

TOWARDS AN EVALUATION
FRAMEWORK FOR COMMUNITY-
BASED FASD PREVENTION
PROGRAMS

Evaluating FASD Prevention Programs: Supporting Common Approaches, Strengthening Community Capacity

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TOWARDS AN EVALUATION
FRAMEWORK FOR COMMUNITY-
BASED FASD PREVENTION
PROGRAMS

Panelists:

Nancy Poole & Deborah Rutman (2/5 of project team*)

Amanda Seymour (HerWay Home & Project mentoring site)

Mary Motz (Mothercraft/Breaking the Cycle & Project Advisor)

Judie Bopp (Four Worlds Consulting & Project Advisor)

Lisa Lawley (Kermode Friendship Centre & Project mentoring site)

Session Agenda:

- Why focus on evaluation?
- An Evaluation Framework for FASD Prevention Programs
- Panelists' reflections of evaluation &
- Group discussion

Project objectives

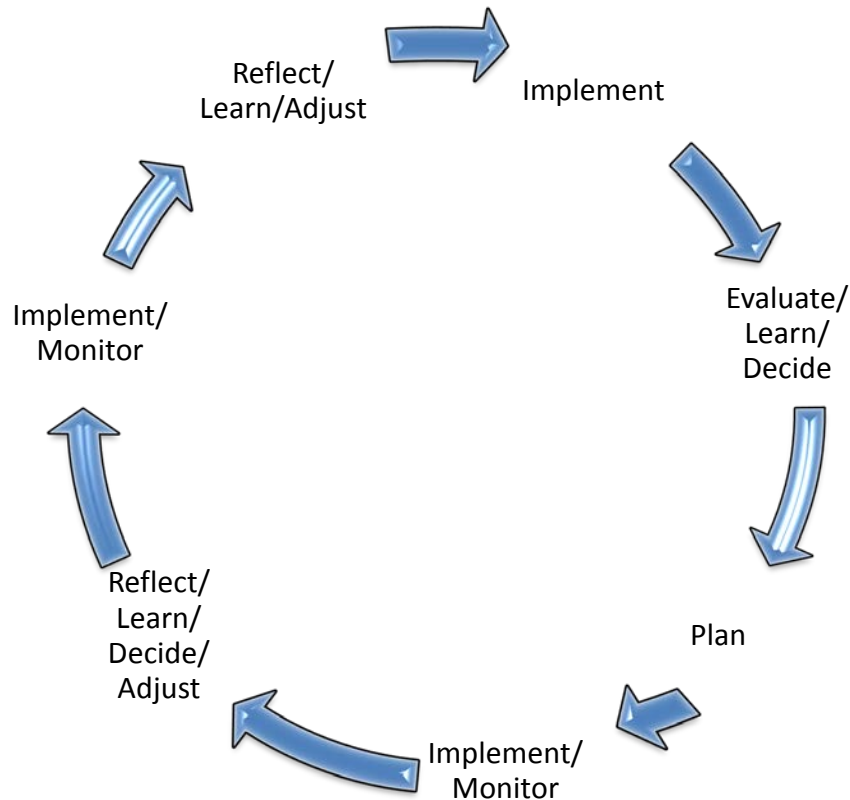
Project aims to:

- identify promising evaluation methods, tools, indicators of success
- create common evaluation frameworks and tools for FASD prevention and supportive intervention programs serving pregnant women and mothers, and youth and adults living with FASD
- support the capacity of community-based organizations delivering FASD programs to undertake evaluation

We also discovered the need to do the same for FASD prevention and support programs in Aboriginal communities.

Why focus on evaluation:

What evaluation can do to improve FASD programming



We believe that **evaluation is a means to:**

- **Learn** about how a particular model works with the population
- **Learn** whether and how program improvements can be made each year
- **Learn** what difference the program is making for participants, providers and communities
- **Inform** evidenced-based decision-making (e.g. re: funding, planning, etc.)

We created **Visual Maps** of what we are discovering... maps that include:

- Theoretical/philosophical foundations of programs
- Program activities and program outcomes
- Participant outcomes
- Community outcomes & context
- Systemic outcomes

Mapping Principles & Evaluation of FASD Prevention Programs



Mapping Evaluation: The Philosophy/Theoretical Framework

The Next Ring: Theoretical/Philosophical Framework

How are elements defined?

