

National Awareness Campaign on Alcohol, Pregnancy, Breastfeeding and Fetal Alcohol Spectrum Disorder (FASD)

Evaluation of the *Strong Born Campaign* and *FASD Communications and Engagement Grant* for Aboriginal and Torres Strait Islander people in regional and remote communities



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Executive Summary

Background

As part of the *National Awareness Campaign on Alcohol, Pregnancy, Breastfeeding and Fetal Alcohol Spectrum Disorder (FASD)*, the Foundation for Alcohol Research and Education (FARE) partnered with the National Aboriginal Community Controlled Health Organisation (NACCHO) to deliver culturally appropriate campaign materials to Aboriginal and Torres Strait Islander people in regional and remote communities.

Strong Born was a communications campaign designed to raise awareness of FASD and the harms of alcohol consumption while pregnant and/or breastfeeding, among Aboriginal and Torres Strait Islander peoples in rural and remote communities (MM4-MM7¹). The Strong Born Campaign was supported by the FASD Communications and Engagement Grant (FASD Grant) open to NACCHO members. The FASD Grant was designed to enhance and extend the Strong Born Campaign by supporting Aboriginal Community Control Health Organisation's (ACCHO's) capacity to deliver the campaign.

Evaluation Aims

The evaluation aimed to report on the activities developed and delivered by ACCHOs who received the FASD Grant, while also assessing the facilitators and barriers they encountered in the process. It sought to understand ACCHOs' perceptions of the appropriateness of campaign resources and the sustainability of continuing these activities beyond the grant funding period. Additionally, the evaluation explored ACCHOs' experiences with the FASD Grant process and funding provider and reported on the impact of the FASD Grant on ACCHOs with varying levels of baseline experience delivering FASD prevention activities. The evaluation also aimed to explore interventions undertaken by NACCHO members not funded by the FASD Grant. Finally, the evaluation provided recommendations for future FASD prevention programs as informed by ACCHOs who participated in the evaluation.

¹ Modified Monash Model: <https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>

MM4: Medium rural towns, MM5: Small rural towns, MM6: remote communities, MM7: very remote communities

Evaluation Method

To determine whether the FASD Grant supported ACCHOs to deliver the Strong Born Campaign within their communities, the evaluation team analysed pre- and post-grant survey responses and conducted online interviews/focus groups with ACCHOs in regional and remote communities. The pre-grant survey was completed by all 23 successful Round 1 FASD Grant applicants. Over half of the grant-funded organisations (57%, n=13) completed the post-grant satisfaction survey. The evaluation team interviewed 30% (n=7/23) of the grant-funded organisations and interviewed one ACCHO who did not receive the grant funding.

Key Findings²

Round 1 FASD Grant Funding Overview

There were 23 successful FASD Grant applications across all Australian states and territories except the Australian Capital Territory and Tasmania. Grant recipients received between \$10,000 and \$60,000 of funding. The total amount of funding that NACCHO provided to ACCHOs in Grant Round 1 was \$790,500. Grant-funded organisations were spread across all remoteness areas with 17% from 'medium rural towns' (MM4), 17% from 'small rural towns' (MM5), 35% from 'remote communities' (MM6), and the remaining 30% from 'very remote communities' (MM7).

Activities developed and/or delivered by ACCHOs who received the FASD Grant

All ACCHOs that received the FASD Grant and completed the post-grant survey (N=13) developed or delivered highly localised, community specific communication materials, community engagement activities, training for multi-disciplinary ACCHO staff, or clinical, social or cultural supports for their communities to increase awareness of FASD and the harms of alcohol consumption while pregnant and/or breastfeeding.

² The interviews aimed to expand on the outcomes collected in the post-grant satisfaction survey. Therefore, unless clearly stated, results from the pre-post grant surveys and interviews have been combined during analysis to improve interpretation of grant outcomes.

Development and/or delivery of the Strong Born Campaign and other communication materials

Almost all grant-funded organisations³ (92%; n=12/13) used the funding to disseminate and promote the Strong Born Campaign. A range of methods were used including social and digital media, mass-media, promotion and distribution of physical campaign resources, and community education sessions. Due to the use of social media and traditional media outlets like television, radio broadcast and cinema advertising, the geographic reach of the Strong Born Campaign was likely broader than where each ACCHO is located. Promotion of the campaign through safe spaces like men's, women's, youth and Elders' groups helped with community buy-in and ensured information was delivered in a culturally appropriate and sensitive manner.

In addition to promoting Strong Born Campaign resources, 62% (n=8/13) of ACCHOs used the grant funding to develop their own communication materials related to FASD and the harms of alcohol consumption during pregnancy and/or breastfeeding. Most ACCHOs took a community-wide approach to emphasise the importance of alcohol-free pregnancies for the whole family and community. Their development was co-designed and community-led to build capacity and help foster community ownership and thus acceptance of the activities. These communication materials reinforced the strengths-based messaging of the Strong Born Campaign, building upon existing resources to provide tailored support for their communities.

Translation of Strong Born Campaign materials

With grant funding, 54% (n=7/13) of ACCHOs³ translated Strong Born Campaign materials into eight local languages, including: Pitjantjatjara, Pintupi Luritja, Gunditjmara, Martu Wangka, Kriol, Warlpiri, Gurindji and West sie Kriol.

Development and/or delivery of community engagement activities

Overall, 62% (n=8/13) of ACCHOs³ used the FASD Grant to deliver community engagement activities, with most reporting that the FASD Grant allowed them to expand on their regularly occurring community activities and promote the Strong Born Campaign

³ Who completed the post-grant survey (n=13)

at these events. Community engagement activities typically used a community-wide approach and included BBQs, morning teas, community health expos, parenting groups, art projects at local high schools, displaying FASD dolls at events, and integrating education sessions into other existing events. ACCHOs leveraged their strong community relationships to create safe, empowering spaces at events, enhancing FASD awareness and reducing stigma through culturally appropriate, non-judgmental discussions.

Development and/or delivery of clinical, social or cultural supports for women, partners and families who are continuing to consume alcohol while pregnant and/or breastfeeding

While all grant-funded ACCHOs⁴ delivered activities in culturally supportive ways, 77% (n=10/13) used the grant funding to deliver specific clinical, social or cultural supports. The FASD Grant enabled ACCHOs to both sustain and improve supports delivered prior to receiving the grant. ACCHOs integrated FASD education and support into already established health promotion mechanisms, provided case management to help community members seek supports, access resources, navigate the health system, and collaborated with other stakeholders to offer comprehensive and coordinated care.

Development and/or delivery of training for multi-disciplinary ACCHO staff

Multi-disciplinary staff training delivered by ACCHOs⁴ relating to FASD doubled during the FASD Grant period from 38% (n=5/13) to 77% (n=10/13). This increased the ability of ACCHOs to deliver comprehensive information about FASD and the harms of alcohol consumption during pregnancy and/or breastfeeding. Specifically, the FASD Grant facilitated several internal and external training initiatives, equipping staff to discuss alcohol consumption with women of childbearing age and navigate referral pathways. ACCHOs who participated in training with Dr. Robyn Williams provided positive feedback, noting that it enhanced their knowledge of FASD and support strategies. Staff continue to apply the training in their current practice.

ACCHOs' perceptions of the appropriateness of Campaign resources

Feedback on the Strong Born Campaign resources were overwhelmingly positive, with ACCHOs commending the campaign messaging for its clarity, cultural relevance, and

⁴ Who completed the post-grant survey (n=13)

empowerment of communities. The campaign materials were considered culturally appropriate, engaging, visually appealing, and fostered meaningful conversations across diverse community members. Additionally, the community and health professional booklets were found to be helpful and easy to use, though some feedback suggested minor improvements, such as reducing wordiness or adding more clinical information. The t-shirts were also highlighted as a successful tool for community engagement, sparking organic discussions and were proudly worn by community members. The ability to localise campaign materials were considered effective tools to engage communities. Overall, the Strong Born Campaign resources were seen as impactful and well-suited to the needs of grant-funded communities.

Facilitators and barriers to the development and/or delivery of activities

Barriers

The development and delivery of FASD activities by ACCHOs faced several barriers including, the remoteness of ACCHO locations which impacted resource availability, increased costs, and limited access to experts for training. Short grant funding timelines and delays in receiving funding, particularly during the Christmas period further hindered the delivery of activities. ACCHOs also struggled with limited staff capacity and availability to support community members with expert advice and clinical knowledge. Additionally, community perceptions of FASD resulted in some community members being initially hesitant to engage with campaign messaging. Despite these challenges, ACCHOs utilised technology, navigated cultural sensitivities, and maintained ongoing communication with NACCHO to overcome these barriers.

Facilitators

A major facilitator of the success of the Strong Born Campaign and the FASD Grant was the flexibility in how grant funding could be utilised, allowing ACCHOs to deliver activities appropriate for their communities' needs. This flexibility enabled creative approaches, such as bush trips and separate yarning circles for different groups, ensuring cultural relevance and engagement. Leveraging existing relationships and trust within communities, particularly with Elders, was crucial in delivering culturally appropriate and impactful activities. Collaboration among ACCHO staff, who were passionate and supportive of the campaign, further strengthened the dissemination of campaign messages. The number of

Strong Born resources provided by NACCHO, combined with the ability to include local ambassadors, champions and community members in the resources, enhanced community connection and engagement with the campaign. Additionally, offering refreshments at events, particularly through community BBQs, proved effective in encouraging attendance and fostering open discussions about FASD.

ACCHOs' plans for sustaining activities beyond the FASD Grant funding

All ACCHOs that delivered activities related to FASD and the harms of alcohol consumption while pregnant and/or breastfeeding with grant funding, plan to sustain these efforts beyond the grant funding period. Some ACCHOs aim to do this through the integration of activities into their broader health promotion strategies, enabling them to create impactful, potentially sustainable initiatives that align with their commitment to improving community health. Future plans to deliver FASD activities beyond the grant funding period include promotion of Strong Born Campaign materials through community events, clinics, and social media, as well as ongoing use of translated resources. ACCHOs emphasised the importance of maintaining community engagement through culturally sensitive activities, such as yarning circles and partnerships with local schools. However, continued funding is essential for the ongoing development and delivery of these initiatives, particularly for training of multidisciplinary staff and providing social, clinical, and cultural supports for women and families affected by alcohol consumption during pregnancy. Despite this, ACCHOs recognise the importance of addressing FASD in their community, and with further support are committed to sustaining these efforts to improve community health and awareness of FASD.

ACCHOs' experience with the FASD Grant process and funding provider

All grant-funded ACCHOs who were interviewed reported a positive experience with the FASD Grant and NACCHO as the funding provider, highlighting the simplicity, clarity, and adaptability of the grant application and reporting process. ACCHOs reported that the flexibility to develop activities and resources that were specific for their region contributed to the efficacy and community engagement of the Strong Born Campaign. ACCHOs appreciated NACCHO's understanding of their internal structures and pressures, which streamlined the funding process and minimised additional workload. While one ACCHO suggested improvements for the reporting process to more accurately reflect the potential

time required, overall, the FASD Grant was seen as instrumental for ACCHOs to promote the Strong Born Campaign within their communities, educate staff, and increase community awareness of FASD and the harms of alcohol consumption during pregnancy and/or breastfeeding.

Impact of the FASD Grant on ACCHOs who have different baseline experience, knowledge and motivation to engage in FASD prevention activities

The FASD Grant had a positive impact on all ACCHOs who had varying levels of baseline experience delivering FASD prevention activities within their communities. ACCHOs who had no prior experience delivering FASD prevention activities focused on raising community awareness and staff training, using the FASD Grant to initiate essential conversations about FASD for the first time. ACCHOs with moderate to high pre-grant experience with developing and delivering FASD prevention activities were in a position that they could utilise the grant funding to leverage their existing knowledge to deliver more comprehensive communication resources and community engagement activities, therefore strengthening the impact of the Strong Born Campaign. Despite differences in baseline experience, all ACCHOs reported that the grant successfully increased both staff and community awareness of FASD. They emphasised the need for continued funding and efforts to sustain and expand these activities, believing that further initiatives could reduce the incidence of FASD, and better support affected families.

Interventions or activities undertaken by NACCHO members not funded by the FASD Grant

One NACCHO member who applied for but did not receive the FASD Grant funding (for reasons unknown), agreed to participate in an interview as a comparison to assess their level of engagement with FASD activities without funding. The non-funded ACCHO had no previous experience with developing or delivering FASD information in their community. They expressed that receiving the grant funding would have been highly beneficial to raise awareness and initiate community discussions about FASD and the harms of alcohol consumption while pregnant and/or breastfeeding. Due to a lack of resources, they had not been able to deliver any FASD-related education or staff training in their community. The organisation emphasised the significant social and financial burden of FASD on their community and expressed a strong desire to engage in health promotion and education on

the issue if future funding is available. This highlights the importance of extending the Strong Born grant funding and materials to include all ACCHOs, including non-NACCHO members. By doing so, more organisations would be able to implement campaign messages effectively, thereby raising awareness and educating their communities about FASD and the risks associated with alcohol consumption during pregnancy and/or breastfeeding.

Recommendations for future FASD prevention and support

Interviewed ACCHOs provided several key recommendations for future FASD prevention and support efforts. They identified the need for workforce development, including ongoing training and upskilling of local staff to reduce reliance on external specialists and to ensure comprehensive, culturally appropriate care. Increasing FASD-specific funding to allow for dedicated staff positions and expanding access to FASD support services were also highlighted as key strategies. ACCHOs stressed the importance of continuous, community-wide FASD messaging, with a particular focus on male education and involvement. Engaging local government in FASD prevention and advocating for policy changes were identified as essential for a holistic approach. For successful engagement with Aboriginal and Torres Strait Islander communities, future campaigns should build on the strengths of the Strong Born Campaign by being culturally appropriate, community-driven, and localised. Additionally, there must be a national commitment to addressing the social determinants of health and systemic issues impacting these communities, as meaningful change requires more than just health promotion, it is necessary to address the root causes of alcohol consumption during pregnancy.

