



PEERS

National Networking Project Evaluation

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Barb Smith
Project Coordinator
Prostitutes Empowerment, Education and Resource Society
Victoria, BC
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Executive Summary

The Prostitutes Empowerment, Education and Resource Society is a non profit organization based in Victoria British Columbia, with national affiliates. PEERS is a non-profit society established by ex-prostitutes and community supporters, dedicated to the empowerment, education and support of prostitutes, improvement in the safety and working conditions of prostitutes and increased public understanding.

PEERS with its strong commitment to involving experiential women submitted a proposal to Health Canada in order to develop strategies to prevent future Fetal Alcohol Spectrum Disorder births. This project was designed to empower birth mothers to develop their own strategies and appropriate resources. It also focused on informing all those working with women on the community level, about the needs and strengths of sex trade workers and other women facing multiple burdens that make it difficult to reduce or stop their use of alcohol during pregnancy.

Over the period from 2002 to 2005, this national project had a significant impact on understanding on the part of sex trade worker organizations, community-based professionals and birth mothers of child affected in seven cities, of how to prevent Fetal Alcohol Spectrum Disorder.

The local groups of birth mothers and women at risk made a significant contribution to our understanding of targeted prevention activities. They articulated how general FASD educational materials were offensive to them and provided a clear five part blueprint for FASD prevention materials – that that be informative, offer solutions for where to go for help, with images that underline the loving connection between mother and baby, with messaging that is not shame based, and take into account the reality of women's alcoholism.

The diverse community-based professionals were moved by both the workshops and their collaboration with the project coordinators, citing many benefits such as raised awareness of sex trade workers needs, increased initiative to tackle the issue in their workplace and increased involvement in advocating for a range of improved and expanded services and policy as key impacts of this work. It was the project coordinator's experience that nothing short of a paradigm shift in how community based service providers see their responsibility towards high risk women, and approach their care will bring about improvement in women's health and prevent Fetal Alcohol Spectrum Disorder.

This project strongly affirmed the needs identified in the integrated service model developed by PEERS almost ten years previously – that includes a continuum of levels of support in three core areas of physical health, mental health and healing, and pragmatic support such as shelter. This project served to highlight the need for serious attention to improving access to addictions-related services in the implementation of this model, if we are to be serious about improving the health of high risk women and prevent Fetal Alcohol Spectrum Disorder.

History and Evolution of the FASD National Networking Project

Background of Project Sponsors - PEERS

Mission Statement

PEERS is a non-profit society established by ex-prostitutes and community supporters. We are dedicated to the empowerment, education and support of prostitutes. We respect those involved in prostitution and we work to improve their safety and working conditions. We assist individuals who desire to leave the sex industry and strive to increase public understanding.

Vision Statement

We are dedicated to continuing our work to create a safe, respectful and healthy environment for those with a history of sex trade work. We strive to meet the needs of our members and continue to provide services that remain flexible and relevant to the changing needs of our community. We will continue to be a voice to speak out publicly against the abuse and stigmatization of prostitutes and continue to add our voice to creating more sensitive public policies and programs.

Rationale for the FASD Project

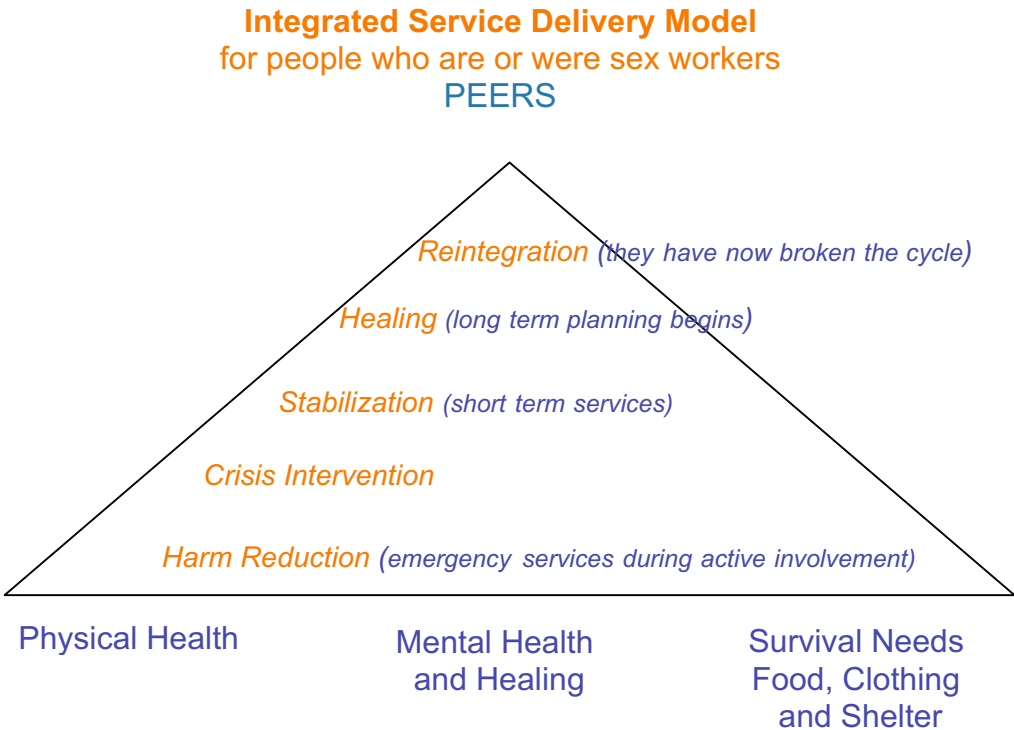
In 2000, on behalf of PEERS, Cecilia Benoit and Alison Millar of the University of Victoria interviewed 200 sex workers in Victoria¹. Of the 200 interviewed, 160 were women. Over 90% of these women had given birth to anywhere from 1 – 11 children, yet only 18.4% of these children were in their mother's care. Out of this same research they identified that over 50% of the sex workers interviewed had been in care themselves. This study confirmed the need for a comprehensive, holistic pregnancy/alcohol use prevention model focused on high risk women who are involved in the sex trade.

PEERS with its strong commitment to involving experiential women submitted a proposal to Health Canada in order to develop strategies to prevent future Fetal Alcohol Spectrum Disorder births. This project was designed to empower birth mothers to develop their own strategies and appropriate resources. It also focused on informing all those working with women on the community level, about the needs and strengths of sex trade workers and other women facing multiple burdens that make it difficult to reduce or stop their use of alcohol during pregnancy.

