

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

Summary

Final Report

December 2013

Prepared for:

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

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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 summarizes the findings of the Impact Evaluation, and was made possible through funding provided by Alberta Health. The evaluation was contracted to Charis Management Consulting Inc. (Charis) by the Alberta Centre for Child, Family and Community Research (ACCFRC).

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Recommended citation

Wodinski L, Wanke MI & Khan F (2013). *Impact Evaluation of the H.E.R. Pregnancy Program – Final Summary Report*. Prepared by Charis Management Consulting 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
- Marliss 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

1.1 Background

The Healthy, Empowered and Resilient (H.E.R.) Pregnancy Program was established by Streetworks in April, 2011 with the aim to provide health and social services to street-involved, pregnant women living in the downtown core of Edmonton, Alberta's capital city. The development of this program was based on key learnings from Women in the Shadows, a similar community-based outreach program that was piloted from 2008 to 2010.¹ The H.E.R. Pregnancy Program is funded by Alberta Justice and Solicitor General and closely aligns with the provincial government's early childhood development priorities and social policy framework. In April 2012, the Alberta Centre for Child, Family and Community Research (ACCFCR) (on behalf of the H.E.R. Pregnancy Program Steering Committee) contracted Charis to complete a literature review of social programs that serve street-involved pregnant women, as well as conduct both a process and impact evaluation of the H.E.R. Pregnancy Program. This report synthesizes the key findings of the H.E.R. Pregnancy Program impact evaluation.

Impact evaluation activities were guided by the H.E.R. Pregnancy Program Steering Committee comprised of representatives from Alberta Health, Alberta Health Services (Public Health and Women's Health), Boyle McCauley Health Centre, Human Services, and Streetworks. A Core Team, which includes representation from ACCFCR, Alberta Health and Streetwork's H.E.R. Pregnancy Program provided added direction during the data collection planning and implementation stages of the evaluation.

The remaining sections of this report describe the program goals and service delivery model of the H.E.R. Pregnancy Program, the impact evaluation methodology and results according to social and health outcomes, and additional learnings. The report closes with a summary and discussion of the evaluation findings and research limitations. The concluding section also offers a list of program recommendations based on key learnings derived from the evaluation.

1.2 Program Description

Program Mission, Vision, and Guiding Principles²

With a vision to promote "safer and healthier women and babies", the H.E.R. Pregnancy Program aims to assist and empower street-involved women who are pregnant or have the potential to become pregnant by enhancing their skills, knowledge, resources, and levels of personal support so they may live

¹ The Women in the Shadows program was offered by a collaborative team consisting of Streetworks, the Alberta Health Services Edmonton Sexually Transmitted Infections Centre, and Boyle McCauley Public Health Outreach. The program aimed to provide health services to street-involved, pregnant women in Edmonton's inner city.

² H.E.R. Pregnancy Program mission, vision, and guiding principles were provided by Streetworks for inclusion in the impact evaluation report.

safer and healthier lives. The program helps women to access health care services before, during and after their pregnancy and addresses social issues related to homelessness, mental illness and addiction, family violence, and poverty.

The H.E.R. Pregnancy Program staff team is comprised of three pregnancy support workers who have street knowledge and experience, as well as a registered nurse and social worker. The interventions offered by this multidisciplinary staff team are guided by the following principles:

- **Women centeredness:** The primary focus of the program is to address women's physical and mental health needs (the health of a fetus is always considered, but is viewed in relation to women's needs overall);
- **Peer support:** To help build trusting relationships and overcome service delivery barriers, the program employs staff who can relate to clients through common life experiences;
- **Harm reduction:** The staff team provides services based on where clients are at and continue to be regardless of their current or previous substance use;
- **Strength-based:** Women are encouraged to have confidence and move forward through positive affirmations and encouragement;
- **Relationship-based:** All interventions offered through the program occur through relationship building and trust established between staff and clients;
- **Equality:** All staff and clients involved in service delivery are of equal importance and deserve mutual respect;
- **Evidence informed education:** The H.E.R. Pregnancy Program provides accurate and evidence-based information to women and service providers;
- **Health promotion and primary health care:** The program helps women have greater control over situational factors that influence their health;
- **Flexibility:** The program demonstrates flexibility in providing services to women and addressing their most immediate needs;
- **Low threshold:** The staff teams aims to decrease barriers and help women access needed services through holistic care (i.e., there is some overlap of staff team roles and responsibilities, such as pregnancy support workers monitoring fetal heart rate for clients, or registered nurse helping a client complete housing application forms);
- **Collaboration:** The program fosters positive and supportive relationships with clients and other service providers to provide holistic care to street-involved women; and,
- **Hopefulness:** The H.E.R. Pregnancy Program staff team instills a sense of hope and autonomy in clients by helping them realize and potentially achieve their immediate and long term goals.

In addition to frontline work with street-involved women, the H.E.R. Pregnancy Program also collaborates with other agencies and service providers in the community. The program connects with multiple sectors (e.g., health, justice and human services) to coordinate service delivery efforts and

influence public health policies to enhance the health and well-being of street-involved women and their families. A final area of work undertaken by the H.E.R. Pregnancy Program is to educate partner organizations and general public about the underlying socioeconomic and environmental conditions influencing the health of street-involved women, as well as impart knowledge about best practices for working with this population.

H.E.R. Pregnancy Program Services

The H.E.R. Pregnancy Program staff team connects with women in-person either at the program (i.e., weekly drop-in sessions and scheduled or impromptu visits) or in the community (through outreach activities and the Streetworks mobile services van). The staff team also interacts with clients online (i.e., Facebook) and through cell phone text messaging.

The H.E.R. Pregnancy Program staff team helps clients with accessing:

- General support;
- Addictions support;
- Advocacy support for navigating the health system, social assistance programs, Children's Services³, judicial processes, and housing programs;
- Children's Services connections;
- Crisis intervention;
- Health services (i.e., pregnancy and non-pregnancy related nursing advice, fetal heart rate monitoring, pregnancy testing, STI testing and treatment, birth control access, prenatal postnatal, and newborn assessment, breastfeeding help, and immunizations);
- Health education;
- Housing opportunities;
- Personal identification; and,
- Supplementary income supports (i.e., Supports for Independent Living (SFI)).

Clients receive a number of resources through the H.E.R. Pregnancy Program, including personal incentives (e.g., booklets, hygiene products and food), milk coupons and bus tickets. Clients are also provided with harm reduction supplies (i.e., alcohol swabs, tourniquets, spoons and filters), syringes, condoms, vitamins, mouthpieces and baby supplies, such as diapers, powder and clothes.

³ Throughout the report, Children's Services refers to programming offered by the Government of Alberta Ministry of Human Services.

Client Demographics

The H.E.R. Pregnancy Program serves a population of women who are highly alienated from mainstream society and have experiences with mental health and addiction, abuse (both as children and adults), unemployment, and homelessness. Many have histories with the foster care system, both as children and as parents with children who have been apprehended. Most street-involved women seen by the H.E.R. Pregnancy Program have been subjected to stigma and discrimination, have been involved in illegal activities and the criminal justice system, and are at high risk for contracting blood-borne pathogens and sexually transmitted infections. They tend to be strongly attached to non-traditional social networks and have less than optimal health. The vast majority are women of Aboriginal descent.

The H.E.R. Pregnancy Program served 134 pregnant program clients between April, 2011 and July, 2013 and assisted with a total of 139 pregnancies over the two and half year period. Among pregnant clients, 63% had a previous birth and 12% had their first pregnancy with the H.E.R. Pregnancy Program (birth history was unknown for 25% of pregnant clients). While involved in the H.E.R. Pregnancy Program, the majority of pregnant clients (93%) had one pregnancy and 7% of pregnant clients had two pregnancies.

