

APPROVAL SHEET

Title of Dissertation: Personal Empowerment, Social Capital and Self-Esteem among
Underprivileged Adults in a Lifelong Learning Program

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Abstract

Title of Document: Personal Empowerment, Social Capital and Self-Esteem among
Underprivileged Adults in a Lifelong Learning Program

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Social issues including poverty, incarceration, drug addiction and mental disorders are prevalent in Israel, the country where the current study took place. As a result, large subpopulations are limited to fewer opportunities to participate in, benefit from and contribute to society. Human-capital and social-capital development programs show promising results in increasing empowerment, social capital and self-esteem among such marginalized populations. Research indicates that demographic/background variables, as well as program engagement level, can have an impact on the results of such programs. The current study examined the influence of a lifelong learning program called “Access for All” among 417 underprivileged adults. The program opens the “ivory gates” of Israeli universities to disempowered individuals who participate in courses in applied subjects such as medicine, business, psychology and law. Participants in the program were hypothesized to show gains in personal empowerment, social capital, and self-esteem. The results showed partial support, indicating an increase in personal empowerment, but did not find evidence of change in social capital or self-esteem. Gender was not a predictor of program outcome as hypothesized. Participants referred from welfare agencies were hypothesized to benefit more compared to participants from prisons and drugs rehabilitation programs. This hypothesis was supported with regards to change in relation with partner, but not for any of the other outcomes. Contrary to

hypothesis, individuals referred from welfare agencies reported lower levels of knowledge use than individuals referred from other types of agencies. Lastly, the hypothesis that participants who engaged more in the program would benefit to a greater extent was partially supported. Specifically, higher levels of social support were significantly related to a positive change in relation with children and changes in life domains. Higher group affiliation was also positively related to changes in life domains. Future research and program development efforts are needed to address the challenges in defining, measuring and facilitating empowerment, both as a program process and an outcome.

PERSONAL EMPOWERMENT, SOCIAL CAPITAL AND SELF-ESTEEM AMONG
UNDERPRIVILEGED ADULTS IN A LIFELONG LEARNING PROGRAM

Karin Stern

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University of Maryland, Baltimore County in partial fulfillment
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**Personal Empowerment, Social Capital and Self-Esteem among Underprivileged
Adults in a Lifelong Learning Program**

Since the establishment of Israel, the country where the current study took place, great effort has been made to promote equality and reduce social, educational and economic gaps. Despite all attempts, Israel's population is characterized by substantial social disparities and inequality. Israel is numbered among the countries with the highest income inequality rate, measured by the Gini coefficient. It is surpassed only by Chile, Mexico, the United States and Turkey (Organization for Economic Co-operation and Development [OECD], 2014). Social issues including poverty, incarceration, drug addiction and mental disorders are prevalent in Israel, as described below. Large subpopulations are thus limited to fewer opportunities to participate in, benefit from and contribute to society.

Poverty. Poverty is a common social issue in Israel, as well as worldwide. The 2014 Social Security Report on Poverty and Social Gaps shows that 444,900 (18.8%) of Israeli families were living in poverty in 2014. The number of individuals living in poverty was 1,709,300 (22%) and thirty one percent of children lived in poor households (i.e., 776,500 children; Social Security Institute, 2015). Israel is infamous for high poverty rates when compared to other countries. For example, in 2012 Israel was rated second (after Mexico) on the 30-countries OECD poverty rate comparisons (OECD, 2015).

A number of minority groups are at greater risk of poverty than the rest of the population. In 2014, the incidence rate of poverty among Orthodox Jews was fifty-four percent. The proportion of poor Orthodox families among all poor families amounted to

seventeen percent. The incidence rate of poverty among Arab families was fifty-three percent. Twenty-five percent of single-parent families were found to be living in poverty. The incidence rate of poverty among immigrants was eighteen percent. Lastly, eighteen percent of women and seventeen percent of men were found to be living in poverty (Social Security Institute [SSI], 2015).

Poverty-related trauma includes concerns related to isolation, victimization, discrimination and stigma, in addition to the lack of basic material resources like housing and food (Broussard, Joseph, & Thompson, 2012). The relationship between poverty and incarceration, substance abuse, and mental health is also well documented (Beckett & Western, 2001; Savage, Quiros, Dodd, & Bonavota, 2007).

Incarceration. In 2015, the incarceration rate due to criminal offenses in Israel is 147 inmates per 100,000 residents, placing the Israeli incarceration rate at 6th place out of the 115 OECD nations. This incarceration rate represents sixty percent of Israeli inmates, and does not include an additional eleven percent of inmates imprisoned for being illegal aliens or the twenty-nine percent of inmates imprisoned for national security felonies (Israel Prison Service [IPS], 2015). Two percent of Israeli inmates are females (N = 170), a third of the global average. Males in Israel constitute 98% of all prisoners, a rate higher than the global average, which stands at 94 percent (IPS, 2015). The average age of inmates is 34.7 years. Juvenile incarceration is two percent (N = 150). Ten percent of inmates were charged with offenses related to drugs as their primary offense (IPS, 2015).

Drug and Alcohol Addiction. Accurate updated statistics on drug addiction in Israel are unfortunately not available. An estimate can be derived based on data for social service recipients. In 2013, there were 13,138 incidents involving drug addictions who

were registered in one of the governmental social service departments. An additional 7,383 people were identified as alcoholics (Ministry of Social Affairs and Social Services, 2015). Actual numbers are probably higher, as people with drug addictions who are not registered for governmental services or who have not reported their addictions (drug consumption is illegal in Israel) surely exist.

Mental Disorders. Findings from the Israel National Health Survey, last conducted in 2003-2004, show that one in six Israeli adults (17.6%) had a lifetime occurrence of a mood or anxiety disorder (Levinson, Zilber, Lerner, Grinshpoon, & Levav, 2007). Contrary to expectations originating in Israel's unique circumstances (e.g., the Israeli-Palestinian conflict), the prevalence of mood and anxiety disorders in Israel falls within the range found in Western countries (Levinson et al., 2007). However, given that the survey did not cover the full spectrum of mental disorders, sub-threshold cases, and institutionalized individuals (e.g., in prisons, mental hospitals), the figures for mental disorders in Israel provided here are probably underestimated (Levinson et al., 2007). Moreover, the age-of-onset distribution for diagnoses that were checked in both the US and Israel showed that in Israel the median age of onset was ten years later than in the US. As a result of the young age of survey participants, the projected lifetime risk in Israel was almost one hundred percent higher than the lifetime prevalence for all disorders, unlike the US, where the projected lifetime risk was only four percent higher (Kessler, Demler, Jin & Walters, 2005; Levinson et al., 2007). In sum, the total burden of mental disorders in Israel is likely higher than showed in the currently available statistics.

As suggested above, disempowered groups, such as the poor, prisoners, people with drug-addictions, and people with mental disorders are limited to fewer opportunities

to participate in, benefit from and contribute to society. Therefore, not only disempowered individuals pay the troubling price of inequality. Society, as a whole, suffers from the results of inequality. Next, I will review some current, differing perspectives on the causes of inequality and poverty. Then, I will provide updated explanations and descriptions of social and educational inequality around the world and specifically in Israel.

Current Perspectives on Inequality and Poverty

From an economic standpoint, current trends in poverty are commonly explained by three factors: income growth, economic inequality, and changes in family structure (Iceland, 2006). As per-capita incomes usually increase over time, due to increasing employment and wages, one could expect poverty correspondingly to decline. However, economic inequality can diminish the overall positive impact of income growth if unemployed and lower-income workers do not enjoy the fruits of such growth. The third factor, changes in family structure, particularly the increasing number of female-headed families, may be associated with higher poverty rates because such families are economically more vulnerable and are more likely to be poor (Iceland, 2006). Since there has been little research on perspectives of inequality and poverty conducted in Israel, research from the United States is reviewed below.

Marger (2011) identifies a number of basic beliefs and values that strongly guide most Americans' thoughts about inequality, all framed within the context of liberal capitalism. The most essential of these are individual achievement, the work ethic, self-reliance, equality of opportunity, and meritocracy. Several additional beliefs include ideas that competition and inequality are natural and unchangeable human traits, that

societal institutions operate in a neutral, objective fashion, and that there are no viable alternatives to the prevailing political and economic systems.

Individual achievement and the work ethic. This is the belief that each member of society is responsible for his or her own fate and that one's social position is a product of personal efforts and talents (Marger, 2011). The basic idea is that anyone can succeed with enough effort, ambition, and talent, regardless of any social and economic handicaps at birth. With the stress on individual achievement, the effects of structural factors are seen as less critical. The notion of the work ethic, that hard work is the key to social and economic success, defines how individual achievement can be attained. In this view, failure is the result of lack of ambition and laziness (Marger, 2011).

Cluegel and Smith (1986) conducted extensive surveys that found that Americans consistently strongly endorse individual reasons for economic position, particularly for poverty, and reject liberal and radical explanations emphasizing structural causes. In a more recent study, American participants were most likely to blame poor people for their own poverty, rather than attributing it to external or cultural causes (Cozzarelli, Wilkinson, & Tagler, 2001). In a national survey (Pew Economic Mobility Project, 2009), almost seventy-five percent of respondents rated the individual person (e.g., their hard work and drive) as more important in achieving economic mobility than outside factors such as the economic circumstances of the individual's life.

Self-reliance. Self-reliance is the notion that people should pursue their objectives of success through their own efforts rather than rely on others (Marger, 2011). According to Marger (2011), the power of this value accounts in large measure for the strong anti-welfare bias in American society. Those who seem unwilling to make the

effort to support themselves and their families are seen as undeserving welfare recipients (Gilens, 2009).

Equality of opportunity. Studies show that Americans are firmly committed to the principle of equality of opportunity (Citrin, 2008; Ladd & Bowman, 1998; Page & Jacobs, 2009). The society's opportunity structure is pictured as open, providing equal chances for all to achieve material success or political power regardless of their social origin. However, this does not mean that Americans do not recognize the advantages of the wealthy (Kluegel & Smith, 1986). The emphasis on equality of opportunity accounts for why Americans seem more prepared to invest public funds in education than in most other areas (Hochschild & Scovronick, 2003; Kluegel & Smith, 1986). Education is perceived as the key to economic advancement, as it provides skills and enables people to compete on their own (Marger, 2011).

Meritocracy and universalism. Meritocracy is the belief that rewards such as social standing and property are earned on the basis of performance and qualification, and factors such as family of birth, race, ethnicity, and gender are not as critical. Focusing on individual ambition and hard work, this means that those who succeed do so on their own merits, by demonstrating superior skills and talents. The meritocratic idea assumes universalism, the notion that everyone should be treated the same regardless of ascribed personal characteristics. The stress on egalitarianism explains in some part the tendency to deny the importance of social class or to fail to recognize the strong class divisions in society (Marger, 2011).

The described legitimization of the inequality process is based on three general ideas that strengthen people's commitment to the existing situation in society (Marger,

2011). The first is the belief that traits such as greed and competitiveness are part of a natural and unchanging human nature. The second belief that legitimizes inequality is the perception of societal institutions (e.g., school, government, criminal justice, the media, and business) as neutral and serving the interest of society as a whole, without favoring the interests of any particular class, ethnic group, or gender. Lastly, a compelling aspect of the society's dominant ideology is that other systems are not credible. Thus, even if there is doubt about existing values and the institutions built upon them, no workable alternatives are believed to exist. Fear of other systems (e.g., communism) serves to affirm and strengthen the belief in the existing system (i.e., capitalism), despite its inequalities (Marger, 2011).

While conceptions and beliefs regarding the reasons for inequality may differ between cultures and eras, it should be noted that poverty and inequality have been part of human life for thousands of years: "*For the poor shall never cease out of the land*" (Deuteronomy, 15:11, King James Bible). Therefore, it is relevant to discuss the mechanisms that explain how inequality persists nowadays, and the systems that maintain social and educational inequality. These phenomena will be discussed with an emphasis on their occurrence in Israel.

Social and Educational Inequality

People are rewarded unequally in all societies (Marger, 2011). Some receive larger shares of the society's valued and scarce social resources. This unequal distribution creates a system of stratification. Social stratification occurs when persons and groups are ranked on the basis of various social, and sometimes physical, characteristics (Marger, 2011). Based on Max Weber's theory, stratification dimensions usually include wealth, prestige,

and power. A person's accumulation of resources will determine their rank within each dimension. People at the top of the hierarchy are the ones who receive most of the social resources, and those at the bottom receive the least.

The system of social hierarchy is structured, meaning that stratification is stable and not random. Social institutions such as the government, the economy, and the education system all operate to preserve the hierarchical status quo of individual groups (Marger, 2011). The system of stratification ensures that the rich will remain rich, the poor will remain poor, and the middle class will remain in the middle; that men and women will remain unequal; and that ethnic minorities will only be able to lose their minority status after considerable and prolonged struggle, if at all. This system is legitimized by an ideology that justifies inequality and reinforces a fixed social order.

Studies on mobility show that it is in fact quite common in American society. These studies found that from one-third to one-half of all people achieve an occupational status at least one level higher than that of their fathers (Blau & Duncan, 1967; Slomczynski & Krauze, 1987). However, at the same time this indicates that more than half of the population does not experience upward mobility. Most people do not change their place in the class hierarchy during their lifetime, and some may even experience downward mobility (Hertz, 2005; Isaacs, Sawhill, & Haskins, 2008). Moreover, most mobility is the result of structural factors, namely, changes in the society's labor force and economy and innovations in technology. As a rule, it does not result from the efforts of the individual (Marger, 2011). At different times the labor market has expanded or contracted, thus affecting the opportunities for mobility.

What are the factors that influence individual mobility? One of the two most significant factors in increasing the probability of upward mobility is the class position of one's family of birth (Bowels & Gintis, 2002; Rytina, 2000). The 'accident of birth' sets in motion a vicious circle in which life chances reinforce each other. Life chances are opportunities that offer individuals the ability to acquire social resources. Some basic life chances include education, physical and mental health, and area of residence (Marger, 2011). Those who are born into affluent families receive a good education, which leads to good jobs, which in turn provide a good income. Those who are born to less affluent families may certainly enhance their life chances through individual efforts, but they will need to overcome many socially imposed handicaps to do so.

The second factor significant to mobility is education (Featherman & Hauser, 1978; Hills, 2004; McMurrer & Sawhill, 1998). There is a popular belief that the effects of class of origin (or those of ethnicity or gender) will be canceled out by education. However, despite their role in fostering upward mobility and creating a more egalitarian opportunity structure, schools play a major role in sustaining the structure of inequality. The relationship between education and socioeconomic status operates in a self-perpetuating cycle that continues from one generation to the next: The higher the income and occupational status of the parents, the greater the extent and quality of their children's education. In turn, the greater the extent and quality of the children's education, the higher their income and occupational status as adults. For example, people with higher incomes are able to buy homes near high-quality schools, leaving lower income families to send their children to schools of lower quality. Those who are better-off can afford to employ private tutors, and pay for extra-curricular activities (Orton, 2008). Thus, it is not

surprising that privileged groups score better on standardized tests (Hedges & Nowell, 1998). These advantages in school education provide a greater chance of going into higher education. As family income rises, college attendance rises (Bucks, Kennickell, Mach, & Moore, 2009). In England, for example, people living in the most advantaged areas (top twenty percent) are five to six times more likely to enter higher education than those living in the least advantaged (bottom twenty percent) areas (Higher Education Funding Council for England [HEFCE], 2005). In the US, only seven percent of the 1980 high school sophomores from the lowest socio-economic quartile received college degrees by 1992, compared to fifty-one percent of those from the highest quartile (US Department of Education, 1999). Higher qualifications predict higher earnings over one's lifetime (Kantrowitz, 2007). Finally, the greater the number of years of education, the greater the probability of upward mobility (Marger, 2011).

Social differentiation also exists among those who complete higher education, and has two major sources: institutional diversity and fields of study (Ayalon & Yogev, 2005). In addition to the advantages provided by enrolment in institutions for higher education, members of privileged groups may further enhance their opportunities by studying more rewarding fields. Ambler and Neathery (1999) summarized findings from Sweden, France, Britain and Germany and concluded that the expansion of higher education institutions created a new status hierarchy within higher education. Their findings showed that the expansion of higher education had limited effect on the reduction of inequality in terms of access to higher education, and that children of manual workers enrolled in the less prestigious and less selective institutions (Ambler & Neathery, 1999). Davies and Guppy (1997) found that students with a higher socio-

economic background were more likely to enter selective universities and lucrative fields of study within these universities. Fields of study vary in their prestige, selectivity, and attractiveness (Clark, 1983), and affect occupational opportunities for economic pay-off (Gerber & Schaefer, 2004; Marini & Fan, 1997).

Social and Educational Inequality in Israel

Inequality in education is a characteristic of the Israeli education system, from preschool to higher education. Inequality is reflected in school attendance and dropout rates, academic achievements, passage of the “bagrut”, the exam that serves as a prerequisite for admission to most forms of higher education and higher education entry and completion.

Examples of disparities in school attendance and dropout rates. In 2004, ninety percent of Jews attended preschool education, compared with sixty-eight percent of Arabs (Gazit, 2006). In 2010, one percent of students living in the most advantaged (top twenty percent) areas dropped out of middle/high school education, compared with five percent of students living in the least advantaged (bottom forty percent) areas (Knesset Research and Information Center, 2011).

Examples of disparities in academic achievement. International students' assessments such as PISA (Program for International Students Assessment), PIRLS (the Progress in International Reading Literacy Study), and TIMSS (the Trends in International Mathematics and Science Study), reveal that Israel has one of the largest gaps in student achievement among OECD countries. For example, Israel ranked first for the extent of grade distribution (405 points) on the 2012 PISA section of computer based problem solving, ninety-one points more than the average distribution in OECD countries

(OECD, 2015). The wide grade distribution is explained by students' socioeconomic and cultural backgrounds: students from stronger backgrounds scored higher on the tests.

Examples of disparities in matriculation. The bagrut is strongly correlated with ethnicity and social class (Ayalon & Shavit, 2004). For example, among Jews of European ethnic origins ('Ashkenazim'), over fifty percent of men and sixty percent of women pass the exam and matriculate. This compares with thirty-five percent and forty percent, respectively, for male and female Jews of North African origins ('Mizrahim'), and fifteen percent and twenty percent for Muslim Arab men and women (Ayalon & Shavit, 2004).

