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

Participatory Evaluation Report

Prepared for

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

By

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Abbreviations

BC	British Columbia
BCFPA	British Columbia Foster Parents' Association
CDC	Child Development Centre
FAS/E	Fetal Alcohol Syndrome/Effects
FASD	Fetal Alcohol Spectrum Disorder
FORCE	Focusing on Respectful Choices and Employment Program
HRDC	Human Resources Development Canada
IAP	Individual Action Plan
NFHS	Northern Family Health Society
NPCRS	North Peace Community Resources Society
PG	Prince George
UNBC	University of Northern British Columbia

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.

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Communicating FAS Policy Solutions by Connecting Community Circles Evaluation Report

Introduction

This is an 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.

This report follows the same format as the Interim Evaluation Report (February 2002). It is organized according to the five key areas identified in the participatory evaluation plan:

1. Project Lifespan/Status
2. Internal and External Influencing Factors
3. FAS Family Resource Centre
4. Northern Community Partners
5. Community Awareness

The report starts with an overview of the project activity over the past year. The FAS Network and FAS Project Team's presentations and learning experiences at the 6th Annual Canadian National Health Promotion Conference are highlighted. Feedback received from workshop participants in 2001/02 is summarized and the Network's influence locally and provincially is discussed.

The story of the FAS Family Resource Centre, from 2000 to today, is then shared, and the voices of the caregiver volunteers are documented.

The mentorship and connection of Northern community partners is a critical piece of the project that is examined in this report through interviews with key contacts in partnership communities.

The next section of the report examines the internal and external factors that have influenced project development in Prince George (PG), through the Network's scrapbook, media file and email communications.

The fifth component of the report looks at the FAS communication campaign directed at youth which is underway in Prince George.

Finally, recommendations are offered for the consideration of the project team.

Project Lifespan/Status

Project Activity since April 2001

Work done by the FAS Project Team, Network members and caregiver volunteers is well documented in the quarterly narrative reports submitted to the funders. Below are some highlights of project activity:

- The FAS Family Centre officially opened its doors on June 7, 2001. The Centre provides computer access, and has been responding to telephone requests and drop-in visits, as well as requests to deliver workshops in the community.
- The website (www.fas-pg.org) was officially launched on International FAS Day, September 9, 2001.
- In the fall of 2002, the FAS Community Development Programs and the FAS Family Centre moved to a new downtown location. The move was celebrated with a community open house on November 13, 2002 where Cory LeBarge and Deborah Rutman of the University of Victoria unveiled the results of their "Adults Living with FAS" research project. As well, Human Resources Development Canada (HRDC) announced the award of a new training and employment program for FASD youth sponsored by the Native Friendship Centre.

- The Network Action Committees have had varied levels of activity, based on need (work to be done) and interest from the Network and community members.
 - The Justice Committee submitted a proposal through the National Crime Prevention Committee to develop an alternative model for FASD affect in conflict with the law. The proposal was not accepted because it was believed to be too similar to a project underway in Burns Lake. The Committee's last meeting was February 2002, where members discussed the future of the Committee: should it continue? How? How can its work be sustainable? The Committee agreed to continue with concrete strategies that are fixed tasks, are sustainable, and are do-able by December 2002.
 - The School Support Committee met in May and November 2001. In November members identified two objectives for the Committee to work on:
 - More work in schools
 - More training for teachers and TAs concerning parents' first hand knowledge of FASD.

The Committee brainstormed some ways to work on these objectives.

The Committee has also been asked to act in an advisory capacity for a research project looking at what is and is not working for children with FASD in School District 57. The proposal has been developed by the FAS Project team and the Centre of Excellence for Children and Adolescents with Special Needs. Province-wide teachers job action in late 2001 and early 2002 had delayed this process. Therefore it has not yet presented to the Superintendent of School District 57

- The Diagnosis and Lifespan Committee prepared a submission to the BC Select Standing Committee on Health in November 2002. (see Appendix A).
- The Resource Centre Committee partnered with the College of New Caledonia and the Child Development Centre (CDC) to develop the FAS/FAE Strategies and Skills for Working with Children with FAS Respite Course, which was completed in June 2001. Twenty-seven people attended and there was a waitlist of 30 additional interested people. This Committee is currently working on a

communications campaign with the Invisible Disabilities Coalition for Education, around Mental Health Week (May 5 – 11, 2002).

- Work continues with the Northern and Western communities. The FAS Project Team has connected with Burns Lake, Fort Nelson, Dawson Creek, Chetwynd, and Fort St. John. As well, a number of First Nations communities have requested that workshops be provided on the reserves.
- The Honorable Linda Reid (Minister of State of Early Child Development) and the CEO of the new Northern Health Authority visited the FAS Family Centre in December and met with FASD parents, caregivers, their children, and the FAS Project team members.
- A one-day workshop entitled “Communicating Solutions and Influencing Policy” was attended by 50 service providers. They discussed the “best responses” (the results of the best practices survey which identified current policies and practices used by agencies in regards to women and women’s issues). The Creating Solutions: Women Preventing FAS research group disseminated their findings and hosted a premier viewing of their video at the workshop.
- Chris Leischner, FAS Community Development Coordinator, held a full day Faciliator’s Training workshop for 12 FAS Network caregivers and grassroots members who prepare and facilitate FAS presentations and workshops in the community.
- Presentations and workshops on FASD-related topics have been delivered to a variety of audiences in the region, including School District 57 TAs, College and University social work students, and preschool care providers at the Family Y. Participant feedback has been positive (see the “Participant Feedback” section of this report).
- Presentation abstracts were submitted and accepted to:
 - The 6th Annual Health Promotions Conference (Victoria, April 2002)
 - Yukon 2002 Prairie Northern Conference (May 2002)

- Children, Families, Communities Conference (Prince George, June 2002)
- Newsletters were produced in May and November 2001 and March 2002 and are available on the website.
- The FAS Project team and a group of Network parents have assisted the Native Friendship Centre in the development of an HRDC-funded program called “Focusing on Respectful Choices and Employment” (FORCE). The Program will assist 15 FASD youth (ages 16-29) to develop an Individual Action Plan (IAP) and to participate in a Youth Services Canada Project. The Team and parents consulted with the Director of Employment and Education Programs at the Native Friendship Centre to name the Program, develop hiring guidelines, recruitment and program policies, procedures and evaluation and a training plan. The group also provided curriculum resources and has facilitated training. The FAS project team and a group of Network parents serve as the Advisory Committee for the FORCE Program and meet monthly with the staff team.
- A new participatory evaluator has been contracted, as the Project’s original evaluator has taken the position of Director at the Centre of Excellence for Children and Adolescents with Special Needs at UNBC and is unable to continue as project evaluator.
- The FAS Network Facilitator position was vacated in December 2001. The FAS Project Team and Advisory group decided that what was needed for the Project was two positions with very different skill sets. Therefore, the decision was made to split the original Facilitator position into two part-time positions: a FAS Network Facilitator who would be responsible for continuing the community development of the Project, working in collaboration with staff, volunteers and the Action Committees, and supervising the FAS Family Centre, and a Communications Campaign Coordinator, who would be hired on a short-term contract to develop a campaign with youth.
- In April 2002, parents and staff attended a two-day workshop entitled: *The Circle of Strength: Reframing Patterns in Conflict*.

- Three weeks of computer training were held for 5-7 parents.
- The FAS Network Facilitator and three parents attended the *Wraparound Training Workshop* (sponsored by the Canadian Association of Special Educators). A summary of the workshop, prepared by the FAS Network Facilitator, can be found in Appendix B.
- In February, the FAS Network Facilitator and Family Centre Parent-in-Training facilitated a workshop for the Teacher's Assistants of School District #57. Two parents met the Teacher's Assistants in the afternoon and participated in a brainstorming session on their experiential strategies and personal FASD related stories.
- A parent from Prince George and another from Burns Lake facilitated a one-day workshop in the Sai'kuz Community (requested by CAPC Workers from Vanderhoof), and a two-day workshop in Dease Lake (requested by the Federation of Aboriginal Foster Parents and People's Haven Society).
- A Project Team member and the Family Centre Parent-in-Training presented at the *Safe Babies Program*.
- The Parent Support Group met in January and March 2002.
- The *Sweetheart Tea* was held on Valentine's Day at the Resource Centre. Parents and local service providers enjoyed a special "Recognition Cake" and afternoon tea in the Centre's Training room, which had been transformed into an "English Tearoom" complete with china, finger sandwiches, and sweets.
- Network members were also recognized in the *Prince George Citizen* newspaper with a thank you advertisement that listed all of their names.

- Participants of the FORCE youth FASD Employment Program had an orientation, tour, and doughnuts at the FAS Centre in February.
- The FAS Network Facilitator attended the *Gathering Our Past* workshop (a joint venture of SPARC and Healthy Eating Active Living, Northern Project). Participants “scrap booked” their agency’s activities to be used as “historical reference”, and discussed the importance of keeping a record of agency accomplishments and daily interactions with clients and the general public.
- The FAS Network Facilitator and a Resource Centre parent are members of the *Special Education Coalition for Invisible Disabilities* in Prince George.
- The Resource Centre Committee is actively planning a Community Awareness Campaign in conjunction with Mental Health Week (May 5 – 11), together with the Invisible Disabilities Education Coalition.
- The following pamphlets have been produced:
 - We have FASD (Fetal Alcohol Spectrum Disorder) in our community. Now that I know that...
 - F.A.S. Family Centre
 - The FASD Community Road Map was updated.
 Copies of the pamphlets can be found in Appendix C.
- The youth communication campaign took place between February and April 2002. The focus was on a population health perspective of drinking responsibly, using condoms and supporting your friends. Results of the campaign will be available online after May 15, 2002.
- In February, Network members participated in a forum on Women’s Centered Health called *Planning and Evaluating Women’s Health*.

The 6th Canadian National Health Promotion Conference

The Network has a philosophy of shared power and knowledge and a strong belief in active and meaningful grassroots involvement. The basis of a network is strong partnerships: linkages that bring pieces together as equal collaborators to result in a more effective whole. Throughout the project there have been challenges associated with power imbalances and struggles to “keep everyone coming to the table” and have their voices heard.

In April 2002, the 6th Canadian National Health Promotion Conference was held in Victoria. The theme of the conference was “Partnership Research for Health and Social Change”. The purpose of this 6th annual conference was to:

- Explore the meaning of Partnership Research
- Share understandings and experiences of Community Based Research,
- Investigate pragmatic primary health care models founded upon partnerships,
- Consider how partnership can mediate between policy, practice and research, and
- Reconcile divergent perspectives, practices and ideologies¹.

The Network submitted two proposals for the Conference, which were both accepted. The abstracts of each session are included below:

FAS, POWER AND PARTNERSHIPS

Chris Leischner

Marlene Thio-Watts

Oral Presentation

Health Promotion work around the issue of FAS is primarily "upstream" work. Our Northern Fetal Alcohol Syndrome initiative was created 10 years ago to facilitate community action surrounding the distressing sign of greater societal malaise. Our work has taken us from a very individualized understanding of FAS to a far greater awareness of fundamental causes.

¹ More information about the conference can be found online at www.hp2002.uvic.ca

Throughout our development in upstream prevention, we have endeavoured to maintain our partnerships within the community, with our FAS Network and in the surrounding communities throughout the North. Despite partnership challenges that include power sharing, inadequate resources, territoriality and belief in personal capacity, we remain resolutely committed to grassroots representation. The two most important partnerships in our work are with the people's who's lives are most affected by this issue (grassroots) and the policy makers. Our collaborative FAS Network has been the conduit by which the grassroots communicate to policy makers and community change agents in developing plans of action that are continually responsive to changing needs and environments.

We will share our experiences of moving our community and its partnerships into understanding health as more than just the individual need for well being and towards a view of health as a more inclusive concept. There have been both success and learning opportunities in keeping our community organized, concerned and active. There have been struggles ensuring meaningful participation by the community and applying our research findings to our community practice. Our participatory action research used a Story Dialogue Health Promotions method of analysis in reaching their conclusions. The women in this research found that early childhood trauma, later mental health problems and the need to self medicate are the upstream determinants of Fetal Alcohol Syndrome for women abusing substances. Our work has been in shifting community responses towards these issues.

POWER SHARING BETWEEN ACADEMICS AND COMMUNITY

Chris Leischner

Roundtable discussion (90 minute)

Research that meaningfully impacts community agencies practice and policy requires academic involvement to give it validity. However, pressures from the university limit the academic researchers sharing of power with community members.

In order for community groups to meaningfully participate in the underlying process of consultation and decision-making, two primary requirements must be met. First, that academic

researchers be willing to share the knowledge and subsequent power of the research and second that community populations who are "invited in" are given adequate resources, opportunities and equal involvement in the work.

Three common objectives in doing participatory research are for shared ownership, learning and action. Community involvement must be inclusive at all stages of the research, especially the analysis. Knowledge accumulation alone is not sufficient to ensure meaningful action or empowerment. It is the process of learning and doing the analysis that can lead to the crucial development of critical thinking. One might argue that the true pinnacle of empowerment is to conquer the mysteries of analysis without which action becomes a token process solely meant for the extraction of information for academic purposes.

The true challenge for academics and community partners in doing community based research is in their willingness to transform themselves. It is in their ability to critically analyse power and to use it responsibly that the success of the research will be determined.

The theme of the 6th annual Health Promotion Conference was extremely relevant to the Network, and Chris and Marlene expressed that their experience at the Conference was “validating”. Participation in this conference provided an opportunity for reflection on the evolution of the project and the process through which partnerships between policy makers, service providers and the grassroots community have developed through the Network. Different levels of partnerships and power imbalances have emerged. Conflicts have surfaced in relationships where power imbalances exist and in many cases there have been successful shifts from power-over to power-with relationships (power sharing).

The conference was also an opportunity to share what has been learned through the Prince George experience with other communities and projects that are experiencing the same struggles in partnership development. Feedback from their conference sessions informed Chris and Marlene that the same struggles that have emerged with partnership development in Prince George were more common than they realized. By sharing the experiences of the Network, they had opened these issues up for further discussion and assisted others in identifying some of the power issues within their programs.

The audience was given four key points to take away from the oral presentation:

1. Partnership development in community
 - Grassroots representation is essential to ensure informed policy response.
2. Partnership development in organization
 - It is imperative to address the transformation of organizational culture to one consistent with upstream work. This will assist in avoiding power struggles.
3. Power
 - Working with marginalized people in a power-over paradigm can result in tokenized involvement. Working towards a power-with and ultimately a power-within approach can lead to empowerment and change.
4. Activities that shift attitudes
 - Health promotion and social marketing evolve from individualized perspectives to those of health determinants as a direct result of meaningful grassroots participation.

Chris utilized a diagram in her presentation that illustrates the evolution of partnership development in the Network and the “a-has” or learnings that came from each of the three end results (see Figure 1: Partnership Development)

A second diagram illustrates the power relationships in each facet of the FAS projects. Conflicts and power struggles have emerged throughout this process, as meaningful grassroots involvement was increased in the Coalition. The diagram shows how grassroots moved from powerlessness and token involvement to power sharing and meaningful involvement. (See Figure 2: Power Relationships in Partnership Development)

Figure 1: Partnership Development

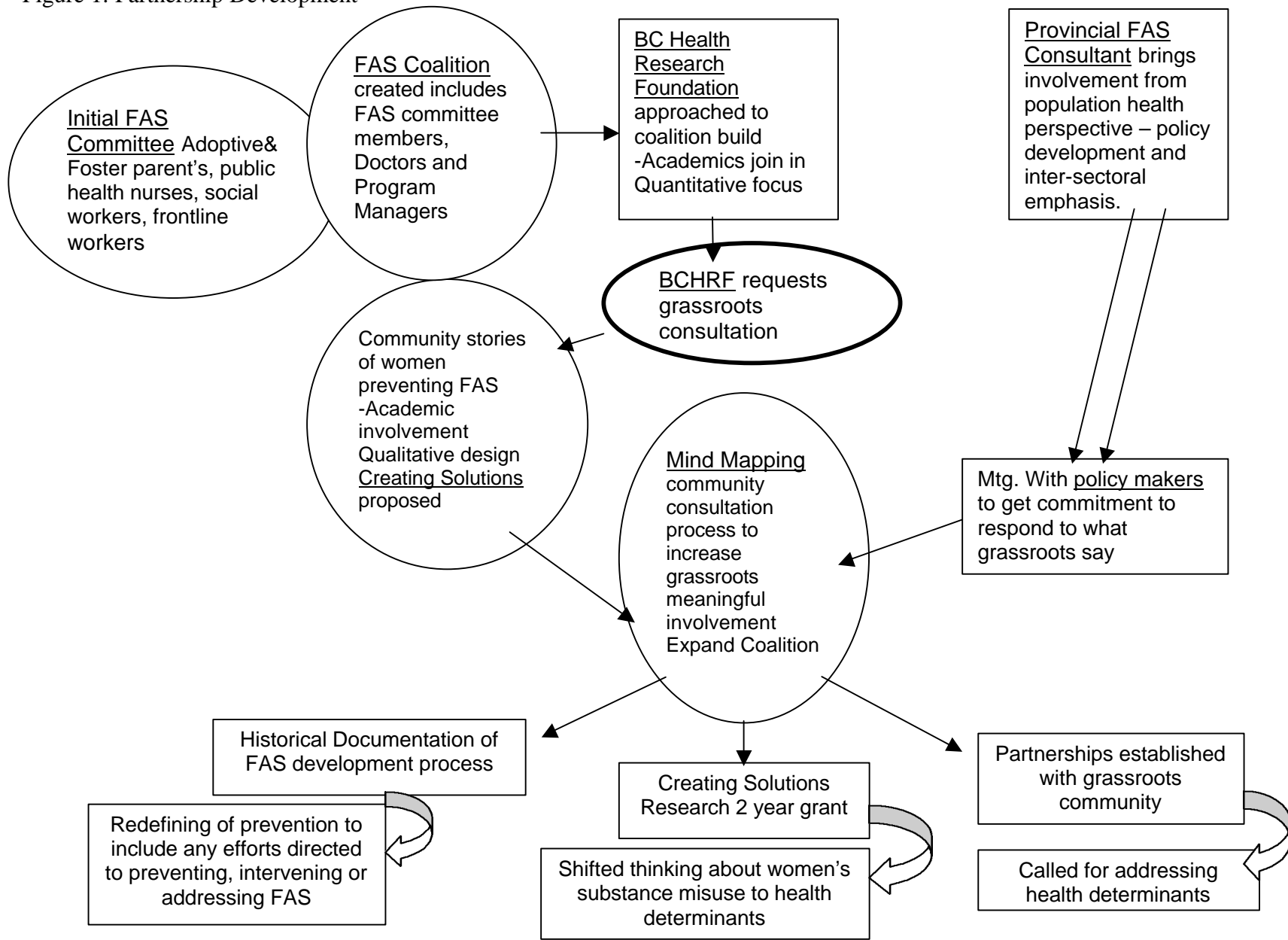
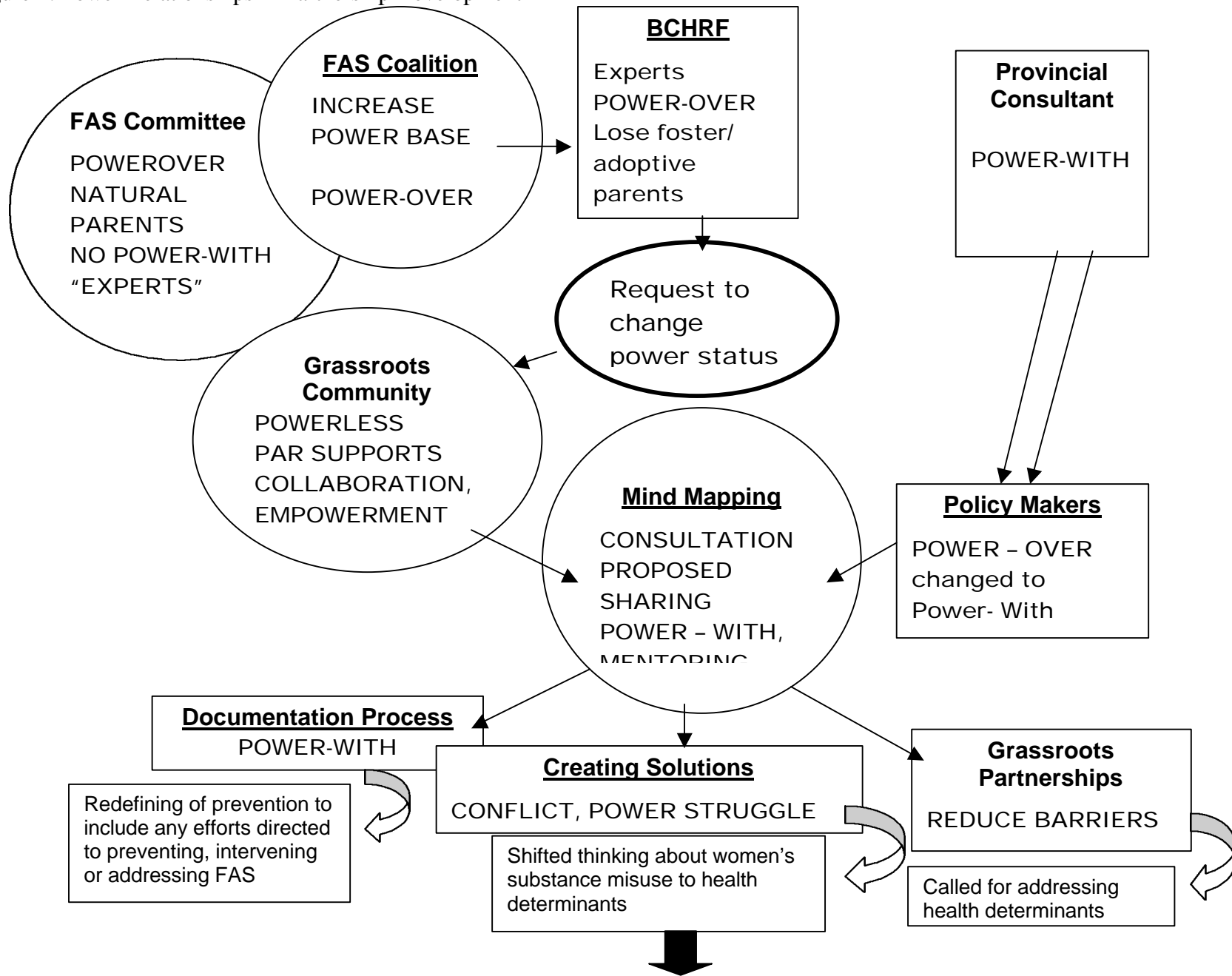
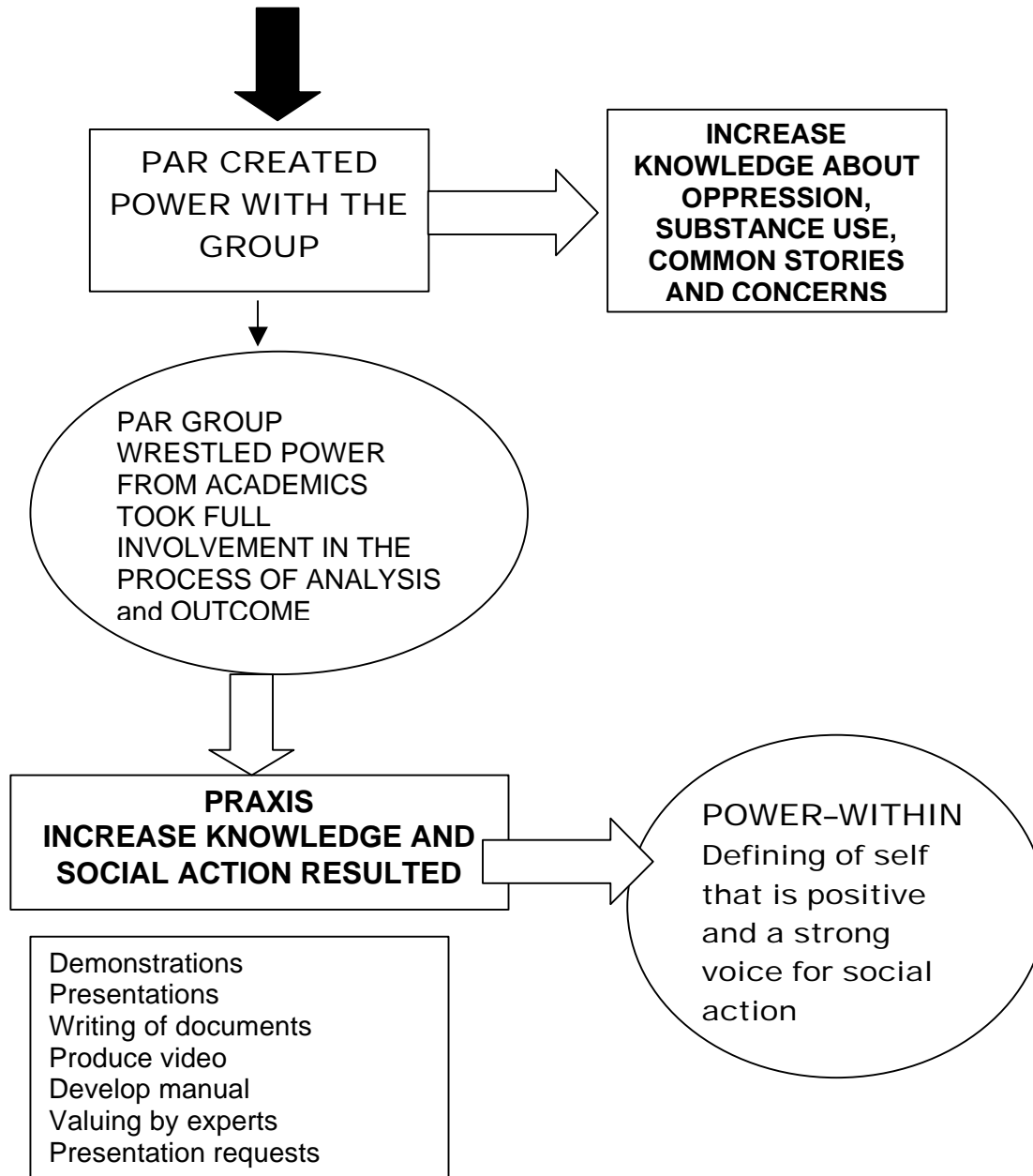


