



*They really helped out. They just let me speak, instead of people speaking for me. They gave me encouragement and said, "you can do it". When I was having problems, they helped.*  
- H.E.R. Pregnancy Program Client

## Fast Facts

- ◆ 130 street involved pregnant women & 117 non-pregnant women received services/support from H.E.R. Pregnancy Program.
- ◆ 60 births were recorded with H.E.R. staff attending 22% (or 13) of these births.
- ◆ Gestational age was known for 45 of 60 births. 78% (35 of 45) of these births delivered at full term.
- ◆ Of 60 births, 53% (or 32) remained in the care of their mothers and 5 (8%) went into the care of family or friends.
- ◆ 22% of 78 pregnant clients who were homeless or unstably housed at program start moved into housing while with the program.

Using conservative evaluation informed estimates, for every dollar invested in the H.E.R. Pregnancy Program, there is a return of **\$8.24** in social value created by the program.

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## Program Background

With a vision to promote “safer and healthier women and babies”, the H.E.R. Pregnancy Program aims to assist and empower street involved women who are pregnant or have the potential to become pregnant by enhancing their skills, knowledge, resources, and levels of personal support so they may live safer and healthier lives. The program helps women access health and social support services before, during and after their pregnancy and addresses social issues related to homelessness, mental illness and addiction, family violence, and poverty. The H.E.R. Pregnancy Program staff team is comprised of three pregnancy support workers who have street knowledge and experience, as well as a registered nurse and social worker. It operates out of Streetworks, and is primarily located within Boyle Street Community Services in Edmonton, Alberta.

## Social Value Created

Clients engaging with the H.E.R. Pregnancy

*In the last two months of my pregnancy I knew she was coming home. [Children's Services] said they had no issues... When they came to check everything out, to see if I had a crib and bassinet and stuff, I was ready for her and they came in to the YMCA and decided that even if I was to have her there, everything was going to be okay. That was all from help from [the H.E.R. Pregnancy Program]. If I didn't have these guys, honestly she [my daughter] would not be with me. I would not have had the confidence to do the things I did.*  
- H.E.R. Pregnancy Program client and new mom

**Theory of Change**  
**If at-risk, pregnant and parenting women are provided with supports to access health and social support services, they will be more likely to decrease risky behaviours and increase protective factors that lead to safer and healthier lives for themselves and their children.**

Program accessed diverse health and human service related supports resulting in increased self esteem, a supportive network, and opportunities to access further service to better their own lives as well as the lives of their children. To the clients, and by extension to their children, there is significant social value in experiencing less violence, stigmatization and social isolation. In addition, clients report

increased access to pregnancy supports/ education and a greater likelihood of being involved with child placement post birth.

## HER Program Client Profile

The majority of the visits to the H.E.R. Pregnancy Program were by Aboriginal pregnant clients, 20-29 years old. Each client

visited a median of 13 times during their pregnancy with the highest number of visits taking place at the onsite location.

## Participant Outcomes

**Child Care Outcomes:** The H.E.R. Pregnancy Program has been successful in helping clients maintain custody of their infants.

**Empowerment:** The H.E.R. Pregnancy Program has resulted in increased levels of personal empowerment among some pregnant clients.

Specifically, clients exude greater confidence and involvement in decision making about their child’s care.

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

**Safer Sexual Practices:** The H.E.R. Pregnancy Program appears to have positively influenced some clients to adopt safer sexual practices.

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

**Maternal Health Outcomes:** The H.E.R. Pregnancy Program contributed to positive maternal health outcomes by providing health assistance and offering clients education and access to birth control after labour and delivery.

**Infant Health Outcomes:** According to program data and participant perceptions, the large majority of H.E.R. Pregnancy Program clients gave birth to healthy babies (78% full term, ~70% non-LBW).

### Valuing Change—Social Return on Investment

Social Return on Investment (SROI) analysis was used to capture the social value of the outcomes produced by the investment in the HER program. Through SROI analysis, the outcomes of the program were carefully mapped to the program data collected as part of the impact evaluation enabling a clear understanding of the links between the activities of the program and the *change* resulting from these activities.

HER clients who were *pregnant* at the time of their interaction with the HER staff were included in this analysis. The analysis looked at 19 months of outcomes (January 1, 2012–July 31, 2013) to align with the timeframe of the evaluation. Quantities for each financial proxy were conservatively estimated based on evaluation findings. These were then multiplied by the proxy value per year, and discounted for changes that would have happened without the H.E.R Pregnancy Program; displacement (e.g., how much of another positive activity did program displace); and attribution (what percent of change was influenced by other factors). Evaluation data as well as literature findings helped determine such discounts. The drop off rates were based on



*It just reminds me of a really strong woman with her children and her family. And I am a very strong woman with my family right now. There should be another little baby there, but that’s okay.*

- H.E.R. Pregnancy Program Client

staff estimates of recidivism based on their experience. Generally, 10% was used for each of 4 years after the first year. Drop off rates were included for 4 out of the 8 indicators.