Examples of disparities in higher education. Social class is also a strong predictor of entering and completing higher education. By 2010, forty-eight percent of 2002 Jewish high school graduates living in the most advantaged (top thirty percent) areas entered higher education, compared to only twenty-four percent of Jewish graduates living in the least advantaged (bottom forty percent) areas (Central Bureau of Statistics, 2011). Almost thirty percent of Arab graduates living in the most advantaged (top thirty percent) areas entered higher education, compared to sixteen percent of Arab graduates living in the least advantaged (bottom forty percent) areas (Central Bureau of Statistics, 2011).

To conclude, social and educational inequality is a persistent issue. Specifically, inequality in Israel has been an ongoing challenge since its establishment in 1948. It is then no wonder that there have been numerous private, local, governmental, and international efforts to eradicate poverty, minimize inequality, and increase chances for upward mobility. The concepts of social assistance and justness are not new: "*For the poor shall never cease out of the land: therefore I command thee, saying, Thou shalt*

open thine hand wide unto thy brother, to thy poor, and to thy needy, in thy land"

(Deuteronomy, 15:11). I will now review how this biblical command is being addressed in both Israel and the US in recent years.

Addressing the Problems of Inequality and Poverty

Inequality and poverty are public issues that receive much attention, and efforts are continuously made to assist people living in poverty and to address problems related to criminal activity, drugs, and mental disorders. But policymakers, social scientists and the public may strongly disagree on the best strategies to handle these social issues.

Moreover, perspectives regarding the allocation of responsibility for addressing inequality vary across societies. For example, in a survey conducted in 1999, eighty-one percent of Israeli participants agreed with the statement *"it is the responsibility of the government to reduce the differences in income between people with high incomes and those with low incomes"*. In comparison, only thirty-two percent of Americans agreed with this statement (International Social Survey Program, 1999).

In this section, I will review different approaches and efforts conducted in the US and Israel to minimize inequality and reduce poverty. Such efforts can be categorized by various elements, including social program provider characteristics (e.g., governmental programs, community driven programs); funding source (e.g., governmental funding, partial governmental support, or other sources); population served (e.g., nationwide or local programs; adults or children; specific ethnic, gender, or disempowered group); or the philosophy and theory of change (e.g., economic interventions, human capital development, or social capital development). In this paper, programs will be classified by the philosophy behind them. That is, first I will review several interventions focused on

directly reducing poverty by offering cash benefits. Then, I will review programs aimed at human capital development (e.g., knowledge and skill development), which address inequality through lifelong learning methods. Lastly, I will review programs aimed at social capital development, which address inequality through community initiatives and community organizations that aim to increase citizen empowerment, including growth of social and psychological resources (e.g., social networks; self-esteem). It should be noted that this review will only include adult-focused programs, as children-focused programs and two-generation (simultaneous child and parent focused) programs are beyond the scope of the current study.

Direct Approaches to Reduce Poverty and Inequality

A prominent strategy of intervention to reduce poverty is to directly offer cash benefits to lift families above the poverty line. For example, in the US various federal programs provide resources to low-income individuals and families. These include public assistance programs such as the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), Earned Income Tax Credit (EITC), and Social Insurance programs (e.g., Social Security, Medicare and Unemployment Insurance).

The Supplemental Nutrition Assistance Program (SNAP)

SNAP (formerly called the Food Stamp Program) offers nutrition assistance to eligible, low-income individuals and families and provides economic benefits to communities (US Department of Agriculture [USDA], 2016). According to the USDA (2015), in 2014 an estimated eighty-six percent of American households were food secure. Food secured households have access to enough food for all household members to lead active healthy

lives at all times. The remaining fourteen percent were food insecure at least for some time during the year, including 5.6 percent with very low food security. Low food security means that the food intake of one or more household members was reduced and their eating patterns were disrupted at times during the year because the household lacked money and other resources for food. Sixty-one percent of all food-insecure households participated in one or more of the three largest federal food and nutrition assistance programs during the month prior to a survey conducted during 2014 (USDA, 2015). A longitudinal study that used data from 2001 to 2006 showed that food security deteriorated in the six months prior to beginning to receive SNAP benefits and improved shortly after (USDA, 2009). The results show a moderate ameliorative effect of SNAP. The prevalence of very low food security among recent entrants was reduced by about one-third (USDA, 2009).

Earned Income Tax Credits (EITC)

The EITC, one of the largest antipoverty programs, is a refundable tax credit benefit for working individuals with low to moderate-income (IRS, 2016). It was designed to address situations where working families cannot make ends meet, and to raise them above poverty line. The idea behind EITC was to "make work pay" by supplementing the income of those working in low-paying jobs to ensure they actually earn enough to support their families. According to Kloos and colleagues (2011), EITC is possibly the single most effective tax policy designed to reduce poverty and income inequality ever implemented in the US. In tax year 2012, eighty percent of eligible individuals for the EITC claimed the benefit. In 2014, 27.5 million individuals received about \$66.7 billion in EITC. According to the IRS reports, EITC and the Child Tax Credit (CTC) were found

to reduce poverty among working families. Tax credits lifted an estimated 9.4 million people above the poverty line (IRS, 2016). Studies showed that expansions of EITC have reduced welfare use among single mothers by increasing employment and earnings (Gao, Kaushal, & Waldfogel, 2009; Lim, 2009; Ziliak, 2009).

Social Security (SS)

The SS system is one of the most important means by which the state can ensure a measure of economic security through the redistribution of income. SS can also ensure that people have an income throughout their lives, paying into the system when they are earning and drawing out in times of need such as retirement or unemployment. SS benefits, like tax credits, are means-tested and also have qualifying criteria such as age, family status and hours worked.

According to the official US SS website (2016), in 2014, over sixty-four million individuals received benefits from programs administered by the US SS Administration. Beneficiaries included retired workers and their dependents, disabled workers and their dependents, and survivors. SS is a major source of income for nine out of ten of the elderly (age 65 and older). Lastly, fifty-five percent of adult SS beneficiaries were women (SS, 2016).

In Israel, there are two types of SS programs: social insurance and the social assistance system. Qualifying criteria and conditions include pensions for old-age, disability and survivors, allowances for daily assistance (paid if constant attending to the needs of others is required to perform daily functions), mobility, and maintenance, benefits for disabled children and long-term care, and several grants paid to widow(er)s

and orphans. Other SS coverage includes sickness, maternity, work injury, unemployment, and family allowances (SS, 2016).

According to Israel's SS report (2013), in 2012 eighty-five percent of all allowances paid by the state of Israel to Israeli residents were disbursed through SS. Forty percent of allowances were paid to families in the lowest 20th percentiles. Ten percent of allowances were paid to families in the highest 20th percentiles. SS allowances lift about fifty percent of poor households above the poverty line. Payment of SS in insurance is calculated according to a progressive scale of income, so families included in the two lowest percentiles pay smaller insurance premiums, while over sixty percent of the total national insurance payments is collected from families in the top 20th percentiles, some of whom are receiving relatively small SS pensions. This redistribution of resources contributes to reducing the gap between low- and high-income families. After payment of SS pensions and deducting direct taxes, Israel's inequality of income distribution as measured by the Gini coefficient is reduced by about twenty-five percent. Two-thirds of the reduction in income disparities can be credited to SS allowances. Nevertheless, Israel's society suffers from high levels of poverty and inequality (ISS, 2013).

Other Direct Approaches

Due to relevance to the current project, only a handful of direct approaches are covered in this review. Additional programs, such as conditional cash transfer programs, which were implemented in Latin America and some states in the US (for example, see: Aber, 2009; Wolf, Aber, & Morris, 2013) were not implemented in Israel and hence are not included in the current review. Other programs that focus on specific populations, such as housing for the homeless (for additional information, please refer to Nelson, Aubry & Lafrance,

2007), are also not covered, as this population and such intervention programs differ greatly from the population and intervention program that are the focus of the current study.

Critics of Direct Approaches to Eradicate Inequality

Critics of direct government involvement argue that the plight of the poor should be left to the mercies of market forces, and that the government should remove itself from the picture. This conservative approach is based on individual-oriented explanations of poverty, and does not favor governmental assistance programs (Marger, 2011). In a society that emphasizes self-reliance, those who are able-bodied but who are not employed are seen as individual failures rather than as the victims of structural economic and social changes. They therefore do not merit taxpayers' assistance.

Another point of criticism is that governmental welfare efforts simply do not work. For example, while the 1996 welfare reform act may have succeeded in reducing the role of welfare in the US, there is no evidence that it has reduced poverty (Marger, 2011). In addressing the issue of poverty, the fact that the poor are not a homogeneous collectivity must be taken into account. Some only need a slight push to boost them into the ranks of the working class or even the lower-middle class. Others need more assistance, and some may never be able to compete independently in the job market (Marger, 2011). Governmental policies may be lacking the sensitivity to distinguish between the different needs and different potentials of welfare recipients.

Paulo Freire, the radical Brazilian adult educator, suggested that when the elite provide the oppressed with donations, stipends, allowances, subsidies and welfare, this actually has a negative influence on the recipients (Freire, 1968/1981). In these

circumstances, the underprivileged are more likely to be passive and are less likely to unite with others in a similar condition. Freire suggested that these welfare mechanisms preserve the status quo, assist in stabilizing the government, minimize the chances of uprising, and thus the existing system maintains society's power in the hands of the "benevolent" elite (Freire, 1968/1981).

Alternative Approach: Human Capital Development

A different approach to fight poverty and promote equality is through human capital development by increasing access to work, job training, and education. Such initiatives fall under the umbrella of "lifelong learning" and include welfare-to-work programs, labor market training programs (also known as job training programs), adult literacy programs, and post-secondary education programs for correctional populations.

Lifelong Learning

Lifelong learning – that is, the recognition that learning may stretch out across a lifetime - is recognized as a strategy to increase human capital and economic development, as well as a contributing factor to social capital and social cohesion (Rubenson, 2006; Tokatly, 2011). A study conducted in Europe found that in all countries, an overwhelming majority saw lifelong learning as important for all citizens, and not only for the young or even those in their middle years (Centre europeenne pour la developpement de la formation professionnelle, 2003). Lifelong learning has been identified as an effective tool to minimize social and educational gaps (Field, 2005).

According to Field (2006), lifelong learning is one of several policy areas where there is a balance of responsibilities between individuals, employers, and the state. Unlike

schooling or conventional higher education, adult education has never been solely or even mainly a public responsibility. Many of the most important providers are nongovernmental bodies.

In this section, I will present some of the learning experiences offered to underprivileged populations. As we review the different approaches, it will become apparent that types of learning experiences vary according to populations served, services offered, providers of services, and outcomes measured.

Welfare-to-Work Programs

The US Temporary Aid for Needy Families (TANF) program, also known as the Welfare-to-Work Program, emphasizes work requirements in exchange for welfare assistance (Parisi, McLaughlin, Grice, Taquino, & Gill, 2003). The idea of welfare-to-work programs is to stop inter-generational welfare receipt and to assist underprivileged individuals in achieving self-sufficiency by requiring them to work (Lichter & Jayakody, 2002; Parisi et al., 2003). Holzer and Stoll (2001) identify lack of education, lack of training, and lack of work experience as some of the major barriers to employment. Nonetheless, most programs focus on "work first", i.e., getting welfare recipients into jobs as quickly as possible, without providing broad job training (Blank, 2002).

Human capital development (HCD) programs, offering more training and educational opportunities, have been compared with labor force attachment (LFA) programs that focus on work-first models, pushing participants into jobs as quickly as possible. Initial findings show that work-first and LFA programs increased earnings and decreased welfare usage more rapidly (Blank, 2002). Follow-up after three years did not demonstrate any advantage in favor of HCD programs (Blank, 2002). However,

monitoring over a longer time period showed that after seven to nine years, participants who gained more education or training were doing as well or better than participants in work-first programs (Hotz, Imbens, & Klerman, 2000). The most favorable results support programs that mix work-first with education, suggesting that different participants benefit from different program components (Bloom & Michalopoulos, 2001).

Despite the promise of welfare-to-work programs, some studies have found that they have forced welfare recipients into low-paying, dead-end jobs where they are often unable to become self-sufficient (Collins & Mayer, 2010; Handler & Hasenfeld, 2007). There is evidence that the work-first approach to job retention was ineffective in helping participants attain long-term economic self-sufficiency, because it minimized education and work training and placed barriers to well-paid employment, which in turn reduced the chances of participants to move out of poverty (Peterson, 2002; Rangarajan & Novak, 1999). Lastly, not all citizens are able to work. The two main reasons for not being economically active are substantial caring responsibilities (either for children or sick /disabled adults) and illness or disability (Ridge & Wright, 2008).

Enhanced Services for the Hard-to-Employ

The Enhanced Services for the Hard-to-Employ (HtE) are strategies aimed at improving employment and other outcomes for groups who face serious barriers to employment, such as substance abusers, single parents, and people with medical and/or mental disabilities (Butler et al., 2012). A 10-year HtE evaluation project was conducted by Butler and colleagues (2012). The researchers used rigorous random assignment research designs to evaluate HtE strategies. One strategy, named "the Substance Abuse Case Management" (SACM) program, provided services to public assistance recipients who

were substance abusers, with the aim of helping participants to enter and remain in treatment programs, and to connect with welfare-to-work activities (Butler et al., 2012). Between 2003 and 2005, 8,800 public assistance recipients were randomly assigned to a program group that was offered SACM services or to a control group that was referred to the usual services provided to public assistance recipients with substance abuse problems. The evaluation showed no impacts on employment and earnings and no impacts on receipt of public benefits. Overall, employment rates for both groups were very low during the study period (Butler et al., 2012). Because individuals entered the study at the point of referral, prior to being fully assessed for substance abuse, the SACM group included a large group of individuals who either were not fully assessed or were not in need of treatment, which may help to explain the lack of success found.

Another strategy, the Personal Roads to Individual Development and Employment (PRIDE) program was aimed at public assistance recipients with medical or mental health conditions that prevented them from participating in regular welfare-to-work activities, but who were not eligible for federal disability benefits (Butler et al., 2012). Participants received placement assistance into unpaid work, education, and other employment activities that took account of their medical conditions and were designed to help them find paid work. In 2001 and 2002, more than 2,500 single parents who were deemed “employable with limitations” were randomly assigned to a program group that was required to participate in PRIDE, or to a control group that could not enroll in PRIDE but could seek other services. The evaluation found that PRIDE was able to engage a large number of recipients who had previously been exempt from work requirements. PRIDE generated modest but sustained increases in employment throughout a four-year follow-

up period and significantly reduced the amount of cash assistance that participants received. While overall employment rates in the program group were still low, the results of the evaluation suggest that providing employment related assistance to public assistance recipients with conditions that limit their ability to work, and requiring them to participate in activities, can result in gains in employment (Butler et al., 2012).

Labor Market Training

The primary goals of labor market training are to increase productivity and growth, to minimize unemployment, inflation and income disparities, and to provide workers with better-paid, steadier and more satisfying employment, as well as to provide businesses with skilled workers (Gunderson, 1978). Labor market training may be divided into four broad types: job search assistance, short-term classroom training, on-the-job training (i.e., subsidized employment), and long-term remedial training.

Job search assistance (JSA). These programs include government-administered job posting, placement and counseling aimed at encouraging effective job search and helping individuals find jobs for which they are qualified. For example, the well-researched JOBS Search Training for the Unemployed Program includes group learning designed to elicit socially supportive behaviors among the participants, and enhance their sense of mastery by acquiring effective job search skills (Donaldson & Gooler, 2002; Price & Vinokur, 2003). This intervention is not relevant for individuals without the requisite skills for employment. Therefore, JSA programs should be seen as complementing job-training programs, and not as a substitute (Daniels & Trebilcock, 2005).

Short-term classroom training. In the US, participants in classroom-training programs include poor single parents, disadvantaged adults, and disadvantaged young people. Most participants have not completed high school. As discussed in the welfare-to-work section above, job-training programs in the US have had only a marginally positive effect on participants (Donahue, 1989). There is also evidence that job-training programs can have a negative effect on the economically disadvantaged due to the tendency of such programs to nurture unrealistic employment expectations among participants (Barnow, 2000).

On-the-job training. These programs, also referred to as subsidized employment, show promise when they are small in scale, well-programed for a relatively homogeneous group of unemployed, and when they emphasize on-the-job components (Martin, 1998; OECD, 1996). An individual-treatment approach is likely to shorten unemployment duration and yield satisfactory cost-benefit results (OECD, 1995). However, some programs studied lacked the flexibility to make adjustments in line with changes in labor market demand, and some program participants acquired skills for which there was little demand (Daniels & Trebilcock, 2005).

Long-term remedial education. The lack of high school education had been found to be the most serious impediment to employment for recipients of aid in families with dependent children (AFDC) in the US (Milhar & Smith, 1997A). Job training programs, either in the classroom or on-the-job, may be ineffectual for illiterate participants. Long-term remedial training is necessary in such circumstances (Daniels & Trebilcock, 2005).

Evaluating the net impact of each type of labor market policy is methodologically complex. There is some evidence from the US and Canada showing the efficacy of job

search and training programs (Kluve & Schmidt, 2002). Studies show lower levels of depression (Price, Van Ryn & Vinokur, 1992), higher paying jobs and cost-benefit advantages (Vinokur, Van Ryn, Gramlich & Price, 1991), and benefits for women, employees with lower education, and people at higher risk for depressive episodes (Price et al., 1992; Vinokur, Schul & Price, 1992). Other studies suggest mixed results regarding these programs (Martin, 1998; LaLonde, 1995). A Fraser Institute study concluded that government-sponsored training programs in the US have been largely unsuccessful in reducing unemployment, increasing earnings, and reducing welfare dependency among disadvantaged groups (i.e., impoverished single parents and young high school drop-outs) (Milhar & Smith, 1997A). According to Milhar and Smith, it is difficult to justify the sizeable public expenditures on such programs given the minor benefits accruing to participants (Milhar & Smith, 1997B). A meta-analysis of 199 programs from studies conducted between 1995-2007 compared several types of active labor market policies, and found that subsidized public sector employment programs have the least favorable impact estimates (Card, Kluve, & Weber, 2010). Job search assistance programs had relatively favorable short-term impacts (one-year after program), whereas classroom and on-the-job training programs tended to show better outcomes in the medium-run (two-year horizon). They also found that studies that measured outcomes based on time in registered unemployment appear to show more positive short-term results than those based on employment status or earnings. No large or systematic differences by gender were found (Card et al., 2010).