Figure 2: Power Relationships in Partnership Development





The Network continues to work to address and eliminate power imbalances and empower the community, which will ensure sustainability and meaningful participation in the project.

Participant Feedback

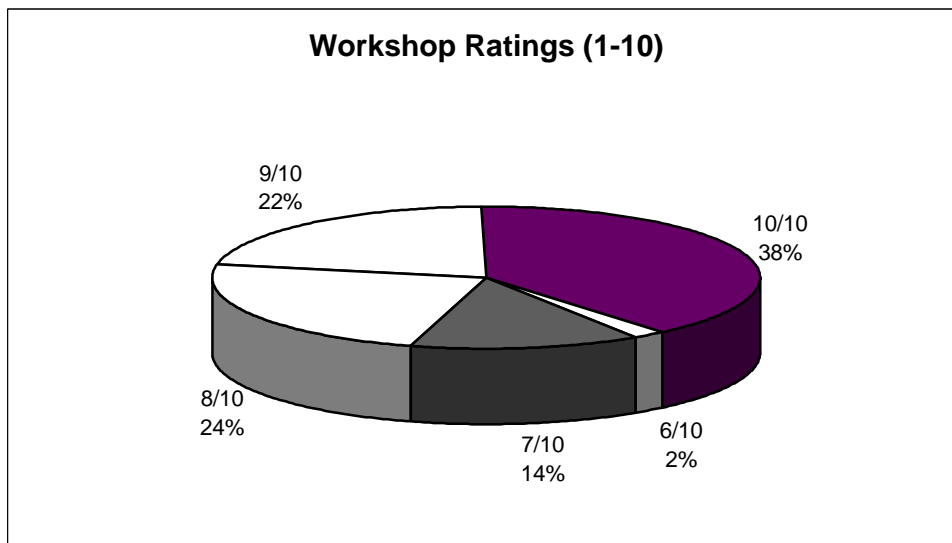
The information presented in this section of the report is a sample of feedback from individuals who have had contact with the Network through presentations, workshops, or meetings/other communications. Evaluation forms, emails, and thank you cards and letters in the Network's "presentation feedback" file were reviewed and compiled.

Workshops and Presentations

Network members provide workshops that are tailored to the audience's needs. A variety of audiences have received workshops in the past couple of years, including college students, participants of the Safe Babies course, School District Teacher Assistants, Family Y Daycare staff, a regional CAPC Coalition, and First Nations reserves. Network members have presented short informational sessions as well as full day workshops. Evaluation forms completed by participants were different formats, as they were based on the type of workshop or presentation that they attended.

Network parents have been delivering workshops and presentations in the Prince George area and northern region. They have developed skills and the confidence and understanding that they are "experts". The parents are also starting to make a name for themselves in the area. Through word of mouth they are becoming known to agencies, organizations, and community groups as credible sources of information and experience with FASD issues.

Overall, participants have been very satisfied with the workshops and presentations that they have received from the Network. Evaluations that asked participants to rate the workshop on a scale of 1 – 10 received the following scores²:



Participants emerged from workshops with new ideas for positive changes in their communities, which included:

“I will add FASD to the training program teaching women to answer the crisis lines.”

“This has been a really validating day - it really has inspired me to keep doing what we’re doing.”

“Mobilizing teamwork with other professionals and families.”

“Looking upstream. Hopefully bringing back a new and (evolved) perspective of addictions.”

One key question on several of the evaluation forms was “After participating at this workshop, will you look at addictions differently?” Twenty-seven (27) participants answered “yes” and 11 said “no”³. The responses were very dependent on the audience. Participants who had experience with addictions issues (i.e., service providers, caregivers, or other individuals) were more likely to respond “no” (e.g., “no because I already looked at addictions differently”; “I was

² The scores are taken from evaluation results from four workshops conducted (by various Network members) in 2001 and 2002.

³ The participants who responded to this question were from three separate workshops.

aware of most of the issues discussed”; “not necessarily differently, it reiterated some of the knowledge I already know”).

Some workshop participants were also asked: “one way that I look at pregnant substance using women differently now is...”

“I believe women need a strong support system during pregnancy without the elements of blame or prejudice.”

“This is a hard question for me simply because I feel life comes down to choices. I do see it is not something that has happened at the start of the pregnancy but is a history.”

“It starts way before she ever got pregnant.”

Groups who received presentations from the Creating Solutions group offered comments after viewing the video. Many of the participants’ comments referred to the courage of the women involved in the project, as well as the effect (emotionally and cognitively) that viewing the video had on them personally.

“Thank you for helping me have a better understanding of what it is like to have a FASD baby”

“Powerful – intriguing – very strong women.”

“Made me angry at society.”

“I had next to no knowledge, now I do.”

“This video so makes you think because it’s all true, no silver lining. Very good video. You are all very brave to tell your stories.”

“Hearing authentic stories is very inspiring and helps build connections between us as women.”

“This is the stuff of changes in people’s world views.”

“That was a wonderfully valuable video that everyone could learn from. The personal stories were very effective and moving. The need to empower women and our children was a great focus.”

“The video was useful for a clearer understanding of the problems associated with defining FASD.”

“It’s a great video, it gave me more info on how large FAS is, it’s not just one person, it’s a community.”

“I like the fact that it was locally made.”

Individuals indicated that they found the video informative and thought provoking, and it also made many of them feel sad.

Participants offered positive feedback and valuable suggestions through the evaluation forms:

“[Facilitators were] honest, honorable, organized, thoughtful, knowledgeable, warm, and competent.”

“Wonderful information and a privilege to hear your stories, ideas and suggestions.”

“Keep up the good work! You are very much admired for overcoming your pasts and becoming role models for us all!”

“Keep going what you’re doing – nice to have such opportunities to exchange ideas. I like this level of participation. Thanks!”

“I was already aware of most of the issues discussed, but it is always an excellent reminder. Never make assumptions or judge others.”

“A real eye opener.”

“It was a great opportunity for people to talk and share their experiences.”

“Thank you, I really appreciate your information.”

“I liked (and appreciate) all the handouts, which I will share with my co-workers.”

“[I would like to see more] ideas of how to deal with uncontrolled situations.”

“[I would like to see more] actual behaviour modification strategies.”

“Maybe a graduated FAS/E person could share his experiences and give some strategies.”

“Teachers, supervisors, principals need to take this course.”

“All the info was useful and interesting. I really enjoyed the video and women’s issues.”

“The web site – will be looking this up.”

“[I would like to see] more emphasis on the multi-racial facets that FAS/E is not primarily restricted to aboriginal communities.”

“Very specific ideas for routines – I have a much better understanding of things.”

“[I would like to see] ideas of working with these kids when parents are not involved or are in denial.”

“[Should] talk about changes in the children’s lives after their mothers receive help/guidance/mentoring.”

“[I would like to see] more ideas regarding diagnosis and how to bring these problems to light for those that make the decisions for support dollars in our schools.”

“Opened my eyes as my community’s dilemma with drug and alcohol abuse is enormous.”

“It has opened my eyes. A lot of misunderstanding in our society.”

“I can see the youth needs to be involved in the solutions if they are to break out of the cycle.”

“So frustrating seeing that so little help is being given to families and how much nurturing exists.”

“It takes a lot of courage for people to ‘tell all’, but that is where the impact is.”

Based on workshop feedback and information from the Network members who deliver the workshops/presentations, a decision has been made to create modules that presenters can use for different audiences. This will provide presenters with tools for their workshops, and will also assist in giving the audiences a consistent image of the Network.

Other Network Feedback

Network members presented to the Northern Interior Regional Health Board, after which the Board passed the following motion in September 2001:

THAT the Board supports work undertaken by the FAS Network to date, and hereby directs Administration to review the FAS Network’s request to support its intention to utilize the framework developed by the Vancouver/Richmond Health Board, titled “A Framework for Women-Centred Health”, dated June 2001, to ensure this initiative meets criteria established in the NIRHB’s 3-year Health Services Plan, including budget

implications and relevancy to the Northern Interior Health Region, and further, that Administration report findings back to the Board by its November 14, 2001 meeting.

The Network has received lots of feedback from the Provincial Prevention Consultant, FAS/E through her email communications with Marlene Thio-Watts. For example, she wrote that: “I was particularly impressed with the video” (Creating Solutions) and that she found *Grounded in Hope* “very interesting and informative”, particularly the discussion about reconceptualizing “prevention” as located on a continuum that incorporates intervention. She also offered comments such as: “thanks for your help, keep up the great work.”

The Network’s Local Influence

The Network has had an impact on the community of Prince George, as evidenced by:

- A letter of support from the Northern Interior Regional Health Board (see Appendix D).
- Involvement in the Invisible Disabilities Coalition for Education.
- FAS file on SD 57 listserv.
- Development of an FAS Family Resource Centre.
- Workshops and training opportunities hosted by the Network, or organized in partnership with other community groups. (e.g., FAS Respite course, Perinatal Violence Workshop, Communicating Solutions and Influencing Policy workshop).
- Presentations delivered by FAS Network parents and staff.
- Network members on the Advisory Committee of the FORCE program at the Native Friendship Centre.

The Network’s Influence on Provincial Perspective / Provincial Networking

The Network has also been working on a provincial level:

- Positive working relationship with the BC FAS Provincial Prevention Consultant (Carolyn Schellenburg).
- Network's input into the provincial FAS communications campaign.
- Submission to the BC Select Standing Committee on Health (see Appendix A).
- Mentorship of communities throughout the province (received requests for information, advice, resources, connections with other communities).
- Partnerships established between communities in Northern British Columbia.
- Distribution of resources within the province.
- Conference presentations and participation.
- Attendance at provincial meetings (e.g., BC FAS Consultation Group, CAPC).

The FAS Family Resource Centre

Building the FAS Family Centre

A common vision of grassroots community members and Network members has always been the development of an FAS Resource Centre. This vision was originally included in the document *Grounded in Hope*. *Grounded in Hope* offered seven foundational directions for the Network to follow to build a community that is self-sustaining and empowered to address the complex issues of FASD. The foundational directions were based on collective community consultation. A Resource Centre “to co-ordinate and disseminate information and services on all aspects of FASD and alcohol issues” was included as a part of the foundational direction of Education and Awareness.

The idea of a Resource Centre was also recorded as a priority by the Resource Centre Action Committee in a group visioning exercise held in 2000:

- Group 1: Resource Centre – large.
 - Well funded – variety of sources, all three levels of government. Use variety of materials – high, low and no tech.
- Group 2: Resource Centre – welcoming, accessible, child- and family-friendly, bright and cheery, safe haven.

This became the basis for Goal #3 of the Project work plan: *To establish a Resource Centre that is child- and family-friendly, accessible, welcoming, cheery and bright, providing a safe and non-judgmental haven.*

Right from the start there was a desire for a Centre that was parent-driven. The Resource Centre Action Committee consisted of the FAS Network Facilitator, the CAPC FAS Outreach Worker, frontline workers, and grassroots members. The development of the FAS Family Centre is documented in the minutes of this Committee.

The overall goal for the Committee was:

To examine the feasibility of establishing a Prince George FAS Resource Center or work in conjunction with other agencies with similar mandates (i.e., Learning Disabilities Center).

In March 2002, the FAS Resource Centre Committee met for the first time to conduct a strategic planning session. They discussed the Network's principles (see Appendix E) as well as goals, strategies, and funding and other resources for the Centre.

The model for a resource centre that the Committee envisioned at this initial meeting included:

- User-friendly/comfortable
- Specifically trained staff
- Combining with a present resource may improve funding levels (learning difficulties centre leads to life skills services)
- Learning differences, social difficulties, family issues, financial issues, individual needs
- Client-centered – 'think outside the box', fun learning, etc.
- Start with where client/person is at
- Has to have a 'clearing house function' (i.e., information and resources)
- Need a specific resource center for FAS issues that may need to be able to continuously expand services because individual needs are so diverse and complex
- Would need to be able to have funding and structure to accommodate models and services that can avoid present pitfalls/gaps in services
- Clearing house to direct any person/issue to appropriate place
- Links with all other communities and ability to coordinate and amalgamate existing finances, resources, committees, and groups (UBC, YCC, CNC)

Goals and objectives developed during this strategic planning session included:

- Meeting on April 13 with Edel Toner Rogala at Library to write a proposal to Industry Canada for Computer Access Centre funding (IPM) (short-term goal)

- Committee to understand information around diagnosis and treatment of FAS issues (short-term goal)
- To understand the resources and who is actually training or experienced in working with people with FAS issues in Prince George (long-term goal)
- Establish an office with a computer (internet access and windows) that is manned by at least one person for 18 months (end of funding) (long-term goal)

The committee also developed a list of success indicators:

- Funding and building/space
- Regular committee meetings with committed people
- Increased community knowledge of and support for centre
- Media coverage and ethical support of concept
- Long-term reduction of interventions
- Baseline and longitudinal research
- Know we have reached people who actually need the services

A copy of the work-evaluation plan that was developed for the FAS Family Centre can be found in Appendix F. The goals in this plan were:

1. Parents have an increased support network in the community.
2. The general community has an increased access to FAS resources.
3. Parents and families of children have increased confidences and ability to access resources in the community.
4. Parents and caregivers have an increased knowledge and access to internet and general computer use.
5. People affected by FAS or other disabilities have an increased knowledge and access to internet and general computer use.

The Resource Centre Action Committee submitted a proposal to Industry Canada (Community Access Program). Funding support for the Family Centre also came from the Health Canada

Parent Mobilization fund and the Ministry for Children and Families through the Make Children First Initiative in Prince George.

In December, 2000, the group held a luncheon and information session at the Child Development Centre (CDC) to share the goals for the FAS Family Centre. The original, short-term location of the Centre was a basement office in the house next door to the CDC. In October 2001, the Centre moved into the new NFHS downtown office location.

Meeting discussions from February to June 2001 revolved around the Family Centre office operations. There were many details to set in place to get the Centre underway and keep it operational:

- the development of policies and procedures,
- volunteer job descriptions,
- volunteer recruitment and screening (e.g., application process, criminal record checks, confidentiality, capabilities),
- training,
- office equipment,
- security,
- confidentiality,
- office clean-up,
- office key distribution,
- budgeting issues (e.g., petty cash, honorariums),
- inventory (obtaining, updating, entering into a database), and
- the importance of collecting statistics on Centre utilization and the ensuing development of forms (e.g., recording requests for information (who, what) and client contact).

Copies of the Family Centre's policies and forms can be found in Appendix G.

The FAS Family Centre officially opened its doors on June 7, 2001. Invitations were distributed to members of the community and local press covered the event. Following the opening, the group sent out thank-you letters and prepared for their move to the new office in September.

The FAS Family Centre Today

The mission statement of the FAS Family Centre is as follows:

The FAS Family Centre and CAP offers individuals in the community access to communication and information services that support learning.

The FAS Family Centre is a non-profit, volunteer organization offering services to people of all ages, families, caregivers and the community. Our services are tailored to the unique needs of people with FASD.

We believe in the right of all people to access information, resources and support within our community and to be treated with dignity and respect in accessing these services.

The Centre provides the following services (as listed on the FAS-pg.org website, updated September 2001):

General Information

- ◆ Access to newsletters
- ◆ Access to research
- ◆ Brochures form other agencies
- ◆ Resource Library: books, brochures and videos

Supporting Families Affected by FASD Issues

- ◆ Diagnosis
- ◆ Advocating
- ◆ Education system
- ◆ Employment

- ◆ Financial assistance & management
- ◆ Justice system
- ◆ Respite care
- ◆ Parenting

FASD Resource Kits: Information on accessing:

- ◆ Community living services
- ◆ Employment services
- ◆ Financial aide services
- ◆ Medical services in the community
- ◆ Services offered by the Ministry of Children and Family Development
- ◆ Strategies for parenting
- ◆ Volunteer opportunities
- ◆ Employment
 - Employment information
 - Internet job search
 - Resume writing, online resources

FASD Specific Computer Services

- ◆ Computer volunteers trained in FASD issues
- ◆ FASD chat rooms
- ◆ General word processing
- ◆ Internet access to e-groups with information on FASD
- ◆ Computer access

FASD Information & Training

- ◆ FASD roadmap
- ◆ Information packages
- ◆ Brochures from other agencies
- ◆ Prevention
- ◆ Training and information sessions

- ◆ Workshops

Networking

- ◆ Community referral directory with community & parent resources
- ◆ Internet access to parent e-groups
- ◆ Parent partnerships/buddy system
- ◆ Parent Skills Directory
- ◆ Regular support/educational groups

A Parent-in-training (Julie Sam) manages the Centre. As well, a FAS Facilitator (Bev Lacey) was hired in late 2001 to maintain and rebuild the involvement of parents and volunteers and supervise the Family Centre. In her time with the Network, Bev has been busy:

- ◆ presenting and attending workshops,
- ◆ organizing the Sweetheart Tea,
- ◆ developing new forms for the Resource Centre,
- ◆ recruiting and managing volunteers,
- ◆ participating in the Special Education Coalition for Invisible Disabilities,
- ◆ updating the website,
- ◆ creating and distributing the spring newsletter,
- ◆ attending the FORCE Advisory Committee meetings,
- ◆ attending the Community Access Program (CAP) Site meeting,
- ◆ developing a PowerPoint presentation “FAS Past Belief”,
- ◆ creating a digitalized version of the NFHS organizational chart (see Appendix H),
- ◆ working closely with the Resource Centre Committee, and
- ◆ developing a plan for the next three months.

