

# Executive Summary

## Co-Creating Evidence Evaluation Report

Stories and Outcomes of Wraparound Programs  
Reaching Pregnant and Parenting Women at Risk



Prepared by Nota Bene Consulting Group  
in partnership with the Centre of Excellence  
for Women's Health | 2021

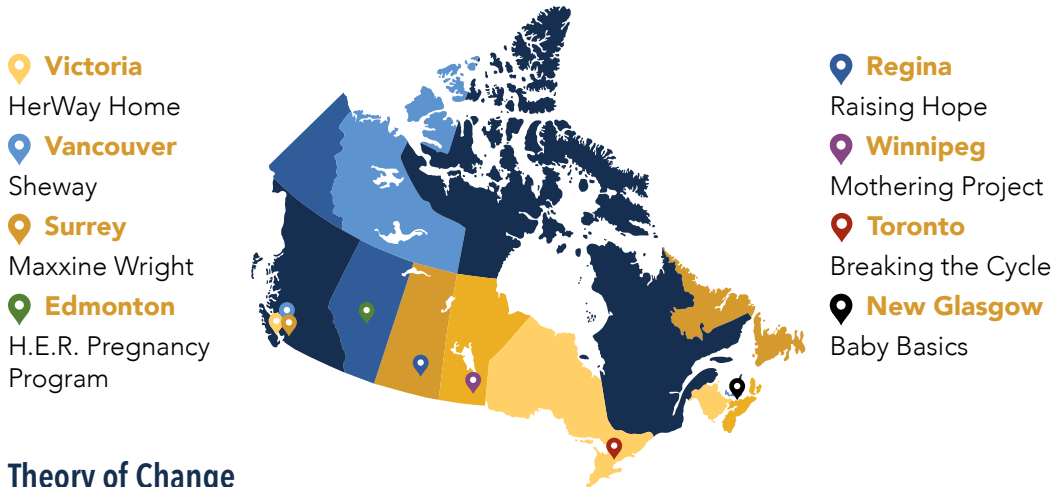


Co-Creating  
Evidence

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

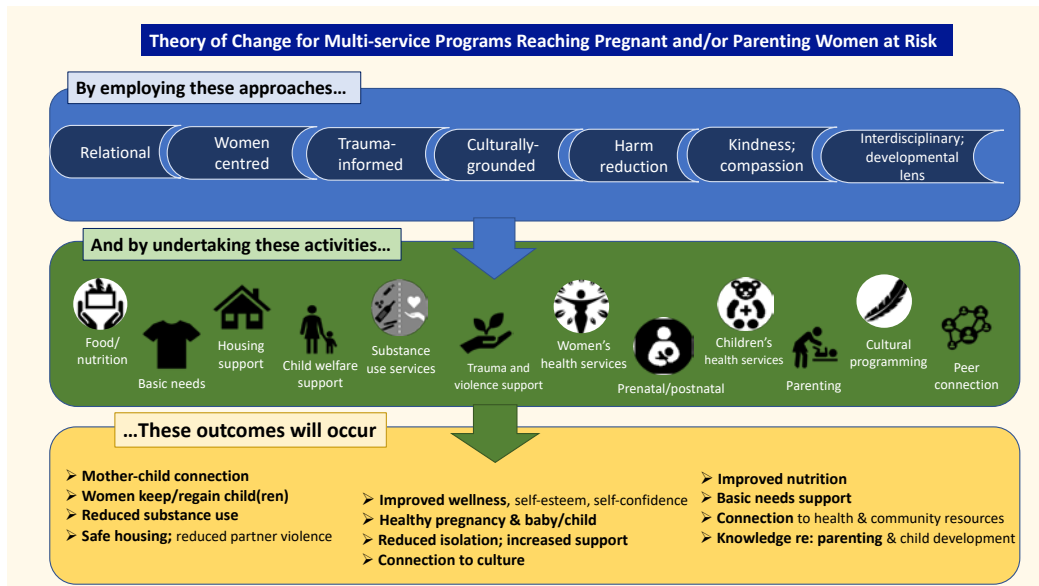
# Co-Creating Evidence Evaluation Report Executive Summary

The *Co-Creating Evidence* (CCE) project was a first-of-its-kind-in-Canada national evaluation involving eight multi-service programs serving women at high risk of having an infant who has been prenatally exposed to alcohol or other substances. The eight programs taking part in the study are all different, and all were developed in response to local influences and issues.