Conclusion

The FASD Grant successfully increased all funded ACCHOs' capacity to develop and deliver highly localised, culturally appropriate, strength-based education and awareness activities and training for staff, effectively raising awareness of FASD and the harms of alcohol consumption during pregnancy and/or breastfeeding within their communities. The Strong Born Campaign was instrumental in either initiating or expanding conversations about FASD, with ACCHOs praising the campaign's simple, culturally relevant messaging that facilitated genuine engagement and meaningful dialogue. The ability to localise campaign materials was particularly valued, as it increased community ownership and

resonance of the messages, though it also highlighted the need for extended funding timelines to accommodate these efforts. Addressing such a complex issue at the community level was complimented by the campaigns efforts to upskill and educate staff on recognising the signs, and symptoms of FASD, referral pathways and how to start supportive conversations with all community members to help prevent, identify and address the impacts of FASD. The evaluation highlighted the ongoing need for funding and health promotion efforts around FASD and the importance of having qualified, trauma-informed workers to compliment the comprehensive care that ACCHOs provide daily.

Further dissemination of the Strong Born Campaign and FASD Grant to all ACCHOs, including non-NACCHO member organisations, would benefit Aboriginal and Torres Strait Islanders people and help increase the awareness of FASD across more communities. Ultimately, while ACCHOs play a vital role in community education and FASD prevention due to their strong rapport and high community engagement through the services they offer, their efforts must be supported by a broader, whole-of-community approach. Relying solely on community education from ACCHOs is insufficient, as they are already managing a wide range of health issues and face staffing and funding constraints. This approach should include collaboration with local governments, community organisations, social services, educational institutions, and other stakeholders to create a comprehensive support system. Such an approach will ensure that FASD prevention efforts are sustainable, and that Aboriginal and Torres Strait Islander communities are equipped to support pregnant women and families achieve strong born babies, strong families and create meaningful, lasting changes.

Background

The *National Awareness Campaign on Alcohol, Pregnancy, Breastfeeding and Fetal Alcohol Spectrum Disorder (FASD)* is part of the Australian Government's commitment to address FASD and implement the National Strategic FASD Action Plan. The Foundation for Alcohol Research and Education (FARE) received funding from the Australian Government Department of Health and Aged Care to develop and deliver a national awareness campaign from July 2020 to September 2024.

The national Campaign aimed to:

- Increase Australians' awareness of the risks associated with alcohol consumption during pregnancy and/or while breastfeeding, including FASD
- Increase the proportion of Australians who are aware that alcohol should not be consumed during pregnancy and that it is safest not to consume alcohol when breastfeeding
- Increase the proportion of Australian women who intend to not consume any alcohol during pregnancy and/or when breastfeeding

The campaign had four streams that focus on the following:

1. General public awareness campaign
2. Support for priority groups including women at higher risk of alcohol-exposed pregnancies
3. Information and online training for health professionals
4. Health promotion programs with regional and remote Aboriginal and Torres Strait Islander peoples

Stream 4 Campaign Activity

As part of the *National Awareness Campaign on Alcohol, Pregnancy, Breastfeeding and FASD*, FARE partnered with the National Aboriginal Community Controlled Health Organisation (NACCHO) to deliver culturally appropriate campaign materials to Aboriginal and Torres Strait Islander people in regional and remote communities.

Strong Born Campaign

Strong Born was a communications campaign designed to raise awareness of FASD and the harms of alcohol consumption while pregnant and/or breastfeeding, among Aboriginal and Torres Strait Islander peoples in rural and remote communities (MM4-MM7⁵). The Strong Born Campaign was also about supporting people with FASD, their families and carers, by understanding what FASD is, and the services that may be available for individuals and families. NACCHO's National FASD Working Group, which included representatives from rural and remote Aboriginal Community Controlled Health Organisations (ACCHOs) with clinical and cultural expertise, researchers and subject matter experts, was instrumental in the development of the campaign.

The Strong Born Campaign was launched online on the 22nd of February 2023. Campaign materials included two FASD information booklets, one for community members and another for multi-disciplinary ACCHO staff, as well as posters, social media tiles and polo shirts. The Strong Born Campaign materials were approved by the Australian Government Department of Health and Aged Care and FARE. Examples of campaign materials are shown in Figure 1.



Figure 1. Strong Born Campaign: Community and health professional information booklets

⁵ Modified Monash Model: <https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>

MM4: Medium rural towns, MM5: Small rural towns, MM6: remote communities, MM7: very remote communities

FASD Communications Grant Funding (FASD Grant)

The Strong Born Campaign was supported by the FASD Communications and Engagement Grant (FASD Grant) open to NACCHO members located in MM4-MM7. Eligible ACCHOs could deliver a place-based response in collaboration with other community-controlled organisations and communities. The grants were designed to enhance and extend the Strong Born Campaign by supporting ACCHOs to develop and deliver additional highly localised, place-based communications materials as well as engagement activities. Eligible ACCHOs could apply for between \$5,000 and \$60,000 in FASD Grant funding to deliver communications and engagement activities that would be relevant in their community or deliver a regional response in collaboration with other organisations and communities. Eligible ACCHOs were encouraged to apply for FASD Grant funding regardless of whether they deliver FASD-specific programs.

Eligible grant activities that ACCHOs could develop and/or deliver:

- Create and disseminate local communications materials to raise awareness of FASD and the harms of alcohol consumption while pregnant; and support the success of the Stream 4 materials and Strong Born Campaign.
- Create and disseminate materials with translations of Strong Born Campaign materials or campaign key messages into Aboriginal and Torres Strait Islander languages.
- Disseminate and promote the Strong Born Campaign materials through additional printing, social media campaign spending or other means.
- Deliver engagement activities to raise awareness of FASD and the harms of alcohol consumption while pregnant in the community and promote and utilise the Strong Born Campaign.
- Deliver engagement activities to increase the capability of multi-disciplinary ACCHO staff, community members and families affected by FASD to support people with FASD.

Overarching aims of the Strong Born Campaign and FASD Grant (defined by NACCHO):

- Raise awareness of the risks and impacts of alcohol consumption in pregnancy and/or when breastfeeding among Aboriginal and Torres Strait Islander women and communities in rural and remote Australia.
- Engage and co-design with stakeholders culturally appropriate resources that resonate with rural and remote ACCHO Health Professionals workforce and Aboriginal and Torres Strait Islander women and their families.
- Produce and disseminate resources and health promotion resources on alcohol, pregnancy, breastfeeding and FASD to rural and remote Aboriginal and Torres Strait Islander people through ACCHOs that are tailored to local community needs and understanding.
- Increase the proportion of Aboriginal and Torres Strait Islander women in rural and remote areas of Australia who intend to not consume any alcohol during pregnancy and/or when breastfeeding.

Evaluation Aims and Method

The evaluation aims to:

1. Report on activities developed and/or delivered by ACCHOs who received the FASD Communications and Engagement Grant (FASD Grant)
2. Assess facilitators and barriers to the development and/or delivery of activities
3. Assess ACCHOs' perceptions of the sustainability of delivering activities beyond the FASD Grant funding
4. Assess ACCHOs' perceptions of the appropriateness of Campaign resources
5. Explore ACCHOs' experience with the FASD Grant process and funding provider
6. Report on the impact of the FASD Grant on ACCHOs who have different baseline experience, knowledge and motivation to engage in FASD prevention activities
7. Explore interventions and/or activities undertaken by NACCHO members not funded by the FASD Grant, in comparison to funded NACCHO member organisations

Evaluation of Stream 4, focused on Aboriginal and Torres Strait Islander peoples in rural and remote localities (MM4-MM7⁶), was a process and impact evaluation to determine whether the campaign activities had been implemented as intended and to measure its immediate performance. Evaluation of Stream 4 was led by Prof Scott Wilson, CEO of the Aboriginal Drug and Alcohol Council (SA) Aboriginal Corporation (ADAC).

The evaluation used mixed methods including a pre-grant survey, post-grant satisfaction survey, and qualitative methods to gather more in-depth explanatory data through online interviews with key ACCHOs in rural and remote communities. The evaluation team received the support of NACCHO to conduct the evaluation and worked closely and collaboratively with NACCHO to ensure all stages of the evaluation were culturally appropriate for their members and communities. The evaluation team will engage with NACCHO to disseminate findings to Aboriginal and Torres Strait Islander stakeholders. The evaluation was also developed using core values and principles from the Indigenous Advancement Strategy Evaluation Framework⁷ and the Place-based Evaluation Framework⁸. Ethics approval was obtained from the Australian Institute of Aboriginal and Torres Strait Islander Studies, as requested by FARE.

Pre-Post Grant Surveys

Pre- and post-grant surveys were embedded in the grant application and grant satisfaction forms. Questions were based upon those routinely collected by NACCHO. The pre-grant survey assessed existing activities delivered by ACCHOs prior to receiving the grant and the post-grant satisfaction survey identified activities delivered by ACCHOs using the grant, specifically:

1. Creation and/or dissemination of communications materials specifically related to FASD and the harms of alcohol consumption while pregnant and/or breastfeeding
2. Engagement or community activities specifically related to FASD and the harms of alcohol consumption while pregnant and/or breastfeeding

⁶ <https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>

⁷ Commonwealth of Australia. Department of the Prime Minister and Cabinet. (2018). *Indigenous advancement strategy evaluation framework*.

⁸ Dart, J. (2018). *Place-based evaluation framework: A national guide for evaluation of place-based approaches in Australia*. Commissioned by the Queensland Government Department of Communities, Disability Services and Seniors (DCDSS) and the Australian Government Department of Social Services (DSS).

3. Supports (clinical, social or cultural) for women, partners and families who were continuing to consume alcohol while pregnant and/or breastfeeding
4. Training for multi-disciplinary ACCHO staff specifically related to FASD, the harms of alcohol consumption while pregnant and/or breastfeeding, or materials to support people and families affected by FASD
5. *[Post-grant survey only]* Dissemination and/or promotion of the Strong Born Campaign materials through additional printing, social media campaign spending or other means
6. *[Post-grant survey only]* Creation and/or dissemination of materials with translations of Strong Born Campaign materials or campaign key messages into Aboriginal and Torres Strait Islander languages

For each activity listed above, the surveys prompted ACCHOs to provide information (if appropriate) relating to the intended target audience, activity purpose, key topics/themes covered, geographic reach, and staff/individuals involved in activity development and/or dissemination.

The pre-grant survey prompted ACCHOs to identify communications and engagement activities that they intend to use the grant funding for (including details on the audience/s supported, key topics or areas of focus, types of engagement activities, geographic reach of materials and activities).

The post-grant satisfaction survey also assessed:

1. The sustainability of delivering activities/ACCHOs' intention to continue delivering communications and engagement activities beyond the FASD Grant funding
2. Facilitators and barriers to the development and/or delivery of communications and engagement activities

Survey Completion

The pre-grant survey was completed by N=23 successful grant applicants/ACCHOs. Over half (57%, n=13) completed the post-grant satisfaction survey.

Interviews with Key Aboriginal Community Controlled Health Organisations (ACCHOs)

The impact evaluation involved interviews with key regional and remote Aboriginal Community Controlled Health Organisations approximately 6-8 months post distribution of the FASD Grant funding. The semi-structured interviews aimed to expand on the outcomes collected in the post-grant satisfaction survey with a key focus on:

1. Awareness and perceptions of the Strong Born Campaign
2. ACCHOs' experience of the grant program and impact on community
3. Sustainability of delivering communication and engagement activities/ACCHOs' intention to continue delivering communication and engagement activities beyond grant funding
4. Enablers, barriers and critical success factors for effective and sustainable implementation of communication and engagement activities
5. Experience with funding provider

There were two subgroups for interviews:

1. NACCHO member who received the FASD Grant
2. NACCHO member who was eligible but did not receive the FASD Grant

The inclusion of subgroup 2 (non-funded NACCHO member) aimed to explore the effectiveness of other models and interventions in comparison to NACCHO member organisations who received the FASD Grant funding. The evaluation team note that non-NACCHO member organisations were not included in the evaluation.

The semi-structured interview guide invited discussion regarding the impact of the FASD Grant funding. Each interview/focus group participant provided informed consent before the interview/focus group commenced. Indigenous field research assistants with professional expertise in health and/or alcohol and other drug use facilitated data collection. Interviews or focus groups were used depending on the number of staff who were available/consent to participate. Interviews continued until saturation was reached (up to one-hour). Interviews/focus groups were digitally recorded, transcribed, and de-identified. Thematic analysis was undertaken by Aboriginal researchers to identify common themes/patterns.

Data Generation

As per ethics approval, NACCHO helped broker the relationship between ACCHOs and the evaluation team. A total of eight interviews were completed online via Teams in June-July 2024.

Interview Subgroup 1: NACCHO member who received the FASD Grant

All funded Grant Round 1 ACCHOs (N=23) were invited to participate in an interview irrespective of whether they completed the post-grant satisfaction survey. Seven ACCHOs (30%) agreed to participate. Two of the seven ACCHOs had not completed the post-grant satisfaction survey.

Interview Subgroup 2: NACCHO member who was eligible but did not apply for or receive the FASD Grant

Seven ACCHOs were invited to participate. NACCHO identified these ACCHOs to be a similar remoteness classification and to serve a similar size community as the ACCHOs in *Interview Subgroup 1*. One ACCHO, who applied for the FASD Grant and was not successful, agreed to participate and completed an interview.

Findings

Note for interpreting findings:

The interviews aimed to expand on the outcomes collected in the post-grant satisfaction survey. Therefore, unless clearly stated, results from the pre-post grant surveys and interviews have been combined during analysis to improve interpretation of grant outcomes. The quantitative summaries presented on pages 21-23 have been derived from the pre-post grant surveys only.

Round 1 FASD Grant Funding Overview

Applications

There were 23 successful grant applications. All recipients completed the pre-grant survey. Two of these applications were for consortium approaches involving three and four ACCHOs in each consortium. There were 13 grant recipients (57%) that completed the post-grant satisfaction survey.

