



Impact Evaluation of the Healthy, Empowered
and Resilient (H.E.R.) Pregnancy Program

Photovoice

Final Report

December 2013

Prepared for:

Alberta Centre for Child, Family & Community Research (ACCFRC)

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Background

The Healthy, Empowered and Resilient (H.E.R.) Pregnancy Program uses professional staff and peer support workers to reach at-risk, pregnant and parenting women in inner-city Edmonton. The program, developed by Streetworks, supports street-involved women to access healthcare services before and throughout their pregnancy and address issues such as addiction, poverty, and family violence. The ultimate aim of the program is to support healthy births leading to safer and healthier lives for women and their children.

Funded by Safe Communities, Alberta Justice and Solicitor General, the H.E.R. Pregnancy Program closely aligns with Premier Redford's Early Childhood Development (ECD) priority initiative. This report represents one component of a larger evaluation of the program, and was made possible through funding provided by Alberta Health. The evaluation was contracted to Charis Management Consulting Inc. by the Alberta Centre for Child, Family and Community Research (ACCFRC).

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Recommended citation

Wodinski L & Wanke M I. (2013). *Impact evaluation of the H.E.R. Pregnancy Program – Photovoice Final Report*. Prepared by Charis Management Consulting Inc. (Charis) for the Alberta Centre for Child, Family and Community Research.

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Acknowledgements

Charis is most grateful to the H.E.R. Pregnancy Program Steering Committee, Core Team and staff for their valuable insights and contributions to the impact evaluation research.

The H.E.R. Pregnancy Program Steering Committee oversaw the development and implementation of the evaluation and assisted with disseminating information acquired during the evaluation process.

Charis would like to recognize members of the H.E.R. Pregnancy Program Core Team who helped lay the groundwork during each stage of the evaluation process. The Core Team is comprised of representatives from:

ACCFRC

- Tara Hanson
- Janice Popp

Alberta Health

- Fern Miller
- Tammai Piper

The H.E.R. Pregnancy Program

- Samantha Hardeman
- Marliis Taylor (Program Manager, Streetworks)
- Brittney Willetts

Finally, Charis would like to thank the H.E.R. Pregnancy Program staff team for assisting with program database extraction, helping to plan and implement the photovoice project and recruit participants, and sharing their knowledge and experiences during focus group meetings. This evaluation would not have been completed without their involvement and support.

Key words: Maternal-infant health; street involved women; pregnant; at-risk pregnant women; parenting women; outreach; harm reduction models; peer support models; homelessness; and, community-based outreach programs.

The Community Research Ethics Board of Alberta (CREBA) granted ethics approval for the evaluation of the H.E.R. Pregnancy Program, including the modified photovoice project with program clients. The women who participated in the photovoice project gave full informed consent for their personal narratives and photographs of themselves and their children to be used in a public document. The women expressed pride in their children and requested that their children's faces not be blurred.

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1. Introduction

A modified photovoice approach was used to obtain client perspectives for inclusion in the H.E.R. Pregnancy Program impact evaluation. H.E.R. Pregnancy Program staff support and guidance were critical in the planning and implementation stages of the project. Photovoice project planning took place between April and July of 2013, with data collection occurring in August and September, 2013. This technical report describes how modified photovoice was carried out with street involved women who connected with the program during their pregnancy. It presents the personal narratives and photographs of four clients who participated in the project. The report also offers an analysis of key themes that emerged across all cases.

2. Methodology

The photovoice methodology used in the H.E.R. Pregnancy Program impact evaluation drew from Wang and Burris' pioneering work on using photography in participatory action research.¹ Photovoice is a community-based research technique that is used to engage participants in the data collection process and capture their personal reflections and experiences through photography. The main goals of photovoice are to:

- Allow individuals to document and share personal knowledge about their life circumstances and experiences in areas such as, health, family, community, social programming, etc.;
- Enhance public dialogue and knowledge of these issues; as well as,
- Share information with the community and key policy-makers in hopes of bringing about social awareness and change.²

The photovoice method is a flexible and multi-staged process.^{3,4} Typically, the researcher invites prospective participants to one or two orientation sessions to learn about the project and the photovoice method, provide consent to participate in the research and receive instructions about photography subject matter and how to take photographs in a safe, respectful and ethical manner. Participants are then provided a camera and given a specific timeframe for taking photographs. At the end of the photo-taking period, participants return the cameras to the researcher who will develop the film (if a disposable camera used). At this time, participants may be asked to collectively reflect on their

¹ Wang, C., and Burris, M. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behaviour*, 24(3): 369-387.

² Ibid.

³ Lorenz, L. and Webster, B. Doing your own photovoice project: A guide. Retrieved from http://www.brainline.org/multimedia/presentations/photovoice/Photovoice_Facilitators_Guide.pdf

⁴ Palibroda, B., Krieg, B., Murdock, L., and Havelock, J. (2009). A practical guide to photovoice: Sharing pictures, telling stories and changing communities. Retrieved from http://www.pwhce.ca/photovoice/pdf/Photovoice_Manual.pdf

experience with photovoice in a focus group setting. Once the photos have been developed, the researcher and participants meet again to discuss the content of the photographs. The researcher may ask each participant to choose a selection of photographs and comment on their significance and personal meaning. After the photovoice data (photographs and discussion) have been gathered and analyzed, information can be presented in a written report or public display (i.e., photovoice exhibit, PowerPoint presentation, or media event).

Charis worked closely with the H.E.R. Pregnancy Program staff team to carry out a *modified photovoice* project with program clients. Specifically, rapport-building between clients and the research analyst occurred over an extended time period to help minimize power dynamics and client fears of interacting with someone unfamiliar and loosely connected to the program. The research analyst attended and contributed healthy snacks to weekly program drop-in sessions where staff members would make informal introductions and briefly explain the photovoice project to visiting women. This casual rapport-building stage allowed the research analyst to meet with three of four women before requesting their participation in the project. According to staff, introducing the evaluator to clients well before project implementation also helped circumvent client mistrust of the H.E.R. Pregnancy Program. Program interventions are relationship-based and staff are extremely cautious about who they introduce to clients, knowing that a single negative interaction could jeopardize trusting, but delicate relationships they have built with this vulnerable group of women.

Another key difference between the traditional photovoice technique and the process used for the impact evaluation concerns follow-up interactions with clients after the photo-taking stage. In the traditional photovoice model, participants are often invited to share their photos and stories in a group setting. In this case, the researcher carried out one-to-one interviews with participants to mitigate feelings of discomfort or anxiety associated with sharing sensitive personal stories in front of others. The researcher observed that the one-to-one interview format was conducive to calm, focused and rich conversations with each participant.

With these methodological considerations in mind, the H.E.R. Pregnancy Program impact evaluation modified photovoice project was carried out successfully over a number of stages.

