



**The Western Australian Fetal Alcohol Spectrum Disorder (FASD)
Prevention Aboriginal Consultation Forum 2010**



Strong Spirit Strong Future - Promoting Healthy Women and Pregnancies



Government of **Western Australia**
Drug and Alcohol Office



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Foreword

The *Strong Spirit Strong Future - Promoting Healthy Women and Pregnancies* project, which commenced in July 2010, was funded by the Council of Australian Governments (COAG) Indigenous Early Childhood Development National Partnership Agreement, after an extensive consultation and endorsement process led by Aboriginal Regional Health Planning Forums across Western Australia. The Drug and Alcohol Office has received funding, over four years, to develop a suite of culturally secure Aboriginal Fetal Alcohol Spectrum Disorder (FASD) prevention initiatives and resources.

The Western Australian Fetal Alcohol Spectrum Disorder (FASD) Prevention Aboriginal Consultation Forum was held to seek the input and guidance of senior Aboriginal professionals, Aboriginal community members, and people who provide services to Aboriginal people, into the early development, consultation framework and direction of the project.

The aim of the forum was to:

- Consult with Aboriginal professionals and community members so they could contribute and share ideas in the development of culturally secure resources and prevention responses for communities
- Provide an introduction to the project and its principles
- Inform participants of current evidence-based responses to FASD prevention
- Build community and sector networks to support the sharing of knowledge, project awareness and project implementation
- Seek input into the consultation framework.

The forum was held at the Mercure Hotel in Perth on the 12 November 2010. A total of 58 people attended.

This report presents the key findings and recommendations from the consultation workshops, as well as a record of presentations and discussions which occurred at the Forum.

The Western Australian Drug and Alcohol Office would like to sincerely thank all those participants who gave freely of their time to demonstrate their commitment to FASD prevention by attending the Forum and informing the direction of this project.

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EXECUTIVE SUMMARY

Background

The Drug and Alcohol Office has received funding of \$2.23 million over four years to develop a suite of state-wide Aboriginal Fetal Alcohol Spectrum Disorder (FASD) prevention initiatives.

After an extensive consultation and endorsement process led by Aboriginal Regional Health Planning Forums across Western Australia, project funding was made available through the Council of Australian Governments (COAG) Indigenous Early Childhood Development National Partnership Agreement.

The *Strong Spirit Strong Future - Promoting Healthy Women and Pregnancies* project commenced in July 2010.

The Western Australian FASD Prevention Aboriginal Consultation Forum 2010 was held to seek the input and guidance of senior Aboriginal professionals, Aboriginal community members, and people who provide services to Aboriginal people, into the project's development. A total of 65 people attended with the vast majority being Aboriginal.

The aim of the forum was to:

- Provide an introduction to the project and its principles.
- Inform participants of current evidence based responses to FASD prevention.
- Consult with Aboriginal professionals and community members so they can contribute and share ideas in the development of culturally secure resources and prevention responses for the community.
- Build community and sector networks to support the sharing of knowledge, project awareness and implementation.
- Seek input into the consultation framework.

Prior to each workshop a brief presentation provided participants with current evidence related to the workshop topic.

After reviewing the very rich data that was gathered from the workshops, a series of recommendations were developed to respond to the information, issues and feedback provided by participants.

Community Awareness and Prevention

The Forum found a general consensus that significant, broad based efforts to raise awareness of the harms associated with alcohol use in pregnancy and FASD were required. These messages then need to be adapted to suit individual communities and should encourage community ownership.

Recommendations

- Raise the level of awareness in the community of the potential impact on the fetus of prenatal alcohol exposure through a state-wide campaign that is then supported by the localisation of key messages and implemented through locally identified strategies.
- Develop a comprehensive approach which ensures a culturally secure, non judgemental, prevention focussed message that also aims to do no harm to Aboriginal women, children and their families. The message should be factual and promote strong families and strong children.
- Awareness messages must be adapted to have local relevance. This includes:
 - Being delivered in plain or local language, which connects with the community.
 - Being delivered by credible spokespeople.
 - Using a range of mediums to get the message to different target groups (females, males and youth).
- A broad range of communication strategies should be used to reach different target groups. They may differ for metro, regional and remote areas.
- Men should be targeted by education and FASD prevention messages. Their support is needed for women to be able to make and sustain the change to not drinking during pre-conception and pregnancy.
- Youth should be targeted to address risky behaviour that results from alcohol consumption, including unplanned, unprotected sex, and unplanned pregnancy. Messages aimed at youth could include broader messages about sexual health and contraception.
- Spokespeople should be identified by community to ensure that they hold integrity and credibility with the target group.
- Ensure that the project is linked to, and supported by State-wide, regional and local level alcohol management strategies and plans. This includes creating supportive environments to empower communities to make change.
- Increase awareness of where, and how, to access professional support to address alcohol use pre-conception and throughout pregnancy. Delivery of culturally secure services includes the strengthening of links between agencies.
- Engage with existing networks and facilitate further development of peer support networks to support women in the community to:
 - Access information, treatment and support.
 - Strengthen cultural activities.
 - Promote alcohol-free alternatives.
 - Encourage the sharing of knowledge and skills regarding traditional maternal and child practices.

- Respond to different groups needs with different approaches that empower communities to take ownership. Support and encourage communities to adapt the information to include community knowledge.
- Ensure broad consultation to inform communities and be informed by them. Utilise consultation networks to ensure the development of locally relevant resources, identification of locally respected spokespeople, and future community level resource modification.

Workforce Development

Forum participants agreed that there is a need to improve professional awareness, competence and confidence to deliver evidence-based, culturally secure early interventions, treatment and referral for Aboriginal women with respect to substance use in pregnancy and FASD. This involves providing workforce development to a wide range of stakeholders.

The forum participants stressed the importance of providing workforce development opportunities in the regions and engaging with local communities and stakeholders. The use of local language and presenters was also considered important.

Face-to-face training using a range of teaching strategies was identified as the preferred training medium. Experiential learning and the incorporation of scenarios and group reflection was identified by forum participants as a culturally secure way of learning.

Resources to support learning included a range of visual tools such as flip-charts and DVDs. Online learning was not considered to be particularly effective with the forum participants; however some forms of technology were suggested as secondary means to continue to support learning after the initial training.

The importance of embedding the knowledge gained from training into agency policy, procedure and practices was also identified.

It was considered important that resources to engage clients cater to the diversity of Aboriginal people in Western Australia; are culturally secure; target all parts of the community and have highly visual and clear and concise messages.

Recommendations

- Further consultation with Aboriginal and non-Aboriginal stakeholders to assess the needs of regions and communities in order to tailor and coordinate workforce development activities.
- Undertake a comprehensive literature review on prevention of FASD, screening, intervention and treatment of women of childbearing age.
- Review and possible modification of existing professional resource materials to ensure they are applicable to an Aboriginal health setting.
- Development of culturally secure training targeted to the differing target groups to increase knowledge and skills around screening Aboriginal women of childbearing age for alcohol use, using Brief Interventions and Brief Motivational Interviewing to provide advice, assistance, referral, information on referral pathways and treatment as appropriate.
- Development of training resources to support training, such as demonstration DVD and flip-chart.