### Valuing of Program Investment

The SROI ratio indicates that in the course of the 19 months of the H.E.R. Pregnancy Program included in this evaluation, the overall social value of the program is **\$8.24** for every dollar invested (Figures 1, 2 and 3). In this way, by creating a safe and trusting environment to address the immediate needs of street involved women who are pregnant, this program creates not only meaningful and important change in the lives of these women but also a significant amount of social value within the community and province.

Figure 1— Social Return on Investment Calculation Summary

Funding Period	Total Present Value (TPV)	Input	Net Present Value (TPV)	SROI Ratio (TPV/Input)
1	\$3,913,469	\$475,000	\$3,438,469	8.24
<b>Total</b>	<b>\$3,913,469</b>	<b>\$475,000</b>	<b>\$3,438,469</b>	<b>8.24</b>

Figure 2— Foundation for SROI case study analysis

	SROI Indicators Included in Program Calculations	Total Value (per client/per year)	Evidence informed estimate of # of clients*	Notes
1	Cost of income assistance	-\$12,504.00	32	Monthly support (1 adult/1 child) * 12
2	Cost of subsidized housing	-\$7,800.00	23	Estimate maximum of \$650/month * 12
3	Addictions treatment facility stay	-\$2,685.00	6	Avg 20 day stay. Based on treatment cost ranges from Montreal, Vancouver, Halifax and Toronto. The figure presented here is the overall average cost for all four cities.
4	Physician visit	-\$161.85	52	Estimate that a H.E.R. client has on avg. 5 prenatal visits with a physician during pregnancy.
5	Child in state care (avoidance)	\$43,764.00	32	Ontario 2010 data including administrative costs and costs of care.
6	Cost of homelessness (avoidance)	\$36,191.00	5	Gov't of BC cost estimate, adjusted to 2010; low end of range of estimate used because of possible overlap with substance use avoidance.
7	Cost of substance use (avoidance)	\$54,000.00	10	Stats Canada report estimate (2002), adjusted to 2010
8	Cost of untreated chlamydia / gonorrhea (avoidance)	\$2,910.00	10	Both gonorrhoea and chlamydia are a source of considerable costs to the health care system, most of which are associated with pelvic inflammatory disease (PID) and its complications. Estimate drawn from literature.

\* based on 19 months of data

In completing the social value calculation, only indicators that directly relate to the evaluation findings were included. Similarly, the number of clients impacted (column 4) represent evidence informed estimates derived from the evaluation findings. Based on this conservative approach, it is possible that the SROI is underestimated. Specifically, it is possible that the program also impacted FASD prevention, premature labour, NICU admission, special education funding, etc.. For example, if one case of FASD was prevented then the estimated cost avoidance for this one condition would be \$15, 812 per year per individual.

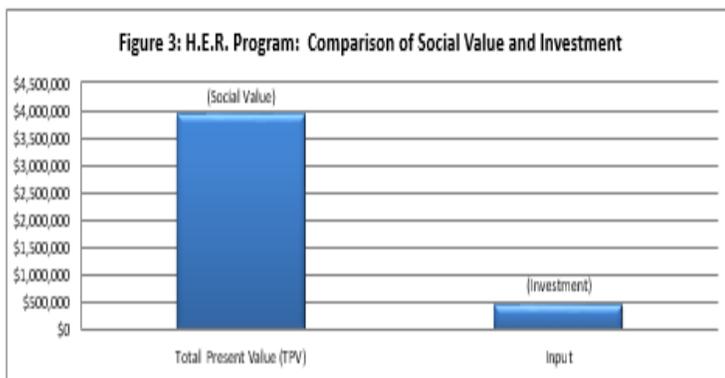
## Social Return On Investment (SROI) Case Study: Healthy Empowered Resilient (H.E.R.) Pregnancy Program

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

- H.E.R. Pregnancy Program Stakeholder

### Looking Forward

The H.E.R. Pregnancy Program is unique and fulfills an important niche among existing services in the community. Results indicate that the program is helping women to keep their babies and become parents. Women are being supported in accessing previously out-of-reach health and social resources and services (i.e., medical services, housing, and income assistance) and appear to exhibit positive behavioural changes related to substance use and sexual practices. The evaluation findings also suggest that many women are feeling more empowered to stay safe and be involved in decisions about the care of their babies. Further to these findings, the use of the SROI analysis highlighted the social value created through investing in the program.



***[My daughter] is my world... [The H.E.R. Pregnancy Program] helped me with the fact that I have her in my care, because I didn't think [Children's Services] would allow me to have her.***

- H.E.R. Pregnancy Program Client

*The Community Research Ethics Board of Alberta (CREBA) granted ethics approval for the evaluation of the H.E.R. Pregnancy Program, including the modified photovoice project with program clients. The women who participated in the photovoice project gave full informed consent for their personal narratives and photographs of themselves and their children to be used in a public document. Those who photographed their children requested that their children's faces not be blurred.*