection tools. Where possible, data was supplemented using the detailed case notes provided by program staff.

#### 4.2.1. Program Participant Meetings

As mentioned in the previous section, all program participants spent between three months to 28 months engaging in the All 4 One program. Overall, all youth received one-on-one collaborative planning and integrated case management. More specifically, during their time in the program, youth participants were provided with individualized support sessions, indirect support sessions, family service supports, and systems navigation support with their Youth Worker. It is important to note that the following data for program meetings was only available for 14 youth. As shown in [Table 7](#) below, 42% of all program meetings with youth were individualized support sessions (n=501). Most individualized support sessions took place face-to-face or over the telephone, while a few sessions were conducted virtually using Zoom due to COVID-19. Some examples of individualized support sessions include supporting youth with identifying appropriate co-op opportunities in their community for school as well as accompanying the youth to meetings with potential co-op sources to ensure that they were appropriate for the youth. Additionally, some sessions included de-escalating conflict in the household by providing youth with a positive adult role model (serving as both a sounding board and advocate) to support the youth in identifying techniques to improve the situation and utilize tools and techniques to reduce further conflict. The number of individualized support sessions received by youth ranged from a total of four sessions to 78 sessions for each youth (range of ~4 hours to 123 hours total).

In terms of indirect support sessions, 42% of all program meetings with youth were indirect support sessions (n=504). Some examples of indirect support sessions included meeting with potential employers of the youth to advocate for the use FASD-informed approaches. This would assist in supporting the youth's on-going employment and included coordinating on-going communication with the employer to ensure the youth was receiving appropriate workplace accommodations and that potential workplace barriers were attended to with tactful precision. The number of indirect support sessions provided for youth ranged from a total of 11 sessions to 80 sessions for each youth (range of ~4 hours to 62 hours total).

Further, 15% of all program meetings involved family service support (n=188). Some examples of family service support sessions included bridging the communication gap between youth and caregiver by advocating for the youth's perspective and articulating their particular wants, needs, and concerns, while seeking to negotiate and establish common ground. As the youth were frequently more responsive to messages and recommendations that emanated from the Youth Worker, as opposed to caregivers, the Youth Worker collaborated with the Caregiver Coordinator and caregivers to identify the appropriate supports and steps to benefit the youth. The Youth Worker would then present these options to the youth in a more palatable manner, with a stronger potential for the youth to respond to these recommendations positively. This included advocating for the youth to pursue available mental health supports, attending important appointments with the youth, mediating issues with school attendance, or identifying rules and expectations in the home. The number of family service support sessions ranged from a total of zero sessions to 56 sessions for each youth (range of 0 minutes to 20 hours total). Finally, 1% of all program meetings involved accessing systems navigation support (n=11).

<b>Table 6: Youth Program Participant Meetings (January 1<sup>st</sup>, 2021 – September 30<sup>th</sup>, 2023)</b>			
	<b>n</b>	<b>%</b>	<b># of hours</b>
<b>Total Number of Meetings (n=14)</b>			
Individualized Support Session (Direct Service)	501	42%	658
Indirect Support Session	504	42%	404



Family Service Support	188	15%	78
Systems Navigation	11	1%	23
<b>TOTAL</b>	<b>1,204</b>	<b>100%</b>	<b>1,163</b>

**4.2.2. Supports & Services Provided**

The *Youth Attendance Tracking & Case Note Form* was utilized by program staff to track program participants engagement in the program. Throughout the course of the program, All 4 One staff kept track of the youth’s engagement in the program including whether any support services or referrals were made, and whether youth received assistance travelling to and/or required accompaniment to an appointment.

As shown in [Table 8](#) below, youth participants were provided with **2,310** instances of supports and services since the program started. Overall, the most common supports and services provided to youth participants were life skills (14%; n=321), goal setting (14%, n=320), healthy relationships (13%; n=297), and conflict resolution (13%; n=295).

<b>Table 7: Supports &amp; Services Provided to Youth (January 1st, 2021 – September 30<sup>th</sup>, 2023)</b>		
	<b>n</b>	<b>%</b>
Conflict Resolution	295	13%
Crisis Management	31	1%
Education	198	9%
Employment	147	6%
Goal Setting	320	14%
Health & Wellness	263	11%
Healthy Relationships	297	13%
Housing	94	4%
Judicial Support	25	1%
Life Skills	321	14%
Recreation	163	7%
Substance Awareness	155	7%
Other	>5	0%
<b>TOTAL</b>	<b>2,310</b>	<b>100%</b>

In terms of referrals to community resources, youth participants spent about **18** hours accessing referrals. Referrals to community resources included Stride Employment Services, Ontario Works Youth Support, St. Joseph’s Dialectical Behaviour Therapy (DBT) Drop-In Group, JHS Niagara, Good Shepherd Youth Connect), and Lynwood Charlton Centre.

As mentioned, youth participants were able to receive accompaniment to appointments and/or assistance with travel and transportation. The Youth Worker provided **47** accompaniments for seven youth throughout the duration of the program. Of these seven youth, accompaniments included employment (n=11), health & wellness (n=10), social services organizations (n=9), education (n=8), court (n=6), recreation, and case coordination.

<b>Table 8: Accompaniments to Youth Appointments (January 1<sup>st</sup>, 2021 – September 30<sup>th</sup>, 2023)</b>	
<b>Type of Appointment</b>	<b>#</b>
Case Coordination	>5
Court	6
Education	8
Employment	11

Health & Wellness	10
Recreation	>5
Social Services Organization	9
<b>TOTAL</b>	<b>47</b>

In terms of assistance with travel/transportation, youth were provided with assistance **233** times (ranging from once to 43 times). On average, youth received this assistance about 17 times. Assistance included being taken to the store to pick-up basic needs, taking the youth out to get food while doing programming, picking them up from school, taking them to their G1 test, picking them up from their co-op, celebrating birthdays or small wins, dropping off resumes, attending interviews, and de-escalating after a stressful day.

#### 4.2.3. Goal Setting & Youth Satisfaction

At each meeting, the Youth Worker administered the *Youth Check-In Tool* which comprised 5 questions, 1 of which was asked prior to the meeting with the Youth Worker, and the remaining 4 questions asked following the meeting. In terms of goal setting, the *Youth Check-In Tool* asked youth if they had set any goals during the meeting, if they had worked on problem-solving, and if they had felt that they accomplished something that day after meeting with the Youth Worker. The results are detailed in [Table 10](#) below.

The number of *Youth Check-Ins* completed by youth participants ranged from one check-in to 59 check-ins. Youth participants that completed the *Youth Check-In Tool* indicated that nearly all meetings involved setting goals (99%) and problem-solving (99%). As well, youth felt that they had accomplished something after meeting with their Youth Worker at almost every meeting (99%; n=336).

<b>Table 9: Youth Check-In Tool - Goal Setting &amp; Accomplishments (January 1<sup>st</sup>, 2021 – September 30<sup>th</sup>, 2023)</b>						
	Yes		No		TOTAL	
	n	%	n	%	n	%
Q. Did you set goals today?	337	99%	2	1%	<b>339</b>	<b>100%</b>
Q. Did you work on problem-solving today?	337	99%	2	1%	<b>339</b>	<b>100%</b>
Q. Do you feel like you accomplished something today?	336	99%	3	1%	<b>339</b>	<b>100%</b>

In terms of youth participant’s level of satisfaction with the program, there are two ways that the evaluation aimed to measure this. First, the evaluation looked at the first two questions in the *Youth Check-In Tool* related to how youth are feeling before and after their meeting. Next, the evaluation conducted one-to-one interviews with youth to provide their insights and experiences about all aspects of the All 4 One program.

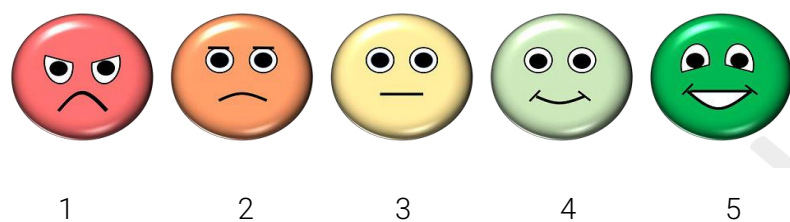
Before each meeting, youth participants were asked to rank how they were feeling before meeting with their Youth Worker (Q1). After the meeting, youth participants were asked again to rank how they were feeling (Q2). The questions were as follows:

- Q1.** How are you feeling at the beginning of the meeting with your Youth Worker today?
- Q2.** How are you feeling at the end of the meeting with your Youth Worker today?



For each question, youth could respond using the following scale:

**Figure 2: Youth Check-In Scale**



The scale is informed by the following 1 through 5 scale:



Overall, most participants stated that they felt average (40%) or below average (27%) before meeting with their Youth Worker. Following their meeting, youth participants were more likely to indicate that they were feeling above average (by an increase of 12%) or excellent (by an increase of 33%) after meeting with their Youth Worker. The results are demonstrated in [Table 11](#) below.

	Q1	Q2
Poor	6%	1%
Below Average	27%	5%
Average	40%	22%
Above Average	24%	36%
Excellent	3%	36%

Overall, the results from the *Youth Check-in Tool* suggests that youth were making progress towards their goals, felt a sense of accomplishment when engaging in the program, and tended to report slightly higher positive feelings after meeting with their Youth Worker.

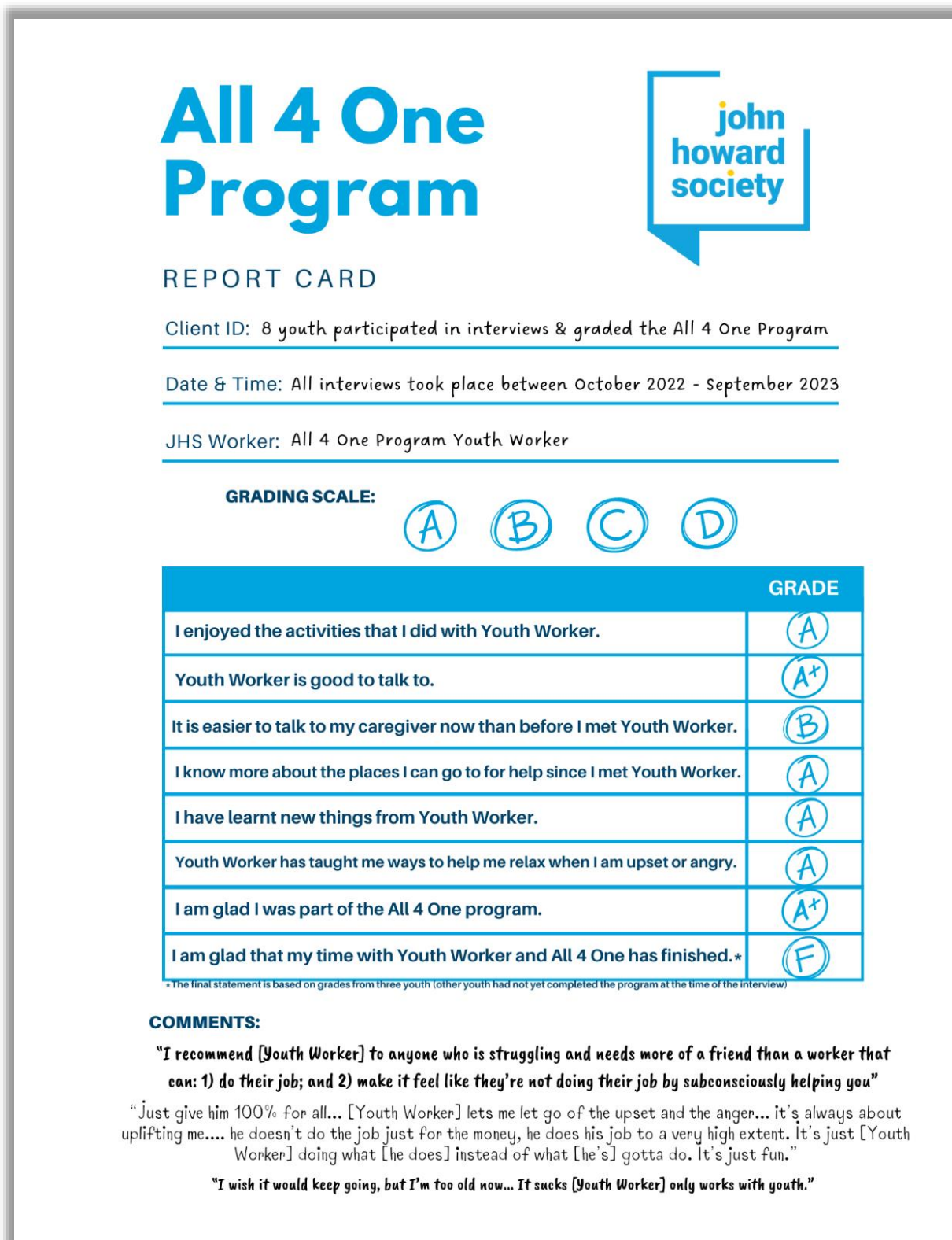
**Youth Satisfaction**

Using the *Youth Interview Guide*, evaluators were able to measure youth’s level of satisfaction with the All 4 One program. Using a mock-up of a report card, youth were prompted to answer questions/statements using a grading scale for their responses (e.g., 0% -100% or A – F). For those that completed the interview in-person, they had the option to complete the report card on their own with a pen or pencil. For those that did not want to complete it on their own or for those that completed the interview virtually, the report card was described to the youth by the interviewer and then a series of statements were read to them. After each statement was read, youth would provide a graded response of their choosing. In order to aggregate the data, the evaluators converted any numerical grades into corresponding letter grades (for e.g., A+ for 97%-100%, B+ for 87%-89%, etc.).

A total of 8 youth participated in the All 4 One youth interviews for the evaluation. Interviews took place between October 2022 to September 2023. Most interviews were conducted virtually over Microsoft Teams or Zoom, while a handful were conducted in-person either on-site at JHS-Hamilton or out in the

community. All youth that participated in interviews consented to have their Youth Worker present during the interview for support. The results are presented in [Figure 3](#) below.

**Figure 3: Youth Worker Report Card**



As shown in [Figure 3](#) above, youth reported high levels of satisfaction with being part of the All 4 One program, being able to talk to their Youth Worker, and doing activities with their Youth Worker. Youth also shared that they know more about places that they can go to for help since they engaged with the All 4 One program and indicated that they learned new things from their Youth Worker such as ways to relax when the youth may be upset or angry. Youth were slightly less likely to report high levels of agreement when it came to being able to talk to their caregiver with more ease since they have engaged with the program. Although youth acknowledged that their Youth Worker has provided them with tools such as conflict resolution, emotional regulation, and de-escalation techniques, there were still some difficulties when engaging with their caregiver(s). Finally, a handful of youth that had previously completed the All 4 One program provided an “F” grade to the statement: “*I am glad my time with [Youth Worker] and All 4 One has finished.*”

*“Just give him 100% for all... [Youth Worker] lets me let go of the upset and the anger... it’s always about uplifting me... he doesn’t do the job just for the money, he does his job to a very high extent. It’s just [Youth Worker] doing what [they do] instead of what [they] gotta do. It’s just fun.”*

After completing the grading exercise, the evaluators opened up some dialogue for youth to share anecdotal information about what they had learned through the program, and what skills or resources, if any, they would use once they had left the program. For more detailed information, see section [5.2. Youth Participant Outcomes](#). In terms of dissatisfaction, one youth shared that they were only dissatisfied that they are no longer able to work with their Youth Worker as they had aged out of the program. Another youth shared that they would recommend their Youth Worker to anyone who needs help – particularly for individuals that may neglect that they need help as their Youth Worker excelled in challenging them with logic and reason. They shared:

*“I recommend [Youth Worker] to anyone who is struggling and needs more of a friend than a worker that can: 1) do their job; and 2) make it feel like they’re not their job by subconsciously helping you”*

The Youth Worker also shared anecdotal success stories with the Evaluation Team during this time. Overall, youth received praise about how they have thrived and matured throughout the program, with the Youth Worker discussing how proud and impressed they were of each youth. Youth were identified as being respectful, responsible, and surrounding themselves with positive influences and making good choices. The Youth Worker discussed being able to see strides that the youth participants had made such as struggling with self-care upon joining the program to making remarkable improvements. Some youth did a lot of work on emotional regulation and learned when to walk away from bad situations. These youth were reported as being able to identify and recognize how they were feeling and were able to reach out to caregivers and/or authority figures when needed. Other youth worked a lot on their wellness and routine building, and showed gratitude for any time that they were provided with supports.

Other successes and feedback are highlighted below:

- Got their G1
- Pays rent
- Working on high school diploma
- Graduated

- Plans for employment
- Open to sharing how they are feeling
- Able to identify and recognize emotions
- More awareness of and use of tools
- Worked on Me & My FASD (<https://fasd.me/>): an interactive comic where youth can learn about their FASD and how it may impact them

### 4.3. CAREGIVER PARTICIPANTS

This section of the report provides a detailed response to the caregiver participants' process and evaluation questions. Through these questions, the evaluation aimed to measure the following:

- Whether the program delivered the intended number of resource packages to caregivers (section 4.3.2.)
- The extent to which caregiver participants received direct individualized support sessions (section 4.3.1.)
- The extent to which caregiver participants received indirect individualized support planning (section 4.3.1.)
- The extent to which caregiver participants accessed community supports/services (section 4.3.2.)
- How satisfied caregiver participants were with the program (section 4.3.3.)

The following data presented in this section originates from the following data collection instruments: *Caregiver Pre-Survey*, *Caregiver Attendance Tracking & Case Note Form*, *Caregiver Interviews*, and through informal discussions with the Program Manager. As noted earlier, not all data was made available through some of the tracking tools. Additionally, half of the caregivers completed a pre-survey and so, not all information about caregivers' previous knowledge and awareness of FASD was available for the evaluation. Where possible, the evaluators asked questions through interviews in order to better understand knowledge they had coming into the program, and what knowledge they gained through the program.

#### 4.3.1. Program Participant Meetings

As mentioned earlier, all program participants spent between three months up to 28 months in the All 4 One program. During their time in the program, caregiver participants were provided with individualized support sessions, indirect support sessions, youth service supports, and systems navigation support with their Caregiver Worker. As shown in **Table 12** below, about two-thirds of all program meetings with caregivers were individualized support sessions (n=1,032). The number of individualized support sessions received by caregivers ranged from a total of six sessions to 195 sessions for each caregiver (range of 0 minutes to 94 hours total). It is important to note that most of these sessions were telephone contact, e-mail or virtually; time spent during meetings was collected with a minimum of 15 minutes for each interaction which may inflate the number of hours spent and skew the data (for e.g., sending or forwarding a webinar over e-mail to a participant would be recorded as 15 minutes).

In terms of indirect support sessions, over one-third of all program meetings for caregivers were indirect support sessions (n=654). The number of indirect support sessions provided for caregivers ranged from a total of zero sessions to 120 sessions for each caregiver (range of 0 minutes to 45 hours total). Further, 6% of all program meetings involved youth service support sessions (n=113). The number of youth service support sessions ranged from a total of one to 39 sessions for each caregiver (range of 0 minutes to 11 hours total). Overall, 2% of all meetings involved systems navigation support (n=10) or 'other' (n=9). 'Other' meetings included introduction meetings between the Caregiver Worker and caregivers, check-ins, and service coordination.