- Develop best practice guidelines and contribute to the development of stakeholder agency policy and practices regarding FASD prevention.
- Development of online learning tools and resources as considered appropriate by stakeholders.

Evaluation

Formal and informal feedback indicates that the FASD consultation forum was highly successful. Participants praised the organisation and structure of the day, the quality of presentations and the way in which workshops were facilitated in their comments in the qualitative evaluation and through informal feedback.

The quantitative evaluation indicated that over 97% of participants found the event 'extremely' to 'a lot' useful and over 90% considered the consultation process and workshops 'extremely' to 'a lot' culturally secure. More than 90% of participants thought the event had been 'extremely' to 'a lot' valuable in networking or sharing information. 57.57% of participants thought their knowledge and understanding had increased 'a lot' to 'extremely' and 33.33% of participants thought that their knowledge and understanding had increased 'moderately'.

INTRODUCTION

The Western Australian Drug and Alcohol Office (DAO) has received funding of \$2.23 million over four years to develop a suite of state-wide Aboriginal Fetal Alcohol Spectrum Disorder (FASD) prevention initiatives.

After an extensive consultation and endorsement process led by Aboriginal Regional Health Planning Forums across Western Australia, project funding was made available through the Council of Australian Governments (COAG) Indigenous Early Childhood Development National Partnership Agreement.

The *Strong Spirit Strong Future - Promoting Healthy Women and Pregnancies* project commenced in July 2010.

The Project will develop and deliver a culturally secure FASD prevention program for Aboriginal people, their families and communities in Western Australia.

The project's specific aims are to:

- Raise Aboriginal people's awareness of the harms associated with alcohol and other drug use in pregnancy and with respect to sexual health.
- Improve awareness in regional communities of the harms associated with alcohol use in pregnancy.
- Improve professional awareness, competence and confidence to deliver evidence-based early interventions, treatment and referral to women of childbearing age with respect to alcohol use and FASD.

Target Groups

- Aboriginal people, families and communities across Western Australia.
- Health professionals who work with Aboriginal women of child bearing age and their families, including alcohol and other drugs workers, Aboriginal and mainstream workers.

Project principles

A set of project principles have been shaped to guide the process of consultation, content development and project implementation.

- Do no harm to Aboriginal women and their children.
- Culturally secure.
- Community informed and informed community.
- Strengths-based and non-judgemental.
- Holistic, family-centred approach.
- A balanced mix of evidence base and innovation.
- Collaborative and co-ordinated approach within DAO.
- Strong links with external expertise, complementary projects and relevant referral pathways.

Project elements

The project has 3 elements which are:

- Culturally-secure resources.
- Community awareness.
- Workforce development.

Culturally-secure resources

Following an extensive State-wide community consultation process, this element of the project will develop a suite of gender sensitive, age specific, visual resources to:

- Raise Aboriginal peoples' awareness.
- Support prevention, early intervention and treatment.

Resources will have application for AOD sector, health, sexual health, school education, community development, and capacity building.

Once a suite of generic resources have been created, the project team will also work on:

- Training and support in appropriate application of resources.
- Provision of support for Aboriginal communities to refine the generic resource materials to reflect local culture, language and needs.
- Support and develop community program initiatives that relate to FASD prevention.

Community awareness project

This project will include state-wide and local awareness raising activities to prevent alcohol use in pregnancy and may include:

- Culturally secure state-wide and local media prevention campaigns using Aboriginal media and communication networks.
- Using local cultural mediums such as art, music, dance to engage the community and build on cultural ways of learning.
- Website and social networking media.

Professional awareness and workforce development

The project aims to improve professional awareness, competence and confidence to deliver evidence-based culturally secure early interventions, treatment and referral to Aboriginal women with respect to AOD use in pregnancy and FASD.

There are several target groups within this aspect of the project which include:

1. Aboriginal Medical Services, Aboriginal health care workers.
2. Alcohol and other drugs workers.
3. Mainstream service providers including General Practitioners, maternal health workers, primary health care workers, sexual health.

The focus will be tailored to the roles and needs of each of these target groups.

THE FORUM

As part of an extensive consultation process to inform the project, the Western Australian Fetal Alcohol Spectrum Disorder (FASD) Prevention Consultation Forum was held on the 12 November 2010. Forum participants were selected based on their individual expertise in an area relevant to the project, including primary health, FASD, maternal health, Aboriginal Community Controlled Health. Participants were also selected to ensure representation from around the state.

Welcome to Country was performed by Mr. Kim Collard, a Balladong man from the South West of Western Australia representing the Nyoongar community.

The Forum was opened by Mr Neil Guard, Executive Director of the Drug and Alcohol Office, who welcomed participants and thanked them for their attendance.

Workshop Presentations

The project is committed to being informed by community and providing evidence-based information to support community decision making. Before each workshop, Aboriginal team members from DAO provided a presentation to ensure that all participants were aware of current FASD information which provided a basis for the workshop discussions that followed.

Copies of these presentations will be provided to participants as a separate PDF document and are freely available from the Drug and Alcohol Office.

Overview of FASD

Billie Webb (Senior Workforce Development Officer) provided a general overview of FASD, and explained the potential impact of alcohol use during pregnancy.

Prevention and FASD

Sasha Casey and Jessica Bairnsfather-Scott (Prevention and Early Intervention Officers) provided an overview of different aspects of prevention including an overview of what is meant by prevention, women's, men's and young people's roles in prevention and the role of media in prevention.

Men and FASD Prevention

Patrick Cox (Workforce Development Officer) and Bruce Loo (Senior Policy and Workforce Officer) developed and delivered a presentation on the role of Aboriginal men in the prevention of FASD in Aboriginal communities, in recognition while often considered a woman's responsibility, it is important to recognise that men can play a significant role in the prevention of FASD.

Women and FASD Prevention: Our Children Will Tell Our Stories

Ursula Swan (Senior Workforce Development Officer) presented on the central role women have to play in the prevention of FASD, not only as mothers, but also as aunts, grandmothers, sisters and friends.

Young people and FASD Prevention

Jo-Anne D'Cress (Workforce Development Officer) reminded participants of many aspects of their youth, and contrasted this with the world today. This presentation acknowledged the importance of role models, passing on traditions and stories, and finding strength within culture. Engaging youth in FASD prevention is crucial to ensuring a strong future.

The Role of Media in Prevention

To facilitate a discussion around prevention and the use of media to deliver health promotion messages in Aboriginal communities, Mark Bin Bakar, an Aboriginal media personality, was interviewed by Gary Kirby, the Director of Prevention and Workforce Development, Drug and Alcohol Office.

Workforce Development

Wendy Casey (Manager, Aboriginal Alcohol and Other Drugs Program) delivered an overview of workforce development issues in FASD prevention.

