

Engaging with the Truth and Reconciliation Commission Call to Action #33 Dialogue on FASD Prevention

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Healthy Mothers and Healthy Babies
Perinatal Services BC's 3rd Biennial Conference
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Learning Objectives

- Briefly review available evidence on FASD prevention within the context of Aboriginal women and communities
- Learn about how the consensus statement was developed
- Describe the eight tenets in the consensus statement for enacting the call to action
- Discuss how these tenets can be enacted within your workplace

Background

- Fetal Alcohol Spectrum Disorder (FASD) is the leading cause of developmental disability in Canada
- FASD prevention is a priority for communities, and health providers across the country
- The Truth and Reconciliation Commission (TRC) of Canada has called on governments to recognize the need to address and prevent FASD, and to develop, in collaboration with Aboriginal people, FASD preventive programs that can be delivered in a culturally appropriate manner (Action #33).
- In May 2017 a Dialogue to Action on the Prevention of FASD was held in Vancouver. During this event, a Consensus Statement was developed that was informed by the principles of reconciliation as outlined by the TRC

Context



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Aboriginal Resources

Perinatal Services BC recognizes the value of and celebrates Aboriginal cultures and traditions. We continue to lead efforts to produce culturally appropriate and inclusive perinatal resources for Aboriginal peoples across the province and to ensure that an Aboriginal perspective of health is addressed throughout any program.



NATIONAL COLLABORATING CENTRE FOR ABORIGINAL HEALTH CENTRE DE COLLABORATION NATIONALE DE LA SANTÉ AUTOCHTONE



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Network is now seeking new
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Our mission is to support
Canada's leadership in
addressing the extraordinary
complexities of Fetal Alcohol
Spectrum Disorder (FASD).

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Canada FASD Research Network Action Team on FASD Prevention

- National
- Funded by provincial, territorial and federal governments
- Two other teams – diagnosis, intervention
- Researchers and knowledge users
- Trans-disciplinary
- Virtual and face-to-face
- Consensus document based on evidence, expert advice women's experiences



February 2010

Consensus on

10 Fundamental components of FASD prevention from a women's health determinants perspective

The following ten fundamental components of FASD prevention emerged from a working session of the Network Action Team on FASD prevention. This session was held in Victoria, B.C., in March 2009, and was funded by the Canadian Institutes for Health Research. This consensus document weaves together a range of sources—women's experiences, peer-reviewed research, published articles, as well as expert evidence—to create a clear message regarding the importance of FASD prevention from a women's health determinants perspective.

1. Respectful

Respect is paramount to successful FASD prevention and treatment. It is a vital tool in the elimination of discrimination and stigma in prevention initiatives, and it is pivotal in creating an environment where women can address their health care needs. In FASD prevention, the implementation of respect as a fundamental principle involves creating conditions for women to discuss their experiences, identifying coping strategies and healing processes to promote women's wellness, and supporting the inclusion and full participation of women in their own health, care, and well-being.

References
Canadian Centre on Substance Abuse. 2001. *Respect is Key: A conversation with Pam Woodsworth*. Ottawa, ON: CCSA.
Four Worlds Centre for Development Learning. July 2003. *Making the Path by Walking It: A Comprehensive Evaluation of the Women and Children's Healing and Recovery Program Pilot*. Yellowknife, Northwest Territories. Cochrane, AB.
Poole, N. 2000. *Evaluation Report of the Sheway Project for High-risk Pregnant and Parenting Women*. Vancouver, BC: BCCEWHL.

2. Relational

Throughout life the process of building relationships and connecting with other people can be extremely important. Women who are most at risk for having a child at risk of FASD experience some form of social disconnection, whether that be from their friends or family, the larger community, or other types of relational engagement. It is vital to FASD prevention

to acknowledge that the process of growth, change, healing, and prevention does not happen in isolation. It moves forward through interactions with others in long-term, supportive, trust-based relationships. Therefore, paying attention to the relational dynamics of interpersonal connections in day-to-day life, as well as in comprehensive treatment settings, can enhance the successes of FASD prevention initiatives.

References
Harding, LM. 2003. *Prevention Through Connection: A Collaborative approach to women's substance abuse*. Stone Centre, Wellesley College, Wellesley, MA.
The Breaking the Cycle Compendium: Volume 1: The Roots of Relationship. Edited by M. Leslie. 2007 Mothercraft Press.
Marcellus, L. (2004). The ethics of relation: Public health nurses and child protection clients. *Journal of Advanced Nursing*, 51(4), 414-420.

