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

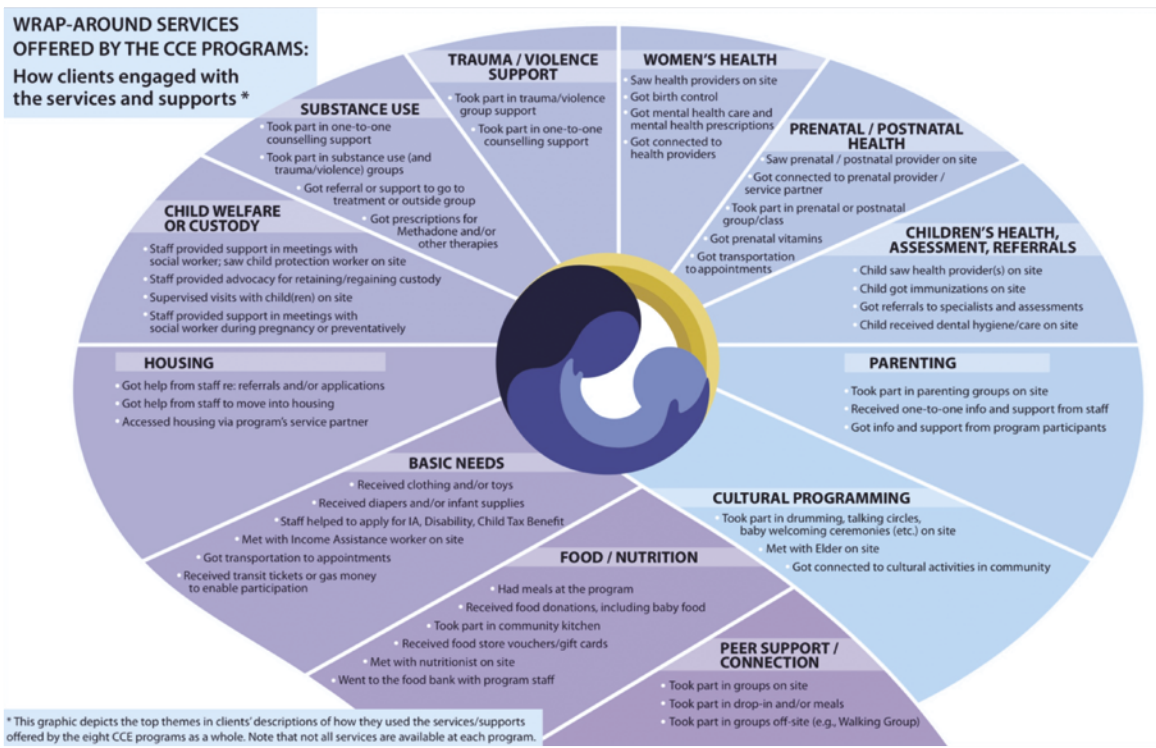
Co-Creating Evidence was an evaluation of eight different Canadian programs serving women at risk of having an infant with prenatal exposure to alcohol or other substances.

What is a Wraparound Program for Pregnant or Parenting Women?

The **Co-Creating Evidence** study found that programs' use of a **wraparound, one-stop model**, along with best practice approaches such as being trauma-informed, relationship-based, culturally-grounded, and harm-reducing were effective in helping clients to achieve important outcomes for themselves and their children.

So, what is a 'wraparound' program for pregnant or parenting women? The term "wraparound" has both practical and symbolic meanings.

In the practical sense, **wraparound means that multiple services are offered at one location**, so that instead of a client having to make trips to multiple services for various needs – such as primary and prenatal care, trauma and substance use recovery counselling, well baby checks, housing advocacy, parenting groups – they are offered from one location. The various services are in essence "wrapped around" clients in ways that support them in many aspects of life.



What is a 'wraparound' program for pregnant or parenting women?

Wraparound service providers do not expect that women will choose to access all the service options made available. Each woman will have differing needs for support and differing readiness to accept services. The wraparound approach can be instrumental in engaging women to access a range of services, often starting with developing trusting relationships with service providers and addressing material needs, which opens the possibility of accessing additional services.



In the symbolic sense, wraparound programs for pregnant or parenting women “wrap care” around the mother-child unit. This challenges how services for mothers have often been offered (and funded) separately from children’s services. For some wraparound programs, the linkage of services for mothers’ health with those for infant/child health is a core philosophy of service; these programs speak of having three clients: the mother, the child, and the mother-child unit. This philosophy is aligned with the important goal of early and ongoing mother-child attachment.



Wraparound programs also focus on clients' involvement in their service planning. Given that many women have experienced powerlessness in the face of violence and other coercive life situations, choice in personal planning is key to the empowering approach used by wraparound programs.



