



The Impact of MEIA- Funded Supports on Client Outcomes at Sheway

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EXECUTIVE SUMMARY

Sheway is a community-based pregnancy outreach and parenting program offering practical support, health care and counseling for “high-risk” pregnant women in Vancouver's Downtown Eastside. Sheway serves women and their infants up to 18 months postpartum, and aims to support healthy pregnancies and positive early parenting experiences using a model which is women-centred and culturally responsive. In March 2006, the BC Ministry for Employment and Income Assistance (herein “MEIA”) provided Sheway with one-time funding in the amount of \$400,000. The intent of this funding was to assist low-income mothers and pregnant women with current or previous substance use problems in “finding a more stable environment” through housing, health/nutrition and community supports. Specific areas for which funding could be provided to Sheway clients and their families were:

- A housing top-up for pregnant women to allow them to secure suitable unit 2 housing during pregnancy (allocated \$85,750);
- Nutritional counselling and the extension of the food program to include formula and other supplements, homemaking services and baby equipment (allocated \$173,750); and
- Transportation, community engagement and the provision of social outings (allocated \$110,000).

This report summarizes results of an evaluation examining the role of the MEIA funding supplement in improving Sheway clients' health and well-being. This evaluation was conducted by Dr. Amy Salmon and Ms. Julie Ham of the British Columbia Centre of Excellence for Women's Health between February and July 2008. This evaluation drew on five data sources: documentation by Sheway staff of cost and uptake of MEIA-funded supports; Sheway client charts; individual interviews with Sheway clients who received MEIA-funded support; individual interviews with Sheway staff who administered and distributed MEIA-funded supports; and focus groups with Sheway clients who benefited from MEIA-funded supports.

The provision of MEIA-funded supports is assisting women with housing, food and nutrition, and community engagement. Results of this evaluation show direct positive impacts of MEIA-funded supports on client outcomes and on Sheway's capacity to respond to their most urgent needs. The supports provided with MEIA funds are filling critical gaps which have been presenting substantial challenges for women and families working to improve their health, housing, and community engagement, and to secure or retain custody of their children. For example:

- Improved access to safe, stable, and appropriate housing, baby equipment, and food and nutrition supports helped women regain custody of children who were in foster care, and, in some instances, prevented children from being apprehended.
- For some women, the receipt of a housing top-up made the difference between being housed and being homeless. Women who had been experiencing health and safety problems due to living in dangerous and substandard housing identified receipt of rent top-ups as critical to enhancing their health and well-being by facilitating their move to a new apartment in safer surroundings.

- Housing top-ups assisted women in leaving an abusive partner or violent environment, caring for children with special needs, and in maintaining their housing when their relationship with their partner ended.
- Grocery vouchers provide practical support during critical times (i.e. when their MEIA support allowance is exhausted during “5 week months”, or when having visits with older children in foster care).
- Access to additional food and communications supports helped women to build better relationships with children in care, an important step toward regaining custody.
- The majority of infants born to women who received MEIA-funded supports had birth weights within a range of 2500-4250 grams. This represents an 8% incidence of low birth weight babies within the sample, which is comparable to that found in the general Canadian population.

MEIA-funded supports appear to be providing a foundation for achieving long-term improvements in maternal and child health and well-being. A strong parent-child relationship was seen by mothers who received MEIA-funded supports as prevention against future harm, by decreasing their risk of problematic substance use, and by decreasing the likelihood that their children might also turn to substance use when they are older. MEIA-funded supports alleviated stress and worry, which women identified as supporting them to enjoy and focus more on their children, thus facilitating stronger attachment. Clients and staff also identified that the provision of MEIA-funded supports, particularly those related to housing and food security, also provided women with stability to think beyond their immediate survival needs to identify long-term goals and plans for their families. While the findings of this evaluation suggest that positive outcomes are being achieved, longitudinal evaluation is needed to identify long-term outcomes for mothers and children associated with the provision of MEIA-funded supports at Sheway.

Clients interviewed for this evaluation were unanimous in their appreciation for the ways in which Sheway staff distributed MEIA-funded supports. Sheway staff are identifying the clients who are most likely to benefit from receiving individualized MEIA-funded supports. Clients who received MEIA-funded supports identified that their improved housing, health, and social outcomes can be attributed to the *type of supports* provided by Sheway, the *approach to client engagement* used by Sheway staff when working with women and their families, and the *environment* created by Sheway staff. Sheway staff emphasized that the availability and flexibility of MEIA funds supported them to respond to client’s individual needs in meaningful and substantive ways. This has been further strengthened by the presence of a MEIA worker on-site to assist with case management. This may serve as a model for other efforts to assist in reaching “high risk” women and families with targeted, MEIA-funded supports in a timely, efficient, and effective manner.

SECTION 1: INTRODUCTION AND BACKGROUND

Sheway is a community-based pregnancy outreach and parenting program offering practical support, health care and counselling for high-risk pregnant women and mothers who have drug or alcohol issues and are involved in Vancouver's Downtown Eastside. Sheway serves women and their infants up to 18 months postpartum, and aims to support healthy pregnancies and positive early parenting experiences using a model which is women-centred and culturally responsive. Operating as a partnership between Vancouver Native Health Society, Vancouver Coastal Health Authority, the Ministry for Children and Family Development, and the YWCA of Greater Vancouver, Sheway provides clients with access to a multidisciplinary team, which includes social workers, family support and outreach workers, infant development consultants, a dietician, a cook, an addictions counsellor, nurses, and three physicians. Staff work collaboratively using a team-based, women-centred model for service delivery to address and respond to a complex array of social, economic, and medical issues which can impact negatively on the health and well-being of women, infants, and families impacted by poverty, problematic substance use, and other forms of marginalization¹.

In March 2006, the BC Ministry for Employment and Income Assistance (herein "MEIA") provided Sheway with one-time funding in the amount of \$400,000. The intent of this funding was to provide targeted assistance to low-income mothers and pregnant women with current or previous substance use problems, which would support them in "finding a more stable environment" through increased funding for housing, health/nutrition and community supports. Specific areas for which funding could be provided to Sheway clients and their families were:

- A housing top-up for pregnant women to allow them to secure suitable unit 2 housing during pregnancy (allocated \$85,750);
- Nutritional counselling and the extension of the food program to include formula and other supplements, homemaking services and baby equipment (allocated \$173,750); and
- Transportation, community engagement and the provision of social outings (allocated \$110,000).

Funds provided by MEIA to Sheway were intended to result in tangible benefits for individual Sheway clients; they could not be used to hire additional program staff or for the organization's core operating expenses. However, a portion of these funds were set aside for administrative costs, which were allocated to Vancouver Native Health Society, the organization which provides Sheway with financial administration and oversight. An additional condition of this funding was that feedback was to be provided on how the funds were administered and incorporated into Sheway services.

OVERVIEW OF EVALUATION PROCESS:

This report summarizes results of an evaluation examining the role of the MEIA funding supplement in improving Sheway clients' health and well-being. This evaluation was conducted

¹ For more information about Sheway and its service delivery model, please see Poole 2000, and Stokl and Burgelhaus 2005.

by Dr. Amy Salmon and Ms. Julie Ham of the British Columbia Centre of Excellence for Women's Health between February and July 2008. This evaluation included collection and analysis of five types of data:

- 1) documentation provided by Sheway staff identifying cost and uptake of MEIA-funded supports by clients and their families;
- 2) review of Sheway client charts to identify relevant maternal and infant outcomes documented during the evaluation period;
- 3) semi-structured individual interviews with Sheway clients who received at least 1 MEIA-funded support;
- 4) semi-structured individual interviews with Sheway staff involved in administering and distributing MEIA-funded supports to clients; and
- 5) focus groups with Sheway clients who benefited from MEIA-funded supports.

In instances where data reported in client charts were inconsistent or ambiguous, the evaluators sought clarification from a relevant Sheway staff member or from the client, as appropriate. Details of data collection and analyses procedures are described in a later section.

The main question guiding this evaluation was: ***How did the additional financial support provided by MEIA supplements to Sheway clients impact those clients' quality of life and ability to transition at the end of the recipient period?*** Specifically, the evaluators considered the following questions:

- 1) *Did the provision of a shelter allowance top-up improve recipient clients' ability to secure stable housing during pregnancy? If yes, what factors were most closely associated with securing stable housing? If no, what barriers did women encounter to achieving this objective?* Data sources drawn upon to answer this question included data from client charts, transcripts of individual interviews with recipient clients, and transcripts of individual interviews with staff.
- 2) *Did the provision of MEIA-funded supports have a positive impact on the health of recipient clients and their children? If yes, was one type of supplement funding (housing, nutrition, transportation, equipment, community access, etc.) more closely associated with improved outcomes than others?* Data sources drawn upon to answer these questions included data from client charts, transcripts of individual and focus group interviews with recipient clients, and transcripts of individual interviews with staff.
- 3) *Did the provision of MEIA-funded supports result in significant social benefits to clients (e.g. improving the quality of life, engagement in their community)? What social benefits do clients identify as important for enhancing their health and well-being, and the health and well-being of their child/ren?* Data sources drawn upon to answer these questions included transcripts of individual and group interviews with recipient clients.

SECTION 2: DETAILED DESCRIPTION OF EVALUATION METHODOLOGY

The evaluation was divided into a three-step process, and employed a mixed-methods design which incorporated statistical analysis (to provide a comprehensive snapshot of client outcomes on a range of health and housing indicators) and qualitative research methods (to gain a sense of clients' social and political realities and how they perceived Sheway's role in assisting them with their long-term goals). As an internally-requested and funded program evaluation, a formal evaluation by an academic research ethics body was not required. However, all aspects of this study were conducted in accordance with principles for ethical research conduct established by the University of British Columbia's Behavioural Research Ethics Board. The steps involved in this evaluation were as follows:

Step 1) *Compilation and analysis of Sheway program data to identify client needs and outcomes related to housing, health and community engagement:* Program data collected by Sheway staff were used to identify clients who had received individual-specific supports from the MEIA funding. This information was used to develop a database of recipient clients. Information on a range of housing, health, and community engagement factors for mothers and babies was collected through a detailed review of all charts of clients identified in the program data. The statistical data analysis program SPSS was used to conduct T-tests and frequency analyses pertaining to a range of housing and health indicators. Analysis of these data also identified total uptake, length of funding, and expenditures of the MEIA supplement program to date.

Step 2a) *Individual interviews with Sheway clients who received MEIA-funded supports:* Individual interviews were conducted with a representative sample of 14 clients who received individualized supports provided by MEIA funding. Clients were identified through a review of documents prepared by Sheway staff for program expenditures, and were selected on the basis of the type of support received and to achieve equitable representation of women who did and did not have involvement with Ministry of Children and Family Development (herein "MCFD") related to child protection concerns. Women were asked a series of open-ended and semi-structured interview questions on a range of topics in which they were asked to identify and reflect on the services and supports that they received as a result of MEIA supplement funding, and any changes or challenges they experienced as a result of the supports they received (see Appendix D: Client interview guide). All interviews were conducted by Salmon or Ham at a time and location chosen by the participant for her comfort, safety, and convenience. Participants in individual interviews received a \$20 gift certificate for one of two grocery stores, two bus tickets, and a stipend to cover childcare expenses (as needed). Client interviewees were informed that any information provided would not affect their relationship with Sheway (see Appendix A: Consent form for individual interviews).

