

Perinatal Substance Use Housing

Evaluation Toolkit

Fall 2024

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Introduction

Perinatal substance use is a significant public health issue that affects both parent and child. Health risks include barriers to prenatal care, poor maternal and fetal outcomes, and mental health issues. Housing insecurity exacerbates these challenges by creating instability, making it harder for individuals to access consistent medical care, substance use treatment, and safe environments for recovery and parenting.

Importance of housing with supports

Housing with supports is an integral part of the perinatal substance use continuum of care. It is essential for:

- **Substance use recovery:** Stable housing with supports is an essential platform for recovery, enabling parents to make and sustain positive life changes. Without it, healing and recovery are nearly impossible.
- **Family unity:** Improving the housing situation for families, including those experiencing complex challenges, can substantially increase the likelihood that they will be reunified. Access to safe and stable supportive housing enables women to go home from hospital with their infant.
- **Maternal and child wellbeing:** Housing is an important protective factor. Stable, safe housing with wraparound supports before, during and after pregnancy is critical to promoting positive maternal and infant health outcomes.

Evaluation of perinatal substance use housing

In the context of supportive housing development and provision in British Columbia, perinatal women affected by substance use and their children are too often overlooked. This has resulted in a scarcity of appropriate housing with supports for this population and, in particular, models that offer long-term assistance.

While supportive housing for perinatal women affected by substance use and their children remains limited, there are some effective short- to medium-term examples in B.C. To expand and strengthen what is available, it's essential to evaluate programs to deepen our understanding of what works. Building a robust evidence base will guide future efforts, helping ensure that programs meet the complex needs of this population, and supporting the development of more long-term supportive housing options.

Background to the toolkit

Since 2019, the Provincial Perinatal Substance Use Program (PPSUP) under BC Women's Hospital (BCWH) Mental Health and Substance Use Programs and Initiatives has been leading an initiative to improve health and social outcomes for perinatal people with substance use challenges and their families. Destigmatizing substance use, decolonizing care and promoting evidence-informed, leading and wise practices are important objectives of the program.

BCWH is committed to addressing these disparities by amplifying the voices of women with lived and living experience and working alongside community partners to develop evidence-informed housing models for the perinatal population with mental health and substance use challenges. Key activities have included:

- Review of literature and environmental scan;
- Development and validation of housing recommendations;
- Creation of an evidence-informed housing model; and
- Implementation of supportive housing pilots.

Development of this evaluation toolkit has emerged from and complements this work. The toolkit is designed to support providers of perinatal substance use housing to evaluate their programs in alignment with evidence-based and wise practice.

How the toolkit is organized

There are two main parts to the toolkit:

- **Part A** provides an overview of program evaluation for those who may be new to evaluation or have only limited experience with it. Topics covered include: the purpose of evaluation; ethical practice; types of evaluation; and key terms and concepts.
- **Part B** offers a step-by-step guide to planning and implementing evaluation of perinatal substance use housing programs. It includes a set of core outcomes and indicators for housing providers to measure their impact as well as guidance on working with data, making meaning and telling your story.

A range of evaluation tools is provided in the appendices to the toolkit. These are all specific to supportive housing for perinatal women and their families and can be used as is or adapted to support your evaluation work.

Resources that offer further helpful information on evaluation in general and aspects of best, promising and wise practice in perinatal substance use programming may be found in the 'Works Consulted and Additional Resources' section at the end of the toolkit.

Part A: Evaluation Basics

1. What is Evaluation?

Evaluation is a systematic way to assess the design, implementation and/or outcomes of a program in order to determine its effectiveness and inform program improvement. It can be broken down into the five components illustrated below. These are cyclical because evaluation is intended to support ongoing learning and program enhancement.



Evaluation broadly answers three questions:



What?

What do we want to know?



So What?

Are we meeting our objectives?



Now What?

Do we need to make changes?

What = What is it you want to know? At the end of the evaluation process, this question is a reflective way to ask, “What happened because of our program activities?”

So what = Once you have gathered information through the evaluation, you can explore the implications of what you have learned and identify if you have met your goals.

Now what = What do the lessons learned mean for your program? Should it continue operating in the same way, or do you need to adjust the program moving forward?

Program evaluation is like a compass for service provider organizations. It helps you navigate more clearly and confidently towards your goals so that you can make a real difference in people’s lives.

2. Why Evaluate?

Program evaluation can be a transformative tool for your organization. It can help you to see how well your programs are working, provide insights on what and how to improve, ensure that you use your resources effectively, and show funders and the public that your work is impactful and worth supporting.

Here’s why it’s so important:



- 1. Understand what works:** Evaluation shows what parts of a program are effective and where there’s room for improvement. It’s about learning from experience to do (even) better.
- 2. Prove your impact:** Your organization relies on support from funders and donors. Evaluation gives concrete proof of how your work is changing lives and this builds trust with supporters.
- 3. Make informed decisions:** With evaluation data, your organization can make smarter decisions about where to focus resources and how to help people more effectively.
- 4. Learn and grow:** Every evaluation is a learning journey. Evaluation helps foster a culture of continuous improvement, building staff knowledge and capacity for innovation and good practice.

5. **Advocate for change:** Evaluation provides evidence to support causes and show why certain policies or actions are needed. It allows you to use information to make a stronger case for what matters.
6. **Engage your community:** By involving the people you serve and work with in evaluations, you gain their invaluable perspectives on your work while strengthening your relationships.
7. **Identify and manage risks:** Evaluations help organizations spot problems early and fix them before they become bigger issues.
8. **Expand carefully:** When you know what works well, you can expand your programs with confidence, growing in a way that is sustainable.
9. **Stand out:** A commitment to evaluation can set you apart, showing that you are serious about your mission and about making a real difference in your community.
10. **Tell your story:** Evaluation and storytelling go hand in hand. You can use your evaluation results to craft powerful stories that connect with your audience and inspire action.



Even when you are busy with the task of meeting immediate needs, taking time to evaluate can help you understand what's working and what could be done differently. Though it may seem like a luxury you can ill afford, this reflection is essential because it will allow you to make better decisions, improve your programs and, ultimately, create a greater impact in the community.

2.1 Myth busting

There are several myths surrounding evaluation. You may have to address some of the following misconceptions with your staff and partners as you get ready to start your evaluation journey.



MYTH

Evaluations are a test.



MYTH BUSTED

Evaluation is not a test to pass or fail. It's a process of understanding and learning about a program's impact and effectiveness. It's about gathering insights that guide improvement and adaptation, rather than judging success or failure.



MYTH

Evaluations are too expensive.



MYTH BUSTED

While some evaluations can be costly, many can be conducted with modest resources. Affordable and accessible tools and methods exist for all evaluation budgets. Evaluation often saves money in the long run by pinpointing what works and helping to avoid wasted efforts.



MYTH

Evaluations are only for large organizations.



MYTH BUSTED

Evaluation is valuable for organizations of any size. Small and mid-sized organizations benefit greatly from understanding their impact and improving their programs. Scalable evaluation methods allow even small agencies to assess their effectiveness and make informed decisions.



MYTH

Evaluations are too time-consuming.



MYTH BUSTED

While evaluation requires some time, it doesn't have to be overwhelming. By integrating evaluation into regular activities and using simple, ongoing data collection methods, it becomes manageable. The insights gained often save time in the long run by guiding more effective operations.



MYTH

Evaluations are just for funders and donors.



MYTH BUSTED

Although evaluation helps demonstrate impact to funders and donors, it's also a powerful tool for internal learning and development. It informs strategic planning, helps refine programs and fosters a culture of continuous learning, benefiting the organization as a whole.



MYTH

Evaluations require experts.



MYTH BUSTED

While expert guidance can be beneficial, organizations can conduct meaningful evaluations themselves. Many user-friendly tools and resources are available that staff and volunteers can use to build their evaluation knowledge and gather and analyze data effectively.

3. Ethical Evaluation Practice

Designing and conducting evaluations ethically means following rules and practices that respect and protect the rights, dignity and wellbeing of everyone involved. This ensures that the evaluation is fair, just and beneficial to the participating individuals and communities. Some key practices of ethical evaluation are listed below.



Ensure wide representation

Include and accurately reflect the voices, perspectives and experiences of all relevant groups in your evaluation. This involves actively seeking input from diverse participants, especially those who are often marginalized or overlooked, so that the evaluation findings are comprehensive, inclusive and truly reflective of the entire population affected by the program.



Obtain informed consent

It's important to obtain clear and informed consent from all participants, preferably in writing. Explain the purpose of the evaluation and outline any potential risks or discomforts, as well as any benefits individuals might receive from participating. Describe how the data will be used, who will have access to it and how long it will be stored.



Maintain confidentiality and anonymity

Protect the identities of participants by keeping their personal information and responses confidential. Whenever possible, collect data anonymously to further protect participants' identities and encourage honest responses.

Explain to participants how the information they provide will be attributed or ask them what they are comfortable with. Can first names be attached to quotes? Should pseudonyms be used? Should all identifiers be stripped?



Be transparent

Be transparent with participants about the evaluation process, including its purpose, its methods and how the results will be used. Don't promise participants that the data will yield a positive result (e.g. the changing of policy, the changing of an individual's difficult circumstances). Communicate findings back to the participants in a clear and accessible manner.



Think carefully about the participants

Do your best to address any barriers that might prevent individuals from participating in the evaluation. This could include providing transportation and childcare to support individuals' participation, offering flexible scheduling options to accommodate participants' availability, and providing light refreshments for in-person sessions.



Provide remuneration

Wherever possible, provide (non-staff) evaluation participants with an honorarium. When working with Indigenous community members and organizations, ask if they would like monetary or non-monetary compensation. If the latter, ask what that compensation should look like.

Your organization may have specific guidelines around participant remuneration. If giving money is not possible, consider providing gift cards (e.g., coffee, groceries).



Respect autonomy

Acknowledge the right of each participant to make their own decisions about their involvement in the evaluation. Ensure participants don't feel pressured to take part, and make sure they know that they can withdraw from the evaluation at any point without any adverse repercussions. Participants should be provided with a key point of contact so they know who to reach out to if they have any concerns or questions about the evaluation.



Recognize potential bias

No evaluation is completely free from human bias in its design and interpretation. The following are some ideas for how to mitigate potential bias:

- Include people with different backgrounds and perspectives in the evaluation design process to provide a variety of viewpoints and reduce individual bias.
- Encourage all members of the evaluation team to reflect on their own backgrounds, perspectives and potential biases, and to think about how these might affect their work.
- Clearly document and communicate your evaluation methods, criteria and processes to allow for scrutiny and replication.
- Use neutral and inclusive language in your surveys, interviews and reports to avoid leading questions and biased interpretations.



Avoid participant fatigue

Be careful that you don't repeatedly ask for information from the same people, or on similar themes, within a relatively short period. Are other projects or organizations also collecting data from your participants at the same time or have they recently? Have reasonable expectations of how long participants will need to be part of the evaluation, and pilot test your data collection tools to ensure they can be completed within a reasonable timeframe.

4. Different Types of Evaluation

There are many different types of evaluation. The one you choose will depend on what you are trying to find out, what data you have available and how long your organization or program has been in operation.

The most common types of evaluation are:

- Process evaluation;
- Outcome evaluation; and
- A combination of process and outcome evaluation.

4.1 Process evaluation

Process evaluation looks at the processes and activities involved in planning, implementing and delivering programs or services. This type of evaluation is also known as formative evaluation, as it is often used in the early stages of a program, while it is still forming. However, process evaluation can also be used for programs that have been in existence for a while to assess how well program delivery is working and to identify how it can be improved or strengthened.

Process evaluation can help you understand the "how" of program implementation. It examines whether a program is being delivered as intended, the reach to the target population, and the efficiency and effectiveness of the processes involved. It provides insights on the operational aspects of a program and supports making adjustments to enhance program effectiveness.

Types of questions you might ask in a process evaluation:

- Did we implement the program or service as we planned to? If not, why not?
- Have we been on schedule or not?
- Have we reached the people we intended to reach?
- Are program recipients satisfied with what they received? What do they have to say about it?
- What have our challenges been and why did they occur? How have we tried to address them?
- Did we spend the money we have on what we planned to? If not, why not?

4.2 Outcome evaluation

Another name for outcome evaluation is summative evaluation. This type of evaluation is used to explore whether a program is meeting the short-, medium- and long-term results it set out to achieve. Outcome evaluation helps you understand "what has happened" as a result of the work you do. This understanding can help you make decisions about your program. Should it stay the same? Or should it be changed, based on the outcome evaluation findings?

Outcome evaluations are most useful and appropriate when a program has been in operation long enough to have generated results – i.e., at least 12 months. Even at one year, it will only be possible to identify short- to medium-term outcomes.

Types of questions you might ask in an outcome evaluation:

- Has the program improved participants' access to prenatal and other health care?
- What percentage of participants have successfully transitioned to long-term, independent housing (applicable to shorter term or transitional housing programs)
- What changes did we see in participants' substance use? (E.g., Did participants meet their goals? What percentage of participants reduced their use, used more safely, or quit using?)
- Did participants report improved physical and mental health?
- Are participants achieving their parenting goals. E.g., Are they parenting? Have other children been returned to their care? Have they decided not to parent?

Short-, medium- and long-term outcomes

When evaluating programs, outcomes are often categorized by the timeframe in which changes are expected to occur. These include short-, medium-, and long-term outcomes, each reflecting different stages of progress toward achieving the program's goals. The information below serves as an example but is not prescriptive. **Some individuals may take longer to reach certain outcomes than others, and some may achieve outcomes in a shorter period of time.**

- **Short-term outcomes, 0 – 6 months:** A short-term outcome is an immediate change or benefit experienced by participants as a direct result of a social program. This may include, for example, increased knowledge or new perspectives.
- **Medium-term (or intermediate) outcomes, 6 – 18 months:** A medium-term outcome is a change or benefit that occurs after the initial short-term outcomes, typically within several months to a few years. Medium-term outcomes reflect behavioural changes or improvements in skills, practices or conditions among participants as a result of a program. Some of the changes may have occurred because of outside factors as well as program participation, but a direct link can still be made to the program's activities.
- **Long-term outcomes, 18 months or more:** A long-term outcome is a significant, lasting change or impact that occurs over an extended period, often years, as a result of a program.

