

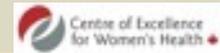


# Co-creating Evidence: A National Evaluation of Multi-service Programs Reaching Pregnant Women at Risk – Interim Findings & Implications for Policy & Practice

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## **Project Leads:**

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The views expressed herein do not necessarily represent the view of PHAC..

## **Speaker Disclosure**

**The speakers/researchers do not have an affiliation with a pharmaceutical, medication device or communications organization.**

**The speakers cannot identify any conflict of interest.**

✓ **Overview of project**

**Theory of Change & evaluation methods**

**Findings to date**

**Implications for policy & practice**



The *Co-Creating Evidence* project is a first-of-its-kind-in-Canada national evaluation involving 8 different programs serving women at high risk of having an infant with FASD.



- To bring together several holistic FASD prevention programs to share promising approaches and practices;
- To undertake a multi-site evaluation on the effectiveness of FASD prevention programming serving women with substance use and complex issues; and
- To identify characteristics that make these programs successful.

**Project Timeframe:** February 2017 – October 2020

## Program Partners/Sites

**★ Victoria**  
HerWay Home

**★ Vancouver**  
Sheway

**★ Surrey**  
Maxxine Wright Place

**★ Edmonton**  
H.E.R. Pregnancy Program



**★ Regina**  
Raising Hope

**★ Winnipeg**  
The Mothering Project

**★ Toronto**  
Breaking the Cycle

**★ New Glasgow**  
Kids First

## Program sites & locations

Program	Year started:
HerWay Home (HWH)	2013
Sheway (SW)	1993
Maxxine Wright (MW)	2005
H.E.R. (HER)	2011
Raising Hope (RH)	2013
Mothering Project (MP)	2013
Breaking the Cycle (BTC)	1995
Baby Basics (Kids First) (BB)	1999

There are two 'generations' of programs participating in the project:

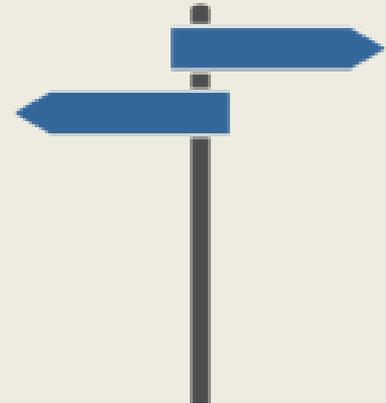
- **1st generation** = Sheway, BTC, and Kids First/Baby Basics, launched in the 1990s
- **2nd generation** = Maxx Wright, HER, HerWay Home, Mothering Project, and Raising Hope, launched since 2005

## Overview of project

### ✓ Theory of Change and evaluation methods

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# Co-creating Evidence Project Theory of Change (2017)

By employing these  
approaches...

**Relational** – focus on safe, respectful, non-judgemental, least intrusive relationships, **and positive, trusting relationships with service providers**

## Women-centred

– women set their own goals for service

## Harm reduction

– focus on minimizing harm and promoting safety

**Kindness; compassion** – using person-first and de-stigmatizing language, minimizing shame and guilt



## Trauma informed

- appreciating that many women have experienced serious trauma

**Inter-disciplinary; developmental lens** – addressing women's and children's needs holistically

**Culturally grounded** – employing cultural programming and approaches & appreciating the multi-generational impacts of colonization

**Co-creating Evidence  
Project  
Theory of Change (2017)**

**...and by undertaking  
these activities:**

**Advocacy,  
accompaniment,  
outreach re: child  
welfare /safety**

**Practical & material  
support aimed at  
addressing basic needs**

**Food- and  
nutrition-  
related**

e.g. transportation, clothes,  
infant supplies, income/  
employment, community  
resources