Step 2b) Individual interviews with key Sheway staff members involved in administering and/or distributing MEIA-funded supports. Individual interviews were conducted with 9 current and former Sheway staff members who played an active role in the administration and/or distribution of MEIA-funded supports to clients and their families. Interviews were guided by a semi-structured interview guide (see Appendix C: Staff interview guide). Questions were designed to identify: 1) how the MEIA funds were administered (i.e. how staff made decisions about which clients would and would not receive the MEIA supplement, and their reflections on this process); 2) the role of MEIA funding (if at all) in complementing, extending, and/or enhancing services/supports provided by Sheway, MEIA, and other community services; and 3) staff perceptions of the role of MEIA supplements in assisting (or not assisting) women to improve their housing, health and well-being, and connections to community .

With each participant's permission, interviews were audio-recorded and transcribed. Transcripts were analyzed using a grounded theory approach, in which established methods for inductive, qualitative analysis were employed to identify emergent themes and findings relevant to each of the evaluation questions.

Step 3) Focus groups to identify and compare the impact of the MEIA funding and issues/challenges women experience related to housing, health, and community engagement. Four focus groups were conducted with 15 women who were recipients of MEIA-funded supports. All clients who had benefited from MEIA funding were eligible to participate in focus groups, and purposive sampling strategies were used to prioritize participation by those women who had received at least one support that was available to all clients (i.e. food bags, formula and diapers, expansion of the lunch program, etc.). Guided by a structured discussion guide (see Appendix E: Focus group interview guide), the purpose of these focus groups was to invite clients to collectively identify and compare the impact of the MEIA-funded supports on their lives, and to describe the issues/ challenges they experience in three key domains targeted by MEIA supplementary funding: housing, health, and community engagement. Focus groups are effective mechanisms for generating high quality, interactive data consistent with the development of emergent hypotheses, particularly in relation to "soft" progress indicators that are not well captured by quantitative methods alone (c.f. Fine and Gordon 1989, Harrison and Barlow 1995, Kitinger 1994, Wilkinson 1998). Participants were also asked to identify what, if any, aspects of the support they received from MEIA supplement funding are (in their opinion) contributing (or not) to their improved health and well-being. The dynamic nature of group conversations was also harnessed to allow for preliminary analysis of women's experiences related to the MEIA funding initiative.

With the full consent of all participants, focus group discussions were also audio-recorded and transcribed. In order to encourage maximum involvement and confidentiality of each participant in the focus groups, to ensure that those clients not wishing to participate in a focus group did not have their access to Sheway impeded, focus groups were held during the operating hours of Sheway's drop-in, in a private room on the 3rd floor of the building. Focus groups were scheduled at times that did not conflict with regular Sheway programs or services (such as the lunch program). Through their involvement in the focus groups, participants had an opportunity to share their individual experiences with others, to reflect on the extent to which their experiences are related to the experiences of others in the group, and to become engaged in identifying recommendations for possible policy and program improvements required to better support mothers with substance use problems and their children. All clients were informed that their participation would not affect their relationship with Sheway (Appendix B: Consent form for focus groups). Focus group participants received a \$10 grocery voucher and two bus tickets. Child-minding was provided on-site.

As with individual interviews, focus group transcripts were analyzed using a grounded theory approach, in which established methods for inductive, qualitative analysis were employed to

identify emergent themes, issues, and hypotheses relevant to each of the evaluation questions described previously in this report.

LIMITATIONS OF THE EVALUATION:

While findings presented in this report were gathered and analysed using a range of methods to ensure results are accurate, valid, and reliable, no evaluation of this type is without limitations. This evaluation is no exception. Specifically, the evaluators wish to note some methodological issues which suggest a need for caution in interpreting some of the results presented in this report.

First, the data collected in this evaluation occurred during a time of significant transition for Sheway as an organization, and for its clients. At the time the MEIA funding initiative was implemented, staff had few concrete procedures, guidelines, or outcomes guiding decision-making or record keeping. Consequently, the evaluators often had to synthesize and interpret data collected by staff for other purposes (such as medical record-keeping) in light of the criteria set for the evaluation (of which staff may have been unaware). The evaluators sought to mitigate this limitation by ensuring that all ambiguous information collected from these records was explained by at least one (and sometimes more than one) staff member familiar with both the client and the evaluation questions, and by triangulating information from multiple data sources to enhance validity and reliability. Furthermore, new procedures for decision-making and documentation were developed by staff while the evaluation was in progress. These procedures, such as the documentation of individual client goals related to the provision of MEIA-funded supports, will result in additional data which will be useful for future evaluations, and which may add new insights to the findings presented in this report.

Second, many of the goals specified by Sheway and MEIA related to the evaluation of individual client outcomes which are often achieved over a period of years, not months. This is particularly the case in populations of “high risk” women and families experiencing multiple barriers to achieving increased levels of health, income security, housing and family stability, and community engagement. Of particular note is the fact that one of the key outcomes of interest specified for the evaluation was the ability of clients to “successfully transition” at the end of the funding period. However, during the period that the evaluation was conducted, the majority of the clients were still accessing Sheway and receiving MEIA-funded supports, and were parenting infants and/ or toddlers. Thus, it is not possible for the evaluators to comment on most aspects of “transition” success (or lack thereof), because the “transitions” in question had not yet happened or were currently in progress. While results of the quantitative data analysis do in some cases suggest trends toward improvement (and often underscore that the “right” clients have been served by the funding provided), it is the opinion of the evaluators that these results should be viewed as very preliminary. The inclusion of multiple sources of qualitative data from clients and long-standing Sheway staff were particularly important for interpreting quantitative data derived from clients charts and other sources. Qualitative data were also very useful for documenting some of the “softer outcomes” and “small successes” experienced by women in the context of their everyday lives, which are often not well captured by the quantitative data alone. Further research and evaluation based on longitudinal analysis of quantitative and qualitative data is needed to identify the outcomes that are likely more achievable for Sheway clients over a longer period of time, especially those related to transitions in housing, child custody, and income source.

Finally, the results of this evaluation are limited by the fact that data collected and analyzed pertain only to clients who received at least one type of MEIA-funded support between January 2006 and July 2008. This is due in part to organizational decisions to ensure that all clients received some benefit from the funding, and in part to the fact that time limitations in the period in which the evaluation was conducted prevented the collection and analysis of data from all women and children served by Sheway during this two year period. As a result, there is an

absence of a “control group” (e.g. women and infants who received no benefit from the MEIA funding) with which to compare outcomes. The inclusion of such a group could be achieved in future research or evaluation of this initiative through a strategic retrospective analysis of client outcomes from previous years, through the development and use of a comprehensive database containing information specific to outcomes of interest for the MEIA funding initiative, and/or through comparison of Sheway client data and outcomes from those of women and infants serviced by agencies serving similar populations in the Lower Mainland and other parts of BC.

SECTION 3: RESULTS – COSTS, UPTAKE, AND OUTCOMES

1. TOTAL PROGRAM COSTS AND UPTAKE

SUMMARY OF PROGRAM COSTS AND UPTAKE

All Sheway clients (in this report, we have assumed a caseload maximum of 140 clients) benefited in some way from the MEIA funding. Examples of benefits extended to all clients include provision of food vouchers, diapers, and infant formula.

In addition, 102 women were provided with additional resources, according to criteria specified by MEIA and according to individual needs. Examples of resources provided to individual clients include: housing top-ups, moving and storage funds, communication supports, homemaking services, infant safety supplies, and transportation assistance.

Total recorded expenditures between January 2006 and June 2008 are \$108,295.02.

- \$56,517.59 was spent on supports made available to all clients, for an average of \$403.70 per client (assuming a caseload maximum of 140 clients, although client usage may differ according to time of year, pregnancy, etc.).
- \$51,777.43 was spent on supports for individual clients, for an average of \$507.61 per client.

Table 1: Summary of expenses for baby and mother

Expense	Total Cost	Total # of Clients Served	Total # of Purchases	Average Total Cost per Client	Description of Recorded Expenditures
Baby equipment and supplies (see p. 19)	\$32,002.09 = \$18,836.09 for individual-specific purchases + \$13,245.99 for general distribution supports	75 women for individual-specific supports, plus all clients (assuming caseload maximum of 140 clients) for general distribution supports	325 = 184 individual-specific purchases + 141 purchases for general distribution	\$251.15 for individual-specific purchases. \$94.61 for general distribution supplies (assuming caseload maximum of 140 clients)	Individual-specific expenses were for: gates, outings, baby monitors, breast pump equipment, bumbo chair, carseats, cribs, crib mattresses, foam mats, high chairs, ID, medication and medication administration systems, pottys, raincovers, safety supplies, snugglis, strollers, toddler beds, toddler push toys. General expenses (for any/all clients) were for: baby blankets, onesies, bath sets, baby food, formula, gates, push toys, strollers, cribs, crib mattresses, diapers, wipes, foam mats, safety supplies, baby food, nursing pads, pottys, prenatal vitamins, raincovers, sippy cups, snugglis, toddler beds.
Rent top-up	\$21,947.50 (doesn't include security deposits)	22 women	97 payments	\$997.61 average cost per client	Rent top-up payments
Other (not directly for baby)	\$54,265.44 = \$10,993.84 for individual-specific purchases + \$43,271.60 for general distribution supplies	47 women (for individual-specific expenses) plus all clients (estimate 140 maximum caseload) for general distribution supplies	134 purchases = 91 individual-specific purchases + 43 general purchases for any/all clients	\$233.91 for individual-specific purchases. \$309 for general distribution supplies (assuming caseload maximum of 140 clients)	Individual-specific expenses were for: bedding, birth certificate, bus tickets, cleaning, cleaning supplies, communication costs (including cell phone costs), damage deposits, Ensure, tablets, food giftcards, homemaking services, ID, laundry costs, medical equipment, medication, moving expenses, notarised letters, pet supplies and physiotherapy, prizes for Parenting Group, rice cooker, storage, talking clock, transportation and vacuums. General expenses (for any/all clients) were for: Ensure, journals, cleaning supplies, food, food coupons, bedding, tools and vacuums (all but 7 general purchases were for food or food vouchers/giftcards).

