

Excluded: Increasing Understanding, Support, and Inclusion for Children with FASD and their Families ***Year 1 Recommendations Tracking***

The Representative's report *Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families* was released on April 15, 2021 and included 11 recommendations. Tracking of recommendation implementation is normally undertaken on an annual basis; however, on occasion, circumstances can delay the assessment and/or posting. In the case of *Excluded* monitoring, only the Ministry of Education (EDUC) submitted its Action Plan by the six-month deadline of Oct. 15, 2021. The remaining Action Plans were submitted by the Ministry of Children and Family Development (MCFD), Ministry of Health (HLTH), Ministry of Mental Health and Addictions (MMHA) and Ministry of Citizens' Services (CITZ) between April and June 2022. Three of these five plans remain incomplete due to missing information and are still pending the Representative's approval. The Representative continues to work with ministries to identify activities that directly support the intention of her recommendations and has assessed annual progress in the context of ongoing discussions.

The Representative is deeply concerned that thus far, the response from government has not reflected the whole-system approach she called for in her report, which the Select Standing Committee for Children and Youth strongly endorsed. More than 16 months after the release of *Excluded*, little has changed for children and youth with FASD and their families. Government, for the most part, is still in the planning stages of its response to recommendations, meaning none of the activities that directly support the implementation of the recommendations have been completed. Important questions related to funding, implementation and engagement have gone unanswered and timelines have not been met. The Representative observes that progress in EDUC's partnership with the Provincial Outreach Program for Fetal Alcohol Spectrum Disorder (POPFASD) and HLTH's phased waitlist response offer promising examples of leveraging community expertise to respond to the urgent needs identified in her report, while disparate and uncoordinated responses to recommendations on FASD training and data stewardship across ministries reinforce siloed systems and further exacerbate discontinuity of care for families. The Representative's Office will continue to monitor progress in real time, and work with ministries to address the gaps in action planning to ensure children and youth with FASD and their families, have equitable access to a comprehensive and accessible system of care.

RCY Assessment Definitions:

- **Complete** = All activities that directly support the implementation of the recommendation are complete
- **Substantial Progress** = Most of the activities that directly support the implementation of the recommendation are complete
- **Some Progress** = Some of the activities that directly support the implementation of the recommendation are complete
- **No Progress** = None of the activities that directly support the implementation of the recommendation are complete (pre-planning may be underway but there has been no progress in formal planning or implementation).

Indigenous Child and Family Service Agencies

At report release, Indigenous Child and Family Service Agencies (ICFSA) were referred to as Delegated Aboriginal Agencies (DAA). This progress report reflects their new title.

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Recommendation		Ministry's Response	RCY Assessment
1	<p>Recommendation 1: That MCFD fully fund and implement a CYSN service framework and plan, fully inclusive of children and youth with FASD. The formation of the service framework and plan must extensively engage ICFSAs and all appropriate partners. This framework must articulate a comprehensive and accessible array of CYSN services, delivered based on both an assessment of functional needs and diagnosis and, therefore, fully including children and youth affected by FASD. MCFD to begin implementation by Sept. 30, 2021, and complete full implementation of the CYSN service framework and plan over a three-year period ending March 31, 2024.</p>	<p>Year 1 Report – Received July 2022</p> <p>MCFD submitted its Action Plan on April 13, 2022. The plan has not been approved by the Representative as it is missing information regarding the inclusion of children and youth with FASD in the CYSN Service Framework.</p> <p>The draft Action Plan submitted to RCY in April 2022 and then revised in July 2022 speaks to a phased implementation approach of the CYSN Service Framework scheduled to begin with four pilot locations in 2023 and full implementation in 2025. The new service model includes the creation of family connection centres, disability services and provincial services and was publicly announced Oct. 27, 2021.</p> <p>MCFD's annual report indicates that work on the development and implementation of the CYSN Service Framework, which includes engagement with partners under non-disclosure agreements and consultations with CanChild and Canada FASD Research Network, are still ongoing.</p>	<p>Year 1 Assessment</p> <p>No Progress</p> <p>Progress on this recommendation is overdue. MCFD has not begun implementation of the CYSN Service Framework by the target date of Sept. 30, 2021.</p> <p>MCFD's Year 1 progress report provided limited evidence for the Representative on how the proposed CYSN Service Framework will be inclusive of children with FASD. Beyond committing to a needs-based model for family connection centres, disability services and provincial services, no evidence of a comprehensive and accessible array of support services, specific to the needs of children and youth with FASD and their families, was articulated. The Representative's review of annual progress determined that MCFD is still in the planning stages on key areas of design and that none of the activities that directly support the implementation of the recommendation are complete (i.e., assessment tools, information systems, Indigenous engagement).</p> <p>MCFD's Year 1 progress report also provided no evidence for the Representative to assess progress on her recommendation to fully fund the CYSN Service Framework. MCFD's current actions in response to this Recommendation do not include steps to fund the implementation.</p> <p>MCFD's Year 1 progress report provides a presentation used to inform partners of the ministry's new service model and notes engagement with advisory groups, Indigenous leadership and sector partners under non-disclosure agreements. No information related to engagement process or outcomes has been provided and so the Representative is unable to assess the adequacy of the engagement efforts. Feedback received from RCY's partners is that engagements to date have been one-way and</p>