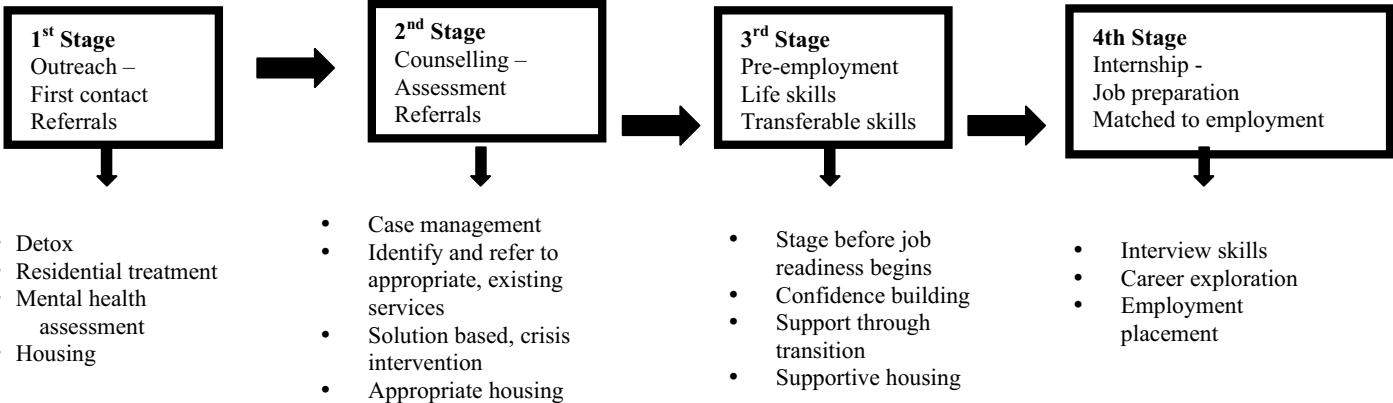
¹ Benoit, C. & Millar, A. (October 2001). *Dispelling Myths and Understanding Realities: Working Conditions, Health Status and Exiting Experience of Sex Trade Workers*. Victoria, BC. PEERS (Funded by the Michael Smith Foundation for Health Research, Capital Health District and BC Centre of Excellence for Women's Health)

The FASD Project and PEERS Integrated Service Delivery Model

PEERS has been concerned with the complex needs of women involved in the sex trade over the past 10 years, always with an emphasis on the strength, resilience and capacity of experiential women in defining their needs. In 1996, a group organized by PEERS created the following matrix of services and supports in key life areas that are needed to support women and men involved in the sex trade² This model has guided the work of the FASD project, in the all three goal areas of work with women, community based training of professionals, and national and community development processes.



PEERS Continuum



² Lewis, M., Pyottes, S., Kingsley, S. and Rabinovitch, J. (1996). Integrated Service Delivery Model for People who are or were Teenage Prostitutes. Prepared for the Ministry of Women’s Equality, Victoria BC

Evaluation Process

The evaluation covers the work done by the project over the past three years to achieve the following goals:

Goal 1 – *National networking* - Develop a national FAS/FAE information and resource network with all agencies that work with sex trade workers and Health experts across Canada in order to identify areas of common concern, what is currently being done, identify gaps and develop the most effective means of primary, secondary and tertiary prevention of FAS/FAE.

Goal 2 – *Community awareness and action* - Increase front line workers capacity by partnering with the Health organizations to develop workshops on FAS/FAE for front line workers, professionals and sex trade workers. Workshops will include training in harm reduction, practical day-to-day tools and ways to identify high risk clients.

Goal 3 – *Consumer driven resource development* - Develop appropriate resource material that will reach those closest to the street using straight shooting language developed by ex-sex trade workers for sex trade workers with expertise from the health experts.

Measurement of National Networking Goal

In year one the activities to achieve the first goal were reported on in the evaluation of activities. (See Appendix A)

In this report is provided

- A summary of the work done in key cities involved in the final stages of the project
- A survey of key people reached by the project on the impact on the work of the project coordinators
- Reflections on the national networking process by the project coordinators

Measurement of Community Awareness Raising and Development

The outcomes related to goal two are captured through:

- A summary of the work achieved
- Evaluations from workshops done with a wide range of service providers.
- A summary of a survey and letters from service providers and policy makers, who were closely involved with the project.

Measurement of the Resource Development and Women's Support Groups

The outcomes related to goal three are captured through:

- A description of the materials developed in a collaborative process with experiential women.
- Reflections from the birth mothers and other women who joined the birth mom groups, in their involvement in the project



Achieving Goal 1 – National Networking

To achieve the national networking goal, the Project Coordinator traveled to seven communities, and invited stakeholders in both the FASD community and sex worker community to participate in the national project. Five local Coordinators were hired to lead and undertake the project activities in key communities (Victoria, Vancouver, Edmonton, Toronto, Moncton and Halifax). This community level coordination, in combination with the national leadership, made possible the following achievements towards the goal of developing local networks of services, which are in turn linked nationally:

Connecting sex trade organizations on FASD

Sex trade agencies across Canada were connected and provided information on the topic of FASD. The following organizations were involved: PEERS (Victoria), PEERS (Vancouver), PAAFE (Edmonton), Streetlights (Toronto), Maggies (Toronto), Stepping Stones (Halifax), EGADZ (Saskatoon) SEYSO (Saskatoon), Sage House (Winnipeg), TERF (Winnipeg), Dreamcatchers (Winnipeg), and Canadian National Coalition of Experiential Women (national). Feedback has been positive regarding the sharing of information on a national level.

Having a network of services that support those in sex work is important and we appreciate Barbara's efforts to develop this relationship, both individually and between our organizations. I believe the presentations and resources that we have received through this project will educate both our staff and participants on Fetal Alcohol Spectrum Disorder, thereby assisting us with prevention of FASD.

Representative of Maggies in Toronto

This project is represented at the National Coalition of Experiential Women. This coalition is responsible for recommendations to the federal government on the needs of sex workers. Coordinators from Victoria, Vancouver, Moncton and Winnipeg all sit on this committee and therefore can ensure that FASD is woven through all the priorities identified in health and safety, youth, criminal justice, addictions and violence areas.

Building up from Community Level Work

Most large communities had emerging FASD committees, thus the local Coordinators were best able to promote awareness of the needs of sex trade workers in relation to FASD prevention through work with these committees. Regular communication took place between the Project Coordinator in Victoria with the five local Coordinators through monthly activity reports, emails and telephone calls.

Table 1 gives a snapshot of the national contacts built over the course of the project and the ongoing relationship that have resulted.