<b>Table 11: Caregiver Program Participant Meetings (January 1<sup>st</sup>, 2021 – September 30<sup>th</sup>, 2023)</b>			
	<b>n</b>	<b>%</b>	<b># of hours</b>
<b>Total Number of Meetings (n=22)</b>			
Individualized Support Session (Direct Service)	1,032	56%	535
Indirect Support Session	654	36%	299
Youth Service Support	113	6%	34
Systems Navigation	10	1%	18
Other	9	1%	17
<b>TOTAL</b>	<b>1,818</b>	<b>100%</b>	<b>903</b>

#### 4.3.2. Supports & Services Provided

Caregivers were provided with the *Caregiver Pre-Survey* at the start of their involvement with the program to gain insight into caregivers' awareness and knowledge of the community resources available to youth with FASD. As part of the evaluation, the *Caregiver Pre-Survey* asked caregivers about whether they received caregiver resource packages from All 4 One staff. In total, 11 caregiver participants completed the pre-survey, almost all (n=9) of which specified that they had received a caregiver resource package (for more information about the result of the *Caregiver Pre-Survey*, see [Appendix W](#)). According to program staff, however, all 22 caregivers should have received the caregiver resource package upon joining the program.

Additionally, the *Caregiver Attendance Tracking & Case Note Form* is utilized by program staff to track program participants engagement in the program. Throughout the course of the program, All 4 One staff kept track of the caregiver's engagement in the program including whether any support services or referrals were made.

As shown in [Table 13](#) below, caregiver participants were provided with 208 supports and services since the program started. Overall, the most common supports and services provided to caregiver participants were family support (32%; n=66), conflict resolution (29%; n=61), and caregiver education (25%, n=52).

<b>Table 12: Supports &amp; Services Provided to Caregivers (January 1<sup>st</sup>, 2021 – September 30<sup>th</sup>, 2023)</b>		
	<b>n</b>	<b>%</b>
<b>Caregiver Resource Packages (n=11)</b>		
Yes	9	82%
No	>5	18%
<b>TOTAL</b>	<b>11</b>	<b>100%</b>
<b>Supports &amp; Services (n=6)</b>		
Caregiver Education	52	25%
Conflict Resolution	61	29%
Crisis Management	14	7%
Family Support	66	32%
Judicial Navigation	12	6%
Other	3	1%
<b>TOTAL</b>	<b>208</b>	<b>100%</b>

#### 4.3.3. Caregiver Level of Satisfaction

In order to measure caregiver's level of satisfaction, the evaluation conducted one-to-one interviews with caregivers to provide their insights and experiences about all aspects of the All 4 One program. As mentioned earlier, the evaluation conducted a total of 7 one-to-one interviews with caregivers. Through the interviews, caregivers reported satisfaction with the support they received, explaining why they would

recommend the program to others, and describing the impact the program had on their relationship with their youth as well as the strong rapport program staff built with their youth.

When asked about their experience in the All 4 One program, almost all caregivers shared that the on-going support was helpful for them, that they felt that they got a lot out of the program, and that staff understood the needs of their family and specifically, their youth. A few caregivers discussed how unique the All 4 One program was as it was the “only service out there,” and that they appreciated the FASD-specific approach the program took. Some caregivers shared that they were satisfied with how well the program staff worked together throughout the program. Another caregiver shared their appreciation in talking to someone who understands them, is concerned for their well-being, and treats them as more than just “another number.” This caregiver explained that they felt that the All 4 One program supported their family through an individualized approach, and that they could reach out to staff with any questions that they had. Other caregivers cited similar experiences, sharing that if they had mentioned anything to program staff, then they knew they would be the “first to get them the information,” and that they were grateful for the support their family received.

*“I can’t say enough good things about this program... I think this program is fantastic... [Youth Worker] and [Caregiver Worker] are an amazing team, they work perfectly together.”*

*“It’s been amazing. It’s been very enlightening. It’s really great to talk to someone who understands where I’m coming from. And someone who is very concerned even just about my well-being and making sure everything is peaceful at home. And [Caregiver Worker] doesn’t treat us like we’re just like, another number, you know? ... [They] take the time to look into things for me and for my family... So again, like, it’s integral. It’s not like [they] just give blanket information. [They] like individualize each things [they’re] doing for the people... It just feels like a lot of work and yet, it doesn’t ever seem like I’m bothering [them] when I’m asking questions or asking for help. [They’re] always so, so helpful.”*

Many caregivers shared that they would recommend the program to others. Caregivers explained that if other caregivers/families were experiencing similar challenges with their youth, then they would recommend the All 4 One program. One caregiver shared that they would recommend the program as it helped them to feel less alone and provided them with a better understanding of their youth’s needs. Another caregiver explained that they had already recommended the All 4 One program to friends as they saw the impact that the program has had on their youth:

*“Because I’ve seen what it’s done for [youth] in just a year, so I can only imagine what it would do being it in longer. I’ve told the school how great this program is... We’ve told a family friend about this group. Her [youth] is still too young, but [they’re] already starting to get into trouble.”*

*“Absolutely, with no hesitation.... Because you’re alone... If you are alone, and you feel it’s only you, then you start thinking, ‘what are you doing wrong?’... All of that as opposed to understanding your child and what’s best for them.”*

Some caregivers, however, did specify that when recommending the program to others, if another caregivers’ youth was not justice involved, they did not think that the youth would benefit from it. They explained that only those involved in the justice system or at a risk of being involved with the justice system would benefit from the All 4 One program.



All caregivers shared that they appreciated the Youth Worker's approach with their youth, with many also explaining how the program helped to improve their relationship with their youth. Caregivers explained that not only was the Youth Worker addressing the needs of their youth, but they were flexible to the caregiver's concerns by being receptive to feedback and suggestions provided by caregivers. For example, one caregiver shared that they could debrief the Youth Worker on any concerns or issues, and the Youth Worker would change the focus of their programming to address the youth's and the caregiver's needs that week. By taking this approach, some caregivers explained that they felt more involved and like they were a part of the plan. One caregiver further explained that they appreciated that their concerns were taken seriously and were not "brushed off"; they felt comfortable to bring their own suggestions to the program staff and work together on using the best approach with their youth.

*"Just because we did get so much out of it... when they have someone like [Youth Worker] who was just so gentle about delivering any kind of bad news or anything like that to [youth]. [They] just had such a way about it. It was just so helpful; you know what I mean? Like, every kid with FASD should have a worker like [Youth Worker] when things are tough, because they go through that quite a bit. All those, you know, tough moments and whatnot"*

Conversely, however, one caregiver had a different experience and shared concerns about their suggestions not being taken into consideration. This caregiver explained that they had put forward plans with specific skills for their youth to work on and felt that this plan was not followed through. This caregiver did acknowledge, however, that their youth felt very comfortable with the Youth Worker, and they appreciated the mentorship that was provided to them. Other caregivers also spoke about the mentorship provided through the program, with one caregiver describing the Youth Worker as a positive role model that their youth "desperately needed."

Many caregivers provided further positive feedback on the strong relationship between their youth and the Youth Worker:

*"Even if [they were] in a really crappy mood, [youth] would at least come down and be respectful for [Youth Worker]... even if [they] couldn't with anybody else in the entire house... It was a great match up there because [they] had the right type of personality to actually let [youth] know... 'I do care and we can work through this; it's all workable.'... [Youth Worker] to [youth] felt like part of the family."*

*"It was just an extra pair of hands on the situation – we had a lot going on... A lot of times, [youth would] be quite calm after chatting with [Youth Worker] and [Youth Worker] would have that ability of, you know, the whole just matching his tone and bringing them down."*

*"I think [Youth Worker] really kept [them] from going off the rails a bit sometimes. It would have been great if [Youth Worker] was available 24/7 to talk [them] off a ledge, so to speak, because I couldn't... I couldn't handle [them] anymore, it was like caregiver burnout. Big time."*

Caregivers also shared that program staff went above and beyond by showing up throughout the pandemic. During COVID-19, many services were online, however, program staff made the effort to meet with youth while abiding by the public health guidelines by doing programming on the front lawn or backyard. One caregiver also described program staff as going above their duties and being responsive to them during crises, even in off-hours (e.g., on weekends). Another caregiver, however, did express

concerns about not meshing well with their worker explaining that they felt they overstepped a bit too much.

Finally, many caregivers talked about how they were upset that the program was ending, with some stating that the program was needed in the community. They mentioned that the program was extremely helpful as it provided them with an extra person to support their youth – whether they were being picked up from school or having someone to meet with them during lunch at school. One caregiver shared:

*“It’s unfortunate that the program is closing because I feel like we need it now more than ever.”*

## 4.4. COMMUNITY PARTNERS & ENGAGEMENT

This section of the report provides a detailed response to the community partners and engagement process and evaluation questions. Through these questions, the evaluation aimed to measure the following:

- Whether a Youth Justice Stakeholders Advisory Committee was developed (section 4.4.2.)
- The number and type of community organizations that were a source of referral to the program (section 4.4.1.)
- The number of partnerships that were developed (section 4.4.1.)
- The number and type of members on the Advisory Committee (section 4.4.2.)
- The extent to which the Advisory Committee members met to discuss the program (section 4.4.2.)
- How satisfied community partners and stakeholders were with program components (section 4.4.3.)

The following data presented in this section originates from the following data collection instruments: *Referral Form, Collaborative & Advisory Committee Tracking Form, Community Partner & Stakeholder Survey*, and through informal discussions with the Program Manager.

### 4.4.1. Community Organizations & Referrals

Community organizations and agencies were both a source of referral to the All 4 One program as well as a source to refer youth and caregiver participants to. Since the start of the program, All 4 One connected with 51 community partners, with connections with one to six contacts at each organization.

<b>Organization</b>	<b>Number of Collateral Contacts at Organization</b>
Alternatives for Youth	3
Associated Youth Services of Peel	2
Banyan Community Services	2
CAS-Hamilton	5
CCAS-Hamilton	5
Contact Hamilton	2
Developmental Services Ontario (DSO): Hamilton-Niagara Region	2



FASD Hamilton Caregiver Support Group	2
Hamilton Police Services	4
Hamilton Wentworth Catholic District School Board	6
Hamilton Wentworth District School Board	6
Lawyers	5
Ontario Works	2
Probation	4
STRIDE	1
<b>TOTAL</b>	<b>51</b>

As mentioned earlier in the Program Delivery section (section 4.1.), the All 4 One program received 25 referrals. In terms of referrals from community sources, a total of 7 community organizations acted as a referral source for this program including JHS-Hamilton, CAS/CCAS, Contact Hamilton, HRIC, CAPIS, Banyan Community Services, and Dawn Patrol Child & Youth Services.

#### 4.4.2. Youth Justice Stakeholders Advisory Committee

As part of the program intervention, the All 4 One program created a Youth Justice Stakeholders Advisory Committee to connect youth justice professionals to the community of practice developed by the Hamilton FASD Collaborative. The Advisory Committee was formed to inform and support the work of the All 4 One program within the context of the local youth justice system. As mentioned earlier, the Advisory Committee connected with 12 members, 9 of which were still active by the end of the program. The program successfully engaged with Advisory Committee members from a wide range of targeted groups including community organizations, police and probation, defence and duty counsel, Crown counsel, and CAS/CCAS. For a detailed breakdown of Advisory Committee members, see Table 15 below.

Organization	Number of Committee Members
Alternatives for Youth	1
Banyan Community Services	1
Defense Counsel	1
Duty Counsel (Legal Aid)	1
Hamilton Catholic Children's Aid Society	1
Hamilton Children's Aid Society	1
Hamilton Crown's Office	1
Hamilton Police Service	1
Hamilton Youth Probation	1
<b>TOTAL</b>	<b>9</b>

The All 4 One program utilized a *Collaborative & Advisory Committee Tracking Sheet* which assessed the number of Collaborative Group meetings and Advisory Committee meetings that were held throughout the duration of the program. This sheet requested information about the meeting date, the length of the meeting held, the type of meeting (i.e., who was in attendance), and any additional meeting details that program staff shared. Throughout the All 4 One program, staff held or attended a total of 44 meetings with various groups for a total of over 53 hours. Overall, about two-thirds of the meetings attended were with the FASD Collaborative Resource Team (61%; n=27) involving approximately 31 hours, while a quarter were held with the Youth Justice Advisory Committee (23%; n=10) for over 16 hours. A handful of meetings were attended with the FASD Collaborative Leadership Team (9%; n=4) involving about 3 hours,

and a joint meeting between the FASD Collaborative Leadership Team and Resource Team (7%; n=3) involving just over 3 hours. For a detailed breakdown, see [Table 16](#) below.

	n	%	Total time spent
Youth Justice Advisory Committee	10	23%	16hrs 30mins
FASD Collaborative Leadership Team	4	9%	2hrs 50mins
FASD Collaborative Resource Team	27	61%	30hrs 45mins
FASD Collaborative (both Leadership & Resource Team)	3	7%	3hrs 20mins
<b>TOTAL</b>	<b>44</b>	<b>100%</b>	<b>53hrs 25mins</b>

In addition to the meetings held throughout the duration of the program, all members of the Youth Justice Advisory Committee were also invited to the *Staff Data Party* in November 2023 to learn about the preliminary evaluation findings presented by the Centre and to share any of additional feedback.

#### **4.4.3. Community Partner & Stakeholder Satisfaction**

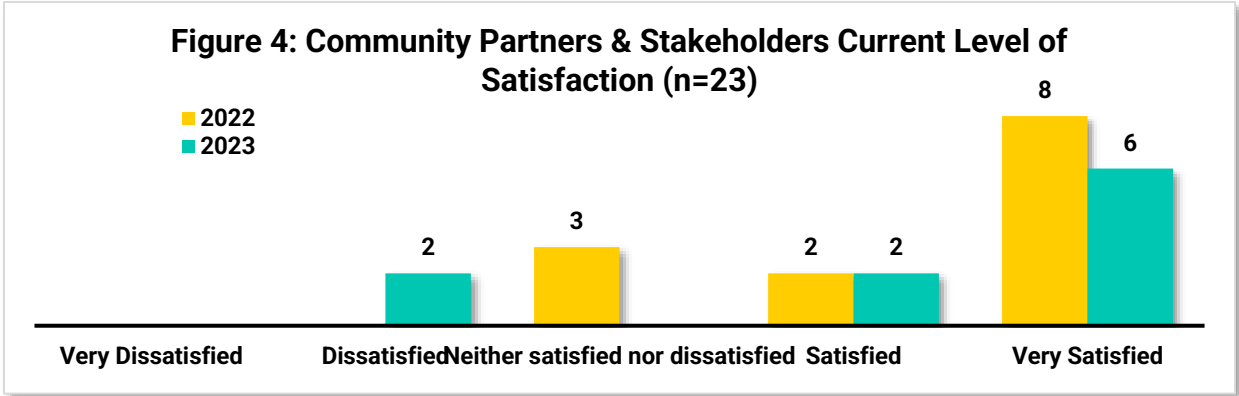
The Evaluation Team and JHS-Hamilton administered two surveys to community partners, stakeholders, and the Collaborative and Advisory Committee annually: (1) the *FASD Collaborative & Advisory Committee Satisfaction Survey*, and (2) *Community Partner & Stakeholder Satisfaction Survey*. Overall, each survey was administered twice – once in March 2022, and again in September 2023. The survey included both closed-ended and open-ended questions and sought to gain an overall understanding of individuals’ program knowledge, level of satisfaction with the program, and their reflection of the program including aspects that should be changed and what the strongest components of the program were. This section will highlight the level of satisfaction reported through these two surveys as well as feedback on the program.

Overall, the *Community Partner & Stakeholder Satisfaction Survey* received a total of 27 respondents (15 in 2022 and 12 in 2023), while the *FASD Collaborative & Advisory Committee Satisfaction Survey* received a total of 23 respondents (18 in 2022 and 5 in 2023). The results for each are presented below.

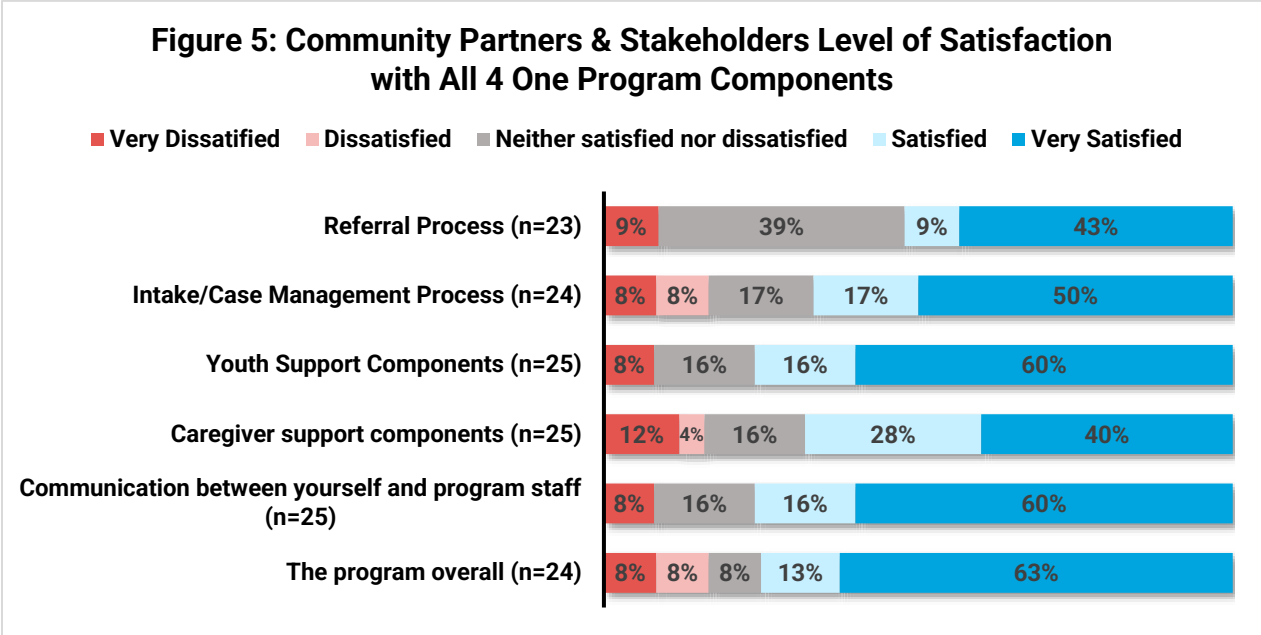
#### **Community Partner & Stakeholder Satisfaction Survey**

The *Community Partner & Stakeholder Satisfaction Survey* asked respondents to indicate their role from a list of 9 options, including ‘other, please specify.’ Overall, most respondents selected child welfare worker, social worker, youth worker, probation officer, police, or ‘other, please specify’ (see [Figure 4](#) below). For the respondents who selected ‘other, please specify,’ they indicated that they worked within the school system, were support workers or analysts.