Bev’s job description and activity report (January – April 2002) can be found in Appendix I.

Throughout this process (from March 2000 until today), the Resource Centre Planning Committee has evolved. They are now rebuilding and coming together as new faces arrive, old faces return, and others fall away from the group. They are currently very active and meet with

the FAS Facilitator on a weekly basis as they prepare for Mental Health Week Activities in May. The Facilitator has stated that they “seem like a very determined group”.

The Voices of FAS Network Caregiver Volunteers

Introduction

Interviews were conducted with nine caregiver volunteers who have been involved with the FAS Network at the grassroots level. The interviews were conducted over two weeks in February, 2002. The purpose of the interviews was to talk about their involvement with the FAS Network and the impact that the project has had on them, their families, and the community. The caregivers bring a great deal of expertise, both professional and learned through life experiences, to the Network. As such, their voices are crucial to the success of the Family Centre and the FAS Collaborative Network.

Interviews lasted between 20 minutes and an hour and a half. Each caregiver brought with them very individual experiences, in both their personal lives and in the Network. All of the volunteers were very open and willing to share their thoughts and experiences.

Copies of the information sheet, consent form, and interview guide can be found in Appendix J.

Involvement in the Network

The caregivers interviewed have a history with the Network that spans from under one month to almost a decade. They became involved through different channels: other volunteers, Ministry or agency referral, or referral from a person who had previously used the Network’s resources. However, word of mouth from other Network members or people who were involved with Healthiest Babies Possible was the most common way that these volunteers had learned about the Network.

A common thread that runs throughout the volunteers is that they all care for FASD (or suspected FASD) individuals. Because FASD is so prevalent in their lives and close to their hearts, there is a lot of emotion and passion that surrounds their work in the Network.

The volunteers who were interviewed contribute (or have contributed) to the Network in a number of different ways, including:

- Conducting community workshops and presentations
- Advocating for families affected by FASD
- Providing information to, and sharing experiences with, other caregivers and professionals (e.g., teachers, school staff, Ministry staff)
- Sitting on Network Action Committees
- Volunteering in the Family Centre
- Participating in Network projects (e.g., Creating Solutions, development of the FORCE program)
- Participating in the mind mapping process (Network development in the mid-90's)
- Helping with the move to the new office in 2001
- Participating in community meetings and panel discussions
- Networking
- Participating in training (i.e., FASD, computer, workshop facilitation).

Changes to the Network

In the time that the caregivers have been involved with the Network, they have witnessed, or been part of, many changes. The four prominent areas of change are people, location, membership numbers and “connection”, and the Family Centre.

People

A number of the caregivers commented on the number of different people who have been involved in the Network (both volunteers and staff). One of the volunteers who participated in the inception of the project noted that there is now a “whole different set of people”.

Staff turnover was a concern with the volunteers. While Chris, Marlene and Faith have been consistent faces, it was felt that the Centre and volunteers have suffered from the lack of a consistent Network Facilitator. There should be a paid staff person who could be there all the time to keep the Centre running and to facilitate the volunteers (who could then do the work that they want to do). This would result in less stress for volunteers and a more consistent face for the Centre.

Staff consistency would have facilitated project development and evolution, because, as one interviewee noted, volunteers rarely stay for three full years. It is unreasonable to expect volunteers to remain involved for a three year period or more, especially those with unpredictable life situations (which accompany caring for FASD individuals). There are very few volunteers who participated in the project two years ago who are still actively involved with the Network. This lack of a constant presence in the project has presented challenges in project development and internal communication.

Location

The caregivers felt that the move to the current location downtown on Third Avenue was a very positive step for the Network and especially for the Family Centre. As one caregiver explained: “The problem before was that we were in a little basement and nobody knew...”. Caregivers commented that the new office offers more space and is brighter and “more open” (i.e., no wall dividers). Another stated benefit of the new location was that the Family Centre, the Northern Family Health Society and Healthiest Babies Possible were now together under the same roof.

The Family Centre

“A lot of people put in a lot of work and it really ballooned to be a nice Centre”

Caregivers noted that they “see the Centre finally coming into itself.” Use of the Centre (i.e., visitors per month) has increased. People come in to use videos, books, and the computer. They

come away with information and are always welcomed back. Overall there is a feeling that it is a comfortable place for people to come and ask questions, but that more families should be accessing the Centre. While the number of visitors has increased since the Centre first opened, “it still seems like we don’t have enough people coming in.” The caregivers felt that exposure was the key to increasing membership and visitors. Accessibility to the Centre, especially for people with FASD, has to be improved. Suggested improvements included advertising and clear and effective signage in front of the building. One interviewee felt that the presence of a long flight of stairs right inside the door was a deterrent as well. The locked door was also an issue; if people do not read the little sign on the door or see the buzzer then they will turn away and will not come back.

Since these interviews were conducted, access to the Centre has changed. Patrons now enter through the Healthiest Babies Possible office, which is located at street level, and are then directed up the stairs.

Membership Numbers and “Connection”

The caregivers who were interviewed discussed the wavering membership base of the Network. They felt that membership had increased, and then decreased, and that now the Network was trying to build up their membership once again. This contributed to the feeling of some caregivers that there is now a “whole different set of people”.

Some of the volunteers felt that the Network is a lot more “connected” now than in past years. The development of the Network has reduced the feeling of isolation for people in the community affected by FASD. A caregiver noted that a person requiring assistance or information about FASD is no longer sent around to different areas in the community, or bumped here and there; he or she can just come to the Network. While some interviewees commented that they see lots of positive things happening and believe that a number of really good ideas have been implemented, others felt that there has not been much happening lately. They commented that the Network members had not met in a long time and they were not sure why meetings have not been held. One volunteer noted that the less frequent meetings might be “a

sign that enough is going on now... maybe it's a success indicator that we don't need to meet." However, caregivers did express that they felt unsure about what was going on at the present, and that they enjoyed the communication and connection that takes place in Network meetings. At a meeting they would be given a chance to express their ideas and be brought up to date on what has been happening.

Changes in the community

The caregiver volunteers felt that, over time, the Network has had an impact in the community. They discussed changes in the areas of awareness, knowledge, understanding, involvement, and the response of community members to work done by the Network.

Effect on Workshop and Presentation Audiences

The volunteers felt that awareness and knowledge levels had improved in groups that had received presentations and workshops. They talked about the impact that presentations have had on people affected by FASD. One of the volunteers stated: "it's really amazing when you do a workshop, it's like you opened a window for them." One caregiver shared a story of a presentation that was done at an area First Nations Band. Initially the Network members were not made to feel welcome. However, after about 10 minutes, people warmed up to them and were sitting forward in their seats, listening intently. At the coffee break, the caregiver was approached by a woman from the audience. She began to cry and said how frustrated people had felt in the past... "we're not all stupid – why can't we understand this?". Because of the information and experiences that the Network members were sharing in the presentation, it was like a light bulb had come on for her.

At another presentation, a caregiver had a person from the group tell her: "you make so much sense because you talk about things your kids did."

The presentations and workshops help to raise awareness and to educate community groups about FASD. The caregivers believe that the education has an impact, because “once they understand, their attitude changes.”

The volunteers who participate in presentations and workshops reported an overwhelmingly positive response in the community. They talked about receiving applause and even standing ovations, as well as high marks on evaluation forms.

An increasing number of community groups are contacting the Network requesting information and presentations. As well, groups who receive presentations are requesting additional information. One caregiver stated that she is now being asked to come out and present, and is also being invited for return visits. She explained that this response in the community is very different from when she first became involved with the Network.

Awareness

The volunteers discussed the awareness level of different groups in the community: agencies, school staff, Government, caregivers, and the community in general.

The Network’s efforts have included reaching out to educate *community agencies*. The caregivers felt that community agencies are starting to realize that the Network exists and are beginning to refer people to the Centre. One caregiver stressed that the FAS Network is dealing with a lot of the same issues as many other agencies in town (e.g., mental health, autism, schizophrenia) and it would be redundant if they all worked in isolation. Volunteers stated that they would like to see the Network working together more with other community agencies.

Teachers and Teachers Aides are important groups to the Network. They spend many hours with FASD children and, as such, need to have an understanding about their behaviours and learning differences. The caregivers had mixed feelings about the impact that the Network has had on teachers. Some felt that teachers seemed to be listening to the information given to them about FASD, but many were not translating that knowledge into action in their classrooms. One

volunteer whose children are beyond school age says that she sees the same struggles with caregivers of school-aged FASD children that she experienced years ago. Another caregiver believed that teachers today have a greater understanding of FASD and are addressing it in their classrooms; she felt that “they understand that they are not bad kids, they are kids who don’t understand, who learn differently.”

Some caregivers expressed frustration with the lack of awareness and understanding on the part of “*the Ministry*” (of Children and Family Development). However, while “not all teachers and government officials are interested or understand, you do get the occasional one looking for information”.

Awareness about the Network and the Family Centre was believed to be very low among *other caregivers* in the community. There is still not much involvement from caregivers and there has been low turnouts to parent meetings. However, it was felt that the volunteers and staff are working at educating people who have direct contact with caregivers, and therefore a “trickle-down effect” should be occurring.

In general, it was believed that the *people of the City of Prince George* do not have a strong understanding of FASD and are not aware of the Family Centre. However, the caregivers did state that the information is out there and there is more talk and communication around the issue than in the past. One caregiver shared a piece of information presented in a course. The speaker had stated that FASD births in Prince George have been on the decline in the past ten years, and that today we have more knowledge about the effects of drug and alcohol and better ways of questioning parents about drug and alcohol abuse that allow us to gauge the incidence of FASD in the community and provide early intervention. Other caregivers felt that there was not enough information out in our community yet. They believed that awareness is coming, but very slowly.

Awareness and understanding has improved in some community members. A volunteer recently had a mother say to her: “I didn’t know and now I learned and I didn’t drink on the last [pregnancy]”.

The interviews were conducted just before the Communication Campaign Coordinator was hired. An update on work done to raise community awareness from February to April is presented in the “Community Awareness” section of this report.

Training

The Network places a priority on the education and training of its members as one way to thank them for their contributions. Training has been offered in a wide variety of fields, including team building, office protocols and procedures, facilitating workshops, general FASD information, and a range of computer courses.

There was consensus among the caregivers interviewed that a lot of training is offered through the Network. However, many of them had not taken advantage of the training available. Time was the main reason for the lack of participation.

Training that was thought to be excellent included the Facilitator’s training and the team building workshops. One of the volunteers stated that although it was important information to learn, she did not find the office protocols and procedures very interesting. When asked if there was any training that has not been valuable, one caregiver stated that “[none of it] has been not helpful... I don’t have time for things that aren’t helpful.”

The caregivers offered suggestions for future training:

- Volunteers should have to take some interpersonal training; i.e., how to be politically correct and recognize and control their own biases. These things are important when working with the public.
- The Network needs one uniform package. Training would be delivered by one person to all of the volunteers, so that we are all “on the same page and speaking the same language”. We need to set up a consistent approach or identity for Network members when we are out in the community.
- Education about the legal system.

- Management techniques and office procedures – “professional stuff.... so we look more professional when we go out there and we don’t come off as a bunch of moms.”

Personal Impacts

The caregivers were asked if their involvement with the Network has made a difference for themselves and their families. Through the Network, volunteers have had new experiences, developed skills, and, as a result, have felt empowered and confident.

A number of the volunteers had never presented to a group before they became involved with the Network. For one caregiver, her first experience speaking to a large group earned an overwhelming response from the audience. Through this experience she realized her talent for sharing her knowledge and experiences. She continues to do presentations and workshops.

For some, advocacy work is a new experience, but it comes naturally to these caregivers to share their experiences and support and educate others and assist them in any way.

One caregiver shared that she is no longer shy to talk in front of people and she looks at life more positively and feels empowered. Her family has benefited from her involvement because of her improved understanding of FASD.

Another caregiver stated that “knowledge empowers”. The Network has provided the caregivers with knowledge which has given them the confidence and the support system to make a difference in their lives.

The caregivers were very grateful for the information, support and opportunities that have been provided to them through the Network:

“I think the FAS Network solved my children’s problems.”

“All of this happened because I went to [a course], which I was referred to by the Network.”

“Since I became involved with [the Network], everything has just opened up for me.”

Why Volunteers Continue to be Involved with the Network

Caregivers offered a variety of reasons why they remained involved with the Network. The most prominent explanation was for the future benefit of their children or grandchildren:

“I also see it as helping my kids. The more people can understand, the better chance my kids will have.”

“This is my kids’ lives we’re talking about and their friends. I want to see my children be successful, productive members of society.”

“The more I can teach people, the easier my children’s lives will be.”

“I see the effects passed on from generation to generation. I want my grandchildren born without FAS and do not want them involved in the system.”

“If I can educate a few people, then it makes my grandchildren’s worlds a little more tolerable.”

“I fear for them... they are getting to their teenage years and there’s nothing out there for them.”

Other reasons included the belief that the Network was a critical part of the community, an enjoyment of helping others, and a desire to give back and make a difference in someone’s life:

“It’s exciting for me to know the difference that it made to me and my family to hear Jan Lutke (Director of the FAS/E Support Network of B.C and adoptive mother of 12 children with FASD) speak and I’m proud that I can give that back to someone else.”

Volunteers also appreciated the adult interaction and social opportunities offered at the Network. Some of them enjoyed meeting others who are going through periods of addiction or who have FASD children, because they could relate to those life experiences. Volunteers like the atmosphere and the people in the office.

The primary challenge to volunteers was a lack of time available to contribute to the Network. Each volunteer is also a caregiver of at least one FASD individual. Their days are often unpredictable and it is difficult to schedule time to volunteer. As a result, they are not always available when needed by the Centre. This also contributes to the fluctuation in the number of active volunteers and a feeling of pressure or anxiety in active volunteers to keep the Centre operating. As one caregiver stated: “almost all of the work is done by volunteers; if they don’t do it, it doesn’t get done”.

Strengths and Challenges

Throughout the interviews, a number of strengths and challenges within the Network and the Family Centre surfaced. These points are discussed below.

Strengths

- ◆ Positive impact on self and family

Overwhelmingly, the caregiver volunteers interviewed indicated that the Network has provided them with information, support, and new skills and experiences.

- ◆ Staff expertise and assistance

The caregivers expressed appreciation for the expertise of the Network staff and the assistance that staff have provided to them. One caregiver stated that Chris Leischner

“helped me out and put me onto the right people” and another called her “a mentor”, saying “she knows most of the answers to everything, makes you look at things from a different perspective and helps to empower you.” They also stated that Faith Landry has been very helpful in the office and believed that Bev Lacey would be a good addition to the Network⁴.

◆ New location

The caregivers felt that the new office offered more space for the Network, and that it was beneficial to have the Northern Family Health Society, Healthiest Babies Possible, and the Family Centre in the same building. They did raise a concern about the accessibility of the Centre, saying that it should be made more inviting with signage and an unlocked front door.

◆ Training

The caregivers were generally very pleased with the amount and type of training that had been offered, even if they had not participated. They also offered suggestions for additional training that they felt would benefit Network volunteers.

◆ Response to presentations

The caregivers spoke with pride about the positive feedback that they had received after presenting to community groups. They also noted that groups are starting to approach the Network to request information and presentations, and that groups who receive presentations are inviting them back.

◆ Belief in the importance of the Centre/Network

The caregiver volunteers continue to contribute to the Network because they believe in the work that is being accomplished in this community around the issue of FASD. This work has a direct impact on their families and the future of this community. The caregivers believe that the information, support and networking/connections provided

⁴ Bev Lacey had been hired only a couple of weeks before the interviews were conducted.

through the Network are crucial. One caregiver stated that “If you take the FAS Network out you would back up 10-15 years in this community.”

- ◆ Heart and soul of the volunteers

The passion and determination expressed by the caregivers throughout the interviews was remarkable. They shared many of their personal experiences and spoke with a great deal of emotion. The volunteers are involved in the Network for very personal reasons; the main one of which is family members who are FASD affected. Each of the volunteers displayed a genuine desire to help others, to reduce their suffering and frustration, and a determination to stop a cycle, to reduce the incidence of FASD, and to offer more supports and services to people living with FASD in the community.

Challenges

- ◆ Increasing awareness and understanding

The caregivers believed that awareness about the issue of FASD and the existence of the Family Centre was still low among many community groups. While the Network has been making strides to inform and educate teachers, TAs, First Nations Bands, College students, community agencies and others, an understanding of the issue is not reflected in significant changes in the practices of these groups. There is not an understanding that FASD is a societal issue. As one caregiver stated: “we need to get across to the community that it affects everyone... FASD affected individuals are likely to be either victims of crime, or criminals, which costs the system and the community money. (Addressing FASD now will) save money and result in fewer problems in the long run.”

The volunteers interviewed expressed the particular importance of increasing awareness about the Centre and the Network among caregivers in the community.

- ◆ Reaching individuals affected by FASD

Caregivers felt that the Network needed to do more to reach out to FASD affected individuals in the community. An outreach worker who could go out to the families

would be extremely effective. One caregiver stated that “what needs to be taught to parents is best taught in their own home, therefore an outreach worker would be extremely valuable.” Another volunteer noted that moms with young children need to learn how to deal on a daily basis with behaviours (e.g., babies who can’t feed/suck) and that this population has a difficult time getting out of the house to come in to the Centre. Another caregiver stated that she wished that something similar to the Centre could be brought to the Reserves.

◆ Consistency within the Network

The caregivers who have been involved with the Network for many years talked about the fluctuation in membership: the disappearance of old volunteers and the emergence of new faces. It is a challenge to expect volunteers to remain involved for a long period of time. It is also a challenge for the volunteers to consistently contribute to the Network and the Centre because of time constraints and issues that arise in their personal lives.

Staff turnover (i.e., in the Network Facilitator position) has also presented challenges to the project.

◆ Prevention- and intervention-focused work

The caregivers talked about the importance of both prevention and intervention work. It is a considerable spectrum to cover, but they felt that the Network should be focusing on both areas:

“[The Network] should always work on the prevention part. I wouldn’t want anyone else born with this.”

“[The Network] seems to be doing well on the preventive end. For example, in Dease Lake they are proud because they don’t believe that they have had FAS babies in the past year and a half. But now we have these young people growing up and adults with no place to go, nothing to do...”

“It is good that we deal with prevention but there are those of us who need to go on. That part is lacking: how to deal with teens, young adults, adults... people like X (a young adult with FASD) still need to find a way to survive.”

◆ Communication within the Network

Caregivers shared examples of miscommunications that they have experienced in the Network: work that was being duplicated by different members of the Network, work that was supposed to be done by one group/member and didn't get accomplished (due to miscommunications), and decisions made without the knowledge of other members that affected the caregiver volunteers.

Communication with the public was another area of concern. It was felt that the person answering the phones was not always aware of when meetings were scheduled, what Network members were doing in the community (i.e, presentations) and who was the contact person for certain activities or Committees. Internal communication channels do not seem to be clear or effective. One Caregiver stated, “I don't know why communication is so poor there. It has always been bad.”

Caregivers did state that the shared location of Healthiest Babies Possible, the Northern Family Health Society and the Family Centre might help to improve the communication in the office.

Grassroots Dissention

A voice of discontent emerged through the caregiver interviews. Concerns were raised about what has been expected of the volunteers and how they had been treated throughout the project. It was felt that caregivers were not given an appropriate opportunity to provide input into the proposal. They did not understand what was included in the proposal and are still not certain where all of the funding was intended to be used. The main concern was that there was a lot

expected of the volunteers, which has resulted in feelings of pressure and anxiety and caregivers dropping out of the project. Additionally, communication problems have hindered the process.

This voice could be explored further through additional interviews with caregivers who were involved in the inception of the project. This would allow for a more comprehensive look at the experiences of the caregiver volunteers in the development of the Centre and this project.

Suggestions for the Network

The caregiver volunteers shared many great ideas for the future of the Network:

Work the Network should be doing or continuing to do

- We need to continue to educate families; it makes a drastic change to their lives when they realize that “no, I’m not stupid, I just learn differently, and this is how I best learn and how I can be successful, and how I can keep my children.”
- We need to continue to work to make the education and justice systems understand.
- Outreach and education are the two big parts that we need here – we need more programs like FORCE. We made enough noise about FASD that HRDC heard and we were able to start up the FORCE Program.
- Education and advocacy are the two main things that the community needs from the Network. We are starting to do more lobbying.
- The ability to assess children.
- Hold more meetings of the Network itself. We need to get together and know what’s going on here.
- Be more inviting to the public – unlock the door, have a “drop in” area where people can come in, say hi, have a coffee, chat, and look at resources.
- Regular babysitting and babysitting during the meetings should be available in order to facilitate caregivers’ use of the Centre.
- Ensure that there is phone support for FASD caregivers that can assist them in crisis situations.

