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I am pleased to present this report on the Foetal Alcohol Syndrome Project, which was conducted by Apunipima Cape York Health Council between 2002 and 2006.

To have a leading edge requires a certain kind of strength and leadership. You need the ability to take a few risks, communicate your intentions across many sectors and regions and maintain the courage to learn.

To create success we need to:

- Demonstrate achievements in community leadership and be open and listen to new ideas from community people who need to implement the strategies;
- Invest in a workplace culture that encourages and provides opportunities for learning and innovation;
- Be efficient in utilising different political strategies, including advocacy, thus initiating action, cooperative strategies ensuring working together to plan action, maintain communication to recruit others to join the fight and pass on maintenance strategies to other organisations;
- Recognise capacity building approaches that compliment the development of any Indigenous identified health strategy.

I would like to acknowledge the hard work of Lorian Hayes, Inez Carter, Oriel Murray, Robert Corrie Snr, Wendy Wust, Sharyll Ellington and especially Carol Fyfe who took the bull by the horns in the final year of the project and maintained the work of her predecessors. The Foetal Alcohol Team in its entirety managed the project on behalf of Apunipima Cape York Health Council, with the aid of senior management.

Bernie Singleton
Chairperson – Apunipima Cape York Health Council
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At the Foetal Alcohol Syndrome Conference in Arizona 2001, the following story was adopted as the conference theme and it illustrates the underpinning philosophy of Apunipima’s Foetal Alcohol Syndrome project, and the upstream determinants of health.

**River Babies**

One summer, the people in the community gathered for a picnic.

As they leisurely shared food and conversation, someone noticed a baby in the river struggling and crying.

The baby was going to drown!

Someone rushed to save the baby...

Then, they noticed another screaming baby in the river and they pulled that baby out...

Soon, more babies were seen drowning in the river, and the towns people were pulling them out as fast as they could.

*It took a great effort, and they began to organize their activities in order to save the babies as they came down the river.*

As everyone else was busy in the rescue efforts to save the babies, two of the townspeople started to run away along the shore of the river...

“Where are you going?” shouted one of the rescuers, “we need you here to help us save these babies!”

“We are going upstream to stop whoever is throwing them in!”

Looking up the river they saw the way around the mountains and along the path of awareness for healthier communities tomorrow.

*it’s in your hands*

babies need love not grog
Introduction to the Project

Apunipima Cape York Health Council (ACYHC) commenced the Foetal Alcohol Syndrome (FAS) project in 2002, with funding from Crime Prevention for a pilot in two communities in Cape York Peninsula, one on the south coast and one on the west coast.

Following the success of community engagement and consultations, a health literacy program was undertaken with groups of women in both Kowanyama and Wujal Wujal. This program not only gave participants knowledge and information about Foetal Alcohol Spectrum Disorder (FASD) but also improved their literacy skills and their confidence to educate others in their community about the damage done to babies if mothers consume alcohol during pregnancy.

Further funding was then acquired from the Alcohol and Education Rehabilitation Foundation (AERF), through Queensland Health and the project continued until 2006. Another grant from the Department of Family and Community Services (FACS) enabled the purchase and gifting to communities of a range of manikins – dolls which looked amazingly like live babies.

These manikins were used by the FAS/FAE Team and were very successful in demonstrating differences between a healthy baby and one born to a mother who drank during pregnancy. Two others illustrated how a drug-affected baby would appear and the effects of smoking on a baby in the womb.

Background of the Project

It is well documented that Aboriginal and Torres Strait Islander people continue to experience poorer health than the rest of the Australian population. In Queensland Aboriginal and Torres Strait Islander children and young people aged 0-24 represent almost two thirds of Queensland’s total Aboriginal and Torres Strait Islander population and almost a third of Queensland’s Indigenous population is under 12 years of age (Queensland Health, 2002).

In 1973, a cluster of birth defects resulting from prenatal alcohol exposure was recognised as a clinical entity called Foetal Alcohol Syndrome. More recently, alcohol exposure in-utero has been linked to a variety of other neuro-developmental problems, clustered under the title Foetal Alcohol Spectrum Disorder.

Exposure to alcohol during pregnancy leads to defects in the following neuro-developmental aspects of life:

- intelligence
- behaviour
- learning
- memory
- language
- fine motor skills
- social ability

Lorian Hayes
Young people and adults with FAS may experience difficulties including:

- mental health problems
- disrupted schooling
- legal problems
- confinement
- inappropriate sexual behaviour
- employment problems

The development of the Cape York Substance Misuse Strategy around the time this project began and other initiatives being undertaken by ACYHC highlighted the need for taking decisive action to address the alcohol problem and at the same time, building the capacity of community people to take responsibility for reducing its effects (Apunipima Cape York Health Council & Cape York Partnerships, 2002).

Project Aim

The aim of the project was to provide education and awareness programs in Cape York communities in relation to alcohol, tobacco and other drugs, in particular Foetal Alcohol Syndrome reduction programs.

Project Objectives

1. Increase preventative health care measures related to excessive alcohol consumption
2. Coordinate preventative health care development in line with Queensland Health’s Chronic Disease Strategy
3. Increase awareness of the adverse effects of alcohol abuse during pregnancy and postnatal care
4. Identify barriers and investigate solutions
5. Investigate means of providing ‘safety’ for those at risk
6. Compliment Mother and Child Care Services.

Project Sites

Following the initial work done in Kowanyama and Wujal Wujal, the project was implemented in varying stages in Northern Peninsula Area (NPA), Hopevale, Pormpuraaw, Aurukun, Napranum, Mapoon and Mossman Gorge. Towns where the FASD project was also operational included Laura, Cooktown, Mareeba and Cairns.
Project Methodology

A range of methods ensured the involvement of community members and partnerships with service providers in achieving the outcomes. Methods included community engagement and consultations, health promotion and education, capacity building, community development and evaluation.

Project Reference Group

A Reference Group of key stakeholders was formed at the beginning of the project to provide guidance and direction.

Project Implementation

The project objectives were addressed through:

- Providing participatory educational programs about the dangers of maternal alcohol use, in a manner suited to Indigenous communities
- Supporting community groups in initiating programs and activities to prevent and address Foetal Alcohol Syndrome.

The main activities utilised for implementation were:

- Making initial contact with community councils prior to visiting, to inform them and other relevant community service providers about the Team and its services
- Preliminary visits to communities, to hold discussions with the target groups. These included health staff, community workers and other relevant government agencies, including Principals of Community schools
- Recruitment of community-based trainees to help with and continue the activities in the community
- Holding community workshops on Health Literacy and FAS
- Linking with other Apunipima initiatives, especially the Cape York Substance Misuse Strategy, Family Well Being Program and Strong Families Capacity Building project and men’s and women’s group activities and workshops
- Building sustainability in each community by locating educational tools there and training local people to use them.

Aurukun Baby Competition
Health Literacy

The FAS/FAE Team based their community training and health promotion and education work on the Health Literacy model, which seeks to engage groups in the development of health materials, while at the same time increasing their literacy levels, problem-solving and critical thinking skills. The intended outcome is lifelong interest in gaining, sharing and acting upon health knowledge.

FAS/FASD Resources used in the Project

Development of resources was a major component of the project. The FAS/FAE Team developed the following resources for educational use:

1. Health Literacy Tool
2. Training Manual
3. FASD Flip Chart
4. Fact Sheets
5. Brochures
6. Power-point Presentation
7. Educational Manual for in-house training

The substance misuse baby simulators were a valuable asset as community people related well to the visual element. In addition, community members developed their own resources for use when the project finished.

Linkages and Coordination during the Project

The FAS/FAE Team worked with international, national, state and regional partners as well as remote communities. Ongoing networking with major stakeholders as well as lobbying and engagement with national and international professionals added value to the project. Links ranged from community-based groups, through government and non-government agencies to university-based researchers.

Presentations were also developed for five national and international conferences during the life of the project.
Project Outcomes

The following outcomes are now evident in communities of Cape York:

1. Increased knowledge of the effects of alcohol on unborn babies
2. Appropriate information resources on FASD, developed by community people and tailored to their community – for example, flip charts, posters and brochures
3. Increased literacy skills through Health Literacy Workshops conducted in each community
4. Commitment by trained community people to further disseminate their knowledge on the effects of grog on babies among community members
5. Increased awareness within the broader community about FAS/FASD and associated disorders
6. Increased community participation in related project work – Alcohol Tobacco and Other Drugs Service, nutrition, social and emotional wellbeing, family violence and parenting
7. A better sense of control over their health decisions
8. Liaison with a broad range of stakeholders
9. Recognition of babies with FAS and liaison with parents and service providers to provide support for them
10. Interest of community men in the education process.

The Project Model

The model on which the project was based reflected a three dimensional approach:

1. Raising the awareness of women and men at the community level and training local people to ensure sustainability of the knowledge, education and support when the project finished. This capacity building and community development approach respected that women and men in communities who lived the problem of alcohol abuse could create their own solutions and generate the will to make them succeed, if given appropriate support to do this.

2. Working with local service providers in communities. This involved development of simple communication strategies and collaborating with other service workers to deliver FAS education to community members.

