

## An Overall Vision for FAS Prevention in our Communities

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Healthy communities require dedicated work and mindful attention. Communities do not just develop. They become an entity based on the decisions made or not made over an extensive period of time. You can plan a healthy community or you can sit by and wait for it to happen. However, if you are a progressive individual you might choose to plan your communities health and health direction by engaging in a strategic plan towards community development.



Having a vision of a healthy community is an important foundation for doing the Fetal Alcohol Syndrome work that will be required in our communities. Women's health in particular requires specific attention in regards to FAS, as women are the primary target for blame when this issue comes to the forefront. We need to help our communities look at health as more than just the individual need for physical well being. We must help them move towards viewing health as a more inclusive concept that considers the collective well being of the community and what we can do for each other and with each other. This kind of work is community action, a progressive, change-oriented process that will assist community members in identifying, valuing, managing and choosing healthier options for themselves, their families and the community.

FAS is a difficult community issue to address. Some communities are not ready to acknowledge FAS as a problem. Other communities prefer to blame the woman, judging them as immoral and allowing them to be shamed and degraded. Because of this, birth mothers find it impossible to reach out for help or to stand up and be heard and acknowledged. Foster and adoptive parents are busy convincing service providers that these children need differential treatment. To assist with community empowerment, we need to know where our communities are at in understanding this issue and how they may then need to be encouraged to change. By following basic community development principles, our Network has worked towards progressively changing our community here in Prince George, British Columbia. We have found some particularly useful pieces of information about the process of FAS community development that we wish to share with you.

We have presented here an overall framework for FAS community development work and we have augmented it with stories of our experience in doing this exciting work in FAS prevention.

We welcome your stories and experiences in doing this work in your communities. We learn from sharing knowledge, ideas and thoughts. If you want to write us and share your stories we will maintain your anonymity, if requested. Our goal is to establish connections in and between our communities in working with FAS prevention. Please contact us at [postmaster@nfhs-pg.org](mailto:postmaster@nfhs-pg.org)

## Contents

### 1. Strategic Planning

#### Getting Started

Obtaining Support  
Know your facts

Your communities situation  
Build Partnerships  
Understand your history

### Doing a community Assessment

Assess Physical Characteristics  
Population and Demographics  
Power Structures  
Economy  
Organizational Structure  
Building Blocks  
Know the Barriers

### Initiating First Action by Involving Community

Building Community  
Choosing Priorities  
A Commitment to Action

## 2. Implementing the Communities Direction

Initial Planning  
Carrying out your community plans  
Launching your programs  
Keeping everyone informed

## 3. Evaluation of the FAS Community Development Process

Evaluation  
Reflecting on your Priorities  
Celebrating you Success

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# 1. Strategic Planning

## Getting Started

We all want our efforts to make a difference. To ensure the success of our endeavours, we need to lay the groundwork for a quality project. Projects will often fail because the people they are intended to serve do not accept them, they don't get the resources they need to grow or they may not be effective interventions. To ensure that your project is accepted, used and supported you will need to:

1. Get public support or support from your organization to ensure something will be done about FAS.
2. Know your facts about FAS. Read and stay current with the developing approaches.

*An important area that we encountered was the need to redefine the prevention intervention continuum. While our research indicated that the classic framework of*

*primary, secondary and tertiary prevention are used to examine FAS prevention issues, our community saw a need to find a model that would address FAS from both a population health framework and a classic prevention continuum. What we developed was an adaptation of the Institute of Medicine's model (1994) and the inclusion of treatment and maintenance across the lifespan of FAS affected individuals. In this way our prevention activities became a broad-based approach that was inclusive of treatment, maintenance and lifespan support. In turn this expanded our mandate to provide an opportunity for altering behavior in a wide variety of settings. If we had not stayed current with health promotions, FAS prevention and other prevention models we would not have realized the need for our community to redefine prevention to include a continuum of care for our citizens in the North.*

- 3.
4. Learn about the situation in your community, the environment and the current issues involving FAS.
5. Build partnerships. 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.
6. Another significant piece of getting started is understanding the historical context of FAS development in your area. What has happened in the past affects the present and the future. You could start by checking out the organization you are a part of. Here are some examples of questions you could ask:

How long has your organization been doing FAS work?  
What approach have they taken to addressing the issue?  
Have people been doing the work off the corner of their desk?  
What are the past success and failures of your organizations work?