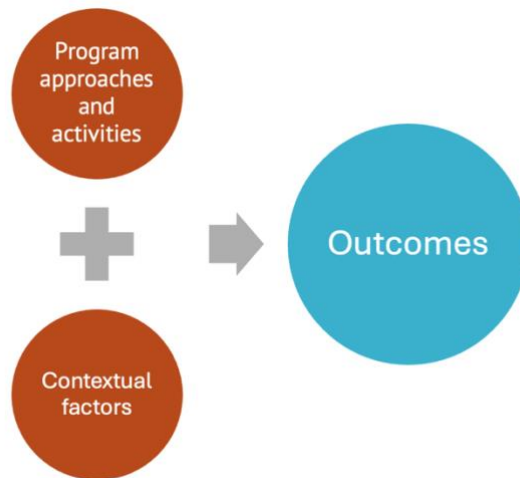
These changes can include, for example, improved quality of life, sustained economic stability, or enhanced community wellbeing. Long-term outcomes can be more difficult to attribute to participation in a program, but a link can still be made.

Examples of outcomes for a perinatal substance use housing program:

- **Short-term:** Women have consistent access to food, hygiene and cleaning products, clothing, and baby supplies, which reduces immediate stressors
- **Medium-term:** Mother and child have access to regular medical care, which results in healthier birth outcomes
- **Long-term:** Infants stay with their mothers and children in care are returned, supported by services and resources that foster a nurturing family environment.

Making the connection between the program and the outcomes

It can be challenging to attribute changes in behaviour, abilities, and life experiences to a specific program, especially when evaluating long-term outcomes. The UNICEF Office of Research notes that sole causal attribution – i.e., the program is the **only** reason changes were achieved – is not realistic. Outcomes are influenced by each person’s context, including the other supports they are receiving and their individual capabilities.



Nevertheless, causal links between outcomes and a program can be made by using the following practical steps:

- **Clarify program goals and outcomes:** Clearly define what the program aims to achieve and identify the key outcomes to focus on. This ensures that everyone is on the same page about what success looks like and what needs to be measured.

- **Collect baseline data:** Gather information on participants' circumstances upon entering the program, focusing on areas relevant to the program's goals and desired outcomes, such as housing, substance use, health, and child welfare involvement.
- **Use before-and-after comparisons:** Track changes in key outcomes by comparing participants' situations before the program and after a set period (e.g., 6 months or a year).
- **Ask participants about their experience:** Use simple surveys, focus groups, or informal interviews to ask participants how the program has helped them. This direct feedback can be valuable for understanding whether the program is making a difference.
- **Be aware of other influencing factors:** Consider any outside factors that could impact outcomes (e.g., new community services or policy changes). While you may not have the capacity to fully control for these, being aware of them helps give context to the changes you see.

Outcome evaluation and social return on investment

Outcome evaluations may include a cost benefit or “social return on investment” (SROI) focus. SROI analyses show the social, environmental and economic value generated by a program relative to the investment made.

While they are gaining in popularity, SROIs can be time-consuming and resource-intensive. Nevertheless, they can be worth the effort because they provide a clear and compelling picture of the true value and impact of a program, justifying investments and guiding better decision-making.

For example, a study conducted by [BC Housing](#) found that **for every dollar invested in dedicated-site supportive housing, about four to five dollars in social and economic value is created.**



5. Approaches to Evaluation

When deciding whether a process, outcome or combination evaluation is right for your program, you also need to consider how to approach the evaluation. Your choice of approach should align with your goals for the evaluation and your organization's values and priorities. You can also use a mix of approaches in the same evaluation.

The different approaches to evaluation include:

Participatory evaluation	Involves partners actively in the evaluation process to ensure findings are relevant, inclusive and actionable.
Indigenous evaluation	Incorporates Indigenous perspectives and values to ensure assessments are culturally relevant, respectful and aligned with Indigenous ways of knowing and community priorities.
Developmental evaluation	Supports continuous adaptation and innovation of programs in complex and dynamic environments.
Empowerment evaluation	Enhances the capacity of individuals and communities to evaluate their own programs, make informed decisions and drive positive change.
Appreciative Inquiry	Identifies and builds upon the strengths and positive aspects of an organization or community to foster growth, innovation and lasting change.
Most Significant Change	Captures and understands the most impactful and meaningful changes resulting from a program by gathering and analyzing personal stories and experiences from participants.

More details about participatory evaluation and Indigenous evaluation are provided below. Resources on developmental evaluation, empowerment evaluation, appreciative inquiry and most significant change can be found in the ‘Works Consulted and Additional Resources’ section of this toolkit.

5.1 Participatory evaluation

Participatory evaluation is an approach that meaningfully involves the people who are most directly affected by the program. This can include staff, community partners and program participants. Their involvement can occur at any stage of the evaluation, starting with the design through data collection and analysis, and sharing the findings. Interested parties can be involved in an advisory capacity, as consultants, as reviewers and as full evaluation partners.

Advantages of participatory evaluation include:

- Identification of evaluation questions that are meaningful to participants and other partners;
- Enhanced relevance and accuracy of findings;
- Strengthened relationships with participants, partners and other interested parties;
- Empowerment of participants; and
- Capacity building for staff and community partners.

Challenges of participatory evaluation include:

- Increased time and resource requirements;
- Need to provide evaluation training to those involved;
- Navigating different perspectives and priorities among interested parties;
- Difficulties in achieving consensus on evaluation methods; and
- Tendency to limit involvement of some parties to data collection activities and exclude them from later stages of the work, such as data analysis and interpretation of findings.

5.2 Indigenous evaluation

Historically, Indigenous Peoples have been harmed by the ways in which evaluation data has been collected, used and reported. A lot of evaluative studies of First Nations, Métis and Inuit communities have happened from the outside, by individuals and organizations that are not based in those communities. Furthermore, Indigenous ways of knowing, beliefs, and practices have been excluded from the evaluation techniques used.

In recent years, Indigenous researchers, program providers and community members have published guidance on Indigenous evaluation practices. Some examples are included in the ‘Works Consulted and Additional Resources’ section of this toolkit.

In broad terms, an Indigenous approach to evaluation prioritizes the perspectives, values and knowledge systems of First Nations, Métis and Inuit communities. Indigenous evaluation emphasizes relationship-building, community empowerment and the validation of Indigenous methodologies. It aims to produce evaluation processes and findings that are meaningful and beneficial to the communities involved.

It is increasingly common for evaluations to combine Indigenous methods with western techniques. This is referred to as “walking in two worlds” or “two-eyed seeing,” where both Indigenous ways of knowing and western scientific knowledge coexist harmoniously.

The principles of participatory evaluation fit well with Indigenous evaluation practice. The level of participation may vary from community to community depending on local interest, capacity, the purpose of the evaluation and other events that may be happening.

Part B: Evaluating Your Perinatal Substance Use Supportive Housing Program

1. Theory of Change

A foundational concept for understanding and measuring the impact of any program is the **theory of change**. You can think of a theory of change as a program’s “big picture” plan. It sets out, in broad terms, what a program is trying to achieve and the means by which it plans to get there.

For anyone evaluating a program, this foundation is essential. By following the theory of change, evaluators can check to see if the program is being delivered as intended and if the actions are creating or contributing to the desired results.

The diagram below shows a theory of change for the provision of housing with supports for perinatal women with substance use challenges. Each of the components – practice principles, services and supports, and outcomes – is informed by evidence on what works in supportive housing for this population and what women have said they are seeking to achieve for themselves and their families.



1.1 Practice principles

- **Relational:** Focuses on building trust and meaningful connections between staff and program participants, emphasizing empathy, respect and mutual understanding.
- **Recovery-oriented:** Supports individuals in pursuing their own path to wellness, whether through abstinence or stable use, using harm reduction principles to support them at any point on the substance use continuum.
- **Women-centred and driven:** Ensures that services are tailored to the specific needs, strengths and preferences of women, prioritizing their voices and choices within the program.

- **Family-inclusive:** Enables families to stay together or be reunited, supports development of healthy family relationships, and integrates family needs and strengths into the care provided.
- **Culturally safe:** Individuals feel respected, valued, and free to express their cultural identity without fear of discrimination. Cultural safety actively addresses power imbalances and systemic biases. Importantly, only the people receiving the service can determine whether it is truly culturally safe.
- **Trauma- and violence-informed:** Policies and practices that recognize the impact of violence and trauma on women and create an environment that promotes their physical and emotional safety.
- **Stigma-free:** Provides a judgment-free space where individuals feel accepted, valued, and supported, fostering dignity and openness, and helping individuals to fully engage in their recovery without fear of prejudice or shame.

1.2 Wraparound services and supports

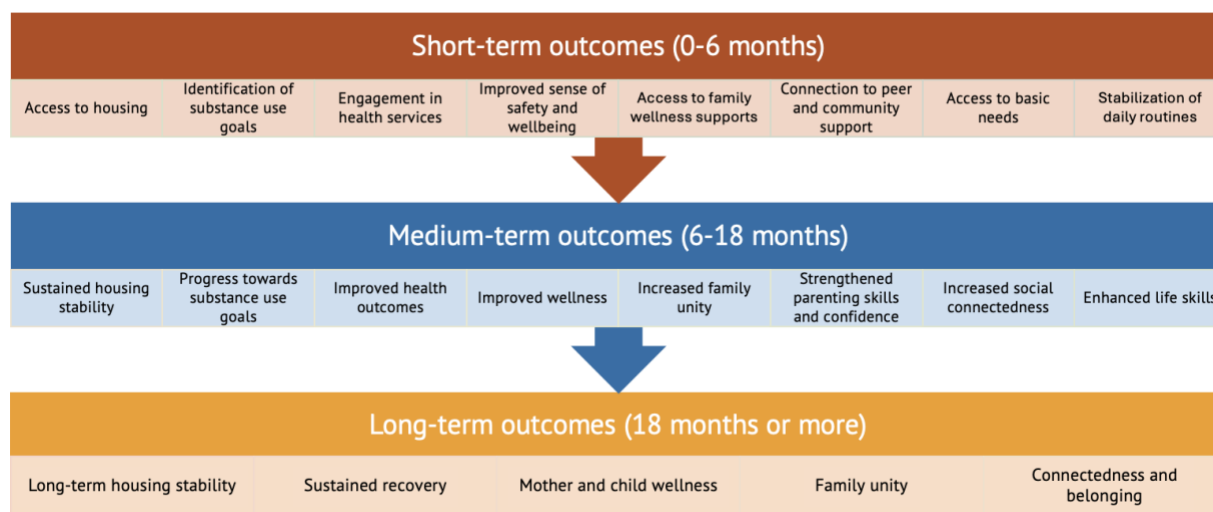
Wraparound services and supports may be provided by a single organization or through collaboration between organizations (e.g., a housing provider working with an agency that delivers psychosocial supports). Where a service cannot be provided directly, programs must ensure that women are well supported to connect with and access the appropriate community agencies.

- **Safe, stable housing** that is suitable for perinatal women and their children.
- **Basic needs** including food, clothing, infant and child supplies, and transportation.
- **Access to healthcare** for mother and child, including prenatal and postnatal care, public health, substance use, and mental health services.
- **Case management** and individualized recovery plans.
- **Psychosocial programming**, including counselling, cultural supports, parenting education and child development, and trauma and violence support.
- **Family services**, including childcare, family violence intervention/prevention, and child welfare support and advocacy.
- **Peer support** and connections to community and resources.
- **Supported transitions** between housing and supports.

1.3 Outcomes

The outcomes listed in the theory of change diagram are the overarching, long-term outcomes. They represent what we would hope to see for women and their families after participating in a housing program with supports for 18 months or more.

These long-term outcomes can be broken down into short- and medium-term outcomes, as shown below:



Short-term outcomes (0-6 months):

- **Access to housing:** Women have immediate access to safe, stable housing.
- **Identification of substance use goals:** Women begin engaging with substance use services and supports, setting personal goals, exploring options, and increasing their safety.
- **Engagement in health services:** Mother and child have increased access to and participation in prenatal, postnatal and ongoing physical health, mental health, and substance use services.
- **Improved sense of safety and wellbeing:** Increased emotional support, access to counselling, and greater housing stability lead to women feeling safer and less stressed.
- **Access to family wellness supports:** Women identify parenting goals, develop greater knowledge about maternal and child health, and have increased access to supports around family violence and child welfare and advocacy.
- **Connection to peer and community support:** Women start to form supportive relationships with peers and staff, and have increased knowledge of and access to community, legal, and advocacy services, reducing stressors, isolation, and stigma.
- **Access to basic needs:** Women have consistent access to food, hygiene and cleaning products, clothing, and baby supplies, which reduces immediate stressors.

- **Stabilization of daily routines:** Provision of safe, stable housing results in increased regulation, including improved sleep patterns, nutrition, and self-care.

Medium-term outcomes (6-18 months):

- **Sustained housing stability:** Women continue to maintain safe, stable housing, reducing the need for crisis housing and providing a stable environment for recovery and parenting.
- **Progress towards substance use goals:** Women demonstrate progress related to individual goals, such as reduced harmful substance use, abstinence from substance(s), and consistent engagement with SU supports, which leads to improvements in overall wellbeing.
- **Improved health outcomes:** Mother and child have access to regular medical care, which results in healthier birth outcomes, enhanced maternal health, and decreased reliance on emergency medical services.
- **Improved wellness:** Women experience better mental health, including increased self-esteem and self-efficacy.
- **Increased family unity:** There are fewer instances of children in involuntary care and more family reunifications.
- **Strengthened parenting confidence and skills:** Women have increased knowledge of child development and parenting approaches, and experience stronger parent-child bonds and healthier family relationships.
- **Increased social connectedness:** Women have stronger community, cultural, and peer support connections, fostering a sense of belonging and reducing isolation.
- **Enhanced life skills:** Women develop practical skills for daily living that support housing stability, family wellbeing, and greater confidence and resilience to deal with life's challenges.