3. Sharing information with regional service providers and encouraging collaboration through the Child Development Working Group hosted by Queensland Health and the development of the 0-4 and 5-14 child health screening tools.
Evaluation of the Project

The following methods were used to collect data during the project:

- participant observation
- one-on-one interviews
- group interviews and focus groups
- opportunistic feedback
- pre- and post- questionnaires
- workshop attendance records
- monthly reports
- session evaluation forms
- video footage
- digital photography
- data collection by Queensland Health

An evaluation report of the pilot project recommended expansion of the project, the introduction of a Health Literacy program, and the employment of a male worker in the project team to work with community men. The recommendations resulted from evaluation and the workers’ experiences in the project.

*FASD worker Inez Carter*
Learnings from the Project

The following list includes aspects which worked well and were beneficial to the project and aspects which created barriers to be overcome.

Items Which Worked Well

- Getting the community on side from the outset meant abiding by protocols for contacting and entering the community
- Spending lengthy time in communities was essential to developing trust and gathering participation in the project
- Seeing the project as part of a holistic approach to addressing alcohol and health placed the project in a framework acceptable to the community
- Seeking feedback and endorsement from Councils and other organisations as the project proceeded was crucial to continuing good quality relationships with stakeholders
- The interest of people in the communities and their eagerness to learn about FASD was an on-going incentive for the Team
- Using a range of visual resources as teaching tools proved very successful in creating interest, curiosity and discussion. This was especially true for the manikins, which could be passed around and handled
- The use of Health Literacy as a method of training people had many spinoffs not only in terms of FASD and health, but as an empowerment tool
- Including the development of local teaching resources in the training program raised confidence in the participants and ensured they would be able to continue the teaching work when the project finished
- Introducing ideas of social enterprise provided a sustainable skill to participants who saw ways to raise funds to develop more resources
- Using paid local people to work on the DVD productions developed skills and confidence in young people to think about career paths
- Keeping a high profile for the project through conference presentations, attending local community events; and media coverage maintained enthusiasm in the staff and appreciation in the community
- Handing over the manikins to each community acted as a sign of good faith and assurance that community people could carry on after the life of the project.

Items Needing Addressing

- Staff turnover in ACYHC in the four years of the project made it difficult to maintain momentum in the communities.
- The need for on-going support to the local FAS Action Groups.
- Change in project management and CEO led to a gap in administrative detail.
- Service provider staff members in communities were not always supported by their organisations to undertake FASD training, so as to be an on-going support to FAS Action Groups.
- Men in the communities wanted to be included in the awareness-raising components of the project and initial staffing was women only.
The following recommendations need to be addressed by the agencies with appropriate responsibilities:

1. Fast track policy development and policy implementation that provides positive and constructive government-supported initiatives to reduce Foetal Alcohol Spectrum Disorder and strengthens community action for health.

2. Recognise Foetal Alcohol Spectrum Disorder as a disability (primary and secondary disabilities) and develop policy and systems that meet the needs of a child at school with F ASD by strongly supported infrastructure and resources in the school system.

3. Reconsider recommendations in the ‘National Clinical Guidelines for the Management of Drug Use during Pregnancy, Birth and the Early Development Years of the Newborn’ in relation to alcohol consumption during pregnancy given the compelling international evidence that mothers who drink even small amounts of alcohol during pregnancy could unwittingly harm their unborn children.

4. Legislate that all alcohol labels provide warning messages of the harmful effects of drinking during pregnancy - mirroring the current practice with regards to smoking.

5. Establish a Health Promotion Fund using an ‘alcohol content tax’ on liquor sold.

6. Invest and build health service capacity, enabling structures and infrastructure around child and maternal health through development of a competent workforce, and specialist services needed in child and maternal health and in the delivery of foetal alcohol spectrum disorder education and health promotion.

7. Recognise that capacity building requires financial, human and social infrastructure in addition to strong policy direction. Human investment refers to developing the skills of health workers and community members in achieving community wellness.

8. Continue to develop community capacity in relation to promotion, prevention and early intervention strategies to reduce prenatal exposure or exposure to smoking and alcohol in the period between conceptions to birth.

9. Support initiatives that enable the implementation of national public awareness campaigns for the prevention of Foetal Alcohol Spectrum Disorders.

it's in your hands
babies need love not grog

14
Apunipima Cape York Health Council (ACYHC) is a unique organisation designed to facilitate and advocate for change in Cape York communities. Apunipima is not a service delivery organisation, rather it coordinates and advocates for systems and personal change resulting in sustainable interventions.

However, Apunipima Cape York Health Council was identified as an organisation able to lead the way in developing and initiating prevention education workshops in partnership with local and external service providers, community members and community volunteers to address Foetal Alcohol Spectrum Disorder in Cape York communities.

Apunipima Cape York Health Council commenced the Foetal Alcohol Syndrome (FAS/FASD) Project in 2002, with funding provided by Queensland Health. This was to conduct a 12 month pilot in two Cape York communities. Following the success of the pilot further funding was allocated by Queensland Health and the Alcohol Education and Rehabilitation Foundation to continue the project until 2006. In addition, the FAS/FASD Project received a funding grant from the Commonwealth Department of Family and Community Services (FACS) to purchase six sets of demonstration manikins (dolls) to distribute to communities.

Work that Apunipima was undertaking during the life of the FAS/FASD Project was the development and implementation of the ‘River of Life’ Strategy which was designed to incorporate a range of innovative prevention and health promotion strategies and methods to target chronic disease, social and emotional well being and the broader social and environmental determinants of health.

Initiatives included joint partnership planning with Queensland Health, the Strong Families Capacity Building project, Sexual Health, the Family Violence Advocacy project, the Healthy Women’s Initiative, the Family Well Being Program and specifically the community priority-driven Whole of Health Plans and the Cape York Substance Misuse Strategy.
The Big Picture

Aboriginal and Torres Strait Islander peoples remain the least healthy population group in Australia. Aboriginal and Torres Strait Islander children and young people aged 0-24 represent almost two thirds of Queensland’s total Aboriginal and Torres Strait Islander population. Almost a third of Queensland’s Indigenous population is under 12 years of age (Queensland Health, 2002).

In 1973, a cluster of birth defects resulting from prenatal alcohol exposure was recognised as a clinical entity called Foetal Alcohol Syndrome. More recently, alcohol exposure in-utero has been linked to a variety of other neuro-developmental problems. These disorders are commonly known as: Foetal Alcohol Syndrome (FAS), Foetal Alcohol Effects (FAE), Foetal Alcohol Spectrum Disorder (FASD), Alcohol Related Neurological Disorder (ARND), and Alcohol Related Brain Injury (ARBI) and are the leading known causes of mental retardation in the western world (Hayes, 1998).

The development of the Cape York Substance Misuse Strategy by an Alcohol and Drugs Working Group established by Apunipima Cape York Health Council and Cape York Partnerships, under the direction of Bernie Singleton (Chairperson) and Noel Pearson (Voluntary Team Leader) provided the scope under which this FAS/FASD project could operate.

An approach to Aboriginal Health and Aboriginal Justice which takes substance abuse (grog and other drugs) as a starting point for holistic strategies aimed at increasing life expectancy and improving the quality of Aboriginal life, and getting our people out of the sausage machines of the criminal justice system (Apunipima Cape York Health Council & Cape York Partnerships, 2002).

The Substance Misuse Strategy highlights the need:

1. To take decisive actions that are realistically going to tackle the grog problem in the Cape

2. For the community to ‘own’ the action and to take responsibility for tackling the grog problem.

This Strategy and the above-mentioned Apunipima initiatives highlighted:

- The significance of working in the area of FAS/FAE and engaging with men and women to effect change at the community level that would lead to better health outcomes; and

- That a capacity building approach required the capacity of individuals to be developed to improve their competence and problem-solving capabilities.
Alcohol Damaged Babies

Primary Disabilities

Birth defects in the following spheres are caused by prenatal exposure to alcohol and are diagnosed when children present with neuro-developmental defects:

- intelligence
- behaviour
- learning
- memory
- language
- fine motor skills
- social ability

It has been identified in many studies that children born to mothers who drink will be more severely damaged, as the mother’s alcoholism depletes her body of nutrients to nourish the fetus (Barker, 1998 & Nathanielsz, 1999). The infant will experience poor bonding and show signs of failure to thrive. It is a common occurrence that the infant will experience interrupted sleep patterns, and have difficulty feeding.

Early developmental impacts increase the risk of poor long-term health and social outcomes including decreased school attendance and longer term chronic illness (Queensland Health, 2002). It is likely that children will experience early inconsistent memory and short-term memory loss; they may show poor understanding of instructions and language; they may show evidence of hyperactivity leading to early school failure, social isolation and have few friends. They may also show intrusive behaviour, and episodes of victimisation.

It is likely that there will be signs of emotional withdrawal, and they will have problems dealing with their emotions. As the infant grows and develops, behavioural problems will become evident and the child-youth-adult may become a victim of abuse and neglect, experiencing early removal from their family homes and communities resulting in multiple foster care scenarios.

They may be early users of alcohol and eventually show signs of alcoholism. They are unable to manage money and will become involved in unstable relationships. As a result of poor diagnosis, children, youth and adults will suffer with mental health problems such as anxiety, depression, anger, suicide and attention seeking behaviour and act out inappropriate sexual behaviour.

Secondary Disabilities

Experiencing primary disabilities from FAS/FASD often leads to the following secondary impacts as time goes on:

- mental health problems
- disrupted schooling
- legal problems
- confinement
- inappropriate sexual behaviour
- employment problems

Oriel Murray
Links to poor health outcomes

The use of alcohol, tobacco and other drugs during pregnancy continues to be the leading cause of mental, physical and psychological impairment in infants and the older child. Alcohol increases the incidence of abortion, still-birth and pre-maturity (May & Moran, 1995).