Lastly, another important aspect of wraparound programs are partnerships with other organizations that serve pregnant and parenting women and/or that play a crucial role in their lives and can contribute to their well-being, i.e., child welfare, primary health care, mental health, and specialized services. Partnerships with other services employing trauma-informed, harm reducing, and culturally safe approaches can help round out the net of support available to women, their children, partners, and others in their support networks.

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Creating Wraparound Programs: Partnerships are Essential

Wraparound programs rely on partner relationships between and within health and social service sectors. Formal agreements help define roles and limits of confidentiality and facilitate information sharing. Informal partnerships are guided by shared goals, clientele, and purpose.

The connection between child welfare, primary health care, and substance use services is a unique feature of the programs in the CCE study.

6 programs provide a **one-stop, wraparound experience** for clients, i.e., multiple services that are in one location.

5 programs had primary care services and/or housing **co-located** with the program.

At **7** programs, **integration of staff from other organizations** (e.g., child protection, income assistance, infant development, Indigenous Elders) helped to promote a one-stop experience.

Addressing fragmentation of services within health care as well as between health and social services was a goal for the programs.

Common partners



Child welfare/child protection services



Prenatal/postnatal health care services, e.g. public health, midwifery, primary care physicians



Specialized health services – e.g. maternal fetal medicine; pregnancy and substance use; Opioid Agonist Therapy



Addictions and mental health services

Less common partners



Housing related services



Detox



Health services related to Indigenous health



Infant development/child health



Income assistance



Legal services



Probation services



Wraparound programs and partnerships in practice



Co-location of health and social care helps improve clients' access to services.

"Being team-based is really important. We share our expertise across disciplines. I can hook the women up with the right person on the team, such as the A&D counsellor, and I can do it a lot more easily than if that person were located somewhere else."

Regular case conferences and joint planning sessions help mitigate problems and build relationships.

"By meeting, we build relationships with the team and can solve problems before they happen."



Formal partnership agreements can support service delivery by spelling out information and resource sharing, roles, and limits to confidentiality.

Sitting on inter-agency or advisory committees is a way to exchange knowledge and build trust.



"With the Collaborative Planning Committee, we do a really good job of collaboration, especially given that we differ in our roles."

Informal connections help round out services.

"Our agency runs a group for women at the program. I facilitate it and they pay for transportation vouchers, childcare, and snacks. It's a win for both of us."

Partnering with a local Indigenous organization to be part of case planning and/or to provide staff, knowledge or services helps promote cultural safety and connections.



"We have a Memorandum of Understanding to provide an Elder who goes to the program weekly to hold a Circle talk and also sit with people, one to one."



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Wraparound Programs through an Indigenous Cultural Lens

Integrating Indigenous cultural activities and ceremony within wraparound services is both a healing and intervention resource for women and a healing resource for frontline workers.

In the CCE study, the majority of clients (55%) in the study's 8 programs identified their cultural background as Indigenous, though this varied from 94% at the Indigenous-focused program in downtown Winnipeg to 1% at the program in rural Nova Scotia.

4 programs have Indigenous cultural programming as a central feature including craft activities, traditional parenting, ceremonial activities and the presence of Elders. Cultural safety is braided together with approaches of trauma-informed, client-centred, and harm reduction in supporting Indigenous women coming to these multi-service programs.

Cultural programming and culturally safe care helped women make positive changes by reinforcing and affirming a sense of identity and as a resource for healing past and present experiences of traumas.

The programs are an act of reconciliation where all clients and staff experience the healing resources offered through Indigenous cultural approaches to well-being and programming.



Cultural programming and cultural safety in practice

Baby welcoming ceremonies, sweats, healing circles, time with Elders, traditional foods, crafts, ribbon skirt-making, drum-making, art, songs, and drumming create good feelings and connect Indigenous women to their identity and sense of self-worth.



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"When I started here, I started singing again. ... This program helped me get back into my culture again. And that's been important."

”

"Once a year, we bring all the babies together and hold a baby welcoming ceremony."

The cultural and spiritual approaches focus on building a safe space where, in the words of staff, "women can be loved until they can love themselves".



”

"Spirit is an approach. Sacredness influences the way we talk here. Give the message 'you are sacred'. It is a key piece to healing."



”

"We serve foods such as bannock and soup, salmon and rice, during our hot lunch program."



Traditional protocols to ceremony are merging with a harm reduction, low barrier approach in which women are welcome even though they may be using substances.

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"The presence of the Elders and their ceremonies helped our staff cope with grief and loss from the opioid crisis we are experiencing."



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Wraparound Programs and Trauma-informed Practice

Being trauma-informed means that services integrate an understanding of women's past and current experiences of violence and trauma into all aspects of service delivery.