Geographical Location

Successful applications were from all states and territories across Australia except the Australian Capital Territory and Tasmania (Figure 2).

- 26% (n=6) were from Western Australia
- 22% (n=5) were from the Northern Territory
- 17% (n=4) were from Queensland
- 13% (n=3) were from New South Wales
- 13% (n=3) were from South Australia
- 9% (n=2) were from Victoria



Figure 2. Number of successful Round 1 FASD Grant applications per state and territory

Remoteness

All ACCHOs were from Modified Monash Model remoteness areas MM4-MM7⁹. As displayed in Figure 3, 17% were from 'medium rural towns' (MM4), 17% were from 'small rural towns' (MM5), 35% were from 'remote communities' (MM6), and the remaining 30% were from 'very remote communities' (MM7).

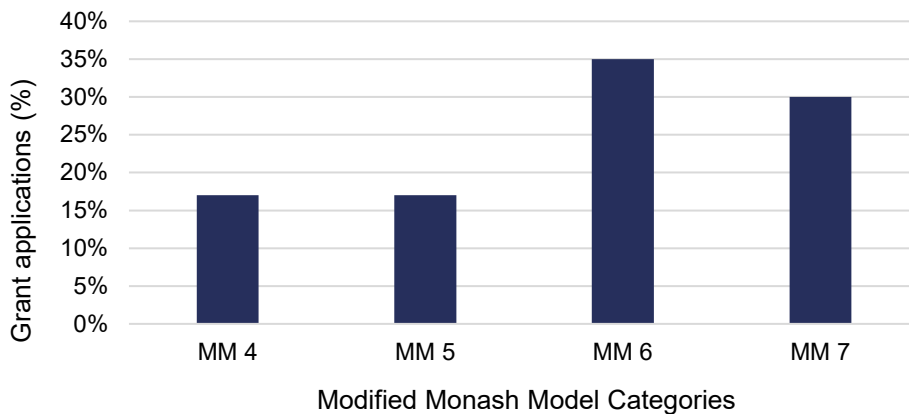


Figure 3. Remoteness and population size of ACCHOs on a scale of Modified Monash (MM) categories MM1 to MM7.

Funding amount

Grant recipients received from \$10,000 to \$60,000 of funding. The total amount of funding that NACCHO provided to ACCHOs in Grant Round 1 was \$790,500. Figure 4 displays the number of grant recipients that received different levels of grant funding; with 57% of ACCHOs receiving \$25,000 to \$35,000.

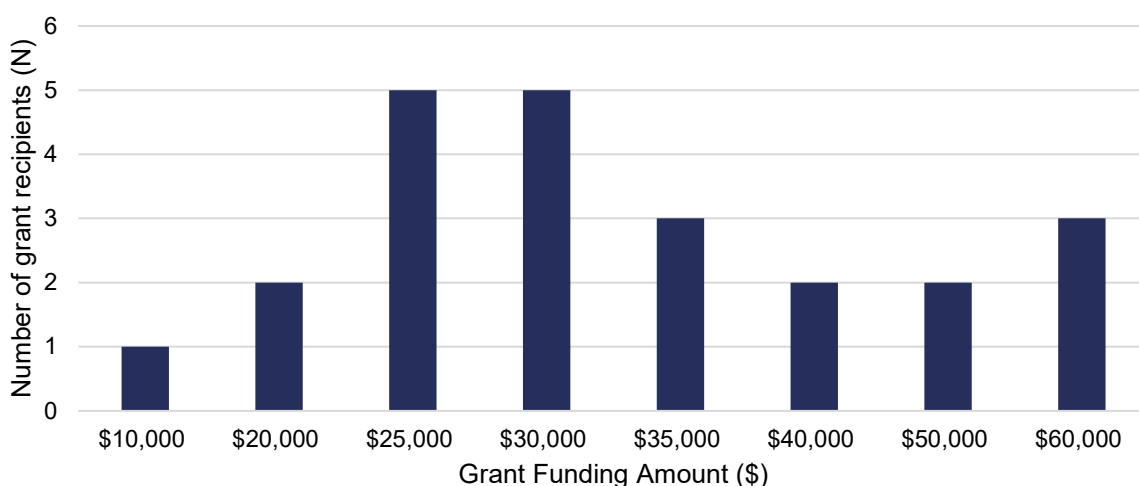


Figure 4. Funding provided to FASD Communication and Engagement Grant recipients (N=23).

⁹ Modified Monash Model: <https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>
MM4: Medium rural towns, MM5: Small rural towns, MM6: remote communities, MM7: very remote communities

Activities developed and/or delivered by ACCHOs who received the FASD Grant

The pre- and post-grant surveys specifically asked about five types of activities that grant funding could be used for. To help interpret the broader results, we created a quantitative summary of the activities reported in the pre- and post-grant surveys. The proportion of ACCHOs who had completed each activity pre- and post-grant are reported in Table 1.

Table 1. Proportion of activities developed and/or delivered pre- and post-grant funding

Activities developed and/or delivered:	Pre-grant (baseline experience)		Post-grant	
	All grant recipients N=23 % (n)	ACCHOs who completed post-grant survey n=13 % (n)	N=13 % (n)	
Communication materials	Any materials		Strong Born specific materials	Created own materials
	57% (13)	54% (7)	92% (12)	62% (8)
Translated Strong Born Campaign materials	N/A	N/A	54% (7)	
Community engagement activities	43% (10)	46% (6)	62% (8)	
Clinical, social or cultural supports	70% (16)	77% (10)	77% (10)	
Training for multi-disciplinary ACCHO staff	39% (9)	38% (5)	77% (10)	

[Data source: pre- and post-grant surveys only]

Summary of Pre-Grant Experience

Among ACCHOs who completed the post-grant survey (N=13), ACCHOs had moderate levels of pre-grant experience with developing and/or delivering activities related to FASD and the harms of alcohol consumption while pregnant and/or breastfeeding. Prior to receiving the grant 54% (n=7/13) had developed and/or delivered communication materials, 46% (n=6/13) had developed and/or delivered community engagement activities, 77% (n=10/13) had developed and/or delivered clinical, social or community supports, and 38% (n=5/13) had developed and/or delivered training for multidisciplinary ACCHO staff.

Summary of Grant-funded Activities

All ACCHOs who received the FASD Grant funding and completed the post-grant survey (N=13), developed and delivered highly localised, place-based communication materials and engagement activities to raise awareness of FASD and the harms of alcohol consumption while pregnant and/or breastfeeding within their communities. Almost all ACCHOs who completed the post-grant survey (92%; n=12/13) distributed Strong Born Campaign materials, 62% (n=8/13) created their own FASD materials, 54% (n=7/13) translated Strong Born Campaign materials, 62% (n=8/13) developed and/or delivered community engagement activities, 77% (n=10/13) developed and/or delivered clinical, social or community supports, and 77% (n=10/13) also developed or delivered training for multidisciplinary ACCHO staff. This suggests that the FASD Grant funding successfully increased the proportion of ACCHOs who have experience developing and delivering various FASD related activities in their community.

Development and/or delivery of communication materials related to FASD and the harms of alcohol consumption while pregnant and/or breastfeeding

Of all organisations that applied for the grant, 57% (n=13/23) had previously developed and/or delivered any communication materials related to FASD. Among those who completed the post-grant survey, 54% (n=7/13) had previously developed and/or delivered any communication materials related to FASD. After receiving the grant funding, 92% (n=12/13) disseminated Strong Born Campaign materials and 62% (n=8/13) developed and/or delivered their own communication materials related to FASD and the harms of alcohol consumption while pregnant and/or breastfeeding.

Pre-grant experience¹⁰

Overall, 54% of ACCHOs who completed the post-grant survey (n=7/13) had experience with developing and delivering a range of FASD communication materials prior to receiving the grant funding. These ACCHOs reported that they had previously created and disseminated a variety of FASD communication materials including both physical and digital resources, and one ACCHO had pre-grant experience with mass-media promotion.

Creation and Promotion of Physical Communication Materials

ACCHOs had pre-grant experience developing a variety of communication materials about FASD and the harms of alcohol consumption while pregnant and/or breastfeeding including brochures, shirts and posters with messages such as “There is no safe level of alcohol during pregnancy,” and “If you are drinking don’t get pregnant and if you are pregnant don’t drink.” They also created stickers, magnets, and bags that were distributed to youth and young adults at community events. One ACCHO had previously designed and distributed bar coasters and signboards to local clubs, pubs, community health centres, local cafes and service clinics. The coasters aimed to raise FASD awareness and included a QR code that was linked to the National Organisation for Fetal Alcohol Spectrum Disorder (NOFASD Australia) website. Another ACCHO wrapped their service vehicles with FASD messaging.

¹⁰ To allow comparison of pre- and post-grant activities, the activities reported as pre-grant experience were developed and/or delivered by organisations who completed the post-grant survey (n=13), not the whole pre-grant survey sample (N=23).

Social and Digital Media Promotion

Two ACCHOs reported that prior to receiving grant funding they had used social media to share FASD information, including graphics with facts and tips, and implemented a social media campaign to engage the community.

Five ACCHOs had pre-grant experience developing digital media resources such as online posters, videos, and iPad displays. Videos included expert interviews, personal stories, and animations to provide in-depth information about FASD and the harms of alcohol consumption while pregnant. Additionally, one ACCHO developed community education videos in partnership with Telethon Kids Institute, available in English and local languages.

Mass-media Promotion

Prior to receiving grant funding, one ACCHO had previously engaged with a production company to film an advert to raise FASD awareness. It was aired weekly at the local cinema and on local tv channels within the region.

Grant-funded dissemination and promotion of the Strong Born Campaign

Almost all grant-funded organisations who completed the post-grant survey (92%; n=12/13) used the grant funding to disseminate and promote the Strong Born Campaign. A range of methods were used including social and digital media, mass-media, physical campaign resources, and community education sessions.

Social and Digital Media Promotion

Ten ACCHOs reported they utilised digital promotional materials and platforms (i.e. social media, websites, and digital posters) to disseminate Strong Born Campaign materials and raise awareness. Nine ACCHOs used their own social media platforms to share Strong Born Campaign messages and materials. Social media campaigns featuring both the Strong Born and True or Gammon messaging were used to raise awareness of the harms of alcohol consumption while pregnant and/or breastfeeding (Figure 5). An ACCHO used FASD Grant funding to develop a website landing page that included Strong Born resources. Five ACCHOs had their health promotion team utilise digital platforms to amplify Strong Born Campaign messages and increase FASD awareness. Digital posters,

short videos and digital story boards were developed and displayed in the waiting areas of health clinics where patients who were waiting to be seen by health workers and nurses were seated. One ACCHO specifically reported that clients in the clinic were offered flyers and snack packs provided they watch the Strong Born Campaign videos. Computer screensavers in clinics were updated to display Strong Born Campaign messages to increase awareness and conversations about FASD in everyday interactions.

“[Strong Born Campaign videos were] very important to play, particularly within our waiting room at the clinic. So, when people come to a clinic and are waiting to be seen by our clinician or one of our nurses that [Strong Born] message would play on one of the screens and that reinforced the [campaign] messages.”

NOT TRUE	TRUTH
✗ I can just have one or two drinks and bub will be fine.	✓ Drinking can affect your health and bub could get real sick. It weakens your baby's mind, body and spirit. It can be different for each pregnancy.
✗ If I drink while I'm pregnant my bub will have FASD.	✓ Not all babies will get FASD, but they might if you charge up. Bub could also come too early or even pass. Not drinking is the safest way for you and bub.
✗ I can start drinking up when bub is born.	✓ If breastfeeding bub, they can get charged up too and get really crook.
✗ Getting together is important and some mob might growl at me if I don't do what they do.	✓ We all love our babies and want them to grow up strong and be healthy. You can stand up for bub.
✗ All kids who muck up have FASD.	✓ Not all kids who muck up have FASD. It's a disability and needs proper testing.

Figure 5. True or Gammon? Strong Born Campaign messages shared via social media

Mass-media Promotion

Two ACCHOs reported using the FASD funding to create local television advertisements, two created radio advertisements, and another invested in a large highway billboard (Figure 6) that was estimated to reach 106,400 cars in the eight weeks it was displayed. The advertisements were based on the existing short animated Strong Born educational videos developed by NACCHO. Both the television and radio advertisements used local ambassadors to raise awareness and encourage discussion of the harms of alcohol

consumption while pregnant and/or breastfeeding. Local community members featured in the advertisements as it was believed that localised messaging would have greater impact. Advertisements were created in local languages and English.

“Even the English version will be a local person, because people really resonate with hearing their own on TV, even if they can't see their face, they can usually tell the voice.”



Figure 6. Strong Born Campaign billboard

Promotion of Physical Strong Born Campaign materials

ACCHOs reported printing and disseminating a range of Strong Born promotional materials including community booklets, health professional booklets, leaflets and posters. The poster templates allowed ACCHOs to include local community figures in the Campaign messaging (Figure 7). The use of local ambassadors was reported to help the community better connect with Campaign messages. These posters were displayed at local congregation places like the post office, supermarket, local shop and a range of health services around community to raise awareness of the Strong Born Campaign and ultimately increase awareness of FASD and the benefits of not consuming alcohol during pregnancy and/or breastfeeding.

“We've had opportunities to be able to tailor [the Campaign] to our own communities. Using our own ambassadors as part of the campaign has been really beneficial because we know that local ambassadors really do resonate with community.”



Figure 7. Strong Born Campaign poster with local community figures

Strong Born Campaign resources, such as posters and community booklets, were utilised at mums and bubs groups, in high school education and health promotion programs and at community events. Campaign materials were displayed in activity rooms where men’s and women’s yarning circles were held as an opportunity to engage in discussion about FASD and the harms of alcohol consumption while pregnant and/or breastfeeding.

“[The posters] were really useful, prompting conversations or just having those booklets at those events to have conversations with people who could pick them up, or we would actually even ask them what they thought of the posters to just start conversations up, happening.”