It is therefore integral that the relationship between alcohol use and pregnancy be explored both from the viewpoint of health but also within the boundaries of a socio-cultural context that this relationship plays in women’s lives and its impact on the life they lead in their community.

It is now well established that the health of the Indigenous people living in Cape York communities cannot be determined only by medical or biological factors (Ring, 1996). Many Aboriginal and Torres Strait Islander children and young people and their families and carers are significantly disadvantaged in relation to a broad range of health risk and protective factors i.e. maternal health, economic and social status, physical and social environments, the availability of opportunities and facilities for employment, education, sport and recreation, and access to appropriate health care (Queensland Health 2002).

The social and environmental determinants are equally important to the social and emotional well being and health of the individual, family and community as a whole. Family breakdown, abuse and isolation, loss of safety, fear and loss of respect, violence and grief, alcohol and alcoholism are major contributing factors in the disruption of the individual and peoples ability to build healthy communities.

If change is to take place it is important to implement upstream, midstream and downstream actions that underpins policy development that will build up national health capital, reduce income differentials and poverty and strengthens the position of those at risk.

Public health policy needs to create supportive environments that strengthen community action and ownership of health. Community development programs, workplace reform that empowers Indigenous Health Workers (and other), behavioural change strategies (FWB), behavioural health promotion, health promotion and health education need to be implemented and supported support by structural change to facilitate the change process.

Social determinants of health & illness

The concept of social determinants or underlying causes of health includes both the social and economical contexts of health. The World Health Organisation in its report The Solid Facts identified a set of ten key social determinants of health: the social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food and transport (Marmot et al 1998).

Significant improvements in health therefore will not occur until there is a commitment to social and educational equity and economic prosperity for Indigenous Australians (Eades 2000).

The extent to which people have control over their lives is a crucial determinant of personal and population health.

People in communities recognise this need, as illustrated by a young girl in Aurukun who had this to say during consultations:

"Hard for mother to give up drinking... change the environment."
A range of methods were employed to achieve the outcomes of this project and ensure that involvement of community members and partnerships with service providers were encompassed. These included community consultations, health promotion and education, capacity building, community development and evaluation.

The key points emanating from each method are outlined below and discussion about the process and outcomes of these techniques is detailed in the section titled Implementation.

Community Consultations – Key Points

- The FAS/FAE Team spent considerable time in each community to engage people in their own timeframes and in their own cultural spaces in order to build trust and form relationships
- Community meetings and informal discussions were held with community members, service providers and volunteer groups to discuss community needs relating to alcohol misuse
- People in communities were concerned about alcohol and drug consumption by young women and its links with teenage pregnancy
- The long-term impact on new-born children was causing anxiety about the future for the communities
- Excessive use of alcohol by young people was seen as having strong links with the social and health problems in communities
- Communities considered they have a duty to care for their younger people and want to educate them about the dangers associated with overuse of alcohol during pregnancy
- Community people were seen as the appropriate agents to deal with their own issues.

Health Promotion and Education – Key Points

- The Team facilitated community discussions about alcohol misuse and the links between alcohol and pregnancy.
- Community members, volunteers and workers in the community were trained in FAS/FASD prevention, education and intervention skills.
- Community FAS Action Groups were established.
- Theatre and dance were used as well as visual presentations, discussion groups, workshops and distribution of pamphlets to convey messages to participants and carry out the training.
- The Team promoted the project through schools and community events, as well as regional, state, national and international conferences and events.
Capacity Building – Key Points

- A Health Literacy Program was introduced to equip people to actively participate in their own health care.

- Community participants were assisted to develop their own resource materials on FAS/FASD, to enable the information to be delivered in its own specific cultural context.

Community Development – Key Points

- Six students from Kowanyama involved in FAS/FASD education through dance were invited to dance at the National Indigenous Women’s Conference in Adelaide.

- The FAS/FAE Team encouraged social enterprise principles by assisting participants to set up stalls, sell nutritional food and distribute FAS/FASD literature.

- Local FAS Action Groups were able to raise money in this way which was used to produce their own FAS/FASD educational materials.

Evaluation – Key Points

- An evaluation report of the pilot project recommended expansion of the project, the introduction of a Health Literacy Program and employment of a male worker in the project team to work with community men.

- The type of evaluation was Participatory Action Research which was carried on throughout the project. See Appendix 5 for documentation used.
Vision

The FAS/FAE Team took the following statement as their vision for the long-term outcomes of the project:

*Aboriginal communities will live happy, healthy and informed lives free of the harmful effects of alcohol misuse*

Aim

To provide education and awareness programs in Cape York communities in relation to alcohol, tobacco and other drugs, in particular Foetal Alcohol Syndrome reduction programs.

Objectives

1. Increase preventative health care measures related to excessive alcohol consumption
2. Coordinate preventative health care development in line with Queensland Health’s Chronic Disease Strategy
3. Increase awareness of the adverse effects of alcohol abuse during pregnancy and postnatal care
4. Identify barriers and investigate solutions
5. Investigate means of providing ‘safety’ for those at risk
6. Compliment Mother and Child Care services.

Reference Group

A Reference Group was formed in 2002 to provide guidance to the project.

Members were drawn from:

- Mainstream and Indigenous Health Services - Paediatrics’, drug and alcohol clinicians, health promotion, nutrition, mental health, child and youth health, Alcohol, Tobacco and Other Drugs Service, Royal Flying Doctors Service
- Education services - both mainstream and Indigenous, from university, post-secondary and school levels
- Other health-related services - police and family agencies.
Localities

Communities in Cape York where the project was implemented in varying stages were Kowanyama, Wujal Wujal, Northern Peninsula Area (NPA), Hopevale, Pormpuraaw, Aurukun, Napranum, Mapoon and Mossman Gorge. Towns where the FAS project was also operational included Laura, Cooktown, Mareeba and Cairns.

Staff

The Foetal Alcohol Syndrome Education Team (FAS/FAE) – ‘the grog baby ladies in the blue shirts’ were a mobile team established in the pilot phase of the project. The Team consisted of multiple staff members during the life of the project (two at any one time) and was responsible for the development of local and regional strategies that addressed priority health issues specific to maternal alcohol consumption.

Members of the Team were Lorian Hayes (FASD Educator), Inez Carter, Oriel Murray, Robert Corrie Snr (FASD Coordinators) and Carol Fyfe (Project Officer), Wendy Wust and Sharyll Ellington (Evaluation Project Officers).

Outcomes

As a result of the FAS/FAE project FAS Action Group members and participants from communities (for numbers see Appendix 3) have:

1. Increased their knowledge of the effects of alcohol on unborn babies
2. Developed appropriate information resources on FAS/FASD tailored to their community (Community owned flip chart, posters and brochures)
3. Increased literacy skills through Health Literacy Workshops conducted in each community
4. Committed to further dissemination of their knowledge on the effects of grog on babies back to their community members
5. Increased awareness within the broader community about FAS/FASD
6. Increased participation in related project work – Alcohol Tobacco and Other Drugs Service, nutrition, social and emotional well being, family violence and parenting
7. A better sense of knowledge to lead control over decisions involving health.
8. Participated with a broad range of stakeholders in the liaison process
9. Recognised babies with FAS/FASD and liaised with parents and service providers to provide support for them
10. Included men in the education process.
This section of the report discusses the processes and outcomes of the project. It begins with discussion of general approaches and then outlines activities in each community.

The FAS/FAE Team set about achieving the objectives of the project through:

- Providing participatory educational programs about the dangers of maternal alcohol use, in a manner suited to Indigenous communities
- Supporting community groups in initiating programs and activities to prevent and address FAS/FASD.

The main activities through which the project was implemented were:

- Making initial contact with community councils prior to visiting, to inform them and other relevant community service providers about the Team and its services
- Preliminary visits to communities, to hold discussions with the target audience. These included health staff, community workers and other relevant government agencies
- Recruitment of community-based trainees to help with and continue the activities in the community
- Holding community workshops on Health Literacy and FAS/FASD.
- Linking with other Apunipima initiatives, especially the Cape York Substance Misuse Strategy, Family Well Being Program and Strong Families Capacity Building project, Women’s and Men’s group workshops and deliverables
- Building sustainability in each community by locating educational tools there and training local people to use them.

The following section discusses ways in which these activities were implemented.

Community Engagement

The Team operated from a cultural respect position. This meant integrating project work with community values; recognising the uniqueness of each community; understanding areas of sensitivity and abiding by protocols for entering Aboriginal lands. Meetings were held with community leaders/Councils to endorse localised FAS Action Plans and to provide feedback on the work undertaken through the life of the project.

Different ways of communicating with the community for visits and consultations and the delivery of training to Foetal Alcohol Syndrome trainees were applied according to access: phone, fax, email and letter writing.
The FAS/FAE Team travelled to Northern Peninsula Area (Bamaga, Seisia, Injinoo, New Mapoon and Horn Island), Pormpuraaw, Kowanyama, and Lockhart River, Wujal Wujal, Aurukun, Napranum, Mapoon, Laura, Mossman Gorge, Cooktown and Hopevale and Ku Ku Djungan Aboriginal Corporation, Mareeba. The Team travelled three out of every four weeks for the life of the project. A FAS Coordinator would stay in the NPA three weeks running, which included weekends.