Preliminary project planning

In the earliest stage of the modified photovoice project, the evaluators met with the H.E.R. Pregnancy Program staff team to explain and provide examples of the photovoice data collection. It was important that staff understood and felt invested in the project, as they played an important role in recruiting and explaining photovoice to participants. Given the vulnerable and transient nature of this population, it was also important to seek staff input about successful strategies for including client voices in the impact evaluation. Early correspondence between staff members and the evaluators laid the foundation for subsequent steps in the photovoice project.

Participant selection and recruitment

To ensure that photovoice participants reflected the diversity of all H.E.R. Pregnancy Program clients, Core Team members, H.E.R. Pregnancy Program staff and the evaluators met to discuss key features that distinguish clients and might result in different program impacts. A two staged process was used to select participants. Only those in the program for longer than two months were included, as this was the minimal time considered for sufficient experience with the program. Based on Core Team and staff feedback, this subset of clients could be further differentiated according to:

- **Pregnancy status** (women who had their first pregnancy or have had multiple pregnancies before or after contact with the program); and,
- **Orientation toward H.E.R. Pregnancy Program services** (women whom staff described as having a more challenging/non-trusting disposition versus a more agreeable/accepting disposition toward program services and supports).

Charis developed a selection criteria matrix (Appendix A) and asked the H.E.R. Pregnancy Program staff team to provide client information in relation to these medical and social factors. The completed spreadsheet contained 72 potential photovoice participants listed according to unique ID. Other factors related to representativeness of clients were also ascertained through program data, including:

- **Personal motivation toward pregnancy** (women whom staff described as having a hopeful or non-hopeful disposition toward their pregnancy);
- **Ethnicity** (Aboriginal and non-Aboriginal descent);
- **Age** (less than 20 years; 20-24 years; 24-29 years; 30-34 years; 35-39 years; and, greater than 35 years);
- **Substance use** (use of alcohol or other substances during pregnancy); and,
- **Housing status** (stable, unstable housing, or shelter or no housing).

Using a simple random selection technique, the research analyst chose one participant (and five back-up choices) in each of the following categories:

- First pregnancy and agreeable;
- First pregnancy and challenging;
- Multiple pregnancies and agreeable;
- Multiple pregnancies and challenging;
- Unknown pregnancy status and agreeable; and,
- Unknown pregnancy status and challenging.

H.E.R. Pregnancy Program staff members were instrumental in recruiting women to take part in the photovoice project and arranging initial orientation visits with the research analyst. Staff contacted

participants through phone calls, texting, Facebook messaging, and in person (when possible). Reaching the selected women proved to be somewhat of a challenge, but staff members were persistent with contacting each client and the back-up choices in each category. A table comparing photovoice participants to H.E.R. Pregnancy Program clients is included in Appendix A.

A key aspect of the photovoice project concerned the participant consent process. Obtaining client consent was done in close consultation with the H.E.R. Pregnancy Program staff team. At two points (i.e., project orientation and follow-up interview), the staff team and researcher informed participants about Charis' involvement with the H.E.R. Pregnancy Program, the objectives of the photovoice project, and their right to refuse participation at any time without repercussions. The women were made aware of the potential risks of taking part in the project, such as being recognized in their photos. The women were told that their photos and stories would be shared with others through a written report or presentation and that the report may be made public. The researcher discussed options to ensure participant anonymity, such as blurring faces in photographs and using fake names in the project write-up. The women had the option to release their names to demonstrate ownership of their work, but with discussion about the implications of doing so, none wished to use their real names. Three of the women expressed pride in their children and requested that their faces not be blurred in the photovoice final report and presentation.

Four out of the five women who completed consent forms participated in all stages of the project (i.e., information session, photo-taking, and one-to-one interview). Two women had been program participants for more than one year and two had been connected for less than a year. Staff members described two women as having an agreeable orientation toward H.E.R. Pregnancy Programming and hopeful disposition concerning their pregnancy. In contrast, two participants were thought to have more challenging attitudes toward the program, with one participant feeling hopeful and the other who did not feel hopeful about her pregnancy. Women's ages ranged from 20-24 years and 25-29 years (age was unknown for two participants). Two of the four participants were Aboriginal (ethnic background was unknown for the two other participants). All participants had experienced multiple pregnancies in their lifetime. Collectively, the women had 14 children prior to connecting with the H.E.R. Pregnancy Program who (at the time of the project) were in the care of family or Children's Services⁵. Of note, three of the four women maintained custody of their subsequent child after connecting with the H.E.R. Pregnancy Program. Three women had used substances at the start of the program (substance use was unknown for one participant). The women's housing situations varied: two were living in shelters or homeless and one was unstably housed at the beginning of their pregnancy (the living circumstance of one participant was unknown).

⁵ Throughout the report, Children's Services refers to programming offered by the Government of Alberta Ministry of Human Services.

Orientation sessions

Prior to carrying out orientations with recruited photovoice participants, the researcher met with the H.E.R. Pregnancy Program staff team to confirm her approach and provide materials (i.e., consent forms, cue cards, and cameras). The team agreed on a communication plan and notified the researcher when a participant was able to meet for an orientation and receive a disposable camera. During orientation sessions, the researcher explained the project and consent process (Appendix B), gave instructions concerning photo-taking ethics and safety (Appendix C), and provided a disposable camera (with 24 possible exposures). In two cases, program staff provided participant orientations when it was not possible for the researcher to do so. Participants were asked to return their cameras within a few days and let staff know their availability for a follow-up interview with the researcher. Program staff played a considerable role in following-up with participants, providing transportation to and from the program, as well as picking up and delivering cameras. Healthy food (i.e., fresh fruit) was offered as an incentive during the orientation sessions and a \$25 gift card was provided to participants who completed all steps of the photovoice project. The women could choose the type of gift card; Wal-Mart, Visa, and Safeway cards were purchased.

Follow-up key informant interviews

One interview took place at a nearby community organization where a participant was attending parenting classes with her child. The three other interviews were located at the H.E.R. Pregnancy Program site. The H.E.R. Pregnancy Program staff team felt that women would be most comfortable discussing their experiences in a familiar place where they had received their personal support. Three of the participants brought their babies along to the interview.

Program staff informed participants that they would not be part of the conversation, but would be nearby (i.e., in the next room) for interviews that took place at the H.E.R. Pregnancy Program. All participants were comfortable with this arrangement. In one case, program staff were concerned about the demeanour of one participant (who they suspected would be intoxicated or behave aggressively), but this participant (and the others) appeared relaxed, engaged and willing to share photographs and stories with the researcher. All four women expressed appreciation for the opportunity to discuss both the positive and painful aspects of their lives, as well as their experiences with the H.E.R. Pregnancy Program.