Card and colleagues offer some important conclusions regarding the assessment of active labor market policy. One lesson is that longer-term evaluations tend to be more

favorable than short-term evaluations. Many programs that exhibit insignificant or even negative impacts after only a year have significantly positive impact estimates after 2 or 3 years. Classroom and on-the-job training programs appear to be particularly likely to yield more favorable medium-term than short-term impact estimates (Card et al., 2010).

A second lesson is that the data source used to measure program impacts matters.

Evaluations (including randomized experiments) that measure outcomes based on time in registered unemployment appear to show more positive short-term results than evaluations based on employment or earnings (Card et al., 2010). A third conclusion is that subsidized public sector jobs programs and programs for youth are generally less successful than other types of active labor market policies. These findings reinforce the conclusions of earlier literature summaries, including Heckman, Lalonde and Smith (1999), Kluve and Schmidt (2002), and Kluve (2007). Finally, when controlling for the program type and composition of the participant group, Card and colleagues found only small and statistically insignificant differences in the distribution of positive, negative, and insignificant program estimates from experimental and non-experimental evaluations. This is encouraging, and suggests that the research designs used in recent non-experimental evaluations are not significantly biased relative to the benchmark of an experimental design (Card et al., 2010).

Adult Literacy and GED Programs

Comings, Reder and Sum (2001) identify several possible areas of positive impact of participation in adult literacy services, including increased income and labor market participation, improved school performance of participants' children, and greater civic participation. These proposed areas of impact are based on correlations between the skills

and knowledge taught in adult literacy programs and indicators of these types of positive impact. These hypothesized areas of impact assume that higher skills acquired as an adult have the same impact as skills acquired while in the K–12 system. A small body of experimental studies supports some of these hypothesized areas of impact (Hamilton, 2002; Tyler, 2005). Bingman, Ebert, and Smith (1999) evaluated the impact of participation in adult literacy programs on the lives of adult students, in the domains of work, family, and community. Results revealed positive changes including higher rate of employment, increased self-esteem, increased community involvement, and increases in some uses of literacy. In a study of Florida GED test takers, Tyler (2002) tracked dropouts over three years following GED examination attempts and found that those who scored a standard deviation higher on the GED math exam had earnings that were 6.5% higher than those of dropouts with lower GED math scores. Tyler, Murnane, and Willett (2000) examined the skills-earnings relationship for high-school dropouts in New York and Florida five years after they had attempted the GED tests. The authors found large earnings returns to cognitive skills for both males and females, regardless of whether or not dropouts had successfully obtained the GED. Tyler, Murnane, and Willett (1998) also examined the economic impact of GED acquisition across a national sample of dropouts five years after receipt of the credential. The authors found that GED acquisition increased the earnings of white dropouts; however, no effects were observed for the earnings of minority dropouts.

Prison Post-Secondary Education Programs

Prisoners' education seeks to address various social issues and create a positive impact that can benefit prisoners, their families and communities, and society as a whole

(Education justice project, 2015). Simply put, people who are better educated are better able to find work and therefore are more likely to lead productive lives and avoid returning to prison (Batiuk, Moke, & Wilcox-Roundtree, 1997). College education programs are much better at reducing recidivism than other programs, such as high school, GED, or vocational education (Batiuk, Lahm, McKeever, Wilcox, & Wilcox, 2005). In a study of incarcerated dropouts, Tyler and Kling (2004) found that, among racial and ethnic minorities, positive effects of the GED observed during the first year of post-release disappeared after two years. Among white incarcerated dropouts, no effects of the GED were observed across the three post-release years included in the study.

Freyberg (2009) conducted a descriptive analysis of dozens of studies published between 1980 and 2001 on post-secondary education programs in prisons. These studies examined the relationship between participation in post-secondary education programs while incarcerated, and rates of recidivism, post-release employment, and post-release education. Unfortunately, despite the author's efforts to include only methodologically sound studies, many of the available studies on the relationship between college education and post-release employment and education are methodologically weak (e.g., lack randomization, self-selection, absence of viable comparison groups). Nonetheless, findings consistently show positive consequences for society, by demonstrating a positive relationship between post-secondary education and reduced recidivism, higher post-release employment, and post-release education.

One studied post-secondary education program is the University Liberal Arts Prison Education Program (Duguid and Pawson; 1998). The target population consisted of Canadian prisoners sentenced to more than two years in prison. Most participants had

an extensive criminal record, low education, and presented high levels of drug and alcohol abuse. The program simulated, as much as possible, regular classes at the university. Classes were taught inside the jail by university faculty. Results showed that seventy-five percent of the participants did not return to prison within three years after their release on probation, while the average incarceration rate for released prisoners in most North American jurisdictions was forty to fifty percent. The effectiveness of the program differed widely across various groups, categorized by a combination of student background characteristics (e.g., age, duration of imprisonment) and specific experience in the program (e.g., improvements in grades; length of participation).

Alternative Approach: Social Capital Development and Empowerment

A third approach to addressing poverty and inequality is through social capital development. Social capital refers to the features of social life in a community (i.e., networks, norms, and relationships) that allow members of the community to work together effectively to achieve shared goals (Kloos et al., 2011). According to Portes (1995), social capital may assist in one's ability to make use of relationships with other people to improve economic well-being. Social capital development may be fulfilled through community organizations, such as civic engagement groups and social action organizations. These organizations, through citizen involvement and collective action, have the potential to empower underprivileged citizens (Maton, 2008), and to increase sense of self-efficacy and self-esteem. Given its primacy in the community psychology field, this selective review of social capital development approaches to inequality and poverty is focused primarily on empowerment as the organizing construct.

Empowerment

The breadth and compelling nature of the concept of empowerment has led to its widespread use within research, practice, and social action in the social, political, and psychological fields (Kar, Pascual, & Chickering, 1999; Masterson & Owen, 2006). This extensive use has diffused the concept's meaning to encompass almost any action aimed at helping a person or community (Cattaneo, Calton, & Brodsky, 2014). The empowerment research field has been critiqued for lacking a clear consensus regarding definition, operationalization, and measurement (Cattaneo & Chapman, 2010; Luthar, Cicchetti, & Becker, 2000). The popularity of the term and these inconsistencies in definition and construct meaning are reflected in the wide ranging applications of the term.

For example, Rappaport (1981, 1985) offered a definition of empowerment in a social-political context, and defined it *"a mechanism by which people, organizations, and communities gain mastery over their affairs"* (Rappaport, 1987, p. 122). An empowering social policy will help to solve social problems that stem from helplessness and will lead to significant social benefits (Rappaport, 1981, 1985), including reductions in poverty and inequality. Once a person gains more control over his life, and participates in decision making regarding his/her future, then they become an active citizen who can make a significant contribution to the democratic society as a whole. According to Rappaport, there is a strong connection between a sense of self-efficacy and civil commitment: the greater the sense of self-worth and self-control over one's own life, the greater the civil commitment and willingness to contribute towards needed social changes (Rappaport, 1981, 1985). According to Rappaport (1981, 1985), emphasizing the social

benefits from empowering disadvantaged groups and decreasing possible objections to empowerment represent important strategic steps to gain support and encouragement towards the empowerment process and associated empowering outcomes.

Zimmerman (1995) addresses psychological empowerment, and focuses on individual empowerment – a process of gaining control over one's life. Zimmerman describes three key components of empowerment: the Intrapersonal component, the Interactional component, and the Behavioral component. The Intrapersonal component refers to how a person perceives him or her-self, how this influences different life domains such as family and work, and levels of self-efficiency and motivation for action. The Interactional component refers to how an individual perceives their community and socio-political topics, their familiarity with norms and values, and understanding how to operate to achieve personal goals. The Behavioral component refers to actions performed to directly achieve results, including behaviors aimed at decreasing stress and adapting to change (Zimmerman, 1995). Together, these three components "create" a person that believes in their ability to influence their environment, who understands how the system works, and how to operate accordingly. Psychological empowerment, therefore, supports a proactive attitude combined with a socio-political understanding.

Changes in life domains of importance to the individual is central to empowerment. Zimmerman, for example, includes family relations as part of the intrapersonal component of empowerment (Zimmerman, 1995), and the concept of empowerment has received considerable attention in relation to family ties and relationships (i.e., "family empowerment"; Resendez, Quist, Matshazi, 2000). Specifically, previous studies have found that family empowerment is related to higher

levels of family functioning, education, and employment (Scheel & Rieckmann, 1998) and family involvement (Curtis & Singh, 1996).

Despite continual efforts to offer an overarching definition of empowerment, to date the concept of empowerment still lacks a precise definition (Cattaneo & Chapman, 2010). Cattaneo and Chapman (2010) found that the current understanding of empowerment is difficult to apply to research and program development and evaluation. They suggested the Empowerment Process Model, and defined empowerment as: *"an iterative process in which a person who lacks power sets a personally meaningful goal oriented toward increasing power, takes action toward that goal, and observes and reflects on the impact of this action, drawing on his or her evolving self-efficacy, knowledge, and competence related to the goal. Social context influences all six process components and the links among them"* (Cattaneo & Chapman, 2010, p. 647). According to the authors, the successful outcome of the process of empowerment is *"a personally meaningful increase in power that a person obtains through his or her own efforts"* (Cattaneo & Chapman, 2010, p. 647).

The current study focuses on three areas of personally meaningful change observed to be important in the study population. These three areas are knowledge use and sharing, change in multiple life domains, and family relations.

Putting the definition challenges described above aside, there are a number of common themes that can be identified in the literature of empowerment (Boehm & Staples, 2004). First, empowerment refers to both processes and outcomes. Second, empowerment operates at both the personal and collective levels. Third, empowerment is based on the assumption that even when individuals are in situations of relative

powerlessness, they have skills and resources to achieve positive change. Fourth, the process of empowerment can be facilitated for another person, but empowerment cannot be created. Finally, empowerment is strongly related to social and economic justice, and requires understanding of how inequality and lack of power perpetuate personal and social problems. It focuses on oppressed groups in society, stigmatization, and unequal structural relations of power (Boehm & Staples, 2004).

Cattaneo, Calton and Brodsky (2014) suggest that the two most essential components of empowerment to social justice are "*(a) attention to the interplay between individual and social power and (b) grounding in the intrinsic values of the person or group of focus*" (p. 438). The authors conducted a literature review to examine the extent to which the literature on empowerment includes these two elements. Their results show that the vast majority of the scholarly applications of empowerment did not include explicit consideration of one, the other, or both of the social justice-oriented elements of empowerment (Cattaneo et al., 2014). According to the authors, these results suggest a problematic use of the term empowerment in relation to social justice, by allowing the status quo to go unquestioned.

Measuring Empowerment

The inconsistency in the definition of empowerment, inevitably has led to great inconsistency and variability in empowerment measurement. Currently there is no one agreed measure to assess empowerment. To date, researchers have constructed a variety of specific measures to examine empowerment in particular settings or among certain populations. For example, Koren, DeChillo, and Friesen (1992) developed a measure of empowerment among families whose children have emotional disabilities, called the

Family Empowerment Scale (FES). This scale measures perceptions of family empowerment expressed on three levels: family, service system, and community/political level. Spreitzer (1995) suggested a tool to measure psychological empowerment in the workplace. Others have suggested measures of empowerment in relation to specified personal areas. For example, Gagnon, Hébert, Dubé, and Dubois (2006) offered a measure of health care empowerment, assessing empowerment specifically related to personal health care. In other cases measures were constructed specifically for women (e.g., Johnson, Worell, & Chandler, 2005) or women recovering from substance abuse (Hunter, Jason, & Keys, 2013), and hence are not applicable for assessing empowerment among both men and women from different backgrounds.

The context-specificity in existing measures limits their potential generalization and replication in studies conducted in different settings and/or among different populations. It appears that currently there are no existing measures to assess personal empowerment among underprivileged men and women. A search for such measures was conducted both in the English and Hebrew published research, and yielded no useful results. Thus, in the current study several empowerment measures specific to the local context and population will be used.

Empowering Practices and Settings

Kloos and colleagues (2011) identify some features of empowering practices and settings. These include encouraging solidarity through promotion of a strengths-based belief system, offering social support, and developing leadership. Next, there is an emphasis on members' participation that can be enhanced by keeping a focus on tasks and goals, providing participatory niches and opportunity role structures, adhering to inclusive

decision making processes, and rewarding participation. Lastly, empowering settings promote diversity and foster intergroup collaboration (Kloos et al., 2011).

Women Focused Empowerment Programs

Intervention models that consider the complexities of gender, poverty and inequality are developing (Markward & Yegidis, 2011). Best practices for women's mental health such as those published by the US Department of Health and Human Services support integrated treatment and trauma-informed care models that address the relationships of stigma, trauma, and violence (Substance Abuse and Mental Health Services Administration, 2011). In addition, some women-centered clinical interventions emphasize a process of dialogue and consciousness-raising to help women understand how social contexts influence self-definition and meaning-making in terms of mental health and trauma experiences and reactions (Tseris, 2013; Worell & Reamer, 2003).

Women-centered empowerment approaches can support women to increase their capacity to exercise choice through understanding their rights, analyzing how their personal experiences are embedded in oppressive structures, experiencing themselves as citizens of a community, and taking actions on behalf of themselves and others (Kabeer, 2012).

For example, Francis East and Roll (2015) describe an intervention program for women who experience poverty, trauma, and multiple structural inequalities. The program included interviews, story circles, and leadership and advocacy education and training. Program outcomes include successful changes for women in improving symptoms; increasing self-efficacy, sense of power and sense of hope; and engaging in community advocacy (Francis East & Roll, 2015).

Community Organization Empowerment Programs

One well-researched example of an empowering social capital development effort is the Pacific Institute for Community Organizing (PICO; Speer, 2008; Speer & Hughey, 1995; Speer, Hughey, Gensheimer, & Adams-Leavitt, 1995). PICO is a national network of local faith-based groups in the US operating in low-income communities (Kloos et al., 2011). Empowering such communities has great importance. Cook, Shangle, and Degirmencioglu (1997) suggest that neighborhood poverty affects the levels of social control, social disorganization, social cohesion and adult participation in a given neighborhood. According to Haney (2007), perceptions of disorder seem to isolate people from neighborhood and community activity. Cohen and Dawson's (1993) research showed that in an impoverished neighborhood even those who are not poor are far less likely to participate in social groups such as church groups and voluntary organizations, and are less likely to attend political meetings than demographically similar people in advantaged neighborhoods.

To address the needs of impoverished neighborhoods, PICO community organizers combine building strong interpersonal and community relationships with "pressure-group tactics" to influence government and community leaders and institutions (Kloos et al., 2011). PICO supplies intensive leadership training and uses democratic processes to identify and effectively address issues of community concern (Kloos et al., 2011). These processes, referred to as a 'cycle of organizing', include four phases: assessment, research, mobilization/action and reflection. In the assessment phase, members of PICO meet with citizens to define community issues, develop working relationships, and strengthen the group. In the research phase, members identify the most

pressing issues, and gather further information on those issues. In the mobilization /action phase, members decide on an action plan and an official to be targeted. Then, a large group of well-informed citizens makes clear demands for a policy change. In the final reflection stage, members return to the one-on-one relationships to evaluate outcomes and lessons learned. These topics are then discussed in group meetings (Kloos et al., 2011). Studies showed that PICO organizations effectively mobilized citizens and produced specific changes in the policy and practices of city government and other organizations, many related to inequality and poverty (Speer, 2008; Speer & Hughey, 1995; Speer et al., 1995).

Social capital development initiatives, including empowerment strategies, can be expected to result in enhanced sense of empowerment, enhanced social capital, and positive psychological resources, including self-efficacy, a sense of inner strength, and self-esteem (Haney, 2007; Kristenson, Eriksen, Sluiter, Starke, & Ursin, 2004; Rose & Hatzenbuehler, 2009).

Self-Esteem

Self-esteem is usually defined as "*the extent to which one prizes, values, approves, or likes oneself*" or "*the overall affective evaluation of one's own worth, value, or importance*" (Blascovich & Tomaka, 1991, p. 115). Self-esteem theory and research has occupied a central role in the social sciences. It is a useful construct in understanding a wide variety of social psychological phenomena (e.g., Dutton & Brown, 1997; Hawkins, Catalano, & Miller, 1992; Stacy, Newcomb, & Bentler, 1992). As implied above, there is also a link between self-esteem and empowerment. Kristenson and colleagues (2004, p.

1518) indicate that: "*Empowerment strategies . . . build on the ambition to enhance individual chances of developing positive expectancies, hopes, self-esteem and trust.*"

According to Twenge and Campbell (2002), at the intersection between self-esteem and SES we find the relationship between the individual's view of self (self-esteem) and society's primary view of the individual (SES). Several studies provide data to support such a connection. Goodban (1985) found that women from low SES who accepted the ideology of equal opportunity (see above) were more likely to blame themselves for their own welfare status, less likely to be assertive about their rights as welfare clients, less likely to take part in welfare activism, and more likely to experience low self-esteem. Welfare recipients who have attended college report significant improvements in self-esteem and agency (Rice, 2001; Scarborough, 2001). In a meta-analysis of 446 studies (total participant N = 312,940), Twenge and Campbell (2002) found that SES has a small but significant positive relationship with self-esteem. This relation was found to be very small in young children, increased substantially during young adulthood, was even higher until middle age, and then decreased for adults over the age of sixty. Gender interacted with birth cohort, so that the effect size increased over time for women but decreased over time for men.

There is also a connection between neighborhood poverty and self-esteem. Boardman and Robert (2002) showed that high proportions of neighborhood unemployment and public assistance are associated with low levels of self-efficacy (a component of self-esteem), above and beyond individual-level SES. Haney (2007) found that higher levels of neighborhood poverty are associated with lower levels of self-esteem. His study also provides support for the role of perceived disorder as a mediating

factor in the relationship between neighborhood poverty and self-esteem (Haney, 2007).

