

Reviving Hope and Home (RHH) for High-risk Refugee Mothers Program

Final Report

Version Date: September 30, 2021

Submitted to: Mothers Matter Centre (MMC)

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Funded by:



Executive Summary

This is the final evaluation report of the pilot project the Mothers Matter Centre (MMC) operated for the period between January 2019 and March 2021 in partnership with Immigrant Services Society of BC (ISSofBC), termed the *Reviving Hope and Home for High-risk Refugee Mothers Program* (referred to as RHH hereafter). The formative evaluation was conducted for the period between April 2019 and March 2021, and the findings here are presented by an external evaluation team made up of a principal investigator and an evaluation lead from Simon Fraser University (SFU).

For over 20 years, MMC has been a hub to successfully manage the Home Instruction for Parents of Preschool Youngsters (HIPPY) program, called Core HIPPY, across Canada. Core HIPPY is a home instruction program for mothers of children 3 to 5 years old. Using role-play as a method of teaching, the participating mothers work with their home visitors and learn how to deliver the HIPPY curriculum to their children. Applying Core HIPPY, RHH was created to provide more personalized peer-support and to respond to ongoing settlement challenges for isolated and vulnerable Government Assisted Refugee (GAR) mothers.

RHH program components. In order to provide such support, RHH intended to offer more flexibility in HIPPY delivery, supported by a home visitor, to meet the need of refugee mothers facing various conditions and challenges; to have a pool of financial resources to be used for the RHH families when necessitated during the program period; to have another designated staff member, called an outreach worker (later called a community navigator) assigned to facilitate the support system for the RHH families in their settlement; to have a portable device available for each RHH mother to navigate settlement support resources; and to provide other variations of the HIPPY curriculum as an option for the RHH mothers, including a curriculum targeting pre-HIPPY age children. Reflections on each program component was collected from RHH mothers and staff members of MMC and ISSofBC, including frontline workers and management staff, through individual interviews and focus group discussions.

The flexibility given for the HIPPY curriculum delivery, unlike the regular HIPPY program, was appreciated by the RHH mothers and made the continuity of the program possible. Longer home visits also gave more time for the RHH mothers to work on the curriculum at their own pace and for them to learn some English necessary to survive and thrive in Canada. One of the major factors behind the success was their home visitors' flexibility and creativity to make the home visits more meaningful and tailored for each mother depending on her background and personal situation. The role of the community navigator was tested out and improved during the program period. The community navigators took the key role to assess the needs of the RHH families and connect them with community resources. Both the home visitors and community navigators were immigrant mothers themselves, and owing to their dedicated care for the RHH mothers, they were able to gain trust and work closely and efficiently with RHH mothers.

Having a pool of financial resources for the program was practical as most of the program participants were facing various ongoing challenges in their settlement and certain support services required financial resources.

RHH had a provision to lend out portable devices to each of the program participants to share useful settlement related resources online. With the prolonged COVID-19 situation, the demand for digital literacy became high and urgent. The RHH mothers not only were able to virtually continue the program with the devices that MMC fundraised for and provided to each family, but also they became more digitally literate through daily usage of the devices.

In regards to newly developed variations of the regular HIPPY curriculum, some proved unnecessary for the RHH mothers because the RHH's curriculum delivery was already sufficiently flexible and personalized to meet their needs. The HIPPY summer curriculum and a curriculum targeting pre-HIPPY age children, called SMART, however, were both perceived very well by the RHH families because of the structure of the more play-based curriculum.

The RHH program was required to adapt to the Covid-19 situation. This report documented how the two agencies collaborated to make the urgent and necessary adaptations to ensure all the RHH families received the most updated and correct information and stayed connected with their home visitors and community navigators.

To capture RHH mothers' program experience more in depth based on their own reflections, a photovoice method was used. Photos taken by some of the mothers were shared here to illustrate their RHH experience as part of their life stories. Over the period of the program, this evaluation observed how RHH mothers became more confident in various domains, such as communicating with others, taking public transportations alone, and teaching own child(ren).

RHH services-delivery systems. In addition to the RHH program components, the RHH services-delivery systems in the agency and system level was also reflected by the agencies. Some of the emerging themes identified were communication between the two agencies working in partnership, funding and management, strategies for program operation, and performance management system. The development of partnerships and networks enabled the agencies to expand their own reach and capacity by building upon partners' existing initiatives, expertise, and resources.

Recommendations. RHH is indeed a scalable resource especially for disadvantaged populations, such as refugee families. More families should benefit from a program like RHH. Some of the new initiatives developed for RHH can be applied to other HIPPY programs. To further make the program accessible for the participants, who have minimum or no education, a more holistic approach may be considered to work on the HIPPY curriculum. Other suggestions to enhance the program include: having more strategies to serve linguistically diverse populations; incorporating English learning components in the program for RHH mothers; supporting the transition beyond RHH to enable the mothers to achieve their next goals; and nurturing peer-support community building and capacity building.

Table of Contents

Executive Summary	2
List of Figures	5
List of Tables	6
Acknowledgement.....	7
List of Acronyms	8
Introduction	9
Background	11
Methodology & Methods.....	12
<i>Framework of evaluation</i>	<i>12</i>
<i>Methods of data collection & analysis.....</i>	<i>13</i>
<i>Who are the RHH participants?</i>	<i>15</i>
RHH Program – Components (Description, Context, Implementation, Mechanisms, and Outcomes) Program level	17
1. Delivery of Modified HIPPY Program, including monthly group meetings.....	17
2. Refugee Resources Bank.....	25
3. Outreach Workers -> Community Navigators (from the 2 nd cohort).....	28
4. Rumie Tablets: Settlement Support Resources and Materials	34
5. HIPPY Summer.....	38
6. Bond to Literacy.....	40
7. Welcome to Canada.....	42
8. Supporting Mothers and Raising Toddlers (SMART) (from the 2 nd cohort)	44
RHH Program – Services-Delivery Systems (Emerging Themes) Agency & System level	45
RHH & COVID-19 Pandemic	48
RHH Mothers’ Stories with Photovoice.....	52
Key Findings	62
Recommendations.....	66
Updates from meetings in April 23 & 26, 2021	69
<i>HIPPY Plus.....</i>	<i>69</i>
<i>SMART</i>	<i>70</i>
References.....	71
Appendixes.....	73

List of Figures

- Figure 1.* Mapping of RHH program components; Source: Mothers Matter Centre
- Figure 2.* Elements of evaluation; Source: Moore et al. (2015)
- Figure 3.* Methods of evaluation (flexible to modify); Source: Moore et al. (2015)
- Figure 4.* RHH Home Visit, the participant's home in Surrey, British Columbia. June 26, 2019.
- Figure 5.* RHH group meeting, ISSofBC in Surrey, British Columbia. June 21, 2019.
- Figure 6.* LearnCloud model for RHH; Source: Mothers Matter Centre
- Figure 7.* a game made through HIPPY curriculum
- Figure 8.* a house made by a book provided in the HIPPY program
- Figure 9.* a touch & feel picture book provided in the HIPPY program
- Figure 10.* HIPPY child experimenting 1
- Figure 11.* HIPPY child experimenting 2
- Figure 12.* Experimental art made by a HIPPY child
- Figure 13.* Reading for a child at night
- Figure 14.* Teaching a child how to use Google map
- Figure 15.* HIPPY child's drawing
- Figure 16.* HIPPY child practicing writing English alphabets
- Figure 17.* Having time with your children
- Figure 18.* Support, Care and love
- Figure 19.* HIPPY Child creating an art 1
- Figure 20.* HIPPY Child creating an art 2
- Figure 21.* Magical pot
- Figure 22.* Dream house

List of Tables

Table 1. Summary of RHH evaluation project

Table 2. Country of origin (Source: ETO, Mothers Matter Centre (January 2019 – March 2021))

Table 3. HIPPY parents' ages (Source: ETO, Mothers Matter Centre (January 2019 – March 2021))

Table 4. Years in Canada (Source: ETO, Mothers Matter Centre (January 2019 – March 2021))

Table 5. Marital Status (Source: ETO, Mothers Matter Centre (January 2019 – March 2021))

Table 6. Household Size (Source: ETO, Mothers Matter Centre (January 2019 – March 2021))

Table 7. Education (Source: ETO, Mothers Matter Centre (January 2019 – March 2021))

Table 8. Oral English/French Comprehension (Source: ETO, Mothers Matter Centre (January 2019 – March 2021))

Acknowledgement

We would like to express our deepest appreciation to all those who provided us the possibility to complete this report. A special gratitude we give to the refugee mothers and all the staff members involved in the RHH program at ISSofBC and MMC, who were willing to share their stories and experience, made the evaluation not only possible but also meaningful. We would also like to acknowledge with much appreciation the flexibility and collaboration MMC made with us especially during the pandemic. A special thanks goes to Dr. Annette Korntheuer who shared her experience in the project conducted with refugee families in Germany and provided constructive comments on this report.

List of Acronyms

MMC	Mothers Matter Centre
ISSofBC	Immigrant Services Society of BC
IRCC	Immigration, Refugees, and Citizenship Canada
GAR	Government Assisted Refugee
RAP	Resettlement Assistance Program
HIPPY	Home Instruction for Parents of Preschool Youngsters
Core	Regular HIPPY program
RHH	Reviving Hope and Home
ELL	Early Language Learning
BTL	Bond to Literacy
WTC	Welcome to Canada
SMART	Supporting Mothers and Raising Toddlers
ETO	Efforts to Outcomes

Introduction

This is the final evaluation report of the pilot project the Mothers Matter Centre (MMC) initiated in January 2018 in partnership with Immigrant Services Society of BC (ISSofBC), termed the *Reviving Hope and Home for High-risk Refugee Mothers Program* (referred to as RHH hereafter). The formative evaluation was conducted for the period between April 2019 and March 2021, and the findings are here presented by an external evaluation team made up of a principal investigator and an evaluation lead from Simon Fraser University (SFU).

For over 20 years, MMC has been a hub to successfully manage the Home Instruction for Parents of Preschool Youngsters (HIPPY) program, called Core HIPPY, across Canada. Core HIPPY is a home instruction program for mothers of children 3 to 5 years old. Using role-play as a method of teaching, the participating mothers work with their home visitors and learn how to deliver the HIPPY curriculum to their children. Applying Core HIPPY, RHH was created to provide more individualized peer-support and to respond to ongoing settlement challenges for isolated and vulnerable Government Assisted Refugee (GAR) mothers. RHH not only provides flexibility in HIPPY delivery supported by a home visitor, but also features another designated staff member, called a community navigator, to facilitate the support system for the GAR mothers in their settlement.

The program components initially planned for RHH implementation were the following:

- 1. Delivery of Modified HIPPY Program, including monthly group meetings**
- 2. Refugee Resources Bank**
- 3. Outreach Worker -> Community Navigator (from the 2nd cohort)**
- 4. Rumie Tablets¹: Settlement Support Resources and Materials**
- 5. HIPPY Summer**
- 6. Bond to Literacy**
- 7. Welcome to Canada**
- 8. Supporting Mothers and Raising Toddlers (SMART) – added from the 2nd cohort**

Figure 1 below indicates how MMC initially planned all the RHH program components in the process from accepting refugee families to providing individualized support to them through RHH. The mapping was created by MMC reflecting inputs from the external RHH evaluation team at the beginning of RHH. Each of the eight program components is described and analyzed in detail in the following section: description of the intervention and its causal assumptions, how context affects implementation and outcomes, what is implemented, and how the delivered intervention produces change, and outcomes.

¹ Rumie tablet is a device distributed to RHH participants and used to share settlement support resources and materials. It is explained more in details in the designated section.

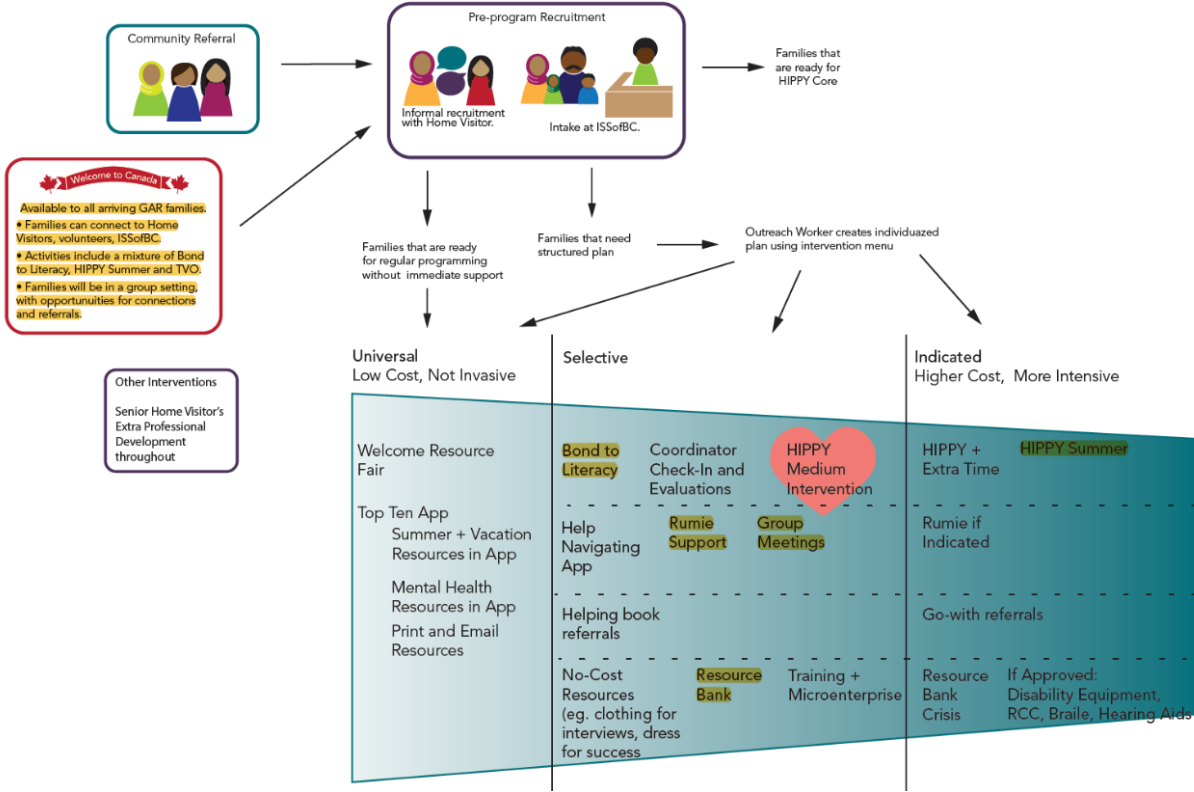


Figure 1. Mapping of RHH program components; Source: Mothers Matter

The intended period of the RHH pilot project for one cohort was eight months. The 1st RHH cohort took the program from January to August 2019, and the 2nd cohort followed from September 2019 to April 2020, which was extended until the end of August to accommodate for the unexpected COVID-19 situation. The 3rd cohort started in September 2020 and continued until the end of this pilot period in March 2021.

RHH cohorts:

- # 1: January to August 2019 (8 months)
- # 2: September 2019 to August 2020) (12 months, to accommodate for the unexpected COVID-19 situation)
- # 3: September 2020 to March 2021 (7 months)

The evaluation process started in April 2019. The mid-term report was submitted to MMC in June 2020 as a basis for further interpretation, dialogue, and learning and practice for RHH. The goal of the evaluation was to explore the feasibility of this social innovation to ensure the well-being, dignity, and social connections of high-risk, vulnerable GAR mothers.

The objectives of this external evaluation include the following:

1. Conduct a formative evaluation of the RHH program, including its components and organization systems, the efficacy and cost-effectiveness of its services-delivery flow, and its impact on users.
2. Conduct a formative evaluation of the effectiveness of MMC's methods of impact evaluation/assessment/performance measure.
3. Engage in ongoing *iterative* discussions with MMC and ISSofBC to examine the results of the analyses in progress and to provide process feedback to enhance the program as well as the evaluation scheme in parallel with this formative evaluation.

The following research questions were identified by MMC for the purpose of external evaluation:

Research questions

- Does the human-centred approach that the RHH program employs play a significant role in the well-being and dignity of high-risk refugee mothers and their families in their process of settlement in Canada?

Sub-questions

- How did the home visitors, mothers, and their families change their knowledge, attitudes, behavior, or condition after RHH program completion?
- How could RHH tools be adaptable and flexible to meet the divergent and complex needs of high-risk GAR mothers and families?
- How challenging is it to administer flexible individualized tools?
- What is the impact of adding additional expertise (outreach worker) to the HIPPY program model?

Background

As an outcome of *Operation Syrian Refugees* and further expanded commitments, over 40,000 Syrian refugees were resettled in Canada from November 2015 to December 2016 (IRCC 2019, ISSofBC 2017). The Syrian refugees were mainly admitted through one of three resettlement programs – Government Assisted Refugees (GAR), Privately Sponsored Refugees (PSR), and Blended Visa Office-Referrred Refugees (BVOR) – among others, such as Groups of Five, Community Sponsors, and In-Canada Asylum Program (Government of Canada 2019). Among the three resettlement programs, the GAR program particularly prioritizes the need for protection, which means that GARs often have greater needs and vulnerabilities than other refugee groups. GARs may include single mothers, families with young children, individuals with a medical precondition due to war or untreated trauma, and individuals with special needs due to physical limitations. Typically, the admitted GAR families start their lives in Canada as permanent residents and participate in the Resettlement Assistance Program (RAP), which offers temporary accommodations and one year of financial support from the Federal Government. After the initial year, if continuous financial support is necessary, they typically receive income assistance (IRCC 2019, ISSofBC 2017). While the support is available, they often face various challenges and barriers in starting their new lives in Canada, such as inadequate

housing, low first-language literacy levels, low competency in English or French, and social isolation (MMC 2017).

According to Yu et al (2007), language barriers are one of the biggest challenges, which are directly related to many aspects to successful integration, such as social connection and information gathering. In the case of GARs, 69% did not speak English or French upon arrival to Canada. Because most have significantly lower formal education levels compared to other refugees and immigrants, acquiring a new language is extremely challenging for GARs. While they often make friends with those who have the same ethnic backgrounds, they still face difficulties living in small ethnic communities depending on their own intersecting identities, challenges, and positionalities. For example, a never-married single mother raising a child on her own may face difficulty in belonging to a tight-knit ethnic community because of her personal identity may differ significantly from most of the community members. Despite such challenges, GARs, in general, showed significant improvement in developing proficiency in English within a few years of entry, eventually leading to a significant number of GARs applying for Canadian citizenship (Yu et al, 2007). Thereby, indicating a long-term commitment and personal effort by GARs to seek a better standard of living in Canada, not only immediate settlement support but also long-term integration and capacity building and community development initiatives need to be further considered for supporting refugee families (Esses et al, 2010).

Methodology & Methods

Framework of evaluation

As our evaluation framework, we employed the four domains of process evaluation from Moore et al. (2015) to analyze and evaluate each of the RHH program components:

- **Description of the intervention and its causal assumptions.**
- **Implementation**
- **Mechanisms of impact**
- **Outcomes**

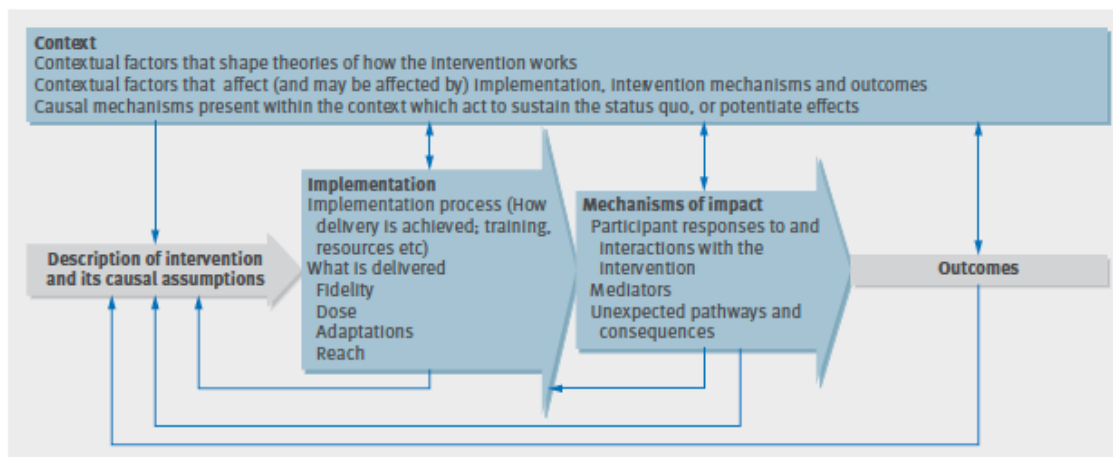


Figure 2. Elements of evaluation; Source: Moore et al. (2015)

Each of the RHH program components was analyzed and evaluated by applying Moore’s four domains framework to identify key information and/or generate new knowledge (data). Figure 2 further breaks down the elements of evaluation to be covered under each of Moore’s four domains. For example, to analyze and evaluate the description of the intervention and its causal assumptions of the “RHH – Bond to Literacy” program component, we (1) gathered existing available data, (2) explored potential new data sources, (3) collected new data from possible sample populations, (4) employed various methods of data collection, and (5) analyzed the data. We went through the same elements in analyzing and evaluating implementation, mechanisms of impact, and outcomes. Figure 3 below indicates how the evaluation methods link to the aims of the evaluation framework.