Key informant interviews ranged between 15 to 45 minutes in length. The research analyst initiated the conversation by laying out the photos on a table (and separated the duplicate copies for the participants to keep). The interviewer and participant worked together to organize the photos (i.e., chronologically or according to feelings). The interview began with a few rapport-building, warm-up questions, such as “what was it like taking photos?” or “did you encounter any challenges or learn anything new during the project?” Participants sometimes directed the conversation as they explained the personal significance of each photo. The participant was asked to describe how the photos reflected her personality, life

experiences and interactions with the H.E.R. Pregnancy Program. This provided a natural segue for the analyst to ask impact focused questions relating to the client's risk factors, protective factors and personal safety, as well as her health and pregnancy outcomes. Clients were also asked to comment on the barriers they may have experienced in following-through on program advice. Finally, the researcher asked clients to provide insight on program strengths and areas for possible improvement (the photovoice interview guide is included in Appendix D).

3. Key Findings

The following section presents the personal narratives and photographs of four H.E.R. Pregnancy Program clients. Participant names have been changed and faces in photographs have been blurred to protect the identity of clients and the individuals they photographed. The section ends with an overarching analysis of key themes that emerged across all photovoice cases.

3.1 Photovoice: Four Cases

Jennifer

Jennifer was already acquainted with the H.E.R. Pregnancy Program when she learned that she was expecting a baby. Prior to accessing prenatal services from the program, staff assisted Jennifer with finding stable housing and enrolling in a methadone program. At the time of the photovoice interview, Jennifer had been involved with the program for approximately two years. Jennifer mentioned that she visited the program frequently while pregnant and after having her baby:

It's only until six months old that they stay in contact with you, or are involved. That's how it's supposed to be they said, but [my child] is almost a year old and I still come here at least twice a week because I feel comfortable here and they care about me. I feel that I should still come here. I don't believe there's a time when we shouldn't be coming here.

On camera, Jennifer captured meaningful aspects of her life before and after accessing supports from the H.E.R. Pregnancy Program. The photographs present a story about “how it all came through” for her. Jennifer’s story begins when she was homeless and living alone in city parks (Figure 1). Jennifer recalled the loneliness she felt at this time.

Figure 1



Right here is where it starts. This is where I first began on the streets obviously, by myself.

- Client

Jennifer learned about the H.E.R. Pregnancy Program while accessing other services at Boyle Street Community Services (Figures 2 and 3).

Figures 2 and 3

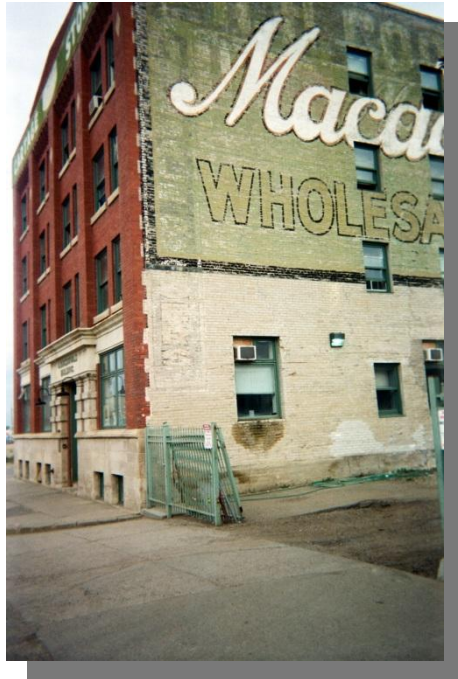
H.E.R. Pregnancy Program staff helped Jennifer access temporary housing (Figure 4), as well as a harm reduction focused methadone program (Figure 5).



I ended up coming here at Boyle Street and came in and talked to the girls.

- Client

Figure 4



This building was full of bugs and gross stuff. It was awful there.

- Client

Figure 5

Jennifer explained that she was using pills at this time and making daily visits to see her boyfriend who was incarcerated at the Edmonton Remand Centre (Figure 6).



I got on the methadone program with help from the [H.E.R. Pregnancy Program].

- Client

Figure 6



My boyfriend ended up incarcerated when I ended up on the streets by myself and I knew nobody here. This is the place where I went every single day to talk to him. That's why I took a picture of this, it was a big thing for me.

- Client

The H.E.R. Pregnancy Program helped Jennifer find more permanent housing (Figure 7).

Figure 7



I got a place through [the H.E.R. Pregnancy Program], like they helped me with everything.

Jennifer felt that her pregnancy helped to strengthen her connection to the H.E.R. Pregnancy Program:

I ended up getting pregnant with my daughter, so it was a big thing for me to be [at the H.E.R. Pregnancy Program] after that, because I was already involved in the program. It was a big thing for me to get pregnant, because then I could have more involvement.

Figure 8

Jennifer explained that after the birth of her daughter, she was able to acquire everything she needed to raise a child, including owning her own vehicle (Figure 8). She continues to participate in the methadone program and has plans to attend post-secondary school in the future. At the time of the interview, Jennifer mentioned that her partner (while still incarcerated) remains an important person in her and her daughter's life.



In the interview, Jennifer was asked to select one or more photos that best capture her experience with the H.E.R. Pregnancy Program. She immediately pointed to photos of her daughter (Figures 9 and 10).

Definitely my daughter, she is my world. They helped me with the fact that I have her in my care, because I didn't think they would allow me to have her. I was a drug user and seller before I got pregnant and [when] I found out I was pregnant, they helped me to see the light, I guess, of where I need to be going. They basically persuaded me that she wasn't going to be taken from me and helped me along to become successful, right. She is everything to me. That best explains what these guys have done for me.

Figures 9 and 10



[My daughter] is my world... [The H.E.R. Pregnancy Program] helped me with the fact that I have her in my care, because I didn't think [Children's Services] would allow me to have her.

- Client

Jennifer elaborated on how the H.E.R. Pregnancy Program workers helped her in the right direction:

With their words and help, they got close to me. I was close to a lot of the workers in the program and they were the ones who gave me the “umph” that we can do good. Their words and honesty. It turned out that they were 110% honest and everything was right, what they were saying. I just had to believe in them and that’s what I did.

Jennifer accessed a range of supports from the H.E.R. Pregnancy Program. She attended weekly Wednesday drop in sessions, received milk coupons, and benefited from educational advice offered by pregnancy support workers. One of the key learnings for Jennifer was “that you can do positive things, even in a negative state of mind”. She explained:

I was very negative back then. I wasn’t in the right state of mind for having her with me and doing the right thing, and [my partner] being in our lives and they basically helped that way. That everything was going to be alright if I continued with the program and did the things I needed to do. They can’t help me do everything. I had to do a lot myself, which I did do. I worked very, very hard with their help.

The program further assisted Jennifer in applying for Supports for Independence (SFI), finding a doctor, locating housing, and obtaining ID. Jennifer stated that the education and support she received from the program also benefited her partner.

He’s a 42 year old criminal, has been all his life. For the past year, he’s done spectacular. He’s been clean for the whole year. He talks with the [H.E.R. Pregnancy Program staff] also. Whenever he’s feeling crappy, he does the same thing. We all three of us, have involvement with them and they’ve helped us a lot.

