

In Motion and Momentum+

Interim Update

December 2023

Blueprint

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FSC is a forward-thinking centre for research and collaboration dedicated to preparing Canadians for employment success. We believe Canadians should feel confident about the skills they have to succeed in a changing workforce. As a pan-Canadian community, we are collaborating to rigorously identify, test, measure, and share innovative approaches to assessing and developing the skills Canadians need to thrive in the days and years ahead. The Future Skills Centre was founded by a consortium whose members are Toronto Metropolitan University, Blueprint ADE, and The Conference Board of Canada

The opinions and interpretations in this publication are those of the author(s) and do not necessarily reflect those of the Future Skills Centre or the Government of Canada.





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Acknowledgements

About the Future Skills Centre

The Future Skills Centre (FSC) is a forward-thinking centre for research and collaboration dedicated to driving innovation in skills development so that everyone in Canada can be prepared for the future of work. We partner with policymakers, researchers, practitioners, employers and labour, and post-secondary institutions to solve pressing labour market challenges and ensure that everyone can benefit from relevant lifelong learning opportunities. We are founded by a consortium whose members are Toronto Metropolitan University, Blueprint, and The Conference Board of Canada, and are funded by the Government of Canada's Future Skills Program.

Le Centre des Compétences futures (CCF) est un centre de recherche et de collaboration avantgardiste qui se consacre à l'innovation dans le domaine du développement des compétences afin que toutes les personnes au Canada soient prêtes pour l'avenir du travail. Nous travaillons en partenariat avec des personnes chargées de l'élaboration des politiques, des personnes chargées de la recherche, des spécialistes, des employeurs et des travailleuses et travailleurs, ainsi qu'avec des établissements d'enseignement postsecondaire, afin de résoudre les problèmes urgents du marché du travail et de veiller à ce que chacun puisse bénéficier de possibilités pertinentes d'apprentissage tout au long de la vie. Nous sommes fondés par un consortium dont les membres sont l'Université métropolitaine de Toronto, Blueprint et le Conference Board of Canada, et nous sommes financés par le Programme du Centre des compétences du gouvernement du Canada.

About Blueprint

<u>Blueprint</u> was founded on the simple idea that evidence is a powerful tool for change. We work with policymakers and practitioners to create and use evidence to solve complex policy and program challenges. Our vision is a social policy ecosystem where evidence is used to improve lives, build better systems and policies and drive social change.

Our team brings together a multidisciplinary group of professionals with diverse capabilities in policy research, data analysis, design, evaluation, implementation and knowledge mobilization.

As a consortium partner of the Future Skills Centre, Blueprint works with partners and stakeholders to collaboratively generate and use evidence to help solve pressing future skills challenges.



Blueprint



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About this report

This *Interim Update* presents findings from In Motion & Momentum+ (IM&M+), a pre-employability program developed by the Canadian Career Development Foundation (CCDF). IM&M+ helps people distant from the labour market address barriers to employment, build foundational skills, identify and leverage their strengths as sources of hope, motivation, and pride, and progress toward social and economic potential.

For information on IM&M+ and its journey as part of the <u>Scaling Up Skills Development Portfolio</u>, please see our <u>Interim Report</u>.

The following update is based on data collected by Blueprint from February 2022 to September 2024. A *Final Report* will incorporate data from the program's September 2024 cohort delivery. Our update contains five sections:

- Executive summary (pgs. 5–7) reviews our findings.
- Implementation updates (pgs.8–10) describes IM&M+'s cohort and timeline, summarizes its model/participant journey, and updates the new research enrolments in the randomized controlled trial (RCT).
- Learning agenda and methodology (pgs. 11–15) shares our evidence generation approach: our learning agenda, RCT design, data sources, and limitations.
- Updated insights (pgs. 16–33) presents findings on uptake, experience, early outcomes, and implementation, updated from our *Interim Report*.
- What's next? (pg. 34) summarizes the next phases of evidence generation and reporting.

1. Executive summary

This report provides updated findings from **Blueprint**'s ongoing evaluation of In Motion & Momentum+ (IM&M+), a program developed by the **Canadian Career Development Foundation (CCDF)**.

Too often, jobseekers facing complex barriers feel pressure to transition into work quickly, which can create unstable labour market attachment and a return to social services. IM&M+ aims to break this cycle. Via three modules delivered over 10 weeks – *In Motion, Momentum,* and *Momentum+* – the program supports jobseekers through person-centred, strengths-based approaches combined with active learning and real-world practice. Ultimately, IM&M+ supports individuals with complex needs to move toward sustainable labour market attachment by mobilizing strengths, building foundational skills, and fostering hope.

IM&M+ was launched in New Brunswick in 2016 as a response to the province's goal of ensuring more people achieve economic self-sufficiency. In 2018, it was piloted at three sites in Ontario. In 2020, CCDF received a grant from the **Future Skills Centre (FSC)** to expand to multiple locations and test its effectiveness. Blueprint's evaluation of the expansion found that IM&M+ participants experienced increases in pre-employability skills, employment attainment, and enrolment in education and training.

In 2021, as part of the **Scaling Up Skills Development Portfolio**, CCDF received a second grant from FSC to work with Blueprint to use a randomized controlled trial (RCT) to measure IM&M+'s causal impact on participant outcomes. To undergo an RCT – while the program is being implemented by multiple partners and scaled to various regions – is a significant undertaking for a community-based social program in Canada. As Blueprint conducts the RCT, we continue to assess IM&M+'s applicability and scalability to different contexts.

Findings in this *Interim Update* are based on administrative and survey data, participant interviews, and facilitator focus groups. Data was collected by Blueprint, delivery partners, and CCDF from Sept. 2022 to Apr. 2024. We include a longitudinal analysis of surveys to assess participant skill level changes from program start to end, comparing them between participants who enrolled (the RCT program group) to those who did not (the comparison group).

Findings show IM&M+ is reaching its target demographic, achieving high rates of satisfaction, and generating positive delivery experiences:

 Program reach. IM&M+ continues to reach the target demographic of individuals with prolonged employment issues (over 80% were unemployed, and many were long-term unemployed). Among participants who were employed, most were in precarious, poorly paid work with limited career opportunities. Over 50% had no post-secondary education and over 50% were relying on income assistance.

- Participant satisfaction. Participants continue to show high satisfaction with all three modules (86–87%), high levels of utility (87–91%), and that they had already recommended IM&M+ or would likely recommend it (72%). In interviews, participants valued the facilitative support, the overall structure, and peer interactions, which helped foster a collaborative environment and positive goal progression. Facilitators were credited for creating a safe, supportive space conducive to personal development. Feedback was consistently positive across diverse demographics.
- Facilitator experiences. In line with the Interim Report, facilitators reported high fidelity across sites and expressed fulfillment in delivering IM&M+, supported by CCDF's resources, training, and agency support. Some reported challenges with recruitment, life stabilization needs among participants, and with transitioning participants post-program. Gaps in local social services added pressure, with some facilitators seeking additional mental health and trauma-informed training.

Findings also show IM&M+ is achieving positive effects on pre-employability skills and employment rates and promising signs for social assistance receipt:

- · Positive impact on pre-employability skills.
 - Similar to the Interim Report, the program is having a positive impact on four key preemployability scores: employment hope, emotional intelligence, mental health, and healthy behaviours. These effects are slightly smaller than those observed in earlier cohorts, which is expected due to the smaller sample size in the Interim Report.
- Increased employment status.
 - Over time, IM&M+ is showing a positive effect on employment status for both groups; employment rates increased by +22 percentage points for the comparison group and +34 percentage points for the program group at the 12-month mark (indicating IM&M+ participants were 28% more likely to be employed than their counterparts at the same time – or a +10-percentage point difference).
- Declining receipt of financial assistance.
 - Although IM&M+ does not appear to impact social assistance receipt at this time, social assistance receipt decreased for all participants, and program group members were slightly less likely to receive social assistance at 12 months. We expect increased employment rates in the program group may translate into larger effects on social assistance over a longer period. Depending on the jurisdiction, those employed may also remain on social assistance for several months after gaining employment.

While there are areas for improvement in recruitment and participant transition strategies, IM&M+ continues to support a wide range of individuals experiencing substantive unemployment or precarious employment situations.

Blueprint's upcoming *Final Report* will share results from the full sample, which includes updated participant and outcomes data from a final September 2024 cohort and from Statistics Canada data linkage, which will be available by December 2025.

