Helping communities respond to alcohol use and pregnancy issues

A conversation with Judy Kay

Judy Kay

Healthy Generations Family Support Program (formerly FAS/FAE Support Program), Sioux Lookout, Ontario.

Based on an interview conducted by Margaret Leslie of Breaking the Cycle (Toronto)

About our project

We're a CAPC project that was funded originally to provide support to the community in responding to alcohol and pregnancy issues. We targeted primary, secondary and tertiary prevention activities. A significant amount of our time was spent working with our service providers and our services systems to get them on board with the issues.

The mandate of our program has changed over the years. After three years, we began to switch our focus away from educating service providers to offering front-line family support around the issues of FAS/FAE, working with children 0-6 and higher-risk families.

We're a community of about 5,000 people, but what's unique is that the roads basically stop at Sioux Lookout. Our community is made up of 50% First Nation and 50% non-First Nation and so we serve both Aboriginal and non-Aboriginal populations.

For the first four years of the project, the sponsor was the Patricia Centre for Children and Youth, a provincial children's mental health agency. On the recommendation of Health Canada, the sponsorship changed to the Equay Wuk (Women's Group). Equay Wuk is an Aboriginal organization whose actual mandate is to provide services to women and families in First Nation communities. They have an on-reserve mandate, but they agreed to take on our off-reserve project.

We have a working partnership with the Aboriginal Family Support Program (which is a CAPC program). We also have a partnership with the Family and Child Health Network, a group of local agencies funded to provide services around reproductive health and early childhood. We run a prenatal program in partnership with the First Nation Health Authority, and with other local service providers.

Early identification & intervention

Early identification is a key step to understand the root cause of a child's behavioural and learning problems. Number one, it's the key to figuring out intervention, and number two, it's the key to preventing further affected births. As service providers, we are working in early intervention and we don't usually see older children. But we know from parents of older children who weren't identified early, and were not provided with intervention that acknowledges neurological problems, that they go through extreme difficulty because of not understanding the source of their problems.

We're only now just starting to talk to families who have avoided identifica-

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tion because they didn't want their children labelled. Now that the children are in Grade 4 and 5, they're seeing why early identification and intervention would have helped. It's important for a better understanding, and for adjusting expectations.

The mandate for the first little while was to build the capacity of the community to respond to the issues associated with FAS/FAE. Just having that mandate gave us a really wide berth to do community development work. We set up a community task force – a group of about 20 people who were committed to brainstorming and guiding the process. They met every month to look at where we were at, what we were doing, and to examine different areas that needed addressing. It was a really good mix of people from different age groups and different agencies, who brainstormed on problem areas. There was a student rep., a parent rep., a broad community representation. It was a really good resource, and an awesome experience. People still talk about that process and what an opportunity it was. It was important to get advice on program delivery from people from within the target group who were receiving the services.

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First, we did a lot of education in a very respectful way. We worked with all the systems within the community, the nurses and doctors, medical community, and people who are responding to the secondary issues, like the community counselling program and the addiction program. We learned that the medical community and the social work community needed to understand the importance of early identification. They needed to assess their skills in talking with women about alcohol and pregnancy or about drinking during the pregnancy, and after the child was born. We really encouraged our service providers to look at their systems and their personal practices and their personal skills.

The next step was to drive the process of developing the skills of service providers by applying public pressure. When information was coming out to the community and the newspapers, it kind of drove the need for service provider organizations and systems to become involved. We did that for the first four years. It was very expensive because it was important to bring in people doing the education at the same level as the people receiving the education. Many workshops and training sessions were conducted. For physicians, we brought in geneticists to do the training, and for people working in the addictions field, we tried to bring in people who had experience in the addictions field. We used a variety of methods: face-to-face training, teleconferencing, printed materials. Then we set up a direct link between the diagnostic clinic in Winnipeg and our health care system. And they actually took that on – Northwestern Ontario – as a mandate. So it meant that when children and families were pursuing diagnosis and identification, it was covered by northern travel grants, and Ontario Health Insurance.

Training remains a need, even though we sank that much time and money into it. It's hard to keep people on track. We need an ongoing process of encouraging people to understand the importance of early identification and intervention. I guess the main thing was public education, which drove people to get on board, and education to the medical community and social service community to improve their skills. We provided them with printed materials as well as access to our resource person. We were working to develop a system that would support the families properly.

