

Prevention

Evaluation of FASD Mentoring Programs

Overview of CanFASD Northwest

The Canada Northwest FASD Research Network (CanFASD Northwest) was created in response to a need from Provincial Ministers who belong to the Canadian Northwest FASD Partnership (CNFASDP). CanFASD Northwest is an alliance of researchers and other stakeholders in the seven Partnership jurisdictions – Alberta, British Columbia, Manitoba, the Northwest Territories, Nunavut, Saskatchewan and the Yukon – committed to achieving a better approach to Fetal Alcohol Spectrum Disorder.

CanFASD Northwest's mission is to create, nurture and sustain a collaborative environment that produces research leading to the prevention of FASD and to a significant improvement in the lives of affected individuals, their families and their communities.

The structure of our research network evolved through a series of forums that brought together people actively engaged in a wide range of FASD-related work in all seven provinces and territories. Through connecting and communicating with researchers, clinicians, service providers, program planners, policy makers, families, and other concerned stakeholders, we learned that over 170 projects on various aspects of FASD were under way in Western and Northern Canada. We also learned that virtually none of these projects were being assessed, and few opportunities for collaboration and shared-learning existed. It was clear that meaningful policy and program change related to FASD could only be advanced if diagnosis, intervention, and prevention are considered together. As a result, CanFASD Northwest developed five Network Action Teams (NATs) committed to bridging knowledge gaps in five high priority areas of activity:

NAT 1 – Research in Diagnostic Issues

NAT 2 – Intervention on FASD

NAT 3 – Evaluating FASD-Specific Public Health and Education Materials

NAT 4 – Evaluation of FASD Mentoring Programs

NAT 5 – Prevention from a Women's Health Determinants Perspective

Purpose and Goals

The Network Action Team on Evaluation of FASD Mentoring Programs began in June 2010 with an aim to provide opportunities for the stakeholders of mentoring programs (mentors, women participants, program coordinators, communities, etc.) in Northwestern Canada to share their experiences, through involvement in a series of research projects. The goal was to develop a more complete picture of the role of mentoring in the lives of women struggling with high-risk substance abuse.

Through a series of research projects beginning in 2011, we want to better understand how Parent Child Assistance Programs (PCAP) (as well as other mentoring programs) in Northwestern Canada are reaching out to high-risk women, what successes are achieved, what challenges are faced, and what gaps exist.

Contact Information

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Process for 2010 - 2011

- Literature Review
- Engagement: A forum for Mentor Program Coordinators of PCAPs (and other invited guests) was held October 14, 2010. This provided an opportunity to expand dialogue among all mentor programs in Northwestern Canada.
- Survey regarding programs, clients and communities
- Develop a research agenda for 2011 and beyond

Forum for Mentor Coordinators and Supervisors

The Mentoring Coordinators and Supervisors forum provided an opportunity for program leaders from Alberta, Saskatchewan and Manitoba to get to know one another and discuss the following issues:

- What mentors do
- Why they do it
- Sharing their experiences and challenges
- Developing research questions and ideas
- Where do we go from here
- Beginning to organize the research ideas into themes

Research Themes

Participants

- › What are the characteristics of women participants?
- › How do women experience the process of mentoring?
- › How should mentoring supports be adapted for women with FASD?

Mentor Programs

- › What are the goals of mentoring?
- › How are these goals best measured?
- › To what extent are program's goals achieved by participants?
- › Is there a time frame or sequence to goal attainment?

Mentor Program Research Themes

Mentors

- › How do mentors experience their role?
 - › What are the challenges, stressors, or sources of support?
- › How does supervision facilitate good mentoring?
 - › What training is most helpful to mentors?

Context of Women's Lives

- › What are the characteristics of women's lives?
- › How can mentoring better fit into, and address the context of women's lives?
 - › How do women's partners help or hinder mentorship?
 - › What can be done to include partners in a supportive way?

Literature Review

Women who use alcohol in high-risk ways during pregnancy often have a history of complex background factors, including trauma, childhood abuse, mental illness, violence, and poverty. Large gaps in services exist for those most at risk: substance-using women who are homeless, pregnant and poor. Traditional alcohol abstinence models are of limited effectiveness in treating these women due to the oversimplification of the complex background factors in their lives.

Relational approaches to FASD prevention emphasize a woman-centred, strengths-based approach that seeks to effectively engage pregnant women with mentors who assist in providing prenatal supports. Interpersonal relationships with mentors narrow the gap that frequently exists between high-risk women and the programs and services that they need.

The rationale behind the relational approach is the philosophy of harm reduction, which recognizes the incidence of relapse, the value of reduced substance use or transition to a less harmful substance, and the importance of life changes other than complete abstinence, such as the use of birth control.

PCAP is a relational model that has a proven record of effectiveness in preventing births of children with FASD. Mentoring programs based on this model have been developed in Manitoba, Alberta, and other western provinces. Initial evaluations show promise.

Survey

There are 21 programs that operate using a model based on the PCAP model (excluding on-reserve), 14 in Alberta and seven in Manitoba.

In Saskatchewan, the KidsFirst program is also a mentoring program, but does not follow the PCAP model. It operates at nine sites throughout the province.

Many of these programs are still quite new, with nearly half operating for less than two years. However, approximately 1/3 have been in existence for over 10 years.

The majority of programs are small. Nearly 2/3 serve 25 clients or less, and approximately half employ no more than two full- or part-time mentors. Nearly all programs serve each client for three years. Saskatchewan's program length is six years, and one program in Alberta serves their clients for as long as the client needs.

An equal number of these programs describe themselves as Urban, Rural, or Rural and Remote.

The major activities that the programs engage in include:

- Connecting women to resources in the community
- Advocacy
- Providing transportation for clients
- Goal-setting
- Providing a supportive influence

Community resources that are helpful include:

- Parenting and/or prenatal support
- Addictions resources
- Shelters, transitional housing, and affordable housing options
- Women's resource centres and family centres
- Food/meal services
- Health and mental health services
- Government income assistance programs

Resources not always available, but would be helpful include:

- Affordable housing options
- Transportation
- Expanded food resources
- Expanded addictions treatment, including woman-specific, long-term, and support groups
- Expanded resources for individuals with FASD, including diagnostic services and supportive living

Next Steps

- Finalize research themes and set priorities for projects
- Select and plan for initial research project
- Conduct at least one project in 2011/12
- Secure funding for further research