Table 2: Summary of type of expense

Expense Type	Total Cost	Total # of Clients Served	Total # of Purchases	Average Total Cost per Client	Description of Recorded Expenditures
Communication (see p. 13)	\$1657.16	21	30	\$78.91	Phone cards (8), cell phone minutes (10), cell phones, telephones (3), transferring telephone service (1), bill payment (1), general/ not specified (2)
Community Engagement (see p. 13)	\$235.24	14	11	\$16.80	Parenting Group prizes (1), pet cage and pet food (1), outings (8), journals (1)
Food and Nutrition (see p. 16)	\$48,413.74	All clients (assuming caseload maximum of 140 clients): Most of the food supports were for general distribution to any/all clients, only 3 of the purchases in this area were for individual-specific needs.	62	\$345.81 (assuming caseload maximum of 140 clients).	Infant formula and baby food (23), food vouchers (25), Ensure and nutrition drinks (6), food for clients (8)
Infant and maternal health supplies	\$4178.22 = \$2,223.84 for individual-specific purchases + \$1,954.38 for general distribution supplies	31 women for individual-specific purchases plus all clients (assuming caseload maximum of 140 clients) for general distribution supplies	69 = 40 for individual-specific needs + 29 for general distribution	\$71.74 for individual-specific purchases \$13.96 for general distribution supplies (assuming caseload maximum of 140 clients)	toddler push toys (5), snuglis (5), sippy cups (1), nursing pads (2), rice cooker (1), breast pump equipment (8), raincovers (5), prenatal vitamins (2), potty (6), physiotherapy (1), medications not covered by medical plans (12), medication administration system (2), wrist splints (3), laundry (1), foam mats (3), diapers and diaper supplies (11), baby blankets, baby bath sets (2)
Housing (Rent Top Up) (see p. 23)	\$21,947.50	22 (23 women in total but statistical analysis was conducted with n=22 as 1 of the supports was a one-time amount)	97	\$997.61	Funds provided to landlords for monthly rent in excess of MEIA shelter allowance

Expense Type	Total Cost	Total # of Clients Served	Total # of Purchases	Average Total Cost per Client	Description of Recorded Expenditures
Housing (Other)	\$23,839.29 = \$18,815.12 for individual-specific purchases + \$5,024.17 for general distribution purchases	62 women received individual-specific supports plus 29 clients for general distribution supplies	131 = 66 for individual-specific needs + 29 for general distribution	\$285.08 for individual-specific purchases \$173.25 for general distribution supplies	vacuums (5), tools (1), toddler beds (15), clock (1), cleaning supplies (3), storage (7), security deposits (8), bedding (2), moving expenses (7), mattresses (34), homemaking services (5), high chairs (45), crib mattresses (33), cribs (35), bumbo chair (1)
Safety	\$2457.69 = \$1527.62 for individual-specific supports + \$930.07 for general distribution supports	20 women received individual-specific supports plus 26 clients for general distribution supplies	49 = 23 for individual-specific needs + 26 for general distribution	\$76.38 for individual-specific supports \$35.77 for general distribution supports	gates (39), safety supplies and equipment (6), baby monitor (1)
Transportation (see p. 21)	\$5082.14	31	35	\$163.94	Greyhound bus ticket(1), general transportation (3), strollers (29), bus ticket (1), bus pass (1).

2. COMMUNITY ENGAGEMENT AND COMMUNICATION SUPPORTS

SUMMARY OF COMMUNITY ENGAGEMENT AND COMMUNICATION EXPENDITURES (see Table 2)

- A total of \$1892.40 was expensed over 30 purchases for community engagement and communication.
- 35 women received supports in this area, with an average expenditure of \$78.91 per client for communication expenses and \$16.80 for community engagement expenses.
- Most of the community engagement funds expensed in this category were used to fund social outings (8) and to provide “prizes” for Sheway clients participating in the Parenting Group (1). Other expenses in this category included: pet supplies (1) and journals (1).
- Most of the communication purchases were actually made for health and safety reasons (e.g. emergency contact systems for pregnant women or women leaving an abusive relationship. Costs included: phone cards (8), cell phone minutes (10), cell phones and telephones (3), fees for transferring telephone service (1), bill payment (1) and general/ unspecified communications supports (2).
- In terms of community engagement, clients referred most often to the social, emotional and moral support they received from other single mothers at Sheway.

Sheway fosters community engagement among “high risk” women, mothers, and children by providing women and families with multiple opportunities to build relationships with professionals and with other mothers in their community who face similar challenges. The availability of funds to support women and families address barriers to community engagement is a unique strength of the MEIA funding initiative at Sheway.

Clients interviewed for this evaluation indicated that the welcoming, non-judgmental environment in which staff respond to their concerns assisted greatly in fostering uptake of MEIA-funded supports at Sheway. In stark contrast to their experiences elsewhere, women referred to Sheway as a place where they have been treated with compassion and respect, and where they were valued as women and as mothers. Clients associated these aspects of care with their ability to feel comfortable and honest when asking for and receiving MEIA-funded supports, helping them to achieve positive outcomes in their pregnancies and with their children. As these clients explained:

My greatest thing that I've gotten from Sheway is compassion, from being in addiction. There's not a whole lot of people out there who have a lot of compassion for mothers who have used while they were pregnant, and here, there's no judging. They take you as you are, and for who you are.

They still took me for who I was, they didn't care that I used, they didn't care that I was using when I was pregnant, they just wanted to make sure that I was fed and had somewhere to go...I honestly think that if it wasn't for this place, my children wouldn't, probably wouldn't have survived my whole pregnancy.

t makes life a lot easier knowing that you're not the only parent, and you're not the only one, that are having issues like that...And I think that if you deal with people who know what you're talking about or what your issues are on a daily basis, it makes life a little easier to talk to other people about it, when you're around people that have the same problem.

If I feel like I'm struggling with my alcoholism or my addiction I don't have to stay in it. I can come here....I get support here in a way that I can snap out of it and I don't need to stay stuck.

Clients who participated in focus groups observed that support at Sheway is also provided in the form of mutual exchanges between families, which can be facilitated by Sheway staff. For example, mothers recycle clothing their children have out-grown by bringing them back as donations, and by returning equipment that they no longer need. Women noted that Sheway is an important place for them because they are able to make connections with other women and families with similar life experiences, which may assist them to build and expand their own long-term support networks. As one client exclaimed, *"Sheway's an awesome gathering place for single moms...It's just an excellent little network."* This perspective is also well illustrated by a client who has stabilized in many aspects of her life during her time at Sheway:

"Most times when I go there now, it's actually more to socialize. Because the people that were, you know, we were all pregnant around the same time. And you tell them all of your fears, or all of your happy moments, or all the comical moments. Like comical moments of shopping with a 2 year old, or how they did this big temper tantrum right in the store and you couldn't stop them. So we share that sort of thing."

In addition to responding to individual client needs community engagement, Sheway staff also used a portion of MEIA funds to provide opportunities for clients and their families to go on outings together. For example, the infant development worker organized an outing to the Vancouver Aquarium. Staff noted that women involved in outings supported by MEIA funds were working hard to regain custody, were very involved with both their children and the program, were working hard to maintain a healthy lifestyle, and were very supportive of other clients. In this way, involvement at Sheway can, in itself, be seen as a critical resource for facilitating both communication and community engagement by, with, and for "high risk" mothers and their families.

Further evidence of the important role played by Sheway in fostering community engagement and support among clients and their families can be found in the concern articulated by many clients that the period in which they are able to access Sheway is too short. Many women who participated in this evaluation expressed that they were quite worried about what would happen to them and their children when they are "cut off" from receiving services at 18 months postpartum. The following examples illustrate this concern:

It's kind of hard to leave Sheway, you know even though I'm doing so well, I've asked for an extension for at least the rest of this year just so, just in case there's any mishaps. Because I'm not a perfect person.

It's kind of hard to leave. It's like a magnet, right? Considering where I was when I came in, I've done, like, a 360 completely. And it hasn't been easy and I'm still like really, really vulnerable. But I'm making right choices now and stuff.

I think the stay here should be a bit longer than the eighteen months, because it took me eighteen months just to get my shit together. Now that I have my life together, my time here is finished. I've asked for an extension, I'm not too sure whether I'm going to get it or not, because I've lost my son this year, everything was kinda falling apart at the beginning of the year, and I'm just starting to pick myself up. I don't want to set myself up for failure and having nothing to rely on when something does happen.

Communication resources, such as access to a telephone or the provision of paid cell phone minutes, can support women and their families to engage more actively in their communities.

However, the majority of communication costs (25/28) identified in this evaluation can be more accurately described as supports required for health and safety reasons. Staff documentation and data derived from client chart review describe needs for clients to have access to a cell phone or regular telephone to ensure that women were able to make doctors appointments, or to contact emergency services in cases where women were experiencing a high risk pregnancy, an abusive relationship, or were suicidal. In these instances, a telephone was part of a client's personal safety plan. An additional communication cost was part of on-going efforts to support a client to decrease her social isolation and to look for housing (i.e. so that she could communicate with potential landlords), while another woman explained, "*You got [to have] your telephone, your cable, to keep in contact with your children in care*".

3. FOOD AND NUTRITION

SUMMARY OF FOOD AND NUTRITION EXPENDITURES (see Table 2)

- Food and nutrition purchases totalled \$48,413.74, and were the single largest expenditure category documented.
- Most of the funds expended in this category were used to purchase food and nutrition supplements in bulk which benefitted all Sheway clients and their children. These included:
 - providing food and milk coupons to postpartum clients every other week;
 - \$50 food vouchers for all clients at times when there are 5 weeks between welfare cheque issues; and
 - nutritional supplements such as Ensure, instant breakfasts, and infant formula.
- MEIA funds provided staff with the flexibility necessary to address specific needs of individual women and families. These included: grocery vouchers to purchase specialty food items required for allergies; food bags and grocery vouchers for clients who had additional grocery needs due to overnight visits with children in care or family celebrations; and providing clients with “emergency” \$20 grocery vouchers.

Food and nutrition supports help to improve the overall health of women their children. However, staff and clients frequently underscored that current MEIA support allowances are inadequate for providing a nutritious diet, and that pregnant women in particular continue to go hungry on a regular basis as a result of food insecurity. As one staff member emphasized, “*Nutritional supplements are not “extras”, we need to give them all the time. There are pregnant women who are not eating because their kids are hungry.*” The need to provide pregnant women, mothers, and their families with necessary and adequate nutrition was one of the challenges identified most often in interviews with staff and clients, and in focus group discussions with clients.

Thus, because it represented the area of most urgent need, food and nutrition supplements were the first supports for clients to be implemented using MEIA funds, and represented the single largest expenditure category during the evaluation period. Purchase records show that these expenditures included a range of purchases that benefitted all Sheway clients, and additional supports for individual clients experiencing exceptional difficulties with food security.

The provision of food supports have been a long-standing part of Sheway’s efforts to address food insecurity and malnutrition. Lunch is served for Sheway clients (and, occasionally, former clients) and their families (61.33 people/day on average, based on drop-in average tallies from January 2006 to June 2008) five days each week (four days on welfare cheque issue weeks). Women who access the hot lunch program reported experiencing a wide range of tangible health, educational, and social benefits associated with receiving food and nutrition supports, which were augmented through the availability of MEIA-funded nutrition supports. According to one client:

The food that they serve... it gives me a chance to learn. They cooked some food yesterday and it was real easy, my kid loved it. Mashed potatoes, mushroom sauce, vegetables and hamburger. Normally I wouldn't have known how to make that. So they made that, I bought all the ingredients last night, so one night this week I'm going to make that for my kid.

Prior to the MEIA funding initiative, Sheway had also been providing milk and food coupons for pregnant women, with support from the Canadian Perinatal Nutrition Program. Similarly,

Sheway clients have had access to food bags and nutrition supplements such as Ensure and liquid breakfasts. In the past, Sheway has had to rely largely on donations to provide women and their families with this.