WORKSHOP DISCUSSION

Facilitators and scribes were present at each table where workshop discussions were held. Facilitators used questions and prompts from a facilitators' guide to assist the discussion. Scribes noted the key discussion points into their forum booklets, which were then typed and reviewed following the workshop, to identify key themes and issues identified by participants. This section presents those key themes and responses.

Workshop One: Current Community Knowledge and Awareness

Participants in the first workshop were not assigned places. The groups were mixed gender, and represented a range of regions and sectors.

Question 1

What is the level of awareness in the community about the effects of alcohol use in pregnancy and the possible impact of alcohol on the fetus?

Differing levels of awareness

In general participants reported low to non-existent levels of knowledge, and a general lack of awareness in the community about the effects of alcohol on the fetus. There were some exceptions to this, which might be described as 'pockets of awareness', which were likely to be the result of specific localised FASD initiatives. Some participants reported such knowledge was common amongst older women, but not so amongst younger women of childbearing age. Whilst some older women tried to convey this information they believed that younger people were not responsive to their concerns. Within some communities many people did not see the use of alcohol in pregnancy as an issue or did not comprehend the potential impact or size of the issue. Concerns were more focussed on the potential damage done by smoking or drug use.

Confusion and mixed messages

There appeared to be general confusion around 'safe' levels of drinking in general. The NHMRC guidelines were seen as confusing or meaningless. There was little knowledge of what constituted a *standard drink*. The previous (2001) change in guidelines and recommendations has created more confusion. Older generation mothers knew not to drink, however younger generation mothers may have been informed that they can drink within the safe limits set in the 2001 guidelines, or have received no advice at all. It was reported that some mothers believed "a little bit" was OK, or that different types of alcohol such as alcohops were safe to consume. In some areas a six pack was considered "a little bit", whilst in other areas people equated *binge drinking* with street drinking, or exceeding 10 drinks.

Some participants reported that women may know that it was unsafe to drink, but had no real awareness of the potential impact on their baby. It was felt that some women may not understand basic physiology especially around the functioning of the placenta. Prevention focussed messages about the potential harm from drinking alcohol during pregnancy may compete with knowledge of actual women who drank during pregnancy but delivered seemingly healthy babies. There was little understanding that some effects of alcohol exposed pregnancy may not become apparent until later post-partum developmental stages or be permanent in nature. Participants also reported misinformation such as the belief that FASD was a genetic condition.

Role of health professionals

Participants believed that primary health workers and GPs were not currently discussing alcohol risks with pregnant or child bearing age clients, and that there was not adequate early intervention and sexual health strategies. In some cases support people and parents were not able to provide accurate information to the young people and the need for expert advice was acknowledged. There was concern expressed that there was a lack of connection between various health care providers, many of whom worked in silos. There was some concern lack of specific medical training for doctors who were unable to make accurate screening or diagnosis of FASD.

Sharing knowledge and knowledge ownership

In some areas the information relating to the potential effect of alcohol on the fetus was seen as 'women's business', however in some cases this related to generational differences with younger generations more inclined to see a role for men and fathers. People believed there was willingness in the communities for education around this issue. It was seen as a whole of community concern, with specific education needs for men and women around FASD, preconception planning, contraception and parenting. Some participants believed there may be 'gaps' in the communities' knowledge, with generational cohorts having differing levels of awareness, or incorrect information.

Alcohol culture

The impact of the current culture of alcohol use in many communities was noted. People reported an increase in alcohol in many communities, in some cases they reported that "everyone uses grog", and grog use was seen as normal. People who attempted to stop using alcohol were often subject to pressure from other members of the community. Some people believed that daily drinking was considered normal and acceptable, whilst binge drinking was bad. Alcohol marketing, such as linking alcohol use with sporting events, made it an acceptable and attractive drug of choice. In particular it was noted that as mining had brought improved economic circumstances there was more money available to spend on alcohol, and that changes to packaging had increased the volume of alcohol sold, i.e. change for 6 to 10 pack.

Drinking by young people had escalated; often they drank at home before going out. Participants reported that young people felt it was their right to drink, just as the preceding generation had.

Finally pregnancy was seen as an opportunity to celebrate, "woman pregnant means big party", which would include the use of alcohol.

Question 2

What are some of the reasons women drink during pregnancy?

Same reasons as other non-pregnant women

In response to the question of why women continued to drink during pregnancy participants reported a broad range of responses. Many people believed pregnant women drank for the same reasons as non-pregnant women. They may have been drinking at unsafe levels prior to conception, they may or may not be able to control their use, and they may have addiction and dependency issues. In addition young women may be drinking in order to feel confident.

Lack of professional support or intervention

Lack of professional support was thought to influence continued drinking. There was a general lack of Aboriginal specific resources, insufficient workers and insufficient training provided to health workers about FASD and AOD intervention and support. It was perceived that GPs were poorly resourced and spent very little time educating about FASD or inquiring about alcohol use. A range of infrastructure and resourcing issues impacted on service delivery including insufficient allocation of time, competing health agendas, insufficient screening and lack of diagnostic skills, services were not co-ordinated and often relied on the individual workers to generate support. It was also of concern to the group that there was often insufficient housing for workers, and that positions remained unfilled or were not advertised.

Barriers to accessing treatment and support were also considered to play a role on pregnant women's continued use of alcohol. The barriers included lack of accessibility, lack of post-natal follow-up, clients' experiences of racism and stolen generation issues. Sometimes women did not attend services until late in their pregnancy, if at all. Some participants felt the Aboriginal community was ill-informed because Aboriginal forums were often attended by white staff, and the message did not filter out to the community. Sometimes people did not want to raise the issues of pregnant women continuing to drink as there were differing views and they did not want to "cause a rift".

Drinking culture

Mainstream Australian drinking culture, the strong between alcohol and with sporting culture, and the place of alcohol in modern Australian society were seen as influential.

Within some families and communities, the culture around the use of alcohol, such as the normalisation of drinking alcohol and its imbedding into daily life, also influenced pregnant girls and women to continue drinking. More people were drinking, there was more alcohol in family homes, and in some families heavy drinking was considered a norm. Alcohol was more easily available and there was considerable peer pressure to remain part of the group by having a few drinks. In some cases money from mining royalties meant more money was available to fund alcohol consumption for the whole family. Women also had more access to money, through mining royalties, FIFO workers and baby bonuses, which was thought to lead to greater alcohol consumption.

Lack of education and little awareness

Participants believed that some women continued to use out of ignorance as, there was a lack of understanding and awareness in the community. It was acknowledged that even when there was knowledge it was difficult to change attitudes and behaviour. They recommended that there be education and support for both men and women, especially when newly pregnant to increase awareness of FASD. It was believed that messages were aimed a white people, and there was a need for Aboriginal specific information and support. Participants noted how much emphasis is placed on not smoking during pregnancy yet the alcohol messages was as important, with possible long-term effects being more problematic and permanent. Some women did all the recommended things such as diet, exercise and folate, but they continued to drink alcohol, in this case it is possible they were unaware of the possible damage.