- The Network needs to be able to carry on; to grow from where we are now to the point of having outreach workers.
- Have information available in the hospital – e.g., pamphlets in maternity, emergency wards.
- The exposure in Reservations and high schools is helping a lot – we need more work to be done with these groups.
- A worker to go out and present to high schools in the community.
- It's time to provide more for teens, young adults, and adults with FASD.
- Provide a support system for older FASD individuals (teens+) and increase public understanding and acceptance of this group. For example, there should be a membership card for the local teen club that you can apply for and receive in private. That way, FASD individuals could just flash this card at the door and be allowed entry even though he or she is over 19 years of age.
- Would like to see us reaching out more to FASD individuals.
- I like the FORCE program, but we need programs that aren't just geared toward employment – e.g., a program geared for fun reading, or fun anything.
- The Network should keep moving on, invite new parents.
- The school newsletters now have a community advertising section that we could use. If we want to reach the parents we need to go through the schools.
- Include an invitation to the Network in the BCFPA newsletter.
- Could develop a group for kids. Kids can talk to each other about things; they are more likely to talk to other kids than adults. Through this group they can come to understand how they are different and understand what's going on with their lives.
- Offer more in the community for kids. There is hardly anything out there for them. They need social interaction outside of school. Then other kids can see why some kids are different.

Training

- Offer interpersonal training for volunteers: how to be politically correct and how to recognize personal biases and control them when working with the public.

- Develop a uniform training package to be offered to all volunteers so that there is a consistent approach for all Network members to use when out in the community (i.e., language, identity).
- “Professional” training... so we look more professional when we go out there and don’t come off as a bunch of moms.
- The Centre should be providing more workshops and inviting parents to participate in the workshops.

Staff

- Would be nice to have increased funding for more paid staff.
- A psychologist and lawyer on staff.

Other

- Don’t spread yourselves too thin! The first time that someone goes in to the Centre and doesn’t come away happy, they won’t go back!
- There are a lot of areas in the community that promote non-profits – it’s just a matter of being vocal and taking advantage of those opportunities.
- Regarding miscommunication in the Network: we can talk about it and say that it is a problem, but the solutions are difficult – especially when there is so much change in staff.
- Society needs to do away with <70 IQ and offer disability to FASD individuals.

The Words of the Caregivers

In each of the interviews, the caregivers shared very poignant thoughts. Below are some samples of their words (NOTE: these words are paraphrased (from the Evaluator’s notes), as interviews were not tape recorded).

“Since I became involved with [the Network], everything has just opened up for me.”

“I see it as helping my kids. The more people can understand, the better chance my kids will have.”

“For me it’s a support network, an information network. When you have problems, you can talk with other parents who are going through the same things.”

“As a Foster parent, I know where to turn. If they can’t help me, they will put me onto the right people who can help.”

“It’s amazing the difference it makes when you have someone from the FAS Centre with you; a third party who is cool and calm and knows what your rights are.”

“So many resources are linked to this Network.”

“I live with it and know what works. 90% of my kids’ friends have FASD. You learn a lot when you live in the middle of it.”

“It is very very difficult for these people. If they have no support, there is nothing out there for them.”

“It sure would make life easier if people understood, because I can’t change my kids.”

“You should always work on the prevention part. I wouldn’t want anyone else born with this.”

“Just build your own personal network of people and resources and you’ve got it made. The easiest way to do this is to get in touch with the FAS Network.”

“We want to empower parents to advocate on behalf of their children.”

“They are so open minded and inviting to volunteers and membership.”

“I couldn’t believe it! I never got a “10” before!” (Speaking about feedback given on presentation evaluation forms)

“The FAS Network is the best in town. There are lots of resources and the expertise is incredible... networking and resources are the two biggest things”

“If you take the FAS Network out you would back up 10-15 years in this community, when Foster Parenting was “do your best, but don’t make any mistakes” – now you don’t usually make mistakes (because you have knowledge, resources, are empowered) but if you do, you have people behind you/support.”

“If funding were to be cut to this place it would really hurt this town.”

“We need to get across to the community that it affects everyone.”

Conclusion

The caregiver volunteers contribute an exceptional amount to the Network. Each of them brings personal expertise (e.g., backgrounds in teaching, medicine, office work, etc.) as well as their individual life experiences. They know what works and doesn’t work with own children and are happy to share this information with others. They have also given many hours of their time to the Network.

Since the interviews were completed in February, additional volunteers have joined the Network and the parent group is evolving into a very different entity.

It might be valuable to invite more of the original grassroots members who contributed to the development of the Centre to participate in an interview. Some of these original caregiver volunteers are still involved with the Network, some are not involved as actively, and others have removed themselves from the Network. It would be worthwhile to determine their views

on the role of the caregiver volunteers in the process, as well as what worked well and where they see a need for change. For those who are no longer associated with the Network or are less actively involved, why is this the case? Is it due to personal reasons (i.e., no time, don't need the services/supports offered by the Network any longer)? Or is it as a result of a negative experience in the development of this project? If the latter is true, what are the issues and how could they have been corrected or be dealt with now?

It would also be beneficial to give the caregiver volunteers an opportunity to share their ideas about how to recruit and retain volunteers. They could also inform the Network about the challenges that volunteers are experiencing and how they could be addressed. Some of this information was drawn out during the interviews, but it direct questions and discussion related to these areas would elicit more comprehensive information.

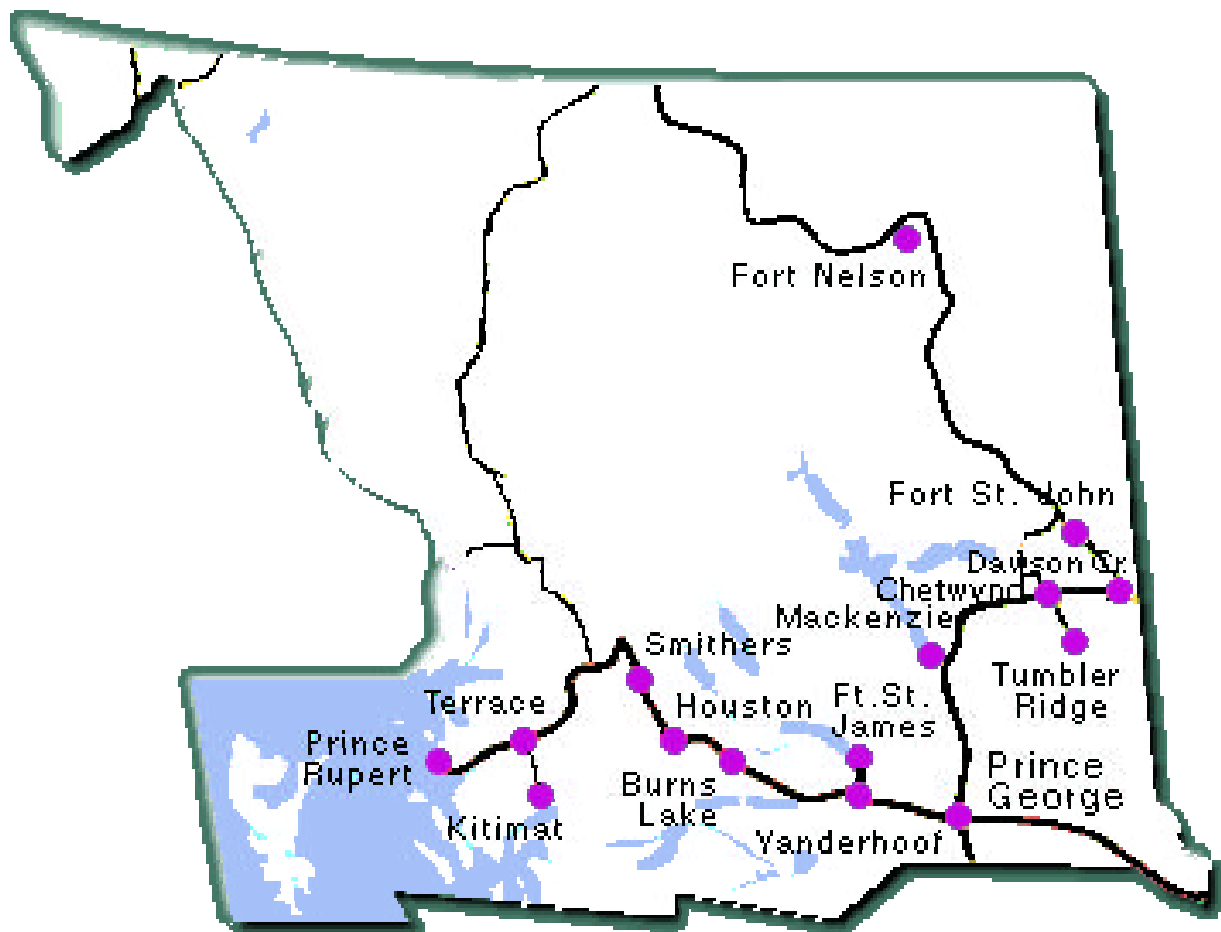
Northern Community Partners

Introduction

A key aspect of the Connecting Community Circles project is the development of partnerships among Northern BC Communities. Members of the Network are mentoring communities through an active sharing of resources and expertise developed through the experiences of the PG FAS Network. The goal is to enhance community capacity building and networking among northern communities.

Northern British Columbia

Northern British Columbia offers a vast geographic area and relatively small population when compared with the 'South'.



The communities that Prince George has been involved with through this project are Smithers, Burns Lake, Fort St. John, Dawson Creek, Fort Nelson, and Chetwynd. Additionally, First Nations communities have approached the Network to facilitate workshops on reserves. The table below shows the distances from Prince George to each of these communities.

<u>Community</u>	<u>Distance to Prince George</u>
Burns Lake	226 km
Chetwynd	310 km
Dawson Creek	412 km
Fort St. John	487 km
Fort Nelson	868 km
Smithers	370 km

Views about the Northern partnerships, from the perspectives of individuals in the PG FAS Network, as well as Fort St. John, Dawson Creek, and Chetwynd, are described following the historical account of the work done with the northern community partners.

Work done with the Northern Communities

(as reported by the FAS Community Development Co-ordinator and FAS Projects Manager in the Quarterly narrative reports and the PG FAS Community Collaborative Newsletters)

April - June 2000

- ◆ Smithers, working closely with Network staff, completed a mind mapping process to determine their community's response to FAS and the priorities they believe should be worked in beginning an effective community based FAS initiative.

July – October 2000

- ◆ Health Canada enhanced their project funding so the PG Network could share project findings with other communities.
- ◆ Developed a partnership with the Peace-Liard region.
- ◆ Ongoing partnership with the CAPC initiatives in nine communities in Northern BC.
- ◆ Marlene Thio-Watts shared lessons learned from the PG experience with the Dawson Creek community.

January - March 2001

- ◆ A group of parents and service providers engaged in a mind mapping process in Burns Lake to set the direction for their work in the collectively identified areas. Healthiest Babies Brighter Futures Co-ordinator Ann Price was able to assist the parents in mobilizing to work on a relationship with the local schools, focused on education, to ensure school personnel were knowledgeable about the differential needs of FASD.
- ◆ Fort Nelson was visited in March and a visioning process established a well thought out direction for FAS work in their community. Information was exchanged and work towards a tele-medicine initiative was undertaken. In last speaking with Lynn Locher from the NPCRS, Sunnyhill Hospital was very supportive of working towards implementing a tele-medicine diagnosis clinic in the North and plans were underway for an operational diagnostic clinic. This is an exciting development for us in the North as it provides another option around accessing needed services from the South.

April – June 2001

- ◆ The parents in Burns Lake have developed a strategy to bring their concerns regarding education to the attention of the school district there. Healthiest Babies Brighter Futures coordinator Anne Price continues to assist the parents in mobilizing to their efforts.

- ◆ Fort Nelson continues to plan for funding from the Law Foundation to provide a program which assists FASD affected and other disabled youth through the legal system. Work toward a tele-medicine initiative is still underway however they have hit a roadblock with their community's Doctors refusing to sign the terms of agreement with the Government Ministry.

- ◆ Dawson Creek has also come on board with the assistance of a First Nations community worker who has mobilized her community to action. Discussions are underway in that community as to how this issue will be addressed. We look forward to continuing a supportive relationship with them.

July – September 2001

- ◆ During the summer months contact with the communities has been limited to e-mails and phone conversations, which continue to support their initiatives. There are plans to reconnect with the communities on an as needed basis.

- ◆ There is still no movement on the initiatives in Fort Nelson to provide a program that will assist FASD affected and other disabled youth through the legal system. Work towards a tele-medicine initiative, which was halted due to their community's Doctors refusing to sign the terms of agreement with the Government Ministry, has made no further progress.

- ◆ Dawson Creek has also come on board with the assistance of a First Nations community worker who has mobilized her community to action. Jeanette Tough is the new champion of the cause in this community. She is looking at implementing the Community Healing Intervention Program (CHIP) with parents within the Aboriginal community. Additionally, she has called a community meeting to do strategic planning around filling the gaps in supporting the North Peace regional FAS Diagnostic Clinic initiative. We continue with a supportive relationship with this community.

October – December 2001

- ◆ For the first time, this fall we have been approached by a number of First Nations communities in the North to provide workshops on the reserves. We have already presented in McLeod Lake and they want us to return. (See attached evaluations). Recently Yechoocie and Takla Landing have requested workshops in their communities. Additionally, we presented a full day workshop in Kamloops for the CAPC Coalition front line workers representing nine (9) communities in the region.
- ◆ There is now some movement on the initiatives in Fort Nelson to provide a program that will assist FASD affected and other disabled youth through the legal system. The Legal Aid society is re-examining the proposal in light of new community developments. It is hoped that preliminary work towards a tele-medicine initiative will be revitalized through this initiative.
- ◆ Patricia Emery of Fort St. John and Marlene Thio-Watts have regular conversations by telephone and at Vancouver mutual training they attend to discuss possibilities for FAS mobilization in the North Peace region. Their agency has adapted FAS pamphlets designed by the Prince George Network for their community and region. A committee with parent and caregiver representation have planned FAS parent training for the community. They have also utilized our web site information to develop a proposal to pursue municipal FAS signage by-laws from their Health Region

community grants. They are continually challenged in their efforts to have collaborative ownership of the Regional FAS diagnostic clinics. Fort St John and Dawson Creek have a history of competing for services.

- ◆ A Dawson Creek leader, Jeannette Tough, has had numerous discussions with Marlene Thio-Watts with respect to their desire to have more ownership and involvement with the Regional FAS diagnostic clinic planning and follow-up. They are currently planning to bring Dr. Asante and others from the Maple Ridge FAS diagnostic clinic to the community in March. Marlene encouraged a collaborative approach and suggested calling a meeting inviting all stakeholders. Kay Moodie, an active parent in the community, has initiated dialogue with the health unit and city council members toward developing FAS signage by-law in the community. She has called Marlene to discuss the Prince George experience and referred to the web site.

- ◆ The community of Chetwynd is charging forward with their FAS community mobilization. Their FAS committee includes many grassroots parents and a self-advocate with FAS. The FAS self-advocate unknown to anyone in the community prior to our visit to the community a year ago, now sits as a proclaimed FAS self-advocate on the Community Living Board and has been successful in maintaining a working position in the community, due to the increased understanding of her invisible disability. A committee member runs a weekly article about FAS in the Chetwynd Echo newspaper that has been very successful in increasing the understanding of FAS in the broader community. Shannon has agreed to submit her articles on our web site in order that other communities might benefit through using them as a communication vehicle.

January – March 2002

- ◆ The Legal Services Society has turned down the funding for the initiative in Fort Nelson, to provide a program that will assist FAS affected and other disabled youth through the legal system. It is still a possibility that preliminary work towards a tele-

medicine initiative will be revitalized in these communities. Support and mentoring between these communities and Prince George still continues.

(For more information on the Northern partnerships log on to www.fas-pg.org and click on to Related Services: North West B.C. FAS Activities.)

The Views of Prince George FAS Project Team

Partnerships are based on shared authority, risk, responsibility and accountability. All parties need a joint investment in resources with resulting mutual benefits. Through partnerships we find solutions to complex problems, we share opportunities, share knowledge and ideas, make the best use of limited resources, share costs and hopefully eliminate duplication of efforts. Building strong partnerships requires skill knowledge and experience. Successful partnerships depend on establishing a clearly defined membership with a shared vision, goals and objectives. You will need to have detailed action plans, effective communication processes, adequate resources and a commitment to evaluating your project and adapting it as needed.

(PG FAS Collaborative Network Website)

The initial vision of community mentorship was that every step that Prince George went through, the Project Team and Network members would take the northern community partners through. However, this vision was quickly revised, as the project team realized that communities were at different stages of readiness, and their needs required different approaches and pieces of the process to be shared, rather than a step-by-step replication of PG's experiences:

We have learned there is no one size fits all in designing community development tools specific for all communities. Communities are at varying levels of readiness dependent on resources, leadership, and environmental and other influences. We cannot offer support to any community that simply wants it, the community has to be prepared to mobilize some objective measure of community support. Fort St. John, Chetwynd, Fort

Nelson, Dawson Creek have all been approached to initiate community development however communities are at varying stages in their ability and desire to collectively move forward.

The most tangible and replicable piece of FAS Community Development that we can bring to other communities is our philosophy of approach. The process of conveying the philosophy has to be broken down in different ways in order to be flexible to local conditions, but it is a way of thinking and acting that makes sense and that people grasp almost immediately.

(2001 Participatory Evaluation Report)

Prior to involvement with the PG FAS Network, communities had varying levels of services and supports for FAS and FAS-related issues, but generally lacked grassroots community ownership, or any collective community mobilization around FAS.

Fort St. John and Prince George connected when Marlene read an article about the Regional Diagnostic Clinic in Fort St. John, of which Marlene was previously unaware. She contacted the North Peace Community Resources Society (NPCRS) and spoke with Patricia Emery about the Clinic as well as Prince George's population health project. Both parties were extremely interested in the work done in each other's community, and a partnership was formed.

Funding for building capacity in the North was announced. Together Fort St. John and Prince George acquired funding for the communities of Fort St. John, Dawson Creek, Chetwynd and Fort Nelson to mobilize around the issue of FAS. Individuals from Prince George and Fort St. John have conducted community meetings, strategic planning sessions, and workshops in the four communities.

In general, the views of the Prince George project team are expressed through the descriptions of work done with northern communities presented in quarterly reports to the funders (provided above).

Northern Community Partner Interviews

Partners in Fort St. John, Dawson Creek and Chetwynd were interviewed by the Evaluator in April 2002. A copy of the interview guide can be found in Appendix K.

Views from the North Peace Community Resources Society, Fort St. John (April 2002)

A telephone interview was conducted with Patricia Emery and Lynn Locher of the North Peace Community Resources Society (NPCRS) about their relationship with the Prince George FAS Network.

The original connection between Fort St. John and Prince George was a personal one, as Patricia knew Marlene as a Public Health Nurse in Fort St. John. The two also met at CAPC meetings in Vancouver. This past relationship made the professional linkage between the NPCRS and the Prince George FAS Collaborative Network very easy. When Marlene received a call from the Mayor of Dawson Creek inquiring how to start up an FAS Program in his city, she thought that a connection with the project in Fort St. John would be beneficial and connected the two communities. It was at this time that Prince George and Fort St. John decided to form a partnership and work together to mobilize FAS programs in Northern BC. Together they developed a proposal, which focused on community mobilization in Fort St. John, Dawson Creek, Chetwynd, and Fort Nelson.

Patricia and Lynn shared the work that they, together with the PG FAS Network, have done in the northern communities. Community meetings were held in Fort St. John, Chetwynd, Dawson Creek and Fort Nelson which identified their resources and priority areas. Strategic planning sessions were held in the four communities between October 2000 and March 2001. Marlene and Chris conducted a FAS Community Readiness Checklist session in Fort St. John. A Readiness assessment and initial strategic planning session was also done in Chetwynd. Chris and Lynn completed a PATH with the Fort Nelson group.

Information about mind mapping, PATH, and other community development tools can be found on the PG FAS Network website (www.FAS-pg.org).

PATH is a one-day strategic planning exercise that helps community stakeholders to develop a vision (in this case, around FASD).

Prior to their involvement with the Prince George FAS Network, little existed in the communities for FAS committees, resources and activities:

An inter-agency committee had existed in Chetwynd for a number of years, but their work was not specific to FASD. In November of 2000, the Readiness Assessment and strategic planning occurred. Patricia and Lynn report that this community is now very active and has come the furthest of all of the northern communities with respect to mobilizing around FASD. They now have a focus around offering educational workshops in the community and have a weekly newspaper column devoted to FASD issues. Patricia and Lynn feel that the smaller size of the community (Chetwynd has a population of 2,576) facilitates the process. They compared it to the community of Burns Lake, which has had a lot of success mobilizing around FASD.

Dawson Creek now has a committee focused on FASD that meets regularly. Patricia and Lynn attribute this to Marlene's visit to the community (in October 2000), which they say "spearheaded things.... they did have a committee before but it was not focused." The Committee has completed a series of workshops over the past year.

Fort Nelson developed a good community plan around FASD in March 2001, but has been unable to sustain the work. The group consists of a lot of part-time people, who are the same folks participating in numerous committees in town. Patricia and Lynn stressed that unless there is a person identified to do the work who has the time and resources, it is too difficult to get the work done. Additionally, there was a staff change at one of their main stakeholder organizations which has resulted in delays in the implementation of their plan.