*Our work started in August of 1985 with a study by Dr. Asanti documenting 586 children with "chronic handicaps" in northwestern B.C. and the Yukon. This was the beginning of our community's awareness of this issue. From that time until 1988 our community was aware of the need to take some action but we were unable to solidify our concerns and develop a direction. In September of 1988 a multi-sectoral steering committee presented a conference on The Prevention of Childhood Disabilities. At this conference was a presentation on the Healthiest Babies Possible program in Vancouver, a program that worked to ensure clients were aware of the dangers of alcohol and drug use during pregnancy and helped them to maintain positive lifestyle changes. In December of that same year Healthiest Babies Possible was established in Prince George. Over the next few years conferences were hosted and adoptive parents became involved in the FAS issue. The first of a number of differently named committees was created in 1991, Prince George Fetal alcohol Action Committee. We have had many name changes and redirection over the past 10 years but always we have held on to our need to ensure that FAS is prevented.*

7. People have a history too! Working in small or rural communities, many of us will have had

You may be coming with no previous history but still there will be community norms and values that you will need to be aware of and respect. You may be approaching this new project with a previous positive relationship but don't take it for granted. Ensure that others still value the old relationship and that they don't bring false expectations with them about you or your new role. In some cases you may be re-establishing a conflictual relationship, trying to make a fresh start. We can not begin new relationships with out attending to the problems created in the old ones. Then we can move on to creating new expectations. By redefining our role based on a new approach or a new behavior we can do a lot to ensure our history does not adversely affect the outcome of our work.

## **Doing a Community Assessment**

Engaging in the process of community development requires a knowledge of the resources in a community that enhance our ability for self-care, independence, interdependence, mutual aid and broad based resident involvement regarding our own health. To maximize the use of these resources we need to know who and what they are and how we can gain access to them. While there are many different tools for assessing community (McKnight, 1990) we have developed our own tool for use with the issue of Fetal Alcohol Syndrome [(see FAS Community Development Indicators of Readiness)]. Overall the following aspects will need to be considered.

### **1. Assess physical characteristics of your community**

Is the community rural or urban? What are the transportation routes into it? Does the layout of the community reflect the social structure? Where do people live? What does the business district look like? What kinds of facilities are available for sports, arts, culture, worship or places to gather? Does the physical appearance and geography suggest anything about the health needs of the area.

### **2. Population and demographics**

What is the proportion of ages in the community? Are there young families with children, seniors or singles? Are the people transient or stable? Is the population increasing or decreasing? Are there sub-communities (e.g. one industry employees, one large religious or ethnic group)? Does the makeup of the community suggest special health needs?

### **3. Power structures**

Who are the most powerful and influential people in the community? Are they social or health minded? How do they react to change? What is the best way to approach them? What communication channels will be used to speak with them and who will approach them? How might the power structures in your community help or hinder the progress of your community development.

### **4. Economy**

What is the basis of the community's economy? Single industry, mixed or seasonal? Is the economy healthy or depressed? Is there high unemployment or a surplus of work? Is the community tax base sufficient to meet the service needs? What impact does the economy have on the health of the overall community.

### **5. Organizational structure**

- Learn about the workings of your organization.
- What is the past history of your organization in working with FAS?
- What other systems might have direct or indirect contact with FAS projects? What services do they provide? Who are the key people? What past relationship have they had with FAS projects?

### **6. Building Blocks**

Building Blocks consist of those structures in your community that contributes to the foundations of your community's ability to grow and change. Primary building blocks are those located and controlled within your community. It includes individuals, associations and organizations. Secondary Building Blocks are those structures located in your community, but

controlled outside such as private or non-profit agencies, public institutions or physical resources. Potential Building Blocks are those which are located and controlled outside your community and include public dollars and public information.

Doing a Community Assessment should give you a better overall picture of your community's assets and liabilities and it can form the foundation of further FAS community development work. You can use this brief 6 point outline or you can try a more detailed inventory using the Prince George FAS Community Development Indicators of Readiness.

### **Other Considerations in the beginning stage**

#### Know the barriers

FAS is a relatively new area of social concern. Conservative, entrenched communities will find it difficult to adjust their thinking towards a need for work in this area. In these communities you will experience resistance. This is not unusual and should not be viewed as a negative thing. If managed well, resistance like conflict can be used to move an issue forward. Like conflict, resistance can be a form of power struggle. With any power struggle it is important to recognize the struggle for what it is then address it directly.

