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HerWay Home Program for Pregnant and Parenting Women Using Substances: A Brief Social Return on Investment Analysis

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ABSTRACT

Objectives: HerWay Home is a multi-service drop-in and outreach program for pregnant/parenting women with substance use issues and other complex factors such as poverty, mental illness, trauma and/or violence, precarious housing, and child welfare involvement. This article presents findings from a small-scale social return on investment (SROI) analysis included in the overall 2-year (2015–2017) evaluation of the program.

Methods: The SROI looked at outcomes associated with: housing, healthy pregnancies, and child welfare involvement. These factors were chosen for their primacy in women's lives: safe and stable housing is a basic requirement for overall well-being; healthy birth outcomes are linked to prenatal care; and, women keeping and/or regaining custody of their children is a proxy for other changes to life circumstances such as having addressing circumstances that give rise to child safety risks. The SROI was based on 81 women for whom an intake was completed during the evaluation timeframe. The analysis was intentionally conservative in its number and choice of program impacts.

Results and Conclusions: The SROI analysis for HerWay Home demonstrated that for every dollar invested in the program, HerWay Home created a social value of approximately $4.45. These findings suggest that HerWay Home is a worthwhile investment, with considerable value produced through reduced use of expensive hospital care, fewer infants and children being placed in foster care, and fewer children born substance-affected.

Keywords: child welfare, evaluation, FASD, healthy births, multi-service wraparound programming, pregnancy, problematic substance use, social return on investment, social value

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Objectifs: HerWay Home est un programme multi-services sans rendez-vous pour les femmes enceintes/ayant des responsabilités parentales qui ont des problèmes de toxicomanie avec d'autres facteurs complexes tels que la pauvreté, la maladie mentale, les traumatismes et/ou la violence, le logement précaire et l'implication des services de la protection de l'enfance. Cet article présente les résultats d'une analyse à petite échelle sur le Retour Social sur Investissement (SROI) inclus dans l'évaluation globale du programme sur une période de deux ans (2015–2017).

Méthodes: Le SROI a examiné les résultats associés au logement, aux grossesses saines et aux programmes liés à la protection de l'enfance. Ces facteurs ont été choisis pour leur primauté dans la vie des femmes: un logement sÛr et stable est une exigence fondamentale pour le bien-être général; des résultats de naissance sains sont liés aux soins prénatals; et, les femmes qui gardent et/ou retrouvent la garde de leurs enfants sont un indicateur indirect d'autres changements dans les conditions de vie, comme le fait d'essayer de résoudre les circonstances qui entraînent des risques pour la sécurité des enfants. Le SROI était basé sur l'étude de 81 femmes pour lesquelles une admission avait été effectuée durant la période d'évaluation. L'analyse a été délibérément conservatrice quant aux nombres et aux choix des impacts du programme.

Résultats et conclusions: L'analyse SROI pour HerWay Home a démontré que pour chaque dollar investi dans le programme, HerWay Home a créé une valeur sociale d'environ 4,45 $. Ces résultats suggèrent que HerWay Home est un investissement rentable, avec une valeur considérable produite grâce à une utilisation réduite des soins hospitaliers coÛteux, moins de nourrissons et d'enfants placés en famille d'accueil et moins d'enfants nés atteints de toxicomanie.

Mots clés: retour social sur investissement, grossesse, consommation problématique de substances, programmation multi-services global, FASD, protection de l'enfance, naissances saines, évaluation, valeur sociale

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INTRODUCTION

Problematic substance use by pregnant and/or early parenting women is a major health, social, and public policy issue in Canada.[1] In a recent meta-analysis and systemic review, Popova et al[2] found that 10% of women in Canada used alcohol during pregnancy; this meta-analysis included a study situated in the Canadian province of British Columbia that reported that 11% of BC women consumed alcohol during pregnancy.[3] Similarly, in other national prevalence surveys, 14% of Canadian women reported consuming alcohol during their last pregnancy, 17% reported smoking during pregnancy, and 1% reported using illicit street drugs including cocaine, heroin, amphetamines and marijuana.[4,5]