How would we know if the program was using such an approach?

What might be some indicators?

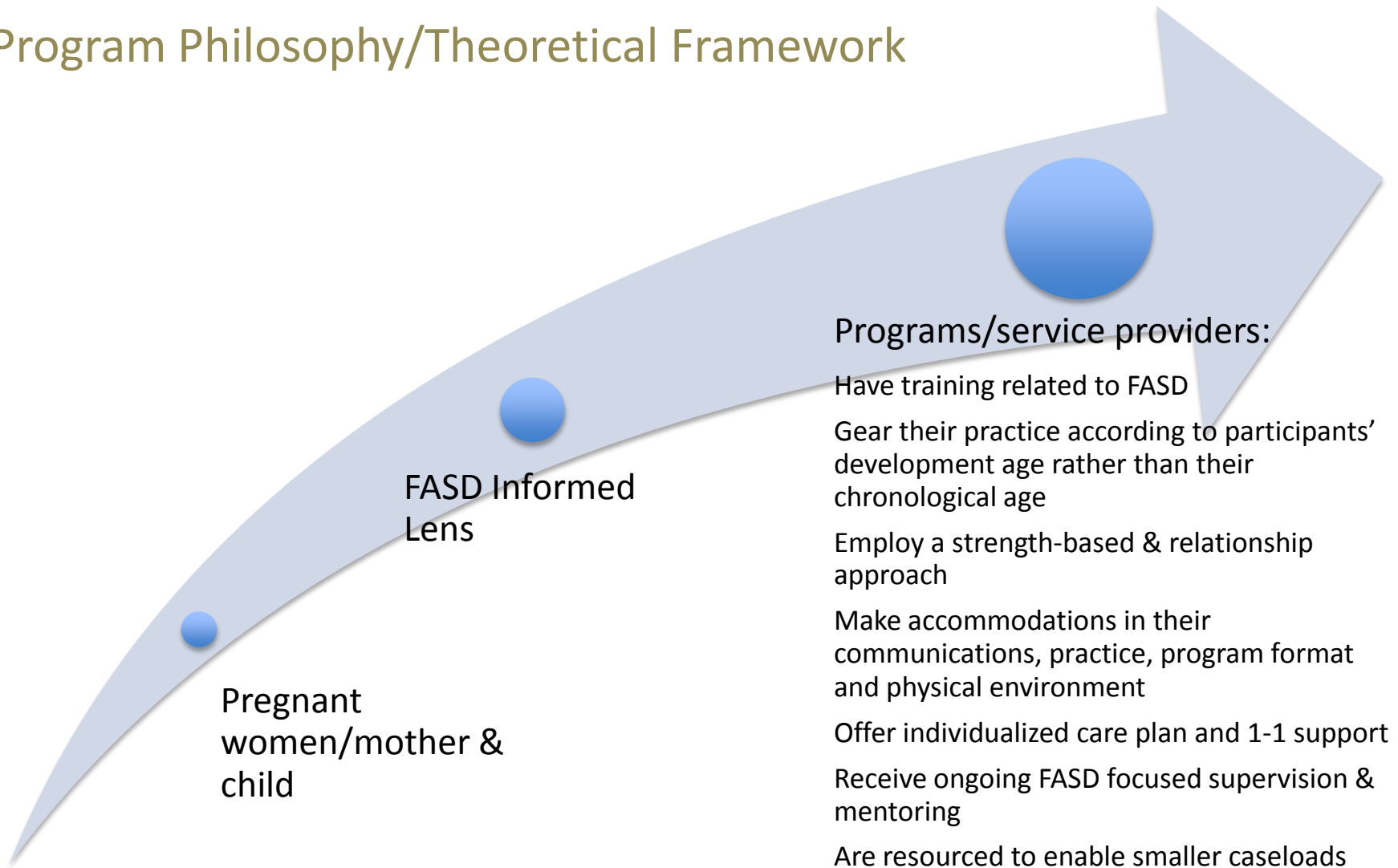
EXAMPLE: Potential Indicators of an FASD-informed approach