For over half of pregnancies (55%) seen by the H.E.R. Pregnancy Program, clients were between the ages of 20 and 29 and 83% were Aboriginal. Client substance use (excluding tobacco) occurred in 60% of pregnancies seen by the H.E.R. Pregnancy Program, and was suspected in another 16% of pregnancies. Staff noted client sex trade involvement for 17% of pregnancies. Housing status varied among pregnant clients. At the start of the program, pregnant clients were stably housed for 32% of the pregnancies; 30% of pregnancies occurred when clients were living in a shelter or had no housing; and 26% of pregnancies occurred when clients were unstably housed (i.e., living with friends or family).

2. Methodology

The H.E.R. Pregnancy Program impact evaluation captured the perspectives of various key stakeholders using multiple data collection methods, including a modified photovoice approach, staff focus groups, key informant interviews with stakeholders, online administration of the Wilder Collaboration survey⁴, analysis of program data, and Social Return on Investment (SROI) analysis. Impact evaluation dimensions, indicators and data sources are presented in table form in Appendix A.

Table 1 illustrates how multiple lines of evidence were used to collect and analyze data to determine program outcomes.

⁴ Adapted from Mattessich, P., Murray-Close, M., Monsey, B., & the Wilder Research Centre. (2001). Collaboration: What Makes it Work? (2nd ed). Saint Paul, MN: Wilder Publishing Centre.

Table 1. H.E.R. Pregnancy Program impact evaluation data sources, methods, and analysis techniques

Data source	Data collection method(s)	Data analysis technique(s)
Clients	Modified photovoice project and key informant interviews	<ul style="list-style-type: none"> Content analysis (transcription, coding, and theming) SROI
Program data	Staff recording and database entry of client prenatal, postnatal, visit data recording sheets	<ul style="list-style-type: none"> Statistical analysis (means and percentages) Comparison of H.E.R. Pregnancy Program data to relevant studies in the literature about homeless and/or substance-using pregnant women SROI
H.E.R. Pregnancy Program staff	Two focus groups	<ul style="list-style-type: none"> Content analysis (transcription, coding, and theming) SROI
Steering Committee members	Key informant interviews Wilder Collaboration surveys (administered at baseline and final)	<ul style="list-style-type: none"> Content analysis (transcription, coding, and theming) Statistical analysis (means and percents) SROI
Community agency partners		

2.1 Modified Photovoice

A modified photovoice approach was used to explore client perspectives and experiences with the H.E.R. Pregnancy Program. Four clients, referred to as Jennifer, Paula, Carla, and Anne (not their real names) participated in the photovoice project and completed a key informant 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 who appeared to be hopeful and the other who did not appear to be hopeful about her pregnancy. Three women were using substances at the start of the program (substance use was unknown for one participant). The women's housing situations varied: two were homeless or living in shelters and one was unstably housed at the beginning of their pregnancy (the living circumstance of one participant was unknown).

All photovoice participants had experienced multiple pregnancies in their lifetime. Prior to connecting with the H.E.R. Pregnancy Program, the women collectively had 14 children who were taken into care by a family member or Children's Services. After connecting with the H.E.R. Pregnancy Program, three of the four women maintained custody of their subsequent child (the three babies who stayed in the care of their mother were between 6 and 12 months of age at the time of the photovoice project).

2.2 Program Data

The H.E.R. Pregnancy Program developed a database to capture information about the services provided and the clients served by the program. This database was created independently from Charis with assistance from a computer programmer. Of note, the H.E.R. Pregnancy Program staff team gradually acquires personal information from clients as they build trusting relationships and provide interventions. Staff recorded program services and client data onto prenatal, postnatal, and visit data sheets and entered the information onto the electronic database. These data were compiled onto spreadsheets and submitted to Charis for analysis and inclusion in the impact evaluation final report.

2.3 Staff Focus Groups

H.E.R. Pregnancy Program staff were asked to share their perceptions about program impact on the street-involved, pregnant women, staff, community, program partners, and institutional systems. Two focus groups were carried out with the H.E.R. Pregnancy Program staff team. Four staff members participated in the first meeting, and five staff members attended the second meeting.

2.4 Stakeholder Key Informant Interviews and Survey

H.E.R. Pregnancy Program Steering Committee members and community agency partners were asked to complete a key informant interview and Wilder Collaboration online survey. In total, 13 interviews were carried out with government and non-profit sector representatives in the areas of health and social services (i.e., 6 Steering Committee members and 7 representatives of partner organizations).

Representation was achieved from Alberta Health (2), Alberta Health Services (Public Health and Women's Health) (2), Boyle McCauley Health Centre (3), Boyle Street Community Services (1), East Edmonton Health Centre (Community Perinatal Program) (1), Human Services (2), Streetworks (1), and Victim Services (1). The interviews and online survey captured stakeholder ideas about program successes, challenges, and collaborations with other service providers in the community.

Eleven (11) stakeholders were asked to complete an online version of the Wilder Collaboration survey. This survey explored several angles of H.E.R. Pregnancy Program partnerships including the historical and socio-political environment of partner interactions; membership characteristics; structure and processes; communication practices; objectives, vision, and purpose; and, resources. Eight (8) completed surveys were received from representatives of Alberta Health (1), Alberta Health Services (Women's Health) (1), Boyle McCauley Health Centre (1), Boyle Street Community Services (1), East Edmonton Health Centre (Community Perinatal Program) (1), Human Services (2) and Victim Services (1).

2.5 Social Return on Investment Analysis (SROI)

An SROI analysis of all data sources was carried out to determine the social value of the H.E.R. Pregnancy Program. SROI methodology is a principles-based approach that values change for people (i.e., patients, clients, participants). It assigns monetary value to traditionally non-valued phenomena, such as well-being and social impact across public sectors. SROI has the capacity to create awareness of mutual interdependence across governmental (public) sectors and, as such, develops collective ownership and commitment to ensure the success of a program. It highlights that programs can be seen as investments with clear results that reach beyond program participants and also benefit communities and individuals. SROI was included in the H.E.R. Pregnancy Program evaluation because the benefits of this program appear to extend beyond the health care sector, based on participant perceptions and program data findings. A limitation of SROI analysis is that some social and/or systems benefits and outcomes cannot easily be monetised (e.g., increased self-esteem, improved family relationships and personal well-being).

3. Results

In the following sections, results from client photovoice, program data, staff focus groups, stakeholder interviews and surveys, and SROI analysis are triangulated and synthesized according to social and health outcome indicators. Social outcome indicators consider client:

- Access to health and social services (i.e., service connectedness);
- Substance use;
- Sexual practices;
- Housing outcomes;
- Child care outcomes;
- Feelings of empowerment; and,
- Safety.

Health outcome indicators refer to client maternal and infant health outcomes. In addition to reporting client social and health outcomes, the evaluation yielded other key learnings about the H.E.R. Pregnancy Program:

- Staff experiences;
- Approach toward service delivery;
- Partnerships with other community agencies;
- Educational efforts; and,
- Program uniqueness.

3.1 Social Outcomes

Reduced Risk Factors and Strengthened Protective Factors Among Clients

Service Connectedness

As a result of H.E.R. Pregnancy Program interventions, street-involved, pregnant clients are accessing health and social supports from the H.E.R. Pregnancy Program and other service providers (i.e., hospitals and community health centres, Children's Services, social assistance programs, housing, and victim supports).