## Theory of Change

As part of the developmental phase of this project, the project team and the Program Leads of the eight participating sites collaboratively developed a Theory of Change to guide the rest of the evaluation activities. The Theory of Change shows the interconnections between the programs' activities, anticipated outcomes and longer-term impacts.



## Research Process

The project team visited each program twice, at least one year apart, to interview clients, staff, and service partners. The team conducted a total of 424 interviews: 256 with clients, 108 with program staff, and 60 with partners. The programs also submitted de-identified client and output data quarterly for 18 months.

## Story of the Programs

The eight programs were guided by a similar set of theoretical approaches, including being trauma-informed, relationship-based, women-centred, culturally-grounded, and harm-reducing.

A multi-dimensional model was developed that highlights the unique and common characteristics of the eight programs. Dimensions that were most often central to programs' models were:

- one-stop;
- outreach focus;
- peer mentoring focus; and
- cultural focus.

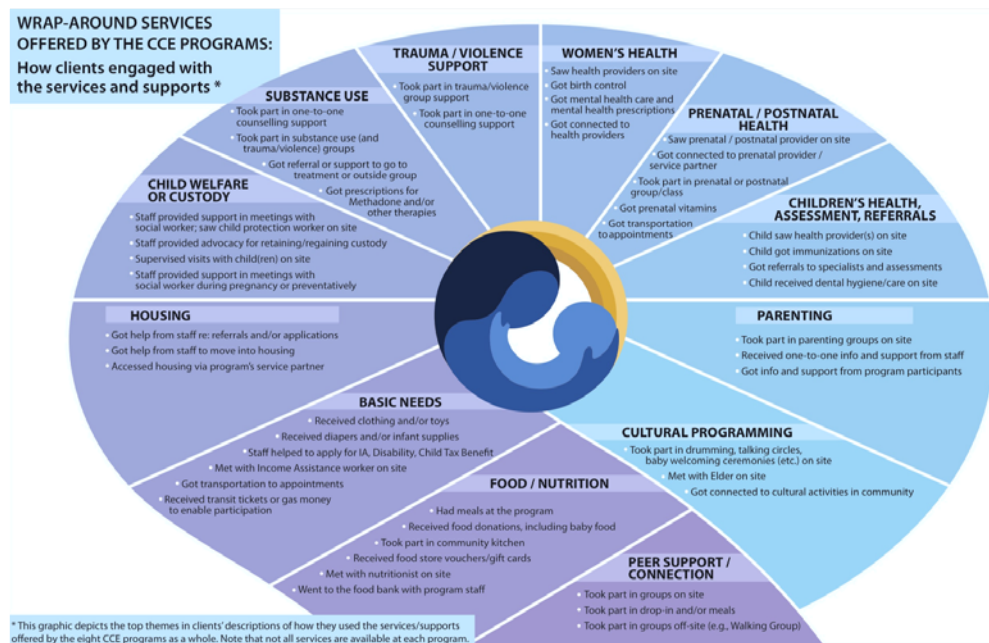
Less common dimensions of the models were: dual client focus (i.e., mother and child) and residential.

Formal and informal partnerships and partner relationships with other sectors and disciplines were key to the delivery of wraparound services. Programs' common partners included: child welfare services; prenatal and postnatal services; specialized health services; and addictions and mental health services. Equally as important, though less commonly occurring partnerships were with housing services; detox; Indigenous wellness services, infant development, income assistance, probation services, and legal services.

Key strengths of the programs included: their philosophical approaches; knowledgeable staff; one-stop/wraparound services that included medical and health services; strong partnerships with other service providers; flexibility and responsiveness to client needs.

## Story of Wraparound Services through an Indigenous Cultural Lens

There are parallels between the wraparound approaches employed by the programs in the Co-Creating Evidence study and the holistic health philosophies found in Indigenous societies. All programs in the CCE study have worked to forge connections and partnerships with Elders, knowledge keepers, and community-based, Indigenous-led programs and services so that they can incorporate culture as a part of women's healing and health. Cultural programming is both a healing and intervention resource.



