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Cross-sectoral collaboration working with perinatal women who use substances: outcomes and lessons from HerWay Home

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ABSTRACT

HerWay Home is a multi-service drop-in and outreach program women for with substance use issues and who also may be affected by mental illness, trauma, and/or violence. Philosophical foundations of the program include harm reduction and being relationship-based and trauma-informed. This article presents the program's evaluation findings related to cross-sectoral service collaborations and outcomes for service partners as well as for women and families, including prevention of children going into care. For service partners, HerWay Home provided peace of mind, knowing that vulnerable women's needs would be met and also led to increased understanding about substance-using women and best practice approaches.

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There is strong evidence from the literature that women with substance use problems often have experienced complex, interrelated issues such as current and/or historic experiences of violence or abuse including intimate partner violence, poverty, mental health issues, polydrug use, food insecurity, inadequate or unsafe housing, homelessness, social isolation, racism, parenting difficulties and maternal-child separations, and physical health problems (Boyd & Marcellus, 2007; Covington, 2002; Gelb & Rutman, 2011; Marcellus et al., 2015; Network Action Team on FASD Prevention from a Women's Health Determinants Perspective, 2010; Pepler et al., 2014; Simonelli et al., 2014; Torchalla et al., 2015).

Substance use during pregnancy can be associated with significant harms to the health of both the infant and the woman. For many women who use substances, however, pregnancy becomes an opportunity to change their life course (American Society of Addiction Medicine, 2017; Gopman, 2014). Along these lines, the practice and research literature often describes pregnancy as an opportunity to support women in improving their health, including efforts to decrease or stop their substance use or increase their safer use of drugs (Nathoo et al., 2015; Rutman et al., 2000).

Nevertheless, high-risk and marginalized women who are pregnant and using substances typically face a host of complex and inter-related barriers, including those at a personal, program, and systems level (Nathoo et al., 2013). These barriers often result in women experiencing: limited access to prenatal care; negative stereotyping and judgments; fears of having their child removed by child welfare authorities; lack of mental

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health supports; and poor access to services due to lack of transportation or child care (Gelb & Rutman, 2011; Poole & Isaac, 2001; Racine et al., 2009).

In view of these complex and inter-connected problems, research has shown the importance of wrap-around programs that address women's and children's health and well-being together (BC Centre of Excellence for Women's Health, n.d.; Marcellus et al., 2015; Rasmussen et al., 2012). Services that employ non-judgmental, relationship-based, trauma-informed and harm reduction approaches and that also understand and seek to remove social-environmental barriers to participation (e.g., transportation, child care, food insecurity, stigma, and fear of child removal) are most effective and are increasingly recognized as best practice (BC Center of Excellence for Women's Health, n.d; Motz et al., 2006; Nathoo et al., 2013; Pepler et al., 2014). These approaches recognize and accept the pace and type of change women are able to make and the strategies women use to cope with difficult life circumstances (Motz et al., 2006). Harm reduction approaches also appreciate that those new to recovery are often at high risk of relapse – and potentially fatal health issues should they relapse – and thus require intensive support during this critical period (Anglin et al., 1997; Sack, 2013).

In Canada, integrated, 'one-stop' programs for pregnant and parenting women who use substances and face other complex issues began to emerge in the 1990s with the creation of Sheway in Vancouver and Breaking the Cycle in Toronto. Since then, several other programs have been developed, including Maxxine Wright Place in Surrey, BC, the H.E.R. pregnancy program in Edmonton, and the Mothering Project in Winnipeg.

In January 2013, HerWay Home (HWH) opened in Victoria, BC, Canada after a lengthy and inclusive planning process involving over 30 community-based agencies, health-care providers/organizations, three departments from the regional health authority and a children's health foundation, university- and community-based researchers, and women with lived experience of problematic substance use (Nathoo et al., 2013; Network Action Team on FASD Prevention, 2013). HerWay Home is a program overseen by the regional health authority, situated in a street-accessible, community-based nonprofit organization. Since its inception, it has been funded by a children's health foundation and the regional health authority.

