



This info sheet is one of 12 two-pagers that highlights key findings and promising practices from the **Co-Creating Evidence (CCE)** study.

Co-Creating Evidence was an evaluation of eight different Canadian programs serving women at risk of having an infant with prenatal exposure to alcohol or other substances.

Mother-child Connections, Child Welfare, and Wraparound Programs

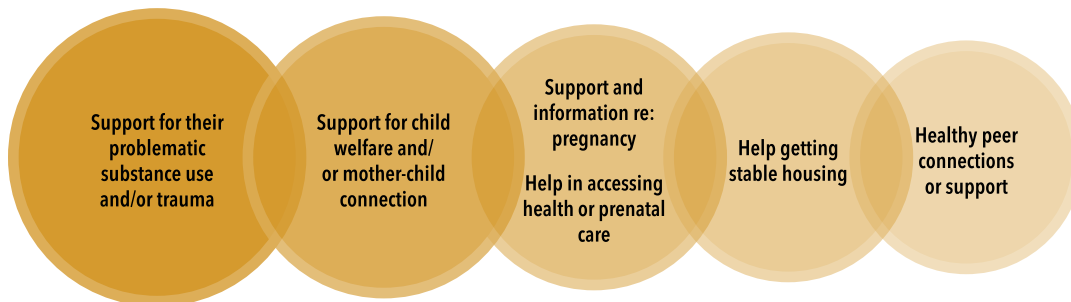
Women's prenatal substance use is often driven by physical or sexual abuse or other experiences of trauma, mental health concerns, poverty, precarious housing, and child welfare involvement.

Fear of child welfare authorities is a predominant reason why women may avoid accessing essential health or prenatal services. Still, for many women, pregnancy is a time of increased motivation to make significant life changes, particularly prompted by desire to keep their newborn in their care.

In the CCE study, 7 programs offered on-site child welfare-related information, support and/or advocacy by core staff or through partnerships with government child welfare authorities.

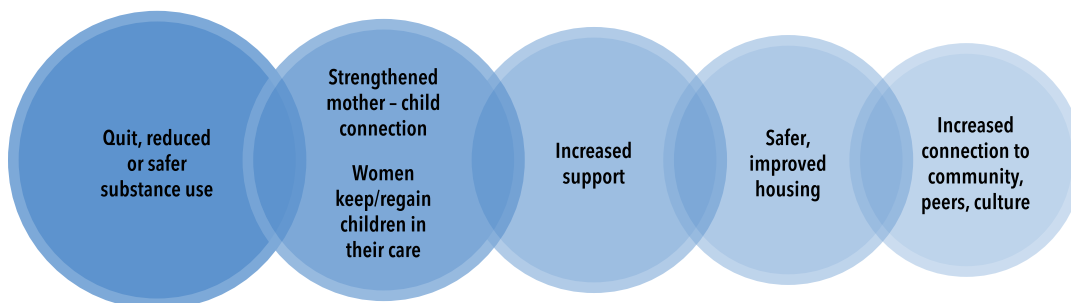
The study found that getting support with regard to child welfare was both a top reason why women became involved in their program, and that keeping custody of their child and/or having a stronger connection with their child were key outcomes of the programs for women.

What women hoped to get from participating in their program – Top themes



[I wanted] better housing, support to keep me away from drugs and alcohol, and help with nutrition. [I wanted] to keep my baby.

Women's 'Most Significant Change' since participating in their program – Top themes



If I hadn't been at this program, it would have been hard to stay sober, and my baby would have gone to live with my mom.



How wraparound programs help strengthen the mother-child connection



Staff advocate, speak to clients' strengths, and write letters on clients' behalf.

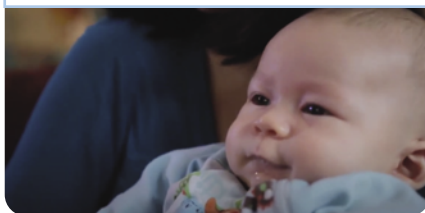
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"They empowered me to speak up for myself. And they advocated for me, speaking about the positive things I'm doing and my parenting."

Staff accompany clients to meetings with child protection workers and/or to court.

Child protection workers refer clients to the program and want them to attend.

Staff, child protection workers and clients make a Safety Plan together.



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"[Staff] have been at all meetings with me. Because of their presence, there were no hidden agendas in terms of what I had to do to get my children back."

Staff help to 'translate' child protection workers' concerns and expectations.

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"The program social worker told me what the [child protection worker] would expect. I have to show I am a productive mom."

Staff help clients access housing and other basic needs, which address concerns about child safety.

Staff help set up (supervised) visits at the program.

Staff support clients to meet with social workers during pregnancy/preventatively.

"My daughter can come to any visits here, even without a [child protection worker] coming."



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"The program social worker suggested contacting the [child protection worker] to let them know about my situation. I took her advice and things worked out superbly."

