



FETAL ALCOHOL SPECTRUM DISORDER (FASD) ACROSS THE LIFE SPAN

Alberta FASD 10-Year Strategic Plan
2007-2017

Year 10 Evaluation

PARENT-CHILD ASSISTANCE PROGRAM (PCAP) – OVERVIEW OF KEY FINDINGS

FASD is a diagnostic term that describes the range of effects that can result from being prenatally exposed to alcohol. These effects can include lifelong mental, physical and behavioural difficulties as well as learning disabilities. There is no safe time or safe amount of alcohol to drink when pregnant or when planning to become pregnant.

ALBERTA'S RESPONSE TO FASD

From 2007 to 2017, the Government of Alberta's FASD 10-Year Strategic Plan set the direction for addressing FASD in the province. The vision was to develop a comprehensive and coordinated response to FASD across the lifespan with a continuum of services, including awareness, prevention, assessment and diagnosis and support services, that is respectful of individual, family and community diversity.

THE PARENT-CHILD ASSISTANCE PROGRAM (PCAP)

PCAP was developed at the University of Washington as a federally funded evidence-based research demonstration project. The primary goal of PCAP is to prevent future births of alcohol and drug exposed children. The program is offered to women who are pregnant or who have recently given birth and have used drugs and/or alcohol during the pregnancy. Mentors build relationships with women admitted to the program and offer specialized and holistic support to women who use alcohol.

The Government of Alberta chose PCAP as its prime strategy for the prevention of FASD, with a commitment to maintaining fidelity to the model, while adapting it to the Alberta context.

PCAP EXPANSION

Prior to the Strategy, Alberta had five provincially funded and seven federally funded PCAP services in Alberta. Additional PCAP sites were established in every region of Alberta as part of the Strategy's FASD Service Network programs. Alberta Health added funding in 2014-15 to establish new PCAP services in Indigenous communities. As of March 2017, there were 28 PCAP sites in Alberta. The number of women enrolled in PCAP increased from 69 in 2008-09 to 553 in 2016-17.

FIDELITY TO THE PCAP MODEL

To be successful, PCAP sites must be aware of and adapt to the cultural, structural, geographical and social factors at play in their catchment areas. At the same time, PCAP research identified 35 core characteristics of a PCAP service that are essential for PCAP clients to achieve successful outcomes.

CULTURAL SENSITIVITY

PCAP is informing leading practices in cultural sensitivity through its training of PCAP workers and engagement with Indigenous communities, by helping their clients to reconnect with their family and culture and hiring within Indigenous communities.

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POSITIVE OUTCOMES

PCAP outcomes are measured through two data management systems, the PCAP Penelope Case Management System (Penelope), which tracked data for 548 unique clients from April 2014 to March 2017, and the Government of Alberta's FASD Online Reporting System (ORS), which captured information for 553 unique PCAP clients in 2016-17. There is some overlap of clients tracked through Penelope and ORS.

PCAP Clients

ORS data for 2016-17 revealed that 16% of women receiving PCAP services have a confirmed FASD diagnosis at intake. Women receiving PCAP services reported numerous comorbidities (secondary diagnoses), such as depression (48% of all women), anxiety (43%), learning disabilities (25%), physical health conditions (22%), cognitive impairment (21%), post-traumatic stress disorder (20%) and ADHD (17%). Penelope data revealed that many women in PCAP have a family history indicating potential childhood trauma: 58% were in the foster care system; 55% reported having Child Intervention services involved in their lives as a child; 69% reported they had run away from home at least once as a child; and 48% reported that their mother consumed alcohol while they were pregnant.

A reduction in alcohol and drug use

Penelope reported that of the pregnant women in PCAP, 28% never consumed alcohol during the first semester of pregnancy, which increased to 77% during the second and third trimesters of pregnancy. The percentage of women in PCAP who were abstinent from alcohol for at least one month was 52% at 6 months, 47% at 18 months and 35% at 30 months. The percentage of women who were abstinent from drugs for at least one month was 54% at 6 months, 56% at 18 months and 48% at 30 months.

An increase in effective family planning

Penelope reported that 77% of pregnant women in PCAP were not using a regular method of contraception around the time of conception and 88% of the pregnancies were unplanned. At the end of 6 months in PCAP, 39% of non-pregnant women were using a method of contraception regularly, 57% at 18 months and 54% at 30 months.

An impact on well-being

Penelope reported that:

- At intake, 56% of PCAP clients reported being in permanent/stable housing, which increased to 59% at 30 months.
- At intake, only 12% of clients reported earning income from employment, which increased to 22% reporting being employed at some point in the previous 6 months at 30 months in PCAP. Clients who reported their main source of income from regular or casual employment increased from 4% at 6 months to 10% at 30 months.
- Clients who reported their main source of income from Income Support decreased from 53% at 6 months to 46% at 30 months. Clients receiving Persons with Developmental Disabilities (PDD) and Assured Income for the Severely Handicapped (AISH) services increased from 13% at 6 months to 20% at 30 months.

FASD Prevention

Evaluation findings confirm the successful implementation of PCAP services across Alberta. The evidence indicates that 74% of women who participated in PCAP for three years were preventing FASD by reducing or eliminating alcohol use and/or by using family planning methods consistently.