
**Prince George FASD Prevention Project:
Communicating FAS Policy Solutions by
Connecting Community Circles**

**Participatory Evaluation Report
Part 1: FAS Network Process Stories**

Prepared for

**The Northern Family Health Society, and
The Prince George FAS Community Collaborative Network**

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Definition

FASD is a term now being used to describe a range of clinical conditions including Fetal Alcohol Syndrome (FAS), Partial Fetal Alcohol Syndrome (pFAS), Alcohol-Related Neurodevelopmental Disorder (ARND) and Alcohol Related Birth Defects (ARBD). Many of these affected individuals go unrecognized as they appear “normal” with above average IQ’s and are often seen as deliberately defiant or disruptive. The spectrum of neurological damage with FASD causes many different cognitive and behavior problems. FASD is an invisible mental health disorder, generally undiagnosed or dealt with appropriately. (Source: Northern Family Health Society. “We have FASD in our community: Now that I know that...”, Prince George, 2001).

Executive Summary

This report is Part 1 of the Final Evaluation Report for the Prince George FASD Prevention Project: Communicating FAS Policy Solutions by Connecting Community Circles. The results of a story dialogue process engaged in by Network members in December 2002 are presented. Part 2 of the final evaluation will build on this process evaluation to include outcomes and learnings from the project.

Story Dialogue (Feather and Labonte, 1996) is a “formal” process of story telling. It is a structured way to engage with others in the sharing of wisdom and the creation of knowledge.

The goals of story dialogue are:

1. to tap into the knowledge practitioners and community members gain through reflection on their own practice experiences;
2. To help practitioners and community members share their practice knowledge with one another more effectively;
3. To create more generalized knowledge about practice, from practice, for practice;
4. To incorporate practice knowledge in project evaluations.

Nine Network members, as well as a Facilitator and the Evaluator participated in a one-day celebration of Network achievements and final evaluation event for the project. The theme of the story dialogue session was *the evaluation of our best practices of the Network*. Three key members who were unable to attend the event prepared and submitted their stories which were incorporated into the analysis.

Twenty-four themes emerged from the analysis of the story dialogue session:

1. *Serendipity*

The majority of the participants were able to trace their beginnings with the Network back to a chance encounter or synchronistic set of events that occurred at the right time in their lives for them to invest in the issue.

2. *Flexible structure of the Network*

The analogy of an “elastic circle” pertains to the Network. Membership in the Network fluctuates. Therefore, the circles are elastic and constantly changing as the Network moves into different areas of work related to FASD. This elasticity allows the Network to expand and develop partnerships throughout the community. Members appreciate that they can come and go freely from the Network but are always kept “in the loop”. This flexibility has allowed the project to take advantage of key learnings and to shift its focus when new information and opportunities arose. Adaptability has enabled the Network to do more effective work in the community.

3. *Respect for members*

The Network is built on respect and differences are valued. Members are names, not agencies or titles.

4. *Diversity of Network members*

The Network consists of a diverse group of individuals: professionals, academics, community researchers, caregivers, volunteers, agency staff, and others. The diversity of Network members is valued. Different disciplines doing the work together make it much bigger and more effective.

5. *Importance of grassroots involvement*

Network members include and appreciate grassroots experiences. The involvement of families and individuals living with FASD is necessary to make the work meaningful. Their experience allows the Network to balance theories with real life expertise.

6. *Recognizing and giving back to members for meaningful participation*

Providing members with personal and/or professional benefits to recognize their contributions is important to recruiting and retaining involvement.

7. *Making the connection between health and social issues and FASD, and shifting attitudes within the Network and the community*

The biggest “a-ha!” for Network members over the past four years has been the realization that FASD is entwined with health and social issues such as poverty or mental health. It takes time for people to make the connection between FASD and what they are experiencing in their work or personal lives. One of the biggest challenges has been impacting community shifts in attitudes around the issue of FASD.

8. *Making the connection between FASD theory and practices, and the impact of understanding this connection*

People make this connection in different ways at different times in their lives. It takes time for this connection to be made by individuals; for the theory to give meaning to the practice or for the practice to give meaning to the theory. However, the impact that new knowledge has on individuals is overwhelming. Network members have heard from people what a difference it has made in their lives and what a feeling of relief they experience when they make the connection between the behaviours and FASD. Learning information and making the connection makes a critical difference in people’s personal and professional lives

9. *Resources are needed to support FASD affected individuals and families*

Prevention work is valuable and has been effective; however, resources need to be dedicated to empower FASD affected individuals and families and to ensure that their needs are met.

10. *Recognizing where expertise lies and addressing power imbalances*

The Network has experienced struggles in developing collaborative relationships between academics and grassroots. Power imbalances should be acknowledged and addressed (i.e., eliminated where possible). The Network seeks out expertise from both academics and caregivers, and recognizes that everyone has a contribution.

11. *Reduce barriers for Network members*

Learnings have occurred around the reduction of barriers in order to facilitate member involvement. Key physical and psychological barriers that should be addressed include: financial, transportation, child care, time or scheduling, food, self-esteem/confidence, group dynamics, status and power imbalances, learning styles, and language.

12. *The importance of taking action. Awareness and understanding leads to community mobilization.*

Raising awareness about the issue of FASD has had an enormous impact on the community. Awareness and understanding affects positive community change. The scope of the issue of FASD has contributed to the diverse group involved in the Network and the resulting community action.

13. *Proliferation of the work in the North around FASD*

Over the past four years, the web of the Network has spread and now work is happening all across Northern British Columbia.

14. *Importance of Mentors*

Mentors have been a critical influence on the participants. They have provided education (knowledge, skill development), connected individuals with valuable resources, and helped to built self-esteem and confidence. They have been a “guiding force” for members. It is important to consider the relevance of mentorship. A word of interest or encouragement at any time may lead someone to “take up the cause”. Mentees become mentors. Therefore, it is important for Network members to watch how they present themselves so that they encourage, rather than erect barriers.

15. *Passion of the people involved with this work*

While passion and excitement are needed to effectively do this work and to derive the energy and enthusiasm to continue, it is important to recognize that passion can lead to exhaustion and a feeling of being overwhelmed with the work to be done and the immensity of the problems related to social issues and FASD in our community. It is crucial to find a balance between passion and fatigue.