Programs/service providers:

- Have training in FASD
- Use person-first language (*child with FASD, not FASD-child*)
- Employ a relational & strengths-based approach
- Gear practice to developmental age
- Make accommodations to communication, program format, physical environment
- Use individualized care plan and 1-1 support
- Have ongoing FASD-focused supervision
- Are resourced to enable smaller caseloads



Program Philosophy/Theoretical Framework



Mapping Evaluation: Activities and Program Outcomes

The Next 2 Rings: Activities/Approaches & Program Outcomes



Program Activities/Approaches: Important to uncover and highlight activities that are sometimes ‘invisible’

Program Outcomes – EXAMPLES:

- Participants have positive experience (e.g. program feels welcoming; safe; respectful)
- Participants take part in decision making
- Program is accessible
- Program is flexible
- Staff have training, support & supervision
- Staff employ informed approaches
- Team works collaboratively
- Funding adequacy

Mapping Evaluation: Participant, Community & System Outcomes



Participant Outcomes, organized by:

- Health and Well-being (of mother & child)
- Housing & Income support
- Knowledge & skills
- Relational & spiritual development

Project website includes info on:

- Short-term, intermediate and long-term outcomes
- Indicators of outcomes
- Measurement tools and resources

Conventional Approach

Activities	Outputs/Indicators	Formative Outcomes: Supportive Programs for Youth/Adults with FASD			Data Collection Methods and tools
		Early	Intermediate	Long term	
Providing (1 to 1) support, advocacy, transportation, accompaniment, role modeling and skill development (7, 8, 9, 10, 11, 12, 13) Including Facilitating groups focusing on recreation, social/life skill development and support (9, 10, 11)	# hours/sessions of FASD-related training for staff # hours/sessions of cultural competency training for staff # hours/sessions of training on harm reduction and trauma-informed practice for staff # participants receiving (1-1) support # hours service/support per partic. # sessions w/ support worker per participant # group sessions held (# culturally based; # recreation focused, etc) # participants attending per group # soc'l/recreat'l outings per partic Measure of Processes of Care Client Satisfaction Q'naire	Staff with knowledge of FASD and target population are hired Staff are trained (FASD, cultural safety, harm reduction, etc.) Participants develop positive, trusting relationships with staff Participants engage in personal goal-setting Groups are held weekly/regularly Consistent group format developed Participants take part in recreational activities as part of individual or group activities e.g. swimming Cultural activities are included in programming	Staff make FASD-informed adaptations in their communication and/or approaches used with clients Participants feel comfortable asking staff for assistance/support with emotional, practical, & life skills issues, i.e. substance use, relationships, violence, victimization, birth control, school, getting to meetings & appointments, budgeting, etc Participants get to appointments, group sessions, recreational outings consistently Participants are able to access services and community resources, with staff support Program is/feels culturally safe to participants	Participants able to advocate for themselves and access services and supports when needed Participants have network of support to help them plan and implement activities	Client File Review (9, 10) Pre/post interviews/ q'naires with client (9, 10, 11, 12) Interviews/Focus groups with families/caregivers (9, 10, 11) Focus groups with-program staff (9) Pre/Post interviews with program staff/managers (9, 10, 11, 12) Interviews with community partners (9, 10, 11, 12) Documentary review Output data
Providing information to service providers and community partners about FASD / FASD-informed approaches (9, 10, 11, 12)	Info session/workshop materials # community information and/or training sessions offered # community agency staff/partners attending info/training sessions # workshop evaluations completed # inquiries from community agencies for advice or referral information # of articles in community newspapers or newsletters about the program	Workshop materials are developed Information/training on FASD and the program is provided in the community Community partners can identify program goals and referral criteria Community partners are informed about promising approaches in working with people with FASD	Community partners make referrals to program Staff are invited by community partners to make presentations Workshops are well attended Workshops are evaluated positively by attendees		Workshop evaluation forms (10)
Working with extended family/caregivers (9, 10, 11, 12) E.g., Providing FASD-related information, support and advocacy, and assisting families to access support, health and education services	# of family/caregiver information/ education sessions # of family/caregiver support session/e events # of family members/caregivers participating in sessions Info/education Evaluations forms # 1-1 sessions between support worker & family/caregiver	Families/caregivers feel comfortable attending family events and accessing information/support offered through the program Families/caregivers identify their information/support needs Families/caregivers receive information on how to support their youth/adult with FASD Families/caregivers are informed about existing services and resources in the community	Families/caregivers increasingly attend special events Families/caregivers seek out support & information from program staff Families/caregivers refer others to the program FASD-focused family support mechanisms (e.g., groups, buddy system, phone line, list serve) are formed Families/caregivers participate in family support mechanisms Information about FASD and other related	Families/caregivers advocate for themselves Families/caregivers continue to be engaged as support people/mentors to others	Info/education session evaluation forms (12) Interviews/Focus groups with families/caregivers (9, 10, 11) Pre/post questionnaires with families/caregivers (12)