The survey asked respondents to indicate their current level of satisfaction with the All 4 One program using a 5-point scale ranging from ‘Very Dissatisfied’ to ‘Very Satisfied.’ Overall, most respondents reported that they were very satisfied (n=14) or satisfied (n=4) during both years of the program. In 2022, some respondents indicated that they were neither satisfied nor dissatisfied (n=3) with the program. In 2023, however, two respondents indicated that they were dissatisfied with the All 4 One program (see [Figure 4](#) below).



More specifically, community partners and stakeholders were asked to indicate their level of satisfaction with a variety of aspects of the All 4 One program, with answer choices ranging from 'Very Dissatisfied' to 'Very Satisfied.' As shown in Figure 5 below, over half the respondents were either satisfied or very satisfied with all aspects of the program, particularly the youth support components (76%), communication between themselves and the program staff (76%), and the program overall (76%). Respondents were most likely to indicate being dissatisfied or very dissatisfied with the intake/case management process (16%), and the caregiver support components (16%). Finally, about 40% of respondents expressed feeling 'neither satisfied nor dissatisfied' towards the referral process.



Community partners and stakeholders were asked to elaborate on their satisfaction with the All 4 One program where 19 respondents shared a response. Overall, respondents provided many positive responses about the support this program brought to both youth and caregiver participants (n=8), the program structure and staff (n=5), and the impact it has had on the community (n=>5).

In terms of support, respondents shared that All 4 One was an excellent and great program, explaining that they saw the positive impacts that the program and program staff had on youth participants. Respondents shared that they saw improvements in youth participants stating that the program was a good fit, was very engaging and supportive, and that youth participants were able to learn some

important life skills. Others also shared that the program was very beneficial and helpful for youth navigating the criminal justice system. One individual even noted that:

“This is a very necessary program for FASD suspected youth in Hamilton.”

In terms of the program structure and staff, respondents shared that the program provided wraparound support and services for youth with FASD and their families, and importantly, it included youth that do not have a formal diagnosis of FASD. Another respondent shared that caregiver support was an extremely important component of the program. Respondents noted that program staff were caring, efficient, and knowledgeable, providing excellent communication and collaboration with families and other community partners. Respondents found that the program staff were a supportive and cohesive team that were easily accessible to answer questions, share information, and were able to build trust and rapport with families and other professionals within the community.

With respect to the community, respondents explained that staff maintained a good level of communication with other community professionals, were always available to assist, and worked together as a team with the community as opposed to working in silos. One respondent commented on the overall process and community meetings, stating that it was very helpful and productive.

A couple respondents expressed concerns with their experience with the program, noting that had some challenges working with program staff. Another respondent acknowledged that youth with FASD are underserved in the community, and that it is a challenging population to work with, however, they shared that there was feedback from caregivers with concerns about the support they were provided with. They explained that some caregivers felt that they were already educated about FASD and wanted more structure and communication for their meetings. These caregivers had hoped to have outlined goals and communication throughout their participation and felt that the support they received started out efficiently and then decreased over time.

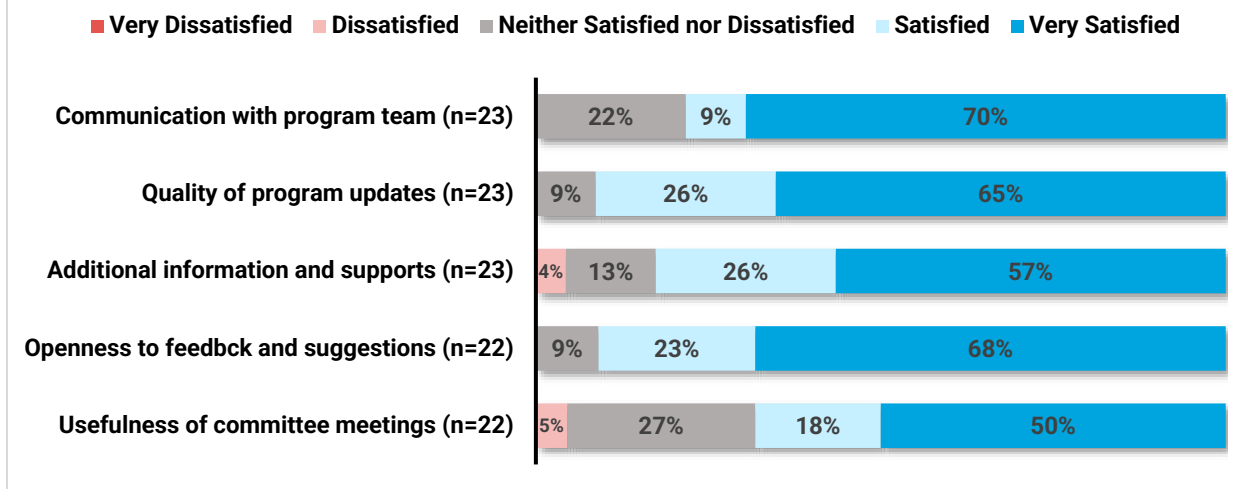
### **FASD Collaborative & Advisory Committee Satisfaction Survey**

The *FASD Collaborative & Advisory Committee Satisfaction Survey* asked respondents to indicate which of the following groups they were a part of: (1) the FASD Collaborative Leadership Team, (2) the FASD Resource Team, or (3) the Youth Justice Stakeholders Advisory Committee. Most respondents were part of the FASD Collaborative Resource Team (n=13) or the Youth Justice Stakeholders Advisory Committee (n=7), while a few reported that they were part of the FASD Collaborative Leadership Team (n=>5).

The survey asked respondents to indicate their current level of satisfaction with the All 4 One program using a 5-point scale ranging from ‘Very Dissatisfied’ to ‘Very Satisfied.’ Overall, most respondents indicated that they were satisfied (n=5) or very satisfied (n=15) with their level of involvement, while a few respondents shared that they were somewhat dissatisfied or dissatisfied.

More specifically, FASD Collaborative and Advisory Committee members were asked to indicate their level of satisfaction with a variety of aspects of the All 4 One program, with answer choices ranging from ‘Very Dissatisfied’ to ‘Very Satisfied.’ Overall, most respondents were either satisfied or very satisfied with various aspects of the program, particularly with the quality of program updates and openness to feedback and suggestions (see [Figure 6](#) below).

**Figure 6: FASD Collaborative & Advisory Committee Level of Satisfaction with All 4 One Program Components**



Additionally, FASD Collaborative and Advisory Committee members were asked to elaborate on their satisfaction with their current level of involvement with the All 4 One program. Of the 13 respondents that provided a response, 10 shared that they were satisfied with their involvement in the program and appreciated the information that they were provided with throughout the program. These respondents shared that the program was highly informative and important, and that program staff were knowledgeable and easy to work with:

*"Both [Caregiver Worker] & [Youth Worker] are amazing with their work dedication, patience, enthusiasm, great communication, outstanding support of youth born with FASD AND FASD families/caregivers, work ethic, team players, overall going to miss this program and their presence in the community."*

*"The All 4 One Program was very instrumental assisting youth/families with community advocacy, referrals and regular meetings providing updates, changes and program details."*

*"This is an extremely important community outreach program that is available to youth with a suspected and/or confirmed diagnosis of FASD. There are limited programs that are community-based and geared (specifically) for FASD, especially those who only require "query" of diagnosis and "contact" with CJS; or do not fall under the Developmental Sector (as not all individual's diagnosed with FASD meet the criteria for an intellectual disability). This program complemented the FASD Consultant role, especially since that role has a long waitlist and this program is more direct supports, hands-on and intensive in nature. It will be a travesty if this program funding does not re-instate, as individual's, their caregivers and stakeholders have not only benefited but relied on this program."*

A few respondents explained that due to their limited involvement with the program, they were unable to report their level of satisfaction.

## 4.5. EVALUATION

As part of the process and monitoring evaluation, the evaluation aimed to measure whether all data collection tools were developed and administered at the required times. In order to measure this, evaluators checked the IMS, availability of case notes, and survey results. Most data collection tools were administered appropriately, with a few exceptions (for more information, refer to section [7.2. Evaluation Lessons Learned & Recommendations](#)). Overall, the evaluators determined that all data collection tools were developed to completion at the required times, while the administration of the tools was partially completed.

## 4.6. SUMMARY OF PROCESS AND MONITORING FINDINGS

Overall, since the program began in January 2020, All 4 One received **25** referrals from **10** referral sources. A total of **45** individuals connected and consented to the All 4 One program, exceeding the goal of eight to ten clients for each the Youth Worker and Caregiver Worker, respectively. Program participants spent between three months to 28 months engaged in the program, however, those who spent around three months in the program joined towards the end of the program so their engagement ended when the program did. The All 4 One program successfully developed a Youth Justice Stakeholders Advisory Committee as intended. By the end of the program, the Advisory Committee was comprised of nine active members from various community agencies and organizations. Moreover, the All 4 One program was supported by up to **51** community organizations who acted as referents and collateral contacts and engaged with a total of **37** active members within the FASD Collaborative group.

Since the start of the program, program staff engaged in **1,204** meetings for a total of **1,163** hours for youth participants and provided youth with **2,310** instances of supports and services. The Youth Worker accompanied youth participants to a total of **47** appointments and assisted in accessing services in the community **233** times. Overall, the results from Youth Check-in Tool suggests that youth felt that they were making progress towards their goals, felt a sense of accomplishment when engaging in the program, and tended to report significantly higher positive feelings after meeting with their Youth Worker. Through interviews, youth reported high levels of satisfaction with the All 4 One program.

Overall, program staff engaged in **1,818** meetings for a total of **903** hours for the caregiver participants and provided caregivers with **208** instances of supports and services. However, as mentioned above, there were challenges to obtaining the data for caregivers, and so, some of these results are based on a few caregivers (sometimes less than half of the caregiver participants). Similarly, the program intended to deliver caregiver resources packages to all caregivers in the program, but only 11 caregivers completed the *Caregiver Pre-Survey*, where a few caregivers indicated that they did not receive a package. In terms of satisfaction, caregivers reported mostly high levels of satisfaction with the All 4 One program.

The All 4 One program also met with the Youth Justice Advisory Committee members to discuss the program through **10** meetings for a total of about **17** hours. Through surveys to the Community Partners and FASD Collaborative & Advisory Committee, stakeholders were asked to share their level of satisfaction with the program. Overall, the Collaborative members, Advisory Committee members and other community partners and stakeholders shared that they were satisfied with the program, however, a handful of members shared some dissatisfaction with the program.

## 5. OUTCOME EVALUATION FINDINGS

This section of the report outlines the findings from January 1<sup>st</sup>, 2021 to September 30<sup>th</sup>, 2023 and focuses on the outcomes of the All 4 One program operated by JHS-Hamilton. The following sections will examine the four distinct areas described in the methodology:

- (1) Program delivery;
- (2) Youth participants;
- (3) Caregiver participants;
- (4) Community partners and engagement.

## 5.1. PROGRAM DELIVERY OUTCOMES

This section of the report provides a detailed response to the program delivery outcome questions. Through these questions, the evaluation aimed to measure the following:

- Whether program staff received training in relevant areas (section 5.1.1.)
- Whether program staff had ongoing supervision and support (section 5.1.1.)
- Whether the Advisory Committee received resources in relevant areas (section 5.1.2.)
- Whether program staff possessed an overarching capacity to provide supports (section 5.1.3.)
- Whether program staff understood the needs for each youth and their caregivers (section 5.1.3.)
- Whether program staff demonstrated knowledge and capacity for delivering youth FASD-related programming (section 5.1.3.)

The following data presented in this section originates from the following data collection instruments: through informal discussions with the Program Manager, *Staff Data Party*, *Collaborative & Committee Survey*, *Youth Interviews*, and *Caregiver Interviews*.

### **Short-term program outcomes:**

- Program staff are trained in relevant areas
- Program staff have ongoing supervision & support
- Advisory Committee receive training in relevant areas
- Program staff possess an overarching capacity to provide supports & understand the needs for each youth and their caregivers/families

### **Intermediate-term program outcomes:**

- JHS-Hamilton agency has knowledge & capacity for delivering youth FASD-related programming
- Program staff & community partners make FASD-informed accommodations
- Multi-disciplinary services providers work collaboratively

#### **5.1.1. Staff Training & Supervision**

As part of the All 4 One program delivery, the evaluation aimed to measure whether program staff were involved in relevant training and had ongoing supervision and support throughout the program. Evaluators engaged with the Program Manager through informal discussions and the *Staff Data Party* in November 2023 to better understand these program components.

According to data collected through informal check-ins, conversations, and the *Staff Data Party* with the Program Manager and staff, full team meetings were held monthly at minimum to discuss participant needs and other activities of the program. As well, the Youth Worker and Caregiver Support Worker/Program Coordinator met weekly for case management planning to ensure that their goals and activities were aligned with the needs of the youth and caregivers.

Additionally, a great deal of time was also spent planning with other service providers in the community who were also supporting these youth and families. Some key case management tasks throughout the program included:



- Advocacy & assistance in navigating the justice system
- Providing resources to counsel representing FASD impacted youth
- Assisting families to obtain screening/disclosures from Crown and with legal aid processes
- Made referrals to and created linkages with numerous community agencies
- Building caregiver capacity through the provision of education, support, coaching, and advocacy
- Assisting youth and caregivers to pursue formal diagnosis to expand access to greater supports
- Participation in service coordination meetings

### 5.1.2. Community Training & Resources

As part of the All 4 One program delivery, the evaluation aimed to measure whether the Advisory Committee members received training and resources in relevant areas. This was measured through the *FASD Collaborative & Advisory Committee Satisfaction Survey* by asking Advisory Committee members various questions around their knowledge and awareness around supporting individuals with FASD. The survey included branching questions to ensure that specific questions were asked directly to Advisory Committee members. According to Advisory Committee members, the All 4 One program successfully provided training and increased awareness of resources that they could access for individuals with FASD.

When asked to indicate if their knowledge in supporting individuals with FASD had changed since they first became involved with the All 4 One program, five Advisory Committee members shared that the program enhanced their knowledge, skills, and capacity through presentations, and attending training and webinars. One respondent shared that when they first started, they knew very little about the services available, but their involvement on the Youth Justice Advisory Committee was impactful as they shared ideas, success stories, and information through meetings. As well, one member shared that the All 4 One training series was beneficial as it was broken down in a way that allowed individuals to absorb all the details as it relates to FASD and the program.

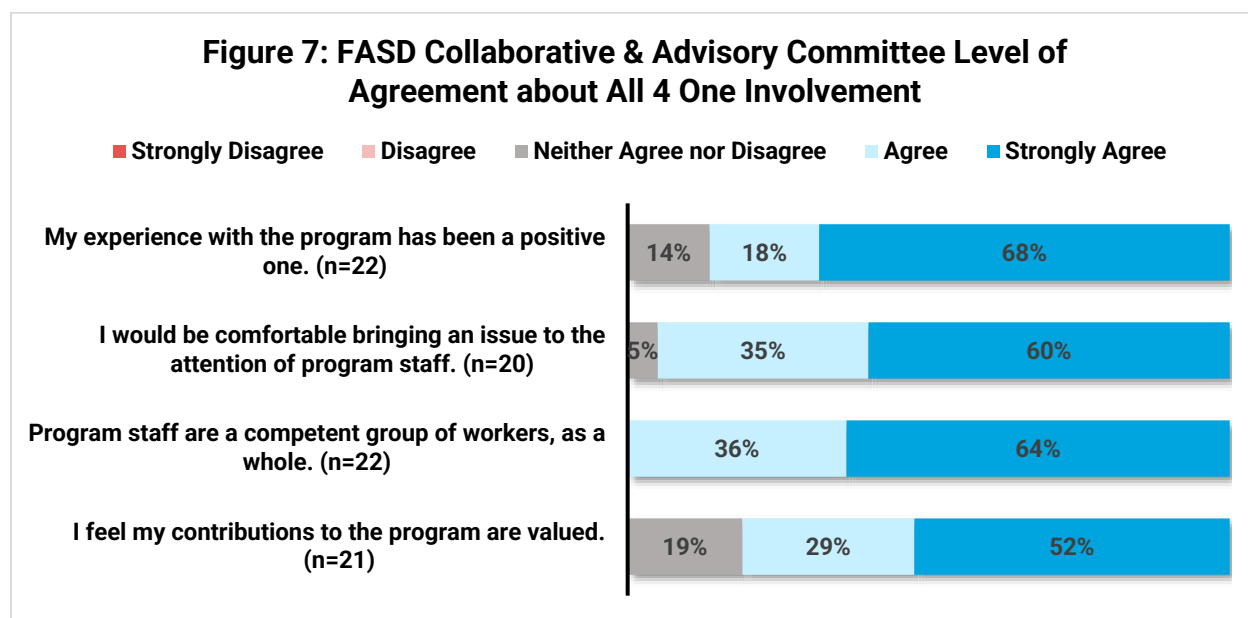
Further, when asked to rate the statement *I have increased awareness about resources in my community that I can access for individuals with FASD* on a 5-point scale ranging from "Strongly Disagree" to "Strongly Agree", all Advisory Committee members (n=7) strongly agreed with this statement.

### 5.1.3. Staff Knowledge & Capacity

By program end, the evaluation aimed to measure whether program staff possessed an overarching capacity to provide supports to individuals and whether they understood the needs of youth and their caregivers. This was measured through the various trainings that the program staff took part in, feedback from youth and caregivers through one-to-one interviews, and feedback from the *FASD Collaborative & Advisory Committee Survey*. As mentioned in section 4.1.3., program staff were involved in about 154 hours of training covering a wide range of topic areas.

When asked about their experience working with their Youth Worker through one-to-one interviews, all youth shared that their worker understood their needs. Youth explained that they always enjoyed seeing their Youth Worker as they provided the youth with a sense of comfort. They felt that their Youth Worker was accommodating to their schedule and needs and cared about their well-being. Youth felt that they could talk to their worker about a wide range of topics from relationships to the type of stress they were under that week. Youth told stories about how the Youth Worker would attend job interviews with them, providing moral support and advocating with employers on how to best support the youth when they were employed. Others shared that support went beyond the program as they still felt they could stay in contact with their worker once the program had ended. As mentioned in section 4.3.3., caregivers also expressed satisfaction with program staff understanding their own needs as well as the needs of their youth.

Through the *FASD Collaborative & Advisory Committee Satisfaction Survey*, respondents were asked various questions to measure whether program staff demonstrated knowledge and capacity for delivering youth FASD-related programming. For example, one question asked respondents to indicate how strongly they agreed with a series of statements regarding the program (see [Figure 7](#) below). Choices ranged from 'Strongly Disagree' to 'Strongly Agree.' Overall, all respondents (n=22) agreed or strongly agreed that the program staff were a competent group of workers, while almost all respondents agreed or strongly agreed that they would be comfortable bringing an issue to the attention of program staff.



When asked to further elaborate on their ratings, respondents made positive statements regarding their experience with the All 4 One Program. Individuals shared that the program is excellent and enjoyable, while others commented on the high level of communication demonstrated by staff.