With funding from MEIA, Sheway has been able to significantly expand the nutritional supports offered to clients in many important ways. Staff were able to provide clients food bags and nutritional supplements with greater frequency and consistency. In addition, food bags were supplemented with vouchers and gift cards for grocery stores, which clients could use to purchase additional items for their family. Gift cards in the amount of \$50 were provided to clients during months in which there were five weeks between welfare cheques. Many staff, and all of the clients, interviewed for the evaluation highlighted the significant difference the vouchers and gift cards have made.

We give \$50 food vouchers to all clients about 4 times a year and that's huge for women. They get to buy meat, they get to take advantage of the 'buy 1 get 1 free' deals, they get to buy bulk packages like those giant packs of toilet paper, things they don't normally get to do... it's great. (Sheway staff member)

Or, in the words of one client,

They give 50 bucks, if they get the funding and if it's a 5 week month, they give us 50 dollars in gift certificates. And 50 bucks, it goes a long ways when you don't have anything. And they usually give it to you a week before Child Tax, so that's around a week that you're, limited. Like, you got the bread but you don't got the butter, you got the spaghetti sauce but you don't got the pasta, you got the meat but you don't got anything to cook it with right? So it helps with that, they give us 50 bucks and you can go get all the matching stuff that you don't have.

MEIA funding also provided more flexibility to meet the specific nutrition needs of individual women and families, which would otherwise have been unavailable or unduly burdensome to secure through MEIA diet allowances or local food banks. For example, one client was provided with funds to purchase goat's milk for her infant, which was required as the result of an allergy. This also included providing grocery gift cards and "emergency" food bags for visits spent with children in foster care, for which mothers do not otherwise receive supplementary food allowances. One woman explained,

My 10 year old eats more than me, and sometimes he comes and eats all of my food in a weekend. And I can't tell him not to eat, right? So sometimes he'll come and eat me out of my house and home, and I have nothing, and I come in and tell them, "My son was over and ate all my food. Can I get a food bag?" And they usually give it to me when I need it, which is good.

This experience was shared by other mothers:

I've got three children that are in care, that I get every other week. They come over, and they're growing girls that eat a lot. So they [Sheway] give me snacks for my girls.

I'm always making sure that my cupboards, and my fridge and my freezers are always filled with food and that way when my kids come over to eat, there's something in there.

Women interviewed for this evaluation also noted that food bags and grocery vouchers allow them to save portions of their money that would have otherwise been used for food to purchase other necessities for their family. In this way, the fact that women were able to count on receiving occasional food bags and grocery vouchers alleviated some the daily struggles they

experience making what they frequently referred to as “impossible choices”. As one client described,

Even though they [MEIA] give you a certain amount for what your kids need, well then you gotta choose between somewhere for them to sleep, or something to put in their stomach, or [something that can] hold them. So, you gotta make a choice. So, if it wasn't for Sheway or any other kind of programs like Sheway, then it would be impossible for single mothers and low income families... cause the Ministry, they give you a certain amount.

The familiarity of these difficulties among Sheway clients, and the role of food and nutrition supports in addressing critical gaps, was also noted by Sheway staff:

It's a huge weight off mom's shoulders to know that it's not a choice between housing her children and feeding her children, especially with how restrictive food banks are these days....It's such an integral part of Sheway now, as part of the integrated service they provide, providing that shift for multi-barriered families.

Mothers participating in focus groups noted that the provision of food and nutritional supports is critical for reducing stress, which in turn is critical for supporting and maintaining their recovery from addiction and their efforts to have children returned to their care. These insights were shared by a number of mothers:

I know when I was stressed before I'd get angry at every, any little thing, and I'd take it out on my kids and stuff, but when you don't have that stress, you're not angry, you're not worrying all the time, you're able to sleep, do regular things and stuff. Not worrying about how your going to make ends meet.

Who wants [stress] when you've got a new baby at home, to worry about how you're going to make ends meet when you want to be able to enjoy your children? So that's alleviated that stress, so that when my children do come over, yeah I can say "you can eat what you want, go ahead help yourself"... They get the treats that they want to and I feel happy that I'm able to say "here have this".

Like many of the supports provided to Sheway clients with the MEIA funds, the food and nutrition supplements appear to have supported clients to achieve improvements in multiple ways. Access to food bags, grocery vouchers, and gift cards help to improve the nutritional status of Sheway clients and their children, for whom struggles with food insecurity and malnutrition are on-going. At the same time, women identified that these supports have enabled them to learn more about meal preparation, to provide nutritious meals and snacks for visiting children in care, and to alleviate some stress associated with the “impossible choices” confronting mothers working to make ends meet in conditions of poverty by enabling them to use the support portion of their MEIA cheque for other non-food necessities.

4. BABY EQUIPMENT AND SUPPLIES

SUMMARY OF BABY EQUIPMENT AND SUPPLIES EXPENDITURES (see Table 1)

- Pregnant women and new mothers at risk for having their children apprehended are often called upon to demonstrate parental capacity by securing baby furniture and equipment before their baby is born. However, funds are typically only made available to women to purchase equipment after their baby is born. This gap in service provision can increase risks that the infant will be apprehended in the perinatal period.
- When expenses were categorised by 'for mother'/'for baby' (Table 1), baby equipment and supplies were the second largest expenditure category, with total documented expenditures of \$32,002.09. When expenses were categorised by type (Table 2), baby-related expenses were a significant part of the community engagement, food and nutrition, health supplies, safety, transportation and non-rent top-up housing (e.g. furniture) supports provided to clients.
- \$13,245.99 was spent on 141 general purchases for all Sheway clients. Expenses documented in this category include: layette items (baby blankets, onesies, bath sets), baby food, formula, safety gates and related supplies, push toys, strollers², cribs, crib mattresses, diapers, wipes, foam mats, safety supplies, baby food, nursing pads, pottys, prenatal vitamins, raincovers, sippy cups, snugglis, toddler beds.
- \$18,836.09 spent on 184 purchases for 75 individuals to address their specific needs. The average cost for individual purchases was \$251.15 per client. Individual-specific expenses were for: gates, outings, baby monitors, breast pumps, bumbo chairs, carseats, cribs, crib mattresses, foam mats, high chairs, ID, medication and medication administration systems, pottys, raincovers, safety supplies, snugglis, strollers, toddler beds, toddler push toys.

Many mothers accessing Sheway need to demonstrate their capacity to parent their children by setting up a safe home environment. One of the key aspects of this preparation is to ensure that the mother has a crib, baby furniture, and other related equipment before the birth of her baby. However, families are often significantly limited in their ability to demonstrate this "capacity" and "preparedness" to care for an infant, because MEIA only provides funds to purchase baby equipment after the baby is born, and only if the baby leaves the hospital in the care of a parent. Sheway clients and staff repeatedly emphasized that, for women being assessed by MCFD for parental capacity or potential "risks", these funds are often made available too late to avoid apprehensions. The following is a typical example provided by a client who received MEIA-funded baby equipment and supplies:

The Ministry got involved when I had my daughter....They did a home check on my place, and I wouldn't have had a crib.. If I wouldn't have had a crib, I wouldn't of been able to bring her home. All the clothes, or the diapers, or anything for the baby then.....Sheway was able to provide me with all that stuff to help me.

To address this gap in service for new mothers, Sheway staff began purchasing and distributing baby equipment to clients in November 2006. Staff involved in distributing baby equipment explained that the provision of this equipment assists clients in a variety of ways:

I think every woman who is pregnant has an instinct to nest. Setting up a crib provides emotional security during what can be a very stressful time. Same with knowing that she

² While strollers are documented as baby equipment and supplies, data pertaining to strollers is discussed in this report under "transportation".

has transportation [such as a stroller]. We can also provide stuff like snuglis. It's so huge for a mom to know that she's mobile.

Baby equipment is expensive, and families need to accumulate a lot of it very quickly over a short period of time. Clients explained that these multiple needs can create a lot of pressure on women trying to sort of what they need in order to meet these demands. One woman described the pressure to find and purchase baby items as follows:

Well there's quite a bit of quantity. Like, when you have a newborn, you don't have to have every single item. But the car seat for instance, is a must have. And obviously if people don't have a car, you're going to either have to put a baby in a stroller, and if the baby's crying in the stroller, then you might want to think about something like a snugli. Because I mean, you can't, you can't just be in a store, and your baby's screaming and...you somehow have to have some way. How do you push your groceries, and diapers and all those things? People can purchase diapers, that's probably like the second most expensive thing, beside formula. If you use formula, the price can be in the hundreds. Then after that, the clothing and everything. It depends on what you're willing to think about. Like, if you know somebody that can give you hand me downs, or if you can shop in Value Village (which isn't very cheap anymore) or places like that, then you can do it that way. You have to have some sort of spot for the baby to sleep in. So whether you choose a bassinette, or a crib or whatever, those things are kind of getting up there. And if you're buying used cribs or bassinettes, it's kind of tricky.

Providing baby equipment ensured that clients struggling to make ends meet had basic, appropriate baby equipment when they needed it. Clients also stated that knowing they could expect to receive some assistance from Sheway allowed them to spend their limited money on other necessities. As one client explained, one of her biggest concerns during her pregnancy was that she would not be able to provide these things for her baby when he was born.

I was told right away as soon as I found out I was pregnant and I became a client, not to get the crib, not to get the car seat, but they would have that for me, for when he was born so. They asked me what my biggest worry was, and I said I don't know how I'm going to be able to afford to buy a crib.

Clients also noted an advantage to Sheway purchasing equipment on their behalf for their babies, in that Sheway staff are informed about safety recalls and the changing needs of developing infants. This support can help mothers ensure the safety appropriateness of equipment. Clients who participated in individual interviews and focus groups discussions placed a high value on this feature of Sheway's model for distributing MEIA-funded supports.

Everything that might get donated or that they might buy, they're really rigorous on the safety. They've given me actually quite a few toys, so you know it's not only safe but it also could be developmentally important.

Before the MEIA funded was provided, Sheway had to rely primarily on donations of used baby furniture and equipment for their clients. The uncertain histories and limited availability of used equipment caused staff to spend a great deal of time assessing its safety, and were often not able to provide families with equipment necessary for their specific needs. Staff involved in distributing baby equipment and supplies emphasized that the MEIA funding was particularly important because it allowed them a great deal of flexibility to respond to women's individual needs when making purchases. This ensured that women and their families were able to receive precisely what they needed, when they needed it. Baby equipment also provided a concrete mechanism for staff to initiate relationships and relay vital information.

[B]ecause trust is a big issue with clients, being able to obtain concrete items can be a first way to establish a relationship, and delivering it provides a basis for positive interaction in their home. It usually sets up a good working relationship for my work in Infant Development, such as discussing parenting supports, developmental tracking. I really like that I can provide concrete support, that clients see me as the 'equipment lady'. It's a way into the relationship. I like providing concrete benefits for women.

Finally, while "big ticket" items such as cribs and car seats were identified by both clients and staff as critical for ensuring women were able to retain custody of their babies, clients frequently stated that it was equally, if not more, important to them that they receive on-going access to baby supplies such as diapers. Participants in focus groups noted that not only are diapers expensive, they can be difficult to obtain and are often needed very quickly.

It's great when you run out of diapers, you're out for a day or something, you can always come here and get a few. At least you know you're never going to be out of everything, you can always get help.