**Housing-  
related**

**Parenting  
programming to  
support mother-  
child connection**

**Prenatal & post-  
natal health  
services** and/or

helping women to access  
these services

**Substance use  
counselling,  
education, support &  
referrals**

Outreach, info and education with colleagues and systems



National Evaluation of Women's  
Programs Reaching Program  
Women at Risk

**Women's  
health  
services /  
referrals**

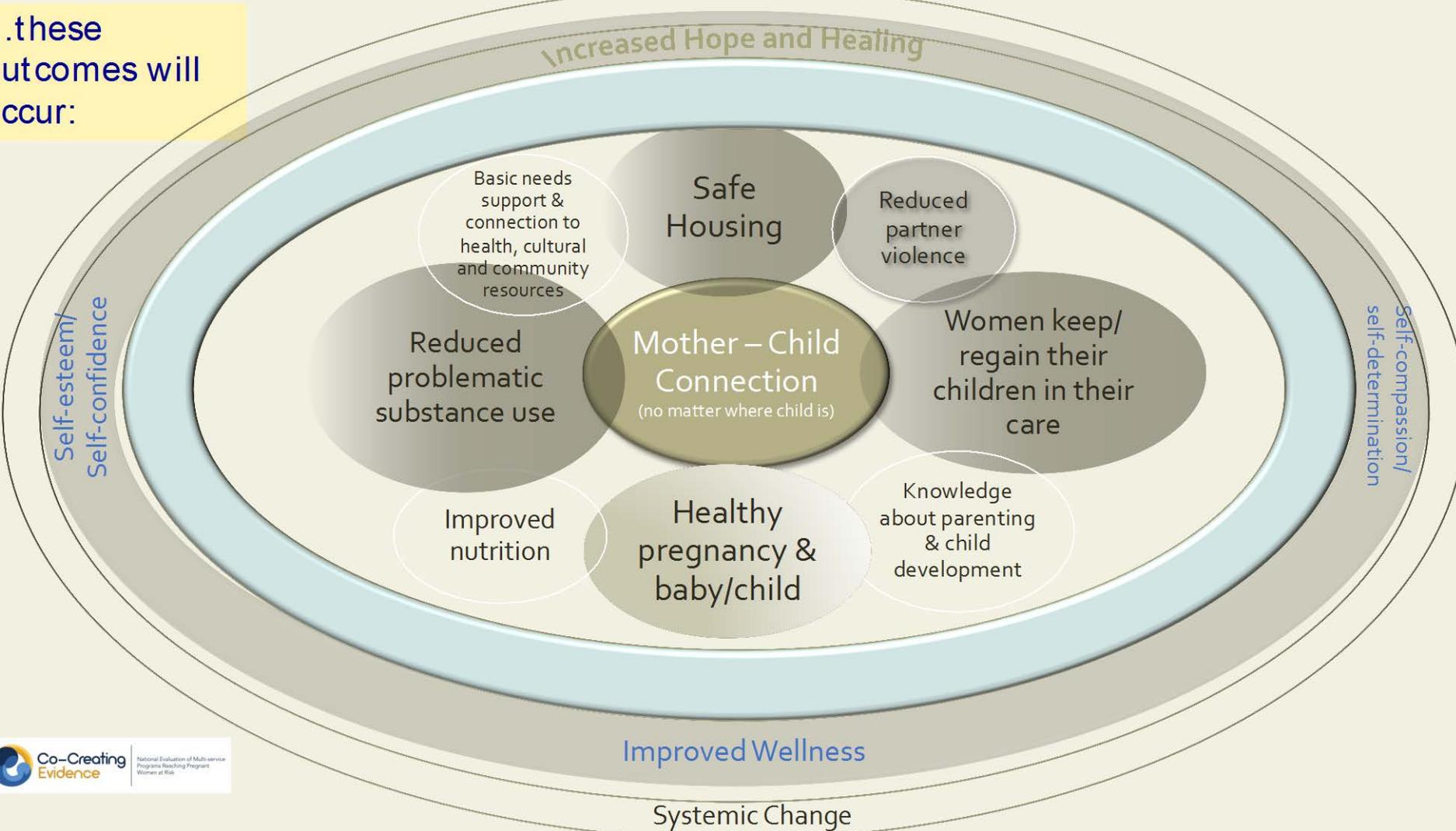
**Trauma-related  
education /  
support**

**Facilitating peer  
connections for  
women and  
children** group-based  
support; drop-in; child  
care

**Children's health  
services /referrals**  
and/or assessments,  
early intervention

**Cultural  
programming**

...these outcomes will occur:



## Multi-site Time 1 data collection

**Collected by project team** (Time 1 April – July 2018):

*125* Interviews and questionnaires with clients

*61* Interviews/focus groups with program staff

*42* Interviews with service partners

**Collected quarterly by program sites** (Apr 2018–Sept 2019):

- ❖ Program/output data
- ❖ De-identified client intake & 'snapshot' data

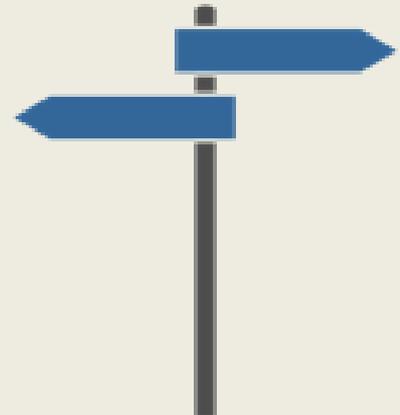


**Overview of project**

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# At a glance: What services/activities do the programs provide?



