



British Columbia
Centre of Excellence
for Women's Health

Evaluation of FASD Prevention and FASD Support Programs

Using Program Philosophy as a Foundation for Evaluation

www.fasd-evaluation.ca

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How to Use This Guide

This guide is a companion resource to the www.fasd-evaluation.ca website. The website includes evaluation frameworks, methods, tools, and indicators of success to support the work of community-based FASD prevention programs for women who are pregnant and parenting, supportive intervention programs for adults and older youth with FASD, and FASD programs in Aboriginal communities. The guide provides an introduction to the program philosophies and theoretical frameworks discussed on the website. It also includes discussion questions for groups beginning or renewing evaluation and suggestions on how to make use of the variety of resources available on-line.

Getting Started

What do philosophy and theoretical frameworks have to do with program evaluation? A program's philosophical underpinnings are key in guiding

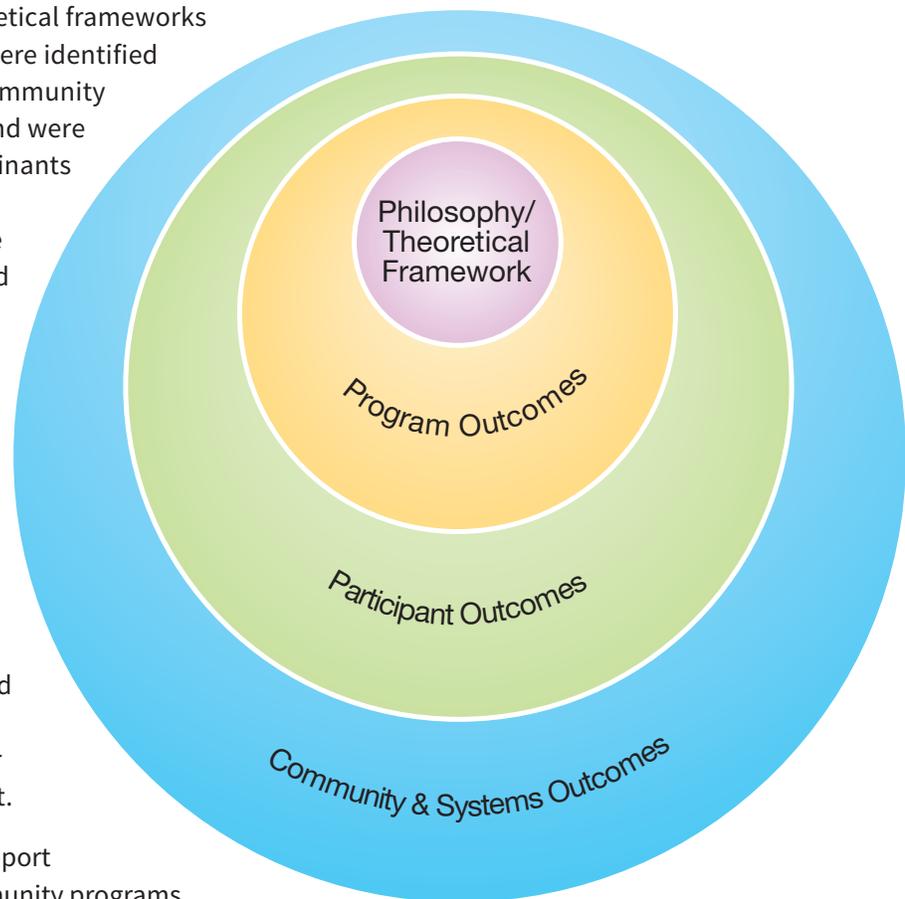
program activities and approaches. When it comes to evaluation, describing and outlining the philosophy and theoretical framework of your program can increase learning about the following:

- Questions such as “Are we doing the right things?”, “Why are we doing things in a particular way?” and “Are we doing things the right way?”
- Which aspects of our program are contributing to positive client and community outcomes, including having participants engage and continue to participate in the program?
- How does our program relate to other programs in our community or in the field of FASD?
- Has the rationale behind our program activities changed since the program began? Does our approach continue to be responsive to the needs of our program participants?
- How do different program activities or programs within an organization relate to each other? How do they affect outcomes for participants?



The philosophies and theoretical frameworks described in this resource were identified in our consultations with community programs across Canada; and were influenced by social determinants of health and Indigenous wellness frameworks. These approaches were articulated as important to the delivery of support to pregnant women and their children and to adults living with FASD. Not all of these philosophical lenses will be relevant to your program, but it is likely that many will resonate with your work. As you read this document, you will need to consider these different elements in the light of your program's focus and context.