5. TRANSPORTATION

SUMMARY OF TRANSPORTATION EXPENDITURES (see Table 2)

- Total transportation expenditures were \$5082.14.
- 31 clients received individual supports, distributed over 35 purchases. The average expenditure per client was \$163.94.
- Items provided to clients in this expense category include: a Greyhound bus ticket(1), general/ non-specified transportation costs (3), strollers (29), a bus ticket (1), and a bus pass (1).
- Transportation supports were vital in assisting clients to access and maintain connections to services. MEIA-funded transportation supports enabled women and children to travel to and from Sheway, to appointments at other health care and social service agencies, and in emergency situations.
- *Although typically thought of as “baby equipment” strollers serve as the “family car” for many Sheway clients, and were the type of support referred to most often by clients as assisting them with their transportation challenges.*

Sheway’s mandate is to serve women and families in Vancouver’s Downtown Eastside, but it is not uncommon for women to move outside of the neighbourhood during their time as clients. Women who moved outside of the Downtown Eastside frequently remarked on the fact that the supports they receive at Sheway are unique, and not available in their new communities. Women who participated in the evaluation talked about travelling from as far away as New Westminister, Burnaby and Surrey to access Sheway’s services and environment. With MEIA funds, staff were able to distribute bus tickets and bus passes to help women travel to Sheway. In addition, Sheway provided individual clients with additional bus tickets to enable them to attend appointments elsewhere. The availability of bus tickets was viewed by many clients as necessary to facilitate their access to Sheway and other community services. This was particularly so for women who were not entitled to bus passes from MEIA.

Being able to get around, transportation wise, Sheway helps us with that, if I have to get to appointments, have to come here, have to go certain places. That does help, because the Ministry doesn’t provide bus fare and stuff like that.

In addition to providing bus tickets for “regular” transportation needs, MEIA funds were used to provide women with emergency transportation, such as taxi vouchers. Clients noted that taxi vouchers help them get to Sheway quickly in cases of emergency, such as infant health concerns which require urgent medical attention. In addition, one woman was provided funds to cover transportation costs associated with travelling to a transition house after leaving an abusive relationship. On two occasions, MEIA funds were also provided to enable a client’s family member to travel to the Lower Mainland to provide her with support following the arrival of a new baby. As with baby equipment purchases, the flexibility of the MEIA funding allowed staff to work with clients to address their individual support needs in the most effective manner possible.

Although typically thought of as “baby equipment”, strollers were more often identified by clients as “transportation”. The need to have a suitable, working stroller was discussed at length and in great detail by clients. The lack of a suitable, working stroller could severely limit a mother’s movements and her capacity to obtain needed supplies. A typical example of this need, and the role of a stroller in supporting the well-being of mothers and their children, is provided by a client:

My name is on the list for the double stroller. But for us, that's our transportation. That's how I get all my groceries. I don't take taxis, and I don't really know anybody with a car. But, I mean, that's how we get our groceries, that's how we get around, like when we go to a park or to the community centre. I have to have like a good stroller that can fit all our things. And so if I didn't have that resource, it would be really, really, not only limiting but, it would also be really ...you know when a person loses your hope? Like you can make a go of it, but it's still difficult? I mean, I know somebody that used to put her kids in a shopping cart, like an actual shopping cart, and pile her laundry because she had to take it to the Laundromat... It's hard when you don't have a bus ticket, and you're like walking for blocks and blocks and maybe you can't physically always do it.

The importance of a working stroller in supporting women struggling with poverty was also understood by Sheway staff. One staff member observed:

In the past, so many women struggled and didn't have enough money to get proper support. They spent so much time in line at food banks and traveling across town to get to another food line. For some of these families, the stroller is the family car, and it carries the children and the groceries. Sometimes buses don't even stop for them.

Some clients interviewed also spoke of instances when their stroller unexpectedly broke and they received an urgently-needed replacement.

6. HOUSING: RENT TOP-UP SUPPLEMENT

SUMMARY OF RENT TOP-UP COSTS (see Table 2)

- Many “high risk” women are at risk for having infants apprehended because they do not have the resources to afford safe, suitable Unit 2 housing before their baby is born. MEIA-funded housing top-ups assisted women to secure family-friendly Unit 2 housing and retain custody of their children.
- Rent top-up payments were paid directly to landlords for actual rent costs.
- Rent top-up expenses totalled \$21,947.50 for 23 women.
- The average monthly rent top-up provided to Sheway clients was \$226.30.
- The median time for which Sheway clients received a top-up was 5 months.

The original purpose of providing rental housing supplements (or “top ups”) was to assist pregnant women to maintain custody of their infants by providing them with the necessary financial resources to secure Unit 2 housing that would be viewed by child protection authorities as safe and suitable for a young family. Pregnant women receiving social assistance are generally eligible for MEIA’s Unit 1 shelter allowance (or a shelter allowance for one person). Once her baby is born, and if the baby returns home from the hospital in her care, a mother becomes eligible for MEIA’s Unit 2 shelter allowance (or a shelter allowance for two people). However, “high risk” pregnant women are generally expected by child protection authorities to secure Unit 2 housing before their baby is born, as a condition of retaining custody. Consequently, many Sheway clients have been losing their babies to foster care primarily because they were unable to secure Unit 2 housing in the perinatal period. It was the intention that the top up be provided only until other anticipated income sources were made available to clients (i.e. until clients became eligible for a Unit 2 shelter allowance from MEIA, and/or Child Tax Benefit cheques).

Sheway clients and staff identified that securing stable and safe housing is the foundation for creating sustainable life change. The ability to secure housing (or not) can have a profound impact on other parts of women’s lives, most notably on whether they will be permitted to retain custody of their children. Both clients and staff pointed out that improving their housing permitted women to think beyond immediate survival needs to long-term goals and life plans. Part of this process involved women thinking about the neighbourhood environment that would be most suitable for them and their children (e.g. outside the DTES).

It [getting housing] gave me the feeling that I had completed something, that I had successfully completed the transition. Even if I was at a place that wasn't my first choice, or wasn't the most perfect. But from that point I was able to deal with that and continue working, and my daily routine, and not messing around. ...But two years from now I don't want my daughter here. I grew up on the Downtown Eastside and my mum wasn't all together. So, unless I get it together now, my daughter's going to be part of these programs, too. And that's the thing I want to avoid.

The rent top-up allowed some women to regain custody of their children and allowed other women to take their babies home from the hospital, who would have otherwise been apprehended. For some clients, the rent top-up made the difference between having a home and homelessness. Supplements also assisted women in leaving an abusive partner or violent environment, accommodating children with special needs (e.g. finding housing closer to medical care) and in maintaining their current housing after their partner left.

Securing safe and suitable housing also alleviates stress for new mothers, allowing them to

focus their energies on developing strong attachment with their infant and addressing their other responsibilities and priorities. In the words of one Sheway staff member, *“Nothing can be worked on without housing, because your basic needs aren’t being met. With housing, women can focus on these things in order to do what they need to do to parent their kids.”* In individual interviews and focus groups, clients also noted that Sheway staff provide housing supports by advocating for clients on housing issues. For example, staff accompany women to view available rental housing, talk to landlords, write letters to support a client’s housing application, accompany women to the BC Housing office, advocate to get clients accepted as tenants, and support clients in getting a unit in the transitional housing operated by YWCA’s Crabtree Corner (located above Sheway). In the words of one Sheway staff member,

Rents are atrocious, places are atrocious, there are landlords judging women for being on welfare, not allowing kids, they’re judged at every turn... Women can’t think of the next step in their lives if there’s cockroaches and mould and the kids are always getting sick. Housing is a key piece. if the City got involved and started cracking down on slumlords... there’s a health epidemic due to these buildings and no one’s holding them accountable.

In this regard, providing rent top-up supplements strengthened Sheway’s advocacy work on behalf of “hard to house” women and families, as rent top-ups could provide an incentive for landlords to accept more marginalized tenants whom they might not otherwise have considered.

As with the other supports provided by Sheway with MEIA funding, a flexible allocation process meant a more inclusive criteria and stronger impact as Sheway could direct funds in a manner that responded to women’s individual life circumstances. One staff member contrasted Sheway’s flexible, relationship-based model of resource allocation with MEIA’s new housing top-up supplement:

Recently [MEIA] announced new legislation change where we’re allowed to top-up housing for pregnant women to shelter of Unit 2, but it’s too restrictive. Women aren’t allowed to have other children in care, they aren’t allowed to have a partner and they have to be currently pregnant. It’s a huge thing, but at time when this change came through, there were 16 people receiving housing top-ups and of them, only 1 is eligible, it’s so restrictive.

QUANTITATIVE OUTCOMES OF MEIA-FUNDED RENT TOP-UP SUPPLEMENT

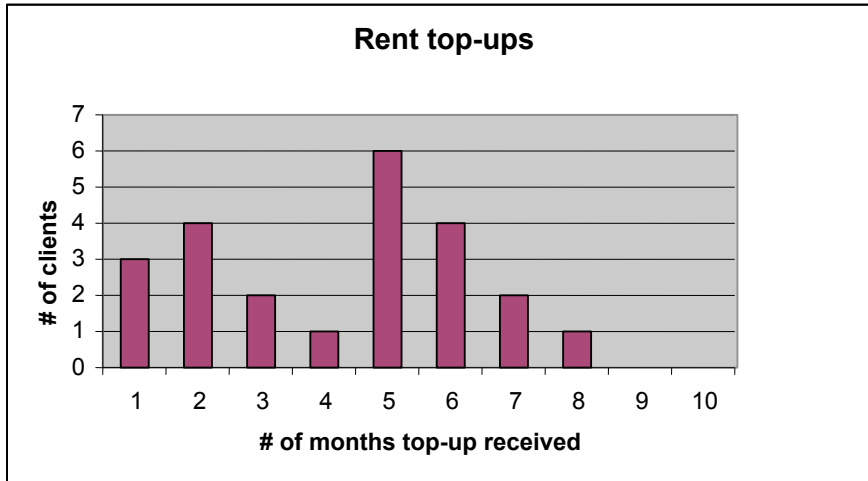


Figure 1: Length of Receipt of Rent Tops-ups

Figure 1 summarizes the length of time for which Sheway clients received a MEIA-funded rent top-up. At the time of the evaluation, the longest period of time for which any client had received a rent top-up was 8 months. The average length of time for which clients received a top-up was 4.2 months. Half of the rent top ups were provided for less than five months, and half of the top-ups were provided for more than 5 months. Of the 22 women who received rent top-ups, 9 women from the rent top-up group started receiving the rent top-up before the birth of their youngest child, and 13 women started receiving the rent top-up after the birth of their youngest child.