## Client Characteristics – All programs

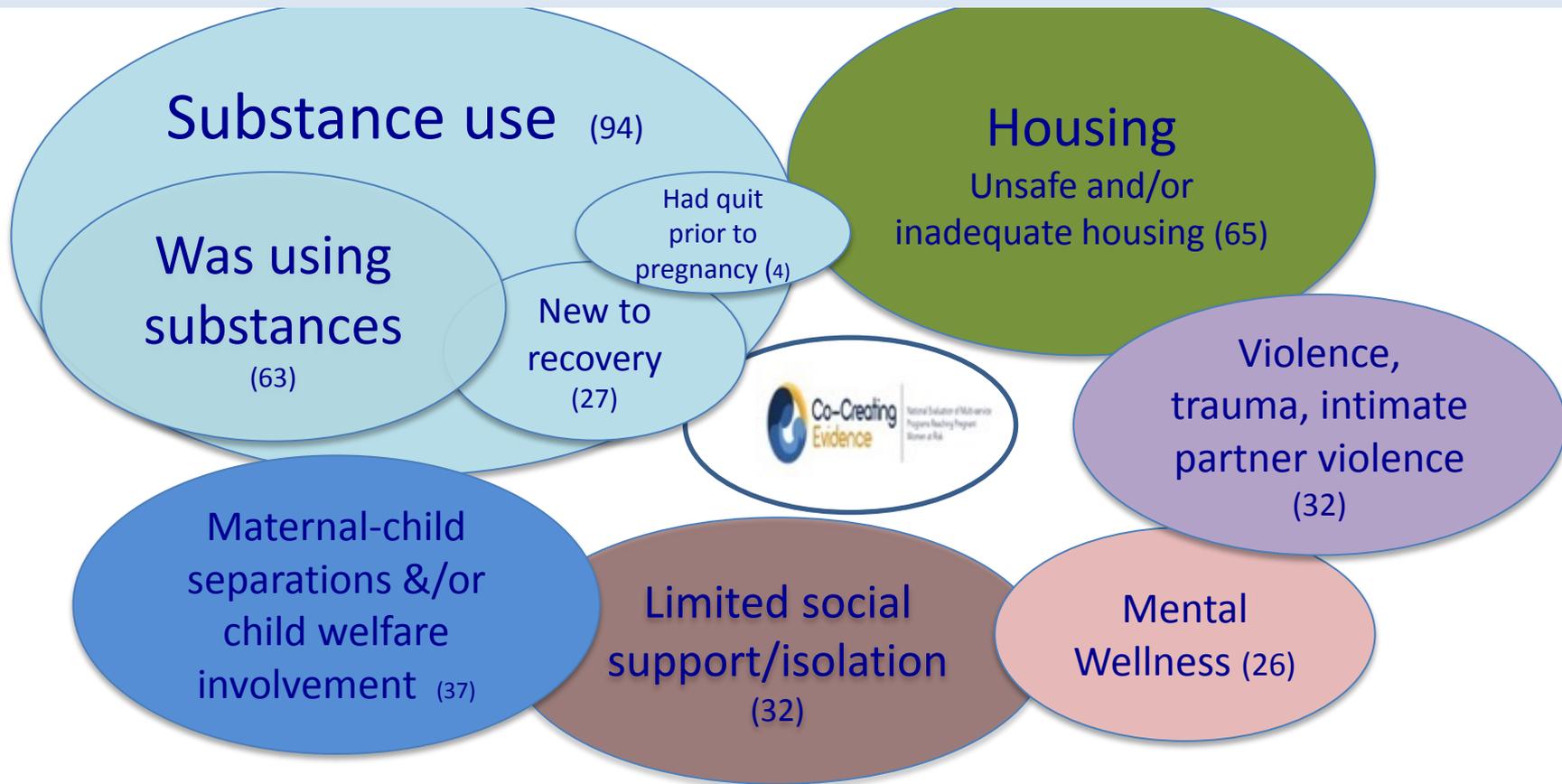


### Between April – September 2018:

- **708** women participated across the 8 programs
- **84%** were pregnant at intake
- **62%** had problematic substance use or were new to recovery at intake
- **60%** had unsafe or insecure housing at intake

# Key Issues for Women Prior to Intake – All programs

Presented here are the themes emerging from clients' responses (n = 125) to the open-ended question: "What did your situation look like prior becoming involved with the program?"