The FAS/FAE Team provided health education at the Hopevale, Wujal Wujal and Aurukun Healthy Lifestyle Expos, and Land and Health Summits in Laura and Aurukun which was attended by the Prime Minister John Howard. Promotion at the Laura Dance Festival, an event held bi-annually, was a collaborative approach with the Royal Flying Doctors Service (RFDS), the Far North Queensland Indigenous Consortium for Social and Emotional Health and Wellbeing (FNQIC), Indigenous Veterans Affairs and Queensland Aboriginal and Torres Strait Islander Health Workers Education Program Aboriginal Corporation (QATSIHWEPAC).

Consultation

The FAS/FAE Team entered communities to discuss their needs relating to alcohol misuse and as the comments below show, community members strongly supported the implementation of the project. The consultation began by introducing the Team to the various organisations in the community. It was a major concern in the communities that too many external service providers did not stay in the community for very long. It became the priority that the Team should spend considerable time in the community to engage with community on their timeframes and in their cultural space.

“We need to jump on this!”
Community member

The widespread use of alcohol and drugs amongst young women, and the links of this use with teenage pregnancy raised community concerns about the long term impact that these patterns of behaviour may be having on an unborn fetus and the new born child.

“There is teenage pregnancy and we need to get this out to them!”
Community member

Aboriginal people living in communities identified the overuse of alcohol by youth and pregnant women in their communities as a major concern, and believe there is a direct link to a large number of social and health problems associated with alcohol misuse (chronic disease and mental illness). From the view point of health, there is a significant risk attached to the relationship between alcohol and pregnancy. For many Aboriginal women alcohol is a normative part of their social and cultural environment and lifestyle as is pregnancy.

“You are drinking – so is your baby”
Community member

Communities strongly believe that they have an obligation to their young people. They have to get the message out there about FAS, which also has been supported by the Cape York Justice Study Report (2001) and other research by Lorian Hayes (1998) and Ernest Hunter (1999).
“If the message can get to the mother the responsibility she has to the fetus inside her, she might take some notice and do something about it, if she wants a healthy baby”
Young community woman

Community people were acknowledged as best qualified to deal with their community issues and FAS training became part of that process. It was a priority that the Team spends considerable time in the community to build trust, develop relationships and engage with community members.

Community meetings and informal discussions were held with members of the community including the Community Council, health clinic staff, Community Development Employment Program (CDEP) workers, kindergarten staff, Aboriginal Student Support and Parent Association (ASSPA), Remote Area Aboriginal and Torres Strait Islander Child Care (RAATSICC) and other relevant government and non-government agencies such as Education, community and state police, Elders Justice Groups, youth, Women’s and Men’s Groups, carers of FAS children, Life Promotion Officers and Home and Community Care (HACC) services.

“FAS training and grog training is urgently needed”
Community worker

Health Promotion & Education

Promotion

Foetal Alcohol Syndrome is not curable – the damage is irreparable, and the child will not recover or grow out of it but it is one hundred percent (100%) preventable.

Health promotion is the process of enabling people to increase control over, and to improve their health. To reach a complete state of physical, mental and social well being, an individual or community must be able to identify and satisfy their needs and hopes, and to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living.

Participants were presented with FAS literature and were encouraged to be active in the learning process, identifying issues and finding local solutions which are highlighted in the DVD Community Report.

Land and Health Summits and community driven Healthy Lifestyle Expos were tools to deliver Cape wide health promotion and education to a diverse range of people that covered all three levels of the model at one time and in one place.
At these events Baby Shows were coordinated through the Community Child Care Centres funded by FACS and supported by the community-based staff of the Strong Families Capacity Building project.

The Healthy Lifestyle Expos were always driven by the community in partnership with Apunipima and generated positive media through WIN and Seven News, ABC Radio and 4C1M (Bunma Bippera Media Association), The Cairns Post, The Courier-Mail and the Koori Mail. FAS Educator, Lorian Hayes travelled with the television station SBS to Kowanyama to produce a television feature on Foetal Alcohol Syndrome.

Apunipima utilised the skills of a local journalist to coordinate media and at this time media was also used as an advocacy tool to expose overcrowding of houses in communities and its impact on the life of a child (sleep deprivation, poor nutrition, child abuse, family violence, school absenteeism, youth truancy, incarceration and possible suicide).

Kowanyama

**Education Delivery**

The following actions were undertaken to deliver education about FAS/FASD:

- Facilitated community discussions re: alcohol misuse, alcohol and pregnancy
- Supported community ownership of problems and solutions
- Trained community members, volunteers and workers in FAS/FASD prevention, education & intervention skills
- Delivered the training program in two week blocks enabling the participants to receive the training without leaving their community
- Set up community FAS Action Groups.

Collaboration, cooperation and coordination were promoted and demonstrated throughout the project, particularly with the formation of the FAS Action Groups.

The training that was offered needed to be flexible to keep participants interested and wanting to continue, while also needing to deal with the inconsistency of attendance, and in some cases people just dropping out due to workforce issues, or family commitments.
It is important to note that each Team member introduced their own tools of engagement and methods of delivery after summarising the intention with the following statement:

"Remember that programs are intended to be tools to help solve problems, not strait jackets designed to prevent you from doing what’s required."

Team members used laptops and power point presentations, manikins and flip charts, fact sheets, posters and brochures as visual aids to deliver the education.

The FAS manikin, the Drug Affected manikin, the Normal Baby manikin and the Smokey Sue manikin proved most effective as demonstration tools in all educational situations. The ‘bubs’ would be passed around and created interest and concern.

"Who is that ones mum?  
Which of you is the mum?"
One girl asked FAS presenters

"That baby sick. He cry for a long time. Hold baby properly and even then he won’t stop crying.  
Cuddles won’t help. He’s not angry.  
He’s not hungry.  
He needs grog miss."
Explanation by another girl

Workshop venues moved from training facility to classroom to river bank (women’s group camps) as appropriate, and learning took place during 1-10 visits to the community. Examples of people’s interest are illustrated in the questions contained in Appendix 1.

**Workshop Content**

Workshops began by drawing on Indigenous cultural knowledge and wisdom and by recognising the emotional intelligence of the target audience and working with them to build individual and group strengths.

Throughout the workshops it was also important for participants to understand and identify that the period between conception and birth was the cornerstone for the child’s physical well being and their risk of chronic disease in adulthood and a flip chart of myths and facts, especially designed for the project, was used to highlight these points.

Women who drink moderately throughout pregnancy have been found delivering offspring with adverse outcomes such as an increase in neurobehavioral problems even in absence of physical facial anomalies of FAS.
Other messages delivered were on:

- Family planning
- The importance of early health checks while pregnant
- Adult Health Check
- Healthy Women’s Initiative – cervical screening, referral systems, breast checks
- Nutrition and exercise
- Chemical co-dependency scenarios
- Economic and social enterprise development

Topics covered in other community workshops included:

- Effects of alcohol on the family
- Chemical dependency
- Chronic stage
- Co-dependant treatment plan – video
- Co-dependant treatment program – care taking
- Co-dependant treatment program – out of control
- Letting go and getting well
- Declaration of self-esteem
- Family support co-dependant treatment program – ABC’s
- Caretaker

Small group discussions took place responding to questions such as:

When you see people drunk what do you think about?

How do you feel?

Who would you talk to if a scenario presented itself?

Who do you turn to in the community?

Each Team member selected the community that they travelled to and may have had connections to through family, so were very comfortable in that environment. As the style of management changed and Team members came and went from Apunipima, the momentum often dropped from a community. The routine would need to be recaptured to allow for positive incremental changes during the evolution of the project.
Theatre and Dance

The FAS/FAE Team had support from Apunipima’s Sexual Health Team when it attended the Kowanyama School Career Expo in 2002. They conducted theatre workshops with the students.

A member of the Cape York Indigenous Theatre Troupe worked with a group of female students about the hazards of alcohol abuse and the effects on the fetus if a woman drinks alcohol during pregnancy.

The girls were asked to focus on the baby in the womb. Pink jersey fabric was used to cover the two girls who were acting out as a fetus in the womb. They acted out how the babies were feeling. They were shivering, afraid and cold. They cried and pushed out against the fabric.

A scene was established in dance that came from the girls exploring their feelings and acting them out with the staff member assisting them to put these feelings to music and dance.

The children were extremely proud of what they had achieved.

It was a lot of fun and the students performed the routine in front of the school community later that day.

*The Croc Festival next year – dancers come along – kids learn from kids*
Young girl

Community Development

The School Expo held in Kowanyama on employment and health called ‘Dreams Jobs for Dreamtime People’ propelled the six students from Kowanyama into the limelight. Apunipima’s Theatre Troupe arranged for the students to dance at the National Indigenous Women’s Conference in Adelaide.

With the support from the Kowanyama Community Council they were able to send them along and they performed a traditional dance at the Conference. They inspired the audience to tears and have since performed at a number of regional venues, including ‘Walkabout North’.

The FASET also encouraged social enterprise principles by suggesting participants set up stalls to sell healthy food and distribute FAS/ FASD literature.
This was a way for the FAS Action Group to raise revenue to continue the production of localised FAS/FASD resources. In developing the DVD Community Report the producer was able to recruit young community people (for wages) from Wujal Wujal to actively work on the project with Apunipima Cape York Health Council FAS Project Officer.

Capacity Building

Health Literacy

The FAS/FAE Team based their community work on the Health Literacy model, which seeks to engage groups in the development of health materials, while at the same time increasing their literacy levels and critical thinking skills. In turn, this encourages lifelong interest in gaining, sharing and acting upon health knowledge.