In recognition of the high rates of trauma in women who have substance use problems, the goal of trauma-informed services is to avoid re-traumatizing survivors and to support safety, choice, and control in order to promote recovery and healing.

In the CCE study, all 8 programs were guided by a number of theoretical approaches, including being trauma-informed, relationship-based, culturally-grounded, and harm-reducing.

At all programs, women disclosed that they had experienced some form of violence, abuse and/or trauma, either historically or recently. Help for problematic substance use and/or trauma was the top theme of what clients hoped to get from participating in their program.

Experiencing a trauma-informed service approach

In the study, the overwhelming majority of the 226 clients who completed the Client Questionnaire reported that they felt safe, that they trusted staff, and that their needs had been met by their program. These are all dimensions of trauma-informed practice.

Safety

- 96%** feel physically safe at their program.
- 91%** feel emotionally safe at their program.
- 91%** feel safe talking with staff about substance use, violence or trauma.

Respectful, Strengths-based

- 96%** believe staff recognize they have strengths as well as challenges.
- 94%** believe staff are sensitive when asking about difficult experiences.
- 94%** believe that the team really listens to what they have to say.

Trustworthy

- 96%** trust the people who work at their program.
- 90%** trust that staff will do what they say they'll do.

Choice & Client-directed

- 92%** believe that their program offers lots of choice about services.
- 91%** feel like they are a partner in deciding what services to receive and that staff listen to what they want to accomplish.



Principles of trauma-informed practice

Trauma Awareness

Trauma awareness is the foundation for trauma-informed practice. Being 'trauma aware' means understanding the high prevalence of trauma in society, the wide range of responses and adaptations that people make to cope with trauma, and how this may relate to clients (e.g., difficulty building relationships, anxiety, feeling like a 'bad' person).

- **Shifting from blame – “what’s wrong with you?” to understanding – “what happened to you?”**
- Many of the programs had training for staff in trauma-informed approaches, and several programs published resources or delivered training on trauma-informed care.

Safety and Trustworthiness

Physical, emotional, spiritual, and cultural safety are important to trauma-informed practice. Safety is a necessary first step for building strong and trustworthy relationships and service engagement and healing. Developing safety requires an awareness of vicarious trauma, and self-care for all staff.

- **Safety and trustworthiness were built in the programs through being non-judgemental,** encouraging disclosure of substance use and discussion of harm reduction/recovery goals without fear of being reported, showing compassion, and providing opportunities for mothers and children to have visits when children had been removed.

Choice, Collaboration and Connection

Trauma-informed services encourage opportunities for working collaboratively.

- Relationships (connection) are seen as the foundation through which change is made.
- **In these programs, clients can choose services for which they are ready,** and staff guide women in understanding these choices and having the confidence to act.

Strengths-based and Skill Building

A strengths-based approach to service delivery recognizes the abilities of trauma survivors. Promoting coping skills can help people manage triggers related to past experiences of trauma and support healing and self-advocacy.

- Some programs offered groups focusing on trauma recovery and healing.
- **The programs provided opportunities for clients to build skills** in grounding, drumming, smudging, walking and other methods of self-calming and centering.



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Food Security/Nutrition and Basic Needs Support through **Wraparound Programs**

Substance use during pregnancy often overlaps with other issues including abuse (historical and current), child welfare concerns, and other social, health and mental health issues. Day-to-day, this can include deep poverty, precarious living conditions and food insecurity.

In the CCE study, all 8 programs offered some level of basic needs support for their clients.