Loss of community and breakdown of care systems

Participants believed some women who drank during pregnancy were likely to be affected by the ongoing impacts of colonisation, Stolen Generation issues, transgenerational trauma, family feuding, and family breakdown. Whilst some of these impacts might be experienced directly such as family violence, poverty, and marginalisation, other impacts are indirect.

The indirect impacts include the loss of traditional systems of care, control and responsibility, i.e. the normal pregnancy and child rearing traditions with the associated roles, skills and knowledge had been lost in some areas due to the impact of colonisation. It was felt by some participants that these roles needed to be re-established or new roles developed.

The impact of men and relationships

Men were seen as having a big impact on pregnant women drinking alcohol. Participants believed that some women drank as escapism from unhappy relationship situations, which might include living with a drunken partner. Sometimes alcohol was a coping mechanism; women drank to keep their partners calm and avoid possible domestic abuse. Some men forced their partners to drink with them, coercing, threatening, and becoming jealous if their women did not drink with them.

Participants reported that in many communities men held the power, they believed that it was vitally important to include men in education and FASD prevention messaging because their support was needed for women to be able to make and sustain the change to not drinking. In addition unless men received that information they were unlikely to believe what their women told them. It was thought that in particular young men may be unwilling to listen or to talk about the impact of alcohol in pregnancy and that they may actively try to encourage women to drink. Older generation had tried to tell these men of the risks without success. Another reason given for women drinking related to loneliness in relationship, being isolated from friends and family, and not being supported by their partners and families. A final relationship factor identified was the possibility of being in wrong way relationships, with the ensuing stress, guilt and tension.

Escaping distress and managing stress

Participant reported that for some women and girls alcohol may be a welcome escape from the daily pressures and stresses of living, pressures in the school system, and pressures in the family environment such as extended care responsibilities. Alcohol may also serve as self-medication for mental health issues, such as depression, anxiety or on-going trans-generational trauma and internalised oppression. There was additional pressure for women who were using alcohol as they were often fearful of their children being taken away. Peer pressure also played a role in continued drinking, and sometimes girls drank to hide the fact that they were pregnant, because they felt shame about the pregnancy, or were afraid of their family finding out. Participants said that some women continued to use alcohol during pregnancy because they were bored and isolated, and had nothing else to do for entertainment.

Antenatal factors

Participants also reported a range of antenatal factors such as women and girls not being aware that they are pregnant. Some women simply did not believe that alcohol could harm their baby. For others, who had continued to drink during previous pregnancies, the fact that they had non-affected children was seen as proof that they would not be impacted. It was believed that sometimes the pregnancy was unwanted and women who may be unwilling to abort may drink in an attempt to "self-abort". Lack of contraception and one off binges meant it might simply be bad timing with the fetus affected in the very early developmental stages prior to the mother's awareness of the pregnancy.

Question 3

What supports are available in the community for women who want to reduce intake or stop drinking alcohol during pregnancy?

Supports available

Participants were able to name a wide variety of services and agencies which could provide support to pregnant Aboriginal women who may want to reduce or stop using alcohol, however this varied greatly between areas. Some areas had few culturally appropriate services and no options. Some participants reported there were few services beyond the ADO sector, and the AOD sector was not sufficient in itself. Many of these women and girls were unlikely to utilise AOD services. Participants also felt there were also many barriers for women trying to access services. Service providers identified included AMSs, GPs, midwives, CDSTs, health services, DCP, A&E, Aboriginal services, refuges, church groups and hostels. And participant identified a number of excellent area specific programs such as Boodjari Yorgas program or state wide programs such as Department of Communities 'Best Start' program.

Family networks were a major source of assistance, with support coming from family members who worked in the field and could be trusted to provide information and options. There were a range of services which might be accessed by women where opportunistic screening and brief intervention could occur – this included GPs, A&E, midwives and antenatal and post natal care. Some women were not aware they were pregnant until they felt the baby move – this meant a significant period of potential alcohol exposure. Women needed access to contraception, and pregnancy testing to avoid exposing the fetuses to alcohol during this gap in awareness.

Barriers to pregnant women who are drinking alcohol accessing support

Aboriginal people do not access health advice on a regular basis, seeking antenatal advice or support to reduce their alcohol use might not be a normal behaviour for some women. Some service providers suggested that when women do seek to engage with services not enough is done in the early stages, meaning alcohol damage may have already occurred. This was seen as something a woman could not always go to her family about, and there was definitely a need for external services. Barriers to accessing treatment included lack of accessible services in some towns or remote areas led to women being forced out of the community. Participants reported that lack of co-ordination between services and lack of accountability meant duplication or gaps which service providers were unaware of. In addition Aboriginal people were not well informed as to what services were available to them or how to access them. Lack of housing and high staff turnover led to inconsistent service delivery with gaps in ante or post natal treatment. In some cases women were likely to avoid accessing services due to fear of confidentiality breaches and fear of their children being taken away due to continued alcohol use.

Attitudes

Participants noted that workers in services providing support to Aboriginal women wanting to reduce or stop drinking during pregnancy needed to have a supportive and non-judgemental attitude, be aware of healthy Aboriginal lifestyles and the traditional and cultural connections. Service providers were not always the experts and needed to be supportive of family knowledge and traditions. For example, knowledge around pregnancy is traditionally learned from other women such as mothers, grandmothers and aunts.

Education

Raising awareness of options was seen as important in supporting women to be able to access treatment and support. Participants suggested this should include AOD awareness in schools, family and community education engaging community members as educators, and developing peer education support networks. GPs and nurses should be screening for alcohol use and offering referral options, resources and in service training was needed to achieve this.

Participants suggested that men also need education around this issue and that they needed support to support their partners.

Engagement and support

Engagement with services was seen as difficult to achieve in some communities, unless forced to by DCP. It was important to form linkages with the whole family and some participants felt home visiting may be preferable. Extended family support was sometimes not accessed, and service providers noted it was possible that needs were unmet as they might not be aware of the woman's pregnancy. Social supports groups were seen to be a successful way of providing assistance and there was a need to involve the partner where ever possible or appropriate.

Taking action and creating change

Some participants believed that community wide action was required, and this included drinking restrictions, strategies to reduce consumption and the provision of social activities to replace drinking. A range of possible groups and group based activities were identified by participants. Such groups could serve a range of functions such as disseminate knowledge, reduce boredom, provide peer education and support networks, strengthen community and family cohesion, re-establish or renew social and cultural roles, strengthen culture through cultural activities. The groups identified included: men's groups, women's groups, grannies groups, art and culture groups, play groups, youth groups, and yarning circles. It was felt that the local councils could have a role supporting such groups and activities, and linkages could be developed with other service providers such as Relationship Australia. Utilising Noongar cultural corridors and other localised communication networks and pathways could spread messages and support. Participant noted that many Aboriginal agencies were seeking ways to take the focus off drinking, and may be potential partners in activities such as these.