16. *Improvement in Aboriginal participation*

Through its experiences, the Network has learned a way of dialoguing with Aboriginal communities so that they feel comfortable inviting members in to their community. Only

recently has there been Aboriginal participation in Network workshops. This is a credit to the work done with the Network in the shifting of attitudes; facilitating understanding about the root causes behind women and substance use, FASD; and backing the issue way upstream to show it is a community, not an individual issue. This has provided a way of communicating at a sensitive level with Aboriginal communities

17. *Recognize and cultivate the evolutionary nature of community development work*

With the emergence of new ideas or pieces of information comes a shift in focus or direction in order to accomplish more effective work. It is crucial to be receptive of new information and adaptable in your planning to accommodate the evolutionary nature of community development work. Adaptability has been successful in the project, and is only possible because the members bring key pieces of information to the Network: their knowledge, connections and ideas, that lead to a change in course resulting in further learnings and more effective work. It is important that the Network Facilitator understands and thrives in an environment of community development.

18. *Recognize the importance of relationships and making connections.*

Relationships that keep people connected to the Network are vital. It is important to stay connected, locally, regionally, provincially, nationally, and globally, with FASD research, other networks, and mentors. One small relationship, (i.e., an email or phone call) can impact on the mobilization of a community around FASD.

19. *Consistent organizational culture*

Pay attention to educating the organization. Ensure that values and norms are consistent within the organization before working to shift attitudes in the community.

20. *Conflict and resolution*

Conflict and tension arose during the course of the project and were addressed through conflict resolution training for the Facilitator and a Circle of Strength Workshop for the participants. Whether conflict could have been possible to avoid or whether it is a natural

process to expect when working with grassroots community members needs to be further researched.

21. *Taking risks*

The Network members believed that a strength of the Network is its willingness to take risks and do things differently in generating new knowledge, implementing new ideas, and communicating with the community.

22. *Experiences with the Network have changed lives*

Members have been personally and professionally impacted through their involvement with the Network. The Network has benefited its members by connecting them with resources, providing them with new knowledge and experiences, and impacting their education and practice.

23. *Measures of success*

“How do you know that it’s going to work?” a Network member asked the Facilitator years ago. This query stuck with the Facilitator and resulted in her working to build up a body of evaluation pieces. This statement made by the Network member has “grounded us all the way through. No matter how small the piece of work, you have to be sure that it’s effective for somebody”.

24. *Celebration*

People need to recognize the good they have done as individuals and as a collective. As a Network it is important to facilitate self-care and celebration opportunities. The group needs to stop long enough to reflect and celebrate accomplishments before moving on.

The final question in the story dialogue process asks “now what?” Network members suggested areas for future action based on their learnings:

- Network sustainability. Work must continue in the community to build on the most prevalent learning of the project: that FAS is not 100% preventable and is inexorably entwined with social issues. The website and Resource Centre, as well as the provision

of further training and skill development opportunities for Network members and the community will contribute to sustainability).

- Northern partnerships. Partnerships formed during the project could be formalized into a Northern FASD Coalition.
- Directing resources and support to FAS affected individuals of all ages. Organizations and initiatives are needed to support FASD affected people and to help them to understand their invisible disability.
- Affecting or involving specific groups (i.e., youth, social workers, reserve leaders, the media, school staff and students, small communities).
- Mentorship opportunities. Mentors were important to the education, connection and personal growth of individuals. Mentorship opportunities should be sought out, facilitated and encouraged.
- Network organization and operation. Continue with the flexible Network structure and operation, ensure that clear and simple language is used, and continue to take risks.

Part 2 of the Final Participatory Evaluation Report will build on the themes drawn from the Network members' process stories. Components to be included in the report (for April 2003) are:

- Highlights from previous evaluation reports (focusing in the areas of successes and challenges, northern partners, the website, FAS Network activities, and policy impacts)
- Key informant interviews to capture project impacts in and beyond the community.
- Analysis of communications and resultant actions and activities.
- Sustainability: the dissemination and transferability of learnings and products, as well as future plans to build on project accomplishments.

Communicating FAS Policy Solutions by Connecting Community Circles

Evaluation Report Part 1: FAS Network Process Stories

Introduction

This is Part 1 of the Final Evaluation Report for the Prince George FASD Prevention Project: Communicating FAS Policy Solutions by Connecting Community Circles. The Project is jointly funded by Health Canada (Population Health) and the Vancouver Foundation.

The report presents the results of a story dialogue process engaged in by FAS Collaborative Network members. Part 2 of the final evaluation will build on this process evaluation to include outcomes and learnings from the project. Components of Part 2 are described in the final section of this report.

Story Dialogue of the FAS Collaborative Network

In December 2002, Network members participated in a one-day celebration of Network achievements and final evaluation event for the “Communicating FAS Policy Solutions by Connecting Community Circles” project at the Northern Family Health Society. Story Dialogue (Feather and Labonte, 1996) was selected as the methodology for the evaluation process.

Nine Network members were present at the story dialogue session, as well as a Facilitator and the Evaluator. Participants’ experiences with the Network ranged from personal to professional, and from involvement in developing the first funding proposal to participation in more recent committees or events with the Network. Participants’ Network connections included:

- Staff of the Northern Family Health Society
- Professionals from local agencies who are also Network members
- Participants on Action Committees
- Northern Family Health Society Board members
- Caregivers of FAS affected children

➤ Participants in the Creating Solutions Project

The Facilitator spent the first part of the morning allowing for introductions of the participants and then educating the group about the theory and process of story dialogue.

Story dialogue is a “formal” process of story telling. It is a structured way to engage with others in the sharing of wisdom and the creation of knowledge. The goals of story dialogue are:

5. to tap into the knowledge practitioners and community members gain through reflection on their own practice experiences;
6. To help practitioners and community members share their practice knowledge with one another more effectively;
7. To create more generalized knowledge about practice, from practice, for practice;
8. To incorporate practice knowledge in project evaluations.

The theme of the story dialogue was *the evaluation of our best practices of the Network*. The questions prepared to assist the Network members in writing their case stories were:

Describe

Tell about how you first became involved with the FAS Network.

(Who was involved? What were others doing or not doing? What was helpful or puzzling about this experience?)

What was going on for you in your work at this time?

Explain

Why did you choose to do this work with the Network?

How has your involvement with the Network impacted your work generally and your work with the community?

Has your work affected the issue of FASD in our community?

Reflect

What has been the good and the bad about your work with the FAS Network?

If you were able to do it over again, how would you do your work differently?

What action would you like to take in changing the issue of FASD?

What would you need to help you to continue to do your best practice, both in your work and with the Network?