The *Final Report* will include additional insights into how the program's impact differs among specific demographic groups, such as newcomers and individuals with disabilities. It will include an assessment of whether and how module completion impacts outcomes (i.e., whether there are correlations between the number of modules completed and program outcomes). It will also include a cost-effectiveness analysis that estimates the cost of delivering IM&M+ – relative to both comparable programs and to its overall impact. Finally, we will also conduct further implementation research to better understand appropriate adaptations for scaling IM&M+ beyond its current satellite of delivery partners spread across several provinces.

2. Implementation updates

2.1. IM&M+ model summary

There have been no major changes to the program model or implementation since the <u>Interim Report</u> (Nov. 2023). Below, we summarize the IM&M+ model; **Figure 1** details steps in the participant journey.

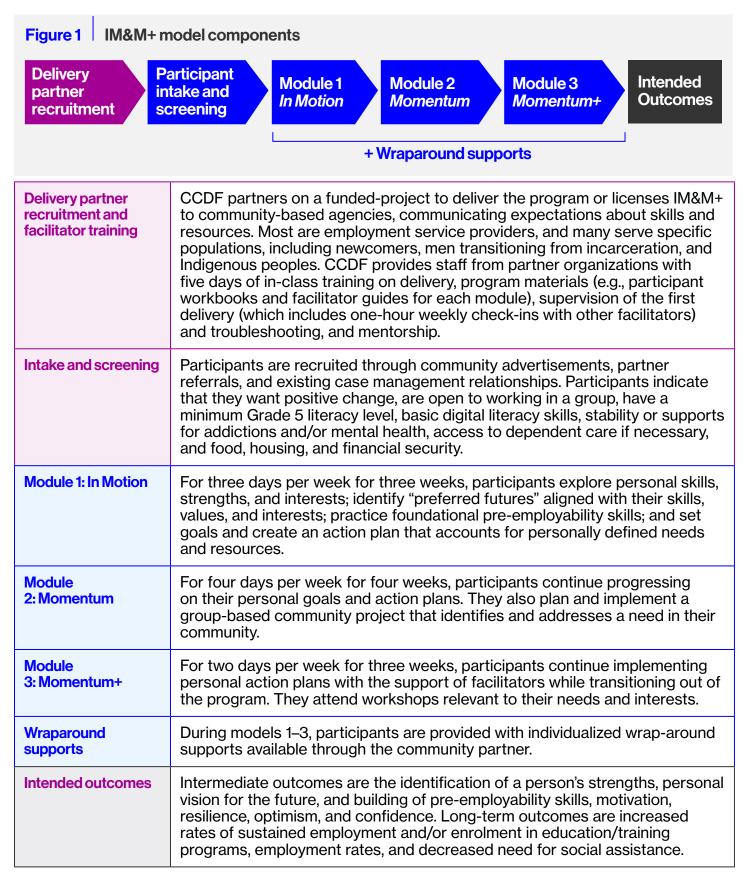
- IM&M+ lasts for 10 weeks of in-person, virtual, and/or hybrid delivery, featuring experiential learning that address patterns of thinking, rather than simply teaching concepts like self-esteem.¹
- IM&M+ uses a Leave-When-Ready approach: a person-centred philosophy whereby participants can leave when they feel they can move forward. Completion of all modules is not a success indicator; IM&M+ provides content and support for participants to achieve pre-employability outcomes and next steps.
- Participants can off-ramp when they are ready. Those who off-ramp can re-enter later.

¹ This theory of change consistent with hope-based approaches to career counselling, theories of career development, and positive psychology. See:

Amundson, N., Niles, S. G., & Yoon, H. J. (2020). Hope-action theory and practice. *Educational Psychology*, 60(18), 91–102. https://e-psychologiawychowawcza.pl/article/146227/en

Lent, R. W., & Brown, S. D. Social cognitive model of career self-management: Toward a unifying view of adaptive career behavior across the life span. *Journal of Counseling Psychology*, 60(4), 557–568. <u>https://doi.org/10.1037/a0033446</u>

Sampson Jr., J. P., Lenz, J. G., Reardon, R. C., & Peterson, G. W. (1999). A cognitive information processing approach to employment problem solving and decision-making. *The Career Development Quarterly*, 48(1), 3–18. https://psycnet.apa.org/doi/10.1002/j.2161-0045.1999.tb00271.x



2.2. Cohort delivery

- Blueprint's <u>Interim Report</u> covered the first two cohorts of IM&M+'s RCT, delivered in Feb. 2022 and Sept. 2022.
- Since then, three additional cohorts were delivered (Feb. 2023, Sept. 2023, and Apr. 2024), with each cohort delivered by between seven and 13 community partners across Canada (see Appendix A for the number of community organizations delivering each cohort). In July 2023, a 'partial cohort' was delivered by one community partner, John Howard Society St. John's West Coast Correctional Centre.
- This report includes data from all five full cohorts and this one partial cohort. A final cohort, launched in Sept. 2024, is underway; with its results and the other cohort's long-term data covered in our *Final Report*.

2.3. Research participation

Since the launch of the RCT, a total of **80% (630/788)** of applicants have consented to participate in the research. This includes **333** new research enrolments since the last <u>Interim Report</u>. The next section provides details on our learning agenda and methodology.

3. Learning agenda and methodology

We provide updated data on the following questions:

- Program reach. Is the program reaching its target population?
- **Participant experiences.** Do participants persist in the program and complete the modules? Are participants satisfied with their experience in the program? According to participants, what are the program's strengths and areas for improvement?
- **Program impact.** What are the effects of IM&M+ on pre-employability skills, employment, and education enrolment?
- **Program implementation.** Is the program delivered with fidelity? What contextual adaptations are needed? What are successes and challenges with delivery?

3.1. Evaluating impact with an RCT

In an RCT, individuals are randomly assigned to a 'program group' (where they receive the intervention) or a 'comparison group' (where they proceed with 'business-as-usual' services). Participants are drawn from the same population, so random assignment creates groups with similar demographic characteristics. This similarity means that differences observed in outcomes should be attributable to participation in the program (the sole element that distinguishes each group). Comparing the difference between program and comparison groups via an RCT is widely considered the most credible way to assess a program's causal impact.

3.2. RCT design and participant sample

- Across five cohorts, **788** applicants were randomized into the program or comparison group. Of those **788**, **630** (**80%**) consented to participate.
- We used a simple random assignment approach (each group received **50%** of eligible applicants).
 - Of the 659 participants, 328 were assigned to the program group (80% consent rate) and 308 were assigned to the comparison group (80% consent rate).
- This met our goal of a 500-participant sample size by the study's completion.²

Table 1 illustrates how random assignment is achieving balance across key socio-demographic characteristics. The demographic of the sample for this report is similar to that of the *Interim Report*.³ To address minor demographic differences between groups, baseline values were

² In the analyses below, participant data from two sites in the February 2023 delivery are excluded because the program was not delivered with fidelity to the program delivery guides (see section **3.4. Program implementation** for details). As a robustness check, we ran the analyses with these participants included, and results did not substantially change.

³ A greater proportion of participants included in this update identified as racialized (42% of the program and 46% of the comparison group compared to 34% of the program and 29% of the comparison group in the previous report) and Indigenous (14% of the program and comparison groups compared to 10% of the program and 8% of the comparison group in the previous report). A somewhat larger proportion of participants in this report were also born in Canada (72% of the program and 68% of the comparison group compared to 64% of the program and 61% of the comparison group in the previous report).

included as covariates in our analysis.⁴ These include pre-employability skill scores, employment status, age, highest education level, disability status, and social assistance receipt. When we refer to regression-adjusted estimates, we mean impact estimates that have been statistically adjusted using these covariates to control for any initial differences, allowing for a more accurate comparison of outcomes between groups.