*“Excellent partnership and communication. Whether from meetings, community referrals and equally assisting youth/families within our community.”*

*“Experience has been great, the program manager is approachable and responsive, staff are skilled and competent (trained specifically in how to support youth with FASD).”*

As well, as mentioned in section [4.4.3.](#), respondents shared that the program was highly informative and important, and that program staff are knowledgeable and were easy to work with.

## 5.2. YOUTH PARTICIPANT OUTCOMES

The following section of the report provides a detailed response to the youth participant outcome questions. It is important to note that the outcomes outlined in this section are based on a small sample population that have a wide range of unique individual needs and challenges. As a result, the focus of this section is to highlight general outcomes observed and specific anecdotes provided by participants

as it relates to the program outcomes. Through these questions, the evaluation aimed to measure the following:

- Whether youth reduced contact with police (section 5.2.1.)
- Whether youth demonstrated increased knowledge and awareness of community resources (section 5.2.2.)
- Whether youth experienced reduced barriers to social supports and programming (section 5.2.2.)
- If youth participants experienced improvements in their social-cognitive skills (section 5.2.3.)
- If youth demonstrated increased life skills as a result of the program (section 5.3.3.)

The following data presented in this section originates from the following data collection instruments: *Youth Attendance Tracking & Case Note Form*, *Caregiver Attendance Tracking Form*, *Youth Interviews*, and the *Youth Check-In Tool*. As noted earlier, data was not available for all youth or all caregivers through these. Where possible, data was supplemented with youth and caregiver case notes.

#### **Short-term program outcomes:**

- Reduced contact with police
- Increased knowledge & awareness of community resources
- Reduced barriers to social supports & programming
- Increased structure & routine
- Increased life skills

#### **Intermediate-term program outcomes:**

- Reduction in criminal justice involvement; increased ability to access community supports & services

### **5.2.1 Reduced Contact with Police**

One of the expected outcomes of the program was that youth participating in the program would reduce their contact with police, ultimately reducing criminal justice involvement long-term. This was measured by self-reported criminal justice involvement from youth participants and caregiver participants through the *Youth Attendance Tracking & Case Note Form* and *Caregiver Attendance Tracking & Case Note Form*.

Overall, seven (41%) of the 17 youth that consented to the evaluation had contact with police during program participation, while the remaining 10 (59%) youth reduced their contact with police. Through the tracking forms, there were 20 instances of contact with police between six consenting youth. Through case note coding, however, 112 references were coded for seven youth under 'self-reported criminal justice involvement/CJS conflict'. Engagement with police ranged from one instance up to more than 17 instances. Case notes revealed that youth were less likely to self-report their criminal justice involvement to the program staff; it was often revealed by the caregiver who debriefed the Youth Worker prior to them engaging in programming with the youth that day or week. Case notes showed that more than half of the calls that were made to police were by caregivers.

Of these instances of police contact, most were due to family conflict or related to charges, and breaches. In terms of family conflict, police were called most often as a form of de-escalation between family members. There were concerns from some youth that police would be involved at the earliest sign of conflict. Some disputes in the home, however, involved caregivers contacting police due to aggressive behaviour from the youth. Further, police were also contacted for threats of self-harm in some instances.

As mentioned, many self-reports of criminal justice involvement came from the caregivers. Caregivers would provide updates about their youth's justice involvement, and then the Youth Worker would work with youth to reduce the risk of future conflict and provide them with de-escalation techniques. In a few

instances, the Youth Worker was able to intervene during situations that involved police contact. For example, there were instances where the Youth Worker would speak to police over the phone to de-escalate a situation and inform them about supporting youth through an FASD lens. Following this, the Youth Worker was able to work with the youth to discuss how to avoid future conflict with the law, the legal consequences of their situation, and risks of probation. In other situations, the Youth Worker was able to provide de-escalation and conflict resolution techniques for youth over a virtual platform after they had engaged with police.

Over time, case notes revealed some success in caregivers reaching out to the program staff as a mechanism for de-escalation rather than police. As well, case notes for youth specifically showed that youth attempted to use strategies they learned through the program such as de-escalation techniques, emotional regulation, problem-solving, and conflict resolution. When faced with conflict at home, for example, youth would choose to remove themselves from the situation, take a walk, listen to music, or take part in other self-care practices. Another mechanism that they were encouraged to use to reduce conflict in the home was to help out around the home. Case notes revealed that several youth would contribute to some of the household tasks as suggested by their Youth Worker. These techniques worked best when other individuals in the home also put forth an effort to take an FASD approach to the youth and used conflict resolution strategies. One caregiver did report a decrease in calling police for de-escalation and attributed some of these changes to the All 4 One program:

*"[Youth] had gotten into this habit of like throwing fists at me and stuff like that, to the point where I had to call the police. And I was getting so tired of calling the police because, you know, there's other things that they need to be doing. They don't want me calling them every day. It's really helped. Like [youth] still has a lot of fire in [them]; [they] still got a lot of hurt and anger on top of [their] FASD, but [they've] changed dramatically over the year."*

There was also non-police justice involvement for some youth that involved legal issues and preventing justice involvement. For example, some youth were provided with support around their legal issues as they struggled to maintain a 'usual life,' while others discussed the consequences of engaging in risky behaviours, and how to avoid further justice involvement once their probation had ended.

### **5.2.2. Increased Knowledge & Awareness of Community Resources**

The outcome evaluation aimed to measure whether youth could demonstrate an increased knowledge and awareness of community resources. Ultimately, the understanding was a reduction in barriers to social supports and programming would lead to an increased ability to access established community supports and services. This was measured through self-reported increase in knowledge and awareness through one-to-one interviews with youth. As mentioned earlier, a total of nine youth participated in the interviews for the evaluation.

Through the youth interviews, youth were asked to identify places in the community that were important to them and/or they went to often. Through consultations with the Youth Worker and a case note/file review prior to each interview, the interviewers were able to probe the youth about certain types of community resources that they may have engaged with. Overall, all nine youth reported an increase in resources including support, education, and referrals.

All youth reported JHS-Hamilton and the All 4 One program as a community resource. Youth explained that they would go to All 4 One to talk with program staff about things such as anger management, time management, talk about their mental health (e.g., anxiety, depression), and sometimes to complete applications (e.g., DSO, job). Youth discussed how much the support and talking with staff helped; they explained that they do not often open up and talk with anyone else, and doing so with their Youth Worker has made them feel better. They mentioned that they look forward to meetings as it is the only time that

they get to talk about what they want to talk about and do what they need to do. Youth described it as an opportunity to express themselves and talk with someone about things that they cannot talk to others about, including their friends. They also explained that it feels like they are moving forward and get a sense of progress while doing programming. Youth mentioned that it feels like they have supports and that if they need anything, they know that can access the All 4 One program to help them. Finally, some youth shared that they know JHS-Hamilton can benefit them with mental health and crisis support or just to have someone to support them when they need help.

Most youth identified places in which they would engage in programming; many youth took this opportunity to talk about some of their favourite fast-food shops, being picked up from school, places where they could purchase things for their hobbies, or a place to engage in sports. During this time, youth would go out with their Youth Worker and do programming. Youth explained that there was still structure to their meetings, but that it did not seem fake; they described it as *"genuine conversations while going over things they needed to do"*. The rides home from school or to/from work provided an opportunity for youth to debrief with the Youth Worker. The Youth Worker would take youth to stores to get basic needs and provide some life skills programming (e.g., purchasing personal hygiene products, an alarm clock for sleep hygiene, and any other needs that may contribute to their success). Other reasons for going to the store included purchasing supplies for different youth's hobbies, while engaging in dialogue related to the All 4 One programming. For a few youth, what worked really well was conducting programming while playing a sport such as baseball or basketball. Playing a sport was actually helpful for youth to focus on the conversation at hand. Additionally, a lot of success was found in allowing the youth to have some autonomy in their meetings. The Youth Worker would ensure that the youth could make decisions about where they wanted to go or what they wanted to do.

Youth were aware of employment services, employment opportunities, and identified instances where they would work on resumes or would be supported through job interviews. Some of the employment services identified included Goodwill Employment, Angelic Employment Service, and Threshold. Some employment services offered interview training, wage incentives, and job opportunities, while others were focused on program training towards the trades. Youth discussed working on resumes with program staff, and spending time with staff on 'road trips' to drop off resumes. The Youth Worker would also support youth during job interviews, often waiting outside in the car to see how it went and discussing where they did well and where they could improve. Some youth discussed various jobs that they held while in the program including part-time, seasonal, and full-time positions.

A few youth discussed housing options in the community such as Brennon House and Wesley Housing. Youth discussed being knowledgeable about these places, but some did not want to use them as they were either not interested or did not find it to be an appropriate fit for them. Youth then worked with program staff on other housing options with a few living in their own space/shared space with others and were supported in purchasing basic needs for their space. Finally, some youth identified working applying for ODSP, while others identified mental health supports at the Ron Joyce Centre at McMaster University. Youth acknowledged that they knew the program staff would provide them with a ride to this support service if needed.

As mentioned earlier, one of the biggest challenges for youth accessing services in the community during the program was COVID-19, especially for those who joined during the beginning of the program. Youth explained that they could not go to many places so they would often sit in the front or backyard with their worker to talk. They mentioned that it was actually fun to sit out there with their worker, providing them with a sense of comfort.

### **Reduced Barriers to Social Supports and Programming**

Through one-to-one interviews, youth were asked what they had learned from the All 4 One program that they would continue to do once they left. About half of the youth discussed how they would manage their emotions. Youth explained that they learned to manage relationships, keep a level head, and tolerate things even when it would get difficult. They explained that they used to be very reactive but have more

of an understanding of their own words and in what circumstances joking can be inappropriate. Other youth talked about staying calm, learning to be nicer to others including their caregivers, and being honest about their emotions. As well, youth explained that they learned to do some more self-reflection when making decisions and have been improving on better understanding consequences. They shared that they would look at situations from other people's perspective as before, they did not see what they were doing wrong.

Importantly, some youth talked about continuing to reach out to supports and programs. Youth explained that they know that there are outlets available to them and that they could get involved in programs or supports if they want or choose to. Other youth explained how they were supported by the Youth Worker to access housing. For one youth, the Youth Worker was able to provide a character reference for their apartment application. Another youth was supported as the Youth Worker advocated for and supported the youth in maintaining their housing. For example, the Youth Worker would ensure that the youth maintained the cleanliness of their room and met with housing staff to ensure that the youth was supported.

Another way that the Youth Worker advocated and reduced barriers for youth was by speaking with the youth's employers to ensure that they had a level of understanding of how best to support youth through an FASD lens. Moreover, the All 4 One program provided youth with valuable life skills, consistently teaching youth to use de-escalation, emotional regulation, and other strategies that they needed to be successful. As well, youth were consistently encouraged to use self-care practices and engage in hobbies that would curb boredom and loneliness which were frequently cited as challenges throughout the case notes.

### **5.2.3. Improved Social-Cognitive Skills & Increased Life Skills**

The outcome evaluation aimed to measure whether youth improved their social-cognitive skills and increased structure, routine and life skills through the program. This was measured through the *Youth Attendance Tracking & Case Note Form*, the *Youth Check-In Tool*, and through *Youth Interviews* by assessing the program dosage and engagement (e.g., case management, goal setting, and problem-solving), and through self-reported self-efficacy over time.

**Life Skills:** When asked about what youth have learned from this program through interviews, youth shared that they learned how to handle responsibility and were working to get through day-to-day challenges which involved taking responsibility for their actions. This helped some youth accept and not place blame on others. They explained that accepting responsibility was hard, but the Youth Worker showed them their part in things and learned to take accountability for their actions. Some youth discussed being more honest and accepting the advice that people give, while others shared that they matured and made strides in terms of personal growth. Further, case notes revealed that there were 11 youth involved in helping out at home and working on their basic needs.

**Conflict Resolution & Emotional Regulation:** When asked what youth have learned from this program through interviews, most youth discussed conflict resolution and emotional regulation. Youth talked about learning how to better handle emotions to deal with conflict and constructive criticism. Many youth talked about learning about anger management. For example, one youth discussed being a lot calmer since talking to their Youth Worker. Another talked about how their Youth Worker was a problem-solver as they worked on feeling less overwhelmed and stressed through self-care practices such as listening to music and going for a walk. Other youth talked about how they learned how to use coping mechanisms to help with their anger. Some youth were provided with a poster that helps them stop and extinguish the anger before it gets worse. Other youth detailed how they learned to stay calm, what to do when they are mad, and learning how their emotions affect them and their parents. At home, however, parental communication could still be a challenge for many.



**Community Resources & Support:** When asked about what youth had learned from this program through interviews, youth talked about how many resources were available in the community to help/support them. Youth highlighted supports available in school, and resources in the community such as mental health services and JHS. Youth felt that their worker took their perspective into consideration when discussing various community resources and support. One youth shared that their worker gave them *“the right tools to advance... [the program] opened my eyes. I didn’t know I could get OW, and without [Youth Worker], I wouldn’t have what I have now.”*

**Problem-solving:** Youth talked about how they learned about problem-solving. One shared that they had a voice in their head asking *What would [Youth Worker] do?*

**Sleep Hygiene & Personal Hygiene:** Many youth worked on sleep hygiene and personal hygiene through the program. Youth identified how they worked on getting good sleep (for e.g., before they would sleep in and not go to bed early). For some youth, a lot of challenges with sleep were exacerbated by their living conditions.

**Financial/Budgeting:** Youth talked about learning about finances and budgeting, which was especially helpful as a few were living independently, while others were finding part-time or full-time jobs. Youth shared that they learned to prioritize their spending habits on basic needs, rather than spending their paycheck once they receive it. One youth described going with the Youth Worker to the grocery store where they showed them how to eat for a month with \$40. The Youth Worker and this youth went through the aisles together and learned how to be mindful of what is practical and how to go for deals.

**School:** Some youth discussed school as something they worked on. One youth talked about how they went to school almost every day and even graduated early.

**Employment:** One youth talked about looking for an apprenticeship as they do not have the time to go to college. They wanted to go into the trades to afford a lifestyle and have goals to support their partner.

**Reducing Substances:** One youth discussed learning to reduce vaping and nicotine habits.

Other life skills that youth worked on that were found in the case notes included self-care and activities (i.e., music, art, hobbies, physical health), goal setting, social media, and sexual health.

### **Routine**














Through youth interviews, one of the activities/sessions was a daily activity chart exercise. The intent of the exercise was to measure the youth’s level of self-efficacy through routines. Using the chart below, youth were able to indicate if and when they did each activity (whether on weekdays and/or weekends). For all youth that engaged in the interviews, the list of activities was either read to youth by the interviewers or youth were able to tell a story about their typical daily routines. The results are compiled in [Table 17](#) below.

All youth that participated in the interviews were able to discuss their routines. Some youth shared that they had more structure in their day-to-day, while others shared that there were challenges with conflict in the home. These individuals discussed exercising self-care in moments of conflict to communicate what they wanted, learning how to verbalize this to their caregiver and using music as a self-care practice.

Overall, all youth reported that sleep/personal hygiene and hobbies were part of their daily routine. Many youth talked about waking up, taking a shower, brushing their teeth, and getting ready for the day. Some youth shared how they worked towards waking up on time for meetings as they struggled with sleep hygiene when they first started the program. In terms of hobbies, many youth shared that they enjoy playing video games, watching television and movies, watching YouTube, playing sports, and doing art.



Other common activities included eating, going to school, exercising self-care (e.g., going for a walk, listening to music, working out), meeting with their Youth Worker, seeing friends and family, attending court or diversion, doing chores, and working through their housing options.

Activity		Weekday	Weekend
	Sleep & Personal Hygiene	9	>5
	Eat Breakfast	7	>5
	Education	6	-
	See Youth Worker	>5	-
	Use social media	>5	-
	See friends / Do social activities	>5	6
	Eat Lunch	>5	>5
	Hobbies	9	6
	Youth Justice Appointment(s)	>5	-
	Eat Dinner	>5	>5
	Talk to / See boyfriend/girlfriend/partner	>5	-
	Health Appointments	>5	-
	Self-Care	5	>5
Other:	<i>Employment</i>	>5	-
Other:	<i>Substance Use</i>	>5	-
Other:	<i>Chores</i>	>5	>5
Other:	<i>Housing</i>	>5	-

### 5.3. CAREGIVER PARTICIPANT OUTCOMES

This section of the report provides a detailed response to the caregiver participant outcome questions. Similar to the youth participants outcomes, the outcomes outlined in this section are based on a small sample population that have a wide range of unique individual needs and challenges. As a result, the focus of this section is to highlight general outcomes observed and specific anecdotes provided by participants as it relates to the program outcomes. Through these questions, the evaluation aimed to measure the following:

- Whether caregivers have demonstrated increased positive and trusting relationships with program staff (section 5.3.1.)

- Whether caregivers have demonstrated increased awareness of FASD resources and support (section 5.3.2.)
- Whether caregivers have demonstrated an increased use of formal/informal supports and services (section 5.3.3.)

The following data presented in this section originates from the following data collection instruments: *Caregiver Pre-Survey*, and *Caregiver Interviews*. As mentioned earlier, only half of the caregivers completed a pre-survey and seven caregivers participated in one-to-one interviews. The data in the following sections will only be reported based on these caregiver participants.

#### **Short-term program outcomes:**

- Increased positive & trusting relationships with staff
- Increased awareness of FASD resources & support
- Increased use of formal/informal supports & services

#### **Intermediate-term program outcomes:**

- Caregivers are part of a community of care to support youth

#### **5.3.1. Increased Positive & Trusting Relationships**

The outcome evaluation aimed to measure whether caregivers demonstrated increased positive and trusting relationships with program staff. This was measured through self-reported program experiences through one-to-one interviews with caregivers through various questions around how caregivers felt the program staff treated them and their youth throughout their participation in the program. Overall, caregivers reported positive relationships between themselves and program staff as they felt supported and connected, positive and trusting relationships with youth who were provided with expertise and understanding of FASD. Caregivers also provided some concerns and additional feedback.

Many caregivers shared that they formed a positive relationship with program staff, with some describing it as being amazing and excellent. Through the All 4 One program, caregivers discussed that they were provided with added support and had someone to talk to and connect with. A few caregivers discussed how nice it was to socialize with program staff and be able to ask any question if they needed help. One caregiver explained how helpful the support has been during times of crisis:

*"When we've had a crisis. What's been nice is being able to reach out to someone to talk about it. Whether it's been [Caregiver Worker] or [Youth Worker]. Usually [Caregiver Worker] has been pretty responsive and listens to our concerns, even if [they] can't do anything. Having that extra person has been really helpful."*

Further, other caregivers shared that they were grateful for the availability of support provided by program staff. Caregivers shared that program staff told them to contact them anytime they needed anything, even if it was just to talk. Another caregiver explained that program staff emphasized celebrating every positive moment with their youth:

*"I would say definitely, there's been some positive changes because we work in baby steps, you know? And we celebrate every little thing that's positive... that [Youth Worker] has kind of helped me to understand all the little things are worth celebrating."*

Many caregivers also emphasized the positive and trusting relationship between program staff and youth. Some caregivers shared that their youth got much-needed help through the program, which helped the caregiver as a result. Another caregiver mentioned that their youth was typically reluctant to

engaging with programming, but program staff were able to build such a positive rapport with the youth that they would look forward to their meetings:

*"First time I talked to [youth] about someone coming over to visit with [them], [they were] already getting up to leave... After probably the third week, [they were] out meeting the worker at the car."*

One caregiver highlighted the importance of the program staff providing a safe person for youth to rely on, showing that they truly cared for their youth:

*"...making [youth] feel like someone cares about [them]. Someone safe that you could talk to... that would be a tool that's pretty important."*

Another caregiver discussed the importance of program staff being able to build a trusting relationship with the family overall. This was particularly beneficial when one of the program staff was away on holidays as the other program staff could fill in and ensure that youth or caregivers did not miss out on any programming.