			<p>lacked the meaningful dialogue necessary for effective communication, collaboration and change management.</p> <p>Given the above, the Representative has not found evidence of progress to directly support the implementation of the recommendation at this time and will request a more robust plan to address her recommendations before approving the action plan.</p>
2	<p>Recommendation 2: Pending full implementation of Recommendation 1, that MCFD immediately include suspected or confirmed FASD, based on an assessment of functional needs, in the eligibility criteria for CYSN Family Support Services, thereby allowing children and youth with FASD and their families to access services available to others with specific neuro-developmental conditions. The ministry should seek appropriate funding to expand the capacity of these services to adequately support the number of newly eligible FASD families so that this recommended expansion of service eligibility does not lead to reduced services or longer wait lists for other CYSN families.</p> <p>MCFD to secure immediate funding enhancements and begin implementation of the expanded eligibility criteria by Sept. 30, 2021.</p>	<p>Year 1 Report – Received July 2022</p> <p>MCFD’s proposed Action Plan to address this recommendation does not include immediate inclusion of children and youth with suspected or confirmed FASD for CYSN Family Support Services.</p> <p>MCFD’s proposed Action Plan includes a full costing analysis of the CYSN service transformation that will include data on children and youth with FASD and outlines a phased approach for implementation of the new CYSN Service Framework beginning with four early implementation areas in 2023 and full provincial roll-out in 2025. MCFD’s Year 1 Report indicates that the costing analysis has been completed.</p>	<p>Year 1 Assessment</p> <p>No Progress</p> <p>MCFD has failed to respond to this recommendation. No immediate actions to include children with suspected or confirmed FASD in the current eligibility criteria for CYSN Family Support Services have been included. As such, the Representative is unable to approve the ministry’s Action Plan and notes that the deadline for this recommendation was Sept. 30, 2021.</p> <p>MCFD’s Year 1 progress report indicates that it has provided a one-time grant of \$2.76M to the Vancouver Foundation for 400 families whose children have FASD to access respite funding beginning in winter 2022/23. While the announcement is encouraging, in the absence of a service demand assessment and an implementation plan, the Representative is unable to determine if or how this funding will meet the needs of the many families in need of services. Further, the one-time nature of the grant does not meet the intention of the recommendation, which is to ensure ongoing equitable access to Family Support Services.</p> <p>MCFD’s Year 1 Progress report does report that a full data and costing analysis has been completed; however, the 2019 costing report and 2021 modelling provided as evidence identify several data limitations and outline future modelling projections that do not specifically address the</p>