Jennifer believed that the H.E.R. Pregnancy Program positively influenced her pregnancy and the health of her baby. Jennifer worried about using methadone while pregnant, but support workers encouraged her to continue with the methadone program to reduce potential harm to the fetus.

These guys explained that being pregnant and on the methadone program is not a bad thing and [they] persuaded me to stay on it. So her health has been affected by it because I did stay on the methadone program and it helped me to be stronger for her and she didn’t have withdrawals when she was born or anything. And they explained all that to me when I was pregnant.

Jennifer highlighted that she could trust the support workers to provide accurate information. She described how the staff team helped ease her fears about using methadone during pregnancy.

I didn’t believe it. I was like “oh my god, my child is going to be so sick”. It never happened. It was wonderful. We stayed in the hospital for five days. These guys came and visited me

in the hospital and told me, “she’s going to be okay” because I was upset and worried. Everything they said was the truth, and it all worked out. There’s the health nurse also. Whenever I came in [to the H.E.R. Pregnancy Program] and was worried, like I hadn’t felt the baby move for a couple of days, so I was very concerned, especially being on the methadone program. Right away, she would lay me down on the table and find a heartbeat, whether it took 20 minutes or an hour. They still did it for me, just to persuade me that everything was going to be okay.

Jennifer mentioned that she had experienced a domestic dispute in the past and that the H.E.R. Pregnancy Program staff team helped her with safety planning and learning to have increased awareness of surroundings and in her relationships. Jennifer felt strongly that her interactions with the program helped improve her overall confidence and self-esteem.

Where I was at before, I was very self-conscious. I was using to stay in the world I guess... To be out there, I wouldn’t go out unless I was high. That was the way to be for myself. I was on methamphetamine. I had to be on it to be able to go anywhere. They helped me. Otherwise I wouldn’t be where I am today. I got confidence now. I take care of myself whereas before I never did. And the reason is because they were honest to me. They helped build my self-esteem by telling me how beautiful I was. Just helping me in every way, shape or form they could, like they are awesome these girls. I feel that they’re not just workers, they’re friends as well. Yeah, they’ve done wonderful for me, so yeah they’ve helped me with my self-esteem big time.

The H.E.R. Pregnancy Program played an important role in supporting Jennifer to make decisions and advocate on her own behalf. Jennifer discussed how painful memories about past apprehensions of her children fuelled her fears of losing another child:

I was scared that even getting a hold of [Children’s Services] was going to red light me.

Upon staff suggestion and with much courage, Jennifer called Children’s Services to explain that she was pregnant and working closely with the H.E.R. Pregnancy Program to prepare for the baby.

In the last two months of my pregnancy I knew she was coming home. [Children’s Services] said they had no issues. They came to my house, actually I was at the Y still. When they came to check everything out, to see if I had a crib and bassinet and stuff, I was ready for her and they came in to the YMCA and decided that even if I was to have her there, everything was going to be okay. That was all from help from these guys. If I didn’t have these guys, honestly she would not be with me. I would not have had the confidence to do the things I did.

Jennifer was asked to describe why she continues to visit the H.E.R. Pregnancy Program and whether this service is different from other agencies in the community. Jennifer’s response emphasized the

friendly demeanor of the pregnancy support workers and in particular, their genuine interest in her wellbeing and that of her child.

They are very friendly, they make you feel welcome. Every time you come, they are so happy to see you and that makes you feel good when you come to a place. It's not fake, it's real. They have real feelings, like a lot of the places where you do go for help, I'm not saying anywhere in particular, there isn't that welcoming when you walk in. It makes you feel good, so you want to come here every day. You feel comfortable here. That's why it's different from anywhere else.

Jennifer offered a few recommendations related to expanding the services and supports offered by the H.E.R. Pregnancy Program. She mentioned that more postnatal home visits from staff would benefit new mothers, especially those who don't live in the downtown core and do not have easy access to transportation. In addition, offering program services out of other locations in the city would be valuable for moms who are struggling with substance use or have overcome addiction and aim to avoid familiar inner-city community members who are still entrenched in this lifestyle.

Paula

Similar to Jennifer's approach to the photovoice project, Paula photographed important transitions in her life before and after accessing services from the H.E.R. Pregnancy Program. Paula mentioned, "I've done a lot of stuff in my life and a lot of stuff has changed for me. There was so many more photos I wanted to take". Paula also took photographs of images that she felt resonated with her personal strengths as a strong woman and mother.

At the beginning of the interview, Paula briefly described her "old ways" that involved prostitution, alcoholism and living on the street (as depicted in Figures 11, 12 and 13).

Figures 11 and 12



Prostitution and money. A lot of liquor. Trips to the liquor store. That was my old ways.

- Client



Figure 13



When I was on the street I used to hang around back alleys and stuff and drink. I always had a place to live, but I just chose the street.

- Client

Paula noted the role of Crossroads Outreach (a program offered by E4C, an inner-city agency) in helping her to transition away from street life (Figure 14). After her baby was born, Paula attended parenting classes at the Ben Calf Robe Society (Figure 15).

Figures 14 and 15



Crossroads was a really big help in my life. After I had my baby I started coming to Ben Calf, and that's been a really good experience.

- Client

Paula wished to convey the following key message through her photos:

If you are an addict, you can change and you can have your kids. You just got to really want it and desire it.

Paula connected with the H.E.R. Pregnancy Program toward her third trimester, but wished she had accessed the program earlier in her pregnancy. In the interview, she emphasized that the pregnancy and woman-centred focus of the program sets it apart from other inner-city agencies. Paula didn't believe the same kinds of services were offered in any other programs. She mentioned liking the women at the program and found staff to be helpful and highly resourceful. When asked about her experience with the H.E.R. Pregnancy Program, Paula stated the following:

If you're pregnant and you had a life on the streets or know of it, the H.E.R. [Pregnancy] Program is a really good program. They gave me prenatal vitamins, help with milk coupons, and where to go for doctors' appointments, how to get a doctor for my pregnancy... everything.

Paula explained that the H.E.R. Pregnancy Program helped her to maintain custody of her son after he was born. One of the program support workers helped her with navigating the court system to achieve this end. According to Paula, this is where the H.E.R. Pregnancy Program made the greatest impact in

her life. Paula has two children who were previously apprehended and remain outside of her custody. Her third child was the first opportunity for her to be a parent.

Harm prevention and safety were not a major focus for Paula while she was connected with the H.E.R. Pregnancy Program, as she was safely housed during her pregnancy. Paula did emphasize that the program helped her to build confidence and “have [her] own voice with the government and Children’s Services”.

They really helped out with that. They just let me speak, instead of people speaking for me. They gave me encouragement and said, “you can do it”. When I was having problems, they helped.