*"[Youth] has such respect for [caregiver worker]. Just like with [Youth Worker]... [Youth Worker] has a different relationship with [youth] – it's like [youth worker] is the world, right? But [youth] has so much respect for [caregiver worker]."*

Many caregivers also discussed how the expertise and understanding of FASD from program staff has been helpful as staff understand the barriers and stigma that individuals may face and are respectful of the decisions that the caregivers make. Some explained that they appreciated the expertise and background into youth with FASD that program staff brought to the All 4 One program as it made caregivers feel less alone and more understood. One caregiver mentioned that their relationship with program staff has been respectful and transparent; program staff have accepted the youth for who they are, and they felt that that was almost as important, if not more, than the programming itself:

*"You want to build on social and life skills and all of that but feeling that [youth is] understood and accepted."*

*"In general, [Caregiver Worker] is very supportive... so, I don't feel that I'm alone. [They] get it, right? What's been particularly helpful is... [their] background in child welfare... my assumption here is that [they've] dealt with a diversity of kids. [They] know some of the challenges that can present themselves and it's not kind of talked about stuff, right? So that's been very helpful... I could call her anytime if I needed and she'd get back to me.... We had a bit of a different perspective on what to do at [one] point – [Caregiver Worker] respected the decision I made."*

Another caregiver discussed that being a caregiver of a youth with FASD presented difficulties with neighbours and even family due to various forms of stigma. Program staff were able to make this caregiver feel safe, welcome, and heard:

*"I have difficulty with some of my neighbors, difficulty within my own family... so I think that really speaks to why we need so much support, because sometimes our own family will blame us, right? Like, why did you adopt them? Or, you know, 'they've just they never learned, and you need to be more punitive', and it's very hard without having support.... [Program staff] made us feel heard... we feel like we're not alone. You know, there's more people like us out there. At least that's good to know because it's just – you feel so lonely... as a mom, you wonder, like, what the heck did I do? Like, what did I do so wrong? But you know, that's helped me through that portion of it. And [Youth Worker] helps my [youth] through his portion of it. So, we're very lucky for the program."*

All caregivers expressed their concern and dismay that the program was ending in September 2023, and mentioned that they would miss the support and perspective of program staff:

*"I was genuinely upset that it was going to end because I look forward to being able to bounce stuff off [Youth Worker]. [They've] got a whole different way of looking at things than me. And it helps me to see things sometimes more clearly."*

Caregivers also expressed their concerns and feedback through interviews. Although caregivers acknowledged that program staff were supportive, helpful, and responsive, a handful mentioned that they did not find that they were being provided with new knowledge or had staff follow through on some of the goals they had for their youth. Further, a few caregivers mentioned concerns about program staff not maintaining communication with them.

### **5.3.2. Increased Awareness of FASD Resources & Support**

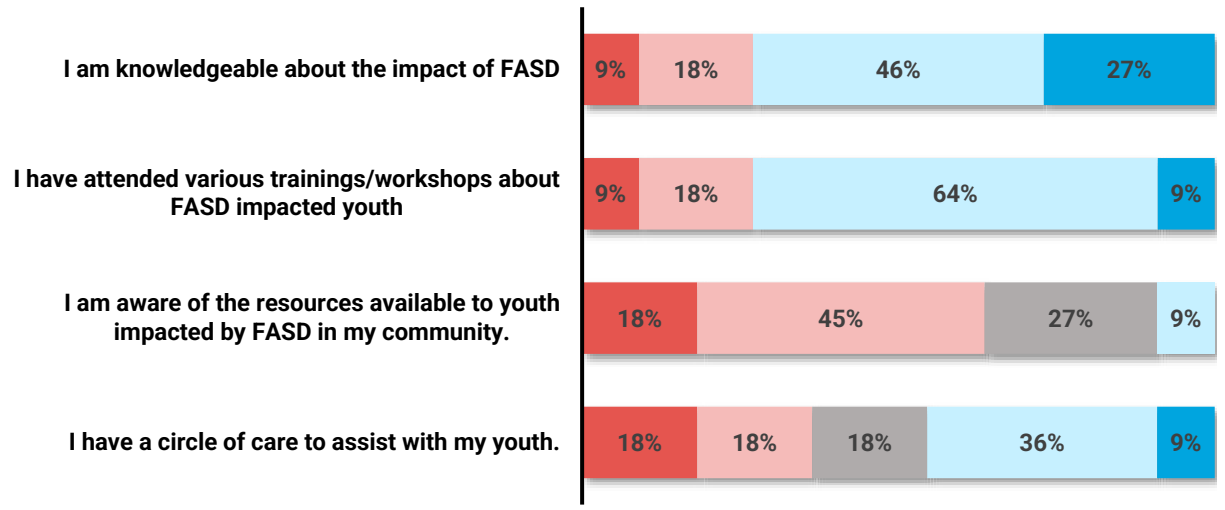
The outcome evaluation aimed to measure if caregivers demonstrated increased awareness of FASD resources and support. This was measured through self-reported knowledge and awareness of FASD resources and support over time. Questions were asked during the *Caregiver Pre-Survey* with the intention of gaining a better understanding of caregivers' knowledge and awareness of FASD resources and support upon joining the program, while the *Caregiver Interview* sought to measure any changes in knowledge and awareness.

As part of the All 4 One program, all caregivers were supposed to be provided with a caregiver resource package when they joined. According to the Program Manager, all caregivers (100%) were provided with a caregiver resource package. However, according to the *Caregiver Pre-Survey* (n=11), two individuals selected 'no' when asked if they received a package.

Through the *Caregiver Pre-Survey*, caregivers were also asked to answer questions about their knowledge and awareness of FASD resources and supports upon joining the program. As mentioned earlier, only 11 of the 22 caregivers completed a pre-survey when they joined. Overall, most respondents agreed that they were knowledgeable about the impact of FASD (73%; n=8) and had also shared that they had attended various trainings/workshops about FASD impacted youth (73%; n=8). However, most caregivers shared that they were not aware of the resources available to youth with FASD in the community (63%; n=7). About half the caregivers (45%; n=5) agreed that there was a circle of care to assist their youth, while about half (36%; n=4) disagreed indicating that they did not (see [Figure 8](#) below).

**Figure 8: Caregiver's Level of Agreement with Statements (n=11)**

■ Strongly Disagree  
 ■ Disagree  
 ■ Neither agree nor disagree  
 ■ Agree  
 ■ Strongly Agree



Additionally, caregivers were asked if they had participated in any FASD-specific training specific. Overall, six respondents shared that they had participated in training previously, however, five did not. Those that participated shared the following training resources: CAS/CCAS, Hamilton Caregivers Association, Infant and Early Mental Health Promotion (IEMHP) Conference (which usually has an FASD workshop), FASD Conference(s), Community & Justice Program at Mohawk College, and various webinars.

When asked through interviews if caregivers increased their knowledge and awareness of supports and services, five caregivers mentioned that they were provided with FASD resources and supports. Caregivers mentioned that they had been made aware of resources in the community, however, the resources (e.g., webinars, virtual conferences) often conflicted with their schedules as they took place during the day, or the caregivers were not interested in the resource so they were unable to attend or would not attend. For those resources that would take place in the evening, caregivers mentioned that they were often too tired or burnt out to attend. Caregivers also mentioned that it is a challenge to attend when there are costs associated with the resources. A few caregivers shared that they would attend anything that was free, while others were able to have their employer cover the costs. Some caregivers shared that program staff were always providing them with new information and resources, and they used any resource that they get. Caregivers also turned to program staff as a resource of FASD knowledge.

*"FASD in general, and specific to my [youth]. That's, again, when talking with that, [Caregiver Worker] knows so much about it. So, [they're] such a great person for me to talk about it."*

*"For me, it's been helpful to understand how some of the impacts affect some of the things that [youth will] do, and an understanding that makes me understand better instead of being angry, right?"*

A few caregivers, however, mentioned that they had come into the program with prior knowledge and had already been using FASD resources. While a few caregivers acknowledged that they attended any workshops that were provided to them through the program, they mentioned that information only goes

so far. This caregiver expressed frustration with the supports and services provided as they had prior knowledge of FASD and would have preferred to be more involved in engaging with the Youth Worker to support their youth:

*"We were supposed meet every other week with [Caregiver Worker], which, truthfully, I found it more frustrating because I'm working full-time... I feel like I've got enough knowledge about FASD...I would have preferred to have an update directly with [Youth Worker] to tell [them] what was going on versus with that sort of third person."*

### **5.3.3. Increased Use of Formal/Informal Supports & Services**

The evaluation aimed to measure the increased use of formal/informal supports and services accessed by caregivers over time. This was measured by self-reported use of formal/informal supports by caregivers. Through the *Caregiver Pre-Survey*, the evaluation aimed to have a better understanding of the supports and services accessed prior to the program, while the *Caregiver Interviews* could indicate whether caregivers have increased their use of supports and services.

Through the *Caregiver Pre-Survey*, caregivers were first asked about any community resources that they were aware of that were specific to youth with FASD. Overall, eight (73%) caregivers indicated that they were not aware of any, with two specifying only the All 4 One program. Some caregivers shared other resources including: Dr. Drossos School Resource & Social Worker, FASD Hamilton, CCAS, Dr. Boylan, St. Joe's, Alternatives for Youth (AY), Contact Hamilton, and Lynwood Charlton Centre.

Through one-to-one interviews, almost all caregivers explained that the All 4 One program provided them with parenting skills and strategies such as support and self-care. Caregivers discussed how helpful it was to have the program staff advocate for their youth, that program staff were open to suggestions, reduced conflict in their home, and assisted the caregiver in prioritizing self-care. Another caregiver shared their surprise that the program was also geared towards caregivers and was encouraged to prioritize themselves and their own self-care.

*"[Youth Worker] has evolved into understanding a part of [youth] where [they are] so open to suggestions... [Youth Worker has] evolved into that just by watching [them] and seeing what's going on with [them]. [Caregiver Worker] has helped out a couple of times, too... Self-care is so important, and we know it. We don't often do it, but I'm better at it now for sure."*

*"I didn't really know what to expect. I didn't know I would be really involved... So, it came as a bit of a surprise... [Caregiver Worker] talked to me about what I've been going through, and it was just someone to hear what my troubles are with all this, what my stresses are and someone that pushed me... like self-care... all about the self-care with [Caregiver Worker]... I was like, 'well, when do I have time? You know, I got two [youth] with disabilities, like, there's no time for self-care.' And [they were] like, 'yes, there is... you take those few moments', you know, [they] pushed me to do it and it's been extremely helpful."*

Caregivers also shared that they had been able to reach out to staff when they were in emergency situations and were able to ask for ideas on what to do. Some youth and caregivers also benefited from having visual strategies that they could use at home for emotional regulation and de-escalation. One caregiver explained how this strategy was not only useful for their youth, but also for themselves as they were able to better understand their youth's actions, and to recognize their youth's anger cues. In these situations, they have been able to utilize what they have learned to support their youth to regulate their emotions.

*"They talked to me about how we kind of alert the moods... the bright green, yellow, red, black – that kind of thing. It's not that they taught it to us... they reintroduced it to me... they had talked a lot about colours and associating colours with the mood and how the kids feel. And so, they just kind of brought that back into my life that I'm able to remind [youth] and even my other [youth] by using the colour system... it's a lot easier because when you see one of them get angry, it's like, I'm trying to get out what's wrong with them; sometimes they can't come up with the words as to what they're feeling, but it's so easy for them to come up with the colour of it."*

Other times, program staff have been able to support caregivers by intervening during conflict between youth and the caregiver. In these situations, program staff were able to provide some perspective, different approaches that could be taken in future interactions, and to point out the positives from the interaction.

Caregivers also explained that they received more knowledge and coping skills. These caregivers explained that they were better able to take into consideration the strengths and weaknesses of their youth and were more sensitive to their needs.

*"... having a little bit more knowledge as to the strengths and weaknesses type thing was quite helpful. And you know, they definitely kind of teach you a lot of coping skills yourselves."*

*"I'm more sensitive to what [youth's] issues are... I think we've always been sensitive... we applied what we understood about that to [youth], but then having another lens has been very helpful because it actually explained some of the stuff with more clarity so we can be more understanding of [youth]."*

Some caregivers shared some more supports provided through JHS-Hamilton such as being able to talk to someone and having someone talk to their youth. They mentioned using services through the program such as judicial navigation, helping with attending and logging into court, legal issues, and CAS. Another caregiver explained how important the support they received is:

*"Just the support, I think is a big piece, because, you know, there's a tendency for some people to view caring for FASD children to view the challenges with them as simple as poor parenting... that's probably been the most helpful because there can be so much judgment out there. And after a while, you know, I ignore it, but it can take a toll on you."*

Other caregivers appreciated how the program has provided education and resources to justice professionals, as they have had more positive interactions with police officers who mentioned that they received education from the All 4 One program. Further, one caregiver explained that the program has provided their youth with the understanding that it is safe to talk to adults and that it is safe to share things.

*"So last year, when [they] had trouble at school, [they] felt safe going to the principal to explain what was going on. And I think that's because [Youth Worker] took [them] seriously, right?... [Youth Worker] never demeaned what [they] had to say; [their] thoughts were considered important. I think that that was a big skill that [youth] would have gained."*



Many caregivers also shared that there are limited services and supports in the community that they were able to access and felt that there was a lot of stigma and a lack of sensitivity towards FASD from the community. Caregivers pointed to a lack of FASD services in the Hamilton region for youth. They shared that there are resources for other disabilities or services that are inclusive of all disabilities, but that FASD is so different and cannot be capped under a 'disability' generally. They point to the challenge that even support groups are often too broad, so they feel that they need to push to get their question through and that their questions often differ substantially from others in the room.

*"There's not a lot of services out there...But you know, the program has really helped in the school, like attending and educating school about some of the challenges for sure, but there's not a lot of sensitivity in the community yet."*

*"There's just not a lot of resources for children with FASD in Hamilton. I know there's a lot of resources for other disabilities, but FASD... I feel like not many agencies really know a whole lot about it, and it's crazy, because it's been around forever... But there's just no real FASD things like, you know, like, there's things that are inclusive of all disabilities, but they don't necessarily understand FASD, they just understand disabilities and FASD is so different... and you can't just cap it under a disability... Every kid with FASD is so different... even the support groups I went to, it's like, you'd have some people with young kids with some people with adult kids and we're all fighting to try to get our questions through, because all of our questions are so different from everyone else. And it just seems like what the optimal program they're able to get to each child."*

A few caregivers also highlighted the financial support that was provided to them through the program, whether that was providing the family with tickets to a sporting event in the community or coming up with unique ways to create a chore and allowance schedule that fit within the caregivers' budget.

Caregivers also discussed some of the challenges that they experienced when accessing formal/informal supports and services. Some caregivers wanted to be more involved in their youth's programming, while some had hoped for more information about Developmental Services Ontario (DSO) as they were unaware of how to use it, and their youth aged out of the program before they were able to access the support. Similar to the previous section, some caregivers came in with previous knowledge, education, and knowledge, and felt that they had enough knowledge about FASD. What they had hoped was to have more direct updates from the Youth Worker instead of having to hear things through the Caregiver Worker.

## 5.4. COMMUNITY PARTNERS & ENGAGEMENT OUTCOMES

This section of the report provides a detailed response to the community partners and engagement outcome questions. Through these questions, the evaluation aimed to measure the following:

- If youth justice professionals created case conferencing plans to reduce police contact and increase use of protective factors (section 5.4.1.)
- If youth justice professionals feel youth are better supported (section 5.4.2.)
- Whether community partners increased knowledge of FASD and FASD-informed approaches (section 5.4.3.)
- Whether community partners worked together to support participants with FASD (section 5.4.4.)
- Whether community partners increased professional capacity to provide advocacy and support to FASD-impacted youth (section 5.4.4.)

The following data presented in this section originates from the following data collection instruments: *Youth Attendance Tracking & Case Note Form*, *Caregiver Attendance Tracking & Case Note Form*, *Community Partner & Stakeholder Satisfaction Survey*, and the *Collaborative & Advisory Committee Tracking Form*.

#### **Short-term program outcomes:**

- Youth justice professionals create case conferencing plans to reduce police contact & increase use of protective factors
- Youth justice professionals feel youth is better supported
- Community partners have increased knowledge of FASD & FASD-informed approaches and work together to support participants with FASD
- Increased professional capacity to provide advocacy & support to FASD-impacted youth

#### **Intermediate-term program outcomes:**

- Established best practice when working with FASD impacted youth in the justice system; youth justice professionals & community partners continue to feel connected as part of a network

#### **5.4.1. Case Conferencing Plans**

The outcome evaluation aimed to measure whether youth justice professionals created case conferencing plans to reduce police contact and increase use of protective factors. This was indicated through indirect case management meetings and notes through the *Youth Attendance Tracking & Case Note Form* and the *Caregiver Attendance Tracking & Case Note Form* as well as through reported use of case conferencing plans and their impacts from the *Community Partner & Stakeholder Satisfaction Survey*.

Due to COVID-19 and other unforeseen circumstances outside of the program's control, the All 4 One program was not able to successfully have formal case conferences conducted as they had planned. When the COVID-19 pandemic began in 2020, agencies and organizations in the community were focused on pivoting how they offered their services. At the same time, this impacted whether some agencies were operating at full capacity which impacted the All 4 One program's ability to access these services. Further, the All 4 One program had many older youth who had already been through case conferences, and both the youth and their caregivers were experiencing burnout. To circumvent some of these issues, however, program staff conducted informal case conferences with community stakeholders for the youth in the All 4 One program, where possible. As a result, this section will report primarily on the 'informal' case conferences.

Overall, **11** (65%) of the 17 youth that consented to the evaluation had a case conference(s) convened on their behalf to create a plan which could reduce police contact and increase protective factors. These case conferences included meetings with youth's probation officer, individuals working within the school, housing workers, and other community agencies collaboratively working together to support the youth.

Through youth case notes, specifically, there were **83** references made for case conferences for **8** youth. These case conferences included:

- **Family:** Plans were created between program staff and caregiver(s)/families contributing to a circle of care for the youth.
- **Employment:** Meetings were facilitated between youth and employment services such as Goodwill Employment, and program staff would meet with employers to support youth by reducing potential issues, establishing supports, and being a contact person for the employer if needed in order to ensure youth maintained their employment.