Figure 2: Distribution of rent-top payments

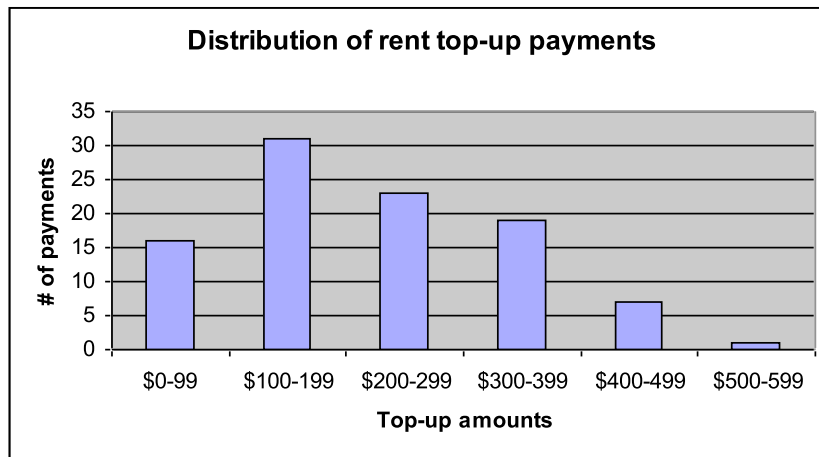


Figure 2 shows the number and amounts of MEIA-funded rent-top ups received by Sheway clients. The average monthly rent top-up provided to Sheway clients was \$226.30. Half of the monthly top-up amounts were less than \$205.00, and half of the top-ups were greater than \$205.00.

All of the women receiving rent top-ups were required to pay rents well in excess of MEIA's standard shelter allowances in order to secure housing adequate for their families. The total rents paid by women receiving a rent top-up ranged from \$635.00 to \$875.00. The distribution of total rents charged to Sheway clients were as follows:

- 2 women (5.1%) were paying rent amounts of \$600-699
- 17 women (33.3%) were paying rent amounts of \$700-799
- 7 women (17.9%) were paying rent amounts of \$800-899

The current income assistance rates are too low to access safe and suitable housing for women with children. Staff and clients both stressed to the evaluators that safe and child-friendly housing would not otherwise have been affordable for mothers at current income assistance levels. Although the rent top-up allowed women to improve their housing situations, staff called attention to the fact that, in a city with high rents and low vacancy rates, it remains a significant challenge for low-income families to find housing that is also safe and appropriate for children.

DID PROVIDING A MEIA-FUNDED RENTAL HOUSING SUPPLEMENT ASSIST CLIENTS IN FINDING SUITABLE HOUSING?

They gave us everything we have! I mean, what would we have done? We wouldn't have the rent.....they gave us our rent, and all of our pots and pans for cooking, and even cleaning supplies, and even just nice stuff for the house too. Just to make it homely.

One of the key questions for this evaluation was to determine whether access to a rent top-up assisted clients in finding suitable housing for themselves and their families. However, the evaluators were not provided with an operational definition of “suitable” as it relates to housing adequacy. In an effort to answer this question, the evaluators drew on information documented in client charts, and informed by interviews with Sheway clients and staff, to identify some potential indicators of housing suitability and stability. These are described below.

a) Finding Unit 2 Housing:

Twenty-two (22) women received a housing top-up supported by MEIA funds. Of these, three women (14%) receiving a top up were living in Unit 1 housing at the time of the evaluation. Twelve women (55%) were living in Unit 2 housing. Seven women (32%) were living in Unit 3 housing, and two women were not able to move up to Unit 3 housing because their children were not returned to their care.

b) Finding Housing Outside the Downtown Eastside:

For some women, moving outside the DTES was an important life goal and/or an important step in their recovery. However, with respect to women who received rent top ups, moving out of the DTES didn't appear to be a linear movement. In other words, women had multiple address changes within and outside DTES. It is also important to note that address information is limited to documented addresses available from clinic records and may not represent clients' complete address history.

Table 3 summarizes the numbers of documented address changes outside the Downtown Eastside among women before and after receiving a rent top-up. By way of comparison, Table 4 shows the number of address changes outside the Downtown Eastside among women who did not receive a rent top- up, but received other MEIA-funded supports at Sheway.

Table 3: Documented addresses outside the DTES for clients who received the rent top-up

Rent top-up group (n=168)			
		Before receiving supplement	After receiving supplement
			Mean 2.20 1.02
			Median 2.00 1.00
			Mode 2 1
			Minimum 0 0
			Maximum 8 4
Before receiving support from Sheway		After receiving support from Sheway	
# of addresses	Frequency Percent	# of addresses	Frequency Percent
	0 11 6.5		0 19 11.2
	1 42 24.9		1 129 76.3
	2 64 37.9		2 18 10.7
	3 26 15.4		3 1 6
	4 17 10.1		4 1 6
	5 3 1.8		
	7 2 1.2		
	8 3 1.8		

Table 4: Documented addresses outside the DTES for clients who did not receive the rent top-up

Non rent top-up group: (n=197)			
		Before receiving supplement	After receiving supplement
			Mean 1.73 .89
			Median 1.00 1.00
			Mode 1 1
			Minimum 0 0
			Maximum 7 3
Before receiving support from Sheway		After receiving support from Sheway	
# of addresses	Frequency Percent	# of addresses	Frequency Percent
	0 36 17.7		0 53 26.1
	1 76 37.4		1 115 56.7
	2 40 19.7		2 26 12.8
	3 22 10.8		3 3 1.5
	4 6 3.0		
	5 11 5.4		
	6 2 1.0		
	7 4 2.0		

In a 2 sample (independent) t-test, the mean number of addresses outside the DTES before receiving support from Sheway significantly differs between the rent top-up group and the non-rent top-up group: $t(363) = 2.927, p = .004$ (2-tailed). After receiving support, the mean number of addresses outside the DTES is not significantly different between the rent top-up group and the non top-up group: $t(363) = 2.042, p = .042$ (2-tailed). While this does not demonstrate that those women who received a housing top-up were more likely to have found housing outside the Downtown Eastside, *these figures do show that Sheway staff were successful in identifying for a rent top-up those clients who were already attempting to secure housing outside the Downtown Eastside.*

c) Length of hospital stays:

Many Sheway clients experience extended hospital stays after they deliver their babies. Consultation with clients and staff revealed that length of hospital stays may be an indicator of housing instability when stays are outside of the medically necessary time. However, 2 sample (independent) T-tests found no significant mean differences between women who had received a rent top-up and women who hadn't received a rent top-up in the length of hospital stays for mother or baby. This means that *mothers who did not receive a rent top-up were no more likely to have an extended postpartum hospital stay than those who received the top-up.*

- # of days in hospital for mom at time of birth
2 sample (independent) $t(19.795) = .629, p = .537$ (2-tailed). The mean # of days in hospital for mom is not significantly different between the rent top-up group and the non top-up group (who received other material supports from Sheway).
- # of days in hospital for baby at time of birth
2 sample (independent) $t(25.779) = .806, p = .428$ (2-tailed). The mean # of days in hospital for baby is not significantly different between the rent top-up group and the non top-up group.

d) Number of days in transitional housing (e.g. shelters, temporary housing programs):

Of the 101 women who have received individual supports from Sheway through the MEIA funding, 65 women have been in transitional housing. Of these 65 women, 17 women received the rent top-up supplement.

A 2 sample (independent) T test found that the mean number of *total stays* in transitional housing significantly differed between women who had received the rent top-up and women who had not received the rent top-up: $t(178.365) = -2.573, p = .011$ (2-tailed). The mean number of documented stays in transitional housing *after* receiving support from Sheway did not significantly differ between women who received the rent top-up and women who hadn't received the rent top-up. This finding suggests that *Sheway has been effectively allocating rent top-up supports by identifying women with greater levels of housing insecurity.*

Table 9: Temporary housing stays in total and after housing top-up

Before housing top-up	After housing top-up
<p>Frequency Percent</p> <p>0 27 27.8</p> <p>1 36 37.1</p> <p>2 20 20.6</p> <p>3 7 7.2</p> <p>4 7 7.2</p> <p>Total 97 100.0</p>	<p>Frequency Percent</p> <p>0 53 54.6</p> <p>1 17 17.5</p> <p>n/a 27 27.8</p> <p>Total 97 100.0</p>

Table 10: Mean number of total stays in transitional housing and number of stays in transitional housing after receiving support

		n	Mean (Average # of stays in transitional housing)
Total # of stays in transitional housing	Rent top-up group	124	1.92
	Non top-up group	117	2.44
# of stays in transitional after receiving support	Rent top-up group	123	.35
	Non top-up group	115	.38



SECTION 4: OUTCOMES RELATED TO INFANT HEALTH AND CUSTODY

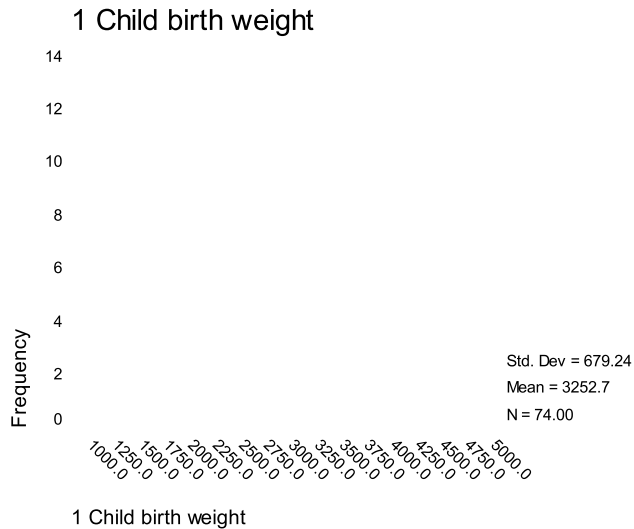
The provision of MEIA-funded supports was intended to result in positive health and social outcomes for infants and children supported by Sheway, as well as improving outcomes for their mothers. Infant outcomes examined for this evaluation were: birth weights of babies born to women receiving MEIA-funded supports; the number of children placed in foster care; and the number of children returned to mothers receiving MEIA-funded supports. The evaluators also examined the length of postnatal hospital stays for infants born to women receiving MEIA-funded supplements. These data are reported in the previous section of this report.

BIRTH WEIGHTS OF CHILDREN

Birth weight information was collected for 74 infants born between 2006 and 2008 to women who received MEIA-funded supports. In instances where women gave birth to more than one child during this time, the birth weight was recorded for the youngest child only. Birth weights were excluded for infants born to 7 women, because they were born before the mother received a MEIA-funded support. No birth weight information was available for infants born to 20 women and their children. In these cases, documented birth weights were not available because they were not recorded in the client's chart, because the necessary files were not kept at Sheway, or because the woman was pregnant at the time of the evaluation.

Of infants born to women who received MEIA-funded supports, 64 infants had birth weights within a range of 2500-4250 grams. This range is considered "normal". Six infants (all born prematurely) had birth weights below 2500 grams. *This represents an 8% incidence of low birth weight babies within the sample, which is comparable to that found in the general Canadian population (6.1%) (Canadian Institute for Health Information, 2007).* Four infants in the sample had birth weights over 4250 grams. Figure 3 below summarizes the distribution of birth weights across the sample.

Figure 3: Birth weights of clients' youngest child



NUMBER OF CHILDREN PLACED IN FOSTER CARE

Among the 101 women who had received any type of individual-specific support, fifty-one women (51%) had at least 1 child in care, thirty-nine women (39%) had no children in care (this includes women who have custody of all of their children and it also includes women were expecting at the time of evaluation). Eleven women (11%) did not have children in their care for non-MCFD reasons (e.g. because their children were adults, they had placed their children for adoption, or kinship care arrangements had been made with family members outside of an MCFD mandate).