Program data indicate that the majority of clients visited the H.E.R. Pregnancy Program while pregnant and visited most frequently during their second and third semester. On average, pregnant women visited the program 29 times (median 13; range 1-167) from preconception through to the baby's due date. Of the nine women who accessed the program from the first trimester through to the postnatal period, each visited the program on average 83 times (median 83; range 7-167). Of note, 37% of client pregnancies (48 out of 130) had connection with the program during the first trimester. Among women who had a subsequent pregnancy with the program, 78% of client pregnancies (7 out of 9) returned to the program during the first semester (data was not available for 2 of the 9 women). This suggests strong connectedness to the H.E.R. Pregnancy Program, as well as women's increased understanding of the importance of early prenatal care.

Some clients continued to visit the H.E.R. Pregnancy Program after they gave birth. This trend was mentioned by staff members during the focus group sessions. Three of the four photovoice participants also described continuing their relationship with the H.E.R. Pregnancy Program staff team well beyond the intended six month period. Staff members reported that the H.E.R. Pregnancy Program is meeting client demands for service, though their work has increasingly focused on providing postnatal assistance to new mothers. Data suggested that among the 23 clients who visited the program after giving birth, the average number of postnatal visits per client was 20 (median 18; range 1-66).

Staff members articulated that the program has gradually reached its targeted population as a result of staff outreach efforts and increased awareness of the program at the community level (i.e., word-of-mouth conversations and referrals from clients), but noted that there remains a subpopulation of street-involved, pregnant women who are not accessing program services. The staff team suspected that the hardest-to-reach women are those with traumatic past experiences and are highly mistrustful of any kind of service provider.

While connected with the H.E.R. Pregnancy Program, pregnant clients most frequently accessed general supports (100% of clients), health education (94%), referrals (75%), health services (74%), and advocacy support (74%). The kinds of health services pregnant clients received from the H.E.R. Pregnancy Program included nursing advice (52%), fetal heart rate monitoring (47%) and non-pregnancy related assistance (35%). Health services are provided mainly by the program's registered nurse.

Pregnant clients most often accessed program products such as milk coupons (69%), personal incentives (e.g., booklets, hygiene products and food) (69%), bus tickets (64%), and vitamins (44%). During program visits with pregnant client, the staff team most often discussed topics related to health (100%), healthy relationships (96%), feelings (95%), and basic needs (92%). Staff conversations with pregnant clients also focused on harm reduction practices (87%), safety (86%), drug use and addiction (84%), nutrition (83%), legal issues (75%), parenting (74%), past trauma (70%), grief and loss (70%), school or training programs (64%), pregnancy options (61%), newborn care (53%), birth control (47%), postpartum depression (40%), and the sex trade (39%).

Clients who participated in the photovoice project reported receiving staff assistance with attending medical appointments and judicial hearings, finding housing, accessing income supports and the food bank, and obtaining identification. They received various program products, including prenatal vitamins, milk coupons, educational brochures, and baby supplies. Two of the participants were also assisted by other agencies (E4C's Crossroads Outreach, Ben Calf Robe Society, and youth unit at Boyle Street Community Services) before, during and after their pregnancies.

Figures 1 and 2



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.

- Paula (Client)

H.E.R. Pregnancy Program client referrals and advocacy supports enabled women to access services externally (i.e., Streetworks and Boyle Street Community Services). Referral services (Table 2) involved connection with offsite physicians (45% of pregnant clients), family programs (45%), Children's Services (38%), housing programs (34%), an onsite physician (30%), cultural programs (30%), detox (18%), mental health services (16%), and STD clinics (6%).

Table 2. Number and percent of pregnant clients who received referral services

Referral services	Clients (n = 77)	
	#	%
Offsite physician	35	45
Family program	35	45
Children's Services	29	38
Housing program	26	34
Onsite physician	23	30
Cultural program	23	30
Detox	14	18
Mental health	12	16
STD clinic	5	6
Other referrals	34	44

Note: n=77 excludes visits during the postnatal period. Visit data was also not available for all pregnancies and for client visits in 2011.

Staff also advocated on behalf of clients, particularly when accessing services from the health system, social assistance programming, Children's Services, and the judicial system. For instance, the H.E.R. Pregnancy Program staff team often attend medical appointments with clients to help translate medical jargon and facilitate smooth interactions between health professionals and women who may feel anxious about being in a formalized institution. Notably, H.E.R. Pregnancy Program staff members attended 13 of 60 client births (22%) between January, 2012 and July, 2013.

Sometimes the moms would look at us, they would be in tears, they would hug you and say "thank you, I wouldn't have been able to do this without you, I wouldn't have been able to have this conversation without you, I wouldn't have talked to this person without you, I wouldn't have made this phone call without you".

- Staff member

The H.E.R. Pregnancy Program staff team believe that their partnerships with other community agencies have lifted barriers and improved client experiences with service providers. The majority of Steering Committee members and partner agency representatives (10 of 13 or 77%) articulated that the H.E.R. Pregnancy program is an additional source of support in the community for street-involved, pregnant women, as few resources are available to assist women while they are pregnant (in general, there are more postnatal and fewer prenatal supports available to women). Existing prenatal services are generally offered through traditional modes of health service delivery which may not be acceptable or feel welcoming to women who are deeply immersed in street culture.

There seems to be less support for women [while they are pregnant] and more support once there is a baby. I feel that the H.E.R. Pregnancy Program is taking that step [forward] and it is really important. We can't really have a healthy baby and healthy parenting if the mom isn't healthy to begin with. So I feel that's really the gap that they are filling.

- Stakeholder

[The H.E.R. Pregnancy Program staff team] often go on a van to find these moms. We have one mom who, the suspicion was that she was leaking amniotic fluid and using drugs during her pregnancy. And [the H.E.R. Pregnancy Program] staff kept encouraging her to go to the doctor. When the time came for her to go to the hospital, she sought them out. She knew that when it was time for her to meet someone they were there. And they make it so clear that they're available at any point.

Substance Use

The H.E.R. Pregnancy Program is helping clients to eliminate and reduce substance use, as well as use substances more safely during pregnancy.

Client substance use was reported or expected for 76% of the 139 pregnancies (substance use was reported for 60% of pregnancies and was suspected for 16% of pregnancies). Substance use typically involved alcohol, marijuana, and other drugs. Methadone use was reported for 2 of 43 (5%) of pregnancies for which data were available.

Positive change was noticed among substance-using pregnant clients while connected with the program. For instance, women reported elimination of use (40%), safer use (37%), and reduction of substance use (26%) at least once during their pregnancy with the program. Of note, increased substance use was reported at least once for 37% of pregnancies.

Staff focus group participants and stakeholders believed that women were generally more aware of the effects of substance use on a growing fetus and that many women had taken steps to reduce their substance use while pregnant or use substances more safely. Two of the photovoice participants described their efforts to

I was working with a mom who was using meth[amphetamine] pretty heavily, but after hearing the fetal heart rate and connecting with the baby, she chose to quit [and] wanted help.

- Staff member

We had one mom [who] stayed clean for about six weeks before she gave birth, which was exciting, based on the fact that this baby did not test positive when she was born. [The mom] was slowly cutting down. She knew "I didn't drink during the first 3 months, I slipped, and this is what I used and this was the timeframe". You could see based on the [H.E.R. Pregnancy Program team] backing her up, it was true. This mom was aware of the damage that could be done by using, as well as the damage that could be done by just quitting cold turkey while pregnant.