Women's reasons for prenatal substance use are often complex and complicated by significant interpersonal and psychosocial issues such as current and/or historic experiences of violence, trauma, poverty, social isolation, mental health, precarious housing, and child welfare involvement.[6,7] In addition, highly vulnerable and marginalized women who use substances prenatally are often wary of traditional systems of care including the health care and child welfare systems, for reasons of lack of treatment readiness, fear of having their infant apprehended, guilt, denial, embarrassment, stigmatization, the attitudes of health care professionals, competing mandates, and lack of transportation and child care.[1,8,9] Programs that address substance use, pregnancy, and parenting holistically rather than as competing interests can make a difference in terms of birth outcomes and child apprehensions. Along these lines, a national Canadian evaluation study of multi-service programs for pregnant and early parenting women with substance use and other related concerns found that women's top reasons for program engagement aligned closely with key program impacts, including reduced substance use, healthy birth outcomes, improved wellness, prevention of child removals, and strengthened mother/child connection.[10] Similarly, another Canadian study noted that improvements to maternal health and child safety amongst women who continued to use substances were possible when there was collaboration between all involved parties—ie, pregnant and parenting women, health care providers, child welfare practitioners, and program staff, and when reduction of substance use was viewed as a continuum that included but did not require abstinence.[11]

HerWay Home

HerWay Home (HWH), located in Victoria, British Columbia, is a program designed to support women with multiple barriers including substance use to have healthy birth outcomes, decrease their problematic substance use, and to actively be involved in their children's lives, regardless of custody. The program opened in 2013 and offers a single access, multi-service drop-in and outreach program for pregnant women and new mothers who have a history of substance use or are affected by substance use (ie, have Fetal Alcohol Spectrum Disorder or have a partner with problematic substance use) and who may also have experience of mental health issues, trauma and/or violence.

HerWay Home is modelled after similar programs in Vancouver (Sheway), Surrey (Maxxine Wright), Edmonton (H.E.R.), Winnipeg (The Mothering Project), and Toronto (Breaking the Cycle). Common amongst these programs is the use of recommended practices when working with pregnant women who use alcohol and/or other drugs: non-judgmental, relationship-based, trauma informed and harm reduction approaches. Together these approaches encourage women's self-efficacy in decisions affecting their lives, including their use of substances.[12] As shown in Table 1, HerWay Home's full suite of services and programming reflects its theoretical foundations. This is achieved through a combination of on-site core services along with advocacy support, outreach, and accompaniment of women to help them get to appointments and connect with relevant programs in the community.

HerWay Home evaluation and social return on investment analysis

A 2-year formative and summative evaluation of HerWay Home was conducted between 2015 and 2017.[13] A unique feature of the HWH evaluation was inclusion of a small-scale social return on investment (SROI) analysis. An SROI is useful for capturing a more fulsome view of the value that programs generate for program beneficiaries, funders, and collateral services by creating a shared framework for describing a program's value.[14]

The purpose of this article is to report on the use and findings of an SROI analysis as a component of the Herway Home evaluation, including how the SROI was conducted and how the values were calculated. A comprehensive description of the program, including client characteristics and life circumstances and the context to women's substance use, as well as discussion of the program's formative and summative outcomes, can be found in the HerWay Home Evaluation Report .[13]

METHODS

The evaluation unfolded in stages, along the lines of those described by Banke-Thomas et al[15] and was guided by collaborative principles.[16] As part of the developmental phase of the study, Stage 1 involved establishment of the scope of the study and identification of stakeholders, in this case an Evaluation Advisory Committee (EAC)

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 counselling 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 counselling	On-site weekly Recovery Group focusing on substance use/mental health/trauma; one-to-one counselling as needed from Case Manager; referral to treatment

comprised of the HerWay Home senior manager, a key community partner (the regional manager with the provincial department for child welfare services), and funders (the community liaison from the Children's Foundation, a major funder of HerWay Home, and a manager with the regional health authority's Public Health Department, a second major funder). The role of the EAC was to affirm a Theory of Change for HerWay Home including the outcomes and parameters for the evaluation. While members of the Evaluation Advisory Committee agreed to an SROI analysis, they did not want it to be the primary focus of the evaluation. Hence, the SROI analysis was intentionally limited in scope and designed as a small component of the overall HerWay Home evaluation.

Program clients provided input via a Women's Advisory Committee (WAC); they were a long-established group that provided input to the program as required. The evaluation team met with members of the WAC to confirm and pilot test interview questions and program outcomes. Members of the Women's Advisory Committee who met the study's eligibility criteria were also invited to take part in face to face interviews.