Resources and messages

In order to support women who were continuing to drink during pregnancy a range of resources were suggested. Many participants felt that a consistent strong message and a long term approach were needed, but that this should be tailored to the needs of local communities and be relevant to the target groups. Participants believed that different groups needed different approaches, and that communities should be empowered to take ownership, and encouraged to adapt the information to include community knowledge. Support should be provided to ensure this could happen successfully. Resources should also be directed at different age groups and be modified accordingly, as "one size does not fit all."

Participants felt that DAO should provide regional and community workshops to engage with people and develop their skills – peer support strategies could be useful and allow communities to generate their own solutions. Messages needed to take into account the complexity of the issues associated with continued alcohol use, which was likely to be tied up with social and emotional wellbeing issues. Some participants felt that dealing with the alcohol use alone was "band aiding", and that a more holistic approach was needed.

Some participants noted a trust based relationship needed to be established before messages would be heard. It was reported that in some areas some younger women and girls did not believe their pregnancy would be impacted and did not consider the long term effects, despite being informed. Participants felt that education needed to start early (13, 14, 15 year olds) and be compulsory within school drug education programs as these girls were vulnerable to alcohol impacted pregnancy. Linking messaging with other events and offering lunch was more likely to ensure attendance. The type of resources suggested included evidence based stories, visual messages and graphic information, brief intervention and harm reduction information, targeted communication and home visits.

Workshop Two: Prevention

Different communities have different beliefs, practices, and roles for men and women in the areas of contraception, pregnancy and child-raising. In some areas there is a strong division between men's and women's knowledge. In order that people could speak freely and address their specific areas in relation to FASD prevention, this workshop was divided into groups by gender.

Question 1

In order to engage community to raise the awareness of FASD and alcohol and pregnancy, what types of messages do you think would be effective?

Participants reported that messages needed to be community informed and delivered in plain, direct, simple language. It was also identified that messages would need to be tailored to different communities using locally relevant spokespeople and language. Participants reflected that consultation with community would be needed to ensure that the messages are appropriate to ensure credibility within the general community and specific target groups (women, men and youth).

Participants also said that messages needed to be non-judgemental, prevention-focussed, and factual and they should focus around strong families and strong children.

Question 2

How do we get our message across to people across the State including those in metro, regional and remote areas?

Participants reflected that a broad range of communication strategies were needed to reach different target groups but also to reach people living in metro, regional and remote areas. This included television, radio (e.g. Noongar radio), online (Facebook), new technology, newsletters, animation, community workshops, DVD's, message sticks, narrative stories, songs, placement of message on drinking cups, plays and cartoons. Settings such as schools and community sporting or art events were also considered to be ways to engage the community. Again, the participants reflected that the type of strategies used would depend on the needs of the individual communities.

Question 3

Although this message tends to be woman-focussed, men have an important role to support women not to drink?

Participants identified that men have an increased responsibility in family business and they can play a strong role in supporting women not to drink while pregnant.

Messages aimed at men should be factual, respectful, encouraging, strength-based, community-focussed and inclusive. Participants also felt that messages should focus on men's role in the family and encourage the role that men can play in supporting women.

Credible spokespeople and role models such as sport celebrities and elders were considered to be important. It was also identified that young men may need to have a more tailored message. Consistent with broader messages, culturally secure messages delivered in language by Aboriginal men was important.

It was also suggested that messages should be delivered to men in a comfortable, familiar environment. Further strategies to deliver messages aimed at men included travelling resource development groups, men's groups/camps and message stick yarns.

Question 4

How do we get the message to youth?

Participants identified that messages aimed at youth should be informed by youth. Moreover, the messages should be delivered by youth. It was identified that messages aimed at youth could include broader messages about sexual health and contraception.

Settings such as schools, sporting activities, youth workshops and youth camps along with maternal child health programs were identified as ways to target youth. There was also an emphasis placed on innovative strategies such as new media (arts, comics, competitions, posters, postcards, social networking, song, puppets, animation, dance, DVD's) along with traditional media (television, radio).

Question 5

Who do you think might deliver the message?

Participants identified the need for different spokespeople to address the different target groups. Overall, it was recognised that the spokespeople should be identified by community to ensure that they hold integrity and credibility with the target group.

It was also identified that many members of the community could play a part in delivering the message including grandparents, mothers, fathers, aunties, health workers, youth, children, elders, celebrities and other role models. It was identified that youth culture is different to other parts of the community.

Workshop Three: Workforce Development

This section of the report discusses the feedback from the Forum around the issue of workforce development. During this part of the forum, the participants were placed into groups which represented their areas of expertise and the possible target audiences for workforce development programs. The participant groups were identified as: Alcohol and Other Drug (AOD) (2 groups); Academic and Community; Primary Health Sector (2 groups); and Associated Sectors. Each of the six groups had a scribe and facilitator who asked a series of six questions related to workforce development needs and issues relevant to this project.

Question 1

What training and resources are available for workers?

A range of training and resources were identified by forum participants, however there was limited training related to FASD prevention. Some components of other training such as Cert III Alcohol and Other Drugs work contain information about FASD or information about AOD generally, but not specifically FASD prevention.

Resources were also limited and appeared to become more limited in regional and remote areas. Some existing resources are specifically related to FASD, but they are not widely available and may have a stronger application in maternal health settings. Some interesting resources were identified in relation to information and communication technology which could be utilised in the future.

Question 2

What networks are important to access to make this training work?

A wide range of networks were identified by the workshop groups, with most groups identifying the same stakeholders as important networks to establish and maintain with Regional Aboriginal Health Planning Forums identified as a key stakeholder.

These stakeholders include Aboriginal Medical Services, Community Health, Population Health, Aboriginal Child Health Teams, Antenatal Services, sexual health, WA Country Health Service, schools, GP Network, Department for Child Protection, schools and local health clinics.

Each region developing a local network was suggested as a possible strategy to build and maintain these networks.

More grass-roots networks, such as sporting clubs, were also identified as important in making FASD prevention training work.

Question 3

What training mediums would be useful? E.g. Online or face to face etc.

The clear preference for the forum participants was for face to face training which utilises a range of training resources (such as DVDs, flip charts) and styles in the regions. Learning through being shown having hands-on experience and receiving feedback was identified as a culturally appropriate way to learn. The use of scenarios and group discussions was also considered to be important.

Opportunities for post training follow up were considered to be very important.

Online learning was not considered to be particularly effective with the forum participants; however some forms of technology such as HIT net and telehealth were suggested as secondary means to continue to support learning after the initial training.

Question 4

What are the important things to include in this training?

Overall this focus question provoked similar responses from each of the workshop groups. The suggested training content can be summarised as evidence based, culturally secure, factual knowledge about FASD which explains the impact of alcohol during different stages of fetal development and postnatal implications.

Additionally, clear and consistent information about the Australian Alcohol Guidelines (2009), standard drinks, alcohol related harms and harm reduction strategies were seen as important.

It was considered very important to target the training to the trainees; this could be in relation to their work role, gender, cultural background, language group and local community.