Table 1

Contacted	Nature of Contact	Sustained Relationship
National		
Halifax		
physician Halifax	Attended FASD committee. Sent FASD presentation package	
Stepping Stones (sex worker agency, Halifax)	Attended FASD committee. Sent FASD presentation kit	Liaise on national projects
Matrix Women's services, Halifax	Attended one community meeting. Sent FASD presentation kit.	
Family SOS, Halifax	Sent FASD presentation Kit	
Ontario		
FASD and sex worker agency – Hamilton, Ont.	Spoke to a number of times by phone. Sent FASD presentation kit.	
Family Services of PEEL Mississauga, Ontario	Sent FASD presentation kit	
Streetlights Support Services (sex worker agency, Toronto)	Came to two presentations. Sent FASD information presentation kit.	Liaise on national projects
Maggies	Hired coordinator from Maggies. Sent FASD package.	Liaise on national projects
Breaking the Cycle, Toronto, Ontario)	Sent representation for two meetings. Sent FASD information presentation kit.	Attend national FASD conferences
Hope Place (Women's Treatment Centre) Oakville, Ontario	Sent FASD presentation kit	
Centre for Addiction and Mental Health, Toronto	Attended a number of initial meetings, very interested in participating. Sent an FASD presentation kit.	
Winnipeg		
Klinik Community Health Clinic (street nurses)	Attended community meeting. Winnipeg coordinator worked with them on Dreamcatchers project (birth moms)	
TERF, sex worker exiting program	Attended presentation in Winnipeg. Sits on National Coalition with me. Sent FASD information kit.	Continue to work together on National Coalition.
Sex work diversion program, The Salvation Army, Winnipeg	Attended and co-presented in Edmonton as a criminal legal system forum. Sent FASD presentation kit.	
FASD Community Mobilization Unit (performs FASD workshops)	Attended FASD presentation. Winnipeg Coordinator worked with them for about a year on this project.	
Moncton		
PEERS Moncton	Hired coordinator. Work closely with her on FASD and sex trade issues. Trained coordinators for a month on ensuring they have a	Work with them on the National Coalition, representing FASD issues. Provide them with direction,

	strong foundation for sustainability.	mentoring.
Edmonton		
PAAFE	Sit on National Coalition. Sent FASD information package.	Continue to work with them on the National Coalition as well as information sharing.
Manager, FASD Initiative Alberta Children's Services, Edmonton, AB	Attended initial meeting in Edmonton to establish committee, kept him updated with project. Sent FASD presentation kit.	
RCD Case Worker, Resources for Children with Disabilities, Keystone Child and Family Services, Wetaskiwin, AB	Requested information on starting their own sex work/birth mom group. Sent FASD presentation kit.	
British Columbia		
Peardonville (residential treatment centre for women and children, Abbotsford, BC)	Sent FASD presentation kit.	Have sent a number of women there, however, a woman with FASD and an FASD child were asked to leave because they were too 'high needs'
Mending Spirits (addiction treatment centre, Vancouver)	Sent FASD presentation package	Send some of our participants to their centre
Prince George Youth Custody Centre	Requested FASD workshop for clients. Sent FASD presentation kit.	Hired to perform FASD workshops.
Ministry of State for Children and Family Development, (Victoria)	Received two grants for FASD pregnancy outreach and to assist with printing costs. Assisted in consultation on BC strategic plan for FASD.	Continue to update her on FASD initiatives in our community.
Detox, Victoria	Attended FASD workshop at Camosun College. Sent FASD presentation kit. Requested information to sit on FASD committee.	Work together in assisting women detox. Developing on going birth mom group through detox.
Youth Empowerment Ctr., Victoria	Sit on National Coalition together. Sent FASD presentation kit.	Continue to liaise regarding youth sex workers. Sit on National Coalition together.
FASD Community Circle Society	Assisted in start up and in building a strong foundation. Wrote proposals. Developed five sub-committees. Worked with them to send Birth moms to Whitecrow Camp.	Continue to sit on board and chair high risk prevention committee.
Boys and Girls Club, Victoria	Sent FASD presentation kit.	
Blanshard Community Centre, Victoria	Sent FASD presentation kit	
Burnside Gorge Community Centre, Victoria)	Work together regarding mutual clients. Sent FASD presentation kit.	Working together in supporting a woman with FASD.

Full Circle day addictions treatment program, Victoria	Sent FASD presentation kit. Refer women to their program)	Continue to cross – refer.
McCreary Youth Foundation, Vancouver)	Applied for grant through FASD Community Circle for boys group. Sent FASD presentation kit.	
South Island FASD Group, Vancouver Island.	Met with this group twice per year for three years. Was part of the consultation for the BC Strategic Plan.	Continue to liaise with the group on issues of FASD.
Stepping Stones Supportive Recovery House, Abbotsford, BC	Sent presentation kit for staff and clients	Send women to Stepping Stones for emergency shelter. Continue to liaise with them
Vancouver Island Health Authority, Victoria	Sat on board of FASD Community Circle, Chairs three committees. Co-presented a number of times.	Continue to work them to develop FASD initiatives in our community.

Challenges re National and Community Networking

In spite of regular communication, it was difficult for the Project Coordinator to know of local developments, supervise the local work, and bring a sense of the national strategy to the inter-agency networking on the local level.

There were a number of committees, advisory groups and networking projects active at the same time the National Networking Project was developed. It became increasingly difficult to set up professional committees focused on the sex trade and FASD because of the large workload of frontline workers and the challenge of having such a diverse committee formed.

Moncton made great strides in community development. Because there were no services for sex workers or those with FASD, PEERS Moncton were embraced by the community and have now received long term funding to continue their project. In Victoria where there was a Community Circle developing, PEERS Victoria was able to lead the initiatives relating to prevention with high risk women as well as contribute significantly to the overall organizational development.

“The key lesson for me was the uniqueness of each community. The unbelievable stigma and denial associated with alcoholism, sex work and FASD, particularly in the Atlantic region and the more isolated communities.”

Barb Smith, National coordinator

Keeping the momentum up was another challenge. After the national coordinator left a community often the momentum dropped and would have to be restarted. Hiring local coordinators was essential to the success of this project, fortunately this project was able to access additional funding to support the city-based coordinators.

Twenty nine (29) key collaborators from 5 of the cities involved, provided written feedback on their relationship to the project, the impact project had on their work, and

related suggestions and comments. Table 2 summarizes the themes arising from their reflections on the impact of the project:

Table 2

IMPACT	# of times this impact mentioned	% of respondents mentioning this impact
raised awareness of sex workers needs	12	41%
helped us to identify gaps in services to women and those with FASD	11	38%
influenced community professionals to get involved	8	28%
brought forth the issue of FASD within the sex trade community & with high risk women	7	24%
supported/led community collaboration and visioning	7	24%
advocated for new services and approaches	6	21%
helped us identify the services provided to women	5	17%
influenced teaching of child welfare, nursing education and addictions students at the university level	4	14%
influenced politician to continue to raise issue and take action in legislative context	2	7%

This feedback came from a very wide range of community based professionals and it is clear that the project had a significant impact on their awareness, involvement on the issue and their approach to their work. The significance of the impact of the leadership by project coordinators in local and national initiatives cannot be underestimated given the stigma associated both with women’s substance use in pregnancy and towards sex trade workers. They clearly were capable at reaching, touching and working collaboratively with these community representatives. Some of the comments that illustrate the very significant impact of this work are:

“..... I have also taken the wonderful materials developed through the National Networking FASD Project, particularly the FASD brochure developed by and for marginalized women and women working in the sex trade/dealing with addictions issues. This material was developed with the utmost sensitivity and a near-perfect balance of ‘threat’ and affirmation of self-efficacy and invitation to seek support/help. Well done, National Networking FASD Project!!.....

