**“*You're Involved with People Who Are Going Through Exactly the Same Thing, So You Don't Get the Criticism*”: Caregivers' Lived Experiences with FASD Support Groups in Ontario**

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**Objectives:** In line with Ontario’s recent commitment to invest in support for children, youth, and families affected by Fetal Alcohol Spectrum Disorder (FASD), the Best Start Resource Centre at Health Nexus received funding from the Ministry of Children, Community and Social Services to distribute small grants to build and mobilize communities by bringing together families, caregivers, and individuals affected by FASD, in the form of a support group. Parent support groups, including disability-specific supports, have been reported in the literature as being instrumental in facilitating family adaptation and providing useful strategies to manage their children’s needs. Therefore, it is critical to explore caregivers’ perspectives and lived experiences regarding existing FASD support groups in order to inform new and emerging groups about what works and what does not work in these settings.

**Methods:** Informed by the Family Adjustment and Adaptation Response Model (FAAR; Patterson & Garwick, 1994), a mixed methods study was conducted with 84 parents and caregivers of children with FASD from 59 families in Ontario. These participants included biological, adoptive, foster, and step-parents, as well as custodial grandparents and great-grandparents. The number of children with FASD, per family, ranged from 1 to 7. Employing Merriam’s basic interpretive approach, participants took part in a semi-structured, qualitative interview and completed a number of quantitative questionnaires. Results from the qualitative component of this study are presented here.

**Results:** Interpretative phenomenological analysis of the interviews revealed two main themes related to caregivers’ support group experiences (Pros and Cons of Support Groups and Barriers to Support). Parents overwhelmingly reported that the pros of formalized support groups outweighed the cons. All parents identified the need to turn to other individuals for support, particularly formal support groups, and recommended that other parents in similar positions join a support group in their area. Parents emphasized that ‘you can’t do it on your own’ and that these forums provided families with the opportunity to discuss their feelings and personal trials, as well as to seek advice for daily challenges. However, parents also discussed the barriers to seeking formal support, particularly when it came to accessing reliable and trustworthy childcare or the inability to leave their children alone at home, as well as the lack of an organized support group in their home community.

**Discussion:** There is a demonstrated need for formal support groups for parents of children with FASD, regardless of whether or not their child is formally diagnosed (i.e., suspected FASD). Furthermore, when forming a support group, leaders should take into account the additional needs and/or barriers that families may face in participation, including the need for childcare. Regardless of the form of social support (e.g., face-to-face, online), it is clear that support groups help parents to identify and manage their child’s FASD through peer support and recommendations.

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