- Stakeholder

eliminate or reduce substance use during their pregnancies by abstaining from alcohol and enrolling in a methadone program.

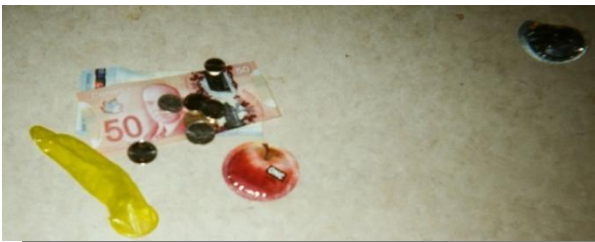
Figure 3



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

- Jennifer (Client)

Figures 4 and 5



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

- Paula (Client)



Safer Sexual Practices

The H.E.R. Pregnancy Program appears to have positively influenced some clients to adopt safer sexual practices.

In 24 of 139 (17%) of pregnancies, clients were reported to have involvement with the sex trade. Within this group of women, 10 (42%) reported having safer sex while they were connected with the program. Given the sensitive nature of this topic, it was not possible for staff to determine client sex trade involvement for 62 (45%) of all pregnancies.

During focus group discussions, the staff team described clients who wished to practice safer sex and requested condoms and access to birth control. In one case, a client left the sex trade after having her baby, even though this presented a sudden loss of income at a time when extra money was needed to purchase infant care supplies. Staff reported that women were also more aware of the need to avoid sexual intercourse after giving birth. Staff members routinely supply women with condoms with the understanding that not all women are able to abstain from sex within the recommended post-partum period.

Staff explained that the culture of the street and cultural teachings present barriers in transitioning women toward healthier and safer lifestyles. Staff noted that many H.E.R. Pregnancy Program clients have been “street trained” by “older women” and “old school street people” to avoid safe sexual practices. Younger women who wish to use condoms and birth control sometimes encounter resistance and backlash from inner city community members, and as a result younger, street-involved women “have to fight for themselves, plus the community, plus the workers, plus a million other things” in making decisions about their reproductive health. Staff members also expressed the difficulties involved with re-educating clients who “beat themselves up for their experiences”.

[The women are] street trained and a lot of people are like “oh, I don’t wanna use condoms, I don’t believe in birth control, I don’t believe in abortion, I don’t believe in adoption.”

- Staff member

Some people are so focused on their Aboriginal culture. Growing up, you were never to use birth control and [you] were to be given however many kids the Creator granted [you]. Birth control and using condoms is something that people in the past, older generations, would never think of using.

- Staff member

Housing Outcomes

The H.E.R. Pregnancy Program has helped to improve the housing situations of some clients, but lack of housing availability in the community and income support for women in need present ongoing challenges.

At first connection with the program, 42 (30%) of client pregnancies occurred where the mother was living in shelters or had no housing; in 44 (32%) of cases the mother was housed, and for 36 (26%) of client pregnancies the mother was living with family or friends (housing status was unknown for 17 or 12% of pregnancies). Housing status was unknown for 17 (12%) of clients.

Ten of 42 (24%) of pregnant client with no housing and seven of 36 (19%) of those unstably housed at the start of their involvement with the H.E.R. Pregnancy Program were reported to be housed during their involvement with the program. On the other hand, seven of 80 (9%) of pregnant clients were noted to experience a decline in their housing status, that is, moving from housed to unstably housed (4), or from unstably housed to shelter or no housing (3) during their involvement with the program.

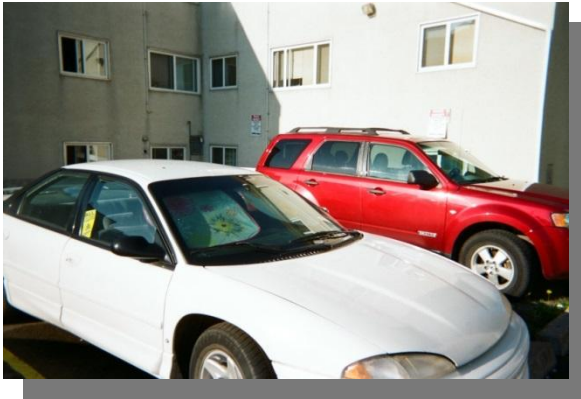
During focus group discussions, client access to housing (and funding support) was considered a high priority among all staff members as housing availability and income directly influence the safety, custody and health outcomes of women and their infants. They reported that women who are granted income assistance (such as Supports for Independent Living (SFI) or a housing subsidy from the Capital Region Housing Corporation) are sometimes able to find housing on their own; however housing availability in the community tends to fluctuate and has become increasingly difficult to obtain in recent years. This service delivery barrier was echoed by program stakeholders. To help women access housing, the H.E.R. Pregnancy Program has partnered with Kahkiyaw, a community-based program of the Bent Arrow Traditional Healing Society that assists with housing and also provides postnatal support to women.

If I was going to add something to the program, it would be housing, [and] maternity housing with a harm reduction focus. I think you could always do what you can do in outreach and that kind of support, but without housing it's really hard.

- Stakeholder

Among photovoice participants, two women had help from the H.E.R. Pregnancy Program in accessing an emergency shelter, as well as temporary and stable housing. Jennifer, explained that after the birth of her daughter, the H.E.R. Pregnancy Program helped her to acquire everything she needed to raise a child, including her own apartment and a vehicle.

Figures 6 and 7



Child care outcomes

The H.E.R. Pregnancy Program has been successful in helping clients maintain custody of their infants.

Possibly the most significant impact of the program, particularly from the perspectives of clients, concerns child care outcomes. Among the 60 births seen by the H.E.R. Pregnancy Program (for where data were available), 32 (53%) of births resulted in the woman maintaining custody and parenting her child; five (8%) of births resulted in the baby being placed in the care of a family member or friend; and 19 (32%) of births resulted in the baby being placed in care. For 2 (3%) of births, the babies were adopted, and the outcome of 2 births was unknown.

These results may be compared with the last known parenting goal set by clients before giving birth. Notably, none of the women wished to see their child apprehended, yet and this outcome was observed for approximately 32% of the births by the end of the study period. Of the 44 women whose last stated goal was to parent, 25 (57%) realized this outcome. In addition, parenting was the outcome for three women whose last recorded goal was to either have baby in their family or friends care, have the baby adopted or who were unsure of their desired outcome.

According to the H.E.R. Pregnancy Program staff team, clients are careful about what information they share with Children's Services workers (or anyone with connection to this institution) to avoid the possibility of their child being apprehended. Staff members felt that their efforts positively contribute to women's ability to parent and maintain custody of their children.

They've been screwed over by the system so many times, or by workers, or they had their child apprehended, or maybe they have warrants out for their arrest, or maybe they feel they are going to be judged.

- Staff member

This perception was also reflected in comments from stakeholders. Four stakeholders observed that more clients are able to take their babies home from the hospital.

We've had a couple of women who weren't connected to the H.E.R. Pregnancy Program. Now they're pregnant with baby number two or three [and] they're connected to the program. There's a huge difference in how well they're doing now versus how they were doing before connecting to the H.E.R Pregnancy Program. There's a great likelihood that these moms are going to go home with their babies due to the support and changes they've made in their life. And there's a good chance that their other children may come home too. I can't say 100%, but I don't think these women would have done it without the support of the H.E.R. Pregnancy Program.

- Stakeholder

Client motivation to keep their infants coupled with intense fear and suspicion of child apprehension figured strongly in photovoice interviews and photographs. The photovoice participants expressed their desire to become parents while they were pregnant, but were fearful of losing their babies after giving birth. All four women had children who were in the care of family or had been 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 subsequent children.