In summary, the National Networking FASD Project has had some tremendous successes here in Victoria, through Barb Smith’s community development expertise, her innovative

social marketing strategies, the ability of Barb and all people connected with this unique project to demonstrate the highest level of respect and caring for the women they met, engaged, supported, loved, saved, learned from and taught.... As well, the National Networking FASD Project demonstrated that federal sources will sometimes fund grassroots, of and for the people projects that really connect with and influence the lives of those they were intended to impact in the manner intended.....

The National Networking FASD Project accomplished what it set out to do, and influenced an amazing number and group of women, an entire community, and me, personally and professionally. Thank you National Networking FASD Project and, especially, thank you Barb Smith!!...

I have taken my concern about FASD into my program strategic planning and have dedicated 25% of a 4-FTE program to FASD prevention. The National Networking FASD Project has helped raise the profile of FASD in the South Vancouver Island area in such a way that my employer recognized and understood my request to designate FASD as a primary program goal area and to allocate resources to FASD Educational and prevention.....”



Achieving Goal 2 - Community Awareness Raising and Development

Increasing front line worker capacity to work with sex trade workers at risk of having a child affected by FASD was most often achieved by delivering workshops to a wide range of health, justice, and social service professionals, as well as extensive community liaison and development in collaboration with others with a stake in the issue.

Key Achievements by City

Victoria

PEERS Victoria belongs to the South Island FASD Action Team and is chair of an action committee to identify priorities as they relate to the BC FASD Strategic Plan.

PEERS Victoria project leaders joined with community partners to develop the FASD Community Circle Society. This Society has become the ‘where to go” for FASD information. The Circle has developed five sub-committees through these community partnerships.

- 1. Diagnosis** – Developed a pilot project to diagnose 15 children currently in care. The committee was responsible for developing the partnerships with UVic, Queen Alexandra Hospital, VIHA for in-kind contribution. This project has been extremely successful. Proposal submitted – pending.

2. **Public Education** - Hosted, presented and co-ordinated workshops including: FASD and the Law; Lethbridge Community Justice Program, Educational Strategies; Sunnyhill Health Centre. Presented workshops to Ministry Child protection workers, foster parents, front line workers, sex worker groups, university and college nursing and addictions students.
3. **Prevention/intervention:** Developed support groups, outreach and day to day practical support.
4. **Supports for those impacted with FASD:** working on changing the policy regarding 70 IQ.
5. **Whitecrow Camp** – Collaboration with Whitecrow to host its camp for families impacted by FASD. This camp includes 2 day training for professionals to attend. This project has become so successful that the model is being replicated internationally.

In addition to the work with FASD Community Circle, the following are key community agencies who have worked with Victoria-based project leaders on this project, and includes a list of the nature of their collaboration:

Victoria Native Friendship Centre

- Joint presentations
- Sits on board of FASD Community Circle
- Sits on prevention committee

Best Babies

- Sits on prevention committee
- Have presented FASD information

Camosun College

- Teaching Nursing students
 - Teaching Addictions students
- Included FASD awareness in their curriculum

University of Victoria

- Partnered on a diagnosis pilot project,
 - Social work students
 - Child and Youth Care students
- Included FASD information in curriculum. We now perform regular workshops to Nursing, Social Work, Addictions and Child and Youth Care students.

Ministry of Children and Family Social Workers

- Attended a large FASD Workshop, facilitated by the project coordinators

- Work with them to support for our clients regarding child apprehension and understanding FASD.

Vancouver Island Health Authority

- Sit on three committees (prevention, Whitecrow and services to those impacted)
- Host adults with FASD group
- Joint presentations
- Provide weekly street nurse to PEERS

School district 61

- Attended FASD Workshop, sits on board of FASD Community Circle.

YWCA

- Sits on prevention committee

South Island FASD Action Groups

- Meet biannually, liaise through FASD list serves.

Queen Alexandra Hospital

- Partnered on diagnosis pilot project,
- Sits on diagnosis committee.

Feedback from workshop evaluations

Table 3 summarizes the positive rating from 8 key workshops led by PEERS Victoria in the latter part of the project (note many other workshops were offered in collaboration with others). Following the table are open ended comments on these workshops, showing overwhelmingly positive feedback on this work. Please see Appendix B for a CD containing a Powerpoint presentation, such as was used in these workshops, developed in the course of the project.

Table 3	Workshop	Count of evaluations
	Canada Northwest FASD Conference Winnipeg November 2003	51
	FASD The Sex Trade and the Criminal Justice System, Moncton February 2004	14
	Introduction to FASD Issues, PEERS Vancouver, September 2004	6
	Health Show, Victoria January 2005	12
	Camosun College, Nursing Students, October 2004	6
	Best Babies	33
	Trade works, Focus on Employment Vancouver	9
	FASD and High Risk Women, for MCFD Social Workers, Victoria, Feb 2005	31

Workshop aspect evaluated	# indicating very good or excellent
Coverage of subject (rating is for those indicating coverage as very good or excellent)	81%
Useful to work (5%who found it Very Useful to their work)	77%

Comments from workshop participants

“Good coverage of wide range of information. Good opportunity to ask for more in depth info, however risky as the workshop could last into the evening”

“Congratulations on the excellent work in the larger scope of your work! Research and organizing to develop awareness is vital, and you are making a difference!!”

“A very informative and well presented workshop. Felt I learned a great deal – enjoyed the interactive components.”

‘Less alarmist info on addictions’

“Touched on many perspectives. That was incredibly effective! Very, very helpful – I recommend it to everyone! Thank you...”

“Great, there needs to be more information on FASD in university curriculum! Its really lacking... the workshop put on today was so good because it spoke to people’s experience and how important it is for social workers to validate peoples own truths. Need to work on more collaboration between PEERS and other agencies and how they can work pro-actively along side Ministry workers. Social workers need to understand the need for diagnosis!”

“I feel the workshop covered a lot of information that will help me in my practice. The diverse perspectives that were shared were very interesting and were delivered in a respectful manner.”

“thanks for the opportunity to attend this great workshop! Thank you in particular to those who shared their own experiences. It was refreshing to attend a workshop that was so focused on experiential information.”

“Excellent workshop – long, but all the time was needed and well managed.”