- **Mental Health:** Coordinated supports with Reach out Centre for Kids (ROCK) & Halton Police Services, met with clinician at Banyan, supported caregiver in navigating McMaster's Children's Unit, and speaking with social workers, mental health workers, and psychiatrists.
- **Justice:** Program staff worked with probation officers, police officers, defence counsel and Crown counsel to support youth.
- **School:** Program staff connected with NRAC worker to support youth through alternative schooling options. As well, other youth were supported through case conferences with their vice principal, social worker and caregivers for de-escalation, a school social worker, the Hamilton-Wentworth District School Board (HWDSB), and with the principal, vice principal, guidance counsellor, and special education teachers.
- **Housing:** Program staff coordinated various meetings with Wesley included with the Wesley Youth Worker to discuss priority areas to focus on, and challenges around room maintenance. Other case conferences included meeting with CCAS & Welsey for a tour with Brennon House on behalf of the youth.
- **Financial:** Program staff were present and supported youth through Ontario Works (OW), banking, and meetings with both OW and CCAS.
- **Diagnosis:** Program staff assisted with Developmental Services Ontario (DSO) and assessment meetings, scheduling and facilitating meetings with Bethesda, accompanying the family in obtaining an FASD Diagnosis, and supporting youth in applying for Ontario Disability Support Program (ODSP).
- **Health:** Program staff supported youth by accompanying them to meetings with registered dietitians and emotion coaches.
- **Social Services:** Program staff met with an FASD advisor to gain insights into the Voluntary Youth Service Agreement (VYSA) through CCAS.

Further, there were a handful of mentions throughout the case notes about sending a request to secure a Hamilton FASD Collaborative Case Conference. During these conferences, program staff and the members that were present consulted on best practices to support youth navigating community resources and tools for success.

Through the *Advisory Committee & FASD Collaborative Satisfaction Survey*, a handful of individuals provided feedback on the FASD Case Conferences. One shared that they were impressed with the level of understanding from program staff on the impacts of FASD, while another shared how useful it is to have this as part of a next steps plan for families.

*"My involvement with the program is to have observed the staff during FASD Case Conferences through the Hamilton FASD Resource Team and I have been impressed with the level of understanding with respect to how FASD impacts the functioning of the youth."*

*"When delivering case conferences to youth who may be involved or are at risk of being involved with the justice system, it is incredibly helpful to have a resource like this to connect families with as part of a "Next Steps" plan, as there are not really any other services that would meet this need."*

#### **5.4.2. Support for FASD Impacted Youth**

The outcome evaluation aimed to measure whether youth justice professionals feel that youth are better supported and whether community partners had increased their professional capacity to provide advocacy and support to youth with FASD. This was measured through the *Community Partner & Stakeholder Satisfaction Survey*. As mentioned earlier, this survey was administered annually to community partners and stakeholders, and asked youth justice professionals several questions around

how they felt about the program and whether they felt the youth were better supported after engaging with the program.

As mentioned earlier in section 4.4.2., 70% (n=19) of the community partners surveyed were satisfied with the youth support components of the program. Additionally, 74% (n=20) of respondents through the *FASD Collaborative & Advisory Committee Satisfaction Survey* agreed or strongly agreed that the program has had a positive impact on participants.

Respondents were asked to elaborate on their overall experience with the All 4 One Program. Overall, respondents provided comments about the support provided, communication, consistency, the knowledge and passion of the staff, positive impact of the program, and that they had a great experience collaborating with the All 4 One team. Some respondents also shared their concerns around reported issues from caregivers which are described below.

In terms of the program, respondents shared that they were impressed by the support provided to youth and their families as well as the positive results. They shared that the program provided communication, collaboration, learning, and was consistent even through COVID-19. Respondents were appreciative of the important work that was being done, and acknowledged the positive impacts that the program has had on clients' lives. Further, respondents noted that the program was a valuable community service and that the staff were very knowledgeable, competent, welcoming, and "truly passionate workers." Respondents felt that program staff were flexible and willing to collaborate on working with mutual participants. As well, respondents felt that program staff advocated on behalf of youth and their caregivers:

"... It has been very helpful having another professional to advocate on behalf of youth and their caregivers. It is also incredibly important for the success of our FASD youth to know that there is a community partner who can provide wrap-around support for them and their family outside of the school environment."

Some respondents shared concerns about the communication with caregivers and other agencies, respectively. Community partners shared that there were reported issues from caregivers that they felt left out of the process and were being told some things would be done, but then it would not be. This was reported to have built mistrust with caregivers utilizing the program for support which is not in line with the intentions of the program. Further, it was noted that communication from All 4 One staff to their participants had created tensions between an agency and their mutual client. For example, it was reported that an All 4 One participant was assured that an agency in the community could provide services above and beyond what that agency could actually provide, which led to tension and conflict between that agency and their client.

When asked to indicate what the most important features of the All 4 One program were, many respondents discussed the youth component as the most important feature, while others indicated more generally that the communication and wraparound services component of the program was most important. A few respondents also highlighted caregiver support, justice support, and education components of the program as key features.

Respondents discussed the value of the one-on-one support, mentorship, life skills training, navigation of systems, and the FASD approach taken with youth. Some respondents further explained that the relationship and rapport building with youth was a key component of the program as they saw how their youth participants valued their relationship with their youth worker. Other respondents also shared that they are appreciative that the program accepts youth with a query of FASD. More generally, respondents

shared that the program provides a holistic approach with hands-on support and had excellent communication, coordination, and collaboration with youth and their caregivers.

“The regular contact with youth and their caregivers, whether it’s to problem solve, advocate or just provide validation and support.”

“The wrap around support and coaching to help individuals build positive skills and engage in successful/prosocial behaviour and helping the individual and families with advocating when they hit roadblocks.”

A few respondents shared that they valued the supports provided through the program for caregivers such as education around FASD and how it may impact their youth’s functioning and behaviour and facilitating a positive environment within the home. Other respondents noted that they valued the justice support provided through the program, while one individual appreciated the alternative(s) to the traditional education system as it did not work for their youth clients.

Finally, respondents were asked if they would recommend this program to potential referring agencies/workers. Overall, 24 respondents indicated that they would, while one indicated that they would not.

Respondents were asked to further explain why they would or would not recommend this program, where 18 individuals provided a response. Almost all respondents shared why they would recommend the program, while two individuals provided a response related to program improvements.

Those that would recommend the program shared that the program was supportive with its wraparound services (n=12), very helpful (n=2), and brought in FASD education and awareness (n=1). One individual also shared that if the program were to continue, they would make referrals. In terms of support, respondents explained that the program offers prosocial, positive, and consistent support to youth and their caregivers/families making it a unique program. Others shared that the wraparound approach provided many benefits to individuals, with some noting that its effectiveness in meeting the needs of youth who “may be slipping through the cracks in traditional educational settings.” Respondents also shared that program staff were very helpful with the youth participants that respondents worked with and found that they were able to build “an amazing rapport” with them which in turn made them feel well connected and supported. Others also shared the long-term success that this program could have on individuals:

“It’s an added layer of direct support. The greater the support team assisting FASD youth and their family, the more likely they are to find success across the lifespan.”

“Yes, I would recommend this program. This program is a “1 of 1” from my experience. The multifaceted service structure offered a unique support network for youth with complex needs. Servicing this population takes a specialized group of organized formal supports. This program does the incredibly involved, direct service work that makes a difference in the lives of these youth every day at home, school, and community. This is a program that needs to grow and continue to specialize, secure long-term funding to allow for the benefit of wrap around services to guide these

young people (their family and the community) into young adulthood so that they can optimize strengths, provide safe opportunities to process, plan and feel successful along the way.”

In terms of going forward, a few respondents noted that the intention of the program is vital to the community, specifically individuals with FASD, however, they shared that the program could be improved upon. One suggestion was to host a community meeting to identify the needs of the families and the types of support needed to fill service gaps in order to build a stronger collaborative wraparound approach in the community.

#### **5.4.3. Increased Knowledge of FASD & FASD-Informed Approaches**

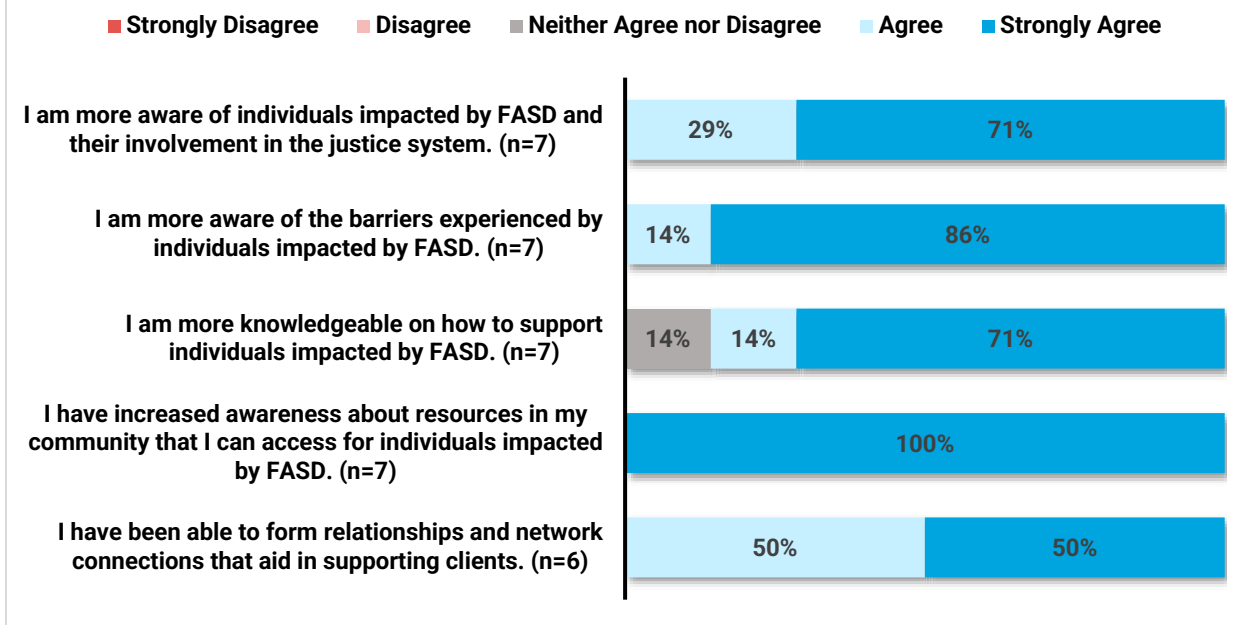
The evaluation aimed to measure whether community partners increased knowledge of FASD and FASD-informed approaches, and whether community partners worked together to support participants with FASD. This was measured through the *Community Partner & Stakeholder Satisfaction Survey*, *FASD Collaborative & Advisory Committee Satisfaction Survey*, and the *Collaborative & Advisory Committee Tracking Form*.

Through the *FASD Collaborative & Advisory Committee Satisfaction Survey*, individuals were asked to reflect back to when they first became involved with the All 4 One program and share if their knowledge in supporting individuals impacted with FASD had changed. Five respondents shared that the program has enhanced their knowledge, skills, and capacity through presentations, and attending training and webinars. One respondent shared that when they first started, they knew very little about the services available, but their involvement on the Youth Justice Advisory Committee has been impactful as they have shared ideas, success stories, and information through meetings. As well, one respondent shared that the All 4 One training series was beneficial as it was broken down in a way that allowed individuals to absorb all the details as it relates to FASD and the program.

Further, when asked if respondents had applied a more FASD-informed approach to their work with participants since engaging with the program, six respondents indicated that they had and elaborated further. Two respondents discussed how they now understand supports and resources from a more youth justice-oriented perspective and are able to assist youth through this lens. As well, one respondent shared that they have been able to apply what they have learned through trainings and committee meetings in their while, while one respondent shared that they have increased referrals and community awareness through their engagement with the program. The one respondent that indicated that they have not used a more FASD-informed approach in their work explained that they do not have any clients who have been diagnosed or have a query of FASD. Due to the COVID-19 pandemic, they shared that it has made it more difficult to build rapport with clients and approach the subject of FASD.

Finally, respondents were asked about their level of agreement with various aspects of the All 4 One Program. Overall, respondents either ‘agreed’ or ‘strongly agreed’ with every statement, with the exception of one statement on being more knowledgeable on how to support individuals with FASD where one individual was neither agreed nor disagreed (see [Figure 9](#) below). Further, when asked whether respondents had increased awareness about resources in their community that they can access for individuals with FASD, all respondents strongly agreed.

**Figure 9: Advisory Committee's Level of Agreement with Various Aspects of All 4 One Program**



## 5.5. SUMMARY OF OUTCOME FINDINGS

Overall, since the program began in January 2020, program staff were involved in relevant training and had ongoing supervision and support throughout the program through monthly meetings and weekly debriefs between staff. Additionally, program staff also engaged in case management planning with other service providers in the community to support youth and families. In terms of staff knowledge and capacity, youth participants shared that their Youth Worker understood their needs and felt supported. Caregiver participants also expressed satisfaction with program staff understanding their own needs as well as the needs of their youth. Further, many members of the FASD Collaborative and Advisory Committee reported that they felt program staff were competent and trained specifically in how to support youth with FASD. In terms of their engagement with the program, Advisory Committee members reported that the program enhanced their knowledge, skills, and capacity through presentations and attending training and webinars. A few provided feedback that being a part of the committee provided a space to share ideas, success stories, and information about FASD.

Through the All 4 One program, more than half of the youth participants reduced their contact with police. Most instances of police contact were a result of family conflict or related to charges and breaches. Commonly, police were contacted as a form of de-escalation between family members, with youth expressing concerns that caregivers would involve police at the first sign of conflict. Throughout the program, the All 4 One program saw success in caregivers reaching out to the program staff as a mechanism for de-escalation rather than contacting the police. As well, in times of conflict, youth attempted to use strategies they learned through the program such as de-escalation techniques, emotional regulation, problem-solving, and conflict resolution. When asked about supports and services in the community, all youth reported the All 4 One program as a resource they could access. Some youth also identified employment services, housing services, ODSP, and mental health supports. In order to reduce barriers to accessing supports in the community, the All 4 One program provided life skills training, goal setting, routine building strategies, and more to youth. Youth recounted many of the tools and strategies they learned through the program, sharing that they plan to continue using these methods now that the program has ended.



Overall, caregivers reported positive relationships between themselves and program staff as they felt supported and connected, and positive and trusting relationships with youth who were provided with expertise and understanding of FASD. When asked if caregivers increased their knowledge and awareness of supports and services, many caregivers mentioned that they were provided with FASD resources and supports. Caregivers mentioned that they had been made aware of resources in the community, however, some of the resources (e.g., webinars, virtual conferences) often conflicted with their schedules as they took place during the day, or the caregivers were not interested in the resource so they were unable to attend or would not attend. Additionally, a handful of caregivers noted that they had knowledge prior to joining the program and were already using FASD resources. All caregivers did mention, however, that they increased their use of formal/informal supports and services such as the All 4 One program which provided them with parenting skills and strategies such as support and self-care.

Due to COVID-19 and other unforeseen circumstances, the All 4 One program pivoted their approach to case conferences by conducting informal case conferences with family members, employment services, mental health services, justice professionals, and more. Overall, most FASD Collaborative and Advisory Committee members found that the program had a positive impact on participants, and commented on the support provided, communication, consistency, the knowledge and passion of the staff, the positive impact of the program, and the opportunity to collaborate with the All 4 One team. Further, members shared that the program enhanced their knowledge, skills, and capacity through presentations, and attending training and webinars.

## 6. CONTRIBUTION TO YOUTH JUSTICE FUND OUTCOMES

The All 4 One program contributed to the justice system's ability to rehabilitate and reintegrate youth in conflict with the law in a number of ways. First, as demonstrated from the evidence above, the program provided a mechanism through which professionals in the Hamilton community's local justice system were made aware of and connected to opportunities for training and education around FASD and the impacts on youth in the justice system. Program staff acted as connectors to the resources and supports of the Hamilton FASD Collaborative through their work and advocacy for individuals with FASD in the youth justice system. By providing a better understanding of the impact of the justice system on youth with FASD, the program was able to increase the likelihood of youth receiving access to supports and interventions that were grounded in FASD best practices, which in turn, provided better outcomes relative to their trajectory in the justice system. Some ways in which the program achieved this was through:

- Direct court support
- Modeling justice for individuals in the courtroom (i.e., modeling how to handle certain situations)
- Educating individuals in the justice system, for example:
  - Brought an academic in to present to the Youth Justice Advisory Committee on FASD and the justice system
  - Provided an FASD in the justice system presentation to the Criminal Lawyers Association

The All 4 One program also provided the Hamilton youth justice community with resources that would more adequately support youth with FASD and their caregivers. This support contributed to the prevention of ongoing recidivism with youth, as well as created greater capacity for many caregivers and their communities to support youth. The individual-based programming for youth supported them in building their life skills as well as day-to-day activities. The program also provided effective measures outside of formal court processes to address less serious offending through supportive strategies. The program specifically focused on the youth's strengths to support them in achieving pro-social opportunities such as employment, which could contribute to long-term recidivism prevention. Recognition of cognitive diversity and the development of individualized programming effectively addresses the needs of each youth being supported.

## 7. LESSONS LEARNED & RECOMMENDATIONS

### 7.1. Program Lessons Learned & Recommendations

#### 7.1.1. Lesson Learned: COVID-19

Throughout the program, program staff shared some of their lessons learned and ways in which they attempted to address the challenges that they encountered. One of the most significant challenges faced by the program, and anticipated by program staff, was the COVID-19 pandemic which impacted the first two years of the program. In accordance with the public safety guidelines set out by the province, COVID-19 required most programs to be administered online. However, program staff explained that providing this program remotely would not be successful for supporting youth with FASD and/or their caregivers. As a result, the program staff did very little programming remotely. For youth participants, specifically, the Youth Worker went above and beyond program requirements and conducted very few virtual sessions as it was not well-suited for the youth. Throughout the pandemic, the Youth Worker ensured

that they were conducting sessions in-person as much as possible. Moreover, in terms of the pandemic, there were barriers to referring and connecting participants to resources in the community as many services were shut down. This had an impact particularly on those youth who engaged with the program in the first year of the program.

### **7.1.2. Lesson Learned: Lack of Services for FASD-Impacted Justice-Involved Youth**

JHS-Hamilton program staff, youth participants, caregiver participants and stakeholders all highlighted the lack of services available for justice-involved youth with FASD in the Hamilton community, and the need to fill this gap. Research for the evaluation also revealed similar findings. Stakeholders shared that the All 4 One program was a unique program that not only filled this gap, but also included providing services to those who were querying a diagnosis of FASD, rather than just those individuals with a formal diagnosis.

#### **Recommendation 1: Increase FASD-Specific Resources in Hamilton**

Currently, there are limited FASD-specific resources for individuals in the Hamilton area, particularly for those that are justice-involved. Both youth and caregiver participants as well as stakeholders highlighted the urgent need for the All 4 One program to receive sustainable funding in order to fill the service gap in the community for justice-involved youth with FASD. Participants suggested that the All 4 One program, as well as other FASD supports and resources, should be government funded. Consultations with program staff, JHS management, and stakeholders during the *Staff Data Party* also revealed that a future iteration of the All 4 One program requires funding for additional staff to meet the service needs of the community.

