

Reaching pregnant women who use substances and face other health and social challenges:

Findings from A National Evaluation of Multi-service Programs



**Co-Creating
Evidence**

National Evaluation of Multi-service
Programs Reaching Pregnant
Women at Risk



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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

Programs and client characteristics

What women say

What service providers and partners say

Implications for policy & practice

Facilitated discussion



The *Co-Creating Evidence* project is a first-of-its-kind-in-Canada national evaluation involving 8 different programs serving vulnerable pregnant/early parenting women with substance use issues



- To bring together several holistic multi-service 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 sites & locations

Program Partners/Sites

 **Victoria**
HerWay Home (2013)

 **Vancouver**
Sheway (1993)


 **Surrey**
Maxxine Wright (2005)

 **Edmonton**
H.E.R. Pregnancy
Program (2011)



 **Regina**
Raising Hope (2013)

 **Winnipeg**
Mothering Project
(2013)

 **Toronto**
Breaking the Cycle
(1995)

 **New Glasgow**
Kids First (1999)

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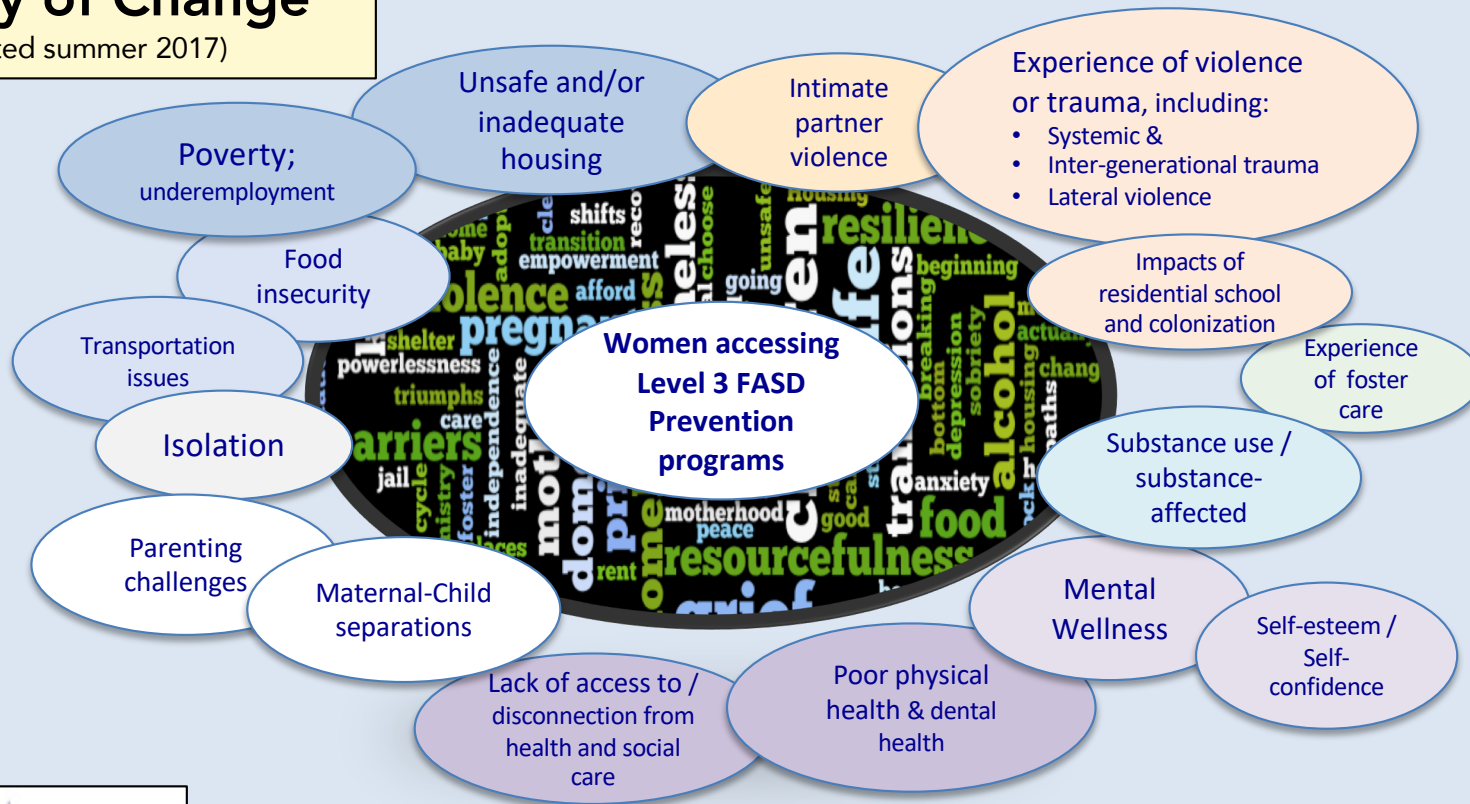
Facilitated discussion