- Be honest about the changes that are involved in community developments.
- Identify possible situations where power struggles may occur and generate possible solutions.
- Work to develop a trust relationship with the resistant individuals and keep open communication so they are aware of what is happening.

*Small things make a difference to building trust relationships. We found in our initial dealings with the many diverse disciplines at the table that language differences existed. We worked to recognize that there was more sameness than differences to our "labels" in our language. We dialogued these 'samenesses' and explored new ways to be inclusive in our choice of language for our discussions.*

- Work towards a common understanding and vision for your community.

*We have spent and continue to spend a great amount of time and energy in actively working to get policy makers to buy into the principles of empowerment work. This is perhaps one of the harder tasks we are engaged in, after all, who willingly gives up their power with no proof that one way is better than the other. Except that that is just what we continue to do, demonstrate that collective grassroots involved initiatives are more viable, empowering and progressive than top down political decisions.*

- Involve those that are most resistant by encouraging them to take on key roles and responsibilities.
- Create processes and arrangements that encourage co-operation and collaboration.

*We try to always run our meetings in a circle. In the circle everyone is equal and everyone's contributions are valued. This may seem like an insignificant detail; however, the use of a circle is consistent with our philosophy and principles and it sends a clear message of our commitment.*

*Clear recognition and open discussion about power* is imperative to working towards a more balanced approach. Power struggles become dangerous when they are suppressed, avoided or ignored. If left unattended, the resulting conflict can escalate or create deep division in the community.

Resistance can also be an *indication that more time needs to be spent* building an inclusive process. Do not fall into the trap of believing that only certain individuals or organizations need to be involved. Everyone 'at the table' brings with them strengths, weaknesses and wisdoms.

*Community members may be resisting the issue* because they feel they have limited involvement in the process or limited say in how the outcome may affect their lives or community. In some cases additional education is needed as there may be a limited understanding of the issue or of the process that is being undertaken.

### **Initiating Action by Involving the Community**

The individuals or the organization that decides there is a problem are usually the ones who are willing to initiate the action. These initiators can be people in the organization or individuals outside who feel strongly enough about an issue to pressure for change. These people are your champions. In every community there are a few thoughtful, committed individuals who believe they can change their world. They have the drive, the public profile, the access to power or just the determination to ensure that your project will get off the ground. Make full use of these people. Identify them, acknowledge their limitations and strengths then accept that as in all of life, perfection is an illusion. We must work with the humanity in each of us which means accepting differences and imperfections. Then we must mobilize our champions. In some cases this just means giving them free- rein or sufficient resources or just encouragement. Whatever it takes, get them working for the project.

Also, get acceptance from key power players in the community. Engage policy makers in the basic principles of community development and get their agreement to work from this framework. Their support on whatever level you can access will play an important part of developing the link with power that is optimal for success.

The Prince George FAS Network developed a mobilizing tool based on the concept of community and circles. We have found it to be a valuable part of involving key players in the communities efforts.

Shifting paradigms is another initial action that will need to be considered. You will need to begin making societal shifts in how policy makers think, in how service providers act and in how marginalized grassroots perceive themselves.

*The Community Planning Council of Prince George (CPC) was contracted to develop and deliver a series of "Train the Trainer" Communication Campaign workshops with the Prince George FAS Network (FAS Network). However, the initial project has grown and evolved as the work progressed. The participatory evaluation process integral to the project allowed for the project to evolve in very unique and unexpected ways. What quickly emerged and was acted upon, was the understanding of a community ready, not for more training, but for action. The communication campaign belonged to those present, working in the field, who saw the potential benefits and importance of a campaign they designed and delivered.*

*An initial orientation session at a regular meeting of the FAS Network in January 1999, presented basic information on Communication Campaigns and solicited dates for*

*interested members willing to participate in the first workshop as potential trainees. Inventory sheets were developed and distributed. They were completed and returned to the CPC for input and analysis.*

*Interest was such, that two workshops (one half day and one full day) were scheduled for the membership. After this, a series of other workshops with sectorized interests in the community were to be scheduled.*

*The first workshop, on February 19, 1999 with representatives from the FAS Network was intended to: orient CCN members to the concept, act as a pilot workshop and launch of the training workshops.*