HerWay Home's overall goals are to help women and their families to experience healthy birth outcomes; decreased problematic substance use; and positive connections between mother and child(ren) regardless of custody. HerWay Home's core philosophical and theoretical pillars include being relationship-based, women-centered, trauma-informed, and employing harm reduction approaches. Similar to other one-stop programs, HerWay Home offers a multi-service drop-in and outreach program for pregnant women and new mothers who are affected by substance use and who may also be affected by mental illness, trauma, and/or violence. As shown in Table 1, a full suite of services and activities underscore and support HerWay Home's theoretical foundations. In addition, HerWay Home has partnered with a community-based youth-serving agency to supply the program with four beds for young, pregnant, and substance-affected women.

This article presents selected evaluation findings related to HerWay Home. The evaluation questions that this article addresses are:

- Who are primary service partners, and how does HerWay Home work collaboratively with other providers, including child welfare social workers, to support pregnant or parenting women with substance use issues and their children?

Table 1. Services provided at or via HerWay Home.

Services	Description
Basic Needs Support	Transportation to health-related and child welfare appointments; infant supplies and clothing donations; support in accessing Income Assistance
Child assessment and/or early intervention	On-site Public Health Nurse to carry out Ages & Stages Questionnaire to identify children who may need further assessment and/or services; referrals to Infant Development Program as needed
Child care	On-site child minding so women can attend Wellness and Recovery groups
Child health	On-site Public Health Nurse, Nurse Practitioner, and Primary Care Physician
Child welfare support	Advocacy; on-site supervised visits; accompaniment to appointments and court; Victoria has a specialized Child Protection social worker who works with women with high-risk pregnancies
Cultural programming	Referrals to Indigenous service partners for cultural programming
Drop in; peer connections	On-site weekly drop-in Wellness Group for women; informal peer walking group
Food/nutrition	On-site food at programming; $10 gift card for groceries for attending groups; produce donations from food bank
Health/medical	On-site Nurse Practitioner/primary care physician alternating weeks
Housing/residential	Support/advocacy in finding housing; 4 'care home' housing units available to HerWay Home participants age 16–24 and their child(ren); rent supplements for women waiting to get into BC Housing.
Mental health	On-site weekly Recovery Group focusing on substance use/mental health/trauma; one-to-one counseling as needed from Case Manager
Outreach	Outreach Worker, who focuses on one-to-one support/accompaniment to street-involved women; Case Managers also provide outreach-based, one-to-one support and accompaniment to appointments.
Parenting programming	Staff can do *Circle of Security* program with clients; referrals to service partners that do Parenting programming
Prenatal/post-natal	On-site Prenatal Group; outreach by Public Health Nurse; on-site post-natal care by Nurse Practitioner/Primary Care Physician; connection to midwives
Substance use counseling	On-site weekly Recovery Group focusing on substance use/mental health/trauma; one-to-one counseling as needed from Case Manager; referral to treatment

- What difference is HerWay Home making for service partners, e.g., in terms of knowledge gained, shifts in practice, including in collaborative practice?

Evidence of the effectiveness of community-based, wrap-around programs for pregnant and parenting women who use substances and have other complex issues has been mounting in recent years. For example, intervention research and evaluation studies of programs such as Sheway (Poole, 2000) and Breaking the Cycle (Motz et al., 2006; Racine et al., 2009) have demonstrated that these programs help women have better and earlier access to prenatal care; reduce their substance use; keep custody of their child(ren); and improve their health outcomes and their children's developmental outcomes (Cailleaux & Dechief, 2007; Marcellus et al., 2015; Nathoo et al., 2015; Sword et al., 2009). Nevertheless, additional study is needed to understand program implementation and outcomes across diverse community settings, as well as community-level outcomes, including how these programs engage in effective, collaborative practice with health and social services, and particularly with child welfare services.

As a means to augment the evaluation evidence in relation to these holistic, 'one-stop' programs for pregnant and parenting women, an evaluation of HerWay Home was undertaken in 2015–2017; the study included both a formative evaluation and also assessed short-term and intermediate summative outcomes for clients and their families and for service partners. This article, authored by members of HerWay Home's external evaluation team, focuses on evaluation findings related to collaborative practice and outcomes for service partners. While some key findings related to outcomes for women

and their children are presented in this article, more detailed discussion of those findings, including in relation to a 'social return on investment' analysis, will be the focus of forthcoming publications.

