

#### **RECOMMENDATION NO. 14**

The Sub-Committee recommends that Health and Welfare Canada, with the cooperation of the National Advisory Committee on Alcohol and the Foetus, take the lead and assist in developing effective diagnostic tools for health-care professionals to identify and assess the special care and treatment needs of children born with Foetal Alcohol Syndrome or Foetal Alcohol Effects so that early and accurate diagnosis of these conditions might be made and appropriate treatment programs prescribed and applied.

There was a general sentiment expressed by witnesses before the Sub-Committee that treatment of FAS and FAE victims is typically inadequate and not uniform across the country. Many of these victims have little to look forward to beyond a life in a protected environment; in the worst situations, individuals will be institutionalized and, in the case of many FAE individuals, life will be a revolving door in and out of the prison system. Individuals vary in their potential to be educated and trained but, if the parents who appeared before us are credible, and we believe them to be so, much remains to be accomplished in the development of effective treatment and training programs so that FAS and FAE individuals can maximize their potentials and their contribution to society.

#### **RECOMMENDATION NO. 15**

The Sub-Committee recommends that Health and Welfare Canada, in cooperation with provincial and territorial health departments, initiate a program of research to develop more effective methods for the treatment, care and training of children with Foetal Alcohol Syndrome and Foetal Alcohol Effects, so that these individuals can maximize their intellectual and employment potentials as adults in Canadian society.

#### **(J) TREATMENT DELIVERY**

The development of treatment and training methods for persons with FAS and FAE will be useful only to the extent that they can be delivered to persons in need. One of the major needs is for financial assistance to parents, particularly adoptive parents, who find that their child is either FAS or FAE. In many cases, the family does not qualify for special education funding because the child does not fall into an established category mandating that special education is necessary. Similarly, many FAE children have been through a series of foster homes, or come from dysfunctional family environments, and many have been severely abused. Such children may need extensive psychiatric care or psychological counselling but, again, may not qualify for established medical programs.

Several witnesses stated that supervised group homes are an appropriate solution for FAS and FAE children because their needs and demands are such that parents cannot cope with them. This may be especially relevant with older children whose adoptive parents no longer have the personal resources, financial or otherwise, to handle their complex needs and increasingly disruptive behaviour. Such parents simply become exhausted and need relief and respite.

Although health-care delivery clearly is a provincial responsibility, the federal government, through Health and Welfare Canada, can play a leading or co-ordinating role to assist the provinces to develop treatment-delivery programs.