Category	Characteristic	Program	Comparison
Equity-deserving groups	Racialized	42% (133/316)	46% (139/299)
	Indigenous	14% (45/328)	14% (42/307)
	BIPOC	45% (145/324)	49% (147/301)
	Disability	43% (138/323)	37% (114/307)
	Woman+⁵	62% (200/324)	59% (179/305)
	None of the above	12% (37/315)	11% (34/298)
Age	Youth (<30)	23% (74/325)	25% (77/307)
	Middle age (30–64)	77% (250/325)	74% (227/307)
	Older (>64)	0% (1/325)	1% (3/307)

Table 1 Key socio-demographic characteristics

- 4 Age and highest education level were covariates due to their theoretical impact on employment outcomes (i.e., more highly educated people have higher likelihoods of obtaining employment, and the likelihood of employment in certain industries varies with age), ensuring these factors did not skew results between groups. We found that response rates decreased over time for program group members with disabilities, while responses from their comparison group counterparts increased over time. Meanwhile, response rates increased over time for comparison group members receiving social assistance but stayed stable in the program group (see Appendix B for details). Thus, we included disability status and social assistance receipt as covariates because of these differential completion rates. Doing so accounted for any biases that could arise from variations, noting that decreased responses from program group members with disabilities could artificially inflate their relative employment rates due to the adverse impact of disability on employment prospects. See: Friedman, C. (2020). The relationship between disability prejudice and disability employment rates. *Work*, 65, 591–598. https://doi.org/10.3233/wor-203113
- 5 The Woman+ category includes respondents who identify as women, non-binary, genderfluid, two-spirit, or transgender. As an analytical category, it intends to represent individuals who may experience systemic barriers due to their sex and/or gender without compromising respondent privacy.

Category	Characteristic	Program	Comparison
Migration	Born in Canada	72 % (234/324)	68% (209/306)
	Immigrant	28% (90/324)	32% (97/306)
	Newcomer (<five canada)<="" in="" td="" years=""><td>56% (51/91)</td><td>52% (49/95)</td></five>	56% (51/91)	52% (49/95)
Education	No high school diploma	21% (66/320)	20% (62/303)
	High school diploma	32% (102/320)	38% (116/303)
	Post-secondary education	48% (152/320)	41% (125/303)
Employment	Employed	12% (37/319)	14% (44/305)
	Unemployed (employed previously)	79% (252/317)	74% (224/304)
	Unemployed (never employed)	9% (21/325)	12% (36/304)
Financial assistance	Receiving El	6% (21/325)	4% (12/307)
	Receiving social assistance	47% (154/325)	51% (158/307)
	None of the above	46% (150/325)	45% (137/307)

3.3. Data sources, sample sizes, and collection timeline

Blueprint gathered quantitative and qualitative data to answer our learning questions. IM&M+ facilitators collected program administrative data; other data sources were collected by Blueprint.⁶ Table 2 describes the data sources used, sample sizes, and response rates.

Table 2 Data sources

Data source	Sample size and response rate	Description
Administrative data	Total: 788 Program: 51% (402/788) Comparison: 49% (386/788)	Total number of applicants randomized into the program or comparison group as part of the program admissions process. Collected number of sessions attended, modules completed, and reasons for leaving.
Participant consent form and baseline urvey	Program: 80% (323/402) Comparison: 80% (307/386)	Numerators represent those who completed research consent forms and baseline surveys; denominators represent the total number of randomized applicants. Administered at application to capture socio-demographic characteristics, employment, education enrolment status, and self-assessment of pre- employability skills.
Program midpoint survey ⁷	Program: 70% (231/328) ⁸ Comparison: 56% (171/308)	Number who completed the survey out of those who consented to the research. Administered to the program group seven weeks post-enrolment with timing matched for the comparison group. Surveys captured satisfaction (program group only), employment and education enrolment status and self-assessment of pre- employability skills.
Program exit survey	Program: 67% (220/328) Comparison: 55% (168/308)	Number who completed the survey out of those who consented to the research. Administered to the program group three months post-enrolment, with timing matched for the comparison group. Captured satisfaction (program group only), employment and education enrolment status and self-assessment of pre- employability skills.

⁶ Program effects are estimated using "intention-to-treat" analysis: calculations include responses from all participants in the program group regardless of whether they remained in the program. This approach respects IM&M+'s Leave-When-Ready design, in which completing all modules is not a requirement for achieving outcomes. To maximize sample size, our analysis of survey results includes all participants who responded to any survey rather than only the subset of participants who completed all surveys. Because our analysis occurs at the group/aggregate level, it should be viewed as a snapshot of results over time rather than an analysis of the trajectory in individual participants over time.

⁷ In the previous *Interim Report*, the program midpoint survey was referred to as "exit survey 1." We have amended to "program midpoint survey" to avoid confusion.

⁸ The denominators for midpoint, exit, and follow-up surveys represent the number of participants consenting to the research (i.e., those who took part and were sent the surveys). During program delivery, however, six participants who did not initially consent and complete the baseline survey asked to be included in the research and were invited to complete the exit and follow-up surveys. Denominators here are thus larger than the number of participants who completed the consent form and baseline survey because of these seven participants (five in the program and one in the comparison group) who joined the research after the baseline had been administered.

Data source	Sample size and response rate	Description
Three-month follow-up survey	Program: 60% (196/328) Comparison: 47% (165/308)	Number who completed the survey out of those who consented to the research. Administered to the program group 12 months post-program, with timing matched for the comparison group. Surveys captured employment and education enrolment and social assistance receipt status.
12-month follow-up survey	Program: 46% (106/229) Comparison: 42% (89/214)	Semi-structured interviews conducted post-program (program group only); gathered participant experiences and satisfaction and how perceptions vary by background and experience.
Participant interviews	32 participants	Semi-structured interviews conducted post-program (program group only); gathered participant experiences and satisfaction and how perceptions vary by background and experience.
Facilitator focus groups	Nine focus groups	Semi-structured focus groups for Cohort 1, conducted following each module to gather data on facilitators' experiences delivering the program.
Facilitator worksheets (via survey)	88% (145/165) of facilitators 93% (14/15) of delivery organizations	For cohorts 2–4, focus groups were conducted after the first and last modules (<i>In Motion</i> and <i>Momentum+</i>). ⁹
CCDF central team focus groups	Three focus groups	Semi-structured focus groups were conducted with the CCDF central team at the end of each cohort (Cohorts 1–3) to gather data on program delivery successes and challenges.

3.4. Key participant indicators

Baseline and exit surveys collected participant self-assessments of pre-employability skills. Measures used to collect these assessments are noted in **Appendix C** and include questions that explore skills (e.g., resilience; emotional intelligence), habits (e.g., healthy behaviour), and attitudes (e.g., mental health), and indicators such as employment attainment, enrolment in education, and social assistance receipt.

⁹ In Cohort 1, attendance for the focus group following the second module (*Momentum*) was low, and facilitators indicated being very busy during program delivery. Afterward, data collection frequency was revised to occur after the first and last modules only. Focus groups were discontinued following Cohort 4 since data saturation had been reached (i.e., no new themes were emerging from the discussions).

3.5. Data limitations

There are five limitations to data collection and interpretation.

- Declining survey response rates over time. Nearly all participants responded to the baseline survey, but response rates declined to below **50%** at 12 months, limiting our ability to generalize analyses to all IM&M+ participants.¹⁰
- Differential response rates from program and comparison groups. Comparison group members were less likely to respond to survey invitations than program group members. Our analysis provides a more accurate picture of program outcomes for program than comparison group members.¹¹
- Challenges in identifying participant withdrawal reasons. When a participant leaves IM&M+, facilitators record their reason(s) for withdrawal. Facilitators noted that participants could be hard to reach, limiting our ability to identify improvements to address participation barriers. Participants who leave for negative reasons may be less likely to disclose reasons for withdrawal than those who leave for positive reasons. Thus, data may over-represent positive reasons and under-represent negative reasons.
- Limitations of measurement scales. We shortened some scales used to measure preemployability skills from longer validated scales to ensure participants were not overwhelmed. This meant we could not make direct comparisons with results in the literature or compare our effects sizes to those of previous studies to understand the impact of IM&M+ relative to other interventions.

¹⁰ This can be addressed by examining outcomes of all consenting participants via Statistics Canada data linkage, which does not rely on active involvement from participants. Statistics Canada linkage data available before December 2025 will be included in our Final Report; linkage data for the full sample will be available to researchers in the Statistics Canada virtual lab in 2026

¹¹ This limitation can be addressed through data linkage via Statistics Canada as described above since this method does not rely on active participation from comparison group members.

4. Updated insights

4.1. Program uptake

Is the program reaching its target population?

As in the *Interim Report*,¹² IM&M+ is reaching its target population: individuals who are long-term unemployed, cycling in and out of precarious employment, without postsecondary education, and/or receiving government financial assistance.

