

**Final Evaluation Report  
Homeward Bound Halton  
Home Suite Hope**

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**Prepared by Michaela Hynie  
York University**

## Executive Summary

This document represents the final results of an impact evaluation of Homeward Bound Halton (HBH). This program provides four years of housing and financial support, as well as mentorship and skill building, to vulnerable single mothers to 1) reduce poverty for homeless single mothers and 2) increase high quality employment for homeless single mothers. Data were collected to evaluate the impact of the program on employment and income, and to test the program's theory of change: that better employment and income were facilitated by 1) completing a marketable college degree; 2) building competence and skills; and 3) building networks.

Three data sources were used for this final evaluation. Program data were collected by program staff and included regular psychological assessments, use of resources, participation in organization events, performance in school, and employment for 21 women currently or previously enrolled in the HBH program. These were compared with program data collected from women in the Restart Halton (RH) program (n = 24), a two-year housing and financial support program for single mothers that does not provide educational support. The second data source was on-line surveys completed by twelve women in the HBH and RH programs addressing their perceptions of changes in their own lives since starting the program, the mentorship they received, and changes in the program over the last year. The third data source was interviews with three women of the six women who have completed the HBH program. These interviews focused on participants' current employment, housing and health situations, as well as participants' reflections on mentor support and the overall program. This report focuses on the findings as they pertain to the key impact questions and theory of change.

### *Academic Achievement, Employment and Income*

Women in HBH are doing well academically; 9 of the 21 women have completed their degrees. Program data indicate that four women of the six women who completed the program received internships and four women obtained full-time permanent positions. The women who were interviewed reported having had a range of employment interviews and having held several contracts and noted that their employment was related to their field of study, either directly or at least partially.

Data from the program suggest that women in HBH received a large number of supports (from 5 to 153) and referrals (from 1 to 47). For women in HBH, referrals that related to parenting, child services, and childcare were the greatest demands. The most frequent instrumental supports for women in both programs were financial but women in HBH also used a broad range of supports, whereas those in the RH program used almost exclusively financial supports. In on-line surveys, women in both programs reported that the most useful aspects material support, in the form of rent subsidies, funding for education and other resources, including childcare. Despite the supports available, women reported some dissatisfaction with

their levels of financial support and when asked in the on-line survey what one thing they would change about the program, the only clear theme to emerge was increased financial support for rent or other needs.

### *Skills and Competence Building*

Women in HBH made good use of Home Suite Hope events, especially Professional Development events (Mdn=9 for first two cohorts, 8 and 3 for cohorts 3 and 4, respectively). Women in RH also participated in a number of program events (Mdn = 13). Participation in combined Home Suite Hope activities is correlated with higher levels of self-efficacy 18 months into the program.

There were no changes in the program data for Depression, Anxiety, Quality of Life or Self-Efficacy over time, but women in the RH program reported significantly less Social Support at 18 months, compared to the women in the HBH program and compared to their intake scores. However, on-line surveys showed that valued the emotional support and skills training they received and, in HBH in particular, felt more confidence than when they started the program.

### *Network Building*

Mentorship relationships varied by frequency, depth and breadth and while generally seen as useful were not perceived as essential by most women (albeit with a small number of exceptions). These relationships seemed to be relatively unstructured and to have been valued primarily for the emotional support and general life advice they provided, rather than professional guidance, although this may change as women start looking for employment. The nature of these relationships should be explored in more detail.

There is some tenacity in institutional relationships, with one transition from internships to employment, and repeated interviews and contracts in the same organizations, suggesting that once the first connection is made, this aspect of network building has potential to facilitate employment. The strength of this effect will become clearer as more women graduate from the program.

### *Conclusions*

Most women in the HBH program are satisfied, feel the program is valuable, and are doing well academically. Changes have been made to the program to address concerns identified in the earlier evaluation, but small sample sizes, incomplete data, and the small number of women who have yet to complete the program make it difficult to fully evaluate its impact.

### **Recommendations**

- 1) Consistent with earlier evaluations, transitions in and out of both HBH and RH are challenging and may require more support.

- 2) Despite support with housing and finances, women continued to feel that they were struggling financially. This should be explored further and reflected on. Is it about managing the resources they have, inadequate resources, or other factors that create additional economic burdens?
- 3) Mentorship relationships may need clearer guidelines but their fluidity may also be a strength; this also needs to be reflected on.
- 4) More comprehensive data on personal assessments will facilitate testing the theory of change for this model, even with the small sample size.
- 5) Professional networks that create opportunities for women to connect to potential employers are showing promise; this should be followed closely as more women graduate.

## **Final Evaluation Report of Homeward Bound Halton**

Home Suite Hope (HSH) is a Halton-based not for profit organization with a mission to support homeless families in the Halton region. HSH operates two programs for single parent families: Restart Halton provides long-term housing and a range of supports to inadequately housed single parent families. Homeward Bound Halton (HBH) is a program offering long-term housing and education support for single mothers in the Halton region. The immediate goals of the Homeward Bound Halton program are to 1) reduce poverty for homeless single mothers and 2) increase high quality employment for homeless single mothers. The pathway to achieve program outcomes was assumed to be through: 1) completing a marketable college degree; 2) building competence and skills; and 3) building networks.

In the spring of 2015, HSH enlisted the Program Evaluation Unit at York University to conduct a Theory of Change impact evaluation of the HBH program. This report is the third evaluation report on the program. This report compares the outcomes for women in the Restart Halton (RH) program, a 2-year program offering similar housing and resource support but without the educational component, with those of the HBH program.

### **Method**

#### **Data Sources, Materials and Procedures**

##### ***Program Data***

Program data included information collected as part of the regular data gathering conducted within the two programs. Program data was used to look at school performance, use of resources, and changes in women's psychological well-being over time. Data on resources used and school performance were collected by Home Suite Hope as part of their regular reporting, supplemented by surveys conducted every 6 months as part of the regular programming to provide information about individual well-being. Records covering the last 3.5 years of the two programs were compiled and forwarded for analysis.

There were inconsistencies in the data; due to an oversight, self-efficacy was not collected for the first year and is thus missing at intake for the cohorts 1 and 2 and also at the 6 month mark for the first cohort. The number of responses to the later data points decreased, reflecting the different starting points; by 42 months, only some women in cohort 1 and 2 had been in the program long enough to provide data. The number of women in the RH program who were participating in assessments also decreased from intake to 18 months (the last measurement of their well-being measures).

The number of women, by program, cohort, and length of time in program, are in Table 1, below. The last cohort (cohort 5) contained only one woman. Her data are

combined where data for the entire cohort are reported but excluded for the cohort by cohort analyses as this would violate her privacy.

**Table 1: Participant numbers across cohorts by time for program assessment**

Program	Intake	6	12	18	24	30	36	42
HBH	21	19	16	11	12	9		5
<i>Cohort 1</i>	5	4	4	4	4	4		3
<i>Cohort 2</i>	5	5	4	3	4	2		2
<i>Cohort 3</i>	5	5	4	4	4	3		
<i>Cohort 4</i>	5	5	4					
<i>Cohort 5</i>	1							
RH	24	20	15	9				

### Materials

Materials collected as part of program assessments included the Medical Outcomes Study Social Support Survey (MOS, Sherbourne & Steward, 1991), Beck Depression Inventory (Beck, 1996), Beck Anxiety Inventory (Beck, Epstein, Brown, & Steer, 1988), and the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995). Quality of Life was calculated using the WHOQOL BREF (WHO, 1996).

Table 2, below, provides score ranges to facilitate interpretation of the reported data. Means are provided for the MOS, Depression, Anxiety and Self-Efficacy scales; the QOL is reported in terms of classifying the combined responses into a 4-category rating, from Very Low to Very High.

**Table 2: Score ranges of well-being and self-efficacy measures**

MOS	High (76-100)	Average (51-75)	Low (26-50)	Very Low (0-25)
Quality of Life	High (76-100)	Average (51-75)	Low (26-50)	Very Low (0-25)
Beck Depression	1-16	17-30		31-40+
Beck Anxiety	0-21	22-35		36
Self-Efficacy	Exactly True (31-40)	Moderately True (21-30)	Hardly True (11-20)	Not at All(0-10)

A second social support survey (the Multidimensional Scale of Perceived Social Support; Zimet, Dahlem, Zimet, & Farley, 1988) was also collected but both the MSPSS and the Self-Efficacy scales were inadvertently omitted for the first year of assessments and so the MOS will be used to document social support instead as it was collected across the entire time period.

