



# **Fetal Alcohol Exposure: Time to Know, Time to Act**

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## **Community Based FASD Prevention**

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Sheila Burns has been working with women with lifestyle challenges since 1989, designing and implementing support programs. She has spent 6 years working on Health Canada funded projects collaborating with community partners to achieve a holistic approach to prenatal health care and early parenting programs. Ms. Burn's interest in FASD developed after attending a workshop in 1997. Realizing that a knowledge gap existed in program and community development, she began working with the Durham Region FAS Taskforce. In Ms. Burn's role of Project Leader for the FASD Mobilization Project, she assists selected communities around the province to develop or expand their capacity to address the complicated issues related to the prevention of FASD and the delivery of service to families, children and adults with FASD.

## **Community Based FASD Prevention: Strategies that Work!**

Presenter: Sheila Burns, FASD Mobilization Project

The presenters you will be hearing over the next day and a half will share their FASD experience, with its good news and not so good news. The information they shared is a call to action for communities to become FASD-ready. Communities need a strategy in place to address the gaps and challenges so we can reduce the incidence of FASD and the negative impact the disability has on those who suffer from it.

The FASD Mobilization Project's mandate is to coach community development. There are successful community development strategies currently being implemented in the province, many using an organizational framework that is based on a goal of seamless integration with community collaboration.

### **Building an Integrated Service System**

This approach ensures that resources are maximized and that the individual, family and support network are supported effectively. This can be achieved using the system currently in place, if you have

- Trained professionals
- Aware community
- Flexible, responsive service delivery
- Good communications links

The key to successful strategies is to build on existing systems. Most communities have established collaborative partnerships. Due to the complexity of FASD, additional coordination is usually needed, at least until the gaps and barriers in the system are addressed. FASD community coalitions

- Work to bring everyone up to speed for seamless service
- Maximize resources by collaborating and integrating services wherever possible
- Identify needs and barriers from a client service perspective
- Seek commitment within the community of partners to work through gaps and barriers

There are obvious benefits to building on existing partnerships

- Cluster within mandates and expertise
- Collaborate to ensure resources are used effectively
- Avoid duplication and gaps
- Make informed recommendations
- Tap into other "like" or connected initiatives and networks
- Ease use of system for individuals, families and support networks

### **Parallel Approach**

Which comes first, prevention or awareness? In this case we need to use a parallel approach. Reducing the incidence of FASD is a primary goal but we also have a population of individuals with the disability. Women with this disability often have unplanned pregnancies and substance abuse issues. By providing sensitive programming for them, we can support healthy, alcohol free pregnancies and reduce the incidence. Support is prevention.

- Prevention through awareness initiatives
- Working with affected individuals

FASD coalitions, taskforces or committees are an effective tool to guide communities through the development of FASD programs and initiatives. They identify partners, help the community determine priorities, strategize to address needs, and work with the community to meet goals and objectives. They animate and invigorate community collaboration and partnerships.

The first step often is to get agency and professional acknowledgment of the disability. Once this has begun, community awareness campaigns and professional training follow. These are relatively easy pieces to accomplish and establish a level of awareness and consideration that FASD might factor for a client.

**Prevention through awareness initiatives**

General awareness campaign: these can include public service announcements, bus ads, newspaper and radio interviews, labeling in bars and on menus, labeling of liquor bottles. These are most often lead by public health or the municipal alcohol policy groups.

Awareness through education: learning modules have been-developed for use in several grades and subjects to complement the current curriculum.

Physicians and others medical practitioners must give a zero alcohol message as per the Joint Statement on Alcohol consumption.

**Working with affected individuals**

Operationalizing services is a complex but vital challenge if we are to provide effective support for clients and use our resources wisely. The by-in often comes from exhausted professionals with some FASD awareness. As they begin to consider the possibility of the disability, they are offered new hope for successful intervention. The pay-off is a more productive work environment and a healthier client.

Not so long ago we were stuck to define effective programming for individuals with FASD. We now have a growing list of initiatives for communities to initiate. A community’s priorities and existing resources usually determine their first steps. Communities are faced with resistance or denial occasionally but the most worrisome hurdle is blaming the individual or the mother. This can be overcome with education and compassion along with a good understanding of substance abuse issues and the brain damage that is FASD. If we keep our focus on the individual we can accommodate many program options.

**Sample Organizational Framework**