An environment characterized by high levels of material disadvantage and income inequality can restrict the development of self-efficacy and self-esteem (Anda et al., 1999; Felitti et al., 1998; Rose & Hatzenbuehler, 2009).

These data suggest that individuals from disempowered groups are at greater risk for low self-esteem, and thus may benefit from programs aimed at increasing self-esteem. Moreover, disempowered groups are most likely to gain from empowerment focused programs, with the goal of increasing both personal and collective levels of power and control.

As described in detail, despite efforts to minimize inequality through a variety of methods (i.e., direct approaches, human capital development, social capital development), inequality remains an issue of concern. Additional thought and efforts are needed, along with new strategies aimed at increasing mobility and minimizing inequality. The focus of this paper is one such innovative effort: an Israeli social-educational program, the "Access for All" (AFA) program, which serves disempowered individuals with the goal of increasing participants' access to knowledge and power. While other programs share this goal, the operational methods of AFA are quite exceptional. The AFA program opens the "ivory gates" of Israeli universities to disempowered individuals who participate in courses in applied subjects such as medicine, business, psychology and law. Despite efforts to find similar programs in Israel as well as in other developed countries, such programs were not found. It is possible that the described program is unique, or that similar programs exist, but were not the focus of a published evaluation research. I will now describe the AFA program in detail.

Context of the Present Study - The 'Access for All' program

The 'Access for All' (AFA) program serves to promote a just and egalitarian society, by offering underprivileged populations opportunities to minimize knowledge and education gaps. The AFA program acts to empower the participants, in order to provide them with the will and the tools required to become more meaningful citizens who actively participate in society, take responsibility over their lives, and act out of awareness and consideration for their own, their families' and their environment's wellbeing. Participants in the program are adults, mainly women, from disempowered populations including low SES, former prisoners in rehabilitation, people recovering from drug addictions, and people with mental disabilities.

The AFA's Theoretical Foundation

The theoretical foundation of the AFA program is based on the educational philosophies of John Dewey, Martin Buber and Paulo Freire and empowerment theory and practices.

John Dewey was a philosopher, psychologist and American educator (1859-1952). Dewey is considered to be the founder of progressive education. The role of progressive education is to enable each individual to develop his/her talents without being subjected to dictated contents, standards and teaching methods. According to Dewey, instruction should be based on the experience of the students and the knowledge taught should be integrated into the students' lives (Callan, 1997).

The democratic society, described in Dewey's book 'Democracy and Education' (1916), is based on the active involvement of citizens in the country's processes and policies. The purpose of education in a democracy is to grant humans the freedom to learn through experiences that promote the development of curiosity, initiative and

diligence. Dewey emphasizes creative thinking rather than rote learning and memorizing (Dewey, 1916).

The curriculum of the AFA program adopted Dewey's emphasis on education that is based on partnership and equality by adjusting the classes to the life experiences of the students and their needs, setting students' practical experiences as the basis for learning, and encouraging curiosity and creative thinking.

Martin Buber (1878-1965) was a Jewish philosopher and professor at the Hebrew University who immigrated to Israel from Europe in 1938. Buber's philosophy focuses on the interpersonal relationships between human beings in a dialogical existence (Friedman, 1996). He distinguishes between 'I – It' relations, characterized by referring to another person as an object and the absence of real connection, and 'I – Thou' relations, characterized by mutual, holistic existence of two beings (Buber, 1923). Education is a dialogue between people where their humanity is present in its entirety. According to Buber, an educational dialogue is based on an 'I – Thou' relationship, where the teacher is also a student and the student is also a teacher. In a true dialogue, each party honestly believes that both sides have something to contribute and can learn from each other (Friedman, 1996).

The AFA program operates through ongoing dialogue between instructors and students based on an in-depth familiarity between the instructors and their students. Instructors kept in touch with students between classes, through personal phone calls, text messages, and meetings. The program also adopts the premise that instructors and students learn from each other, and therefore students are frequently encouraged to teach sections of the classes or specific topics, related to their previous knowledge, experiences

and interests. Classes are based on open discussions, as it is believed that students have valuable contributions to make to the topics studied.

The third philosopher is Paulo Freire (1921 -1997), a Brazilian educator and a social revolutionary. Freire is considered to be the founder of critical pedagogy which sees the role of education as stimulating the oppressed to oppose the wealthy. The purpose of education is to introduce students to the reality of life, encourage them to think critically and motivate them to act for themselves (Freire, 1968/1981). Freire borrows Buber's concept of dialogue to describe a shared responsibility to the education process, where all participants are both teachers and students (Freire, 1968/1981).

The instructors in the AFA program are introduced to Freire's theory, in order to provoke thought about social structure in Israel, and how it affects both instructors and participants in the program. The instructors are encouraged to be aware and mindful of the differences between themselves and their students in terms of their power within the system, and to understand the difference between the pedagogy of oppression and that of liberation as described by Freire. The objective is to promote empowering and liberating dialogue within the classroom, and thus to encourage students to act for themselves and become more involved citizens. The concept of shared responsibility for the learning processes and experiences is a fundamental part of the program. Lastly, the concept that 'knowledge is power' is rooted in the program philosophy and vision, as a basic means for furthering equality of opportunity.

In addition to the influence of these education-philosophies, the program is based on the principles of empowerment theory and practice. As discussed above, there is no one agreed upon definition of empowerment. The definition of empowerment that is used

in the AFA program is: "*Developing personal ability and providing tools and skills that will enable participants, as individuals and as a group, to gain more control, and to better cope with their life-circumstances.*" Similar to the literature, the AFA broadly divides empowerment into personal empowerment and collective empowerment.

Personal empowerment in the AFA program includes: increasing participants' self-esteem; increasing participants' sense of belonging to the group and to society; increasing participants' control over their lives by building the ability to set goals, set priorities, and make decisions; increasing participants' ability to apply the knowledge, skills and resources available to them (including those acquired during participation in the program) to make a meaningful change; increasing critical thinking through development and application of critical awareness; and increasing awareness to contemporary social, economic and political issues and perceptions of themselves as significant members of society that can influence and change society. Collective empowerment in the AFA program includes: increasing personal and intimate familiarity between group members; increasing sense of community, mutual aid and social support; and increasing the ability to collaborate, make decisions and solve shared problems.

Although the primary goal of AFA likely is best viewed as human capital development (personal development in the forms of personal empowerment and increase in self-esteem), to some extent social capital development is encompassed as well, in the form of increased citizen awareness and involvement. Furthermore, the process of change within AFA includes social capital, in the bonding relationships developed in the program. Thus, both human and social capital appear to be involved in AFA.

The AFA's Vision and Goals

The AFA acts to promote an equal society by enabling each individual to realize him- or herself and to become a meaningful citizen of the community, through the creation of a "meeting point" between the university and marginalized populations. The AFA has three stated goals. The first is to bridge social gaps and equalize opportunities by minimizing gaps in knowledge and education. The second is to create a "meeting point" by establishing direct relationships built upon respect and mutual learning between disempowered populations and one of society's most influential power sources – the academic community. The program's third goal is to promote meaningful citizenship by turning the participants into more empowered, meaningful citizens who take responsibility over their lives and act out of awareness and consideration to their own wellbeing as well as that of others.

The AFA's Modes of Operation

The AFA specified three modes of operations. The first mode includes democratization of knowledge – accessibility not only to essential practical knowledge, but also to theoretical-academic knowledge, which is usually barred from weakened populations, as a mean for equalizing opportunities and expanding the space and action-options available to these populations. The second mode brings in empowerment – developing personal capability and providing tools and skills that will enable the participants, as individuals and as a group, to maintain better control over their lives and cope better with their life-circumstances. In the third mode, empowerment is extended to include the instructors themselves – creating a professional platform to enable investigation, formalization and strengthening of social viewpoints and commitment among the instructors and to provide

them with personal tools and pedagogical capabilities for using their knowledge in an empowering way.

AFA Program Description

The AFA was established in 2005 by former Knesset member Dr. Adi Koll. The first university to offer the program was Tel-Aviv University, where 400 participants and 16 instructors took part in the first year of operation. The program began operating in Ben-Gurion University in 2010, the Hebrew University in 2013, and the University of Haifa in 2014. During 2015, 2,400 participants studied in the program, taught by 94 instructors (on average 25 participants per class). During the eleven years since its establishment in 2005, over 12,000 participants have successfully completed the program, taught by 600 undergraduate student instructors. The AFA is currently operating in four universities, that taken collectively span a wide geographical area (i.e., Israel is 435 miles long, the most southern and northern universities are 124 miles apart; participants arrive from Mitzpe-Ramon in the south to Yarca in the north, towns that are almost 200 miles apart).

Program staff include the chief executive officer, vice president, four university-branch managers, and four academic-instructors; the latter teach the academic course for the instructing BA students (see below). In addition, in each university there are an operations coordinator, course coordinators, and a "Next Step" department coordinator (see below). In addition, The AFA program has an Advisory Committee that oversees the management of the program. Members of the Advisory Committee are representatives of the universities in which the program operates, stakeholders from the philanthropy and volunteerism fields, and others who have been supporting the program for many years.

During the years 2014-2016, the author of this paper was the academic instructor in Tel-Aviv University, and in charge of the program evaluation efforts.

Participants in the program are adults referred by welfare and rehabilitation agencies. Once a week they study a specialized introductory course in one of the following areas: law, medicine, business, and psychology. Participants are divided into groups. The number of groups for each content area varies across universities and may change from year to year (range: 0-3 groups per content area), depending on the number of students accepted into the program from each content area. Each group is usually about 100 participants (range: 80-120), and is led by a course coordinator. Then, each group is divided into four classes, each class led by one instructor. Participants spend most of the time with their class, while several special activities (e.g., field-trips, guest lectures, ceremonies) are held in the large group forum.

Classes are taught once a week, for two consecutive semesters; each semester is eleven weeks long (i.e., total of twenty-two classes per yearly course). The course is taught by instructors who are undergraduates at the university, who custom-build the classes to fit the students' needs. The instructors choose the most relevant, interesting, universal, and applied topics within each area of study, and teach them in a clear and accessible manner. Participants are encouraged to influence the topics taught and teaching methods used (e.g., discussion, peer-learning, active learning), to increase the relevance of the classes to their lives.

In an effort to overcome any obstacles to program accessibility faced by the participants, the program arranges transportation to and from the university, and provides a light dinner and hot drinks before each class. When participants arrive, they gather in

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the building lobby for 15 minutes, where foods and drinks are served. Then, they enter the classrooms for 45 minutes, followed by a 15 minute break, and then another 45 minutes of class.

Participants may take part in the program one, two, or three years, based on their own decision whether or not to continue their studies. For example, in 2015-2016 sixty-five percent of participants were first year students, twenty-five percent were second year students, and ten percent were third year students. Continuing participants study a different area each year. Areas of study are offered in no particular order, and are determined by program staff based on participants' place of residence. To minimize transportation costs, participants who share transportation study at the same day, hour, and faculty building. As a result, participants do not choose their area of study. There is no cumulative or linear process of study in the program; hence participants from first, second, and third years study together in the same classrooms.

The instructors in the program are outstanding BA students who study law, medicine, business, or psychology. The instructor selection process includes CV review, a personal interview, and a group interview. Selected students are divided into teams of four, and assigned a course coordinator that is in charge of their training and oversees their work. The team meets once per week during the academic year to brainstorm topics for future classes, and plan group activities such as field trips and guest lectures. In addition, all instructors participate in a weekly academic course, which supports their work and processes with their students. In the course instructors learn about social and educational issues in Israel, as well as the theory behind the program (e.g., Dewey, Buber, Freire, empowerment theory and practice). Instructors are compensated for their

time and devotion by receiving academic credits, or a small stipend (or a combination of the two). Compensation varies across the four areas of study and the four universities, depending on approval obtained from each faculty. Further information about the program is detailed in the AFA logic model, which summarizes key program inputs, activities, and short-term and long-term outcomes (see Appendix A).

Funding of the AFA comes from a variety of sources. For many years, funding was primarily based on donations and foundation support. In 2013, the Israeli government began supporting the program, providing partial financial support offered by the Council of Higher Education Planning and Budgeting Committee and the Ministry of Welfare and Social Services. In 2015, fifty-four percent of the yearly funding came from supporting foundations and donations. Nineteen percent was from governmental support. Eight percent was provided by local authorities and welfare-agencies, that are required to pay 200 NIS (about \$50) for each participant they refer to the program. An additional seven percent of funding is from the participants themselves, who are required to pay 200 NIS "earnest fee" (this fee is waived or reduced when participants are unable to pay the requested amount, but show devotion and commitment to the program). Lastly, twelve additional percent of funding comes from program reserves.

By operating in the university and leveraging academic knowledge, human resources (e.g., undergraduate students) and physical resources (e.g., classrooms), the program requires only minimal monetary support and is believed to yield a high social return of investment, although systematic evaluation has not been conducted to date.

Anecdotal evidence from social workers at agencies who have referred participants to the program suggests that participants reduced their social dependence.

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Program records show that hundreds of participants have pursued further professional and general education. Dozens completed an undergraduate degree at one of three universities and colleges (Ariel University, Academic College of Tel Aviv, and Ben Gurion University), while receiving support from the AFA's "Next Step" department staff.

The AFA's "Next Step" department supports current and alumni AFA's participants in continuing their learning and personal development within the program and after its completion. The "Next Step" emphasis is supporting the extended process participants undergo during the transition from a sense of relative powerlessness to development of a sense of competence, motivation for action, and internal sense of control. The "Next Step" supports AFA's senior participants (2nd and 3rd year students) in their personal investigation regarding personal goals and opportunities; exposes participants to the possibilities available to them in the areas of education, employment, and personal development; strives to increase participants' sense of capability when dealing with mental, emotional and physical barriers; and provides personally relevant tools for self-progress and development in any field the participant chooses. "Next Step" activities include creating connections between relevant organizations and service providers and AFA's participants in the fields of continuing education, development and enhancement; offering Hebrew, English and computer summer classes aimed at enhancing participants' basic learning skills; holding an annual conference for advanced years participants; offering empowerment workshops designed to evoke power inquiry processes and selection of an individual route for further development while gaining tools for action; and supporting a small group of AFA graduates in attaining a bachelor degree.

AFA is a unique program, and thus was expected to enhance sense of empowerment, social capital, and psychological resources such as self-esteem. Although it has not been formally evaluated to date, it was expected that a number of variables may be linked to program outcomes for participants.

Possible Predictors of AFA Outcome: Demographic/background and Program Engagement Variables

I will now briefly review demographic/background and program engagement variables that were hypothesized to predict, mediate or moderate program outcomes, consistent with the literature reviewed above. The studies selected for review appear representative of the larger literature, and thus guide hypothesis generation.

Gender. Men and women have been found to differ on multiple physical and psychological dimensions. Gender theories argue that sex differences arise, at least in part, from gender roles, gender stereotypes, and gendered social structures that influence self-concept and self-presentation. Gender roles are defined as sets of norms prescribing the behaviors and activities appropriate for each sex (Eagly, 1987). Gender stereotypes are shared sets of beliefs about the psychological traits characteristic of women and men (Williams & Best, 1990). Gendered social structures are institutional rules and processes that generate differential outcomes for women and men (Gregory, 1990; Gutek, 1993).

A different explanation of gender differences is gender socialization processes, in which people learn about and are influenced by gender roles and stereotypes (Martin & Ruble, 1997). Gender socialization prepares women and men for the types of activities likely to be required of them and the types of opportunities likely to be open to them (Ragins & Sundstrom, 1989). Gilligan (1982) theorized that women have different

experiences of the self than men, leading to different social relationships and vulnerabilities. Cross and Madson (1997) suggested that women's sense of self is more often interdependent and relational, while men's sense of self is more often independent.

These gender theories offer a theoretical explanation to the empirical differences found between men and women on many domains, including how they are affected by educational disparities and poverty. Ayalon and Shavit (2004) found that more Israeli women matriculate the "bagrut" (the exam that serves as a prerequisite for admission to most forms of higher education) than Israeli men, and that this gender difference exists among all Israeli ethnicity groups. However, it seems that this advantage does not translate to better economic outcomes later in life. Women earn less than men (Marini & Fan, 1997), more women are living in poverty (SSI, 2015) and women are more likely to be SS beneficiaries (SS, 2016). Olsen and Sexton (1996) found that gender differences in on-the-job training have a significant effect on the wage gap between men and women. Women's lower levels of training relative contributes to the wage difference.

Lynch (1991) showed that off-the-job versus on-the-job training plays a different role on the mobility of women and men workers. Specifically, her findings show that among men, no differences between off-the-job versus on-the-job training were found. In addition, for men, being disabled or having high school education had no effect on turnover probability, while these two factors affected women's turnover probability. For women, on-the-job training increased the length of time in employment in the first job, and off-the-job training increased their turnover probability (Lynch, 1991). In a longitudinal study evaluating adult literacy programs (Bingman et al., 1999) a higher percentage of women accumulated more hours of instruction (>80 hours) compared to

men, suggesting women were more inclined to substantial levels of participation in the program. In a study measuring empowerment of families whose children have emotional disturbance and ADHD, women showed higher levels of empowerment across all four family empowerment subscales (i.e., systems advocacy, knowledge, competence, and self-efficacy; Singh et al., 1997).

Men and women were also found to be differently affected by the various social conditions reviewed in this paper (i.e., incarceration, drug-addictions, mental health problems) and in some cases to respond differently to intervention programs. Men are arrested at a higher rate than women (Heimer, 2000). According to theory on the gendered nature of offending, female pathways to crime are different from those followed by male (Carlen, 1988; Daly, 1992; Miller, 1986), and economic marginalization has been found to have an important influence on women's initiation and persistence in crime (Daly, 1992). In Israel, recidivism rates measured five years after release were higher among men (43.5%) than among women (34.8%; Kovovitz, 2012).

Men and women also respond differently to group intervention programs for drug addictions. While many studies have found few or no gender differences in substance abuse treatment outcome across various populations (Greenfield et al., 2007), when gender differences have been found, adult women generally have had better outcomes than men (Florentine, Anglin, Gil-Rivas, & Taylor, 1997; Greenfield et al., 2007; McKay, Lynch, Pettinati, & Shepard, 2003). For example, a prospective study of women and men with methamphetamine abuse demonstrated that women had greater improvements in family and medical problem domains and similar improvements in all other domains measured compared to men (Hser, Evans, & Huang, 2005). Hser, Huang,

Teruya and Anglin (2003) examined gender differences in drug treatment outcomes among 511 patients recruited from drug treatment programs in the US. Results from 1-year follow up showed no significant differences by gender in drug and alcohol use, but men reported more crimes than women (Hser et al., 2003). Hser, Huang and Teruya (2004) found that women spend significantly longer time in formal drug treatment programs, though other studies show mixed results with regards to gender differences in treatment retention (Greenfield et al., 2007).