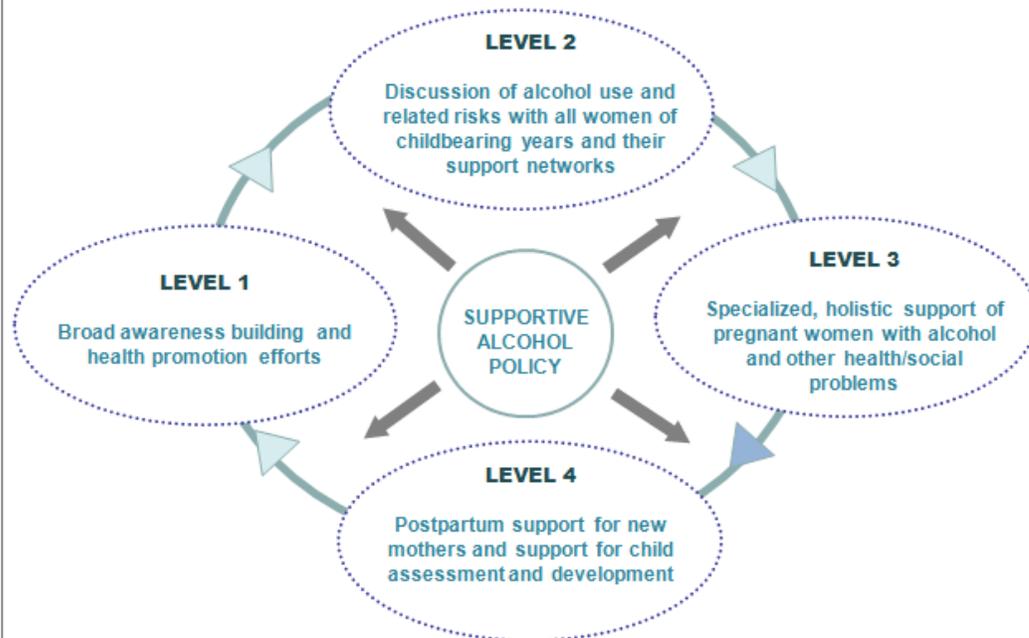
3. Self-Determining

Women have the right to both determine and lead their own paths of growth and change. Although it may run contrary to many prevailing beliefs in substance use treatment and prevention approaches, self-determination is fundamental to successful FASD prevention. As such, the role of health care and other support systems in FASD prevention should be to support women's autonomy, decision making, and control of resources, so as to facilitate self-determined care. In order to provide this support most effectively, health systems should involve women in designing models of care, and individually, women should be able to determine their own process of care.

Literature review



4 Levels of FASD Prevention



Each year the Prevention Team of the CanFASD Research Network identify the research on FASD prevention – and organize it into 4 levels of prevention.

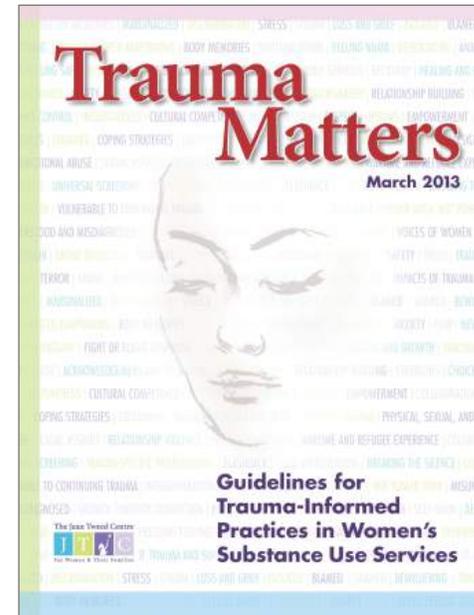
1. Awareness and health promotion (all society)
2. Brief support (all women and partners/supports systems)
3. Trauma informed, holistic support (pregnant women with substance use and other health and social concerns)
4. Support for new mothers and their children

Principles of trauma-informed practice

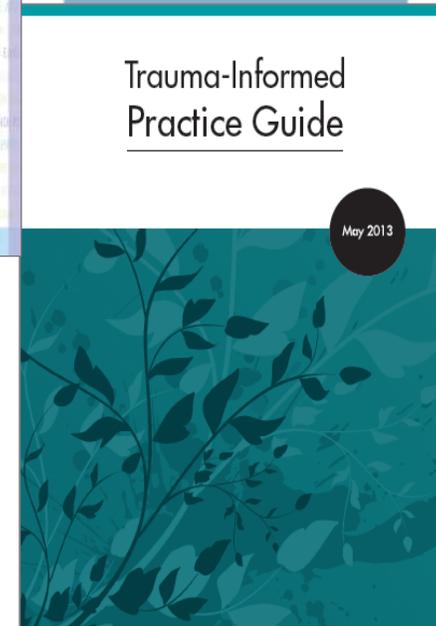
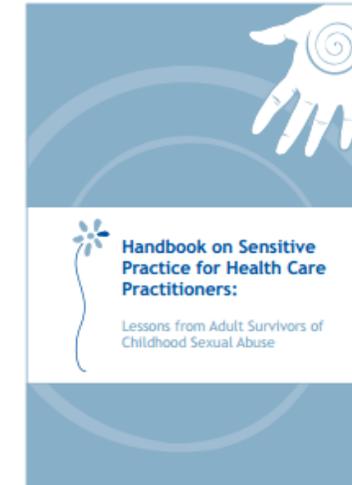
1. Awareness
2. Safety and trustworthiness
3. Choice, connection and collaboration
4. Strengths based and skill building

Grounded in

- Cultural, historical, and gender informed approaches
- Peer support



Jean Tweed Centre



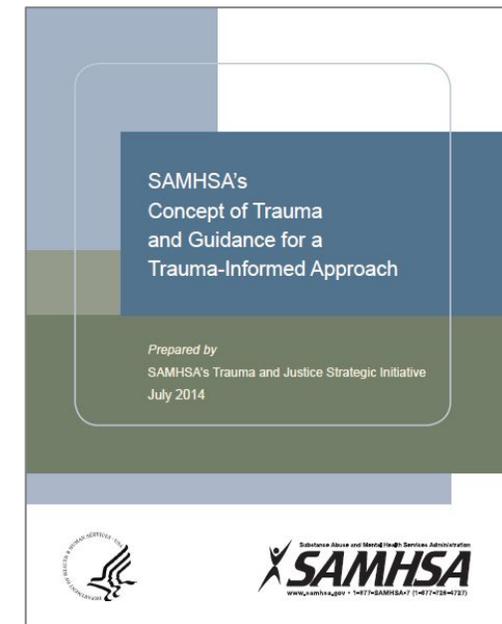
BC Ministry of Health, all
Health Authorities and CEWH

Family centered care and trauma informed care are complementary..