Methods

Study design

The HerWay Home evaluation employed a mixed-methods design involving semi-structured interviews, questionnaires, focus groups, output/program data, and document review in order to obtain an in-depth description of HWH's operation, strengths, challenges, and outcomes from the perspective of participants, staff, and community partners. Both quantitative and qualitative data were produced through the multiple means of data collection. The evaluation also included a small-scale social return on investment (SROI) analysis. A mixed-methods approach has been described as 'an emergent methodology of research that advances the systematic integration, or "mixing," of quantitative and qualitative data within a single investigation or sustained program of inquiry' (Wisdom & Creswell, 2013, p. 1). It has been recommended for social and health research and evaluation studies given its ability to explore and assess individual-, community-, and systems-levels outcomes, clients' experiences, service quality, and best practice approaches (Wisdom & Creswell, 2013).

In addition, the study was guided by collaborative principles (Berghold & Thomas, 2012). At the beginning of the project, the researchers engaged an Evaluation Advisory Committee comprised of HerWay Home staff, managers from the regional health authority and the primary program funder (a children's health foundation), faculty from the local university's School of Nursing, and a community-based health provider. In addition, with assistance from HerWay Home staff, the evaluation engaged the HerWay Home Women's Advisory Committee to provide input and feedback on the evaluation process; the Women's Advisory Committee is comprised of current and former HerWay Home clients who are interested in providing guidance to inform the program's operation and activities. The Evaluation Advisory Committee and the Women's Advisory Committee provided input, assistance, and feedback in relation to the development of the Evaluation Framework, data collection instruments, pilot-testing the interviews, providing feedback on the draft reports, and knowledge translation events.

The project adhered to the ethical review guidelines of the program's health authority. All study participants were informed that their participation in the study was completely voluntary, and that they could withdraw from the study at any time and all provided informed consent to participate in the study.

Participants and sampling approach

A total of 60 people took part in semi-structured interviews for the study, including:

- 28 HerWay Home participants
- 26 service partners
- 6 HerWay Home staff

A nominated sampling approach was used to create the sample of service partners. HerWay Home staff provided the researchers with contact information for HWH's closest service partners, and the researchers made contact and arranged interviews with 26 of the 36 partners identified by the HWH team (Table 2).

Data collection and instruments

The research team conducted individual interviews with service partners by telephone. Interviews were of 20–60 min in duration and were conducted using a 'guided conversation' approach (Patton, 1990), which encouraged participants to share their perspectives freely and in their own words. Participants were interviewed by one or the other of the project's Co-Principal Investigators.

The Interview Guides were custom created for this study. The Interview Guide for Service Partners contained open-ended questions focusing on HerWay Home's strengths and challenges, suggestions for the program's improvement, program outcomes/impacts for women and their children, and outcomes for the service partner herself/himself as well as for her/his organization or service system, including in relation to collaborative practice.

Data analysis

As the interviews with HerWay Home clients, staff, and service partners involved open-ended questions, qualitative data analysis techniques were used. In keeping with these techniques, written transcripts from all interviews were read multiple times by the lead researchers to begin the process of identifying themes and issues. Initially, each researcher coded the transcripts separately and identified preliminary themes inductively. The team highlighted naturally occurring patterns in the data, which formed the basis of the thematic analysis (Braun & Clarke, 2006; Thorne, 2000). As a means to strengthen the study's rigor, the researchers engaged in numerous discussions wherein they presented and reviewed one another's emerging reflections, insights, and ideas about the data. Any differences in the researchers' interpretations were resolved through discussion, review of the supportive textual evidence for each theme, and consensus decision-making. Themes were ranked in strength based on a combination of the frequency with which they emerged and the intensity with which the speakers voiced the theme, in keeping with the notion that we must look for 'what the participants anguish the most over' (Keddy et al., 1996).

Table 2. HerWay Home service partner informants' organizational affiliation/profession.