			<p>cost and service delivery measures of children and youth with FASD. The reports are also missing key information related to internal case growth modelling and a demonstration of the scope of change for the future CYSN Service Framework.</p> <p>Given the above, the Representative has not found evidence of progress to directly support the implementation of this recommendation at this time and has requested a more robust plan to address her recommendation.</p>
3	<p>Recommendation 3: MCFD to complete a comprehensive review of evidence-based and promising practices specific to serving children and youth with FASD, including from the Key Worker Parent Support Program (KWPSP), for integration into the CYSN framework. In the meantime, MCFD to take immediate action to ensure that the KWPSP has consistent quality service across all regions of B.C. and is accessible to all families of children and youth with FASD.</p> <p>MCFD to take immediate action to ensure equitability and accessibility of the KWPSP by Sept. 30, 2021 and complete the best practice review by March 30, 2022.</p>	<p>Year 1 Report – Received July 2022</p> <p>MCFD’s Action Plan in response to this recommendation indicates that it will not be completing a comprehensive review of evidence-based and promising practices specific to serving children and youth with FASD, including from the Key Worker Parent Support Program (KWPSP), for integration into the CYSN framework. Instead, MCFD will continue working with CanFASD to stay apprised of best practices.</p> <p>Further, MCFD reports that it completed a targeted focus group with FASD Key Workers in 2019 as part of the early engagements for the CYSN framework and is not intending to conduct a specific review of the KWPSP given the current state of research and the transformation of services.</p> <p>MCFD has also informed RCY that it will not be investing more resources into the KWPSP as services will be transitioning to family connections centres.</p> <p>To fulfill this recommendation, MCFD has instead proposed that it will include Key Worker functions as part of the goal focused services of the CYSN framework and will commit to utilizing an</p>	<p>Year 1 Assessment</p> <p>No Progress</p> <p>The Representative has determined that there are no actions planned by MCFD to complete a comprehensive review of evidence and promising practices specific to serving children and youth with FASD. As such, the Representative has not approved the Action Plan for this recommendation and finds no evidence of progress.</p> <p>The Representative notes that MCFD’s Year 1 progress report indicates it will maintain the KWPSP as it transitions to the new CYSN service approach. However, the Representative sees no evidence that MCFD has taken immediate action to ensure that the KWPSP has consistent quality service and is accessible to families across service regions as called for in her recommendations. Instead, the ministry has advised the Representative that it will not be investing more resources into the KWPSP program during this transition period. In fact, the Representative’s recent assessment of KWPSP funding identified a continued decline in investment in these services since the release of her report by more than 10 per cent from 2021/22 to 2022/23. She also notes that MCFD’s own internal costing analysis in 2019 determined that funding for this program has not grown since the 2016 fiscal year and investments are inconsistent</p>

		ongoing developmental evaluation approach to inform continuous improvement related to the new service approach, including promising practices for FASD, and outcomes measures for all children and youth.	across regions, meaning the inaccessible and inequitable nature of this service has been known and not addressed for more than three years. Given these findings, the Representative has determined that children and youth with FASD have fewer services now than they had when she released her report in 2021 and will request a more robust plan to address her recommendations before approving the Action Plan.
4	Recommendation 4: As a first step toward realizing fundamental changes in practice that address racism, stigma and bias, MCFD, in collaboration with ICFSAs, community service agencies and caregivers, to conduct a review of existing FASD awareness training and needs of all front-line staff working with children and youth with FASD. MCFD, working with ICFSAs, to use this review to support the development of evidence-based, culturally attuned and regularly updated training materials that ground a required training program for current staff across the range of MCFD service lines and, in particular, CYMH, CYSN, child welfare and youth justice. This awareness training should then be incorporated into basic entry training for newly hired staff and made accessible to community service agencies and caregivers.	Year 1 Report – Received July 2022 To address this recommendation, MCFD plans to create an advisory circle and a strategy for internal and external engagement that will inform the assessment of FASD training, training needs and training delivery approach. It plans to survey existing FASD training, complete its review and procure the development of FASD training for staff (MCFD and ICFSAs) delivering services to children and youth with FASD. The ministry’s Year 1 progress report indicates a project charter was signed May 11, 2022, the survey of FASD training is complete and the advisory circle began on May 2, 2022. MCFD completed a review of organizations that provide FASD training, however the ministry reported that they were unable to assess the culturally sensitivity, inclusivity, or research-based lens in their review. No information about next steps was provided.	Year 1 Assessment No Progress The Representative notes that early work has begun on this recommendation through the creation of a project charter, survey of training available and calling of an advisory circle. However, she also notes that these pre-planning activities fall short of the deadline of training beginning by March 31, 2022. Further, upon reviewing the evidence, the Representative notes that within this project charter, the budget estimate has been left incomplete, no subject matter experts have been identified and the advisory circle membership is largely internal to MCFD, demonstrating an ongoing pattern of inadequate engagement of partners. The Representative also notes that the review of organizations that provide FASD training is reported as ‘complete’ despite being unable to verify if training options were developed with a culturally sensitive, inclusive or research-based lens. Given this, the Representative is concerned that the review activities and pre-planning progress to date will not be fulsome enough to inform the practice shift necessary to address the racism, stigma and bias identified in the <i>Excluded</i> research. The Representative also notes that MCFD has been unable to complete analysis on existing FASD awareness training needs of all front-line staff working with children and youth with FASD and does not include any
	MCFD to complete the reviews and curriculum development and begin		