In addition to the All 4 One program being funded, caregiver participants provided suggestions for FASD services that provide respite for caregivers as well as a Big Brother Program to provide similar mentorship that was provided through the All 4 One program. For youth specifically, caregiver participants pointed to the need for more emergency housing/shelter and mental health-related services geared toward youth with FASD.

### **7.1.3. Lesson Learned: Age Criteria**

During the program, staff learned that working with younger youth (ages 12-13 or younger) was significant in terms of seeing tangible gains. As program staff explained, intervention during youth's earlier years is key in successful prevention from engagement with the criminal justice system. However, the program faced barriers to engaging with youth at an elementary school level in the community. Program staff explained that there is stigma surrounding youth justice and the criminal justice system, which may have resulted in some hesitancy around referring youth at earlier ages. As a result, program staff had to re-orient marketing tools in order to explain that the intention of the program was to prevent engagement within the criminal justice system.

#### **Recommendation 2: Revise Age Requirements Through an FASD Lens**

All participant groups and stakeholders shared concerns around youth aging out of the program. Caregiver participants pointed to the fact that youth with FASD may be 18 chronologically, but developmentally, they are much younger. Youth participants provided suggestions towards revising the age inclusion criteria for the All 4 One program to extend to individuals beyond the age of 18. Community members suggested moving the age range up to at least 21 years old (end of school eligibility) and also noted that comorbid developmental diagnoses should be considered when determining age requirements.

Both caregiver participants and program staff also discussed expanding the age requirements to youth under the age of 12 in order to provide supports to youth prior to being involved with the law. A preventative approach providing support to youth before they are entrenched into the justice system could produce more beneficial results as program staff discovered throughout the program. Caregiver

participants also ideated that this approach could keep youth out of the justice system or could at least reduce the likelihood of police contact and justice involvement.

### **Recommendation 3: Increase FASD Training & Education in the Community**

From first responders and court actors to community service providers, caregiver participants shared that additional FASD training in the community is still needed. Though caregivers acknowledge that some individuals have been educated, others shared experiences where they were provided with advice that was more appropriate for neurotypical youth and found that individuals were mislabeling youths' behaviours as a "parenting issue." Caregivers suggested that there should be mandatory FASD training during orientation for anyone who interacts with youth. With additional training, caregiver participants hope to change the perspectives of those working within the justice system and to see an increase in individuals using an FASD lens when interacting with individuals with FASD.

There is a clear need for more support and understanding for youth with FASD, which extends past the justice system. Caregiver participants suggested that FASD training should be included in employment orientations for anyone that interacts with youth (e.g., front-line staff, summer students at recreation centres, etc.). Moreover, program staff suggested providing FASD education in the school system starting at the elementary school level. Youth in the All 4 One program faced various challenges in the educational system which often led to them facing barriers including having to leave school and engage in alternative schooling options. With more education and understanding from their peers, it is expected that the school environment could be more accessible for youth with FASD.

#### **7.1.4. Lesson Learned: Sustainability Planning**

As mentioned throughout this report, the All 4 One program has ended as funding has been discontinued. Although program staff took part in sustainability planning exercises, and made efforts to explore future funding opportunities, they were unable to secure additional funding. Both participants and stakeholders shared their dissatisfaction with the lack of funding available for justice-involved youth with FASD. However, as mentioned earlier, program staff worked diligently to ensure the participants from the All 4 One program remained connected to JHS through other programs at JHS-Hamilton.

#### **7.1.5. Lesson Learned: Future Programming for Justice-Involved Youth with FASD**

Future programming should consider establishing a prevention/early intervention program that targets children and youth ages 10 and up with FASD who are demonstrating risks for involvement in the justice system.

Many considerations were provided for future iterations of the program including:

- Keep the focus of the program on FASD – caregiver participants were concerned that a future iteration of the program would open the service to multiple developmental disabilities. Caregivers shared that they often feel that services provide support to a wide range of developmental disabilities which does not provide a specific scope for FASD. They shared that there is nowhere to go for FASD services, and so the focus of this program should continue to be on FASD.
- Open eligibility to individuals of both younger and older ages taking both a prevention and intervention approach to youth with FASD
- Continue to accept those who are querying a diagnosis
- Funding for more program staff to provide more case-intensive support
- Caregivers suggested an FASD and justice involvement-specific support group where they could meet and lean on other caregivers. This was important as they shared that general FASD support groups do not have the justice involvement aspect. Further, caregivers shared that they would like to have more 'circle of care' group meetings between staff, caregivers, and youth so they can all be fully informed on what each participant is working on.

#### **Recommendation 4: Long-term Sustainable Funding for FASD-Specific Programs**

All participants shared concerns about the All 4 One program ending. According to community members, *“it will be a travesty if this program funding does not re-instate, as individual’s, their caregivers and stakeholders have not only benefited but relied on this program.”* Caregiver participants echoed this sentiment, pointing out that this is a critical service and without it, youth with FASD have nowhere to go. They also shared that they are concerned about their youth’s future justice involvement without this support. Caregiver participants also highlighted the cost-benefits to providing long-term funding for the program:

*“These are the kids that are at the highest risk of ending up in jail and costing the government so much money... it costs the government more than keeping [them] at home. This is a small fraction of the cost to have a child and youth worker meet with this number of kids”*

## **7.2. Evaluation Lessons Learned & Recommendations**

### **7.2.1. Lesson Learned: Data Collection & Evaluation Development Process**

When the program first began in January 2021, the Evaluation Team at JHSO and the program staff at JHS-Hamilton worked diligently to develop an evaluation plan and data collection tools that would be appropriate for youth participants and their caregivers. Given how unique the program was, there were relatively few resources available in conducting an evaluation and using data collection tools for justice-involved youth with FASD. With this in mind, and the realist approach taken by the evaluation, the process of developing tools that worked best for participants was a lengthy process. All tools went through multiple iterations until both the Evaluation Team and program staff created ways to collect data that were relevant and appropriate for the participants.

As mentioned earlier, The Evaluation Team had to submit the tools to their REB for review before implementing the tools to the participants. REB approval was received in July 2021, however, due to miscommunication between the evaluators and program staff, the evaluation tools were not implemented until September 2021. In order to address this delay, evaluators attempted to backlog data using the program staff’s case notes which created several challenges.

As a result, data collection tools developed for the evaluation were administered later than the program started as the Evaluation Team at JHSO had to submit the tools to their internal research ethics board for review. After receiving research ethics approval, some tools were unable to be administered (e.g., tools that were set to be administered at program start), however, the Evaluation Team and program staff attempted to administer these tools at a later date. For example, the *Caregiver Pre-Survey* was intended to capture caregiver’s knowledge prior to joining the program, however, some caregivers joined the program prior to this tool being implemented. To ensure caregiver’s insights were included, the Caregiver Worker attempted to administer the survey at a later date by asking caregivers to reflect back to the best of their ability.

#### **Recommendation 1: Ensure Adequate Time for Planning**

In order to avoid delayed implementation of data collection tools, adequate time should be built into and budgeted for during the planning stages of an FASD Youth Justice program. Due to the gaps in existing and available knowledge in similar programs and/or evaluations, as well as the individualistic approach needed when developing and evaluating an FASD Youth Justice program, it is essential to have the time to understand the intricacies of the program, who the program participants are, and how to fit the evaluation to the program.

### **7.2.2. Lesson Learned: Flexibility to Modifications**

Due to COVID-19, the Evaluation Team was unable to collect data in-person within the first 1-2 years of the program and had to rely on program staff to collect data which placed an undue burden on them to balance data collection while providing services. From this, the Evaluation Team learned, and continued to learn, about the significance of flexibility in data collection as tools needed to constantly be revised and updated.

From the beginning when the evaluation plan and the data collection tools were initially developed, the Evaluation Team proposed waiting on data from the youth and caregiver participants in the program to inform the one-to-one interview guides. As the evaluation adopted a realist approach and used a Developmental Evaluation Framework, the Evaluation Team aimed to create interview tools that were suitable for the program participants. As such, the Evaluation Team waited until September 2021 to begin data analysis and forming themes that could inform the interview guides. In early 2022, the Evaluation Team worked with JHS-Hamilton to put together the interview guides for youth and their caregivers, respectively.

### **Recommendation 2: Flexible and Relevant Data Collection Instruments**

In addition to building adequate time for planning the data collection tools and evaluation, evaluators should be flexible to modifications throughout the duration of the program. In order to ensure that an evaluation for an FASD Youth Justice program is suitable and appropriate for their program participants, evaluators should monitor the program and check-in every few months with the available data and program staff. Be prepared to revise an entire tool or remove it from the evaluation completely. Also, be aware that one tool may not work for everyone. With youth in the All 4 One program, it was important that evaluators took the time to understand each of the youth they engaged with by analyzing their data beforehand and modifying the interview tool to meet their needs. It is important to remember that the evaluation should fit the needs of the program, rather than have the program fit into the evaluation.

### **7.2.3. Lesson Learned: Availability of Data**

Due to unforeseen circumstances, data was not made available for all participants that consented to the program evaluation. As a result, varying numbers of participants completed each of the tools that were designed for the program. As mentioned above, due to the delay in implementing data collection tools, additional work was required to backlog data through case notes which did not fit with the existing tools. In some cases, such as the *Caregiver Pre-Survey*, it is unclear whether the survey continued to be administered to caregivers and/or whether caregivers simply did not want to participate in the survey.

As mentioned in the lessons learned above, there was a need for the Evaluation Team to check-in with the All 4 One program staff to address some of the gaps in available data and modify tools wherever possible in order to answer the evaluation questions more adequately. Though monthly reminders to update the data were provided, a more thorough face-to-face check-in(s) may have produced better results.

### **Recommendation 3: Frequent and Formal Collection from Staff and Management**

To ensure that data is available for all participants that consent to the program evaluation, evaluators should provide reminders to program staff to upload and/or update the data (wherever it is stored) they are sharing with the Evaluation Team and provide opportunities every few months to have check-ins specifically around the availability of data/data collection process. It may be discovered that some data collection tools are not well received by participants or there may be some confusion in how to implement the tool. In any case, evaluators should be proactive throughout the program in ensuring as much data is collected as possible.

### **7.2.4. Lesson Learned: Opportunity for Observation and Rapport Building**

The Evaluation Team discussed some of the challenges in evaluating the All 4 One program including the inability to observe the program and build rapport with the participants prior to the interview. Both

COVID-19 and lack of funding for travel expenses prevented the evaluators to observe the program in-person. As a result, the evaluators were only able to hear anecdotal stories from program staff and participants about how the program ran. Moreover, the evaluators had hoped to meet with youth participants in-person for the interviews in order to build some rapport and trust with the youth prior to engaging in the interview. The evaluators built in a “meet and greet” session as part of the interview to ensure youth felt more comfortable with the evaluators. However, the evaluators had limited travel funds to visit JHS-Hamilton for each youth that participated in an interview and conducted most of the interviews virtually.

#### **Recommendation 4: Adequate Funding for Travel Expenses**

Ensure that the program allocates adequate funding for travel expenses. It would be beneficial for evaluators to attend a program in-person to see the process firsthand and fully understand how it works. Additionally, ensure that there is funding and time for building rapport with youth participants prior to the interview. As mentioned in the beginning of this report, individuals with FASD sometimes exhibit a desire to please authority figures which could lead to them providing responses that align with what they perceive that individual wants to hear. To avoid youth perceiving evaluators in this way, it would be helpful to meet with the youth and their worker ahead of time and get to know them before asking interview questions. This may reduce the likelihood of youth feeling that they are under review from an authority figure and may produce more authentic responses to the evaluator’s questions.



## 9. APPENDICES

Appendix A: Process Evaluation Matrix

Appendix B: Outcome Evaluation Matrix

Appendix C: All 4 One FASD Youth Justice Program Data Flow

Appendix D: Data Collection Instruments – Administrative & Evaluation Tools

Appendix E: Staff Data Party Presentation

## Appendix A: Process Evaluation Matrix

ALL 4 ONE FASD Youth Justice Program: Process Evaluation Matrix				
Process Question	Indicator	Data Source	Frequency of Data Collection	Responsible for Collection
<b>Program Delivery</b>				
1. To what extent did the program receive participants from referral sources?	<ul style="list-style-type: none"> <li># of referrals sources</li> <li># of referrals received</li> </ul>	Referral Form	Intake	ALL 4 ONE Program Staff
2. To what extent did the program deliver programming to the targeted number of participants?	<ul style="list-style-type: none"> <li># of target individuals reached (Demographic information, FASD diagnosis, justice involvement)</li> </ul>	Referral Form Consent Form	Intake	ALL 4 ONE Program Staff
3. To what extent did participants receive the planned supports/services?	<ul style="list-style-type: none"> <li>#/type/length of youth services/supports accessed</li> <li>#/type//length of visits to community resources/services</li> </ul>	Youth Attendance Tracking & Case Note Form	Ongoing	ALL 4 ONE Program Staff
	<ul style="list-style-type: none"> <li>#/type/length of services/supports accessed</li> </ul>	Caregiver Attendance Tracking & Case Note Form	Ongoing	ALL 4 ONE Program Staff
4. Was the program successful in providing relevant training to program staff? How many hours of training?	<ul style="list-style-type: none"> <li># of program staff involved in relevant training</li> <li># of hours of training</li> </ul>	Program Manager	Ongoing	ALL 4 ONE Program Staff
5. How many Advisory Committee members participated in the program? From which community organizations?	<ul style="list-style-type: none"> <li># of new partnerships</li> <li># of members on Advisory Committee</li> <li>#/type/length of all meetings</li> </ul>	Collaborative & Advisory Tracking Form Program Coordinator	Ongoing	ALL 4 ONE Program Staff

## ALL 4 ONE FASD Youth Justice Program: Process Evaluation Matrix

Process Question	Indicator	Data Source	Frequency of Data Collection	Responsible for Collection
	<ul style="list-style-type: none"> <li># of Advisory Committee members referred/participated</li> </ul>			
6. Was the program successful in engaging Advisory Committee members?	<ul style="list-style-type: none"> <li># of Advisory Committee members referred/participated</li> <li>#/type/length of all meetings</li> </ul>	Collaborative & Advisory Tracking Form  Program Coordinator	Ongoing	ALL 4 ONE Program Staff
<b>Youth Participants</b>				
7. How many youth participants received one-on-one collaborative planning and integrated case management? How many sessions was each participant provided?	<ul style="list-style-type: none"> <li>#/type/length of direct individualized support planning</li> </ul>	Youth Attendance Tracking & Case Note Form	Ongoing	ALL 4 ONE Program Staff
8. Did the program connect youth participants to community resources? (e.g., education, housing, recreation/leisure, etc.)	<ul style="list-style-type: none"> <li>#/type/length of visits to community resources/services</li> </ul>	Youth Attendance Tracking & Case Note Form	Ongoing	ALL 4 ONE Program Staff
9. To what extent did youth participants receive direct individualized support session?	<ul style="list-style-type: none"> <li>#/type/length of direct individualized support sessions</li> </ul>	Youth Attendance Tracking & Case Note Form	Ongoing	ALL 4 ONE Program Staff
10. To what extent did youth participants receive youth services/supports accessed?	<ul style="list-style-type: none"> <li>#/type/length of youth services/supports accessed</li> </ul>	Youth Attendance Tracking & Case Note Form	Ongoing	ALL 4 ONE Program Staff
11. To what extent did youth participants visit community resources/services?	<ul style="list-style-type: none"> <li>#/type/length of visits to community resources/services</li> </ul>	Youth Attendance Tracking & Case Note Form	Ongoing	ALL 4 ONE Program Staff

## ALL 4 ONE FASD Youth Justice Program: Process Evaluation Matrix

Process Question	Indicator	Data Source	Frequency of Data Collection	Responsible for Collection
12. How many youths participated in goal setting?	<ul style="list-style-type: none"> <li># of youth participating in goal setting</li> </ul>	Youth Attendance Tracking & Case Note Form  Youth Check-in Tool	Ongoing	ALL 4 ONE Program Staff
13. How satisfied were youth with the program?	<ul style="list-style-type: none"> <li>Level of satisfaction</li> </ul>	Youth Interview	Program Exit	JHSO Evaluation Team
<b>Caregiver Participants</b>				
14. Did the program deliver the intended number of resource packages to caregivers?	<ul style="list-style-type: none"> <li># of caregiver resource packages received</li> </ul>	Caregiver Pre-Survey	Intake	ALL 4 ONE Program Staff
15. To what extent did caregiver participants receive direct individualized support session?	<ul style="list-style-type: none"> <li>#/type/length of direct individualized support sessions</li> </ul>	Caregiver Attendance Tracking & Case Note Form	Ongoing	ALL 4 ONE Program Staff
16. To what extent did caregiver participants receive indirect individualized support planning?	<ul style="list-style-type: none"> <li>#/type/length of indirect individualized support planning</li> </ul>	Caregiver Attendance Tracking & Case Note Form	Ongoing	ALL 4 ONE Program Staff
17. To what extent did caregiver participants access community supports/services?	<ul style="list-style-type: none"> <li>#/type/length of services/supports accessed</li> </ul>	Caregiver Attendance Tracking & Case Note Form	Ongoing	ALL 4 ONE Program Staff
18. How satisfied were caregivers with the program?	<ul style="list-style-type: none"> <li>Level of satisfaction</li> </ul>	Caregiver Interview	Program Exit	JHSO Evaluation Team
<b>Community Partners/Engagement</b>				
19. Was a Youth Justice Stakeholders Advisory Committee developed?	<ul style="list-style-type: none"> <li># of new partnerships</li> <li># of members on Advisory Committee</li> </ul>	Program Manager	Ongoing	ALL 4 ONE Program Staff
20. How many community organizations were a source of referral to the program? What community organizations?	<ul style="list-style-type: none"> <li># of referral sources</li> <li># of referrals received</li> </ul>	Referral Form	Intake	ALL 4 ONE Program Staff
21. How many new partnerships were developed?	<ul style="list-style-type: none"> <li># of new partnerships</li> </ul>	Referral Form  Program Manager  Collaborative & Advisory Committee Tracking Form	Intake  Ongoing	ALL 4 ONE Program Staff

**ALL 4 ONE FASD Youth Justice Program: Process Evaluation Matrix**

Process Question	Indicator	Data Source	Frequency of Data Collection	Responsible for Collection
22. How many members are on the Advisory Committee? Are members from a wide range of targeted groups? Who are they?	<ul style="list-style-type: none"> <li># of new partnerships</li> <li># of members on Advisory Committee</li> </ul>	Program Manager  Collaborative & Tracking Form	Ongoing	ALL 4 ONE Program Staff
23. To what extent did Advisory Committee members meet to discuss the program?	<ul style="list-style-type: none"> <li>#/type/lengths of all meetings</li> </ul>	Collaborative & Advisory Committee Tracking Form	Ongoing	ALL 4 ONE Program Staff
24. How satisfied were community partners' with program components?	<ul style="list-style-type: none"> <li>Community partners' level of satisfaction (referral sources, advisory committee, collaborative)</li> </ul>	Community Partner & Stakeholder Satisfaction Survey	Annually	JHSO Evaluation Team
<b>Evaluation</b>				
25. Were all data collection tools developed and administered at the required times?	<ul style="list-style-type: none"> <li>#/type of activities delivered</li> </ul>	IMS	Ongoing	ALL 4 ONE Program Staff  JHSO Evaluation Team