Fort St. John had a Regional Development Assessment Program (as well as a Pregnancy Outreach Program) prior to any contact with Prince George. This was part of the basis for developing a relationship with Prince George, who did not have a diagnostic program. The partnership would benefit both parties as Prince George shared their prevention and community development resources, and Fort St. John shared the work of their Assessment Program. The community held two very successful workshops last year. They also hold regional meetings; the most recent of which was in October 2001. A representative from Chetwynd attended the regional meeting and the other communities received the minutes. The community tried to start up a parent support group. The group dwindled over time, but a group of adoptive parents had also been meeting monthly. This was a mainly social group with a small educational component. This group has been very active, particularly in the past six months, as the parents from the dwindling support group joined forces with the adoptive parents.

Patricia and Lynn stated that prior to the Community Mobilization funding there existed good linkages with key people in Dawson Creek, Chetwynd and Fort Nelson (through other programs), which made developing relationships around FASD much easier. Chetwynd and Dawson Creek keep the NPCRS informed of their progress through meeting minutes and phone calls. Additionally, Patricia attends the meetings in Fort St. John and Dawson Creek, and the pregnancy outreach worker at the NPCRS attends Chetwynd's meetings. It is more difficult to maintain contact with Fort Nelson because of the geographical distance, as well as the departure of the project's main contact last year.

One key benefit of the partnership with Prince George is that the communities have not had to start from scratch. They have been able to build on Prince George's experiences and adapt them to the specific situations in their communities. It has been helpful to use the PG experience to show people that you can successfully mobilize a community around an issue. Patricia and Lynn also noted that having someone "come from the outside" lends credibility to the process and draws more participants. There has been a good response to the workshops provided by Prince George Network members; for example, Bev Zorn did a "great" workshop with Kee Warner in March 2002 in Fort St. John.

Patricia and Lynn have also met with Marlene when she is in Fort St. John or in Vancouver at CAPC meetings. They get together and discuss their communities and brainstorm strategies. Patricia stated that it is helpful to connect with a peer with a similar background, who shares the same concerns in Northern BC.

Another important aspect of the partnership with PG has been the networking opportunities available to parents. Parents have met members of the PG FAS Network and caregivers in other communities through workshops and meetings. Additionally, the group was able to send some parents to the provincial FAS conference where they met other parents from the region. Fort St. John has found that the main challenge now lies in maintaining the diagnostic resources. There are also challenges related to funding prevention work. The group was able to convince the Public Health Administrator to fund a regional FAS prevention worker but the funding fell through with the provincial government restructuring.

Patricia and Lynn appreciate when members of the PG FAS Network can come in and facilitate workshops or planning sessions. They stated that Marlene and others from the FAS Network have helped communities to see things in a bigger context. They appreciate the support and expertise and find Network members very approachable and comfortable to work with.

Lynn and Patricia also value the sharing of resources. For example, the Creating Solutions video was viewed at workshops in the communities and was very well accepted. From this, NPCRS has had requests from two groups that they have been trying to develop relationships with in the past. Chris Leischner from the PG FAS Network will try to meet with these groups when she is in the area in May.

They were asked about their use of the Prince George FAS Network website. They stated that the website was “excellent”. They refer people to the site for up to date information on workshops. They were pleased that Marlene calls to confirm information on the site and to make sure that everything is up to date.

Overall, Patricia and Lynn feel that the relationship is valuable because their communities have similar experiences. It makes sense to them to partner with PG rather than work in isolation or partner with communities in the southern part of the province, and “by connecting together were able to maximize use of available funding”.

Other comments offered by Patricia and Lynn were:

“The PG FAS Network offers extra resources, support and expertise that you can draw on.”

“Because of the work we have already done, we were able to take advantage of partnership – by connecting together were able to maximize the use of available funding.”

NPCRS did mention that they had much more contact with Prince George in 2000/01. This year has presented numerous difficulties with the government restructuring and uncertain environment. As well, there have been major changes within the NPCRS. Their resources have been reduced and they have been unable to follow through with many of their plans because the funding has fallen through. However, in these times, it has certainly been helpful to be part of a bigger Network, pooling resources and experiences, and making connections. It has been beneficial to speak as a unified Northern voice in provincial meetings.

There is also the continuing challenge of working in a large geographical area with a small population. The intent of the community mobilization project was to start a support network and link the communities. The communities were all at different stages of readiness and have developed around FASD in very unique ways. Overall Patricia and Lynn feel that the project has not, to date, been successful in developing the circle that was the original intent of the Mobilizing FAS Parent Support Network proposal. They see the project as developing in a different way than originally envisioned. Circles within the communities have been built, and communities are sharing resources and attending one another’s workshops, where networking is taking place.

It is difficult for NPCRS to look ahead to disseminating their experiences with other communities. Currently they feel that the focus should be on strengthening what is developing in the region. They do not believe that they are ready to expand yet. However, they are looking for opportunities to work with the PG FAS Network in future dissemination. For example, there was talk about responding to a call for papers for an FAS conference in the Yukon in partnership with PG, and to use this forum for sharing the experiences of Northern British Columbia communities. However, it was felt that they weren't quite at a stage where they would have beneficial learnings and experiences and a model to share with other communities. They are looking ahead to submitting a joint proposal for the FAS Conference in Vancouver in February 2003.

The strength of the collaborative work taking place in the North was evident at the last provincial FAS meeting. The province is looking to do more work using a regional model. At the provincial meeting the attendees broke into regional groups. It was very clear that the people from the North were very comfortable with each other and that programs in other regions had been working very much in isolation. Although the North is very stretched out geographically, strong linkages between communities have been developed. Patricia sees a real opportunity for duplication of what has been built in the north. She noted that there is an opportunity for the northern communities to share their experiences.

The NPCRS was happy to share their thoughts and experiences about their relationship with the PG FAS Network. However, they requested feedback from Prince George.... How has the FAS Network benefited from this partnership?

The interview with Patricia and Lynn really brought to light the unique ways that each community is developing around FASD. They are all progressing at different paces, in various directions, with different plans that were built upon their individual needs and strengths. Each has experienced setbacks but continues to look for ways to do its work. This is part of the learning.

A View from Dawson Creek (April 2002)

Jeannette Tough has been identified by the PG FAS Network as “a leader” and the “new champion of the cause” in Dawson Creek. She works with the Aboriginal Family Resources Society.

As with Patricia Emery from Fort St. John, Jeannette knew Marlene Thio-Watts from the past. Jeannette participated in the development of the FAS Network in 1997 when she was working as a Nurse in Tache. Their relationship has been reestablished through this project.

Jeannette feels that her relationship with the PG FAS Network is definitely beneficial to her work. The Network acts as a resource for her, providing updates on what is going on in the North, informing her of where funding opportunities are, and troubleshooting any issues in her community. She has spoken with Marlene about Prince George’s experiences with prevention activities and they have discussed what will fit in Dawson Creek. Jeannette has had contact with Marlene through the phone, email, and in person, as she visited the Network’s office last year and had a personal visit with Marlene to reconnect. She does acknowledge that Dawson Creek may not be accessing Prince George’s resources and services as much as it could be (e.g., having Dr. Hay come up to the community).

Jeannette has witnessed changes in her community over the past couple of years. She feels there is much more communication at the regional and agency level. There is now an FAS Advisory Committee that organized an FAS Conference in 2001 and is currently planning projects for 2002/03. She feels that in the last 7-8 months there has been an improvement in inter-agency collaboration in Dawson Creek. As well, the community as a whole is more aware at both the professional and grassroots levels that there needs to be changes in the community.

Jeannette described the FAS Advisory Committee in Dawson Creek as being “on and off, but stable since last June”. The Committee includes agency representatives, birth parents, and foster parents, and is very client-focussed. She explained that the Child Development Centre (CDC) plays a major role. Some of the activities that have been undertaken in the past year include the

FAS Conference, the Mayor's proclamation on International FAS Day, and the current work on the brochure and planning a Community Resource Centre. The Advisory Committee has talked about doing more prevention, education and awareness.

Dawson Creek is a transient community (population approximately 14,000) with a high aboriginal population, but no reserve. Jeannette would like to see more of a needs assessment done in the community, and would like to see more funds put into FASD in Dawson Creek, with an education and service delivery focus. There are a lot of adults with FASD in Dawson Creek who need assistance.

The PG FAS Network website is utilized by Jeannette as a resource for what is happening in the region and provincially. She refers parents to the website. She would like to see more of what Dawson Creek is doing added to that site. The Committee is currently developing a brochure and she suggested that this could be included on the website. Jeannette also finds the FAS/E Support Network of BC (located in Surrey) to be a valuable resource.

Dawson Creek is in close contact with Chetwynd and Fort St. John. Jeannette feels that they are learning more about what's available and going on in the communities, and that the collaboration in the north is extremely beneficial. She would like to see the communities informing one another about meetings, educational workshops, new resources, and activities happening in their communities. She would also like to see more collaboration/networking regionally and provincially.

Jeannette would like to thank Marlene for her assistance. She explained that "Marlene has been a mentor to me – she's been there, done that, and is moving on. It's nice to keep in contact... She seems to have a sixth sense, whenever I need advice or extra ears, she seems to call me."

Another View from Dawson Creek (April 2002)

Kay Moody is an adoptive parent and active community member in Dawson Creek. Her personal experiences with her son (now 23) have motivated her to educate herself and help to

mobilize her community around FASD and other invisible disabilities. Her story begins with a program on CBC Television in the winter of 1997 where parents of FASD-affected children were describing their children's behaviours. As Kay watched, she felt that they were talking about her son. She started reading up on FASD and was asked by the Dawson Creek Aboriginal Women's Resource Society to become a member and to facilitate a workshop on FASD. In preparation for the workshop, Kay called around to many local agencies and discovered that there was a real lack of communication between agencies and awareness of one other's services. She developed a "resource list" for Dawson Creek which she still distributes today.

Her affiliation with the Aboriginal Women's Resource Society allowed her to receive a grant for expenses and transportation for the FAS Conference in Vancouver. The grant was provided by the community mobilization funding (from NPCRS).

FASD-related activities have been happening in Dawson Creek for at least four years. Kay recalls an FAS workshop that was sponsored by the CDC and filled the school auditorium in 1998. Later that year there was another well-attended workshop facilitated by an adoptive parent in Fort St. John. She feels that the CDC, the school counselors, the Society for Community Living, and other agencies have been working together for many years. When Marlene came in 2000, she brought the community together to learn about the experience in Prince George and to identify the needs of Dawson Creek. While Marlene was in Dawson Creek, an announcement was made about government funding that did not please the community. Marlene prepared the community members for this announcement and helped them to see that there were ways that the funding could be beneficial, and that they had to work with "the realities that are".

The community has some issues with conflict and politics that have made collaborative work challenging. Kay believes that Jeannette Tough's arrival in Dawson Creek was a real turning point for the community. Jeannette is "amazing in her ability to pull people together." She has an ability to smooth out wrinkles and conflict in the community and has managed to draw in a much broader Coalition, that now includes participants like the Drug and Alcohol counsellor, the RCMP, the South Peace Community Resources Society, the CDC, the NPCRS, and foster and adoptive parents.

One FAS Day activity spearheaded by Kay that she feels was particularly successful at raising community awareness was the development of FAS placemats. Information about FAS was presented in a Q&A format on a placemat, along with the colour logo. Local restaurants were approached about using the placemats on International FAS Day. All of the businesses were happy to cooperate. This project was funded by the community mobilization project (NPCRS). Kay feels that this was a very beneficial use of funds. They initially wanted to do the jellybean jar demonstration/contest, but had to abandon this idea due to the departure of a key member of the Aboriginal Women's Resource Society. Kay had contacted Marlene Thio-Watts about information on Prince George's jellybean contest, and how to organize this event.

Kay has been in contact with Marlene Thio-Watts when the need presented itself. For example, she feels strongly that signage about the effects of alcohol use during pregnancy should be posted in licensed establishments, and has spoken with Marlene about how this was accomplished in Prince George.

Kay learns about activities in Dawson Creek, Fort St. John and Chetwynd through informal means. Jeanette will call Kay when there is something happening in Dawson Creek. As well, Patricia Emery from NPCRS and Kay have developed a friendship over the past few years and will communicate about FASD activities. Kay has also read the Chetwynd Echo and learned about activities in Chetwynd. Finally, she attends meetings and receives minutes from the Coalition.

Kay has seen the Canadian FAS website, but not the PG FAS Network site. She does not spend much time using the internet.

Over the years Kay has immersed herself in any FAS workshops, information, Committees/groups or events in the community. She plans to concentrate her energies on working with the Coalition to get signage placed in bars, and joining the Society for Invisible Disabilities and promoting this work in Dawson Creek. She feels that there needs to be more collaboration in the community, and less "turf guarding" and conflict. The service providers in

Dawson Creek are all very giving people and work very hard, and Kay sees the stresses and frustration as they try to find funding and do their work, but she feels that so much could be accomplished if they would work together more.

A View from Chetwynd (April 2002)

The NPCRS and PG FAS Network have expressed amazement and admiration for the way that the community of Chetwynd has mobilized around the issue of FASD. Chris and Marlene wrote in their quarterly narrative report that “the community of Chetwynd is charging forward with their FAS community mobilization.” Patricia and Lynn stated that Chetwynd is very active and has come the furthest of all of the Northern communities with respect to mobilizing around FASD.

Marissa Thola, Adult Special Education Instructor at the Northern Lights College, shared Chetwynd’s experiences with the Evaluator in a telephone interview.

A Community Service Providers Committee has existed in Chetwynd for many years. Chetwynd became involved with the project when Lynn Locher contacted Marissa about NPCRS’s planned initiative and funding for community mobilization. Patricia and Lynn met with the Community Service Providers in Chetwynd. At this time, they were informed about the PG FAS Network. Marlene and Chris conducted a one day workshop in the community. This led to the development of the Chetwynd FAS Network Committee. The goal of this group is to focus on prevention, education, and early intervention, and to disseminate information through educational workshops.

The community assessment completed in Chetwynd was an informal process. A need was identified and the group decided to move forward with a prevention, education and early intervention focus.

In the first year of funding, Chetwynd hosted a conference (in which Dr. Hay and Marlene both presented), and were able to send community members to the FAS conference in Vancouver. The School District also sent representatives to this conference.

In the second year, two workshops were held. The first was for parents and caregivers. It was facilitated by the Family Institute and was attended by people from Chetwynd, Dawson Creek, and Fort St. John. The second workshop was around assessment and strategies. It was also very successful. The community had planned to hold another conference, but discovered that Dawson Creek was also planning a conference and that they were targeting the same speakers. The community decided to pool its resources and join Dawson Creek's conference. Parents and caregivers were funded so that they could attend the conference in Dawson Creek. The community will also be holding another workshop in May (Kee Warner and Bev Zorn). Marissa saw these individuals present in Fort St. John and was very impressed with the hands on nature of the workshop.

Now in the third and final year of funding, Chetwynd is looking ahead to sustainability of the Committee and FASD work in the community. It has been a challenge to find an agency to absorb the FAS group because of the resource shortages, cutbacks, and turnover that the community is experiencing. As well, education cuts threaten continued participation from the School District. In this final year, the Committee would like to produce a "concrete product". There is talk of producing a video focusing on the community. This idea is based on the Creating Solutions video of the PG FAS Network. The group has developed a simple community service provider's map (based on the PG Road Map) which is now pending printing. As well, they are looking at a potential partnership with the Chetwynd radio station, which is also a printer.

Another challenge in Chetwynd, that is experienced in all of the northern communities, is the disruptions caused by turnover in the community. In Chetwynd, the former Child Health Counsellor and Alcohol and Drug Counsellor were very active and committed members of the Committee.

Actively involving the two First Nations communities close to Chetwynd was a challenge posed to Marissa by Marlene. Marissa shared that this has been a very difficult undertaking. The Alcohol and Drug Counsellor on the reserve has been involved with the Committee and has been assisting the group with this process and educating them about the appropriate way to involve the communities.

Marissa sees one of the strengths of the community work done around FASD as the information dissemination that occurs in the regular feature article in the local newspaper. The column “FAS FAQ” is written by Shannon Askew, a Learning Assistance Teacher in the community and a member of the FAS Community Mobilization Committee.

With respect to community networking, Marissa states that there is very strong communication between Chetwynd, Dawson Creek, and Fort St. John. She does not have regular communication with Marlene and Chris, but they have each other’s contact information and can use it when needed. For example, Marlene recently contacted Marissa to ask if she could assist an FASD-affected individual who was going from Prince George to Chetwynd. Resource sharing occurs between communities. The brochure made by Fort St. John was distributed in Chetwynd, and the idea for the community service provider’s map came from the Prince George Road map.

Marissa was only recently made aware of the PG FAS Network website (in a meeting with Lynn in Fort St. John) and to date has not visited it.

As described above, a great deal of activity has occurred in the community around FASD. Marissa states that “Chetwynd is a very small community – it’s just a matter of pulling our resources together and getting things done. When people get together, and have lots of great ideas – we can talk about it, but we needed to put the ideas into action.” People in Chetwynd were talking and talking, but the biggest stumbling block was how to do the work without funding. Then the funding came through the opportunity in Fort St. John, and the Prince George FAS Network came in to Chetwynd. At that point, Marissa said that “we had no direction – they pulled us together and helped give us direction – without that process we wouldn’t have direction

and wouldn't have been able to effectively move things into action. We knew what we wanted and needed but not how to go about it.”

She is grateful that Chetwynd was included in this opportunity to mobilize communities around FASD, and that this has brought the northern communities together. She is grateful to Lynn for being so accommodating and supporting Chetwynd's development. She stated that “it has been wonderful networking around FASD... I believe this is the way to go... Network with other communities and share resources, so that whatever's available, everyone will benefit.”

Themes

Interviews with the Northern Partners revealed many common issues relevant to this aspect of the project:

Community Characteristics

Partners noted similarities and differences among northern communities that effect partnerships and FASD work. Everyone interviewed understands the benefit of linking communities in northern BC. Their communities share characteristics not typically found in southern BC communities: geographic distance/rural living, climate, industry, prevalence of First Nations communities, and economic factors.

The transient nature of the communities has presented a challenge for getting the work done. Key contacts and active Committee members in each of the communities have left during the duration of the project.

A challenge in some communities has been including meaningful involvement from the First Nations communities.

Community FASD Work

All of the communities have used their funding primarily for hosting workshops and other educational activities. The communities have always made sure to inform and invite one another to their workshops, and last year Dawson Creek and Chetwynd joined forces for an FAS conference.

Each community has activities or events that they have accomplished and are particularly proud of, and appreciate having the funding to undertake (e.g., Workshops, Chetwynd Echo newspaper column, Dawson Creek FAS Day placemats).

Benefits of Collaboration and Mentoring

Each of the community partners interviewed believes that they have developed very beneficial partnerships with northern communities. One partner talked about how the partnership provides the communities with a strong northern voice in the province. Evidence of the effectiveness of the northern partnerships has been found at provincial meetings where other communities are not aware of the work being done in their region, are working in isolation and are not benefiting from collaboration with other communities.

Prior relationships that northern partners had with Marlene and one another have facilitated partnerships.

The northern partners shared that the Prince George FAS Network has provided credibility to the process, allowed communities to see things in a bigger context, has given the communities direction, and has motivated and mobilized communities (“spearheaded things”). They also shared that they feel comfortable contacting Prince George if they need advice or resources. They appreciate the Network sharing its experiences and the willingness of members to come into their community.

Within their own communities, the northern partners have seen increased collaboration and mobilization around FASD in the past couple of years. However, problems with staff turnover, and conflicts, politics and protection of what an agency believes to be its “turf” have presented challenges to collaboration work. Each of the northern partners interviewed felt that everyone would benefit if there was more collaboration and networking locally, regionally and provincially.

Benefit to Parents

Through the community mobilization funding and development of partnerships in Northern BC, parents have been provided with opportunities to attend workshops and meet other caregivers in the region. Funding has enabled parents to travel to workshops and conferences where they have obtained valuable knowledge, experience, and social/networking opportunities.

PG FAS Network Website and Resources

Northern partners reported mixed awareness and usage of the PG FAS Network website. Some partners have used the community development pieces and tools, some have used the site to find out what’s going on (workshops etc.), and others have not yet visited the site. Some partners have referred parents to the site. Partners expressed a desire to see more of their community’s activities posted on the site.

Northern communities have enjoyed sharing resources with Prince George, and have benefited from viewing the Creating Solutions video and the Prince George FASD Road Map. Partners expressed an interest in receiving PG FAS Network newsletters.

External Influences

All of the partners stressed the importance of funding. The current funding opportunity is what has allowed these connections/partnerships to form. Everyone feels a strong need and desire to continue collaboration, but funding of agencies or specific positions within organizations is

threatened. Provincial cutbacks have affected those who are involved with FASD Committees and their work in the communities (e.g., school district representation in Chetwynd: education cutbacks have resulted in less time and resources available to devote to the Advisory Committee).

An uncertain environment with reduction of resources and other changes within agencies have presented challenges to FASD work and sustainability. It was noted that in these times, it has been beneficial to be part of a bigger Network and to pool resources and experiences.

The effect that the social, political and economic environments have had on Prince George and the northern partners is also discussed in the “Internal and External Influences” section of this report.

Communication

There is active communication between Fort St. John, Dawson Creek, and Chetwynd. Fort Nelson has had less frequent communication with the communities.

Now that the communities have identified their areas of priority and have established plans, their relationship with Prince George tends to be on more of an “as needed” basis, when partners are seeking advice, information, and resources.