The health professional Strong Born booklets were distributed through appropriate professional ACCHO staff and nurses were shown translated campaign materials to use during consultations. The booklets were used to guide conversations about alcohol and pregnancy in antenatal appointments. Talking boards were also created for use in consultations.

“Those books can be broken down, so [nurses] would deliver one message from one page, another message from another page. [Nurses] could refer back to the Strong Born booklet ... whatever page was specific to that particular visit.”

The Strong Born t-shirts provided by NACCHO were also found to encourage conversation about the Campaign and FASD in the community. One ACCHO reported giving them out to community members after attending information or engagement sessions about FASD which created a bit of a buzz about them.

“Shirts were great. I see the mob wearing them shirts everywhere, and that was a really good engagement tool. We gave them out to champions. So, people were having conversations within our groups. That was an engagement tool. People actually loved the shirt, so they wanted one of those shirts.”

Other Strong Born promotional materials produced with local ambassadors were a 2024 child and maternal health calendar (Figure 8), car air fresheners, fans, fridge magnets, stickers, tattoos, towels and FASD ambassador banners that can be used at events and displayed in ACCHO services.

“I felt that there was a huge hunger, though, for people that were wanting to know more about Strong Born”.



Figure 8. 2024 Calendar featuring the Strong Born Campaign and local community figures

Translation of Strong Born Campaign materials

With grant funding, 54% (n=7/13) of ACCHOs who completed the post-grant survey translated Strong Born Campaign materials into local languages. Campaign materials were translated into eight local languages: Pitjantjatjara, Pintupi Luritja, Gunditjmarra, Martu Wangka, Kriol, Warlpiri, Gurindji and West sie Kriol. Multiple types of Strong Born Campaign materials were translated into local languages including posters, social media images, educational booklets, and community education videos.

Grant-funded development of other communication materials

Of the ACCHOs who completed the post-grant survey, 62% (n=8/13) used the grant funding to create their own communication materials related to FASD and the harms of alcohol consumption while pregnant and/or breastfeeding. These communication materials were developed by individual ACCHOs in addition to the promotion and/or translation of Strong Born Campaign materials created by NACCHO.

When developing these additional communication materials, most ACCHOs took a community-wide approach as they believed it was important for the whole family and community to understand the importance of alcohol-free pregnancies. To ensure the communication materials were delivered in a culturally sensitive and appropriate way, various materials were created and were targeted towards different groups within the community.

The majority of communication materials targeted pregnant women or women planning pregnancy (54%), their partners (46%), and their families (46%) (Table 2). As shown in Table 3, the main aims of the communication materials were to raise awareness of FASD and the harms of alcohol consumption while pregnant and/or breastfeeding (62%), educate people about referral pathways and support for women who continue to consume alcohol while pregnant and/or breastfeeding (38%), and educate people about referral pathways for people who may have FASD and their families (31%).

The additional communication materials developed by ACCHOs supported the strengths-based messaging style of the Strong Born Campaign and communication materials built upon the existing Campaign resources to provide further support and education as appropriate to each local community.

Table 2. Target audience of other communication materials developed using grant funding

	N=13 % (n)
Pregnant women or women planning pregnancy	54 (7)
Partners of pregnant women or women planning pregnancy	46 (6)
Families of pregnant women or women planning pregnancy	46 (6)
All community members	38 (5)
Young people	38 (5)
Pregnant women who are continuing to drink while pregnant or breastfeeding	31 (4)
Elders or other influencers in community	31 (4)
Multi-disciplinary ACCHO staff	23 (3)
Carers and families of people with FASD	23 (3)
Educators	23 (3)
People with FASD	8 (1)

[Data source: post-grant surveys only]

Table 3. Main purpose of other communication materials developed using grant funding

	N=13 % (n)
Raising awareness of FASD and the harms of drinking alcohol while pregnant or breastfeeding	62 (8)
Educating people about referral pathways or support <u>for women who continue to drink while pregnant or breastfeeding</u>	38 (5)
Educating people about referral pathways <u>for people who may have FASD and their families and carers</u> for example, diagnosis and the NDIS ¹	31 (4)
Education and training on FASD and the harms of drinking alcohol while pregnant or breastfeeding	23 (3)
Education and training to support people and families affected by FASD	23 (3)
Other (please specify)	8 (1)

[Data source: post-grant surveys only]

Other: "Strength-based positive message that we want healthy babies and if so, we don't drink alcohol when planning pregnancy, during pregnancy and after delivery if breastfeeding."

¹ National Disability Insurance Scheme (NDIS)

There were many staff and community members involved in the creation and development of additional communication materials (see Table 4). Their development was co-designed and community-led to build capacity and help foster community ownership and thus acceptance of the activities. Sharing of information through safe spaces like men's, women's, youth and Elders' groups helped with community buy-in and ensured information was delivered in a culturally appropriate and sensitive manner.

"So, our Elders groups were looking at how to present it, understanding the information, how to do this non-judgmentally and come from a strength base [approach] to educate".

Table 4. Key contributors involved in the development of other communication materials using grant funding

Healthcare Professionals
Drug and alcohol clinic staff (ECN)
Health promotion staff (AHP)
General Practitioners
Midwives
Public health nurses
Other health workers (including family workers, community-based NDIS representatives)
Professional Media and Design Teams
Creative designers
Media and communications director
Local television and radio stations
Community and Board Members

[Data source: post-grant surveys only]

Physical Communication Materials

Brochures, flyers and posters were developed to further discuss the risks of alcohol consumption when pregnant and/or breastfeeding, harms to the developing baby, and information on how to access support locally. The developed communication materials included local ambassadors to better connect with, celebrate and generate conversation within the community. Some key messages included on redeveloped posters and brochures were:

- *“Keep bub STRONG by saying no to grog pre- conception, whilst pregnant and when breastfeeding”*
- *“Did you know that whatever mum drinks, bub does too? Drinking grog can give your baby Fetal Alcohol Spectrum Disorder which is a life-long disability”*
- *“Keep bub STRONG by not drinking grog, because looking after yourself means STRONG born babies and a STRONG future for our mob”*
- *“Safe pregnancies are men's business too, keep bub STRONG by staying healthy and alcohol- free together”*

“We restructured the original campaign material to include community members (women with their babies) to facilitate familiarity, celebrate the strong babies born in [REDACTED], and generate conversation around making healthy choices in pregnancy.”

Community Education

Two ACCHOs created localised animations designed for women and families that could be used during group or individual clinic consultations. The animations aimed to extend upon the Strong Born Campaign materials and provided further education for community members. Topics covered in the animations included referral pathways for women, referral pathways for clients with FASD [i.e. National Disability Insurance Scheme (NDIS) support], and what FASD can look like in different age groups (i.e. infants, preschool and school aged children, young people, and adults).

“Used an animated storyboard and we localised it, so we had, you know, like our building that was, you know, animated in the background”.

Reach of the Strong Born Campaign through grant-funded activities

Due to the use of social media and traditional media outlets like television, radio and movie trailers, the geographic reach of the Strong Born Campaign was likely broader than where each ACCHO is located. There was also distribution through Indigenous Community Television (ICTV) which is broadcast to remote communities throughout Australia. Through activities delivered in Round 1 of the FASD Grant, the Strong Born Campaign reached an extensive number of towns, townships and communities across Australia including:

Northern Territory

- Mparntwe (Alice Springs)
- Kintore
- Katherine
- Amanbidji
- Lajamanu
- Kalkaringi
- Amoonguna
- Yarralin
- Nitpurru
- Timber Creek
- Bulla
- Kaltukatjara
- Mutitjulu
- Imanpa
- Yulara
- Utju
- Letyentye Apurte
- Ntaria

New South Wales

- Inverell
- Dareton
- Clarence Valley
- Narooma

Victoria

- Portland
- Robinvale

Queensland

- Bungalow
- Mareeba
- Yarrabah
- Townsville

South Australia

- Port Lincoln
- Whyalla
- Yalata
- Oak Valley
- Coober Pedy
- Oodnadatta
- Ceduna
- Other townships throughout the west coast and far west coast of SA

Western Australia

- Broome
- Newman
- Halls Creek
- Roebourne
- Kununurra

Development and/or delivery of community engagement activities

Of all organisations that applied for the grant, 43% (n=10/23) had previously developed and/or delivered community engagement activities related to FASD and the harms of alcohol consumption while pregnant and/or breastfeeding. Among those who completed the post-grant survey, 46% (n=6/13) had previously developed and/or delivered community engagement activities. After receiving grant funding, 62% (n=8/13) developed and/or delivered community engagement activities.

Pre-grant experience¹¹

Overall, 46% of ACCHOs who completed the post-grant survey (n=6/13) had experience with developing and delivering community engagement activities prior to receiving the grant funding. ACCHOs with pre-grant experience in community engagement activities reported a diverse range of approaches. Six ACCHOs reported they had experience holding community education sessions to share information and raise awareness about FASD and the harms of alcohol consumption and/or breastfeeding while pregnant. Community education sessions took place in the form of support groups, yarning circles, breakfast events, community BBQs, mums and bubs groups, and organised walks with mums and their bubs. ACCHOs reported using the FASD awareness dolls in mums and bubs groups to educate participants about fetal development and the harms of alcohol consumption during pregnancy. Yarning circles had been hosted internally by ACCHO staff and in collaboration with NOFASD Australia. Other community education events were led by healthcare workers and community leaders. Another ACCHO reported previous experience delivering education events to senior students in schools, via antenatal appointments and alcohol and other drugs programs, which were facilitated by local Indigenous community members.

¹¹ To allow comparison of pre- and post-grant activities, the activities reported as pre-grant experience were developed and/or delivered by organisations who completed the post-grant survey (n=13), not the whole pre-grant survey sample (N=23).

Grant-funded development and/or delivery of community engagement activities

Of the grant-funded organisations who completed the post-grant survey, 62% (n=8/13) used the grant funding to develop and/or deliver community engagement activities related to FASD and the harms of alcohol consumption while pregnant and/or breastfeeding.

Community engagement activities supported a variety of different groups within the community. The majority targeted all community members (54%), pregnant women or women planning pregnancy (46%), their partners (46%), and Elders or other influencers in the community (46%) (Table 5). As shown in Table 6, the main aims of the community engagement activities were to raise awareness of FASD and the harms of alcohol consumption while pregnant and/or breastfeeding (54%), education and training on FASD and the harms of alcohol consumption while pregnant and/or breastfeeding (38%), and education and training to support people and families affected by FASD (31%). The community engagement activities delivered by ACCHOs featured Strong Born Campaign materials to provide support and education as appropriate to each local community.

Table 5. Target audience of community engagement activities developed using grant funding

	N=13
	% (n)
All community members	54 (7)
Pregnant women or women planning pregnancy	46 (6)
Partners of pregnant women or women planning pregnancy	46 (6)
Elders or other influencers in community	46 (6)
Families of pregnant women or women planning pregnancy	38 (5)
Young people	38 (5)
Multi-disciplinary ACCHO staff	38 (5)
Pregnant women who are continuing to drink while pregnant or breastfeeding	23 (3)
Carers and families of people with FASD	23 (3)
Educators	23 (3)
People with FASD	15 (2)

[Data source: post-grant surveys only]

Table 6. Main purpose of community engagement activities developed using grant funding

	N=13 % (n)
Raising awareness of FASD and the harms of drinking alcohol while pregnant or breastfeeding	54 (7)
Education and training on FASD and the harms of drinking alcohol while pregnant or breastfeeding	38 (5)
Education and training to support people and families affected by FASD	31 (4)
Educating people about referral pathways or support <u>for women who continue to drink while pregnant or breastfeeding</u>	23 (3)
Educating people about referral pathways <u>for people who may have FASD and their families and carers</u> for example, diagnosis and the NDIS.	15 (2)

[Data source: post-grant surveys only]

Utilising the grant funding, ACCHOs delivered a variety of community engagement activities to promote the Strong Born Campaign and raise awareness of FASD and the harms of prenatal alcohol consumption among their communities.

Community Events

One ACCHO reported that they were able to successfully hold a series of FASD awareness events using the NACCHO Strong Born Campaign resources from September 2023 to February 2024. The activities were a mix of community BBQs including health promotions health promotions, education sessions for the community and ACCHO staff, and arts and crafts sessions delivered by teachers with professional mental health training. Another held a family BBQ at the ACCHO where FASD information was shared. One held a morning tea to launch the FASD Strong Born Campaign. A common theme of these events, particularly the BBQs, is that they had a community-wide approach. Another ACCHO integrated FASD education into their ‘Sistermonth women’s month’ to promote ‘healthy options during pregnancy, celebrating our bodies’. There was a juice bar and body positivity workshop.

“You can’t just target the one area you have to target the whole family, and you have to work with the whole community to have this understanding”.

One ACCHO held a community health expo with various educational stalls, including one raising awareness of FASD and the harms of alcohol consumption during pregnancy. Community members were given a map and received a stamp for each stall they visited. If they visited all educational stalls, they received a raffle ticket to win a prize pack. This ensured all expo attendees were exposed to the Strong Born Campaign.

“So, they had to go through everything [and] had to visit every stall. So, they had to listen because at the end they were [given] a raffle ticket ... and that works actually. They couldn’t skip the [educational stalls] they didn’t want to attend.”

Community Education

Eight grant-funded organisations facilitated community information sharing sessions where discussions around FASD diagnosis, behaviour, and symptoms created a safe and caring environment for support to be offered to people and families living with FASD. Information sessions included NDIS referral information and available supports to help create a safe space and foster connection between community members.

“That platform of having the information sessions on a Friday was an opportunity for people to share their stories and what they’re actually going through in community on a personal level.”

One grant-funded organisation, who services multiple regions including five ACCHOs, delivered FASD education sessions and resources to the Tackling Indigenous Smoking team and other ACCHO staff. The ‘Strong Bubs, Strong Families’ program coordinator partnered with one ACCHO to deliver a 6-week parenting education group where FASD campaign resources were promoted. These sessions occurred weekly during July and August 2023. Similar parenting groups are planned for 2024 where the NACCHO developed Strong Born resources and local ambassador FASD resources will be used to further highlight FASD and the risk of alcohol consumption during pregnancy and/or breastfeeding. Through July-December 2023, the ‘Strong Bubs, Strong Families’ coordinator delivered inhouse FASD education sessions to five ACCHO services and three childcare centres.