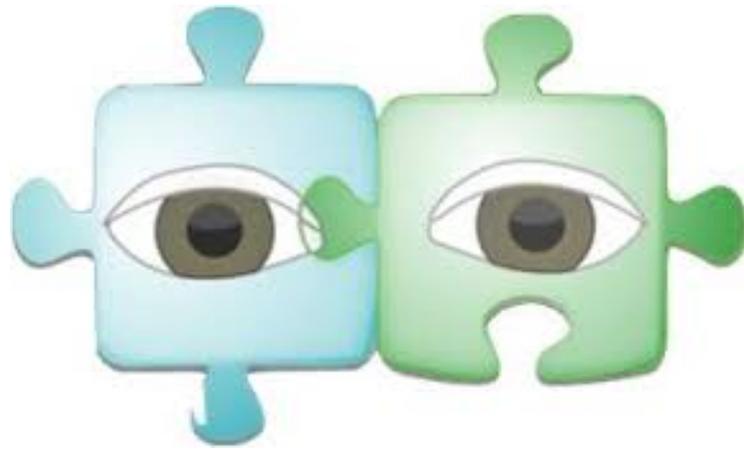
Family Centered Care Core Concepts (IPFCC)	Trauma Informed Care Principles
Respect and dignity	Safety Empowerment Trustworthiness
Information sharing	Transparency
Participation	Voice Peer support
Collaboration	Collaboration and mutuality Choice
	Cultural, historical and gender issues 

SAMHSA's Elements of Trauma Informed Care (4 "R")

Element
<i>Realizing</i> ...the widespread impact of trauma and understands potential paths for recovery
<i>Recognizing</i> ...the signs and symptoms of trauma in clients, families, staff, and others involved with the system
<i>Responding</i> ...by fully integrating knowledge about trauma into policies, procedures, and practices
Seeks to actively resist.... <i>retraumatization</i>