There are additional partners in the communities of Dawson Creek, Chetwynd, Burns Lake and Smithers who could be interviewed to ascertain their views on the relationship with the PG FAS Network and the North Peace Community Resources Society, and the impact that these organizations have had in their communities. Information shared by these partners are expected to enhance the themes above, and potentially introduce new themes.

Internal and External Influencing Factors

The first section of this report looked at the activities of the project and the influence that the Network has had on a local and provincial level. In this section, we will examine the factors that have influenced the project's evolution.

The context of the Project is very important to explore and document in order to put learnings into perspective. There are a number of factors (both internal and external to the Project) that have affected its implementation in Prince George and may influence the application of the Project model in other communities. These factors were documented in the Network's media file, email communications, and discussions with project staff and volunteers.

External Factors - Media File

The relevance of events in the social, political and economic environment is evident in communities beyond Prince George. For example, the impacts of transience, as well as government restructuring and cutbacks, on FASD work in other communities was identified through interviews with northern partners (see the "Northern Community Partners" section of this report). It is crucial to be aware of the environment when undertaking community development activities and include such factors, or the flexibility to adapt to such factors, in your planning.

What is reported in the media is a reflection of society and a documentation of events. The media is an important source of information for examining the factors that influence project implementation.

The Network maintains a scrapbook of media clippings. The file contains predominantly newspaper articles from regional papers from 1998 to 2001. Newsletters and magazine articles highlighting work done by the Network are also included in the scrapbook. The articles also reflect actions that have resulted from increased awareness and understanding. For example, the headline "Fetal alcohol syndrome labels sought on booze" appeared in a local paper in April

2001, and described federal MPs' attempts to institute a labeling law (i.e., have warning labels on bottles of alcohol to alert individuals to the hazards of drinking during pregnancy). Articles documenting the allocation of federal funding for alcohol and drug treatment in BC, as well as funding for the FAS/E Support Network of BC (announced in 1999 by the Health Minister) are also indicative of the increasing awareness and understanding of the relevance of alcohol and drug abuse and FASD in our country.

The scrapbook pages stretch down a hallway in the Centre and reflect the FAS Network's evolution, as well as societal opinion over the past five years. The scrapbook pages have been posted along a wall in the office, above which appears the phrase: "Now I know that...", which signifies that the information appearing in the media is helping to raise community awareness and understanding, and will contribute to a shift in attitudes and behaviours. Now that each person knows...something about FASD and the societal foundations and impacts... they can contribute in their own way to our community.

The following list gives the reader an example of what is included in the media scrapbook:

- Articles promoting international FAS Day events
- Mayor's 1999 proclamation of September 9, 1999 as "Fetal Alcohol Syndrome Prevention Day" in the City of Prince George
- Announcements of research funding for FASD in the community
- General informational articles on FASD
- Announcements of federal funding dedicated to FASD
- Articles about drug and alcohol use by youth
- Articles about resources developed by the Network (i.e., release of *Grounded in Hope and Creating Solutions*)
- Articles announcing the opening of the PG FAS Family Centre
- Articles promoting events during Alcohol and Drug Awareness weeks
- Article publishing results of the Network's Fetal Alcohol Syndrome community survey (1999)
- FASD-related research results (studies done internationally, nationally, provincially, or locally)

- Information about upcoming conferences, workshops, seminars and the health summit (January 2001) sponsored by the Network.
- The death of a nine year old girl in May 2000 sparked a lot of discussion through the media about FASD and mental illness. A 20 year old mentally ill man affected by FASD, who had lived his life in an environment of drug and alcohol abuse, was accused of abducting and killing the girl. Letters to the editor sparked by this incident expressed different viewpoints in the city:
 - “Fetal alcohol kids need love”
 - “Disability no excuse for crime”.
- Letters to the editor from Network members and parents

A review of newspaper clippings from the Prince George Citizen, Prince George This Week, and Prince George Free Press from January to March 2002 reveals the significant factors in the environment that have affected the community of Prince George.

News of relevance to the FAS Network (January – March 2002) fell in the categories of Government actions, reflections of societal attitudes, research dissemination, highlights of local programs, and other:

Government actions (Provincial and Federal) that have impacted the local community

It is important to note that the articles reviewed cover a limited time frame. However, major events in late 2001 and early 2002 have had a substantial influence on the community of PG and other communities in Northern British Columbia:

- Provincial restructuring and cutbacks
- Teacher’s dispute
- Softwood lumber dispute

Government restructuring and cutbacks have had a monumental impact on the community of Prince George. Cutbacks, or talks of cutbacks, in every Ministry were resulting in widespread anxiety. The community realizes that staff cuts announced in January were only the beginning of

Ministry cutbacks. About 11,700 government workers (out of about 38,000 in BC) will lose their jobs over the next three years. The government also announced that all Ministries (except Health and Education) will have to cut an average of 25% over three years. As well, they informed the people that there would be changes to eligibility criteria for welfare, a review of post secondary tuition fees (which have been frozen for six years) and closure of a number of correctional centers, and a reduction of government spending (\$1.9 billion (8%) over three years).

Below is a sample of headlines that appeared in local papers in January 2002.

“Kids Ministry facing 26% staff cuts: leaked memo”.

This article was indicative of the environment of uncertainty throughout the government restructuring. Rumours and varying reports of numbers of cuts fed into the anxiety felt by community members.

“Black Thursday has arrived: Government layoffs are expected to start today”

“Public service suffers deepest cuts in history”

“Justice system downsizing blasted”

The closing of the courthouse in Vanderhoof resulted in concerns about lengthy delays at the Prince George courts.

“Gov’t jobs axed: More than 150 positions cut from regional offices.”

This article included the announcement of further cuts to be made in the region in the future and contributed to the recognition by community members that the cuts will be a long-term process. This augmented feelings of anticipation, uncertainty, and mistrust.

“Hospital workers next to lose jobs”.

Cuts to the Ministry of Health “are coming in spite of the provincial government’s promise not to reduce the health care budget.”

“Government axes special bus pass for seniors.”

Seniors who receive the Guaranteed Income Supplement (GIS) were able to purchase a yearly bus pass for \$45. They now have to pay \$400 like everyone else. [NOTE: the special bus pass was later reinstated].

Numerous letters to the editor regarding the cuts were published. Below is one citizen’s take on the situation:

Dear sir:

I’m tired.

I have had people come to me and say how they are in favour of the Liberals’ reductions. I find their comments confusing, what I hear in the statement is “I’m tired” of paying for the less fortunate.

“I’m tired” of paying for fire protection.

“I’m tired” of police protection.

“I’m tired” of social workers helping people in crisis.

“I’m tired” of the highway crews making my roads safe.

“I’m tired” of the nurses.

“I’m tired” of the teachers.

“I’m tired” of the people who provide services for the mentally ill and the physically challenged.

“I’m tired” of the correction officers.

“I’m tired” of the legal aid lawyers.

“I’m tired” of the doctors.

“I’m tired” of the parks employees.

“I’m tired” of the low-income seniors receiving bus passes.

I would like to tell you what I’m truly tired of... provincial governments that blame all their woes on previous administrations (they are all guilty of this).

I’m tired of people not believing that there will not be a reduction of services.

I’m tired of the seniors getting the short end of the stick.

I'm tired of the people that "have" always trying to get even further ahead on the backs of the disadvantaged.

I'm tired of this provincial government saying how much they are saving the taxpayers when we have the largest and highest-paid cabinet ever.

I'm tired to hear that the average income buys less yearly, but the deputy ministers are the highest paid in the country.

That is what I'm truly tired of.

- D. Kazakoff

Prince George

Meanwhile, other factors contributed to an unstable and volatile community. In November, BC Teachers' Federation members began Phase 1 job action against the BC Public School Employer's Association. This was escalated to Phase 2 on January 7. The government legislated the teachers back to work at the end of January.

In late 2001 the transit strike stopped buses in Prince George for 3 ½ months, which affected those community members who rely on the system for transportation in the city.

An article on January 18th stated: "BC posted the highest unemployment gains in the country last month as the province's economy continues to stagger amid thousands of forest industry layoffs brought on in part by the softwood lumber dispute between Canada and the US."

These external factors have increased transience in the community. The past year has seen the loss of a number of residents who were vital leaders in the community and in the FAS Network.

Additionally, the Network has been impacted by Prince George's receipt of funds from the Ministry of Children and Family Development's Make Children First Initiative, to build a community infrastructure around healthy early child development. While this is a very positive development for the community, it has impacted the Network. The FAS Network is a subcommittee of the Initiative. Members of the FAS Network who have become involved with the Make Children First Initiative have had less time to devote to the Network.

Reflections of societal attitudes

Often, evidence of societal attitudes is best found not in the news headlines, but in opinion pages, letters to the editor, and advice columns. For example, a letter to Ann Landers sought advice on what to do about the biological mother of their child (who is the author's biological nephew, adopted at the age of 6 days and now 18 months old). The mother had a history of drug abuse, had abused drugs while she was pregnant and was currently in prison. The mother is now 38 years old and has indicated that she will be living with the family or close by when she is released from prison. The adoptive mother is concerned about the mother negatively affecting the child's upbringing.

Ann Landers' advice was that the woman is unbalanced and "has TROUBLE stamped on her forehead", and that the couple should ensure that she is prohibited by law from contacting the child.

This article reflects societal ignorance about the issues contributing to drug abuse.

"What to do.... What to do in PG"

A Teen Beat story about the feeling that there is nothing for teens to do in the city.

Research dissemination

Newspapers are one medium used in the dissemination of research findings.

e.g., *"Underage drinking epidemic, says report"* (February 27, 2002)

A U.S. study found that underage drinkers now account for 25% of alcohol consumed in the country. This led to the following quote from the Vice-President and Director of Policy Research and Analysis at the National Centre on Addiction and Substance Abuse at Columbia University: "Alcohol is far and away the top drug of abuse for American kids. The college binge-drinking problem starts with children and teens and that's where our prevention and education efforts must be focused."

Highlights of local programs

Examples:

- A piece was done on the Teen Mothers Alternate Education Program and Pathways Program.
- As part of this piece, the article: “Many teenage mothers rejecting stereotype” was included. This article discussed the stigma attached to being a teen mother and provided examples of successful women who were single mothers as teenagers. The women stressed the importance of “stability, support, determination and devotion to their children” to their success.

Other

- Personal stories.

e.g., In early January, stories about a murder-suicide in Kelowna appeared in the papers. The parents of a 34 year old with a severe disability had applied for financial aid from the provincial government and had been rejected. The murder-suicide was believed to be the result of financial strain on the family in caring for their son.

- Increasing information sources available to tracking national and international issues related to substance use and other addictions.

e.g., The Canadian Centre for Substance Abuse announced in December 2001 that it has begun to track addictions-related articles that appear in daily newspapers and other news outlets across Canada. Every two months they produce a news summary. (see: www.ccsa.ca)

“The amount of media coverage devoted to substance abuse, gambling and other addictions has increased dramatically in the last couple of years. The way these issues are treated by news organizations can have a profound impact on public

perceptions and political action.” Richard Garlick, Editor, Action News,
Canadian Centre on Substance Abuse.

Lessons learned from an examination of the external influencing factors include the importance of allowing time for relationship building and fostering collaboration which will help to carry projects through periods when the environment is challenging, and the need to build flexibility into the process. Projects need to be aware of, and adapt to, factors in the environment that affect the community.

Email Communications

A review of the email communications of the Project Team members⁵ revealed the connections that the Network has made throughout the community, the province, and even internationally. Communications were received from Alaska and throughout BC and the rest of Canada. Requests were received from individuals such as the editor of an FAS/E newsletter, CAPC Staff, a provincial Alcohol and Drug Secretariat, Community Health Nurses, Caregivers, College/University students, Community researchers, other FASD community Committees/Networks, Family Resource Centres, University Librarians, and staff of new programs/pilot programs who were seeking advice.

Email communications can be categorized into the following areas:

- Requests for information and resources
- Follow up or clarification questions or advice sought by individuals/communities who are interested in using the community development resources from the website (questions about using PG FAS Network resources).
- Ideas for partnerships

⁵ The majority of emails were dated between fall 2001 and March 2002. A few were from 2000 and early 2001.

e.g., submitting proposals for community work or international conferences, involvement in community Coalitions and committees, development of the FORCE program.

- Interactions with the Provincial FAS Prevention Consultant
- Request by PG FAS Network for input into/review of/feedback of their resources
- Reviewing other communities' resources/materials (input or feedback requested)
- Mentoring other communities/programs
- Linkages/Connections
Requests for contacts in other communities (both requested and supplied by Marlene and Chris)
- Meeting agendas and notes
- Workshop notices (sent and received)
- Activities of Northern communities
- Requests for speakers/presenters/workshops in the community or region
- Requests for advice about/review of other websites (appearance, content)
- Sharing funding opportunities
- Sharing resources/materials/articles/references/websites/contacts
- Assisting with research projects (e.g., Deb Rutman, Adults Living with FAS Interviews)

- Setting up meetings, teleconferences – times, locations, items for discussion (agendas)

Positive feedback and thank you's/words of appreciation as well as examples of sharing community experiences and learnings can be found throughout the email communications.

One factor that is rarely taken into account when planning and budgeting for a project is the time required for administrative tasks and communications. These are extremely important to the Network for the development of valuable connections, and the furthering of community development and FASD work locally, regionally and internationally. Marlene and Chris have spent time responding to requests for information, contact names and numbers, and advice via email (and phone). This needs to be recognized as important, yet time consuming, community development work.

Internal Factors

Program Review

A conflict situation occurred in 2001 within the Northern Family Health Society. The result was a program review of the Northern Family Health Society which was initiated in fall 2001 and completed in January 2002. The Northern Family Health Society is currently implementing recommendations that came from the review. The following letter was printed in the Network's spring 2002 newsletter:

LETTER TO COMMUNITY PARTNERS

February 19, 2002

Dear Community Partner

Re: NFHS Program Review

This letter is to inform you that JR CLARK & Co. Inc. has recently concluded an independent Program Review of the Northern Family Health Society. This review has been in response to a letter of concern sent to the NFHS executive director, board of directors and funders.

We look forward to addressing the solution-focused recommendations of this review. The board, management and staff have developed an action plan and together we are taking steps to implement the recommendations in a timely and effective manner.

We are confident that this will result in an even better working environment and program delivery. We appreciate your continued support of our agency and its programs during these challenging times.

Respectfully yours,

Cynthia Coles
Chair, NFHS

Marlene Thio-Watts
Executive Director, NFHS

One of the actions taken after the program review process was complete was a “Circle of Strength” workshop, attended by staff and volunteers. The workshop looked at conflict situations and self-evaluation and provided individuals with a framework for talking about conflict. This training has been effectively used by local programs such as Project Parent North and the Northern Interior Health Unit.

A need for further team building among staff and volunteers of the Northern Family Health Society, the Family Centre, and Healthiest Babies Possible was identified. It is a struggle for some to see prevention and intervention work as interconnected, and to understand the value of prevention work; some do not see Network and Healthiest Babies Possible work as interconnected, toward a common goal.

Therefore, the organization must transform its internal environment and organizational culture. A team building workshop is planned for May. It will highlight the goals, objectives and activities of each of the parties involved, and will strive to reach similar ground and allow everyone to understand that they are all doing the same work... on the same continuum that involves both prevention and intervention work in the community.

One impact of the program review process has been the lack of time or energy that project management has had to feed into keeping the Network mobilized. The Project Team realizes that there has been too long of a lapse in communication with Network members. The Network needs to come together to update the goals and actions planned for the project and determine their roles in the continuing work in the community. The FAS Facilitator has indicated that she will personally contact each member of the Network to inform them of coming meetings. During the first 18 months of the project, when the committees were coming together regularly and actively planning and implementing activities, email or less formal communication was sufficient. However, since the project is well underway and committee work has slowed, personal contact will be required to assist the Network members in feeling connected and valued once again.

Action Committees

At the beginning of the project, six action committees were conceived: Human Services, Justice, Women's Issues, Diagnosis and Lifespan, Resource Centre, and School Support. The Committees were a way of bringing together interested people to work on specific areas of concern, rather than large meetings with general agendas that included issues that may not be of interest or concern to everybody involved.

The Committees have undergone a natural evolution through the project. They came together, established mandates, set goals, and participated in very active planning and implementation. They generated a lot of work in the first 18 months of the project. Now, project activities are underway and committee work has slowed or areas of focus have shifted. This evolution is apparent in the Resource Centre Committee. This group came together with a specific purpose:

to develop a community FAS Resource Centre. The Centre is now a reality, and the group, while it may contain different faces today, is now the parent group that meets regularly with the FAS Network Facilitator. The School Support Action Committee was formed with the goal of recommending specific school curriculum and policy around FASD and parenting within the context of existing programs. Members of this group are now involved with the Education Coalition for Invisible Disabilities, an inter-agency and grassroots group in Prince George. Committees have come together to act around specific opportunities. For example, the Diagnosis and Lifespan Committee met to prepare a submission to the BC Select Standing Committee on Health in November 2001 (see Appendix A).

The Committees were one way for the Network to facilitate the process of developing and implementing community-generated policies and solutions around FASD-related issues. Keeping the members involved and motivated is critical, but difficult, as explained in the 2001 participatory evaluation report:

The work is arduous: scheduling meetings and ensuring information is compiled and disseminated in a timely fashion have been identified as crucial to the work of sustaining the process. Without a sense of belonging, a sense of making meaningful contributions, individuals quickly abandon coalition-type work.

Community Awareness

Communication Campaign

Raising awareness and educating the community is a key precursor to increasing understanding and facilitating attitude and behaviour changes.

A Communication Campaign Committee was initially envisioned as part of the structure of the FAS Network. However, as the project evolved, it became apparent that each of the action committees was working on components of a communication campaign, while the Communication Campaign Committee was working primarily on planning International FAS Day activities. This development emphasized that a strategic communication campaign is an essential part of the project which encompasses all aspects of the Network.

The Communication Campaign Committee disbanded in early 2001. The responsibility for communications has fallen with the FAS Network Facilitators and Project Team. In February 2001, Chris Leishner facilitated a social marketing workshop where campaign ideas and messages were developed. It was at this session where the message: “Now that I know..... about FAS, I can contribute...” originated. In 2002 a pamphlet was developed based on this message (see Appendix C).

When the FAS Network Facilitator position was vacated in December 2001, the FAS Project Team and Advisory group decided that what was needed for the Project was two positions with very different skill sets. Therefore, the decision was made to split the original Facilitator position into two independent positions: a Communications Campaign Coordinator who would be responsible for developing and implementing a community awareness campaign, and a FAS Family Centre Facilitator who would supervise and develop the FAS Family Resource, Referral and Computer Access Centre.

The Communications Campaign Coordinator was hired on a contract basis from February to April 2002. Leah Coghlan has developed a communications campaign focused on preventing

FASD through making the right choices: understanding your limit when drinking, using a condom during sex and taking care of one another in the community. The campaign is targeted at the 14-29 year age group and includes Spot the kNOT! posters around the community, public service announcements, and visits to high schools, post-secondary institutions, nightclubs and the streets. Car stickers will be placed on vehicles with a phone number to call for more information and be entered for prizes offered by local sponsors.

Appendix L contains copies of a sample of the promotional materials used in the campaign.

The consistent thread through the campaign is “Spot the kNOT!”. The kNOT! is the Prince George FAS Network logo (seen below).



Prince George Fetal Alcohol Syndrome Network

The oscillation of butterfly wings in Brazil may set off a storm in Texas.
The knot represents our attempts to knot the "broken cord."

When people “Spot the kNOT!” they are encouraged to call the Prince George Fetal Alcohol Syndrome Network, email spottheknot@hotmail.com, or visit the Network website. Network volunteers and staff will be educated about the campaign activities and how to receive the telephone calls and enter individuals in the draw for prizes.

Future Communications Campaign Work

It would be beneficial for the Network to develop a strategic communications plan that includes developing a system of capturing and recording media activities, as well as external influences on the project (i.e., maintaining the media file), building relationships with local and regional media, and consistent messaging.

The Communication Campaign Committee meeting minutes from 2000/01 contain some excellent and very viable ideas for a strategic communications campaign that could be revisited. Appendix M contains a collection of notes from meeting minutes.

Additionally, the caregiver volunteers had some valuable suggestions for increasing awareness in the community (see the “Voices of the FAS Network Caregiver Volunteers” section of this report)

Website

The Network website (www.FAS-pg.org) has been a valuable tool for raising awareness about the PG FAS Network. The site was officially launched on International FAS Day, September 9, 2001. It includes the following sections:

- Welcome (and introduction to the Network)
- FAS Community Development
- Tools for FAS Community Development
- Related Knowledge & Sites
- Related Programs & Services (which includes highlights of FAS work done in the Northern Communities)
- Publications & Research
- What is New with the Network? (which includes Committee meeting minutes)

To date the site has had over 4300 hits, which is 1100 more than reported just two months ago in the interim evaluation report. The Network has also received requests to add the site to a number of high profile list serves.

The primary focus of the current website is community development with an emphasis on population health, capacity building, and power and community control. Website upgrading will involve further documentation of the FASD youth oriented social marketing communication campaign. In the future, the responsibility for the website would ideally be turned over to the FAS Family Centre, and the product would be changed to include FASD Resources and

information. This information would not just be links to other sites; it would include women-centred health and population health resources, and promote a different perspective than the predominant woman-blaming, medicalized view of FASD. This future plan requires development of policies and procedures (e.g., what links and resources can be included in the site) as well as resources (personnel, time, money) for its further development and maintenance.