### ***On-line Surveys***

Twelve women completed a final on-line survey addressing their perceptions of changes in their own lives since starting the program, the mentorship they received, and changes in the program over the last year. An anonymous link was sent to all women in both programs by the program staff, who did not know which participants completed the surveys. Participants were given two weeks to complete the survey. A copy of the survey is available in the Appendix.

### ***Follow-up Interviews***

Three 30 minute interviews were conducted with women who completed the HBH program. All participants who completed the program were asked by the staff if they would share their phone numbers with the evaluators to potentially participate in interviews. Those who agreed were contacted by the evaluator. Three out of the six confirmed their participation. Participants were asked about their current employment, housing and health situations, as well as questions on mentor support and comments on the overall program. A copy of the questions is available in the Appendix.

Notes were taken, data were summarized in tables and interviews were audio recorded to confirm quotations from participants. Thematic coding was used for open-ended questions.

## **Results**

### **Program Data**

Data were summarized for all current and former Homeward Bound Halton (HBH) participants ( $n = 21$ ) and for 24 women in the Restart Halton (RH) program. There were five cohorts included in the HBH sample. Each cohort had five participants with the exception of cohort five with one participant. Nine participants have graduated from their degree ( $n=9$ ), four exited the program prior to completion ( $n=4$ ), and eight are still in school ( $n=8$ ), which runs for only two years for each cohort. As noted above, because cohort 5 had only one participant, their results will be suppressed in the cohort-level analyses to protect her anonymity.

### *Use of Supports and Activities*

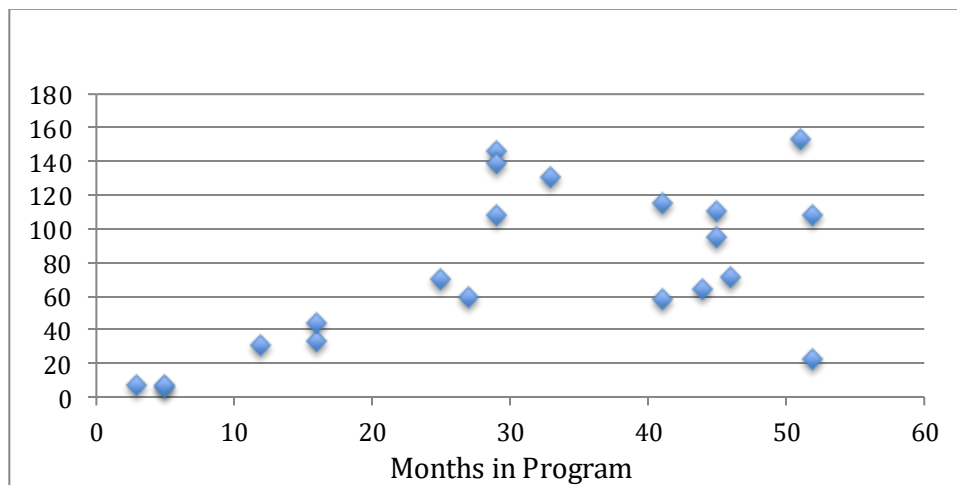
#### Homeward Bound Halton

Women in the HBH program received on average 9 referrals to a variety of programs ( $M = 8.8$ ,  $SD = 11.6$ ), and received a mean of 75 instrumental supports ( $M = 74.8$ ,  $SD = 47.9$ ). Some women received a disproportionately high number of supports and/or referrals, making the median a more reliable number to represent average supports received. The median number of referrals and median number of supports by cohort are shown in Table 3, with cohort 5 removed.

**Table 3: Number of Referrals and Instrumental Supports Received, by Cohort**

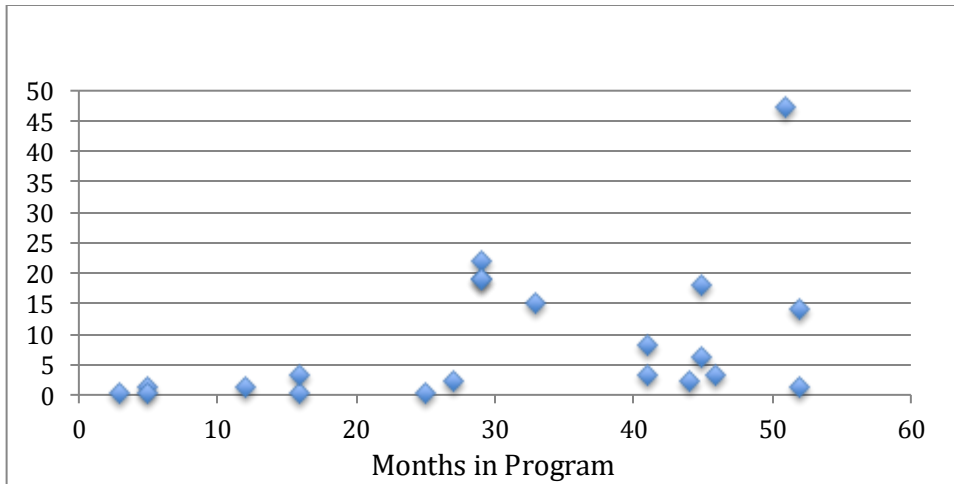
Cohort	Number of women in cohort	Median number of referrals	Range	Median number of Services	Range
One	5	14	1 to 47	107	22 to 153
Two	5	6	2 to 15	94	58 to 130
Three	5	19	0 to 22	108	59 to 146
Four	5	19	0 to 3	30	5 to 43

The numbers of referrals and supports used varies widely from woman to woman and of course increases over time in the program. One would expect that women who have been in the program the longest would have received the greatest number of supports and referrals. However, the first three cohorts were similar in number of supports and referrals. The relationship between the number of supports and referrals used by months in the program is shown in Figure 1 (Supports) and Figure 2 (Referrals), below. It seems that there is only limited use of supports and referrals in the first 18 months in the program, after which point the use of supports and referrals increases greatly but is also highly variable across the women in the program.



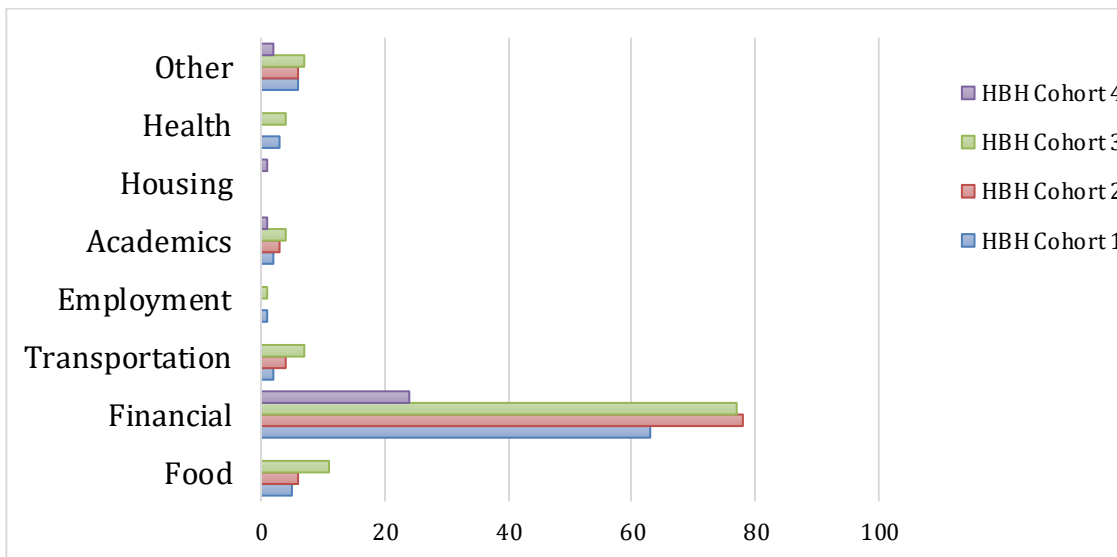
**Figure 1: Number of Supports by Number of Months in the Program**