Stage 2 of the developmental phase of the evaluation and the SROI involved mapping outcomes, beginning with a Theory of Change, which stated that the program's approach to working with pregnant and/or parenting women who are marginalized and use substances would lead to: improved health and social well-being; healthy birth outcomes; and improved mother-child connections. Accordingly, the evaluation team and EAC agreed that the evaluation would gauge the SROI value of the following outcomes (Table 2):

These outcomes were deemed important for the following reasons: (a) safe and stable housing is a basic requirement for overall well-being and often is experienced by vulnerable and marginalized women as a barrier when trying to meet the expectations of child welfare authorities[18]; (b) access to prenatal care contributes to healthy birth outcomes and is often experienced as a barrier for substance using women who are typically afraid of acknowledging their substance use history to the health care system for fear of being "red flagged" and reported by hospital staff to child welfare authorities[11,19,20]; and (c) women keeping and/or regaining custody of their children is a proxy for other changes to life circumstances such as having adequate housing and addressing circumstances that give rise to child safety risks.[20] It was anticipated that HerWay Home could create value at the individual and systems levels and achieve positive outcomes in both domains.

Table 2: Outcomes for SROI analysis.		
Life Domain	**Outputs**	**Outcome**
Housing	#women with unstable housing or homeless prior to HWH #months of safe & stable housing for HWH participants	• Participants have adequate housing. (We recognize that judgements about the adequacy of housing may vary. Our definition of adequate housing has been informed by the Canadian Mental Health Association's (2014) statement: "[Adequate] housing is an affordable safe space that protects us. It's a secure, private space of our own. . . . Stable housing is housing that has no time limit—you can stay for as long as you want. . . . Good housing is housing you can pay for and still afford the things you need to live"[17]
Healthy pregnancies and deliveries	#infants born in program #healthy infants born #women helped by HWH to access prenatal care	• Healthy infants born not alcohol affected ('Healthy infant born not alcohol-affected' was defined as the infant: (a) weighing over 2,500 g at birth; (b) born at 30 + weeks' gestation; and (c) women's self-report and/or staff's knowledge of whether the woman was using substances during pregnancy) • Women receive regular prenatal care
Women maintaining children in their care/custody	#infants born who remain in parents'/family's care #infants removed from mother's/parents' care	• Participants keep their infants in their care • Participants have child(ren) returned to their care

Stage 3 involved developing and implementing data collection processes that would provide evidence of outcomes, agreed upon by the Evaluation Advisory Committee as part of the finalization of the Evaluation Framework. For the SROI, monthly output and outcome data (participant demographics, pregnancy and birth outcomes, substance use, child welfare and housing status at intake and throughout the evaluation) were central data elements for the SROI. These data were collected monthly by HerWay Home staff between January 2015 and December 2016 using a standardized Excel form. Staff kept detailed notes on their interactions with clients and used those notes to track and confirm outcomes. The data were also collated annually. Both the monthly and summarized data were submitted to the evaluation team. As well, focus groups and semi-structured interviews were conducted with staff for additional clarification of program/participant outcomes.

Methodological limitations

The SROI analysis is based on staff reports about client outcomes; we were unable to independently verify birth weights from other sources, such as the neonatal unit at the regional hospital. This is partly a reflection of the variety of sources that would have had to have been involved in order to verify information and the various privacy and other complications that would have arisen (and potentially caused significant delay to the overall evaluation) as a result. The same was true of child welfare outcomes; the data were supplied by HerWay Home Program Manager. Given the relatively small number of clients in the program and the regularity with which staff and the Program Manager discussed clients' progress and outcomes in case conferences, it is unlikely that there was a recall or recorder bias in the Excel data; still, this must be noted as a methodological limitation. However, given the strong desire by clients to address child welfare issues, there is no reason to believe that staff were not in a position to know the status of infants and children vis a vis their care/custody arrangements.