Given evidence supporting better outcomes for women in education and in several studies of social programs as well, in the current research it was expected that women will benefit from AFA more than men.

Referring Agency. The referring agency of program participants may be an indicator of the primary, acute reason for receiving services. Most participants in the AFA program are referred by welfare agencies, and prisoners and drug addictions rehabilitation programs. Empirical evidence suggests that drug abuse and incarceration may be particularly difficult problems that interfere with successful program involvement.

Chemical dependency is often found in combination with low educational achievement and other unmet needs, and may be one of the greatest barriers one must overcome to become a productive member of society (Bush & Kraft, 2001; Platt, 1995). Studies show limited results of programs aimed to lift individuals with drug abuse history above poverty line. For example, the “Substance Abuse Case Management” (SACM) program for hard-to-employ populations, which provided services to public assistance recipients who had substance abuse problems, showed no impacts on employment and

earnings or on receipt of public benefits, and employment rates remained very low during the study period (Butler et al., 2012). Substance dependency was found to be a strong determinant of leaving welfare programs due to family disruptions and administrative removals from aid. Such unstable exit (compared, for example, to an exit for work) suggests an underlying process involving low social capital, and puts people with addictions at higher risk of returning to welfare over time (Schmidt, Dohan, Wiley, & Zabkiewicz, 2002). Similar disappointing results were found for conventional services provided to public assistance recipients with substance abuse problems (Butler et al., 2012). In general, program commitment and retention among people with drug-addictions is a problem. Stark (1992) found that as many as fifty percent of patients in drug and alcohol treatment drop out of treatment within the first month. In addition, drug abuse is often co-occurring with psychiatric disorders such as mood, eating, anxiety, and post-traumatic stress disorders, thus making it difficult to attain appropriate treatment (Brady, Dansky, Sonne, & Saladin, 1998; Denier, Thevos, Latham, & Randall, 1991; Grella, 1996; Merikangas et al., 1998; Najavits, Weiss, & Shaw, 1997; Sonne, Back, Zuniga, Randall, & Brady, 2003).

Incarceration represents another particularly challenging problem that is more often than not reoccurring and can interfere with successful program engagement. In a study of incarcerated dropouts, GED programs were found to have no effect for some participants, and for others positive effects disappeared after two years (Tyler & Kling, 2004).

These findings suggest that populations of former prisoners and people with drug addictions may be more difficult to assist, compared to the welfare recipients population

referred to the AFA by social welfare agencies. Thus, in the current research, it was expected that participants referred by social welfare agencies will benefit more from AFA than participants referred by drug abuse and prisoner rehabilitation programs.

Program Engagement. Participants in the AFA program are divided into four content areas, which in turn are separated into large groups (80-120 participants each), for purposes of sharing transportation to the university, and several activities such as field tours, guest lectures, and ceremonies. Each large group is further divided into classes of about 25 students each. The class group is where most interactions among students take place, and meet on a weekly basis.

Yalom (1995) developed ten “therapeutic factors” (previously called “curative factors” of groups) to help explain the *"intricate interplay of various guided human experiences"* (Yalom, 1995; p. 3). Experiencing these factors as a result of group membership can help each group member draw meaning and enjoyment from the experience. These factors may be expected to be present to some extent in AFA classroom groups. The 10 factors include: 1) Group Cohesiveness: the participant feels valued, supported, understood, cared for, and/or a sense of belonging in the group. 2) Altruism: through helping other group members the participant experience increase in self-esteem. 3) Catharsis: the participant feels relieved through the ventilation of feelings about life events or other members. 4) Guidance: the participant receives useful information or advice from others. 5) Instillation of hope: the participant gains a sense of optimism about his/her progress or potential progress. 6) Intrapersonal learning: the participant attempts to relate constructively and adaptively with other members in the group. 7) Self-disclosure: the participant reveals personal information to the group. 8)

Self-understanding: the participant learns something important about himself/herself. 9)

Universality: the participant recognizes that his/her problems are shared or similar to other group members. 10) Vicarious learning: the participant experiences something of value through observation of other group members (Yalom, 1995).

These factors operate in every type of group but can be experienced differently by each group member. For the purposes of this study, the definition of program engagement encompassed both behavioral components (i.e., attending class meetings, providing and receiving support) as well as psychological components (i.e., affiliation with group). Consistent with Yalom's work, these indicators of engagement were expected to reflect levels of member benefit from AFA positive interpersonal and group processes. In other words, it was expected that AFA participants who engage more with their peers in the program will benefit more from the AFA program.

The Present Study

This study utilized a quantitative approach to explore the effects of a social-educational lifelong learning program on its participants who came from underprivileged populations. Previous studies showed that while direct approaches to inequality and poverty may be helpful in lifting some recipients above the poverty line, these approaches fail to eradicate poverty and may actually preserve the status quo and existing social gaps (Freire, 1968/1981; Marger, 2011). Other programs that focus on moving people from welfare to work, including programs for the hard to employ, show limited success (Butler et al., 2012; Collins & Mayer, 2010; Handler & Hasenfeld, 2007). Labor market policies such as job search training programs also show mixed results (LaLonde, 1995; Martin, 1998; Milhar & Smith, 1997A; Price et al., 1992; Vinokur, Schul & Price, 1992), and have been

criticized as not being cost-effective (Milhar & Smith, 1997B). In contrast, other lifelong learning programs have been identified as an effective tool to minimize social and educational gaps (Field, 2005). For example, studies on adult literacy programs and GED programs show positive change in the areas of employment, earnings, community involvement, and children's education (Bingman et al., 1999; Tyler et al., 2000). Prison post-secondary education programs have been shown to reduce recidivism, and increase post-release employment and post-release education (Freyberg, 2009). In addition, underprivileged individuals and communities who participated in empowerment programs were able to achieve successful changes, including increased engagement in community advocacy that led to effective citizens' mobilization, and positive psychological effects such as increased self-efficacy, sense of power and sense of hope (Francis East & Roll, 2015; Kloos et al., 2011; Speer & Hughey, 1995).

The literature reviews of the lifelong education and empowerment literatures indicate a possible disconnect between these fields of study, as no study was found that evaluated a lifelong education program that aims to serve underprivileged populations by creating an empowering learning setting. Therefore, the overarching aim of the present study was to help fill the gaps in the existing literature by assessing the effects of a unique social-educational program on the empowerment and self-esteem of underprivileged populations, and the demographic/background and program engagement variables that contribute to positive outcomes. Although the AFA program has been in operation for over a decade and has touched the lives of thousands of participants, it has not been the subject of systematic empirical study before (though a measurement

development study was recently conducted, see below). Anecdotal reports of participants, instructors, and stakeholders are positive and encouraging, but do not suffice.

Hence, in this study I examined for the first time the effect that the AFA has on its participants, including the role of demographic/background and program engagement variables in predicting outcomes. To fulfill its objective of evaluating the AFA program, this study addressed the following research questions: How does participation in the AFA affect the participants? Specifically, do participants in the program experience increases in their personal empowerment, social capital, and self-esteem? Are specific demographic/background and program engagement variables related to program outcomes? In summary, the research main hypotheses were:

Program Outcomes: Personal Empowerment, Social Capital, and Self-esteem

Hypothesis 1: Participants' will report gains in personal empowerment

Hypothesis 1a: At the end of one year of program involvement, participants will report high levels of knowledge use and sharing gained from the program

Hypothesis 1b: At the end of one year of program involvement, participants will report high levels of positive life changes

Hypothesis 1c: Participants' family relations with partner and children will be higher at the end of one year of program involvement compared to baseline

Hypothesis 2: Participants' social capital scores will be higher at the end of one year of program involvement compared to baseline

Hypothesis 3: *Participants' self-esteem scores will be higher at the end of one year of program involvement compared to baseline*

Demographic/Background Variables as Predictors of Outcome

Hypothesis 4: *Female participants will benefit more (i.e., higher personal empowerment, social capital and self-esteem) compared to male participants*

Hypothesis 5: *Participants referred from welfare agencies will benefit more compared to participants from prisoners' and drug addictions' rehabilitation programs*

Program Engagement as a Predictor of Outcome

Hypothesis 6: *Participants who engage more in the program will benefit more compared to participants with less program engagement*

Hypothesis 6a: *Participants with higher rates of class attendance will benefit more compared to participants with lower rates of class attendance*

Hypothesis 6b: *Participants with greater group affiliation will benefit more compared to participants with lower group affiliation*

Hypothesis 6c: *Participants who report more meaningful social support receipt and provision will benefit more compared to participants who report less meaningful social support receipt and provision*

Program Engagement as Mediator of Program Outcome

Hypothesis 7: Program engagement will mediate the relationship between gender (women > men) and program benefit (sense of empowerment, social capital, self-esteem)

Hypothesis 7a: Class attendance will mediate the relationship between gender and program benefit

Hypothesis 7b: Group affiliation will mediate the relationship between gender and program benefit

Hypothesis 7c: Meaningful social support receipt and provision will mediate the relationship between gender and program benefit

Hypothesis 8: Program engagement will mediate the relationship between referring agency (social welfare agency>other referring agencies) and program benefit (sense of empowerment, social capital, self-esteem)

Hypothesis 8a: Class attendance will mediate the relationship between referring agency and program benefit

Hypothesis 8b: Group affiliation will mediate the relationship between referring agency and program benefit

Hypothesis 8c: Meaningful social support receipt and provision will mediate the relationship between referring agency and program benefit

Method

Participants

The study used data previously collected by the author in her role as evaluation coordinator in the AFA program. Participants in this study were 417 students who entered the AFA program in August-September 2015, completed baseline measures at that time and completed outcome measures at the end of one year of program involvement, in May-June 2016. Inclusion criteria for the program included: a) adults between the ages of 18 and 55; b) who lived in Israel; and c) did not obtain any form of higher education in Israel. Only first-time participants in the AFA program were recruited for this study. Participants in this study included all first-year program participants who completed an informed consent form (see Procedures section). Participants were recruited from three out of four sites of the AFA Program where the AFA had been operating for a minimum of two years (i.e., Ben Gurion University, Tel Aviv University, and the Hebrew University). The Haifa University branch was new and in the midst of establishment processes, hence participants from Haifa University were excluded from the study. The sample consists of both men and women.

Setting

The study was conducted in two types of locations, depending on the time of measurement. Baseline data was gathered in the referring agencies cooperating with the AFA program, during orientation day (see details in the Procedures section). Orientation days were held in the referring agencies' offices to allow the first meeting between program representatives and potential participants to be held in a familiar location, thus

avoiding any logistical or emotional difficulties related to travelling to the university (e.g., participating universities campuses are usually difficult to reach independently; participants report feeling nervous, anxious and intimidated to enter the campus).

Therefore, during orientation days each referring agency allocated a waiting room and an interview room that could only be accessed by program prospective participants and personnel. Baseline data were collected from 81 agencies in 21 cities. Outcome data were collected in the classrooms of one of the three participating universities.

Procedures

UMBC Institutional Review Board (IRB) approval was obtained. Every person interviewing to take part in the “Access for All” program was approached by research assistants during orientation and handed one of two versions of the baseline assessment packet. Attached to each packet was a cover letter that explained the research, as well as participants’ rights as research volunteers. The research assistants described the consent form (appendixes B and C), the program and the research in the waiting room. Waiting rooms usually contained two large tables and 20 chairs. The maximum number of participants in a waiting room at a given time ranged from 5 to 25, depending on the size of the recruiting agency. Research assistants explained that the program's goal was “to open the gates” of the university to every adult person that wishes to study there, and informed research participants that they would fill out a questionnaire that day and then be contacted during their last class to complete a second set of questionnaires, in about eight-nine months. Participants had ample time to fill out the consent form and questionnaire while waiting to be interviewed. Completing the survey took about 10 minutes, on average. During that time, the research assistants answered any questions

participants might have had. To prevent anyone with literacy issues from feeling uncomfortable, the research assistants offered to read the questionnaires out loud to any participant who was not comfortable completing the questionnaires on their own. The research assistant stressed that no questionnaire information would ever be shared with program staff, that all information would be strictly confidential, and that only group findings would be reported. The research team included 16 research assistants, 13 females and 3 males. All research assistants were Jewish, in their mid-20s. All research assistants were BA students, held additional positions in the program (i.e., operations coordinators, course coordinators, or "Next Step" department coordinators), and had 1 or 2 years of experience in the AFA program.

Outcome data were collected during the last "official class" in the program, which was the 19th class. The group meetings following the last "official class" were summary meetings (i.e., summary of taught materials; personal summary and farewell; and end of year ceremony). This timing allowed the inclusion of as many participants in the study as possible, as absent participants were approached in the following classes and asked to complete the forms. A research assistant reminded the participants about the research and asked them to complete the forms during the allotted time during the class (i.e., 20 minutes before the break, thus allowing participants who needed more time to complete the forms to do so during the break).

Measures

In preparation for this study, a measurement development study was conducted before and during the 2014-2015 AFA year. First, a series of six focus groups was conducted by the author of this paper before the 2014-2015 AFA year. The focus groups included AFA

participants (N = 8), instructors (N = 3), social workers and other referring agents (N = 3), past and present operations coordinators (N = 6) and program management (N = 2). Participants were asked about different aspects of the AFA program (see appendix D for the focus group protocol), including the potential results of participation in the AFA program for both participants and instructors. The results gathered from the focus groups were then summarized into the AFA's logic model (see appendix A) by the programs' research team, led by the author of this paper. Based on the logic model, the research team constructed the measures to evaluate the AFA program. All measures used in the current study to assess the criterion variables were tested and analyzed during the measurement development study. The criterion measures, source (locally developed or from the literature), time of data collection in the current study, and reliability information from the measurement development study are listed in Table 1.

Table 1

Criterion measure, source, time of data collection, and reliability information

Measure	Source	Time of data collection in current study*	Reliability information from measurement study
1. Personal Empowerment			
i. Knowledge Use and Sharing	Locally developed by AFA research team	T1	Measure was generated following the measurement development study, hence reliability information is not available
ii. Changes in Life Domains	Locally developed by AFA research team	T1	$\alpha = .72$

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iii.	Family Relations, composed of a partner subscale and a children subscale	Locally developed by AFA research team	T0 and T1	$\alpha = .80$ for the partner subscale and $\alpha = .76$ for the children subscale
2.	Social Capital	The Social Capital Community Benchmark Initiative (Saguaro Seminar, 2000), translated into Hebrew	T0 and T1	$\alpha = .80$
3.	Self-Esteem	Rosenberg Self-Esteem Scale (Rosenberg, 1965) translated into Hebrew	T0 and T1	$\alpha = .84$

* T0 – before 2015-2016 AFA year; T1 – end of 2015-2016 AFA year

Personal Empowerment (PE). Three measures were used to evaluate personal empowerment as defined in the AFA.

Knowledge Use and Sharing. One set of items assessed perceived program benefit via use of knowledge acquired in the program and how it was expressed in every day conduct (appendixes E and F). These items tap the intrapersonal, interactional, and behavioral components of psychological empowerment (Zimmerman, 2005). The items were included in the outcome measurement only. As part of the measurement development study, a preliminary version of this measure was piloted with a sample of 558 AFA participants, and included two yes/no questions and two open ended questions. The questions were: (1) Did you use the knowledge acquired in the AFA program in your daily life (yes/no); (2) If yes, how? (provide an example) _____; (3) Did you

pass the knowledge to others that are close to you? (yes/no); (4) If yes, to whom?

_____.

The answers provided were analyzed to identify repeating themes. Based on that analysis, a new Knowledge Use and Sharing measure was constructed as close-ended multiple answer questions. Two questions were included: (1) How did you use the knowledge acquired in the AFA program? The five response domains encompass use of the knowledge acquired to: improve attitude to life and self, improve financial condition, exercise rights when receiving services, do job more professionally, and improve interpersonal and familial relationships. (2) With whom did you share the knowledge you obtained in the program? The four response domains encompass family, friends, colleagues, and people in the community. "Other" and "None" represent additional response options for both questions. Verbal responses provided on the "Other" option were included in a content analysis. The total number of knowledge use and knowledge sharing categories was separately tallied; higher scores indicated greater knowledge use and sharing, respectively. Reliability and validity of the scales are not known, but the items have face validity.

Changes in Life Domains. A second set of items address the behavioral aspect of empowerment (Zimmerman, 1995), specifically positive changes in multiple life domains (appendixes G and H). These items were included only in the outcome measurement. This scale included six yes/no questions, asking respondents if changes were made in their lives in five different specific arenas (work, education, family, social relations, daily behavior) or in other arenas. Following a "yes" response, respondents were asked to describe the change they experienced. Examination of responses provided on the "other

arenas” question revealed that all answers could feasibly be coded into one of the 5 specific arenas. Therefore, these results were coded into the relevant specific arenas by the author and the “other arena” option was removed from the analysis. Additionally, verbal responses were included in a content analysis. The internal consistency found for this measure when piloted in the measurement development study was good ($\alpha = .72$), and the items exhibit face validity. A principal components analysis was conducted for the five items in the current study, and the items loaded on a single factor (described in greater detail in Preliminary Results section). A reliability coefficient was generated and showed adequate internal validity ($\alpha = .61$).

Family Relations. A third set of items tap into the intrapersonal aspect of empowerment (Zimmerman, 1995) by assessing respondents' feelings of being respected, cared for, and a role-model for their family (appendixes I and J). Items measuring improvement in family relations were chosen based on findings from the focus groups mentioned above. Participants in the focus groups mentioned that following participation in the AFA, program participants feel more appreciated by their family members, that their family members are more interested in their lives, and that they are now perceived as role models more than in the past.