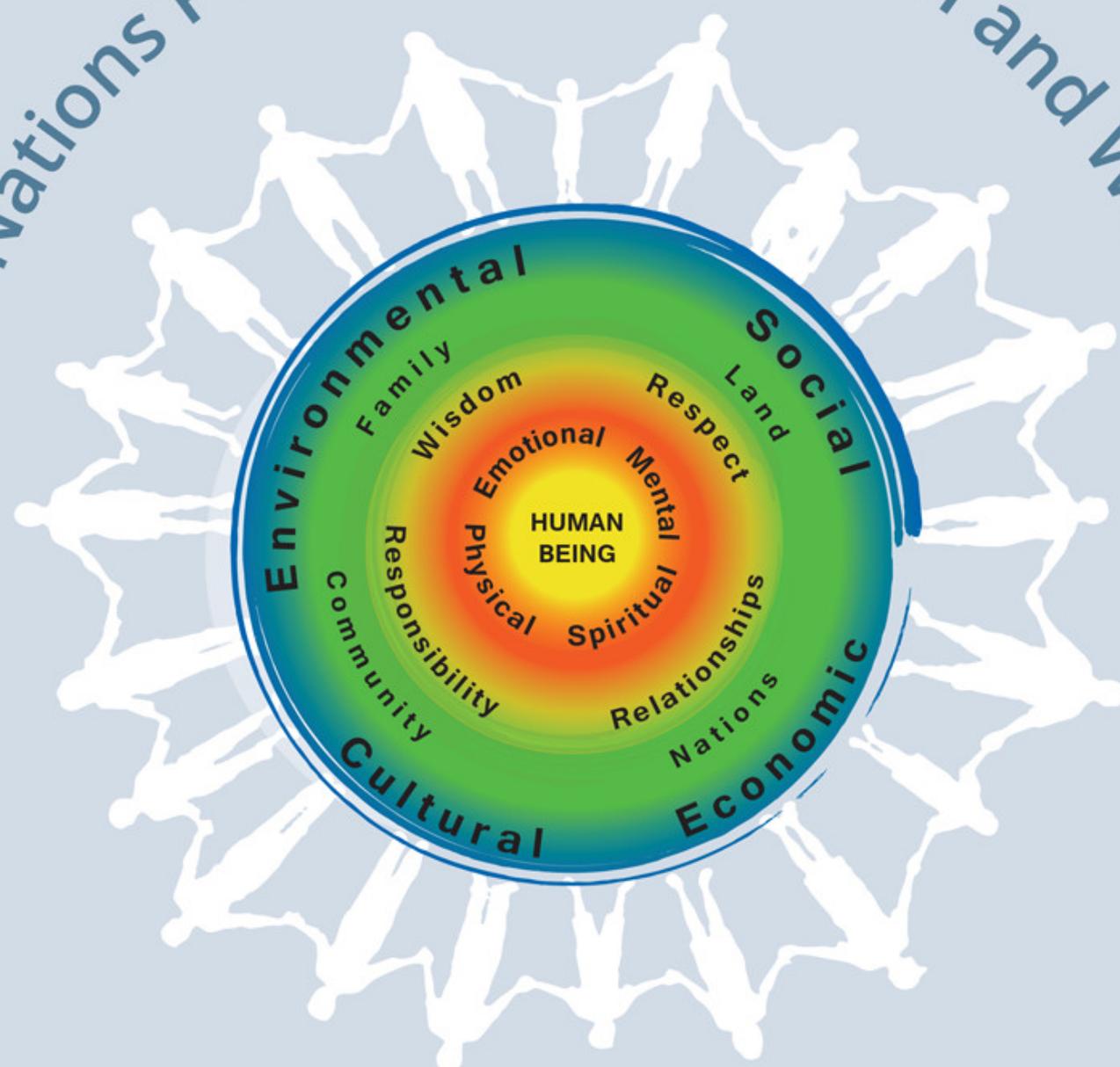


Two-eyed Seeing, *Etuaptmumk*



- *Mi'kmaw Elder Albert Marshall, Eskasoni*

First Nations Perspective on Health and Wellness



Dialogue to Action on Fetal Alcohol Spectrum Disorder (FASD)

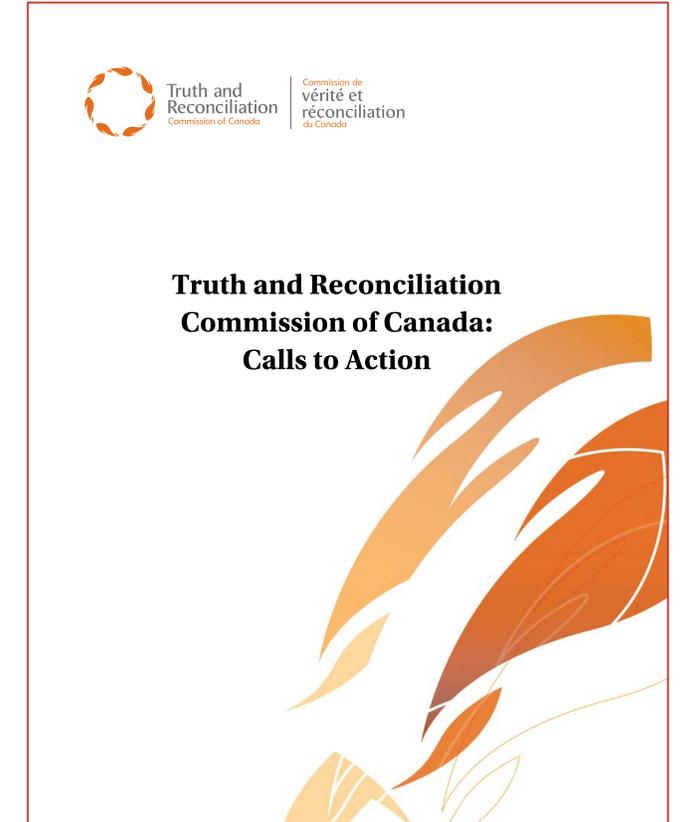
- *A Dialogue to Action on the Prevention of FASD* was held in May 2017 in Vancouver, BC on the Unceded Territories of the Coast Salish Peoples
- Brought together 23 experts from across Canada working in the areas of FASD and Indigenous health and wellness to discuss promising practices and opportunities for collaboration on the Truth and Reconciliation Commission's Call to Action #33

Truth and Reconciliation Commission

- Principles employed:
 - Truth/truth-telling – the process of creating a unified narrative of Canada’s colonial past and present
 - Reconciliation – an ongoing transformative process of individual and collective relationship building
 - Based on mutual respect, recognition, sharing, and an understanding that all peoples are equal

Truth and Reconciliation Commission

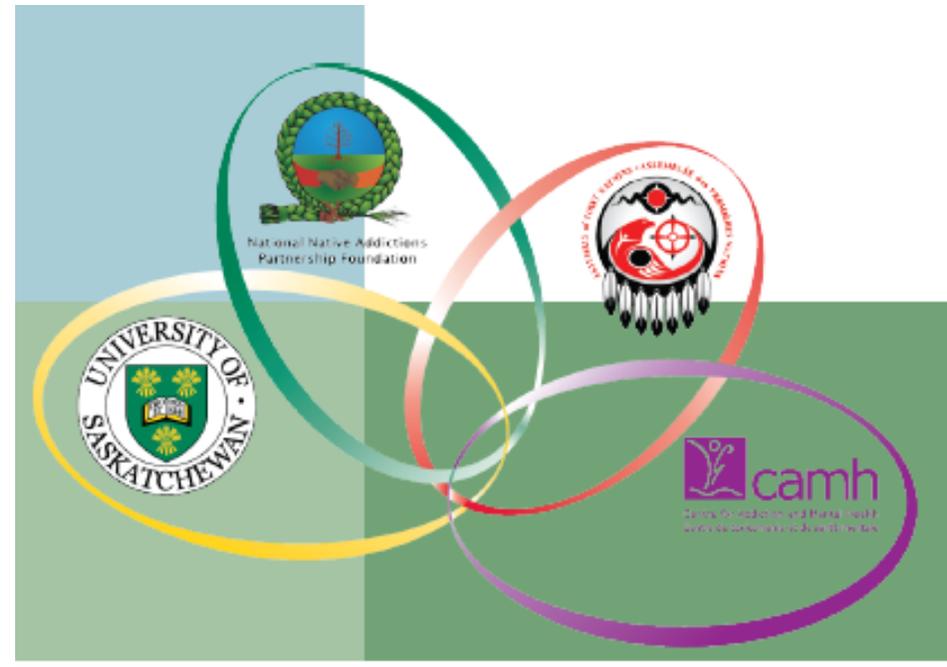
- Call to Action 33
 - “We call upon the federal, provincial, and territorial governments to recognize as a high priority the need to address and prevent Fetal Alcohol Spectrum Disorder (FASD), and to develop, in collaboration with Aboriginal people, FASD preventive programs that can be delivered in a culturally appropriate manner”