The site has generated international communications with the Project team. Requests for information, resources, and general questions about the experiences of the PG FAS Network have resulted from website hits.

Recommendations

The following recommendations are offered for the consideration of the Project Team. The recommendations were compiled from suggestions offered by staff, caregiver volunteers, and northern community partners, and from the Evaluator's observation and learnings. They are presented in the areas of Project Activities and Sustainability, Organizational Factors, Internal and External Influencing Factors, The FAS Family Resource Centre, Northern Community Partners, and Communications Campaign.

Project Activities and Sustainability

- ◆ As the project nears completion, the focus should remain on regrouping, reflecting, and putting energies into areas that are successful. Sustainability is the most important factor. Focusing on what is working and where the interest lays will help to ensure that the good work continues in the community over the long term. Sustainability can also be achieved through a strategic communications campaign, the website, policy work⁶, the FAS Family Centre, a strong team of staff and volunteers, and by integration with work happening in the community.
- ◆ Build on the strengths and address the challenges within the Network and the Family Centre, as identified by the caregiver volunteers:

Strengths:

- Positive impact on self and family
- Staff expertise and assistance
- New location
- Training
- Response to presentations
- Belief in the importance of the Centre/Network
- Heart and soul of the volunteers

⁶ **Policy** is defined as “a principle, plan or course of action that is continually responsive to changing needs and environments.” (Leischner & Venturi, 1998, p. vi)

Challenges

- Increasing awareness and understanding
 - Reaching individuals affected by FASD
 - Consistency within the Network (staff (i.e., Network Facilitator position) and membership)
 - Prevention- and intervention-focused work
 - Communication within the Network
- ◆ A Network meeting should be set up very soon. This gathering could be built around an event or workshop where the members will feel valued and will receive something (education, experience, etc.) in return for their participation.

From this Network meeting will hopefully come a recognition of what direction members would like to see the Network take, with respect to the Action Committees and community work and sustainability. The meeting should serve to re-energize the Network members and recognize the great work that has been accomplished. It will give everyone a chance to reconnect and learn what is happening with one another and the community of Prince George. It will also provide members with an introduction to new volunteers and members, and a welcoming back and acknowledgement of old/longer-term volunteers and members.

The Network members should be personally contacted and invited to the meeting.

- ◆ The caregiver volunteers offered advice on what our community needs from the Network. It should be recognized that this represents the caregivers' "wish list". Many of these factors are beyond the scope and mandate of this project.
- Continue to educate families.
 - Continue to work to make the education and justice systems understand.
 - Outreach and education are the two big parts that we need here – we need more programs like FORCE.

- Education and advocacy are the two main things that the community needs from the Network. We are starting to do more lobbying.
- The ability to assess children.
- Hold more meetings of the Network itself. We need to get together and know what's going on here.
- Be more inviting to the public – unlock the door, have a “drop in” area where people can come in, say hi, have a coffee, chat, and look at resources.
- Regular babysitting and babysitting during the meetings should be available in order to facilitate caregivers' use of the Centre. (Note: Money is available from the Network for child minding; however, this caregiver was not aware of this fact)
- Ensure that there is phone support for FASD caregivers that can assist them in crisis situations.
- Grow from where we are now to the point of having outreach workers.
- Would like to see us reaching out more to FASD individuals.
- A worker to go out and present to high schools in the community.
- Have information available in the hospital – e.g., pamphlets in maternity, emergency wards.
- The exposure in Reservations and high schools is helping a lot – we need more work to be done with these groups.
- It's time to provide more for teens, young adults, and adults with FASD.
- Provide a support system for older FASD individuals (teens+) and increase public understanding and acceptance of this group.
- I like the FORCE program, but we need programs that aren't just geared toward employment – e.g., a program geared for fun reading, or fun anything.
- The school newsletters now have a community advertising section that we could use. If we want to reach the parents we need to go through the schools.
- Could develop a group for kids. Kids can talk to each other about things; they are more likely to talk to other kids than adults. Through this group they can come to understand how they are different and understand what's going on with their lives.

- Offer more in the community for kids. There is hardly anything out there for them. They need social interaction outside of school. Then other kids can see why some kids are different.
- ◆ The caregiver volunteers and northern partners all expressed a need for more collaboration on local, regional and provincial levels. There is a benefit to be gained from working together more often with other agencies and groups.

Training

- ◆ The caregiver volunteers indicated that “standardized training” would be very beneficial for them. They feel it is important for them to be “on the same page” and promoting a common identity for the FAS Network when they are out in the community. The intended development of “modules” or a toolkit that presenters can use with different audiences will help to facilitate this process. Perhaps the parent volunteers and/or Resource Centre Committee would like to develop the tool kit and then have a workshop or training session around it with all volunteers. The toolkit could include handouts, a semi-standardized introduction to the Network, a reminder to mention what is offered through the website and the Family Centre, and evaluation forms.
- ◆ Continue with workshops that assist in building and strengthening the Network. The Circle of Strength workshop provided staff and parents with a framework for dealing with conflict, and the upcoming team-building (population health) workshop will hopefully strengthen the organizational culture and move the group toward a common understanding of the work that everyone is doing.
- ◆ The caregiver volunteers interviewed offered suggestions for future training and workshops:

- Volunteers should have to take some interpersonal training; i.e., how to be politically correct and recognize and control their own biases. These things are important when working with the public.
- The Network needs one uniform package. Training would be delivered by one person to all of the volunteers, so that we are all “on the same page and speaking the same language” (i.e., population health approach, not women-blaming). We need to set up a consistent approach or identity for Network members when we are out in the community.
- Education about the legal system.
- Management techniques and office procedures – “professional stuff.... so we look more professional when we go out there and we don’t come off as a bunch of moms.”

Workshops/Presentations

- ◆ With so many different Network members facilitating workshops, a central location where feedback from evaluations can be shared would allow everyone to see how participants felt about workshops and to share positive comments. Members could use the feedback to improve their own presentations. This may be done on a board posted in the Family Centre. When workshop evaluation results are compiled, highlights can be posted in the Centre. Currently, Network members utilize different evaluation forms for their workshops. Perhaps there is a way to create a common evaluation process, or at least to ensure that there are some standard questions on each evaluation form. This process could be built in with the development of the tool kit/modules for Network members to use with different audiences when conducting their workshops/presentations.
- ◆ In 2000/01, high school students who received a presentation were asked to produce a poster to depict their understanding of FASD. The resulting art was very woman-blaming. The project team recognized that the posters reflected the information presented to the class. They planned to repeat the presentations with different

information, placing FASD within the broader social context and population health determinants, and then see what type of poster art the students create and compare it with the initial posters. This would still be a very constructive exercise.

Staff and Volunteers

- ◆ Caregiver volunteers could be asked for their ideas about how to recruit and retain volunteers.
- ◆ Staff spend a considerable amount of time involved in email and phone communications (i.e., responding to requests for information, resources and advice, planning meetings, or just networking/connecting with contacts). It may be valuable to create a simple documentation system to monitor these communications. This would help to confirm that it is an important use of time and should be built into future funding proposals.

Organizational Factors

- ◆ Caregiver volunteers expressed concern about the clarity and effectiveness of internal communication channels. They shared examples of miscommunications that they have experienced in the Network: work that was being duplicated by different members of the Network, work that was supposed to be done by one group/member and didn't get accomplished (due to miscommunications), and decisions made without the knowledge of other members that affected the volunteers. The person answering the phones was not always aware of when meetings were scheduled, what Network members were doing in the community (i.e, presentations) and who was the contact person for certain activities or Committees. This needs to be addressed and a system/process developed, whether it be a central person or postings board by the phone, with lists of volunteers and staff and their activities, the services provided and upcoming meetings and workshops.

Caregivers did state that the shared location of Healthiest Babies Possible, the Northern Family Health Society and the Family Centre might help to improve the communication in the office.

Internal and External Influencing Factors

- ◆ The Network should resume the active process of keeping a media journal. The scrapbook contained a lot of information from 1998 through 2000, but has been sparse since that time. The review of media clippings from January – March 2002 was a valuable process.

- ◆ In the fall of 2002, while conducting planning for the final quarter of the project and post-project activity, the Advisory Group, staff, and a nucleus of parents could sit down and talk about the influence of internal and external events on the project. The group could produce a list/guide and some advice on how to adapt to the environment and build flexibility into plans to accommodate factors beyond the control of the project.

The FAS Family Resource Centre

- ◆ The accessibility of the FAS Family Centre could be improved. This could be done through: outdoor signage that is visible from street, signage inside the front door at the bottom of stairs that invites patrons upstairs (perhaps including pictures and names of staff and volunteers), and an “active trail” up the stairs and into the Family Centre (e.g., arrows/footsteps/signs leading up to the Centre.... “This way to the FAS Family Centre --- please come in!”). The locked door and small and “confusing” signage on the front door were concerns with some caregiver volunteers. Staff, parents, volunteers and patrons probably have additional suggestions for making the Centre more accessible and inviting.

- ◆ The Resource Centre Committee could revisit the work plan and ensure that the goals, resources, activities, outputs, outcomes, and success indicators are still relevant. This will be a beneficial experience as it will make explicit the work that has been accomplished, the goals and objectives that have been achieved and the indicators of success which are already evident in the Family Centre.
- ◆ Further exploration into the evolution of grassroots involvement and grassroots dissention as a measure of success could be undertaken. Specifically, this could include the successes and challenges of including and maintaining meaningful grassroots involvement in this particular project, from the perspectives of staff and the caregiver volunteers. A point discussed in the April 2001 Participatory Evaluation Report was the need to develop a process to address power imbalance present in the Committees and Network. Project management has reflected on the power relationships, but they have not been addressed by Network members and caregiver volunteers.
- ◆ The ‘voices of discontent’ that emerged through the caregiver volunteer interviews could be explored further through additional interviews with caregivers who were involved in the inception of the project and Network. What are their perceptions on the role of the volunteers in the process? What has worked well and where is there a need for change? For those no longer associated with the Network or those who are less actively involved, why is this the case? Is it due to personal reasons (i.e., no time, don’t need the services/supports offered by the Network any longer)? Or is it as a result of a negative experience in the development of this project? If the latter is true, what are the issues and how could they have been corrected or be dealt with now?
- ◆ If they felt it would be valuable, the parents could take some leadership around the evaluation of the Centre. Currently, output statistics and an activity log is kept. Parents could, for example, determine what they would like to see measured, what

information they would like to learn through an evaluation process and then undertake this process with guidance and support from the project team.

- ◆ An evaluation of the Centre could be undertaken to determine if the Resource Centre is operating effectively and is providing valuable services to the community. Is the Centre working the way it was originally intended? Is it something that can be sustained? How?

Northern Community Partners

- ◆ Conversations with the northern community partners produced the following information for the PG FAS Network:
 - The northern partners were basically very pleased with their relationship with the PG FAS Network.
 - Communities would value Prince George sharing newsletters and resources and continuing to inform them of what is happening and inviting them to workshops. They would like the Network to actively send out information and invitations.
 - The awareness and usage of the website varied. Some partners were not aware of the site or hadn't yet visited it. As the site is upgraded to include more population health level information, process and results of the communication campaign, and additional FASD-related links, it may be more relevant to the caregivers and service providers in the communities. Additionally, the Network could offer to post northern community partners' resources on their website (e.g., Dawson Creek brochure, Chetwynd service map, etc.), which would bring caregivers and others in the communities to the site and involve the northern partners more in site development and maintenance.
 - The North Peace Community Resources Society would like to hear feedback from Prince George. What is Prince George's perspective on the partnership? What do they believe has worked well/how has Prince George benefited from the partnership? What would they change? How should the relationship continue/build from this point?

- ◆ The northern partners should be invited to review this report and provide feedback/input. It will inform them of what is happening in the PG FAS Network, and they may have additions or changes to make to their views as expressed through the telephone interviews. Additional partners may wish to have their views included in the final project evaluation report (December 2002), or just shared with the PG FAS Network and the other northern partners.
- ◆ Continue to look for dissemination opportunities with the northern partners. The north Peace Community resources Society mentioned that they are looking ahead to submitting a joint proposal with the Prince George FAS Network for the FAS Conference in Vancouver in February 2003.
- ◆ Additional interviews with key contacts in the northern communities could be conducted. Not everyone was reached for this evaluation report.

Communications Campaign

- ◆ The Spot the kNOT blitz campaign with youth is currently underway. The campaign process and results will be documented and measures of success have been set up (i.e., exposure to information determined by a question about the posters that will be asked of people who call in). A longer-term campaign strategy should be developed, as this is still a priority area for the Network that is key to sustainability. The strategy could build on the youth blitz campaign with a focus on population health determinants, and could also promote the Family Centre and its services as a community resource.
- ◆ The Network has undertaken a number of short-term communications campaigns. The Network should adopt a longer-term vision and develop a strategic communications plan that includes developing a system of capturing and recording media activities, as well as external influences on the project (i.e., maintaining the

media file), building relationships with local and regional media, promotion of the website, and consistent messaging.

- ◆ The communications campaign should include components that work toward increasing involvement of and awareness about the Network and the FAS Family Centre with caregivers in the community. The caregiver volunteers interviewed felt that awareness among this group was particularly low and that this group would benefit the most from the existence of the Family Centre.

Website

- ◆ The Road Map developed in Prince George is a resource that other communities have used to develop similar maps/guides. It is a common initial activity undertaken by the groups as they identify resources available in their community. It would be beneficial for Prince George to document the road map development process and make the Prince George experience available through the website. The Road Map itself is available online and has been replicated by other communities. However, it would be useful to document the process of developing a Road Map and add that to the site.
- ◆ One of the Northern partners mentioned that she would like to see more of what the northern communities are doing added to the website (e.g., Road Maps, pamphlets). A partner in Dawson Creek described a successful community awareness-raising activity conducted on International FAS Day that could be shared on the website. The community developed placemats that contained information about FASD in a Q&A format, along with the organization's logo. Local restaurants used the placemats on International FAS Day.
- ◆ Awareness and usage of the website could be increased through a strategic marketing campaign. The website should be promoted.

Finally...

- ◆ An ongoing area of priority for the Network as expressed in the 2001 Participatory Evaluation Report is that:

“We have to work to keep motivation high and foster the relationships among Network participants and provide training that will be of benefit to them in their jobs or for their own personal development. We continue to think of new ways to make committee meetings and workshops fun and to give participants recognition.”

Conclusion

The Prince George community has been mobilized around the issue of FASD through the first two years of the Project. A lot has been accomplished, and much has been learned throughout the process.

As the Network enters the final eight months of the project, it is moving toward sustainability through the work of the Project Team and the Family Centre, providing education and training opportunities (capacity building), maintaining and upgrading the website, recruiting and retaining a strong volunteer base, continuing to implement a communications campaign, seeking out additional resources/further funding, affecting policy, working towards partnerships within Prince George and Northern British Columbia, and concentrating on upstream work with a population health focus.

References

Leischner, C. & Venturi, C. (1998). *Grounded in hope: Our community's policy response to fetal alcohol syndrome*. Prince George FAS Community Collaborative Network.

Appendix A

Submission to the BC Select Standing Committee on Health

Submission to BC Select Standing Committee on Health 2001

The Prince George Fetal Alcohol Syndrome (FAS) Community Network supports the following recommendations for improving the BC Health Care System. Some of these recommendations are included in greater depth in Paul Pallan's (Children's Commissioner of BC) report "[Fetal Alcohol Syndrome: A Call for Action in B.C.](#)" (February 2001).

Prevention

- Maintain support for Pregnancy Outreach Programs and Building Blocks Home Visiting Programs.
- Pregnant women are ensured priority of access to women centred health care (Vancouver/Richmond Health Board, June 2001).
- Develop public education campaigns aimed at ensuring that all British Columbians understand what FAS is and how to prevent it.
- Support Aboriginal communities in identifying the underlying causes of FAS and developing their own solutions.
- The province and the federal government must continue their efforts to address related factors that compromise an individual's health and contribute to the occurrence of FAS -namely, poverty, violence, tobacco use, drug use, poor nutrition and lack of prenatal care.
- The BC Liquor Licensee and other jurisdictions display information about responsible consumption of alcohol. (Example: warning labels on alcoholic beverages).
- Emphasis should be placed on mental health interventions, violence interventions and prevention programs with young women during the 8 - 18 year age range as well as continued funding for prevention programs that address healthy self-image and preconception health.

FAS Training for Professionals

- Post-secondary institutions, school boards, relevant ministries (Health, MCFD, Attorney General, Education) unions and regulating bodies must ensure that FAS training is provided for a wide range of professionals (doctors, nurses, social workers, teachers, lawyers, judges) at the undergraduate, pre-service and in-service levels to ensure that they understand FAS and are accurately informed of the best ways to support those affected.

Better Coordination and Use of Resources

- Include all professionals and service providers in collaborating with FAS and related addiction issues particularly those service providers currently working in and concerned with prenatal and reproductive care and maternal and child health, addiction counsellors and with other health care professionals.
- Need to improve the coordination of services between different ministries and departments.
- Improved co-ordination of services for FASD through a unified and common data information system to track/ register every birth in B.C. for improved services to children. (This initiative would have to consider the issue of informed consent).
- We require equal Northern representation at the BC FAS Consultation Group level. This would require financial support for representatives active in FAS initiatives from each of the health regions to cover travel expenses for the two meetings annually.
- A model coordinating FAS services similar to the Alberta government, which provides for regional co-ordinating committees whose tasks, are to organize and undertake activities within the regions. These committees have a paid regional co-ordinator who assists in identifying

community needs and in resource development, public education and the above mentioned activities.

- Government to support existing agencies to change their mandates when applicable to be more fully inclusive of other disabilities to ensure that services can be accessed. (Example: Gateway Behavioural Support Services, mandate could be extended to provide support for FASD affected individuals). This would reduce costs in that separate agencies whose aim is ultimately the same would not need to be created.

Research and Evaluation

- Recommend research and documentation to demonstrate the incidence and cost of FAS mandatory reporting under the Health surveillance public health program, doctors, hospitals, etc.)
- Need for research dollars to examine Northern BC incidence rates of Fetal Alcohol Spectrum Disorder (FASD).

Diagnosis and Support

- Provide appropriate services to meet the needs of children and youth and their families with an FASD diagnosis regardless of their IQ scores. (Example: school support and respite care) The use of Adaptive Functioning levels should be considered as a measure of the child's ability and the services required.
- Support and maintain the development of Tele-health services throughout the province particularly the north based upon the CHIPP pilot project in the Northern Interior Health Region. This project will demonstrate the need and effectiveness of Tele- health services in the remote and isolated Northern Region.
- Currently the government is funding some physician sessional contracts provincially for FAS diagnosis (Asante Centre and the North Peace Liard Health Region). We understand there are limitations related to the physician's sessional contracts and other processes and therefore recommend a review.
- We recommend that skilled help be provided for all parents (adoptive, foster and biological) which focuses on the particular challenges of caring for FASD affected children or youth. Continual support for the family and the child serves to protect from many of the secondary disabilities of FASD. (Example: Safe Baby Programs, Respite Care, Training for Caregivers and Support Workers)
- Services, supports and facilities for FASD offenders are inadequate and the legal system that addresses them is adversarial and ineffective for the needs of this specialized population. Training, workshops and alternative justice measures need to be explored which could prevent recidivism.

The preceding views are those of the individuals who have come forward to create this submission and do not necessarily represent the view of the agencies they act on behalf of however we have endeavoured to ensure a diversity of voices from our Northern Networks engaged in work for the individuals and families of those affected with FASD.

Recommendations submitted by the Prince George FAS Community Network FAS Diagnosis and Lifespan Support Committee Members

Dr. Marie Hay	Trinity Medical Centre
Carole Oosthuizen	Child Development Centre
Carole Usher	Community Living Services
Anita Endean	Northern Interior Health Unit

Rhonda Viray-Cailler	Northern Interior Health Unit
Laurie Storch	FAS Family Centre Parent
Deborah Pawar	Intersect Mental Health Services
Marlene Thio-Watts	Northern Family Health Society
Chris Leischner	Northern Family Health Society

Appendix B

Summary of the Wraparound Process

Appendix C

Pamphlets developed by the PG FAS Network:

- **We have FASD (Fetal Alcohol Spectrum Disorder) in our community. Now that I know that...**
- **F.A.S. Family Centre**
- **FASD Community Road Map**

Appendix D

**Letter of Support from the Northern Interior
Regional Health Board**

Appendix E

Prince George FAS Network Guiding Principles

Guiding Principles of the Prince George FAS Network

The Guiding Principles of the Prince George FAS Network are consistent with the population health - community development approach.

- To commit to a gendered perspective as an organizing principle.
- To develop a vision and goals which includes primary prevention as the number one goal but does not exclude selective and indicated prevention interventions.
- To commit to the principles of participatory action.
- To achieve consensus on the working definitions of "grassroots", "policy", "community", "prevention", "population health", and "participatory action research".
- To achieve consensus on women's right to choice and a common ethical perspective of the Network.
- To achieve a consensus to redefine the concept of prevention to include a broad continuum of prevention-intervention strategies.
- To work towards a common contextual understanding of "drinking and women" that includes health determinants.
- To develop and commit to a client-centered approach that embodies the principles of harm reduction.
- To ensure the continued education and skill development of Network members by providing ongoing training activities inclusive of the "grassroots".
- To provide communication and training opportunities that are accessible to the "grassroots" and that encompass the principles in clear language.