FINDINGS

HerWay Home's client population

In 2015, a total of 129 women had accessed HerWay Home and 93 of these were active clients; by 2016, 164 had accessed the program and 94 were actively engaged. The majority of clients continued their involvement from 2015 to 2016, though some left the program in 2015 and others were commenced or re-engaged with the program in 2016. Slightly less than half were of Indigenous ancestry. Overall, the majority of women accessing HerWay Home were living in inadequate or unsafe housing and many were not housed, including those living in hidden homelessness (eg, couch-surfing or living temporarily with friends of family where they may be subjected to violence). As discussed in detail in the HerWay Home Evaluation Report,[13] nearly half spoke of experiencing intimate partner violence, which was inextricably linked to their mental health issues and substance use and also had given rise to child safety concerns and involvement with the child welfare system. In keeping with the literature, for HerWay Home clients, substance use was often interconnected to a host of issues including current and/or historic experiences of violence, trauma, inadequate or unsafe housing, poverty, maternal–child separation, racism and marginalization, and mental health and physical health problems.[5–7]

Based on information gathered by HerWay Home staff and the program's affiliated perinatal health care providers, most women accessing HerWay Home were pregnant at the time of intake, in either their first or second trimester. Just over half (51%) of HerWay Home clients were in recovery at intake (ie, women had been abstaining or in recovery for more than 3 months). Another 25% reported being engaged in problematic substance use (defined as the use of substances that result in negative consequences in a person's daily life, including adverse health consequences),[21] and 30% were new to recovery, defined as having stopped using substances for 3 months or less and therefore at risk of relapse.[22] In addition, program data compiled by staff showed that approximately 21% of clients were using more than 1 substance at intake including alcohol, cocaine, heroin, crystal methamphetamine, marijuana, and opiates. Hence, alcohol use alone was not the sole focus of the program or of the SROI.

SROI measures and financial proxies

It is standard in an SROI process, to identify a set of alternative outcomes, that is to say, what would happen for clients without the HWH program. These were confirmed by the Evaluation Advisory Committee.

This was followed by establishment of financial proxies, which are estimates of the financial value where it is not possible to know the exact value of something. Financial proxies associated with each of the above alternative outcomes were identified as listed below.

Housing

In 2008, homelessness for adults with addictions and/or mental illness was estimated to cost $55,000 per person on an annual basis.[23] Updated to 2017, this amounts to $65,102 (per Bank of Canada Inflation Calculator). Both estimates could be low as the average monthly cost of caring for someone while they are homeless is calculated as $17,165 (shelter bed, provincial jail, and hospital bed), or over $200,000 annually.[24] Intimate partner violence and poverty are common causes of homelessness for women and families[25]—factors affecting many of the clients of HerWay Home.[13]

Healthy Pregnancies and Deliveries and Prenatal Care

Research has shown that women who attend regular prenatal visits are more likely to have a safe pregnancy and delivery than those who do not; conversely, when prenatal care begins in the third trimester only or not at all, the likelihood of adverse pregnancy outcomes increases significantly.[26] In addition to providing prenatal care, HerWay Home reduced the likelihood of low birth weight babies by helping to ensure that pregnant women received adequate nutrition (HWH provides meals at all weekly drop-in groups as well as food vouchers) and ongoing connection to medical services through accompaniment and transportation, and by employing an outreach-based service model in order to respond quickly to women's immediate needs, thereby actively helping clients to manage their recovery process during pregnancy and potentially preventing relapse.

According to the Canadian Institute for Health Information,[27] the cost of delivery in Canada in 2003 ranged from $795 for infants with a normal birth weight born by vaginal delivery to $117,806 for infants weighing less than 750 g at birth. The same report noted that care in the Neonatal Intensive Care Unit (NICU) for infants that are low birth weight, may be substance-affected, or have other medical complications costs, on average, $9,700 (or $12,315 in 2017 dollars). Substance use during pregnancy is known to increase risks for medical and obstetrical complications, such as congenital malformations, prematurity, amnionitis, intrauterine growth restriction, and low birth weight, to name a few.[1] The median length of stay in the NICU in 2002–2003 was 2 days.[28]

The direct and indirect costs to society associated with Fetal Alcohol Spectrum Disorder can be substantial. Infants who are prenatally exposed to alcohol and have FASD are estimated to result in annual direct and indirect economic costs of $21,642 ($25,618 in 2017).[29]

Women Retain Custody of Their Infant

In 2016, the annual cost for infants taken into foster care on Southern Vancouver Island, where HerWay Home is located, was $31,172 per child; for children with special needs, the costs were estimated to be $44,125.[30]

Client outcomes

The SROI for HerWay Home was based on the women for whom an intake was completed in 2015/2016 (n=81). Women who entered the program earlier were excluded from the SROI since those intakes pre-dated the evaluation timeframe and the requisite evaluation data had not been collected. With respect to healthy birth outcomes, 1 woman had 2 babies during the timeframe.