Although “things to consider about the provision of training” was not specifically raised as a question for the groups, most groups provided suggestions about this. The importance of engaging community, and utilising local people to deliver the training in a collaborative way was strongly suggested. Additionally the importance of skilling up the community was raised. Examining the readiness of the community to undertake such training was also suggested. Another important point was to consider unintended negative consequences of training on this topic, such as stigmatising children and families through the inappropriate use of knowledge about diagnostic criteria.

The need to embed the information into organisational practice, policy, procedures and best practice information was seen as necessary to facilitate ongoing commitment to FASD prevention and encourage follow up and support within the service.

Question 5

What kind of resources would help you to engage these clients?

A range of resources were suggested that would assist workers to engage clients around the issue of FASD prevention. Several clear themes emerged from the responses which can be summarised as:

Resources to engage clients need to be:

- Culturally secure
- Cater to the diversity of Aboriginal people in Western Australia
- Involve the community in their development
- Targeted to men and women, young and old
- Visual
- Provide clear messages about the use of alcohol during pregnancy

Specific resources to engage clients were suggested as following:

- Flipcharts
- DVD
- Storytelling cards
- FAS dolls

Question 6

What are your strengths and weaknesses, and what areas do you need to develop further?

A number of structural issues were identified as weakness or areas that need development including; staffing issues such as poor remuneration, lack of Aboriginal workers, insufficient housing, and high workloads; geographical isolation; lack of knowledge about referral pathways; and the siloing of health issues; and the mismatch between government policy and Aboriginal ways of working. The lack of local research was highlighted as a major concern by this discussion.

Strengths were identified as being the fact that FASD is preventable, that networks exist and that Aboriginal people are committed to making changing for Aboriginal people.

Conclusion

From the responses of the forum participants it is clear that there is a need to improve professional awareness, competence and confidence to deliver evidence-based, culturally secure early interventions, treatment and referral for Aboriginal women with respect to substance use in pregnancy and FASD.

This involves providing workforce development to a wide range of stakeholders such as primary health, CCAHS, Divisions of General Practice, sexual health, AOD sector and others. The forum participants stressed the importance of providing workforce development opportunities in the regions and engaging with local communities and stakeholders. A regional approach to the development and maintenance of networks was seen as critical to enabling effective workforce development. The use of local language and presenters was also considered important.

Face-to-face training using a range of teaching strategies was identified as the preferred training medium. Experiential learning and the incorporation of scenarios and group reflection was identified by forum participants as a culturally secure way of learning.

Resources to support learning included a range of visual tools such as flip-charts and DVDs. Online learning was not considered to be particularly effective with the forum participants; however some forms of technology such as HIT net and tele-health were suggested as secondary means to continue to support learning after the initial training.

The importance of embedding the knowledge gained from training into agency policy, procedure and practices was also identified.

It was considered important that resources to engage clients cater to the diversity of Aboriginal people in Western Australia; are culturally secure; target all parts of the community and have highly visual and clear and concise messages. Such resources could include flip-charts, storytelling cards, DVDs and FAS dolls.

While a number of structural issues were identified as weaknesses, such as housing and geographical distance, there were areas where some development had taken place, such as networking, as well as identified strengths such as Aboriginal people's commitment to making change for Aboriginal people.

RECOMMENDATIONS

The following recommendations were developed on the basis of the feedback and discussion by forum participants.

Community Awareness and Prevention

- Raise the level of awareness in the community of the potential impact on the fetus of prenatal alcohol exposure through a state-wide campaign that is then supported by the localisation of key messages and implemented through locally identified strategies.
- Develop a comprehensive approach which ensures a culturally secure, non judgemental, prevention focussed message that also aims to do no harm to Aboriginal women, children and their families. The message should be factual and promote strong families and strong children.
- Messages to raise awareness of the harms associated with alcohol use in pregnancy and FASD need to be adapted to suit individual communities and should encourage community ownership. This includes:
 - Being delivered in plain or local language, which connects with the community;
 - Being delivered by credible spokespeople and;
 - Using a range of mediums to get the message to different target groups (females, males and youth).
- A broad range of communication strategies should be used to reach different target groups. They may differ for metro, regional and remote areas.
- Men should be targeted in education and FASD prevention messaging as their support is needed for women to be able to make and sustain the change to not drinking during pre-conception and pregnancy.
- Youth should be included as a target group to address risky behaviour that results from alcohol consumption, including unplanned, unprotected sex, and unplanned pregnancy. Messages aimed at youth could include broader messages about sexual health and contraception.
- Spokespeople should be identified by community to ensure that they hold integrity and credibility with the target group.
- Ensure that the project is linked to, and supported by State-wide, regional and local level alcohol management strategies and plans. This includes creating supportive environments to empower communities to make change.
- Increase awareness of where and how to access professional support to address alcohol use pre-conception and throughout pregnancy. Delivery of culturally secure services includes the strengthening of links between agencies.
- Engage with existing networks and facilitate further development of peer support networks to support women in the community to:
 - Access information, treatment and support;
 - Strengthen cultural activities;
 - Promote alcohol-free alternatives and;
 - Encourage the sharing of knowledge and skills regarding traditional maternal and child practices.

- Respond to different groups needs with different approaches that empower communities to take ownership. Support and encourage communities to adapt the information to include community knowledge.
- Ensure broad consultation to inform communities and be informed by them. Utilise consultation networks to ensure the development of locally relevant resources, identification of locally respected spokespeople, and future community level resource modification.

Workforce Development

- Ensuring that workforce development strategies are evidence based, including current empirical literature on the prevention and screening of FASD; intervention and treatment of women of childbearing age; and incorporates the 'grey literature' and innovative responses to FASD prevention which are already occurring in communities
- Further consultation with Aboriginal and non-Aboriginal stakeholders to assess the needs of regions and communities in order to tailor and coordinate workforce development activities
- Review and possible modification of existing professional resource materials to ensure they are applicable to an Aboriginal health setting
- Development of culturally secure training targeted to the differing target groups to increase knowledge and skills around screening Aboriginal women of childbearing age for alcohol use, using Brief Interventions and Brief Motivational Interviewing to provide advice, assistance, referral, information on referral pathways and treatment as appropriate
- Development of training resources to support training, such as demonstration DVD and flip-chart
- Develop best practice guidelines and contribute to the development of stakeholder agency policy and practices regarding FASD prevention
- Development of online learning tools and resources as considered appropriate by stakeholders.

It is important that the workforce development element of this project undergoes ongoing evaluation from all stakeholders to ensure that it meets the needs of the differing target groups. Training and resources which are developed for this project must come from a strong evidence-base of academic research and professional experience, while employing a culturally secure approach which empowers Aboriginal people.

FORUM EVALUATION

Formal and informal feedback indicates that the FASD consultation forum was highly successful. Participants praised the organisation and structure of the day, the quality of presentations and the way in which workshops were facilitated in their comments in the qualitative evaluation and through informal feedback.