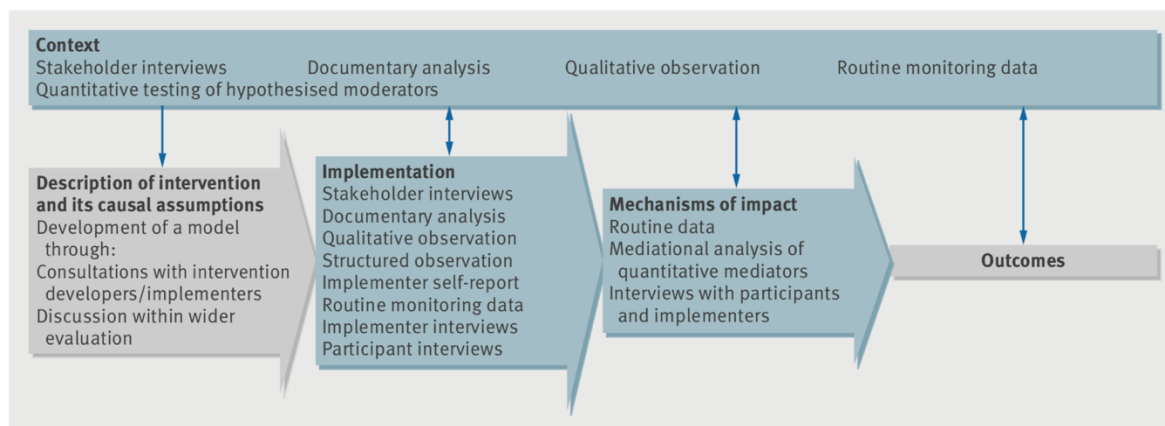


Figure 3. Methods of evaluation (flexible to modify); Source: Moore et al. (2015)

Methods of data collection & analysis

We employed mixed methods to collect data, including research field notes, participant observations of the RHH program components (home visits, group meetings of RHH participants, and HIPPI Summer), and semi-structured interviews and focus groups with the program stakeholders designed to collect qualitative data to evaluate the RHH program from various perspectives. The interviews were based on a list of questions soliciting each stakeholder’s perspectives (see Appendix A: Interview protocol).

	1st year	2nd year
Length of RHH program	2 years and 3 months (January 2019–Mar 2021)	
Type of evaluation	Formative evaluation of a pilot program	
Program site	ISSofBC	
Research personnel	1 PI, 1 Evaluation Lead/RA	

# of evaluation participants	-11 mothers (4 interviews and 2 focus groups) -Observations (home visits, group meetings) -13 staff members (17 interviews and follow-ups) of both ISSofBC and MMC	-8 mothers and their children (16 virtual* interviews & photo voice) -7 staff members (7 virtual* interviews) of ISSofBC and MMC
# of program participants	32	25
Other data collected	-Quantitative participant data, -MMC reports, -Research journal, -Field notes	

Table 1. Summary of RHH evaluation project

First year. The initial data collection was conducted from April to July 2019. The qualitative data were collected from 11 (out of 32) RHH participants (1st cohort) and 14 (out of 17) staff members (including frontline workers to a CEO) from both MMC and ISSofBC. All the individual interviews were conducted in English. Two focus groups amongst the RHH mothers were conducted in Arabic through an English-Arabic interpreter hired by ISSofBC separately from RHH. A follow-up interview with a RHH manager and a group discussion with five frontline workers at ISSofBC were conducted from January to February 2020 regarding any changes and adjustments made for the 2nd cohort.

In addition, we incorporated the data that MMC continuously collects from program participants using their data collection system, Efforts to Outcomes (ETO), as a routine outcome measuring scheme. Besides the demographic data of RHH participants, home visitors and an outreach worker (community navigator) recorded information such as hours of home visits and needs expressed by participants.

Although the ethics review process was exempted for this study by SFU’s Research Ethics Board as this is an evaluation project for quality assurance of the program, we provided consent forms for observations, interviews, and the focus group discussion to ensure the transparency of informed decisions for the evaluation participants and document our mutual understanding (see Appendixes B, C, and D).

The interviews and focus group discussion were partially transcribed by the evaluation lead and partially by an outsourced professional. The transcription of each interview was analyzed for emergent themes using NVivo software. The data were then used to cite a constructivist grounded theory² on what RHH participants and staff felt about elements of the program that are worked well and those that did not.

² Constructive grounded theory is a research method that focuses on generating new theories through inductive analysis of the data gathered from participants rather than from pre-existing theoretical frameworks (Charmaz, 2006).

Second year. The 2nd year data collection was planned to focus on learning from the experiences of the RHH participants from the 2nd and 3rd cohorts as the program components had become more evolved than in the 1st year. Around March 2020, the COVID-19 pandemic became severe globally, and British Columbia was no exception, and the RHH program delivery was affected; however, it continued to provide support to the mothers virtually. Therefore, the data collection also aimed to capture the new challenges and successes during the pandemic time. The 2nd year data collection was conducted via Zoom in July with 5 frontline workers of ISSofBC and from September to November with 8 RHH mothers, in either their first language, (Arabic or Farsi), through an interpreter, or in English.

There were two points of data collection for each mother. During the first interview, the mothers were asked about their RHH experience in general and during COVID-19. Then, referring to the Photo Voice method, the mothers were asked to take 3 photographs (while the RHH children took 2 photographs) to illustrate what the program meant to them or how it made a difference in their everyday life. In the second interview, questions were asked to help them talk about their photographs and to reflect upon their program experience.

Who are the RHH participants?

Demographic data have been retrieved from MMC's regular data collection, Efforts to Outcome (ETO), as mentioned above. The data below is the total number accumulated during the entire RHH pilot period from January 2019 to March 2021. The demographic information was voluntarily collected at the time of registration, therefore; "no data" in the data means the question was skipped by the person filling out the survey as a choice.

According to the ETO data retrieved, 80 mothers in total were registered for the RHH program, and 73 actually participated in the program. While ETO data reflected the number of people who were registered for the RHH program, in this report, the number of people, who registered but didn't actually participate in the program, have been noted separately in order to identify those who actually took the RHH program. The majority of mothers were from Syria as expected due to the prolonged conflicts there, and Canada's efforts to welcome Syrian refugees in the past. Of the remaining participants, 8% were from Iran, 4% from Iraq, and 1% each from the countries indicated in Table 2. The average age of the participants was 35 (Table3).

Table 2. Country of Origin

Country of O	Overall	% Parents
Afganistan	1	1%
El Salvador	1	1%
Iran	6	8%
Iraq	3	4%
Jordan	1	1%
Nigeria	1	1%
Somalia	1	1%
South Sudan	1	1%
Syria	48	60%
Uganda	1	1%
No data	9	11%
Registered but didn't participate in the program*	7	9%
TOTAL	80	100%

Table 3. HIPPY parents' ages

Age Ranges	# of Parents	% Parent
20-29	23	29%
30-39	47	59%
40-49	10	13%
TOTAL	80	100%
Average age	35	

As table 4 indicates 40% of the RHH mothers were new to Canada (less than 1 year in Canada). Overall, about 83% had been in Canada for 3 years or less. Seventy-one percent were married, with the remainder (29%) either, divorced, separated, widowed, single, or no data shared (Table 5). The most of RHH families had 3-6 people in the household but some of the families had even more people (Table 6).

Table 4. Years in Canada

# of Years	# of Parents	% Parents
Less than 1y	32	40%
1y	12	15%
2y	11	14%
3y	11	14%
4y	3	4%
5y	1	1%
6-10y	2	3%
No data	8	10%
TOTAL	80	100%

Table 5. Marital Status

Marital Status	# of Parents	% Parent
Married	57	71%
Divorced	3	4%
Separated	3	4%
Widowed	1	1%
Single	2	3%
No data	14	18%
TOTAL	80	100%

Table 6. Household Size

Household Size	# of Families	% Families
2	2	3%
3	13	16%
4	14	18%
5	13	16%
6	14	18%
7	8	10%
8	4	5%
9	2	3%
10	1	1%
12	2	3%
13	2	3%
No data	5	6%
Total	80	100%

Source: Referred to Efforts to Outcomes, Mothers Matter Centre, and created by Akiko Ohta

RHH Program – Components (Description, Context, Implementation, Mechanisms, and Outcomes) Program level

The collected data were analyzed through the following eight RHH program components using the logic model of Moore et al. (2015) explained above.

1. Delivery of modified HIPPY program, including monthly group meetings
2. Refugee resources bank
3. Outreach worker -> Community navigator (from the 2nd cohort)
4. Rumie tablets: settlement support resources and materials
5. HIPPY Summer
6. Bond to Literacy
7. Welcome to Canada
8. Supporting Mothers and Raising Toddlers (SMART) – added from the 2nd cohort

1. Delivery of Modified HIPPY Program, including monthly group meetings

Description of the intervention

Home Instruction for Parents of Preschool Youngsters, or HIPPY, aims to support mothers in preparing their children (3 to 5 years old) for schooling, as mentioned above. The instruction is based on role-play – a peer home visitor, who may speak the same language as the participant and understand the culture, visits the participant’s home regularly to deliver the HIPPY curriculum through role-play. The regular HIPPY program, called Core HIPPY, is to be delivered and completed in 30 weeks (6 months) and designed for three levels depending on the developmental stage of children who are 3 to 5 years old.

In RHH, the program delivery period was extended to 44 weeks (8 months), and the HIPPY program delivery strategy was modified to accommodate families at different stages of

settlement. The HIPPY curriculum was delivered by a home visitor assigned to each RHH participant once a week for approximately one hour. Once a month, a group meeting with all the RHH participants in the same cohort was organized to encourage social networking among the RHH participants. Most of the families were expected to be ready to move on to other programs at the end of the eight-month RHH program.

Context

Recruitment of RHH participants. The recruitment of RHH participants was conducted by three home visitors under the RHH manager's supervision. They received training for recruitment and explored each of their communities to search for GAR families with HIPPY aged children. They also received a list of GAR families from ISSofBC to contact who were in the Resettlement Assistance Program (RAP). The home visitors shared the recruitment experience where not only mothers' but also fathers' understanding and support were necessary for mothers to participate in the RHH program, especially as RHH consists of regular home visits, just like Core HIPPY.

Some refugee families were skeptical of having outsiders in their home due to cultural customs, their experience in their home country, or personal preference. Home visitors took more time for some refugee families to explain what to expect through the RHH program by talking with mothers, fathers, or other family members. Compared to Core HIPPY or other variations of the HIPPY programs, refugee families showed relatively more interest in participating in RHH because of the personalized settlement support offered in addition to the delivery of the HIPPY curriculum.

Various levels of language and schooling background. Reflecting their country of origin, the majority of RHH participants spoke Arabic or Farsi as their mother tongue. Other than these two languages, mother tongues varied. In terms of educational background, while some mothers had a degree from university or college, the highest educational level for 36% of the mothers was primary school completed, dropped out, or no formal education (Table 7). Therefore, their reading and writing comprehension in their mother tongues was not always fully functional. Additionally, due to the lack of schooling experience, they were not confident or familiar with skills needed to learn. These contexts are essential to consider when implementing a program catered to meet their needs. 65% had low level or no English oral comprehension at the start of RHH (Table 8).

Table 7. Education

Education	# of Parents	% Parents
University	8	10%
College	5	6%
College (Not completed)	1	1%
High school	14	18%
High school (Not completed)	18	23%
Primary school	17	21%
Primary school (Not completed)	6	8%
None	6	8%
No data	5	6%
TOTAL	80	100%

Table 8. Oral English/French Comprehension

English/French	# of Parents	% of Parents
Advanced	2	3%
Medium	19	24%
Low	35	44%
None	17	21%
No data	7	9%
TOTAL	80	100%

Source: Referred to Efforts to Outcomes, Mothers Matter Centre, and created by Akiko Ohta

Mothers' situations in regard to English learning. Most RHH participants were motivated to learn English so they could become more confident to go out and use public transit, take care of daily chores on their own without help, and communicate with people in general. Some mothers were facing a serious communication challenge even at home as their older children began to speak English only rather than their family's language, even to communicate with family at home. The mothers were worried that if they did not learn English, they would lose any means to communicate with their own children. Generally speaking, RHH participants were usually pressured or motivated to learn English for themselves in that sense.

We want something for us to learn more because our kids will go to school in September. I want to learn English, so I can communicate with my daughter (RHHmotherG1).

Besides RHH, there is another MMC pilot project, HIPPY Early Language Learning (HIPPY ELL), which has a structure where these mothers can learn English from an English instructor in a group setting. There is also a government-funded free English program for newcomers in Canada, the Language Instruction for Newcomers to Canada (LINC) program, for which they can be registered. However, in terms of the childcare provided on site, a child must be at least 18 months old. The RHH participants shared the dilemma that although they were eager to study English to survive in Canada, they could not enroll in such a program as they had newborns or toddlers in addition to HIPPY aged (3 to 5 years old) children.

Standardized HIPPY materials. While RHH is a new initiative applying Core HIPPY, it uses the standardized HIPPY materials for home visit instruction. As for HIPPY, the international curriculum had been previously used in Canada, and the entire curriculum was available in English and Arabic. In 2018, the Canadian curriculum was created by MMC to reflect Canadian contexts and was made available in English. For the Canadian curriculum, only book-related activities have been made available in Arabic to date. Some staff members had mentioned a need for the materials to be translated into a greater variety of languages, yet the cost of translation had been a concern. Overall, opinions on making various language versions had been divided. However, for those mothers who do not read in their mother tongue, home visitors had tried various strategies to deliver the curriculum and had made it possible for the mothers to work with their children on

their own through role-playing. In these cases, the language of the curriculum mattered the least. These strategies tried by home visitors are detailed later in this section.

The participants facing settlement issues. As most of the RHH mothers were relatively new to Canada as refugees, they were occupied with various appointments related to settlement. Some of them were trying to solve the problems of finding a home, finding a better home, or locating necessary furniture and goods for their home. Some were dealing with family members' medical conditions, unemployment, or children's issues at school. The challenges were doubled or tripled as they often need translation or interpretation support to take action. As all these matters are important and prioritized, their weekly RHH activities sometimes needed to be rescheduled or postponed. The home visitors expressed in interviews that while program delivery can be tailor-made and flexible for each of the mothers, a challenge was to keep the mothers motivated under such circumstances.

Implementation

Home Visits. For the 1st cohort, RHH was delivered from the period of January to August 2019 (8 months). The Core HIPPY curriculum was delivered once a week at RHH participants' homes. For July and August, the HIPPY Summer curriculum was delivered as part of RHH instead of the regular HIPPY curriculum. There were three RHH home visitors who worked with the 1st cohort and who were Arabic or Farsi speakers with previous experience working as Core HIPPY home visitors. During the program period, the RHH home visitors received a weekly HIPPY training course along with Core HIPPY or ELL home visitors. After the weekly HIPPY training, the RHH home visitors had a debriefing with their coordinator and manager as a group separately from the other groups of HIPPY home visitors. They usually discussed their home visits including any issues or challenges that needed to be addressed.

Depending on the case, the RHH home visitors generally gave the mothers a break, delivering fewer activities, repeating the same activities in the following week, or extending the home visit hours as necessary. When the home visitors spoke the same language as the mothers, they translated and wrote necessary information in their language on the curriculum plans each week as some of the mothers had challenges in reading or writing English. Alternatively, some mothers chose to have a home visitor who did not speak their mother tongue so that they could push themselves to learn and enjoy speaking English with their home visitors.

The home visitors individualized the methods of curriculum delivery to meet each participant's background, situation, and preference. For those who had never read or written in any languages, the English version of the HIPPY curriculum was used. For those who read and wrote Arabic, the Arabic version of the book activities was also shared. Some participants found it helpful to learn the curriculum in both English and Arabic.

One of the real advantages of the program was that it allowed parents to say, "This is what I can do this week. And so we would go alongside and support them with what they felt capable of and encourage them, maybe a little bit more than what they felt capable of to see and strengthen them (ISSofBC2).

In the delivery of the HIPPY curriculum, the mothers experienced various challenges because of the participants' particular backgrounds or situations. In these situations, the home visitors made an effort to make the curriculum meaningful to the mothers. Most of the strategies shared for this evaluation confirmed the ones identified in the HIPPY evaluation report, *At home in Canada* (MMC 2017). The strategies mentioned in our data collection are marked with asterisk (*) in a list of HIPPY delivery strategies identified in the report in 2017, as follows:

- Developing a strategy for communicating an English or French curriculum in Arabic*
- In cases where the mother did not have first-language literacy, the dynamic became more complex. Mothers were learning English, at least key concepts and words, through the HIPPY program.*
- Translation of the curriculum into Arabic*
- Physical acting-out of the curriculum*
- Identifying similar Arabic stories
- Developing picture-reading techniques*
- Delivering the program in English and following with an Arabic explanation*
- Blending English and Arabic with phonetic spelling
- Trouble-shooting vocabulary in advance of the home visit*
- Including older siblings in role-play*
- Using translation tools*
 - ➔ The RHH home visitors taught the mothers how to use Google Translate in order to learn the pronunciation of the English letters.



Figure 4. RHH Home Visit, the participant's home in Surrey, British Columbia. June 26, 2019.

There were also other techniques the RHH Home visitors used in their home visits, as follows:

- **Developing a strategy for the mothers to remember both the content and the delivery of the curriculum to their children.** While the home visitors read a book to the mothers, they let the mothers see the pictures in the book, which made it easier for them to memorize the story and tell it to their children later. After delivering the curriculum, the

home visitors gave them a summary of the activities they did for the week, or they drew some pictures of the curriculum for the mothers to remember.

Because it's hard, most of the ones for the moms who had no literacy. So, even if it's Arabic, they will not read it. They can't read. So, that's why we do the role play, and I draw for them, so they know what activity this is to remember to do it with their kids and even though I will try to let them write some English words. So, for me I found it no, even if it's in Arabic, no. Maybe for the ones who read it's much easier. But no, it will be okay, but we try to deliver to them in the right way for each mom (ISSofBCHV1).

- **Teaching English letters and counting.** Home visitors mentioned in the interviews that the HIPPY curriculum for four-year-olds included learning the ABCs, and the mothers were learning this for themselves, too. However, mothers who were using the curriculum for different levels also wanted to have the chance to learn the English alphabet alongside their children. Accordingly, the home visitors started teaching the English alphabet in addition to the established HIPPY curriculum. This addition to the curriculum proved beneficial to both the participants, who were eager to learn English basics, and to the home visitors, who expressed the desire to specifically embed alphabet learning into the RHH structure. It was suggested, for example, to deliver the HIPPY curriculum for an hour while working on English with the mothers for half an hour during each visit.
RHH mother 1: I want to learn English more. So I want a program to teach me
- **Making connections between mothers' learning and their daily lives.** Whenever the home visitors taught the mothers, they tried to integrate some item(s) in the participants' homes to help the mothers connect the concepts to their everyday lives. For example, the home visitors demonstrated how to count items in the laundry and how to compare the sizes of the various pieces of clothing in order to support the learning of vocabulary for counting and comparison. Not only did making practical connections to daily items facilitate the memorization of concepts, but also increased the participants' confidence in their own daily activities.

Group meetings. A group meeting was organized once a month by the three RHH home visitors and the training coordinator under the supervision of the manager. The meeting usually consisted of an ice breaker, a land of origin acknowledgement, a workshop, lunch, and socializing. For the workshop, guest speakers were invited on occasion, such as a police officer, in order to learn about themes important and useful for the RHH mothers. In the absence of a guest speaker, the RHH training coordinator led the workshop by exploring topics of interest to the mothers to ensure that workshops were run as scheduled. Given their in-depth experience of working with refugee and immigrant families, the RHH staff members were capable of making quick adjustments to respond to sudden changes or unexpected matters. The RHH group meetings usually had a high attendance rate. Everybody, including those whose English was limited, was eager to come and meet other mothers. Some of the interviewed mothers expressed how rewarding it was to meet other mothers in similar situations and to get to know

them in person through the group meetings, especially as the alternative would mean remaining at home alone with their children, feeling isolated.