**Figure 2: Number of Referrals by Number of Months in the Program**

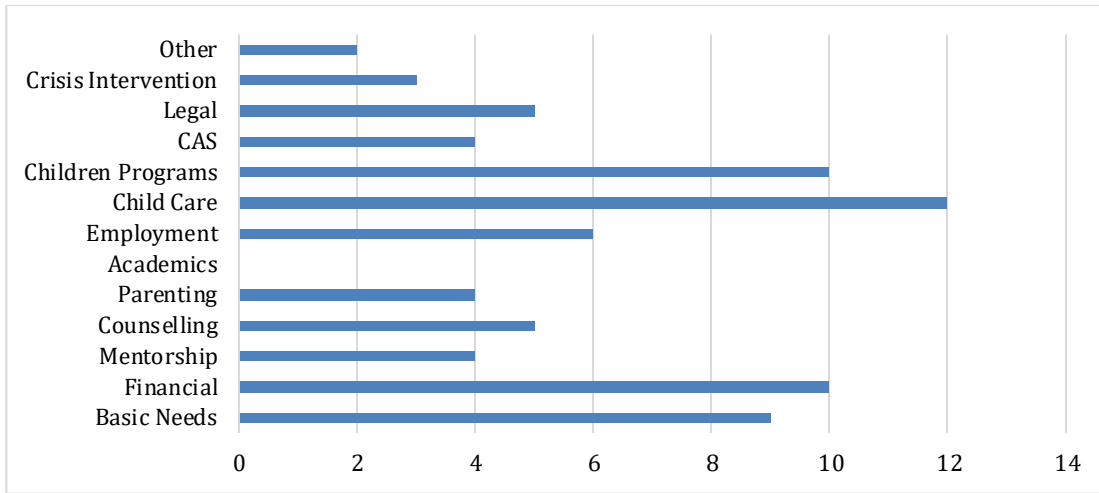
Figure 3, below, shows the median number of each type of instrumental support received by the women in the program, by cohort. As is apparent, Financial support was the greatest form of instrumental support offered, primarily in the form of income subsidies, with Housing support in the form of rental subsidies also prevalent. Not surprisingly, those in the program longer received a greater number of financial supports, since they had more opportunities to access them. Interestingly, this was not the case for the other forms of support.



**Figure 3: Median use of instrumental supports by HBH cohort**

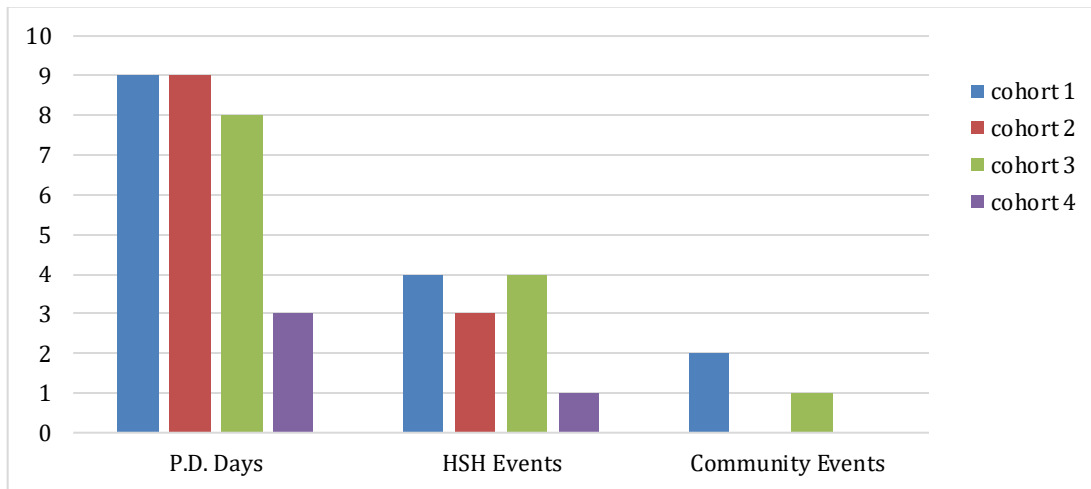
While most supports were used by most women, referrals were used less frequently. Some referrals were used frequently by only a small number of women and not at all by others. To capture these individual differences, the distribution of the number of women needing each type of referral is presented in Figure 4, below. Most women in the program needed referrals related to caring for their children (Child Care and Children’s Programs) or to their financial needs (Financial and Basic

Needs). A broad range of other referrals were also required, but by much smaller numbers of women in the program. One woman had 47 referrals, six women had 14-22 referrals, nine women had 1-6 referrals and four women had 0 referrals.



**Figure 4: Number of women in HBH receiving referrals by type of need**

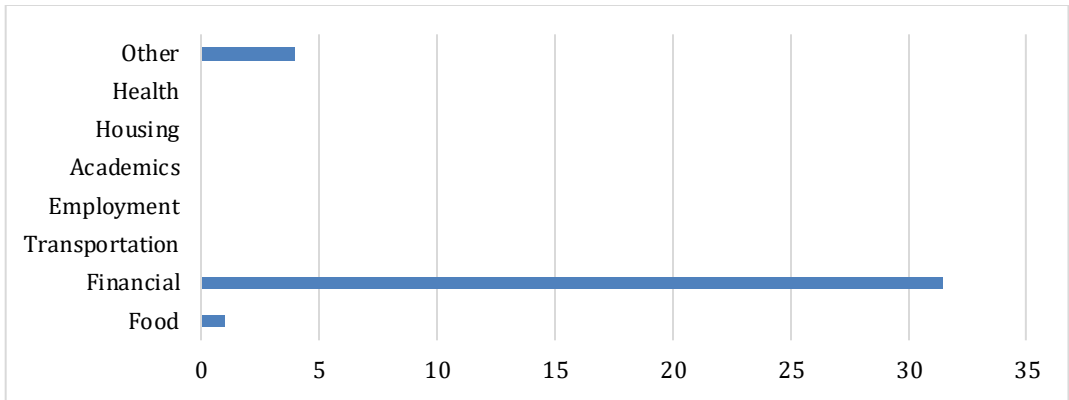
For participation in activities, median numbers by cohort are reported to deal with the variability in attendance across participants and the fact that the opportunity to attend increases by length of time in the program (see Figure 5). Participants had greater attendance for Professional Development (PD) events than Community events, or events organized by Home Suite Hope (HSH). Not surprisingly, Cohort 1 generally participated in more activities than the subsequent Cohorts.



**Figure 5: Median attendance at seminars and events by women in HBH**

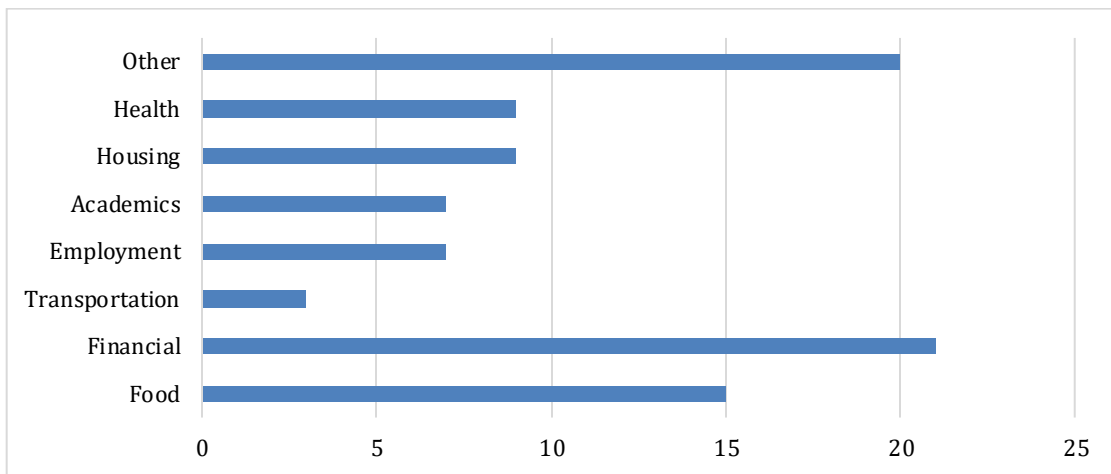
Restart Halton

For the women in Restart Halton (RH), a much smaller range of instrumental supports were received, and these were primarily in the form of financial support.