Table 3 offers a breakdown of employment, education and social assistance status at baseline

 between program and comparison groups. Key highlights include:

- Over **80%** (program=**88%**; comparison=**85%**) were unemployed and some had never been employed (program=**9%**; comparison=**12%**).
 - Many of those unemployed tended to be unemployed for more than five years (program =26%; comparison=31%).
- Those employed tended to be working 10 or fewer hours per week (program=47%; comparison=31%) in jobs with little satisfaction (program =38% satisfied; comparison=47%) or advancement opportunities (program =16% perceived advancement opportunities; comparison=23%).
- Over **50%** (program=**52%**; comparison=**59%**) did not have post-secondary education and indicated that their highest level was high school or less.
- Over 50% (program=53%; comparison=55%) were receiving government financial assistance.¹³

¹² While participants had a similar likelihood of being employed compared to the *Interim Report*, those employed in this update entered the program working more hours: 47% of the program and 33% of the comparison group reported working 10 or fewer hours per week compared to 71% of the program and 67% of the comparison group in the *Interim Report*.

¹³ This number is lower than the proportion of unemployed participants because those from the John Howard Society delivery site (seven cohorts, n=90) were incarcerated at the time of participation and were not eligible for government assistance. In the period covered by the report, IM&M+ was delivered to six cohorts who were incarcerated, including from the program group (n=47) and the comparison group (n=43). These participants were not eligible for social assistance and unlikely to have employment or be enrolled in education in the short-term. This will not affect results of the impact evaluation as both program and comparison groups included a similar proportion of participants who were incarcerated.

Table 3 Employment, education, and social assistance at baseline

		Program	Comparison
Employment status	Employed	12% (37/319)	14% (44/305)
	Unemployed (employed previously)	79% (252/317)	73% (224/304)
	Unemployed (never employed)	9% (28/317)	12% (36/304)
Duration of	Less than 1 month	15% (43/282)	10% (26/261)
unemployment at baseline	1–6 months	21% (59/282)	20% (52/261)
(unemployed only)	7–12 months	7% (20/282)	7% (18/261)
	1–2 years	12% (34/282)	14% (37/261)
	2–5 years	18% (52/282)	18% (47/261)
	More than 5 years	26% (74/282)	31% (81/261)
Hours worked	10 or fewer	47% (17/36)	33% (14/42)
per week (employed only)	11–30	33% (12/36)	55% (23/42)
	31–40	14% (5/36)	7% (3/42)
	41 or more	6% (2/36)	5% (2/42)
Employment type	Seasonal	8% (3/37)	26% (11/43)
(employed only)	Temporary	16% (6/37)	30% (13/ 43)
Job tenure	Temporary	16% (6/37)	30% (13/ 43)
(employed only)	Less than one month	20% (7/35)	12% (5/42)
	1–6 months	29% (10/ 35)	24% (10/42)
	7–12 months	9% (3/35)	10% (4/42)
Job quality	Perceived opportunities for advancement	16% (6/ 37)	23% (10/ 43)
(employed only) ¹⁴	Satisfaction	38% (14/ 37)	47% (20/43)
	Worry about losing job	19% (7/36)	30 % (13/43)
Education	No high school diploma	21% (66/320)	21% (62/303)
	High school diploma	31% (102/320)	38% (116/303)
	Post-secondary education	48% (152/320)	41% (125/303)
Financial	Receiving El	6% (21/325)	4% (12/307)
assistance	Receiving Social Assistance	47% (154/325)	51% (158/307)
	None of the above	46% (150/325)	45% (137/307)

Source. Participant baseline survey.

14 Percentages for job quality items show the percent of participants who indicated that they "agree" or "strongly agree" with the item.

4.2. Program experiences

Do participants persist in the program and complete the modules?

Based on admin data, 57% of participants completed all modules—similar to the Interim Report, wherein 52% completed all three. As discussed, IM&M+ is a Leave-When-Ready model. The model aims to help people make decisions about their career paths independently; as such, program completion is not a success indicator. In our *Final Report*, we will explore if length of time and/or participation in some or all modules impacts outcomes; if it has a positive impact, we will explore how to support it across implementations.

Among those who withdrew, 74% left early (i.e., before *Momentum*). Facilitator-collected data show that "employment"¹⁵ was the most commonly reported reason for early withdrawal (26%; 42/159), followed by mental or physical health issues (23%; 37/159). A high proportion also left for unknown reasons (24%; 38/159). These findings align with the *Interim Report*, which found employment (27%) and health issues (23%) the most common reasons (with 25% leaving for unknown reasons).

Are participants satisfied with their experience in the program? According to participants, what are the program's strengths and areas for improvement?

Respondents were highly satisfied with IM&M+ in ways similar to those in the Interim Report. Program group participants were asked to rate their satisfaction with the *In Motion, Momentum*, and *Momentum+* modules and the full program in two surveys. Figure 2 outlines the satisfaction, utility, and the likelihood of recommending based on stream. Data show very strong rates of satisfaction with all three modules (86–87%); participants found IM&M+ useful (87–91%) and indicated they had already recommended or would likely recommend it (72%).

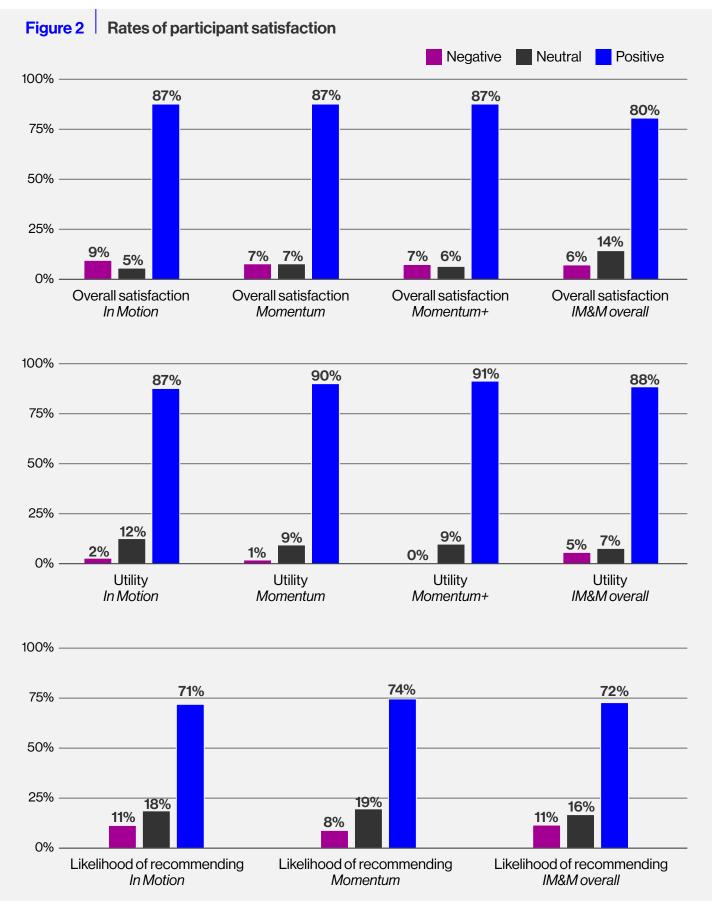
^{15 &}quot;Employment" here may refer to the participant finding employment and/or employment as a larger cause/motivation to leave the program.

As with the Interim Report, IM&M+ was perceived positively across demographic groups. We conducted a demographic analysis to understand whether some groups found it more useful than others. This analysis revealed that the program was perceived similarly positively across demographic groups (see Appendix D for satisfaction ratings by demographic).¹⁶

Overall, respondents noted that the IM&M+ environment was positive, supportive, and enabled them to collaborate effectively and move toward their goals. In interviews, respondents noted the following strengths (similar to those in the *Interim Report*):

- Dedicated facilitators. Respondents praised facilitators for creating positive, encouraging environments wherein they could build relationships with each other and feel comfortable reaching out. They appreciated that facilitators connected them to specialized resources to access services (e.g., employment-related assistance, housing or legal support referrals, information about other skills development programs, etc.). They noted that facilitators made them feel seen, heard, and valued.
- Format, content, and structure. Respondents enjoyed each module activity, feeling they flowed well, were transformative, helped them make positive steps toward their goals, and cultivate positive mindsets. They highlighted the benefits of reintroducing routine (e.g., regular wakeup times) and self-care practices, which inspired stability, productivity, and focus. Many appreciated participating online, which allowed them to take part despite transportation barriers, health issues, and/or caregiving responsibilities.
- Peer and community interaction. Developing connections with peers receiving feedback and support – was among the most valuable components. Respondents appreciated group diversity and were comforted by the fact that many peers were experiencing similar challenges. Many stayed connected post-program. Several indicated that the community project, in which they worked in small groups to execute projects to benefit their local communities, was the most impactful activity: it pushed them out of their comfort zones and let them action the skills, values, and goals they were exploring in other modules. They left IM&M+ feeling more confident in their skills.