“More time allotted for societal influences related to addiction would have also been useful – i.e., poverty, ending cycles through awareness, secondary disabilities. I also noted Barbara Smith mentioned and highlighted a mothers journey to recover is often connected to her relationship to her child (following Kelly’s story). I consider this a really important point – more research around this might support policy and practice changes that are more empowering.”

“I would like to see workshops like this one offered to schools, parents or soon to be parents, First Nation band offices. I felt the information and speakers were an excellent source of information and education”.

“Wonderful venue and well run. Good variety of speakers.”

“Wonderful workshop!”

“The range of speakers have been so interesting and valuable and inspirational. Lots to think about! Thank you so very much. And to be pampered in this wonderful setting was an appreciated bonus!”

“Discussion on personal responsibilities MISSING. This presentation is helping enable people to accept mother’s having FASD/NASD babies ... which is wrong.”

“Not sure of the role of PEERS and the existing FAS group in Moncton. Is there a need for support for sex workers? What are the stats?the work of identifying gaps has already been done in the Moncton community by a grassroots community group. If there is the possibility of funding – whom are you advocating for – the group that exited before this particular initiative or PEERS?

I am left with more questions or answers?? It seems to undermine the work of the Moncton community.”

“Powerful, courageous speakers, at the end moved me to tears – she is remarkable!”

“Very powerful emotionally and spiritually – excellent”

“Would have been better if it was longer”

“The personal sharing was the best part”

“More information on sex trade, what it involves, why is it so difficult to leave. Janet Christie was very powerful.”

“I think that all pregnant women should be offered to take this. It’s a very good deterrent to drinking during pregnancy”

“Excellent workshop – all service providers should see this presentation”

“I am writing regarding the FASD workshop that you gave to us at PEERS. As a pregnant woman, I have found the information in the presentation a wonderful deterrent to not drink during my pregnancy. The visuals of the brain and the charts of baby development so heart hitting. And I was amazed at the statistics and just disgusted at the amount of ignorance and shame society and medical professionals have shown towards this so important issue.

On my visit to the obstitncian [sic] office there is not even a card, poster or 1 ounce of info in sight. And if I hadn’t mentioned my past addiction to her there wouldn’t of been any questions asked on the subject. I think every pregnant women should have the option of taking part in receiving this most valuable information.

“it made me aware of the prevalence of the problem among my clients. I have watched more carefully for signs indicating FASD..... This work is very important. The more front line workers are aware of the scope of the problem the more pressure there will be to develop appropriate

resources for those with FASD and for education of those who can prevent it from happening in the first place. Thanks for doing the workshop. It was well presented.”

Achievements in other cities

Halifax – August 23, 2002 the project coordinator hosted a presentation for agencies to attend. This meeting was to solicit support for FASD initiatives in their community. We developed a working group consisting of Status of Women, Stepping Stones, a Doctor, Nurse, Aboriginal representation and a local coordinator we hired to co-ordinate this working group and to develop a birth mom group of sex workers. Travelled to Halifax three times to work with this group. The Halifax Coordinator was not able to keep this group going. There was a lot of interest in developing awareness about FASD, however, the coordinator was not able to sustain the group.

Moncton – the FASD project started out slowly. We hired a local woman to take on the Moncton Coordinator position. She was not experiential and found it difficult to reach the sex trade population. She hooked up with Headstart, Salvation Army, United Way and met with Claudette Bradshaw regarding FASD capacity in Moncton. In February, 2004 the National Project Coordinator traveled to Moncton and hosted a workshop – and in the course of this workshop an ex sex worker was identified as a co-leader. With their combined efforts, solid grassroots support for women in the sex trade, particularly those who are pregnant and/or of child bearing age was built. The ex sex worker’s passion and commitment really got this project off the ground. Community support has been tremendous. PEERS was able to assist them in building a strong foundation for their organization.

PEERS performed full day workshop to probation officers in February, 2004, it was identified that there was a need for local people to bring awareness to their community on FASD and sex trade issues. PEERS Moncton was developed and have now received funding for public education and support services and no longer needs financial support to carry on this work. They have a community group focused on sex work and FASD and host a weekly support group for women in the sex trade. They have performed numerous workshops to government, universities and frontline workers and have hosted a number of fundraisers. Status of Women paid for two group leaders from Moncton to travel to Victoria to learn about building a strong foundation for their organization and to be trained as an FASD presenter in their community.

Toronto – Held two information workshops. Attendees included a broad range of agencies, many of whom did not work in the downtown area. We hired a Toronto Coordinator from Maggies to get the committee off the ground and to develop the birth mom group. It was difficult to keep the momentum up – Toronto is very large and services are fragmented. This Toronto Coordinator was not able to continue this work, however, she was able to find employment in a women’s housing shelter and at the detention centre. She will now be able to bring FASD awareness to both these jobs. A full workshop, brochures, posters and instructions have been provided to Maggies and Streetlights to use for their staff and clients’ education in FASD.

The Toronto Coordinator discovered that there are over 135 services in Toronto that serve women with alcohol addiction. She worked with Maggies to incorporate a FASD educational link on already developed safe sex literature.

Edmonton – met with community frontline workers. There was not a lot of interest to get this committee off the ground. It was agreed that their community already had a committee focused on FASD therefore we focused on working with PAAFE (sex trade organization). They are very connected with the community, including FASD initiatives. PAAFE sits on the board of the National Coalition of Experiential Women. A full workshop, brochures, posters and instructions have been provided to PAAFE to use for their staff and clients' education in FASD.

Vancouver – Met with a number of services providers including Sheway and Crabtree, PEERS Vancouver and WISH. Although the committee did not form here we continued to travel to Vancouver monthly to provide workshops and/or to speak to the birth moms who were attending PEERS Vancouver's programs. We provided FASD education workshops for staff and trained them to offer this education for each new group in their program. They now include FASD education in their curriculum. Held workshop for Tradeworks and frontline workers in the downtown eastside of Vancouver. Left a presentation package for PEERS Vancouver and Tradeworks to continue delivering to participants.



Achieving Goal 3 - Resource Development and Women's Support Groups

Consistent with PEERS philosophy, the development of resource material that will reach those closest to the street was achieved through the development of local groups of birth mothers and women at risk that supported their growth, and involved them in designing prevention materials for their peers.

Victoria Birth Mom Group

The women involved in this project were of child bearing age who are, or were, in the sex trade. These women are primarily drug and alcohol addicted. Three of the women in the group had recently had their children apprehended because of drug and alcohol misuse. None of these women knew much about FASD and were in denial about their children being affected by alcohol consumption during pregnancy. The majority of these women had mental health issues, one having FASD herself. All of the women had children with FASD.