	<p>training by March 31, 2022, and complete training of all relevant ministry and agency staff by March 31, 2023.</p>		<p>actions related to implementation in its planning – specifically steps to complete training of all ministry and agency staff by March 31, 2023.</p> <p>Given the above, the Representative has not found evidence of progress to directly support the implementation of the recommendation at this time and will request a more robust plan to address her recommendations before approving the Action Plan.</p>
5	<p>Recommendation 5: That the Ministry of Mental Health and Addictions (MMHA), in collaboration with MCFD, ICFSAs and the Ministry of Health (HLTH), lead a review, and develop and implement a plan, to provide effective and accessible mental health services for children and youth with special needs, including FASD. This should include a review of evidence-based, culturally attuned and promising practice models of therapy, intervention and care for children and youth with special needs including FASD, who have mental health impacts, as well as an assessment of current resourcing and resource gaps. The findings of this review and planning should be prioritized and built into MMHA’s Pathway to Hope for implementation.</p> <p>MMHA to complete the review and plan by March 31, 2022, with MCFD and HLTH beginning the implementation of new service approaches and enhanced</p>	<p>Year 1 Report – Received June 2022</p> <p>MMHA submitted its Action Plan on June 20, 2022. The plan has not been approved by the Representative as it is missing information regarding the implementation and resourcing of necessary system improvements.</p> <p>MMHA’s proposed plan to address this recommendation includes actions to complete a review of research, a jurisdictional scan, and a review of models of care. The plan includes partner engagement to validate findings and support system improvements for program development for <i>A Pathway To Hope</i>.</p> <p>In its annual update, MMHA reports it has drafted a research proposal and will be engaging with partners to validate and refine the approach before research begins. At this time, MMHA and HLTH have completed a scan of recent research and identified relevant research underway to support pre-planning activities.</p> <p>The MMHA Action Plan also speaks to ongoing efforts to implement <i>A Pathway To Hope</i> initiatives and notes that these services are expected to be accessible for children and youth with special needs.</p>	<p>Year 1 Assessment</p> <p>No progress</p> <p>The Representative has assessed MMHA’s Year 1 progress report and found that it has begun pre-planning the review to identify effective and accessible mental health services for children and youth with special needs, including FASD. At the time of MMHA’s Year 1 Report, the review had not begun, and is now overdue as the Representative called for the work to be completed by March 31, 2022.</p> <p>The Representative has not yet approved the Action Plan and is awaiting more information from MMHA on the implementation and resourcing of necessary system improvements.</p>