Participants responded to one of two subscales regarding their familial relationship, one focused on their relationship with their children and the other regarding their relationship with their partner. Each subscale included 3 items: (1) my children/partner appreciates me; (2) my children/partner takes interest in my life; (3) my children/partner sees me as a role-model. Answers were provided using a 7-point Likert scale, ranging from 1 ("strongly disagree") to 7 ("strongly agree"). Subscale scores were

generated by summing the three items. A higher score indicated better familial relationships. These two subscales were piloted in the measurement development study, and showed good internal consistency ($\alpha = .76$ for the children subscale and $\alpha = .80$ for the partner subscale). In the current study, the subscales showed good internal validity, with Chronbach alphas ranging from $\alpha = .82$ to $.93$ ($\alpha = .85$ for children subscale at baseline, $\alpha = .82$ for children subscale at end-of-year, $\alpha = .93$ for partner subscale at baseline, and $\alpha = .90$ for partner subscale at end-of-year).

When piloted, an additional open-ended question was included in this questionnaire, where participants were asked to describe how (in their opinion) their participation in the AFA program affected their relationship with their children/partner. This question was included to assess congruence between their responses to the Likert-scale questions and open-ended responses. Results showed that there was consistency between the two sources of information, providing evidence of the validity of the subscales.

Social Capital. Social capital was assessed using a shortened version of the Social Capital Community Benchmark Initiative (SCCB), a measure directed by the Kennedy School of Government at Harvard. A nine-person scientific advisory committee composed of leading scholars on social capital guided the initial survey development (Saguaro Seminar, 2000). According to Saxton & Benson (2005), the SCCB is used to measure six dimensions of social capital: 1) Political Engagement (nine items) - an index of conventional political participation. 2) Giving and Volunteering (20 items) - measures how often community residents volunteer at various venues and how generous they are in giving. 3) Civic Engagement (six items) - uses an associational involvement index, which

captures individuals' involvement across a variety of broad categories of groups and associations. 4) "Bridging" Social Ties (14 items) - measures the diversity of friendships. 5) Informal Socializing (12 items) - taps social connectedness that occurs outside of formal associations. 6) Social Trust (14 items) - combines scores related to trust of neighbors, co-workers, clerks, co-religionists, police, and "most people" (Saxton & Benson, 2005).

The SCCB was translated and used by the Central Bureau of Statistics in Israel, for a national social survey. This translation was used in the current study. The SCCB was reduced to nine items for the current study, focused on a subset of questions from the first three dimensions of social capital mentioned above. Three items tap into the political engagement dimension (e.g., "contacted a local, central, or national government official"), two items tap into the giving and volunteering dimension (e.g., "volunteered not related to occupation"), and three items tap into the civic engagement dimension (e.g., "attended any public meeting in which there was discussion of town or school affairs"). The last item asks about other type of activity, and thus can tap into any of the dimensions, depending on the participant's reply. Additional questions in the first three dimensions, and the full set of questions included in the other three dimensions were omitted because they were deemed less relevant to changes in social capital expected to occur following participation in the AFA. Answers were measured using a 4-point Likert scale (0 – never, 1 – low frequency (few times a year), 3 – high frequency (every month), 4 - very high frequency (every week)). A piloting of the current social capital scale on a large AFA sample (N = 201) as part of the measurement development study found good scale reliability ($\alpha = .80$) and the items also demonstrate face validity. The scores for each

of the nine items were summed for each respondent and averaged across items. Higher score indicated higher social capital. Responses provided on the "Other" option were included in a content analysis. For the current study, a reliability coefficient was generated and showed good internal validity ($\alpha = .82$ at baseline and $.80$ at end-of-year).

Self-Esteem. Self-esteem was measured using the Rosenberg Self-Esteem Scale ([RSES] Rosenberg, 1965; see appendixes M and N). The scale was composed of 10 items, some positively worded (e.g.: "I feel that I have a number of good qualities" and some negatively worded (e.g.: "At times I think I am no good at all"). Answers were measured using a Likert scale with 7 possible values, ranging from 1 ("strongly disagree") to 7 ("strongly agree"). The scale was translated into Hebrew by Nadler and colleagues (Nadler, Mayseless, Peri, & Chemerinsky, 1985) who reported a fair internal consistency ($\alpha = .78$). The Hebrew version of the RSES has been used extensively in research conducted in Israel and demonstrated good internal consistency (Glaytman, 2008; Zanber, 2009). Good scale reliability ($\alpha = .84$) was also found when piloted on a large AFA sample ($N = 163$) as part of the measurement development study. The scores for each of the ten items were summed for each respondent and averaged across the ten items, after reversing the coding for negatively worded items. Higher scores indicated higher self-esteem. For the current study, a reliability coefficient was generated and showed good internal validity ($\alpha = .81$ both at baseline and end-of-year).

Program Engagement Variables. Engagement in the program was measured using several different variables.

Class Attendance. Attendance was measured based on weekly attendance logs entered at the end of class for each participant by the instructors in an electronic data base, the Customer Relationship Management (CRM) program.

Group Affiliation. Group affiliation was assessed at the end of the AFA academic year via a revised version of the social identity scale (Ellemers, Kortekaas, & Ouwerkerk, 1999). The social identity scale included three aspects: group self-esteem (four items), self- categorization (three items), and commitment to the group (three items), and was found by the scale developers to have good internal consistency ($\alpha = .82$; Ellemers et al., 1999). The scale was translated into Hebrew for the purposes of this study. To validate the translation, it was then translated back into English by four Psychology doctoral students and a psychologist who are fluent in both English and Hebrew.

A piloting of the scale on an AFA sample was conducted as part of the measurement development study ($N = 95$) and included the self-esteem and self-categorization aspects, as the commitment to the group aspect showed low face-validity. The piloting found fair scale reliability ($\alpha = .69$), while item-scale correlations suggested that removing one of the group self-esteem items would improve the internal reliability. Two additional items measuring group self-esteem were removed due to low face-validity. In the current study, three items measuring self-categorization were thus included (i.e.: “I identify with other members of my group”, “I am like other members of my group”, and “My group is an important reflection of who I am”), as well as one item measuring group self-esteem (“I feel good about my group”; see appendixes O and P). For the current study, a principal components analysis was conducted of these items (and the two social support items, see below) and the group affiliation items loaded on a single

factor (for additional details see Preliminary Results section). The scores for each of the items were summed for each respondent and averaged across the four items. Higher scores indicated higher group affiliation. A reliability coefficient was generated and showed good internal validity ($\alpha = .81$).

Perceived Meaningful Social Support Receipt and Provision (see appendixes O and P). Receiving and providing meaningful social support was measured at the end of the AFA year using four locally constructed items: (1) During the past year, did you receive support from a classmate? (Yes/No) (2) If yes - how meaningful was the support you received? (on a scale of 1 to 7, where 1 = not at all, and 7 = very much) (3) During the past year, did you provide support to a classmate? (Yes/No) (4) If yes - how meaningful was your support for him / her? (on a scale of 1 to 7). The items were not piloted and do not have established reliability and validity, though they do possess face validity. In the current study, the second and forth items were used to assess levels of meaningful social support, and any individuals who reported “no” support receipt or provision on the yes/no items were assigned a value of “1” (not at all). For the current study, a principal components analysis was conducted with these items and the group affiliation items, and the two support items loaded on a single factor (see Preliminary Results section for additional details). The scores for the two items were averaged, with higher scores indicating higher social support receipt.

Demographic/Background Variables. Demographic/background information was obtained from a general personal information form (see appendixes Q and R). Participants’ gender, referring agency, age, occupational status, marital status, number of children, number of years in formal education, religion, and contact information were

collected using this form. Referring agency was coded into two categories: social welfare agencies (including general welfare agencies; communities' social workers; treatment centers for children, youth, women, and family; education institutes; and independent students), and "not welfare", including prison, drugs, and mental health rehabilitation programs. Number of children was coded into 4 groups: no children, 1-2 children, 3-4 children, and 5 children or more. Religion was dichotomized for analyses into Jewish and other (Arab, Christian). Marital Status was dichotomized for analyses into married and no current partner (single, separated, divorced, widowed). Years of education was divided into 3 groups for analyses based on number of years reported: 0-11 years of education was coded as "did not complete high school"; 12 years of education was coded as "completed high school", and 13 or more years of education was coded as "higher education".

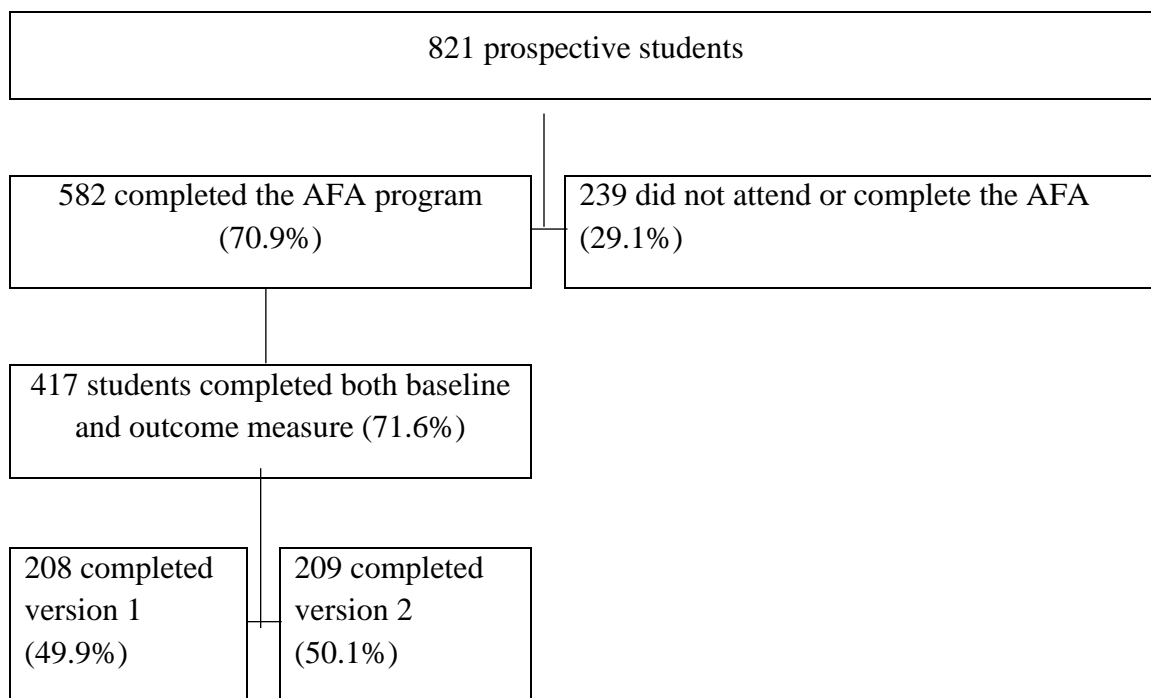
Results

Program and Study Attrition

Figure 1 describes program and study attrition. 821 prospective students were asked to participate in the study. Of these, 582 completed the AFA program (71%), and 417 of these 582 (72%) completed both baseline and outcome measures, and constitute the primary study sample.

Figure 1

Program and Study Attrition



Note: Of the 582 individuals who completed the AFA program, 165 did not complete both baseline and outcome measures and were removed from the analyses. Specifically 95 of these 165 individuals completed only the baseline measure, and 70 completed only the outcome measure. Of the 239 individuals who did not attend or complete the AFA and were also removed from the analysis, 43 had completed the baseline measure.

Chi-square analyses were conducted comparing program completers and non-completers on demographic and background variables. Significant results were found for program completion and referring agency, such that students referred by welfare agencies were more likely to complete the program compared to students referred by prison and drug addiction rehabilitation programs ($X^2(1, 821) = 7.70, p = .006$). In addition, married students were more likely to complete the program compared to not-married students

($X^2(1, 821) = 9.83, p = .002$). Independent sample t-tests were conducted to examine the relationship between program completion and continuous variables. Mean age was higher for students who completed the program ($M = 45.3, SD = 9.85$) compared to students who did not complete the program ($M = 41.25, SD = 10.05$), $t(809) = -5.26, p < .001$. No differences were found on the other demographic/background variables (i.e., gender, employment, religion, number of children, and education).

Preliminary Analyses

Out-of-range values, outliers, and missing data. The data were screened for out of range values and outliers. No out of range values or outliers were found.

All continuous variables were examined for skewness and kurtosis (see Appendix S). Relatively small asymmetrical distributions were discovered for three outcome variables. As the statistical tests conducted (i.e., ANOVA and regression) are robust to small degrees of non-normality, these variables were not transformed.

The dataset contained three types of missing data: data missing due to non-completion of one or more items on a scale, data missing due to receiving one or the other of two questionnaire packets, and data missing due to participants' non-participation at one of the two data collection points. Missing values on individual survey items may have been due to participant fatigue or oversight, poor item placement on the page, or other reasons. In cases where individuals did not complete all items on a measure, participants' scale scores were computed based on the items they responded to, with two exceptions. Specifically, individuals missing data on one or more items within a scale led to removal of that individual from the analyses involving that scale when: (1) the missing items constituted more than 20% of a scale containing six items or more, or

(2) more than one item was not completed on a scale containing five items or less. The decision not to conduct missing data imputation was based on the currently existing sufficient power and the fact that in most cases the number of respondents removed from analyses were relatively modest (in most cases less than 10% of the sample, and never more than 15%).

Missing data on the relation with children/partner baseline and outcome measures were only for one item, hence no one was removed from the analyses. On the social capital and self-esteem measures, some participants were missing more than one item (16 respondents on the social capital baseline measure and 21 on the outcome measure) or 20% or more of the self-esteem scale items (7 respondents on baseline and 4 on the outcome measure), hence these individuals were removed from these particular analyses. Furthermore, 30 participants did not complete the social capital baseline measure, and 14 did not complete the outcome measure; 5 did not complete the self-esteem baseline measure and 2 did not complete the outcome measure. Fourteen respondents did not complete the knowledge use and sharing measures. On the change in life domains measure, 8 participants were missing more than one item, and thus removed from these analyses, and an additional 52 of participants did not complete this measure. Fifty participants did not complete the group affiliation measure, and 51 did not complete the social support measure. Missing data are listed in Table 2.

Table 2

Missing Data: Frequencies (%)

<u>Variable</u>	<u>N missed one</u>	<u>N missed more than</u>	<u>N missed entire</u>
	<u>item or 20% or</u>	<u>one item or more</u>	<u>scale (% of</u>

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	<u>less of scale</u>	<u>than 20% of scale</u>	<u>participants</u>
	<u>items (% of</u>	<u>items (% of</u>	<u>receiving scale)</u>
	<u>responders)</u>	<u>responders)</u>	
<i>Baseline Measures</i>			
Relation with children	1 (0.5%)	0	0 ¹
Relation with partner	4 (3.4%)	0	0 ²
Social capital	16 (8.8%)	16 (8.8%)	30 (14.4%)
Self-esteem	24 (11.8%)	7 (3.4%)	5 (2.4%)
<i>Outcome Measures</i>			
Knowledge use and sharing	0	0	14 (3.4%)
Changes in life domains	7 (1.9%)	8 (2.2%)	52 (12.5%)
Relation with children	2 (1%)	0	0 ¹
Relation with partner	2 (1.8%)	0	0 ²
Social capital	15 (7.3%)	21 (10%)	14 (6.7%)
Self-esteem	11 (5.6%)	4 (2%)	2 (0.9%)
<i>Program Engagement Variables</i>			
Attendance	0	0	0
Group affiliation	18 (4.9%)	0	50 (12%)
Social support	0	0	50 (12%)

¹: Missing data on the whole scale refers to participants who have children

²: Missing data on the whole scale refers to participants who have a partner

Factor Analyses

The factorability of the items from the following questionnaires was examined using the PCA extraction method. Separate principal components analyses were conducted for: 1) changes in life domains (five items) and 2) program engagement (six items). Inter-item correlations, Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy (recommended value $>.6$), and Bartlett's test of sphericity were used as criteria for factorability.

Changes in Life Domains. All five items were positively inter-correlated ($.15 < r_{(346)} < .34$), KMO was .71, and Bartlett's test of sphericity was significant ($\chi^2_{(10)} = 158.99, p < .001$). Only one component was extracted (39.1% of variance), supporting use of this measure as a single scale.

Program Engagement. The six program engagement items were not all positively inter-correlated. Therefore, the correlation matrix suggested a division of the six items into two sub-scales. The first four items, tapping group affiliation, were positively inter-correlated ($.44 < r_{(381)} < .55$), as were the remaining two items, addressing social support receipt and provision ($r_{(364)} = .56$). KMO was .77, and Bartlett's test of sphericity was significant ($\chi^2_{(15)} = 643.07, p < .001$). Two components which reflected the above finding in the correlation matrix were extracted, supporting the use of two separate subscales in assessing program engagement. Specifically, the first component 'group affiliation' accounted for 48.22 percent of variance and the second component 'social support' 21.37 percent of variance, totaling 69.59 percent of variance.

Descriptive Analyses

Descriptive statistics for the categorical demographic variables are listed in Table 3, and for the continuous demographic and program engagement variables in Table 4.

Participants ranged from 19 to 63 years old, with an average age of 46. Participants were primarily female (82%), and Jewish (96%), and slightly more likely to be married (53%) than not-married (47%). Most participants had at least one child (86%) and were referred to the program by a welfare agency (91%). Years of formal education ranged from 0 to 18, with an average of 12 years. Sixty-six percent of participants were employed, and 58 percent were living above the poverty line.

There are some differences between the study sample and Israeli welfare recipients. According to the Ministry of Social Affairs and Social Services report (2015), 54 percent of welfare recipients in Israel are women. Almost 73 percent of welfare recipients are between the ages of 12-17, or above 75, age groups not served by the AFA program. Among adult welfare recipients, 62 percent have 12 years of education or less. Only 41.2 percent of welfare recipients are employed, compared to 63 percent employed in the general population (Ministry of Social Affairs and Social Services, 2015).