Co-Creating Evidence Theory of Change

(created summer 2017)

Key Issues for Women at Intake



Co-creating Evidence Project Theory of Change (2017)

By employing these
approaches...

Women-centred

Relational

Harm reduction

**Kindness;
compassion**



Trauma informed

**Inter-disciplinary;
developmental lens**

Culturally grounded

**Theory of Change
(2017)**

...and by undertaking these activities:

**Advocacy, support
re: child welfare
/safety**

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

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

**Trauma-related
support**

**Cultural
programming**

**Basic needs
support**

**Food- and
nutrition- related**

**Housing-
related**

**Pre- & post-natal
health services**

**Women's
health services /
referrals**

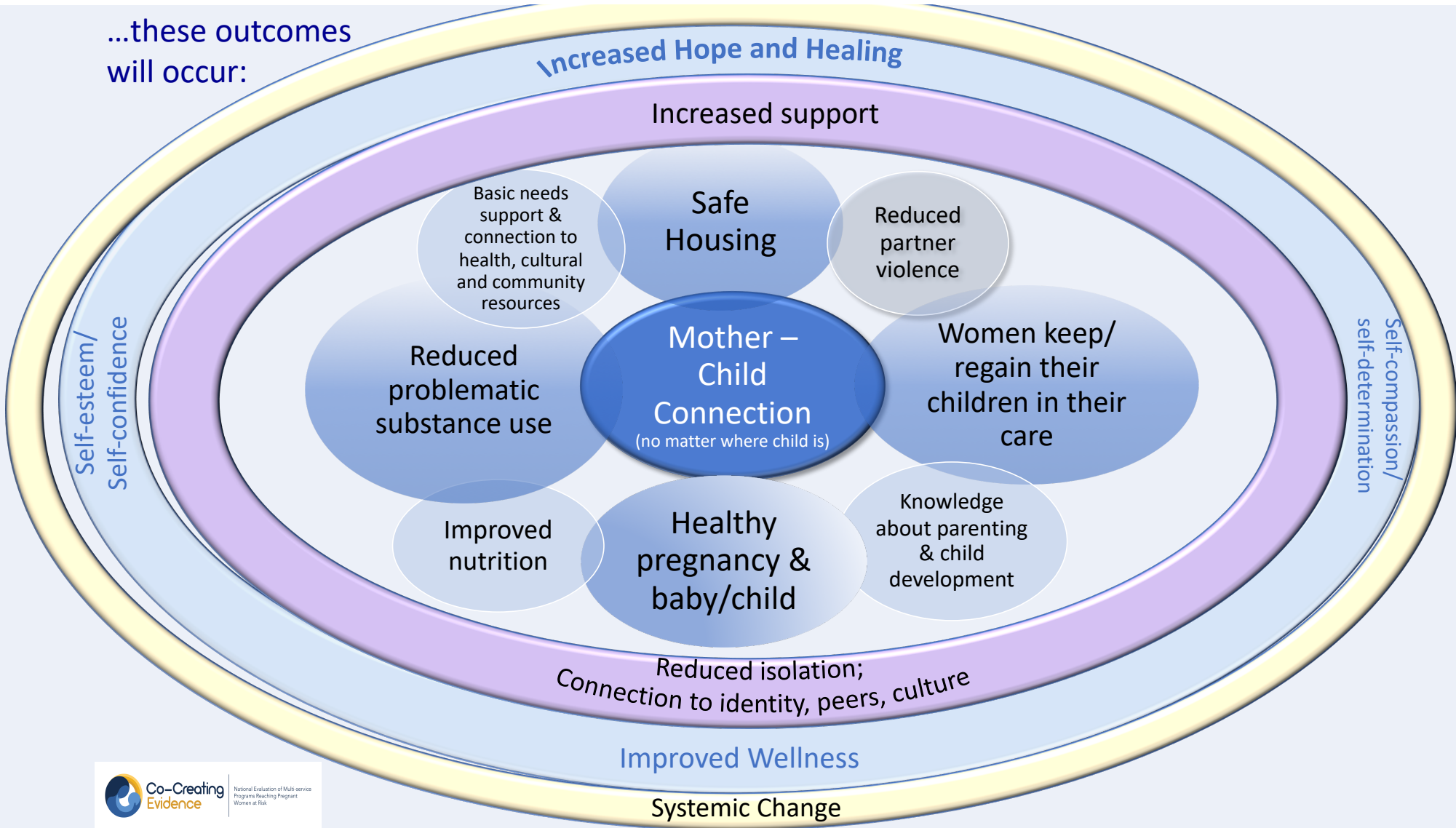
**Children's health
services /referrals
and/or assessments**