Organization	#
Government child welfare agency – social worker/supervisor	6
Supportive housing agency – staff/manager	4
Indigenous nonprofit service agency – staff	3
Public Health Nurses with regional health authority	3
Street/Outreach Nurses at nonprofit agencies	3
Women/Family Support nonprofit agencies – staff/manager	3
Midwife	1
Neonatal Intensive Care Unit Social Worker	1
Government Income Assistance worker	1
Family Advocate/mediator	1

Results

HerWay Home's staffing and client characteristics

During the timeframe of the evaluation study, HerWay Home staffing consisted of a full-time Program Coordinator, two full-time Case Managers, a part-time Outreach Worker, and a full-time Engagement/Administrative Support Worker. In addition, through its partnership with the regional health authority, HerWay Home received in-kind on-site services from a variety of health-care providers, including a Public Health Nurse, Nurse Practitioner, Primary Care Physician, Community Nutritionist, and Dental Hygienist. It is important to note that prior to their employment at HerWay Home, the two Case Managers had worked with women-serving programs in the community for years, and they had already established positive relationships with numerous HerWay Home's service partners.

HerWay Home serves approximately 100–115 clients a year, and approximately 40% of the program's clients self-identify as being Indigenous. Program data indicated that approximately 80% of HerWay Home's clients were pregnant when they first accessed the program. In terms of women's substance use at intake, according to 2016 program data, approximately half (n = 48% or 51%) were in recovery at the time of intake, and another 28 (30%) were new to recovery (i.e., had stopped using substances for 3 months or less). At the same time, approximately 25% were engaging in problematic substance use at referral.

Relationships and collaborations with service partners

HerWay Home works closely with a number of agencies in the community, offering compatible services and working proactively and collaboratively to help ensure that marginalized, pregnant women have access to services and supports. Examples of collaboration and partnerships between HerWay Home and service partners included:

- Housing: HerWay Home developed a partnership with a community-based youth-serving agency that resulted in HerWay Home having four beds for young, pregnant, and substance-affected women.
- Midwifery and hospital-based perinatal services: HerWay Home has a strong working relationship with a midwifery practice known for working with high-risk women. As well, HerWay Home developed strong collaborative relationships with the hospital-based perinatal social workers who worked with high-risk women who were delivering or accessing OB-GYN services. HerWay Home was also a member of a multi-disciplinary perinatal services working group that involved hospital-based health-care providers and government social workers and managers.
- Mental Health and Substance Use Services: As a result of multiple discussions between program leads at HerWay Home and managers within the regional health authority, HerWay Home clients are given a high priority to detox beds, counseling, and support groups.
- Public Health Nursing: HerWay Home staff and community partners stated that there were strong relationships and increasing referrals to HerWay Home from Public Health Nurses (PHN). Along these lines, informants clearly believed that

augmentation of PHN staff time at HerWay Home (from .2 to .8 FTE) was an important program improvement that occurred during the second year of the evaluation study.

- Income Assistance: HerWay Home staff work closely with an Income Assistance worker who helps women to navigate the income assistance system. According to HWH staff, this 'liaising' approach was a huge benefit to the women served by the program, as their paperwork was processed quickly by a single worker.

As noted elsewhere, the HerWay staff were well known throughout the community of service providers. These connections can be crucial in the development of trusting working relationships between agencies that in the end benefit the clients. One service partner stated:

> The strength is that I have a very trusting relationship with a HerWay Home staff person. We work collaboratively. We don't always agree, and she will challenge me. If I have a mom that I am concerned about and want to refer to HerWay Home, I will meet with the staff person and the mom so that everyone is on the same page, the Case Manager knows what I am worried about, and is able to work proactively with the mom.

As well, program staff and service partners both noted that HerWay Home worked with a population of high-risk women with complex needs that most other programs did not have the capacity to serve. For example, two service providers noted that HerWay Home takes women in the very early stages of recovery, including when they may still be actively using substances, which fell outside the mandate of each of their programs. According to these service partners, the advantage of HerWay Home was that it was both a referral source for their agencies and a resource to which their agencies could refer. In these service providers' words:

> We are second stage housing,[1] so we look to the moms to be in recovery for 3–6 months. Same with violence – they have to be free and clear of violent relationships. HerWay Home works with women who are still using, and that is really helpful. They can refer the women to our program once they meet our criteria, and we can refer women to them when they don't meet our criteria.
>
> We were pretty excited when HerWay Home started because now we have somewhere that we can refer young women who are pregnant and using. We are a service for HerWay Home and they are a service for us.