Table 3

Categorical Study Variables

<u>Variable</u>	<u>% (N)</u>	<u>% (N)</u>	<u>Missing</u>
Gender	Female 82 (342)	Male 18 (75)	0
Religion	Jewish 96.2 (401)	Arab 3.6 (15)	0
	Christian 0.2 (1)		

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Religion – two groups ¹	Jewish 96.2 (401)	Other 3.8 (16)	0
Marital status ¹	Married 53.2 (222)	Divorced 24.9 (104)	0
	Single 15.1 (63)	Separated 3.6 (15)	
	Widowed 3.1 (13)		
Marital status – two groups	Married 53.2 (222)	Not married 46.8 (195)	
Number of children	3-4 children 44.4 (185)	1-2 children 23.7 (99)	0
	5 children or more 18 (75)	No children 13.9 (58)	
Referring agency ¹	Welfare 90.9 (379)	Former prisoners 4.3 (18)	0
	Addictions 2.6 (11)	Mental health 2.2 (9)	
Referring agency – two groups	Welfare 90.9 (379)	Not welfare 9.1 (38)	0
Years of education ¹	Did not complete high school 15.1 (63)	Completed high school 79.6 (332)	0
	Higher education 5.3 (22)		
Employment	Employed 65.9 (275)	Not employed 34.1 (142)	0
SES	Above poverty line 57.6 (136)	Below poverty line 42.4 (100)	181
University	Ben Gurion University 36.9 (154)	Tel-Aviv University 34.1 (142)	0
	The Hebrew University 29 (121)		
Course subject	Psychology 41.7 (174)	Law 21.1 (88)	0
	Medicine 20.4 (85)	Business 16.8 (70)	

¹: Used in primary analyses

Participants' attendance ranged from 50 percent to 100 percent of classes, and showed very low variability ($SD = 0.09$). Participants' mean scores on the two other program engagement variables (i.e., group affiliation and social support) were seemingly high, although social support scores were lower than group affiliation and showed greater variability.

Table 4

Continuous Demographic and Program Engagement Variable: Descriptives

<u>Demographic Variables</u>	<u>N</u>	<u>Min</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
Age	417	19.9	63.4	45.89	9.21
Attendance	417	50%	100%	87.45%	0.09
Group affiliation	367	1.25	7.00	5.67	1.28
Social support	367	1.00	7.00	4.36	2.11

Descriptive information on criterion variables is listed in Table 5. With the exception of the changes in life domains measure, all scales have good reliability (above .81). Mean scores at baseline reflect relatively high levels of relation with children, relation with partner, and self-esteem, and low levels of social capital. Mean scores at end-of-year were slightly higher on all four measures. Mean scores at end-of-year reflect moderate levels of knowledge use, knowledge sharing and changes in life domains.

Table 5

Criterion Variables: Descriptives

<u>Primary Study Variable</u>	<u>Mean</u>	<u>SD</u>	<u>Min</u>	<u>Max</u>	<u>N</u>	<u>Reliability</u>
<i>Baseline Measures</i>						
Relation with children	5.81	1.38	1.00	7.00	182	.85

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Relation with partner	5.58	1.61	1.00	7.00	115	.93
Social capital	.65	.68	0.00	3.00	179	.83
Self-esteem	5.48	.99	2.60	7.00	203	.81
<i>Outcome Measures</i>						
Relation with children	5.97	1.08	1.67	7.00	176	.82
Relation with partner	5.85	1.42	1.00	7.00	112	.90
Social capital	.70	.64	0.00	3.00	195	.81
Self-esteem	5.60	.98	2.80	7.00	206	.81
Knowledge use	2.15	1.49	0.00	7.00	403	
Knowledge sharing	1.90	1.11	0.00	5.00	403	
Changes in life domains	2.14	1.51	0.00	5.00	365	.61

Correlations were examined between demographic variables (continuous and dichotomous) and the three program engagement measures (see Appendix T). There were only three instances of significant relations. Age had a small positive significant relation, $r = .16, p < .01$, and religion (Jewish individuals) had a small negative significant relation, $r = -.13, p < .05$, with program attendance. Referring agency (welfare agencies) had a small significant negative relation, $r = -.11, p < .05$, with group affiliation. Gender, marital status, employment and SES were not significantly related to any of the program engagement variables.

One-way analyses of variance were conducted to examine the relations between the multi-categorical demographic variables and the three program engagement measures (see Appendix U for means). Only five significant relations emerged, and are presented in Table 6. Individuals with 3-4 children and 5 children or more reported higher levels of

group affiliation and higher levels of social support than those with no children.

Individuals who completed high school had a greater attendance rate than those who had not completed high school. The three universities differ significantly on social support levels reported, though post-hoc analyses did not reveal a significant difference between the university with the lowest (Tel-Aviv) and the other two universities with higher levels (Ben-Gurion and Hebrew). Lastly, individuals in the medicine course reported higher group affiliation than those in the law course.

Table 6

Significant Relations between Multi-Categorical Demographic Variables and Program Engagement: Means (and SD)

<i>Number of Children and Group Affiliation</i>			
<u>No children</u>	<u>1-2 children</u>	<u>3-4 children</u>	<u>5 children or more</u>
5.14 ^a (1.49)	5.67 (1.28)	5.71 ^b (1.16)	5.97 ^b (1.27)
<i>Number of Children and Social Support</i>			
<u>No children</u>	<u>1-2 children</u>	<u>3-4 children</u>	<u>5 children or more</u>
3.38 ^a (2.24)	4.10 (1.99)	4.43 ^b (2.13)	4.70 ^b (1.94)
<i>Years of Education and Attendance</i>			
<u>Did not complete high school</u>	<u>Completed high school</u>	<u>Higher education</u>	
84.83 ^a (0.08)	88.06 ^b (0.09)	85.77 (0.10)	
<i>University and Social Support</i> ¹			
<u>Tel-Aviv University</u>	<u>Hebrew University</u>	<u>Ben-Gurion University</u>	
3.88 (2.09)	4.47 (1.92)	4.46 (2.25)	
<i>Course Subject and Group Affiliation</i>			
<u>Business</u>	<u>Medicine</u>	<u>Law</u>	<u>Psychology</u>
5.70 (1.26)	5.93 ^a (1.15)	5.35 ^b (1.45)	5.69 (1.23)

Note: Superscripts that differ indicate statistically significant differences, $p < .05$.

¹ Although the overall effect was significant ($F = 3.26, p = .04$), there were no significant differences across university pairs.

Correlations of the demographic (continuous and dichotomous) and program engagement variables with the outcome measures at baseline are presented in Table 7. Analyses of variance were conducted to examine the relation between multi-categorical demographic and outcome measures at baseline (Appendix V). Only one significant relation between a multi-categorical demographic variable and outcome measures at baseline was found and is presented in Table 8. Relationship with children at baseline was significantly related to participation in the business rather than psychology course, and to the program engagement variables group affiliation and social support. Self-esteem at baseline was related to marital status (married). None of the other outcome measures at baseline were significantly related to any of the program engagement variables or demographic variables (age, gender, religion, number of children, referring agency, years of education, employment, SES, and university).

Table 7

Correlations of Demographic and Program Engagement Variables with Outcome Measures at Baseline (Time 0)

	<u>Relation with</u> <u>children at T0</u>	<u>Relation with</u> <u>partner at T0</u>	<u>Social</u> <u>capital at T0</u>	<u>Self-esteem</u> <u>at T0</u>
Age	.01	.01	-.04	.04
Gender	-.05	.05	.11	-.08
Religion	.03	-.05	-.03	.04
Marital status (Married)	.13	.11	-.06	.15*

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Referring agency	-.01	.01	-.04	-.02
Employment	.04	-.01	.13	.03
SES	-.01	.09	.07	-.04
Attendance	-.11	-.07	-.11	.02
Group affiliation	.23**	.15	.12	.08
Social support	.16*	-.04	.06	.07

** $p < 0.01$; * $p < 0.05$.

Table 8

Significant Relations between Multi-Categorical Demographic Variables and Outcome Measures at Baseline (Time 0): Means (and SD)

<i>Course Subject and Relation with Children at T0</i>			
<u>Business</u>	<u>Medicine</u>	<u>Law</u>	<u>Psychology</u>
6.31 ^a (1.14)	6.28 (1.21)	5.65 (1.24)	5.54 ^b (1.50)

Note: Superscripts that differ indicate statistically significant differences.

Correlations between the three program engagement variables are presented in Table 9. Attendance was significantly and positively related to group affiliation, but not related to social support. In addition to its relation with attendance, group affiliation was also significantly and positively related to social support.

Table 9

Correlations among Program Engagement Variables

	<u>Attendance</u>	<u>Group Affiliation</u>	<u>Social Support</u>
Attendance		.11*	.05
Group affiliation			.31**

** $p < 0.01$; * $p < 0.05$.

The correlations of demographic and program engagement variables with the outcome measures at end of year are presented in Table 10. In terms of the demographic variables, there was only an occasional significant correlation, always modest in size: gender (men) was positively related to social capital, religion (other) was positively related to changes in life domains, marital status (married) was positively related to both knowledge sharing and changes in life domains, employment (employed) was positively related to knowledge sharing, and SES (above poverty line) was positively related to social capital. These variables were included as covariates in the final analyses.

In terms of the program engagement variables, course attendance was not significantly related to any of the outcome variables at end of year. However, consistent with hypotheses, group affiliation and social support were each positively and significantly related to relation with children and change in life domains at end of year.

Table 10

Correlations between Demographic and Program Engagement Variables with Outcome Measures at End of Year (Time 1)

	<u>Knowled</u> <u>ge use</u>	<u>Knowledg</u> <u>e sharing</u>	<u>Relatio</u> <u>n with</u> <u>childre</u> <u>n at T1</u>	<u>Relatio</u> <u>n with</u> <u>partner</u> <u>at T1</u>	<u>Change</u> <u>s in life</u> <u>domain</u> <u>s</u>	<u>Social</u> <u>capita</u> <u>l at</u> <u>T1</u>	<u>Self-</u> <u>esteem</u> <u>m at</u> <u>T1</u>
Age	.09	-.01	.03	.16	.00	-.00	-.05
Gender (Men)	-.04	-.09	-.01	.02	-.09	.18*	-.06
Religion (Other)	.06	.05	.04	-.07	.21**	.05	.02

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Marital status (Married)	.09	.11*	.08	.08	.11*	-.07	.14
Referring Agency (Not Welfare)	.07	.02	.04	-.08	-.04	.04	.05
Employment (Employed)	.05	.12*	.07	.11	-.03	.00	.03
SES (Above Poverty Line)	-.06	.11	.01	.10	-.07	.22*	.10
Attendance	-.03	-.05	-.02	-.06	.01	-.09	-.05
Group affiliation	.10	.05	.27**	-.01	.28**	-.09	.09
Social Support	.08	.05	.26**	-.05	.28**	.06	.13

** $p < 0.01$; * $p < 0.05$.

Analyses of variance were conducted to examine the relation between multi-categorical demographics and outcome measures at end-of-year (Appendix W). There were a handful of significant relations, which are presented here in Table 11. Individuals with five or more children reported greater knowledge use and knowledge sharing than those with no children. Participants with 3-4 children and more than 5 children reported more changes in life domains than individuals with no children. Finally, participants studying business reported higher self-esteem at end-of-year compared to those studying law. No categorical demographics were related to relation with children or partner. University and years of education were not significantly related to any of the outcome measures at end-of-year.

Table 11

Significant Relations between Multi-Categorical Demographic Variables and Outcome Measures at End-of-year (T1): Means (and SD)

<i>Number of Children and Knowledge Use (T1)</i>			
<u>No children</u>	<u>1-2 children</u>	<u>3-4 children</u>	<u>5 children or more</u>
1.75 ^a (1.35)	2.04 (1.40)	2.17 (1.51)	2.54 ^b (1.57)
<i>Number of Children and Knowledge Sharing (T1)</i>			
<u>No children</u>	<u>1-2 children</u>	<u>3-4 children</u>	<u>5 children or more</u>
1.56 ^a (0.94)	1.86 (1.16)	1.94 (1.08)	2.14 ^b (1.15)
<i>Number of Children and Changes in Life Domains (T1)</i>			
<u>No children</u>	<u>1-2 children</u>	<u>3-4 children</u>	<u>5 children or more</u>
1.58 ^a (1.51)	1.91 (1.54)	2.31 ^b (1.40)	2.54 ^b (1.57)
<i>Course Subject and Self-Esteem (T1)</i>			
<u>Business</u>	<u>Medicine</u>	<u>Law</u>	<u>Psychology</u>
5.99 ^a (0.79)	5.55 (1.03)	5.29 ^b (0.98)	5.59 (0.98)

Note: Superscripts that differ indicate statistically significant differences, $p < .05$.

Correlations among outcome measures at baseline and end of year are presented in Table 12. As expected, the four variables that were measured both at baseline and end-of-year (i.e., relation with children, relation with partner, social capital and self-esteem) were significantly related with their corresponding measure at the other time point, with the magnitude of relation ranging from .59 to .76. Furthermore, relation with children and self-esteem were positively correlated with each other at both time points, and relation

with children at end-of-year was positively correlated with knowledge sharing and changes in life domains. In addition, the three measures assessed only at end of year (i.e., knowledge use, knowledge sharing, changes in life domains) were positively and significantly related with each other, with the magnitude of relation ranging from .25 to .44. Social capital was not related to any of the other measures.

Table 12

Correlations among Outcome Measures: Baseline (Time 0) and End-of-Year (Time 1)

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>
1 Relation with children at T0				.38**	.65**			.31**	.07	.14	.17
2 Relation with partner at T0			.11			.76**	.11		-.02	.16	-.02
3 Social capital at T0						.18	.66**		-.05	.05	.10
4 Self-esteem at T0					.28**			.59**	.05	.12	.08
5 Relation with children at T1								.41**	.14	.16*	.19*
6 Relation with partner at T1							.13		-.03	.04	-.02

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7 Social capital at T1	-.10	.06	.11
8 Self-esteem at T1	.10	.10	.02
9 Knowledge use (T1)		.44**	.34**
10 Knowledge sharing (T1)			.25**
11 Changes in life domains (T1)			

** $p < 0.01$; * $p < 0.05$. The missing correlations are a result of the two versions of the questionnaires administered, with some participants only completing relationship with children and self-esteem and other participants only completing relationship with partner and social capital.

Primary Analyses

Program Outcomes: Personal Empowerment, Social Capital, and Self-Esteem

Levels of Knowledge Use, Knowledge Sharing, and Change in Life Domains

(*Hypotheses 1a and 1b*). Descriptive statistics were used to examine hypotheses 1a (knowledge use and sharing) and 1b (change in life domains). A hypothesis was considered supported if the majority of respondents reported high levels (defined below) on a given variable. A hypothesis was considered partially supported if more than a third but less than half of respondents reported high levels on a given variable. The rationale

for selecting these criteria was that they are reasonably stringent but also allow the identification of trends in the data that are likely meaningful rather than incidental.

To examine the levels of knowledge use, respondents were divided into two groups: high levels of knowledge use – included respondents who indicated using acquired knowledge in three or more domains; and low levels of knowledge use – included respondents who indicated using acquired knowledge in two or fewer domains. Results are reported in Table 13, and partially support this hypothesis. Thirty-six percent of respondents reported high levels of knowledge use. Sixty-four percent of respondents reported low levels of knowledge use.

Table 13

Levels of Knowledge Use

<u>Level</u>	<u>N</u>	<u>%</u>
High use	145	36%
Low use	258	64%
Total	403	100%

Table 14 reports how many respondents choose each response category. Only 41 participants (10.2% of respondents) reported not using the knowledge acquired outside of class. The remaining 362 (89.8%) reported using the knowledge acquired in one or more domains. 260 participants (64.5% of respondents) reported using the knowledge to improve their attitude, develop positive thinking and fulfill themselves. Other relatively frequent responses included using the knowledge to improve interpersonal (147 respondents, 36.5%) and familial (128 respondents, 31.8%) relationships, and using the knowledge to exercise rights (111 respondents, 27.5%).

Table 14

Response Categories: Frequencies and percentage

<u>Category</u>	<u>N</u>	<u>% (respondents)</u>	<u>% (responses)</u>
I did not use the knowledge outside of class	41	10.2%	4.9%
I used the knowledge to improve my attitude towards life, to develop positive thinking and fulfill myself	260	64.5%	30.8%
I used the knowledge to improve my interpersonal relationships, accept and understand others	147	36.5%	17.4%
I used the knowledge to improve my familial relationships	128	31.8%	15.2%
I used the knowledge to exercise my rights when receiving services	111	27.5%	13.2%
I used the knowledge to do my job more professionally	82	20.3%	9.7%
I used the knowledge to improve my financial condition	40	9.9%	4.7%
Other knowledge use	35	8.7%	4.2%
Total	844	N=403	100%

To examine the levels of knowledge sharing, respondents were divided into two groups: high levels of knowledge sharing – included respondents who indicated two or more domains (i.e. 50% or more); and low levels of knowledge sharing – included respondents who indicated one or zero domains (i.e., 25% or less). Results are reported in Table 15, and support this hypothesis. Fifty-nine percent of respondents reported high levels of knowledge sharing, and 41 percent of respondents reported low levels of knowledge sharing.

Table 15

Levels of Knowledge Sharing

<u>Level</u>	<u>N</u>	<u>%</u>
High knowledge sharing	237	58.8%
Low knowledge sharing	166	41.2%
Total	403	100%

Table 16 reports how many respondents choose each response category. Only 31 participants (7.7% of respondents) reported not sharing the knowledge acquired with others. 287 participants (71.2% of respondents) reported sharing the knowledge with family members, 226 (56.1%) with friends, and 130 participants (32.3%) reported sharing the knowledge with colleagues.

Table 16

Response Categories: Frequencies and percentage

<u>Category</u>	<u>N</u>	<u>%</u> <u>(respondents)</u>	<u>%</u> <u>(responses)</u>
I did not pass the knowledge to others	31	7.7%	4.2%
Family	287	71.2%	38.5%
Friends	226	56.1%	30.3%
Colleagues	130	32.3%	17.5%
People in my community	55	13.6%	7.4%
Others	16	4%	2.2%
Total	745	N=403	100%

To examine the levels of change in life domains, respondents were divided into two groups: high levels of change in life domains, which included respondents who

indicated three or more domains (i.e. 60% or more), and low levels of change in life domains, which included respondents who indicated two or less domains (i.e. 40% or less). Results are reported in Table 17, and partially support this hypothesis. Thirty-nine percent of respondents reported high levels of change in life domains, and 61 percent of respondents reported low levels of change in life domains.