	<p>services by Oct. 1, 2023, and completing implementation by March 31, 2024.</p>	<p>In its annual update, MMHA commits to continuous improvements to mental health and substance use supports following the review.</p>	
6	<p>Recommendation 6: That the Ministry of Health (HLTH) incrementally reduce wait times for complex developmental behavioural conditions (CDBC) diagnostic clinics, and also secure additional resources to provide for periodic follow-up assessments, at key development stages from infancy through to adolescence.</p> <p>HLTH to reduce wait times to nine months by March 31, 2022; to six months by March 31, 2023; to three months by March 31, 2024; and thereafter increase capacity to provide for follow-up assessments.</p>	<p>Year 1 Report – Received June 2022</p> <p>HLTH submitted its Action Plan on June 20, 2022. The plan was approved by the Representative on Aug. 30, 2022.</p> <p>In response to this recommendation, HLTH has developed a two-phased approach to addressing wait times for CDBC assessments with short-term actions to address immediate need, and long-term actions to address, sustain and support further improvements.</p> <p>Short-term actions include an enhanced wait-list management strategy and the development of partner tables to focus on improving services, collaborative problem solving and standardization.</p> <p>HLTH’s Year 1 progress report indicates that the 1,100 families on the wait-list have not yet been contacted, and no evidence of progress on the catch-up strategy was reported. HLTH has also not yet begun partner tables.</p> <p>Long-term actions include the development of standardized provincial care strategies as part of the Care Management Strategy, the establishment of a comprehensive evaluation framework and a sustainment strategy.</p>	<p>Year 1 Assessment</p> <p>No Progress</p> <p>The Representative has determined that pre-planning for short- and long-term actions to address this recommendation is underway with the introduction of an enhanced wait-list management strategy and the jurisdictional scan of referral pathways. With no families contacted to date, no progress has been made on the first phase of actions to reduce wait times.</p> <p>The Representative regularly monitors wait times and wait-lists as she has made recommendations to incrementally reduce wait times for complex developmental behavioural conditions diagnostic clinics within two recent reports (<i>Alone and Afraid</i>, 2018; <i>Excluded</i>, 2021). As of Feb. 3, 2022, the provincial average wait time was 67.1 weeks (15.4 months), which is 1.7 times higher than the target to have a nine-month wait time by March 31, 2022 in the <i>Excluded</i> recommendations.</p> <p>While the Action Plan developed by HLTH is promising, progress is overdue.</p>

		HLTH's Year 1 progress report indicates it has begun a jurisdictional scan of assessment and referral pathways.	
7	<p>Recommendation 7: That the Ministry of Health (HLTH), in collaboration with the First Nations Health Authority and with guidance from the Task Team formed as a result of the <i>In Plain Sight</i> report, apply learnings from the review of systemic bias to referral pathways and assessment processes for CDBC diagnostic clinics. The changes/improvements should specifically address the issue of bias with regard to the referrals of First Nations, Métis, Inuit and Urban Indigenous children and youth for FASD assessments and ASD assessments.</p> <p>HLTH to complete the review and implement recommended improvements by March 31, 2022.</p>	<p>Year 1 Report – Received June 2022</p> <p>In response to this recommendation, HLTH has developed a detailed plan to conduct a retrospective review to understand the impact of Indigenous self-identification, as well as plans to build cultural safety capacity within CDBC diagnostic clinics and the BC Autism Assessment Network. HLTH has also committed to working with HLTH's new Indigenous Health and Reconciliation Division, the Provincial Health Services Authority and the First Nations Health Authority to develop educational content to address Indigenous-specific racism in services for children and youth with FASD.</p> <p>HLTH's Year 1 progress update indicates that this work is underway.</p> <p>HLTH has also committed to make changes to the intake processes to include voluntary self-identification with a focus on process improvement as well as a model of care with Indigenous cultural safety and humility considerations.</p> <p>HLTH's Year 1 progress update indicates that changes to the intake process to include voluntary self-identification have been completed.</p>	<p>Year 1 Assessment</p> <p>Some progress</p> <p>The Representative has reviewed HLTH's Year 1 progress report and has determined that some progress has been made including the completion of activities that directly support implementation.</p> <p>The Representative is encouraged to see changes within intake pathways already complete but is concerned that Indigenous self-identification has been introduced prior to addressing systemic bias in these pathways. The Representative has raised this concern with HLTH and will be monitoring the timeliness of efforts to apply learning from <i>In Plain Sight</i>, build cultural safety and address Indigenous-specific racism for FASD pathways closely.</p> <p>At this time, progress on this recommendation is overdue as the Representative called for all of the work to be complete by March 31, 2022.</p>