*However, during this first workshop, the material, ideas and vision generated was such that the group quickly realized the drive and energy for a communication campaign was already in place. The workshop then evolved into a planning session. Those present formed themselves into an ad hoc working group ready and willing to commit to developing and carrying out the communication campaign.*

*The Communication Campaign was designed to develop a coherent, coordinated and innovative set of methods for reaching a variety of sectors within the community.*

*Having decided to undertake the communication campaign, the group decided the objectives were to be met by non-judgmental, effective and creative communication ideas and formats. This group presented a broad cross section of the community involved, in one way or another, with the issue. This cross section was key to the decision to move on to actually developing a communication campaign plan. The knowledge and expertise was in place. Over two more workshops, facilitated by the Community Planning Council, the group developed an intensive short term and long term campaign with multi-levels of activities, indicated audiences and strategies.*

### **Building Community: Forming an FAS Coalition**

The goal in forming a coalition is to develop the community capacity to assess the community's opinion and move them to action on the issue of FAS.

Coalitions are formed as a means of improving program results, reducing costs and eliminating duplication of services. They are an invaluable source of knowledge, experience, expertise and information. As our FAS affected families have multifactorial needs we must access the optimal level of knowledge and information available. Collaboration and cooperation are key elements of a successful coalition. In order to address the unique sets of problems inherent in FAS, a coalition will require a joint vision, agreed on guiding principles, joint goals and shared responsibilities and resources.

There are three types of coalitions. Our FAS Network coalition is an agency driven one however, there are community driven coalitions and funder mandated coalitions as well. Most of us will be engaged in agency driven coalitions which can either be formal or informal but which attempt to enhance program delivery by gathering agencies together for planning and coordination of services.

Even if your coalition is agency driven, these three groups are not mutually exclusive nor should they be.

An important aspect of initiating our first actions in creating a coalition is to involve the people in the issue who it matters to most, the parents and FAS affected individuals. Without the support and involvement of this key group, your efforts will take on a top down direction with limited accountability and accessibility to the people who need it most. If we are truly attempting to develop community capacity then the capacity must be inclusively created in all sectors of the community.

Because the process of community development is as important as the outcome, attention must be paid to the nature of how inclusive and supportive the process is in engaging FAS parents and affected individuals. Putting a human face on the process is one way of staying true to the direction of the people most affected and to keeping community workers grounded in the realities of FAS individuals everyday lives. Encourage FAS affected and their families to be a part of the planning. This will require a little more patience and adjustment but will be well worth the effort.

*Once the Network was in place it was quickly determined that a grassroots presence was needed. We sought out the members of the FAS community who had a strong sense of commitment to and ownership in the FAS issue and its solutions. These were people who had previously demonstrated their desire for change by advocating for their child or by writing letters to the editor for example. We actively included and maintained these individuals in the Network specifically by mentoring them in the Network's activities to ensure their comfort and safety.*

Providing opportunities for all members to tell their stories encourages relationship building within the coalition. These stories are grounded in the reality of people's lives. They give voice to the actuality of the work we all do and they give validity to our presence in the coalition. Stories allow us to envision what might be "in it" for us and they keep us grounded in the realities of FAS. Importantly, the stories of families and the FAS affected are given validity through stories. By putting a human face on FAS, that is by telling our stories and having them heard, we are validated.

*One tool we are presently involved in using to access a better understanding of our work with FAS affected is a Health Promotions tool utilized and advanced by Ron Labonte and Joan Feather (1996). This process is a combination of story and structured dialogue that intends to access the collective knowledge of the members, through reflection and give an opportunity to share that collective knowledge, create more generalized knowledge about practice and further utilize that knowledge for project evaluation ( Labonte and Feather, 1996). It best suited our needs as a community building tool, as stories are the voice of communities. John McKnight, an active community organizer once stated " universities learn by studies, institutions learn by reports and communities learn by stories" (1987).*

Perhaps the most significant determinant of successful coalition building is the groups agreement on guiding principles. Overall, community development is based on values and experience. Coalitions need to agree on their guiding principles before beginning the action stage work. You will need to discuss beliefs about health, women's issues related to addictions, poverty and violence, communities and the entire community development process.

### ***Guiding Principles of the Prince George FAS Network***

- *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.*

Coalitions are not the only means of building a sustainable community nor is community development the only means of creating a healthy community. Our framework is simply one community's response to developing FAS initiatives.