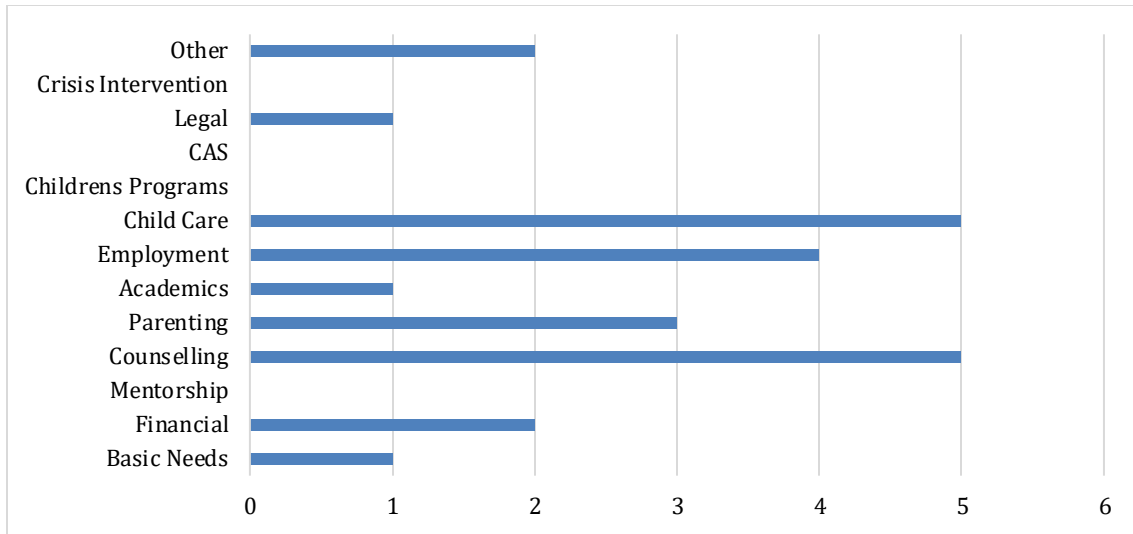
**Figure 6: Median use of instrumental supports in the RH**

Because of the limited distribution of instrumental supports, a second graph (Figure 7) is presented that looks at how many women received any of these different kinds of instrumental supports (rather than the frequency with which they received them).



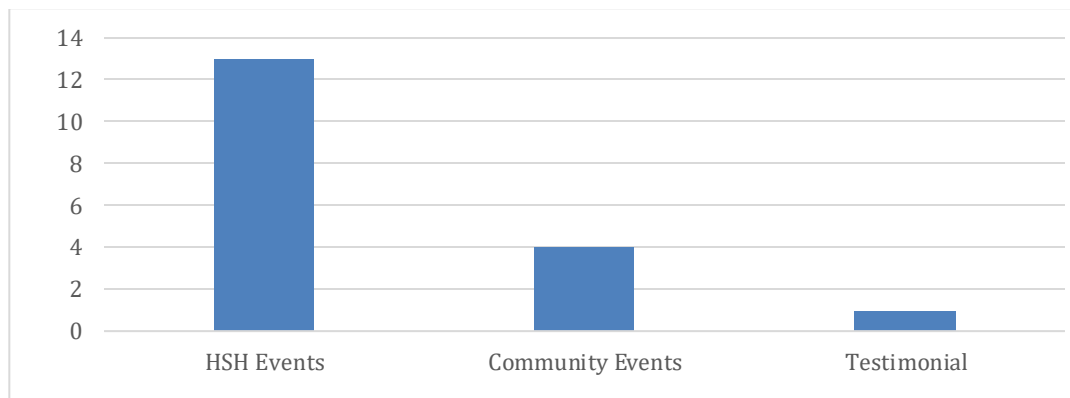
**Figure 7: Number of women receiving any instrumental supports in the RH**

For women in the RH program, there were fewer referrals to a more limited number of services (see Figure 8). There were 31 referrals for 24 participants in the RH program compared to 184 referrals for 21 participants in the HBH program. Women in the RH program primarily required referrals for child-care and counseling.



**Figure 8: Number of women in RH receiving referrals by type of need**

Figure 9 shows the number of women in the RH program who participated in at least one of the RH related events. Women did not participate frequently, and thus the median activity levels were 1 for the Home Suite Hope events and 0 for the other events, but most women did participate at least once in a Home Suite Hope activity.



**Figure 9: Number of women participating in at least one activity in the RH cohort, by type of activity**

### *Changes in well-being*

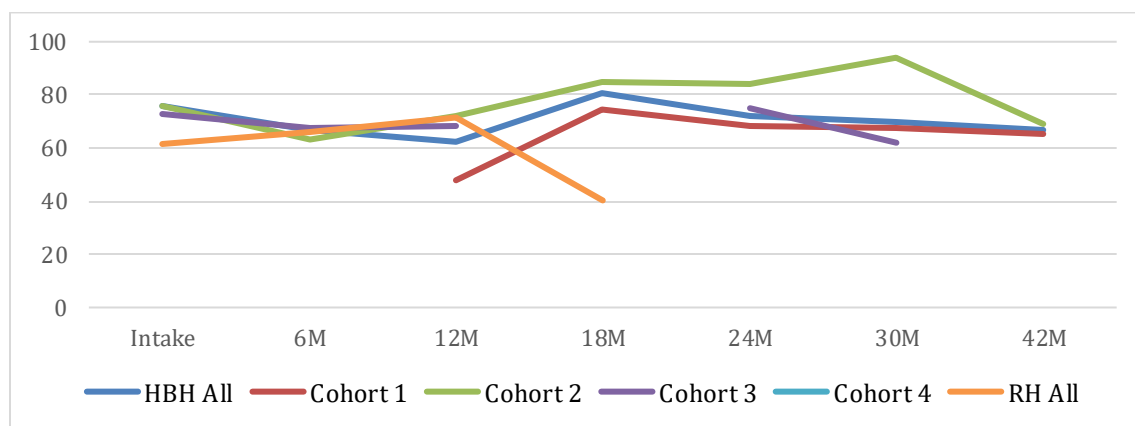
In observing changes over time, intake scores were reported for 6, 12, 18, 24, 30 and 42 months after intake for the HBH women, and for intake, 6, 12, 18 and 24 months for RH. It should be noted that different cohorts of HBH have been in the program for different amounts of time, so the later time points in particular are associated with a small number of women and differences in time may thus be due to cohort effects. Cohort 5 is not included in cohort-level analyses.

### Social Support

Mixed design 2 (Program: HBH, RH) x 2 (Time: intake, 18 months) ANOVAs were used to examine Program and Time differences on Depression, Anxiety, and Social Support. Because of the small numbers in later time periods however, these findings should be interpreted with caution. There were significant effects for Social Support. There was no main effect of Time,  $F(1, 10) = 1.43, ns$ , but there was a main effect of Program,  $F(1, 10) = 14.81, p = .003$ , and a Program by Time interaction,  $F(1, 10) = 5.66, p = .04$ . Women in the RH program reported significantly less social support at 18 months ( $M = 40.3$ ), compared to the women in the HBH program ( $M = 80.7$ ) and compared to intake (RH:  $M = 61.3$ ; HBH:  $M = 76.1$ ). The interaction was thus due to the very low levels of social support reported by women in the RH program at 18 months, rather than a change in Social Support for the women in HBH.

Women in HBH reported high levels of support across time (see Figure 10). There was some reduction in the first year following the beginning of the program but entry into the program itself may have had a powerful effect on feelings of support and well-being that then reverted to the mean in subsequent months, as women began to adjust to their new circumstances. Note that there were no measurements available for the 36 month point; this time period is removed from the line graph for ease of interpretation.

Results are reported as a line graph to better show the progression over time but these are not significant differences, sample sizes are small, and there are different women assessed in most time points so these may be cohort effects rather than changes in individuals, even if they were significant. Although not significant, the pattern is consistent across all cohorts, supporting the idea that there is an adjustment period and thus a reduction in well-being immediately after acceptance, or a bump in well-being on acceptance that then reverts back to the mean, or both.