Long-term outcomes (18 months or more):

- **Long-term housing stability:** Women and their families maintain safe, secure and permanent housing that supports sustained recovery and overall wellbeing.
- **Sustained recovery:** Women achieve long-term stability in their individualized recovery from substance use, supported by continuous access to resources and secure housing.
- **Mother and child wellness:** Women and their children experience improved health, with each family supported to meet their wellness goals, through stable housing and access to health and social services.
- **Family unity:** Infants stay with their mothers and children in care are returned, supported by services and resources that foster a nurturing family environment.

- **Connectedness and belonging:** Women and their families develop strong, supportive connections with their communities and their culture, fostering belonging and social inclusion.

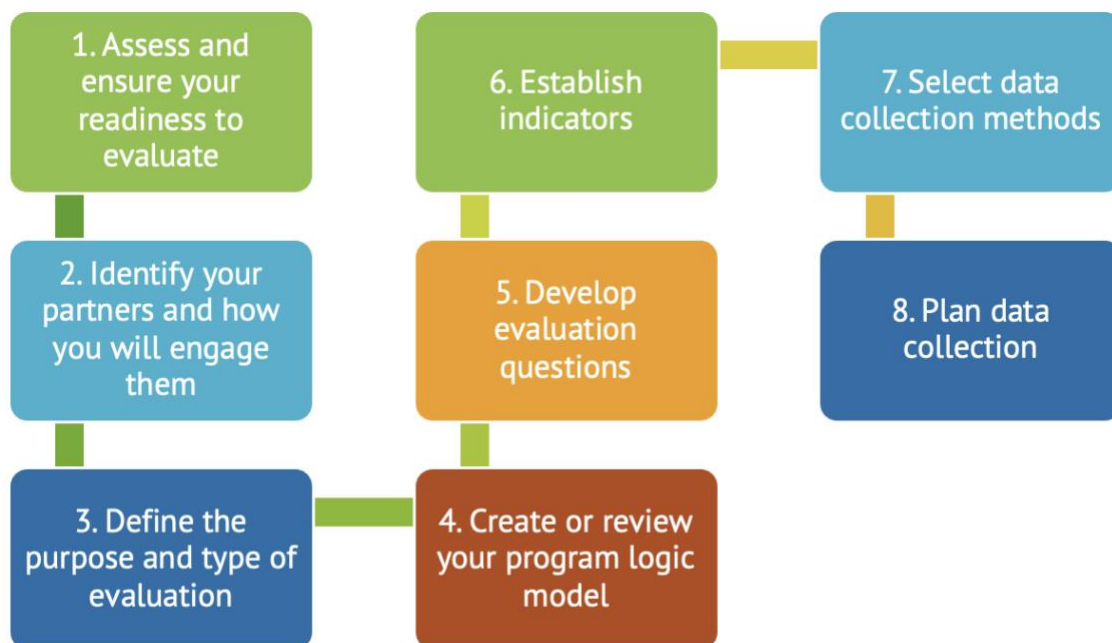
The short-, medium- and long-term outcomes described here represent a **core set of outcomes** tailored specifically for housing with supports for perinatal women with substance use challenges. They reflect the shared goals of perinatal substance use housing programs, regardless of their location, size or specific service structure.

Some of these outcomes have appeared in Part A of the toolkit as examples. You'll find them integrated throughout Part B, serving as reference points to help guide your evaluation planning, implementation and analysis. Identifying these common outcomes provides a consistent framework that supports clear, cohesive assessment and tracking of program impacts across diverse settings.

2. Planning Your Evaluation

Embarking on an evaluation of your supportive housing program might seem daunting, especially if your organization and staff are new to the process. Taking the time to plan your evaluation will help keep things clear and manageable. It will help you focus on what's important, organize your steps and avoid confusion. Thoughtful preparation will ensure you collect the right information from the right people, making it easier to understand your program's strengths and areas for improvement.

Each evaluation will be unique, but there are some steps you can follow:



As you work through these steps, **document your decisions** to create your evaluation guide – one document that organizes the entire evaluation process in a clear, straightforward way.

2.1 Assess and ensure your readiness to evaluate

Assessing readiness to evaluate involves looking at what you already have in place to support an evaluation and deciding on an approach that will work for you. Taking the time to do this preliminary work will set you up for success and help ensure your evaluation yields useful results.

There are some practical matters to think about. These include available funds and resources, your funders' expectations or requirements, the maturity of the program, how busy your staff are, and the timing of the evaluation.



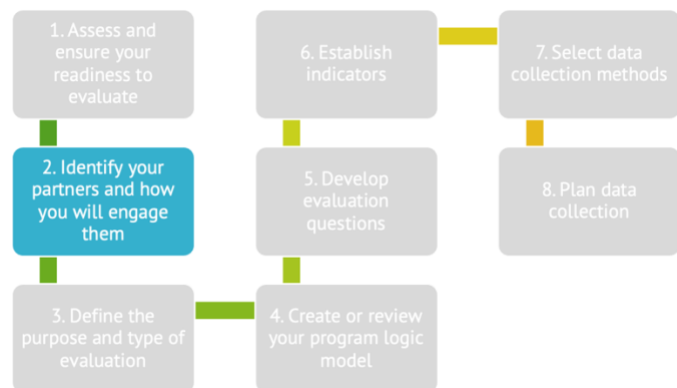
Key questions to consider with respect to your readiness to evaluate:

- What do you want to achieve with the evaluation? Are there any funder requirements you need to meet?
- How long has the program been running and has it been evaluated before?
- How ambitious an evaluation does your budget allow for?
- Are there any time or other capacity constraints you have to take into account?
- If necessary, do you have the resources to engage the help of external evaluators?
- What level of support do you have from your senior leadership for conducting the evaluation?

2.2 Identify your partners and how you will engage with them

Involving partners in program evaluations is beneficial for several reasons. They bring different perspectives and knowledge that make the evaluation process more complete. Their participation helps make sure the evaluation findings are relevant, meaningful and trustworthy.

When partners are included, they're more likely to support the program and its goals. Plus, it shows transparency and a sense of responsibility to everyone who has an interest in your program and its impact.



Identifying potential partners

Start by considering **internal interested parties** such as staff, volunteers and current or previous program participants. Then, reach out to **external interested parties** such as community groups, other non-profits, experts in the field and funders. Assess what each potential partner can contribute, whether it's knowledge, resources or support.

Engaging with partners

When planning how to engage with partners in your program evaluation, think about the following:

- **Clear communication:** Clearly communicate the goals and potential benefits of the evaluation to gain their interest and commitment.
- **Roles and responsibilities:** Work with partners to define roles and responsibilities, ensuring everyone has a say and feels a sense of ownership and accountability. There are many ways partners can contribute to your evaluation. For example, they can:
 - Help to develop a program logic model;
 - Help set or review evaluation goals and questions;
 - Validate data gathering tools;
 - Review and validate findings;
 - Co-create recommendations coming out of the evaluation findings; and/or
 - Participate in sharing the results of the evaluation.
- **Inclusivity:** Involve partners in decision-making processes to make sure their insights and experience are valued.
- **Regular updates:** Establish open lines of communication and provide ongoing updates to keep everyone informed and engaged.
- **Feedback mechanisms:** Create ways for partners to give feedback and contribute ideas throughout the evaluation process.
- **Mutual benefits:** Highlight how the evaluation benefits all partners and how their contributions will positively impact the program's success.
- **Honorariums:** Offer honorariums to volunteers, current and former program participants, and Indigenous partners as a gesture of respect and appreciation for their time, expertise and contributions to the evaluation.

By considering these factors, you can foster strong engagement and collaboration with your partners throughout the evaluation process.

Additional considerations for engaging with Indigenous partners

When planning to engage with First Nations, Métis or Inuit partners, it's essential to approach the process with cultural respect and sensitivity. Make sure you:

- Understand and adhere to the values, traditions and protocols of the community you are looking to collaborate with.
- Invest time in building relationships to establish trust, mutual respect and open communication.
- Follow ethical guidelines for working with Indigenous communities, ensuring informed consent, confidentiality and community ownership of data.
- Aim for the evaluation to benefit the community, and find out how you can share results in ways that are accessible, useful and culturally relevant.
- Be flexible and willing to adapt evaluation methods to fit with the community's ways of knowing.
- Acknowledge the historical context and ongoing impacts of colonization, and strive to contribute positively to the wellbeing of the community.
- Make decisions collaboratively to ensure all voices are heard and respected.
- Identify how Elders, Knowledge Keepers and community members will be compensated for their time and expertise.

The **OCAP® principles** (Ownership, Control, Access, and Possession) are a key framework that guides data sovereignty for First Nations in Canada. See the information on Indigenous data sovereignty in Section 2.8 below.

2.3 Define the purpose and type of evaluation

It is important that all program partners and involved parties agree on the purpose of the evaluation. Clarifying **why** you're doing the evaluation will help you decide what type of evaluation to do (e.g., process, outcome or a combination). It will also help you tailor your evaluation methods, data collection and analysis to address your specific goals.

It may be possible to address several purposes in one evaluation, but there often needs to be a choice about where the available resources will be primarily focused.



2.4 Create or review your program logic model

The theory of change presented above (Part B, Section 1) lays out the big-picture steps that lead from a program’s principles, services and supports to long-term impact.

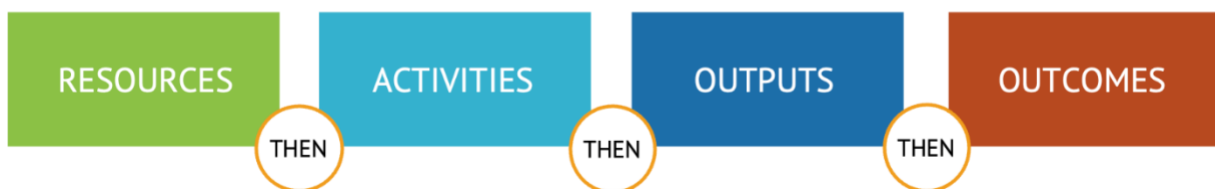
A logic model is a more detailed, visual roadmap of **what** the program will do, showing the specific resources or inputs, activities, outputs and outcomes.

Both are important in program evaluation: a theory of change helps clarify the program’s purpose and direction, while a logic model provides a clear, structured plan for tracking and measuring progress along the way.

The “logic” of a logic model is basically “if-then.” **If** you have the resources, **then** you can implement activities, which leads to outputs, which lead to outcomes.



IF...



Resources (inputs): What you are able to put in to carry out program activities. E.g., funding, staff and volunteers, equipment and materials, facilities or space, technology, partnerships.



Activities: What you do with the resources to bring about the program’s intended results. E.g., housing provision, staff training, case management, counselling, outreach, peer support, access to healthcare.



Outputs: The direct products of the program’s activities. E.g., number of group sessions held, attendance at sessions, number of people trained or counselled, number and type of services provided and how many people served.



Outcomes (short-, medium- or long-term): The expected changes as a result of the program’s activities and outputs. As per the outcomes described above (Part B, Section 1.3).

Making and using a logic model

Don't do it alone! Collaborate with program partners to create the logic model for your supportive housing program. The most important part of developing or reviewing a logic model is the conversation among those with an interest in the program to come to agreement on the program's intended goals. Program staff, leaders, board members and funders may have different ideas about what a program is trying to achieve, without knowing it.

Logic models are not static documents. They should change over time the program evolves, as new promising practices are identified, and as your evaluation findings are used for improving your program.

Developing a logic model for your program is not about getting everything perfect from the start but rather about starting with what you know and refining it as you learn more. Think of it as a practical tool that supports learning and improvement. Try to embrace it as a guide rather than a source of stress!

Two examples of logic models are provided in Appendix A – one for a trauma-informed practice training program for staff working in perinatal substance use housing, and one for the overall housing program.

Do you HAVE to use a program logic model?

The honest answer is “No.” However, a program logic model is a useful tool for evaluation because it:

- **Clarifies program structure:** It visually outlines the program's components, making it easier to understand how the program is supposed to work.
- **Identifies key elements:** It helps identify critical components of the program, which can be tracked and assessed throughout the evaluation process.
- **Guides data collection:** It provides a framework for determining what data needs to be collected to evaluate the program's effectiveness.
- **Facilitates communication:** It helps communicate the program's goals, processes and expected outcomes to partners, ensuring everyone has a shared understanding.
- **Supports planning:** It aids in planning by linking activities to outcomes, helping to ensure that the program's actions are aligned with its goals.
- **Improves accountability:** It increases accountability by clearly showing how resources are intended to lead to desired outcomes, making it easier to measure and report on program performance.

Some organizations may choose not to use program logic models because they see them as too complicated and rigid, which may not align with the organization's culture or operational style. Organizations may opt instead for more flexible or narrative-based ways of describing their program and its intended outcomes.

2.5 Develop evaluation questions

Evaluation questions should align with the objectives of your program and the purpose and type of evaluation you are doing.

Let's consider the kinds of evaluation questions you might ask as part of a process and an outcome evaluation of your perinatal substance use housing program.

The examples provided below align with the theory of change presented earlier.



Program objective: To provide stable housing and comprehensive support services to improve the overall wellbeing of perinatal women with complex needs and their families.

Purpose of the evaluation: To assess the effectiveness and impact of the housing program in improving housing stability, mental health and substance use, and overall quality of life for participants and their children.

Process evaluation questions:

- Are we engaging successfully with the target population in our community?
- Are the support services (e.g., counselling, substance use treatment, parenting skills training) being delivered as planned?
- How satisfied are program participants with the services they receive?