Members were reminded:

- To use “I” or “we” and to own their stories.
- To write about THEIR experiences.
- That there is no fixed order, to just speak from their hearts and minds.
- To treat the questions only as prompts... they were welcome to add any additional information that they thought was important.
- That this information will be used for evaluation purposes.

Posted on the wall next to the goals of story dialogue was a quote to guide the participants: “The power of story dialogue lies in people speaking from the heart of their experience without threat of interruption or disagreeing challenge” (Labonte).

Present in the room was the collective wisdom of the Network’s work over four years. The purpose of the day was to communicate that wisdom with each other and then explicate it (i.e., make the invisible visible) to give it global meaning.

A second purpose of the day was to teach participants another skill for use in their practice and then give them an opportunity to experience it. The participants would then be invited to partake in a self-care experience at a local spa to thank them for their investment over the years and for their participation in the story dialogue evaluation session.

Story Dialogue Process and Roles

The process of story dialogue and the roles of the participants are described in Appendix A.

The story dialogue process consists of four components: a structured dialogue, an open dialogue, second level synthesis and a narrative (thematic) analysis. During the structured dialogue, a story is shared and then participants reflect on the story one by one in a reflection circle.

Following the structured dialogue is an open dialogue, in which participants can engage in active discussion about their experiences and explore what took place in a global sense. The dialogue is guided by the four key questions:

WHAT do you see happening here? (Description)

WHY do you think it happened? (Explanation)

SO WHAT have we learned from our experience? (Synthesis)

NOW WHAT can we do about it? (Action)

Following the dialogue, participants complete a second level synthesis of the information that they have dialogued through the creation of insight cards. Insight cards are a-ha's, tips, lessons learned, questions, puzzles or challenges. Through the dialogue and the development of insight cards, participants externalize the stories. They connect the experiences of everyone involved, look at the whole picture, and then document best practices and develop action. Finally, a narrative analysis is conducted, wherein themes are extracted from the data. This final piece was completed by the Evaluator following the story dialogue session.

Four roles describe the participants involved: Story Tellers, Story Listeners, Facilitator, and Story Recorder. Story Tellers prepare their stories and then share them during the structured dialogue. Story Listeners listen to the Story Teller, think about how the story is similar to and different from their own experiences, and then make notes to share during the reflection circle. The Facilitator guides the process and the Story Recorder documents the activity. All participants show respect by sharing speaking time, listening to one another, and sharing their thoughts and feelings on their own experiences in comparison to the Story Teller's experience.

For the Network's one-day story dialogue session, the Facilitator recognized that not everyone present would be able to share his or her stories due to a shortage of time. Therefore, criteria were developed to determine who should be invited to share their stories. The criteria were

length of involvement, depth of experience, and type of experience with the Network. The Facilitator and Evaluator wanted to ensure that the stories shared represented diverse experiences. The group agreed that the structured dialogue could proceed with key members identified by the Facilitator and Evaluator. The participants who would not have an opportunity to share their story would tell their stories through reflection circles and in dialogue where relevant. They would also submit their written stories to the Evaluator who would include them in the narrative analysis.

The participants described the story dialogue process as energizing and validating and enjoyed learning the collective stories of the Network.

Narrative Analysis

The final step of the story dialogue process is to further the analysis (i.e., second level synthesis) completed by the participants by conducting a thematic analysis of data gathered during the session. The data was analyzed for case study evaluation as well as for knowledge development.

The first stage of the analysis was framed by the four questions:

WHAT do you see happening here? (Description)

- History of the project – what was the identified need, problem or issue? Who identified it? Who initiated the project or action? What plan or action did we have in mind when we started? What were our goals and objectives? How did they change over time?
- How did we do it?
- What did we do? What steps were taken in the project?
- What were our successes?
- What were our problems?
- How were decisions made?
- How did we and others in the project relate to one another?

WHY do you think it happened? (Explanation)

- Why did we become involved in the project?
- Why did we do what we did (the strategies or actions)?
- Why do we think it worked?
- How do we know we are right in our assessments of its success?
- What personal/professional skills helped make the work successful?
- What organizational structures or relationships helped make the work successful?
- What did we find frustrating or disappointing about the project, and why?

SO WHAT have we learned from our experience? (Synthesis)

- What have we learned?
- What remains confusing?
- How have people changed through the process?
- How have organizations changed through the process?
- How did relationships between people and organizations change in the project?
- What were the unexpected spin-offs?

NOW WHAT can we do about it? (Action)

- What will we do differently next time?
- What will be our next set of actions?
- What power do we have to do things more effectively in the future?
- How can our power to act more effectively be increased?

Notes from the stories were grouped into these four areas during the story telling. Story Listeners then participated in a reflection circle in which they shared how they perceived their

stories were similar to and different from the Story Teller's. These notes were recorded separately. The process was also tape-recorded. The tapes were reviewed and used to supplement the data in the transcript. Stories of three key individuals who were not able to be present at the session and the stories of present participants who did not have an opportunity to tell their stories were incorporated into the analysis.

Twenty-four themes were drawn from the data analysis. The stories shared during the evaluation session were extremely diverse, yet there were strong commonalities underlying everyone's experiences that are described in the themes below.

The results of the narrative analysis were not taken back to all of the participants for validation. Validation was addressed only through consultation with the project team (who were also participants in the process). Validity is improved through the taking of notes during the session, the tape recording of the session, the review of the tapes (and addition of further data to the transcript based on a review of the recording), the review and addition of relevant data from hard copies of the participants' stories, and the insight cards written by participants).

1. Serendipity

A theme that came to light during the dialogue was the diverse and serendipitous ways in which the participants became involved with FASD and the Network. One member noted that each individual had their own passions and experiences which happened to exist serendipitously at the right time for them to invest in the Network in some way. None of the participants sought out an FAS Network to be involved with or had in mind to create a Network.

The ways that participants became involved with the issue of FASD included overhearing a conversation in a University hallway, meeting an individual (and future mentor) who connected the participant's work experiences with the issue of FASD, being 'forced' to prepare a presentation on the issue by a Professor, being invited in by a current member of the Network that she had known from the past (in a different capacity), and attending a workshop that had a large impact on the individual, causing her to mobilize around FASD. Often it was the guidance

of another individual who led members to the issue of FASD and subsequent involvement in the Network. The majority of the participants were able to trace their beginnings with the Network back to a chance encounter or synchronistic set of events that occurred at the right time in their lives for them to invest in the issue.