One ACCHO engaged with the local high school to create an art project with adolescent girls focusing on the harms of alcohol consumption while pregnant. It explored risk taking behaviours associated with alcohol consumption, the harms of alcohol consumption during pregnancy and its possible lifetime and generational impacts. Another ACCHO made clients aware of other support services that were available in their community.

“The clinic has consistently prioritised primary health care, and with the inception of the health promotion program, there has been a deliberate expansion into comprehensive health education initiatives. The dedicated Health Promotion Team plays a pivotal role in facilitating a multifaceted approach to dissemination and promotion activities. In addition to the routine health promotion activities, the team strategically integrates health education into our outreach efforts.”

Four ACCHOs utilised FASD dolls during community engagement and education sessions and two ordered dolls with the grant funding. The FASD dolls were consistently reported as effective tools to raise awareness of FASD and prompt discussions about the care needs of babies with FASD.

“FASD dolls are a great engagement tool to start conversations and how you handle the baby, and what would have happened if this baby needed more care? What are some of the things that you could do? So certainly, the project has reignited the campaign around us, promoting FASD and, yeah, just reigniting that a little bit for us.”

“They're really effective, because people will pick up any, any baby doll, you can see the difference in their weight. You can see the effects. So those resources are really engaging.”

ACCHO services/programs

ACCHOs reported integrating the Strong Born Campaign into mums and bubs programs and already planned community activities, for example including brochures in visit bags for community members who attended the Baby One programme or on International Women's Day (8th of September 2023) where staff were able to have discussions with community members about FASD. The event was packed with games, prizes, refreshments and

education sessions about FASD, and brochures were available for interested community members. The events were described as *“a great way to engage the community to raise awareness and generate discussions about FASD”*.

“We integrated the Strong Born messages into already planned community activities and what we were already delivering in our communities. We used those Strong Born messages around any activity.”

Development and/or delivery of clinical, social or cultural supports for women, partners and families who are continuing to consume alcohol while pregnant and/or breastfeeding

Of all organisations that applied for the grant, 70% (n=16/23) had previously developed and/or delivered clinical, social, or cultural supports for women, partners and families who are continuing to consume alcohol while pregnant and/or breastfeeding. Among those who completed the post-grant survey, 77% (n=10/13) had previously developed and/or delivered clinical, social or cultural supports. After receiving the grant funding, 77% (n=10/13) had developed and/or delivered further clinical, social, or cultural supports for women, partners and families who are continuing to consume alcohol while pregnant and/or breastfeeding.

Pre-grant experience¹²

Three quarters (77%) of ACCHOs who completed the post-grant survey (n=10/13) had experience with developing and delivering clinical, social or cultural supports for women, partners and families who are continuing to consume alcohol while pregnant and/or breastfeeding prior to receiving the grant funding. ACCHOs provided a range of culturally sensitive antenatal and postnatal care services to support women who consume alcohol during pregnancy. Midwives offered information about the risks of alcohol consumption, and those at medium to high risk were referred to psychiatrists, drug and alcohol specialists, or social and emotional wellbeing teams. Educational materials and brochures on FASD were distributed during sessions, and advocacy was provided for women to seek rehabilitation if needed.

To support cultural connection and personal well-being, bush trips were organised, and local employment was enhanced by promoting opportunities in Australian and Torres Strait Islander health literacy and alcohol and other drug programs. Men and women yarning circles, education sessions, and counselling were offered to reduce alcohol consumption and its impacts on pregnancy.

¹² To allow comparison of pre- and post-grant activities, the activities reported as pre-grant experience were developed and/or delivered by organisations who completed the post-grant survey (n=13), not the whole pre-grant survey sample (N=23).

Prior to receiving grant funding, social and emotional wellbeing teams played a key role in providing support, advocacy, and education to help women reduce alcohol consumption, especially during pregnancy and/or breastfeeding. Clinical education initiatives emphasised the harms of alcohol consumption during pregnancy and/or breastfeeding. Additional education activities raising awareness about the potential removal of children due to alcohol consumption and its effects on family and cultural connections.

Grant-funded development and/or delivery of clinical, social or cultural supports

Of the grant-funded organisations who completed the post-grant survey, 77% (n=10/13) used the grant funding to develop and/or deliver clinical, social, or cultural supports for women, partners and families who continue to consume alcohol while pregnant and/or breastfeeding. ACCHOs reported that the grant funding helped them to continue delivering supports that were developed prior to receiving the grant. The funding also helped ACCHOs further develop these supports to improve them for their communities.

Clinical Supports

Clinical supports delivered using grant funding included educating both staff and the community about FASD and the harms of alcohol consumption while pregnant and/or breastfeeding. ACCHOs provided case management to help community members seek supports, access resources, navigate the health system and collaborated with other stakeholders to offer comprehensive and coordinated care.

Ten ACCHOs reported they did this by sharing information with woman, partners, and their extended family on the harms of alcohol consumption during pregnancy and shared NACCHO developed FASD videos or resources during consultations, in group settings or via appointments with a nurse or social worker.

Another ACCHO developed referral pathways for women who are in antenatal care and concerned about their alcohol consumption or FASD to be referred to an addiction specialist, drugs in pregnancy service or an alcohol and other drug support worker. Women who were concerned with their antenatal alcohol exposure or their children showing signs of possible FASD or developmental delay were identified by the Emergency Communications Nurse and GP's, referred for formal assessment (using Griffiths

assessment protocol when training completed by a staff member, otherwise referred to the paediatric team for assessment and tertiary referral) and linked with the paediatric team for early intervention through occupational therapy, speech therapy and any other supports required.

The Women and Children's Clinic and Alcohol and Other Drug Community Service Program were used to engage the whole community, as well as provide individual ongoing supports for clients needing NDIS application assistance, and training and awareness for parents and carers of people living with FASD. Three ACCHOs continued to deliver supports for families affected by Alcohol and its impacts through their clinics using the Social and Emotional Wellbeing Team, and the Child Youth Assessment and Therapeutic Team.

"[It's important] having someone who can actually help to break down those barriers and those silos about how we [refer clients], because then we can actually then look at quality improvement for our referral processes internally, as well as for external service providers to ensure that people are getting the right care that they need."

Social Supports

Four ACCHOs reported that they provided social supports by referring clients to female social and emotional wellbeing workers as well as to female drug and alcohol social workers for regular counselling and support while they tried to abstain from, or at least minimise, alcohol consumption while pregnant and/or breastfeeding. Social supports provided also included assistance with applications to NDIS for clients with FASD. Men and partners of pregnant women were connected with male drug and alcohol support workers to encourage them to be supportive of their partners during this period. Yarning circles and other support groups were also held by seven ACCHOs for community members to talk about and seek supports specifically related to FASD.

"As part of our engaging and culturally sensitive approach, we have introduced yarning circles specifically focused on FASD. These circles provide a communal space for open and respectful dialogue, fostering a deeper understanding of FASD within the community."

Cultural Supports

All grant-funded ACCHOs delivered supports in culturally supportive ways. Specific cultural support was provided via peer, parental, women's and men's groups, and bush trips. Cultural support was offered by Aboriginal Health Practitioners who engaged with and supported women who continued to consume alcohol while pregnant and/or breastfeeding and their families.

“Maternal and child health staff work gently with the many pregnant women drinking during pregnancy. Almost all pregnant women drink. The women live predominantly in [location redacted] and are surrounded by alcohol, violence and poverty. Breaking away from the drinking culture is very difficult but some women are trying.”

One ACCHO reported that bush trips including FASD education sessions were well received in their community. In December 2023, they delivered 5 women's sessions (33 participants) and 6 men's sessions (36 participants).

“Notably, our bush trips have evolved into dynamic platforms for disseminating crucial health information. During each excursion, we meticulously plan and deliver health education sessions, ensuring that community members receive valuable insights into various health topics. The inclusion of Fetal Alcohol Spectrum Disorder (FASD) as a recurring theme in these sessions demonstrates our commitment to addressing pressing health concerns.”

Development and/or delivery of training for multi-disciplinary ACCHO staff specifically related to FASD, the harms of alcohol consumption while pregnant and/or breastfeeding, or to support people and families affected by FASD

Of all organisations that applied for grant funding, 39% (n=9/23) had previous experience with developing and/or delivering training for multi-disciplinary ACCHO staff specifically related to FASD, the harms of alcohol consumption while pregnant and/or breastfeeding, or materials to support people and families affected by FASD. Among ACCHOs who completed the post-grant survey, 77% (n=10/13) had previously developed and/or delivered training. After receiving the grant funding, these 77% (n=10/13) continued to develop and/or deliver training for multi-disciplinary ACCHO staff.

Pre-grant experience¹³

Prior to receiving the grant funding, ACCHOs had developed/delivered training or produced materials to support people and families impacted by FASD and about the harms of alcohol consumption while pregnant and/or breastfeeding. ACCHOs reported a range of training and community support efforts including hosting training workshops/masterclasses for clinic staff, non-clinical staff and youth workers.

The 'Train it Forward FASD Masterclass' was delivered by the National Organisation for Fetal Alcohol Spectrum Disorders (NOFASD Australia) and other FASD training was delivered by local Government agencies. Yarning circles for young girls and adults were held to raise awareness about FASD.

One ACCHO held organisational-wide weekly staff education session covering various topics including FASD. FASD awareness, diagnosis and interventions were part of in-service staff training and clinical meetings. Staff from one ACCHO routinely attend the annual Remote Alcohol and Other Drugs Workforce Forum in Darwin. Another ACCHO had hosted Aboriginal Health Workers/practitioners in clinics for early childhood and

¹³ To allow comparison of pre- and post-grant activities, the activities reported as pre-grant experience were developed and/or delivered by organisations who completed the post-grant survey (n=13), not the whole pre-grant survey sample (N=23).

antenatal training. Another ACCHO partnered with the Aboriginal Health Council of South Australia to hold educational workshops.

Across all ACCHOs who delivered training prior to receiving the grant funding, the training covered a range of topics for healthy pregnancies, including the harms of alcohol consumption and other drug use during pregnancy and/or while breastfeeding. Prior to receiving the grant funding, two ACCHOs had also utilised or referred to counsellors and one ACCHO to psychologists or psychiatrists to work with clients who have long term alcohol problems prior to, during and after pregnancy.

Grant-funded development and/or delivery of training for multi-disciplinary ACCHO staff

Of the grant-funded organisations who completed the post-grant survey, 77% (n=10/13) used the grant funding to develop and/or deliver training for multi-disciplinary ACCHO staff. The grant funding enabled ACCHOs to continue delivering FASD training and workshops that were delivered prior to receiving the grant. The funding also allowed ACCHOs to deliver further training using Strong Born Campaign resources.

Specifically, the funding facilitated several training initiatives. Across multiple ACCHOs, Aboriginal Health Practitioners and other staff received education on FASD, equipping them to discuss alcohol consumption with women of childbearing age and navigate referral pathways. Training and workshops included Strong Born Campaign resources and other resources to assist staff to engage in conversations with the community about alcohol consumption in pregnancy and/or while breastfeeding.

“[Staff] are still the going back to the training and what their learnings were from that training and looking at putting that stuff into practice, which is exactly what we want to see.”

Some training was also provided by external organisations. NOFASD Australia continued to deliver FASD awareness training for nurses, doctors, youth workers, and health promotion workers. Dr. Robyn Williams provided multi-disciplinary staff training with five ACCHOs to enhance knowledge of FASD, its impacts, and available supports. This

training typically involved various staff members including other service providers within the region, hospital staff, child protection workers, web team and anyone else interested in the topic. The aim of widespread inclusion was to raise awareness and service providers ability to support affected children and families effectively. The training provided by Dr. Robyn Williams received overwhelmingly positive feedback and was well received by attendees.

“Some of the mums are quite serious about not using alcohol [during pregnancy] because, I mean, when we had the training by Dr. Robyn Williams, she showed you know, what's the effects and how it can affect the little ones.”

“[Dr. Robyn Williams] did [the training] quite good. She did it quite, you know, culturally appropriate. And because she is Aboriginal, it went actually much better than I thought it was gonna be. We struggled at first to get interest to join in on the training ... and so we had to sort of bring in a little bit of treats and bring in raffles and you know just to get them through the door. But after they were here, they had a lot of questions and they had a lot of, you know, feedback on this and really positive feedback which was good.”

“I think it was a good thing to bring in, you know, Dr. Robyn Williams, because they've identified with her because she's Aboriginal and she could really relate to everyone and everyone could relate to her and which was good because, I mean, it's hard sometimes for a mainstream person to come in because they don't understand the culture. And so it was a good thing to have her provide the training.”

Further FASD education was delivered to health workers and trainees through internal training initiatives. Maternal and Child Health nurses conducted two staff FASD training sessions. Another session focused on training staff to use arts and crafts as a community engagement activity to raise FASD awareness, discuss statistics and strategies for FASD assessment and diagnosis. ACCHOs reported that staff members reviewed all Strong Born Campaign materials as a team. To further engage with the community, one ACCHO also invited all primary school teachers to a FASD training day.

“We do, like a health promotion information session that goes for half an hour ... for our staff. So, we were able to get people there to actually talk about what programmes we're running how we're linking in the Strong Born Campaign. ... we held them every Friday. We had information sessions around NDIS, what supports are available and we discussed what supports are available for each specific community.”

ACCHOs' perceptions of the appropriateness of Campaign resources

Feedback on the campaign resources were overwhelmingly positive, with ACCHOs commending the Strong Born Campaign messaging for its simplicity, clarity, and cultural relevance. The campaign's empowering approach was considered effective in engaging communities and facilitating discussions about healthy pregnancy and lifestyle choices. The straightforward and positive messaging of "Strong Born" was particularly appreciated for its ability to capture attention and convey important information in a simple and relatable manner.