Outreach, info and education with colleagues and systems



National Evaluation of Maternal
Programs Reaching Pregnant
Women at Risk

...these outcomes will occur:





Co-Creating
Evidence

National Evaluation of Multi-service
Programs Reaching Pregnant
Women at Risk

Multi-site Time 1 data collection

Collected by project team (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

*Time 2 data are
currently being
collected*

*(September - December
2019)*

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What women say

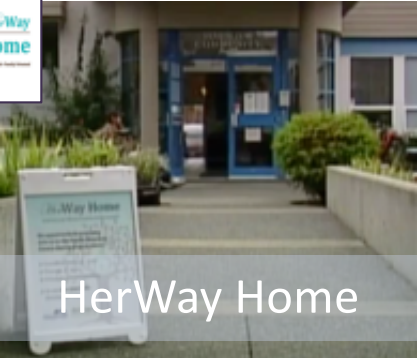
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Co-Creating Evidence Program Sites/Partners



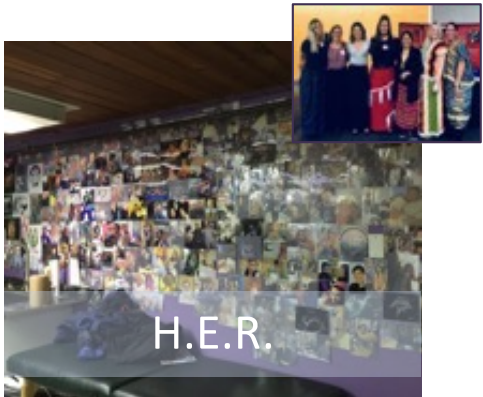
HerWay Home



Sheway



Maxx Wright



H.E.R.