¹⁶ One exception to this finding is that newcomers were far more likely to recommend IM&M+ to others (89%) than the general respondent group (72%). While we do not have direct insights from newcomers, one logical explanation is that newcomers are often part of support networks with other newcomers and share helpful opportunities with their communities. Facilitators at newcomers serving organizations may also tailor content to suit their specific needs (e.g., by trying to make the language as direct as possible), which may encourage them to share among their networks.



Sources. Responses regarding In Motion and Momentum: program midpoint survey. Responses regarding Momentum+ and IM&M+ overall: program exit survey.

Evaluation of the In Motion & Momentum+ Program

4.3. Program impact

We provide two measures of program effects:

- a) The raw difference observed between the program and comparison groups.
- b) The regression-adjusted effect estimate, which accounts for baseline outcome levels differences in group characteristics.

Our findings are based on the regression-adjusted estimates, but we include both measures for comparison. Where possible, we compare these estimates to the estimates we presented in the *Interim Report*. Differences between reports are expected due to the smaller sample size in the *Interim Report*. Additionally, the *Interim Report* did not use regression-adjusted estimates.

The *Final Report* will include updated effect estimates based on complete data and will explore differences in program effectiveness across participant groups.

What impact is the program having on participant pre-employability skills?

Findings show positive impacts on four key pre-employability skills, habits, and attitudes — employment hope; emotional intelligence; mental health; and healthy behaviours — and negligible impacts on locus of control, resilience, and self-esteem. Effects are slightly smaller than those reported in the *Interim Report*.

As a pre-employability skills program, IM&M+ is expected to have immediate impacts on participant pre-employability skills, habits, and attitudes and downstream effects on employment. We compare changes in pre-employability outcomes from program entry to program exit. **Table 4** outlines the statistical approaches used, including how we define effect sizes. **Table 5** outlines the change in scores for both program and comparison participants, the difference in these score changes between groups, and the regression-adjusted effect estimates that control for baseline scores and some participant characteristics. **Table 5** also includes statistical details of this effect estimate, including its standard error, p-value, and 95% confidence interval, as well as a benchmark for effect size provided from Cohen's d (see **Table 4** for definitions).

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Table 4	Statistical methods and purpose
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Statistical method	Purpose
Regression	We use a statistical technique called multiple regression to estimate the effect of IM&M+ on pre-employability outcomes.
Cohen's d	We use Cohen's d to determine the relative size of the estimated effect. Based on benchmarks suggested by Cohen (1988), we refer to effect sizes as:
	•Very small = 0.00–0.19
	•Small = 0.20–0.49
	•Medium = 0.50–0.79
	•Large = 0.80+
Confidence interval	We calculate confidence intervals to assess precision and reliability and express our level of confidence about the estimated effect size. We use a confidence level of 95%, which means we estimate the range of effect sizes that we expect would be true 95% of the time. Outcome estimates with wide confidence intervals should be interpreted cautiously.

Employment hope

IM&M+ is having a positive impact on participants' employment hope.

Employment hope is a composite scale measuring participants' hopes about reaching their employment and financial goals via 14 questions, measured on a scale from 0 (strongly disagree) to 10 (strongly agree). It is composed of four sub-scales: motivation (feeling energized when thinking about future achievement), empowerment (feeling worthy and capable of working in a good job), skill utilization (being aware of and able to use one's skills), and goal orientation (feeling that one is making forward movement toward their goals). Scores were averaged to create a score from 0–10 for each sub-scale and for the whole scale.

Participants in the program group experienced gains in employment hope 0.9 points higher on this 0–10 scale than individuals in the comparison group, whose scores decreased from baseline to exit. After controlling for participants' baseline employment hope score (and demographic characteristics that may be related), we estimate a regression-adjusted difference of 1.01 points. Based on our Cohen's d calculation, we find that the program has a small positive effect. While this effect is small, we have high level of statistical confidence that IM&M+ is having a positive effect on employment hope.

Our Interim Report found a medium positive effect of the program on employment hope.

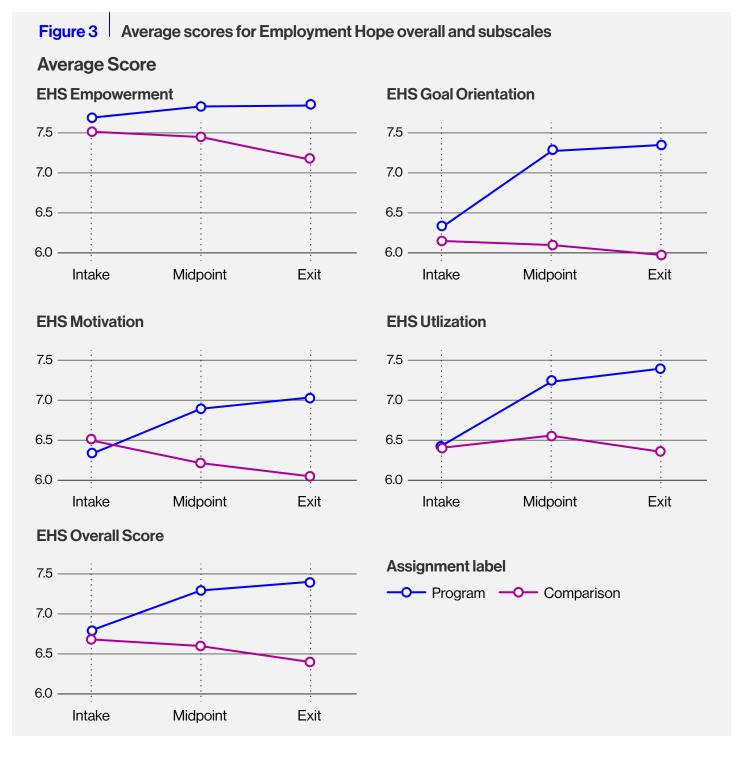


Figure 3 shows averages scores for treatment and comparison groups for the four sub-scales.

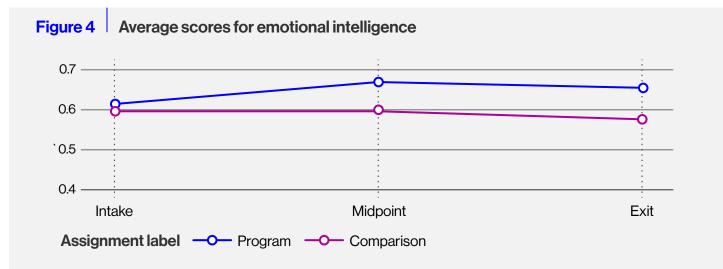
Emotional intelligence

IM&M+ is having a positive impact on participants' emotional intelligence.

Emotional intelligence refers to one's ability to perceive, use, manage, and handle emotions. It was measured through nine items, five of which were measured on a scale ranging from 1 (strongly disagree) to 5 (strongly agree), using prompts such as, "I am aware of the non-verbal messages that other people send," and four items were measured by asking how easy participants found it in the past month to perform a range of activities (e.g., "talking with people you do not know") on a scale ranging from 1 (very difficult) to 5 (very easy). Scores for these nine items were summed into a total score ranging from nine to 45.

Participants in the program group experienced gains in emotional intelligence **1.99** points higher on this 9–45 scale than individuals in the comparison group. After controls, we estimate a regression-adjusted difference of **2.00** points, **indicating a small but positive effect. While this effect is small, we have high level of statistical confidence that IM&M+ is having a positive effect on emotional intelligence.**

Our Interim Report showed a medium positive effect of the program on emotional intelligence.



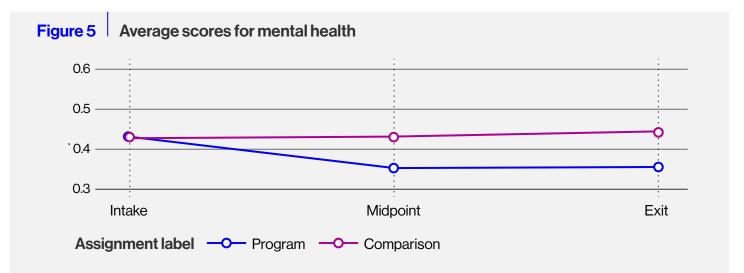
Mental health

IM&M+ is having a positive impact on participants' mental health.