Figure 8



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.

- Paula (Client)

Collectively, the photovoice participants reported having 14 births prior to connecting with the H.E.R. Pregnancy Program; all babies (100%) were either apprehended by Children's Services or in the care of a family member. After connecting with the H.E.R. Pregnancy Program, three of four babies (75%) remained in the women's care. At the time of the interview, the three babies were between 6 and 12

months. This finding is significant and suggests positive program impact on client parenting outcomes. The three women who maintained custody of their children attributed this success to the H.E.R. Pregnancy Program.

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. 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. She is everything to me. That best explains what these guys have done for me.

- Jennifer (Client)

Figures 9 and 10



Note: Jennifer provided full informed consent for the use of her child's photos in a public report. Jennifer did not want her daughter's face to be blurred.

Figure 11



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.

- Paula (Client)

Note: Paula provided full informed consent for the use of her child's photos in a public report. Paula did not want her son's face to be blurred.

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 lost contact [with the baby], because of court dates. I couldn't go back to get my kid... I was kind of nervous with this one because I didn't want another taken away. 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.

- Anne (Client)

Figures 12 and 13



Note: Anne provided full informed consent for the use of her child's photos in a public report. Anne noted that she did not want her daughter's face to be blurred.

Decreased Level and Severity of Victimization Among Clients

Empowerment

The H.E.R. Pregnancy Program has resulted in increased levels of personal empowerment among some pregnant clients. Specifically, clients exude greater confidence and involvement in decision making about their child's care.

Among pregnant clients, just under half of the women (48%) indicated at least once that they felt empowered while involved with the program and 25% of pregnant women expressed feelings of empowerment during four or more visits with the program. Staff felt that increased confidence and self-esteem were among the most significant client behaviour changes they had seen. They reported that as a result of the program, women were less stressed and anxious, and showed more confidence. In both focus groups, staff mentioned that clients were more open to “talk about things” as they built trusting relationships with the team over time.

The H.E.R. Pregnancy Program staff team felt that the program has helped women feel more empowered to make decisions about the outcome of their baby. According to staff, some clients developed a new sense of hope after learning about their pregnancy and some clients had attended parenting classes with a clear goal to keep their babies. Women recognize that they have a choice about whether or not to keep their baby and have help with developing a parenting plan (e.g., placing child in care of family members and staying connected through visits) or maintaining connection with their baby even if the child is not directly in their care.

Stakeholders also felt that greater confidence levels among clients have positively impacted women's involvement in decision making about the care of their babies. Clients who are unable to parent because of homelessness or other factors are willing to explore alternative options for staying connected with their babies.

No longer is homelessness a reason to bring a child into care. If the child isn't coming into care, we plan differently. It's not instant apprehension [with] permanent guardianship. The mom can say "[let's] do a voluntary custody agreement. I'm so close to getting everything I need". [Children's Services is] signing more family enhancement agreements [and] sending that baby home, but with lots of supports.

- Stakeholder

[Clients] are more comfortable to name some of their healthy family. [Some women] are not open to talking about any of their healthy family, because within their own family they're kind of shunned upon for their lifestyle, but [Children's Services] are able to kind of get more of that information. So a lot of times [babies] are placed in a healthy family and [clients] are more happy with being included in the plan... These moms aren't excluded.

- Stakeholder

The H.E.R. Pregnancy Program staff team also credited the program's collaborative work with Children's Services in helping women to maintain custody of their children. According to program data, Children's Services was involved in 30 of 60 (50%) of client births. In 21 (70%) of births where Children's Services was involved, women had a role in child placement decisions. During focus group conversation, staff explained that prior to the program's existence, street-involved women viewed Children's Services as the "enemy"; however, with some patience and "a lot of work", collaboration is happening between the two groups.

We have a mom. There's some addictions stuff in her past, there's some not nice partners in her past. She is [doing] awesome... She has connected to lots of supports and we closed our file [because] she's successfully parenting now. She still has the support of the H.E.R. Pregnancy Program and other programs in the [Boyle Street Community Services] building. She begged our [Children's Services] assessor not to close her file, because she felt very comfortable with us, she was happy to hear our suggestions, or who we could hook her up to, all as a team. You don't often get people saying "I don't want you to close my file". Especially some of these higher risk populations, they never want us knocking on their door.

- Stakeholder

The three photovoice participants who maintained custody of their babies discussed how the H.E.R. Pregnancy Program helped them to build confidence and achieve personal goals. Jennifer described learning that she could "do positive things, even in a negative state of mind".

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.

- Jennifer (Client)

Paula mentioned that program staff would encourage her to do things on her own, but were always there to provide additional support. She emphasized that H.E.R. Pregnancy Program staff members helped her with building 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 (Client)

Anne did not speak directly to feelings of empowerment in relation to the H.E.R. Pregnancy Program, but mentioned that the program continues to be an important source of emotional support in her life.

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.

- Anne (Client)

Unlike the experiences of the three other photovoice participants, Carla’s child did not remain in her custody and was apprehended shortly after birth. Carla believed that the H.E.R. Pregnancy Program helped her in some ways, but she continues to struggle with her self-esteem.

[The H.E.R. Pregnancy Program staff team] 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 (Client)

Carla emphasized the importance of family for her personal sense of wellness. Many of her photos were taken of her friends or street family.

Figure 14



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.

- Carla (Client)

Figure 15 and 16



**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.**

- Carla (Client)

Note: Carla gave permission to use her photos in a public report. Faces have been blurred to protect participant identities.

Safety

The H.E.R. Pregnancy Program has helped clients to better assess safety in their surroundings and personal relationships.

According to program data, safety was a key topic of discussion between staff and all H.E.R. Pregnancy Program clients (non-pregnant, pregnant, and postnatal).

Staff members highlighted a few ways in which the program empowers clients to assess their personal risk and avoid harm. Firstly, the program provides a safe place for women to openly discuss their personal safety and living conditions. Trusting relationships permit staff to ask questions like, “is that really the best place for you right now?”

When you affect them in a way where they feel their self-esteem is higher, or their self-worth is higher, I think that empowers them to make different choices.

- Staff member

According to the staff team, increased confidence and self-esteem empowers women to make different choices and be more aware of situations where they might be harmed. Staff spoke of one mom who contacted Children’s Services on her own accord because “she knew something was going on that maybe wasn’t exactly safe, and she had her son put into foster care until she could get a bit more stable”. In this case, the program had informed the client about Children’s Services processes and as a result, she was able to advocate for herself before the situation escalated further.

All staff members strongly felt that successfully connecting women to SFI funding, shelter and housing directly influences their safety. In the words of one staff member, “she’s been taken out of those high risk situations. She’s not going to be victimized if she’s not there”. Staff highlighted that changing life circumstances can influence clients to return to or increase their substance use or be involved in unsafe situations.

Two stakeholders commented that clients were more aware of their safety because the H.E.R. Pregnancy Program developed safety plans with women who are single parents or have potentially abusive partners. One stakeholder discussed H.E.R. Pregnancy Program efforts to enhance client safety by collaborating with other services providers in the community.

Among photovoice participants, two women mentioned that the H.E.R. Pregnancy Program had helped them to avoid harm. The staff team helped Anne and her child access emergency shelter services and engaged in safety planning with Jennifer concerning awareness of her surroundings and relationships.