Health Literacy is a constellation of skills including the ability to perform basic reading and numerical tasks as required to function in the health care environment (Parker, 1999).

Equipping people with the necessary skills and understanding to actively participate in their own health care is a primary objective of the new public health. An important role of the FASET was to implement a health literacy program. The program not only addresses the health literacy levels of interested community members but it raises their level of knowledge relating to FAS/FASD.

This model encourages participants to create their own learning environment and learning materials, and secondly there are strategies built into the process to simultaneously increase literacy levels while increasing health awareness.

An initial pilot for the Health Literacy Program took place in Kowanyama, NPA, at the Family Resource Centre in Bamaga and in Wujal Wujal. It spanned over ten weeks with the FAS/FAE Team visiting each of the communities. During these visits the Team facilitated problem-solving learning workshops with participants and health workers.

Literacy and skills which were relevant to the program were practiced and improved in a systematic way and from a problem-based learning approach which included:

- Reading and comprehending simple text
- Association between known and unknown concepts
- Writing simple text
- Understanding the structure of health information
- Thinking through the presentation of health information
- Understanding of alcohol use and misuse, and the effects on the body
- Foetal alcohol spectrum disorder
- Reproductive health
- Childhood development as it relates to FAS/FASD
Topics Covered

- Baseline health literacy
- The poem – Don’t Ask my Child to Fly – participants read out loud and discussed points made and the general impression of the poem
- Table of phrases – viewing information presented in a different format
- Drugs and alcohol
- Effects of alcohol on the body
- Effects of alcohol on the family
- Video: To the Honor of All (American)
- Reproductive health
- Miracle of life – stages of pregnancy
- Who are the players?
- Early childhood development 0-4 years
- Growth chart

Additional reading material was supplied to assist participants to increase their literacy skills and knowledge about FAS covered in the workshop, following each block. Comments indicating understanding from participants after watching the video To the Honor of All:

“The same things are happening here all of what they are saying in the video.”

“It’s right here in this community – no different.”

“If they can do it we should be able to do it too.”

“Too many people drinking all the time.”

After covering the topic on Early Childhood Development participants stated:

“This info will be very useful to help mothers with their FAS child. Also helping teachers in the school when setting up programs for kids who have FAS”

“If I could arrange for a group of young girls would you do another presentation?”

The second health literacy tool is the Baseline Health Literacy book that can take up to as long as a year; depending on how communities want to approach each topic.
Health Literacy Evaluation

At the beginning of the Health Literacy program two baseline surveys were carried out to:

1. Measure the literacy levels of participants in the program
2. Measure the level of knowledge about the effects of grog on unborn babies among participants.

At the end of twelve months participants were evaluated again. By that time participants had:

- Completed the Health Literacy training
- Enhanced their skills by writing letters to forward to key stakeholders inviting them to meetings to discuss FAS
- Researched FAS information on the Internet. (This varied depending on availability of computers)
- Completed their two (2) minute FAS talk to present to a group of their choice e.g. family or a service
- Written up agenda items for meetings that they would chair and take minutes
- Continued to practice use of the manikins to build their confidence
- Delivered FAS workshops using the FAS Flip Chart designed locally.

Introducing the use of general and medical dictionaries to the groups created a lot of interest.

Although there were only two dictionaries being used at any one time, the other participants in the group would say:

"Go on look that one up for me?"

"What does that word mean?"

Community Activities

Wujal Wujal

The FAS/FASD Project commenced in Wujal Wujal in 2002, with a community barbeque. Work continued over the first twelve months and during a cultural and education week held in November 2003 certificates were presented in recognition of the hard work of the women participating in the Health Literacy Training. Resources were designed and developed during the training sessions and the manikins were handed over to the FAS Action Group to plan activities to implement Foetal Alcohol Syndrome education programs in their community.
Wujal Wujal (KuKu Nylungukal/Yalanji) participants developed a poster and calendar utilising other FAS resource graphics as well as local art and language. Dates were set on this calendar for Wujal Wujal FAS Action Group members to run FAS education classes in collaboration with the Wujal Wujal Growth Assessment and Action (GAA) Health Worker throughout 2006. A thesaurus of community words was developed to provide translation across words used to deliver foetal alcohol syndrome workshops and provide further information on chronic disease.

Examples:
Forgetfulness           milka wulaynan
Cleft palate             ngandal ngami-ngami
Hyper active             miyil kalgnar-kalngar
Heart failure            wawu kunbanda

Wujal Wujal FAS Action Group and Apunipima FAS/FAE Team held a three day camp at Shipton Flats, traditional lands away from the community. This was beneficial to participants because community participants found holding presentations in the community distracting. It was encouraging to the FAS/FAE Team and service providers to see the number of young women between the ages of 16-18 years at the camp.

The Creation of Life Workshop was specific to maternal and child health, and Apunipima worked in partnership with local and external service providers as a holistic and culturally appropriate way to address Foetal Alcohol Syndrome.

Partners were Apunipima’s Family Well Being Coordinator and Women’s Health Officer, Queensland Health Nutritionist and ATODS workers from Cooktown, and the Wujal Wujal Life Promotion Officer, HACC Coordinator, Librarian and Sports and Recreation Officer, and Elder Margaret Jacko.

Presentations on Foetal Alcohol Syndrome were delivered to the Bloomfield River State School, Health Clinic, Kindergarten, Day Care Centre, CDEP workforce, Justice Group, Life Promotion Officers, Wujal Wujal Council and administration staff, young women and men.

“We have kids and babies in Wujal Wujal like that and they cry like that too miss. Too many grown ups drink beer in Wujal. I not going to drink when I get older, Miss.”
School student Year 6

Younger participants acknowledged the words of their Elders, and language was used to reinforce the workshop content. This has been the pattern throughout all the communities of Cape York that the FASET have visited.
At the workshop participants identified the need for the community store to promote healthy nutrition by:

- Erecting a diabetic stand with identified food products
- Colour-coding nutritional food and unhealthy food
- Supplying fresh produce that is cost effective.
- Developing Market gardens

As a result of the workshop the Fry Pan Program was delivered by the Queensland Health nutritionist from Cooktown and included the supermarket tour where participants (men and women) purchased the ingredients they cooked during the nutrition program. Funding was provided jointly by Apunipima’s Strong Families Capacity Building Project and Queensland Health.

Kowanyama

FAS presentations were first delivered in Kowanyama in 2002 and work continued by various members of the Team through to June 30 2006. Work was carried out with young men staying out at Oriners Outstation and students from the school. Support from Kowanyama Chief Executive Officer (CEO) ensured that the CDEP workforce were at the FAS/FASD presentations.

In Kowanyama there are three different clans: Kunjen, Kokoberra, and Kokomenjena. The Foetal Alcohol Syndrome Action Group consists of at least one person from each clan group. The FAS Action Group members received training and as part of this training they developed a flip chart that they launched at a community FAS workshop.

The FAS/FAE Team did the handover of manikins to the Kowanyama Mothers and Babies Centre in August 2004. Certificates were presented to participants from the Justice Group: Kowanyama State School; Police Department; Health Clinic; CDEP workforce; Community Council, Mothers and Babies Centre staff; Council Training Centre staff and groups of young women. Discussions were held with key stakeholders to develop an action plan to roll out FAS/FASD activities.

Advocacy is the central role for the FAS Action Group whereby they will liaise with and provide assistance to the systems in the community. These include, but are not limited to, education, health and justice systems.

Northern Peninsula Area (NPA)

The NPA is using the Apunipima Cape York Health Council FAS flip chart in schools to sustain the work that was started by the FAS project and to continue sustainable prevention education about FAS in their communities. The FAS Team has worked closely with the Family Resource Centre in Bamaga throughout the life of the project. Education continues in the local high school to Grade 12 students.
The Family Resource Centre in Bamaga received two (2) sets of normal baby, FAS manikin, Drug Induced manikin, and Smokey Sue and one (1) set for the Healing Centre in Injino. The FAS/FAE Team ran an introductory workshop on FAS with the Injino Council and New Mapoon CEO, the Women’s Resource Centre in Bamaga and community service providers including Queensland Health Primary Health Centres, Injino Elders Justice Group & community rangers (men and women).

NPA communities completed the Health Literacy training and the handover of the manikins took place at the Foetal Alcohol Syndrome meeting that was held in September 2004, at the TAFE facility in Bamaga.

The purpose of the meeting was to involve and utilise the expertise of key stakeholders in the design and development of promotional resources and their assistance in how to develop a strategic implementation plan for the NPA communities.

**Hopevale**

A two day workshop was successfully delivered to the Hopevale Primary Health Care Centre Indigenous Health Worker Staff. The symbolic handover of the three manikins at the Hopevale Health Expo July 2004 allowed community people to own and run the educative process in their own way with continuing outside support and linkages provided by Apunipima and Queensland Health at the Hopevale Interagency Focus Group.

**Pormpuraaw**

In Pormpuraaw FAS/FASD workshops and presentations were delivered to the Community Justice Centre Coordinator and the Elders Justice Group, Community CEO, Healing Centre, Community Health; and the CDEP Coordinator and staff. The community requested the FAS/FAE Team to work and support local agencies and strongly felt more awareness was needed in this area.

**Aurukun**

In Aurukun FAS/FASD awareness presentations were first delivered in 2002 and 2003. The FAS/FAE Team then started back in Aurukun in 2005 and maintained visits for ten months delivering at the Healthy Lifestyle Expo, the Western Cape College Career Expo, to the Elders Justice Group, Community Council, Child Care Centre staff and Women’s Shelter. Work needs to continue under the Healthy for Life Initiative, and through the Health Action Group.
Region-wide Activities

Cooktown

There were visits to Cooktown to consult with organisations and other services regarding getting the information on FAS/FASD to the community.