Group meetings were an important part of RHH for social networking and information. However, with the COVID-19 situation worsening in the spring of 2020, RHH delivery and support was shifted to a virtual platform, resulting in the necessity to readjust the program in its entirety. From Fall 2020, group meetings started again to virtually connect RHH mothers.

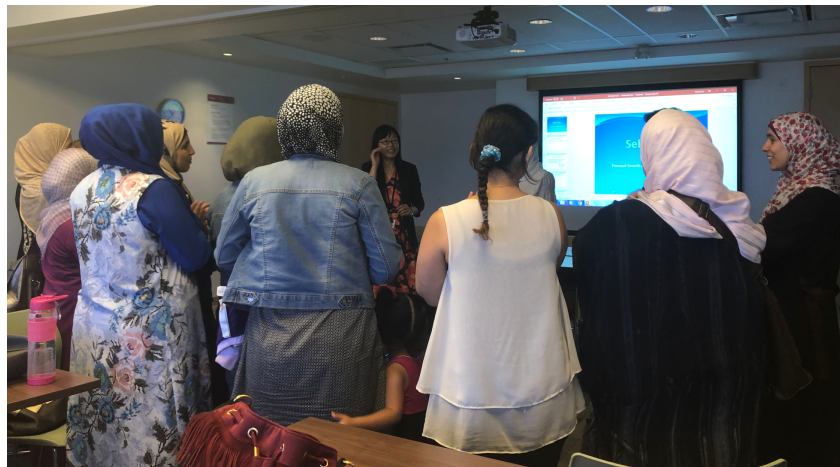


Figure 5. RHH group meeting, ISSofBC in Surrey, British Columbia. June 21, 2019.

Mechanisms of impact

Flexibility in delivering the RHH program. The flexible delivery of the HIPPIY curriculum allowed the home visitors to respond to the needs of each of the mothers accordingly. The situations of the RHH mothers varied widely and included: single mothers; mothers of children with physical disabilities or developmental issues; other family members with disabilities; unemployed husbands; and illiterate and/or uneducated mothers. Each mother's situation affected how they could participate in the RHH program. Without the flexibility in RHH, some of the participants could not receive the benefits of what RHH can offer them. The observations and interviews have confirmed that the flexibility in RHH, including flexible scheduling, flexible lesson pacing, flexible meeting locations, and the choice of language of instruction and curriculum, not only allow the mothers to join the program but also strengthened their continuous participation in the program.

Like when you give the curriculum for a week, sometimes, you know, we, moms get busy.. and it's hard to do everything at the same time, at the right time. So, sometimes we may do like... if you give like five sections for five days, so we may do like three or four. Then, one maybe we do over the weekend or for whatever next like... the following week (RHHmother10).

More holistic environment created for RHH participants. According to ETO data collected at MMC, a total of 60–65 % of the 1st RHH cohort moved on to another program, and 35–40 % of the 1st RHH cohort participants returned for the 2nd RHH cohort (September 2019–April 2020). While some participants attempted different HIPPIY programs, such as ELL or Core, they realized

that the RHH program better suited their personal needs; therefore, they opted to continue with RHH. Other participants expressed hesitancy to continue with HIPPY due to a replacement in home visitors; however, their attitude changed when they realized that their network of RHH families were staying with the RHH program.

This indicated that throughout the RHH program, the mothers were able to make multiple connections with various people, including their peer RHH mothers, home visitors, the HIPPY coordinator, the RHH manager, and outreach workers (community navigators). Therefore, having a different home visitor alone was not reason enough to discontinue their participation in the HIPPY programs. Each of the 1st cohort mothers was given the freedom to determine the best course of action on her own, in regard to continuing the program. The final decision was then made via discussions between RHH staff and each of the participants. Furthermore, some interviewees mentioned that when there was a staff change, such as when RHH home visitors took on new roles as settlement workers or a community navigator within ISSofBC, it actually promoted a greater sense of a more holistic experience as they continued to see familiar faces supporting them in different roles.

Outcomes

Delivery of the modified HIPPY program, such as the Flexible Delivery Schedule and the 90-minute (extended) home visit was favoured by both the participating mothers and the home visitors. The flexibility enabled both parties the ability to adjust the learning pace to the needs of the mothers and children, depending on the situation. Upon consultation with the home visitors, the number of activities could be reduced, or a short-term program break could be implemented when the mothers were dealing with urgent or unforeseen matters. This enabled the participating mothers and children to continue with the HIPPY curriculum at their own pace. The mothers' retrospective post-then-pre self-assessment ³of ETO revealed that they were spending more time with their children (playing, reading, and teaching language and culture), were more confident to teach their children new things, and felt more comfortable communicating with other people (teachers or staff) at their children's school, pre-school, or daycare as a result of RHH program.

What worked

- Involving not only mothers but also fathers and other family members, during recruitment, to explain the benefit of the RHH program
 - ➔ Gained the whole family's support for mothers' participation in RHH
- Offering personalized settlement support in addition to the delivery of the HIPPY curriculum.
 - ➔ Made it possible to support the entire family's settlement needs through the mothers

³ Retrospective post-then-pre self-assessment: "At the end of the first program year mothers were given two identical assessments. In the first, they were asked to answer questions based on what the answer was before they joined RHH and, in the second, they were asked to base their answers on their situation since joining RHH." (MMC, 2020)

- Utilizing various strategies to deliver the written curriculum to meet each participant's background, situation, and preference.
 - ➔ Made the curriculum inclusive for everyone and personalized the learning experience
- Debriefing with RHH coordinator and manager
 - ➔ Made it possible for home visitors and a community navigator to share updates of the mothers' situations and gain advice
- Teaching the mothers English alphabets and useful words along with the curriculum delivery for their children
 - ➔ Raised mothers' motivation to learn for themselves while teaching their children
- Having a periodical group meeting
 - ➔ Developed social connection among the RHH mothers

2. Refugee Resources Bank

Description of the intervention and its causal assumptions

The refugee resources bank was aimed to enable staff to augment programs with additional flexible funds to accommodate the needs of high-risk mothers (resources bank policy).

Context

Resource Bank Policy created by MMC states that services eligible for funding may include additional time for home visits, additional time for other family appointments, translation, extending the program year, and additional childcare or transportation. Additional requests might be considered within the funder guidelines and consistent with ISSofBC policies. These might include emergency housing, registered clinical counsellor. Should surplus funds remained at the end of the cohort/fiscal, funds might be allocated to *Welcome to Canada* participants. Allocations not covered by this policy was referred to the RHH Advisory Committee.

Implementation

The resource bank was utilized to cover various costs incurred during the program from transportation costs to program overhead. For example, money was allocated to cover transportation expenses to medical centers. In addition, the expenses of moving furniture were also covered using the resources bank. Workshops periodically relied on the resources bank, including those centered around infant first aid education and food safety awareness. Food coupons were distributed for food security as well using the resource bank.

According to the interviews, it was further used to pay overtime for the RHH home visitors and other staff of ISSofBC in order to compensate for an RHH staff shortage. The maximum hours the home visitors could work was 25 hours per week. When the number of hours exceeded this amount, the resources bank was used to compensate for the additional wages. However, according to interviews, the need for this type of financial support was infrequent.

To accommodate for program flexibility, the resources bank provided the necessary financial allocations on an as-needed basis.

Mechanisms of impact

Anticipating RHH participants' transition after completion of RHH. While the resources bank was ultimately supporting the needs of the mothers, there was a view shared in the interviews that the resources bank could potentially create dependency in terms of overall program sustainability. Once the mothers leave the RHH program, they no longer have access to such financial resources; therefore, some interviewees thought it may be better to use it only for emergency cases, and that such emergency resources could be helpful to have not only for RHH but for any HIPPY program.

I don't know how we build the capacity to look at beyond HIPPY work or HIPPY resource bank. That's something I think we are kind of need to think. How do we move from that? Because I think it's a great resource, we all need, but it doesn't exist permanently (ISSofBC2).

In the initial interviews, some staff members were concerned whether RHH mothers would feel comfortable moving on to another program which did not have the same access to financial resources such as RHH's resources bank. Nonetheless, many 1st cohort participants felt comfortable enough to move on to other HIPPY programs, such as Core or ELL. This success reflects the mothers' experiences and growth throughout RHH. They were able to build their confidence through support from RHH staff and peer mothers and feel ready to graduate from RHH without relying on the temporary financial resources available at RHH.

So, the resource bank wasn't as much of a factor for sure. It's just I think home visitors did a really good job of making moms feel confident and realized they were potential because they already had potentials, they were just sort of finding a way to utilize it. So, I think yeah. I think they did a really good job of making moms feel comfortable moving on to a second base (ISSofBC3).

Furthermore, considering sustainability, RHH participants were also encouraged to seek out their own personal financial resources to support themselves, which will prove to be more sustainable in the long term.

Once they graduate, they no longer have access to the medical interpretation or transportation, so we're trying to see what else they have in their personal resource, if there is a neighbor who can watch the children, is there a family member who can go with them, is there a family member who speaks English, maybe older child who speaks English were able to help with the interpretation rather than using the med... So, we try to exhaust the personal resource before we can use that resource (ISSofBC2).

Equitable access to the resources bank and case conferences. Each of the RHH families had a different set of challenges and personal situations to be considered when determining how to allocate funds from the resources bank in an equitable way. The staff expressed some difficulty in gauging who was more deserving of the resources as the families' challenges could not be easily judged in comparison. For example, some mothers of children with disabilities may have

had frequent hospital visits and/or requested medical interpretation regularly, whereas other mothers required interpretation for communication with their children’s school or at the local clinic.

Some RHH clients need the resource bank in a regular basis, but it’s not possible to provide them all the time (ISSofBCHV2).

In order to discuss the cases of each RHH family, a case conference was organized among home visitors, community navigators, and the RHH manager as necessary to determine the support needed in the given situation. During the case conferences, it was decided what referral needed to be made and whether the resources bank should be utilized. To be able to share any confidential information shared by an RHH mother among staff, a consent form was provided and signed by the mother. Without signed consent, the information was not shared.

Role of settlement agency and working in line with mainstream service providers. While the resources bank made it possible to provide additional financial support to meet the RHH mothers’ needs, some staff felt that the mainstream service providers should be covering certain expenses instead, in terms of long-term care. It was expressed that the role of the settlement agency is to connect the clients to the mainstream service providers. Therefore, the mainstream service providers, such as community centres, need to be able to define the demands and become trained to serve particular cases. A settlement agency is expected to focus on their support for new commers as their mandate and liaise with long-term service providers for the mothers who need more long-term support.

In the follow-up interviews, ISSofBC staff commented that they have started working more closely with mainstream service providers, such as DIVERSEcity Community Resources Society and Options Community Services. Through RHH’s community navigators, ISSofBC provided the RHH mothers guided pathways by referring them to the other organizations. ISSofBC also worked closely with the ASPIRE program of the Muslim Food Bank, which has caseworkers working on weekends, whereby making possible for mothers to contact ASPIRE more conveniently. It provided RHH mothers more security to have more than one contact in case they needed help.

Outcome

The Refugee Resources Bank was a pool of financial resources available for range of applications. The financial resources were used, for example, for transportation and interpretation when necessary. While the resources bank provides convenience and comfort to meet the participants’ immediate needs, sustainability issues regarding how the participants can become less reliant on such services in the post-program phase comes into question. One of the main outcomes of the Refugee resources bank as noted through discussions with RHH staff is how the financial resources should be best utilized. Important issues to consider can be summarized as: 1) how limited resources used in a limited time period can be used most effectively and equitably; 2) what is the settlement agency’s role is to support refugee families; and 3) how could resources bank’s support be applied to other programs as well.

What worked

- Having a pool of financial resources allocated for the RHH program
 - ➔ Made certain required support for the refugee family was possible because the financial resources could be used more flexibly.
- Working in line with mainstream service providers in local communities for the RHH families
 - ➔ Liaised for more long-term support which the RHH families required

3. Outreach Workers -> Community Navigators (from the 2nd cohort)**Description of the intervention and its causal assumptions**

RHH designated outreach workers are hired to support the needs of RHH families through a needs assessment, freeing up time for RHH home visitors to better focus on their duties within the HIPPY program mandate (IRCC Proposal).

(T)he other thing is most of them have lots of things in their mind like doctor's appointment, housing, welfare, their kids so many different things make them can't focus, yeah. That's why, I think, when we are helping them to solve all these problems, it helps them also to focus on this program (ISSofBCCN2).

Context

Change of staff. The outreach worker took another position within ISSofBC during the eight-month period of the 1st RHH cohort. As a result, the 1st RHH cohort had an outreach worker only for the first few months. For the rest of the 1st cohort period, the RHH home visitors, an RHH training coordinator, and a RHH manager filled the gap in this service.

Case Management Programs. For many of the RAP and GAR families who moved out of the Welcome Centre, where they stayed temporarily upon their arrival in Canada, the RAP counselor made a referral to a case management program. That way, the families can have one-on-one case management support and be in contact with their assigned case manager, who can refer the families to suitable support programs as necessary. ISSofBC has a case management program called the Moving Ahead Program, and other community organizations, such as the DIVERSEcity Community Resources Society, Options Community Services, S.U.C.C.E.S.S, and MOSAIC, which also have their own case management programs.

If the RHH families were part of the ISSofBC's case management program, RHH would be aware of such information as there is a pathway of internal communication. However, in the case where RHH families were assigned to other organizations, RHH would only have access to this information when shared consent has been given. Furthermore, oftentimes, the RHH families did not always know the name of the program or the organization through which their case worker is assigned. Consequently, only after seeking out support for specific services for the mothers did the RHH staff come to the realization that the mothers already had a case worker assign from a different agency.

Thus, the RHH team felt they might be duplicating the existing services with the RHH's outreach worker. If such duplication of services was taking place, it could create more confusion for the families rather than resolve their issues. Additionally, in a case management program, because of the intensity involved, there is usually a structure to make sure that staff are debriefed and are taking care of themselves with somebody overseeing the process. However, in RHH, nobody was dedicated to such a role specifically even though the training coordinator and the RHH manager managed to provide partial care.

There are a lot of service providers doing a lot of that and creating confusion who does what. It's also creating with HIPPI you got home visitors and creating confusion of who does what. So, we are looking now at community navigator that intensity of that work we would pass that on to other service provider who is specialized in that. Our role is to help to connect them. We help meeting, help setting up an appointment. Connecting them to service providers out there (ISSofBC2).

Implementation

Home visitors as a connection between the outreach worker and the participants. Three home visitors worked for RHH cohort 1, two Arabic speakers and one Farsi speaker. Referral was a big part of RHH as the mothers needed referrals for housing, clinics, and interpreters, among other services. The RHH home visitors usually received multiple requests from the mothers since they were the first individuals to come in contact with them. In RHH, the position of outreach worker was designed to manage referrals for participants.

The home visitors introduced the outreach worker to the mothers at their home visit or at ISSofBC for their first meeting. Once the communication between the outreach worker and the mothers was established, the home visitors moved away from the conversation to give privacy to the mothers. The outreach worker conducted a needs assessment for the mothers in person.

RHH needs assessment. The needs assessment for RHH was adapted from that of ISSofBC's case management platform, the Moving Ahead Program (MAP). In the assessment, different life domains were looked at, for example, financial status and family needs, including physical health, mental health, and social isolation. It was mentioned by the staff that the assessment could not always be completed at once. While some people come forth right away with their needs, some people take time to build trust with the person conducting the assessment. Ideally, all the mothers were to be contacted by the outreach worker and complete the needs assessment through that individual; however, it was not always possible. Some of the mothers' schedules clashed with that of the outreach worker, and they thus were unable to meet.

Beyond language barriers. Because the outreach worker was an Arabic speaker, the Arabic-speaking RHH mothers were able to communicate with her in their mother tongue. An interpreter was hired to communicate with Farsi-speaking mothers as RHH staff believed it important to ensure a private space for the mothers to share and talk directly with the outreach worker and also to establish a relationship with her. If their children were old enough, the

children tried to support the communication between the outreach worker and their mothers in English as well.

Outreach worker not only made referrals but also provided support. The outreach worker not only connected the mothers to services but also provided support to build the mothers' capacity. Most of the RHH mothers had many different challenges, so they had a settlement worker who helped them with their settlement needs. The outreach workers introduced the mothers to key services, such as referrals to another service provider, issuance of government-issued coupons for grocery or baby items, or assistance in making medical appointments. The outreach worker trained some mothers to take public transportation on their own. Sometimes, the outreach worker had a meeting with the Ministry of Child & Family Department (MCFD) and the team of service providers when there was a concern about children. Families dealing with domestic violence were also helped to navigate the legal system.

Mechanisms of impact

Coordination between outreach worker and home visitors. Even during the time when the outreach worker was available, RHH participants felt more comfortable talking about their needs and issues with their home visitors, who visited their homes every week, instead of contacting the outreach worker. Even though the home visitors encouraged them to contact the outreach worker directly, the mothers felt reluctant to call her.

It is not uncommon for a home visitor to be regarded as a lifeline to the outside world, particularly for highly isolated families who do not speak French or English. (MMC, At Home in Canada, p. 26)

As a result, the home visitors often passed requests from the mothers to the outreach worker. Furthermore, some cases of confusion arose when the mothers gave mixed messages to the home visitor and to the case worker. In such cases, the home visitors would be trying to do one thing, while the outreach worker was trying to do something else. Although the outreach worker attended the weekly check-ins with the RHH home visitors, the communication between them could have been stronger to enable them to be on the same page.

Mechanisms of impact

Change from outreach worker to community navigator. From the 2nd cohort, the outreach worker transitioned to the position of community navigator. Reflecting on the lessons learned from the 1st cohort, the role of the outreach worker was revised to be a role in which the community navigators were expected to navigate support systems and connect families to particular resources, rather than handling all support needs. With more continuity in connecting mothers to the services, it was assumed that the mothers could then more smoothly transition out of the RHH program.

A former HIPPIY RHH home visitor and a former settlement worker took on the community navigator roles for the 2nd cohort. One is Arabic-speaking, and the other is Farsi-speaking. The RHH home visitors for the 2nd cohort were a former RHH home visitor and two former home

visitors for HIPPY ELL and Core. Two community navigators and three home visitors were able to communicate and collaborate well to work as an effective team which supports RHH families holistically.

It has shifted completely. So, which is led to I think more holistic way of working in that I think before they... and it could be several factors, that there wasn't as much of a communication, so I think maybe it was going more to home visitor and they were overburdened with more information whereas I think our learning from that has led for home visitors to be a little bit more boundary focus. So, sort of like redirecting the conversation. And because one of the community navigator was a home visitor, so they know how to interact with mom. She understands HIPPY very well. The other community navigator used to be a settlement worker, so she brings a wealth of like settlement resources and she's able to connect moms very well. So, it's been very interesting so if anything comes up, home visitors were redirect and moms will actually connect with the community navigators. So, it's yeah. It's worked out really well (ISSofBC3).

Follow-up by outreach workers / community navigators. For the 1st cohort, the outreach worker was expected to consult with all the RHH families. However, it was challenging to deal with all the RHH families' needs in as timely a manner as the families wished. When the outreach worker was occupied with certain families' various needs, the other families felt left out or needed to wait for a long time for her attention, which they considered unfair to them. In some cases, follow-up meetings failed to happen after the initial meetings, and the mothers' requests were unmet.

For the 2nd cohort, the two community navigators were able to keep track of all the RHH mothers they had been assigned to and were able to keep regular contact to provide continuous support whenever needed.

There is no specific time you need to spend it every week with each client, but I tried, like, if every week or every other to contact all the clients, even at least by phone to check on them, to make some referrals for them, to tell them about new programs if they are interested or not (ISSofBCCN1).

Community navigators maximized the RHH experiences of the participants. It was expressed in interviews that if there were community navigators working for not only RHH but also other HIPPY programs, the participants could receive more holistic support where necessary. Even in Core HIPPY, there are mothers who have emergent needs but who do not qualify for RHH. So, in that sense, community navigators working across HIPPY programs would be very helpful.

I think even one of the home visitors said it's so different, it's so different from what I did in ELL because a lot of things I still hold on to like I have to do a lot of referrals in ELL whereas here I can just say talk to community navigator and I'm okay I can focus on Core curriculum. So, that was very interesting to hear even for myself (ISSofBC3).