NUMBER OF CHILDREN RETURNED TO THEIR MOTHER

Among the 101 women who had received any type of individual-specific support:

- Seven women (7%) had their children returned during the MEIA funding timeframe. All seven women had their children returned to them *after* receiving support from the MEIA funding. Of these 7 women:
 - 2 women received the rent top-up, and
 - 6 women received other supports, such as cribs, mattresses, raincovers, highchairs, strollers, toddler beds, potty, toddler bed, gates, push toys, moving expenses, damage deposit, cell phone and cell phone minutes, breast pump rentals, vacuum.
- Ten women (10%) were in the process of getting their children back when the evaluation was being conducted. Five of these women had been receiving the rent top-up supplement.
- Forty-two women (42%) had not had their children returned.
- The issue of whether children were returned to their mothers from Ministry care was not applicable to 42 women (42%) for various reasons (for example, because they had adult children, they were still pregnant, or they had arranged for kinship care outside of MCFD).

These findings suggest that rent top-ups may not be the only supports that can help women regain custody. Women trying to regain care of their kids also benefited from receiving material support to set up an acceptable home environment. This is emphasized by the amount of non-rent housing support given to women trying to regain custody.

Sheway clients who participated in individual interviews felt strongly that the MEIA-funded supports they received as part of their overall care at Sheway played an integral role in supporting them to retain custody of their children. They explain:

It got me off the street, got me stopped selling cocaine, and I was able to get things I probably wouldn't have been able to afford otherwise without doing that. They helped me get my son back, and my daughter was never put into care because of all the supports I did get here. They advocated, they helped me find housing and they helped me with all my getting my lawyer and everything else, and going to court and straightening out my life. In 14 months my son was home, which he probably never would've been otherwise....Because my social worker refused to return my son unless I had these things, so that helped a lot, and there's no way I could've afforded it all.

I have my kids. Both of them. Well my older son, he lives with his dad, but he comes over on the weekends and he comes over in the summertime,[and] now Christmas and Spring Break. I have like rights to my child now. Before I didn't have any, so Sheway helped me with that. And with my baby, I chose not to have his dad around, so I'm stress-free. And because he's not around, I don't have all the extra help. So, it's kind of like these guys are putting in to help [in ways] that normally the father would.

NUMBER OF CHILDREN KEPT WITH MOTHER

Among the 101 women who had received any type of individual-specific support:

- 81 women had babies after March 2006 (i.e. when Sheway started providing support from MEIA funding). Of these 81 women,
 - 55 women received support from the MEIA funding after the birth of their child. Of these 55 women, 35 were able to keep at least one of their children³. 8 women were in the process of regaining custody, 11 women did not have custody of any of their children, and 1 woman's information was incomplete (because it was not known when she received support from MEIA funding).
 - 11 women received support from the MEIA funding before the birth of their child. Of these 11 women, 6 women were able to keep at least one of their children, and 5 women did not have any children in their care.
 - 14 women received support from the MEIA funding both before and after the birth of their child. Of these 14 women, 13 women were able to keep at least one of their children and 1 woman was in the process of gaining custody of her child.
 - This question was not applicable to 1 woman as it is unknown when she received support from the MEIA funding
- 10 women had their youngest child before March 2006
- 8 women were pregnant when evaluation data was being collected.
- This was not applicable to 2 women because their pregnancy was terminated.

³ Drawing on data available at the time of the evaluation, the evaluators are assuming that, unless otherwise noted, women are most likely to have custody of their youngest child if they have custody of any child.

SECTION 5: CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

MEIA-funded supports provided at Sheway are assisting women with housing, food and nutrition, and community engagement in ways that show direct positive impact on client outcomes and on Sheway's capacity to respond to their most urgent needs. Analysis of data collected from client charts and from expenditure records suggest that Sheway staff are identifying the clients who are most likely to benefit from receiving individualized MEIA-funded supports, such as rent top-ups. Clients who received MEIA-funded supports identified that their improved housing, health, and social outcomes can be attributed to the *type of supports* provided by Sheway, the *approach to client engagement* used by Sheway staff when working with women and their families, and the *environment* created by Sheway staff. All clients expressed very strong gratitude for Sheway. In the words of one woman, "*I would never of known where to begin, at all, if it weren't for them. I just can't...it's a totally God sent place.*"

In turn, Sheway staff emphasized that the availability and flexibility of MEIA funds supported them to respond to client's individual needs in meaningful and substantive ways. In many instances the MEIA funding has enabled staff to provide supports that are not available elsewhere, thereby addressing critical gaps in service delivery with their client population. In some cases, the MEIA funding has allowed staff to provide women with access to supports in a more timely, efficient, and cost-effective manner by decreasing wait times for access to supports within and outside of the organization. As one staff member remarked, "*It helps us be more human in the way we work with clients*".

[For] Medical bracelets, before it was 6-8 weeks to get money from MEIA, and now we can get it the same day. It's making our jobs easier in some ways, like accessing stuff clients need, such medication for non-status babies...[this] wouldn't have been possible to get in the past.

This has been further strengthened by the presence of a MEIA worker on-site to assist with case management.

It's increased our understanding of how important relationships are. For example, we have a MEIA worker now who knows all the clients, and knows their histories, which makes her better equipped to make decisions, and therefore [she] can be more flexible.

Clients also appreciated having a MEIA worker within 'the Sheway family'. Clients spoke about their difficulties interacting with MEIA workers in the past, but the MEIA workers at Sheway were seen more as "Sheway staff" (and therefore supportive, honest and genuinely concerned with clients' well-being) than as government workers:

It makes a big difference because if you're not on welfare, instead of having to go right to the office and say you got nowhere to live and you need financial aid, they help you. They open a file and see if you're eligible and they help you right there and if not, they try to figure out something for you....like I got help for a month before my EI kicked in from the aid worker, she opened my, re-opened my file and instead of docking it off of my EI,

she just put so that if I ever went back on welfare again, say something happened, and I had to go back on welfare, that I would pay 20 dollars out of each cheque, like they do for re-paying your damage deposit, that's what they would do.

In addition, organizational processes have been successfully developed and implemented which allow Sheway staff more ownership of distribution processes and decision-making related to MEIA-funded supports. The value of this capacity-building was a recurring theme in individual interviews with staff. As one member noted, *"It's been really good as an educator for the team regarding the ethical and moral responsibilities of the MEIA funding, and how to make these decisions."* Finally, the organizational development work required of both MEIA and Sheway to implement this initiative also appears to have been successful in supporting the development of more collegial and collaborative relationships between Sheway and MEIA. This is particularly noteworthy, in that some staff at Sheway reported that their previous interactions with MEIA have been more adversarial, unsupportive, or unresponsive to client concerns. In the words of one staff member, *"All in all, it was a great idea having the Ministry take this up. We're trying to work with them, not against them, and Sheway was a huge bridge for that gap."*

The supports provided with MEIA funds are filling critical gaps which have been presenting substantial challenges for women and families working to improve their health, housing, and community engagement, and to secure or retain custody of their children. For example:

- Grocery vouchers and Unit 2 housing supplements help women by providing practical support during critical times (i.e. when their MEIA support allowance is exhausted during "5 week months", and when needing to secure appropriate housing in the perinatal period).
- MEIA-funded supports provided women with necessities not available through other government or community agencies, such as bus tickets and taxi vouchers to travel to appointments, access to a cell phone, and basic baby equipment.
- Improved access to safe, stable, and appropriate housing, baby equipment, and food and nutrition supports helped women regain custody of children who were in foster care, and, in some instances, prevented children from being apprehended. Access to additional food and communications supports also helped women to build better relationships with children in care, which they viewed as an important step toward their eventual return.
- Some clients who had been experiencing health and safety problems due to living in dangerous and substandard housing identified receipt of rent top-ups as critical to enhancing their health and well-being by facilitating their move to a new apartment in safer surroundings.

MEIA-funded supports appear to be providing a potential foundation for achieving long-term improvements in maternal and child health and well-being. A strong parent-child relationship was seen by mothers who received MEIA-funded supports as prevention against future harm, by decreasing their risk of problematic substance use (particularly when their use was a response to coping with difficult life circumstances), and by decreasing the likelihood that their children might also turn to substance use when they are older. MEIA-funded supports alleviated stress and worry, which women identified as supporting them to enjoy and focus more on their children, thus facilitating stronger attachment. Clients and staff also identified that the provision of MEIA-funded supports, particularly those related to housing and food security, also provided women with stability to think beyond their immediate survival needs to identify long-term goals and plans for their families. While the findings of this evaluation suggest that positive outcomes

are being achieved, and are providing a foundation on which future successes can be achieved, longitudinal evaluation is needed to identify long-term outcomes for mothers and children associated with the provision of MEIA-funded supports at Sheway.

Finding safe and suitable housing is still a challenge for low-income mothers and children in Vancouver due to high rents, low vacancy rates and long housing waitlists. The rent top-up supplement did make a deep and positive impact on clients who received it by providing them with enough financial resources to accommodate their individual housing needs and to permit women more autonomy to choose the neighbourhood environment they wanted for their families. The rent top-up supplement program also complemented Sheway's existing advocacy around housing issues (e.g. writing support letters, liaising with landlords). It is clear that current income assistance rates are not sufficient for mothers to access safe and family-friendly housing.

Housing support also required more than a rent top-up for many clients, particularly women involved in care and custody issues. Considerable financial resources are required in order to set up a safe home environment with furniture and equipment that will meet the MCFD's assessment guidelines for parental competence. In interviews, clients stressed that obtaining baby equipment before the birth of their child (which is not possible under current MEIA policies) prevented their children from being apprehended by MCFD.

RECOMMENDATIONS

FOR THE MINISTRY FOR EMPLOYMENT AND INCOME ASSISTANCE

- **Continue the supplement funding initiative at Sheway.** The material supports provided through the MEIA funding complement Sheway's existing services and programs and empower staff to respond more effectively to client needs.
- **Increase current income assistance rates to reflect regional costs of living for pregnant women and families.** Increasing MEIA shelter and support allowances to reflect regional costs of living, changing nutritional requirements, and MCFD requirements to demonstrate parental capacity are compatible with goals of strengthening families, improving maternal and child health, and preventing apprehensions.
- **Increase infrastructure supports to support timely and effective use of funding.** The placement of a MEIA liaison worker at Sheway has assisted significantly in helping Sheway staff to reduce work-load related to the implementation and distribution of MEIA-funded supports, and has assisted clients to identify other MEIA entitlements for which they are eligible. Consider maintaining or expanding the MEIA liaison position at Sheway to full-time.
- **Use the 'Sheway model' to develop new funding partnerships to reach other "high risk", low-income women and families.** Sheway provides a very effective model to distribute MEIA funds. Clients appreciated the relationship-based, flexible, 'one-stop shop' model, where women could access food, supplies, healthcare and counselling in one place (rather than using very limited time and financial resources travelling between services). The relationship-based, 'one-stop shop' also decreased 'client labour' or the amount effort clients made in seeking support from organisations (e.g. 'begging for help', re-telling stories of need, navigating application processes). Other organizations could enable MEIA to develop access points for other populations of women who could benefit from similar targeted supports. For example, Stopping the Violence counselling programs and Victims Services

agencies around the province could assist MEIA in identifying and distributing supports to women experiencing intimate partner violence. Other community-based pregnancy outreach programs could assist with the identification and distribution of needed supports to “high risk” and low-income pregnant women living outside the Downtown Eastside.