Mapping Evaluation of FASD Prevention Programs

COMMUNITY OUTCOMES

- Community partners make FASD-informed shifts in practice/programming
- Community partnerships feel part of a network

PARTICIPANT OUTCOMES

- Healthy delivery and perinatal outcomes
- Adequate income and stable finances
- Knowledge of and connection with culture, spirituality and nature

PROGRAM OUTCOMES

- Food security
- Participative satisfaction, involvement and retention
- Providing personal health roles
- Outreach-based and
- Mothering and Developmental Lens
- FASD-informed
- Violence and Trauma-informed
- Securing housing
- Life skills and employment-related skills
- Supportive housing policies
- Strategic policy direction and leadership
- Adequate funding for programs
- Informal reporting and accountability
- Healthy relationships and reduced victimization
- Transpiration and accompaniment
- Working with extended family
- Culturally Safe
- Woman-directed
- Wholistic and Multi-disciplinary
- Respectful Relational and Belonging
- Harm Reduction

PROGRAM'S PHILOSOPHY / THEORETICAL FRAMEWORK

- Family and Community Support
- Pregnant Woman, Mother and Child
- Reduced substance use
- Health/well-being of infant/child
- Health/well-being of woman (e.g. physical, sexual, dental, mental)
- Staff training, supervision and promotion
- Outreach
- Applied research, evaluation, and feedback part of cycle
- Supports
- Mother-child connection
- Emotional / Social
- System components are working collaboratively (e.g. child welfare, alcohol and drug, health, mental health, etc.)
- Systemic support for women's well-being
- Knowledge and skills related to healthy child development
- Knowledge and skills related to accessibility and flexibility
- Knowledge and skills related to health care
- Use of birth control/family planning
- Safe housing
- Physical / Economic

SYSTEM OUTCOMES AND CONTEXT

PHYSICAL / ECONOMIC

MENTAL / POLITICAL

EMOTIONAL / SOCIAL

SPIRITUAL / CULTURAL

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Evaluation of FASD Prevention and FASD Support Programs

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Overview

Philosophy/
Theoretical Framework

Program
Outcomes

Participant
Outcomes

Community/
Systems Outcomes

Resources
& Tools

This website compiles evaluation frameworks, methods, tools, and indicators of success to support the work of community-based FASD prevention programs for pregnant women and new mothers, and supportive intervention programs for adults and older youth with FASD.

Three visual 'maps' of evaluation practice (below) have been derived from existing evaluations and through consulting a range of practitioners and program planners from across Canada.

This project is led by researchers and program evaluators working with the British Columbia Centre of Excellence for Women's Health ([BCCEWH](#)) and the [CanFASD](#) Research Network, Network Action Team on FASD Prevention from a Women's Health Determinants Perspective.