Appendix F

FAS Family Centre Work-Evaluation Plan

Appendix G

FAS Family Centre Forms



Welcome to the FAS Family Centre

**1154 3rd Avenue
Prince George, BC
V2L 3E5
(250) 561-2689 or 562-2123**

(Check out our Website at www.fas-pg.org)

The FAS Family Centre is now open to the public. We are a Northern Family Health Society Project, that is volunteer and parent driven. We originated from the hope and aspirations of parents and caregivers, whose needs were not being met. It is our hope through this Centre we will be able to meet these needs.

The FAS Family Centre believes in the right of all people to access information, resources and support within our community and to be treated with dignity and respect in accessing these services. We offer FASD education, computer Internet training, workshops, advocacy, family support, mentorship and lobbying to create change in legislation.

The FAS Family Centre – 1154 3rd Avenue, Prince George, is also a Community Access Program (CAP) Site. We offer free public computer access to the Internet for research, word processing, education, and we have trained computer volunteers available to assist you, on site from 9:00 am – 4:30 pm daily.

The butterfly in our logo represents the oscillating butterfly wings in Brazil that may set off storms in Texas; as do we the members of the FAS Family Centre hope to create a storm of services needed for people with FASD, their families, and caregivers. The knot of our logo has been designed to honour the memory of Abel Dorris (1968 - 1991), whose life story led to the book "The Broken Cord", by Michael Dorris. The reef knot represents the many layers of FASD. Remember, this is your FAS Resource Family Centre.

If you require further information, please do not hesitate to call 250-562-2123 or 561-2689 (Healthiest Babies Possible).



We welcome your calls and your visits.



Sincerely
Beverley Lacey, FAS Facilitator

Orientation For Volunteers

FAS Family Resource Centre

1154 – 3rd Avenue
Prince George, BC

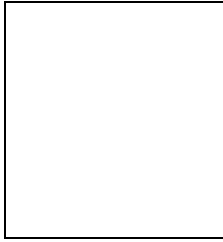
1. Welcome & Introduction to the Centre

- i. CAPC
- ii. Resources Available
- iii. Reading Room
- iv. Road Map
- v. Media Centre
- vi. Public Access

2. Membership

- i. Cost
- ii. Commitment
- iii. Resources
- iv. Use of Computers
 - 1. Word Processing
 - 2. Internet Research
 - 3. Library

3. Hours of Operation
4. Paper Work/Stats Database
5. Stations
 - a. Photocopier –
 - b. Rooms –
 - c. Kitchen
 - d. Meeting Room (Training Room)
6. Orientation about FASD & Working with the Public & FAS Family
Centre Members/Volunteering



FAS Family Centre

Request for Honourarium
Child Minding Expenses
Mileage

1154 Third Avenue
Prince George, BC
V2I 3E5
(250) 561-2689
FAX: (250) 562-5459

Description of Activity: _____ or (see attached form)

Honorarium for Presenting at FAS Workshop or other FAS Related Activity:

\$10 (per hour) x _____ Hours = _____

preauthorized by: _____

Child Minding Expenses \$5 per hour to a maximum of \$35 per day

(With receipt from child minding person or agency.)

\$5.00 x _____ Hours = _____

preauthorized by: _____

Mileage @ .20 per kilometer

_____ x \$.20 = _____

(To & from: activity/workshop/presentation only.)

**Please allow 3 - 4 working days for the processing of this form.
All reimbursements are in the form of Gift Certificates..**

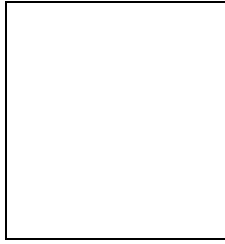
Phone Number: _____

Date: _____ Date of Function: _____

Submitted by: _____

Authorized by: _____ per FAS F.R.C.

Authorized by: _____ per NFHS



FAS Family Centre

1154 3rd Ave.
Prince George, BC
V2L 3E5

Workshop Evaluation

Activity: Date:	Name of Workshop & Facilitator:
Who is the audience of this Workshop/Activity:	
Where did this Workshop/Activity Take Place:	
What were the benefits for, yourself or the FAS Centre, you attending/facilitating/presenting at this workshop:	
Describe information or experiences you would like to share with others on the subject of this workshop? (For future Workshop info gathering & facilitation).	
Describe how you can adapt or will teach/assist/use this training in the future.	
Please attach this evaluation to the back of your request for Mileage/Childminding/Honourarium Reimbursement Form.	
Date Submitted: Signed:	

CAP Site

(Community Access Program)

Funded by Industry Canada

**FAS Family Resource Centre
1154 – 3rd Avenue**

Hours of Operation

9:00 – 12:00 pm

1:00 – 4:00 pm

**Internet Connection Guidance, Word Processing,
Computer Training, Research Assistance, Resume
Creation,**

Free Public Access

(upon completion of basic Centre Information Form)

**Reasonably Priced Public Access to
Photocopying, Fax, Email,
&
Free Internet Access**

Call: 562-2123

Appendix H

Northern Family Health Society Organizational Chart

Appendix I

FAS Facilitator's Job Description and Activity Report (January – April 2002)

Job Description

NFHS – April 29th, 2002

FAS Community Facilitator will:

- ❖ Support the development of the parent-driven FAS Family Resource
- ❖ Referral and Computer Access Centre
- ❖ Demonstrate knowledge, experience and attributes that include:
 - Working with families with FASD or other disabilities
 - Recruiting and training volunteers
 - Fundraising and proposal development for sustainability
 - Strong interpersonal communication skills
 - Competent computer, reporting and tracking skills
 - Planning and implementing presentations and workshops

FAS Prevention Facilitator will:

- ❖ Plan, develop and implement FASD population health based community awareness campaigns
- ❖ Work with a collaborative team, volunteers and committees
- ❖ Exhibit competent writing and computer skills (newsletters, power point presentations, website design, pamphlet and poster production, documenting community development process, writing minutes and reports)
- ❖ Have leadership, communication, networking and facilitator skills
- ❖ Be able to multi-task, be organized, creative and energetic

This is a term position beginning at full-time and March 31st, 2002 begin .8 time. It is 28 hours per week with flexible hours that may include evening workshops and lunch or committee meetings.

The supervisory positions the job reports to is Christine Leischner: FAS Network Coordinator; and/or Marlene Thio-Watts: Executive Director of the Northern Family Health Society.

The job's primary duties and responsibilities listed above are integral components that will lead to sustainability of the Centre and allow it to maintain a consistent and viable relationship within the context of the Prince George network of service providers.

Beverley Lacey, FAS Community Facilitator

Timeline Jan. 3rd, 2002 – April 30th, 2002

Create New Forms for FAS Resource Centre

- ❖ Volunteer Orientation
- ❖ Letterhead
- ❖ Committee Agendas Template
- ❖ Workshop Evaluations
- ❖ Computer Consent Form
- ❖ Photocopying/Faxing Log

Volunteer Hours

- ❖ Recruit new volunteers
- ❖ Log Stats in a different manner
- ❖ Develop protocols, office procedures
- ❖ Organize filing system, intake forms, computer logs
- ❖ Develop routine log in and schedules for each volunteer

Practicum Student

- ❖ Practicum Manual from CNC
- ❖ Student Organization
- ❖ Evaluation by Student's Administrator
- ❖ Review practicum policies/procedures

Computer Training

- ❖ Volunteers and Julie Sams (parent-in-training)
- ❖ Parent Mobilization with computer training, Basic Word for FAS Workshop Creation) Power Point, Access (for Database Authoring), Excel (Information Storage)
- ❖ Weekly lessons 2-3 hours per session, 5-7 parents involved
- ❖ Search web to create database of URLs for FAS Resources/current updates
- ❖ Gather strategies for schools and workshops

Website Updating

- ❖ Pictures for renewal of website
- ❖ URLs for updating of dead/outdated links

Sweetheart Tea (see attached invitation)

- ❖ volunteers, various service providers throughout the city and Resource Centre Committee members met and shared tea, sweet tidbits and current informational Feb. 14th, 2002 (Valentine's Day)
- ❖ Recognition for volunteers
- ❖ Networking opportunity with Aboriginal Foster Parents, BC Foster Parents Association, PG Regional Hospital (Mental Health Division), Making Children

First Program, various updates for the afternoon. All volunteers and service providers were 'Celebrated' with a special 'Sweetheart's Cake).

CAP Site

- ❖ A splash page was created for the FAS Resource Centre's CAP site workstations
- ❖ Policies and procedures placed on wall (updated and revised)
- ❖ Signage renewed on office front door

Communication Campaign

- ❖ Meetings with Chris Leischner, Marlene Thio-Watts, Leah Coghlan and myself were attended to brainstorm and organize planning for the Focus Groups needed for the Spring Campaign.
- ❖ Assisted with Photoshop tips and saving techniques for the jpegs needed in poster creation

FAS Resource Committee

- ❖ Developed a more cohesive parent's group
- ❖ Met with the Committee to discuss and plan for sustainability, training, needs, and discuss each of their specific visions for the future of the Centre.
- ❖ Gathered Workshop information and evaluation from the Facilitators within the group

Networking

- ❖ Created an early Spring edition of the FAS Network Newsletter
- ❖ Delivered 150 newsletters throughout the area, to physicians, parents, service providers and project coordinators
- ❖ Developed and delivered an FAS Workshop for the PG School District #57, Teachers Assistants on strategies, preventability, and general FAS Information with an interactive discussion and parental component in the afternoon.
- ❖ Added/documented this workshop as a module for the CAPC book complete with overheads and a power point presentation

Julie Sam (Parent in Training)

- ❖ Teaching various office procedures to Julie with the assistance of various Centre volunteers
 - Filing
 - Office practice
 - Graphic design
 - Telephone etiquette
 - Maintenance of statistics and logs
 - Messaging protocols
 - Use of MS Office 2000
 - Website Design with DreamWeaver 4 and Photoshop
 - Creation of Sign for Door (by Julie)

F.O.R.C.E. Project Advisory Committee

- ❖ Attend advisory committee meetings monthly
- ❖ Facilitated Workshop and introduction to FAS Centre
- ❖ Invited 20 FORCE Clients to Tour Centre
- ❖ Feb. 27th, conducted Tour of FAS Centre and oriented FORCE clients (all FASD youth and young adults)
- ❖ Gathered CASE studies for FORCE Instructors and strategies for living

CAP Site Meeting

- ❖ Edel Toner-Rogala, PG FreeNet meeting with Industry Canada
- ❖ Statistics given, inkind contributions
- ❖ Networked with other CAP Site Hosts in PG
- ❖ Shared common concerns/problems
- ❖ Wrap-up of program 2002 discussed

Invisible Disabilities Education Coalition

- ❖ FAS Centre holds two seats on Coalition that included other PG Service Providers
- ❖ Workshop Creation and Facilitation
- ❖ Advocacy for Students K-12
- ❖ Introduce changes in SD#57s smart IEPs for best use strategies
- ❖ Problem Solving Strategies workshop components
- ❖ Mental Health Week: May 3rd – 10th, Information Booth at Pine Centre Mall manned by Resource Centre Committee members and Facilitator

Workshops Attended

- ❖ **Establishing Good Workplace Relationships**
 - Mental Health Facilitator
 - Excellent workshop at developing better working relationships within your agency
- ❖ **Gathering Our Past**
 - SPARC, HEAL, Health Unit Sponsored
 - Circle of Health Promotional Framework from POP Health perspective explained very well by Jim Sands
 - Wonderful workshop on Scrapbooking Your Service Agency to preserve it's History and maintain its viability
- ❖ **Wraparound Process**
 - Lucille Eber, Illinois; founder and Lead Facilitator
 - Client-based Team Support Model
 - Reworking the 'System' to Wraparound the client by including peers, friends, compatriots
 - Equality based and empowering
- ❖ **Circle of Strength**
 - Conflict resolution by recognizing your Self through other's perspectives
 - Viable Strategies for resolving conflicts within all relationships both personal and in the workplace

- Reality Therapy with a more feeling component rather than just 'thinking'

Newsletter Creation

- ❖ **The FAS Network Newsletter was created and circulated in early March**
 - Updates of Board Decisions were included
 - Details regarding the F.O.R.C.E. Program
 - Committee Decisions
 - Upcoming Conferences

See Attached Newsletter

NFHS Organizational Chart

- ❖ Sketched draft for digitalization of chart
- ❖ Made Excel tables for member of staff's salary funding breakdown for pie-chart analysis
- ❖ Rendered pie-charts into graphical/publishable data
- ❖ Created digitalized version of physical NFHS Chart

FAS Power Point Presentation

- ❖ Developed Presentation FAS Past Belief
 - Deals with Preventable Myth
 - Shows developmental differences in fetus as each trimester passes
 - Questions differing beliefs
 - Discounts 'woman blaming'
 - Uses easy to understand language
 - Visual effects - stronger impact
 - Notes as handouts
 - Effective module for replication

Appendix J

Information Sheet, Consent Form and Interview Guide for Caregiver Volunteer Interviews

PG FAS Network Caregivers and Volunteers Interviews

Information Sheet

February 2002

Why are we conducting these interviews?

We would like to talk with Caregivers/Volunteers who have been involved at the grassroots level in the FAS Network as part of an evaluation of the FAS Projects at the Northern Family Health Society. Through the evaluation we would like to discover what has worked well with the Network and share this information with other communities, while also contributing to the FAS movement in Prince George. Your voice is very important in this evaluation.

What will happen with the results of these interviews?

The information that you share may be included in the evaluation report for the *Communicating FAS Policy Solutions by Connecting Community Circles* Project in April and/or December 2002, which will be provided to the Northern Family Health Society, Health Canada (Population Health), and the Vancouver Foundation.

Before you agree to participate, you need to know the following:

- All information that you share will be treated confidentially. You will remain anonymous; your identity will not be revealed when we write the report.
- The interview will take approximately 30 minutes to complete.
- The discussion will be not be tape recorded, but the interviewer will be taking notes. All of the notes will be destroyed at project completion (December 2002).
- Your participation is entirely voluntary. You are free to leave at any time and can refuse to answer any of the questions. You do not have to give a reason and it will not affect any services you are receiving.
- You will receive a gift certificate for participating.
- You can contact Marlene for a copy of the report.

Please complete the attached consent form and return it to the Interviewer. Keep this information sheet for your own records.

Thank you for your time!

Sincerely,

Tanis Hampe

**PG FAS Network Caregivers and Volunteers Interviews
Consent Form**

February 2002

Please circle the appropriate response:

- I understand that I have been asked to talk about my involvement with the FAS Network Initiatives. Yes No
- I have read and received a copy of the attached Information Sheet. Yes No
- I have had an opportunity to ask questions about the interview and how this information will be used. Yes No
- I understand that I am free to refuse to participate or withdraw from the interview at any time. Yes No
- I understand that my identity will remain anonymous and the information I provide will be treated confidentially. Yes No
- I understand who will have access to the information I provide. Yes No

I agree to take part in this interview.

Signature of Participant

Date

Printed Name

Thank you very much!

FAS Network Caregiver Volunteers Interviews

Interview Guide

February 2002

How did you first become involved with the FAS Network? How long have you been involved?
How are you involved now?

How has the FAS Network changed since you first became involved?

Have you seen any changes in the community since you became involved with the FAS Network (e.g., in schools, services, or general community awareness)?

What training have you received since your involvement with the FAS Network (e.g., workshops, courses, traveling to communities)? How has it been helpful? Is there any training that wasn't helpful? Is there more training that you would like to take?

Has your involvement with the Network made a difference for yourself and your family? Can you give me an example?

Do you believe that the FAS Network has made a difference for other caregivers in the community? Can you give me an example?

What do you feel you've given to the FAS Network?

Why do you continue to be involved with the FAS Network? How does your involvement benefit you?

What do you think the community needs from the FAS Network and Family Centre?

In the future, what would you like to see happen in the FAS Network and the Family Centre?

Appendix K

Northern Community Partner Interview Guide

Northern Community Partners

Interview Guide

April 2002

1. How did your relationship with members of the Prince George FAS Network develop?
2. Please tell me a little bit about the types of contacts you have had with Marlene, Chris or others from the PG FAS Network and the nature of the contacts.

E.G.:

Telephone-	referrals, information sharing
In person-	formally through facilitating meetings, presenting at workshops
Email-	sharing resources, workplans
In person-	informal brainstorming, developing plans, sharing resources and ideas
Fax -	FAS resource ordering information

3. Has your relationship been beneficial?

If yes, what have you or your community gained from your relationship with the FAS Network in PG?

E.G.:

- facilitated the development of an FAS committee that includes grassroots community members (parents, individuals living with FAS),
- facilitated community readiness / needs assessment,
- facilitated strategic planning,
- presenters for workshops (Marlene, Chris, Bev Zorn, Dr. Marie Hay, Julie Sam),
- access to resources (website, etc.),
- information on process to develop signage bylaws,
- provided resources, support in ways of collaborating with another community in the region,
- community development tools (mind-mapping, community readiness assessment checklist),
- confidence.

If no, what hasn't worked well and what could be done to improve the relationship?

4. What was in your community for FAS committees, resources and activities before the PG FAS Network and NPRS became involved?

Committees? Membership (Professionals? Grassroots?) What was the purpose?
Prevention vs. intervention activities

5. Has your community completed a needs or FAS community readiness assessment? What was the PG FAS Network's role in this, if any?

(e.g., assistance from Network members in facilitating a workshop or committee meeting; mentoring in a process (e.g., mind-mapping in Smithers); downloading tools from the website (mind-mapping, PATH, community readiness checklist))?

6. Have you seen a change in the readiness of your community to engage in FAS community mobilization activities in the past year or two?

If yes, what do you think attributed to the change?

7. Have you used the FAS Collaborative Network website as a resource? Or to post /share information or other resources developed in your own community or region?

If yes, what information was helpful to you individually or to your community to enable the community to move forward in FAS activities?

8. What could be included in the website to make it more valuable to your community?

9. What FAS activities or action do you want to undertake in your community?

10. Have you developed relationships with other communities in your region? What has been the nature of these relationships? How has it benefited both communities?

11. What do you see as the role of the PG FAS Network or other regional partnerships for your community or region?

12. What is needed to disseminate your experiences and the experiences of other communities?

What will happen with the results of these interviews?

The information that you share may be included in the evaluation report for the *Communicating FAS Policy Solutions by Connecting Community Circles* Project in April and/or December 2002, which will be provided to the Northern Family Health Society, Health Canada (Population Health), and the Vancouver Foundation.

Appendix L

Communication Campaign Posters

Appendix M

Communication Campaign Committee Notes

Strategic Communication Campaign Ideas: 2000/01

The notes below are excerpts from Communication Campaign Committee minutes (March 2, 2000; June 15, 2000; June 28, 2000, Feb 16, 2001)

Action Committee Goals

1. Develop a proposal to British Columbia Association of Broadcasters (i.e., mental health, racism, etc.)
2. Bus signage; target community members who ride the bus
3. Liquor store/bags/receipts
4. Working with school prevention teams/in classrooms
5. Information signs above pregnancy tests
6. Explore pregnant women receiving free beverages in pubs
7. Pregnant women on the loose Campaign for Mother's Day

Strategies to attain those goals

- ◆ Invite local media, develop media relationships (get \$50 000 in kind)
- ◆ Get students from schools (volunteer hours) to ride buses with posters to determine which posters have major impact
- ◆ Campaign to shift attitudinal norms around women, drinking, and FAS

Success Indicators

- ◆ Participation at many layers and sectors of the community
- ◆ Feedback of community reflect a shift in attitudes
- ◆ Cooperation of media/messages and congruency to our guiding principles
- ◆ Increase in knowledge, awareness of the underlying issues of FAS

Other ideas from minutes:

- ◆ Use of Mr. PG (banner on Mr. PG)
- ◆ Signage around PG
- ◆ Booth at Summerfest – Street Spirits do an FAS related play
- ◆ Booths in Pine Centre
- ◆ Identify how you want to audience to feel, or what they could buy into:
 - They are a good community support
 - They are a protector of the community
 - They are accountable
 - Message could appeal to the viewer's skill of leadership
 - Viewer could be a business person, sold on idea that being a part of campaign is good and free advertising for business
 - Message could show the importance of partnerships in the community
 - Alcohol free pregnancies are a partnership
- ◆ Appealing to specific groups

- Different levels of health determinants that someone could plug into in relation to their area of work (MCF, lack of funding for social workers)
- ◆ Dramatizations
 - Personal stories --- humourous, endearing, but sad
 - A commercial that speaks of the shoelace story or other examples
- ◆ Other types of advertising
 - Identify what change we want the audience to make
 - Identify how they can be a part of the solution
 - Positive imaging – spending now saves money for the future, supporting children young prevents supporting them when they are older
- ◆ Messages
 - Knot FAS in our community
 - FAS: it's in your to (stop) (prevent)
 - Making the invisible visible
 - FAS, it's in all of us (you) to stop (prevent)
 - Pregnancy is a community partnership
 - (Lead line) Now that I know about FAS... this is what we can do
 - FAS, now that I know.....
 - Interplay between facts and voices – related to population health, and moving away from woman focus
 - This is what I can do to contribute.... Help, prevent, support (related to the role of the person speaking: i.e., doctor, nurse, car sales person, etc.) –
 - Variety of people from community representing various roles and professions could be speaking – could be someone controversial – politician, vocal community member (someone that would appeal to a group that may not believe in a health determinant approach)
 - Each person could speak on the same theme, but how FAS relates to their profession (i.e, care sales person, talking about hiring a person with FAS, making the workplace FAS friendly, or nurse positive aspect of diagnosis, etc.)
 - Highlight different aspects of root cause, i.e., under funding or housing issues.