

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

Multi-Service Programs for Pregnant and Parenting Women with Substance Use Concerns:

Women's Perspectives on Why They Seek Help and Their Significant Changes



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

Project goals:

- Bring together many of Canada's holistic FASD prevention programs to share promising approaches and practices;
- Evaluate the effectiveness of multiservice programs serving women with substance use and complex issues;
- Identify characteristics that make these programs successful.





Multi-site Data Collection

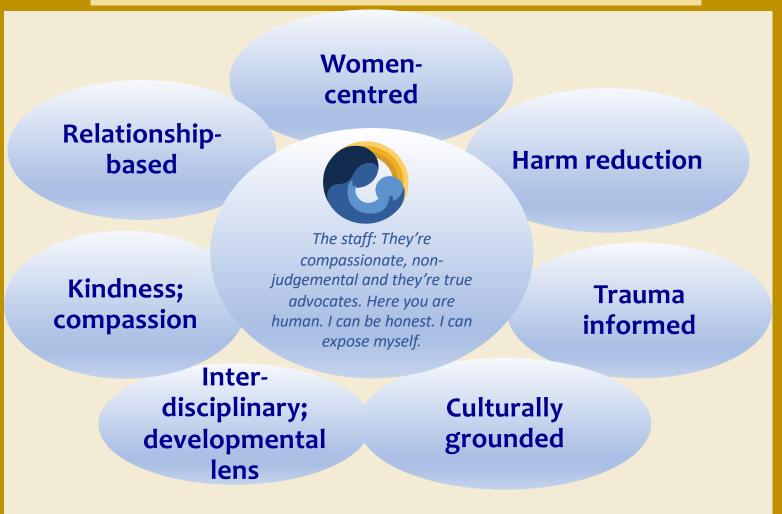
Collected by project team:

	Time 1 (April – July 2018)	Time 2 (Sept – Dec 2019)	Total
Client interviews & questionnaires	125	131	256
Staff interviews	61	47	108
Service partner interviews	42	18	60

Collected quarterly by program sites April 2018 – Sept 2019:

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

CCE Programs' Philosophical /Theoretical Approaches



WRAP-AROUND SERVICES OFFERED BY THE CCE PROGRAMS:

How clients engaged with the services and supports *

SUBSTANCE USE Took part in one-to-one counselling support Took part in substance use (and trauma/violence) groups

Got referral or support to go to

treatment or outside group

Got prescriptions for

CHILD WELFARE OR CUSTODY

Methadone and/or other therapies Staff provided support in meetings with social worker; saw child protection worker on site Staff provided advocacy for retaining/regaining custody Supervised visits with child(ren) on site Staff provided support in meetings with social worker during pregnancy or preventatively

HOUSING

Got help from staff re: referrals and/or applications Got help from staff to move into housing Accessed housing via program's service partner

BASIC NEEDS

TRAUMA / VIOLENCE

SUPPORT

group support

Took part in trauma/violence

Took part in one-to-one

counselling support

- Received clothing and/or toys Received diapers and/or infant supplies
- Staff helped to apply for IA, Disability, Child Tax Benefit.
- Met with Income Assistance worker on site
- Got transportation to appointments
- Received transit tickets or gas money to enable participation
 - - Took part in community kitchen
 - Received food store vouchers/gift cards
 - Met with nutritionist on site
 - Went to the food bank with program staff

* 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.

WOMEN'S HEALTH

Saw health providers on site Got birth control Got mental health care and mental health prescription PRENATAL / POSTNATAL Got connected to health providers Saw prenatal / postnatal provider on site

Got connected to prenatal provider / service partner Took part in prenatal or postnatal group/class

Got prenatal vitamins Got transportation. to appointments

Child got immunizations on site

- Got referrals to specialists and assessments

CHILDREN'S HEALTH,

ASSESSMENT, REFERRALS

Received one-to-one info and support from staff Got info and support from program participants

CULTURAL PROGRAMMING

Took part in drumming, talking circles, baby welcoming ceremonies (etc.) on site Met with Elder on site

Got connected to cultural activities in community

PEER SUPPORT / CONNECTION

Took part in groups on site

FOOD / NUTRITION

Had meals at the program Received food donations, including baby food

- Took part in drop-in and/or meals
- Took part in groups off-site (e.g., Walking Group)

Child saw health provider(s) on site

HEALTH

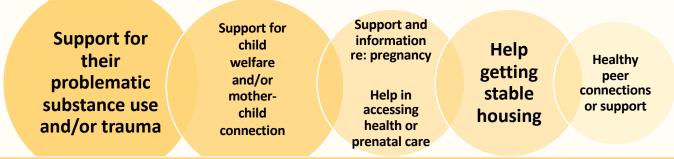
Child received dental hygiene/care on site

PARENTING

Took part in parenting groups on site



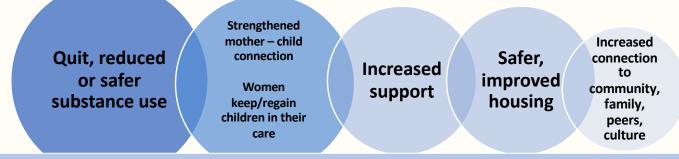
What women hoped to get from participating in their program – Top themes



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

I was looking for support and advocacy for my situation. I was needing a group for women like me who have been through years of trauma and abuse.

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



Getting my daughter back from care and having my baby come home from the hospital with me. Getting my kids back is the biggest thing. That showed me I'm done with my past lifestyle.

I got back into my culture. I'm teaching my daughter how to smudge and do drumming.

Programs' strengths

- Well conceptualized, evidence-based theoretical foundation
- Multiple services in one location/wrap around model
- Program staff and their expertise
- Strong relationships with partners
- Sense of community/peer support
- Strong outcomes for women and their children

Programs' challenges or Service gaps

- Stable funding to enable adequate staffing
- Increasing complexity and intensity of women's needs
- Balancing harm reduction with women's /children's safety
- Length of service; supporting women post-program
- Additional programming for women struggling with addictions
- Housing is a significant gap, as is programming for women who have had their infant/child(ren) removed

Preliminary Conclusions

- Substance use, mental health, trauma, violence, child welfare involvement and inadequate housing are co-occurring issues
- Attending to social determinants of health and use of nonjudgemental approaches are paramount
- Wrap-around services help women access a wide range of needed primary, perinatal and mental health and social care
- Child welfare support helps to prevent infant/child removals
- Cultural programming promotes women's (re)connection to traditional teachings and to holistic and land-based healing practices

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