

A number of programs and ACCHOs are doing some good work with regards to preventing, identifying and supporting FASD in communities. Are you seeing any changes in drinking behaviour, and particularly in risky drinking behaviour, as a result of particular programs and interventions? Which are they?

Aboriginal and Community Controlled Health Organisations (ACCHOs) do not receive specific funding to deliver FASD services. Despite this, they engage in a large variety of activities that seek to prevent and identify FASD and support affected individuals and families. Each ACCHO takes a different approach and achieves varying results based on their funding, resources and expertise, and the issues and needs in their community. Typically, larger ACCHOs as compared to smaller ACCHOs are capable of providing a greater range of services to more clients.

ACCHOs deliver a wide range of other services in which prevention and early intervention of risky drinking and FASD occurs, including: GP and Nursing services (including the Australian Nurse Family Partnership Program), Midwifery services, Health Checks, Women's Health services, Child Health services, dietician (nutrition) services and counselling services. Depending on the extent to which an ACCHO can deliver FASD diagnosis and support services, a pregnant mother displaying risk factors may be referred to other providers who can provide the required service. The breadth of the services offered by ACCHOs make it difficult to capture data on the cumulative impact of these services on FASD prevention and harm reduction.

ACCHOs also partake in advocating against alcohol access in their communities. For example, for five years Danila Dilba has been opposing the proposed Dan Murphy's superstore in Darwin.

A focus on FASD in the general work of ACCHOs

Within their broader comprehensive primary healthcare service delivery, ACCHOs take a prevention, early intervention and support approach to FASD, and more broadly to risky drinking behaviour. ACCHOs employ Aboriginal Health Practitioners (AHPs) and Aboriginal Health Workers (AHWs), whose training and role includes the early identification of risks and cases associated with harmful alcohol consumption, including FASD. AHPs, AHWs and other staff employed at ACCHOs are trusted by the local community to deliver culturally competent services, including in relation to FASD and broader risky drinking prevention, identification and support.

ACCHO's play a key role in promoting health and wellbeing messages to communities, including raising awareness of the harmful impacts of drinking alcohol when planning to have a baby and during pregnancy. Our anecdotal assessment is that culturally appropriate and locally targeted messaging and awareness raising of the harms of drinking alcohol contributes to a reduction in alcohol consumption in many Aboriginal and Torres Strait Islander communities but we do not have specific data to support this.

A considerable proportion of the FASD prevention, identification and support work of ACCHOs is undertaken in the delivery of Alcohol and Other Drug (AoD) services, which many ACCHOs across Australia deliver. When ACCHOs provide women's antenatal care, which involves connecting expectant mothers to social support, mental health and specialist alcohol services, risky drinking behaviours are identified and addressed. In addition to substance use specific services, a significant proportion of ACCHOs have AoD Health Workers on staff.

Some examples of best practice in preventing and identifying FASD, supporting families affected, and reducing risky drinking in communities

Gidgee Healing

Gidgee Healing Aboriginal Corporation (Gidgee Healing) in Mount Isa, Queensland initiated a FASD community-led program which has transformed how the community and health sector engage with children, families and the community about FASD. An additional benefit of the program is reduced alcohol consumption in the community.

The first stage of the program was to work with community over a period of 12 – 18 months to understand what community needed from a FASD program, and how Gidgee, in partnership with Griffith University, could deliver an improved FASD model that is integrated into their holistic model of care. The great strength of this model is that it was community driven and managed, resulting in a shift in focus from previously a clinical specialist setting to a holistic primary health care model run by Aboriginal and Torres Strait Islander Health Practitioners and Workers (ATSIHP/Ws) who are from that community. The program sits within the Gidgee Healing Family and Wellbeing Centre who offer a range of services to every child to ensure every child matters. These include mums and bubs programs which provide information and support with alcohol harm reduction.

Cultural appropriateness and safety through dreamtime stories to tell the story of the legacy of colonisation and intergenerational trauma, of which FASD is an outcome, is a central focus of the program. The result is that Gidgee Healing has demonstrated that there is another way to support children and families affected by FASD which transfers a traditionally clinical approach into a community health approach. The long term consequences of this approach remain to be seen, however the logical impact of the community driving the response is that the community has greater awareness and understanding of the causes of FASD and the best ways to support children and families impacted by it.

Wuchopperen Health Service

With a focus on FASD prevention, Wuchopperen Health Service:

- developed several resources that work well to educate Cairns communities about FASD—particularly FASD dolls, smoking dolls and videos,
- in conjunction with the Child Family Centre as well as through our Wellbeing Workers run maternal and child health services and the Deadly Choices Program, and men's and women's programs, which include a focus on alcohol and FASD,
- incorporated a focus on alcohol and FASD in its delivery of ANFPP,
- identifies families with multiple issues including FASD and offers case co-ordination education and support to them,
- via their legal clinic offer support to young offenders who may have ended up in the justice system as a result of poor decision making and impulsive behaviours that are hall marks of FASD, and
- has attended and contributed to multidisciplinary FASD summits in conjunction with Apunipima Cape York Health Council, Queensland Health, Education Queensland, and James Cook University

Kimberley Aboriginal Medical Services

The Kimberley Aboriginal Medical Services (KAMS) Model of Care also prevents and identifies risky drinking behaviour as it:

- places an emphasis on community engagement,
- strongly reinforces that every opportunity must be taken to raise awareness, and encourage good health practices in the community,
- addresses the need for communities and families to be supported in developing sustainable services that strengthen individuals and empower people to make informed healthy choices,
- provides a safe place for women to open up and discuss sensitive areas of concern with a midwife they know and trust,
- has a dedicated midwife role offering a regular service to women in Beagle Bay, One Arm Point and Lombadina,
- uses the Kimberley Mum's Mood Scale (KMMS) to work alongside the women in a "yarning" type approach, and
- refers women, when required, to the Milliya Rumurra outreach service in Broome for drug and alcohol counselling.