Women Have Safe and Stable Housing

Based on staff report and informed by client self-report, 70% of HerWay Home clients (n=57) were living in inadequate or unsafe housing at intake; of these, 39% (n=22) were homeless or living in shelters or transition houses. Program staff assisted 60% of those who were homeless (n=13) to find stable housing (the remaining women secured housing on their own or lost touch with the program). This was noteworthy as safe and stable

housing is an essential social determinant of health and also is 1 precursor to women being able to retain custody of their infant and/or regain custody of their children.[9,10]

Healthy Births; Babies are not Substance-Affected; Women Receive Regular Prenatal Care

Based on program records/documents compiled by HerWay Home staff, out of 55 births (1 woman gave birth in 2015 and 2016), 72% (n=40) were healthy—ie, were a healthy birth weight and gestation; were not substance affected—while 9% (n=5) required the NICU for reasons other than substance exposure, and 18% of the infants (n=10) were substance-affected (as evidenced by the woman's self-report and/or staff's knowledge about the woman's substance use during pregnancy). Notably, women who had healthy deliveries were more likely to have received prenatal care through HerWay Home or to have been assisted by staff to make regular prenatal appointments with a midwife or physician. Women who had infants that were substance-exposed typically had not accessed prenatal care with HWH: 43% (n=17) of the women who had a healthy delivery were in recovery or new to recovery from alcohol, which is significant from the standpoint of FASD prevention. Indeed, 2 women had older children with suspected FASD and gave birth while in the program to healthy infants without prenatal alcohol exposure.

Women Keep Their Infants in Their Care/Custody and/or Regain Care/Custody of Their Older Child (ren)

The majority of women in the program were involved with the provincial child welfare system. Included in this category were women who entered the program post-natally (n=7) as their ability to keep and parent their infant was very closely linked to program staff's ability to help them address the barriers to their caring for their child(ren). To illustrate, of the 62 women who came into the program in 2015 or 2016 and for whom the outcome was known (including those who entered as a post-natal referral but not including women who were still pregnant as of December 31, 2016), 83% (n=52) were involved with child welfare services, that is, they currently or previously had a "file" open by child protection services. Many had an older child (or children) removed or were in the care of a family member, such as grandparents.

Importantly though, at the time of the SROI analysis, 73% of clients either had their infant in their care or, if the infant had been removed, there was a plan in place for its return; in several instances, the plan was to return the older child(ren) first, followed by the infant. In either case, clients were parenting their infants and were regaining parental responsibility for their older children. These were both important outcomes and are consistent with the literature on the benefits of wraparound, supportive and accessible services for women with substance use problems in terms of reducing subsequent child apprehensions and substance exposed births. Even for the infants that had been removed, in only 6% (n=4) of the situations was there a plan by provincial child welfare authorities to apply for a Continuing Custody Order; for the others, the plan was to return the infant to the mother's care or to the care of a family member, or nothing definite had been decided yet.

Social value created

As shown in Table 3, the social value calculation for HerWay Home was $4.45 for every dollar invested.

Table 3: Social value calculation for HerWay Home.

Social Value Calculation—81 Women (2015–2016)		
		$550,000*
Homelessness prevented	$65,102 × 13[1] women	$846,326
NICU avoided	$12,315 × 130 women[2]	$369,450
FASD avoided	$25,618 × 113 women[3]	$333,034[4]
Child apprehensions avoided	$31,172 × 120[5] infants not apprehended (ie, in mother's care)	$623,440
Children returned from care	$31,172 × 19 families w/ older children returned[6]	$280,548
	Social value created on selected outcomes	$2,401,110
	Program investment for 2015/16	$550,000
	Social return on investment ratio	1:4.45

* Annualized budget.
[1] Women who were homeless at intake—or during HWH—and helped by HWH to find permanent housing.
[2] Women receiving prenatal care from HWH & had healthy delivery.in recovery from alcohol—received prenatal care from HWH in 1st or 2nd trimester and had healthy delivery.1 year only—lifelong costs associated with FASD were estimated in 2013 to range from $1,237,541 to $2,314,265.[17] If this were factored into SROI, the ratio would be significantly larger.at home with mother; MCFD involvement in past or currently but no apprehension.is with mom and older child returned.