Outcome evaluation questions (short- to medium-term):

- Are participants maintaining stable housing after entering the program?
- Have there been improvements in participants' mental health and substance use?
- What changes have been observed and/or self-reported in participants' confidence with parenting?

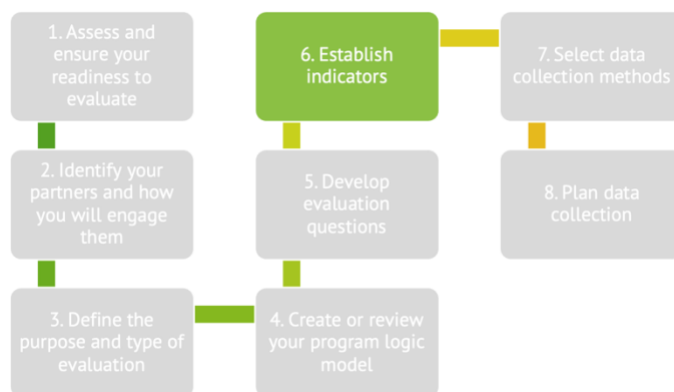
Outcome evaluation questions (long-term):

- How has the program affected participants' ability to sustain suitable housing and manage their health and wellbeing?
- How has the program supported women in achieving and maintaining their family (re)unification goals?
- What long-term effects does the program have on increasing participants' sense of belonging to their community?

2.6 Establish indicators

Indicators are specific, measurable factors used to assess the performance and impact of a program. They help to determine whether a program is meeting its objectives by providing clear evidence of progress or outcomes.

Indicators can be **quantitative** (numerical data) or **qualitative** (descriptive data), and they are used to track various aspects of a program's effectiveness.



Indicators are closely related to evaluation questions because they provide the specific data needed to answer those questions. Let's illustrate this with reference to the evaluation questions listed above.

Process evaluation question	Example indicators
<i>Are we engaging successfully with the target population in our community?</i>	Participation rates How often/long participants are engaged Percentage of participants who stay involved over time
<i>Are the support services being delivered as planned?</i>	Number of services provided Timeliness of service delivery compared to planned schedule Adherence to established standards or guidelines for delivering services
<i>How satisfied are program participants with the services they receive?</i>	Overall satisfaction rating Percentage of participants who would recommend the program to others Participant feedback – qualitative comments or suggestions

Short- to medium-term outcome evaluation question	Example indicators
<i>Are participants maintaining stable housing after entering the program?</i>	<p>Percentage of participants who remain in stable housing for a specified period (e.g., 6 or 12 months)</p> <p>Number of times participants move or experience housing instability</p> <p>Number of participants accessing housing support services</p>
<i>Have there been improvements in participants' mental health and substance use?</i>	<p>Percentage of participants meeting their substance use goals</p> <p>Number of participants regularly attending counselling or therapy sessions</p> <p>Decrease in emergency mental health interventions or hospitalizations</p>
<i>What changes have been observed and/or self-reported in participants' confidence with parenting?</i>	<p>Percentage of participants reporting an increase in confidence in their parenting abilities since joining the program</p> <p>Number of participants who report feeling more knowledgeable about child development and effective parenting techniques</p> <p>Child welfare services report new or improved parenting skills observed during child visitation</p>

Long-term outcome evaluation question	Example indicators
<i>How has the program affected participants' ability to sustain suitable housing and manage their health and wellbeing?</i>	<p>Self-reported or assessed improvement in the suitability and safety of housing</p> <p>Percentage of participants reporting sustained or improved physical and mental health over time</p> <p>Participants report they are continuing to meet their substance use goals</p>
<i>How has the program supported women in achieving and maintaining their family (re)unification goals?</i>	<p>Mothers report increased confidence in their parenting ability</p> <p>Percentage of infants/children remaining with their mothers</p> <p>Number of family reunifications that occur</p>

Long-term outcome evaluation question	Example indicators
<i>What long-term effects does the program have on increasing participants' sense of belonging to their community?</i>	Percentage of participants who report regular involvement in community and cultural activities or events Average score on a "sense of belonging" scale, measured over time Percentage of participants involved in peer support, volunteering or local organizations

In Appendix C, you will find a comprehensive set of indicators for supportive housing programs for perinatal women with substance use challenges. This offers a menu of indicators from which you may choose for your evaluation needs.

Steps for deciding what indicators to measure

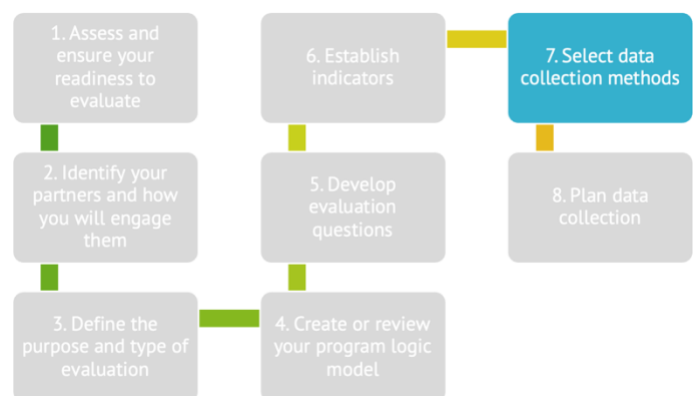
To decide what indicators you will measure, the following steps may be useful:

1. Look at each evaluation question and decide what aspects of your program (e.g., activities, outputs, outcomes) are critical to measure. Ask yourself, "What do I need to know to answer these questions?"
2. For each domain you are interested in, develop a list of possible indicators. Such domains might include women's health and wellbeing status, infant/child health and wellbeing status, housing status, and/or child welfare status.
3. Select indicators that clear, measurable and directly related to your program's goals. Ensure they can be tracked over time.
4. Assess whether it is feasible to collect data for the chosen indicators (e.g., through surveys, program records, interviews or external sources).
5. Review indicators to ensure they remain relevant and adjust them if necessary as your program evolves.

2.7 Select data collection methods

Indicators specify what needs to be measured. Data collection methods determine how that data is gathered. Indicators guide the choice of methods, ensuring that the data collected answers the evaluation questions.

There are generally three main categories of methods in evaluation: quantitative methods; qualitative methods; and a mixture of both (mixed



methods). The choice of methods should fit your specific evaluation needs, timeline and available resources.

Quantitative methods

Quantitative methods focus on numerical data and statistical analysis. Examples include surveys and questionnaires, pre- and post-program tests, observational checklists and reviews of administrative data.

Examples of data generated by quantitative methods:

- # of women reunited with children
- # of days per month that childcare services were available to moms
- % of women identifying a significant change in their life due to program participation
- % of women who go on to become peer support workers in the program
- # of weeks that new applicants had to wait to receive entry into the program

Quantitative data uses objective, numerical measures that can be replicated for all participants. Quantitative data lends itself to statistical analysis and is relatively easy to measure, analyze and report on. However, quantitative data cannot provide information on why the program might be working, or women's experiences of the program.

Qualitative methods

Qualitative methods focus on descriptive, narrative data to explore experiences and perceptions. Examples include interviews, focus groups, case studies and open-ended observations.

Examples of data generated by qualitative methods:

- Service improvement suggestions
- Personal stories and testimonials about improvements in mental health and quality of life since entering the program
- Descriptions of challenges or barriers that individuals faced within the program or the housing environment
- Perceptions and experiences of the effectiveness of wraparound support services offered
- Participants' feelings of empowerment and independence as a result of connection with the housing program

Qualitative data is expressed in language, rather than numbers. It is subjective and represents the views and experiences of the people who access your program. It helps to explain how and why certain behaviours might have changed.

Mixed methods

A mixed methods approach to program evaluation involves combining both quantitative and qualitative methods to provide a more comprehensive evaluation. For example, you might use surveys (quantitative) alongside focus groups (qualitative) to gain both numerical and detailed insights.

Using mixed methods can also increase the validity and reliability of your evaluation findings. For example, if both quantitative and qualitative data point to the same conclusion, the results are more robust.

Using existing data and creating new data

In evaluation, both existing data sources (such as administrative records or previous studies) and newly created data (through surveys, interviews or observations) are essential for providing a comprehensive understanding of program outcomes.

Using methods that draw on existing data is an efficient tactic. It can significantly reduce the time and costs associated with data collection, allowing you to focus more of your efforts on data analysis and interpretation.

When you lack access to existing data sources that can provide answers to your evaluation questions, you will need to gather new data. One of the benefits of creating new data is that you can design data collection tools that precisely target the outputs and outcomes of interest, which can lead to more accurate and relevant findings.

Examples of methods that draw on existing data and those that create new data are provided in Appendix D. Examples of specific types of data you might use for an evaluation of a perinatal substance use housing program are also provided.

How do you choose your methods?

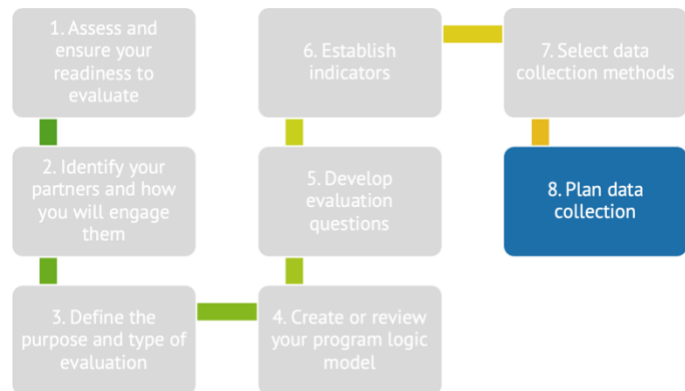
When determining which methods will be most effective for your program, consider the following questions:

1. What data are you already collecting or do you have access to? Can that data answer your evaluation questions?
2. How much time do you have to:
 - Develop evaluation tools?
 - Recruit interview or focus group participants?
 - Analyze data?
3. Do you have the expertise to employ the chosen method(s)? For example, do you have:
 - Skilled facilitators to host focus groups?
 - Analytical expertise to make meaning of the quantitative data collected?

4. How intrusive is the data collection method? Will your data collection take a lot of staff and participant time away from the program itself?
5. If using mixed methods, will each method be equally important or will one be considered more important than the other?
6. What kind of technology can you access (e.g., SurveyMonkey survey platform, analysis software, online transcription service)?

2.8 Plan data collection

The final step of the evaluation planning process focuses on the timing of data collection, who will collect it and how it will be stored. Careful consideration of these matters will help ensure that data is collected efficiently and respectfully, stored securely, and accessible for analysis when needed.



Timing of data collection

Timing is crucial when planning data collection. If you schedule data collection strategically, you are more likely to capture relevant data throughout the course of the program and avoid participant fatigue or missing critical information.

Key considerations include:

1. Aligning with program phases:

- **When participants enter the program:** Collect baseline data to understand participants' initial conditions. This helps measure changes over time.
- **While participants are in the program:** Gather data periodically to monitor progress and make real-time adjustments if necessary.
- **After participants move on to other housing:** Collect data post-program to assess longer-term outcomes.

2. Coordinating with program participants and partner organizations:

Schedule data collection when people are most likely to engage, ensuring that surveys or interviews don't interfere with their daily lives or program participation. Check for partner organizations' availability.

3. Avoiding data collection fatigue:

Spread out data collection efforts to prevent overwhelming people with too many surveys or assessments at once.

4. **Accounting for program length:** For longer programs, build in multiple data collection points to capture progress over time (e.g., quarterly or at key milestones). For shorter programs, focus on pre- and post-program data collection.
5. **Planning for external factors:** Be aware of external events (e.g., holidays, community celebrations and activities, and cultural sensitivities) that could impact data collection efforts, and adjust the timeline accordingly.
6. **Setting realistic deadlines:** Allocate enough time for data collection. Account for delays in responses, equipment issues or unexpected challenges, and build buffer time into your schedule.

Deciding who will do the data collection

Program staff, volunteers and former program participants can all be involved in collecting evaluation data. When deciding who will be responsible for collecting the data your evaluation will generate, consider the following:

- **Experience:** If possible, choose individuals with the skills to gather accurate and relevant data, including familiarity with the specific data collection methods (e.g., interviews, surveys).
- **Familiarity with the population:** Choose people who understand the needs, challenges and strengths of the population, such as former program participants or other people with lived experience.
- **Trust and rapport:** Consider staff or volunteers who can build trust with program participants, especially for sensitive issues such as perinatal substance use and housing insecurity.
- **Cultural safety:** Identify individuals who have the understanding and capabilities to engage with people in a culturally safe, respectful and trauma-informed way.
- **Ethical practice:** Ensure data collectors are aware of and follow ethical practices, such as obtaining informed consent and ensuring confidentiality.
- **Availability:** Make sure the data collectors have the time and availability to commit to the evaluation timeline.

Storing data

When conducting a program evaluation, properly storing collected data is critical to ensure data security and accessibility. Effective data storage involves not only organizing information systematically but also protecting it through secure methods to maintain confidentiality.

Data security

How you handle the data you are collecting depends on its sensitivity. Data can be characterized according to three risk categories: low, medium and high. Evaluations of programs that provide housing, services and supports for perinatal women affected by substance use will be collecting sensitive, confidential data. The highest level of security measures should be used.

The following examples highlight ways to store data safely:



Access controls: Restrict data access to authorized individuals only, using password protection and role-based permissions. Ensure that only those who need to work with specific data can access it.



Data anonymization: Anonymize or de-identify personal data by removing identifying details (e.g., names, addresses) to reduce the risk of privacy breaches. Program participants can be assigned a number. A key that matches the name of each participant to the number they have been assigned must be developed and stored separately from the evaluation data.



Password protected files: A username and password are required to access files on a computer. This can be a good option for low and medium risk data.



Encrypted files: Microsoft Word, Excel and PowerPoint files can all be encrypted. A quick search online will identify instructions on how to encrypt files in any of these software programs. A password should also be used for the encrypted file.



Locked filing cabinets in locked rooms: Any identifying handwritten or printed documentation should be kept in a locked filing cabinet, within a locked room. The key to the cabinet should be kept in a secure location.