## Appendix B: Outcome Evaluation Matrix

ALL 4 ONE FASD Youth Justice Program: Outcome Evaluation Matrix				
Outcome Question	Indicator	Data Source	Frequency of Collection	Responsible for Collection
<b>Program Delivery</b>				
1. Have program staff received training in relevant areas?	<ul style="list-style-type: none"> <li># of program staff involved in relevant training</li> <li># of hours of training</li> </ul>	Program Manager	Ongoing	ALL 4 ONE Program Staff
2. Have program staff had ongoing supervision and support?	<ul style="list-style-type: none"> <li>Program staff have ongoing supervision &amp; support</li> </ul>	Staff Data Party	Program End	JHSO Evaluation Team
3. Has the Advisory Committee received resources in relevant areas?	<ul style="list-style-type: none"> <li># of Advisory Committee members referred/participated</li> </ul>	Collaborative & Committee Survey	Annually	JHSO Evaluation Team
4. Does program staff possess an overarching capacity to provide supports?	<ul style="list-style-type: none"> <li># of program staff involved in relevant training</li> <li># of hours of training</li> </ul>	Program Manager	Ongoing	ALL 4 ONE Program Staff
5. Do program staff understand the needs for each youth and their caregivers?	<ul style="list-style-type: none"> <li># of program staff involved in relevant training</li> <li># of hours of training</li> </ul>	Program Manager	Ongoing	ALL 4 ONE Program Staff
	<ul style="list-style-type: none"> <li>Level of youth satisfaction</li> <li>Level of caregiver satisfaction</li> </ul>	Youth Interview Caregiver Interview	Program Exit	JHSO Evaluation Team
6. Have program staff demonstrated knowledge and capacity for delivering youth FASD-related programming?	<ul style="list-style-type: none"> <li># of program staff involved in relevant training</li> <li># of hours of training</li> </ul>	Program Manager	Ongoing	ALL 4 ONE Program Staff
	<ul style="list-style-type: none"> <li>Collaborative &amp; Committee feedback</li> </ul>	Collaborative & Committee Survey	Annually	JHSO Evaluation Team

**ALL 4 ONE FASD Youth Justice Program: Outcome Evaluation Matrix**

Outcome Question	Indicator	Data Source	Frequency of Collection	Responsible for Collection
<b>Youth Participants</b>				
7. Have youth reduced contact with police?	<ul style="list-style-type: none"> <li>Youth participant self-reported criminal justice involvement</li> <li>Caregiver participant reported criminal justice involvement for youth</li> </ul>	Youth Attendance Tracking & Case Note Form  Caregiver Attendance Tracking & Case Note Form	Ongoing	ALL 4 ONE Program Staff
8. Have youth demonstrated increased knowledge and awareness of community resources?	<ul style="list-style-type: none"> <li>Level of reported knowledge &amp; awareness of community resources</li> </ul>	Youth Interview	Program exit	JHSO Evaluation Team
9. Have youth experienced reduced barriers to social supports and programming?	<ul style="list-style-type: none"> <li>Level of reported access to social supports &amp; programming</li> </ul>	Youth Interview	Program exit	JHSO Evaluation Team
10. Did clients experience improvements in their social-cognitive skills?	<ul style="list-style-type: none"> <li>Program dosage &amp; engagement (case management, goal setting, problem-solving)</li> <li>Self-reported self-efficacy over time</li> </ul>	Youth Attendance Tracking & Case Note Form  Youth Check-in Tool	Ongoing	ALL 4 ONE Program Staff
		Youth Interview	Program Exit	JHSO Evaluation Team
11. Have youth demonstrated increased life skills as a result of the program?	<ul style="list-style-type: none"> <li>Program dosage &amp; engagement (case management, goal setting, problem-solving)</li> <li>Self-reported self-efficacy over time</li> </ul>	Youth Attendance Tracking & Case Note Form  Youth Check-in Tool	Ongoing	ALL 4 ONE Program Staff
		Youth Interview	Program Exit	JHSO Evaluation Team
<b>Caregiver Participants</b>				
12. Have caregivers demonstrated increased	<ul style="list-style-type: none"> <li>Self-reported program experiences</li> </ul>	Caregiver Interview	Program Exit	JHSO Evaluation Team



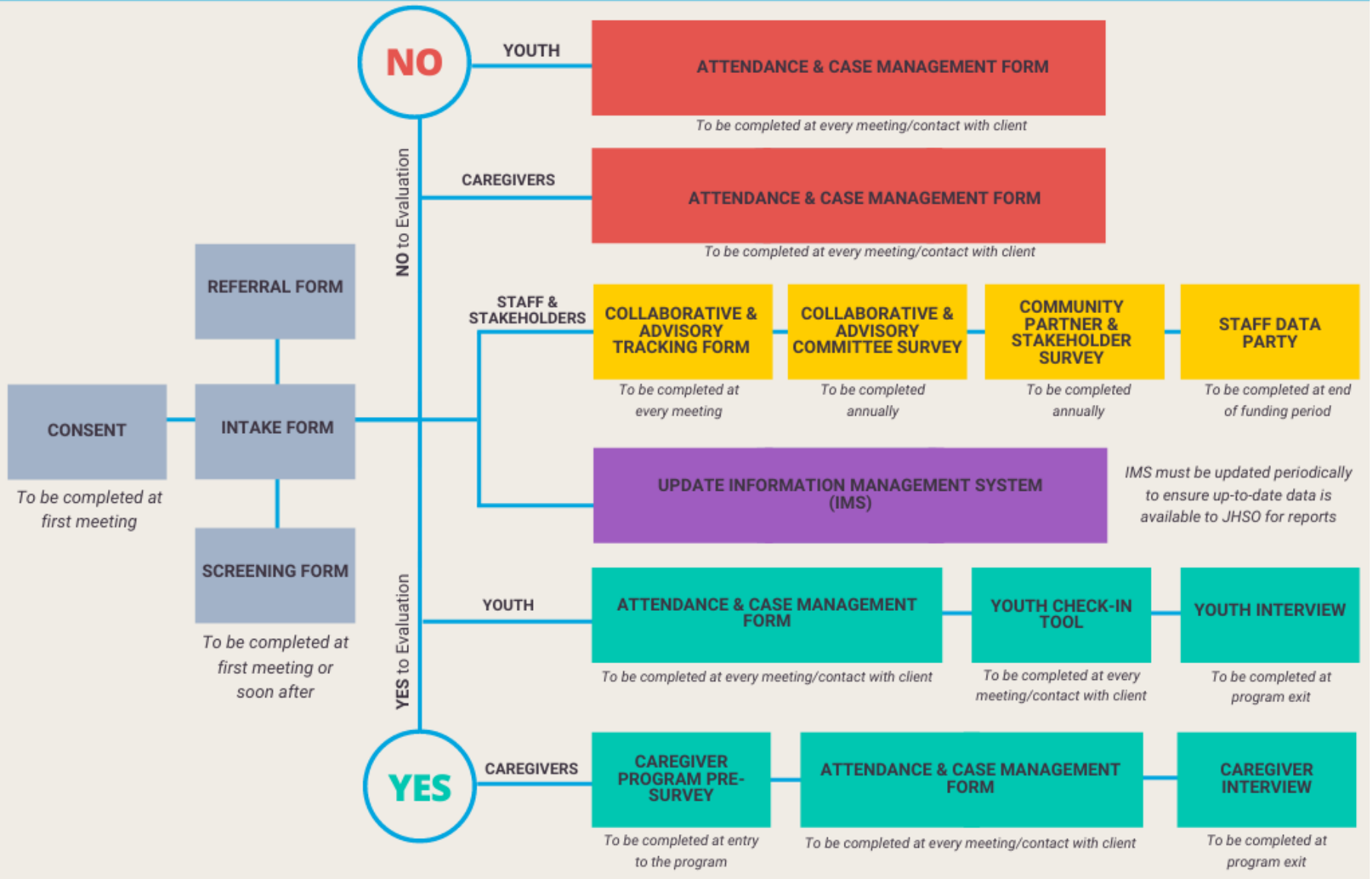
**ALL 4 ONE FASD Youth Justice Program: Outcome Evaluation Matrix**

Outcome Question	Indicator	Data Source	Frequency of Collection	Responsible for Collection
positive and trusting relationships with program staff?				
13. Have caregivers demonstrated increased awareness of FASD resources and support?	<ul style="list-style-type: none"> <li>Self-reported knowledge and awareness of FASD resources and support over time</li> </ul>	Caregiver Pre-Survey	Intake	ALL 4 ONE Program Staff
		Caregiver Interview	Program Exit	JHSO Evaluation Team
14. Have caregivers demonstrated increased use of formal/informal supports and services?	<ul style="list-style-type: none"> <li>Self-reported use of formal/informal supports and services over time</li> </ul>	Caregiver Pre-Survey	Intake	ALL 4 ONE Program Staff
		Caregiver Interview	Program Exit	JHSO Evaluation Team
<b>Community Partners/Engagement</b>				
15. Have youth justice professionals created case conferencing plans to reduce police contact and increase use of protective factors?	<ul style="list-style-type: none"> <li>Indirect case management meetings/notes</li> <li>Reported use of case conferencing plans and their impacts</li> </ul>	Youth Attendance Tracking & Case Note Form	Ongoing	ALL 4 ONE Program Staff
		Caregiver Attendance Tracking & Case Note Form Community Partner & Stakeholder Satisfaction Survey	Annually	JHSO Evaluation Team
16. Do youth justice professionals feel youth are better supported?	<ul style="list-style-type: none"> <li>Reported experiences with youth</li> </ul>	Community Partner & Stakeholder Satisfaction Survey	Annually	JHSO Evaluation Team
17. Have community partners increased knowledge of FASD and FASD-informed approaches?	<ul style="list-style-type: none"> <li>Reflection of knowledge of FASD and FASD-informed approaches over time</li> </ul>	Community Partner & Stakeholder Satisfaction Survey	Annually	JHSO Evaluation Team
18. Have community partners worked together to support participants with FASD?	<ul style="list-style-type: none"> <li>Reported collaboration with other stakeholders and community partners</li> <li>Number of Collaborative &amp; Advisory Committee meetings attended</li> </ul>	Community Partner & Stakeholder Satisfaction Survey	Annually	JHSO Evaluation Team
		Collaborative & Advisory Committee Tracking Form	Ongoing	ALL 4 ONE Program Staff

**ALL 4 ONE FASD Youth Justice Program: Outcome Evaluation Matrix**

Outcome Question	Indicator	Data Source	Frequency of Collection	Responsible for Collection
19. Have community partners increased professional capacity to provide advocacy and support to FASD-impacted youth?	<ul style="list-style-type: none"> <li>Reflection of capacity to provide advocacy and support to FASD impacted youth over time</li> </ul>	Community Partner & Stakeholder Satisfaction Survey	Annually	JHSO Evaluation Team

# ALL4ONE FASD DATA FLOW



## Appendix D: Data Collection Instruments – Administrative & Evaluation Tools

TABLE 16: DATA COLLECTION INSTRUMENTS - ADMINISTRATIVE & EVALUATION TOOLS			
TOOL	DESCRIPTION OF TOOL	FREQUENCY OF COLLECTION	RESPONSIBILITY
<b>ADMINISTRATIVE TOOLS</b>			
Consent to Service & Evaluation	All youth participants and caregivers had informed consent to indicate whether they were willing to provide their information collected throughout the program and participate in the evaluation of the program. (see <b>Appendix E</b> )	Intake	JHS-Hamilton
Referral Form	The program utilized a referral form to keep track of how each youth was referred to the program (i.e., internal, family, school, judicial system, CAS/CCAS). This form was also be used to collect additional information on youth such as demographic information, justice involvement, and FASD diagnosis. (see <b>Appendix F</b> )	Intake	JHS-Hamilton
Intake Form	The program utilized an intake form to collect demographic information, family information, justice involvement, FASD assessment, needs assessment, and a case management action plan for the caregiver and the youth, respectively. (see <b>Appendix G</b> )	Intake	JHS-Hamilton
Screening Form	The program utilized a referral form to collect information about the youth’s social and personal factors. (see <b>Appendix H</b> )	Intake	JHS-Hamilton
Youth Attendance Tracking & Case Note Form	The program utilized a form to track program participants engagement in the program. Throughout the course of the program, JHS-Hamilton, Burlington & Area staff kept track of the youth’s engagement by following the various question prompts provided in the form such as the length of time of each meeting, the type of meeting, whether any support services were accessed or referrals were made, whether they received assistance travelling to an appointment, and a client check-in from the perspective of program staff. This tool also measured whether the youth had any interactions with the police since their last meeting, an update on whether they worked on goal setting through the use of vision boards and if any changes were made, and any additional case notes. (see <b>Appendix I</b> )	Ongoing	JHS-Hamilton
Caregiver Attendance Tracking & Case Note Form	The program utilized a form to track program participants engagement in the program. Throughout the course of the program, JHS-Hamilton, Burlington & Area staff kept track of the caregiver’s engagement by following the various question prompts provided in the form such as the length of time of each meeting, the type of meeting, whether any support services were accessed or referrals were made, whether they received assistance travelling to an appointment, and a client check-in from the perspective of program staff. This tool also measured whether their youth	Ongoing	JHS-Hamilton

	had any interactions with the police since their last meeting, and any additional case notes. (see <b>Appendix J</b> )		
Collaborative & Advisory Tracking Form	The program utilized a form that assessed the amount of Collaborative Group meetings and Advisory Committee meetings were held throughout the duration of the program. This sheet tracked the meeting date, length of meeting, type of meeting, and additional meeting details. (see <b>Appendix K</b> )	Ongoing	JHS-Hamilton
Youth Check-in Tool	The <i>Youth Check-in Tool</i> was administered following each meeting the youth had with their Youth Worker. This survey was brief and only included 5 questions to check-in on how the youth was doing that day and to see how they were feeling towards their meeting with their Youth Worker. (see <b>Appendix L</b> )	Ongoing	JHS-Hamilton
<b>EVALUATION TOOLS</b>			
Youth Interview Consent & Debrief Form	All youth participants had informed consent to indicate whether they were willing to participate in an interview. A debrief form was provided to all youth participants following the interview including a list of resources they could access in the event that the youth experienced feelings of distress as a result of the interview. (see <b>Appendix M</b> )	Program Exit, prior to Interview	JHSO/JHS-Hamilton
Youth Interview Moderators Guide	The <i>Youth Interview Moderator Guide</i> provides an overview of questions that were asked during interviews with youth at the end of the program. Since this is a new program, the questions will be revised once evaluators have a better understanding of the program needs and goals. (see <b>Appendix N</b> )	Program Exit	JHSO/JHS-Hamilton
Caregiver Program Pre-Survey	The <i>Caregiver Pre-Survey</i> was administered to caregivers at the start of their involvement with the program. The purpose of this survey was to gain insight on caregivers' awareness and knowledge of the community resources available to youth with FASD at the start of the program. (see <b>Appendix O</b> )	Start of Program	JHSO/JHS-Hamilton
Caregiver Interview Consent & Debrief Form	All caregiver participants had informed consent to indicate whether they were willing to participate in an interview. A debrief form was provided to all caregiver participants following the interview including a list of resources they could access in the event that the caregiver experienced feelings of distress as a result of the interview. (see <b>Appendix P</b> )	Program Exit, prior to interview	JHSO
Caregiver Interview Moderators Guide	The <i>Caregiver Interview Moderator Guide</i> provides an overview of questions that were asked during interviews with caregivers at the end of the program. Since this is a new program, the questions will be revised once evaluators have a better understanding of the program needs and goals. (see <b>Appendix Q</b> )	Program Exit	JHSO
Collaborative Group & Advisory Committee Survey	The <i>Collaborative &amp; Committee Satisfaction Survey</i> was administered annually via Alchemer by the Evaluation Team to members of the Collaborative Group and Advisory Committee members. The survey includes both closed-ended and open-ended questions and aimed to gain an overall understanding of individuals' program knowledge,	Annually	JHSO

	level of satisfaction with the program, knowledge and awareness of individuals with FASD and their involvement in the justice system, and their reflection of the program including aspects that should be changed and the strongest components. (see <b>Appendix R</b> )		
Community Partner & Stakeholder Satisfaction Survey	The <i>Community Partner Satisfaction Survey</i> was administered annually via Alchemer by the Evaluation Team to community stakeholders who made referrals to the program. The survey includes both closed-ended and open-ended questions and aimed to gain an overall understanding of individuals' program knowledge, level of satisfaction with the program, and their reflection of the program including aspects that should be changed and the strongest components. (see <b>Appendix S</b> )	Annually	JHSO
Staff Data Party Consent Form	All program staff and stakeholders provided informed consent to indicate whether they were willing to provide their information collected during the staff data party. (see <b>Appendix T</b> )	End of Funding Period, prior to Data Party	JHSO
Staff Data Party	Evaluators presented preliminary findings of the evaluation to program staff and stakeholders using aggregate totals to seek perspectives on the findings to ensure that it was representative of the program. (see <b>Appendix U</b> )	End of Funding Period	JHSO

- 
- <sup>1</sup> Pawson, R., & Tilley, N. (1997). An introduction to realist evaluation. *Realistic Evaluation*. London: Sage.
- <sup>2</sup> Rasmussen, C. (2005). Executive functioning and working memory in fetal alcohol spectrum disorder. *Alcoholism: Clinical and Experimental Research*, 29(8), 1359-1367. doi:10.1097/01.alc.0000175040.91007.d0.
- <sup>3</sup> Riley, D. et al. (2010). Diagnosis of FASD: An Overview. *Fetal Alcohol Spectrum Disorder: Management and Policy Perspective of FASD*. 1st Ed. doi: 10.1002/9783527632510.ch7.
- <sup>4</sup> Dalrymple et al. (2019) FASD and the Criminal Justice System: What can we do? Child and Parent Resource Institute.
- <sup>5</sup> Gamble, J. A. (2008). A developmental evaluation primer. Montreal: JW McConnell Family Foundation.
- <sup>6</sup> Centre of Genomics and Policy (CGP), Maternal Infant Child and Youth Research Network (MICYRN), *Best Practices for Health Research Involving Children and Adolescents*, 2012. <http://www.genomicsandpolicy.org/en/best-practices-2012>.
- <sup>7</sup> Fast, Diane K. and Julianne Conry. "Fetal Alcohol Spectrum Disorders and the Criminal Justice System: Fetal Alcohol Spectrum Disorder." *Developmental Disabilities Research Reviews* 15, no. 3 (2009): 250-257.
- <sup>8</sup> Ibid.