The Dialogue to Action meeting drew on the *Culture as Intervention* study

Cultural interventions are integral to giving parents and children a space to celebrate identity and to have a place of belonging (NCCA, 2013)

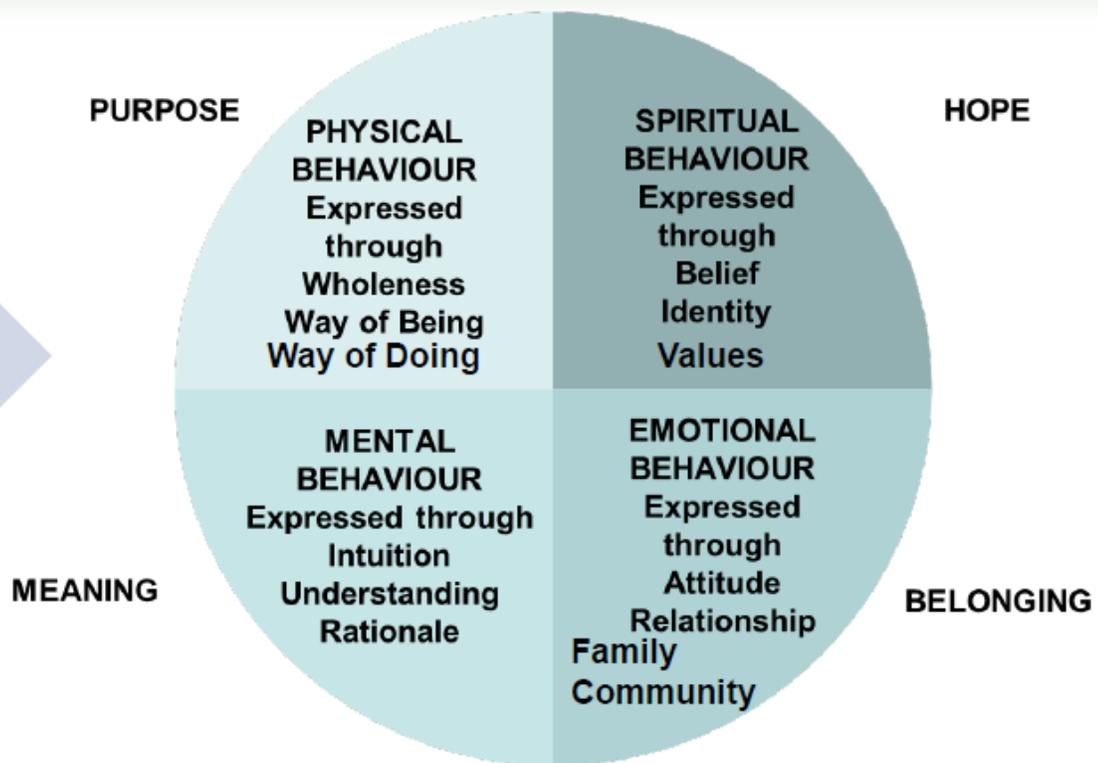
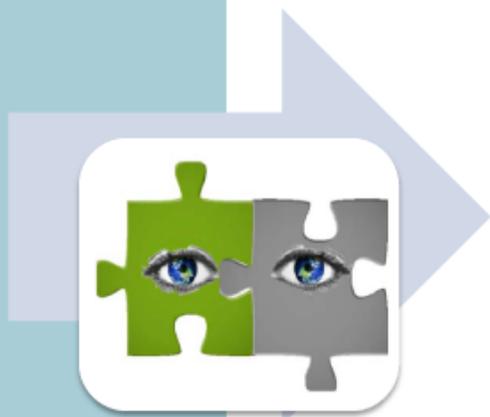
Research project led by Colleen Dell and Carol Hopkins entitled *Honoring our our Strengths: Culture as Intervention* involving National Native Alcohol and Drug Abuse Program substance use treatment centres looked at the concept of wellness from a First Nations perspective and what are cultural interventions used by treatment centres to achieve wellness.