This theme does not directly speak to best practice, but it does suggest that it is valuable to have an open, flexible Network in which people can be involved in numerous different ways, through various channels, whenever they are ready.

2. Flexible structure of the Network

The Network was described by participants as “invisible”, or “nebulous cohesion”. No actual body exists, and there are not any regular meeting times where all members come together. However, the Network exists and functions as a living, breathing organism. It grows and shrinks and climbs and slides, but there is always a body of people who contain the knowledge and wisdom and carry the Network on. The analogy of an “elastic circle” pertains to the Network. Membership in the Network fluctuates. Therefore, the circles are elastic and constantly changing as the Network moves into different areas of work related to FASD. This elasticity allows the Network to expand and develop partnerships throughout the community.

The flexibility of the Network structure facilitates involvement and is believed to be a key factor for success. The Network allows people to come and go freely. Members are active when they have something to offer, or when the Network has something of benefit to offer to them. The Network recognizes that there are other demands on people’s time. No one is crossed off a list if they have not been able to attend or communicate in awhile. Members are not made to feel guilty if they have not been active, and are always welcomed back with open arms. The participants appreciated receiving follow-ups after an event or meeting (i.e., phone calls, emails) that allow them to remain in the loop, even if they have been unable to attend for a long time.

This flexibility has also allowed the project to follow a different path than was originally conceived. With too much rigidity, the project would not have been able to take advantage of

key learnings and shift its focus when new information and opportunities arose. Adaptability has enabled the Network to do more effective work in the community.

While the Network itself has a diverse and changing membership and a flexible structure, it is important to note that the Network is based out of one agency that has staff dedicated to Network facilitation and connection.

3. Respect for members

A flexible structure is key to the success of a community Network, but this structure needs to be built on respect. Members' have their own physical, emotional and financial needs that must be respected.

Differences should be valued. No matter how an individual participates in the Network (e.g., as a caregiver, a person with FASD, an educator, a health professional), he or she has something worthwhile to contribute.

It is the people who are valued in the Network. Whether or not they hold jobs or titles is irrelevant. Members are names, not agencies or titles. They are valued participants with an interest in addressing FASD in our community.

One participant noted that the Network members do not understand what a key role they have played in the whole connection of the Network. Without the contributions of the membership who share their diverse knowledge and invest their time and energies, the work that has been accomplished in the community would not have been possible.

4. Diversity of Network members

Different disciplines doing the work together make it much bigger and more effective. The Network consists of a diverse group of individuals: professionals, academics, community researchers, caregivers, volunteers, agency staff, and others. The diversity of Network members

is valued. The Network strongly believes that no matter what perspective an individual comes from, no matter what way he or she wants to be involved with fetal alcohol, (i.e., working at the Centre, conducting research, facilitating workshops), whatever an individual contributes is going to be beneficial. Everybody is valued for whatever piece they want to contribute.

There exist significant differences in where Network members came from (e.g., academic perspective, FAS affected individual, caregiver, service provider, etc.), but they have all ended up in the same place, doing the same work together in our community.

The participants have found that there are different topics addressed by the Network in which certain groups are interested. There seem to be “pods” of individuals who attend different types of events. Therefore, not all Network members are in the room at the same time. However, the Northern Family Health Society knows all of the individuals and can connect them to one another through the Network.

It was also observed that there was a balance of big picture and small picture thinkers among the participants. This is another strength found in diversity. The Network needs visionaries as well as details people to be successful. In a multidisciplinary, team environment, it is important to have both big picture people and small picture people. The value of one is just as important as the other.

5. Importance of grassroots involvement

When we are working at a grassroots level we have to include the people who we are researching or for whom we are developing programs. Network members include and appreciate grassroots experiences. This is a key reason why the FASD Network has been successful. The involvement of families and individuals living with FASD is necessary to make the work meaningful. Their experience allows the Network to balance theories with real life expertise.

Participants explained that they valued the practical information that they received from the Network. They are updated on existing research and also hear meaningful stories of families' day-to-day live experiences. The stories give meaning to the theory.

6. Recognizing and giving back to members for meaningful participation

An important component of recruiting and retaining participants is recognizing their involvement by providing them with personal and/or professional benefits. Participants are more likely to stay active with the Network when they gain something from their investment of time and experience. Through the project, the Northern Family Health Society has learned what meaningful participation is all about and has recognized it by offering skill development opportunities as well as transportation, child care, and compensation for involvement. The Network is beginning to see the benefits of providing skill development for participation as members use their learned skills in practice for the benefit of the community, and remain dedicated, contributing members of the Network.

One member's story shared: "I pledge to use the NFHS sponsored workshops that I have gathered through their referrals to both disseminate the information into the Society's work and membership plus share with those that someday may benefit and then appreciate the true efforts of [the staff] at the Society office."

7. Making the connection between health and social issues and FASD and shifting attitudes within the Network and the community.

The biggest "a-ha!" for Network members over the past four years has been the realization that FASD is entwined with health and social issues such as poverty or mental health. FASD is not an individual disability issue, it is a population health issue that impacts the community.

It takes time for people to make the connection between FASD and their work or what they are seeing in their work. The scope of the issue expands when it is reframed and backed upstream, and the result is that it affects everyone in the community in some way.

Attitudes of the Network continually shift as new knowledge is learned. The Network was formed with the view that FASD was 100% preventable. Members have shifted their own view over the past four years and now work to take this learning out, to raise awareness and understanding and to shift attitudes in the community.

One of the biggest challenges has been impacting community shifts in attitudes around the issue of FASD. New learnings have arisen through the life of the project around recovery, harm reduction, women-centred health, and the learning that FASD is not 100% preventable. The Network has first come to an understanding of this information, has experienced its own shift in attitude, and has been taking this new knowledge out and engaging the community in discussions around the social issues that are behind substance misuse and subsequently FASD.

Two of the milestones noted during this project that have worked toward raising awareness and shifting attitudes both within the Network and the community are:

1. Reframing a Social Issue: Families, Substance Use and FAS conference.

The purpose of this conference was to promote a population health approach to FASD. It was one of the first attempts to get at a population health perspective and community issues, and was the beginning of the communication campaign to reframe FASD from an individualized addiction issue to a social issue with its roots in poverty, violence, literacy and abuses. The conference was the first time that the community learned that FASD is not 100% preventable.