Mareeba

The FAS project was invited to Mareeba where 40 people including Elders, local community members and health workers attended a FASD presentation.

Cairns Area

Regional Workshops hosted or attended by FAS/FAE Team members as presenters involved the following service providers:

- Wu-Chopperen Health Service
- Family Law Court
- Corrective Services
- Royal Flying Doctors Service (RFDS)
- Education Queensland (Schools)
- Queensland Health hospital, social work and allied health staff
- James Cook University School of Medicine
- Cairns Base Hospital.
- Sexual Health
- Disability Services Queensland
- Aboriginal Coordinating Council Staff
- FAS Reference Group of key stakeholders
- Queensland Health Child Development Working Group
- Mookai Rosie Bi-Bayan
- Department of Family Services
- Youth Detention Centres
- Cairns Justice System - so staff could better understand youth presenting in Court as a result of behavioural disorders associated with Foetal Alcohol Spectrum Disorder.

Apunipima Staff Training

Apunipima staff received training in Foetal Alcohol Spectrum Disorder in order to understand the project and promote it in Cape York communities. Topics covered:

- Neurobiology of alcohol's impact
- Foetal alcohol spectrum disorder
- Comparison of the effects of drugs on prenatal development
- Paternal use of alcohol and other drugs
- Miracle of life
- History of foetal alcohol spectrum disorder
- Vulnerability of the foetus
- Risks of maternal alcohol use and childhood development
- Primary disabilities
- Secondary disabilities
FAS/FASD Resources

Through their own development of community owned resources community members can express themselves in a cultural context while participating in a FAS/FASD education session. The problem-based learning workshops allowed participants to systemically work through the development of resource materials on FAS/FASD specific to each community.

Apunipima Cape York Health Council FAS/FAE Team developed the following resources for educational purposes:

1. Health Literacy Tool
2. Training Manual
3. FAS Flip Chart
4. Fact Sheets
5. Brochures
6. Power-point presentation

Wujal Wujal ladies designed a FAS logo and posters and Apunipima supplied the t-shirts to print it on, and produced the posters for dissemination.

The substance misuse baby simulators were a valuable asset as community people work positively with visual aids. Apunipima used two (2) sets of normal babies, a FAS manikin, a drug induced manikin and the Smokey Sue manikin. The manikins, brochures and information sheets were used as tools to introduce Foetal Alcohol Syndrome.

Apunipima’s FAS/FAE Team also produced a FAS newsletter which was then disseminated across the Cape and Apunipima continued to keep all networks electronically informed about the project through bi-monthly updates in its newsletter.

Apunipima Cape York Health Council in partnership with Mookai Rosie Bi-Bayan launched its resources in Cairns on 8 September 2006 to coincide with International FAS Day (9 September). To support the launch Democrats Senator Lyn Allison moved a motion in Parliament on 5 September 2006.

Following on from this, the resources were launched at the Kowanyama Baby Festival on 4-5 October 2006. The Kowanyama Aboriginal Shire Council and the Canteen Manager embraced the resources and agreed to disburse beer coasters and stubby holders with messages on the harmful effects of drinking during pregnancy to community members/customers to raise the social conscience of the drinking community.

CREATION OF LIFE: 28 Weeks

Conditions such as binge drinking which affect peak Blood Alcohol Concentration should be reduced during pregnancy. Research findings indicate the peak Blood Alcohol Concentration increases likelihood of abnormal brain growth.
Resources included:

- Foetal Alcohol Syndrome Project Report Creation of Life
- CD Rom packages with electronic copy of FASD report and DVD Community report and educational CD
- FASD Flip Chart
- FASD mini Flip Chart
- FASD Brochures and Fact Sheets
- Community Education Posters
- Posters for distribution to pubs and taverns
- T-Shirts with the FAS branding ‘Its in your hands’
- Calico Bags to distribute to youth at local events such as Croc Eisteddfod, National Aboriginal and Islander Day Of Celebration (NAIDOC), sports and rodeo carnivals
- Baby bags for women pre and post birth (to be distributed to PHCC and maternity Wards)
- Drink coasters and stubby holders to distribute to Cape York canteens to raise social consciousness of the harmful effects of drinking during pregnancy among the drinking community.

The FAS/FAE Team continues to receive requests for information and resources from Aboriginal and Torres Strait Islander Health Services around the state and interstate following presentations by Apunipima staff members at conferences and educational institutions.

Linkages and Coordination

For better working relations, the FAS/FAE Team strategically worked together with both national, state, regional partners and remote communities. Ongoing networking has kept up the flow of information and education on the damage of drinking alcohol while pregnant and effects to the unborn embryo, fetus and child. Two-way communication with all partners including international has been a significant factor in the success of the project. Communication at varying levels has been ongoing with:

- Department of Child Safety
- Queensland Health
- Division of General Practitioners
- Office for Aboriginal and Torres Strait Islander Health
- University of Queensland
• Griffith University
• Australian Research Alliance for Children and Youth
• Indigenous Child Health Research
• Rio Tinto Aboriginal Child Health Partnership
• Queensland Health Child Development Unit
• National Organisation for Foetal Alcohol Syndrome and Related Disorders (NOFASARD), Australia
• Australian Paediatrics Surveillance Unit
• Drug and Alcohol Advisory Bodies
• National Rural Women Coalition
• Murrie Sisters Brisbane
• Women’s Advisory Body and Secretariat, Office of Women, Qld
• University of Melbourne.
• School of Anatomy and Cell Biology, University of British Columbia
• Fetal Alcohol Syndrome Consultation, Education and Training Services, Inc (FASCETS) Portland, Oregon
• Native Wellness Center, School of Social Work, University of Washington, Seattle
• School of Medicine/Psychiatry and Behavioural Sciences/Foetal Alcohol and Drug Unit, University of Washington, Seattle
• Paediatrics Department, University of British Columbia
• Northwest FASD Research Network
• Center on Human Development and Disability, University of Washington, Seattle

Presentation at the following interstate, national and international conferences also raised the profile of the project:


Symposium held in Brisbane sponsored by Office of Indigenous Policy Coordination 2005.

FAS workshop at Cairns Base Hospital, sponsored by Professor Caroline de Costa from the Department of Gynecology 2005.


THE PROJECT MODEL

The model developed during the life of the project promoted a three dimensional approach, reflecting the regional perspective in which the project took place.

1. Women (and men at Men’s Group meetings) at the community level and raising awareness through workshops. A community development approach respected that women and men in communities lived the problem of alcohol abuse but needed the appropriate information, resources and support to begin the process of change. Using this approach community participants were encouraged to design and develop culturally appropriate information and support mechanisms to bring about sustainable change. The Team operated on the firm belief that the community itself could create its own solutions and this would generate the will to make them succeed.

2. Local service providers in communities – developing simple communication strategies and collaborating with other service workers like nutritionists, GAA and ATODS, to develop workshop content; and the delivery of FASD education to the community members, Indigenous Health Worker workforce at the Primary Health Care Centres and providing a handover of manikins to PHCC staff.

3. Regional service providers – information sharing, and encouraging collaboration through the Child Development Working Group hosted by Queensland Health and the development of the 0-4 and 5-14 child health screening tools. The Model involved interaction, networking and collaboration between services at all levels and enabled gaps in service delivery to be readily identified but not necessarily addressed for optimum outcomes.

Audrey Deemal in Canada in 2003
Model for Prevention of FAS

This diagram represents the model adopted by the FASD project to achieve its aims and also illustrates the sustainability of the outcomes. It outlines the work involving community women and men, local service providers and regional service providers and depicts how these three levels can continue to provide a supportive sling for pregnant women and their families who refrain from drinking alcohol.
LEARNINGS FROM THE PROJECT

In all project work which involves a Participatory Action Research approach, learnings throughout the project are important components, often leading to changes in the implementation. Listening to participants and taking on board recommendations and solutions is an important process in empowerment. These learnings are also useful to others who develop projects in the future.

The following list includes things which worked well and were beneficial to the project and also includes aspects which created barriers to be overcome.

Items Which Worked Well

- Getting the community on side from the outset meant abiding by protocols for contacting and entering the community
- Spending lengthy time in communities was essential to developing trust and gathering participation in the project
- Seeing the project as part of a holistic approach to addressing alcohol and health placed the project in a framework acceptable to the community
- Seeking feedback and endorsement from Councils and other organisations as the project proceeded was crucial to continuing good quality relationships with stakeholders
- The interest of people in the communities and their eagerness to learn about FASD was an on-going incentive for the Team
- Using a range of visual resources as teaching tools proved very successful in creating interest, curiosity and discussion. This was especially true for the manikins, which could be passed around and handled
- The use of Health Literacy as a method of training people had many spin-offs not only in terms of FASD and health, but also empowering people in their daily lives
- Including the development of local teaching resources in the training program raised confidence in the participants and ensured they would be able to continue the teaching work when the project finished
- Introducing ideas of social enterprise provided a sustainable skill to participants, who saw ways to raise funds to develop more resources for the community
- Using paid local people to work on the DVD productions developed skills and confidence in young people
- Keeping a high profile for the project, through conference presentations, attending local community events and media coverage maintained enthusiasm in the staff and appreciation in the community
- Handing over the manikins to each community acted as a sign of good faith and assurance that community people could carry on after the life of the project.
Hurdles Which Needed Addressing

- Staff turnover in the four years of the project made it difficult to maintain momentum in the communities
- The need for on-going support to the local FAS Action Groups
- Change in project management led to a gap in administrative detail
- Service provider staff members in communities were not always supported by their organisations to undertake FAS training, so as to be an on-going support to FAS Action Groups
- Men in the communities wanted to be included in the awareness-raising components of the project and initial staffing was women only
- The lack of enabling structures and infrastructure relating to Child and Maternal Health in Cape York
- Lack of services for pregnant women with alcohol and drug addictions.