One of the success stories is that there were some RHH mothers in the 1st cohort living away from ISSofBC, where their group meetings were held. Some of them were not able to attend any of the group meetings because they didn't know how to take public transit. As they stayed in RHH, the community navigators went to their homes and took a public transit together with them to ISSofBC to teach them how to navigate the train system. This enabled the RHH mothers to participate in RHH group meetings and to meet other RHH participants in order to develop their social network. Furthermore, the community navigators were also able to provide some interpretation support to help the mothers with basic daily living interactions. Such personalized support was hard to obtain for somebody new to the country, and community navigators were filling the service gap in settlement services.

I go to their house and park my car there, and go with them if they have another appointment, or how to use the bus to go to some specific place (ISSofBC HV1).

This is the best part, especially for the clients who are scared to go outside (ISSofBCHV3).

The role of community navigators was clearer for the home visitors and the clients. For the 2nd cohort, the boundary of work was clearer for home visitors and community navigators, which, in turn, made the distinction easier for the mothers to understand; thus, making the whole system smoother for all parties. While the RHH home visitors were able to focus on their HIPPY curriculum delivery, the community navigators were able to assess the needs of the RHH families, including the children and the other family members, and to provide the needed referrals or support.

So, my role is to help the mom to navigate in the city and to know more resources. So, I refer her for more resources around her, what will she benefit from it, and also help her to know how to use the transit and also if she wants to register in any class... encourage her to go out and try new things. Looking for also resources for the family that can help them with many... different stuff. And... for the mom, and for the dad, for the kids, refer them to the right resources (ISSofBCCN1).

Collaboration between community navigators and home visitors. In the 1st cohort, some communication gaps between the outreach worker and home visitors were evident, causing redundant work on both sides. In the 2nd cohort, during the first home visit, a team of home visitor and community navigator went to the mothers' homes together to explain the distinction of each role. If the mothers mentioned some need for support to the home visitors, the home visitors immediately communicated these with community navigators by text or phone. As a result, things went smoothly especially because the mothers understood the different roles of the home visitors and community navigators.

Yeah, because in the first home visit we started right this year. With the home visits I went with (a community navigator). We went together and we explained our role. This is my role, this is what I can do for you, and..... this is what (a community navigator) is allowed to do for you. I'm not allowed to do her work, she's not allowed to do my work.

And then they get the point, they understand everything since the beginning. So, that's why when they call, they call her for something, sometimes I don't know that they call her regarding this point, but I'm focusing on delivering the curriculum to them. To show them on how to teach their kids at home, and also to just take notes of everything they need, and after that I can share with xxx and she can take care of this part (ISSofBCHV1).

More variety in RHH mothers' backgrounds and languages. For the 2nd cohort, there were both Arabic- and Farsi-speaking home visitors and community navigators, which matched a majority of languages spoken by the RHH mothers. Two mothers were proficient enough in English to communicate. It was expressed amongst staff members that strategies may be needed for more diverse clients who speak different mother tongues and have no or low English literacy for future cohorts.

Interviewer: *So, what kind of things did you consult with (a community navigator)?*

RHH mother: *Oh! About anything. For example, when I came to this shelter, I lost my family and everything, and I was new in Vancouver and I had problem about something, about money, and she find for me some organization to find some help for me. And she helped to me for find a good family doctor, and now I have it, a good family doctor. And she helped me about registration for (community college), because I had problem, and I don't know why I couldn't find something, and she called me, and several times speak with them, and they helped me (RHHmother9).*

Outcomes

The Personalized Settlement Plan, Referrals and Handholding were managed by community navigators through consultations with participating mothers. As community navigators were introduced to the 2nd cohort of RHH, the boundary of the work roles between home visitors and community navigators were clarified for everyone involved in RHH. That made the program proceed more smoothly and efficiently for everyone.

(Community Navigator) really gave me hope. She she really treats me with kindness that... everything will be all right. And like, I didn't need to be really worried, I didn't need to be like under the pressure or stress, everything will be fine (RHHmother11).

I could not say the precises enough of our community navigators and the roles that they played in the lives of their clients. Their willingness and sincerely as they would contact every single client every week and check in with them to see how they are doing, what are your needs, this is what I've been working on for you, how can I support you with this other thing, let me find the information for you about this this and this. It was outstanding how they talk with me about what they are gone through or gone over with the clients. Just their presence and support for the clients, I think it was a real contributing factor to retention (ISSofBC3).

Community navigators were such a strength in RHH project. I was speaking to (ISSofBC staff) a couple of days back. We had our management monthly check-in. She said that..

It's her word, She said that "Community navigators are such a vital part of RHH and I cannot imagine HIPPY without community navigators because there are so many needs at the family level, which community navigator helped with..... That was a huge success. If we had the money, we had put community navigators across all HIPPY programs. ISS was so so happy the way the model worked (MMC8).

What worked

- Having a community navigator to provide settlement support while the mothers worked on HIPPY curriculum with a home visitor
 - ➔ Provided the support the mothers and their families needed with settlement while the mothers worked toward their children's school readiness and their own learning and socializing
- Having an experienced HIPPY frontline worker as a community navigator
 - ➔ Made collaboration between RHH home visitors and RHH community navigators smoother and more effective.
- Making each of the staff's role clear to staff and the program participants
 - ➔ Avoided confusion for the program participants about whom to contact for what

What didn't work

- Handling all support needs by an outreach worker.
 - ➔ It was more suitable to have someone in the program navigating support systems and connect families to particular resources so that the mothers may then more smoothly transition out of the RHH program.

4. Rumie Tablets: Settlement Support Resources and Materials

Description of the intervention and its causal assumptions

The Rumie Initiative is a non-profit organization that provides underserved communities with access to a quality digital education through technology (www.rumie.org). The tablets provided by Rumie Initiative that we called Rumie tablets loaded with multi-lingual settlement and non-settlement information were planned to be lent out to RHH families. The shared information included "Settlement Top Ten Essentials," English/French language learning tools, apps and videos, and learning materials that help prepare a child for school (IRCC Proposal). The tablets were also planned to be used by the home visitors and community navigators to regularly collect information on the mothers' progress or to take notes of their situations for ETO on site, which was expected to make the data entry more collaborative for the mothers.

Context

Delayed implementation of Rumie tablets. The original plan was to distribute the tablets to the 1st RHH cohort, but this was postponed until the 2nd cohort, which started in September 2019. There were four main reasons cited for the delay, according to the interviews: 1) struggle to gather the necessary information for Rumie content, 2) RHH mothers preferring to consult with support staff rather than using Rumie tablets for help, 3) RHH families not familiar with using tablets, and 4) technical problems of Rumie tablets. In December 2019, nine tablets were distributed to some of the RHH participants and taken home. It is planned that more will be distributed as the RHH mothers get ready for using Rumie tablets.

Firstly, according to some interviewees, it was difficult to implement the Rumie tablets without having the ability to collect the information for Rumie tablets, especially without the knowledge of the effectiveness of the information and owing to the staff change/shortage at RHH. Additionally, it was challenging to tailor the Rumie content to meet everybody's individualized needs.

Secondly, it was perceived by the ISSofBC staff that it could be easier for the RHH participants to consult with the community navigator instead of searching for the information on the tablet on their own when they needed support. One of the reasons for this was that some RHH mothers had limited or no literacy in both English and their mother tongues. Even if it was written in their mother tongues, it remained a challenge as to whether the information would be accessible. Some interviewees mentioned that voice notes or video content could have been more useful and inclusive for information sharing. Furthermore, a referral was often required for the families to attain certain services, so they would have had to contact the navigator even if they used the Rumie tablet for information searches. By contacting the community navigator, the necessary information could be translated, and the families could be directly connected to the necessary services.

Thirdly, the families did not initially show much interest in using the Rumie tablets. The home visitors understood that they were not used to having or using a tablet and did not feel the need to learn to use it. Some mothers were afraid that their children might break the tablets and did not want to keep them at home.

Fourthly, there were some technical issues, such as the charger not working, the battery dying quickly, and not having the Rumie app downloaded. Therefore, the Rumie tablets needed to be checked and repaired or replaced by the Rumie Initiative through MMC.

Implementation

Rumie tablet and Learn Cloud. On the Rumie tablet or Rumie App, there is a digital repository of educational content called Learn Cloud (Figure 6). Learn Cloud is where a user can view content or download information to their own devices for offline usage. A co-op student from SFU at MMC developed an app for inclusion in the Learn Cloud by consulting with the Rumie Initiative, MMC, and ISSofBC.

Rumie libraries were prepared for each HIPPY program (Core, RHH, ELL, SMART), including resources for BC Housing, counselling, English learning, information on dental and medical care, and legal aid. The information was gathered from various sources online and compiled to make it easier for HIPPY participants to navigate. The ISSofBC assistant took on the role of resource collector and searched the websites of various organizations, found the various pieces of contact information, and filled in the template that the Rumie App developer had made for the resources that the outreach worker requested. The home visitors and outreach worker were the main sources for feedback on the Rumie application. The libraries were available in English but were also planned to be also available in Arabic and Farsi.

Resources in the Learn Cloud were downloadable to the Rumie tablet, so the HIPPY participants could use it offline when they didn't have access to the Internet. MMC made a Google Drive document connected to the Learn Cloud, so the information in the Learn Cloud could also be updated easily by updating the Google Drive document instead of relying on coding.

It is theoretically possible to add Learn Cloud to a regular smart device. If the mothers had their own devices, such as a smart phone, they could have access to the resources even after they returned the Rumie tablet upon completion of the program. Participants in other HIPPY programs might also be able to have the benefits of using Learn Cloud.

Learning English. As mentioned above, many RHH participants have shown interest in or a need to study English; however, the childcare for the LINC program does not accept any children younger than 18 months, so it is not possible for some mothers to study in either the LINC program or HIPPY ELL. For those mothers, having the Rumie tablet with ELL resources could ideally be very helpful as they could access the materials to study English at home. Some interviewees thought that HIPPY ELL mothers could benefit from using Rumie tablets more than the RHH mothers as ELL mothers were more prepared to practice English at home or use some of the language tools and were able to navigate the Rumie content better and practice English pronunciation and conversations on their own.

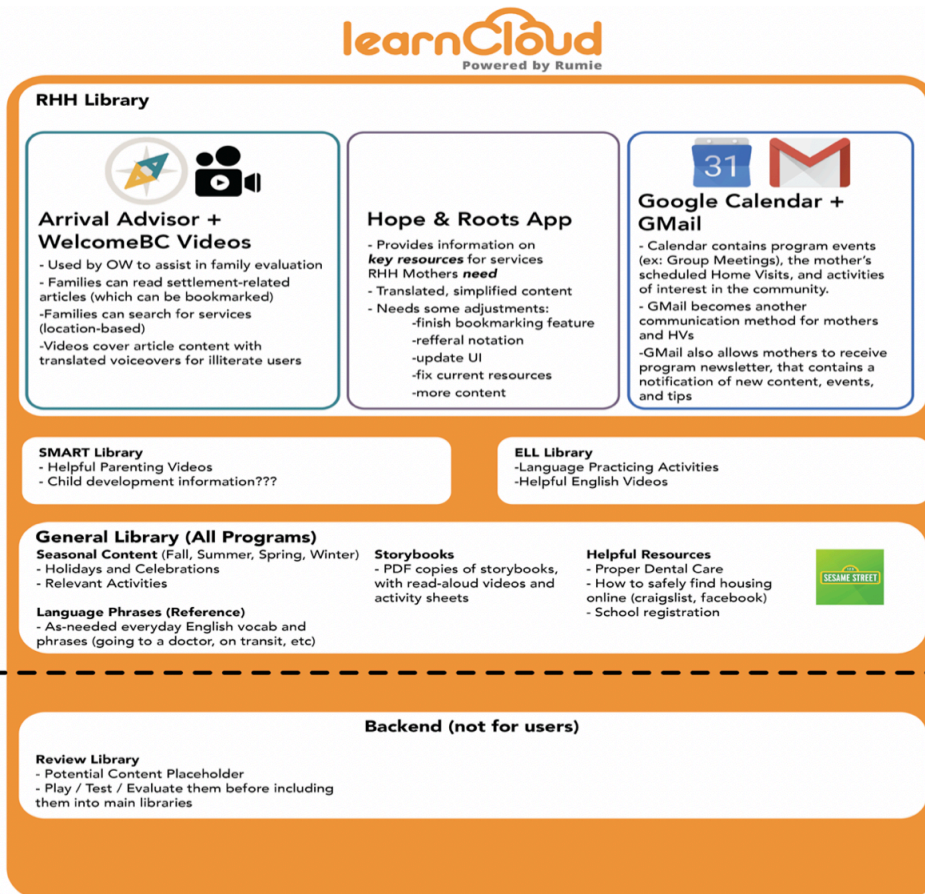


Figure 6. LearnCloud model for RHH;
Source: Mothers Matter Centre

Mechanisms of impact

Rumie to teach family languages to children. Some mothers may use it to teach their children Arabic as there are interesting games for learning the language on the tablet.

Digital literacy for mothers and children. According to the home visitors and community navigators, many mothers used the functions of the Rumie tablets to serve as smart phones. The tablets were used to make calls, take pictures, or search Google Maps for navigation by the mothers, while their children used them to watch YouTube videos or play games. When the mothers actually needed help, they talked to community navigators instead of searching for information on the Rumie tablets. This might be considered a good start as the mothers had a chance to familiarize themselves with using a smart device. As they become more familiar with the devices and gain more literacy, they might start searching out information by themselves.

The Rumie tablet gave an opportunity for the RHH mothers to acquire some digital literacy, which is one of the key literacies for survival in a modern society, such as that of Canada. At the same time, there was a concern about the screen time use by children when they had unlimited access to the Rumie tablets at home.

Using it also as an opportunity to for digital literacy but also I think monitoring children it's just a whole sort of I wouldn't say dependency but a lot of children are very attached to using the phone, so using that space as a conversation to say, you know, how much is the children on it, Rumie tablets are for you. So, how do we make sure that we can kind of... you know, guide how much children use it and how much moms use it, right? So, we're hoping... it's just been a couple of weeks but we're hoping we'll see the results from it (ISSofBC3).

Outcomes

The idea and initiative of distributing Rumie tablets to the RHH mothers was valuable. Raising digital literacy among vulnerable populations is a key way to improve various skills, including information searching, language learning, e-communication, and problem solving. This skillset proved to be especially necessary owing to the COVID-19 situations which have mandated that society rapidly move toward more digital methods of communicating and functioning (see RHH & COVID-19 pandemic). While immediate needs to use digital devices, such as using Zoom, could be acquired relatively smoothly by the mothers, other skills, such as online information searching, require more sophisticated mastery, such as reading, writing, typing, and navigating information. This latter point highlights the need to promote more long-term practical goals with tablet usage, such as teaching the mothers how to navigate online search engines rather than providing preselected information already downloaded, as a means to foster more independence in the mothers to search for information on their own.

During the COVID-19 pandemic, Rumie tablets were not available because of technical issues, including Rumie moving away from hardware development and only producing software. With the prolongation of the COVID-19 situation, it has been recognized that digital devices were

fundamental for RHH mothers to continue with virtual home visits and obtain necessary services, MMC immediately responded to shortage of Rumie tablets by fundraising to purchase other tablets and subsequently delivered new tablets to the RHH families. Digital skills that families have learnt and use of tablets helped them navigate settlement and other services – equipping them with skills and independence.

According to the report from ISSofBC, the devices were used for various purposes by RHH families:

- HIPPY Home visits
- HIPPY Group meetings
- Attending English classes
- Searching for information on the internet
- Using Instagram and other applications
- Watching cooking videos
- Using Google for translation
- Checking emails
- Using Google maps for navigation
- Watching videos and programs to learn English
- Engaging children in learning

Honestly, these times in this period of time it's helped them too much, not as you know, using as a navigator or something, they're using as a device. Because they didn't have enough devices at home, they use it as a device (ISSofBCHV1).

Rumie did not work, but it doesn't mean that digital technology did not work. As we can see with the tablet, digital technology worked really really well. (ISSofBC staff) said that like if we fundraise for HIPPY in the future, we always fundraise for tablets for the mothers because it helps the family at so many levels, and it also helps HIPPY (MMC 8).

What worked

- Making a tablet available for each family
 - ➔ Raised digital literacy to use the tablet in various ways in their daily life

What didn't work

- Having a resource depository in the Rumie tablet for refugee families
 - ➔ It was more practical for the refugee family to learn how to navigate the internet and reach the information they wanted.
 - ➔ Most of RHH mothers preferred to consult their community navigator for certain resources rather than using the resource depository.

5. HIPPY Summer

Description of the intervention and its causal assumptions

The HIPPY Summer curriculum was developed by MMC in 2015 and first delivered in 2016 as an eight-week program consisting of a series of group sessions. The HIPPY Summer curriculum was adapted to be delivered as part of the RHH program during the summer, including both home

visits and group sessions. In these group sessions, unlike the regular HIPPY curriculum, not only the mothers but also the children were directly involved in activities in separate rooms simultaneously, and all of them worked towards an end-of-curriculum performance based on their learning throughout the curriculum.

Context

Offered during school break in summer. The HIPPY Summer program was offered during the school break in summer. The HIPPY Summer group meetings were events that both RHH mothers and children, including siblings of HIPPY age children, could look forward to.

Implementation

Flexibility in HIPPY Summer delivery for RHH mothers. The HIPPY Summer program was delivered for eight weeks only to the RHH cohort, without any participants outside RHH, in combination with four home visits and four group meetings. Two separate group sessions were scheduled to give the mothers an option of when to attend. Both groups were to have their last group meeting together to share their performance results. For those who were not able to attend the group meetings, the home visitors delivered the curriculum in the mothers' home.

Unlike the regular HIPPY curriculum, the RHH mothers were expected to go to ISSofBC every week with their children for the group meetings at a set time. While some flexibility was embraced in RHH, for the group meetings, it was challenging to manage the planned activities in terms of time. Usually, some mothers arrived late, due to various reasons, and the sessions had to start late. As a result, there was often less time than planned for delivering the sessions, although the staff was able to adapt the content to match the allotted time frame.

Everyone was welcomed and involved in HIPPY Summer. School-age siblings also were welcomed to the group meetings because school was out of session. The activities for older children were considered and included in the group meetings. There was a home visitor assigned to the childcare room who led the activities for the HIPPY children and their older siblings. Additional volunteers were assigned for the HIPPY Summer group sessions, especially to work with older siblings. ISSofBC staff mentioned that usually female volunteers were preferred for RHH; however, the male volunteers worked out very well in terms of interaction with older siblings.

We make them all involved, like we did the performance at the end, so the moms were involved, the sibling, HIPPY child. Everybody was involved in that performance. They just like to do masks for themselves. They just prepare for it, for the graduation day. So, everybody was involved even like in the childminding it was like more educational for them. Like it's not just like playing, but we had circle time for those who is in childminding, we had like something educational for them (ISSofBC1).

Mechanisms of impact

Full of joy. In the group meetings, the mothers, their HIPPY children, and the children's siblings enjoyed working towards the performance from a storybook throughout the HIPPY Summer

program and took part in the last group meeting for the final performance. Multiple interviewees shared that they, including the staff members, enjoyed the learning experience. The children emphasized that seeing familiar faces every week and working towards the same goal alongside with their peer mothers and their children and celebrating their achievements and success at the end were the factors that made the learning enjoyable.

One mom she didn't used to come (to the RHH monthly group meeting) and she came in the HIPPY summer last week and she told me: "I really regretted how I missed all the group meetings because it's really fun. It's really nice to meet other people. The kids really had fun, so I will not miss any group meeting again" (ISSofBCHV1).

Yeah, more fun and they liked when they come here. Even the older kids... they used to bring their older sibling with them, and they loved the program, they loved the story, they were asking until now when they can come back for this program (ISSofBCHV2).

Well planned and well managed. The HIPPY Summer program was well planned and managed according to the interviews. In the mothers' sessions, they learned from the curriculum, while interacting and socializing with peer RHH mothers. In the children's sessions, they sang songs, read stories, and did crafts together. Immediately after each group session, ISSofBC staff had a debriefing to reflect on and adjust the arrangement and coordination for the following sessions. Therefore, sessions went increasingly more smoothly as the program progressed.

Outcomes

RHH offered the HIPPY Summer program, which has a distinct curriculum from the regular HIPPY offerings. HIPPY Summer received much positive feedback from both the participants and home visitors because of the easy-to-follow and fun curriculum and the group activities (pre-COVID-19). It gave them an opportunity to interact and connect with other program participants.