In addition, with HerWay Home's hiring of a dedicated Outreach Worker (which took place during the second year of the evaluation study), the program gained the ability to make weekly visits to a variety of community agencies to liaise with outreach- or street-based service providers and engage with women who had been referred to HerWay Home. The HerWay Home Outreach Worker also increased the capacity of the program to connect with women who would otherwise not access prenatal care. The organizations with which the HerWay Home Outreach Worker regularly liaised included: homeless shelters; transitional and supported housing organizations; street nursing services; mental health and substance use outpatient clinics; women's shelters and second-stage housing;

[1]Second stage housing is supported, temporary housing for women and children who have recently experienced violence.

sexual health services; Indigenous health and wellness organizations; and youth clinic/young parent-serving organizations.

Collaborative relationships with child welfare social workers

One of the HerWay Home's key service relationships is with the government's child welfare department, the Ministry of Children and Family Development (MCFD). HerWay Home does not have a social worker as part of its staffing, nor is there a government child welfare social worker on-site on a regular basis to meet with women in an informational, prevention-focused capacity. However, after developing trusting relationships with clients, HerWay Home Case Managers offer women support with and accompaniment to their meetings with child welfare social workers and in court. The Case Managers often act as a communication bridge between the social worker and the client, ensuring that the woman understands the social worker's safety-related concerns and what needs to happen to address those concerns. As one child welfare social worker stated:

> I trust that the HerWay Home staff will not leave a baby in a situation that is unsafe – that she understands our mandate and is able to be a support to the mom. She functions as a bridge between mom and baby and MCFD.

At the same time, the HerWay Home Case Managers can advocate for and support a woman in communicating what steps she has taken and what mechanisms have been put into place to ensure the child's safety. As well, HerWay Home Case Managers can provide support in emotionally charged situations, including when the infant or child is removed. In the words of these social workers and HerWay Home staff:

> HerWay Home workers are really great advocates for the family, both for women and for the children. They use the right words and they know the MCFD process.

> They attend meetings with clients – advocate for them – and this is really useful, especially the hard meetings where we are telling a mom that we are removing her child.

> MCFD know us and the work we do – we act as a protective factor. Lots of intensive support is provided by HerWay Home if a child is removed so a woman doesn't 'spiral down' due to grief. … We also know what the 'red flags' are and work with many women before they contact MCFD to make sure that they are addressing those areas of concern.

Collaborating with service partners to prevent children coming into care

The collaborative relationships with Ministry social workers and the joint planning were identified by HerWay Home staff, social workers, and other service partners as a program strength and as contributing to key positive outcomes for women and their families. For example, child welfare social workers noted that working collaboratively with HerWay Home enabled creative planning and ensured a circle of support for clients. As these social workers stated:

> HerWay Home is the type of support that allows me – as a child protection social worker – to leave a child in a situation with a degree of risk because there is a plan in place that we have created together. HerWay Home has enabled me to make really creative plans in the community in support of the families.

> We need really collaborative relationships with community supports and services or we can't do our jobs and presumably would have to remove [the children] more often.

As illustrated by social workers' comments, it was clear that their level of confidence came about as a result of the trusting relationship they had with HerWay Home staff. In other words, relationship building is important amongst service providers, as they need to feel that they can trust each other. Moreover, both HerWay Home staff and MCFD social workers expressed that trusting and collaborative relationships between HerWay Home and MCFD had become stronger over the course of HerWay Home's first few years of operation, as HerWay Home became more firmly established in the community. As one HerWay Home Case Manager stated:

> The longer we are around, the better the relationships have become, and the greater our collaboration with community service partners. We have built stronger relationships over time – especially with MCFD.

Working collaboratively with child welfare workers: clients' perspectives

Clients' descriptions of the ways in which HerWay Home staff provided them with support, as well as their qualitative responses to interview questions regarding what difference HerWay Home made to them and their children, echoed the findings presented above. Nearly all clients who were parenting at the time of the evaluation study interview (i.e., who were not pregnant) shared powerful stories illustrating positive outcomes of HerWay Home in relation to helping to prevent their infant from going into government care; helping them regain custody of their child(ren); or improving their connection with their child(ren), e.g., through visits held at HerWay Home. In these clients' words:

> I had my baby and was able to keep it. MCFD had threatened to remove the baby unless I pulled myself together very quickly. HerWay Home staff were advocates for me and gave good feedback about me. It was the strong support for me that made a difference.