Once we started working in partnership with [the H.E.R. Pregnancy Program], everybody had the same goal: How do we support this mom and how do we keep this baby safe? [The staff are] pretty candid in those meetings and there is such support for these moms that it isn't a fearful experience. Sometimes we walk in [to meet a client] and it triggers memories [for her] and it gets quite escalated. I find when they have the support from the H.E.R. Pregnancy Program [the women] are calm and prepared for us. [The H.E.R. Pregnancy Program staff] usually tries to connect us with women before they have a baby.

- Stakeholder

3.2 Health Outcomes

Maternal Health Outcomes

The H.E.R. Pregnancy Program contributes to positive maternal health outcomes by providing health assistance and offering clients education and access to birth control after labour and delivery.

For the vast majority of births (93%) where maternal medical complications were known, clients did not experience any medical complications during delivery. Most births (57%) were delivered vaginally (17% of births were delivered by caesarean section and delivery status was unknown for 27% of births). The H.E.R. Pregnancy Program provided birth control options and education to women upon 77% of births and assisted women with accessing birth control after 15% of births.

Staff and stakeholders mentioned that not all clients access birth control after delivering their babies, but they are more informed in making decisions about their reproductive health in the future. During focus group discussions, a participant explained that the staff team are cautious when encouraging women to use birth control.

We're not trying to prevent them from having babies. We're not saying "you need birth control and you shouldn't have any more kids... I'm offering this to you so you can have kids when you want to have kids and not be surprised and be like 'oh crap, what do I do about it?' and have kids on your own time" and give them back that power over their bodies and over their own reproduction.

- Staff member

It is a really, really valuable program. The small amount of investment at the beginning, getting these women to access care can save thousands of dollars down the road with fees with their children. And I would say... we're planting the seed for the next pregnancy. If she has a good experience this time, then she may access care sooner and maybe think "I'm not going to use alcohol during my next pregnancy". So I think we're planting a seed too.

- Stakeholder

For 52 of 60 births (87%), women remained in hospital while four (7%) left the hospital against medical advice (hospital stay was unknown for 4 or 7% of births). H.E.R. Pregnancy Program services most frequently accessed by clients during the postnatal period included general support (100%), referrals (95%), health education (93%), and advocacy (88%).

Staff members and some stakeholders indicated their belief that the program has positively influenced the health of clients and their babies. They report that many clients have accessed prenatal vitamins (sometimes a few days or weeks' supply) and have listened to fetal heart rates through the program. All staff agreed that past clients are coming back to the program earlier in their pregnancy. In fact, some women learned about their pregnancy when they accessed a pregnancy test at the H.E.R. Pregnancy Program.

A lot of women that I have worked with and referred to the H.E.R. Pregnancy Program seem healthier than they were before.

- Stakeholder

Infant Health Outcomes

According to program data and participant perceptions, the majority of H.E.R. Pregnancy Program clients gave birth to healthy babies.

Just under half of the births were male (45%) and 37% of births were female (infant sex was unknown or not recorded for 18% of births). Where gestational age was known (n=45), program data demonstrated that the majority of client babies (78%) were born within the normal gestational age range of 37-41 weeks (20% of babies were born between within a 28-36 week period and 1 baby (2%) was born within a 20-27 week period). Of infants with known birth weight (n=37), a large percentage (59%) were also reported to have normal birth weight (between 2,500-3,999 grams) or were over 4,000 grams (11%). Low birth weight (<2500 grams) was noted for 30% of client births, including one infant born at <1,499 grams.

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 [my baby's] 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 (Client)

3.3 Additional Learnings

H.E.R. Pregnancy Program Staff Experiences

Staff consistently voiced their empathy for and commitment to the women they serve in the program. Staff members described the fast-paced and busy nature of their work, as well as the importance of managing job-related stress as they endeavour to assist women who are sometimes in crisis. In the second focus group meeting, all staff members agreed that the H.E.R. Pregnancy Program has reached an important stabilization point in its third year of programming. Staff members articulated that now, more than ever, the team is working together as a cohesive unit and is able to capitalize on one another's personal strengths when providing services to street-involved, pregnant women.

Two stakeholders pointed out the personal and financial strain faced by members of the H.E.R. Pregnancy Program staff team.

It's a relationship based practice. Over the time of the pregnancy with the woman you develop your relationship with her and with her fetus and if that baby gets taken away you grieve as well. It's a program where there's lots of joys; there's also lots of loss and the team feels it.

- Stakeholder

[The H.E.R. Pregnancy Program] has to have sustainable funding and increased funding. When I look at my staff here, I would be hard-pressed to find somebody who was willing to work for that wage. [When clients go into labour, H.E.R. Pregnancy Program staff] will come in on their days off and at night and on weekends, but they also have lives. We have to be, in our society, respectful of our workers too. It's laudable that they will go to these huge lengths, and thank goodness they do that. Not that everybody has to be millionaires in society, but it would be nice if they could make a decent enough wage to also not be compromised.

- Stakeholder

H.E.R. Pregnancy Program Approach

During focus group discussions, the staff team explained that they provide a range of supports to single visitors and repeat clients using a peer-support, harm reduction and non-judgemental approach. Staff members and stakeholders believed that this service delivery model facilitates trust and relationship building between program staff and clients. Staff-client relationships are influenced by other factors, such as word-of-mouth program referrals among women on the street, access to free services, persistent outreach efforts, as well as staff ability to “meet women where they are at” and address their most immediate concerns.

Stakeholders (4) articulated that the H.E.R. Pregnancy Program’s no-judgement philosophy facilitates trust building with clients, which is critical when introducing women to supports offered by other service providers.

In [other programs] there are issues surrounding zero tolerance... A lady I'm working with still wants to drink and smoke weed... but she's pregnant. We would have great difficulties getting her into a [zero-tolerance] program, whereas the H.E.R. Pregnancy Program will work with her [even though] she's not ready yet to stop everything. It's nice to have a program that will actually support her decisions, even though most of us in our hearts wish this girl would quit drinking, quit doing drugs, quit smoking, [and] think about the baby. But you can't tell her that, or else you can't work with her.

- Stakeholder

H.E.R. Pregnancy Program Partnerships

Staff members reported that the H.E.R. Pregnancy Program benefits from being nested within a hub of other inner city services offered at Boyle Street Community Services. The program location provides ample opportunity for staff to interact with inner city community members and other service providers with ease and relative frequency. The staff team further articulated that the H.E.R. Pregnancy Program has a key role in bridging the gap between street-involved, pregnant women and supportive (health and social) services (i.e., prenatal care, mental health and addiction, housing, cultural and parenting programs).

Staff explained that collaborative partnerships with other organizations are enhanced when partners are knowledgeable and aware of H.E.R. Pregnancy Program goals and activities, and are able to build relationships with clients over time. Partnerships tend to be more functional when partner organizations have a single point of contact or liaison who communicates with H.E.R. Pregnancy Program staff and clients directly. Barriers to H.E.R. Pregnancy Program partnership building include complex and rigid institutional processes, staff inconsistency and turnover, discrimination, and lacking knowledge of best practices for assisting street-involved, pregnant women.

Staff members described various ways in which the H.E.R. Pregnancy Program has positively impacted other (non-partner) service providers and institutions. Specifically, some institutions have relaxed their mandates and demonstrated greater understanding of barriers experienced by street-involved, pregnant women.

In general, stakeholders spoke positively about their partnerships with the H.E.R. Pregnancy Program. A few partners (2) noted that partnership building was an evolutionary process as the two programs became better acquainted and worked toward establishing referral and communication practices. Stakeholders recognized the H.E.R. Pregnancy Program staff for their ability to access hard-to-reach women living on the street.