We believe that coalitions are the best way of dealing with the FAS issue at this time. Given the limited resources of other agencies and government downsizing we need to maximize the use of available funds and direct our energy into a focused and effective project. Coalitions allow us to pool the resources and gain strength and knowledge from a collective voice.

Successful coalitions have:

- Shared vision, are committed to the coalition and the issue and have a desire to work together.
- Realistic, clear and obtainable goals set by the group.
- Members are agreed on the guiding principles.
- The support of their member's organizations to participate in the work of the coalition.
- Effective communication between all members.
- A collaborative decision making process.
- An opportunity for members to gain through their involvement.
- An effective leader who moves the group to achieve the goals and the objectives of the coalition, sometimes by stretching out side of their comfort areas.
- A shared perception in each members legitimacy in being in the coalition.

## Choosing Priorities

Though you, your organization or the other "champions" in your community may have already decided that FAS is the issue to be worked on, you will now need to canvass your community about what aspects of this social problem will receive your first attention. There are a number of ways of doing this; captive surveys, consultation groups, focus groups and Community Action Circles to name a few. Our community engaged in a rather novel method of obtaining information for establishing the priorities and direction of our community. More than just the Network members were involved in this as we wished to build an inclusive Network, flexible enough to respond to the changing needs of the individuals and organizations in it and yet sustainable enough to ensure commitment and workability.

*Mind mapping was envisioned as a means of diagramming our community's voice. In April of 1997 the PG Network engaged in a community consultation initiative that focused on solutions to the prevention of FAS. Though this process did not always stay solution focused it provided us with an overall composite of the concerns and ideas that our community members held. It was a relatively quick and informative way of hearing from over 150 different community individuals. The information we gathered was staggering and the subsequent analysis was sobering. It was made very clear just where our community of Prince George wanted to direct their energy in FAS prevention.*

This process was replicated by the community of Smithers, in the Bulkley Valley. When they decided to move forward with their community's development of a FAS response they chose to use this process to establish priorities and recommendations for future work in FAS.

## A Commitment to Action

Just because people agree there is a problem doesn't mean they will act to try to address it. Often people will accept an idea and agree there is a problem but be unable to respond to the need for involvement and action. In some cases this may be due to motivation, in others it is over commitment. The eventual outcome of both can be a hesitation to provide money, time or resources. One solution is to partialize the issue for that individual and get what resources, time or money you may be able to obtain from them.

This may mean getting them to give:

- A vote of confidence.
- To act for your initiative at a specific time
- To attend specific meetings and keep them in the loop meanwhile.
- To join a specific committee that might be less time consuming or of more personal interest.
- To pledge money
- To participate in specific goals or events of the project.

*We knew that there would be many "busy" policy makers who would be unable to commit to a continued attendance at our Network meetings. But we also knew that we needed to keep them aware of our initiatives and informed about the direction we were taking. For this reason we decided to keep the membership in the Network fluid. That is that we encouraged new members and old ones returning and being able to attend a*

*meeting every so often without it affecting the overall momentum of the group. In the interim we kept sending them out newsletters and updates, kept them informed through the fax and always kept them on our list of members.*

## **2. Implementing the Communities Direction**

Having accomplished much of the preceding work in FAS community development it is time to engage in the tasks of implementing the work that the community has identified as needing to be done. This may entail a reflective process of stopping and evaluating the work thus far and then organizing the resources and information into a workable strategy for change.

*Based on extensive community input and collective community consultation through focus groups, mind-mapping analysis, key informant interviews and historic documentation, the Network members establish working "action committees" and strategies for prevention. Grounded in Hope formed the basis of our comprehensive strategies for reduction of FAS. We had the meaningful involvement of the grassroots, we had a clear and definitive community vision, champions of the cause and we had a sense of empowerment.*

At this point in the evolution of your communities development, you should have a firm background on the FAS issue and a clear statement of what your community sees as the needs to be addressed. Your basic values will have been clarified through the process of establishing your guiding principles. Collectively your group will now need to develop an initial plan which includes the overall goals of your initiative, a description of the groups you wish to direct your goals toward and the objectives that you wish to achieve in the desired behavioral or attitude change. You will need to establish designated roles, tasks and timelines to carry out the plan, an evaluation process of this endeavor and a budget of the necessary resource requirements and how to get them.