2. The Women's Health Gathering.

The Creating Solutions Group wanted to take part in the National Health Summit to bring more awareness concerning women's health issues, but were not accepted into the conference. The group was encouraged to hold their own Women's Health Gathering to accommodate for the absence of women's health issues or aboriginal issues on the agenda for the National Health Summit. At the time, the group did not understand why they were asked to organize and participate in a women's health gathering because it had nothing to do with FAS. They then realized that women

need to have their health concerns met in order to prevent substance misuse and FASD. The community also did not understand what FASD had to do with women's health. By participating in the women's health gathering, the group was hoping to shift people's attitudes concerning the treatment of women in the community. Through this gathering and follow-up work by the Network came the buy-in of the Northern Interior Regional Health Authority. They agreed to do work around women-centred health in the region.

One Network member shared that "I believe my work has brought [the issue of FASD] to the forefront, but more importantly that it has changed attitudes towards women with people who have the ability to make change. I believe that I have helped to create tolerance and understanding about a hidden issue and I believe that my work has contributed to others standing up and taking action to ensure a better community for women and children."

8. Making the connection between FASD theory and practice, and the impact of understanding this connection.

Another learning experienced by the Network members was the connection between FASD theory and practice. How this connection was made depended on where the individual started in his or her personal and professional life. Some members came from professional or academic experience only. They were knowledgeable about the theory of FASD but did not have any experience with individuals with FASD. Others dealt with FASD affected individuals in their personal or professional lives but did not have the theory to explain the behaviours and therefore did not make this connection.

It takes time for this connection to be made by individuals; for the theory to give meaning to the practice or for the practice to give meaning to the theory. However, the impact that new knowledge has on individuals is overwhelming. Network members have heard from people what a difference it has made in their lives and what a feeling of relief they experience when they make the connection between the behaviours and FASD. Learning information and making the connection makes a critical difference in people's personal and professional lives.

One Network member shared: “the more I learned about FAS from other parents, the more comparisons we could make, the more “analyzing” we could do, the calmer, more effective parents we became.”. She also wrote that “When I was first learning about FAS, I may not have remembered the name of the section of the brain that was affected, but I did understand that not only my child behaves like this and that there may be strategies or supports that could make my life and my child’s life less stressful. This is what was most important to me, and it is what I attempt to pass on to other parents and participants in my workshops.”

9. Resources are needed to support FASD affected individuals and families

A gap in the FASD community work which needs to be addressed is the lack of support for individuals and groups struggling with FASD on a daily basis. Prevention work is valuable and has been effective; however, resources need to be dedicated to empower FASD affected individuals and families and to ensure that their needs are met.

Funding initiatives currently exist mainly around prevention. Monies dedicated to tertiary care are scarce. Finding funding is problematic because tertiary care is labour intensive and costly.

In many cases, resources exist in the community that would assist FASD affected individuals, but community members and the organizations themselves do not realize that the services that they are providing are also services that will assist FASD affected people.

10. Recognizing where expertise lies and addressing power imbalances

It takes effort, open communication and trust to develop collaborative relationships between academics and grassroots. There have been some struggles in this area. The Network has tried to acknowledge power imbalances where they exist, and then work toward eliminating these imbalances. It is important to empower everyone rather than to have power-over relationships existing, which can negatively affect members psychologically and inhibit their work.

The Network seeks out expertise from both academics and caregivers, and recognizes that everyone has a contribution.

The participants noted that another success factor for the Network has been that members are openly willing to share their knowledge, rather than hold on to it as their own. Knowledge is valued on matter what agency or walk of life you come from.

11. Reduce barriers for Network members

Many learnings have occurred in this area over the past four years that have changed the practice of the Network and its members.

It is important to recognize what barriers exist for both grassroots and professional members. Barriers can be both physical and psychological. Key barriers which should be addressed include:

- financial
- transportation
- child care
- time or scheduling
- food
- self-esteem/confidence
- group dynamics
- status and power imbalances
- learning styles
- language

The Network has learned that:

- Food, child care and honorariums facilitate involvement of grassroots members.
- Professionals appreciate receiving something for their contributions, especially knowledge, skills and/or lunch.

- Longer meetings are beneficial, so that more can be accomplished in addition to information sharing. Use time well for the benefit of everyone.
- Status (real or perceived) should not be a barrier. Eliminate the barriers that titles erect. Despite the perception that FASD is a working class, poor person's issue, research has demonstrated that FASD permeates all classes in society.
- Different learning styles must be recognized. All information should speak to different learning styles in the group (i.e., auditory, written, etc). This is important in committee work.
- Language has the power to create a norm and trust within the group. The group must share a common language. Everything must be defined to eliminate the embarrassment of asking. Speaking up must be normalized. Plain language and translation make new and existing participants feel comfortable and safe in the group.
- New involvement can be facilitated by connecting new members with existing members who can mentor them through the awkwardness that comes with entering a foreign situation. The mentor would be a partner; someone to whom they can ask questions quietly on the side.
- Not all women are able to choose to use their voice, or they experience barriers to using their voice. We have to figure out ways to engage them or to reduce the barriers. Sometimes this means we have to be their interpreter.

An important learning has been how to facilitate involvement and especially how to make people feel comfortable and that they “fit in” with the group. Both professionals and grassroots members explained that in the past, they have experienced the uncomfortable feeling that they did not belong. Participants need to feel safe and connected to the group.

It is important to make participants/members comfortable, and to allow them to see where they fit into the process, and that they have something valuable to contribute. Group dynamics play an important role in this process. It takes time to develop trust and comfort with a group. A nonjudgmental attitude has been key for the Network in welcoming and retaining meaningful participation. People often feel alienated right away because of their varied appearances and life experiences and it is therefore important to communicate that everyone's participation is valued.

12. The importance of taking action. Awareness and understanding leads to community mobilization.

The participants strongly believe that raising awareness has an enormous impact on the community. It has been their experience that awareness and understanding affects positive community change.

Evidence of the impact of knowledge acquisition was seen with the large and instant community mobilization that occurred in Prince George after community members first learned about FASD through a workshop facilitated by Brenda McCreight (a Vancouver woman who had personal experience with FASD as a caregiver, as well as a comprehensive knowledge of the theory of FASD). This presentation led to community mobilization and the eventual formation of the FAS Collaborative Network.

The scope of the issue of FASD has contributed to the diverse group involved in the Network and the resulting community action. FASD is the one issue that brought all of the health professionals together in a meaningful way. People believed in it and supported it. It affected everyone to the same level. This is one of the main reasons why the FAS Network took off in the community.