The birth mom group began with five women – none who knew each other well. One woman in particular learned that, not only is her child affected with FASD, but that she is too. This was a revelation to her as she has struggled all her life trying to fit into the mainstream. Through art therapy, the group was able to begin opening up about their drinking during pregnancy. This is where we began discussing prevention strategies by discussing what would have prevented them from drinking. We critiqued current literature and developed our own brochure for high risk women. The woman in the group with FASD is an amazing artist and drew the cover for the brochure. We have since encouraged her to develop her art skills and begin to display her art work to sell. This group was successful in assisting these women in removing barriers to accessing their children, addiction services, etc. The model for this group is based on mentoring. The model for recovery is 1) connection – women meeting like minded women 2) meaning – developing a personal spirituality and 3) altruism – giving back to your community has been replicated in other communities as well as for the boys group and the adult group.

When the women in the group critiqued current samples of posters and brochures, they all found these posters and brochures very shaming – that they led the public to believe that these women deliberately hurt their child. These are some of their quotes:

“They all imply that women have a choice and that its simple”

“Not one of these posters takes alcoholism into account”

“Do people think that I would harm my baby intentionally?”

“You can tell these posters have been done by advertising agencies because of the shock value”

What they recommended:

- *Literature that is informative*
- *Offers solution, such as a confidential help-line*
- *Images that make a loving connection between mom and baby*
- *Messages that are not shame based*
- *Address the issue of alcoholism*

The women have been involved in assisting with the development of a poster, pamphlet and a power point presentation which has been publicly delivered and distributed in the course of the project. Women wished answers to the following list of questions be identified in the literature:

- What is FASD?
- What is the effect of alcohol on the fetus?
- How much alcohol is too much?
- Is there a cure for FASD?
- Is it safe to drink alcohol while breastfeeding?
- Can I tell by looking at someone if they have FASD?
- What are some of the symptoms of FASD?

- What if I'm currently pregnant and have been drinking? Will my baby have FASD?
- Does alcohol affect a man's sperm?
- Why are men never mentioned in the cause and prevention of FASD?
- Is FASD hereditary or genetic?
- What about other drugs?

The research into the answers to these questions was not only educational for the women but also assisted in a deeper understanding of the stigma and shame connected with FASD. The workshop presentations are influenced by this thereby giving the audience a deeper understanding of the many issues that women with addiction face. The poster/pamphlet we developed in the group has become well known across BC and we receive numerous requests for copies. The birth-mom group, through PEERS, continues to be a support for women who are either currently pregnant or struggling with addiction or who have already given birth to an FASD child. We continue to distribute our pamphlet to local agencies that are in contact with high-risk women.

Reflections on Using Art Therapy

One of the ways in which art therapy differs from art in other situations is that there is almost always some kind of reflection on the art experience. In this case, the art process and reflection enabled the women to become comfortable with each other and to begin to talk about their life experiences. This draws the women together, breaking down barriers and defenses and gives permission for freedom within the art process and reflection of what is created. Through the creation of posters, a leaflet a group piece and a banner, which is displayed as a backdrop when doing public presentations, the women were able to elaborate their life experiences and open the barriers to acceptance to learning about the formally painful or forbidden subject of FASD.

In regards to the banner, the contrast between the individual collage work with which the group began the sessions and the final piece is evidence of a deeper and less self-conscious process. This visualization focuses on FASD from a deeply personal perspective and stimulates awareness to the observer of the painful reality for both birth mother and child. This process can be summarized in the words of Joseph Zinker³: *"In the process of making anything, a person not only illuminates and illustrates his inner life, but moves beyond personal expression to make something which stands by itself. The work acquires its own internal validity, its own integrity"*.

The birth mom group has grown – we have now adopted this group as a regular part of PEERS – there are currently 6 new women in the group. The group is focused on prevention, support and learning how to raise their FASD children.

The birth-mom group continues to meet. We are an advertised "Sobriety through Pregnancy" support group in several local newspapers. Most of the women from the core group continue to come though all are still struggling with their own separate

³ Zinker, J. (1978), *Creative Process Gestalt Therapy*: Vintage Books.

issues related to addiction and FASD. New women have joined the group and because the core women speak openly about their personal lives, the new women slip in easily.

Through referrals, new women have joined the group and we have been able to support pregnant women throughout their pregnancy as well as women who have already given birth to a child with FASD. Some of our new moms have FASD themselves. We further support the women by helping to remove barriers so they can experience success in raising their children. This greatly reduces their chances of relapsing and the subsequent revolving door Ministry involvement. This includes assistance with how to obtain appropriate services for their children, learning how to speak to their children about FASD, assisting them with their social workers, the schools, etc.

There continues to be a lack of adequate resources to support the women and their children. The birth-mom group is a life-line for these women. The following list of needed services has been identified as a result of working with the women:

- Detox beds for pregnant women
- Long term addiction treatment facilities where women can take their children
- A continuum of treatment from detox to residential treatment centres
- FASD education delivered to treatment centres
- Structured semi-independent living situations for FASD moms and their children
- On-going support and advocacy, particularly with the Ministry and the school system
- On-going therapy
- Mandated curriculum to include addictions and FASD training in associated professional, undergraduate, graduate and postgraduate studies
- Less intrusive and more realistic methods of dealing with high-risk women who have Ministry involvement with their children
- On-going assistance for women to attend recovery groups; i.e. transportation, babysitters
- On-going assistance with budgeting, stress and time management

The birth mom group is now a regular part of PEERS programs. This group continues to grow and have been asked to participate in a number of focus groups on prevention of FASD. Often one of the birth moms will participate in workshops offering the experiential perspective. We continue to support these women in removing barriers to recovering from drugs and alcohol, finding housing, advocating for them regarding Ministry of human Resources and Ministry of Children and Families.

Several spin off groups were also initiated. We supported the development of a peer support group for boys. Those participating were 13 – 16 and all were affected with FASD. This group focused on prevention and intervention through recreation activities, pen pals and art work. They developed their own posters, and reminder cards.

Another group we supported was modeled after the birth mom group and the boys' group, this was a group for adults. This was developed through VIHA with our support.

These participants assist with presentations and workshops and have been able to find meaning in their lives by sharing their experience, strength and hope.

Another outcome of the project has been looking at ways of building sustainability for these support groups. This led us to building a volunteer pool of community supporters, as well as are currently attending an enterprising non-profits workshop that allows us to apply for \$10,000.00 towards developing a business plan.

Vancouver

The birth mom's involved in this group meet monthly at PEERS Vancouver. Because of the transitory nature of the sex trade, often this group changes each month. This has given us the opportunity to bring FASD education to a wider audience. Some of the regular women have had heavy issues to deal with, one woman making the decision to give up her daughter for adoption. The birth mom groups are very heavy and often require professional support.

Edmonton

This group meets at PAAFE and focuses on peer support. An official 'birth mom' group was not developed in Edmonton, however, PAAFE is now able to educate the women who access their services about FASD.