Lockable briefcases: If information is being gathered away from the secure storage site, e.g. if you are interviewing someone in their home and recording their answers, the information must be kept in a locked briefcase until it can be stored securely on site.

Data organization and accessibility

It's important to organize the data you collect. Good organization helps you quickly access the data you need, keeps everything consistent, and ensures that only the appropriate people can see or edit it. To organize your evaluation data, it is helpful to:

- **Use clear names and folders:** Label files and folders clearly and keep them in a simple, logical structure.

- **Stick to standard formats:** Use consistent formats for dates and other data to avoid confusion.
- **Include basic descriptions:** Add brief notes or guides to explain the data and how it should be used.
- **Choose a central storage:** Store data in an easy-to-access place, such as a cloud drive or a shared folder.
- **Set access rules:** Control who can see or change the data to keep it secure.
- **Back up regularly:** Save copies of your data often to prevent loss.
- **Keep data organized:** As you gather more data, divide it into clear sections or categories for easier use and analysis.

Indigenous data sovereignty

If you work with First Nations communities, you have a responsibility to respect Indigenous data sovereignty. Indigenous data sovereignty refers to the right of Indigenous peoples to control the collection, ownership and use of data that relates to their communities, lands and resources. It emphasizes that Indigenous groups should have authority over how their data is gathered, stored, interpreted and shared, aligning with their cultural values, knowledge systems and governance structures.

This concept is tied to broader issues of self-determination and aims to ensure that data about Indigenous peoples is used ethically, respectfully and in ways that benefit their communities, rather than being exploited by external organizations or governments. The **OCAP®** principles (Ownership, Control, Access, and Possession) are a key framework that guides data sovereignty for First Nations in Canada.

1. **Ownership:** First Nations communities own the data collected about them. You should respect their authority over the data, acknowledging that the community holds full ownership of any information collected.
2. **Control:** First Nations have the right to control every aspect of the evaluation process, including data collection, management, and interpretation. You should collaborate closely with the community to ensure their input guides the process.
3. **Access:** The community should have access to all data concerning them, and you must ensure that the community can retrieve the data and information at any point.
4. **Possession:** First Nations must have physical control and possession of their data. You should respect this by developing agreements on how data is stored, shared and accessed, with the community having the final say.

To help ensure that you are conducting your evaluation in accordance with the principles of OCAP® you should engage the community in all stages of data collection, obtaining informed consent and

using culturally sensitive methods that align with the community's values and priorities. You must also ensure data security, protect confidentiality and share the results in a transparent and meaningful way. It's important that the data collection benefits the community, whether through addressing their needs or providing capacity-building opportunities.

3. Implementing Your Evaluation

With a detailed evaluation guide in place, the next step is to implement the evaluation. There are some key actions required to turn your plan into practice, ensuring that the evaluation is conducted according to the objectives, methods and timelines outlined in the planning phase.



Collecting data

The evaluation process begins with the systematic collection of data. Using the methods defined in your evaluation guide (e.g., surveys, interviews, focus groups or observation), data should be gathered at the designated points in time. Ensure that the tools you use, such as questionnaires or forms, are prepared and aligned with the indicators you want to measure. Sticking to your data collection plan will help maintain consistency and reliability across different sites, participants or periods.



Assigning roles and responsibilities

Make sure that everyone on the evaluation team knows what they are supposed to do. Decide who will collect data, who will enter it and who will analyze the results. This will help avoid confusion and ensure accountability. It's helpful to have one person in charge of overseeing the process, troubleshooting any issues, and ensuring that the evaluation stays aligned with the plan.



Monitoring progress and adapting

Throughout the implementation phase, check regularly to make sure everything is happening as planned. Set up review points where you can see if data collection is going well or if adjustments are needed. If obstacles or challenges arise, such as low response rates or issues with data quality, make small changes as needed while still sticking to the plan.



Managing data

Once you have collected the data, make sure it is stored properly, organized and prepared for analysis. Follow the data management strategies detailed in this toolkit to securely store sensitive information and prepare it for analysis. Being careful with this process ensures that you won't lose any important details.



Staying aligned with the evaluation guide

Throughout the implementation process, make sure the activities align with your overarching evaluation guide. This includes focusing on the defined outcomes, being thorough and careful with the methods you decided to use, and adhering to any ethical considerations. Your evaluation guide serves as a guide to ensure that the results will be relevant and useful for making decisions about your program.



Preparing for analysis

After you finish collecting data, begin preparing for the analysis stage by organizing the data to answer the questions in your evaluation guide. This involves sorting through responses, getting numerical data ready for analysis, and making sure all information is complete and accurate.

Carrying out your evaluation according to your evaluation guide helps ensure that the process stays organized and will lead to useful results. Checking progress, managing your data and staying aligned with the guide will help you move smoothly from planning to getting meaningful findings.

Remember that things don't always go as planned. Be ready to adjust your methods or timeline if needed, while still keeping focused on the evaluation questions. If you run into challenges, ask for advice from colleagues or experts. It's okay to learn as you go and seek support when needed.

4. Making Meaning

You've carried out your program evaluation and have a rich and diverse set of data, safely stored and ready to be analyzed and interpreted. It's through the process of analysis and interpretation that you will make sense of the information you have gathered and draw conclusions about your program's successes and impact, and opportunities for ongoing improvement.

Remember the three questions that evaluation broadly answers?



What?

What do we want to know?



So What?

Are we meeting our objectives?



Now What?

Do we need to make changes?

This is where they really come in to play.

4.1 Evaluation data – key terminology

It's helpful to know some of the more common terms related to evaluation data and data analysis. Don't panic if any (or many) of these terms are unfamiliar to you, and don't feel you have to fully comprehend or remember the definitions. Understanding will come when you are working with the data and as you gain experience with evaluation.

Data	Includes any collected information, whether it's numerical (numbers, statistics, measurements), or narrative / arts-based (stories, interview answers, focus group discussions, videos, photos).
Sample size	The number of participants or data points included in a study to represent the whole population. For example, if a program has 100 participants and 50 of them complete a survey, the sample size is 50. Small sample sizes can yield interesting and useful results, but those results cannot be generalized.
Reliability	Reliability means that a measurement tool or method gives consistent results every time it is used in the same way. For example, using the same survey with the same questions for all program participants supports reliability of results.
Validity	Refers to how well a measurement tool or method accurately assesses what it is intended to measure. For example, if a program is evaluating improved birth outcomes (healthy weight, gestation and substance free), data might be gathered from self-reports, medical records and health practitioner interviews. An invalid measure would be results from a satisfaction survey, as that survey would reflect participant perceptions rather than birth outcomes.
Baseline	The initial data collected before a program starts, used to compare with later data to assess the program's impact.
Transcription	The process of converting spoken or recorded information, such as interviews or focus group discussions, into written text for analysis.
Coding	The process of categorizing and organizing qualitative data, such as interview responses or open-ended survey answers, into themes or patterns for analysis.
Mean, median and range	<p>Mean: The average of a set of numbers. It is found by adding up all the numbers and dividing by how many numbers there are.</p> <p>Median: The middle number in a set of numbers when they are arranged in order. If there are two middle numbers (in an even set), the median is the average of those two numbers.</p> <p>Range: The difference between the highest and lowest numbers in a set. It is found by subtracting the smallest number from the largest.</p>

Frequency	Refers to how often a particular value or category appears in a dataset. For example, if you are counting the number of times different responses are given in a survey, the frequency tells you how many times each response occurs.
Standard deviation	Is a measure of how spread out the numbers in a set are. It tells you how much the individual numbers differ from the average (mean). A small standard deviation means the numbers are close to the mean, while a large standard deviation means they are more spread out.
Cross-tabulation	Is a way to examine the relationship between two or more variables by creating a table that shows how different categories or values of these variables overlap. For example, it can show how survey responses to one question relate to responses to another question, making it easier to see patterns or trends in the data.
Filtering	Means choosing specific pieces of data from a larger set based on certain criteria. For example, you might filter survey responses to only show those from a particular age group or location. It helps you focus on the data that's most relevant to your analysis.
Segmentation	Means dividing a large group of data into smaller, more manageable parts based on certain characteristics. For example, you might segment participant data by age, location, or family size to better understand different groups.

4.2 Analyzing the data

In the analysis stage of evaluation, you will systematically examine the collected data to extract meaningful insights and answers to your evaluation questions. It involves organizing, summarizing and comparing data, whether that data is quantitative or qualitative.

When you prepare your data make sure to include the positive, negative and unexpected information you gathered. All types of information are useful for learning about your program and informing any changes you might want to make.

Quantitative data

Analyzing quantitative data involves systematically examining the numerical information you gathered through methods such as surveys, attendance records, administrative records and other measurable sources. You'll need statistical software to manage and analyze the data, but you don't need expensive or sophisticated software (such as SPSS, SAS or Python). Excel can pretty much do everything you need.

Most organizations have ready access to Excel. It's a versatile tool for managing and analyzing quantitative evaluation data, especially for smaller-scale projects. Excel allows you to:

- **Organize and clean up data** using spreadsheets.
- **Perform basic calculations** such as averages, percentages and totals.
- **Create charts and graphs** to visualize data trends.
- **Use formulas and functions** to automate data analysis tasks.
- **Filter and sort data** for easy exploration of specific patterns.

If you feel you need to brush up on your Excel skills, there are many excellent tutorials available online that can help you learn how to use the software effectively.

Here's a basic overview of quantitative data analysis:

- 1. Organize your data:** Start by entering the data into a program such as Excel (or other statistical software program). Make sure there is no missing data and no errors, so your analysis is accurate.
- 2. Descriptive statistics:** Begin with basic stats to summarize the data. Look at:
 - **Counts and percentages** – for such things as attendance or participation rates.
 - **Averages (mean), medians and ranges** – to understand the typical response or outcome, such as average satisfaction ratings.
 - **Frequencies** – to see how often certain responses or outcomes appear, such as how many participants achieved a certain result.
- 3. Comparisons:** If you're evaluating different groups or tracking changes over time, use methods such as:
 - **Before-and-after comparisons** – compare the results before and after the program to see the changes.
 - **Group comparisons** – compare data across different participant groups (e.g., age, length of participation, geographic location).
- 4. Statistical testing:** If you're looking to see if changes or differences are significant, you can use the following basic tests, which can be performed quickly in Excel:
 - **T-tests** – to compare the averages between two groups.
 - **Chi-square tests** – to see if there's a relationship between two categories (such as age and length of program participation).

Using an online survey tool for collecting and analyzing quantitative data

There are many benefits of using an online survey tool (such as SurveyMonkey) for collecting and analyzing quantitative evaluation data. These include:

- **Instant results:** As responses come in, the survey tool provides real-time updates, allowing for immediate analysis and adjustments if needed.
- **Dashboards:** Visual dashboards offer quick insights into key metrics and trends.
- **Basic analysis:** Survey tools automatically calculate basic statistics such as mean, median, mode and standard deviation.
- **Advanced analysis:** Many survey tools offer more advanced features such as cross-tabulation, filtering and segmentation to compare different groups and identify patterns.

Qualitative data

Analysing qualitative data can seem daunting because it is in narrative form. However, with a structured approach it becomes more manageable. Here's a basic step-by-step guide, involving the following four steps:



1. Familiarize yourself with the data

- **Read through the data:** Whether it's interviews, open-ended survey responses, or focus group transcripts, start by reading through everything at least once to get a general sense of the themes and issues.
- **Make notes:** Jot down any thoughts or initial observations as you go. This helps you to start identifying recurring ideas or patterns.

2. Organize the data

- **Categorize:** Group similar types of data together (e.g., all responses to a particular question). This helps you to focus on one topic at a time.
- **Break data into smaller chunks:** For larger pieces of text, such as interview transcripts, break the data into smaller, more manageable sections for easier analysis.

3. Code the data

- **Identify themes or patterns:** Coding means labelling parts of the text to categorize it. Go through your data and assign labels (codes) to sections of text that refer to the same

concept (e.g., “support services,” “housing stability,” “barriers to access,” “program recommendations,” “child outcomes”).

- **Use descriptive codes:** Start with broad descriptive codes that summarize the content (e.g. “impact on participants,” “program challenges”).
- **Refine your codes:** As you go through more data, you may find that your codes need to be refined, combined, or split into more detailed sub-codes. For example, sub-codes under “impact on participants” might include “improved health,” “reduced substance use,” “mother-child bonding.”

4. Group codes into themes

- **Cluster similar codes:** After coding the data, look for ways to group codes that are related. These groupings can become themes, which represent broader ideas or issues that the data reveals. For example, the codes “access to healthcare,” “counselling and therapy,” “childcare support,” and “improved health” could be grouped into a category that highlights the connection between receiving support and experiencing positive health outcomes – “holistic support services and outcomes.”
- **Develop overarching themes:** As you cluster codes, develop key themes that represent the main findings of your data. To continue with the example above, a key theme such as “holistic support services lead to improved health and wellness” highlights the connection between receiving various forms of support (e.g., healthcare, therapy, childcare) and participants’ overall wellbeing. The theme captures the broader idea that the program’s integrated approach to support has had a significant impact on participants’ wellness journeys.

This structured method will help you turn qualitative data into meaningful insights. The key is to stay organized, be systematic and let the data guide you in identifying the important findings.

Analyzing quantitative data – tips for beginners

- **Be flexible:** Coding evolves – adjust and refine codes as you work through the data.
- **Start simple:** Begin with straightforward, descriptive codes and develop more complex themes later.
- **Keep evaluation questions in mind:** Always align your coding with the core evaluation questions to stay focused on what’s relevant.
- **Stay organized:** Track your codes and their definitions for consistency throughout the analysis.
- **Look for patterns:** Identify recurring ideas or phrases across the data to form broader themes.
- **Be open to surprises:** Be ready for unexpected themes or insights that emerge from the data.