It is always a good idea to review this plan with relevant individuals or groups and certainly your entire coalition will need to be advised of the completed plan. When the plans are accepted and there is a sense of collective ownership of both the plans and the responsibility to act on them, finalize them and prepare to move forward.

*When we completed the Grounded in Hope document we had a big celebration with strawberry shortcake and decorations and some fun. We wanted everyone who had been involved to know how important this step was and to recognize the massive efforts that were required to get to here. We reviewed the document and the recommended directions, we got a renewed commitment and promises for continued involvement, then we all took a break over the summer, agreeing to meet in the fall.*

### **Carry out your plans**

With the planning stage complete and a knowledge of the needed resources in place, you will now be ready to call in the commitments that people made and mobilize resources so that the plan can be carried out. If your ability to be inclusive and respectful has been effective you will be more likely to

have people willing to find and organize the resources needed to achieve your objectives. If your groundwork has been well laid then your initiatives will be in tune with the community and people will be committed to it. The necessary resources will start to appear. At this point you may have to step back and ask why you are not getting the support you need and chances are that you missed a step in the process of developing a strong dynamic community response.

This may be a very good time to start your communication campaign or stage a public event or media kick off. Example of this could be a fund drive, advertising campaign, series of news releases or a big kick-off dinner. In some communities a more low key approach may be needed however you now know your community best and can choose an event that will launch your action stage.

*In Prince George we had a big press release and invited the Mayor and other dignitaries to attend. We also invited the press and piggy backed it with Drug and Alcohol Awareness week. Copies of our community's response Grounded in Hope and an executive summary were sold and distributed. The message we were trying to get across was that the FAS Network was alive and responding to the need for prevention on behalf of the community.*

Depending on the breath of your strategies and on the size of your community you may or may not need to have a number of working committees to carry out your plans. The use of action committees to address your strategies may be needed. While these can be a very good means of ensuring that people's skill are best utilized and that people's energies are directed to a piece of the work that they enjoy most, there can be problems. Keeping the lines of communication open between committees and in sync with the overall coalition or network requires a dedicated organizer and a well-established communication network.

Whichever way you choose to divide up the tasks be aware that individuals will need encouragement, support and at times reminding. Remember that people do this work for its intrinsic value of making a better community but if they are not seeing progress or they are feeling that their time is wasted or ignored then they will not stay long as members.

*At each of our large Prince George FAS Network meetings we have had a recognition ceremony of some kind. The first event recognized the assistance and support of various organizations in our community who had contributed to the work of the Network. The organizations representatives were awarded certificates. At the second big event we recognized our parent supporters. These were parents who had been fundamental to the development and to the integrity of our Network. They were awarded plaques given with our gratitude for all their hard work.*

### **Keeping everyone informed**

Co-ordinating the various action committees or individuals requires a well-informed co-ordinator. While some communities may be able to hire an individual to perform this task, many of use rely on existing positions to take up the additional work. Rotating this task can help to spread out the responsibility but it will create other problems with centralizing information so that all members stay

informed. There are no easy answers for how to be successful in the facilitation of the various committees or groups. Again you know your community best and are aware of the strengths and limitations of your coalition. A good participatory solution however is to bring this issue back to the group for resolution.

*Our Network facilitator works hard to ensure each of the six action committees know what the others are doing and that there is no overlap or misdirection in the committees. To help her stay organized we devised a binder system with each of the committee's mandates, records of meetings, list of members, relevant material and success indicators kept in one binder. This allows for any Network member at any time to access the information as required.*

### **3. Evaluation of the FAS Community Development Process**

"There are few examples of how to proceed with measuring community development" (Labonte et al, 1999).

#### **Reflecting on your Priorities**

A period of time is required to look back at the work that has been done, reflect on the lessons learned and reconfirm the directions being taken. This evaluation piece is often missing from initiative unless requested by the funders yet it can be the single most important part of ensuring sustainable change.

We have also chosen to measure our success and learning goals with a participatory evaluation. This method in itself can be conceived as community building, as it requires the active involvement of Network members. This process is initiated at the beginning of the process and continues throughout the duration of your work. Participatory Evaluation (P-E) is a collaborative activity which allows people to take a more active role in defining their outcomes. This approach builds on strengths and values the contributions of everyone involved. This is consistent with the inclusive nature of community development.