Winnipeg

The Winnipeg project coordinator, Morgan met weekly at DreamCatchers – a support group for sex workers. This group was focused on recovery from addictions. FASD education was provided to these women, however, the main objective of this support group was to remove barriers to these women accessing services for their addiction. Some of the most at risk women are themselves affected by prenatal exposure to alcohol. The majority of these women are engaged in the sex trade at the street level – these are the most at risk and the most exploited. For the most part they do not 'fit in' anywhere and are the hardest to serve... they fall through the cracks everywhere – most are unable to consistently go to programs like Dream Catchers. It was essential to build trust before any education can happen. Expecting to gather information or to educate on such sensitive issues takes time.

Some of the issues that were addressed during this group were:

- Shelter – low barrier emergency and long term stabilization
- Support – peer support in conjunction with professional support
- Non-shaming information on FASD
- Child Protection working with at-risk women to help them keep children and be effective parents – rather than current model of apprehending first then seeing if there is the potential for women to parent
- Training for peer support workers
- Core funding for outreach/peer support

- Persistent/constant non-judgmental contact by sensitive educated teams (peer and professional)
- Supportive health care professionals



The group created art work through Art City – masks were created as an art therapy tool to begin to open up and build trust.

The Winnipeg coordinator is working on publishing “FASD Facts” in the Sage House newsletter.

Toronto

The Toronto Coordinator met with three birth mothers regularly. One of the women was in the process of having her child apprehended because of her drinking. Her child is affected with FASD and she is suspected of having FASD herself.

The birth mom group in Toronto consisted of four participants that identified as former sex workers. All were birth moms with FASD children. Three had children in care and one was in the process of being reunited with her son. Feedback from the women on the issues of FASD was that there was a dire need for support for mothers who were at risk of losing children to the Children’s Aid Society. There was agreement that more education on the effects of drinking during pregnancy would have been beneficial in accessing recovery support earlier. The group expressed that parenthood and the threat of losing their children was a main reason for no longer working in sex work.

This group met a few times before the Toronto Coordinator left for her new position at the recovery home and the prison.

Moncton

The birth mom group meets once per week in a building rented by PEERS Moncton. This group consists of approximately 15 women in all stages of addiction. The Moncton Coordinators offer practical support to these women such as helping them access detox, and started a pajama program to bring pajamas to detox and treatment centres for the women. The women look forward to the support provided through PEERS Moncton. FASD education is discussed with women at risk and both staff have been trained to deliver FASD and sex trade workshops in the larger community.

Halifax

This group was difficult to develop. Many of the women who access Stepping Stones were heavily into addiction and therefore were not able to attend a regular group. Another challenge was finding someone experiential who was able to bring the group together, and to work with the community at the same time. It was seen that the inability to get the project off the ground in Halifax was the result of not having someone experiential coordinating the project. The stigma associated with sex workers remained strong in Halifax amongst those in a position to support the project and it became apparent that a lot of professional education would be needed before a paradigm shift (from punishment to support, from judgment to respect and compassion) could happen.

The following comments from participants (birth mothers, sex trade workers at risk of having a child affected, women affected themselves) in groups in three of the cities show the critical importance of this element of the project.

What they learned

“I learned that FAS is 100% preventable. I learned how to help my son and others like him. I realized the fact that the current literature needed to be changed, e.g. Posters. I learned that education to all is necessary in preventing this tragic damage from occurring. I learned a lot about myself and my family. I learned I was not alone with the pain associated with FASD.”

“I learned a lot about myself, realizing that I too have some FAS difficulties and how to understand my daughters’ behaviour as it fits FAS.”

“I learned so very much, that I am affected as well as my daughter”

“I have learned so much – and I’m still learning – and feel the more I’m part of the group the more I can learn because the information is still being gathered.”

“I have realized that my child may have FASD and had I had all of this information sooner I would never have kept on drinking. “I have since decided to take part in the birth mom group and have decided to learn more to educate the teacher, etc. about FASD and make it clear too them about what this is... This is so very important to me because so many times it goes unseen and it is all about people being ignorant and denying this is a problem – so I want to say thank you very much.

“Until October, 2003, I didn’t even know what the FASD stood for. I was approached one day at a job readiness class at PEERS by a woman named Barbara; she asked me if I would like to be involved in this support group for mothers dealing with FASD. I blindly said my daughter is not affected, but I would

check it out. That is where it started, things started to unfold before me. During the weeks that passed I came to realize, not only had my daughter been affected by my use during pregnancy, but I also suffered the affects of FASD” The support group allowed me to become close with other women struggling with similar situations”

“I didn’t think I could do life with all my pain and was ready to check out. I met a group of women who were similar to me but very different. I was happy with the support. This group taught me my issues are workable.”

“It’s been exciting to see how all this work is fitting together, and finally seeing some results. I have a passion for this kind of work, because 14 years ago when I was pregnant, working and in the problem – none of this information was easily accessible to me. Nor was the support we are trying to create. So – it’s not only helped in my personal healing journey – to be able to look at this – but, now use that to help others as well.”

What was hard

“the emotional healing that took place, but of course, that was the most important gift of the group. Despite the pain, however, I never once did not look forward to attending the group.”

“the hot room (I’m very sensitive), trying to follow rules and not blurt out suggestions impulsively.”

“Nothing. We all bonded and grew together in the group.”

“I didn’t find anything hard about it because I didn’t feel judged, I felt that the group bonded together to share experiences and information.

Materials developed

“the group developed what I think are materials that will really reach anybody struggling with addiction and rather than shame them invite them to get help. They are beautiful both physically and emotionally. We have had this feedback from many who have seen them. We are very proud of them.”

“the group worked together with staff to share what we thought helpful from our experiences to add to research. The calendar and booklets are informative and very useful. Also the staff provided excellent resource materials.”

“we made some beautiful crafts that I display proudly in my home as well as I did the logo for the group and the illustrations for the [brocer].”

“yes the group brainstorm ideas and we bring information that we find and thinking might be useful.

The difference the group made in their life

“it would be impossible to articulate this in the time I have to answer this question. I could write a book on this and actually plan to do so. The healing that has taken place between myself and my family is nothing short of monumental and is on going. The other women and I have a bond I’m sure for life and we want to have as many others receive this gift as well. This group has changed my life forever and in the bigger picture, of course the whole of mankind. I will continue to do all I can to help in this field and am eternally grateful for this group.”

“now I know what’s different about me so I can learn to work thru my difficulties with compassion. I don’t feel lost; now I know that my feelings of being broken can’t be fixed but I can learn to live easier. I don’t feel shame or continue the search for what’s ‘wrong with me that’s broken.”

“this group has changed my life forever”

“I feel that now I have more information. I will be able to cope better raising my daughter and I know I have the support that I need from the group.”