_Inez Carter & Prime Minister John Howard at Aurukun Land & Health Expo_
Participatory Action Research was an ongoing tool built into the Foetal Alcohol Syndrome project. However, a consistent process was not maintained by Team members through the life of the project and the collection of information varied from community to community.

Consistency was unable to be maintained because of the turn-over in management of the FAS project. Thus, the administrative systems provided by each manager and personalised by each Team member also varied. Evaluation forms filled out by participants were not always centrally located due to flexibility in the organisation’s filing system, so some were filed as hard copy, whilst others were electronically stored. Changing staff members over the duration of the project therefore made it difficult to locate all the data.

Sources of data collection

Participant observation
One-on-one interviews
Group interviews and focus groups
Opportunistic feedback
Pre- and post- questionnaires
Workshop attendance records
Monthly reports
Video footage
Digital photography
Data collection by Queensland Health.

Evaluation Results

The following points came out of the qualitative evaluation:

- It was suggested that a Health in the Hands of the Family Program be developed and implemented to improve health management capabilities, and health care plans.

- The importance of Indigenous Health Workers to the delivery of primary health care can not be over-emphasised. Their significance lies not only in being at the forefront of health delivery, but also in the fact that they are part of the people they care for; sharing in the general health of their communities.

- A need to reform workplaces and workplace practices to empower Indigenous Health Workers.

- The need for Health Workers to establish and maintain regular contact with their local Remote Indigenous Media Organisation (RIMO) to promote and inform on health issues, especially Foetal Alcohol Syndrome and its relation to Chronic Disease, and mental health in adults. This could be done where appropriate in language therefore equipping staff with social marketing skills.
Regional health-related agencies should have a brief that extends beyond clinically-based issues into social justice (holistic models of health care), legislative and human rights areas (rights of the unborn child) and the social determinants that impact on health (Social Health Teams).

Effective community organisations need to promote an inter-sectoral focus and foster individual and community mobilisation that provides enabling structures for the delivery of programs such as Foetal Alcohol Syndrome and Foetal Alcohol Education. The Family Well Being Program is an empowerment and engagement tool that will enable people to take responsibility and make decisions to change unhealthy behavioural patterns such as drinking while pregnant. It is a tool that has the potential to effect social reform.

Education Queensland to provide training to all teaching staff, especially those working in Cape York communities.

FASD should be one of the modules in medical training (doctors and nurses), and Indigenous health worker training

Better data system developed for Maternal and Child Health especially in regards to FASD.

Accessible rehabilitation services for Cape York people for detoxification purposes from alcohol and other drugs.

**FAS Staff Reflection**

Difficulty in engaging Queensland Health staff in Cape York communities, because they suggest they are too busy with clinical work and spread too thin to engage in FAS education.

Queensland Health needs to include health promotion and health education regarding Foetal Alcohol Syndrome in the training of their staff.

Positive results in terms of assisting people in their own learning by using practical exercises that promoted interaction, building on existing knowledge and experiences.
Prior to the Alcohol Management Plans the Team’s efforts had not seen a reduction in violence and injury in the pilot communities. However, since the commencement of the project, there has been an increase among community members in recognising children with FAS, as well as liaison with their parents and appropriate service providers to enlist support for them.

The participants have been introduced to new information, which has engaged them in problem solving with the emphasis on positive attitudes toward learning and thinking skills rather than on what to learn. This has shown to be successful as more women have approached the Team asking about FAS. Men have approached the Team in Cairns asking for information regarding Foetal Alcohol Syndrome. This again is measured as a successful outcome.

As there was little or no prior knowledge of Foetal Alcohol Syndrome and the sharing of information on FAS in Cape York communities it was quite devastating to people who had no idea – Indigenous and non-Indigenous alike. This was very evident at the Laura Dance Festival as non-indigenous women were in tears as they reflected on their lifestyle practices.

**Community ownership and sustainability**

Community people do not often step forward to identify themselves because they do not recognise their own strengths, skills and ability. Who better equipped to provide support, understanding and compassion than someone within the community to effectively educate those who need to be informed about FAS?

Participants now realise they are a large part of the solution, and to ignore this fact is to waste communities' most valuable and invested resource, its people.

Over the life of the project each Team member was able to make incremental changes until in the final year the FAS/FAE Team was able to sustain local group formation (FAS Action Groups – see Appendix 2) to deliver the program at a community level, and increase participants knowledge of appropriate services.

Those participants involved in the pilot series of workshops and the development of health information relating to FAS have been encouraged to continue the process of learning in the context of their communities, and to train others.
The Future

As Apunipima moves away from service delivery completely to focus on regional strategies and the move to community control, transition strategies have been developed to link local and regional support networks so that FAS Action Groups can continue to implement education programs in response to FAS. Through the Healthy for Life Initiative (see Appendix 4) the gaps identified in the stocktake should diminish, and supportive and enabling structures should allow for effective health promotion and education.

Child and maternal health education and health promotion needs to continue to raise awareness of the risks of drinking during pregnancy in order to reduce Foetal Alcohol Syndrome. Community health plans highlight the need for locals to be involved with the development and implementation of child and maternal health strategies.

The Ottawa Health Charter (World Health Organisation, 1986) outlines three basic strategies for health promotion:

1. Advocacy for health to create the essential conditions for health
2. Enabling all people to achieve their full health potential; and
3. Mediating between the different interests in society in the pursuit of health.

Cape York people by right should have a health care system that is supported by these five priority areas of the Ottawa Charter:

- Build healthy public policy
- Create supportive environments for health
- Strengthen community action for health
- Develop personal skills, and
- Re-orient health services

Audrey Deemal & Inez Carter
The following recommendations need to be addressed by the agencies and Government with appropriate responsibilities:

1. National policies are acknowledged as major influences on upstream factors impacting on health outcomes therefore policy should build up national health capital through investment in physical assets (i.e. health care system infrastructure, schools, transport systems, housing and social services) relating to Foetal Alcohol Spectrum Disorder and Child Maternal Health.

2. Fast track policy implementation that encompasses mid stream actions impact on living and working conditions and behavioural risk factors that provide positive and constructive government-supported initiatives to reduce Foetal Alcohol Syndrome and strengthens community action for Child Maternal Health.

3. Recognise Foetal Alcohol Syndrome as a disability (primary and secondary disabilities) and develop policy and systems that meet the needs of a child at school with FAS so the child is strongly supported by infrastructure and resources through the Education system.

4. Reconsider recommendations in the ‘National Clinical Guidelines for the Management of Drug Use during Pregnancy, Birth and the Early Development Years of the Newborn’ in relation to alcohol consumption during pregnancy given the compelling international evidence that mother who drink even small amounts of alcohol during pregnancy could unwittingly harm their unborn children.

5. Legisllate that all alcohol product labels provide warning messages of the harmful effects of drinking during pregnancy - mirroring the current government practice with regards to smoking.

6. Invest in downstream solutions that provide a health care system that is publicly funded through taxation. Establish a Health Promotion Fund using an ‘alcohol content tax’ on liquor sold to redistribute resources within the health care system to support public health and health promotion programs.

7. Invest and build health service capacity, enabling structures and infrastructure around child and maternal health through development of a competent workforce, and specialist services needed in child and maternal health and in the delivery of foetal alcohol syndrome education and health promotion.

8. Recognise that capacity building requires financial, human and social infrastructure in addition to strong policy direction. Human investment refers to developing the skills of health workers and community members in achieving community wellness.

9. Continue to develop community capacity in relation to promotion, prevention and early intervention strategies to reduce prenatal exposure or exposure to smoking and alcohol in the period between conceptions to birth.

10. Support initiatives that enable the implementation of national public awareness campaigns for the prevention of Foetal Alcohol Syndrome and the ongoing development and delivery of resources usually developed from short term funding.
Appendix 1

Snapshot: Questions asked of the FAS/FAE Team

“If male and female with foetal alcohol syndrome have a baby will the problem be exacerbated?”

“Is there any data regarding FAS children in communities?”

“Is there any testing done in schools?”

“What programs are there in schools for FAS children?”

“Can children with FAS be treated?”

“Do they need one on one teaching?”

“Could medication help children with FAS/FAE?”

“What is the government doing and are they supportive?”

“What if a young person with FAS is sniffing, what is the danger?”

“Can foetal alcohol be detected in the uterus?”

“Some of us drank during pregnancy, are out babies affected?”

“This is all so new why haven’t we heard of this before?”

“What about the dads?”

“What is the life outcome for adults with FAS/FAE?”

“How much alcohol is dangerous to an unborn baby?”

“How can we help families in the community whose children have FAS?”

“How can we get our children diagnosed?”

“Who else knows about grog babies?”

“Is FAS genetic?”

“Can smoking around pregnant women harm the baby?”