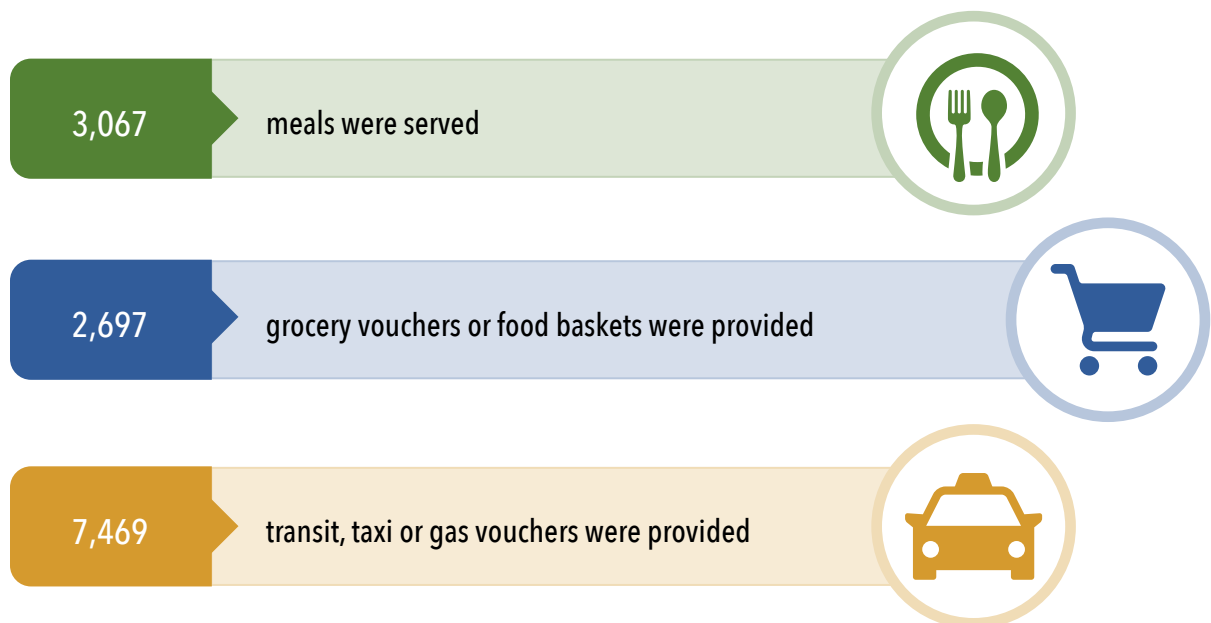
Some programs provided a hot meal daily, while others did so only during regular programming. In terms of transportation, several programs provided transit tokens and/or routinely drove and accompanied women to appointments and services in the community; another program provided taxi vouchers for their clients.

At all programs, basic needs items such as diapers, clothing, toys, books, personal care items, and furniture were made available.

Basic needs support can include access to food vouchers, meals, transportation, clothing, personal care items, baby supplies, children's toys and clothing, and furniture.

Helping clients deal with their immediate needs and issues is considered best practice.

Between April 2018 and September 2019:



Food security and basic needs support in practice

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"I use the Donation Room for clothing, books, toys, household stuff and diapers."

"I haven't bought any diapers since my baby was newborn."



Example: Food / Nutrition

- Hot lunch daily or at weekly group
- Community Kitchen focusing on food safety, nutrition and cooking skills
- Weekly snack bags, fruit bags, eggs, cheese and milk for families with children under age 2

Example: Basic Needs

- Infant supplies; diapers
- Clothing and personal hygiene donations
- Condoms; pregnancy kits
- Financial aid worker comes on-site weekly or is assigned to program

”

"I have lunch here. I get the Second Harvest food donations. Plus, when I go to groups, they give out grocery store coupons."



Example: Food / Nutrition

- Always have food available for clients who walk in
- Prenatal vitamins
- Community nutritionist

Example: Transportation

- Transportation to appointments
- Accompaniment to food bank and education about nutrition



”

"And they gave me a gift card so I could buy a bathing suit so I could go swimming with my daughter."

Example: Food / Nutrition

- \$10 gift card for groceries, or milk coupon
- Farmers' markets coupons
- Food recovery program supplies meals for the weekly drop-in group

”

"It helps to learn new recipes and to try new foods. It helps to know what the kids like too, because they also eat the breakfast."



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Outreach and Wraparound Programs

Outreach services fulfill an important function, working with women where they are no matter their circumstances or living situation.

Outreach adds flexibility and accessibility to programs by supporting clients in the community who are not yet ready to start services as well as those who are already connected to the program but who need or want support at home or in the community.

Outreach is considered best practice and part of the wraparound model.¹



5 programs in the Co-Creating Evidence study have outreach workers who meet with women in order to provide support, advocacy, information, connection, transportation and accompaniment to appointments.

In some of the programs, Outreach Workers have had similar lived experiences as clients; they help to build trusting relationships, promote peer mentoring, instill hope, and demonstrate that recovery is possible.



¹Marcellus, L., Nathoo, T., & Poole, N. (2016), *Harm Reduction and Pregnancy: Best and Promising practices for Supporting Pregnant Women and New Mothers Who Use Substances*. http://www.perinatalservicesbc.ca/Documents/Education/Conference/2016/Presentations2/D4iii_Marcellus.pdf.



Outreach in practice



Outreach connects women to the program and to their appointments in the community, so that they access the health and social care services they need.

"The Pregnancy Outreach Worker helps women with a variety of issues – medical, intimate partner violence, mental health, substance use, child welfare, income-related, housing – throughout their pregnancy."

Outreach helps women who aren't yet ready to attend the program to not fall through the cracks.



"The Outreach Workers' focus is to keep in touch with clients, drive them to appointments, meet informally over coffee to build relationships and to ensure that they are getting the help they need."

Outreach Workers provide ongoing support on issues that are important to women.

Outreach Workers provide advocacy, ensure that clients are treated with respect, and help them to find their voice.



"The Outreach Worker always advocates for women to have five days and nights at the hospital post-partum, and for the women to be treated respectfully."