Paula mentioned that program staff would encourage her to do things on her own, but were always there to provide additional support. For instance, the program helped Paula with food bank referrals, obtaining a leisure access pass, accessing services from other agencies, as well as travelling to and from appointments. Paula mentioned using program educational materials (i.e., infant care, raising a toddler and feeding) and sharing this information with her partner, who is also a new parent. Paula noted that program staff members were usually available to meet with her, but felt that more visiting opportunities would really strengthen the program.

Paula noted that her life “turned around” after having her baby with the H.E.R. Pregnancy Program (Figure 16) and she became more involved in the community. Figure 17 captures her experience as a Folk Festival volunteer.

Figure 16



This is actually my first time raising a little guy. He’s my third baby, but I never had custody of my other kids. He’s my first time custody. And it’s all really thanks to the H.E.R. [Pregnancy] Program.

- Client

Figure 17



After I had baby, my life turned around after I got to keep him. I started doing things like the folk fest. I volunteered there.

- Client

Figure 18 represents how Paula feels as a woman, mother, and someone who is strong and connected to her family.

Figure 18



It just reminds me of a really strong woman with her children and her family. And I am a very strong woman with my family right now. There should be another little baby there, but that's okay.

- Client

Carla

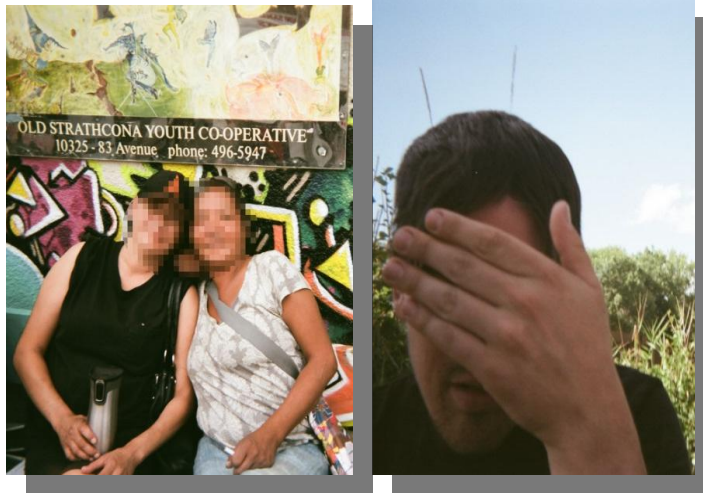
Carla's approach to the photovoice project involved capturing her feelings and the day-to-day experiences of living on the street. Carla's photos also emphasized the importance of her street family. At the time of the interview, Carla was unstably housed and periodically sleeping in homeless shelters. Carla accessed services from the H.E.R. Pregnancy Program during her second pregnancy and had been in contact with the program for about a year. Unlike the experiences of the other three photovoice participants, Carla's child did not remain in her custody and was apprehended shortly after birth. In the interview conversation, Carla described her feelings of loneliness and sadness, but also times of happiness in her photographs.

Figure 19



I'm sad. I'm all alone. I don't have a husband or a boyfriend beside me. I've gotta take care of myself. My saddest point is sitting all by myself. I don't know what to do, didn't know where to go. Had no choice but to sit there and cry. You see different things in this world you don't want to see.

Figures 20 and 21



LEFT - *This is me and [my friend]. She makes me happy.*

RIGHT - *This is a friend of mine that takes care of me on the street*

Figure 22



That's what I want... Family. I miss my family. There's something happening. A festival. I look at them, I get sad, but I have to take a picture.

Those are the things I need in my life. I need family, peace and harmony. There's no way I can get back on my feet. I've got so much low self-esteem. It's just hard to get picked up and do it again.

Figure 23



Our lives are hard... We're poor, we got no food some days. Some days we make enough for a six pack. That's it. We don't live like regular people do. I used to live a regular life, but I don't live like that no more.

- Client

This is me all alone wondering what I'm gonna do next, where I'm gonna go, how I'm gonna do it.

- Client

Carla mentioned that she is familiar with people and programs at the Boyle Street Community Services:

I know everybody from here. They tell me a little about this and that.

Carla also spoke briefly about her experience with the H.E.R. Pregnancy Program. She explained that the program is helpful and that she feels supported by the pregnancy support workers, but wished she could have longer interactions with staff.

It's the best program ever. It's helpful, it's worth it. They give you a lot of directions. They help you in ways that some people won't even imagine. It's a good program, I love it. It's not every day that we have help.

They always make me feel better about myself when they talk to me, but it's not a five second conversation that I need. I need maybe a whole hour of conversation. My self-esteem doesn't come up just like that after you lose your family, your house, your everything... Five seconds doesn't help. A whole hour maybe, but my life is never going to be alright again.

Carla briefly described how she felt when she left the hospital with her newborn:

I left in the cold with that baby. I didn't know where to go, didn't know what to do. Welfare took that baby. My little baby. Nowhere to go. We're going to adopt that baby out to [another] family.

When asked to comment about how the H.E.R. Pregnancy Program could improve, Carla suggested that pregnancy support workers spend more time with clients and help them with finding housing.

I think it would be better if they had counsellors that could come out and pat people on the back and say, "you could do better", instead of sitting there and saying, "I gotta go meet somebody else". That's just... You start talking and opening up and they just want to get going. It's not every day I open up to people.

I wish there were more people that could counsel us and help us get back on our feet. Help us with housing programs. Anything to get us off the street. That would be really appreciated.

Figure 24



This is me all alone again. I try to smile, but I can't. It hurts to smile. That's a fake smile.

- Client

Anne

Anne received support from the H.E.R. Pregnancy Program during her second pregnancy and had been in contact with the program for over a year. At the time of the interview, Anne was housed and living with her one year old daughter, who was the main focus in most project photographs. She explained, “my kid is the only thing that’s great in my life, pretty much”. Anne spoke of future plans to complete her high school diploma when her child is old enough to go to school. During the interview, Anne talked about her first pregnancy and experience with the H.E.R. Pregnancy Program during and after her second pregnancy. She mentioned that her first child had been apprehended because she was a minor and living in foster care at the time.

Child welfare came to the hospital and took my kid after five days of staying there. I really wanted to take my other baby home, but they told me I wasn’t allowed, because I was in foster care since I was like six years old. I said, “well, that’s no excuse to take away a baby”. I could do so much better while taking care of a child and myself. I lost contact [with the baby], because of court dates. I couldn’t go back to get my kid.

Anne recalled feeling nervous about losing her second child. She commented, “I was kind of nervous with this one, because I didn’t want another one taken away”. Anne credits the H.E.R. Pregnancy Program for being able to maintain custody of her daughter:

I would never have gone so far without [the H.E.R. Pregnancy Program]. I wouldn’t have [my baby] if I didn’t have their supports.

Figure 25

During her second pregnancy, Anne frequently visited the H.E.R. Pregnancy Program staff team “to get their supports and their perspectives of what I need to do with my kid. Like, if I don’t know anything, I go to them and ask... They help me through it”. The program helped Anne to access the food bank, housing, prenatal vitamins, and baby supplies (i.e., toys and clothing). Pregnancy support workers also helped Anne by doing internet searching for housing and making phone calls on her behalf.