To measure mental health, we asked participants four questions about how often they were bothered by the following in the last two weeks: having little interest or pleasure in doing things, feeling down, feeling anxious, and not being able to stop worrying. These questions were measured on a scale ranging from 0 (not at all) to 3 (nearly every day). Scores on each item were summed to a total mental health score from 0–12.

On this scale, negative scores indicated a lower likelihood of experiencing poor mental health. Participants in the program group experienced a decrease in their scores **0.89** points lower on this 0–12-point scale than individuals in the comparison group. After controls, we estimate a regression-adjusted difference of **0.85** points, **indicating the program has a positive effect**, though of a very small magnitude. While this effect is small, we have high level of statistical confidence that IM&M+ is having a positive effect on participant self-reported mental health.

Our Interim Report showed a small positive effect of the program on mental health.

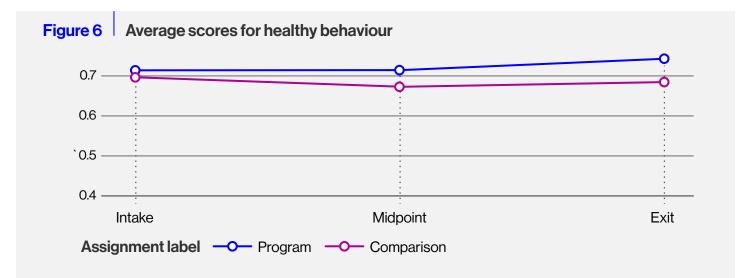


Healthy behaviours

IM&M+ is having a positive impact on participants' healthy behaviours.

We measured healthy behaviours by asking participants three questions about their frequency of eating regular healthy meals; getting enough sleep or rest; and getting to appointments on time. Items were measured on a scale from 1 (almost never) to 5 (most of the time). Scores on these items were summed to a total score for healthy behaviour ranging from 3–15.

Participants in the program group experienced a gain in healthy behaviours 0.46 points higher on this 3–15 scale than individuals in the comparison group. After controls, we estimate a regression-adjusted difference of 0.5 points, indicating that the program has a positive effect, though of a very small magnitude. While this effect is small, we have high level of statistical confidence that IM&M+ is having a positive effect on participants' self-reported healthy behaviours.

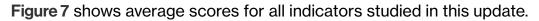


Our Interim Report showed a small positive effect of the program on healthy behaviours.

Self-esteem, resilience, and locus of control

We observed negligible effects of IM&M+ on self-esteem, resilience, and locus of control. Selfesteem and resilience were assessed via six questions asking about participants' feelings about themselves and their ability to persist though challenges. Locus of control was assessed through nine questions that asked participants the extent to which they believed their lives were determined by their own actions. All three outcomes were measured on a five-point scale, with response options ranging from strongly disagree to strongly agree.

Across these measures, program group participants experienced larger gains in self-esteem and resilience, and comparison group participants experienced larger gains in locus of control. However, none of these gains were large enough to be considered effects of the program. It is possible that some effects on resilience may emerge with a larger sample size. Our *Interim Report* found small positive effects of the program on resilience and self-esteem and similarly showed negligible effects on locus of control.



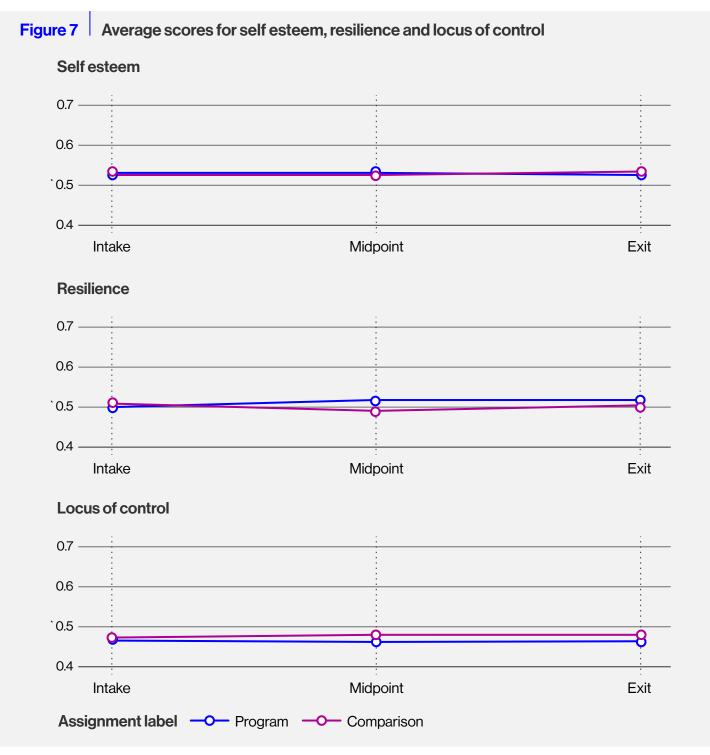


Table 5 shows the detected changes across all indicators described above.

Table 5Pre-employability indicators for treatment and comparison groups between baseline and
program exit survey (three months post-enrolment)

Outcome	Program group (point change)	Comparison group (point change)	Difference in change between Program and Comparison	Effect estimate – Regression- adjusted difference	Standard Error	P-value	Confidence interval (95% CI)	Effect size (Cohen's d)
Employment hope (overall; Scale 1–10)	0.6	-0.30	0.9	1.01	0.18	<.001	[0.65–1.37]	0.30 (small)
EHS: Goal orientation	1.0	-0.2	1.2	1.37	0.23	<.001	[0.92–1.82]	0.33 (small)
EHS: Motivation	0.5	-0.4	0.9	1.05	.23	<.001	[0.60–1.50]	0.25 (small)
EHS: Utilization	0.9	0	0.9	1.04	0.21	<.001	[0.62–1.46]	0.27 (small)
EHS: Empowerment	0.2	-0.3	0.5	0.57	0.19	.003	[0.20–0.94]	0.17 (very small)
Emotional intelligence (Scale: 9–45)	1.82	-0.17	1.99	2.00	0.47	<.001	[1.08– 2.92]	0.23 (small)
Mental health (Scale: 0–12; lower score = lower chance of experiencing poor mental health)	-1.05	-0.16	-0.89	-0.85	0.29	.003	[-1.41–0.28]	-0.16 (very small)
Healthy behaviours (Scale: 3–15)	0.3	-0.16	0.46	0.5	0.21	.02	[0.09–0.91]	0.13 (very small)
Self-esteem (Scale: 6–30)	0.18	-0.08	0.26	0.21	0.25	.39	[-0.27–0.69]	0.05 (very small)
Resilience (Scale: 1–5)	0.07	0.02	0.05	0.05	0.04	.26	[-0.04–0.13]	0.06 (very small)
Locus of control (Scale: 9–45)	-0.14	0.15	-0.29	-0.31	0.42	.45	[-1.13–0.50]	-0.04 (very small)

Source. Exit survey.

What impact is the program having on participant employment and education enrolment?

We examine differences in employment, social assistance receipt, and education enrolment over time and whether rates of change were similar between program and comparison groups.

Employment

IM&M+ is having a positive effect on employment 12 months after programming.

We asked participants if they received income for working in a job (as an employee or as selfemployed) in the last week at all timepoints (intake, exit, three months, and 12 months). **Figure 5** shows the percentage of employed participants in the program and comparison groups at each timepoint.

Employment rates in the comparison group increased from 14% at baseline to 36% 12 months after the program (+22 percentage points), while program group employment rates rose from 12% to 46% (+34 percentage points). This indicates that IM&M+ participants were 28% more likely to be employed than their comparison group counterparts at the 12-month timepoint, or a +10 percentage point difference.