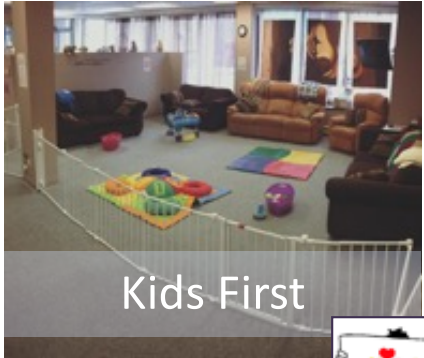
Raising Hope



Mothering Project













Breaking the Cycle



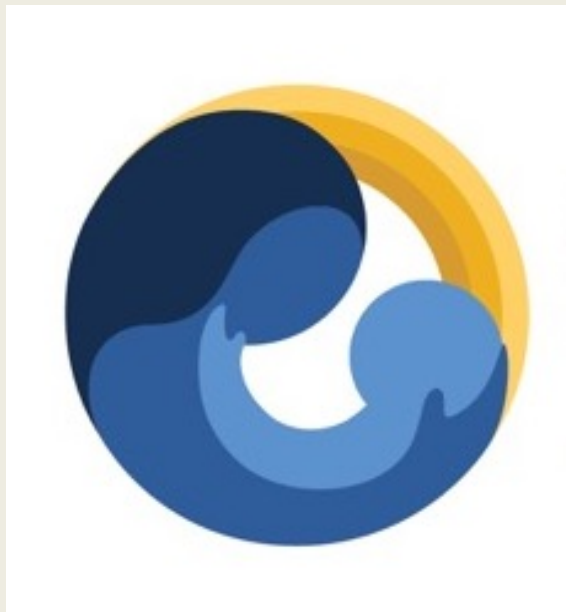
Kids First



Wraparound services offered by the CCE programs: How services are delivered through the core program and via partnerships

TYPE OF SERVICE / SUPPORT	# of programs offering service on-site by program staff or on-site/co-located by service partner	# of programs linking clients to service via referral to service partner	Total # of programs offering or facilitating access to the service
 FOOD / NUTRITION & BASIC NEEDS	8		8
 HOUSING	1 program to all clients; 2 programs to some clients	5	8
HEALTH / PRIMARY CARE			
 Women's health	6	2	8
Children's health	6	2	8
Child assessment /early intervention	3	4	7
 PRENATAL/POSTNATAL	7	1	8
 SUBSTANCE USE	7	1	8
 TRAUMA/VIOLENCE SUPPORT	8		8
 CULTURAL PROGRAMMING	5	1	6
 CHILD WELFARE / CUSTODY	5	2	7
 PARENTING	7	1	8
 DROP IN; PEER CONNECTION	8		8

Client Characteristics – All programs



Between April 2018 – March 2019:

- **937** women participated across the 8 programs
- **83%** were pregnant at intake
- **62%** had problematic substance use or were new to recovery at intake
- **61%** had unsafe or insecure housing at intake

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What women were seeking re: services & supports

Open-ended question: "What did you hope to get from participating in the program?"