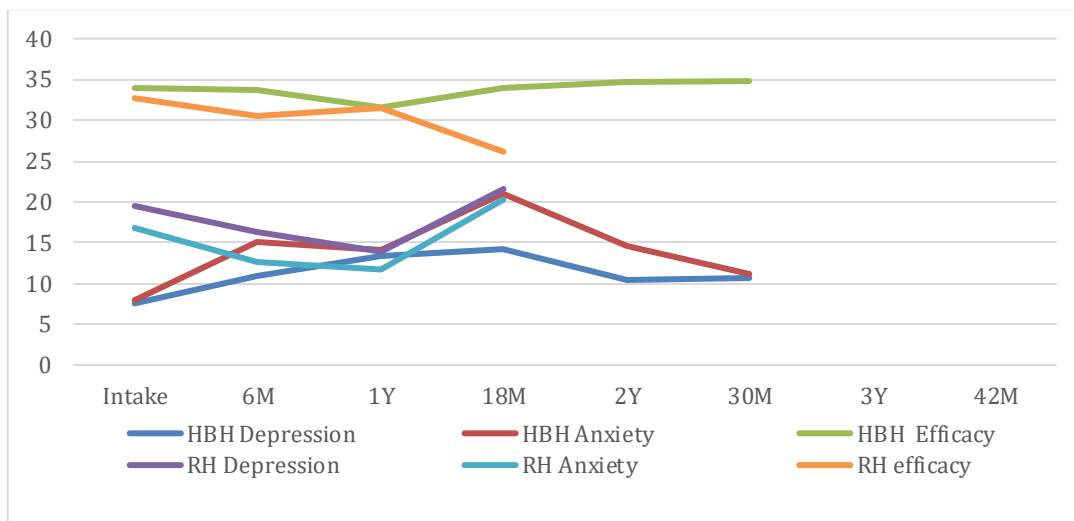
**Figure 10: Social support at intake and subsequent testing session**

### Anxiety and Depression

Women in the HBH started with low levels of Anxiety ( $M = 8.0, SD = 7.10$ ) and Depression ( $M = 7.6, SD = 5.98$ ) that then increased over time, peaking at 18 months

(Anxiety:  $M = 14.5$ ,  $SD = 13.93$ ; Depression:  $M = 14.2$ ,  $SD = 8.76$ ) and then decreasing again to 11.2 ( $SD=8.20$ ) and 10.6 ( $SD = 7.73$ ) respectively at 30 months. Scores for the few women ( $N = 5$ ) who provided data at these later time points were extremely variable. Not surprisingly, in light of the variability, a mixed design 2 (Program: HBH, RH) x 2 (Time: intake, 18 months) ANOVAs examining Program and Time effects on Depression and Anxiety found no significant main effects for Program or Time, or interactions for Depression (all  $F$ 's < 1) or Anxiety (all  $F$ 's < 1.083).

As can be seen in Figure 11, women in both groups reported similar levels of well-being from 6 months onward. Anxiety and Depression showed a non-significant increase for women in the RH program at the 18-month point. As this was the point where women were transitioning out of the program, it may have reflected concerns about the future. For women in the HBH program, there was variability in Anxiety and Depression, which seemed to increase initially but then return back towards intake levels as they reached the end of the program (see Figure 11). Once again, time represents different cohorts, as those who are at 18 or 24 months differ from those who are in the 6 month and 12 month data set. Perhaps when women were juggling school as well as parenting responsibilities this increased anxiety but these both decreased as they approached graduation. However, these changes are speculative and the patterns are not significant so at best we can recommend exploring this further, to confirm whether these patterns reveal a genuine trend.



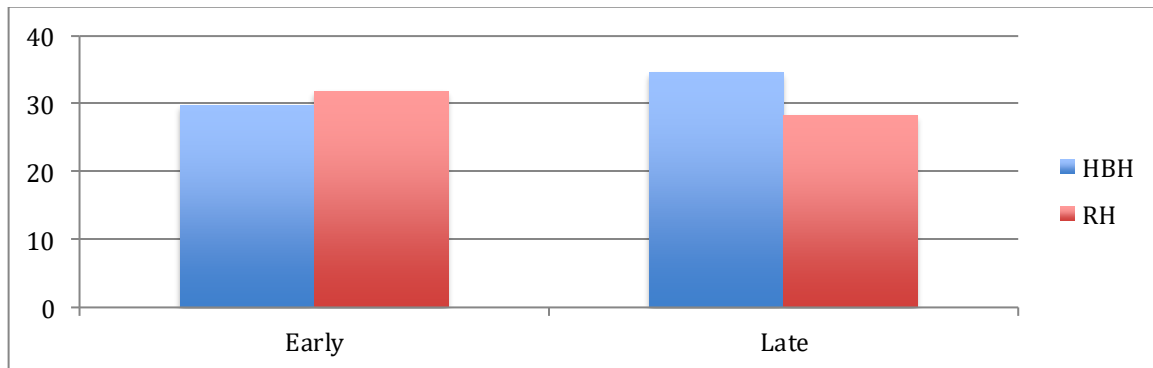
**Figure 11: Rates of Depression, Anxiety and Self-Efficacy Over Time for Women in the Homeward Bound Halton and Restart Halton Programs**

### Self-Efficacy

Self-efficacy scores were not collected for the first year of the program and thus self-efficacy at intake is only available for a subset of the women in the two programs (HBH:  $N = 6$ , RH:  $N = 10$ ). As a consequence, the intended mixed design ANOVA is not appropriate because of very small numbers of women who completed the self-efficacy measure at both time points. However, it was possible to conduct simple

independent samples t-tests comparing the average self-efficacy scores of women in the two programs at intake and no difference was observed (HBH:  $M = 33.8$ ,  $SD = 5.98$ ; RH:  $M = 32.7$ ,  $SD = 5.40$ ,  $t < 1$ ). At 18 months, with only 6 data points in each group, women in HBH were just marginally significantly higher on self-efficacy ( $M = 32.5$ ,  $SD = 5.01$ ) than women in RH:  $M = 26.3$ ,  $SD = 6.82$ ),  $t(10) = 1.79$ ,  $p = .01$ .

A new variable was constructed called Early Self-Efficacy that included the first score on Self-Efficacy, drawn from either intake or the 6 month point. A second variable called Late Self-Efficacy was constructed from the measurements on Self-Efficacy taken between 12 and 24 months, with the latest time point measurement entered used if there was more than one. This resulted in 10 data points for HBH in Early (6 at intake) and 13 at Late (3 at 18 months, 10 at 24 months). There were 15 in the Early for the RH program (10 at intake) and 12 Late (7 at 12 months, 5 at 18 months). A mixed design 2 (program: HBH, RH) x 2 (time: intake, 18 months) ANOVA found no significant main effects for Time,  $F < 1$ , or Program,  $F(1, 10) = 2.67$ ,  $p = .13$ , and no interaction,  $F < 1$  (see Figure 12).



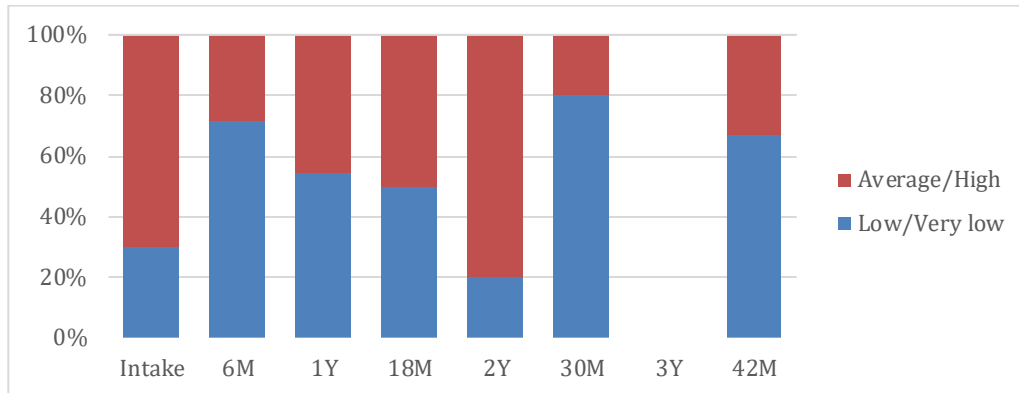
**Figure 12: Early and Late Self-Efficacy by Program**

There was, however, a strong correlation between the combined Late Self-Efficacy measure and number events attended,  $r(11) = .60$ ,  $p = .03$ , suggesting that participation in HBH events had the hoped for impact on Self-Efficacy. There was no correlation with early Self-Efficacy,  $r(8) = -.28$ ,  $p = .44$ , so it is unlikely that this relationship is due to women with higher levels of Self-Efficacy choosing to attend more events, but more likely that attending more events was associated with later Self-Efficacy. However, the samples are small and so this must be interpreted with caution.