"I liked the wording. Calling it strong born is a really positive message, rather [than] fetal alcohol spectrum disorder. It's having strong born babies, you know, strong born community."

The campaign resources created valuable opportunities to start conversations surrounding healthy pregnancy and lifestyle choices. They also supported referral for individuals identified in need of increased support during pregnancy or planning stages. The wide range of resources, including posters tailored for different groups, helped to facilitate discussion with all community members.

"You could have the five posters and have a discussion because it was like for the men, for the women group, for family context, just the baby, you know, there were opportunities. So, it was really well done."

"The thing I liked about this campaign is that there was real engagement ... and the conversations that came from that."

"The campaign that definitely is very much needed and it's sending positive messages to the whole of the nation."

Community and health professional booklets

Most commented they thought the community and health professional booklets were helpful, easy to use and easy for community to understand. One ACCHO did feel the community booklet may have been a bit too wordy for their community. Another appreciated that the health professional booklet included opportunities to start yarns with community

members. However, they did feel it could have included a bit more clinical information, but they appreciated the inclusion of the links to websites that included more information.

“So that was the other good thing about booklet. It had a process on how people are actually diagnosed.”

Posters

Positive feedback about the posters was received from all grant-funded organisations. In particular, ACCHOs thought that they were culturally appropriate, engaging and positive. ACCHOs particularly liked the positive tone conveyed by the posters through the inclusion of beautiful families and bubs. Promotion was on ‘strong born, strong babies’ instead of just the harms of FASD.

“I thought they were appropriate. I think they were beautifully designed. I just think the simpler, the better and getting the message across with those bright colours, simple language, beautiful visuals always works. Always works.”

“[The posters] weren’t wordy. That was one of the things I liked about them. They weren’t wordy. They had just beautiful images from what I remember of bubs, and they had like some family ones.”

“People found [the posters] really useful. I thought that they were beautiful. I think they were engaging.”

T-shirts

Three ACCHOs specifically reported that they found the t-shirts to be an effective tool for engaging the community. The t-shirts were popular among community members, enhanced engagement in social settings and fostered organic conversations about FASD. They recommended that having a larger supply of t-shirts would have been beneficial.

“I didn’t know whether they would wear them because they were FASD ones. But it’s about being ‘strong born, we’re strong in our community. I still see people in the community proudly wearing those shirts.”

Ability to localise campaign materials

ACCHOs who had capacity to do so, particularly liked the ability to tailor the Strong Born Campaign resources with their own ambassadors/champions/community members as believed it increased the impact of the campaign within their communities. Having localised people helped to create connection, spread awareness and information about the Strong Born Campaign. The localised materials had better community engagement and acceptance than generic or mainstream resources would have.

Facilitators and barriers to the development and/or delivery of activities

Barriers

Remoteness

The remoteness of ACCHO locations were highlighted as a barrier to the development and/or delivery of FASD activities. Remoteness impacted ACCHOs' ability to organise resources due to limited services available within the regions, deal with impacts from weather events, manage higher costs and time involved to order and receive needed items, and the large distances required to reach ACCHOs was a barrier to hosting expert guest speakers.

“For any of the health promotion that had to happen in community, weather was one of the barriers we had. The floods at the end of the last year stopped a lot of travel into community. So, when planes weren't running or weather was impacting travel, then we weren't able to get the resources up here.”

One ACCHO reported they commonly experience difficulties with attendance at community engagement activities due to the limited transport options available.

“Notoriously difficult to achieve engagement with activities/programs here - transport and access is an ongoing barrier.”

The barriers experienced due to their remote locations is something some ACCHOs described as an ongoing barrier they face when delivering their services, regardless of the grant funding. One ACCHO was able to overcome this barrier utilising technology to ensure they could still have all staff attend specialist training.

Grant Timing and Other Delays

Another barrier frequently mentioned by ACCHOs was the short time frame their organisation was given to develop and/or deliver activities within the FASD Grant period. This was flagged as a compounding factor which limited ACCHOs' ability to develop and deliver Strong Born Campaign activities. If the organisation were given more time to meet

funding requirements, it would have enabled them to better deliver activities that were more appropriate to their community.

“They were very short timeframes.”

Another ACCHO reported that funding didn’t come through until July 2023 and most Close The Gap and NAIDOC community events had already happened. This was described as *“a missed opportunity to promote FASD localised ambassador resources.”* However, they plan to promote these localised resources at future events within their communities. The delay in receiving funding was compounded by the Christmas period and overall short funding timeline. This was identified as a barrier that hindered some ACCHOs’ ability to fully utilise the funding.

“Local businesses and our ACCHO have had Christmas closures and also Summer holidays have meant that it has been difficult to engage with schools and wait times for materials have been longer.”

“It was an added additional pressure we didn’t need, key campaign staff were working during Christmas break to try and get things done, because the time frames were so tight.”

There was a delay reported by a couple of ACCHOs in receiving the Strong Born poster templates, accessing the video files, information on how to get the videos translated or social media assets from NACCHO that delayed their ability to roll out the campaign. These delays were then extended due to the time required for the local ambassador materials to be produced.

“There was a lot of you know, to-ing and fro-ing with NACCHO to get those video files and a big part of our campaign was to access those video files so that we could do the ads because you have to line up the translator and everything. We’re now able to roll it over this year which is a positive thing that we didn’t know at the time, so it became quite a challenge, but we got there.”

“And then also the access to the files and the video files, there was a lot of challenges with that, with the creative agency [NACCHO] had used. So, we had a delay again in accessing those files, delayed [receiving] the templates for ambassador posters. So, there were

delays for us to access those sorts of resources to be able to make it more localised to us [and] to our region.”

“We spent a lot of time trying to get information from NACCHO trying to get these files. and for services who wouldn't have the capacity it would have been very challenging. It was challenging for us, and a lot of time was spent on communication and trying to access some things to support us with the campaign.”

There was a delay in receiving the grant agreement contracts which hindered the development and delivery of FASD activities. However, there was ongoing communication with NACCHO, so they understood why there was a delay.

“So, we were waiting on that confirmation to be able to, you know, do the things we were wanting to do with the money ... there was a significant delay.”

Limited Staff Capacity and Availability

Regarding the translation of Strong Born Campaign materials, one ACCHO mentioned that a barrier to their translation was the time involved to organise due to the availability of translators and limited time the ACCHO had to dedicate to this activity. They believed it would have been more efficient if NACCHO had directly managed the translation of the resources.

“Translating pre-existing resources is helpful but local people respond much better to videos of people they recognise. With the adaptation of resources, it would have been much easier if NACCHO had just organised it all rather than giving us the names and contact details and having us organise it.”

ACCHOs also mentioned that they didn't have the capacity to support community members with expert advice and clinical knowledge about FASD and the harms of alcohol consumption while pregnant and/or breastfeeding.

“I think what [the Campaign] lacked was clinical education.”

“The Aboriginal Health Service doesn't have the tools, the resources or the knowledge to actually diagnose people, particularly in rural and remote areas.”

Some organisations had limited experience with digital platforms like Facebook. This was a barrier to the dissemination of Strong Born Campaign materials as staff had to work through multiple organisational barriers.

“Took a lot of work to get simple campaign resources out.”

One ACCHO mentioned that not having access to both male and female experts to deliver a planned education session was a barrier, due to cultural considerations. However, they were able to navigate this and ensured there was a male worker for the next session.

Community Perceptions

Two ACCHOs highlighted that the community’s willingness to participate and engage with the Strong Born Campaign and its associated activities was an initial barrier.

“It’s a hard subject and it wasn’t accepted at the start because nobody wants to talk about this issue.”

“[A barrier] for me was finding something really creative and different to be able to capture women’s attention. I’m, you know, trying to get them interested in something that nobody wants to talk about.”

One ACCHO reported that the slogan ‘Safe pregnancies are men’s business too’ was not culturally appropriate for their community and community unrest had impacted the delivery of another health promotion campaign. They suggested that a more nuanced understanding of different cultural contexts across communities could have improved the alignment of the campaign within their community.

“Men’s business is very different at [redacted] and [redacted] {locations redacted} compared to you know in Canberra or wherever. So, I think that culturally maybe [NACCHO] ... could have looked a bit more carefully into it. We’re not doing the men’s business ad in our area. We’re sort of not including that at all because it’s not culturally appropriate for what men’s business means to our community out at [redacted] and [redacted] {locations redacted}”.

Facilitators

Flexibility of funding

The flexibility in how the grant funding could be utilised was considered a primary facilitator of the campaign's success. Support from NACCHO and ACCHO management teams also provided autonomy, freedom, and creativity in the development and delivery of grant-funded activities. Participants suggested that all campaigns or grant funding schemes should have similar funding provisions and flexibility to enable ACCHOs to tailor resources specifically to meet the specific needs of their own communities.

“I think the only other thing that I'll say is, we really appreciate NACCHO's flexibility with some of our [activities]. They were really supportive.”

The flexibility to use the grant funding for bush trips was highlighted as a key factor that helped one ACCHO effectively engage their community with FASD messaging. Another ACCHO highlighted that they were able to use the grant funding to deliver separate activities to youth, women's and men's groups to ensure the appropriate information was delivered in a way that was culturally appropriate and was relevant to the target audience. Having these separate yarning circles ensured campaign activities were engaging and delivered in a culturally sensitive manner.

“These circles provide a communal space for open and respectful dialogue, fostering a deeper understanding of FASD within their community.”

Ability to leverage existing relationships

The ability of ACCHOs to leverage their existing relationships, trust and rapport with their communities was reported as a significant enabling factor to the development and/or delivery of FASD activities. Well established relationships with community enabled ACCHOs to provide a safe space for people at community events, where people could share their stories and discuss what was happening in the community and their lives on a community level. This approach enhanced the delivery of activities and helped to raise awareness of FASD and the harms of alcohol consumption while pregnant and/or breastfeeding in an empowering, culturally appropriate and non-judgemental manner to reduce stigma.

Working with the community, and particularly the Elders, ensured activities were community-led and specific to the region. This increased the efficacy and cultural appropriateness of the Strong Born Campaign and related activities.

“I recruited the Elders and the Elders recruited everybody else for me. I actually was expecting to reach, you know, between 25% and 50% of people. But I got about 80% buy in. So, it makes a huge difference in the way we’ve been able to conduct things.”

Through their positive relationships with the community, ACCHOs were able to consult with community members to determine which local ambassador FASD campaign resources would be most suitable. This consultation was beneficial and facilitated the development of effective campaign resources and activities appropriate to their communities.

“Having Indigenous community members and staff advise on ways to reach each target audience.”

Staff collaboration and support

Working collaboratively with all ACCHO staff, including Aboriginal family workers, social and emotional wellbeing staff, Aboriginal health workers, GPs, and child and maternal health professionals within services, was beneficial in promoting the Strong Born Campaign. This coordination between multi-disciplinary ACCHO staff helped disseminate the campaign messages effectively and reach all community members who engaged with or visited their services.

“I thoroughly enjoyed and was particularly proud of how the campaign was run through our centres and how staff led it and all the participants who presented and how it was all organised.”

Another enabler that was highlighted by ACCHOs was having staff who were proud and supportive of the campaign messages. Staff were reported to be interested and passionate in learning more about FASD, including the identification, treatment and ongoing support.

“If I had any negativity about [the campaign] whatsoever, community would have picked up on that. It wouldn’t have spread.”

Strong Born resources

The large number of Strong Born Campaign resources provided by NACCHO were highlighted as enablers to the campaign's success. Specifically, the 'true or gammon' materials were mentioned by one ACCHO as a facilitator to engage community in FASD awareness. The discussion based and organic nature of communication materials was well received by community and contributed to education, awareness and discussions about FASD.

Engagement of professional services

The ability to use the grant funding to engage local companies and professional services, such as graphic designers and photographers, significantly contributed to the campaign's success. By involving these professionals in creating local ambassador FASD posters and resources, the campaign achieved greater community engagement and a stronger connection with the target audience.

"The grant was able to give us more appropriate resourcing. So, the ability to frame the message from an Aboriginal perspective."

Refreshments

ACCHOs reported that providing refreshments at training and community education events encouraged attendance and helped break down barriers between event facilitators and attendees. Community BBQs were particularly noted as effective for initiating discussions about FASD in the community.

"The best way to get community there is to put on a feed. Everybody talks over a feed."

ACCHOs' plans for sustaining activities beyond the FASD Grant funding

Overall, many ACCHOs reported that the grant funding allowed them to promote the Strong Born Campaign through their regularly occurring community activities. This approach of incorporating health education within their existing broader health promotion strategy enabled ACCHOs to create impactful, potentially sustainable initiatives that align with their commitment to improving community health. However, it was noted that continued funding is required to support ACCHO staff to continue developing and delivering FASD prevention activities.

“By seamlessly integrating health education into our broader health promotion strategy, we aim to create a sustainable and impactful approach to disseminating vital health information. This comprehensive methodology not only aligns with our commitment to community well-being but also ensures that our initiatives resonate effectively with diverse audiences.”

To help interpret the broader results, we created a quantitative summary of the proportion of ACCHOs planning to continue delivering activities beyond the grant funding period. As displayed in Table 7, all ACCHOs that delivered activities related to FASD and the harms of alcohol consumption while pregnant and/or breastfeeding with grant funding plan to sustain these efforts beyond the grant funding period.

Table 7. Plans to continue delivering activities beyond the grant funding period

	Delivered activity using grant funding	Plan to continue activities post-grant (among those who delivered activity using grant funding)
Activities developed and/or delivered:	N=13 % (n)	% (n)
Strong Born Campaign materials	92% (12)	100% (12)
Own communication materials	62% (8)	100% (8)
Translated Strong Born materials	54% (7)	100% (7) ¹
Community engagement activities	62% (8)	100% (8)
Clinical, social or cultural supports	77% (10)	100% (10)
Training for multi-disciplinary ACCHO staff	77% (10)	100% (10)

[Data source: pre- and post-grant surveys only]

¹ Plan to continue dissemination and promotion of the translated Strong Born Campaign materials beyond the FASD Grant funding.