Outreach Workers can be the face of the program.



"The partnership has been driven by our Pregnancy Outreach program; the hospital is starting a clinic for pregnant women with problematic substance use."



Outreach Workers can facilitate new connections between the program and other programs or specialized services that ultimately result in more service options for clients.



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Peer Mentoring and Wraparound Programs

In the CCE study, 4 programs had peer mentoring as central to their model.

However, to varying degrees, peer mentoring and support were key aspects of all eight programs participating in the study.

At intake, many clients said they had limited social support and felt isolated. **Women said they wanted opportunities for healthier peer connections**, to have the support of other women who understood what they were going through, and to find their community and/or culture.

"I was needing a group for women like me who have been through years of trauma and abuse."

"Knowing that there are people who care about you, that there's a community. That helps me to make positive choices. It makes me want to do better."

The programs created space for peer support to emerge naturally through meals, meeting other clients during drop-in and/or through facilitated sessions such as parenting groups, recovery groups, crafts or cultural activities. At some programs, Outreach Workers had similar lived experiences as participants, which helped staff build trusting relationships, instill hope and demonstrate that recovery is possible.

Peer mentoring can also happen amongst staff and program partners, particularly as trauma-informed and culturally-grounded approaches are brought to life in day-to-day practice. It is the knowledge and experience of staff mentoring staff that can create a systems-wide shift in practice and policy.



Peer mentoring in practice

Programs offer facilitated groups, which can provide women with a safe space to meet, learn, share stories and help each other.

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"It is good to see the moms contributing to the talk and sharing their knowledge."



”

"You think you're going through things alone, but women remind you that you are not alone."

"There's a sense of community; the community is really good."

Programs employ staff with lived experience.



”

"Because I am experiential, I give women hope that they can do what they need to in order to reduce harm in their lifestyle or to parent."



”

"I get a lot of support from the other moms. We get together for dinners or go to the park or go swimming together."

Programs provide opportunities for clients to connect with each other, learn about resources, or try out volunteering or other activities in the community.

The Cultural Liaison helps women (re)connect with each other and their culture by helping them take part in cultural activities such as Round Dances, sweats, drumming, or crafts.

”

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



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Improving Housing through Wraparound Programs

Many women who use substances have precarious housing. Safe housing provides women with a foundation for making changes to their substance use and health and can be key in ensuring that they are able to care for their child(ren).

In the CCE study, 3 programs offered on-site housing for some or all clients either as a core element of the program or as a result of partnerships with other organizations. At all eight programs, staff helped in accessing improved housing as a component of the wraparound services.

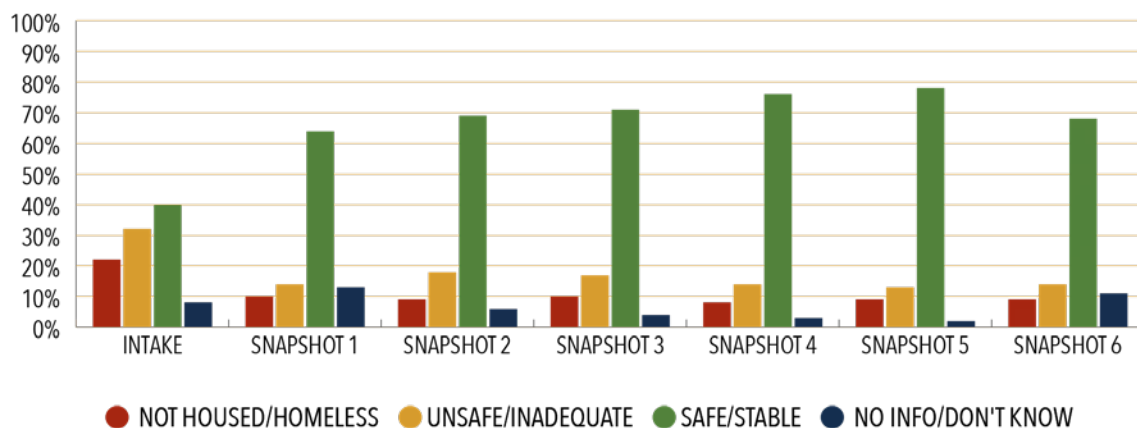
The study found that accessing safe housing was both a top reason why women became involved in their program and a significant positive change for them since participating in it.

The study also found that accessing safe housing nearly always occurred with other pivotal life changes for women, such as ending substance use or keeping their child in their care.

- For the **1004** women participating in the 8 programs, **58%** had unsafe housing at intake.
- **Through involvement with their program, women made positive changes in their housing.**

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

Clients' housing over time, based on clients with 4 data 'snapshots' (n=321)



How wraparound programs help women improve their housing

Staff help clients with applications and/or referrals.