What worked

- Combining home visits and group meetings
 - ➔ The participants benefited from both personalized and group learning.
- Having a final project (theatre) involving everyone: HIPPY children, their siblings, and RHH mothers.
 - ➔ Everyone had their own learning and fun activities to do in each group meeting. The plan and organization of the HIPPY Summer worked very well.

6. Bond to Literacy

Description of intervention and its causal assumptions

A 12-week Bond to Literacy (BTL) program, consisting of activity packages based on six story books, was originally designed to be delivered in group settings for its own BTL pilot project. For RHH families, it was modified to deliver at home in a mother-to-child context, in daily fifteen minute increments, five days per week (IRCC Proposal). The BTL has one curriculum for all 3–5-

year-olds (no multiple levels for different ages). The curriculum for BTL was updated when the HIPPY curriculum was updated in 2018.

Context

Difference of delivery style between pilot BTL and BTL planned for RHH. The pilot BTL was delivered in multiple communities in British Columbia, Canada, and Community Facilitators led weekly group meetings for parents to whom the BTL curriculum was being taught using the role-play method of instruction. Parents then took these new skills home and worked with their children each day, returned to the group the following week to share successes and challenges, and supported each other through the process (mothersmattercentre.ca).

The curriculum for BTL, HIPPY Summer, and Welcome to Canada were all derived from the Core HIPPY curriculum, so the content across the curricula is very similar. The difference is in the delivery, according to the interviews. How people learn and how they connect to the concepts are two distinct areas. Some people prefer one-on-one interaction, while others perform better in a group-based learning environment. In the BTL pilot sites, the participants were connected to their own Facebook groups. This helped to develop the community and to empower the mothers demonstrating their acquired skills and their sense of independence. Outside of the BTL course, the participants mobilized to go out and do things together as they felt more comfortable applying what they learned from the sessions and built friendships with other participants.

Implementation

Delivered a few times only for some RHH families. In RHH, BTL was delivered to three families twice by replacing the Core HIPPY curriculum that they were using at their homes to assess how well BTL could work for the RHH mothers. After the trials with the BTL curriculum, it was considered to be too difficult for the RHH families, and it has been discontinued.

Mechanisms of impact

BTL designed for families who already have language foundations. According to the interviews, BTL was designed for families who already had a language foundation but lacked complete fluency. Furthermore, as an alternative to the 30-week program (Core HIPPY), the 12-week BTL proved to be more manageable for some participants. For RHH participants, in general, the BTL curriculum and textbooks were found to be above the comprehension levels of RHH mothers, especially for those with lower English skills; therefore, one home visitor did not implement the BTL program with her RHH families at all. Another obstacle was that BTL has only one curriculum for all 3-to 5-year-old children. Unlike the Core HIPPY curriculum, the BTL curriculum does not have separate levels for each HIPPY age or developmental level.

The RHH mothers were already struggling with the Core curriculum (regular HIPPY curriculum). The BTL curriculum and the textbooks made the process more challenging. Some RHH families could not read or write even in their mother tongues. The BTL content was harder and longer for the RHH families. As a result, they were not so enthusiastic about the BTL curriculum.

Flexible RHH. The 12-week BTL program features a shorter time commitment, which is more manageable for some families; however, due to the flexibility embedded within the RHH program, the home visitors reflected that the BTL might not have been necessary because they could adjust how they delivered the regular HIPPY curriculum depending on the progress made by the mothers and children.

Difference between BTL and HIPPY Summer. Both BTL and HIPPY Summer are intended as short programs with no multiple levels for different ages. However, HIPPY Summer was considered easier by the majority of RHH mothers. According to home visitors, the reason could be that it was more activity-based, whereas BTL was more literacy-based.

Outcomes

After the trial, it was determined that BTL was not suitable for RHH mothers, and the curriculum was subsequently discontinued. A curriculum is usually developed knowing the purpose, timeline, desired outcomes, and expected learning experience and goals for targeted population in certain settings, and therefore, is specifically meant to be effective within a given context. The prompt feedback from home visitors made it possible to discuss the challenges of delivering BTL in RHH among staff and make a decision to abandon the program.

What didn't work

- Having the BTL curriculum, which targets those who were already literate in English, for the RHH mothers
 - ➔ Most of the RHH mothers were not the targeted population for the BTL curriculum. The mothers were working with the regular HIPPY curriculum in more flexible ways through RHH, so it was not necessary for them to work on additional curriculum such as BTL.

7. Welcome to Canada

Description of intervention and its causal assumptions

GAR families usually stay at the ISSofBC Welcome Centre for the first two weeks upon arrival in Canada until permanent housing is found. The two-week Welcome to Canada (WTC) program was designed to be delivered at the Centre for GAR families two evenings a week and on Saturdays in order to re-establish healthy bonds with the children and rebuild parental agency (IRCC Proposal). WTC was planned to be delivered in English by a WTC “home visitor” who provide the WTC program to GAR families at the centre, by working volunteers who speak different languages to accommodate the families’ different backgrounds.

Context

GAR families overwhelmed immediately after arrival to Canada. In the first two weeks of settlement, the refugee families are often overwhelmed, and they face difficulty in processing new information and the new environment. Many have recently arrived, possibly from refugee camps, and have no familiarity with the Canadian lifestyle. GAR families are frequently tired due to information overload, while conducting an ongoing housing search. GARs found it challenging to concentrate on writing or reading during the evening sessions due to arrival fatigue.

GAR families sometimes move to permanent housing sooner than expected. While not all GAR families have HIPPY aged children, whenever there were children of HIPPY age, such families moved to permanent housing earlier than predicted. This made the sustainability of the WTC two-week program challenging to a degree.

Implementation

WTC Two-Time Trial. Two sessions of WTC were delivered for the 1st RHH cohort. The first session was done with one family and the second session with two families. For the second session, there were older children, not in the HIPPY age range, but WTC was attempted to test the effectiveness.

No volunteers spoke the same languages as the GAR families. The WTC curriculum was available only in English, and it was designed to work with volunteers who had a variety of language backgrounds. For these particular WTC sessions, no volunteers could speak the mother tongue languages of the RHH participants.

Mechanisms of impact

Children had fun. The ISSofBC staff reported that the children enjoyed the lessons despite the fact they were not in the HIPPY age range. The children played and enjoyed themselves during the activities, and often did not wish for the lessons to end.

The parents were way too tired to even attempt. Because the curriculum material is in English and for welcome to Canada, we were looking at working with people who have variety of language background, and we didn't have a person who spoke the same language as the families were attending. so we had a volunteer supporter, but I think just to sit down and read after the long day that they had, it just didn't work out very well (ISSofBC3).

Outcomes

Just arrived in Canada. The conditions of RHH families arriving in Canada was realized and acknowledged through the trials of the WTC. Unlike BTL, the WTC curriculum was targeted for RHH families; however, the actual situation of the newly-arrived refugee families was not conducive to begin lessons, given the state of being overwhelmed upon arrival. Although having the RHH families spend time engaging with their children in a fun manner was enjoyable, the timing of implementing such learning was not appropriate as the families needed to focus more time on settlement concerns.

Shifting to SMART. In the planning of WTC, there was an idea to make the WTC program available for children aged 0 to 6 years old (extending beyond the HIPPY age of 3- to 5-year-olds). The idea to provide a program for toddlers led to the development of the SMART program.

What worked

- Providing a chance for children to play upon arrival to Canada

- ➔ Children were able to play and relax while their parents were often stressed with new and unknown situations

What didn't work

- Having a set curriculum for the refugee mothers to do immediately after their arrival to Canada
 - ➔ It was overwhelming for the refugee families to take the curriculum while they need to figure out about various settlement matters, especially housing.

8. Supporting Mothers and Raising Toddlers (SMART) (from the 2nd cohort)

Description of intervention and its causal assumptions

This is a 12-week play-based learning program designed for children aged 18 months to 3 years and their parents. SMART “was adapted from an Early Childhood Education (ECE) program from Germany named ‘Obstapje’” (Mothers Matter Centre, 2020). SMART is delivered via role-playing with a home visitor for mothers to practice a session and with their child to do activities at home, which is the same format as the HIPPY delivery.

Context

The German program, *Obstapje*, was originally designed as a three-year long program for newborns to 36-month-old children, with the content written in a German context. MMC initially adapted the curriculum to suit a Canadian audience for children aged between 12 weeks to 36 months old. SMART was first implemented in December 2020 to RHH families who had 18- to 36-month-old children in addition to their HIPPY aged (3 to 5 years old) children.

Implementation

In each home visit, half an hour was added for SMART in addition to the one-hour HIPPY delivery. SMART provides various toys to accompany the curriculum. For the RHH adaptation of this program, these toys were used in conjunction to items found within the RHH homes. All RHH home visitors received training in advance from MMC for delivering SMART.

Mechanisms of impact

The feedback from the mothers and home visitors was very positive as SMART was an opportunity for the mothers to spend more quality time with their small children. They appreciated the quality of toys and the books provided through the program. They echoed that it had been engaging for the children, the mothers, and even for the home visitors to deliver the interactive program.

Because the little girl learns from this, because her brother was in the other program, and she wanted to do like him when she sees him writing. She wants to write, so this was useful for her something to do. When they get some balls to play with, they get some toys, they play together. That was useful for her (RHHmother6).

Because in the SMART age range, children may begin to talk, some RHH children begin to say new words. For parents who cannot afford to buy toys for their children, the mothers were very happy to have toys and books to play with in the program.

I had a mom that she has twins and they are super, super active, super..... active. And they are not playing, they are just doing the mess for her. Every time when I go there I saw the mom, she's so tired. They opened the fridge they are super active, and they are very hyper. So, I just like start delivering the SMART for them, they were super excited with the toy, the color. They were sitting there very quietly discovering the book. The mom starts seeing, for example, competing between each other like, who's going to make some good things with the playdoh. And she told me only you saved my life! And I never saw a toy in their hands, never. I just did home visit for maybe five months, I never saw those kids have a toy at all. That's why they are super active, like they love the kitchen, because the kitchen for them are like a lot of toys for them, because maybe they never saw a toy at home. So..... when I start giving them books they spend time like, watching these pictures, playing with each other with the playdoh, with all the cards even their siblings are involved as well. And the mom is very happy with that (ISSofBCHV3).

Outcomes

Mothers and children spent more quality playtime together and strengthened their bonds. Mothers felt more confident to be engaged with their children's learning and development. SMART was able to give small children an opportunity to play and learn with their mothers, which is a possible steppingstone to successfully transition into the HIPPY program.

I think it's one of the major successes of RHH that helped develop standalone program which really is benefiting a lot of people (MMC8).

What worked

- Providing quality toys for small children
 - ➔ They often do not have many toys, especially for small children right after arriving in Canada. The SMART toys promoted small children's learning by playing and made a transition to the HIPPY curriculum smoother.

RHH Program – Services-Delivery Systems (Emerging Themes) Agency & System level

The RHH Program Services-Delivery Systems was analyzed by examining emergent themes which were identified through the data coded in grounded theory.

Mothers Matter Centre (MMC) & Immigrant Services Society of BC (ISSofBC)

MMC was formerly HIPPY Canada until 2014. To develop and provide other types of innovations in addition to the Core HIPPY program and focus on mothers as catalysts for change, HIPPY Canada became the Mothers Matter Centre. MMC is committed to improving the overall wellbeing of mothers and raising their sense of self-confidence as change agents. MMC works with settlement agencies and community organizations to implement their programs across

Canada. Some of the HIPPY programs and pilot projects that MMC has developed have been implemented at ISSofBC as a partner organization.

ISSofBC is one of the largest settlement agencies in British Columbia and provides temporary accommodation for GAR families at their Welcome Centre until they find permanent housing. ISSofBC's Welcome Centre functions as an immigrant services hub, which addresses essential newcomer needs, including free English classes and employment services.

Communication between MMC and ISSofBC

For the RHH program, two kinds of RHH advisory committees were formed; one is to quarterly discuss any ongoing matters in top management between MMC and ISSofBC, where decisions are made for ongoing RHH program components, and the other is to quarterly discuss RHH-related research and evaluation among MMC, ISSofBC, an external evaluation team in Canada, and a research team working for similar programs in Germany.

Since the 1st year data collection, the relationship between MMC and ISSofBC had been developed further, the communication became much closer, and more innovations such as SMART happened in collaboration as a result. According to the 2nd year interviews, in addition to the quarterly advisory committee meeting where senior management level participated, a monthly check-in meeting was initiated at the management level between MMC and ISSofBC beginning from the fall of 2020. The meetings were used to check updates and address any challenges or issues in day-to-day management,

Any challenges and gaps over the program period, especially under evolving COVID situations, were addressed by keeping close communication between the two organizations. Both MMC and ISSofBC staff commented that they had built a good relationship and the communication had been transparent and open. Besides the monthly check-ins, they communicated as needed. They typically communicated at least once a week, by email, telephone, or text messages.

I think it depends how much you invest in the relationship, and it develops over time. So, I think I made a great friend with (ISSofBC staff) and it helped our work so much. So, there was never hiccup. We were on the same page if the challenge came, we addressed it together and we were flexible.... If I feel like I have a good relationship with you, we are more likely to work well and we are more productive as well. We both go extra miles too to achieve something that we both want to achieve (MMC8).

MMC – Funding and management

The management of non-profit organizations must often make programming adjustments according to the funding received and the funding cycles. It is also necessary to report periodically on what, how, and why the organizations are operating. It was shared in the interviews that it would be ideal to diversify the income sources so as to have more flexibility and that the access funding from the private sector could be improved. As the funding in management is raised for a particular project, not the organization as a whole, MMC gets 12%

of the funding for administrative use in each project, but this can be quickly exhausted when more staff and more office space are needed.

Immigration, Refugees and Citizenship Canada (IRCC), used to call for projects every three years, but now this was reduced to every five years. Even though RHH has been in a pilot stage, in order to expand RHH to the three sites of British Columbia, Halifax, and Ottawa, a proposal needed to be submitted to IRCC considering the funding cycle. MMC is passionate about expanding RHH in every community where refugees are arriving and providing the support for at least two years to help them through the most critical, urgent, and complex stages of settlement. There are other proposals related to food security and micro enterprise development that MMC submitted to the IRCC that enable offering various types of programs for different types of families.

ISSofBC – Being flexible and responsive to clients

During the RHH period, there were some staff changes at both ISSofBC and MMC. Despite the changes, ISSofBC staff managed the situation by covering the responsibilities and sharing the workload with the home visitors, the community navigator, the RHH manager, and a HIPPY training coordinator.

It was mentioned in the interviews that a change of staff during the programs may be unpredictable and unavoidable, but the strategy is to centralize the clients and make sure that they are getting the support that they need either directly from ISSofBC or from some other organizations through a referral.

The challenge with HIPPY is that it's a peer type of model, so the mothers feel close to the home visitors, and it takes time to build the relationship. When a staff changes, some of the mothers may get less interested and may leave the program. So, the new person has to take a lot of effort to build a relationship because they are not initially as peers as the other person (ISSofBC2).

Yeah, it's been a lot of changes for sure. But I think with any pilot project, even from working in a non-profit, as long as I have, flexibility is what we need. Things could change right away beyond our control, so just being responsive as we can, that is what we look at, i think my strategy is to look at what clients' needs are, i think, more than staffing, how can we respond to that better to clients, because we promised that to them, right? I think we are very lucky to have very passionate team of home visitors and amazing training coordinator as well, she had stepped into sort of supporting RHH. She is very experienced, so that's been a great support for us. I think our home visitors are incredible because they really know their clients. They really know where the needs are, so a lot of the time, centralizing a client, sort of looking at how do we respond better now, where do we send a referral to, so they are getting lots of support, not directly from ISS, but from somebody else. I think that's been the main strategy (ISSofBC3).

The frontline workers and management at ISSofBC have built up close communication so that management receives updates regularly and is able to provide consultation and guidance as necessary.

ETO – MMC’s Performance Management Program

In 2012, MMC developed the Performance Management Program (PMP) by working with consultants as a means to monitor what HIPPY families have achieved and what changes have happened at HIPPY sites across Canada. Various forms were created to track parent progress, home visits, and other aspects of the program by working with HIPPY coordinators and home visitors at different sites, and testing was conducted at sites to get feedback. The forms have been revised as necessary. PMP has been used to create MMC’s annual report and funding proposals and share information with MMC’s stakeholders and each HIPPY site.

MMC was able to monitor how RHH was progressing by examining the ETO data regularly collected and input into the system by frontline workers such as the home visitors and outreach workers/community navigators. It is an efficient system to record day-to-day interactions with RHH families and analyze the data for understanding the overall participants’ experience and for further improving the program.

RHH & COVID-19 Pandemic

In the middle of the cohort 2 program period, the COVID-19 pandemic hit Canada as well as the world. RHH has been affected by this unexpected and unpredictable event as well.

How it Began

In March 2020, as the COVID-19 situation worsened in Canada, MMC immediately responded to support their HIPPY families nationwide. A few videos were first created and shared among the frontline workers to guide them on how to work with the HIPPY families under the new restrictions. A virtual meeting was organized with all HIPPY coordinators in Canada to brainstorm ideas, such as how to deliver the HIPPY curriculum and provide the requisite materials. MMC also created new activities such as “HIPPY Bites (short version of the HIPPY curriculum)” and “Stay ‘N’ Play (play based activities)” to supplement the regular HIPPY activities, which were both accepted positively by the RHH families and considered as more fun, interesting, engaging, and suitable for all the HIPPY age groups. The interviewees were happy to note that MMC was very quick to provide support for sharing information on government assistance, preparing for children’s homeschooling, and food security during this period.

From March 17, 2020, home visitors were asked to quarantine for two weeks while maintaining contact with their RHH mothers via telephone, to share important information and to encourage participation in the new activities created by MMC. To shift the ways of delivering the HIPPY curriculum, home visitors were asked to analyze each mother’s situation and condition, such as their availability, access to equipment (telephone, computer, and Wi-Fi), level of acceptance of virtual home visits, and English level. They tried to appropriate means to deliver the program that were suitable for each family.

Challenges

(Home Visitors and Community Navigators) The pandemic was new for and unforeseen by everybody. The RHH home visitors and community navigators were all working mothers of school-age children. They were in a situation where they had to adapt their work style while managing their children at home all day, as the schools were also closed during this period. One of the first things that they had to learn was to use Zoom and Microsoft Teams for virtual meetings. Virtual tools were essential during the pandemic, as they were mainly used for communication while in-person meetings were restricted.

Some of their challenges were relevant to RHH families' situations as well. Owing to the fact that many of the RHH relied on one smart device for the whole family, one of the biggest challenges in the beginning of the pandemic was to schedule virtual meetings with the mothers. The mothers needed to know who required the phone and when it was to be used, especially since other family members also used the phone for their virtual meetings for school and other purposes. In the pre-pandemic period, home visitors usually organized all their home visits between 9 a.m. and 2 p.m. so that they could drop off and pick up their children for schooling and manage other chores. However, because RHH families tended to sleep late as there was no schooling, virtual home visits usually started after 11 a.m. In the pre-pandemic period, when home visitors visited families' homes, the mothers usually remained at home, expecting their home visitors to come. Yet, for the virtual meetings, they sometimes did not answer phone calls from the home visitors. Therefore, the home visitors had to look for a different mother to fill the empty hours, which was usually unsuccessful due to it being done at short notice. The reasons they could not answer the phone calls were generally because their family member had taken the phone, the battery had discharged, or they had fallen asleep. It was the hardest for them in the beginning, as both the home visitors and families were trying to learn the best ways to adapt to the new situation.

Another challenge was to teach mothers how to use virtual tools such as Zoom for virtual home visits. A virtual tool for home visits was chosen according to each family's preference and their familiarity with its functions.

(RHH Families) The RHH families experienced the most difficulties at the beginning of the adjustment. The frontline workers noticed that most of the mothers were feeling very stressed, especially as most of them had several children, all of whom were home; subsequently, they were unable to do their chores as usual. Whenever their Home visitors called them, they shared the stress with them, saying that they were not in the mood to do the curriculum. Some of the mothers had families, including their children, back in their countries. As the situation in Syria and Iraq was critical due to the COVID-19 pandemic, they were very concerned about them.

The RHH families' pre-pandemic vulnerability was multiplied by COVID-19. An Home visitor shared a case of an RHH mother who had been very motivated and diligent in the RHH program in the pre-pandemic days. She started giving the HV a hard time as she never answered the HV's calls or return her voice messages. The HV did not know what was happening to her:

I tried to talk to her. I said you know, that's not how you used to be, she told me that my husband he's a cancer survivor and he cannot go outside due to his immune system. I am the one who have to go shopping, and we have five kids and I'm not using transportation, so I have to walk and shop, and I cannot carry so many stuffs. We don't have a car and I have to carry so least stuff. So, I have to go shop every day. So, she is not very available for the program (ISSofBCHV1).