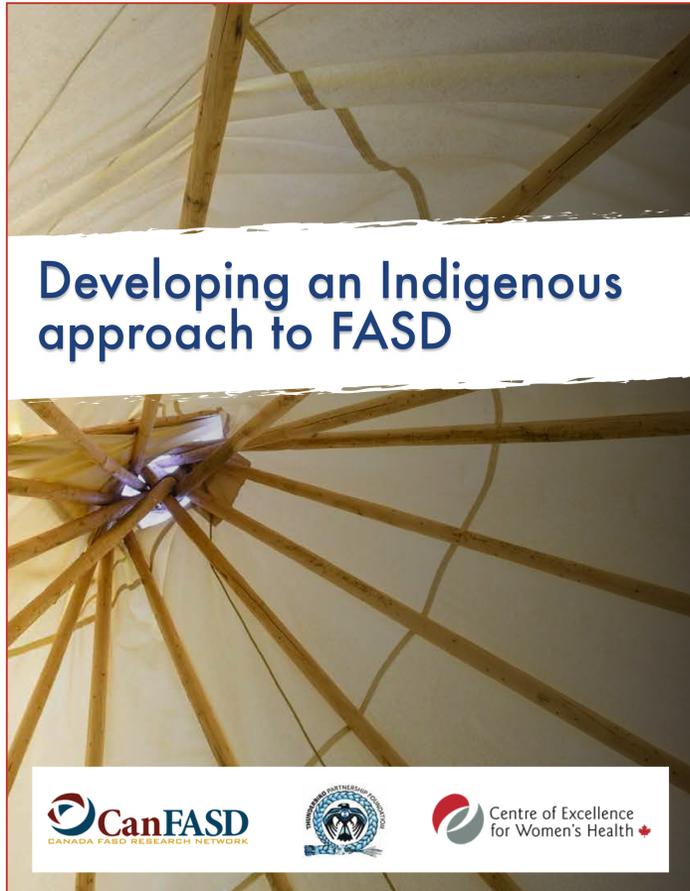


WELLNESS FRAMEWORK

Indigenous Wellness Framework



Consensus Statement

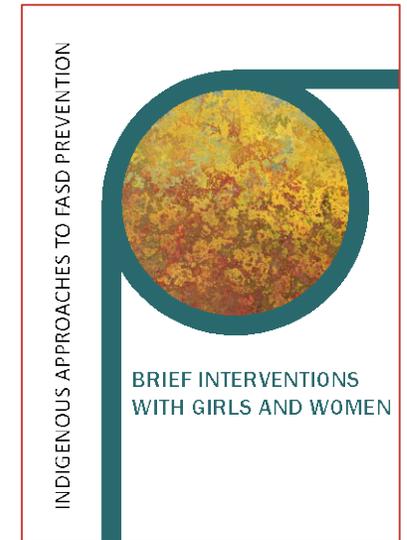
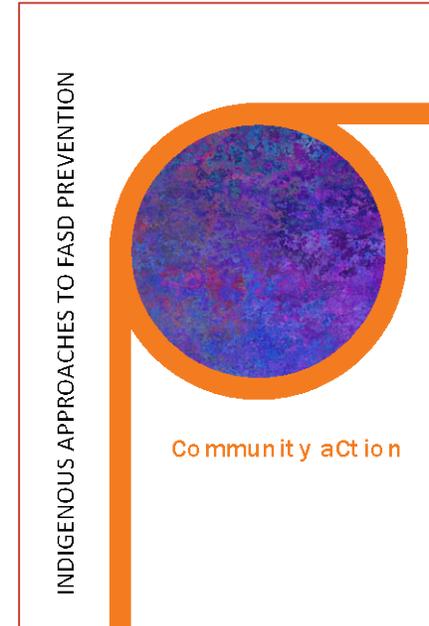
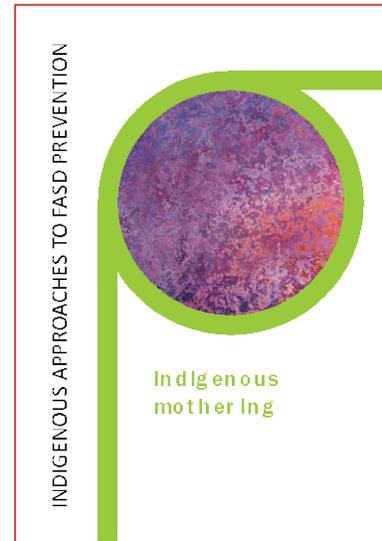
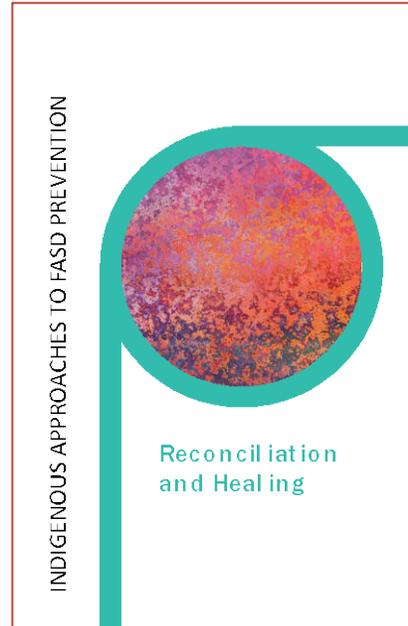
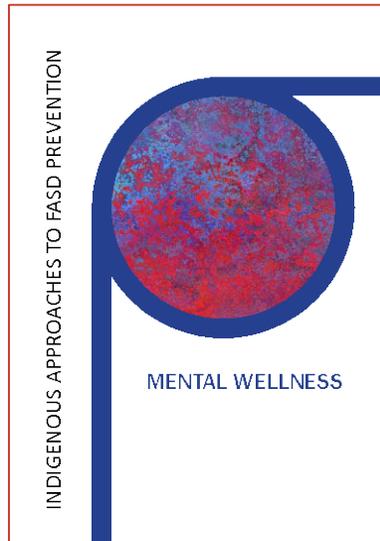