- **Don't over code:** Focus on the most meaningful parts of the data rather than assigning too many codes to small sections.
- **Seek feedback:** Discuss your coding with others to check for bias or overlooked insights.
- **Iterate:** Revisit and refine your codes multiple times for deeper understanding.
- **Trust the process:** Coding is gradual – patterns will emerge with time, so be patient.

4.3 Interpreting the data

Interpreting the data means making sense of the information you've analyzed by identifying patterns, relationships and insights that answer your evaluation questions. It involves looking at key themes, exploring how they connect and drawing conclusions about what the data reveals regarding your program's effectiveness, challenges and areas for improvement. Through this process, you turn data into actionable insights that can inform decision-making and program adjustments.

Here's an overview of how to identify patterns, relationships and insights, and draw conclusions from the data you have already coded and themed. It comprises the following steps:



1. Review the themes

Start by revisiting the themes that were identified during your coding process. These themes represent the core ideas or issues that emerged from your data, so take time to familiarize yourself with them again. Make a list of the most prominent themes to focus on.

2. Look for patterns across themes

Patterns are the connections or commonalities across different themes. To identify them, ask yourself:

- **Repetition:** Do certain themes or issues appear repeatedly? For example, if many participants mention "lack of childcare," this might indicate a common challenge.

- **Consistency:** Are there similar experiences across different participants or groups? If various groups express similar thoughts, it suggests a widespread experience or issue.
- **Differences:** Are there contrasting experiences between groups (e.g., staff vs. participants)? These differences can reveal gaps in understanding or service delivery.

3. Explore relationships between themes

Next, examine how different themes connect to each other:

- **Cause and effect:** Do certain themes appear together? For example, if “childcare challenges” often shows up alongside “low participation,” you may infer that childcare issues are contributing to lower participation rates.
- **Supportive themes:** Some themes might reinforce each other. For instance, if “peer support” and “improved emotional wellbeing” consistently appear together, this could suggest that peer relationships are crucial to mental health improvement.

4. Draw insights

Dive deeper to uncover key insights:

- **What are the main takeaways?** If certain themes (e.g., “lack of resources”) come up frequently, this could indicate an area that needs attention.
- **What are program participants saying?** Look for the underlying messages in the data. For example, if participants often mention “feeling safe,” this might highlight the program’s success in creating a supportive environment.
- **Unexpected findings:** Be open to new or surprising insights. Sometimes, data reveals something you didn’t anticipate, which can lead to valuable changes.

5. Draw conclusions

Use the patterns and relationships you’ve identified to draw meaningful conclusions:

- **Summarize key points:** Based on your analysis, what conclusions can you draw? For example, if many participants mention “lack of support,” you might conclude that more hands-on assistance is needed.
- **Answer your evaluation questions:** Link your conclusions to the original questions of your evaluation. Is the program effective? Are participants satisfied?
- **Highlight opportunities for improvement:** If the data shows areas where the program is falling short (e.g., “lack of communication between partner organizations”), use that information to identify where improvements are needed.

6. Make recommendations

Use your conclusions to develop recommendations for how aspects of the program design and delivery might be changed, improved or strengthened.

- **Address challenges:** If “difficulty accessing wraparound supports” is a recurring theme, you might recommend finding ways to partner with local community-based organizations, ensuring that program participants can easily access necessary services.
- **Build on successes:** If one of the findings is that “peer support” is contributing to positive outcomes, recommend enhancing peer mentorship or creating more opportunities for peer support training or peer interaction.
- **Prioritize changes:** Focus on the most important issues first. For example, if childcare challenges are consistently mentioned, you might prioritize creating onsite childcare or providing childcare vouchers.
- **Develop program adjustments:** Suggest specific program changes based on the conclusions. For instance, if participants are struggling with access to substance use services, recommend incorporating partnerships with organizations that provide substance use supports.

Some questions to consider when you are interpreting evaluation data

Data quality	Is the data complete and reliable? Are there any limitations (e.g., small sample size, missing responses) that could affect how the data is interpreted?
Unexpected findings	Are there any surprises in the data that were not anticipated? Do any findings contradict expectations or other data points?
Context	How do external factors (e.g., economic, cultural, or community factors) affect the data or the program’s outcomes? Are there any broader trends or conditions (e.g., funding cuts, policy changes) influencing the findings?
Program participants	How do participants perceive the program’s effectiveness and impact on their lives? Are there specific needs or concerns expressed by participants that need to be addressed? What aspects of the program do participants find most or least beneficial? What has changed for participants as a result of the program?
Meaning and significance	What do the findings reveal about the program’s strengths and areas for improvement? Which findings are the most important for informing decision-making?
Evaluation questions	Do the findings directly answer the original evaluation questions? Are there any additional questions raised by the data that require further exploration?

Actionability

What insights can be used to improve the program? Do the findings suggest specific areas where changes or enhancements should be made? How can the program better address the needs identified in the data?

During the process of interpreting the data, you will be starting to paint a picture – or tell the story – of what your program has achieved and where it should go next. It can be helpful to involve your partners in this process to ensure that the interpretation includes different perspectives and ways of looking at the data.



Consider using a collaborative approach to meaning making

Collaborative meaning making in program evaluation involves working with partners—such as participants, staff, and community members—to interpret data together. This approach ensures the evaluation reflects real experiences, making the findings more accurate, useful, and likely to be applied to improve the program.

To do this, involve partners early through discussions, workshops, or meetings where everyone reviews the data. Use simple language, keep the process clear, and create a comfortable environment for sharing.

Each partner's involvement will vary based on their capacity and interest. Some may prefer active engagement, while others might offer occasional feedback or share insights from experience. Tailoring participation keeps the process inclusive.

By involving everyone, collaborative meaning making leads to better recommendations and strengthens ties between the program and the community.

5. Sharing and Learning

You've analyzed the data. You've crunched the numbers and themed the interviews and stories. You've identified patterns, drawn conclusions and develop. Now you're ready to share your findings. How will you tell the story of your program and its impact?

Traditionally, evaluation findings have been shared through detailed written reports, academic publications and formal presentations. While these methods are thorough and informative, and work well for certain audiences, they can be less engaging and accessible for a wider audience.

To make evaluation results more accessible and impactful, creative approaches to sharing findings are increasingly being used. For instance:

- **Infographics** can condense complex data into visually appealing graphics, making it easier to digest and share.

- **Storytelling** through participant testimonials or **case studies** adds a human element, illustrating the real-life impact of the program.
- Hosting **webinars or community meetings** offers interactive platforms for discussing results and gathering feedback.
- **Short videos or animations** can quickly convey key points in a captivating and memorable way.

These creative methods complement traditional approaches by enhancing accessibility, engagement and reach, ensuring that the evaluation findings resonate with a broader audience.

5.1 Share findings with evaluation participants first

It is good ethical practice to share the evaluation findings with those who participated in the evaluation before you share them with funders or policy makers, or release them to the public.



When you share the findings with evaluation participants first, you are:

- Respecting their contributions, promoting transparency and building trust.
- Creating an opportunity for feedback to validate and refine the findings.
- Working in alignment with cultural safety principles.

Here are some things to consider when sharing findings with participating individuals and communities:

- **Choose an appropriate format:** Think about using visuals, providing an oral summary or hosting a community meeting. Consider formats that align with Indigenous cultural practices, such as oral presentations, storytelling or community gatherings. Ask participants what formats they prefer.
- **Be clear and concise:** Present findings in accessible language and highlight key points.
- **Provide context:** Clarify the purpose of the evaluation and the methods that were used. This helps participants see the relevance and implications of the results.
- **Provide actionable insights:** Share practical recommendations based on the findings. Highlight successes and areas for improvement.

- **Facilitate discussions:** Hold feedback sessions where participants can discuss the findings, ask questions and provide their input.
- **Recognize participants:** Thank participants for their involvement in the evaluation and acknowledge their contributions.
- **Offer written summaries:** Provide written summaries or reports of the findings for participants who prefer to review information in detail at their own pace.
- **Provide updates:** Keep participants informed about any follow-up actions or changes that result from the evaluation. Maintain open lines of communication with communities as findings are acted upon.

5.2 Reaching your audiences

There may be several target audiences for your evaluation findings. These may include funders, policy makers, partners and the general public.

To ensure you reach these audiences effectively, you'll want to think about different formats for sharing the findings. Certain formats will work better with certain groups.



Board of Directors and Funders

Executive summaries, detailed reports, presentations with key findings, infographics that highlight impact and outcomes.



Staff and Volunteers

Internal reports, presentations or workshops, and newsletters that provide insights and actionable recommendations.



Community Members

Community meetings, infographics, pamphlets or brochures, social media posts, and videos that highlight key findings in an engaging way.



Partners and Collaborators

Joint reports, webinars, collaborative workshops, and newsletters that summarize findings and suggest ways to enhance partnership efforts.



General Public and Media

Press releases, social media updates, blog posts, infographics, and public presentations or events that highlight key achievements and stories of impact.



Policy Makers and Government Agencies

Policy briefs, executive summaries, detailed reports, presentations at public forums or government meetings, and infographics that succinctly convey the impact and policy implications.

6. Acting on Your Findings

Acting on the findings of your evaluation is crucial to improve your program, achieve better outcomes for women and their families and increase the impact of your work. You also have an ethical responsibility to use the knowledge gained through the evaluation.

As you celebrate your successes, make space with your team to look back on the evaluation journey and reflect on the knowledge you've gained.

6.1 Turn findings and recommendations into action

Here are some steps you can take in collaboration with program staff and volunteers, and people across your organization, to turn evaluation findings and recommendations into action:

- **Create an action plan:** Highlight the most important areas to tackle first. Lay out actionable steps to address each priority. Designate team members or departments to be responsible for implementing each action step.
- **Make changes:** Try new ideas on a small scale first. Roll out successful changes across the whole program.
- **Track progress:** Set clear goals to measure progress. Check regularly to see if the changes are working.
- **Adjust as needed:** Use what you learn to keep making improvements. Be ready to change strategies based on new information and feedback.
- **Document and share:** Write down the changes you made and why. Share successes and lessons with partners to build support.
- **Manage resources:** Adjust budgets to support the changes. Look for additional funding if needed.
- **Train and support staff:** Make sure staff and volunteers have the skills needed to implement the changes. Strengthen your organization's ability to manage and sustain improvements.
- **Celebrate achievements:** Recognize success and acknowledge the contributions of everyone involved. Use successes to motivate and encourage a culture of continuous improvement.

6.2 Reflect on the process as well as the findings

Reflecting on the evaluation process as well as the findings will help you to improve your evaluation practices. You can examine what went well, what could have gone better and what you would do differently next time.

You might find it helpful to structure your reflection around (some of) the following topics:



Evaluation purpose

Was the purpose of the evaluation clear and well-defined? Did the evaluation align with the program's mission and goals?



Methodology

Were the methods used suitable for the type of information needed? How well did the chosen methods work in practice?



Data collection

Was the data collected reliable, valid and accurate? What obstacles were encountered during data collection and how were they addressed?



Partner engagement

How well were partners, including staff, volunteers and participants involved in the evaluation process? Were partners' perspectives and feedback adequately considered and incorporated?



Resources

Were the necessary resources (time, money, personnel) available and used effectively? Were there any resource gaps that hindered the evaluation process?



Ethical considerations

Were ethical standards maintained, including informed consent, confidentiality and cultural sensitivity? Was the wellbeing of participants prioritized throughout the evaluation process?



Trauma-informed and culturally safe practice

Did the process prioritize safety and respect for all involved? How were cultural values acknowledged and incorporated into the evaluation? What approaches were used to prevent re-traumatizing participants?



Communication

Was information about the evaluation process and findings communicated clearly to all relevant parties? How transparent was the process and were partners kept informed throughout?



Feedback from participants

What were the experiences of participants during the evaluation? Do participants have suggestions for improving the process?



Findings and recommendations

Are the findings relevant and useful for improving the program? Are the recommendations practical and feasible to put into action?



Learning and improvement

What lessons were learned from the evaluation process? How can these lessons be applied to strengthen future evaluations?

Final Thoughts

As you embark on evaluating your perinatal substance use housing program, remember that evaluation is a learning journey. This toolkit is designed to guide you through each step, helping you to understand what's working well, identify areas for growth, and capture the impact of your work in supporting perinatal women and their families.

Evaluation doesn't have to be complex or overwhelming. With careful planning and the right tools, you can gather meaningful insights that strengthen your program and help shape future decisions.

The resources in the following appendices provide more information on and examples of:

- **Program logic models** that provide a structured plan for tracking and measuring progress
- **Types of data** programs may collect
- **Indicators** to measure changes and progress among participants
- **Data collection methods** to help you gather comprehensive information about your program
- **Sample participant survey questions** that will capture valuable feedback from the women you are supporting

These resources are flexible and can be adapted to meet the particular needs of your program and participants.

Remember, evaluation is an opportunity not only to assess outcomes but to engage with and learn from the people you serve. With this toolkit, you're taking a valuable step toward building a stronger program and supporting the wellbeing of the women and families who use your services.

Appendix A: Program logic model examples

Here's an example of a logic model for a trauma-informed practice (TIP) training program for service providers working in perinatal substance use housing.