Thus, the HV told the mother that instead of setting up an appointment, the mother could text or call her whenever she was available and ready for a virtual home visit. The various vulnerabilities of the RHH mothers were affected differently. Some RHH mothers were single and they struggled to manage everything by themselves while their children were home. As Home visitors looked for ideas to make the virtual home visit easier for the mothers in challenging conditions, they started video-recording them and their children doing the HIPPY activities and sending the videos to the mothers.

Adaptation: Learning New Things and Being Creative

It took a lot of effort and time for RHH mothers to learn how to use digital applications (e.g., Zoom and Microsoft Teams) because most of them had very low digital literacy in the pre-pandemic times and they usually had only one device per family. The Home visitors shared their experiences of learning and being creative. Sharing recorded videos of the Home visitors doing the curriculum with their children resulted in saving time during virtual home visits while still supporting the mothers in delivering the curriculum to their children. Working side by side with the Home visitors, the Community navigators gave timely and essential support for the RHH mothers as well. There was important communication between parents and their children's schools for changes and online schooling at that time. The Community navigators taught the mothers how to send emails and communicate, even in very simple English. Prior to the pandemic, the community navigators often accompanied the mothers to various destinations to teach them how to use public transportation and to orient them to the city layout. During the pandemic, they continued to support the mothers by teaching them how to use Google maps and by staying on a call with them while they were in transit. All the matters required significant effort and patience on the part of both the RHH staff and participants.

(a community navigator) is helping like... anything online any information that may be... in anything released, like... if there's opportunity, like for trainings, courses, like, attached to library. So, it's ever communicating with us. Or checking on how we are doing, and how things are going, whether the family is healthy (RHHmother10).

Resilience and Positive Surprises

Resilience is a keyword for what was observed in this evaluation of the RHH. While the participants struggled at the beginning of the pandemic, they developed strength within themselves and adapted to the new “normal,” step by step. They successfully participated in a Zoom graduation ceremony of the RHH program in June. When they were asked whether they wanted to participate in the HIPPY Summer program for July and August, they all answered in

the affirmative. The frontline workers noted that there was a change in RHH mothers' attitudes throughout the virtual RHH experience. The mothers were more motivated to become independent and more interested in pursuing the opportunity to learn to become more independent.

It was pleasing to learn the positive surprises they had during this time. As everybody—including the fathers and other children—was home, the fathers were more supportive of the mothers' RHH activities. They helped to translate materials written in English into their first language and taught them how to use their devices and applications. The siblings of the HIPPY-aged children also helped with the HIPPY curriculum and read stories to the HIPPY children. As a result, it was felt that the families had gotten closer.

Validity of RHH

This study witnessed the inequalities unveiled by COVID-19 and the reality the RHH mothers faced during the pandemic. The regular face-to-face home visits, which were the core part of the RHH program, to deliver the HIPPY curriculum and provide support for various settlement needs had to be modified to an online platform. The pandemic posed a risk to the RHH mothers and forced them to be more isolated and exposed due to their pre-pandemic vulnerabilities (Shields, 2020). However, because of the continuation of the HIPPY curriculum and timely support provided through virtual RHH, it was possible not only to meet their needs but also to strengthen their confidence and raise their enthusiasm to be more independent. It was proven that RHH provided comprehensive support for Government-Assisted Refugee (GAR) families with small children to thrive in Canada, even beyond the pandemic, and that more GAR families should benefit from RHH.

(Y)ou have to remind them that this is what actually happened for them. Because still there are lots of pressure, lots of uncertainty. So, I think they forget that they have taken this extra effort and they have achieved this. Sometimes it's hard for them to see, and they have every right I would say. But you have to remind them that, you know, you were not even using your email, but you sent an email this morning. They just have to realize that this was the little light at the end of the tunnel, I would say (ISSofBCCN2).

Most of the RHH mothers shared their wish to stay in the program even after their children become older than 5, because of their positive experience and their enthusiasm to learn more and to stay connected. There are more GAR mothers who would benefit from RHH realistically; however, it is not possible to keep all the RHH mothers forever. The challenge is how to support RHH mothers to transition into a post-RHH life. Introducing other programs, which are more suitable for the mothers to further grow would enable them to continue with their studies and develop their life skills to thrive in Canada.

As captured in the program evaluation, the RHH mothers have become more motivated to be independent, more active to utilize the skills they learned, and more passionate to help each other. Those who have completed the program may be supported to self-organize as a group among themselves to stay connected and continue with their studies. It would create a

sustainable self-supporting environment, regardless of the program period and would be an empowering and community building opportunity for them. What they need may be encouragement and initial support to organize such a group on their own.

RHH Mothers' Stories with Photovoice

For the second year of data collection, the photovoice method was used to learn from RHH mothers' experience in the program. During the first Zoom meetings, RHH mothers were asked to take 3 photographs and help their children to take 2 pictures by the second meetings, to illustrate what the program meant to them or how it made a difference in their everyday lives. It was originally planned as an in-person workshop where the Evaluation Lead would have been able to explain the activity, give the RHH mothers a chance to practice picture taking with their devices, and discuss the photographs taken. However, due to the COVID-19 situation, only individual virtual meetings were feasible. The photovoice activity was explained through an Arabic interpreter during the initial Zoom meetings.

Five RHH mothers were able to complete the photovoice activities. Most of them took pictures of their children doing HIPPY activities and proudly shared how their children were enjoying doing variety of things through the program. Most of the children photographed the products they made through HIPPY activities or their favourite books. They especially liked the books with which they could interact, for example, touching and feeling the sheep's hair. One child even made a house out of his favourite book.



Figure 7. a game made through HIPPY curriculum



Figure 8. a house made by a book provided in the HIPPY program



Figure 9. a touch & feel picture book provided in the HIPPY program

In order to deepen the understanding of the photographs taken, stories from three RHH mothers are shared below along with their photographs.

Aisha's story (anonym)

Aisha came to Canada approximately 2 years ago with her two daughters, currently aged 18 and 6 years old. Her younger child just started Grade 1 in 2021. A single mother taking four insulin shots a day for her diabetes, Aisha's education ended with middle school when she got married.

Aisha went through various difficulties upon her arrival in Canada, especially in securing a safe housing situation. Her Canadian sponsor, a pastor, had arranged for her to rent out the basement half of a building. Both her landlord, who was living off-site, and her upstairs neighbor in the house, however, treated her with hostility and exhibited a racist and threatening attitude toward her. It was no longer safe for her to stay there.

While in the process of trying to secure other affordable housing within her financial means through the BC Housing, her landlord issued a complaint about her living standards. This resulted Aisha losing her waitlisted status in the BC Housing program. Although Aisha was eventually able to secure housing through a different organization, she wound up losing over \$400 due her former landlord withholding the initial deposit and charging her utility fees for the entire building.

After moving to her home, the apartment manager was satisfied with her as a tenant in the apartment and was willing to provide a positive review to BC Housing for her. Although her case in BC Housing had been closed because of the previous landlord's notice, BC Housing reopened her case. Currently, she is waiting for BC Housing to contact her for affordable housing. That means she is still paying a regular rent of \$1,400 and is worried about annual increases in this amount.

Additionally, Aisha has had other financial difficulties. She had been receiving Canada Child Benefit (CCB) every month for her two daughters, amounting to \$1,200; however, as her older daughter is becoming 18 years old, her CCB will be cut in half, to around \$600. She has been stressed about her financial instability. She has been diagnosed with depression and taking medication. She is on disability and receives a disability benefit, of \$200 per month.

RHH program experience. When Aisha was asked about her RHH experience her face suddenly brightened. While she struggled upon arrival to Canada, she reflected that she was overwhelmed and could have easily missed important moments with her younger child. She said, because of RHH, she learned the importance of taking time with her daughter despite the various crises she was facing in a new country. She was able to take the time to spend quality time together with her daughter and also to improve her English.

Her home visitor who was Farsi speaking spoke in simple English with Aisha to make her feel confident to start speaking English. Her home visitor encouraged Aisha to do various activities. That helped her to not only build a close relationship with her daughter, but also to help her daughter grow.

Her community navigator helped Aisha to make their life easier. The navigator contacted welfare services for Aisha to receive a monthly disability benefit without having to physically go the office each month to sign the paperwork. The community navigator also helped Aisha to get a bed for daughter and a table for the house.

Aisha shared how her home visitor and community navigator had given her hope. They treated her with kindness, thus reducing some of resettlement stress.



Figure 10. HIPPY child experimenting 1



Figure 11. HIPPY child experimenting 2



Figure 12. Experimental art made by a HIPPY child

During the pandemic. Aisha was nervous in the pandemic conditions due the uncertainty of the situation; however, because her home visitor continued to be in touch with her via telephone or tablet and shared activities Aisha can do with her child, this enabled Aisha to feel better and spend quality time with her daughter despite the pandemic situation.

During the pandemic, Aisha lost her brother in Iran. During this time, another RHH mother from Iran supported Aisha. Both are single mothers who came to Canada via Turkey. They first met each other when they were refugees in Turkey, but subsequently lost contact. They reunited again through an RHH program by chance. This support system was invaluable for Aisha.

Post-RHH Life. Aisha wishes that the RHH program could be longer. She thinks she still has much to learn from the program and needs a longer-term support system. She is in a government-funded English program, LINC, but without the services of the home visitor and community navigator, the program lacks the overall quality of RHH.

When she was asked if she has anybody she can talk to after graduating RHH, she said, she has a Farsi-speaking psychologist to see regularly, whom Aisha can trust. Furthermore, Aisha often communicates with her older daughter. However, she doesn't have close contacts within the

Farsi-speaking community or friends because she doesn't feel comfortable sharing her story and is afraid of being hurt by her peers.

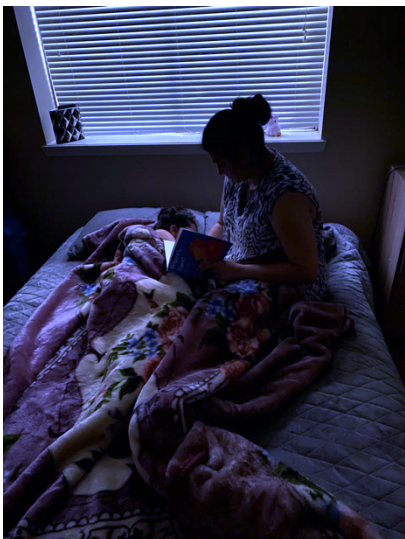


Figure 13. Reading for a child at night

(Reading) Aisha shared this picture of her reading an English book to her daughter at bedtime. She said,

*Maybe I didn't understand some parts but I'm so happy. I can read for my daughter **in English** at night. When she becomes 17, 18, she can see this picture and know that her mother read for her.*



Figure 14. Teaching a child how to use Google map

Aisha used to be afraid of going out because she didn't know how to take the bus or skytrain or how to orient herself on a map. Through RHH, she tried taking a public transit together with her Community Navigator and learned how to use Google Map. She explained that in this picture she is proudly teaching her daughter how to use Google Map.

Helen's story (anonym)

Helen is 27 years old, married with two children, 1 and 5 years old, and was referred to RHH by a settlement organization. She and her family have been in Canada for about a year.

Helen is originally from South Sudan, but during the war she escaped to Uganda by herself when she was 15. She stayed with her mothers' family and went to school there. She stayed in Uganda in total of 7 years before fleeing to Kenya. She met her husband one year after arriving in Kenya. After 5 years in a refugee camp in Kenya, the opportunity came for them to come to Canada.

Her first language is Acholi, which is a tribal language spoken in parts of South Sudan, Uganda and Kenya. She also speaks Juba Arabic, which is an official language in South Sudan, as well as Swahili and English, which are original languages of Uganda and Kenya. At home in Canada, Helen and her family use Juba Arabic mainly but usually mix with Swahili, English and Acholi in speaking. Her highest level of education is 3rd level in high school.

Helen's five-year-old son just started kindergarten. Helen felt that the camp environment in Kenya was not good for her children's education and when they arrived in Canada and was introduced to the RHH program, she thought it would be a valuable opportunity to learn and adapt to the new environment while preparing her children to move into the Canadian education system.

During the pandemic. Their start of life in Canada was especially challenging because of the pandemic. When they just started enjoying going out, taking some classes, and enjoying meeting new people, the pandemic came, and everything was shut down. Initially Helen did not feel comfortable participating in classes online. Eventually she adapted to the online classes, including those offered through the LINC program. Before the pandemic, Helen participated in community programs, such as community kitchen, with her sons. Some of the participants were from Africa, too. Helen made friends through her activities and kept in touch with them during the pandemic restrictions.

Helen had her home visitor coming to her home for about 5 months in person prior to the pandemic; however, once restrictions began, she received a curriculum by email and met her home visitor via WhatsApp. It was very difficult for her to get used to the new situation. Unlike meeting in person, it was difficult to learn the details of the curriculum.

Helen participated in the virtual graduation ceremony in June with other RHH participants. Then, she continued to the Summer program, using another curriculum. Helen found the summer curriculum was enjoyable, but it was somewhat beyond the child's capabilities.

During the pandemic, Helen's community navigator had frequent check-ins to ensure the family was coping and to provide updates on situations, such as new training programs or courses.

By having a home visitor and a community navigator who cared about her for the stressful period during the pandemic, Helen felt she had been well supported by the community. This was especially true prior to COVID-19, when Helen could host them in her home, and she felt comfortable opening up to the RHH staff. The trust they built before the pandemic seemed to help Helen feel comfortable in the virtual meetings during the pandemic.



Figure 15. HIPPY child's drawing

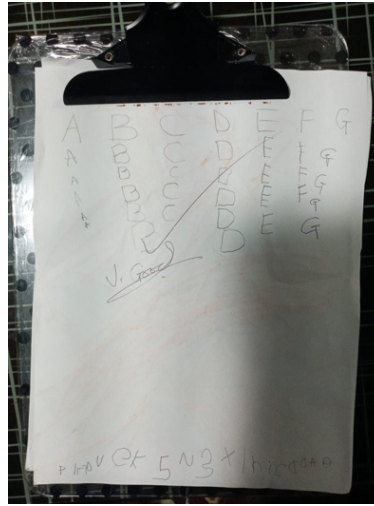


Figure 16. HIPPY child practicing writing English alphabets

RHH Program experience. Helen said she learned a great deal through RHH about how to handle her child even when she was feeling angry or frustrated. RHH raised her self-confidence on child-rearing and mother-child relationship building. Helen appreciated the program because it enabled her to work on the curriculum with her son. In the beginning, it was difficult for her to handle certain moments with her son when she was teaching him; however, the more they progressed together, the smoother the process became. While most of the RHH participants at that time were from Syria and Arabic speakers, Helen felt it important to meet with people from outside her own culture and to learn from each other. Helen graduated from RHH in June and participated in the summer program in July and August.

She is hoping that she will stay in the program as her daughter is going to be two years old, an eligible age for the program. Helen's younger child received some toys from the SMART program and they spent time playing together. Not only did this reduce the children's screen time, but it provided a diversion from the stressors triggered by the pandemic.

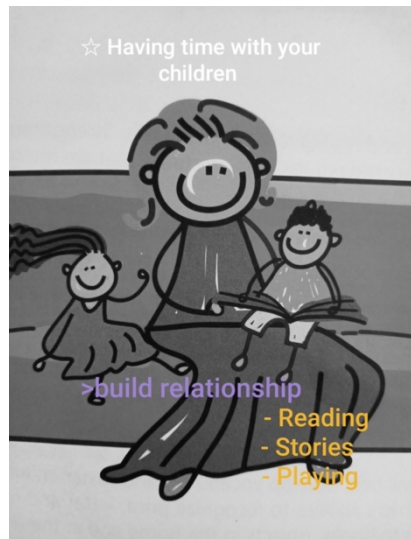


Figure 17. Having time with your children

Helen picked this page of the book she received from kindergarten where she registered her boy to reflect on her learning from RHH. Her quotes are shared as they would be better than interpretation.

Yeah. So, with the experience that I got during the program with the HIPPIY mothers, actually I've learned a lot. And some other things that I've never learned before, and it has given me... really encouragement to handle kids and how like, spending time with kids mostly during this lock down, during

*this time. You know, it's not easy, being with kids it's full of stress and you feel upset all the time. Just a little thing you feel like destroying the child but... I learn, **I really learn a lot. Just to having time with kids and contributes that relationship between the parent and the child.** Like when you read... you read like a book a story, in a book you tell a child like a story, like, your past life, and how the world is going nowadays. It's... **I think is such most important thing to tell the child the history and the present... the.... the present moment, and the future time.** It's good for the child to know, so you can tell them like a story in that short of time that you'll be with a child. So, I think it's important, and sometimes it can... play with them it develops that good relationship, that good bondage between the parents and the child. This is the most important, you know, children learn a lot through playing. They learn so many things through playing. You play, and they can listen to you easily whatever you tell them. So, **I've learned a lot having time with kids in different occasions, reading story, and playing with them it brings a very good relationship very good bonds between the child and their parents. And the child can even respect you and listen to you in any way.** Cannot refuse, because in the future, like, in... tomorrow when they misbehave, you can just say "Okay, you don't want to listen, next time I will not play with you, next time I will not tell you the story, next time I will not read you the story about this... and this, and this" So, the child will be respectful and will listen to you more, so it brings a very good relationship. (snip) I think it's important to tell the child the... the history, like the past life, like they... So, it's good for a child to know because now, **we are here in Canada, and sometimes they may not... they may not have that time maybe to go back to our original homeland. So, you can tell them the story about, they can learn through the stories.***

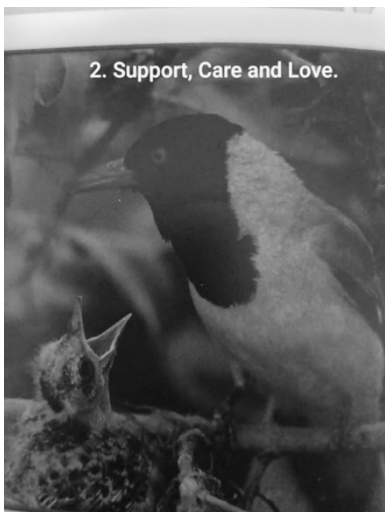


Figure 18. Support, Care and love

*Yeah, really this picture, the time I looked at it, really give a lot of teaching. It gives a lot of knowledge or idea on... but... about how the parents and the kids and the children mostly. Because when you see... when you have a child it's... it's like you are everything to the child. when the child is still young. So, the parents are everything, mostly mothers. Moms are the firsts and ever teacher in a child life. So, **the way you handle a child, the way you care, or the way you do things with a child, it predicts the future of the child... it predict the... how the child will become in the future.** So with... this picture means a lot to me. So, first of all, it gives me how much support that I should give to my kids, for them to be somebody tomorrow. And how much care that I need to handle them for them to... to feel love, for them to care me in the future, to care for me like when I become old. So, that age that I couldn't care... I cannot care myself, they can learn the example from the very first day, or during the growing time, how I handled them, how I supported them, how... how much love I gave them, so they can also apply on that... that... every time that I will need their attention like their mother, or anyone else, not me only, no... Children... **we bring them up not only for ourselves but for the whole world, for the nation, for the community. So, the way you bring up a child, the way you handle a child, the way you support the child to give that nature for the better tomorrow.** So, I think this picture explain a lot, and to explain big thing to me. And sometimes, it directs me a lot even though a child did something wrong, I will sit down and think to myself, say this child belongs to me, I'm the one who brought him or her to this world so whatever I do to him, whatever example I give to him what... the way I handle him or her will predict the future, so it reduces that amount... like if I'm angry or if I'm upset for what he or she did, sometimes it... I reduce my emotion and I will show him or her loves and show him all the support every care that he needs. **Because children are born empty-minded and it's we, parents, or the community, or the nation, or even the worldwide to involves and support the child.** Because they are the future generation of tomorrow and this one, **if we passed away there... they want to take over where we stop. So, that's why I took the picture.***

Zainab's story (anonym)

Zainab, a married Syrian with a high school education, is 32 years old and has three children, a 3-year-old daughter, an 11-year-old son, and a 14-year-old son. They have been in Canada approximately 3 years. They speak Turkish and Kurdish, with Kurdish being the primary home language. Zainab also speaks Arabic, but her children do not.

The biggest challenge she had upon arrival to Canada was the language. Having arrived to Canada via a Turkish refugee camp, Zainab and her family only knew how to say hello in English. Her husband also has limited English abilities.