- Participants developed the following Consensus Statement to:
 - **Inform:** robust and culturally-safer approaches to implementing TRC Call to Action #33 thereby delivering better supports and services to mothers, families and communities.
 - **Affirm:** a cross-disciplinary and cross-organizational approach with a priority for Indigenous knowledge to implementing TRC Call #33 while also sharing perspectives and insights with agencies, individuals and stakeholders committed to this same goal.
 - **Promote:** an ongoing and collaborative commitment to reconciliation.

The Consensus Statement describes Eight Tenets for Enacting the TRC Call to Action #33

1. Centering Prevention around Indigenous Knowledge and Wellness
2. Using a Social and Structural Determinants Lens
3. Highlighting Relationships
4. Community Based, Community Driven
5. Provision of Wraparound Support and Holistic Services
6. Adopting a Life Course Approach
7. Models Supporting Resiliency for Women, Families, and Communities
8. Ensuring Long-Term Sustainable Funding and Research

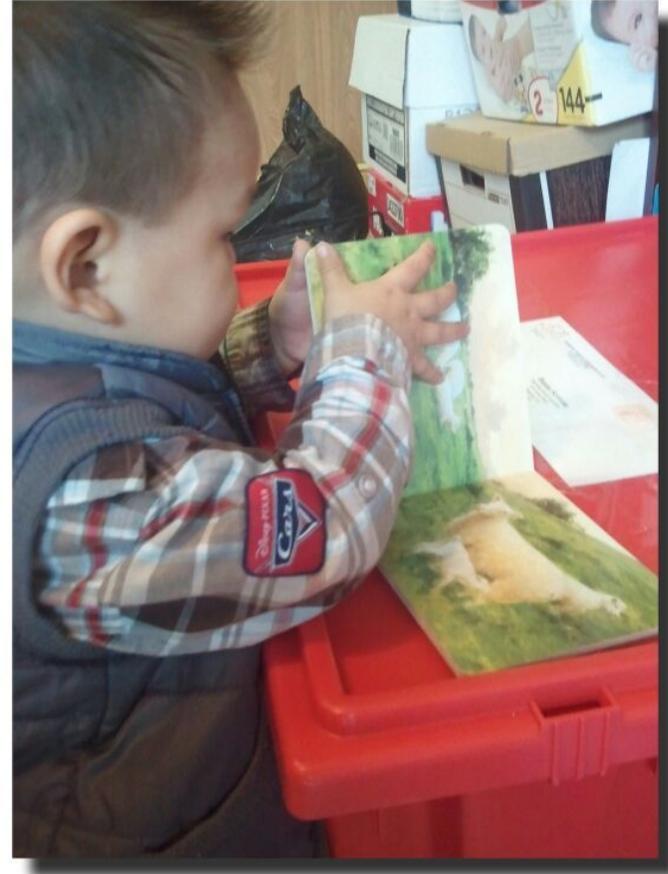
Continuing Work on FASD Prevention with Indigenous Communities



www.bcccewh.bc.ca

Mentoring programs

- First Nations Health Authority funds a number of programs to support families with young children. Two work in select communities to provide support for parents:
 - FASD Mentoring Programs: Stollo, Precious Beginnings
 - Maternal Child Health Programs: Seabird Island, Gwa'sala-Nakwaxda'xw



Kwakwaka'wakw Program

- Developed in collaboration with Island Health and FNHA
- Recognizing impact for women of leaving home to give birth
- Support mothers and families when they need to travel for maternity care
- Bringing care closer to home
- Social determinants of health, weaving cultural knowledge into care



MUMS, FAMILIES & COMMUNITY

Vision

Physical • Mental • Spiritual • Emotional
Listening to Understand



TREASURE BOX that follows Her thru life
FOR BABIES, GIRLS, WOMAN, ELDER
celebrations in each life stage
done very carefully with baby's new life

Mom won't be surprised!
WOMAN INCLUDED IN DECISIONS

paper-work
SMOOTH TRANSITIONS WHEN TRAVEL IS REQUIRED

SAFEST
BIRTHS CLOSE-TO-HOME
LOOK AT RISK HOLISTICALLY

Support ALONG THE JOURNEY

Use the CANOE!

Visual vision instead of WORDS

AS partners in our journey, we will honour, respect, and support the sacredness of pregnancy, birth, and motherhood and the importance of family, community, culture, traditional practices & values

IT'S ABOUT THE Journey & Relationship OVER THE COURSE OF LIFE



Surrounded by love

Wellness & health for women, men, children, and communities in spirit, mental, emotional, physical health defined by Community

Feeling-based words: BABIES WOMEN COMMUNITIES FUTURE

in Partnership

Women will tell us when they feel CULTURALLY SAFE



Sustainable & EXCELLENT CARE Everywhere with cultural RESPECT

IDENTIFY GAPS IN THIS JOURNEY

COMMUNITY, PATIENT & FAMILY CENTRED PLANS, CARE, TRANSITIONS, INFORMATION



Mom makes choices

Build on STRENGTHS

IDENTIFY COMMUNITY STRENGTH

COMMUNITY NEEDS

- increased access to care before-during-after birth
- doulas
- midwives
- educational workshops
- information sharing
- school partnerships
- physicians & nurses culturally aware
- traditional teachings
- food box for families