ACCHOs reported a variety of plans to continue delivering activities beyond the grant period, including:

Promotion of physical and digital communication materials

There are many plans to continue promotion of the Strong Born Campaign and other developed communication resources to community. ACCHOs plan to do this through the integration of FASD information and the harms of alcohol consumption during pregnancy into everyday interactions with community members. ACCHOs reported that they intend to continue printing and distributing Strong Born flyers and brochures to their communities, with one ACCHO noting that the FASD funding enabled them to print a large quantity of promotional materials that will be distributed beyond the grant period. Many ACCHOs have integrated FASD resources into their clinics, including dedicated tables for FASD information, and will continue to display Strong Born posters and videos at events and yarning circles. To maintain engagement, another ACCHO plans to rotate the Strong Born posters every six weeks, refreshing interest and providing health workers with a valuable talking point. Strong Born materials will also be made available at community events during Close the Gap and NAIDOC Week, and at local parenting groups in partnership with ACCHO child and maternal health teams. One ACCHO specifically mentioned their plans to hold a community event for FASD Awareness Day on September 9th, 2024, and distribute brochures to further the conversation about FASD and the harms of alcohol consumption while pregnant and/or breastfeeding.

Social Media

Six ACCHOs plan to continue using social media to increase the reach of the Strong Born Campaign beyond the grant funding period.

“[We created] a dedicated Facebook page developed by the Health Promotion Team, this online platform will serve as an extension of our efforts, fostering continuous awareness and community engagement on FASD and various health topics.”

“Messaging will be embedded into social media content plan for remaining calendar year, with cyclic distribution.”

Mass-media promotion

To further boost community health awareness, one ACCHO plans to work with a professional videographer to create impactful videos for individuals to view in clinic waiting rooms. Translated videos will be regularly used in individual and group sessions, and True or Gammon content will be featured on local Aboriginal Health Television and social media. Another ACCHO have preapproval from NACCHO to continue broadcasting FASD TV and radio ads, including translated versions, beyond the grant funding timeline. This activity aims to increase the campaign's reach and effectively engage remote community members in a culturally appropriate manner.

“[Plan to] feature local community members and board members, conveying crucial information about FASD in both Pintupi-Luritja and English. Guided by strong born animation script and evidence, these videos will serve as a culturally sensitive and engaging resource for our community. The videos will be prominently showcased on a loop, complemented by other health promotion messages, within the upcoming waiting room at our clinic.”

Translation of Strong Born Campaign resources

ACCHOs plan to keep sharing translated videos at community events, on social media and one-on-one with families to spread important messages about FASD and the harms of alcohol consumption while pregnant and/or breastfeeding. One ACCHO plans to translate Strong Born Campaign materials into another language beyond the FASD Grant funding. They plan to translate materials into Pintupi Luritja. As another ACCHO has already translated materials into Pintupi Luritja, we recommend that NACCHO facilitate the sharing of translated materials between ACCHOs to reduce the duplication of funding and time resources being spent on an already completed activity.

One ACCHO reported that a lack of funding was preventing them from translating Strong Born Campaign materials into other languages. However, the majority reported that the grant allowed them to translate materials into all the necessary local languages for their region, so further translations were deemed unnecessary. Consequently, they plan to continue using the materials they have already developed.

Prenatal and antenatal assessments

ACCHOs reported they already have or plan to incorporate questions about alcohol consumption and discussions on the harms of alcohol consumption while pregnant and/or breastfeeding into all prenatal and antenatal assessments. One ACCHO will utilise the Strong Born Campaign materials in antenatal 'welcome packs' and include Strong Born Campaign messaging in all appointments when addressing alcohol and drug exposure during pregnancy. Another ACCHO plans to create additional resources for pregnant and/or breastfeeding mothers, while one will continue using the talking boards developed with grant funding.

Community Engagement Activities

ACCHOs plan to sustain their FASD awareness efforts beyond the grant period by continuing to engage the community through various activities. These include holding gentle, non-judgmental conversations about FASD at community events, within health services, and through parenting support groups. ACCHOs plan to continue showing FASD videos in yarning circles, distribute flyers and brochures, and invite guest speakers to address men's and women's groups. Additionally, ACCHOs plan to maintain their collaboration with local high schools and art programs to further FASD education. Continued promotion through community events and educational sessions will help raise awareness of FASD, inform families about available support, and ensure ongoing engagement with the campaign.

Social, clinical and cultural supports

All ACCHOs who delivered clinical, social and cultural supports for women, partners and families who continue to consume alcohol while pregnant and/or breastfeeding with the grant funding plan to continue providing these supports beyond the grant funding period. ACCHOs plan to provide further education and support for women, including referrals to alcohol and other drugs services where needed. It was noted that ACCHOs will need to seek out additional funding opportunities to continue delivering supports through community events, school education sessions, and individual services. ACCHOs plan to continue to leverage on clinical staff and support groups to educate the community, promote alcohol free pregnancies, and develop pathways for FASD identification, diagnosis and NDIS referrals. Additionally, ACCHOs are committed to ensuring that all

services remain culturally aware, supportive, and sensitive, embedding culturally appropriate care in all future activities and services.

Training for multi-disciplinary ACCHO staff

ACCHOs plan to continue developing and delivering FASD training for their multidisciplinary ACCHO staff by integrating it into existing service mechanisms as part of ongoing health promotional efforts. Ensuring staff are skilled and knowledgeable about FASD is essential to effectively support the community.

Ongoing training, including refresher courses for both clinical and non-clinical staff, will be important to maintain the quality of care across various services such as antenatal clinics, early childhood centres, and alcohol and other drug health clinics. However, one ACCHO highlighted that lack of funding could pose a barrier to the delivery of ongoing training, particularly due to their high levels of staff turnover.

Another ACCHO emphasised the need for broader alcohol and other drugs training and improved referral pathways to better support community members who continue to consume alcohol during pregnancy and/or breastfeeding.

“Current staff have been trained in starting the conversation (yarning), but due to high staff turnover because of remote setting and lack of available health professionals in Australia, we are using locum health professionals and will need to ensure they are also trained. We will reinforce initial staff training and teach new staff what FASD is and how to spark up yarning about it.”

Another ACCHO plans to host biannual FASD training sessions focused on promoting alcohol free pregnancies and yearly education and awareness sessions with drug and alcohol staff. Clinic based health professionals will continue to include yarning about alcohol in their day-to-day interactions with women of childbearing age and those attending antenatal appointments.

ACCHOs' experience with the FASD Grant process and funding provider

Interviews with grant-funded ACCHOs aimed to gather insights on the NACCHO grant process, specifically exploring ACCHOs' perceptions of its ease of management and adaptability to community needs. All ACCHOs stated that the grant funding process and communication from NACCHO had been easy to understand, clear, quick and simple to complete.

“NACCHO reporting processes are usually much more simplified than other contracts that we receive. Which makes it so simple as they sort of really get it from the perspective of what we're trying to deliver. I think it was also really clear as well as to what the expectations were as part of the grant.”

ACCHOs reported that the simplified grant application process, ongoing support from NACCHO, and the flexibility to develop appropriate region-specific activities and resources contributed to the effectiveness and community engagement of the Strong Born Campaign. ACCHOs reported that the reporting process was less time consuming and simpler to complete than other funding reports.

“The ability to localise, the ability to work with community, you know, like the grant wasn't prescriptive. It's the one thing I do love about NACCHO.”

“The freedom and ability to develop funding requirements for what we felt our community needed.”

“You've got to address Strong Born. You've got to address FASD, but how that looks in your community is completely up to you, and I like that.”

“I think the only other thing that I'll say is we really appreciate NACCHO's flexibility with some of our stuff as well.”

NACCHO contract managers were accessible, willing to listen and work with ACCHOs. NACCHO had a strong knowledge of the internal structures of ACCHOs, how they work and pressures they experience. Therefore, the funding process was streamlined in a way that it minimised additional pressures on already busy service staff.

“You know the contract managers within NACCHO are really accessible.”

“I found them really approachable. They’re willing to have a yarn.”

“They're very understanding of the situations of ACCHOs and how we operate.”

One ACCHO did mention that reporting took longer than anticipated. They recommended incorporating a save feature or providing an option to print and complete the survey offline. Additionally, stating the expected completion time more accurately would help ACCHOs manage their time more effectively.

“Well, the email said it would take about 20 minutes. I think it took about 3 or 4 hours and that was the feedback I gave to NACCHO. It was one of those reports that you go into, and you don't know whether you can jump in and out, it wasn't clear.”

Overall, all grant-funded ACCHOs reported that the funding provided them with valuable opportunities to address the complexities of FASD and the harms associated with alcohol consumption while pregnant and/or breastfeeding within their communities.

“This funding was the number one reason we were able to do so much about FASD in our community.”

Impact of the FASD Grant on ACCHOs who have different baseline experience, knowledge and motivation to engage in FASD prevention activities

Of ACCHOs who completed the post-grant survey, 15% (n=2/13) had no baseline experience delivering FASD prevention activities, 54% (n=7/13) had some/moderate baseline experience and 31% (n=4/13) had a high level of baseline experience. ACCHOs with no prior experience typically focused their grant-funded activities on raising community awareness of FASD and staff training, while those with prior experience leveraged their existing skills to develop and deliver more comprehensive community engagement and communication resources.

ACCHOs with no pre-grant experience delivering FASD activities

Among ACCHOs who completed the post-grant survey, there were two who had no prior experience with delivering FASD related communications materials, community engagement activities, ACCHO staff training, or clinical, social or cultural supports to women, partners and families who continue to consume alcohol while pregnant and/or breastfeeding. The grant funding enabled these ACCHOs to initiate conversations about FASD and the harms of alcohol consumption while pregnant and/or breastfeeding within their communities for the first time.

“I think it's triggered a bigger discussion. Yeah, which I think is really positive as well.”

Grant-funded activities delivered by the ACCHOs with no pre-grant experience were more focused on increasing community awareness of FASD through promotion of the Strong Born Campaign and resources, increasing staff knowledge through training. One ACCHO reported that they will now implement FASD awareness and information into routine care.

“The campaign allowed for the space to start conversations surrounding healthy pregnancy and lifestyle choice, and further referral for those identified in need of increased support during pregnancy or planning stages.”

Both ACCHOs delivered training for multi-disciplinary staff and plan to continue to staff education, including refresher courses as new staff join or updated information becomes available. These ACCHOs with no pre-grant experience delivering FASD prevention activities recommended that the Strong Born Campaign and grant funding includes background training to better equip staff in supporting community members who consumed alcohol during pregnancy.

“I think the program needs to come with a level of training regarding delivery of content in the case that we may have mothers in the community that already have children suffering with FASD as not to place shame on these community members for choices previously made.”

ACCHOs with moderate/high level of pre-grant experience delivering FASD activities

ACCHOs with experience in developing and delivering FASD prevention activities prior to receiving the grant funding were able to utilise the grant funding more effectively due to their existing baseline experience of delivering these activities. They were able to leverage on their organisations and community’s previous skills and knowledge to broaden the discussion, leading to greater community-wide acceptance and ownership of the campaign. As these ACCHOs were already integrating FASD awareness and education into their programs and clinical care, the grant enabled them to enhance and expand community knowledge, providing more in-depth information and support to community members. ACCHOs with staff who were educated, actively involved or passionate about FASD education prior to receiving the grant were well-positioned to deliver campaign activities within their communities, effectively leveraging on their existing baseline knowledge. ACCHOs with previous experience delivering FASD awareness activities were able to develop and deliver comprehensive community engagement activities and communication resources.

“You can buy some stickers and stuff like that, but you actually needed the knowledge holders of the community to then go and have that meaningful engagement and impact with the community.”

Regardless of the level of pre-grant experience with delivering FASD prevention activities, all ACCHOs interviewed emphasised the need for additional efforts and funding to address FASD, noting that the campaign successfully increased staff and community knowledge and awareness of FASD. ACCHOs were motivated to build on this momentum, believing that further campaign activities could reduce the incidence of FASD, support women, partners and families who continue to consume alcohol during pregnancy and/or breastfeeding, and provide better assistance for people and families affected by FASD.

Interventions or activities undertaken by NACCHO members not funded by the FASD Grant

Only one NACCHO member who did not receive the FASD Grant funding agreed to participate in an interview. Unfortunately, there was a bit of confusion, and the member organisation found out in the interview that they had not received the grant funding. They reported that due to the nature of their organisation needing to be consistently applying for grants, they may have missed communication from NACCHO. This organisation indicated that they would follow up with NACCHO for clarification.

The non-funded ACCHO expressed that receiving the grant funding would have been highly beneficial to raise awareness and initiate community discussions about FASD and the harms of alcohol consumption while pregnant and/or breastfeeding. They reported that FASD imposes a significant social and financial burden on their community, and while they were eager to engage in health promotion and education on the issue, they lacked the necessary resources and capacity. Therefore, due to lack of funding, this ACCHO had not delivered any education, awareness, or staff training about FASD and the harms of alcohol consumption during pregnancy and/or while breastfeeding within their community.

“We’re not getting enough money from the government in that preventative area, we’re waiting, you know, we’re getting to the other end where it’s costing us a lot of money, but we’re not doing enough in the preventative space.”

“Yeah. Lack of funding. But I would think a lot of our community wouldn’t even know what FASD was. It’d be mentioned in our alcohol and other drugs or by our [social and emotional wellbeing] team, but we’ve not done any specific health promotion in that area [FASD].”

This organisation was eager to develop and deliver initiatives to raise awareness about FASD within their community. They anticipated that receiving the grant would have enabled them to begin addressing this complex issue effectively. Looking ahead, they were hopeful for future funding opportunities, particularly in the next round of the Strong Born Grant, as they believed that health promotion and community education are crucial for their community.

“So, raising that awareness and you know, possibly having some diagnostic information would be beneficial for my community. When it’s not in your face. You don’t really worry about it.”