Resources (inputs)	Activities	Outputs	Outcomes Short-/medium-term	Outcomes Long-term
<p>Funding: Grants and donations</p> <p>Facilities: Space for in-person training</p> <p>Trainers: Professionals experienced in TIP</p> <p>Training materials: Manuals, PPT presentations, handouts</p> <p>Technology: Equipment for virtual training (computers, internet access, software)</p>	<p>Developing curriculum: Creating comprehensive training materials</p> <p>Conducting training sessions: In-person and virtual workshops on TIP</p> <p>Providing resources: Distributing manuals, handouts and other educational materials</p> <p>Offering support: Ongoing support and engagement with participants post-training</p> <p>Evaluating training: Collecting feedback and assessing the effectiveness of the training</p>	<p>Training sessions held: Total number of training sessions conducted</p> <p>Participants trained: Number of people who completed the training</p> <p>Materials distributed: Quantity of educational materials provided to participants</p> <p>Support sessions offered: Number of participants provided with follow-up support</p>	<p>Increased knowledge: Participants gain a better understanding of TIP</p> <p>Skill development: Participants develop skills to implement TIP</p> <p>Change in attitudes: Participants' attitudes towards the impacts of trauma and the need for TIP shift positively</p> <p>Improved practice: Participants begin to integrate TIP into their work</p>	<p>Enhanced service delivery: Improved care and support for individuals who have experienced trauma</p> <p>Healthier communities: Reduced trauma-related issues in the community due to better-informed service providers</p> <p>Sustainable change: Ongoing adoption and refinement of TIP within organizations</p>

Here’s an example of a logic model for a comprehensive housing program with supports for perinatal women with substance use challenges. Because the program is a complex, long-term initiative, the logic model is more extensive than the one developed for the trauma-informed practice training program (above).

Resources (inputs)	Activities	Outputs	Short-/medium-term Outcomes	Long-term Outcomes
<p>Funding: government funding, grants, donations</p> <p>Facilities: housing units, program facilities</p> <p>Staff: counsellors, case managers, healthcare providers, outreach workers, Elders, peers</p> <p>Volunteers: practicum students, mentors</p> <p>Partnerships: healthcare, substance use, mental health, child welfare, community services</p> <p>Staff and volunteer training: trauma- and violence-informed practice, cultural humility and safety, substance use and mental health</p> <p>Educational materials: pregnancy, parenting, substance use, mental health, life skills</p> <p>Technology: cell phones, laptops, tablets</p> <p>Practical resources: maternity clothes, diapers, infant/child clothes, food, furniture, hygiene, transportation</p>	<p>Conduct program intake and referrals: information sessions, screening and assessment, referrals to and from program</p> <p>Provide housing: safe, stable and suitable for perinatal women</p> <p>Provide onsite access to healthcare: prenatal, postnatal, primary care, public health</p> <p>Offer individual and group counselling: substance use, mental health, violence and trauma</p> <p>Deliver education: parenting and life skills</p> <p>Provide outreach: access and accompaniments to appointments and services</p> <p>Provide case management: assessments, plan and coordinate services</p> <p>Provide practical resources: distribute needed resources</p> <p>Develop peer support: groups, networks, social media</p> <p>Provide housing supports: rent supplements, help with housing applications, help with moving</p> <p>Engage in advocacy: child welfare, housing, income assistance, healthcare</p>	<p>Intake and referrals: # of information sessions provided; # and type of referrals to program; # of women accepted into program</p> <p>Housing: # of participants provided with housing and housing supports</p> <p>Healthcare: # of healthcare visits for mother and infant/children</p> <p>Counselling: # of individual and group counselling sessions; # of participants</p> <p>Education: # of education sessions; # of attendees</p> <p>Outreach: # and type of services utilized</p> <p>Case management: # and type of services utilized</p> <p>Practical resources: # and type provided</p> <p>Peer support: # of participants using peer support services</p> <p>Housing supports: # and type of housing supports accessed</p> <p>Advocacy: # and type of advocacy services delivered and accessed</p>	<p>Housing: access to safe, stable housing; maintaining housing</p> <p>Substance use: identification of substance use goals; progress towards goals</p> <p>Physical health: engagement in health services; improved health outcomes</p> <p>Mental health: improved sense of safety and wellbeing; improved wellness</p> <p>Family unity: access to family wellness supports; increased family unity; strengthened parenting skills and confidence</p> <p>Social connectedness: connection to peer and community support; increased social connectedness</p> <p>Access to basic needs: access to food, hygiene and cleaning products, clothing, and baby supplies</p> <p>Stabilization of daily routines: increased regulation, including improved sleep patterns, nutrition, and self-care</p> <p>Life skills: development of practical skills for daily living, and increased confidence and resilience</p>	<p>Housing: long-term housing stability</p> <p>Substance use: sustained recovery</p> <p>Mother and child wellness: improved health, ongoing support to meet wellness goals</p> <p>Family unity: infants stay with their mothers and children in care are returned</p> <p>Connectedness and belonging: strong connections with communities and culture, sense of belonging and social inclusion</p>

Appendix B: Types of data programs may collect

The table below details the kinds of data that programs may be – or could be – routinely collecting. Such data sets can be valuable for evaluation as they provide ongoing information about participants, program activities and participant engagement. This data can help track participant progress over time, identify trends and offer insights into a program’s effectiveness without needing extra data collection efforts.

Demographic

Participant #: a unique number for each person allows use of non-identifying data

Age: understand what age groups your program is serving

Ethnicity: understand if you are reaching certain groups

Employment: employed, unemployed, in school, maternity leave, volunteer

Children: number and ages of children

Participation

Entry: date participant entered the program

Exit: date participant left the program

Completion: if program requires certain length of stay/completion of activities

Utilization: number of program activities accessed

Women’s health status

Physical health: any significant physical health concerns or improvements, access to health care

Substance Use: determine scale to use (e.g., problematic active use, stable use, abstinence) or use standardized measures

Mental health: any diagnoses, self-reports, assessments, include any postpartum MH concerns and improvements

Maternal health

Maternal health: woman’s health during pregnancy based on self-assessment and GP, RN or midwife input

Access to healthcare: # of prenatal visits, screenings/tests

Concerns: any complications in pregnancy

Substance use during pregnancy: type, frequency, problematic or stable

Infant/child health

Gestational age: track if preterm, within healthy age limits or not

Weight: enter birth weight, track if healthy weight or not

Screening results: Apgar test, hearing, jaundice, neonatal abstinence syndrome

Child development: track physical, emotional and cognitive development

Housing status

Homeless: absolute homelessness, couch surfing, emergency shelters

Inadequate/unsafe: unaffordable, poor condition, unsafe, too small, overcrowded

Suitably housed: affordable, safe, adequate for needs, well-maintained

Child welfare

With mother: # of children living with mother

In care: # of children in the care of child welfare (MCFD, DAA, Indigenous run)

With a relative: kinship arrangements, voluntary, involuntary

Relationships: connections/reconnections with child(ren), bonding, confidence in parenting

Reunifications: child(ren) returned to mother's care

Appendix C: Menu of indicators

Indicators are a means of measuring outputs or outcomes. They need to be specific, observable and measurable so that you can collect data on your chosen indicators. They can track progress towards your objectives (outcome indicators) or monitor whether you are completing program activities as planned (process indicators). They can help you assess how well something is working and whether you need to take corrective action. Indicators are developed to match the outcome you want to measure and they can be qualitative or quantitative.

The following list provides a comprehensive (though not exhaustive) menu of indicators that are relevant to supportive housing programs for perinatal women with substance use challenges.

Don't feel that you need to use all or even most of the indicators for your program evaluation – in fact, doing so would make your evaluation too ambitious (and therefore onerous and potentially expensive). Choose indicators that align with what you are interested in knowing.

Process indicators

Program implementation

- Number of services provided
- Adequate scheduling and accessibility for participants
- Timeliness of service delivery compared to planned schedule
- Adherence to established standards or guidelines for delivering services
- Staff report adequate supervision and mentoring
- Staff have access to and participate in ongoing professional development
- Rate of staff turnover

Program engagement and satisfaction

- Service utilization/participation/length of involvement rates
- Satisfaction with services and supports
- Participants report they have developed a trusting, supportive relationship with program staff
- Percentage of participants who would recommend the program to others
- Participant feedback – qualitative comments or suggestions
- Number/percentage of complaints resolved satisfactorily

Outcome indicators by domain

Housing status

- Length of time between someone applying to and being placed in supportive housing
- Number of participants accessing housing support services
- Improvement in suitability and safety of housing
- Number of times participants move or experience housing instability
- Percentage of participants who remain in stable housing for a specified period
- Average length of time participants stay in stable housing
- Percentage of participants who report being in stable housing during post-program follow-up assessments
- Number of supported transitions to permanent housing

Substance use

- Number of participants engaging in substance use services and supports (including type and frequency)
- Length of time between applying for a service and receiving help
- Percentage of women setting personal goals around substance use
- Creation of a case management or individualized recovery and wellness plan with a case manager to outline goals, supports, and services.
- Self-reported progress towards goals
- Reduced substance use
- Increase in harm reduction measures (switching to a less harmful substance, reducing use, attending supervised consumption services, utilizing substitution therapies, testing of substances, reduction in using alone)
- Participants report meeting their substance use goals

Health status

These indicators are categorized by woman's health status, maternal health status and infant/child health.

Woman's health status

- Physical health status and any improvements

- Access to regular primary health care, e.g., belonging to a primary care centre, provision of primary health care at the program
- Receiving regular health check ups
- Access to and utilization of family planning resources
- Access to dental care, e.g., having a dentist, provision of dental care through the program, free dental care at other services
- Decrease in emergency health interventions or hospitalizations

Maternal health status (pregnancy and post-partum)

- Access to prenatal healthcare
- Number of prenatal visits, screenings and tests
- Access to prenatal vitamins

Infant/child health

- Birth outcomes: gestational age; weight, admission to NICU
- Screening: any screenings completed and their results
- Children are up-to-date on recommended immunizations
- Child development: child(ren) are healthy and within developmental guidelines at regular checkups

Mental health and wellness

- Self reported and/or observed improvements in regulation including sleep, nutrition and self-care
- Access to immediate emotional or psychological support through therapy, counselling, or peer support programs.
- Improvements in maternal mental health
- Mental health status and any improvements
- Self-reports on measures such as self-esteem and self-efficacy, happiness
- Self-reports on enhanced emotional support and stability
- Decrease in emergency mental health interventions or hospitalizations

Family wellness

- Attendance at workshops, sessions or programs for maternal and child health, parenting support groups, parenting classes
- Self-reported increased confidence in parenting ability, bonding and connections with child(ren)
- Number of participants who report feeling more knowledgeable about child development and effective parenting techniques
- Number of referrals to and attendance at support services related to family violence, child welfare, or advocacy resources
- Child welfare services report new or improved parenting skills observed during supervised child visitation
- Self-reported or documented decreases in family violence
- Percentage of infants/children remaining with their mothers
- Reduction in the number of children who are in involuntary care
- Percentage of children who are reunified with their families after being in temporary care

Social and cultural connectedness

- Increased knowledge of available resources
- Awareness of and connection to local support services like childcare, legal aid, financial assistance and community resources
- Attendance and engagement in community meetings, events, activities or peer support groups
- Number of women connected to a mentor or supportive community resource
- Self-reported levels of belonging, isolation or loneliness
- Number of women participating in cultural events, traditions or practices important to their heritage
- Number of women connected with cultural mentors, Elders or community leaders
- Self-reported sense of pride or connection to cultural identity
- Number of women accessing culturally appropriate support services
- Frequency of incorporating cultural traditions or practices into recovery or wellness activities
- Self-reported feelings of safety and perceptions of respect for cultural identity within the program
- Percentage of participants involved in peer support, volunteering or local organizations

Lifeskills and basic needs

- Number of participants with access to resources to meet their basic needs (food, hygiene, cleaning products, clothing, and baby supplies)
- Number of practical resources provided by the program
- Number of women enrolled in formal education, vocational training or skill-building workshops
- Self-reported enhancement in life skills (conflict resolution, communication, financial literacy, budgeting)
- Number of women achieving educational goals
- Self-reported improvement in job readiness skills
- Number of job applications submitted or interviews attended
- Number of women accessing employment resources such as career counselling, job fairs or networking opportunities
- Number of women employed part-time, full-time or in internships
- Number of women who maintain employment for a specified period
- Self-reported increase in income or financial stability due to employment

Appendix D: Data collection methods

Methods that draw on existing data

Method	Purpose	Advantages	Disadvantages
Document review <i>(administrative records, policies, program reports, previous evaluations etc.)</i>	Learn how the program operates without interrupting the program	Get comprehensive and historical information Doesn't interrupt program or program participants Less likelihood of bias in information	Time intensive Information might be incomplete Need to be clear about what you're looking for Data is restricted by what already exists
Electronic database queries <i>(program databases, financial data, service usage)</i>	Gather specific data on program use, processes and outcomes	Often includes advantages of document review, above Leverages data already being collected on specific items of interest Can provide detailed operational and program insights	Often includes disadvantages of document review, above Can raise privacy level issues related to client/participant level data Requires specialized knowledge about how to extract the data from the electronic system
Case study analysis	Provide an in-depth, contextual examination of a program, project, or intervention within its real-life setting	Can provide detailed insights into the program's implementation processes Focuses on real-world application and practical implications Helps identify successful strategies, best practices, and innovative approaches within the program	Quality of the case study depends on the availability and reliability of data sources A focus on detailed descriptions can sometimes obscure broader patterns and trends Ensuring the confidentiality and anonymity of participants can be challenging when detailed narratives are provided

Methods that create new evaluation data

Method	Purpose	Advantages	Disadvantages
Surveys	Gather information from a wide range of individuals	Can be anonymous which encourages candid responses Easily visualized using charts, graphs, and tables, which makes it easier to communicate findings Often more cost-effective than other methods Can include both closed-ended and open-ended questions,	Survey fatigue can result in low response rate Participants may provide socially desirable answers rather than truthful responses, leading to biased data. May not allow for deep exploration of complex issues May not account for cultural differences