[Click here for more info on the project team members and advisors, and for more about the project's process and methods](#)

Download the visual maps below



[Click here for the Prevention Map](#)



[Click here for the Support Programs Map](#)



[Click here for the Aboriginal Programs Map](#)

Explore the details behind each circle



[Explore detailed info about principles, activities and outcomes for Prevention, Support and Aboriginal programs](#)
[Edit this entry.](#)

Funding for this project has been received from the Public Health Agency of Canada, Fetal Alcohol Spectrum Disorder (FASD) National Strategic Project Fund. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

Resources & Tools



Vision, Mission & Purpose

- Health care and social supports for pregnant and parenting women affected by substance use, mental health issues, violence and trauma
- Non-judgmental staff, services and environment
- Range of networked services under one roof
- Low threshold access to services
- Based on understanding of women's experiences – woman-centred, harm reduction, FASD-informed, culturally safe, trauma informed
- Focused on attachment parenting
- Program designed with the understanding that safe, stable housing on a continuum is key

HerWay Home Goals

Research and practice experience illustrate the positive long-term outcomes that programs such as HWH can achieve:

- improved birth outcomes
- improved women's health
- decrease in isolation
- Increased attachment between mother and baby (and subsequent positive mental health)
- harm reduction
- increase in safe, stable housing
- keeping families together

HerWay Home Strategies

- One-stop shop
- Wraparound services
- Outreach
- Health and social supports
- Practical supports
- Counselling
- Prenatal and postnatal care
- Infant development
- Parenting support

Program opened January 2013

- Program staff work with women to develop individual care plans
- Wrap services around the woman and her family
- Provide ongoing support (until youngest child turns 5)
- Drop in groups 3 x/week
- Outreach and accompaniment



HerWay Home Program Achievements to date

- Healthier pregnancies and good birth outcomes
- Breastfeeding support
- Mother-babe attachment
- Children reunified
- Harm Reduction
- Increased positive mental health



Challenges

- Lack of affordable safe housing
- Child welfare removals – especially when mother has worked hard to meet the safety plan
- Poverty
- Partner violence
- Stigma
- Need for specialized mental health counselling – including trauma
- Access to continuity of care with a trusted family doctor

Wholistic & Multi-Disciplinary

- Vision – on- stop shop, wrap around supports
- New program – “open the doors and build from there”
- To date – some success (PHN, dietician, close community relationships); some challenges – still working on finding a GP, nurse or nurse practitioner
- Incremental approach

Evaluation Questions

- Traditional evaluation methods do not work for a program that is in development and is women-centred - we need new methods
- Shame, stigma and fear of child removals means some women attempt to stay 'under the radar' .
- Trust is essential to the work and takes time – this also impacts evaluation.

Challenges with evaluation

- Pressure on programs to demonstrate tangible outcomes
- Initial outcomes may not be seen as significant (e.g. women shows up, comes back, brings a friend)
- Process may be lost (or is not appreciated)
- Larger determinants of health out of our immediate control (poverty, shortage of housing, systemic racism and discrimination)
- Valuing self-determination
- Causal factors – not as simple as $a + b = c$

Breaking the Cycle is:

A comprehensive, intensive and integrated approach which provides intervention to pregnant women, mothers and infants through a focus on relationships, particularly the mother-child relationship.

An early intervention program that supports the mental health and development of infants and young children who are at-risk for maladaptive outcomes due to maternal alcohol and other substance use in the pre- and/or postnatal environment.



Tertiary Prevention:

Secondary Prevention:

**Primary
Prevention:
Infant**

Pregnant Woman

**Mother, Child &
Relationship**



Mothercraft™
Shaping Children's Lives Through Learning



Mothercraft

Primary Areas of Evaluation

For Women/Mothers:

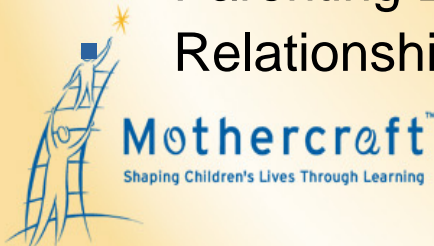
- Relationships
- Mental Health
- Substance Use
- Service Usage

For Infants/Young Children:

- Developmental Status (**includes FASD domains)

For the Mother-Child Relationship:

- Maternal Empathy
- Parenting Efficacy and Satisfaction
- Relationship Quality





Kermode Friendship Society
Circle Of Life Program

A Tangled Web



WELCOME TO THE SWAMP



WHEN THERE ARE NO EASY ANSWERS



◆ *Simple* - following a recipe (e.g. baking a cake)