“it is a precious gift you’ve passed on to me and others. I thank you for your love and care. Like a gentle whisper in the wind you carry a message of power within. It is true you don’t know what it’s like till you live with it and sometimes you can live with it and not know it. Knowledge is the key. Blessed by that your words have graced me because of it I will be a better me....”

“My life has changed so much. I don’t need yell anymore (to my kids) because my family is in sync.”

“This work has not only given me the opportunity to voice my opinions – where I feel heard, but also use my creativity, and give me the sense of accomplishment.”

Summary and Looking Forward

This three year national project had a significant impact on understanding on the part of sex trade worker organizations, community based professionals and birth mothers of child affected in seven cities, on how to prevent Fetal Alcohol Spectrum Disorder.

This was achieved through the strong leadership of local coordinators who had ‘walked the walk’ as sex trade workers, and who made their compassion for other experiential women, as well as their own confidence and pride as women who had exited the trade, central to the project. In Victoria, where the project coordination was full time, the greatest impact of the project has been seen, but in all cities, the Coordinators were

able to demonstrate the benefits of a unique approach that combined work to educate and collaborate with local professionals, with support to, and direction from, birth mothers and women at risk of having a child affected due to their involvement in the sex trade and their heavy use of alcohol.

The community-based professionals were moved by the workshops and their collaboration with the project coordinators, citing many benefits such as raised awareness of sex trade workers needs, increased initiative to tackle the issue in their workplace and increased involvement in advocating for a range of improved and expanded services and policy as key impacts of this work.

It was the project coordinator's experience that nothing short of a paradigm shift in how community based service providers see their responsibility towards high risk women, and approach their care will bring about improvement in women's health and prevent Fetal Alcohol Spectrum Disorder

Through the workshops and presentations the project was successful in raising awareness amongst professionals of the need for a respectful and compassionate approach to women at risk, whose very difficult lives make them vulnerable, and mistrustful of interventions by professionals. The project leaders see mandated curriculum on addictions and FASD in professional, undergraduate, graduate and postgraduate studies as essential to making change in the way women with addictions, and mothers and children affected by FASD are treated and supported in the health care and social service systems. The need for provision of non-shaming education on FASD was also identified as important for addictions treatment centres serving women. It was the project Coordinator's experience that nothing short of a paradigm shift in how community-based service providers see their responsibility towards high risk women, and approach their care will bring about improvement in women's health and prevent Fetal Alcohol Spectrum Disorder.

Sex trade worker organizations and services were also involved and changed in the course of the project and they will continue to find ways to address this issue through the ongoing involvement of the project coordinators in key committees of the National Coalition of Experiential Women.

The local groups of birth mothers and women at risk made a significant contribution to our understanding of targeted prevention activities. They articulated how general FASD educational materials were offensive to them and provided a clear five part blueprint for FASD prevention materials – that they be informative, offer solutions for where to go for help, with images that underline the loving connection between mother and baby, with messaging that is not shame based, and take into account the reality of women's alcoholism.

The work with birth mothers also highlighted how this population is extremely isolated and how outreach and long term relationship building is essential. Many women attempt to leave the sex trade and addiction a minimum of five times before they are successful. Outreach and drop in groups such as offered in this project are essential to connecting these women to services and supports that can help relieve their burdens and support change.

While women with alcohol and drug problems and who are working in the sex trade are often isolated, pregnancy and motherhood can be a momentous incentive to change their lives. Supports for the women before and during pregnancy are necessary. This project identified a wide range of supports for women - such as access to immediate safe beds, withdrawal management, and long term treatment - as essential if we are serious about preventing future FASD births.

In fact, this project strongly affirmed the needs identified in the integrated service model developed by PEERS almost ten years previously – that includes a continuum of levels of support - harm reduction, crisis intervention, stabilization, healing and long term integration – as well as support in three topic domains of *physical health, mental health and healing, and pragmatic support* such as shelter.

This project was able to shed light on the critically needed addictions-related resources as a part of the *mental health and healing* domain of the PEERS integrated model. Identified as critical parts of an addictions continuum of care for women in this project were: withdrawal management services, long term addiction treatment facilities where women can take their children, and a continuum of care that links women at all stages of recovery from detoxification to residential treatment to community reintegration, including community based outreach and groups such as were offered in the course of the project. On-going assistance for women to attend recovery groups (such as transportation and babysitting) is also a much needed support, if we are going to be successful in reaching and supporting the women at highest risk of having children affected by FASD.

It was also recognized that *long term* structured semi-independent living situations for moms and their children affected by FASD is needed, as well on-going support and advocacy, (particularly with child welfare and the school authorities). And often, given their extensive histories of violence, trauma and abuse, coupled with serious mental health problems, on-going therapy needs to be made available to these mothers and women at risk.

Birth mothers provided a clear five part blueprint for FASD prevention materials – that they:

- 1. be informative,**
- 2. offer solutions for where to go for help,**
- 3. with images that underline the loving connection between mother and baby,**
- 4. with messaging that is not shame based, and that**
- 5. take into account the reality of women’s alcoholism**

This project strongly affirmed the needs identified in the integrated service model developed by PEERS almost ten years previously – that includes a continuum of levels of support in three core areas of physical health, mental health and healing, and pragmatic support such as shelter.

Specifically, the project served to highlight the need for serious attention to improving access to *addictions-related services* in the implementation of the integrated model, if we are to be serious about improving the health of high risk women and prevent Fetal Alcohol Spectrum Disorder.

Also acknowledged as essential as part of an integrated approach with high risk women is a shift in the approach to mothers on the part of child protection services – to one that actively provides supports to mothers to help them parent first, over one with a focus on apprehending first.

Many other supports form an integrated model of support such on-going assistance with budgeting, stress and time management. Shelter and housing are central to the infrastructure of support for women interested in getting help on addictions and related health issues during pregnancy and beyond, including:

- Immediate safe beds for women needing stabilization and/or support on addictions
- Immediate safe beds for pregnant women who require support throughout their pregnancy
- Safe housing for those leaving addictions treatment connected to life skills, employment support

Peer support in conjunction with professional support was recognized in the project as a valuable piece of the overall network of support required. It was used effectively as a method in the project, and seen positively as an outcome. The need for provision of training for outreach and peer support was a key lesson arising from the project. Core funding for outreach and peer support is acknowledged as an essential component of an integrated system of support for

women at risk.

Peer support and involvement in the direction of the project, professional education, as well as collaboration, visioning and action in concert with national and community based providers formed the approach of this National Networking Project. This combination of approaches served as the foundation of the project, and became illustrative of the way forth for the prevention of Fetal Alcohol Spectrum Disorder in this country.

Appendices

Appendix A – Midterm Evaluation Report

Appendix B - Materials developed through the project

Appendix C – Other related materials developed in the project

Appendix D – Sample media coverage and awards