Participants noted that professionals have good intentions in their work, but many do not understand the issue of FASD, or do not know anything in their practice except the “middle or upper white class standard”. The members feel that making a difference with these groups has been an important part of their work. By educating service providers, teachers, counselors and other professionals who will experience FASD in their work, they can facilitate understanding and positive changes in their practice. As well, if these groups understand FASD then they can pass on the knowledge to others. There will be a ripple effect to others with whom they connect.

The participants feel that Margaret Mead’s words are very relevant in their personal and professional lives:

Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it's the only thing that ever has.

The quote speaks to the mobilization process, the impact of passionate, dedicated individuals, and the importance of just going ahead and making a difference, rather than sitting back, feeling that the issue is too overwhelming to tackle.

13. Proliferation of the work in the North around FASD

The Director of the Northern Family Health Society shared how she shifted from feeling overwhelmed at the FASD Conference in Vancouver in the presence of all of the “bigwigs” to a feeling of accomplishment and pride a few years later as these same “bigwigs” shared with her how impressed they were with all of the work happening in Prince George that was presented at the Conference.

The Director noted that she used to feel that the whole ball was here at the Northern Family Health Society, but that this is not the case anymore. The web has spread and now work is happening all across the North. This is evidence that the Network is making a difference in Northern British Columbia.

14. Importance of Mentors

Mentors have been a critical influence on the participants. They have provided education (knowledge, skill development), connected individuals with valuable resources, and helped to build self-esteem and confidence. They have been a “guiding force” for members. Mentors exist for the participants at all levels: local, provincial, national, and global.

It is important to consider the relevance of mentorship. A word of interest or encouragement at any time may lead someone to “take up the cause”. Mentees become mentors. This has happened with the participants. Therefore, it is important for members to watch how they present themselves so that they encourage, rather than erect barriers.

NFHS staff are viewed by members as mentors:

“My main support and catalyst in this job was Marlene Thio-Watts, who despite adversity never dropped the ball on this topic.”

“I have complete reverence and respect for (Chris Leischner’s) very learned expertise and hold the Northern Family Health Society in high esteem as I thank Mrs. Leischner on behalf of my foster children and myself for her mentoring.”

15. Passion of the people involved with this work

The Network members possess a passion and excitement about their work. They have a strong desire to make a difference. Passion is needed to effectively do this work. From their passion, members derive the energy and enthusiasm to continue. Passion isn’t just a personal emotion; sharing passion with others helps it to survive and grow. The excitement about the Network is fueled by the members’ belief that “yes, we can do it!”

The danger of feeling passionate about one’s work is that it can lead to exhaustion and a feeling of being overwhelmed with the work to be done and the immensity of the problems related to social issues and FASD in our community. It is difficult to keep actively involved and have a passionate desire to change things when the work is overwhelming and you find that you have very little time with your family or to pursue alternative interests or hobbies. It is crucial to find a balance between passion and fatigue.

One member shared through her story how one can be overcome with the work to be done around FASD, and how she addresses these feelings:

“I feel overwhelmed with the immensity of the problems related to poverty and fetal alcohol faced by our communities. I feel overwhelmed by the multi-generational impact of these problems. I feel overwhelmed by the number of people involved with our justice systems whose behaviour is affected by fetal alcohol. I feel overwhelmed by the years of uncertain

future faced by these individuals who have such huge personal needs that are seldom being addressed by our government agencies. I feel really overwhelmed every time I hear of more funding cutbacks.

“When I get really tired and overwhelmed, it’s time to do something – time to put on my oxygen mask. Sometimes it’s best for me to ignore my phone and email and read or paint or cook or go for long walks. Sometimes it’s best to talk to others in the field so I can recapture the passion and energy from them. And sometimes I just remember what Margaret Mead said: ‘never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.’”

16. Improvement in Aboriginal participation

Through the Creating Solutions project, the Network has learned a way of dialoguing with aboriginal communities so that they feel comfortable inviting members in to their community. Only recently has there been aboriginal participation in Network workshops. This is a credit to the work done with the Network in the shifting of attitudes; facilitating understanding about the root causes behind women and substance use, FASD; and backing the issue way upstream to show it is a community, not an individual issue. This has provided a way of communicating at a sensitive level with aboriginal communities.

This achievement would not have happened if the Network had taken a different path over the past four years. For example, members recently did a presentation to Carrier Sekani Band. This is the first time that the Band has approached the Network. As well, members have been approached by the Prince George Nechako Aboriginal Employment and Training Association (PGNAETA) to form a partnership to provide education and training to the aboriginal communities.

17. Recognize and cultivate the evolutionary nature of community development work

One learning that was realized through the project was that often the work leads you in different directions than originally anticipated. This occurs because of the emergence of new ideas or pieces of information. The information is integrated into the Network. And the members make sense of the information and alter the course in order to accomplish more effective work. It is crucial to be receptive of new information and adaptable in your planning to accommodate the evolutionary nature of community development work.

Adaptability has been successful in the project, and is only possible because the members bring key pieces of information to the Network: their knowledge, connections and ideas, that lead to a change in course resulting in further learnings and more effective work. The evolution of the Network has been directed by people involved with the Network and the development of new knowledge and ideas.

It is important that the Network Facilitator understands and thrives in an environment of community development. The project experienced a number of staff changes in this position which resulted in a significant amount of time and energy spent on recruiting and training new staff.

18. Recognize the importance of relationships and making connections

Relationships that keep people connected to the Network are vital. It is important to stay connected, locally, regionally, provincially, nationally, and globally, with FASD research, other networks, and mentors. Participants noted that they have seen the impact that one small relationship, (i.e., an email or phone call) can have on the mobilization of a community around FASD. Network members have connected people locally, regionally, nationally, and internationally, to a wealth of new knowledge and experiences.

It has been partnerships that have made much of the work possible. For example, when Brenda McCreight was brought to Prince George for an initial presentation on FASD, funding was contributed by a number of different community partners to enable the event to take place.

19. Consistent Organizational Culture

Over a year into the project, the Northern Family Health Society realized that people within the organization did not understand the language. There were no consistent norms. It is impractical to expect an attitude shift in the community until the values are consistent within the organization. A shift of organizational culture is important to shifting thinking and doing this work. Pay attention to educating the organization.