## “What do you like most about the program?”

### 5 top responses

- **Friendships & social supports**
- **Multiple services in one place**
  - Access to health care
  - Connects me to other programs
  - Cultural programming
  - Practical support
- **Staff**
  - Feel safe & not judged
  - Having a one to one worker
- **Group programming**
  - Parenting group & information
  - Substance use & health info
- **Help with child protection**

- *Definitely, the friends I've met here ...the moms are both in recovery and are new moms. ...We have things in common and have the same aspirations and goals.*
- *I don't have to go far to get to a doctor. There are all kinds of different resources here - a welfare worker, a housing worker, the tax lady, as well as food to eat.*
- *Practical help such as the Donation Room where I can get clothes and baby equipment like a stroller.*
- *It's a safe place to be, and they treat me like a mom first and an addict second. There's no judgement.*
- *I really like the groups and the ability to be open and honest about my drug use. I like that they taught me self-love.*
- *I had a meeting with program social worker who encouraged me to meet with CFS and even inspected my house to give me suggestions for what CFS would look for. So when we met with the CFS worker, I was surprised at how well the meeting went.*

## Clients' perspectives about their program

(based on n=125 interviews)

## “What is most important to you about the program?”

- Staff –
  - Caring and compassionate
  - Non-judgemental
- One-stop; multi-disciplinary staff
- Getting support
- Sense of community; it's like family

*The way the staff are has made me feel comfortable. It's huge – I don't feel judged by anyone at Breaking the Cycle. This is different from past experiences.*

*All of the services I need are in one place under one roof. I feel a lot of support and love at Sheway. They always help me to stay on top of my appointments. My children feel safe and have relationships at Sheway too.*

*Wrap-around of medical, mental health, and social services. The health component is critical. No one else brings them all together like this.*

*The staff bend over backwards for the girls. They are always willing to help.*

*They're really helping me to get to my appointments. They're willing to come to my delivery.*

*I'm always treated with dignity and respect – the non-judgemental approach.*

*There's a sense of community.*

*The staff – they are very helpful. They always give me answers to my questions.*

*Knowing other women have had similar experiences.*

*The staff. They are always there. Friendly, open, willing to listen. Caring, very thoughtful, and authentic.*

*The staff give me a push when I need it. They are kind at heart. They don't give up on you.*

*The biggest thing has been working with the psychologist. Talking with her, I'm starting to realize why I was using.*

Clients' perspectives about their program (based on n = 125 interviews)

## Findings from Client Questionnaire: What has been your experience with the program?

The overwhelming majority of clients who completed the Client Questionnaire (92-96%) reported feeling physically and emotionally safe; as well, 95% also said they trusted staff and **92% reported that their needs had been met by their program.**

When I come to the program (n = 123):

96%

- I feel physically safe

92%

- I feel emotionally safe

95%

- I trust the people who work here

90%

- I trust staff to follow through

89%

- I have a lot of choice about services

89%

- I feel like I'm a partner with staff in deciding what services to receive

94%

- Staff recognize that I have strengths and skills as well as challenges and difficulties

91%

- Staff are as sensitive as possible when they ask me about difficult experiences