- reduce violence - involving whole family
- promote wellness of children thru coordinated effort
- mom-infant bonding support
- care plan before birth
- stop delivery room apprehensions
- support MCFD connection

TRADITIONAL WELCOME FOR PROGRAM

Regional Health & wellness PLAN

partnership accord PRIORITIZES

we NEED local LEADERS to Commit to Maternal health

RECIPROCAL ACCOUNTABILITY between all partners

EXAMINE OUTCOMES AT ALL LEVELS: Mom, family, community, System levels.

support family literacy

access to oral health

family as a foundation

- birth plans
- bonding
- holistic
- positive

Community-based approaches for FASD

NICU



VON Vermont Oxford
NETWORK

iNICQ

iNICQ Quality Collaborative:
Neonatal Abstinence Syndrome
Virtual Video Visit



Video Companion and Facilitator's Guide

**Nurture The Mother –
Nurture The Child**

A Trauma-Informed, Family-Centered Approach to Supporting Women
with Substance Use Issues Who Are Pregnant and Newly Parenting

Foster care

Canadian Council of
Child and Youth Advocates

Conseil canadien des défenseurs
des enfants et des jeunes

ALBERTA
Child and Youth Advocate
Ph: (780) 644-8281
Fax: (780) 644-8833

BRITISH COLUMBIA
Representative for Children
and Youth
Ph: (250) 358-8710
Fax: (250) 358-0837

MANITOBA
Children's Advocate
Ph: (204) 988-7440
Fax: (204) 988-7472

NEW BRUNSWICK
Office of the Ombudsman,
Child and Youth Advocate
Ph: (506) 453-2780
Fax: (506) 453-5599

**NEWFOUNDLAND AND
LABRADOR**
Child and Youth Advocate
Ph: (709) 753-3888
Fax: (709) 753-3888

NOVA SCOTIA
Office of the Ombudsman,
Youth Services
Ph: (902) 424-6780
Fax: (902) 424-6875

NUNAVUT
Representative for Children
and Youth
Ph: 867-975-5090
Fax: 867-975-0444

ONTARIO
Provincial Advocate for
Children and Youth
Ph: (416) 325-5699
Fax: (416) 325-5681

QUEBEC
Commission des droits de la
personne et des droits de la
jeunesse
Tél.: (514) 873-5146
Fax: (514) 873-2373

SASKATCHEWAN
Children's Advocate
Ph: (306) 933-8700
Fax: (306) 933-8406

YUKON
Yukon Child & Youth
Advocate
Ph: (867) 456-5575
Fax: (867) 456-5574

Canadian Council of Child and Youth Advocates Statement regarding Indigenous child welfare

TORONTO (January 31, 2018) – Following last week's emergency meeting on Indigenous child welfare in Ottawa, convened by Indigenous Services Minister Jane Philpott and Crown-Indigenous Relations and Northern Affairs Minister Carolyn Bennett, the Canadian Council of Child and Youth Advocates (CCCYA) has issued the following statement:

As independent child advocates from nine provinces and two territories, we are dedicated to promoting and fostering respect for the rights of all children and youth and, in particular, their fundamental rights to health, safety, education and well-being.

Federal Ministers and others have stated that the over-representation of Indigenous children and youth in care in Canada has reached "crisis" proportions. We acknowledge that it presents a significant challenge for our country, compounded by the legacy of colonization, residential schools, racism and extreme poverty.

We recognize that addressing this over-representation is not the sole responsibility of the federal government or a single province, territory, Indigenous nation or organization. Finding solutions is a shared responsibility requiring comprehensive and coordinated attention and action across the country. It must involve community consultation and include the voices of children and youth who continue to be negatively impacted by these unresolved disparities.

In reply to the Ministers' comments and the reasons for this meeting, we respond as privileged witnesses. In our jurisdictions, we hear daily from Indigenous children, youth and their families about their experiences in the child welfare system. We stand with children and youth, and hope that their voices are heard directly. As members of the CCCYA, we agree to the following:

1. We recognize that coordinated solutions with both immediate and long-term actions are required to improve the living conditions and well-being of First Nations, Inuit, and Métis children and youth in Canada. We call for immediate and long-term action to address the social determinants of health for these children and youth, including adequate housing, elimination of poverty, improvements to infrastructure, and ensuring clean water and food security.

1

SAFE BABIES Foster Parent Training Program

*An education program for families and caregivers of infants
exposed prenatally to drugs and/or alcohol*



Baby Steps

Caring for Babies with Prenatal Substance Exposure



In summary

- Messaging around preventing FASD has often been constructed as clear, uncomplicated public health messages.
- However, a continuum of approaches is needed that includes empowering messaging, and addresses the needs of women at different levels of risk, as well as their partners and communities
- Evidence shows it is important to address in a holistic manner, the complex health and social issues that face women who are most at risk for alcohol-exposed pregnancies.
- Culturally relevant approaches to FASD are needed, and important work is being done that brings in Indigenous knowledge to inform FASD prevention in Indigenous communities, grounded in wellness and strengths based approaches.

Thank You

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