- ***Plan long-term for client supports and transitioning.*** For clients facing multiple barriers to improving their health and well-being, securing adequate and stable housing, and working to retain or return their children to their care, successes need to be measured individually, over a long period of time. Moreover, the challenges which arise in a context of daily crisis management makes it harder for both “high risk” women and service providers to do long-term planning. Strong partnerships between MEIA and community-based organizations such as Sheway are vital to achieving long-term positive outcomes for clients.
- ***Broadening funding criteria to cover other items.*** Clients and staff identified other gaps in support which are important for facilitating improved health and social outcomes, and for facilitating transitions of various kinds. These include: support to pay for utilities, for drivers to facilitate access visits between mothers and children in foster care, and for daycare to assist women in looking for housing, education, and employment opportunities to transition off of income assistance.

FOR SHEWAY

- ***Continue with research and evaluation to document the long-term impact of MEIA-funded supports on outcomes for Sheway clients and their children.*** Longitudinal analysis of maternal and child outcomes associated with MEIA funding offers an opportunity to build an invaluable, long-term data set. Documentation and analysis of these outcomes would provide a strong basis on which to identify successful aspects of implementing this initiative, to support program growth.
- ***Expand access to Sheway past 18 months postpartum.*** Although not specific to the MEIA funding, this was the recommendation stated most emotionally and most often by most clients who participated in the evaluation. Clients felt very strongly that they needed support beyond 18 months postpartum and wanted to continue their relationship with Sheway as their children grow.
- ***Expand Sheway’s existing services.*** Clients suggested providing services for women outside DTES and for women who are not (or are no longer) using substances problematically. Clients also suggested expanding the transportation supports to include a van that could carry women and families to and from Sheway, and to outings outside of Vancouver. Clients also expressed a need for staff to provide more information to clients about the availability of rent top-ups and other MEIA-funded supports.

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APPENDICES

- A. Consent form for individual interviews
- B. Consent form for focus groups
- C. Staff interview guide
- D. Client interview guide
- E. Focus group interview guide

Appendix A: Consent form for individual interviews

Evaluation of Impact of Ministry of Employment and Income Assistance (MEIA) Funding Consent Form

This evaluation is being done by Amy Salmon, PhD, BC Centre of Excellence for Women's Health, and is funded by the Ministry of Employment and Income Assistance (MEIA).

Background on Funding:

Sheway received funding from MEIA in March 2006 to provide assistance to low-income mothers and pregnant women having issues of current or previous substance use problems in finding a more stable environment through increased funding for housing, health/nutritious and community supports.

Purpose of the interview

The purpose of this evaluation is to evaluate whether or not the additional financial support had a positive impact (of housing, health and community supports) on the clients' quality of life and ability to transition at the end of the recipient period.

Procedures

You are invited to participate in one interview that will be held at a mutually convenient location. If you choose not to participate in this project, it will not affect the support you receive from Sheway. Each interview will last about one hour. You can look at the questions in advance; to arrange this, talk to *Julie Ham* (604) 875-2000 ext 6456, or *Amy Salmon* (604) 875-2424 ext 5635.

You will be asked about the support you received from the MEIA funding, your ideas about the program, and what did or did not help. You will also be asked questions about a range of issues (such as housing, income, mothering and custody issues, and relationships).

If there is something you do not want to talk about or do not want other people to know about, you do not have to share it on the questionnaire or to the interviewer. The interviewer will take notes about what you say and your contributions may be included in reports about what we learned in this project, but you will not be identified by name in any reports of the evaluation.

Risks

There is the potential risk that by participating in this evaluation and recounting your experiences you may experience some mild emotional distress. Should you experience any distress and require further support, we can refer you to Sheway staff.

Reimbursement and Honoraria

Transportation: If you require transportation to attend the interview, bus tickets will be provided by Sheway.

Childcare: You may keep your baby with you during the interview if you wish or childcare costs can be covered by Sheway.

Honorarium: You will be offered a \$20.00 gift card at the time of the interview, which you will receive whether or not you complete the discussion.

Confidentiality

All data gathered will be kept in a secure cabinet and available only to the evaluator. Your identity will be kept strictly confidential. Only the evaluator and research coordinator will have access to the data. All electronic files will be password-protected.

The interview is confidential and any information you give will remain confidential and will not be shared with others other than the evaluators. Please do not feel any pressure to share anything .

There is one exception to confidentiality. The Child, Family and Community Service Act of B.C. requires that anyone who has reason to believe that a child may be abused, neglected, or is for any other reason in need of protection, is required by law to report it to a social worker at the Ministry of Children and Family Development.

Contact for Information about the evaluation

If you have any questions about the evaluation or evaluation processes, either now or in the future, you may contact *Amy Salmon* (604) 875-2424 ext. 5635, or *Julie Ham* (604) 875-2000 ext. 6456.

Contact for Concerns about Your Treatment in the Study

If you have any concerns about your treatment or rights, you may contact the evaluators to discuss this at any time.

Consent

Your participation in this study is entirely voluntary. You may refuse to answer any question and can withdraw from the study at any time without affecting any of the supports you receive now or in the future.

Your signature indicates that you consent to participate in this study, and that you have received a copy of this consent form for your own records.

Signature of Participant

Date

Printed Name of Participant

Appendix B: Consent form for focus groups

Evaluation of Impact of Ministry of Employment and Income Assistance (MEIA) Funding Consent Form

This evaluation is being done by Amy Salmon, PhD, BC Centre of Excellence for Women's Health, and is funded by the Ministry of Employment and Income Assistance (MEIA).

Background on Funding:

Sheway received funding from MEIA in March 2006 to provide assistance to low-income mothers and pregnant women having current or previous substance use problems in finding a more stable environment through increased funding for housing, health/nutritious and community supports.

Purpose of the interview

The purpose of this evaluation is to evaluate whether or not the additional financial support had a positive impact (of housing, health and community supports) on the clients' quality of life and ability to transition at the end of the recipient period.

Procedures

You are invited to participate in a focus group at Sheway. If you choose not to participate in this project, it will not affect the support you receive from Sheway. The focus group will last about one hour.

You will be asked about the support you received from the MEIA funding, your ideas about the program, and what did or did not help. You will also be asked questions about a range of issues (such as housing, income, mothering and custody issues, and relationships).

If there is something you do not want to talk about or do not want other people to know about, you do not have to share it with the focus group. The facilitators/interviewers will take notes about what you say and your contributions may be included in reports about what we learned in this project, but you will not be identified by name in any reports of the evaluation.

Risks

There is the potential risk that by participating in this evaluation and recounting your experiences you may experience some mild emotional distress. Should you experience any distress and require further support, we can refer you to Sheway staff.

Reimbursement and Honoraria

Transportation: If you require transportation to attend the interview, bus tickets will be provided by Sheway.

Childcare: Will be provided by Sheway during the focus group.

Honorarium: You will be offered a \$10.00 gift card at the time of the focus group, which you will receive whether or not you complete the discussion.

Confidentiality

All data gathered will be kept in a secure cabinet and available only to the evaluators. Your identity will be kept strictly confidential. Only the evaluator and research coordinator will have access to the data. All electronic files will be password-protected.

The interview is confidential and any information you give will remain confidential and will not be shared with others other than the evaluators. Please do not feel any pressure to share anything .

There is one exception to confidentiality. The Child, Family and Community Service Act of B.C. requires that anyone who has reason to believe that a child may be abused, neglected, or is for any other reason in need of protection, is required by law to report it to a social worker at the Ministry of Children and Family Development.

Contact for Information about the evaluation

If you have any questions about the evaluation or evaluation processes, either now or in the future, you may contact *Amy Salmon* (604) 875-2424 ext. 5635, or *Julie Ham* (604) 875-2000 ext. 6456.

Contact for Concerns about Your Treatment in the Study

If you have any concerns about your treatment or rights, you may contact the evaluators to discuss this at any time.

Consent

Your participation in this study is entirely voluntary. You may refuse to answer any question and can withdraw from the study at any time without affecting any of the supports you receive now or in the future.

Your signature indicates that you consent to participate in this study, and that you have received a copy of this consent form for your own records.

Signature of Participant

Date

Printed Name of Participant

Appendix C: Staff interview guide

NAME:

DATE:

1. Please describe your involvement in the MEIA supplement funding initiative.
2. What is your understanding of the goal/ intent of this initiative?
 - 2a. In your view, have these goals been realized? Why or why not?
3. To the best of your understanding, how have decisions about use/ disbursement of MEIA funds been made?
 - 3a. In your view, what impact have these decisions had on recipient Sheway clients?
 - 3b. On non-recipient Sheway clients?
 - 3c. On Sheway staff? (incl. front line and administrative staff)
4. In your view, have there been any successes with the Sheway/ MEIA supplement funding initiative? If so, please describe (or give an illustrative example).
5. In your view, have there been any challenges with this initiative? If so, please describe (or give an illustrative example).
6. Do you have any suggestions for how this initiative could be improved? (ie: administrative improvements, policy improvements, client outcome improvements)
7. Is there anything else you would like me to know about this initiative, or your involvement in it?

Appendix D: Client interview guide

NO.:

DATE:

1. What supports have you received from Sheway through the MEIA funding? (confirm with quantitative data)
2. Why did you apply for/accept this funding/supplement? What was going on in your life before receiving the supplement (i.e. urgent issues, priorities)? What was going on in your life after receiving the supplement? What difference did you hope the supplement would make?
3. What did you actually get or what actually happened? What kind of impact did receiving these supplements have on your life (e.g. securing stable housing, health, community engagement, custody)?
4. If you hadn't received the supplement when you did, what would have happened? Would you have been able to get the support from somewhere else?
5. How was the process to apply for/receive the supplement? What were the strengths? What were the challenges in receiving the supplement(s) (e.g. screening criteria, administrative criteria, wait times)?
6. Do you have any suggestions for how this funding initiative could be improved (i.e. what would make it better or more able to meet the needs of women and families, e.g. administrative improvements, policy improvements, client outcome improvements)?
7. Is there anything else you would like me to know about this funding, or your involvement in it?

Appendix E: Focus group interview guide

NO.:

DATE:

Objectives: to get a community context of supports; to find out challenges women face in getting support in community (e.g. difficulties getting baby equipment related to custody issues); to identify the issues and challenges this group faces in getting support from places other than Sheway; to understand what difference receiving this support makes in addressing barriers at systems level

1. Did these MEIA supplements make a difference? If so, what difference does it make? What impact do these supplements have?
2. Where do you get supports (material supports, resources) outside of Sheway?
3. Which needs are difficult to get support for (e.g. baby equipment, phone cards)? What are the difficulties/barriers in getting support for these needs?
4. What other barriers do you experience in obtaining the material support/resources you need? Do these supplements address those barriers?
5. How was the process to apply for/receive the supplement? What were the strengths? What were the challenges in receiving the supplement(s) (e.g. screening criteria, administrative, wait times)?
6. Do you have any suggestions for how this funding initiative could be improved (i.e. what would make it better or more able to meet the needs of women and families, e.g. administrative improvements, policy improvements, client outcome improvements)? How would you improve this program?
7. Is there anything else you would like me to know about this funding, or your involvement in it?