"Staff helped me complete the paperwork to apply for affordable housing. They even did a mock interview with me, so I was well prepared."



Staff provide clients with transportation to view housing.

"The Outreach Worker drove me to housing appointments – we went together to the housing unit that I got into."

Programs may be residential and also offer wraparound health and social services.



"I got housing at [the program]. The suite was fully furnished and supplied."

Programs partner with a housing-based organization that offers on-site or community-based housing.

Staff advocate for clients to access safe, affordable housing, making calls and writing letters.

"The [program] staff got me into housing with support letters."



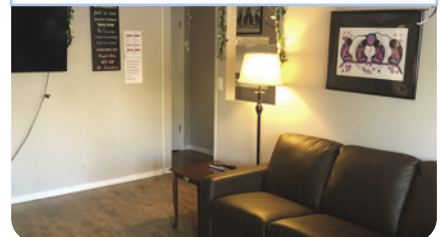
Staff support clients to make the decision to leave unsafe housing, given partner violence.

"I ended the relationship. I gained confidence to leave him."

Programs partner with a housing-based organization to offer rent subsidies.

"[Staff] helped me apply for rent supplements for six months until I could get into second stage housing."

Programs help clients get set up with furnishings and household items.



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Reducing Substance Use through Wraparound Programs

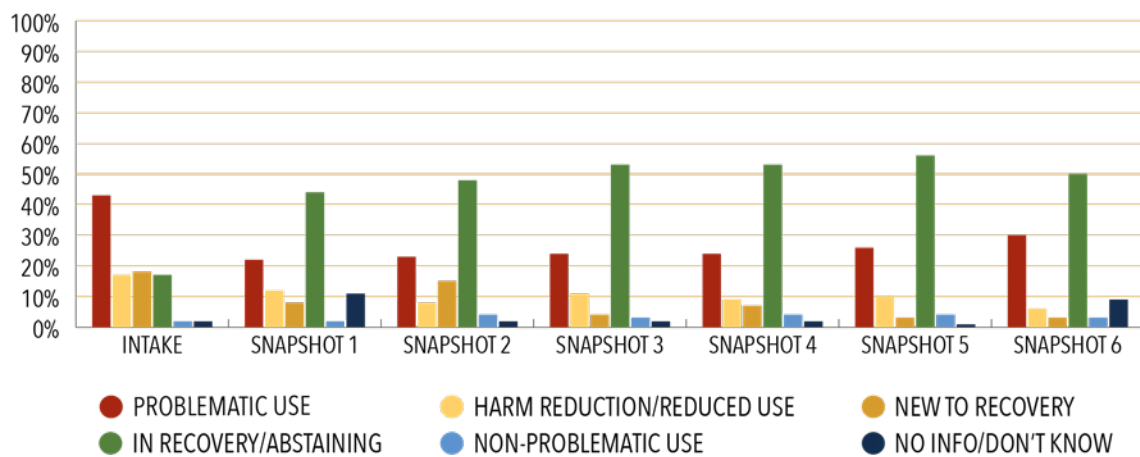
Pregnancy can be an opportunity to support women in making positive changes to their substance use and overall health.

The eight programs in the CCE study were guided by a number of theoretical approaches, including being **trauma-informed**, **relationship-based**, **culturally-grounded**, and **harm-reducing**.

The study found that programs' use of these key approaches and a wraparound, one-stop model were effective in supporting women to achieve key outcomes, including reduced substance use.

- For the **1004** women participating in the eight programs, at intake **64%** had problematic substance use or were new to recovery.
- Through involvement with their program, more women were in recovery and fewer had problematic substance use.
- The biggest changes were between intake and the first data collection "snapshot", showing that change can occur when women receive the services and supports that address their needs.

Clients' substance use over time, based on clients with 4 data 'snapshots' (n=321)



How wraparound programs help women reduce their substance use

Programs offer one-to-one counselling support on-site.

"I do counselling with [staff]. We're building that trust, so that we can dig deeper about other issues. It's hard for me to open up."

Programs offer substance use (and trauma) groups on-site.



”

"I just signed up for the Relapse Prevention group. I feel grateful."

Staff help clients keep custody of their child(ren), which motivates them to not use substances.



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"My entire life has changed. I don't go to my old places anymore. I have worked hard to keep my daughter, so I also stopped using drugs."

Staff help clients access substance use services in the community.

"The doctor is helping me with the application to the Family Treatment program."

Programs' on-site health providers prescribe Opiate Agonist Therapy.

"[The program] helped me with getting onto Methadone and quitting drugs, and with counselling."

Programs offer on-site programming as alternatives to using substances.



”

"If I didn't have the program, I would have drunk more. The program helps me fill my calendar. I would be getting into trouble otherwise."