89%

- I feel safe talk with staff about substance use, violence or trauma

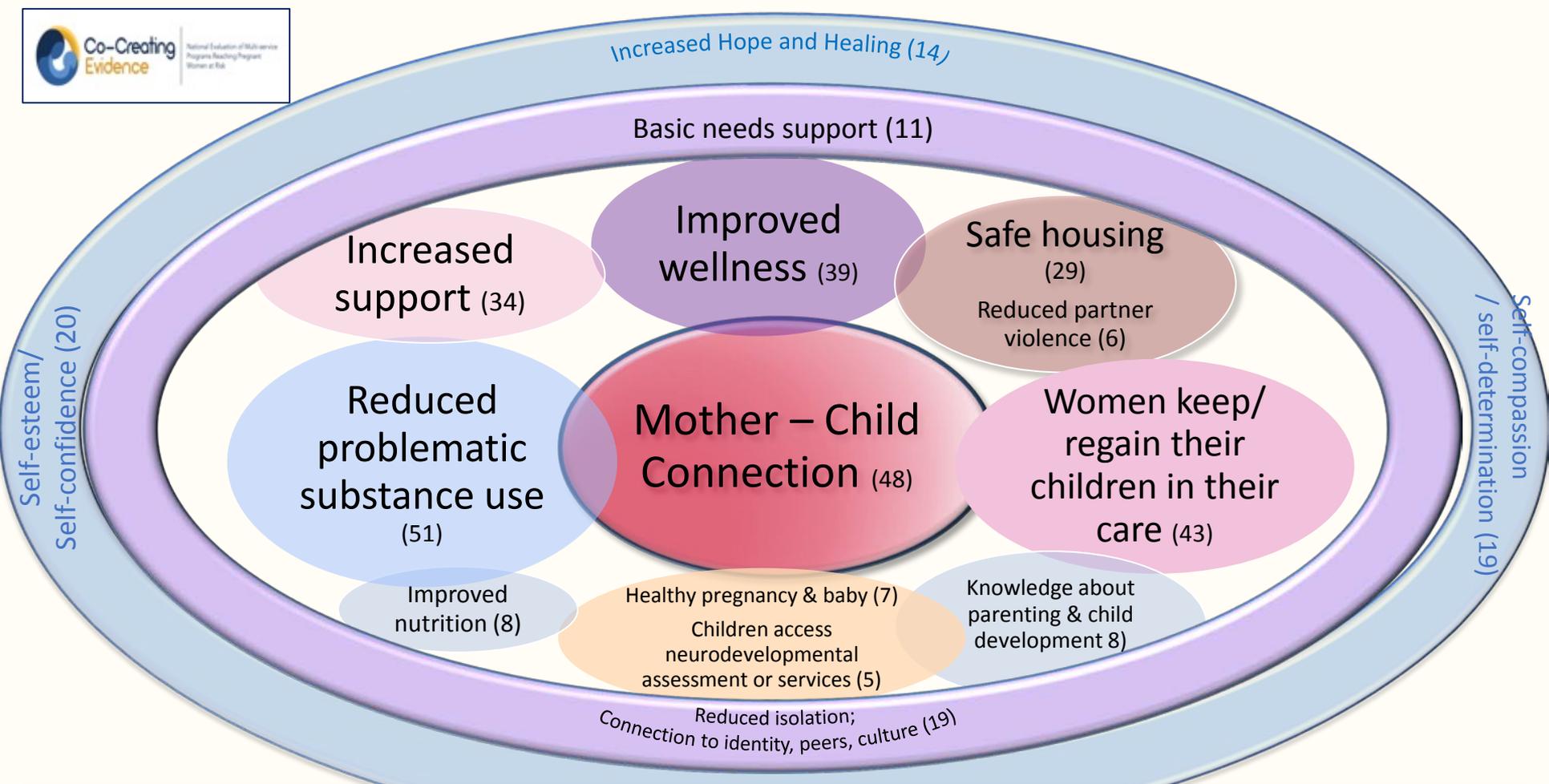
79%

- Staff support me in connecting with cultural programs and activities

92%

- My needs have been met at the program

Clients' perspectives  
about their program



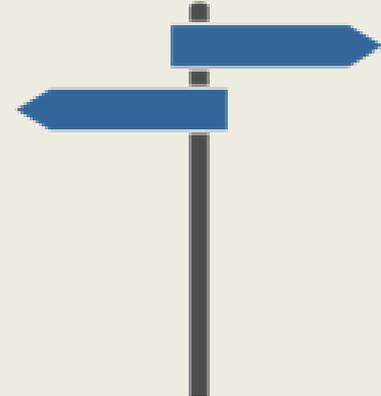
Presented here are the themes emerging from clients' responses (n = 125) to the open-ended question: "What has been the most significant change for you and your family?"

**Overview of project**

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## Key Program Strengths: Practice Implications

- **Well conceptualized, evidence-based theoretical foundation**
- **One stop/wrap-around model**
- **Program staff** and their expertise
- **Use of approaches reflects program philosophy**
- **Strong relationships with partners**
  - medical/health care providers on-site
  - child welfare worker on-site
- **Sense of community/peer support**
- **Strong outcomes for women and their children**



## Key Program Challenges or Service Gaps: Implications

- **Stable funding** to enable adequate staffing
- **Increasing complexity and intensity** of women's needs
- **Engaging hardest-to engage women:**
- **Balancing harm reduction** with safety and women's desire for no use on site
- **Length of service;** supporting women post-program
- **Service Gap: Housing for women and children**
- **Service Gap: Women's detox & treatment services**



## Lessons learned – Importance of:



- Taking time with the project's developmental phase; creating project 'identity'
- Bringing program partners together, early on and face-to-face, to build community and shared purpose
- Having frequent and regular communication and opportunities to provide input
- Providing adequate compensation to programs in recognition of staff's time
- Creating site-specific and synthesized/multi-site report/KT in formats that are flexible and can be used by programs

**For more information:**



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