8	<p>Recommendation 8: That the Ministry of Health (HLTH) conduct an assessment of existing FASD awareness training and the training needs of appropriate front-line staff working with children and youth with FASD, leading to the development of evidence-based, culturally attuned, Nation-specific, and regularly updated training materials that ground a mandatory training program for current staff across the range of health services.</p> <p>HLTH to complete the assessment of existing FASD awareness training by March 31, 2022. Sequentially, HLTH to identify appropriate priority front-line providers to receive training, by Sept. 30, 2022, and develop training and access to training by Sept. 30, 2023.</p>	<p>Year 1 Report – Received June 2022</p> <p>In response to this recommendation, HLTH has developed a phased plan that includes a review of the current state of FASD awareness training, enhancing existing FASD awareness training, cultural safety and humility, and the historic and ongoing context of colonization and Indigenous-specific racism, as well as the phased implementation of the new training.</p> <p>HLTH’s annual update indicates that the ministry is working with internal and external partners and has completed the assessment of FASD awareness training. HLTH has also identified opportunities to collaborate on early findings and align partner engagements as the Representative has called for complementary training in education. HLTH also reports that it has begun to review current work related to cultural safety and humility within the health care system.</p>	<p>Year 1 Assessment</p> <p>Some progress</p> <p>The Representative has reviewed the Year 1 progress report from HLTH and has determined that work of phase one, to review the current state of FASD awareness training, is underway with the assessment of training now complete. She is encouraged to see that HLTH has also begun activities that directly support implementation for phase two – enhancing FASD training – by convening internal and external partners.</p> <p>The Representative also notes that this is the only recommendation in which government has sought opportunities to work across systems, by connecting with the Ministry of Education to identify opportunities to collaborate on early findings and align partner engagement for FASD awareness training.</p> <p>HLTH has fulfilled the first part of this recommendation to complete the assessment of existing FASD awareness training by March 31, 2022.</p>
9		Year 1 Report – May 2022	Year 1 Assessment