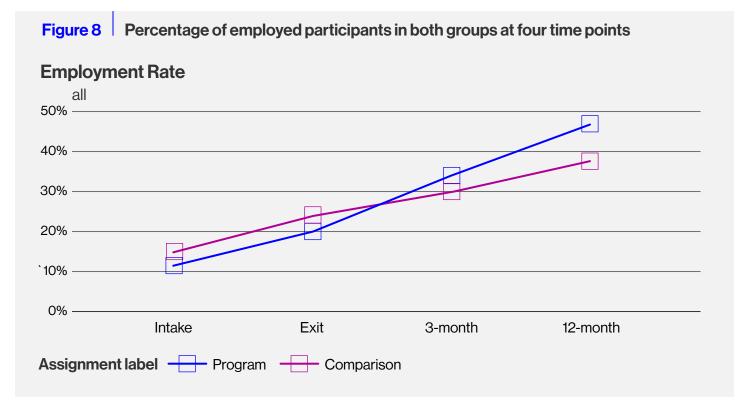


Table 6 provides employment rates at four timepoints for program and comparison participants, as well as our regression-adjusted effect estimate at each timepoint, or the percentage point difference once we adjusted for baseline levels and participant characteristics, and the standard error, p-value, and **95%** confidence interval associated with each estimate.

We estimate a regression-adjusted difference in employment rates between program group and comparison group participants of **+5 percentage points** at three months, and **+8 percentage points** 12 months post-program. While these estimates have some uncertainty, they indicate potential positive effects on employment at three months, and we can more confidently detect positive effects on employment 12 months post-program.

Previous *Interim Report* findings revealed a large positive effect of the program on employment rates at three months post-program.

Timepoint	Program group (%)	Comparison group (%)	Percentage point difference (P-C)	Percentage increase/decrease in the likelihood of outcome (employment)	Effect estimate – Regression- adjusted difference	Standard error	P-value	Confidence interval (95% Cl)
Base-line	12%	14%	-2	-14.3%	N/A	N/A	N/A	N/A
Exit	20%	24%	-4	-16.7%	-0.02	0.04	.65	[-0.11–0.07]
Three-month	34%	32%	+2	6.3%	0.05	0.05	.30	[-0.04–0.14]
12-month	46%	36%	+10	27.8%	0.08	0.06	.16	[-0.03–0.20]

 Table 6
 Employment outcomes at exit, three months, and 12 months

Social assistance receipt

At this time, the data do not appear to show that IM&M+ impacts social assistance receipt, though social assistance receipt decreased more for the program group over time.

Provincial social assistance receipt was measured at each timepoint. Rates of social assistance receipt decreased for the program group from **48%** at baseline to **41%** at 12-months post-program (a decrease of **seven percentage points**). Rates of social assistance in the comparison group decreased from **51%** at baseline to **49%** at 12-months post-program (a decrease of **two percentage points**). This indicates that IM&M+ participants were **16% less likely** than their comparison group counterparts to be in receipt of social assistance at 12 months post program, or an **eight percentage point** difference.

We estimate a regression-adjusted difference of a **1 percentage point decrease** in social assistance receipt at 12 months, indicating that IM&M+ did not affect social assistance receipt. We see this gap between the raw differences in social assistance receipt and the regression-adjusted differences due to varying response patterns at 12 months between program and comparison participants, for which our regression adjustment helps account.

However, while we do not observe an effect on social assistance receipt with the current data, we expect that increased employment rates in the program group may translate into larger effects on social assistance over a longer period. This may also reflect the influence of transitional and earnings exemption policies across jurisdictions, which allow individuals to remain on social assistance for several months after gaining employment, providing financial support during the

adjustment period and encouraging workforce re-entry. Increased employment rates in the program group may still translate into reductions in social assistance receipt over a longer period as transitional benefits phase out.¹⁷ This will be further explored in the *Final Report*.

Social assistance receipt was not examined in the Interim Report.

 Table 7 shows the impact analysis statistics for social assistance receipt.

 Table 7
 Social assistance receipt at exit, three months, and 12 months

Timepoint	Program group (%)	Comparison group (%)	Percentage point difference (P-C)	Percentage increase/ decrease in the likelihood of outcome (social assistance receipt)	Effect estimate – Regression- adjusted difference	Standard error	P-value	Confidence interval (95% CI)
Baseline	48%	51%	-3	-5.9%	N/A	N/A	N/A	N/A
Exit	52%	51%	+1	1.0%	0.06	0.04	.09	[-0.01–0.13]
Three-month	49%	56%	-7	-12.5%	0.03	0.04	.44	[-0.04–0.10]
12-Month	41%	49%	-8	-16.3%	-0.01	0.05	.80	[-0.10–0.08]

Education

IM&M+ does not appear to affect education or training enrolment.

Participants were asked whether they were enrolled in any training or education program outside of IM&M+ at each timepoint, including secondary or post-secondary education, apprenticeship training, employability or essential skills training, and English language programming. Educational enrolment in the comparison group increased from 17% at baseline to 26% (+53%) 12 months post-program, while enrolment in the treatment group rose from 13% to 17% (+31%). This indicates that IM&M+ participants were 35% less likely than their comparison group counterparts to be enrolled in further education 12 months post-program (a difference of a nine percentage points).

We estimate a regression-adjusted difference of IM&M+ participants enrolling in education at a rate **six percentage points** lower than comparison participants. However, this difference is not sufficiently large to indicate that IM&M+ is affecting education enrolment.

The Interim Report found no effect of the program educational enrolment.

¹⁷ Maytree. (2024, July). Welfare in Canada. https://maytree.com/changing-systems/data-measuring/welfare-in-canada/

Table 8 shows the impact analysis statistics for educational enrolment over time.

Timepoint	Program group (%)	Comparison group (%)	Percentage point difference (P-C)	Percentage increase/ decrease in the likelihood of outcome (employment)	Regression- adjusted difference	Standard error	P-value	Confidence interval (95% CI)
Baseline	13%	17%	-4	-23%	N/A	N/A	N/A	N/A
Exit	17%	20%	-3	-15%	-0.01	0.05	.89	[-0.10-0.09]
Three-Month	18%	21%	-3	-14%	0.00	0.05	1.00	[-0.10-0.10]
12-Month	17%	26%	-9	-35%	-0.06	0.06	.32	[-0.19-0.06]

 Table 8
 Educational enrolment at exit, 3 months, and 12 months

4.4. Program implementation

Is the program delivered with fidelity? What contextual adaptations are needed?

As with the Interim Report, RCT sites delivered IM&M+ with minor adaptations and modifications that did not conflict with CCDF's fidelity definition. Before RCT launch, Blueprint engaged CCDF to understand which elements of IM&M+ were crucial for achieving effects. CCDF expects facilitators to follow activities in the Facilitator Guide received as part of IM&M+ training. While minor contextual adaptations are acceptable, CCDF deems the following changes unacceptable fidelity violations:

- not offering a significant component, like an action plan or community project, or removing an activity (e.g., removing all icebreaker games);
- adapting activities so they no longer align with their intended outcomes (e.g., changing the stress management activity to focus on resume development);
- reducing the total number of days of a module or cutting several hours of one;¹⁸ and
- significantly changing the order of activities or modules (e.g., offering several activities associated with *In Motion* during Momentum, or reordering activities within a module).

Facilitators completed surveys following each module; **85%** to **98%** of facilitators reported not making any major deviations. Nearly all changes were minor – e.g., omitting or modifying an activity judged to be inappropriate for a particular group. This is similar to the *Interim Report*, in which **95%** of facilitators implemented IM&M+ according to the Guide across modules.¹⁹

¹⁸ However, having a small group that runs through activities quickly would not count as a violation.

¹⁹ Fidelity violations occurred in only two cases: i) all but one participant left the program, and the facilitator adapted by working exclusively on job-search skills with the sole remaining individual; and ii) the facilitator swapped the order of Momentum and Momentum+ due to an unavoidable scheduling issue around the community project. As mentioned in section 3.2., participants from these cohorts were removed from our analysis.

Depending on the module, **79–90%** of facilitators indicated they did not adjust the number of hours or days spent in IM&M+. When timing was altered, facilitators did so due to illnesses or groups requiring more/less time to complete activities. Some facilitators spent more time on supports to accommodate mental health and life challenges; others spent more time to accommodate those with lower levels of English literacy; others allowed smaller groups (or those with higher competencies) to proceed through materials more rapidly. These findings are similar those the *Interim Report*, in which **85%** of facilitators did not change the number of hours or days spent in IM&M+ and reported similar adaptations to accommodate mental health and English literacy challenges.

What were successes and challenges in delivering the program?