The SROI value for HerWay Home can be considered a very conservative estimate for the following reasons. First, it reflects a limited number of program impacts and did not include other important outcomes (eg, reduced problematic substance use, decreased use of social worker time, reduced costs associated with intimate partner violence, reduced mental health issues and costs associated with providing acute/emergency mental health care and/or addressing mental health issues, or improved self-confidence). Consequently, the full range of health care costs mitigated have not been considered. These include: the avoidance of costs associated with babies born substance-affected, which are known to be substantial (only global costs available, not per patient financial proxies); costs associated with undiagnosed sexually transmitted diseases; or, the value of having prenatal care throughout pregnancy, which is known to result in timely diagnosis and treatment of health problems, shorter hospital stays, and improved child development outcomes when combined with post-natal care during the early stages of child development.[31,32]

Second, the numbers used to calculate value were actuals and did not include the continuum of clients' experiences, such as those for whom HWH helped to find safe and stable housing who were not homeless at intake and the number of women for whom there was a *plan* in place for the return of their infant or older children—ie, the outcome of having the infant/child returned had not yet been reached but was an eventuality. Third, the cost of avoiding FASD is considerable and extends over a lifetime, not just 1 year as was estimated. While estimating the full cost of FASD per individual has proven challenging due to the array of direct and indirect costs to be factored, a conservative adjusted cost per Canadian individual to age 21 is $21,642 per year.[29] Thus, if the full range of direct and indirect costs per individual were factored into the SROI, the ratio would be substantially larger. Finally, the cost of avoiding child welfare apprehensions similarly was calculated only for a single year even though the average stay in foster care extends to multiple years. If this were to be factored into the SROI, the ratio would increase significantly.

DISCUSSION

HerWay Home is one of several holistic, wraparound programs in Canada working with pregnant and early parenting women with complex issues including problematic substance use, mental health, trauma, poverty, social marginalization, and impacts of historical trauma and colonization.[5,7,8,10] Inclusion of a limited and intentionally conservative SROI as part of the overall evaluation, demonstrated that for every dollar invested, the program yielded a substantial return in social value. These findings are consistent with those based on several programs that serve populations comparable to HerWay Home and that offer some similar services.[33–36]

Judgement is required when choosing and assigning values for an SROI, particularly given the challenges associated with finding adequate financial proxies for outcomes. For example, the SROI for HerWay Home did not attempt to track the birth weights per birth or time spent in the Neonatal Intensive Care Unit for high risk deliveries. To do so would have required a level of approval and engagement from health administrators and program staff—who were already stretched responding to clients' pressing support needs—that was not achievable at the time. Client data regarding child apprehensions and plans for reunification were easier to acquire, but often complicated by the fluidity of each client's circumstances.

Nevertheless, complementing the SROI findings, during the 2-year evaluation there was a small but noticeable increase in the percentage of women accessing HerWay Home earlier in their pregnancy—specifically, in their first trimester. As research and evaluation of similar programs has demonstrated, early engagement of high-risk women results in increased use of services and improves the likelihood of healthier birth outcomes.[37,38] Not having to place an infant in the hospital's Neonatal Intensive Care Unit or take an infant into the auspices of the provincial child welfare system represent significant cost savings in the long term, as well as more immediate health gains in the short term.

As well, with HerWay Home's active involvement and support of clients, other service providers, including provincial child welfare services, were more willing to cooperatively and collaboratively engage with clients.[39] Similarly, child welfare authorities were more willing to plan for the eventual return of older children and to rethink what formerly may have been an automatic response to remove an infant on the basis of maternal substance use.[39]

While these types of longer-term outcomes are difficult to adequately capture and quantify, they suggest that over time HerWay Home has the potential to contribute even greater value than was estimated in the current SROI. In other words, when highly vulnerable and substance using pregnant women receive proper nutrition, prenatal care, and help with finding stable housing and addressing their substance use as well as the concerns expressed by provincial child welfare authorities, considerable value is created through reduced use of expensive medical/hospital care, fewer infants and children being placed in the foster care system, and fewer children being born substance-affected.

CONCLUSIONS

HerWay Home's clients made personal gains in their lives, including and most substantively through changes in their substance use, housing, health care, and child

welfare involvement. The limited-scope SROI analysis was able to demonstrate that with a relatively small investment, important benefits accrue both to individuals and society. We can begin to see how, despite the dynamics of women's complex lives, the program is making a positive difference in the lives of women and their children, and in terms of shifting the pattern of their use of resources—eg, from emergency health care or social services to social housing, public health care, and neighbourhood centres.

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