> I am going to have my children returned – they've been in care for two years and I couldn't get many visits, but that changed when I started going to HerWay Home and being consistent about it. Now I am seeing my kids five days per week.

In addition, one informant stated that she believed that were it not for HerWay Home, her child would have been placed into foster care:

> HerWay Home is the reason why I have my son with me! I had support before the baby's birth and have support now.

What difference is HerWay Home making to service partners?

Findings from the HerWay Home evaluation study demonstrated that through working together or as a result of shared clients, a number of community agencies and service providers benefited from the presence of HerWay Home. Themes emerging in response to the question 'What difference has HerWay Home made to service providers' follow.

HerWay Home fulfills a unique role in the service community

In both phases of the evaluation, HerWay Home was recognized as fulfilling a unique role in the community – i.e., working with high-risk pregnant or parenting women who have

a history of substance use. Other services do not have the same mandate or they require women to be further along in terms of their recovery process. The work is recognized to be intensive and something that no other agency has the mandate, staffing, expertise, or time to take on.

> They work with women in active addiction. They are always encouraging women to get help to stop. HerWay Home provides a safe place for moms and their children to socialize in the community – where they get help and are visible to others. This is very important. … Only HerWay Home works with the high-risk moms who may still be active in their addiction. There isn't anywhere else for these women to go.

HerWay Home provides peace of mind, knowing high-risk women's needs will be met

As a related point, several community service partners expressed that they had gained peace of mind knowing that women were being supported by HerWay Home; service providers also gained peace of mind in that they could trust that additional pairs of eyes were keeping a watch on the child and family. Moreover, without HerWay Home, service providers' options were limited or they felt that they could not meet the particular needs of this group. In service partners' words:

> With some of the high-risk pregnancies I can leave a baby in place with more assurance because I know that HerWay Home is involved and will be part of the 'eyes on the situation'.

> We are able to give better service by being able to refer to HerWay Home. We don't have to feel we're just scraping by.

HerWay Home has led to a clearer understanding about women with substance use issues and good practice approaches, including harm reduction

In Phase 1 of the study, one informant spoke of gaining knowledge about harm reduction as a result of her interactions with HerWay Home. In this person's estimation, being a witness to HerWay Home's practice helped to concretize the difference that harm reduction and a relational approach can make for women, and why. In her words:

> HerWay Home has expanded my realm and working understanding of harm reduction. If possible, it has lowered my judgment about women who use substances during pregnancy. … I see a woman who says she isn't using but after being with HerWay Home, admits that she really was using. Now she is able to have a real conversation about that because she doesn't have to fear the consequences of being open and honest. So, I have really learned how harm reduction approach can lead to positive change.

Notably, in Phase 2, the strongest 'community outcome' theme to emerge pertained to service providers' increase in knowledge and shift in perspectives on women with substance use issues, as well as good practice in working with these women. As one service partner stated:

> They encourage women to be transparent and open up about their drug use. They come from a place of no judgment. They've really opened my mind to different things, like women breast-feeding even if they used to use substances. In the language they use, they help to de-stigmatize the women's situations.

Discussion

The literature on best practices for programs working with pregnant or parenting women who have experienced an array of complex issues including problematic substance use, poverty, violence, trauma, impacts of colonization, involvement with the child protection system, and/or negative experiences with service systems, consistently finds that a wrap-around approach that addresses the woman and child together is optimal (BC Center of Excellence for Women's Health, n.d; Marcellus et al., 2015). The harm reduction, relationship-based, trauma-informed philosophy that underscores HerWay Home's approach is similarly supported by the literature (Motz et al., 2006; Nathoo et al., 2015; Pepler et al., 2014). Indeed, wrap-around programs that uphold these philosophical values have been found to help women realize important health and social outcomes.

At the same time, due to the complexity of issues presented by this population, rarely does one program have the resources, skills, or expertise to succeed on its own; more likely a collaborative and cooperative approach with multiple service providers/delivery systems is required. While much has been written about the value of a relationship-based approach from the perspective of engaging program participants and supporting them to achieve positive health and child welfare-related outcomes (Motz et al., 2006; Nathoo et al., 2013; Racine et al., 2009), less has been written about the importance of a similar approach to working with other community-based and regulatory service providers, although notable exceptions in the research and practice literature speak to the importance of both 'relationship-focused' organizations (Pepler et al., 2014) and cross-systems collaborations (Drabble & Poole, 2011).