“Do Doctors and nurses learn about FAS in their training?”
Appendix 2
Community People Continuing the Project

Kowanyama FAS Action Group members are:

Shirley Yam
Caroline Barney
Janet Zingle
Corrine Daniel
Shirley Victor
Louisa Daphyne.

Wujal Wujal FAS Action Group members are:

Romaine Darken
Marilyn Wallace
Elaine Walker
Linda Walker
Rachel Friday
Christine Friday
Melinda Wilson
Leonie Dick

Northern Peninsula Area FAS Action Group members are:

Elsie Nelliman
Wayne Laza
Elke Helten
Sonia Townson
Beverly Jacob.
Appendix 3

Number of Community People Attending Awareness and Training Sessions

Table 1

<table>
<thead>
<tr>
<th>Communities by numbers of males and females</th>
<th>Mossman Mareeba</th>
<th>Kowanyama</th>
<th>Wujal Wujal</th>
<th>Aurukun</th>
<th>Hopevale</th>
<th>Umagico</th>
<th>New Mapoon</th>
<th>Seisia</th>
<th>Bamaga</th>
<th>Injinoo</th>
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<td>51</td>
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<td>M</td>
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<td>74</td>
<td>40</td>
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<td>15</td>
<td>12</td>
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In Umagico, Injinoo, New Mapoon, Seisia & Bamaga Beverly Jacob who completed the FAS educational sessions through Apunipima Cape York Council FAS Team is now running workshops in all the above communities and her statistics have been added to those communities.

Number of Groups Addressed During the FAS Project

Table 2

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<td>20</td>
<td>30</td>
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<td>Women’s Centres/shelters</td>
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<td>Men’s Group</td>
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<td>Aged Care</td>
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<td>Activity Centre</td>
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<td>42</td>
<td>18</td>
<td>205</td>
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Appendix 4
Healthy for Life Stocktake

Objective 2 of the FAS project is about coordinating preventative health care development in line with Queensland Health’s Chronic Disease Strategy. Queensland Health has recently undertaken clinical audits and process mapping to get a sense of current service operations related to maternal and child health and chronic disease in Cape York. Some of the results are relevant to the importance of and processes used in Foetal Alcohol Syndrome education in Cape York.

A total of sixty-eight antenatal records were audited. The audit found that fifty-one percent (51%) of women attended health facilities within the first 12 weeks of pregnancy for antenatal care. Thirty percent (30%) of clients had more than eight (8) antenatal visits, but the majority of people (60% of clients) had between 4-8 antenatal visits. Sixty-five percent (65%) of women were recorded as smoking in pregnancy, thirty-one percent (31%) of women were drinking during pregnancy, and twenty-two percent (22%) were exposed to violence.

The audit revealed a high level of risk factors in pregnant women with only about half the pregnant women attending clinic for care within the first trimester of pregnancy. Most women did not attend for the recommended number of antenatal visits. There was very little care planning for maternal health that involves pregnant women.

Very few health facilities have antenatal clinics to facilitate structured education and clinical assessment. Very little information about maternal and child health is shared with the community.

Access to allied health services was identified as the clinical services gap. The Stocktake also recognised that these allied health providers should include a mix of education, community development and clinical services.

Overall, the systems assessment review found there was no structured approach or tools used across Queensland Health services to support self management for chronic disease prevention and management.

The Stocktake identified the following key issues to be addressed:

- Improved completion of antenatal checks within first trimester
- Improved care planning and intervention for risk factors
- Delivery of care according to best practice standards for children and adults
- Improved health promotion activities for diabetes
- Improved recording of information on Ferret
- Improved recording of information in client records in line with statutory regulations, as a priority across all streams of practice
- Improved emphasis placed on hearing as a priority for all client groups
Appendix 5
FAS/FASD Resources

On this page clockwise from top left: CD & DVD covers, flipchart cover, men's t-shirt, women's t-shirt, girl's t-shirt, boy's singlet, brochure (bottom left), two coasters, calico carry bag.
On this page: FAS/FASD posters developed by Wujal Wujal and Apunipima CYHC
# Appendix 6

## FAS Reporting and Evaluation Forms

### 1. Program Planning

<table>
<thead>
<tr>
<th>Communities to participate in full project:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of each program:</td>
</tr>
<tr>
<td>Community One:</td>
</tr>
<tr>
<td>Background on Community One:</td>
</tr>
<tr>
<td>Venue for Sessions:</td>
</tr>
<tr>
<td>Key People for Consultation:</td>
</tr>
<tr>
<td>Recruitment Strategies:</td>
</tr>
</tbody>
</table>

### 2. Consultation Process

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting:</td>
</tr>
<tr>
<td>How many people?</td>
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</tbody>
</table>

**NOTES:**
### 1. Baseline Literacy Assessment

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue:</td>
</tr>
<tr>
<td>How many present?</td>
</tr>
<tr>
<td>How many filled in literacy assessment?</td>
</tr>
<tr>
<td>How many did not take part in the discussion/ Why?</td>
</tr>
</tbody>
</table>

### 1. Session Report

<table>
<thead>
<tr>
<th>Date:</th>
<th>Venue:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of People Present:</td>
<td></td>
</tr>
<tr>
<td>Time Began:</td>
<td>Time Ended:</td>
</tr>
<tr>
<td>Topic:</td>
<td></td>
</tr>
<tr>
<td>Activity:</td>
<td></td>
</tr>
<tr>
<td>Did all women present participate?</td>
<td></td>
</tr>
<tr>
<td>When reading was involved, how many were able to read out loud?</td>
<td></td>
</tr>
<tr>
<td>How many seemed unable to understand?</td>
<td></td>
</tr>
<tr>
<td>Why do you think any of the women are not participating in the above activities?</td>
<td></td>
</tr>
<tr>
<td>Does the activity seem an appropriate level of language/ understanding for the group?</td>
<td></td>
</tr>
<tr>
<td>How many only took minimal part?</td>
<td></td>
</tr>
<tr>
<td>Of those who took part, did any seem off track?</td>
<td></td>
</tr>
<tr>
<td>Anything else you want to add? (If so, add a page)</td>
<td></td>
</tr>
</tbody>
</table>
TRUE OR FALSE

1. ___________ The FIRST TRIMESTER (3 months) of pregnancy is the most critical to the development of the fetus.

2. ___________ Alcohol enters the bloodstream almost immediately, so the fetus gets as much alcohol as the mother.

3. ___________ Women who consume alcohol during pregnancy run the risk of having children with facial deformities and other problems called Fetal Alcohol Syndrome.

4. ___________ Women with the highest levels of blood alcohol during pregnancy are at the greatest risk for bearing brain damaged children.

5. ___________ Good nutrition and a stimulating, loving home will enable a child with Fetal Alcohol Syndrome to catch up with normal children in size and development.

6. ___________ A child born with Fetal Alcohol Effect is less brain damaged than an FAS child.

7. ___________ Fetal Alcohol Syndrome is the name of a pattern of mental, physical and behavioral impairments common to children born to women who drink alcohol while pregnant.

8. ___________ Fetus is another term for baby.

9. ___________ Drinking, EVEN BEFORE, a woman knows for sure that she is pregnant will damage the baby.

10. ___________ If you just drink wine during pregnancy, there is little or no danger of the baby having FAS.

11. ___________ Fetal Alcohol Syndrome is totally preventable.

12. ___________ Drinking one glass of wine, one bottle of beer, or one mixed drink each night helps the mother and the fetus to relax.

13. ___________ "Binge" drinking (consuming 5 or more drinks occasionally) is safer for the baby that having one or two drinks every night.

14. ___________ Alcohol is a legal drug that when taken in the form of wine, beer or a mixed drink passes through the placenta to the embryo/fetus.

15. ___________ A father’s drinking may contribute to the child being born with FAS.

16. ___________ Poor eating habits can cause FAS.

17. ___________ Approximately 1 in 5,000 babies born in the United States has FAS.

18. ___________ All babies born with FAS suffer mental and physical damage.

19. ___________ Even if a father’s drinking isn’t directly connected to causing FAS they should stop drinking.
Appendix 7

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Abbreviations

ABC   Australian Broadcasting Corporation
ACYHC Apunipima Cape York Health Council
AERF  Alcohol Education and Rehabilitation Foundation
ARND  Alcohol Related Neurological Disorder
ARBI  Alcohol Related Brain Injury
ASSPA Aboriginal Student Support and Parent Association
ATODS Alcohol, Tobacco and Other Drugs Service
CEO   Chief Executive Officer
CDEP  Community Development Employment Program
FACS  Family and Community Services
FAE   Foetal Alcohol Effects
FAS   Foetal Alcohol Syndrome
FASCETS Fetal Alcohol Syndrome Consultation, Education and Training Services
FASET Foetal Alcohol Syndrome Education Team
FASD  Foetal Alcohol Spectrum Disorder
FNQIC Far North Queensland Indigenous Consortium for Social and Emotional Health and Wellbeing
GAA   Growth Assessment and Action
HACC  Home and Community Care
NAIDOC National Aboriginal and Islander Day of Celebration
NOFASARD National Organisation for Fetal Alcohol Syndrome and Related Disorders
NPA   Northern Peninsula Area
QATSIHWEPAC Queensland Aboriginal and Torres Strait Islander Health Workers Education Program Aboriginal Corporation
QH    Queensland Health
RAATSICC Remote Area Aboriginal and Torres Strait Islander Child Care
RIMO  Remote Indigenous Media Organisation
RFDS  Royal Flying Doctor Service
SBS   Special Broadcasting Service