When I lost my place, they put me into a women's shelter with my kid. That was really good, because I would be on the streets and I don't want my kid to be taken away. So they have a lot of contact with the shelters for kids and women to go to.

The H.E.R. Pregnancy Program support workers were also an important source of emotional support for Anne. She explained:

If I was feeling down, I would tell them on Facebook, because they have me on Facebook and I talk to them all the time. [They] ask me how I'm doing and stuff. If I'm having a rough time or I feel low, they tell me to just come in and talk to them.

Figure 26



Anne, who was twenty-two at the time of the interview, has been accessing services from Boyle Street Community Services since the age of sixteen (i.e., youth services). Anne articulated that the H.E.R. Pregnancy Program's sole focus on pregnant women makes it different from other services she has experienced. The following quotes describe the unique care Anne has and continues to receive from the H.E.R. Pregnancy Program staff team:

They pretty much came to the hospital when I had [my baby] to give me a box of gifts. I never had that from other programs.

They still help me, because they totally love [my child]. They seen [my child] when she was just a tiny baby.

Figure 27



Anne has encouraged other young women on the street to access the services and supports offered by the H.E.R. Pregnancy Program.

There are a lot of young teens out there who had kids when they were really young... Most of them live on the street and I feel bad for them. They're like 16, 17, 18 years old... I tell them if they want supports, "just go down to Boyle Street, they can help you with housing, like with your kid, 'cause that's what they did for me".

Anne said that some of the women did seek out program services, but others did not follow her advice because of being deeply immersed in street culture and lifestyle.

Some of them don't care that much. They live the street life and get their kids taken away. I'm just like, "well, I'm trying to tell you guys to do something and you're not listening to me... I was your age when I lost my first kid".

When Anne was asked to comment about whether the H.E.R. Pregnancy Program could improve, she mentioned that the program could reach out to more pregnant teens.

I think they can help a lot of teens with their pregnancy... Like [with] the support they gave to me when I was pregnant. I was like five months [along] and I came here and asked them about housing, because I needed to have a place before I had my kid. I didn't want my kid taken away. And they were like, "yeah, [we] can help you out and look on the computer". I got my first place... and [then] my kid was born.

3.2 Emergent Themes

While photovoice participants shared unique experiences about their pregnancies and interactions with the H.E.R. Pregnancy Program, a few themes were common across the women's personal narratives. Emergent themes concerned women's desire for family and close relationships, motivation to parent and maintain custody of their children, fear of child apprehension, positive relationships with the H.E.R. Pregnancy Program staff team, and requests for additional supports (i.e., postnatal services and further opportunities to visit with staff). The women's stories also highlighted the H.E.R. Pregnancy Program as part of a continuum of services for street involved, pregnant women.

Strong desire for family and close relationships

In all four photovoice interviews, women highlighted the importance of family and having close relationships in their lives. For Jennifer, the H.E.R. Pregnancy Program played a significant role in creating a stable relationship with her partners and daughter. Paula believed that she was acquiring the knowledge and skills to be a strong woman and mother. Carla took several photographs of her street family and expressed her need to have a family of her own to reach inner peace and harmony. Anne felt that her daughter was the best part of her life. In contrasting ways, each participant viewed herself in relation to family. In addition, at least two of the participants viewed the H.E.R. Pregnancy Program as a personal support as they continued to stay in contact with staff well after the birth of their children.

Motivation to keep child and fear of child apprehension

The women's motivation to maintain custody of their children was apparent during interview conversations. The participants expressed their desire to parent, but were fearful of losing their babies during pregnancy. All four women had children who were previously apprehended by provincial governments (i.e., Alberta and elsewhere). A few of the women discussed how the emotional pain of these experiences contributed to deeply rooted fears of losing children in subsequent pregnancies. Jennifer was hesitant to establish contact with Children's Services during her pregnancy with the H.E.R. Pregnancy Program, for fear of having her file flagged by Children's Services. Paula felt that she would not have been successful working through legal processes to maintain custody of her son without help from the H.E.R. Pregnancy Program. Anne realized that her unstable housing situation would affect her ability to keep her newborn; in two instances she relied on the H.E.R. Pregnancy Program to help her find housing. The three women who maintained custody of their children attributed this outcome to the H.E.R. Pregnancy Program.

Relationships with the H.E.R. Pregnancy Program staff team

Three participants emphasized the importance of their relationship with H.E.R. Pregnancy Program support workers. At multiple points, Jennifer expressed that the team is honest and trustworthy. She placed her faith in the information provided by program staff in her decisions to continue with the methadone program and connect with Children's Services during her pregnancy. Anne relied on the program for information and support by regularly communicating with the staff team on Facebook. All

participants mentioned that the staff team successfully responded to their requests for housing, baby supplies, getting to medical appointments, and obtaining identification. Participants viewed staff as an important resource and source of support in their lives.

Requests for additional and continued H.E.R. Pregnancy Program supports

Participants requested more postnatal supports and increased and/or lengthier visits with program staff. The three women who maintained custody of their child continued to access program services, sometimes beyond the recommended six month time period. Two participants indicated the importance of their continued contact with the program. A few women wanted more opportunities to socialize and interact with the staff team. While it is convenient for women to seek program services in a central location, a final recommendation concerned increased outreach supports in the community and in other areas of the city, as not all women are able to travel to the downtown core. In addition, some may wish to avoid exposure to people and behaviours associated with their former lifestyle (e.g., street family, substance use) to prevent relapse from occurring.

Continuum of Service

Two participants agreed that the H.E.R. Pregnancy is unique among existing services offered by other agencies. They valued the pregnancy-focused nature of the program and enjoyed interacting in a friendly, women-only environment (the partners of two participants were also counselled by the pregnancy support workers). For two women, the H.E.R. Pregnancy Program was one of a few supports they had accessed before, during, and after their pregnancy. For instance, participants accessed E4C's Crossroads Outreach, the Ben Calf Robe Society, and youth unit at Boyle Street Community Services.

4. Conclusion

The modified photovoice technique was used to capture and report on client experiences as part of the H.E.R. Pregnancy Program impact evaluation. The program staff team was instrumental in the project planning and client recruitment stages. The four women who took part in the project had unique backgrounds, but voiced similar opinions concerning program impact. While not all participants were able to maintain custody of their babies, each client felt that the program had been a positive influence in her life. One participant seemed to rely almost exclusively on services and supports offered by the H.E.R. Pregnancy Program, while others accessed multiple agencies before, after, and during their pregnancies. All four women stayed connected with the program after giving birth, even beyond the suggested six month time period. Common themes across client stories included identity and personal sense of stability in relation to family, the importance of client relationships with H.E.R. Pregnancy Program staff team members; requests for additional and continued program supports; and the H.E.R. Pregnancy Program as part of a continuum of services for street involved, pregnant women.