Public education

We did radio ads, newspaper ads, and newspaper stories. We did a play, which was a huge project. The play was written, directed and acted by a youth group and it travelled to all the high schools in the area. These were kids who had never stepped on a stage before. The play was really good! This was done with a Youth Services Canada grant. It was about a six-month project, and we took it to high schools that had big populations (400+ kids) in the area.

We had a really successful campaign with the bars. We printed magnets and ashtrays, we bought condom machines, and we put packages together. We went around to all the bars in the area and gave them ashtrays for all their tables and packages of information for all the servers, left pamphlets, and put posters and condom machines in the bathrooms.

It was really important to spend the time with the servers, because when they first learned about alcohol and pregnancy, they felt quite upset and angry toward the moms. We spent time explaining the issues around addictions and women and FAS, and I think we were able to temper their reaction to it. They had a better understanding. So, we just left all that with them. In most cases, they just talked with women and left information and really just encouraged. Actually, one bar, against human rights, began to refuse women drinks. We weren't advocating for that, but that's the route they went and actually they've stuck by that policy.

What we found was that they were so eager; they were waiting for the opportunity. They all wanted to talk about it and they all needed to talk about it. I had a really good person doing this outreach. She'd go and shoot a game of pool with them at 12:00 when it was starting to fill up and when they had time to just really talk in a non-threatening way and work through some stuff. So they were really eager, and I think a lot of it has to do with being so disempowered over the years to do something about what they saw – pregnant women drinking. Then all of a sudden, here was an opportunity and something they could do. The response was extremely positive, except for one bar, who wouldn't even put up a poster. They just felt it wasn't their business to become involved. So, there was one bar out of six that didn't want to participate, but the rest were very eager.

The people from the north have to come out six weeks before their due date to be ready for labour, because there's no labour and delivery in the remote communities. They stay in town here. So we have a very high number of pregnant women. The birth rate is more than double what it is in other communities of the same size. That makes it a higher profile issue for us to respond to, so the bar campaign was really interesting. I'd say the bar initiative has somewhat sustained. Definitely not 100% because of the turnover in servers and bartenders, but we still see the results of that work in the bars to a certain degree.

We had another project, which was a program in the high school. We called it a student peer education group. We hired a group of students who worked for us over a two-week period. We met weekly with them and they conducted prevention strategies within their high schools. It was an extracurricular activity and we paid them for their work. They conducted activities for two years with the students at the school. They did posters, pamphlets, presentations and discussion groups. They saw 100% of the students each year. Students attended as part of the curriculum. ▶

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Supports to families

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The activities we conduct now to promote early identification consist of just working very closely in a front-line way with families, and helping them through the process of early identification. The best way we do that is through the home visiting component, where we do a play session with the child. That allows me to get really familiar with the child, and to get a handle on their language, social skills, and fine and gross motor skills. The play sessions provide an opportunity to give feedback to the parent and talk about concerns and areas that they can address. From there, the support goes right into advocacy for the family. For instance, if they're looking for respite, we help them find ways of getting that, or whatever their needs are.

The home visiting component is one of the few ways we can provide support, because we don't have a budget that allows us to rent space for a playroom. We don't necessarily think home visits are the ideal way to meet with the family. Sometimes they're not the best way for a family. But unfortunately, that's our option, because we don't have the funding or the ability to provide a meeting place. We know that it's really important to interact with the child individually in order to give the parents feedback.

We have struggled with getting clients from the 0-6 age group to use the program. We've had very low use of the program by birth parents for that age range. It has mainly been used by adoptive and foster parents. We have a couple of birth families just starting to use the program. So one of the ways that we're trying to address this issue is through our name change to "Healthy Generations Family Support Program". It's opening the program up to being more holistic around addressing special needs, and working within the structure of other holistic intervention programs.

There is a challenge in engaging birth families of young children for two reasons: the whole guilt and shame and personal grief and loss around alcohol use during pregnancy, and the lack of knowledge and the lack of early identification. So, we are developing a whole new strategy of working with children and families where there hasn't been formal identification, and working within a system that doesn't provide such a specific focus around FAS.

In a small community, you really notice who you're missing with your services – all the people who aren't accessing your services. It becomes really obvious that a service offering support around FAS or alcohol and pregnancy has to provide a wrap-around holistic support, in a way that doesn't just focus on such hard issues. □

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