## Story of the Clients and their Program Experience

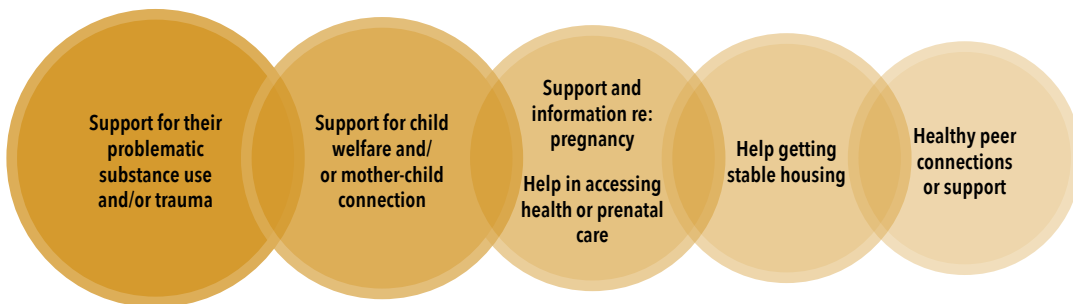
Between April 2018 and September 2019, 1004 clients participated in the eight programs; the majority (55%) were Indigenous, though that varied markedly across programs (from 1% to 93%). At the time of intake to their program, the majority of women were contending with a number of interconnected issues including problematic substance use, violence and trauma, unsafe or inadequate housing, health concerns and/or maternal-child separations.

Overwhelmingly, clients reported positive experiences at their program. They felt physically and emotionally safe, they trusted staff, they had lots of choice about services they received, and they believed that their needs had been met by their program. Clients also valued their program's non-judgemental, welcoming environment and family-like community.

## Key Findings: Outcomes and Evidence

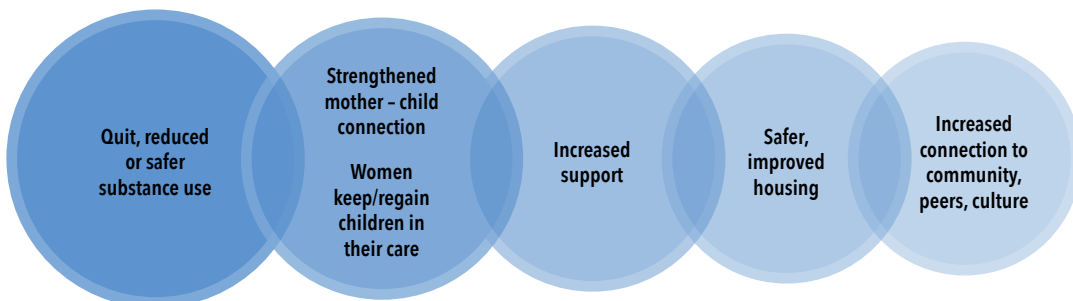
Clients' top reasons for participating in their program were to get help with substance use, child welfare, health care and/or housing. Paralleling this, from clients' perspectives, the most significant changes for them since becoming involved with their program were quitting or reducing their substance use, having a strong connection with their children and/or keeping their baby in their care.

### 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.*

Notable improvements in terms of clients' substance use and housing occurred over time; as well, a large percentage of clients kept their infants in their care. These findings were stronger amongst clients who were engaged with their program for a longer duration and/or more regularly, such that their situation could be tracked for more points in time.

Programs' staff – and the approaches staff employed, including being non-judgemental and fostering safety and trusting relationships – was identified as both the most important facet of the program and the driver of significant changes in women's lives.

The programs also had important outcomes for service partners, resulting in gains in knowledge and collaboration for care providers working in a variety of service areas and sectors.

## Discussion

The findings from the Co-Creating Evidence study demonstrated that the participating programs benefitted women and their families in significant ways. Clients reduced or quit their problematic substance use, improved their physical and mental health and access to health services, kept custody of their infant and/or had a stronger connection with their children, improved their housing, and had healthier pregnancies and birth outcomes. That clients identified reduced substance use or recovery as their most significant change is all the more noteworthy given that these are not programs with substance use treatment as the focal service.