### Quality of Life

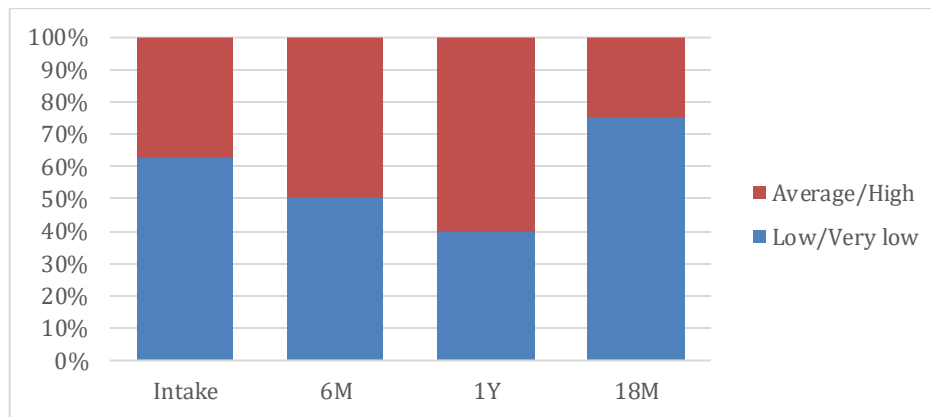
At intake, Quality of Life was generally average or high for women in the HBH program, but low or very low for those in the RH, although these differences were not significant (see Figure 13 and 14). Quality of Life dropped at 6 months but then generally increased over time for women in the HBH program until the halfway point of year 2 (30 months). Caution must be taken in interpreting the later 2 evaluations since they reflect only 5 and 3 women respectively (later time points

include only a subset of the women) although it may reflect the challenges of having finished the degree and the transition to searching for employment.



**Figure 13: Quality of Life, by length of time in program for women in HBH**

Women in the RH program also reported increasingly positive Quality of Life assessments, except for the last time point. However, as noted earlier, this represented a very small number of women ( $n = 5$ ). Wilcoxon Matched Pair Signed Rank tests were conducted on the 4-category Quality of Life scores and showed no significant differences between intake and any additional time point for either group.



**Figure 14: Quality of Life by length of time in program for women in RH**

### *Academic Performance*

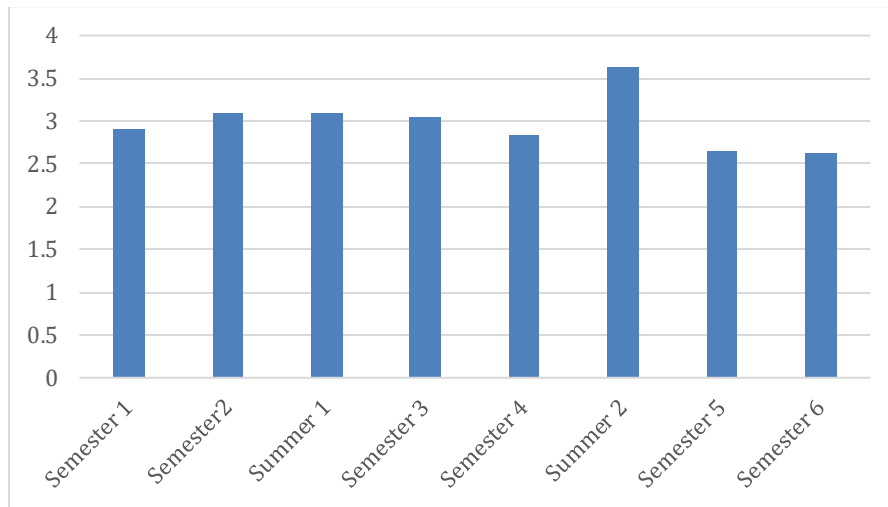
Nine women of 15 women in the first three cohorts have graduated from their college degrees since the beginning of the program (see Table 4). Two of the women in the third cohort took breaks from their program for one or two terms, the latter for medical reasons, and are thus still in school.



**Table 4: Rates of Graduation, by Cohort**

Cohort	N	Graduated	In School	Exited
One	5	4		1
Two	5	2	1	2
Three	5	3	2	
Four	5		4	1
Five	1		1	

Figure 15 shows the Grade Point Average for the women in the HBH program, by semester. Average grades for the women in the HBH program remained over 2.5 for all semesters, and over 3 for half of the sessions for which students received grades. It should be noted that Semester 6 reflects the GPA of only two women; most women finished by the end of Summer 2.



**Figure 15: Average Grade Point Average (GPA) across all students, by term**

Four women received internships in the program. In one case, this turned into permanent full-time employment; in another case to part-time employment. Four of the nine women who have completed the program have obtained full-time permanent positions. One of these positions provided a salary of \$70,000 per year. Two of these positions provided salaries of between \$45,000 and \$50,000 per year. One position had an hourly wage that works out to between \$25,000 and \$30,000 per year.

### **Summary: Program Data**

Women in the HBH program are doing well in their classes. Four have found internships, including one internship that led to a full-time permanent position and one that led to a part-time position. Four women have found full-time permanent positions.

Women in the HBH program participate in a much wider range of events than those in the RH program. They are actively involved attending events. They make use of a wide range of instrumental supports and referrals, not only financial supports and housing but they also benefit from a range of parenting referrals. This is in contrast to the much more limited use of supports and referrals in the RH program. Only a small number of women are benefitted from mentorship, but they participate in a large number of professional development classes. This may be partially due to the wider range of supports accessed by women later in the program; in HBH, it was primarily financial supports accessed in the first 18 months with other supports being accessed to a greater degree later. Thus, women's limited scope of supports in the RH program may be partially due to the length of the program.

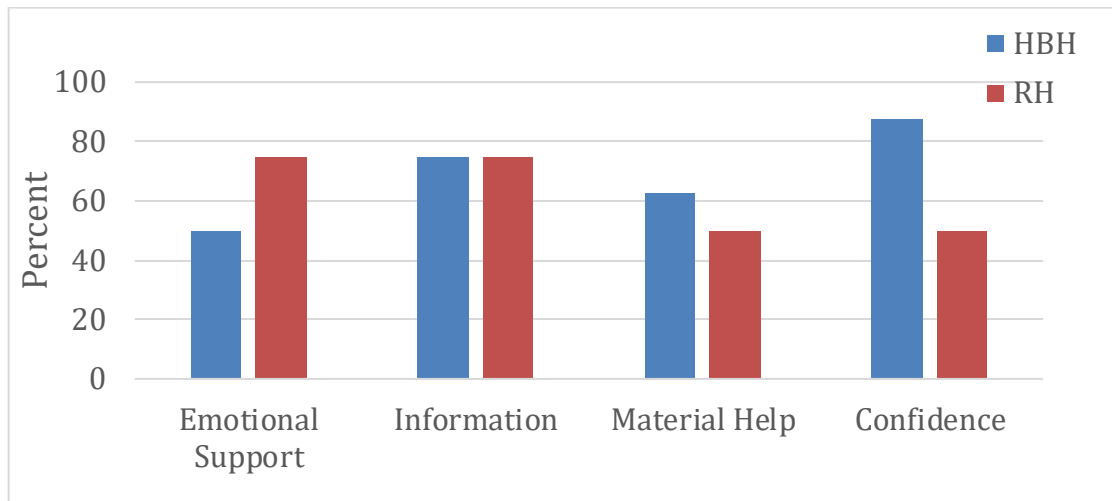
Women starting the HBH program reported positive levels of support and relatively low levels of depression and anxiety at intake. There were no differences at intake relative to the RH program. Levels of well-being then appeared to drop and were equivalent to those of the RH program. Caution should be taken in interpreting this pattern since it is not significant despite occurring across all measures of well-being, including Quality of Life. If this pattern is replicated with a larger sample, it may reflect that acceptance into the program was associated with a boost to well-being that then reverted to normal as the program unfolded. However, there was another drop at months 30 and 42 (with no measurements taken at month 36), which may suggest that the transition out of school was also stressful, and this is consistent with a significant finding that women in the RH program who were in month 18, and thus approaching the end of the program, felt a lower sense of social support. Earlier evaluations of this program suggested that transitions were difficult; this warrants further exploration.

Four women have withdrawn from the program. It might be worth considering whether this is an expected level of withdrawal or suggests that more screening, or more support, is needed for women in the program.

### **On-line Surveys**

A total of 12 women completed the surveys, eight from HBS and 4 from RH. The first set of questions addressed perceived changes since starting the program. Figure 16 shows the proportion of respondents in each program who agree, or strongly agree, that since beginning the program they have more emotional support, have more people that they can approach for information, have more people that they can approach for material help, and feel more confident in their abilities. Note that there are only four women in the RH program and so these percentages need to be interpreted with caution. Notably, while almost all women report feeling more confident (7 out of 8, 87.5%) only half of the women in the RH program reported this. A large proportion (75%) of women in both programs reported that they have more people from whom they can access information. However, only half of the women in the HBH program report feeling that they now feel that they have more

emotional support relative to before they started the program compared to 75% of the women in the RH program.