Method	Purpose	Advantages	Disadvantages
		capturing quantitative data and qualitative insights	Respondents may misinterpret or misunderstand questions
Interviews	Get fuller range and depth of information from individuals	Interviews provide rich data that can reveal underlying motivations and complex issues Face-to-face or virtual interactions can encourage more honest and open responses Questions can be adapted from responses to probe deeper into specific areas Interviewers can clarify questions and responses, reducing misunderstandings	Conducting and analyzing interviews requires significant time and effort Due to time and resource constraints, fewer participants can be interviewed (compared to surveys) Responses can vary widely, making it harder to generalize findings across the entire program population
Focus groups	Collect detailed and nuanced information from multiple participants simultaneously	Group setting encourages interaction, can reveal unanticipated issues and concerns Can be an efficient way to get range and depth of information in a short period of time The presence of peers can create a more comfortable and supportive environment which encourages open sharing	Coding and analyzing qualitative data from focus groups can be time-consuming Participants may conform to the dominant view within the group Individuals with strong personalities or opinions can dominate the conversation Ensuring confidentiality in a group setting can be challenging
Storytelling circles	Allows people to speak to an evaluation question or theme through sharing personal experiences of their choice	Brings data to life, making it more relatable and memorable Can make evaluation findings more compelling and impactful Can capture a wide range of voices and experiences, including those from marginalized or underrepresented groups Empowers participants and validates their experience	Stories are highly subjective and can reflect the biases of the storyteller Analyzing qualitative data from stories can be time-consuming and complex Stories may not represent the experiences of the broader program population Revisiting personal experiences through storytelling can cause emotional distress for participants
Photo voice	Provides participants with the opportunity to express their experiences and “speak” through photographs	Democratizes the evaluation process, allowing marginalized groups to express their views in a meaningful way Participants are directly involved in data collection, increasing their commitment to the program and its outcomes Combination of images and narratives can reveal complex issues and emotions that might	Participants may have varying levels of familiarity and comfort with taking photographs, quality of photos may be an issue Managing and analyzing large amounts of photos and narratives, can be complex and time-consuming Participants might select photographs that they believe the evaluators want to see or that portray the program in a

Method	Purpose	Advantages	Disadvantages
		<p>not be captured through traditional evaluation methods</p> <p>Adaptable to different cultural contexts, allowing participants to use culturally relevant symbols and narratives to convey their messages</p>	<p>certain light, introducing bias into the evaluation</p> <p>The analysis and interpretation of photographs and accompanying narratives is inherently subjective</p>

Appendix E: Participant survey questions

Surveys are a valuable tool in evaluating programs because they offer a straightforward way to gather insights directly from participants. They can include both closed and open-ended questions, allowing evaluators to capture a mix of quantitative and qualitative feedback. Rating scales are often used to generate measurable data.

Surveys are flexible instruments for assessing various aspects of a program, from planning through to long-term impact. They can be used to gather feedback on how the program could better meet participants' needs, as well as to measure the impact the program is having on participants' lives and goals. Surveys can also be tailored for specific contexts, such as workshops, community events and presentations.

Some of the most common types of survey questions include:

- **Demographic:** These questions gather basic information about participants to understand and categorize their backgrounds, helping evaluators analyze patterns and trends across different population groups. Be aware that in small organizations, demographic data may compromise anonymity.
- **Baseline:** Collected at the start of a program, baseline questions capture initial information to measure changes over time and assess program impact.
- **Multiple-choice:** Participants select one or more options from a list, allowing answers to be categorized. For example, a list of program services can help identify which services respondents have accessed.
- **Yes/No:** These questions allow participants to respond with a simple "yes" or "no." They are useful for quickly gathering specific information, such as determining whether participants would be interested in attending a new group you are thinking about providing.
- **Rating scale:** Participants rate attitudes or experiences on a numerical scale (e.g., 1-5). These questions are commonly used to gauge levels of agreement or satisfaction.
- **Likert scale:** These questions ask participants to indicate their level of agreement with statements (e.g., Strongly Agree to Strongly Disagree). They are ideal for assessing opinions and experiences.
- **Ranking:** Respondents rank options in order of preference or importance. These questions help to identify participants' priorities or preferences.
- **Open-ended:** These questions give participants the freedom to express opinions in detail, providing richer information than quantitative methods alone.

Survey question bank

The following is a selection of sample survey questions designed to support perinatal substance use housing programs in gathering participant feedback. The list begins with process evaluation questions. Then it offers a range of questions that are broadly aligned with the core outcomes presented in Part B, Section 1 of this toolkit, so that you can assess participants' progress towards / achievement of these outcomes.

The list of questions is not exhaustive, and not all of them will be relevant to every program. Program staff should choose or adapt questions as needed to fit their specific program context and objectives.

Process questions

- **How satisfied are you that the program is meeting your needs?**
Very satisfied / Satisfied / Neutral / Dissatisfied / Very dissatisfied
- **Do you feel that staff listen to you and are respectful of your concerns and needs?**
Yes / No / Not sure
- **I feel supported and respected by program staff.**
Strongly agree / Agree / Neutral / Disagree / Strongly disagree
- **I would recommend this program to others facing similar challenges.**
Strongly agree / Agree / Neutral / Disagree / Strongly disagree
- **What supports and resources have you found most helpful? Please rank in order with 1 being the most helpful.**
Multiple choice: list all the services and supports provided at the program
- **What other kinds of supports, resources or programming would you like to see included in your supportive housing?**
Open-ended response

Outcome questions by domain

Housing stability

- **How long were you waiting from applying to the program to moving in?**
Within 1 week / 1-4 weeks / 1-3 months / More than 3 months

- **How did you find the program application process?**
Very easy / Easy / Neutral / Difficult / Very difficult
- **Since joining the program, have you experienced any problems with your housing?**
Yes / No / Not sure. If yes, please explain: ___
- **What support has the program provided to help you find permanent housing?**
Open-ended response or list of services with the instruction, “Select all that apply”
- **How long have you lived in your housing since joining the program?**
Less than 3 months / 3-6 months / 6-12 months / More than 1 year
- **Do you feel the program has helped you maintain stable housing?**
Strongly agree / Agree / Neutral / Disagree / Strongly disagree
- **What challenges, if any, have you found maintaining your housing since joining the program?**
Open-ended response
- **How confident are you in your ability to maintain stable housing after leaving the program?**
Very confident / Confident / Neutral / Somewhat confident / Not at all confident
- **To what extent do you agree with the following statement: “The support and services provided by the program will help me maintain long-term housing stability.”**
Strongly agree / Agree / Neutral / Disagree / Strongly disagree
- **What additional resources or support would be helpful for maintaining long-term housing stability?**
Open-ended response

Substance use

- **What were your primary goals related to substance use when you entered the program?**
Open-ended response or a list of categories aligned with the program’s mandate
- **At the start of the program, did you work with a counsellor or case manager to set substance use goals?**
Yes / No / Not sure

- **Since joining the program have you developed a recovery plan that outlines your goals, your supports, and the services you need?**
Yes / No / Not sure
- **After entering the program, how long did you wait to receive substance use services and supports?**
No wait / 1-2 weeks / 2-4 weeks / More than 1 month
- **Since joining the program, how would you rate your progress toward achieving your substance use goals?**
Ranking: 1 = Excellent progress / 2 = Some progress / 3 = Little progress / 4 = No progress
- **Since joining the program, have you experienced any setbacks in achieving your substance use goals?**
Yes / No / Not sure. If yes, please explain: ___
- **In the past month, how often have you participated in substance use counselling or recovery programs when they were offered?**
Always / Often / Occasionally / Rarely / Never
- **To what extent do you feel the services you have received in the program have helped you progress toward your recovery goals?**
A great deal / Somewhat / Neutral / A little / Not at all
- **If maintaining abstinence from substances is one of your goals, how successful do you feel you have been in achieving this goal since joining the program?**
Very successful / Mostly successful / Neutral / Slightly successful / Not successful
Additional comment (optional): ___
- **If reducing your substance use is one of your goals, how successful do you feel you have been in achieving this goal since joining the program?**
Very successful / Mostly successful / Neutral / Slightly successful / Not successful
Additional comment (optional): ___
- **To what extent do you feel the program has helped you adopt harm reduction strategies related to your substance use?**
A great deal / Somewhat / Neutral / A little / Not at all
Additional comment (optional): ___

- **How confident are you in your ability to maintain your substance use goals after leaving the program?**

Very confident / Confident / Neutral / Slightly confident / Not at all confident

- **What additional supports would help you with maintaining your substance use goals?**

Open-ended response

Health

- **How satisfied are you with the support provided by the program to help you access health services?**

Very satisfied / Satisfied / Neutral / Dissatisfied / Very dissatisfied

- **Since joining the program, how often have you attended prenatal or postpartum check-ups?**

Every appointment / Most appointments / Occasionally / Once / Not at all

- **How easy is it for you to get to your healthcare appointments while in the program?**

Very easy / Easy / Neutral / Difficult / Very difficult

- **What types of health services have you accessed since joining the program? (*Check all that apply*)**

Examples: Prenatal care, mental health care, pediatric care, primary care, dental care, public health services (e.g., vaccinations, well-baby check-ups, family planning resources)

- **Since joining the program, how would you rate your overall physical health?**

Very good / Good / Neutral / Poor / Very poor

- **Do you feel your health has improved as a result of being in the program?**

Yes / No / Not sure. Please explain: ___

- **How often have you required emergency healthcare services since joining the program?**

Never / Once / 2–3 times / 4 or more times

- **Was your baby born at term (37-42 weeks) or preterm (before 37 weeks)?**

Options: Term / Preterm

- **What was your baby's weight at birth?**

Open-ended response

- **Did you experience any complications during delivery (e.g. unplanned caesarian section, prolonged labour)**

Yes / No. If yes, please explain: ___

- **Did your baby need any special care after birth (e.g. neonatal intensive care unit, specialized treatments)?**

Yes / No. If yes, please explain: ___

- **Do you agree that the program has given you enough access to services and supports for your child's development (e.g., immunizations, check-ups, nutrition information, milestones)?**

Strongly agree / Agree / Neutral / Disagree / strongly disagree

Mental health and wellness

- **Do you have adequate access to the mental health support you need while in the program?**

Yes, definitely / Yes, somewhat / Not sure / Not really / Not at all

- **Have you accessed mental health or wellness supports offered through the program?**

Yes / No / I was not aware of these services

- **To what extent has the program helped you manage your mental health challenges?**

A great deal / Somewhat / Neutral / A little / Not at all

- **What additional mental health services would be helpful to you?**

Open ended response

- **Since joining the program, how would you rate your mental health?**

Very good / Good / Neutral / Poor / Very poor

- **How often do you experience feelings of anxiety, stress or depression?**

Always / Often / Sometimes / Rarely / Never

Option: Include a time range, e.g., In the past month, how often have you experienced feelings of anxiety, stress or depression?

- **How often do you feel hopeful about your future and your recovery journey?**

Always / Often / Sometimes / Rarely / Never

Option: Include a time range, e.g., In the past month, how often have you felt hopeful about your future and your recovery journey?

- **Since joining the program, have you noticed any changes in your self-esteem or self-worth?**
Much better / A little better / No change / A little worse / Much worse
- **Since joining the program, have you noticed any changes in your sleep and self-care patterns?**
Much better / A little better / No change / A little worse / Much worse

Family unity and parenting skills

- **Since joining the program, do you feel you have gained more information on child development and parenting?**
Yes, a lot more / Yes, somewhat more / Neutral / Only a little more / No, not at all
- **How often do you use the parenting resources provided by the program?**
Always / Often / Sometimes / Rarely / Never
- **Since joining the program, do you feel more confident in your ability to handle parenting challenges?**
Yes, a lot more / Yes, somewhat more / Neutral / Only a little more / No, not at all
- **Since joining the program, do you feel more knowledgeable about child development and effective parenting techniques?**
Yes, a lot more / Yes, somewhat more / Neutral / Only a little more / No, not at all
- **On a scale of 1-5, how would you rate your bonding and attachment with your child?**
With 1 being not at all attached, and 5 being very attached
- **Since joining the program, have there been any changes to your children's custody status? Please specify.**
Open-ended response
- **Have you received help with meeting the requirements to reunite with your children?**
Yes / No / Not applicable
- **Since joining the program, have you been able to reunite with your children or avoid further separation?**
Yes / No / Working towards it / Not applicable
- **Since joining the program, have incidents of family violence decreased for you?**
Yes / No / Not applicable

- **Do you feel safe in your housing?**

Yes / No / Not sure. If “no” or “not sure, please explain: ___

Connectedness and belonging

- **Since joining the program, has your knowledge of community resources, services and supports increased?**

Increased a lot / Increased somewhat / No change / Increased a little / Not increased at all

- **Since joining the program, have you been connected with any community resources or services (e.g., local support groups, cultural groups and events, health services, child care, advocacy, legal support)?**

Yes, many / Yes, a few / Not yet, but I know what’s available / Not yet, and I’m unsure what’s available

- **How often do you participate in peer support groups offered by the program?**

Very often / Often / Occasionally / Rarely / Never

- **Since joining the program, how often have you engaged in social activities with other participants?**

Very often / Often / Occasionally / Rarely / Never

- **How often do you participate in cultural events, traditions or practices?**

Very often / Often / Occasionally / Rarely / Never

- **Do you feel that staff in the program respect your cultural identity?**

Yes / No / Not sure. If no or not sure, please explain: ___

- **How comfortable do you feel reaching out to people in your support network (e.g., friends, family, program staff) when you need help?**

Very comfortable / Fairly comfortable / Neutral / Slightly uncomfortable / Very uncomfortable

- **Since starting the program, how often have you felt alone or cut off from others?**

Never / Rarely / Sometimes / Often / Always

- **To what extent do you feel part of a community within this program?**

Completely / Mostly / Somewhat / A little / Not at all

Lifeskills and basic needs

- **How well has the program helped you meet your and your family's basic needs?**
Very well / Well / Somewhat / Not very well / Not at all
- **What additional resources or support would help you and your family meet your basic needs?**
Open-ended response
- **How often do you use the life skills you've learned in the program (e.g., budgeting, conflict resolution, stress management, meal planning)?**
Very often / Often / Sometimes / Rarely / Never
- **To what extent do you feel the program has helped you improve your problem-solving skills?**
A great deal / Quite a bit / Neutral / A little / Not at all
- **Have you been connected to pre-employment or employment programs?**
Yes / No / Not sure / Not applicable
- **Have you received support to work towards your educational goals?**
Yes / No / Not sure / Not applicable

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