



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

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

Co-Creating Evidence Study – Frequently Asked Questions

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

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

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

2 Are wraparound programs effective?

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

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

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

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

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

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

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

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



Frequently asked questions about wraparound programs

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

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

6 What creates cultural safety in these programs?

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

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

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

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

8 Aren't these programs expensive?

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

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