Another challenge was housing. Zainab’s current residence consists of two small bedrooms. With a high school aged son, who needs a private space of his own, the apartment is too small for their family’s needs. The expensive housing costs for a bigger space are of concern to Zainab, who is now waitlisted for affordable housing with the BC Housing.

RHH Program experience. Before the pandemic, Zainab was taking English classes. She likes to learn, and she joined RHH hoping to learn from people. She spoke highly of the RHH program, finding it to be a perfect fit for her. The program was particularly helpful for her daughter. Through RHH, Zainab learned how to communicate more effectively with her own children.

The community navigator helped Zainab in various ways; for example, in school registration, passport application, paperwork completion, and general information sharing. Zainab felt that her home visitor and community navigator made her feel like she was not alone. There were both an Arabic speaking home visitor and community navigator; however, Zainab requested to have non-Arabic speaking home visitors because that would force her to speak and learn English.



Figure 19. HIPPY Child creating an art 1



Figure 20. HIPPY Child creating an art 2

During the pandemic. Zainab’s home visitor-maintained contact with Hana during the pandemic. Zainab preferred in-person meetings, but she managed to meet virtually.

Through the pandemic experience, Zainab learned how to be patient in life. She learned that there is no difference between the poor and the rich. Everyone faced many difficulties under the pandemic situation. It was very difficult as her three children stayed home for three to four months as there were no schooling or activities. However, despite the challenges, she started something new, YouTube, to share about her daily life in Canada. Zainab became very active on social media, even teaching herself the video and editing skills needed to upload quality clips. When she first came to Canada, she shared one video on YouTube about her hobby, but during the pandemic, as she was home every day with children, she started to share about her daily

life, activities she does with her children, almost every day on YouTube, resulting in over ten thousand subscribers to her Kurdish YouTube channel.

Post-RHH. After RHH, Zainab wants to continue studying English at LINC after the pandemic restrictions are to further improve her English skills.



Figure 21. Magical pot

Another picture Zainab took is very creative. At the first sight, it looks like the work of a professional artist; however, she took it on her own by putting everything on the white table to make it look like a pot is in the air pouring flowers. The message she wanted to convey through this picture is that even if there are things seem to be impossible in life, if we work hard, we can achieve success. The secret to success is hard work, Zainab commented. Children learn how to walk by trying and falling. They try

again and hurt themselves, but they never stop trying. She wants to keep trying until she reaches success.

Zainab reflected that she usually uses this pot for tea, but this pot is pouring flowers. A mother is usually identified as somebody who raises her children, but a mother can do other things as well.

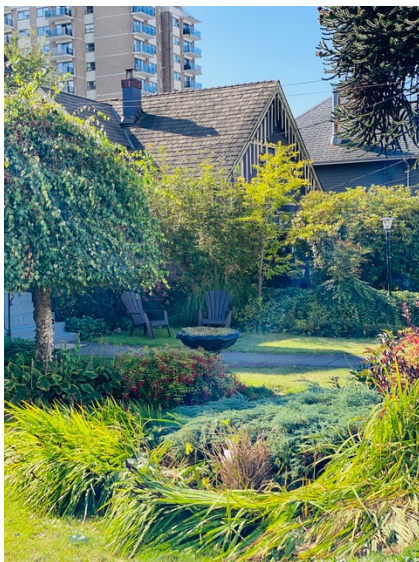


Figure 22. Dream house

Another mother took this picture as she happened to pass by her dream house when walking on the street. She said, it's a small house with a space outside for lots of plants. Do you see chairs in the picture? She said, she likes to have people, sit and talk in her garden. She also said, no matter how many difficulties we have in our life, we must keep dreaming about a better life.

Key Findings

Flexible adjustment to improve the program components

As a pilot program for the RHH, the challenges or struggles experienced with the 1st cohort were well reflected upon and taken under consideration when the program moved forward with the 2nd cohort. BTL and WTC were discontinued due to a mismatch of needs, while SMART was introduced in the 2nd cohort, which had been well received by the participating mothers and children. An outreach worker was replaced with two community navigators, and the boundaries of each RHH staff's responsibilities were made clearer allowing staff to work more efficiently and collaboratively with RHH families. As a result, home visitors were able to focus on HIPPY curriculum delivery and did not need to spend as much time on supporting the RHH mothers' needs. The benefits of having the refugee resources bank and community navigators were gradually acknowledged.

(My home visitor) is not just one person in this program. She is like my sister, like my doctor. (My home visitor) is very... very good, because when she called me, she asked about my feeling, about (my son)'s feeling. When, I have some problem about (my son) she tried to help me, and she put time for me, more than this program, and this is so good for me. She's so helpful (RHHmother9).

Overall, all RHH staff members in various roles at ISSofBC shared their commitment and passion for working with refugee families. They continuously seek out the best ways to support the refugee families through the programs that they offer. This enthusiasm has created a friendly and inclusive atmosphere for participating mothers and has resulted in a positive influence on the mothers.

Personalized support for refugee families with diverse backgrounds

Each refugee mother has different situations and faces different challenges. Even if a woman shares the same home country with other mothers, a group dynamic exists in that she may feel different and isolated from the others because of her own unique situation. The intersectionality of each individual affects how one experience the settlement process. Some issues are often not easily noticeable from outside, as well. The personalized one-on-one support through RHH's community navigators has been helpful in creating an inclusive environment for the RHH participants. As the demography of the RHH mothers indicates, the RHH mothers often have very limited or no literacy in their mother tongue and have no or limited English comprehension. This situation may be significant for RHH participants as they are admitted to Canada as government-assisted refugees who require considerably more support than other refugees. While home visitors have developed various strategies to deliver the English-based curriculum, the HIPPY curriculum and other materials could be more inclusive for those mothers who cannot read. This could lower the bar for future RHH participants to access the program.





Yeah, to have a home visitor, it's good, because you will have that feeling that you've been loved by the community. You learnt more in person, you know. If someone visit you,

you learn a lot from the person, rather than talking over the phone. So, yeah, you feel like you have the opportunity to share a lot of things. When you have someone in person it's great, it's good opportunity, and you feel loved. And it opens your mind to share a lot of things (RHHmother10).

English and family languages

The self-assessment for RHH clients created by MMC asks questions regarding the mother's time spent with their child, the mother's confidence level in teaching new things to their child, their comfort level in communicating with people around them, their sense of belonging in their community, their support system, and their activeness in participating in events. Overall, the responses were more positive after the completion of the RHH program.

The results highlight the fact that the mothers spent more time with their children in reading and playing educational activities together. What is interesting is that although HIPPY uses an English curriculum, as a result of RHH, more mothers taught their children their mother tongue and their home culture at home. This can be interpreted that they not only strengthened a bond with their children by doing the HIPPY curriculum together but also cultivated their desire to teach and learn beyond the set curriculum.

Before RHH		After RHH	
6%		39%	RHH mothers read to their child three days per week or more
16%		46%	RHH mothers watch educational programs with their child
48%		79%	RHH mothers teach their child their mother tongue or language
55%		75%	HIPPY mothers teach their children their culture

(MMC - Performance Management Results, Multicultural HIPPY, Program Year 2019-2020)

This result is significantly important: (a) firstly, because the mothers are often worried about losing their ability to communicate in their mother tongue with their children as the children progress through Canadian education; and (b) secondly, because the mothers also feel less confident with their children at home as their children quickly adapt to the new culture through owing to their daily interactions within Canadian culture, primarily from the school system. Maintaining the family language at home can nourish children's identity development while a cultivating a bond between the mothers and their children. Communication in the family language can support the mothers' confidence and affirm their place as a mother at home. The use and development of family languages could be more actively encouraged and celebrated in RHH.

At the same time, the mothers are eager to learn English to survive in Canada. Although the HIPPY curriculum is for children, the mothers wanted to take advantage of RHH to learn English for themselves at home, especially as they may have barriers accessing English classes outside their homes. RHH home visitors initiated the teaching of the English alphabet to meet the

mothers’ needs in the limited home visit time. Teaching basic English could be embedded in RHH home visits, which would make it easier for home visitors to plan ahead and maximize the benefits for the mothers.

Mothers building a social network




Through RHH, the mothers met other mothers and developed friendships to support each other. For example, participants who lived in the same neighbourhood took turns watching each other’s children. The self-support system has been initiated in their communities beyond the program, which can expand the personal resources for refugee families’ long-term sustainability.


We've also heard moms watching each other's children, so if something happens and mom household the other mom would watch them. So, then if there's a medical appointment and they can take the kids they're supporting one another. So, it's almost sort of like a community being formed within RHH (ISSofBC2).

One example of the building of social networks occurred when an RHH mother in the 1st cohort, coincidentally met a person she had known from a refugee camp during one of the meetings she attended. The incident motivated her to come out to the group meetings more regularly, as prior to this she had infrequent attendance. For a new and isolated refugee mother, having a social connection can be a catalyst to break isolation, gain access to necessary information, and feel empowered in a new country.

She hadn't come to any of group meetings as I mentioned, she had other medical... so many settlement needs that... She was very isolated in that way like because there's so much things that she needed to take care of, so she had never gotten a chance to connect with another mom. So, it was so good to have her come in and meet other people and have fun 'cause every time we meet this mom it was about settlement needs, so it was very stressful all the time. But for the first time I saw her laughing, taking pictures with each other (ISSofBC2).

Some mothers in the RHH 1st cohort remained in the RHH program for the 2nd cohort for a variety of reasons. It was significant to see those mothers in regard to how they had changed themselves. Some of the mothers shared in interviews that they never went to the group meetings for certain reasons even though they wished to go. In the 2nd cohort, they started going to the group meetings with the help of community navigators and home visitors. By being able to go out and meet with other RHH mothers, they became happier and more confident.



Before RHH		After RHH	
52%		86%	RHH mothers feel they belong in their neighborhood
58%		82%	RHH mothers have two or more friends in their neighborhood
10%		39%	RHH mothers have two or more people they can talk to about their child

55%		68%	RHH mothers attend or go to events or social gatherings in their neighborhood (MMC - Performance Management Results, Multicultural HIPPY, Program Year 2019-2020)
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Raising mothers’ confidence

Overall, the mothers notably raised their confidence in regard to teaching their children new things as well as to communicating with other people, such as teachers, despite the language barriers. As they continued coming to the RHH group meetings, the mothers felt increasingly more comfortable and started feeling a sense of belonging, which helped them to feel more confident about themselves. It was witnessed that RHH mothers became able to have a hope in their life in Canada and to visualize the future.

I think I might have mentioned this in the last interview as well is I see a difference in terms of moms’ confidence. So, maybe they don't have the language yet, there were a couple of moms when I first met them they would just look away they're like do not talk to me because the language is so difficult 'cause obviously I don't speak the same language as them. But over time they're feeling comfortable and confident that they would come to me and talk to me in some of like English words ... I see that as a really good fact because they're confident enough, and they feel, I think, ownership over the space. As well like, when they come to a group meeting they feel comfortable, they say it's okay like for me to talk to this person or that person, right? So, I think language will come with time but I think it's the confidence of wanting to try out the language with somebody who doesn't speak the same language that you do, right? So, I think that's a biggest achievement maybe for RHH (ISSofBC3).

Before RHH		After RHH	
29%		79%	RHH mothers feel confident as their child’s teacher
20%		64%	RHH mothers feel comfortable when communicating with other people (like teachers or staff) at their child’s school, pre-school, or daycare

(MMC - Performance Management Results, Multicultural HIPPY, Program Year 2019-2020)

More experienced mothers mentoring new mothers

It was observed that the RHH mothers from the 1st cohort have took on more leadership roles in the 2nd cohort. They were observed sharing their experiences and the information that they have garnered with newer RHH mothers. There is no structured mentoring system between participants in RHH; however, it is something naturally which was happening among the RHH mothers. This is very well in line with the concept of HIPPY itself, where peer-to-peer support is encouraged. Some of the experienced RHH mothers have also become interested in becoming a home visitor in the near future.

So, I just feel like, even though... like a peer sort of support through the group meeting was something we thought about. But we noticed that people from the first cohort, when they see the people from the second cohort, they become sort of like a natural leader. So, they'll be like, oh, you know, I need to go to a grocery store, and the second cohort moms will be like "let me show you". So, it's sort of that connection and I think it's almost becoming like a community. So, they'll connect with each other here, but then they'll also meet outside, and they'll go to places together. So, I think that's a really good outcome (ISSofBC3).

It should be noted that one of the 1st cohort RHH mothers applied to become a home visitor. This is considered to be a success although she was not hired at this time.

It's one of the RHH moms actually applied to be a home visitor. So, she was like really confident. Unfortunately, she wasn't successful but I think she's almost ready but I think that's success, right? So, I think it was really good that she applied and she's almost there, so hopefully by next year she'll be able to join the HIPPY (ISSofBC3).

Increasing digital literacy

Rumie tablets began to be distributed in December 2019, and according to the interviews from January to February 2020, concerns were shared that the tablets were not used much for the mothers' information searches or for language learning. In the meantime, the COVID-19 situation became severe globally as of March 2020, in-person meetings, including home visits and group meetings, were not possible, and the RHH delivery had been shifted to online.

As the mothers became more familiarized with the devices, their digital literacy increased. While RHH families often had only one smart phone for each family, the tablets distributed for RHH mothers by MMC gave them an opportunity to use a smart device for regular usage, such as for calling, texting, and emailing, which are essential and powerful skills to survive in modern society. Digital skills families have learnt and use of tabs helped them navigate settlement and other services – equipping them with skills and independence.

Recommendations

RHH's success can be applied to other HIPPY programs

Flexibility of the curriculum delivery, resources bank, and community navigator, and SMART were the main characteristics of the RHH program. While adjustments were needed to the various program components, overall the services worked well to serve the disadvantaged population as proven in this report. All the aspects of RHH made it possible to personalize the service and support the various needs of each individual participant in the program. The combination of service offerings made the program more inclusive and accessible for those with limited literacy in their mother tongue or English, and those with children of various age groups and developmental levels. RHH is indeed a scalable resource especially for disadvantaged populations, such as refugee families and those claiming refugee status.

More holistic approach to work on the HIPPY curriculum with most disadvantaged mothers

Strategies need to be established to deliver the HIPPY curriculum to refugee mothers with limited literacy in their mother tongue or English, and address how they can work on the curriculum with their children. Many GAR mothers were lacking a formal education or only had a limited amount of formal education in their home countries; therefore, they often were not able read or write in their native language. Considering this context, it is essential to realize that acquiring a new language, including developing reading and writing skills, can be extremely challenging. The current HIPPY curriculum on offer is English-centric; however, for mothers without the foundational skills in literacy, the curriculum can be dually challenging. During the pandemic, home visitors took videos of themselves doing HIPPY activities with their child to demonstrate to the mothers how to do the activities. That method was straightforward and inclusive for everyone, making it easier to follow the role-playing and activities. Considering the intersectionality of each RHH participant, more holistic approaches to work on the HIPPY curriculum should be encouraged to reach out to the most disadvantaged mothers.

More strategies to serve linguistically diverse populations

Related to the more holistic approach mentioned above, the program needs to consider how to serve the linguistically diverse mothers. In the beginning of the RHH program, the majority of the participants were from Syria owing to the national strategy to accept more Syrian refugees. There were home visitors and outreach worker who spoke Arabic, and they were able to closely communicate with the mothers in their mother tongues. The more RHH progresses, however, the more linguistically diversified mothers will join. Communication is key to consult with the mothers and to work on the HIPPY curriculum. For those who speak some English may be able to manage to work with home visitors and community navigators in English with some strategies, such as using a body language. However, one may question how effectively the program can accommodate the refugees who have very limited or no English proficiency. A strategy needs to be in place to welcome those who speak minor languages with limited English skills.

Basic English learning components may make RHH more accessible and inclusive

Related to the above-mentioned strategy to make the program more inclusive, having some time to work on RHH mothers' English during the home visits would allow RHH mothers to improve their English communication skills and to learn how to work on the HIPPY curriculum with their child at the same time. In RHH, home visitors initiated practice of some basic English with the mothers. This was very appreciated by the RHH mothers, particularly in that improving English is key to thriving in Canada. RHH mothers often could not access English lessons outside of the home. By adding basic English learning components in RHH, it can encourage those, who speak minor languages and cannot speak English, to join RHH. Those who have limited schooling experience could feel more comfortable learning in the one-on-one setting at their home. It can be suggested to increase the accessibility of English learning opportunities into the RHH program.

Support transition beyond RHH to achieve mothers' next goals: settlement and beyond

During the interviews, RHH mothers shared positive feedback about their experience and, as a result, expressed the desire to stay longer in the RHH program. Over the program period, the mothers developed bonds with their home visitor and community navigator, made important social connections during group meetings, and exhibited improved relationships with their children. RHH provided a sense of belonging in a safe space, which was much needed given their vulnerability. Considering funding periods, financial limitations, and new GAR mothers entering the program, RHH cohorts were expected to graduate from the program. However, to not only minimize their anxiety to leave but also to make them move forward, providing one-on-one transition consultation would be a useful way to ensure they can develop their independence. Consultations could include topics ranging from discussing their immediate needs, providing information on or referrals to services available, offering volunteering and work positions within RHH, and developing short and long-term goals.

Digital literacy is key for advancing RHH mothers' lives

The necessity of digital literacy became stronger during the pandemic where in-person service became limited. RHH participants were exposed to the necessity to become more digitally savvy and learned how to participate in virtual home visits and use device functions. The importance of digital literacy will increase more and more. Having a tablet available for RHH mothers was critical. With a tablet available to RHH participants, RHH can support empowerment and capacity building of the mothers through device usage, provide inclusive and accessible curriculum by virtually sharing role-play videos, and teach English using online tools. Various experience with digital literacy that RHH mothers acquired will stay with them even after graduating from the program and will enable them to navigate the digital world as well as the society.

Nurture peer-support community building and capacity building

This evaluation uncovered various challenges and hardships faced by the RHH mothers. The opportunity provided by RHH in which the participants could acknowledge their strengths and build their courage will carryover into their life's journey as a source of empowerment. At the post program period, the women should be encouraged to organize a sustainable peer-support group as a means to maintain a support network. This would be beneficial as the mothers can transition away from receiving services and into a role in which they actively lead group activities and become engaged members of society. Encouraging such a community group formation would be a possible solution to the "graduating" nature of the program, enabling more continuity of support without RHH oversight.

Improve the working condition of home visitors and community navigators

The frontline workers who work directly with the mothers, such as home visitors and community navigators are the key actors in RHH. They directly comfort and support the needs of the RHH mothers by being empathetic and passionate about the aims to make settlement a smooth process. Most are also immigrants themselves with small children who are trying to balance their work and life. In fact, they themselves are considered as clients in the RHH program whose career advancement and personal growth are supported. They have various training opportunities, while working for the program, such as pre-service training,

standardized HIPPY weekly training, and Professional Development (PD) training which includes topics related not only to refugee support but also their own life advancement.

While the frontline workers are well-supported through the training programs, their working condition could be further improved through which the staff can take care of their own personal well-being. Because of the nature of their work, not only do their tasks require a great deal of time and effort to ensure that the RHH mothers' needs are met, but also they can be emotionally exhausting. The working hours and mental health of the home visitors and community navigators could be consulted and reassessed, which, in turn, would directly improve the services they provide to the mothers.

RHH's target group could be extended

The pilot RHH's target group was Government-Assisted Refugees (GARs) due to the IRCC's funding policy. However, RHH can benefit other disadvantaged populations as well, such as other categories of refugees, refugee claimants, and immigrants who acquired Canadian citizenship. By diversifying the funding sources, RHH can accommodate more mothers with various needs..

Updates from meetings in April 23 & 26, 2021

HIPPY Plus

RHH officially ended on March 31, 2021; however, MMC mobilized funding from two anonymous donors for ISSofBC to run a new program, called HIPPY Plus, from January 2021 to June 2022. HIPPY Plus offers HIPPY and SMART for participants, not only IRCC's targeted population, such as people with refugee or permanent resident statuses, but also refugee claimants. The 33 RHH participants were able to continue with HIPPY Plus from April 2021 after RHH was ended. Currently, the total of 96 mothers and around 100 children are doing HIPPY Plus. In HIPPY Plus, HIPPY curriculum is delivered regularly as 8 home visitors take weekly role-play training for the curriculum scheduled to deliver for the week. Having said that, RHH mothers are working on various parts of the curriculum as they continued from RHH, HIPPY Plus gives some flexibility and room for adjustment as well. From the RHH's successful experience, one community navigator was assigned to continue the work for HIPPY Plus. Because of the ratio of the participants and the community navigator in HIPPY Plus, the community navigator focuses more on referrals than personal bonding and handholding compared to the work in RHH.

