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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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
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

Findings to date

Implications for policy & practice
Key Issues for Women at Intake

- Women accessing Level 3 FASD Prevention programs
- Unsafe and/or inadequate housing
- Intimate partner violence
- Experience of violence or trauma, including:
  - Systemic
  - Inter-generational trauma
  - Lateral violence
- Impacts of residential school and colonization
- Experience of foster care
- Substance use / substance-affected
- Mental Wellness
- Self-esteem / Self-confidence
- Lack of access to / disconnection from health and social care
- Poor physical health & dental health
- Maternal-Child separations
- Parenting challenges
- Isolation
- Transportation issues
- Poverty; underemployment
- Food insecurity

Co-Creating Evidence Theory of Change
(created summer 2017)
Women-centred — women set their own goals for service

Harm reduction — focus on minimizing harm and promoting safety

Trauma informed — appreciating that many women have experienced serious trauma

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

Inter-disciplinary; developmental lens — addressing women’s and children’s needs holistically

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

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

Co-creating Evidence Project Theory of Change (2017)

By employing these approaches...
Practical & material support aimed at addressing basic needs
e.g. transportation, clothes, infant supplies, income/employment, community resources

Prenatal & post-natal health services and/or helping women to access these services

Women’s health services /referrals

Substance use counselling, education, support & referrals

Housing-related

Cultural programming

Food- and nutrition-related

Parenting programming to support mother-child connection

Prenatal & post-natal health services

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

Advocacy, accompaniment, outreach re: child welfare /safety

Trauma-related education / support

Outreach, info and education with colleagues and systems

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

Women’s health services / referrals

Co-creating Evidence Project Theory of Change (2017)

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

...and by undertaking these activities:
...these outcomes will occur:

- **Safe Housing**: Basic needs support & connection to health, cultural and community resources
- **Reduced problematic substance use**
- **Improved nutrition**
- **Healthy pregnancy & baby/child**
- **Women keep/regain their children in their care**
- **Knowledge about parenting & child development**

**Mother – Child Connection**
(no matter where child is)

**Reduced partner violence**

**Increased Hope and Healing**

**Improved Wellness**

**Systemic Change**
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

Theory of Change and evaluation methods

✓ Findings to date

Implications for policy & practice
At a glance:
What services/activities do the programs provide?

- Child care on site
- Housing
- Basic needs support
- Mental health/trauma
- Pre-natal / post-natal
- Substance use counselling
- Outreach
- Child welfare support
- Cultural programming
- Food / nutrition
- Child welfare support
- Cultural programming
- Food / nutrition
- Child welfare support
- Cultural programming
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 to becoming involved with the program?”

- **Substance use**: (94)
  - Was using substances: (63)
  - New to recovery: (27)
  - Had quit prior to pregnancy: (4)
- **Housing**: Unsafe and/or inadequate housing: (65)
- **Violence**: trauma, intimate partner violence: (32)
- **Mental Wellness**: (26)
- **Limited social support/isolation**: (32)
- **Maternal-child separations &/or child welfare involvement**: (37)
Clients’ perspectives about their program (based on n=125 interviews)

“What do you like most about the program?”
5 top responses

- **Friendships & social supports**
  - Access to health care
  - Connects me to other programs
  - Cultural programming
  - Practical support

- **Multiple services in one place**
  - Having a one to one worker

- **Staff**
  - Feel safe & not judged

- **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

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

**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.**

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

**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.**

**Knowing other women have had similar experiences.**
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 came 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
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

Theory of Change and evaluation methods

Findings to date

✓ Implications for policy & practice
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
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