	<p>Recommendation 9: MCFD together with the Ministry of Citizens’ Services to initiate the development of a cross-ministry plan, in collaboration with the ministries of Health (HLTH), MMHA, Social Development and Poverty Reduction, and Education, and in association with ICFSAs, health authorities and Community Living BC, to routinely collect high-quality demographic and service data that allows for disaggregation, providing an essential foundation for more effective policy development, program provision and service monitoring for children and youth with special needs and their families, including those with FASD who are receiving services from these public bodies.</p> <p>The cross-ministry plan to be completed and implemented by April 1, 2022 and fully implemented by March 31, 2024.</p>	<p>In February 2022, four months after <i>Excluded</i> Action Plans were due, MCFD notified RCY that it would no longer be leading this recommendation and that Citizens’ Services (CITZ) would do so. CITZ submitted its Action Plan on May 30, 2022. The Representative has not yet approved the Action Plan as it is missing information regarding the implementation and resourcing of necessary data improvements.</p> <p>In response to this recommendation, CITZ outlines legislative changes underway that will allow the collection and disaggregation of data and its current work to coordinate actions across government to use data to advance equity, enhance insights and to support reconciliation in the B.C. Data Plan. Its annual progress report indicates that <i>Anti-racism Data Legislation</i> was introduced May 2022 and that the B.C. Data Plan has been approved by Cabinet. No actions related to implementation are included.</p> <p>CITZ’s Action Plan also notes the availability of the Data Innovation Program, a data integration and analytics program that links and de-identifies data from multiple ministries. CITZ reports that a project specific to FASD could better understand trends and complexity of the issue and that demographics data will be available in winter 2023 for analysis, but stops short of committing to carrying out or implementing findings of such a project.</p> <p>Finally, CITZ’s Action Plan details work underway to develop information systems for the CYSN service transformation, the focus of this recommendation. The plan reports that information system solutions are expected to be operational for Early Implementation Areas in winter 2022/23 but that it will only be tracking the “type and volume of supports and services.” The information systems development plan does not include actions that commit to the</p>	<p>No progress</p> <p>The Representative and her team are encouraged to see progress in legislation that will support the development of a provincial data plan to coordinate the use of data to advance equity, enhance insights and support reconciliation. However, the action steps included in the proposed Action Plan have not addressed how the legislative changes will be implemented to provide the essential foundation for more effective policy development, program provision and service monitoring.</p> <p>Given the missing information regarding the implementation and resourcing of necessary data improvements, the Representative has not approved the CITZ Action Plan and has requested a revised plan focused on implementation. With considerable emphasis put on MCFD’s Early Learning Evaluation of the CYSN Service Framework to evaluate and monitor the transformation underway, high-quality demographic and service data that allows for disaggregation will be essential to monitor equity and accessibility of care for children and youth with special needs and their families, including those with FASD.</p>
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		collection of high-quality demographic data that will allow for disaggregation as recommended.	
10	<p>Recommendation 10: That the Ministry of Education update its Inclusive Education Policy and supporting documents and incorporate information to increase awareness and understanding of the specific learning needs of children and youth with FASD and related disorders into the supporting documents.</p> <p>Ministry of Education to update Inclusive Education Policy and supporting documents and incorporate information to enhance awareness of FASD and related disorders by March 31, 2022.*</p> <p><i>*Target date revised from Sept. 1, 2021, to allow for meaningful consultation.</i></p>	<p>Year 1 Report – May 2022</p> <p>EDUC submitted its Action Plan on June 25, 2021. The plan was approved by the Representative on Aug. 11, 2021.</p> <p>To address this recommendation, EDUC’s Inclusive Education Branch has committed to incorporate information to increase awareness and understanding of the specific learning needs of children and youth with FASD into its new Inclusive Education Policy. The activities included in the recommendation Action Plan include the development of new policy, public consultation and release of the new policy which will move towards a needs-based model of learning support for children and youth with support needs.</p> <p>EDUC’s Year 1 update indicates that this work is underway but is delayed with the policy drafted and pending approval for public consultation. At this time, EDUC is working with First Nations Education Steering Committee (FNESC) and The Métis Nation BC (MNBC) to ensure the draft policy and related documents align with the <i>Declaration on the Rights of Indigenous Peoples Act</i>.</p>	<p>Year 1 Assessment</p> <p>Some Progress</p> <p>The Representative is encouraged to see some progress towards implementation of a new Inclusive Education Policy including work with FNESC and MNBC and the forthcoming public consultations. At this time, progress on this recommendation is overdue despite the target date being amended to March 31, 2022 to ensure time for meaningful public consultation.</p>
11		Year 1 Report – May 2022	Year 1 Assessment

<p>Recommendation 11: That the Ministry of Education work with the British Columbia Council for Administrators for Inclusive Supports in Education (BC CAISE) to support staff training and development needs for educators and school staff who work with children and youth with FASD or suspected FASD, and their families, and build on evidence-based and promising practice approaches to better support inclusion and improved learning outcomes for children and youth with FASD.</p> <p>Ministry of Education to work with BC CAISE and partners to support the implementation of staff training and development to better support inclusion and improved learning outcomes for children and youth with FASD and related disorders by Sept. 1, 2022.</p>	<p>To address this recommendation, EDUC, BC CAISE and the Provincial Outreach Program for FASD (POPFASD) have partnered to create and implement staff training and development resources for staff and educators that leverage current courses from POPFASD to improve understanding and supports for students with FASD. Actions include the development of an on-demand online FASD 101 course and the development of a 200 level course that will be hosted on POPFASD’s platform and available to B.C. educators, along with the development of a virtual learning series for students focused on destigmatizing, and raising awareness and prevention of FASD.</p> <p>EDUC’s Year 1 progress report indicates that POPFASD is working to finalize the on-demand FASD 101 course and that work is underway on an FASD 200 series course. POPFASD has also recorded six presentations on specific topics commonly associated with FASD. Updated and new staff training materials are all on track to meet the deadline of Sept. 1, 2022.</p>	<p>Substantial Progress</p> <p>The Representative recognizes substantial progress towards the implementation of this recommendation with full roll-out of the first phase of training expected ahead of schedule. EDUC has made substantial progress working with POPFASD on the development and implementation of its FASD 101 course and virtual learning series with materials being piloted in May 2022 and on track to be released for B.C. educators in September 2022.</p>
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