While group meetings were key for social networking and community building, as more participants, with limited English skills, from various language backgrounds joined RHH, the coordination of the group meeting has faced challenges. Being aware of the challenges, from April 2021, ISSofBC is currently trying to organize group meetings based on the language background of the participants and a multilingual group meeting for those who don't have any other participant from the same language background.

SMART

The 12-week SMART program provided as part of RHH was expanded to a stand-alone 30 weeks program because of the success. The contents and curriculum were adjusted from the original program in German.

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Appendixes

Appendix A. Interview Guide – 2019-04-18

Research Participants	Survey/Interview topics	Interview questions
WTC Curriculum Developer	<ul style="list-style-type: none"> * Resources (WTC curriculum, books provided for WTC) * Governance (coordination with the partner) 	<ol style="list-style-type: none"> 1. How did you develop the WTC curriculum? 2. What research evidence support the effectiveness of WTC curriculum? 3. What are the expected mechanisms of change responsible for the effectiveness of WTC curriculum? <ol style="list-style-type: none"> 1. What are your responsibilities in coordinating with the partner? 2. What aspect of your work do you find effective and meaningful in enhancing organizational effectiveness and what aspect do you find requires further improvement?
WTC Training Coordinator N/A	<ul style="list-style-type: none"> * Resources (WTC curriculum, books provided for WTC, Refugee resource bank, Rumie tablets) * Program (RHH-Welcome to Canada) * Volunteering/Work opportunities & Trainings (WTC volunteer, WTC pre-service training) * MMC Performance Management (ETO usage, PMP usage) * Comparison of the other programs (HIPPY) 	<ol style="list-style-type: none"> 1. What do you consider as strength of the resources? 2. What do you see can be improved or enhanced further in terms of resources? <ol style="list-style-type: none"> 1. How have the program implemented so far? 2. What are the challenges in delivering the program? 3. What aspect of the program do you find it clear in delivering and what is not? <ol style="list-style-type: none"> 1. What do you consider as strength of the volunteering training/WTC pre-service training? 2. What do you see can be improved or enhanced further in terms of the training? <ol style="list-style-type: none"> 1. Do you have any positive feedback to the ETO? 2. Do you have any feedback on what and how ETO can improve on? 3. Do you have any positive feedback to the PMP? 4. Do you have any feedback on what and how PMP can improve on? <ol style="list-style-type: none"> 1. How does the WTC program work differently from the other programs for refugees and immigrants?
WTC Home Visitor N/A	<ul style="list-style-type: none"> * Resources (WTC curriculum, books provided for WTC, Refugee resource bank, Rumie tablets) * Program (RHH-Welcome to Canada) * Volunteering/Work opportunities & Trainings (WTC volunteer, WTC pre-service training) * MMC Performance Management (ETO usage) 	<ol style="list-style-type: none"> 1. What do you consider as strength of the resources? 2. What do you see can be improved or enhanced further in terms of resources? <ol style="list-style-type: none"> 1. How have the program implemented so far? 2. What are the challenges in delivering the program? 3. What aspect of the program do you find it clear in delivering and what is not. <ol style="list-style-type: none"> 1. What do you consider as strength of the volunteering training/WTC pre-service training? 2. What do you see can be improved or enhanced further in terms of the training? <ol style="list-style-type: none"> 1. Do you have any positive feedback to the ETO? 2. Do you have any feedback on what and how ETO can improve on?
RHH Training Coordinator	<ul style="list-style-type: none"> * Resources (RHH curriculum, Refugee resource bank, Rumie tablets) * Program (Bond to literacy, RHH-modified HIPPY, RHH group meeting, Extra HIPPY time, HIPPY summer) * Volunteering/Work opportunities & Trainings (HIPPY Weekly training, HIPPY Professional Education Program) * MMC Performance Management (ETO usage, PMP usage) * Comparison of the other programs (HIPPY) 	<ol style="list-style-type: none"> 1. What do you consider as strength of the resources? 2. What do you see can be improved or enhanced further in terms of resources? <ol style="list-style-type: none"> 1. Which components have been used for the RHH participants so far? 2. What are the challenges in delivering the program(s)? 3. What aspect of the program(s) do you find it clear in delivering and what is not? <ol style="list-style-type: none"> 1. What are your responsibilities in the weekly training/PEP training? 2. What do you consider as strength of the weekly training/PEP training? 3. What do you see can be improved or enhanced further in terms of the training? <ol style="list-style-type: none"> 1. Do you have any positive feedback to the ETO? 2. Do you have any feedback on what and how ETO can improve on? 3. Do you have any positive feedback to the PMP? 4. Do you have any feedback on what and how PMP can improve on? <ol style="list-style-type: none"> 1. How does the WTC program work differently from the other programs for refugees and immigrants?
MMC_Rumie App Developers	<ul style="list-style-type: none"> * Resources (Rumie Tablets) 	<ol style="list-style-type: none"> 1. What were your tasks on Rumie development? 2. How does Rumie support GAR family's settlement in Canada?
WTC_Mothers (5) N/A	<ul style="list-style-type: none"> * Resources (WTC curriculum, books provided for WTC, Refugee resource bank, Rumie tablets) * Program (RHH_Welcome to Canada) * Volunteering/Work opportunities & Training (WTC volunteer) * Services (Outreach worker service) 	<ol style="list-style-type: none"> 1. What do you consider as strength of the resources? 2. What do you see can be improved or enhanced further in terms of resources? <ol style="list-style-type: none"> 1. What do you consider as strength of the program you are taking/took? 2. What do you see can be improved or enhanced further in terms of the program? 3. How did your knowledge/attitude/behavior/condition change after the completion of the program? <ol style="list-style-type: none"> 1. What do you think about having former HIPPY mothers volunteer for the WTC program? <ol style="list-style-type: none"> 1. What do you consider as strength of the outreach worker service? 2. What do you see can be improved or enhanced further in terms of the outreach worker service?
WTC_Children (5) N/A	<ul style="list-style-type: none"> * Program (RHH_Welcome to Canada) 	<ol style="list-style-type: none"> 1. What do you think about your wife taking the program? 2. What changes do you see in your wife, if any, as she takes the program?
WTC_other family members (5) N/A	<ul style="list-style-type: none"> * Program (RHH_Welcome to Canada) 	<ol style="list-style-type: none"> 1. What do you think about your wife taking the program? 2. What changes do you see in your wife, if any, as she takes the program?
RHH_Mothers (5)	<ul style="list-style-type: none"> * Resources (RHH curriculum, Refugee resource bank, Rumie tablets) * Program (Bond to literacy, RHH-modified HIPPY, RHH group meeting, Extra HIPPY time, HIPPY summer) * Services (Outreach worker service) 	<ol style="list-style-type: none"> 1. What do you consider as strength of the resources? 2. What do you see can be improved or enhanced further in terms of resources? <ol style="list-style-type: none"> 1. What do you consider as strength of the program you are taking/took? 2. What do you see can be improved or enhanced further in terms of the program? 3. How did your knowledge/attitude/behavior/condition change after the completion of the program? <ul style="list-style-type: none"> -Appropriate information and services to address settlement needs -Awareness of community and other resources to deal with settlement issues -Knowledge, skills, and connections related to the Canadian work environment. -Official Language skills and other skills for adapting to Canadian society. -Knowledge of life in Canada, including laws, rights, and responsibilities. <ol style="list-style-type: none"> 1. What do you consider as strength of the outreach worker service? 2. What do you see can be improved or enhanced further in terms of the outreach worker service?
RHH_Children (5)	<ul style="list-style-type: none"> * Program (Bond to literacy, RHH-modified HIPPY, RHH group meeting, Extra HIPPY time, HIPPY summer) 	<ol style="list-style-type: none"> 1. What did/didn't you like about the RHH program?
RHH_family members (5) N/A	<ul style="list-style-type: none"> * Program (Bond to literacy, RHH-modified HIPPY, RHH group meeting, Extra HIPPY time, HIPPY summer) 	<ol style="list-style-type: none"> 1. What do you think about your wife taking the program? 2. What changes do you see in your wife, if any, as she takes the program?

HVs	* Resources (RHH curriculum, Refugee resource bank, Rumie tablets)	1. What do you consider as strength of the resources? 2. What do you see can be improved or enhanced further in terms of resources?
	* Program (Bond to literacy, RHH-modified HIPHY, RHH group meeting, Extra HIPHY time, HIPHY summer)	1. How have the program implemented so far? 2. What are the challenges in delivering the program? 3. What aspect of the program do you find it clear in delivering and what is not.
	* Volunteering/Work opportunities & Training (HIPHY weekly training, HIPHY Professional Education Program, extra professional development)	1. How is your experience in the HIPHY weekly training/PEP/extra professional development? 2. What do you consider as strength of the trainings? 3. What do you see can be improved or enhanced further in terms of trainings?
	* MMC Performance Management (ETO usage)	1. Do you have any positive feedback to the ETO? 2. Do you have any feedback on what and how ETO can improve on? 3. Do you have any positive feedback to the PMP? 4. Do you have any feedback on what and how PMP can improve on?
Outreach Worker <i>N/A</i>	* Services (Outreach worker service)	1. What kind of work have you done as an outreach worker for the RHH program? 2. What kind of common demands have you received from the RHH participants?
WTC Volunteer Mothers <i>N/A</i>	* Cadre of volunteer mothers opportunity	1. Why did you want to work as a volunteer for the WTC program? 2. What do you consider as strength of the volunteering opportunity for mothers? 3. What do you see can be improved or enhanced further in terms of the volunteering opportunity for mothers?
MMC_National Director of Training & Education	* Volunteering/Work opportunities & Training (HIPHY Professional Education Program)	1. What are your responsibilities in the RHH/WTC program? 2. What do you consider as strength of the PEP training? 3. What do you see can be improved or enhanced further in terms of the PEP training?
HIPHY Manager	* Resources (WTC/RHH curriculum, books provided for WTC, Refugee resource bank, Rumie tablets)	1. What do you consider as strength of the resources? 2. What do you see can be improved or enhanced further in terms of resources?
	* Program (Bond to literacy, RHH-modified HIPHY, RHH group meeting, Extra HIPHY time, HIPHY summer)	1. Which programs have you been involved within the RHH program? 2. What are the challenges in delivering the program(s)? 3. What aspect of the program(s) do you find it clear in delivering and what is not?
	* Volunteering/Work opportunities & Training (HIPHY weekly training, HIPHY Professional Education Program, extra professional development)	1. What do you consider as strength of the Weekly training/PEP/extra professional development? 2. What do you see can be improved or enhanced further in terms of the training?
	* MMC Performance Management Process (PMP usage, ETO usage)	1. What are your responsibilities in the PMP and ETO? 2. Do you have any positive feedback to the ETO? 3. Do you have any feedback on what and how ETO can improve on? 4. Do you have any positive feedback to the PMP? 5. Do you have any feedback on what and how PMP can improve on?
	* Comparison of the other programs (HIPHY)	1. How do you think the RHH program works differently from the other programs? 2. What do you think the program should offer GAR families to meet their needs?
	* Governance (coordination with the partner)	1. What are your responsibilities in coordinating with the partner? 2. What aspect of your work do you find effective and meaningful in enhancing organizational effectiveness and what aspect do you find requires further improvement?
Performance Management & Evaluation Director	* MMC Performance Management Process (PMP usage)	1. How did you develop the Performance Management Process? 2. What research evidence support the effectiveness of PMP? 3. What are the expected mechanisms of change responsible for the effectiveness of PMP?
MMC_CEO	* Governance (coordination with the partner)	1. What are your responsibilities in coordinating with the partner? 2. What aspect of your work do you find effective and meaningful in enhancing organizational effectiveness and what aspect do you find requires further improvement? 3. Why and how did you plan the RHH pilot program? 4. What is your plan after the pilot program went successful?
MMC_Director of Newcomer Program Innovations	* Program (Bond to literacy, RHH-modified HIPHY, RHH group meeting, Extra HIPHY time, HIPHY summer)	1. Which programs have you been involved within the RHH program? 2. What are the challenges in delivering the program(s)? 3. What aspect of the program(s) do you find it clear in delivering and what is not?
	* Resources (Refugee Resource Bank)	1. How did you develop the policy governing the refugee resource Bank? 2. What do you consider as strength of the resources? 3. What do you see can be improved or enhanced further in terms of resources?
	* Volunteering/Work opportunities & Training (HIPHY Professional Education Program)	1. What do you consider as strength of the Weekly training/PEP/extra professional development? 2. What do you see can be improved or enhanced further in terms of the training?
	* Governance (coordination with the partner)	1. What are your responsibilities in coordinating with the partner? 2. What aspect of your work do you find effective and meaningful in enhancing organizational effectiveness and what aspect do you find requires further improvement?
ISSofBC_Division Manager Settlement program	* Governance (coordination with the partner)	1. What are your responsibilities in coordinating with the partner? 2. What aspect of your work do you find effective and meaningful in enhancing organizational effectiveness and what aspect do you find requires further improvement?
ISSofBC_Associate Director Settlement Services <i>N/A</i>	* Governance (coordination with the partner)	1. What are your responsibilities in coordinating with the partner? 2. What aspect of your work do you find effective and meaningful in enhancing organizational effectiveness and what aspect do you find requires further improvement?
All participants	* Any topics	* Is there any other questions you want me to ask you?

Appendix B. Observation consent form – 2020-01-20

On letterhead with SFU logo

Consent Form for *Program Observation*

Reviving Hope and Home for High Risk Refugee Mothers Program External Evaluation

Study Team

Principal Investigator: Dr. Masahiro Minami, Assistant Professor, Faculty of Education

External Evaluation Lead: Akiko Ohta (Inui), PhD Student, Faculty of Education

Invitation and Study Purposes

You are being invited to take part in this research study because we want to better understand your experience of being involved in the RHH program. The purpose of this project is to conduct external formative evaluation of a pilot project the Mothers Matter Centre (MMC) is carrying out in partnership with the Immigrant Services Society of BC (ISSofBC), termed the Reviving Hope and Home for High Risk Refugee Mothers Program (referred to as RHH hereunder). Their goal is to test the feasibility of this social innovation to ensure the wellbeing, dignity, and social connections of high-risk vulnerable Government-Assisted Refugee (GAR) mothers. This initiative aims to provide diverse, integrated settlement supports to GAR mothers while adapting the existing HIPPY program.

Voluntary Participation

Your participation is voluntary. You have the right to refuse to participate in this study. If you decide to participate, you may still choose to withdraw from the study at any time without any negative consequences to the education, employment, or other services to which you are entitled or are presently receiving.

Study Procedures

If you decide to take part in this study here is the procedure that will be involved:

A specific date and time that works best for you will be set and a member of the research team will attend and informally observe a program that you are taking.

Potential Risks of the Study

Risks to you in participating in this study is minimal.

Potential Benefits of the Study

Participation will inform program development for GAR mothers, help you to understand your own needs, and provide you an opportunity to express what works and what doesn't work for you. Participation will also benefit the other stakeholders in RHH to reflect on their involvement and analyze it to make it better.

Confidentiality

Participants will be identified by pseudonyms in any reports of the completed study. A key sheet containing the pseudonyms, as well as participants' names and other identifying details, will be kept in a locked cabinet.

Withdrawal

You may withdraw from this study at any time without giving reasons and with no effects on program participation, employment etc. You may also ask the researcher who is conducting the observation to leave a site at any time.

Study Results

The final report will include evaluation of process, tools, curriculum and overall efficacy of the new program in a policy briefing format. The research team also intends to disseminate results at scholarly conferences as well as in peer-reviewed journals.

If you are concerned about the way you were treated in this study or have questions about participation rights, you can contact Akiko Ohta (Inui) akiko_ohata@sfu.ca or Dr. Masahiro Minami at mashiro_minami@sfu.ca.

Your signature indicates that you consent to participate in this study.

Participant Full Name (Please Print)
Date (yyyy/mm/dd)

Participant Signature

Appendix C. Interview/Focus group consent form – 2020-01-20

On letterhead with SFU logo

Consent Form for *Semi-Structured Interviews*

Reviving Hope and Home for High Risk Refugee Mothers Program External Evaluation

Study Team

Principal Investigator: Dr. Masahiro Minami, Assistant Professor, Faculty of Education

External Evaluation Lead: Akiko Ohta (Inui), PhD Student, Faculty of Education

Invitation and Study Purposes

You are being invited to take part in this research study because we want to better understand your experience of being involved in the RHH program. The purpose of this project is to conduct external formative evaluation of a pilot project the Mothers Matter Centre (MMC) is carrying out in partnership with the Immigrant Services Society of BC (ISSofBC), termed the Reviving Hope and Home for High Risk Refugee Mothers Program (referred to as RHH hereunder). Their goal is to test the feasibility of this social innovation to ensure the wellbeing, dignity, and social connections of high-risk vulnerable Government-Assisted Refugee (GAR) mothers. This initiative aims to provide diverse, integrated settlement supports to GAR mothers while adapting the existing HIPPY program.

Voluntary Participation

Your participation is voluntary. You have the right to refuse to participate in this study. If you decide to participate, you may still choose to withdraw from the study at any time without any negative consequences to the education, employment, or other services to which you are entitled or are presently receiving.

Study Procedures

If you decide to take part in this study here is the procedure that will be involved:

You will be asked a series of questions about your experience in RHH during a one-on-one interview which will take approximately 30-45 minutes.

Potential Risks of the Study

Risks to you in participating in this study is minimal.

Potential Benefits of the Study

Participation will inform program development for GAR mothers, help them to understand their own needs, and provide them an opportunity to express what works and what doesn't work for them. Participation will also benefit the stakeholders in RHH to reflect on their involvement and analyze it to make it better.

Confidentiality

Participants will be identified by pseudonyms in any reports of the completed study. A key sheet containing the pseudonyms, as well as participants' names and other identifying details, will be kept in a locked cabinet.

Withdrawal

You may withdraw from this study at any time without giving reasons and with no effects on program participation, employment etc.

Study Results

The final report will include evaluation of process, tools, curriculum and overall efficacy of the new program in a policy briefing format. The research team also intends to disseminate results at scholarly conferences as well as in peer-reviewed journals.

If you are concerned about the way you were treated in this study or have questions about participation rights, you can contact Akiko Ohta (Inui) akiko_ohata@sfu.ca or Dr. Masahiro Minami at mashiro_minami@sfu.ca.

Your signature indicates that you consent to participate in this study.

Participant Full Name
(yyyy/mm/dd)

Participant Signature

Date

Appendix D. Photo/Video consent form – 2020-01-20

On letterhead with SFU logo

**Consent Form for *Photo / Video Release*
Reviving Hope and Home (RHH) for High Risk Refugee Mothers Program External Evaluation**

Study Team

Principal Investigator: Dr. Masahiro Minami, Assistant Professor, Faculty of Education
External Evaluation Lead: Akiko Ohta (Inui), PhD Student, Faculty of Education

I hereby give permission to **the RHH study team** to use my photographic likeness in all forms and media for disseminating evaluation results in reports, presentations at scholarly conferences and peer-reviewed journals.

I understand that there will be no personal information used in the photos/videos, nor will personal information be made available to those viewing the photos/videos.

I understand that the photos/videos used may be made available online, print format and external publications.

I agree to all the above on behalf of myself, my minor child, other family member or person for whom I have legal responsibility.

Participant Name (Please print)_____

Signature_____

Date (yyyy/mm/dd)_____

Appendix E. PHOTOS Caption and Discussion Guide

PHOTOS Caption and Discussion Guide

Exploring the Impact of the RHH program on GAR mothers

Instructions

Please take...

3 photos: For you to illustrate what the RHH program means to you or how it makes a difference in your everyday life. The photos can also represent how you are working on the HIPPY curriculum with your child(ren).

2 photos: For your child(ren) to represent how he/she is working on the HIPPY curriculum with you. Please let your child(ren) decide what to take pictures of.

The photos taken should be of material objects, places, services or activities only. In your responses, please do not include any personal information about anyone else; this includes name, mail or email addresses, or any other information by which they could be identified by your comments or views.

In our next meeting, I will ask you to answer the following questions for each of the photos that you and your children took.

P

Describe your **Photo**

What made you choose this particular photo, scene or item?

H

What is **Happening** in your photo? (The unseen context/story behind the image)

What was going through your mind as you were taking this photo?

O

Why did you take a photo of this?

What do you want to highlight from the photo that we may not instinctively **Observe**?

T

What does this photo **Tell** us about your life and how you feel about your social situation?

What does this photo tell us about your use of RHH program or how it may impact your family well-being?

O

How can this photo provide ideas about **Opportunities** to educate people or create awareness about the challenges faced by GAR mothers?

S

Is there anything else that is not represented in this photo that you would like to **Share**?