**Figure 16: Perceived improvements in support and confidence since starting the program.**

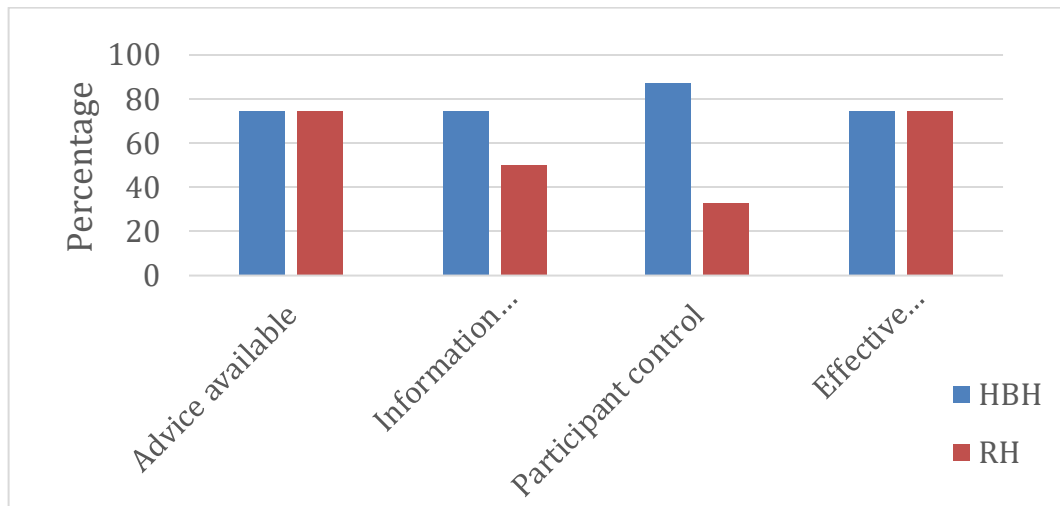
When asked about the three most helpful aspects of the program, five themes emerged. The most frequently mentioned, and the one mentioned first the most often, was the availability of material support in the form of rent subsidies, funding for education and other resources, including childcare. A second theme was the availability of emotional support, either in groups or a specific someone to talk to. The third theme was skills training and support, or specific events associated with training, such as Professional Development days. A fourth theme was specific individuals, such as a previous caseworker or a mentor. The fifth theme was more abstract. Women spoke about the ability to secure a more stable future, or better opportunities for the future.

**Table 5: The most useful things in the program**

Theme	Examples
Material Support	Rental subsidy (4), Paying for school (5), Other (4)
Emotional Support	Someone/a worker to talk to (3), connecting with people (4)
Life Skills Support	Classes (3), Skills (1), Direct support (1)
Individuals	Caseworker (2), Mentor (1)
Stability and Opportunities	Ability to access education (2), more opportunities for self (1) and children (1), no debt (1), safety net (1)

Because the program changed considerably over the past year, with a major change in staff and the incorporation of some of the recommendations from earlier evaluations, the participants were also asked if the program had improved in the past year. Participants in the HBH program generally agreed that since last year, they were more likely to have someone that they could approach for advice, information was more accessible, that they themselves had more control in the

program, and that communication of information in the program was more effective (see Figure 17). In the RH program, there was less agreement that there was improvement in the accessibility of information or the amount of control women had over the program. However, as noted above, only four women from the RH program participated in the survey and so these findings should not be overinterpreted.



**Figure 17: Percent agreeing, or agreeing strongly, in improvements in the program in the past year**

Finally, participants were also asked about the mentorship program in particular. Four of the eight women in the HBH program reported having mentors. Of the four who did not have a mentor, three said that they wanted one, one said that they did not. When asked about why she did not want a mentor, this participant responded that she had not yet decided about whether she wanted one.

Participants who had mentors were asked how frequently they met per month, whether would have wanted to meet more often, and how useful they found the meetings. Half of the women ( $n = 2$ ) met their mentor less than once a month. One met her mentor once or twice a month, and one met her mentor three or more times a month. Three of the four women reported being happy with the meeting frequency, one would have liked more frequent meetings. Finally, in terms of the usefulness of the mentorship, three of the four found the meetings at least somewhat useful and one found them not to be useful at all. However, only one of the three women who said that meetings were useful found the meetings very useful.

When asked about the three most useful or helpful things in their meetings with their mentor there were a range of responses but they fell primarily into two categories. The first was *emotional support and acceptance* ( $n = 5$ ). Examples of this theme included “*Making sure physically and mentally I was doing well and offered support if I needed it*” but also included just inquiring about women’s life (e.g., “*Asked*

*about school*") or just being an accepting presence (e.g., "*Her personality was very accepting*"). The second was offering *advice and information* (n = 3). For example, "*Making sure I was updated with all useful information*" or "*Guidance with my child*". Not all participants answered this question.

Finally, participants were asked "*If you could change one thing about the program, what would it be?*" Only one clear theme emerged from the responses, which was increased financial support for rent or other needs such as clothing, recreational activities for children, or a makeover at the end of the program. Women generally seemed to be happy, saying that the changes that had already been made to the program were "amazing" or not really knowing how it could be improved although one also expressed dissatisfaction with the organizational team. More convenient scheduling for life skills events and more opportunities to express opinions (an open door policy) was requested, although another participants had identified an open door policy as being one of the program's existing strengths.

### **Summary: On-line Surveys**

The results from the on-line surveys suggest that the women in the HBH program are largely satisfied and find the program useful in terms of material, informational and social/emotional support. If anything, they are more satisfied than those in the Restart Halton program. Changes have been made to the program to address concerns identified in the earlier evaluation, which has been noticed by some participants, but clearly the changes have impacted some women more than others and some dissatisfaction remains.

### **Follow-up Interviews**

Three women participated in interviews responding to questions about their current employment, housing and health situations, as well as mentor support in the program and comments on the overall program.

#### *Employment*

All women interviewed have a full-time position. Two of the positions are permanent within the area that they studied and one position is a one year contract, semi-related to the area they studied with no change in position since participating in the HBH program. Table 6 shows details on women's current positions.

**Table 6: Participants' Current Positions**

Hours	Term	Salary per month	Position Related to Study	Change in Position Since Graduation
Full-time	Contract - 1 year	\$2700	Semi-related	No
Full-time	Permanent	\$4900	Related	Yes
Full-time	Permanent	\$2800	Related	Yes

Table 4 shows the number of jobs and interviews for each participant. Since graduating, two participants had one interview and one participant had nine interviews. Since graduating, two participants worked in one organization each but moved positions within those organizations including one woman who moved from a contract to permanent position and the other woman who moved six positions including from a contract to a permanent position. The third participant has had two positions since graduation, both contract positions.

**Table 7: Job Search and Employment between Graduation and Current Position**

# of Interviews	# of Jobs
9	2
1	6 in same organization
1	2 in same organizations

### *Housing*

Participants' satisfaction with their housing varied. Table 8 shows how participants rated their home in needing repairs, being large enough, affordable, safe, time driving to work and overall satisfaction.

**Table 8: Participants' Home Rating on the Following Characteristics:**

Needs Repairs	Large Enough	Affordable	Safe	Time driving to work	Overall Satisfied
Some	A little	Not at all	A lot	30min-1hour	A little
A lot	Not at all	Fair	Building- Not at all Community- A lot	Less than 15min	Not at all
Not at all	A lot	Fair	A lot	Less than 15min	Some

### *Health*

In terms of health, two participants rated their physical and mental health as fair and the other participant rated their health as very good (see Table 9).

**Table 9: Participants' Health Rating**

Physical Health	Mental Health
Fair	Fair
Fair	Fair
Very good	Very good

*Mentor Support*

Two participants had more than six meetings with their mentor and said that the frequency was just right. They shared that frequency of meeting mentors was up to them and their needs. One woman said, *"I think she was super accommodating. It was up to me whether we wanted to meet more or less so it was good."* They both found meetings *"Very useful"*.

One participant had 4-6 meetings with their mentor and would have liked to meet with their mentor more often. She said, *"I was under the impression that I was going to be frequently meeting with my mentor a lot more. But instead it ended up being her either cancelling appointments on me last minute or she was on sick leave and was away."* The woman said when she did meet her mentor, meetings were *"A little useful"*. Table 10 illustrated details that participants provided on mentor support.

**Table 10: Mentor Support**

# of Meetings with Mentor	How Often Wanted to Meet Mentor	Usefulness of Meetings	Mentor's Help in Finding Current Position
4-6 times	More often	A Little useful	No
More than 6	Just right	Very useful	No
More than 6	Just right	Very Useful	Yes

When asked what was most useful or helpful in your meetings with mentors, four themes emerged: being informative, providing practical program information, mentoring based on needs, and emotional and relational connection. The two participants who expressed that their meetings with their mentor were *"Very useful"*, expressed that these four themes were present in meetings. The participant who expressed that their meeting with their mentor was *"A little useful"*, expressed that these qualities were not present in meetings and/or other mentors she spoke to once or twice had these qualities, which she thought would have been useful. Table 11 shows themes of useful or helpful mentor support and quotations from participants.