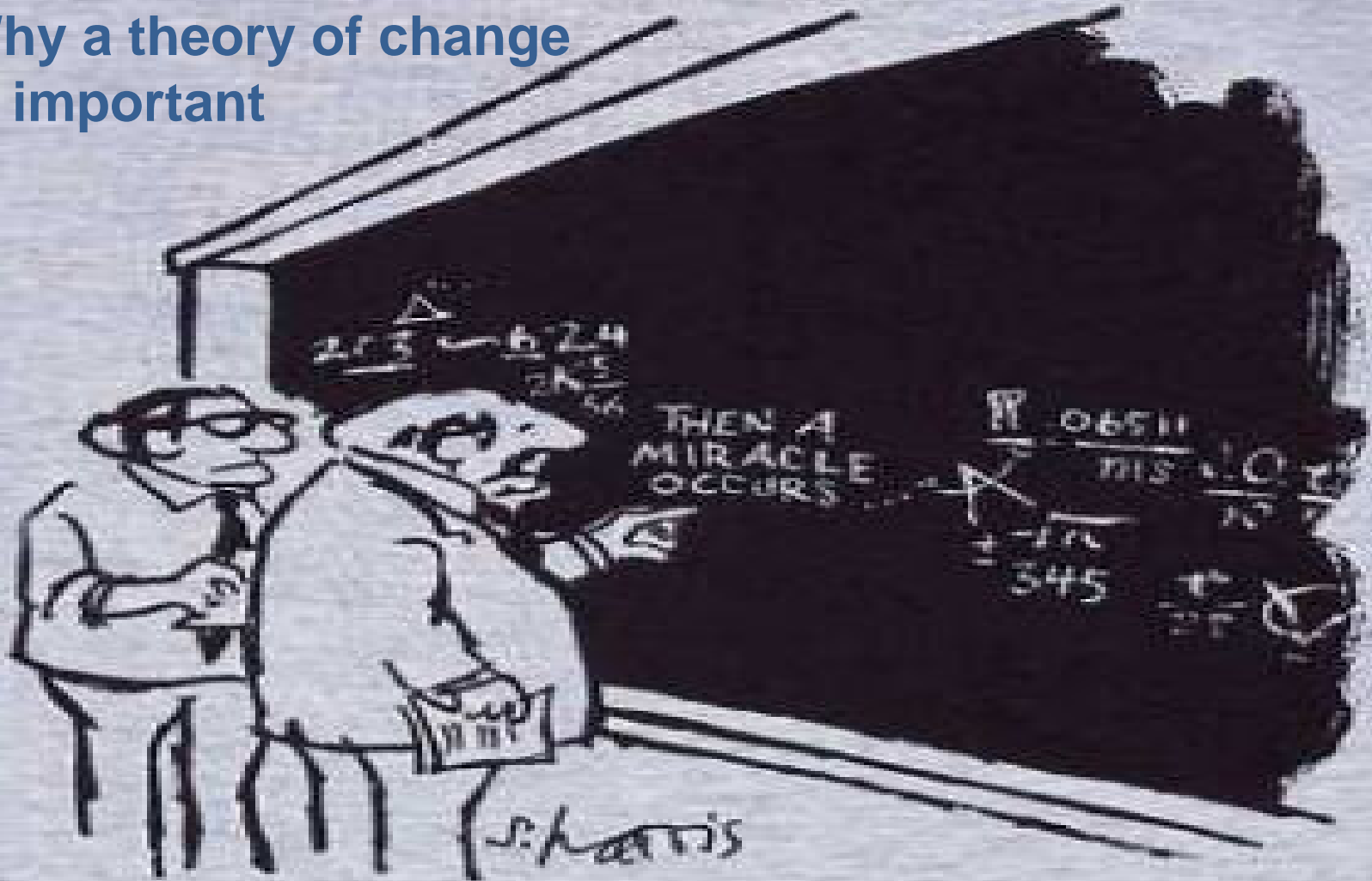


◆ *Complicated* - e.g. sending a rocket ship to the moon



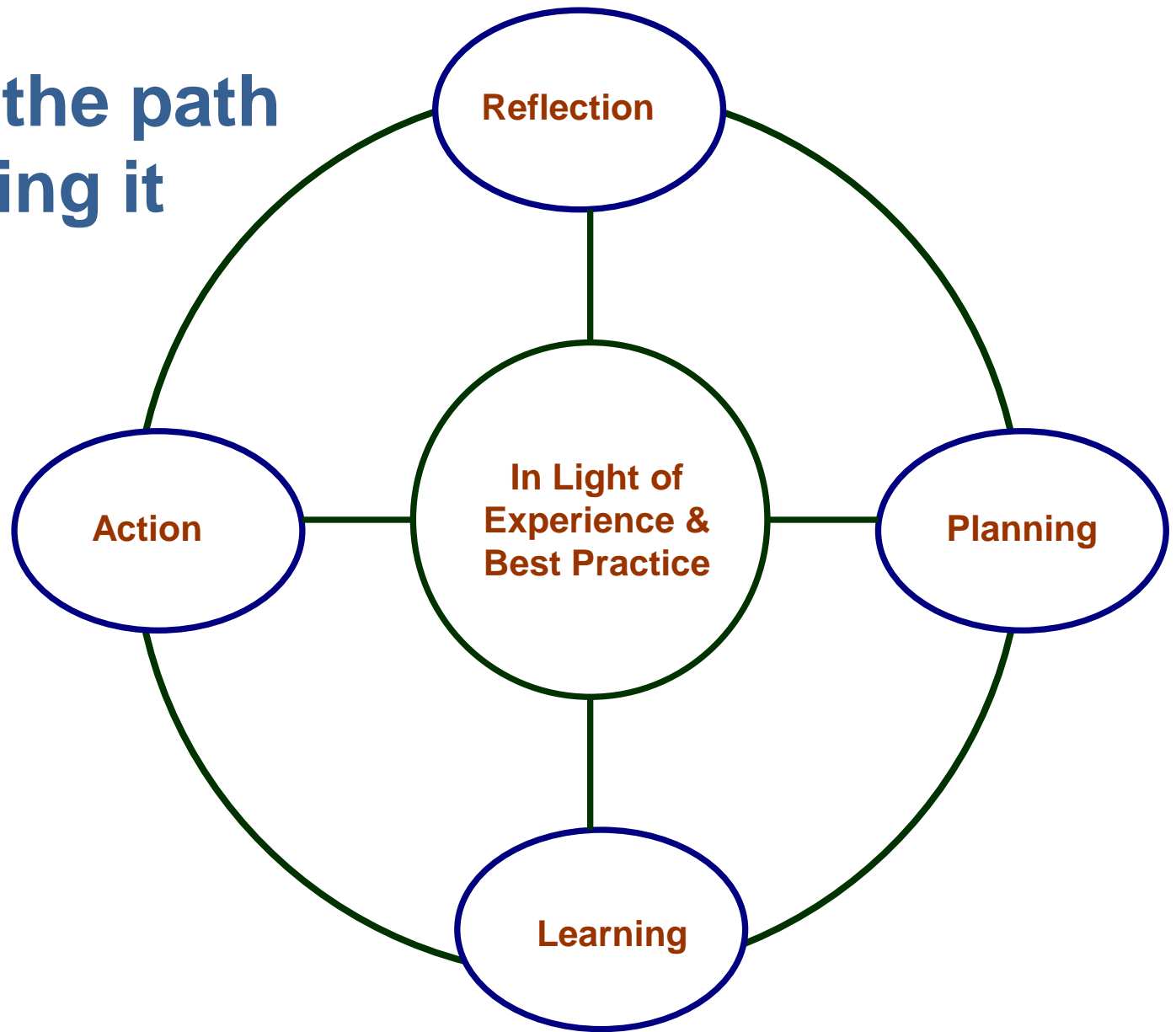
◆ *Complex* - e.g. raising a child, ending AIDS in South Africa

Why a theory of change is important



"I THINK YOU SHOULD BE MORE EXPLICIT
HERE IN STEP TWO."

Making the path by walking it



Going Forward

- 1. Adding to the project website**, additional outcomes, indicators, and examples of tools for data collection: www.fasdevaluation.ca
- 1. Mentoring** with programs wanting to implement some or all aspects of an evaluation framework
- 1. Multi-site application of the framework**

For more info...

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