Appendix A: Photovoice Participants

Table 1. Photovoice participant selection

| Fake client name | Age at pregnancy | | | | | | | Ethnicity | | | Length of contact with program | | | Number of pregnancies | | | Substance use during pregnancy at start of program | | | Housing status at start of program | | | | Orientation toward program services* | | | Personal motivation* | | | |
|------------------|------------------|-------------|-------------|-------------|-------------|-----------|---------|------------|----------------|---------|--------------------------------|-------------|------------------|-----------------------|----------------------|----------------------|--|----|---------|------------------------------------|-----------------|--------------------|---------|--------------------------------------|-----------|---------|----------------------|-------------|---------|--|
| | <20 years | 20-24 years | 25-29 years | 30-34 years | 35-39 years | >35 years | Unknown | Aboriginal | Non-Aboriginal | Unknown | 2-6 months | 7-12 months | More than 1 year | First pregnancy | Multiple pregnancies | Unknown/Not Pregnant | Yes | No | Unknown | Housed | Unstably housed | Shelter/No housing | Unknown | Challenging | Agreeable | Unknown | Hopeful | Not hopeful | Unknown | |
| Jennifer | | | | | | | ✓ | | | ✓ | | | ✓ | | ✓ | | | | ✓ | | | | ✓ | | ✓ | | ✓ | | | |
| Paula | | | | | | | ✓ | | | ✓ | ✓ | | | | ✓ | | ✓ | | | | | ✓ | | ✓ | | | ✓ | | | |
| Anne | | ✓ | | | | | | ✓ | | | | | ✓ | | ✓ | | ✓ | | | | ✓ | | | | ✓ | | ✓ | | | |
| Carla | | | ✓ | | | | | ✓ | | | | ✓ | | | ✓ | | ✓ | | | | | ✓ | | ✓ | | | | ✓ | | |

*Orientation toward H.E.R. Pregnancy Program services and personal motivation data were coded by staff. All other participant selection criteria were derived from the program database.

Table 2. Representativeness of photovoice participants

| Criteria | Photovoice Participants | | H.E.R. Pregnancy Program Clients | |
|------------------------------|-------------------------|-----------|----------------------------------|-----------|
| | # clients | % clients | # clients | % clients |
| Age per pregnancy | | | | |
| <20 years | - | - | 11 | 8 |
| 20-24 years | 1 | 25 | 34 | 24 |
| 25-29 years | 1 | 25 | 43 | 31 |
| 30-34 years | - | - | 27 | 19 |
| 35-39 years | - | - | 8 | 6 |
| >39 years | - | - | 5 | 4 |
| Unknown/not recorded | 2 | 50 | 11 | 8 |
| Total | 4 | 100 | 139 | 100 |
| Ethnicity | | | | |
| Aboriginal | 2 | 50 | 108 | 83 |
| Non-Aboriginal | - | - | 12 | 9 |
| Unknown/not recorded | 2 | 50 | 10 | 8 |
| Total | 4 | 100 | 130 | 100 |
| Number of pregnancies | | | | |
| First pregnancy | - | - | 16 | 12 |
| Multiple pregnancies | 4 | 100 | 81 | 63 |
| Unknown/Not recorded | - | - | 33 | 25 |
| Total | 4 | 100 | 130 | 100 |

| Criteria | Photovoice Participants | | H.E.R. Pregnancy Program Clients | |
|--|-------------------------|---------------|----------------------------------|---------------|
| | # pregnancies | % pregnancies | # pregnancies | % pregnancies |
| Substance use during pregnancy while in program (excluding tobacco) | | | | |
| Yes | 3 | 75 | 84 | 60 |
| No | - | - | 19 | 14 |
| Unsure but suspected/unknown | 1 | 25 | 36 | 26 |
| Total | 4 | 100 | 139 | 100 |
| Housing status at start of program | | | | |
| Housed | - | - | 44 | 32 |
| Unstably housed | 1 | 25 | 36 | 26 |
| Shelter/no housing | 2 | 50 | 42 | 30 |
| Unknown/not recorded | 1 | 25 | 17 | 12 |
| Total | 4 | 100 | 139 | 100 |

Appendix B: Photovoice Consent Forms

Photovoice General Release Consent Form

I have been asked to take part in a photovoice project about the Healthy, Empowered, & Resilient (H.E.R.) Pregnancy Program. In this project, I will get a camera and take pictures about my experience with the H.E.R. Pregnancy Program. I will also be asked to share stories about my photographs with Lindsay. Lindsay works at Charis and is a partner of the H.E.R. Pregnancy Program team. Lindsay will ask to record my voice during the conversation.

By signing this form, I understand that my photographs and stories will be shared with other people. This is so they can learn about the HER Pregnancy Program. I will get copies of my photos at the end of the project. My pictures and stories will be part of a report for others to read. My pictures and stories will not have my name on them if I don't want. At the end of the project, my photos and stories will be shared with people at a public presentation or on a YouTube video.

I understand that I can leave the project at any time for any reason. If I choose to leave the project, I can still get help and support from H.E.R. Pregnancy Program staff.

By printing and signing my name below, I agree to take part in the photovoice project. I also allow my photographs and stories to be shared publicly.

My Name (Please print)

My Signature

Date

Please answer the following questions:

1) I want (choose one):

- ☐ My first and last name to be displayed with my photos.
- ☐ Only my first name to be displayed with my photos.
- ☐ No name to be displayed with my photos.
- ☐ A fake name to be displayed with my photos. My fake name will be _____.

2) My voice recording (choose one):

- ☐ May be used for others to hear in a public presentation.
- ☐ May not be used for others to hear in a public presentation.

If you have any questions or concerns about the photovoice project, please call Lindsay at 780-496-9067 (Extension: 231).

The Community Research Ethics Board of Alberta (CREBA) has granted ethics approval of this project.

If you are unhappy about how this project is done, or if you have questions about the project, please contact:

Community Research Ethics Board of Alberta (CREBA)

Suite 1500, 10104 – 103 AVE

Edmonton AB, T5J 4A7

Phone: (780) 423-5727 / Toll-free: 1-877-423-5727 / Email: health@albertainnovates.ca

Photovoice Permission to Take and Use Photograph Consent Form

I agree to have my photograph taken for a project about the Healthy, Empowered, & Resilient (H.E.R.) Pregnancy Program. I understand that my photograph may be shown in public places so others may learn about the H.E.R. Program. My name will not be shown with my picture.

My Name (Please Print)

My Signature

Date

Name of Photographer (Please Print)

If the person being photographed is a child, the parent or guardian can allow him/her be photographed. By printing and signing my name below, I agree to have my child's photograph taken for this project.

Parent Name (Please Print)

Parent Signature

If you have any questions or concerns about the project, please call Lindsay at 780-496-9067 (Extension: 231). Lindsay works at Charis and is a member of the project.