#1

Wanted support re:
problematic substance
use / trauma

#2

Wanted support with
child welfare &
mother-child
connection

#6

Healthy peer
connections or
peer support



#3

Pregnant and
wanted support &
information

#5

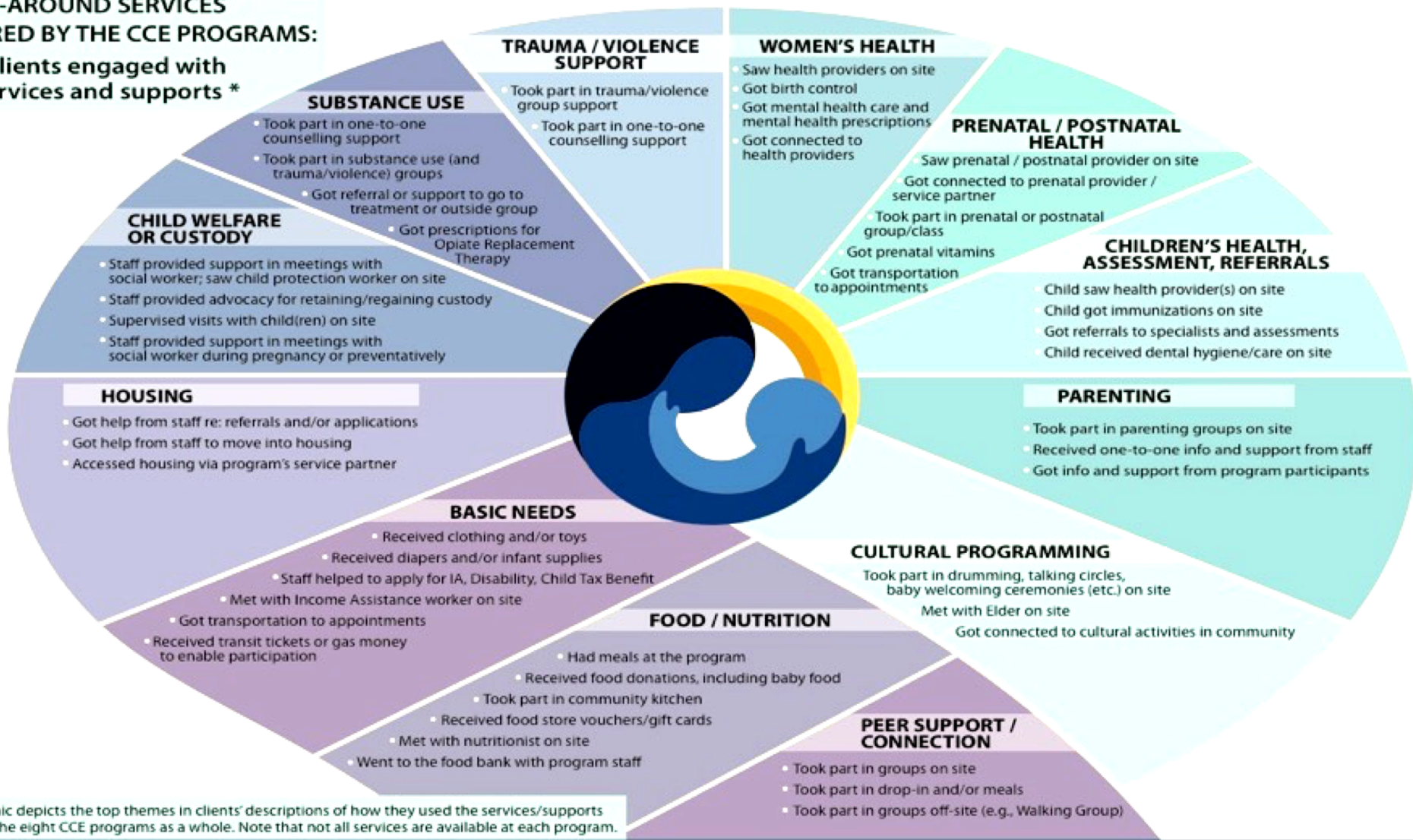
Help getting
connected to health
care or prenatal care

#4

Wanted help
with finding
stable housing

WRAP-AROUND SERVICES OFFERED BY THE CCE PROGRAMS:

How clients engaged with the services and supports *



* This graphic depicts the top themes in clients' descriptions of how they used the services/supports offered by the eight CCE programs as a whole. Note that not all services are available at each program.



Top themes reported by women re: Their reasons for seeking help & Their most significant change

Reasons for seeking help

Support for their problematic substance use and/or trauma
(n = 61)

Support with child welfare and/or mother-child connection
(n = 58)

Support & information re: pregnancy & parenting (n = 37)
Help accessing health care or prenatal care
(n = 29)

Help finding stable housing
(n = 32)

Healthy peer connections & peer support
(n = 23)

Most significant change

Quit or reduced substance use
(n = 51)

Strengthened mother-child connection
(n = 49)
Women keep/regain children in their care
(n = 43)

Increased support
(n = 34)

Safer housing
(n = 29)

Reduced isolation and connection to identity, peers, culture
(n = 19)

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

"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.*

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

- Staff –
 - Caring, compassionate, helpful
 - 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.

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

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.

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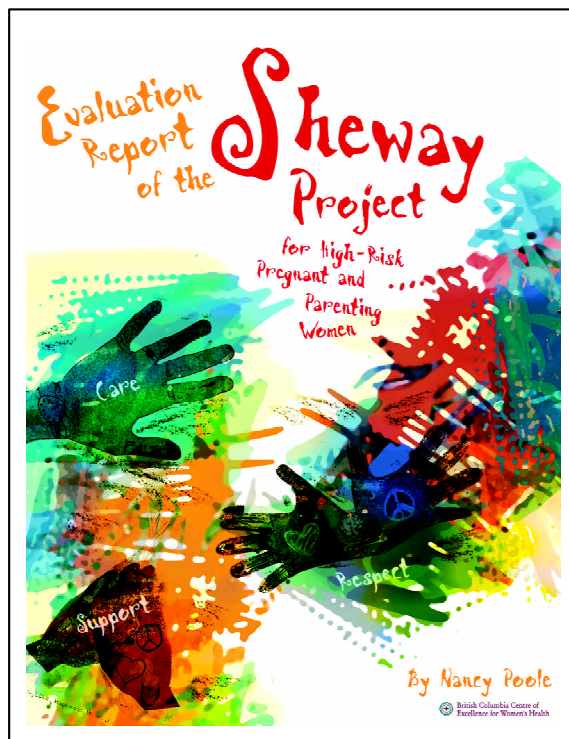
Implications for policy & practice