Staff help clients access health and mental health care, which supports them to not use substances.

”

"I am learning more about parenting, and I'm not depressed anymore. I have good health and mental health care, and I'm not using."

Staff help clients access detox or stabilization.



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Mother-child Connections, Child Welfare, and Wraparound Programs

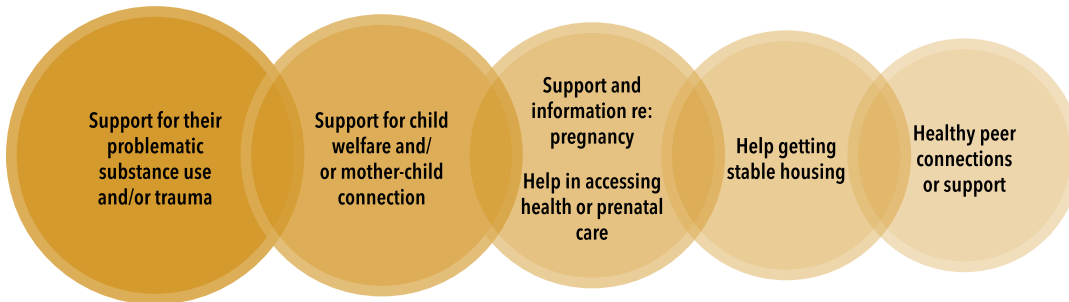
Women's prenatal substance use is often driven by physical or sexual abuse or other experiences of trauma, mental health concerns, poverty, precarious housing, and child welfare involvement.

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.

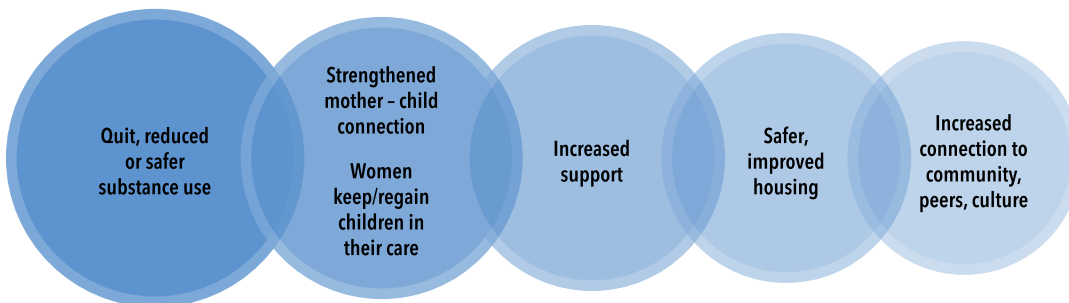
The study found that getting support with regard to child welfare was both a top reason why women became involved in their program, and that keeping custody of their child and/or having a stronger connection with their child were key outcomes of the programs for women.

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.

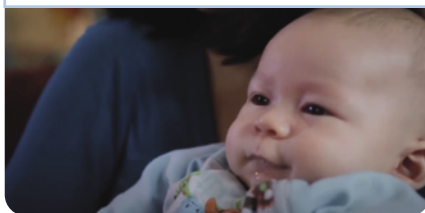
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"They empowered me to speak up for myself. And they advocated for me, speaking about the positive things I'm doing and my parenting."

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.

”

"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."



”
"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."



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Improving Women's and Children's Wellness through **Wraparound Programs**

The CCE evaluation study found that the programs are helping women and their families make significant changes to their lives.

Clients believed that their health and wellness and their children's well-being had improved in a number of key areas, and that their program helped them achieve these outcomes.

Findings from the Client Questionnaire, (n=224 clients across the 8 programs), are shown below.

"Since becoming involved with this program..."	% who 'agreed' or 'strongly agreed'	% who said program was 'helpful' or 'very helpful' re: outcome
 SUBSTANCE USE: I have quit, reduced or safer substance use	81%	95%
 MOTHER-CHILD CONNECTION: I have improved connection to my child(ren)	73%	91%
 INCREASED SUPPORT: I feel supported and less isolated; I have social support	93%	96%
 HEALTH, WELLNESS, ACCESS TO HEALTH SERVICES: I have improved access to health services I have made progress relative to my health goals	88% 89%	96% 91%
 HOUSING: I have improved housing	78%	82%
 PRE- & POSTNATAL CARE; HEALTHY BIRTH: I accessed prenatal and post-natal care	86%	97%
 CHILD HEALTH; PARENTING INFO & CONFIDENCE: I have more info on child development and parenting	90%	94%
 FOOD, NUTRITION: My family and I have improved nutrition	81%	86%
 CULTURAL (RE)CONNECTION: I'm involved in cultural activities, if desired	59%	71%



Supporting women and their families – in practice

Wraparound programs improve health by bringing services together under one roof and/or by helping clients access services in the community.