The principles of P-E are:

- It focuses on learning, success and action
- The evaluation must be useful to the people doing the work that is being evaluated.
- The process is ongoing and includes ways to involve all participants in using the information throughout the course of the project not just at the end.
- It recognizes the process of change of knowledge, attitudes, skills and behaviour and this is built into the evaluation.
- The group requesting the evaluation is responsible for defining the project evaluation questions the indicators of success and realistic timeframes.
- It makes possible the recognition of shared interests amongst those doing the work, the people the work is designed to address and the project funders and stakeholders.

(Taken from *Guide to Project Evaluation: A Participatory Approach*. (1996) Health Canada)

*The Prince George FAS Network has been working with an outside contractor to complete the participatory evaluation. We hope by the end of November 2000 to have our complete copy of the P-E and to be fully underway in our dynamic evaluation process. Look for the report after that date.*

Ultimately, the successful outcome of community development work is that the change that has been initiated and it is sustained. Individuals, groups and community can be seen to have developed both short and long term changes at both a personal level and on a level of intra and inter-personal interactions.

However, we need to measure effective community development work not only in terms of tangible results but more significantly in terms of an individuals renewed capacity for action towards their own concerns and needs. More than anything a move towards sharing of power, resources, policies and relationships will signal a successful outcome to community development. A community development team working with Ron Labonte identified six key elements to fostering sustained community change (Labonte et al, 1999). These include:

1. Relationship building - trust, accountability, power sharing and social support.
2. Effective Participation - control of decisions by those affected, involvement in action, inclusive and democratic.
3. Leadership Development - including partnership development and coalition building
4. Resource Mobilization - financial , internal and external capacities are built and support from others
5. New Energy - vision, concrete outcomes and improved conditions
6. Reflection - Learning, evaluation, accountability and analysis

### **Celebrating your Successes**

Don't forget to celebrate. You will need to thank all those who helped your group accomplish your tasks. It is also a good way to "recharge" low energy levels. Perhaps this is the time for a large public event? Maybe you will need to step back, regroup and involve new people in your continuing efforts?

We have certainly found that one very important component of ensuring sustainability and continued commitment to our work in FAS is to celebrate our successes. So often in our community work we are unable to see the tangible results of our efforts especially in the area of FAS where it seems that what is learned one day is forgotten the next. As a coalition, we come together every three or four months and share a circle of knowledge, progress and successes. In doing this, we are able to help those new to the circle or those just reentering to adjust, get caught up and see the rewards, intrinsic as those are, to the hard and dedicated work of our volunteer FAS Network

The last word in this document needs to go to the members of the Prince George FAS Network who continue to fight the current to "swim upstream" and fight who with determination to prevent FAS from affecting more lives. Our gratitude to you all!

### **Related Sites and Publications**

Community Development Facilitator's Guide

- <http://www.hrdc-drhc.gc.ca/community>.
- Community Tool Box  
<http://ctb.lsi.ukans.edu>
- Frank, F. and Smith, A. (1999).  
*The Community Development Handbook: A Tool to Build Community Capacity*. Human Resources Development Canada: Minister of Public Works and Government Services Canada.
- Health Canada (1996).  
*Guide to Project Evaluation: A Participatory Approach*. Population Health Directorate: Ottawa
- Labonte J. & Saskatoon District Health Community Development Team (1999).  
*Working Upstream: Discovering Effective Practice Strategies for Community Development in Health*. Prairie Region Health Promotion Research Center : University of Saskatchewan.
- Labonte, J. and Feather J. (1996).  
*Handbook on Using Stories in Health Promotion Practice*. For Health Canada. Prairie Region Health Promotion Research Center: University Of Saskatchewan.
- Leischner, C. and Venturi, C. (1998).  
*Grounded in Hope: Our Community's Policy Response to Fetal Alcohol Syndrome*. Prince George Fetal Alcohol Network. Health Canada Project (available online at <http://www.nfhs-pg.org> ).
- Lundy, C. (1995).  
*Coalition Building and Maintenance: A Guide for Community Agencies*. Community Action Programs for Children Support Project. Health and Welfare Canada: Ottawa
- McKnight, J and Kretzmann, J. (1990)  
*Mapping Community Capacity* Institute for Policy Research. Northwestern University: Illinois.
- Ministry of Health: Community and Family Health (1989).  
*Healthy Communities: The process*. Province of British Columbia.