The Community Research Ethics Board of Alberta (CREBA) has granted ethics approval of this project.
If you are unhappy about how this project is done, or if you have questions about the project, please contact:
Community Research Ethics Board of Alberta (CREBA)
Suite 1500, 10104 – 103 AVE
Edmonton AB, T5J 4A7
Phone: (780) 423-5727 / Toll-free: 1-877-423-5727 / Email: health@albertainnovates.ca

Appendix C: Cue Card

H.E.R. Pregnancy Program Impact Evaluation – Photovoice Cue Card

Side 1 – Photography tips

| Project Tips | Remember... |
|--------------------------------|--|
| Stay safe! | Take pictures in public places. Do not walk on private property. Stand on solid ground. |
| Ask permission! | Respect the privacy of others. Ask before taking someone's photo. Ask them to sign the consent form. To take a child's photo, ask the parent or caregiver to fill out a consent form. |
| Talk about the project. | "I am part of a photovoice project and we are taking photos of our lives and talking about them with other people." "The photos will be shown to other people. Your name will not be shown." "Thank you for letting me take your picture." |

Side 2 – Photography content

| Project Questions | Photo ideas... |
|--|---|
| What would you like others to know about you? | What is your background? How do you see yourself: <ul style="list-style-type: none"> As a woman, a mother, a friend...? What are you good at? What are some of your hopes for the future? What challenges do you face? |
| What has the H.E.R. Pregnancy Program done for you? | What has the program done for your: <ul style="list-style-type: none"> Health...? Pregnancy...? Personal strength...? Safety...? Feelings...? |
| What do you think about the H.E.R. Pregnancy Program? | What part of the program has helped you the most? What could the program do better? |

Appendix D: Photovoice Key Informant Interview Guide

H.E.R. Pregnancy Program Impact Evaluation - Photovoice Visit (Interview) Guide

INTERVIEW FORMAT

- Lindsay will meet with the participant (likely in the HER Pregnancy Program room in Streetworks) to present and discuss the developed photographs.
- The pair will have an unstructured conversation about the meaning in the photographs in relation to the participant's life experience, interactions with the H.E.R. Pregnancy Program, and ideas about how the program can be improved.
- The conversation will be collaborative in nature. Lindsay will look through the photos with each participant and ask: "What does this photo represent?" or "What is happening here?" The women may name the photo, describe a feeling it represents, or tell a story.

INTRODUCTORY REMARKS

Thank you for taking part in this project. The goal of the project is to try and understand how the HER Pregnancy Program works from the perspectives of women who visit the program. We really want to understand the program from your eyes. We wanted to do this in a creative way by asking ladies to take photos about their lives and experiences with the program. We want to know what you think about the program and what it has meant for you.

Today, we will just look through your photos together and talk about what you caught on film! We will chat for about an hour. I will ask you some questions about the photos and your experience with the HER Pregnancy Program. It's important for you to know that your name will be kept private throughout the project. Unless you want, your name will not be shared or linked with your photos or stories. You may refuse to answer questions you don't feel comfortable answering and you can choose to end our conversation at any time. If you want to skip a question or end our discussion, that is completely okay. It will not affect your relationship with anyone here at the program and you can still access all the services and supports the program has to offer. What you think is important for helping others understand what the HER Pregnancy Program is all about.

Is it okay with you if we go ahead with the conversation?

☐ Yes ☐ No

Also, I would like to record our conversation to help me remember what we talk about today. The recording will only be used for the project and it will be kept securely in my office. **Is it okay with you if I record the conversation?** *(If no, ask to take notes instead.)*

☐ Yes ☐ No

The recording may also be shared with others publicly in a presentation or YouTube video. Your name will not be given out with the presentation or YouTube video. **Is it okay with you if your voice recording is played for others to hear at a public presentation or on a YouTube Video?**

☐ Yes ☐ No

Do you have any questions or comments before we get started?

Warm-Up Questions

1. What was it like taking photos for this project? (*How did it go?*)

- a. What kinds of topics or ideas did you try to capture?
- b. Did anything unexpected happen?
- c. What kinds of challenges did you come across?
- d. How did you feel about taking photos for the project?
- e. What kinds of things did you learn?

Client Life Experience

2. Which of these photos best capture and your personality and life experience?

- a. Which of these photos are the most meaningful to you and why?
- b. What is happening in the photos?
- c. What thoughts, ideas or stories are captured?

3. What would you like others to know about you and your life?

- d. What life experiences would you want to share with others (e.g., your experience as a woman, a mother, a friend, etc.)?
- e. What are some of your personal strengths?
- f. What are some of your hopes for the future? (What are your personal goals?)
- g. What kinds of challenges do you face?

Client Experience with the H.E.R. Pregnancy Program

4. Which of these photos best shows your experience with the H.E.R. Pregnancy Program?

- h. What keeps you coming back to the program?
 - Do you trust the support workers and the services offered at the program? Has the program helped you reach out to other services (e.g., Children's Services)?
 - Do you feel that you have better relationships with people in other programs?

5. How is your life different since you came to the program?

- a. What has the program meant for your health?
 - What have you learned about how to be healthy (e.g., awareness about need to reduce substance use, safer sexual practices, taking prenatal vitamins, getting immunizations, etc.)?
 - Do you feel healthier in terms of your sexual health (e.g., going for check-ups, STI prevention, etc.)?
- b. What has the program meant for your pregnancy?
 - What have you learned about how to have a healthy pregnancy (e.g., awareness of reducing or eliminating substance use during pregnancy)?
 - Do you think you and your baby are healthier because of help from the HER Program?
 - Where has been the most change in your health and your baby's health as a result of coming to the HER Program?
- c. Has the HER program taught you how to stay safe and avoid harm?
 - Can you tell me about a time when program advice helped keep you safe?
 - Since you started visiting the program, has there been any change in how much you experience harm from others?
 - What kinds of things prevent you from staying safe?
- d. Has the HER program helped you feel more confident? If so, how?
 - In what ways has the program helped you feel better about yourself or life in general?
- e. Has the HER Program helped you to make decisions?
 - Can you tell me about a time when staff helped you make an important decision (e.g., about keeping or terminating a pregnancy, obtaining referrals to other programs/services, relationship advice, etc.)?
 - Do you feel like you had a say in the kind of care your child receives?

Client Perspectives on the H.E.R. Pregnancy Program

6. What aspect of the program has helped you the most?

- a. How has the program made a difference in your life?
- b. For you, what is the best thing about coming to the program?

7. What could the program do better?

- a. What changes could be made?
- b. Can the program do anything more to help you or your pregnancy?

8. Have you ever been unable to follow advice given by the support workers? If so, please describe.

- a. Has anything stopped you and your baby from trying to be healthier? If so, what?
- b. What kinds of problems (barriers) have you come across?

Thank you for sharing your insights and experiences about your life and the H.E.R. Pregnancy Program!