The HerWay Home evaluation revealed that staff's ability to develop trusting relations with their counterparts in various health and social service systems was an essential facet of their work. Indeed, whether it was housing, child protection, or health-care providers, the connections that HerWay Home staff built across service sectors was a contributing factor in helping program participants realize their goals and address core needs. Without housing, for example, women were more likely to be challenged to meet expectations from social services with respect to the safety of their child(ren) or to address their substance use. Hence, having a good, trusting working relationship with housing providers, including social and supportive housing programs, was essential.

In a similar vein, developing collaborative relationships with child protection social workers was equally important, if not more challenging. Through assiduous communication and reaching out to government social workers while simultaneously supporting program participants to engage in difficult but open conversations with their social worker, HerWay Home staff were able to bridge the divide that can occur all too often in such situations. At the same time, HerWay Home staff helped women to understand the legitimate concerns of social workers with respect to their infant's or child's safety, while also helping social workers to gain a deeper understanding and appreciation of women's strengths and desires for mothering in the face of their evident challenges. Undoubtedly, the presence of HerWay Home staff as an extra pair of eyes on the situation eased concerns for social workers who appreciated over time that HerWay Home staff understood the constraints that they worked within and were not simply strong advocates for their clients at the expense of safety or other considerations. Ultimately, all parties benefited from this collaborative and collegial practice approach.

Another benefit of staff's collaborative practice approach was the knowledge that health and social service practitioners gained in terms of how best to work with substance-using and pregnant women. Importantly, by being witness to a harm reduction and non-judgmental approach with this group of very vulnerable women, some service providers reported reassessing previously held judgments of this group. In light of the challenges associated with reaching and gaining the trust of substance-using and pregnant women, many of whom have had negative experiences with various service systems – including feeling judged, stigmatized, and shamed as a result of their substance use – and who are thus reluctant to engage with pre-natal, post-natal, or other services, this is an important outcome. Moreover, by establishing positive working relationships with other service providers, HerWay Home was seen as a valuable community resource, thereby ensuring that potential program participants were more likely to be referred to the program and therefore to receive services and supports.

The findings also are consistent with research that suggests that sustained multi-disciplinary supports – health, social, economic, educational, and employment related – are part of a best practices approach to working with this population of women to help them address their multiple barriers (Marcellus, 2017). That said, the challenges involved in developing collaborative relationships between service providers have been well documented and cannot be underestimated (Drabble & Poole, 2011). One suggestion is to develop principles for cross-system collaboration that everyone can agree on. These might include mutual respect; understanding and trust of each other's roles and responsibilities; articulation of common goals and expectations that involve the family unit; and, understanding that different values and mandates do not prevent collaboration (Poole et al., 2018). Another is to strongly consider extending the length of time that multi-service prevention programs can work with women and their families, to align with the developmental needs of children, which again suggests that in terms of community service providers, a wide network of partnerships and relationships is essential (Marcellus, 2017).

Limitations of the research

This study involved volunteer samples of clients and service providers, wherein the sample of service providers was identified by the program staff. Although the voluntary sampling approach could have resulted in overrepresentation of individuals with more positive views participating in the evaluation study, we have no reason to believe that people with less positive perspectives were disinclined to participate. The confidential, conversational approach to interviewing facilitated participants sharing their experiences and perspectives. In addition, the study's multi-method approach and use of both qualitative and quantitative data provided both triangulation of methods and triangulation of participant perspectives, which strengthened the study's rigor.

Conclusion

Programs that work with highly vulnerable populations with complex issues such as pregnant and parenting women with substance use issues, and that place a strong emphasis on a relationship-based approach, must undertake a similar approach with the service systems with which they interact and on which they rely. This means allocating time to building

relationships and trust. When this occurs, program participants – such as the women participating in HerWay Home – will be more likely to achieve important outcomes and program partners will be more likely to view the program as a valuable resource and conduit to improving their own service delivery with vulnerable or marginalized populations.

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