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"They have medical, counselling, and practical support. Everything I need is in one place."

Wraparound programs create and work in partnerships.

"Service coordination is a real strength of the program."

Wraparound programs advocate, speak to clients' strengths, and help clients navigate health, child welfare and social service systems.

”

"They empowered me to speak up for myself."
"It's a safe place for me no matter what is going on in my life—I won't be judged by anyone."

Wraparound programs challenge stereotypes and help clients feel safe.



Wraparound programs help clients connect with cultural teachings, traditional practices, and ceremonies.



”

"When I started here, I started singing again. ...This program helped me get back into my culture, and that's important."

Wraparound programs create space for women to develop healthy peer connections and peer mentorship.

Wraparound programs focus on both women and their children and their healthy development and relationships.



Wraparound programs attend to basic needs, including housing, nutrition, and infant items.

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"I get the \$10 food voucher. That support is helpful; it's one dinner for the kids. It helps with food security."



12



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.

Co-Creating Evidence Study – Frequently Asked Questions

1 How do wraparound programs differ from regular prenatal or parenting programs?

Wraparound programs offer a range of services from one location – e.g., primary care, substance use counselling, prenatal care, well baby checks, nutritional support, legal and housing advocacy, parenting groups, Indigenous wellness supports. These services are in essence “wrapped around” pregnant women, new mothers and their children. These services differ from prenatal and parenting programs in that they offer a wider range of supports by a wider range of co-located health and social care providers.

[See the info sheet on 'What is a Wraparound Program'](#)

2 Are wraparound programs effective?

Yes. The Co-Creating Evidence study of eight wraparound programs from across Canada found that the clients participating in these programs, the service providers offering the programs, and their community partners all saw the programs as effective, and their views were backed up by the outcome data for women and children.

[See the info sheets on the Co-Creating Evidence study](#)

3 The project aimed to identify promising practices in preventing prenatal substance exposure. Can you provide an example?

An example of a promising practice is to offer women support in reducing/stopping substance use together with support in other life areas that she deems important to her health and her child's health. From clients' perspectives, it was important that staff helped them choose the right fit of services and supports and neither judged them nor made those choices for them.

[See the info sheet on 'Reducing Substance Use through Wraparound Programs'](#)

4 I'm a child welfare social worker. What do I need to know about the programs?

In the CCE study, getting support with regard to child welfare was a top reason why women became involved in their program, and keeping custody of and/or having a stronger connection with their child were key outcomes of the programs for women. Most of the programs offered on-site child welfare-related information, support and/or advocacy by core staff or through partnerships with government child welfare workers. So, for social workers in child protection, forming partnerships with these programs is key.

[See the info sheet on 'Mother-child Connection, Child Welfare, and Wraparound Programs'](#)



Frequently asked questions about wraparound programs

5 Is harm reduction for pregnant women really a good idea?

It is always a good idea to help people reduce harms directly associated with substance use and related to other determinants of health such as food and income insecurity, homelessness, and violence that often accompanies substance use problems. Many women in the CCE study made the decision to stop using substances within programs that embraced a harm reduction philosophy of service. A key aspect of harm reduction approaches is for service providers to get behind what clients are ready to do, without forcing abstinence as a precondition to service access. [See Harm Reduction and Pregnancy: Community-based Approaches to Prenatal Substance Use in Western Canada](#)

6 What creates cultural safety in these programs?

Culturally grounded programming offers cultural activities and opportunities to learn cultural teachings. Having staff who reflect the cultural backgrounds of the program participants, encouraging all staff to learn about the cultures of program participants, being respectful of other cultural ways, making space for conversations about how culture may be important to participants, along with integration of Indigenous values and knowledge in the program philosophy are all attributes of cultural safety and humility. [See the info sheet on 'Wraparound Programs through an Indigenous Cultural Lens' or Indigenous Approaches to FASD Prevention: Revitalizing Culture and Healing](#)

7 Why do the programs have to partner with other sectors (e.g., health, child welfare, mental health, addictions)? Can't the staff do the work themselves?

Partnerships are essential to expanding the net of services that can assist mothers and their children and to transition clients from the program to the community. Partnerships ensure collaborative service planning, service coordination, improved service access, and shared learning about service gaps and how to fill them.

[See the info sheet on 'Creating Wraparound Programs: Partnerships are Essential'](#)

8 Aren't these programs expensive?

Assessing the costs was not part of the CCE study, however, other evaluations have shown these programs to be cost effective. For example, the evaluation of HerWay Home found a social return on investment of 1:4.45 and the H.E.R. Pregnancy Program evaluation found a return of \$8.24 in social value created.

[See SROI Case Study: H.E.R. Pregnancy Program and Hubberstey & Rutman, 2020](#)

