



Co-Creating  
Evidence

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



### Project Leads:

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Programs Reaching Pregnant  
Women at Risk

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 multi-service programs serving women with substance use and complex issues;
- Identify characteristics that make these programs successful.



## 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)

## 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:

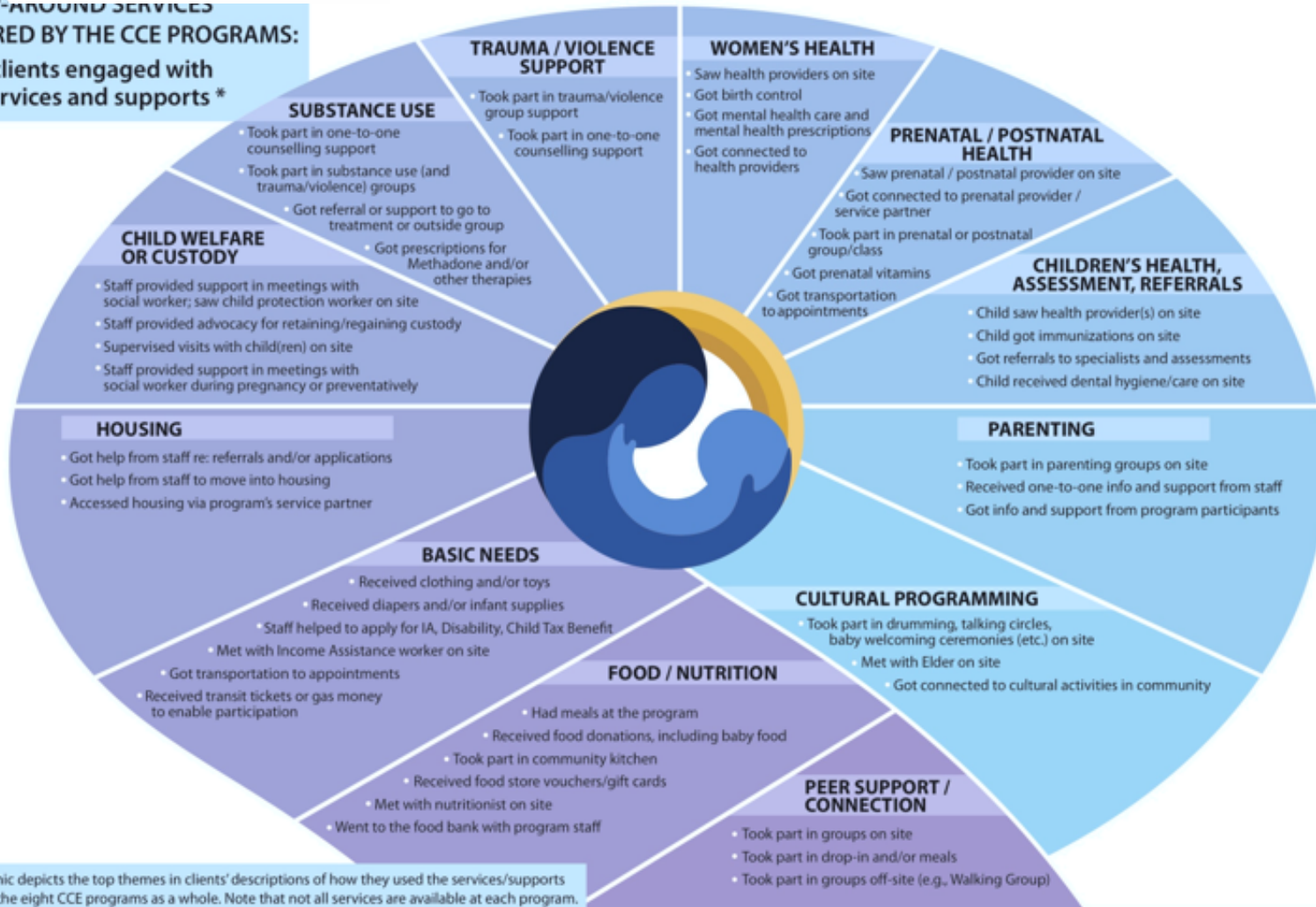
- ❖ Program/output data
- ❖ De-identified client intake & 'snapshot' data

## CCE Programs' Philosophical /Theoretical Approaches



**WRAP-AROUND SERVICES  
OFFERED BY THE CCE PROGRAMS:**

**How clients engaged with  
the services and supports \***



\* 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.



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

**Support for their problematic substance use and/or trauma**

**Support for child welfare and/or mother-child connection**

**Support and information re: pregnancy**  
**Help in accessing health or prenatal care**

**Help getting stable housing**

**Healthy peer connections or support**

*[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

**Quit, reduced or safer substance use**

**Strengthened mother – child connection**

**Women keep/regain children in their care**


**Increased support**

**Safer, improved housing**

**Increased connection to community, family, peers, culture**

*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 non-judgemental 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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