In focus groups and open-text surveys, facilitators highlighted the following delivery successes, similar to themes raised in the Interim Report:

- **Positive experiences overall.** Facilitators found delivering the program rewarding and fulfilling, noting the experiential, participant-focused, and strengths-based approach set it apart from others. They felt bolstered by witnessing growth in participants' skills, motivation, confidence, sense of belonging, and movement toward their goals.
- Helpful support from CCDF. Facilitators found CCDF a helpful resource throughout, enjoying CCDF's capacity-building opportunities, five-day facilitator training, and weekly check-ins to offer ideas, updates, and lessons from other facilitators. CCDF staff were supportive and quick to respond when facilitators requested guidance.
- Support from delivery agencies. Some facilitators felt well-supported by their delivery
 organizations, especially when providing specialized training to help with IM&M+ (e.g., mental
 health, first aid, etc.) and ensuring facilitators had sufficient time away from their regular
 duties. Some facilitators also appreciated that their organizations offered supports to IM&M+
 participants, such as counselling, IT support, clothing, etc.

Facilitators also indicated the following challenges, in line with Interim Report findings:

- Recruitment and screening. Despite using a screening tool provided by CCDF, facilitators sometimes found it difficult to determine which applicants were ready for the program. On rare occasions, participants concealed or were not aware of the extent of their life stabilization struggles. Candidates with course-appropriate but noteworthy pre-employment needs could be difficult to reach throughout the recruitment process and sometimes dropped out before all admittance steps were completed.
- Life stabilization supports and system gaps. The number of people coming to employment services with complex needs is growing globally. When interviewed, facilitators talked about these challenges and how they have limited resources within their organizations and within the broader community to help provide support. When participants with intensive barriers

enter the program without disclosing them, facilitators need to find supports quickly; this puts pressure on the facilitator and makes them feel they need to go beyond their professional competences and scope to help. CCDF takes this issue seriously; during its facilitator checkins, it works with facilitators collectively to develop in-scope strategies and identify resources to support participants. Facilitators are encouraged to speak to their supervisors for advice and to help ensure a safe delivery environment. Some facilitators sought additional training in mental health and trauma-informed practices to better respond to these challenges and to help set boundaries. CCDF openly encourages community partners to seek additional training for their staff.

- Transitioning participants out of IM&M+. Some facilitators noted that it was challenging to connect participants with appropriate supports post-program, particularly for those who were not immediately job-ready, or for whom employment was not a goal. Some participants did not have case workers (or positive relationships with them). Facilitators noted that many programs after IM&M+ are intended for individuals on the path to employment – this leaves those who aren't ready for or interested without formal mechanisms to help them continue progress (e.g., volunteer work, increased health and wellness, etc.). In response, facilitators noted it would be helpful to receive additional resources to provide suggestions for further community supports for participants exiting the program without a support worker or those who are not seeking employment.
- Lack of support from delivery agencies. While some felt supported as described, others felt that their managers did not fully understand IM&M+'s demands and required facilitators to take on more duties than manageable. CCDF has worked extensively to help program managers have realistic expectations about the time needed to deliver IM&M+ properly. We recommend that they continue conversations with facilitators and delivery sites to ensure continuing alignment and a reasonable facilitator workload.

5. What's next?

Blueprint's *Final Report* will share results from the full sample, including updated participant and outcomes data from the final September 2024 cohort and from Statistics Canada data linkage, some of which will be available by December 2025.

The *Final Report* will include more insights into how the program's impact differs among specific demographic groups, such as newcomers, individuals with disabilities, and racialized individuals. It will include an assessment of whether (and how) module completion impacts outcomes (i.e., whether there are correlations between the number of modules completed and program outcomes). It will also include a cost-effectiveness analysis that estimates the cost of delivering IM&M+ relative to comparable programs and to its overall impact or benefits to participants.

Finally, we will report on additional implementation research to better understand considerations for scaling IM&M+ to new population groups and provinces.

Appendix A

Cohort delivery

Cohort number	Cohort start month/year	Number of delivery organizations
1	February 2022	12
2	September 2022	12
3	February 2023	14
3b	July 2023	1
5	October 2023	7
6	April 2024	9

Appendix B

Sample balance for disability at survey timepoints

Table 1 B

Characteristic	Timepoint	Program	Comparison	Difference (%)	
Disability	Intake	43% (138/320)	37% (114/306)	6%	
	Midpoint	42% (97/230)	42% (71/171)	0%	
	Program exit	40% (88/218)	41% (69/168)	-1%	
	Three-month	39% (76/194)	41% (67/165)	-2%	
	12-month	40 % (42/105)	37% (33/89)	3%	
Social assistance receipt	Intake	48% (154/322)	51% (157/306)	-3%	
	Midpoint	50% (114/230)	55% (94/171)	-5%	
	Program Exit	50% (108/218)	54% (91/168)	-4%	
	3 Month	49% (96/195)	60% (99/165)	-11%	
	12 Month	49% (51/105)	60% (53/98)	-11%	

Table 2 B Risk difference statistics for survey attrition of participants with a disability and those receiving social assistance

Characteristic	Timepoint	Program	Comparison	Difference (%)	
Disability	0.090	0.032	.005	[0.028- 0.152]	
Social assistance receipt	0.032	0.031	.302	[-0.029- 0.093	

Appendix C

Key participant indicators

Table 1C Key participant indicators

Category	Indicator	Scale	Description
Pre-employability skills	Employment Hope Scale (EHS)	1–10 (Employment Hope Scale)	A composite scale that includes subscales of motivation, empowerment, skill utilization, and goal orientation; average of 10-point scale answers on 14 items.
	Resilience	1–5 (Brief Resilience Scale)	Average of 5-Likert scale answers on six items; score ranges from 1 (low resilience) to 5 (high resilience).
	Self-esteem	6–30 (Rosenberg Scale)	Typically sum of 4-Likert scale answers on 10 items; adapted to six items with 5-Likert scale for the study.
	Emotional intelligence	9–45 (Mixed from SREIT & TEIQ scales and adapted from WHO Disability assessment)	Sum of 5-Likert scale answers on nine items.
Habits and attitudes	Locus of control	9–45 (Levenson scale)	Typically sum of 6-Likert scale on 24 items; adapted to 5-Likert scale on nine items for the study.
	Healthy behaviour	3–15 (World Health Organization Disability Assessment)	Typically 5-Likert scale on 36 items; adapted to three items for the study.
	Mental health	0–12 (Mix of PHQ-2 and GAD-2)	Sum of 4-point scale on four items. Questions are negatively worded, meaning that higher scores indicate a higher chance of experiencing poor mental health. A score of 6 and above is an indication of possible Generalized Anxiety Disorder and Major Depression.
Select indicators from the Common Outcomes Framework (see Appendix C)	Employment attainment	Yes or No	Whether participant indicates earning an income from a job or self- employment in the past week.
	Social assistance (including El) receiving status	Yes or No	Whether participant indicates receiving income from social assistance in the past month.
	Enrolment in education or training	Yes or No	Whether participant indicates enrolment in any training or education program other than IM&M+.

Appendix D

Satisfaction by key demographics

Survey Question	Demographic Characteristic	Percent	Estimate	Standard error	Statistic	p-value
	All participants	81%	-	-	-	-
	Receiving social assistance	81%	-0.028	0.127	-0.217	.829
Overall satisfaction	Disability	79%	-0.045	0.144	-0.315	.754
with program	Woman+	82%	0.173	0.152	1.135	.261
	Newcomer	75%	0.005	0.124	0.038	.970
	Youth	87%	-0.049	0.168	-0.293	.770
	Post-secondary education	78%	0.028	0.143	0.199	.843
Would recommend program to others	All participants	72%	-	-	-	-
	Receiving social assistance	78%	0.044	0.115	0.385	.701
	Disability	70%	0.123	0.130	0.942	.350
	Woman+	73%	-0.009	0.138	-0.065	.948
	Newcomer	89%	0.264	0.112	2.358	.022
	Youth	74%	0.033	0.152	0.216	.830
	Post-secondary education	69%	0.164	0.129	1.267	.210
Found program useful for employment goals	All participants	88%	-	-		-
	Receiving social assistance	88%	0.002	0.077	0.024	.981
	Disability	85%	-0.092	0.087	-1.057	.295
	Woman+	89%	0.010	0.092	0.111	.912
	Newcomer	92%	-0.049	0.075	-0.649	.519
	Youth	91%	0.087	0.102	0.857	.395
	Post-secondary education	89%	-0.027	0.086	-0.316	.753

Table 1 D Satisfaction by key demographics



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