We didn't know how to reach some of these women who we knew were street-involved. We knew that there were some women who weren't getting the prenatal care they needed. The [H.E.R. Pregnancy Program] outreach girls actually go on the streets and pick these women up and build a trusting relationship to a point where they come to our clinic.

- Stakeholder

Staff outside of Streetworks have become dependent on the H.E.R Pregnancy Program and [the H.E.R. Pregnancy Program staff team] are first and foremost in people's minds when they've got someone [who is] pregnant.

- Stakeholder

The Wilder Collaboration surveys generally demonstrated stakeholder confidence and dedication to H.E.R. Pregnancy Program goals. A few areas for possible improvement in the collaboration relate to compromise, adaptability and program resources. Resource availability emerged as a program challenge in both key informant interviews and surveys. Staff and stakeholders (2) discussed challenges associated with the H.E.R. Pregnancy Program's existing funding model. The amount of funding has not increased along with demands for service. Participants reported that it is difficult for staff to engage in long-term planning and adjust to increasing service demands when funding is uncertain and non-continuous.

[Staff] are talking about winding [the program] down with the moms and how to set boundaries around, "you know what? Your baby is due in May and we may not be here then, but let's make sure that you've got what you need now".

- Stakeholder

H.E.R. Pregnancy Program Educational Efforts

Staff members actively educated service providers and professional communities about the mission, goals, and services offered by the program. These efforts have extended beyond the Edmonton community as the staff team has attended various conferences and educational events in other cities, provinces, and the United States. Staff members believed that education and awareness efforts have strengthened H.E.R. Pregnancy Program connections with inner city community members, service providers, and professionals with interest in the street-involved, pregnant population.

Staff reported that clients are accessing program resources as well as interventions and referrals to other supportive services in the community. They also felt that the H.E.R. Pregnancy Program has helped other service providers deliver services to this population in a more sensitive and effective manner.

One of our moms that the team worked really, really closely with; her daughter got apprehended and [the mom] committed suicide. She was in one of the correction facilities. During her pregnancy she did pretty well. [This] work has highs and lows all the time. I realize that's not a success story at all. But an outcome of that is that Children's Services, who worked really hard along with us in this case and tried as best they could, worked really hard to have her body taken home and they took her daughter to the funeral and to the family, and really put a huge effort in. The [Children's Services] workers accepted relationship-based practice, and they knew [the mom] well enough to know how much she loved her daughter and how much her daughter needed to be at the funeral. One [social worker] went with the daughter to the Northwest Territories to attend the funeral.

- Staff member

One stakeholder observed that as a result of the H.E.R. Pregnancy Program, service providers in Children's Services and in a local health centre became more knowledgeable about the issues affecting street-involved, pregnant women and use of harm reduction service interventions.

H.E.R. Pregnancy Program Uniqueness

According to staff and stakeholders the H.E.R. Pregnancy Program is unique and fulfills an important niche among existing services in the community. Much staff time is dedicated to outreach and follow-up support for clients; other service providers generally lack enough time and resources to carry out these tasks on a regular basis. The H.E.R. Pregnancy Program also tailors program activities according to clients' unique needs. Educational topics are planned daily according to client interests and questions.

In addition, the judgement-free, no penalty approach of the H.E.R. Pregnancy Program differs from other community services. The staff team aims to assist women with the understanding that they may not follow-through with medical appointments or referrals. For staff, it is important that these opportunities remain open to clients regardless of their no-show history. The value of using this approach to provide services to street-involved, pregnant women was recognized by a few stakeholders.

The difference is when they walk into [other agencies], the women talk to community workers, they do their thing and they leave, they feel disconnected... When you see the women work with the H.E.R. Pregnancy Program staff, the women are comfortable [and] they're accepted. They walk in and it's like home. Everybody knows who they are and are happy to see them.

- Stakeholder

The H.E.R. Pregnancy Program is about women who won't access a traditional model. If we could get them to access the Boyle McCauley Health Centre... then we wouldn't need the H.E.R. Pregnancy Program, but there are women who are living on the street who won't do that. That's why you need the H.E.R. Pregnancy Program or Sheway [Vancouver] or Villa Rosa [Winnipeg] or any of those [programs] across the country.

- Stakeholder

A few stakeholders (3) also suggested that the program fills a service gap in the community, as no other programs offer supports and drop-in sessions specifically for this group of women. According to one respondent, “a lot would be missing” if H.E.R. Pregnancy Program services were not available.

Their outreach capabilities are amazing. I called to tell [the H.E.R. Pregnancy Program staff] that “there’s a woman sleeping in such and such park and she’s four months pregnant”. They did a check [and] a drive-by. They found the person and made sure she was safe and one team member went and talked to her. So there’s that outreach capability that doesn’t exist anywhere else... What other program will go to a park and talk to people under a tree because there is a [woman] who is pregnant?

- Stakeholder

In the photovoice project, two clients 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 (partners of two participants were also counselled by the pregnancy support workers). The women had not accessed similar services elsewhere in the community.

3.4 Social Return on Investment (SROI)

Using evaluation-informed indicator selection and highly conservative estimates of the number of clients impacted, the SROI analysis of the H.E.R. Pregnancy Program suggested that every dollar invested in the program yields a return of \$8.24 in social value. SROI calculations were based on Alberta and Canadian based financial proxies related to the following eight indicators, some involving increased societal costs and others reflecting costs avoided through the program:

- Access to income assistance (cost);
- Access to subsidized housing (cost);
- Entering into an addictions treatment facility (cost);
- Access to prenatal care from family physicians (cost);
- Child apprehension and foster care (cost avoidance);
- Housing/reduction in homelessness (cost avoidance);
- Reduced or eliminated substance use (cost avoidance); and
- Treatment of sexually transmitted infections, i.e., Chlamydia, gonorrhea (cost avoidance).

Given the limitations inherent in available program data and the conservative approach to our SROI assumptions and calculations, it is likely that we underestimated the actual social value. Based on very

preliminary findings, it is possible that the program contributed to the prevention of cases of fetal alcohol spectrum disorders (FASD), premature birth, NICU admissions, HIV/AIDs prevention, and other consequences of homeless pregnancy that are costly for institutional systems. For instance, if program interventions prevented one case of FASD, the estimated cost avoidance would be \$15,812.00 per year, per individual. However, the current program data base elements and this study's sample size limitations did not support the inclusion of these indicators in the SROI calculation at the present time. Revised program data collection practices and a larger population from which to collect outcomes data may shed further light on these impacts in the future.

4. Discussion and Recommendations

4.1 Summary of Key Findings

Across photovoice, staff focus group, and stakeholder interview data sources, the importance of building friendly, trusting, non-judgemental relationships between staff and clients was seen as a critical precursor for delivering services to street-involved, pregnant women. The vast majority of participants believed that the relationship-based approach and outreach efforts of the H.E.R. Pregnancy Program staff team contributed to positive outcomes among clients. Contrary to expectations, staff member street experience and knowledge did not emerge as the most important factor in establishing relationships with vulnerable women. The significance of staff ability to connect with women through shared experiences may be a taken for granted or commonly understood aspect of the program, given that the H.E.R. Pregnancy Program was in its third year of operation at the time of impact evaluation.