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The evolving understanding of the work of these programs by service providers and partners

Sheway is one of the programs involved in the Co-Creating Evidence project

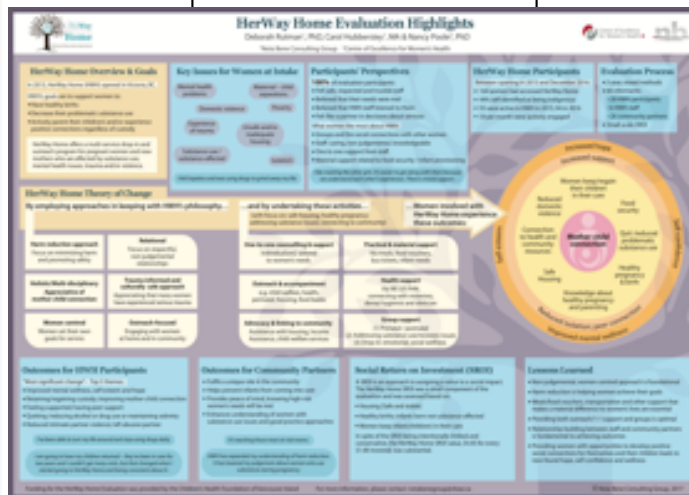
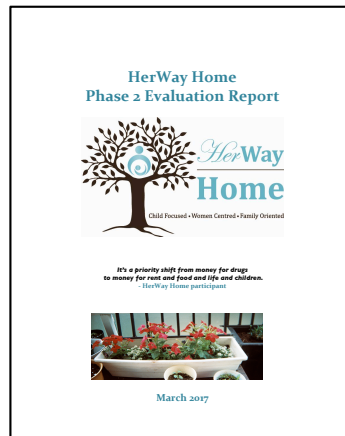


In the early evaluation with Sheway in the 1990s:

- Service providers were pioneers – they did not yet have the well-defined theory of change that CCE project programs have been able to articulate
- Other agencies' representatives interviewed were not necessarily well versed about Sheway's services

The evolving understanding of the work of these programs by service providers and partners

HerWay Home is one of the programs involved in the Co-Creating Evidence project



In the recent evaluation of HerWay Home:

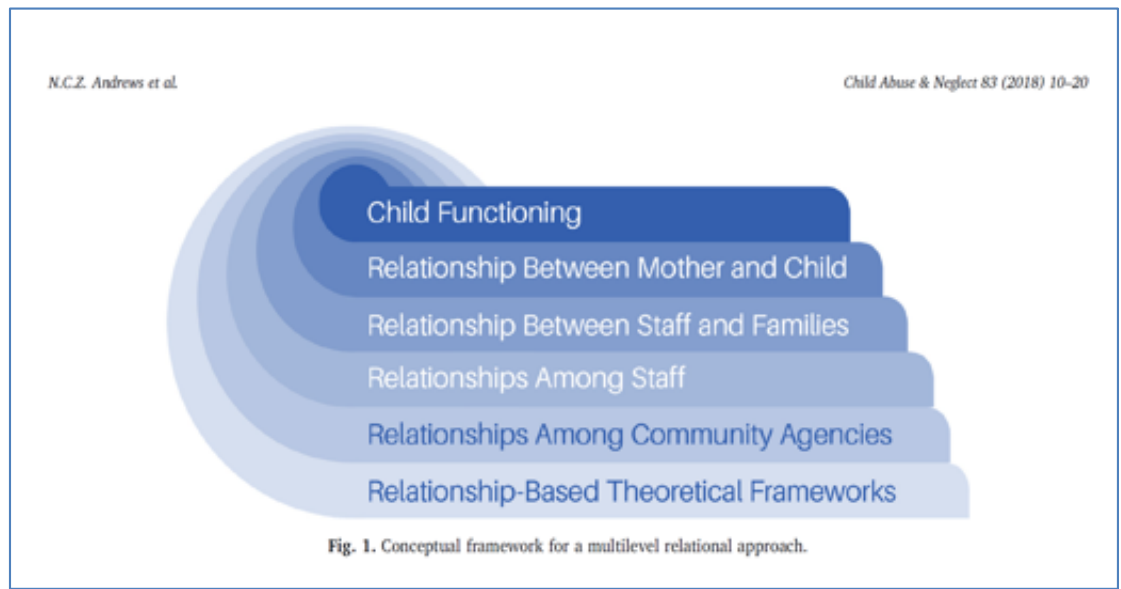
- Community partners believed that HerWay Home fulfills a unique role in the community
- HerWay Home helps to prevent infants from coming into care
- HerWay Home enhances understanding of women with substance use issues
- HerWay Home “has expanded my understanding of harm reduction”