This guide is intended to support individuals working in community programs to clearly describe the approaches used in their programs and make connections between program philosophy and program activities. These types of discussions can be important in helping to determine the focus of a program evaluation, in developing a consensus regarding program priorities, for finding commonalities across programs, services and jurisdictions that can lead to improved service delivery and, ultimately, lead to improved outcomes for individuals accessing FASD prevention and FASD support programs.



Above: A program's philosophy or theoretical framework is at the centre of a program and influences individual and community outcomes as well as 'ways of working' in a program.

Linking Program Philosophy and Program Activities

Below, we describe 10 program philosophies and theoretical frameworks that are currently used by community-based FASD programs in Canada and internationally; we also provide examples of program activities that might be found at an organization using each of these approaches. As you consider each of these philosophies, you may want to reflect on your own philosophy and approach to preventing or addressing FASD and the approach taken by your program or organization. The following questions may be helpful:

- Is your program philosophy explicit or implicit? Is it reflected in your organizational mission statement, philosophy, and values?
- Do any of these approaches relate particularly to your professional area or a type of service delivery (e.g., harm reduction approaches are common in addiction treatment services)?
- Do service providers in your program share a common ‘language’ or understanding of issues (e.g., always use ‘person-first’ language)? Is there a type of training that is considered mandatory or ‘foundational’ for all service providers in your organization?
- How have the needs of your clients been determined? What approaches has your program chosen to use in response to these identified concerns?

FASD Informed

FASD-informed services recognize that Fetal Alcohol Spectrum Disorder is a brain-based permanent disability that has wide ranging effects. This means that as a result of the disability, program participants with FASD may have difficulty following certain program rules or behaving in line with practitioners’ expectations unless accommodations are made to fit with participants’ specific needs. An FASD-informed approach recognizes that to achieve positive outcomes, it is the program and the practitioners who need to make modifications, rather than the person with FASD.

Examples of program activities that might indicate a FASD-informed approach:

Flexible program format; involvement of support people in developing an individual plan; individualized one-to-one support or mentoring and coaching



Wholistic and Multidisciplinary

A wholistic and multidisciplinary approach pays attention to the interconnectedness and mutually reinforcing impacts of the mental, physical, emotional, and spiritual aspects of a participant’s life within the context of family and community – past, present and future. For FASD prevention and support programs, wholistic and multidisciplinary approaches emphasize that participants may be facing issues and struggles in more than one area of their lives and/or are already involved with many different types of supports. To be most useful, these supports need to be coordinated such that they create a whole circle of support around participants, their child(ren) and their families and/or the other support people in their lives.

Examples of program activities that might indicate a wholistic and multidisciplinary approach:

Integrated case management; wraparound, teams that include members from different fields such as housing support, addiction counselling, and early childhood development.

Violence and Trauma Informed

Trauma-informed services take into account an understanding of the high prevalence of trauma among program participants of FASD-related services and places priority on the survivor's safety and choice in the services they receive. Trauma-informed services create an environment of non-violence, co-learning, and collaboration.

Examples of program activities that might indicate a trauma-informed approach:

Flexible intake and screening process; opportunity for choices and collaboration in program delivery; service provider training on trauma awareness.



Culturally Safe

Cultural safety is based on the notion that people seeking help from services need to feel safe, respected and valued as an individual for their cultural identity. Key to cultural safety is appreciation that the worker, the organization, and program client are all bearers of culture; health and social service providers must educate themselves about the impacts of colonization for Indigenous people, embrace the skill of self-reflection and provide care that is congruent with the cultural values and norms of the person being served.



Examples of program activities that might indicate a culturally safe approach:

Traditional and culturally relevant programming; programs include family and community networks; land-based activities and programs; staff at all levels in the organization have received education about culturally safe practice.

Harm Reduction Oriented

Harm reduction approaches in the substance use field have focused on reducing the harms related to drug use rather than eliminating drug use itself, and also to improve other aspects of health that are not connected to substance use. A key aspect of harm reduction approaches is user involvement and 'voice' in the creation of programs and policies designed to serve them. Drug users are seen as the agents of reducing the harms of their drug use and are empowered to share information and support with each other.

Examples of program activities that might indicate a harm reduction approach:

Criteria for accessing services do not exclude individuals who are actively using alcohol and other drugs; support for minimizing harms of substance use (e.g. eating healthy food, ensuring children are safe).

Woman-directed or Participant-directed

Participant-centred and/or family-centred approaches view participants and/or families as steering the decisions about services/care; these approaches are characterized by choice and mutuality. In participant- and/or family-centred practice, participants and families are seen as being experts in their own lives, and service providers are responsive to the goals, priorities and choices of the participants and their families. Services providers work with participants and/or families “where they are at” and take their cue from participants and families in terms of goal setting and service/care planning.