This highlights the importance of extending the Strong Born grant funding to include all ACCHOs. By doing so, more organisations would be able to implement campaign messages effectively, thereby raising awareness and educating their communities about FASD and the risks associated with alcohol consumption during pregnancy and/or breastfeeding.

Recommendations for future FASD prevention and support

Interview participants were asked to share their vision or potential strategies for effectively reducing the harms of alcohol consumption during pregnancy and/or breastfeeding in their community. They were also asked to identify key factors that would help ensure that future FASD programs and services successfully engage Aboriginal and Torres Strait Islander people and communities.

Strategies that ACCHOs believe could be used to reduce harms from alcohol consumption during pregnancy and/or breastfeeding

Focus on workforce development to build staff capacity

ACCHOs emphasised the importance of workforce development as a key strategy to reduce the harms of alcohol consumption during pregnancy and/or breastfeeding. They believe that having access to skilled staff is crucial for delivering accurate clinical information and providing comprehensive healthcare to their communities. The need to improve the workforce's knowledge and skills in relation to diagnostic and assessment tools for FASD was specifically noted. Having these clinical pathways and resources available is important so that once community awareness of FASD is raised, those affected by FASD can access the necessary supports and interventions. This highlights the importance of integrating workforce capacity building with community education to ensure a comprehensive approach to FASD prevention and support.

“We were tasked with community education, which is great, and we needed to do that. However, for the program to have maximum effectiveness, we should have been able to focus a lot with our clinical workforce about our diagnostic tools.”

“We also want to include some of the information about the clinical pathways. Once we've raised [FASD] awareness for community, having those diagnostic tools, assessment tools, and clinical knowledge [available] for people. If they've accepted or [are] aware of a problem, then they need somewhere to get help with that.”

“But what's happening in my community? There's nothing. When they get diagnosed, what support is there? There is nothing. [We need to] advocate for what we actually need.”

Investing in training and upskilling local ACCHO staff was highlighted as a key approach that could enhance their capacity to provide FASD support in their community. The importance of building local capacity was emphasised because it is difficult for specialists to travel to remote communities. Therefore, there is a need for accessible, community-based training programs that empower local ACCHO staff to reduce the dependence on external specialists.

“We need to train our own [staff] and include, you know, our child health workers, AMIC [Aboriginal maternal and infant care] workers in these discussions as well as the specialists.”

“We need to train up our own local workforce because it's too hard for people to come from, say Adelaide all the way to [redacted] or [redacted].” {Locations redacted}

Continual training on FASD, along with strategies to support women, partners and families is seen as essential. Future campaigns should include foundational staff training to ensure they are equipped to support community members who may experience distress, shame, or guilt if alcohol consumption during pregnancy has occurred.

“Because we also have [a high] turnover of staff, being able to provide that type of training regularly.”

“Shame and stigma, you know, can be a by-product of education.”

Funding to increase staffing

ACCHOs emphasised the need for increased FASD specific funding to support a comprehensive and holistic approach to patient care. It was noted that a limitation of the FASD Grant funding was that it could not be used to increase staffing. Removing this constraint would increase the capacity of ACCHOs to deliver FASD programs and support. Given that ACCHO staff are already busy meeting current organisational and community needs, having dedicated resources and staff for program development and delivery is essential.

“Being funded to educate clinical staff and then you know, actually be able to have time to sit and work out what the referral processes are for that patient. So, what does it look like for each of our ACCHOs when somebody comes in who they think might have FASD? And then how do we improve on that? You know [provide] that quality continuity of care, but [the grant] was never intended to do that.”

“There may be a lot of ACCHOs that wouldn't even applied for this [grant] because \$60,000 was the max and you know if you can't pay, you can't use that for staff, then a lot of services wouldn't have applied because you know you're having to fund staff to be able to do it.”

ACCHOs also suggested that having specific FASD workers available to support ACCHOs would help them contextualise FASD health promotion activities for their diverse communities. These roles would not only build local staff capacity, but also improve internal and external referral processes to ensure community members receive appropriate care.

“I think the ability to have someone who can actually apply FASD through a trauma informed lens and can apply those health promotion practices through our social and emotional wellbeing setting [is important].”

Expand capacity and access to FASD support services

The importance of increasing community-wide capacity by establishing or expanding skilled expert positions within communities was noted as a strategy that could reduce harms from alcohol consumption during pregnancy and/or breastfeeding. This includes improving pathways for FASD diagnosis, NDIS referrals, and access to services for families living with FASD. Additionally, having a drug and alcohol counsellor either within the ACCHO structure or accessible within the community was identified as a key resource to support community members struggling with alcohol consumption, particularly during pregnancy.

“[A drug and alcohol counsellor] is not something that we have here, and that would be wonderful to have one. Our goal is to get somebody in so that person can do one on one counselling.”

“It’s all about access. So, they might have a NDIS plan, but can they use the plan?”

“There kind of needs to be, yeah, whole of system approach. We are fortunate that we’ve got some NDIS workforce across our region in our ACCHOs, but there’s again only so much that these people can do if there are no services to support people and families.”

Additional funding for continued FASD campaigns

ACCHOs emphasised the need for increased funding to sustain FASD campaigns and expand support to other areas of health, such as alcohol and other drug services, which are vital for FASD awareness and prevention in the community.

“And to bring back the AOD funding, you know, alcohol and other drugs, we need to have more funding across the board.”

There was a strong call for future campaigns to focus more on male education, to ensure that pregnant women and mothers are supported in having alcohol free pregnancies. ACCHOs also highlighted the importance of continuous and sustained community-wide messaging about FASD, similar to other health campaigns. They recommended involving a variety of community members from children through to Elders to create a supportive environment for women.

“Education or a male specific pamphlet on their roles during pregnancy and potential support roles. [For example] reduction of alcohol use themselves while their partner is pregnant, and a list of needed appointments that partners should be attending so they are encouraging the attendance of health care, needed scans, immunisations during pregnancy for healthy mum and baby.”

“I suppose it comes back to that repetitiveness. If you’re seeing it every day, every time you drive past the bus stop, like having those signs up there ‘don’t drink while you’re pregnant. So, I think putting it in the most visual places [is important].”

Engagement with local government

ACCHOs suggested the need to engage with councils and local governments about FASD. This collaboration could support alcohol policy change and create a more effective approach to addressing FASD in their communities. It was commonly recognised that FASD prevention requires a comprehensive, community-wide effort.

“We know what role we have to play in the delivery of FASD messaging, but I think for us it takes a community, so the local government are a real key component.”

“Having some engagement or some line to [elected council and government members] to support us as well. I mean, we do that really well where we're supporting policy change with tackling Indigenous smoking and working with our councils around those sorts of things.”

Key elements for successful engagement with Aboriginal and Torres Strait Islander communities in future FASD programs

Interview participants were also asked what they think is needed to ensure future FASD programs or services successfully engage Aboriginal and Torres Strait Islander people. They emphasised that future campaigns and programs should build on the successes of the Strong Born Campaign by being culturally appropriate, holistic, strength-based and community-driven. To increase effectiveness, participants highlighted the importance of involving Elders and community members throughout all stages of development.

“You need to have the Elders involved. You can't do it without the Elders, because, I mean, if they are on board then you are getting everyone on board.”

“Important for the Elders to have awareness around this so that they can give those messages to the community, the families.”

“The only comment I have across the board with anything that's rolled out with community. There was no acknowledgement of that, that Aboriginal women are the least likely to drink whilst pregnant. Only criticism is strength based is not coming through strong enough our strength what is seen as strength based.”

Ensuring future FASD campaigns can also be localised, like the Strong Born Campaign, is important to increase community ownership and effectiveness of campaigns

“Keeping it localised, have the opportunity to use local ambassadors, keeping it local on the ground.”

Future campaigns need to be mindful that although much of society is moving to online platforms and communication tools, some Aboriginal and Torres Strait Islander communities don't have access to computers or the internet. It's important to continue with physical, visual, and verbal representation of campaign materials to ensure everyone in the community can access the information.

“Although in [REDACTED] {location redacted} they do not have ready access to computers or the internet, so printed campaign materials were taken there.”

“You know you need to be more visual, have more visual information.”

“Due to some community members not being able to read, I made it so it didn't depend on writing or reading.”

ACCHOs emphasised the importance of facilitating opportunities for community engagement, where community members can come together for a yarn and we organically include health promotion, FASD education and awareness into these gatherings.

“OK, so as part of getting to do the sewing, the cake making, the weaving, the woodworking, you know, whatever we're doing with the groups, put in a health promotion theme.”

To ensure future campaigns fully engage Aboriginal and Torres Strait Islander peoples, there must be a national commitment to 'Close the Gap' by addressing the social determinants of health and underlying issues with education, employment, housing and the disproportional incarceration rates to truly create impactful change. While ACCHOs work diligently to provide holistic and comprehensive health care, community education

and awareness within their communities, systemic changes are needed to address the generational disadvantage and oppression of Aboriginal and Torres Strait Islander people and their communities caused by colonisation and dispossession. As Desmond Tutu said, *“There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they’re falling in.”* Similarly, interviewed ACCHOs said:

“So, thinking about the whole social determinants of health, how that affects, and colonisation. It would take more than just you, the campaign and even us educating clinicians, cause that's never going to solve why people choose to drink in the first place.”

“Health promotion and also education is only ever going to be like the very top of that iceberg.”

Conclusions

All ACCHOs who received the FASD Grant funding and completed the post-grant survey (N=13) developed and delivered highly localised, place-based communication materials, community engagement activities, training for multi-disciplinary ACCHO staff, or clinical, social or cultural supports for their communities to increase awareness of FASD and the harms of alcohol consumption while pregnant and/or breastfeeding. The Strong Born Campaign was found to help either start the conversation or expand community knowledge and awareness about FASD and the harms of alcohol consumption while pregnant and/or breastfeeding in the communities who received the FASD Grant funding.

Feedback from grant-funded ACCHOs on the Strong Born Campaign was overwhelmingly positive. Campaign resources were particularly effective in fostering genuine engagement and meaningful conversations within community. Addressing such a complex subject at the community level was complimented by the campaigns efforts to upskill and educate staff on recognising the signs, and symptoms of FASD, referral pathways, and how to start supportive conversations with all community members to help prevent, identify and address the impacts of FASD. The evaluation highlighted the ongoing need for health promotion efforts around FASD and the importance of having qualified, trauma-informed workers to compliment the comprehensive care that ACCHOs provide daily.

The ability to localise Strong Born Campaign materials was said to help increase community connection and ownership of the messages about FASD. Delivering messaging in an empowering and community-led way is particularly important considering historical disempowering and dispossessive policies directed towards Aboriginal and Torres Strait Islander people. Although, this localisation of materials took longer for ACCHOs to organise, extending future funding timelines would help mitigate this issue. Additionally, enabling ACCHOs to share developed resources and translated materials could reduce expenses and benefit smaller ACCHOs with limited staff available to support this work. ACCHOs appreciated that the Strong Born Campaign resources included simple, empowering messages and found the booklets for community and health professionals informative, educational, and helpful in facilitating conversations about FASD.

Recommendations from grant-funded organisations to improve the impact of the campaign included increasing support from FASD experts and improving access to FASD diagnosis and support services. It was suggested that all ACCHO staff and the wider community have access to ongoing professional development about FASD and support services, including access to NDIS for individuals and families affected by FASD. Funding specific FASD staff roles within ACCHOs could support staff and families in addressing this complex health issue more effectively. There was a call for sustained and complementary community education efforts, similar to those for smoking and drink-driving campaigns. It was also identified that expanding and improving the accessibility of drug and alcohol services is essential for addressing alcohol-related issues within the community.

Almost all ACCHOs expressed interest in further developing resources, information, community engagement activities, and staff training to raise community awareness of FASD and the harms of alcohol consumption while pregnant and/or breastfeeding. They have already integrated or plan to integrate FASD education and awareness messaging into the comprehensive health care they provide, including through health promotion activities, clinical services, maternal and antenatal care, and community education spaces. All ACCHOs flagged the need for more funding to continue raising community awareness and education of FASD and the harms of alcohol consumption during pregnancy and/or breastfeeding. Especially for ACCHOs in remote locations with less access to services and allied health support than urban and rural communities.

The ACCHO that did not receive grant funding (for reasons unknown, but who were interviewed as a comparison to assess their level of engagement with FASD activities without funding) had not delivered any health promotion activities about FASD and felt their community would have benefitted from exposure to the campaign. This suggests that further dissemination of the Strong Born Campaign and FASD Grant would benefit Aboriginal and Torres Strait Islander communities. Further promotion of the Strong Born Campaign to all ACCHOs and providing non-NACCHO member organisations with access to Strong Born Campaign materials would help increase awareness of FASD and the harms of alcohol consumption during pregnancy and/or breastfeeding across more communities.

It was noted that the potential impact of the FASD Grant funding was limited due to the need for extensive systemic changes to address the significant health disparities faced by Aboriginal and Torres Strait Islander communities as a result of historical colonisation and dispossession. Broader systemic changes are crucial to begin effectively addressing the underlying issues related to why some community members may consume alcohol while pregnant and/or breastfeeding. Despite these challenges, the campaign successfully raised community awareness about FASD and the harms of alcohol consumption during pregnancy and/or breastfeeding and reached some communities for the first time.

Although ACCHOs are a good starting point for community education and awareness due to their strong rapport and high community engagement through the services they offer, the communities they serve need structural support to complement their efforts. All ACCHOs acknowledged that addressing FASD requires more than just educating pregnant women. To effectively tackle FASD and the harms of alcohol consumption during pregnancy and/or breastfeeding, it is crucial to involve a broad range of community services. As awareness of FASD increases, the community needs to be equipped to support individuals, families and communities affected by FASD.

Relying solely on community education from ACCHOs to address FASD is insufficient, as they are already managing a wide range of health issues and face staffing and funding constraints. A collaborative, whole-of-community approach is needed. This approach should include local government, community organisations, social services, educational institutions, and other stakeholders. Such a comprehensive effort will support pregnant women and help Aboriginal and Torres Strait Islander communities achieve strong born babies, strong families, and create meaningful, lasting changes.