The evolving understanding of the work of these programs by service providers and partners

Breaking the Cycle is one of the programs involved in the Co-Creating Evidence project



Breaking the Cycle has articulated a very sophisticated model about multiple relationships – not only between mothers and children and mothers and staff, but between staff and other agencies as well.





As noted previously, program staff, service partners and clients of the eight programs are being interviewed

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

- ❖ Interviews and questionnaires with clients (n = 125)
- ❖ Interviews/focus groups with program staff (n = 61)
- ❖ Interviews with service partners (n = 42)





Interim Findings

Staff & Partners: Key Strengths

The insights of the program staff and partners are key to understanding the programs' benefits and needed directions for improvements

- ❖ Program staff and their expertise
- ❖ Program model: program operates in keeping with its philosophy – e.g.
 - relational
 - trauma-informed
 - women/client-centred
 - harm reducing
 - holistic; wraparound
 - culturally informed
- ❖ Program's flexibility / outreach
- ❖ Strong relationships with partners
 - medical/health care providers on-site
 - child welfare worker on-site
- ❖ Opportunities for peer support
- ❖ Strong outcomes

No matter what, even if I didn't attend regularly, they never gave up on me. The staff were totally accepting of me – no shaming involved.

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✓ **Implications for practice and policy**

Facilitated discussion



Practice implications arising from program strengths – Continue to use, and build on, these key elements:

- **Well conceptualized, evidence-based theoretical foundation** that acknowledges women's experiences, perspectives, support needs
- **One stop/wrap-around model**
- **Program staff and their expertise**
- **Approaches used reflect the program philosophy**
- **Strong relationships with partners**
- **Sense of community/peer support**
- **Strong outcomes for women and their children**



Practice & policy implications arising from program strengths – Expand action in these areas:

- Provide stable funding to enable adequate staffing – and synchronize funding sources
- Continue to consider how to address the increasing complexity and intensity of women’s needs. For example, provide tailored interventions to engage hardest-to-engage women:
 - who are most street-entrenched and/or in active addictions;
 - have serious mental health issues;
 - have controlling partners;
 - are younger;
 - whose children have been removed
- Offer linked programming for women who need longer term support
- Balance harm reduction with safety and women’s desire for no use on site
- Provide additional programming for women with addictions and their children and link to enhanced women’s detox and treatment services
- Housing is a significant service gap for these women and children

Potential Directions for Research

- Long-term follow up of women and children who have accessed these programs
- Study of collaborative approaches between child welfare, substance use and perinatal services
- Study that helps to further identify how to :
 - Support women who have lost child(ren)
 - Engage hardest-to engage women
 - Integrate holistic harm reducing approaches
- Study of how brief intervention is being done by health practitioners and how/if referrals of pregnant women and new mothers are made to these perinatal programs



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What stands out for you about the work of these programs and the opportunities and challenges facing them?

What relationship do you have with local programs serving pregnant women and new mothers with substance use problems?

For more information:



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