Examples of program activities that might indicate a woman-directed or Participant-directed approach: Participant-directed goal-setting; individualized one-to-one support; flexibility in programming

Respectful, Relational, and Belonging

Relational practice recognizes the central importance of interpersonal relationships – including the relationship between the service provider and the program participant. It emphasizes the development of respectful, safe, supportive, non-judgmental, honest, and trusting relationships that take into account a person’s social, physical, cultural and spiritual contexts. Building trusting relationships promotes a sense of belonging and connection, which are central to health and well-being.



Examples of program activities that might indicate a respectful, relational and belonging approach or approaches: Open door policy; flexible programming; programs that offer food

Outreach Based

Outreach is a strategy designed to improve access to and utilization of services, particularly amongst those who typically are reluctant to access, or who are under-served by office-based programs or care. Outreach-based approaches seek to remove barriers to accessing services stemming from requiring the participant to travel to a program and/or needing a pre-scheduled appointment. Outreach-based approaches thus focus on having the service provider meet and work with the program participant where he or she is at – both literally and figuratively.

Examples of program activities that might indicate an outreach-based approach: Services provided in the community outside of an office environment; services provided in an individual’s home; skill-building through experiential or ‘hands-on’ approaches

Mothering and Developmental Lens

A mothering lens honours women’s standpoint as (expectant) mothers, and recognizes that a program’s accessibility and responsiveness needs to be thought through in light of women’s multiple roles and needs of mothers, even if their children are not in their care. Respectful and non-judgmental relationships are thus key to ensuring that a woman is able to access the care she needs. A developmental lens recognizes that healthy child development occurs within the context of the mother-child relationship. Effective programs and practices to support healthy child development including children’s mental health may need to include activities that enhance women’s own understanding of and capacity for healthy relationships.



Examples of program activities that might indicate a mothering or developmental approach: Child care offered; support for mothers who no longer have their children in their care; program supports for the mother-child dyad

Community Based

Community-based refers to a philosophical approach in which communities have an active role and participate in highlighting and addressing the issues that matter to them. Community-based means being in the community that you serve, geographically and philosophically; a community-based approach invites communities to actively design, develop, and deliver their own FASD prevention and intervention strategies.

Examples of program activities that might indicate a community-based approach: Participant involvement in program planning and delivery; program model is tailored to meet unique aspects of a population (e.g., geographical location or cultural values)

From Program Philosophy to Program Evaluation

Every program evaluation will be unique in terms of the outcomes, indicators, data collection methods and tools that are most appropriate and feasible to use. Defining your program philosophy can help you to develop and/or refine your own program-specific evaluation approach. You may find it helpful to explore the visual maps on the FASD Program Evaluation website (www.fasd-evaluation.ca) to see how certain program philosophies lend themselves to certain types of evaluation approaches. The resources on the website overall are intended to help you easily identify outcomes, indicators and data collection processes and tools that are most relevant to your situation.

► What kind of program outcomes are you interested in learning more about?

A program's philosophy is seen in day-to-day activities; in a program evaluation, this is often reflected in program outcome measures. Program outcomes often relate to participants' and service providers' experiences of the program and to the participants' satisfaction with the program.

► Program Philosophy and Evaluation Methods

Some program philosophies suggest certain types of evaluation methods. Strong evaluations tend to use a variety of indicators and data collection tools, but your program philosophy can help determine certain aspects of your evaluation approach. For example, if your program uses a Mothering Lens, then interviews, focus groups or questionnaires with pregnant women and mothers might be central to your evaluation. Or, if your program is FASD-informed, it might be important to use data collection tools that have been adapted for use with individuals with FASD.



► Early, Intermediate, and Long Term Outcomes

Your program philosophy influences the types of program activities you undertake and the outcomes you are trying to achieve. It might be helpful to think about outcomes in the short-, medium-, and long-term. During the process of a program evaluation, you may learn that your program is excelling in one particular area or is providing a well-rounded approach to the area. This can be helpful in determining how or whether things need to change and how resources should be allocated.

Example

Program philosophy: Culturally safe

Sample Program activities: Parenting group, Sweat lodge program, Elder Advisors.

Note that for cultural safety, the program providers need to understand the cultural resources and the historical events that affect participant and community well-being and integrate this knowledge into their relationship with program participants. This illustrates how program philosophy and participant outcomes are interactive.

Overall outcome: Knowledge of and connection with culture, spirituality, and nature

Sample early outcomes:

- Participants have opportunities to take part in traditional or culturally relevant programs
- Participants have the opportunity to receive spiritual guidance from an Elder
- Participants learn about traditional healing and related activities

Intermediate outcomes:

- Participants actively take part in culturally relevant programs
- Participants seek out spiritual guidance from Elders and other mentors
- Participants reconnect with culture through on-the-land activities

Long-term outcomes:

- Participants are connected with their community/culture
- Participants actively rely on their culture for support and guidance in their long-term healing and wellness
- Culture/cultural activities contribute to healing

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