**Table 11: Themes of Useful or Helpful Mentor Support**

Support Characteristics	Quotations
Skill building	<i>"The mock interviews were super helpful with someone who is actually from the field who could tell you what they are going to be looking for and can what kind of answer, how in depth you actually have to be or not be."</i>
Practical program information	<i>"To just understand that as a single mom finances and money and stuff like that are big, so you know anything that would hinder your finances or effect your funding in any way for like your professional days that should be detailed, that should have been a lot more outlined. And as far as the internship that should have been outlined too."</i>
Based on needs, not limited to employment	<i>"They have not only helped me with my career but they have helped me with my children, you know parenting, cooking, work related stuff, just anything that I could possibly need. They mentored me in all areas."</i>
Emotional and relational connection	<p><i>"I am in aftercare and I still meet with my mentors once a week."</i></p> <p><i>"I would have liked to meet with my mentor more often and honestly would have liked to be paired up with someone who had children and understood that a little bit more... Being able to relate makes it easier for people to a. open up about their challenges and b. be more understanding with the situations and challenges that might come up."</i></p>

*Overall Comments about Program*

Two of the three women interviewed expressed satisfaction for completing the HBH program. One participant said, *"Wonderful, it worked"* and another participant said, *"Really great to be a part of, I am one of the first participants so there were some bumps but overall it was great. I have an education, job and can afford to live. We're not destitute anymore."*

One participant expressed dissatisfaction for completing the HBH program despite the program having a good purpose. She shared that she did not feel better off from participating in the program and had experienced a number of issues throughout the program. Some of the issues the woman experienced included issues with mentor, feeling that she did not receive accurate information on program requirements and that the program was not flexible for personal timelines and needs despite success in program.



The participant expressed that the program has potential and made the following recommendations:

- Improve mentor and participant match.
- Mentors need to understand the limitation of being a single mother.
- HBH graduates could be mentors because they understand limitations and have successfully completed the HBH program.
- Mentors and program provide clear detailed information about program requirements and funding.
- Identify appropriate internships.
- Improve flexibility to follow participant timeline and needs.

### **Summary: Follow up Interviews**

Women in the HBH program who completed the program and agreed to be interviewed are working full-time in a related or semi-related field in which they studied. Two of them have been able to advance their positions to working in the field they studied since graduating from the program. One of the participants is working in the same position since before she studied. One out of three participants were helped by their mentor to find their current position.

Participants described meetings as useful or helpful based on the following themes: informative, provided practical program information, mentored based on needs and not limited to employment support and who had an emotional and relational connection to participant. Those who found the relationship useful also met with mentors frequently said that they were able to decide the frequency of meetings themselves.

Two participants were satisfied with completing the program. One participant expressed that she was not satisfied as a result of their current employment situation and due to issues she experienced in the program but she felt that the program has potential.

### **Overall Evaluation Limitations**

Small sample sizes, incomplete data, and the small number of women who have yet to complete the program make it difficult to fully evaluate its success. Careful documentation will continue to be important to clearly capture the impact. Greater care needs to be taken to collect assessment data from all cohorts at regular intervals; perhaps not every 6 months as this seems onerous, but at least once a year, so that there are enough data points from which to draw conclusions. In light of the small sample, more qualitative data collection should be undertaken, perhaps as part of other activities.

The evaluation also does not have an equivalent control group. Women in the two programs were drawn from similar regions and backgrounds. However, the RH program was only 2 years in length, and those in the RH program may not have had the qualifications to apply to the HBH program and so differ in some individual level characteristics in addition to undergoing a different program. It is also difficult to assess whether employment rates and salaries following completion are better than what might be expected in a comparative sample that has not had this support.

### **Summary and Conclusions**

Overall, the program appears to be promising. Changes have been made to the program to address concerns identified in the earlier evaluation. Social and instrumental support and skills building appear to be effective in helping vulnerable single mothers to complete academic degrees that can give them better access to high quality employment.

Early results suggest that these women can transition to high quality employment but the pattern will be clearer after additional cohorts have completed their studies. It would also be useful to have more information about how Home Suite Hope networks support the transition to internships and employment and how women become involved with employers, as these relationships do seem to “stick” and women obtain multiple opportunities in the same organization. In this sense the network model appears to be successful and should be followed up.

Finally, mentors can play important roles for emotional support as well as informational and professional guidance but the relationships can be difficult to navigate. It may be that those relationships where women have more control over the frequency and nature of the relationship are perceived as more useful. Clearer guidelines about activities and expectations may help in this area.

### **Recommendations**

- 1) Consistent with earlier evaluations, transitions in and out of both HBH and RH are challenging and may require more support.
- 2) Despite support with housing and finances, women continued to feel that they were struggling financially. This should be explored further and reflected on. Is it about managing the resources they have, inadequate resources, or other factors that create additional economic burdens?
- 3) Mentorship relationships may need clearer guidelines but their fluidity may also be a strength; this also needs to be reflected on.
- 4) More comprehensive data on personal assessments will facilitate testing the theory of change for this model, even with the small sample size.
- 5) Professional networks that create opportunities for women to connect to potential employers are showing promise; this should be followed closely as more women graduate.

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## **List of Appendixes**

- 1. Interview Schedule**
- 2. On-line survey questions**

**Program Participants, Follow up questions:**

1. What was your degree/area of study?

2. Are you currently employed?

**A. If yes (if no, skip to B)**

a. i) is it Full time or Part time

ii) is it Temporary, Permanent or Contract?

If temporary or contract, for how long?

b. How many interviews did you have before being hired in this job?

c. How many jobs have you had since you graduated?

d. How long did you have each job?

3. What is your **monthly** salary in the current job?

4. Are you currently receiving any benefits or financial support (e.g., ODSP; housing subsidies). If yes, please indicate what kind of benefits you are receiving.

Now please go to question 3.

**B. If no:**

a. *How many job interviews have you had in the past 6 months?*

b. *Have you had any employment since you graduated?*

*If yes: please circle all of the options below that apply*

*Full time/Part time*

*Temporary/Permanent/Contract*

**ALL RESPONDENTS FROM HERE ON**

3. For all of the jobs you have had in the past 6 months, how many are related to your area of study?

\_\_\_\_\_

4. How frequently did you meet with your mentor(s)?

\_\_\_ Never

\_\_\_ Once

\_\_\_ Two to three times

\_\_\_ Four to six times

\_\_\_ More than six times

(if you answered NEVER to the previous question, please skip to the next section)

5. Would you like to have met with your mentor(s) (circle one): Why?

More often      The number of meetings was just right      Less often

6. For all of the jobs you have had in the past 6 months, did your mentor(s) help you apply for or find this job?

If yes, how?

7. How useful did you find your meetings with your mentor(s)?

1	2	3	4	5
Not at all useful	A little useful	Somewhat useful	Mostly useful	Very useful

8. List the three things that were most useful or helpful in your meetings with mentors:

9. Would you like to have worked with a greater number of mentors? Why or why not?

## Section B

The next set of questions are about your current housing situation.

1. The apartment/house I live in is in need repairs

1	2	3	4	5
Not at all	A little bit	Somewhat	Mostly	Very

2. The apartment/house I live in is large enough to meet my needs

1	2	3	4	5
Not at all	A little bit	Somewhat	Mostly	Very

3. The apartment/house I live in is affordable on my income

1	2	3	4	5
Not at all	A little bit	Somewhat	Mostly	Very

4. The neighbourhood I live in is safe for my family

1	2	3	4	5
Not at all	A little bit	Somewhat	Mostly	Very

5. How long does it take you to get to work from your home, one way? (ask what method of transportation is used)

- \_\_\_ Less than 15 minutes
- \_\_\_ 15 minutes to 30 minutes
- \_\_\_ 30 minutes to one hour
- \_\_\_ More than one hour

6. Overall, I am satisfied with my current home

1	2	3	4	5
Not at all	A little bit	Somewhat	Mostly	Very

**Section C**

**The last 2 questions are about your general health and well-being**

1. Overall, how would you rate your physical health right now?

1	2	3	4	5
Very poor	Poor	Fair	Good	Very good

2. Overall, how would you rate your mental health right now?

1	2	3	4	5
Very poor	Poor	Fair	Good	Very good

Do you have any overall comments about the program that you would like to share?