20. Conflict and resolution

Conflict and tension arose during the course of the project. One example is the challenges that arose within the grassroots group who were working to develop a Resource Centre. Everyone involved had a different idea of how the Resource Centre should look, which led to conflict. Whether this could have been possible to avoid or whether conflict is a natural process to expect when working with grassroots community members needs to be further researched. In the project, conflict was addressed through conflict resolution training for the FAS Facilitator and a Circle of Strength Workshop for the participants. While some members left the project during times of conflict, the group that has remained actively involved worked toward being a part of the solution. Everyone has benefited from the strong bonds and relationships that have formed through this process.

21. Taking risks

Members believed that a strength of the Network is its willingness to take risks and do things differently. The Network looks for creative ways to generate new knowledge, to implement new ideas, and to communicate with the community. It was felt that the majority of other health

committees do not take risks in their work. The Network is able to do this because it includes such a diverse pool of resources and experiences in its members.

22. Experiences with the Network have changed lives

Participants discussed how experiences with the Network have had significant impacts on their lives. One member explained how the Northern Family Health Society provided her with an employment opportunity in which she learned transferable skills and was prepared for other employment. Some members have returned for further education based on their experiences with the issue of FASD and the Network.

The Network has benefited its members by connecting them with resources, providing them with new knowledge and experiences, and impacting their education and practice.

23. Measures of Success

“How do you know that it’s going to work?” a Network member asked the Network Facilitator years ago, and this stuck with the Facilitator and resulted in her working to build up a body of evaluation pieces. The Facilitator shared that this statement made by the Network member has “grounded us all the way through. No matter how small the piece of work, you have to be sure that it’s effective for somebody”.

Success is evident when one looks at where the Creating Solutions women are today and how that experience has made a difference in their lives. Their contributions to the Network and the community continue to be irrefutably valuable today. One member exclaimed “to hear your story makes everyone at this table’s collective efforts combined all worthwhile – that’s basically the goal.”

24. Celebration

People need to recognize the good they have done as individuals and as a collective. As a Network it is important to facilitate self-care and celebration opportunities. The group needs to stop long enough to reflect and celebrate accomplishments before moving on.

So what has made the Network successful?

- A flexible structure
- Remaining adaptable in planning and always open and receptive to new information
- Possessing a willingness to take risks
- Facilitating meaningful involvement from grassroots and professionals
- Recognizing and addressing barriers
 - Providing transportation, child care, honorariums
 - Offering skill development opportunities
 - Nonjudgmental attitude to facilitate trust and comfort within the group
 - Sharing a common language within the group. Defining everything, using plain language and translation, and normalizing “speaking up”.
 - Acknowledging and attempting to eliminate power imbalances
- Respecting members and giving back to them for their investments
- Deriving energy from passion for the work
- Openly sharing knowledge; valuing knowledge regardless of what agency or walk of life the individual sharing the information comes from
- Working at developing relationships and staying connected
- Welcoming diversity in membership
- Reframing the issue of FASD from an individual addictions issue to a population-level issue of the social factors behind substance misuse
- Recognizing that upon learning new information, a shift in attitudes has to occur within the organization and among Network members before community attitudes can expect to shift
- Recognizing the importance of mentorship

- A consistent organizational culture
- Finding resolutions to conflict and building on the experience
- A community development – oriented Network Facilitator
- Celebrating accomplishments

One participant summed up the experiences of the Network that have contributed to its success by saying:

“It’s all about relationships, our connections, and our meaningful participation.”

Words of commendation for the FAS Collaborative Network from the story tellers:

The more people I spoke with, the more I was informed that the Prince George FAS Network was the place to start. On this advice, I attended the grand opening of the FAS Family Centre, an impressive achievement with multi-sectoral funding and extensive community support. At that open house, I was fortunate enough to, in once fell-swoop as they say, become acquainted with a wide variety of agencies and individuals working on the front lines of FAS prevention and education in Prince George and the surrounding northern BC region. Following this initial involvement with, and exposure to, the Prince George FAS Network, I was able to continue my involvement and connection with the network through community research occasions, partnership possibilities, BC Provincial FAS Network opportunities, and other events. The PG FAS Network has provided myself, and our research institute, with the opportunity of research dissemination, partnership possibilities, resource links, and general support. It has truly been GREAT!

Many FAS Network members committed time, energy and the required expertise and support resulting in the success of [the development of funding proposals and implementation of projects]

The Network provided a local (and highly expertise and supportive) point of entrance into [the field concerning special needs associated with substance abuse].

Because the network has such close (and strong) connections with community and professionals within the province, I have been able to connect on a regular basis with people ‘in the know’, thus ensuring I am up-to-date on events and thoughts concerning FAS.

I need the work of the Network to continue. Without it, a great void would open in the north with regard to community-based research and resulting outcomes concerning FAS education, prevention and conceptualization.

I will continue to focus as much time as I can until I no longer am able to, towards the continued growth and development of the profile of [the Northern Family Health Society]... I offer my heartfelt thanks and applaud the work of the FAS Network/Northern Family Health Society.

One member shared a story of a conflict with the Ministry of Children and Family Development around the family’s foster children. The caregiver was unable to obtain support from the local foster parents support group or the Ministry. Then “I called the FAS Network and spoke to Chris Leischner. Chris empowered me with enough information to impress the Supervisor of my Resource Worker. Chris also gave me the phone number of her friend (an Early Childhood Development instructor at the University of Northern British Columbia). Her friend gave me quotes and offered me written proof to take to the MCFD to support my claims.”

Although my work is mostly intervention, I also believe prevention is critical to improving children’s health. I think the focus on prevention of the FAS network provides more breath and balance to my work.

Knowing people and having supports within the Network was an asset.

There has been so much good that has come from working with the FAS Network, besides the personal growth that has happened because of being a member.

The work that I have done as a member of Creating Solutions has changed my life in more ways than I can count.

The Northern Family Health Society has provided many positive opportunities for me over the years and they continue to impress me with a variety of programs that help women in our community.

[The FAS Family Resource Centre] keeps on changing but it has been improving on a daily basis.

I had learned so much transferable skills at the Centre and it has improved my chances of getting a full time job, that I think I'm finally ready for.

The Northern Family Health Society Resource Centre provides support, information, and workshop opportunities for families who have FASD children or who are also FASD affected.

Having the support of the network, as well as the vast amounts and diversity of knowledge it possesses, has been a gift.

Now What?