The quantitative evaluation indicated that over 97% of participants found the event 'extremely' to 'a lot' useful and over 90% considered the consultation process and workshops 'extremely' to 'a lot' culturally secure.

More than 90% of participants thought the event had been 'extremely' to 'a lot' valuable in networking or sharing information. 57.57% of participants thought their knowledge and understanding had increased 'a lot' to 'extremely' and 33.33% of participants thought that their knowledge and understanding had increased 'moderately'.

Qualitative comments highlighted the participant's appreciation to be invited to an Aboriginal specific consultation forum and they highly valued Aboriginal people delivering the program content. This was reflected with comments such as "*Inspiring to see so many Aboriginal workers presenting across different difficult topics*" and "*Presentations were excellent*".

Appendix A – People who attended the Forum

<i>Don Abdullah</i>	Centrecare
<i>Andrew Amor</i>	Milliya Rumurra Aboriginal Corporation
<i>Jessica Bairnsfather-Scott</i>	DAO
<i>Mark Bin Bakar</i>	Mary G Enterprises Pty Ltd
<i>Chris Bin Kali</i>	BRAMS
<i>Rosanna Bolton</i>	DAO
<i>Leah Bonson</i>	Commission for Children & Young People
<i>Michael Bradley</i>	Derbarl Yerrigan Health Service
<i>Susan Bradshaw</i>	Aboriginal Health Improvement Unit
<i>Andrew Brock</i>	DAO
<i>Maureen Carter</i>	Nindillingarri Cultural Health Services
<i>Sasha Casey</i>	DAO
<i>Wendy Casey</i>	DAO
<i>Sharon Clews</i>	Sexual Health & BBV Project
<i>Cliff Collard</i>	Rural Health West
<i>Jenni Collard</i>	Department of Child Protection
<i>Mary Cowley</i>	Department of Indigenous Affairs
<i>Dee Dee Cox</i>	Population Health Support KAMSC
<i>Dorinda Cox</i>	Department of Health
<i>Patrick Cox</i>	DAO
<i>Heather D'Antoine</i>	Menzies School of Health Research
<i>Jo-Anne D'Cress</i>	DAO
<i>Kenny Dean</i>	Southern Aboriginal Corporation
<i>Darelle Ellis</i>	DAO
<i>Wayne Flugge</i>	WANADA
<i>Mary Ford</i>	ARAFMI
<i>Michelle Gray</i>	DAO
<i>Denese Griffin</i>	North Metro Area Health Service
<i>Neil Guard</i>	DAO
<i>Angela Hanslip</i>	DAO
<i>John Harris</i>	Aboriginal Alcohol & Drug Service (AADS)
<i>Carol Holmes-Hill</i>	North Metro Community Representative
<i>Wayne Johnson</i>	Bega Garnbirringu Health Services
<i>Jennifer Keen</i>	DAO
<i>Gendy King</i>	DAO
<i>Gary Kirby</i>	DAO

<i>Julia Knapton</i>	DAO
<i>Christine Lethlean</i>	DAO
<i>Bruce Loo</i>	DAO
<i>Murray Masters</i>	DAO
<i>Anne-Marie McHugh</i>	Aboriginal Maternity Support Services Unit
<i>Alex McIntosh</i>	Midwest CDST
<i>Priscilla Moody</i>	Holyoake, Wheatbelt CDST
<i>Daniel Morrison</i>	Aboriginal Alcohol & Drug Service (AADS)
<i>Darren Mudge</i>	Office of the Hon Dr Graham Jacobs MLA
<i>Kathleen Musulin</i>	Carnarvon Hospital, Midwest CDST
<i>Dwayne Nelson-Shaw</i>	Bega Garnbirringu Health Services
<i>Paul Parfitt</i>	DAO
<i>Danny Penny</i>	Aboriginal Alcohol & Drug Service (AADS)
<i>Chris Renshaw</i>	Puntuturnu Aboriginal Medical Service
<i>Jennifer Rogers</i>	OVAHS
<i>Kath Ryan</i>	Pilbara Aboriginal Drug & Alcohol Program
<i>Angela Ryder</i>	Relationships Australia
<i>Sherry Siggers</i>	National Drug Research Institute
<i>Averil Scott</i>	Women's Health Services
<i>Sanchia Shibasaki</i>	Kimberley Aboriginal Medical Services Council Inc
<i>Judi Stone</i>	DAO
<i>Ursula Swan</i>	DAO
<i>Bill Turner</i>	South West Community Drug Service Team
<i>Carla Vitale</i>	DAO
<i>Billie Webb</i>	DAO
<i>Jo Webb</i>	Great Southern Aboriginal Health
<i>Sam Williams</i>	Great Southern CDST
<i>Alison Woods</i>	Wheatbelt Aboriginal Health Service
<i>Yvonne Yarran</i>	Wirraka Maya Health Service

Appendix B – Event Evaluation Report

Strong Spirit Strong Future Promoting Healthy Women & Pregnancies State-wide Aboriginal FASD Consultation Forum Mercure Hotel, Perth - Friday 12 November 2010

Forum Facilitator's:

Wendy Casey, Manager, Aboriginal Alcohol and other Drug Programs (AAODP), DAO
Bruce Loo, A/Senior Policy and Workforce Officer, AAODP, DAO

Presenters:

Wendy Casey, Manager, Aboriginal Alcohol and other Drug Programs (AAODP), DAO
Bruce Loo, A/Senior Policy and Workforce Officer, AAODP, DAO
Billie Webb, Senior Workforce Development Officer, AAODP, DAO
Jess Bairnsfather-Scott, Prevention and Early Intervention Officer, Prevention, DAO
Sasha Casey, Senior Prevention and Early Intervention Officer, Prevention, DAO
Patrick Cox, Workforce Development Officer, AAODP, DAO
Ursula Swan, Senior Workforce Development Officer, AAODP, DAO
Jo-Anne D'Cress, Workforce Development Officer, AAODP, DAO
Mark Bin Bakar, Mary G Enterprises
Gary Kirby, Director, Prevention and Workforce Development, DAO

Group Facilitators and Scribes:

Bruce Loo, A/Senior Policy & Workforce Officer, AAODP, DAO
Billie Webb, Senior Workforce Development Officer, AAODP, DAO
Jess Bairnsfather-Scott, Prevention and Early Intervention Officer, Prevention Branch, DAO
Sasha Casey, Senior Prevention and Early Intervention Officer, Prevention Branch, DAO
Patrick Cox, Workforce Development Officer, AAODP, DAO
Ursula Swan, Senior Workforce Development Officer, AAODP, DAO
Jo-Anne D'Cress, Workforce Development Officer, AAODP, DAO
Gendy King, Senior Policy Officer, DAO
Jennifer Keen, Senior Resource Development Officer, AAODP, DAO
Angela Hanslip, RTO Manager, AAODP, DAO
Andy Brock, Principal Workforce Development Officer, AAODP, DAO
Murray Masters, Principal Workforce Development Officer, AAODP, DAO
Judi Stone, Manager/Senior Project Officer, Workforce Development Branch, DAO
Michelle Gray, Senior Project Officer, Prevention Branch, DAO
Carla Vitale, Senior Project Officer, Prevention Branch, DAO

Administrative Support:

Darelle Ellis, Administrative Support Officer, AAODP, DAO

N° of Participants: 42 + 23 staff *

N° of Completed Questionnaires: 33

***Staff not included in evaluation**

Summary of Event Evaluation

The formal evaluation indicated that over 97% of participants found the event 'extremely' to 'a lot' useful and over 90% considered the consultation process and workshops 'extremely' to 'a lot' culturally secure. More than 90% of participants thought the event had been 'extremely' to 'a lot' valuable in networking or sharing information; while 57.57% of participants thought their knowledge and understanding had increased was 'a lot' to 'extremely' and 33.33% of participants thought that their knowledge and understanding had increased 'moderately'.