The strongest program impacts, according to evaluation data, concern service connectedness and child care outcomes. The finding that women are being supported in accessing previously out-of-reach health and social resources and services (i.e., medical services, housing, and income assistance) emerged across all data sources. In addition, the program is helping women to maintain custody of their children and become parents. The program also appears to have positively impacted women's substance use, sexual practices, safety, and feelings of empowerment. Program impact on infant health is suggested, but inconclusive as a greater sample size would be needed to demonstrate this outcome. Based on conservative estimates using data that were available, the evaluation findings suggest a social return of at least \$8.24 for every dollar invested in the H.E.R. Pregnancy Program.

Client, staff, and stakeholder feedback provided further considerations concerning H.E.R. Pregnancy Program staff experiences, service delivery, partnerships, educational efforts and uniqueness. Participants emphasized the intensive and multi-dimensional work carried out by the H.E.R. Pregnancy Program staff team, as well as the peer-supported women centred, judgement free and harm reduction philosophies that have successfully guided their work with street-involved women. Developing partnerships with other service providers (both small community-based agencies and larger institutions) were seen as critical for connecting women to many services, particularly those beyond the scope of the H.E.R. Pregnancy Program (i.e., housing, more advanced medical interventions, parenting programs).

Education efforts were reported to enhance community awareness of the program and service provider interactions with women who are homeless, pregnant and immersed in street culture. The belief that the H.E.R. Pregnancy Program fulfills an important niche among existing services within the community was voiced by participants in all three respondent groups. The program's judgement-free approach, outreach capacity and staff structure (i.e., having a staff complement of street experienced 'learned helpers' and professional workers) are what make it unique from other service providers that also assist vulnerable populations.

4.2 Study Limitations

The H.E.R. Pregnancy Program developed its own data entry processes and hired an external programmer to establish a data collection database. As staff developed relationships with clients, data were tracked on visit, prenatal and postnatal recording sheets and entered onto the database (i.e., given client sensitivity to formalized institutions and process, client information is not obtained using a standardized question and answer approach). As a result of this organic, relationship-based approach to data collection, the program data supplied to the evaluator contained missing information for some clients, as well as data entry inconsistencies (e.g., non-coded or duplicate data). Charis made every effort to clean and re-code data variables; however, it is likely that the dataset still contains some errors, such as duplicate entries and missing data that could not be resolved.

The findings of the modified photovoice project could have been strengthened if additional clients were available to take photos and participate in an interview; however, the four clients who were involved in the project were representative of all H.E.R. Pregnancy Program clients as a group. Photovoice participants were similar to all program clients in relation to age, ethnicity, number of pregnancies, substance use during pregnancy, and housing status at start of program.

It is important to mention that the individuals interviewed and surveyed for the impact evaluation also form the program's professional support network. There are a limited number of people who work closely with the H.E.R. Pregnancy Program and the population it serves. Thus, any tendency toward positive bias in participant responses may be a potential limitation of some evaluation findings.

Finally, program data did not track whether infants remained in the care of mothers over time. Monitoring client experiences longitudinally will allow for greater understanding of this program impact in future reporting.

4.3 Conclusion and Recommendations

Despite the limitations noted above, the results of the H.E.R. Pregnancy Program impact evaluation are encouraging. Evidence of positive outcomes emerged across all data sources. The H.E.R. Pregnancy Program appears to be a unique and complementary service that is well integrated with other community-based agencies that also serve marginalized populations in Edmonton's inner city. The H.E.R. Pregnancy Program is able to reach the highest risk and most vulnerable women who are homeless and

pregnant. Impacts have occurred in relation to client service connectedness, substance use, sexual practices, housing outcomes, child care outcomes, empowerment, and safety. The most notable impact appears to be the percentage of women with babies who have remained in their care. The evaluation also demonstrated that the program is making considerable inroads in raising awareness and changing practices of street-involved, pregnant women among other service providers.

The H.E.R. Pregnancy Program aligns with multiple provincial initiatives (i.e., early childhood development and social policy framework and other priorities related to poverty, mental health and addiction, FASD, family violence, healthy relationships, sexually transmitted infections and blood-borne pathogens, and homelessness) across service sectors such as Human Services, health care and justice. Potentially, these areas may have a role to play in the future sustainability of the program.

Given this evaluation's findings and encouraging indications of impact, it is recommended that:

1. The program be given sufficient funding for continuation and expansion.
 - 1.1 Added professional and pregnancy support worker resources be used to accommodate increasing client demands and to increase outreach and postnatal support.
2. The program continue to refine and strengthen the program database with a view to support service delivery and longitudinal tracking of program impact.
 - 2.1 Review and confirm key outcome indicators and measures in consideration of those used in similar programs elsewhere and those most useful for determining long-term impact of the program.
 - 2.2 Further refine the current database and establish internal quality assurance processes to eliminate inaccurate and missing data entries, to the extent possible.
 - 2.3 Standardize data collection practices and encourage staff members to increase their use of the electronic database and reduce reliance on manual data forms.
3. H.E.R. Pregnancy Program Steering Committee and staff advocate for the establishment of suitable housing for pregnant, vulnerable, street-involved women, modeled after the Crabtree model in Vancouver, British Columbia. Such housing should include wrap-around services and adopt similar principles and approaches evident in the H.E.R. Pregnancy Program.
4. The program continue building relationships with other service providers so clients can access more advanced interventions that lie beyond the program's existing scope of work (e.g., medical and counselling services) and to continue building service provider capacity with the health and human services sectors for appropriately serving the unique needs of pregnant street-involved women.

Appendix A: Outcome Indicator Data Sources

Table 3. Impact evaluation dimensions, indicators and data sources

Evaluation Dimension	Key indicators	Evidence supporting impact by data source			
		Program Data	Clients	Staff	Stakeholders
Reduced Risk Factors/Strengthened Protective Factors	Social Outcome Indicators				
	Service connectedness				
	<ul style="list-style-type: none"> Clients accessing health services (i.e., testing/assessment, health products/material resources, interventions and referrals) 	✓	✓	✓	✓
	<ul style="list-style-type: none"> Clients accessing social services (i.e., housing, mental health, cultural, parenting programs, Children's Services) 	✓	✓	✓	✓
	<ul style="list-style-type: none"> Increased trust and connection to services and supports 	-	✓	✓	✓
	Substance use				
	<ul style="list-style-type: none"> Awareness of the need to reduce or eliminate substance use during pregnancy 	-	✓	✓	✓
	<ul style="list-style-type: none"> Safer or reduced substance use 	✓	✓	✓	✓
	Sexual practices				
	<ul style="list-style-type: none"> Safer sexual practices 	✓	✓	✓	-
	Housing outcomes				
	<ul style="list-style-type: none"> Improved housing outcomes 	✓	✓	✓	-
	Child care outcomes				
	<ul style="list-style-type: none"> Child in parental care 	✓	✓	✓	✓
Decreased Severity and Level of Victimization	Empowerment				
	<ul style="list-style-type: none"> Perceptions of client empowerment (i.e., self-esteem) 	✓	✓	✓	✓
	<ul style="list-style-type: none"> Client involvement in custody decisions 	✓	✓	✓	✓
	Safety				
	<ul style="list-style-type: none"> Enhanced client safety (i.e., greater awareness of personal safety and decreased levels of personal violence) 	-	✓	✓	✓
Increased Wellness Levels	Health Outcome Indicators				
	Maternal health				
	<ul style="list-style-type: none"> Increased wellness levels among clients 	-	✓	✓	-
	Infant health				
	<ul style="list-style-type: none"> Perceptions of healthy babies 	-	✓	✓	-
	<ul style="list-style-type: none"> Positive infant health outcomes (i.e., healthy gestational age and birth weight) 	✓	-	-	-