Through their stories, dialogue, and insight cards, participants have provided the Network with suggested future action based on their learnings. Areas for action are:

- Network sustainability,
- Northern partnerships,
- Directing resources and support to FAS affected individuals of all ages,
- Affecting or involving specific groups (i.e., youth, social workers, reserve leaders, the media, school staff and students, small communities),
- Mentorship opportunities, and
- Network organization and operation.

Network Sustainability

Work must continue in the community to build on the most prevalent learning of the project: that FAS is not 100% preventable and is inexorably entwined with social issues. Shifting community attitudes should remain the focus of the Network. The issue needs to be made relevant to the lives and work of the people in the community. The community needs to be educated to look beyond a woman's substance use to her life and community.

A suggestion to contribute to the shifting of community attitudes was to address a letter to local organizations offering them knowledge concerning substance use and FASD. As well, one member noted that she has a growing list of 120 reasons why people substance misuse that should be distributed in the community.

It is an immense and often overwhelming challenge to draw in all the issues that affect women leading to powerlessness and loss of self identity. As one participant wrote: "how do you draw in violence, substance misuse, abuse, loss of self esteem and encompass all of those and more in the FASD Network? All of these relate. FASD is bigger than women drinking during pregnancy – we know this but how do we keep the momentum going in the community?"

The knowledge that funding will exist to continue the work accomplished through the project was on the minds of Network members. Ongoing funding would enable the Network to continue actively pursuing this work in the community. Specifically, funding needs to be sought for:

- The facilitation of Network communications and work (i.e., a dedicated staff person)
- The provision of further training and skill development opportunities for Network members
- Community Action Circles in the north
- Website maintenance
- Resource Guide update
- Resource Centre maintenance

The support and sustainability of the Resource Centre is key to providing the community with an accessible body of knowledge through resources (i.e., a reference and loaner library) and workshops. This would enable the community to keep up with current research and to be supported with resources. The Resource Centre is working toward sustainability. The Resource Centre Committee has merged with the Invisible Disabilities Coalition and the group is currently developing its terms of reference. The Centre has made a connection with the Make Children First Initiative (funded by the Ministry of Children and Family Development).

Northern Partnerships

One of the themes of the story dialogue process was the proliferation of work in the north around FASD. The development of a northern network that extends beyond Prince George is valuable work. The Network should continue to spread its web and build and strengthen northern partnerships. Partnerships could be formalized into a Northern FASD Coalition.

Funding has been sought for a Northern BC FASD event where the Network and northern partners will look at strategic planning and training needs for the north. The majority of the funding would be to cover transportation to the event to facilitate involvement from around the north.

Directing resources to support FASD affected people of all ages

This topic was identified as a theme and is an area in which to take action. Organizations and initiatives are needed to support FASD affected people of all ages and to help them to understand their invisible disability. Awareness needs to be raised among organizations in the community that the services they are providing will assist FASD affected individuals.

Affecting or involving specific groups

Participants identified specific groups who are key to involve in the work of shifting attitudes in the community.

Youth

In keeping with the movement to upstream work, the Network has discovered that the key to prevention lies in youth. A communications campaign targeted at youth was implemented in 2002. More work needs to be directed at youth (young men as well as young women).

Adults (mainly women) make up the majority of the Network's membership. Youth need to be engaged more. The Network can support and empower youth who are struggling with FASD.

The Network could facilitate mentorship opportunities for youth who are FASD affected. Mentors need to be people with whom youth can identify. They could meet on a group or individual basis. Transportation and location need to be considered.

Social Workers

Information about FASD and the social issues behind the disability should be brought into social worker training.

Reserve Leaders

Leaders need to be part of community action circles to promote more awareness and understanding about substance misuse and FASD.

Media

Education and lobbying work needs to be done with the media to encourage them to stop airing commercials that promote unhealthy living. Commercials that make people feel good about themselves should be promoted.

School staff and students

Connections need to be made within School District Administration to include FASD in the curriculum. A potential partnership opportunity exists with the Alcohol and Drug Services Prevention staff present in schools (who do health promotion, risk avoidance and risk reduction work with students).

Education of school-aged children has not happened effectively. Community-based resource material and education needs to occur at the elementary level and up within schools.

Small Communities

More education needs to occur in smaller communities. Additional community action circles should be funded to promote healthier lifestyles in outlying areas in the North. The work of Educators and Counselors would be facilitated if the communities were visited by the community action circles group to establish a non-blaming environment and awareness about harm reduction before educators or counselors come in to make suggestions.

Seek out mentorship opportunities; facilitate, encourage mentorship

The importance of mentorship to the education, connection and personal growth of individuals was noted in the story dialogue themes. Mentorship should be facilitated and encouraged within the Network and the community. Specific groups identified by the participants who would benefit from mentorship were youth who are FASD affected and the partners of young women.

Learnings around the importance of membership emerged from the Creating Solutions and Connecting Community Circles projects. Funding has been approved for a 12 week development phase to write a proposal for a three year research piece to build and implement a model of building resiliency and social competency through mentorship. The project will be grassroots, community research.

Network organization and operation

Continue with Network structure and operation

A flexible structure was one of the key strengths of the Network. Members appreciated the opportunity to remain connected without the pressure to perform. They found that follow-up after meetings was helpful and kept people in the “loop” if they were unable to attend the meeting.

The Network should continue to have prevention and intervention participants involved.

Address language, learning styles

The different learning styles and abilities of people need to be recognized in this work. Using clear and simple language and ensuring that members are knowledgeable about the language that is used (i.e., through explicit definition or terms of reference) is important to facilitate involvement.

Continue taking risks

The Network must continue to take risks to try new process.

Final Participatory Evaluation Report: Part 2: Outcomes and Learnings

Part 2 of the Final Project Evaluation Report will build on the themes drawn from the Network members’ process stories. The report will include the following components:

- A roll up of previous evaluation report highlights in the areas of:
 - Successes and challenges in the process,
 - Northern partners,
 - Web site,

- FAS Network activities, and
- Policy impacts.
- Key informant interviews to capture project impacts in and beyond the community (e.g., the use of the web site as a community development building tool, mentorship by the project team and Network members).
- Analysis of communications and resultant actions and activities. The Resource Centre volunteers and staff have been collecting information about emails, telephone contacts, requests, and actions taken, which will be compiled and analyzed.
- Sustainability. A crucial outcome of the project has been the dissemination and transferability of learnings and products. Additionally, the report will look at plans for the future to build on project work and accomplishments from the past four years.

The Final Evaluation Report will be completed in April 2003.

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