SECTION 1: Quantitative outcomes

Key: (n) = Number of Responses, % = Percentage of Responses

	Not at all	A little	Moderately	A lot	Extremely
A. Has this event been useful in relation to your work?			n = 1 (3.03%)	n = 21 (63.64%)	n = 11 (33.33%)
B. Do you think your knowledge & understanding about the topic(s) covered has increased ?		n = 3 (9.09%)	n = 11 (33.33%)	n = 16 (48.48%)	n = 3 (9.09%)
C. Has this consultation process and the workshops been culturally secure ?			n = 3 (9.09%)	n = 14 (42.42%)	n = 16 (48.48%)
D. Do you think this event has been valuable in networking and sharing information with Aboriginal workers from WA?			n = 3 (9.09%)	n = 7 (21.21%)	n = 23 (69.70%)

SECTION 2: Qualitative comments

A. What could be added to future events?

Comments
<ul style="list-style-type: none">• Open discussion on FASD.• Just to have more of them.• Training for FASD in conjunction with SIDS. Every 3 months to give the workers from communities competent to address these issues in their community.• More information in hardcopy about FASD.• More research information, national, international. Paediatrician perspectives, APSU info.• Training in DAO office.• Reference to SID also aboriginal inclusive.• Another event with more info on community engagement strategies discussions (practical).• Other sectors – education, youth.• I think that there needs to be a separate forum for youth. We should hear from them about what their references are.• Sharing other services/regions ways of doing/thinking around Alcohol/pregnancy.• More people, 400 more!!!• Names and contact details of participants.• Papers – journal articles evidence• Copy of presentation.• Maybe a list of all participants' contact details.• Perhaps a clearer idea of the purpose of the workshop.• Nothing x 2.• Exchange of contacts of participants as some have great resources and connections that you could later use in your own work.• Maybe ask everyone to bring their cards and any work pamphlets – placed on a table for others to take.• The types of support for families and children.• If costs allowed, could have 2 day workshop.• Nothing.• Information booths.• A full Mary G show at lunch break.• Showcase from organisation who deals with FASD whether they successful or not.• Future events should be held on a more regular basis.• Need more workshops and training.

B. Any other comments?

Comments
<ul style="list-style-type: none">• No.• Well done to all the organisers.• Enjoyed it. Hope all information gathered will ensure better service delivery to rural and remote communities!• Excellent DAO staff.• Not important at this time.• Good day, thank you very much.• Nil x 2.• I thought it was a very well run workshop. I do worry to some extent about the ongoing development of strategy across the range of government/non-government agencies represented. I guess, in essence, my question out of today is So What!• Good range of skills and expertise in the room.• Nah!!• Excellent workshop. Well done !!• Terrific opportunity. Presentations by DAO staff were excellent.• Inspiring to see so many aboriginal workers presenting across different difficult topics.• Also excellent overview of whole day by Wendy.• Fantastic event. Would be good to have a Forum when the resources etc., are developed to feedback to the Forum reps.• Marketing ideas discussed with Gary and Mark very interesting. Could be the way to go to inform our mob.• Thank you for the invite. Very informative.• Very good workshop. Accommodation and food excellent.• Presentations were excellent.• Gary and Mark were brilliant – interview style.• Remind non-aboriginal attendees that this is 'aboriginal business'.• Facilitators need to be stronger to ensure all participants have their say.• I thought even by lunchtime, this was one of the best planned, organised and conducted workshops I have attended in a long time.• Where to from here.• Enjoyable, reminds me that there are people out there doing a good job. Thanks.• At the next conference, maybe have a few presentations where people are already doing programs that have a positive impact on highlighting the effects of alcohol during pregnancy.

Appendix C – Program Agenda

TIME	PROGRAM	PRESENTER/S
8:30 (30)	Registration and Coffee	
9:00 (10)	Introduction Welcome to Country	Bruce Loo Kim Collard
9:10 (5)	Housekeeping	Bruce Loo
9:15 (10)	DAO Welcome	Neil Guard
9:25 (25)	Overview of the Project	Wendy Casey
9:50 (20)	Overview of FASD	Billie Webb
10:10 (30)	MORNING TEA	
10:40 (45)	Workshop one: Current Community Knowledge <ul style="list-style-type: none"> • What is the level of awareness in the community about the effects of alcohol use in pregnancy and the possible impact of alcohol on the fetus? • What are some of the reasons women drink during pregnancy? • What supports are available in the community for women who want to reduce intake or stop drinking alcohol during pregnancy? 	Wendy Casey
11:25 (45)	Setting the Scene for Prevention <ul style="list-style-type: none"> • Prevention Overview (15) • Men's Roles (10) • Women's Roles (10) • Youth (10) 	Jess Bairnsfather- Scott & Sasha Casey Patrick Cox & Bruce Loo Ursula Swan Jo-Anne D'Cress
12:10 (60)	LUNCH	

TIME	PROGRAM	PRESENTER/S
1:10 (30)	Prevention messaging using media – what works well? Learning from others experiences.	Mark Bin Bakar & Gary Kirby
1:40 (50)	Workshop two: Prevention <ul style="list-style-type: none"> • In order to engage community to raise the awareness of FASD, alcohol and pregnancy, what types of messages do you think would be effective? • How would we get our message across to people across the State including those in metro, regional and remote areas? • Although this message tends to be woman-focussed, men have an important role to support women not to drink. • How do we get the message to youth? • Who do you think might deliver the message? 	Wendy Casey
2:30 (20)	AFTERNOON TEA	
2:50 (20)	Setting the Scene of Workforce Development	Wendy Casey
3:10 (40)	Workshop three: Workforce Development <ul style="list-style-type: none"> • What training and resources are available for workers? • What networks are important to access to make this training work? • What training mediums would be useful? E.g. Online or face to face etc. • What are the important things to include in this training? • What kind of resources would help you to engage these clients? • What are your strengths and weaknesses, and what areas do you need to develop further? 	Wendy Casey
3:50 (15)	Summary of Themes	Wendy Casey
4:05 (5)	Close of Forum	Neil Guard
4.10 (5)	Evaluation	
4:15	FINISH	