The study demonstrated that pregnant and early parenting women experiencing problematic substance use and other complex issues benefit from programs that included the following:

- Wraparound services
- Knowledgeable and empathetic program staff
- Indigenous cultural (re)connection
- Opportunities for community/peer support

Further, the following elements are important characteristics that contributed to the programs' success:

- Well conceptualized, evidence-based approaches
- Strong partnership relationships
- Flexible, multi-dimensional models
- Keeping clients engaged over time

In summary, when the above elements are combined, they indicate that an ideal multi-service program for pregnant and parenting women with substance use and other concerns would be grounded in best practice approaches (e.g., trauma-informed, culturally safe, relationship-based, harm reduction, client-centred) and would offer a 'one-stop' or wraparound experience. Services offered would include a range of primary, prenatal, postnatal health, substance use, trauma, outreach, and child welfare services along with cultural programming and/or supports that address social determinants of health factors in a manner that reflects and respects local/regional influences. As well, it would be ideal for the program to have a connection to on-site housing, either as a core component or through a partnership with another organization. Lastly, ideally, clients would be able to participate in the program for 18 months or longer so that there is time for relationship-building with staff and peers and so that clients are able to fully realize their goals.

## Implications for practice, program development, policy and funding

### Implications for practice

- It is imperative that multi-service programs and their sponsors and partners continue to build on their work of offering wraparound care and employing their key approaches in response to local context.
- Listening closely to what women say they need and are ready for at the time of engagement, and how this readiness evolves as their connection to the program deepens, is paramount.
- Given the strong substance use recovery outcomes achieved by the women in this study, substance use service providers and managers are urged to prioritize partnering with wraparound programs.
- For programs offering group interventions, creating opportunities for peer leadership, co-learning and support is highly important.
- For programs designed to engage pregnant women and new mothers, using a relational approach is essential best practice. For child welfare workers, developing collaborative relationships with wraparound services that support the mother-child unit may be viewed as a top priority.
- Harm reduction is a best practice; however, finding the right balance between a harm reduction approach and women's and children's safety can be challenging. Making time for ongoing practice discussions regarding harm reduction is essential, including with child welfare partners.

### Implications for health system planners/leaders

- Strong linkages between maternal/child health and substance use services are crucial. Activating, supporting and enhancing these linkages must be a top priority for health systems planners.
- Ongoing learning opportunities, focusing on integrated, culturally grounded, trauma informed, relational practice, are important to practitioners in all fields and need to be actively supported.
- Applying a 'sex, gender, equity, inclusion' (SGBA+) analysis in all health planning needs to be implemented as standard practice.
- It is important that care models involving pregnant women and new mothers and their children be structured so that programming covers the period from birth to at least two years. This also means that linkages amongst pregnancy, early parenting and preschool services must be actively promoted.
- For women with substance use and other issues, housing is imperative. It is vitally important that all levels of government invest in making Housing First and supported housing a priority and a reality.

## Implications for government policy makers and funders

- Given the contribution of wraparound programs to a wide range of strategic goals held by governments, it behooves all levels of government to provide adequate funding for the development of wraparound programs in many more communities across Canada.
- This study demonstrated that wraparound programs contribute to making care accessible and that women's health needs are becoming increasingly complex. In view of this, policy makers and funders should make increased funding for additional trauma-informed services a high priority.
- The disconnect between the child welfare and substance use fields urgently needs to be addressed. Systems alignment should include non-judgemental, trauma-informed support for women to reduce or stop their substance use, to develop parenting capacity and commitment to preventing child removals by enhancing availability and access to parenting supports.
- The needs of pregnant and parenting women with addiction concerns are unique and cut across multiple systems of care. In view of this, governments are encouraged to commit to SGBA+ analyses and to gender equitable treatment, harm reduction, health promotion and prevention services in all substance use systems of care.
- Wraparound programs, especially those with a cultural focus, make an important contribution to addressing the health and child welfare-related Calls to Action identified by the Truth and Reconciliation Commission. Leaders wanting to act to combat racism and support the Calls to Action would do well to ensure both that wraparound programs are funded and that programs have the resources necessary to enable cultural connection positions to be put into place.
- Finally, stable funding for community-based, wraparound programs is a must. The programs involved in this study have worked to weave together funding so that a wide range of services "wraps around" women and children. Governments can do their part by creating holistic funding mechanisms that reduce the burden of securing and reporting on funding for services that work in holistic ways.





**Nota Bene Consulting Group**  
notabengroup@shaw.ca  
www.notabeneconsulting.ca



**Co-Creating  
Evidence**

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