Table 17

Levels of Change in Life Domains

<u>Level</u>	<u>N</u>	<u>% (respondents)</u>
High level of change	140	39.2%
Low level of change	217	60.8%
Total	357	100%

Table 18 reports how many respondents choose each response category. Only 53 participants (13.2% of respondents) did not report any changes in their lives. 194 participants (53.7% of respondents) reported making changes related to their education, 181 (50.4%) related to their social life, 166 (46.5%) related to their family, 165 (46.2%) in their daily conduct, and 75 participants (20.9%) reported making changes related to their work.

Table 18

Response Categories: Frequencies and percentage

<u>Category</u>	<u>N</u>	<u>% (respondents)</u>	<u>% (responses)</u>
No changes	53	13.2%	6.4%
Changes related to education	194	53.7%	23.3%
Changes related to social life	181	50.4%	21.7%

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Changes related to family	166	46.5%	19.9%
Changes related to daily conduct	165	46.2%	19.8%
Changes related to work	75	20.9%	9.0%
Total	781	N=357	100%

Change from Baseline to End of Year in Family Relationships (Hypothesis 1c).

Repeated Measures Analyses of Covariance (within-subjects ANCOVAs) were used to test hypothesis 1c, regarding the changes between the beginning of year and end of year measurements in relationships with family members. Since none of the potential covariates were significantly related to the family relationships criterion variables, no covariates were included in these analyses. Results partially supported this hypothesis, and are reported in Table 19. Specifically, results indicated that the mean score of relation with children at end-of-year, $M = 5.97$, was significantly higher than the mean at baseline, $M = 5.81$ ($F(1, 174) = 4.32, p = .04$). Regarding relation with partner, results indicated that relation with partner did not change significantly over time (M at baseline = 5.69, M at end-of-year = 5.85, $F(1, 102) = 2.81, p = .10$).

Table 19

Change over Time from Baseline to End of Year

<u>Outcome variable</u>	<u>M at baseline</u> <u>(SD)</u>	<u>M at end-</u> <u>of-year</u> <u>(SD)</u>	<u>df</u>	<u>F</u>	<u>Partial</u> <u>Eta</u> <u>squared</u>	<u>p</u>
Relation with children	5.81 (1.39)	5.97 (1.09)	174	4.32	.024	.04*
Relation with partner	5.69 (1.47)	5.85 (1.40)	102	2.81	.027	.10
Social capital	.79 (0.86)	.78 (0.82)	145	1.64	.011	.20
Self-esteem	5.46 (1.01)	5.60 (0.98)	185	2.00	.011	.16

* Significant at the 0.05 level.

Change from Baseline to End of Year in Social Capital (Hypothesis 2). Repeated Measures Analysis of Covariance (within-subjects ANCOVA) was used to test hypothesis two, regarding the changes between the beginning of year and end of year measurements in the social capital criterion variable. Gender was significantly related to the outcome and thus included as a covariate in this analysis. Results are reported in Table 19. The results did not support the hypothesis, indicating that scores in social capital did not change over time (M at baseline = .79, M at end-of-year = .78, $F(1, 145) = 1.64, p = .20$).

Change in Self Esteem over Time (Hypothesis 3). Repeated Measures Analysis of Covariance (within-subjects ANCOVA) was used to test hypothesis three, regarding the changes between the beginning of year and end of year measurements in the self-esteem criterion variable. Subject learned was significantly related to the outcome and thus included as a covariate in this analysis. Results are reported in Table 19. The results did not support the hypothesis, indicating that scores in self-esteem did not change over time (M at baseline = 5.46, M at end-of-year = 5.60, $F(1, 185) = 2.00, p = .16$).

Demographic/Background Variables as Predictors of Outcome

Gender and Referring Agency (Hypotheses 4 and 5). Hierarchical multiple regression analyses were used to test hypothesis four, gender as a predictor of program outcomes, and hypothesis five, referring agency as a predictor of program outcome. The baseline measurement, when applicable, was entered in the first step. Covariates significantly related to the outcome were entered in the second step. Gender (hypothesis four) or referring agency (hypothesis five) were entered in the final step to examine their effect on program outcomes. Results are presented in Tables 20 through 26.

Hypothesis four was not supported. With the exception of one outcome measuring personal empowerment (i.e. relation with partner), hypothesis five was not supported.

Knowledge Use. Number of children explained a significant 2.4 percent of the variance in knowledge use. Gender did not explain any variance in change in knowledge use beyond number of children, $R^2\Delta = .00$, $\beta = .00$, ns (Model 2A). Referring agency, however, explained a significant percent of the variance in knowledge use, $R^2\Delta = .015$, $\beta = .13$, $p = .01$ (Model 2B). Specifically, contrary to hypothesis, individuals referred from welfare agencies reported lower levels of knowledge use than individuals referred from other types of agencies.

Table 20

Results of Regression of Gender and Referring Agency on Knowledge Use

<u>Predictor Variables</u>	<u>B</u>	<u>β</u>	<u>T</u>	<u>R^2</u>	<u>$R^2\Delta$</u>
Model 1				.024	
1-2 children	.30	.09	1.19		
3-4 children	.43	.14	1.88		
5 children or more	.80	.21	3.01*		
Model 2A (Gender)				.024	.00
1-2 children	.30	.09	1.16		
3-4 children	.43	.14	1.80		
5 children or more	.80	.21	2.01*		
Gender	-.004	-.001	-0.02		
Model 2B (Referring agency)				.039	.015
1-2 children	.52	.15	1.97*		

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3-4 children	.68	.23	2.73**
5 children or more	1.02	.26	3.68**
Referring agency	.70	.13	2.49*

* $p < 0.05$; ** $p < 0.01$.

Knowledge Sharing. Number of children and employment status explained a significant 4.3 percent of the variance in knowledge sharing. Neither gender, $R^2\Delta = .002$, $\beta = -.05$, ns (Model 2A), nor referring agency, $R^2\Delta = .005$, $\beta = .07$, ns (Model 2B), however, explained any additional variance in knowledge sharing.

Table 21

Results of Regression of Gender and Referring Agency on Knowledge Sharing

<u>Predictor Variables</u>	<u>B</u>	<u>β</u>	<u>T</u>	<u>R²</u>	<u>R²Δ</u>
Model 1				.043	
Employment	.32	.14	2.70**		
Marital status	.09	.04	0.75		
1-2 children	.24	.09	1.26		
3-4 children	.31	.14	1.74		
5 children or more	.56	.20	2.64**		
Model 2A (Gender)				.045	.002
Employment	.31	.13	2.56**		
Marital status	.10	.04	0.80		
1-2 children	.20	.08	1.04		
3-4 children	.26	.12	1.42		

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5 children or more	.51	.18	2.30*		
Gender	-.14	-.05	-0.93		
Model 2B (Referring Agency)				.048	.005
Employment	.31	.13	2.66**		
Marital status	.10	.04	0.80		
1-2 children	.34	.13	1.69		
3-4 children	.42	.19	2.17		
5 children or more	.66	.23	2.96**		
Referring Agency	.31	.08	1.50		

* $p < 0.05$, ** $p < 0.01$.

Changes in Life Domains. Number of children and religion together explained a significant 8.8 percent of the variance in changes in life domains. However, neither gender, $R^2\Delta = .003$, $\beta = -.06$, ns (Model 2A), nor referring agency, $R^2\Delta = .000$, $\beta = -.001$, ns (Model 2B) explained any additional variance in changes in life domains beyond number of children and religion.

Table 22

Results of Regression of Gender and Referring Agency on Changes in Life Domains

<u>Predictor Variables</u>	<u>B</u>	<u>β</u>	<u>T</u>	<u>R^2</u>	<u>$R^2\Delta$</u>
Model 1				.088	
Marital status	.03	.01	0.17		
1-2 children	.42	.12	1.58		
3-4 children	.80	.27	3.21**		
5 children or more	.99	.25	3.37**		

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Religion	1.40	.21	4.08**		
Model 2A (Gender)				.091	.003
Marital status	.03	.01	0.20		
1-2 children	.37	.10	1.35		
3-4 children	.73	.24	2.82**		
5 children or more	.91	.23	2.99**		
Religion	1.44	.22	4.17**		
Gender	-.22	-.06	-1.07		
Model 2B (Referring agency)				.088	.000
Marital status	.03	.01	0.17		
1-2 children	.42	.12	1.51		
3-4 children	.80	.26	3.02**		
5 children or more	.99	.25	3.25**		
Religion	1.40	.21	4.05**		
Referring agency	-.003	-.001	-0.01		

** $p < 0.01$.

Relation with Children. No covariates were included in the model predicting change over time in relation with children. Relation with children at baseline explained a significant 41.9 percent of the variance in relation with children at end-of-year. Neither gender, $R^2\Delta = .00$, $\beta = .001$, ns (Model 2A) nor referring agency, $R^2\Delta = .00$, $\beta = .007$, ns (Model 2B), however, explained a significant percent of variance in change in relation with children from baseline to end-of-year.

Table 23

Results of Regression of Gender and Referring Agency on Relation with Children

Predictor Variables	<u>B</u>	<u>B</u>	<u>T</u>	<u>R²</u>	<u>R²Δ</u>
Model 1				.419	
Relation with children at T0	.51	.65	11.16**		
Model 2A (Gender)				.419	.000
Relation with children at T0	.51	.65	11.13**		
Gender	.003	.001	0.01		
Model 2B (Referring agency)				.419	.000
Relation with children at T0	.51	.65	11.11**		
Referring agency	.051	.007	0.12		

** $p < 0.01$.

Relation with Partner. No covariates were included in the model predicting relation with partner. Relation with partner at baseline explained a significant 57 percent of the variance in relation with partner at end-of-year. Gender did not explain any variance in change in relation with partner from baseline to end-of-year, $R^2\Delta = .00$, $\beta = -.009$, ns. Referring agency, however, explained a significant 1.9 percent of the variance in change in relation with partner at end-of-year, $R^2\Delta = .019$, $\beta = -.137$, $p < .05$. As hypothesized, individuals referred from welfare agencies reported higher levels of positive change in the relationship with their partner during the course of the program than individuals referred from other types of agencies.

Table 24

Results of Regression of Gender and Referring Agency on Relation with Partner

<u>Predictor Variables</u>	<u>B</u>	<u>B</u>	<u>T</u>	<u>R²</u>	<u>R²Δ</u>
Model 1				.570	
Relation with partner at T0	.72	.76	11.56**		
Model 2A (Gender)				.570	.000
Relation with partner at T0	.72	.76	11.51**		
Gender	-.031	-.009	-0.13		
Model 2B (Referring agency)				.588	.019
Relation with partner at T0	.73	.76	11.88**		
Referring agency	-.89	-.137	-2.13*		

** $p < 0.01$.

Social Capital. Social capital at baseline explained a significant 49.9 percent of the variance in social capital at end of year. SES explained a significant 3.5 percent of the variance in change in social capital over time. Neither gender, $R^2\Delta = .007$, $\beta = .09$, ns (Model 2A), nor referring agency, $R^2\Delta = .000$, $\beta = .006$, ns (Model 2B), however, explained any additional variance in change in social capital beyond SES.

Table 25

Results of Regression of Gender and Referring Agency on Social Capital

<u>Predictor Variables</u>	<u>B</u>	<u>β</u>	<u>T</u>	<u>R²</u>	<u>R²Δ</u>
Model 1				.50**	
Social capital at T0	.68	.71	9.27**		

UNDERPRIVILEGED GROWTH THROUGH LIFELONG LEARNING

Model 2A				.535	.035
Social capital at T0	.66	.69	9.25**		
SES	.31	.19	2.55*		
Model 3A (Gender)				.542	.007
Social capital at T0	.65	.67	8.90**		
SES	.28	.17	2.27*		
Gender	.21	.09	1.15		
Model 3B (Referring Agency)				.542	.005
Social capital at T0	.65	.67	8.84**		
SES	.29	.17	2.25*		
Gender ^a	.20	.09	0.95		
Referring agency	.02	.006	0.07		

* $p < 0.05$, ** $p < 0.01$.

^a Gender was added as a covariate since it was significantly related to the outcome measure Note: if entered prior to SES, gender (men) explained an additional 1.2 percent of the variance in social capital beyond social capital at baseline, $R^2\Delta = .012$, $\beta = .11$, $p = .051$.

Self-esteem. Self-esteem at baseline explained a significant 34.8 percent of the variance in self-esteem at end-of-year. Study subject explained a significant 1.8 percent of the variance in self-esteem. Neither gender, $R^2\Delta = .001$, $\beta = .002$, ns (Model 3A), nor referring agency, $R^2\Delta = .003$, $\beta = .056$, ns (Model 3B), however, explained any additional variance in change in self-esteem over time beyond study subject.

Table 26

Results of Regression of Gender and Referring Agency on Self-Esteem

<u>Predictor Variables</u>	<u>B</u>	<u>β</u>	<u>T</u>	<u>R²</u>	<u>R²Δ</u>
Model 1				.348	
Self-esteem at T0	.57	.59	10.00**		
Model 2				.366	.018
Self-esteem at T0	.56	.57	9.62**		
Law	-.41	-.17	-2.22*		
Psychology	-.24	-.12	-1.46		
Medicine	-.16	-.06	-.81		
Model 3A (Gender)				.366	.001
Self-esteem at T0	.56	.57	9.60**		
Law	-.41	-.17	-2.20*		
Psychology	-.24	-.12	-1.45		
Medicine	-.16	-.06	-.81		
Gender	.004	.002	.03		
Model 3B (Referring Agency)				.369	.003
Self-esteem at T0	.56	.57	9.60**		
Law	-.44	-.19	-2.36*		
Psychology	-.25	-.13	-1.52		
Medicine	-.18	-.07	-.88		
Referring agency	.22	.056	0.93		

* $p < 0.05$, ** $p < 0.01$.

Exploratory analyses were conducted to test the interactions between gender and referring agency for each of the criterion variables. None of these analyses was significant.

Program Engagement as a Predictor of Outcome

Program Engagement Variables (Hypothesis 6). Hierarchical multiple regression analyses were used to examine whether program engagement was a predictor of program outcome. The baseline measurement, when applicable, was entered in the first step. Covariates significantly related to the outcome were entered in the second step. The three program engagement variables were made available for entrance in the final step to examine their effect on program outcomes. None of the three program engagement variables were significantly related to knowledge use, knowledge sharing, relation with partner, social capital or self-esteem (see Appendix X). Thus, the hypothesis was not supported with regards to these outcomes. However, program engagement variables were significantly related to two outcomes measuring personal empowerment (changes in life domains, and relation with children). Therefore, hypothesis six was partially supported.

Changes in Life Domains. Number of children and religion together explained a significant 8.7 percent of the variance in changes in life domains. Program engagement explained an additional 8.3 percent of the variance in changes in life domains beyond number of children and religion. Specifically, social support explained 5.5 percent of the variance in change in life domains beyond covariates, $\beta = .24$, $p < .01$, and group affiliation explained an additional 2.8 percent of variance beyond social support, $\beta = .18$, $p < .01$ (see Table 27).

Table 27

Results of Regression of Program Engagement Variables on Changes in Life Domains

<u>Predictor Variables</u>	<u>B</u>	<u>B</u>	<u>T</u>	<u>R²</u>	<u>R²Δ</u>
Model 1				.087	
Marital status	.02	.01	0.10		
Religion	1.41	.21	4.09**		
1-2 children	.45	.12	1.66		
3-4 children	.82	.27	3.25**		
5 or more children	.99	.25	3.32**		
Model 2 (Social Support)				.141	.055
Marital status	.05	.02	0.32		
Religion	1.33	.20	3.97**		
1-2 children	.29	.08	1.10		
3-4 children	.59	.20	2.36*		
5 or more children	.72	.18	2.44*		
Social support	.17	.24	4.69**		
Model 3 (Group Affiliation)				.169	.028
Marital status	.05	.02	.32		
Religion	1.22	.18	3.68**		
1-2 children	.21	.06	.79		
3-4 children	.51	.17	2.06*		
5 or more children	.59	.15	2.03*		

Social support	.13	.19	3.58**
Group Affiliation	.21	.18	3.40**

* $p < 0.05$; ** $p < 0.01$.

Relation with Children. No covariates were included in the model predicting relation with children. Relation with children at baseline explained a significant 42.7 percent of the variance in relation with children at end-of-year. Program engagement explained an additional, significant 2.6 percent of the variance in relation with children at end-of-year, $R^2\Delta = .026$, $p < .01$. Specifically, social support was significantly related to a positive change over time in relation with children, $\beta = .16$, $p < .01$. Neither group affiliation nor attendance explained additional, significant variance beyond social support (see Table 28).

Table 28

Results of Regression of Program Engagement Variables on Relation with Children

<u>Predictor Variables</u>	<u>B</u>	<u>β</u>	<u>T</u>	<u>R^2</u>	<u>$R^2\Delta$</u>
Model 1				.427	
Relation with children at T0	.51	.65	11.30**		
Model 2 (Program engagement)				.453	.026**
Relation with children at T0	.49	.63	10.90**		
Social support	.09	.16	2.83**		

** $p < 0.01$.

Program Engagement as Mediator of Program Outcome

Hypotheses 7 and 8 were mediational hypotheses. There were no cases where there was a significant zero-order relationship between the predictor, the outcome, and the mediator; hence, these analyses were not conducted.

Secondary analyses were to be conducted when more than one hypothesized predictor was significantly related to a criterion variable. This did not occur, hence no secondary analyses were conducted.

Review of Qualitative Responses to Open-Ended Items

Knowledge Use – Other Use. Thirty-five participants reported using knowledge acquired in the program outside of the classroom in ways that were not listed in the response options (write-in responses). They provided qualitative responses to describe how they used the knowledge. The responses included a variety of examples of how knowledge was used. Overall, the responses are consistent with the program goal to equalize opportunities by minimizing gaps in knowledge and education. They describe specific instances of empowerment, where participants maintain better control over their lives and cope better with their life-circumstances. For example:

“I used the knowledge to better understand what is happening to me and how to improve my stance on life.”

“I used the knowledge to understand how to deal with the domestic violence and my husband’s attempts to murder me, and to understand how I got into this situation.”

“Occasionally I encounter different situations that I wouldn’t know how to solve if I wasn’t here, thanks to the psychology course I have all sorts of different solutions.”

These responses contribute to the current study in two ways. First, the relatively small number of respondents who choose the “other” option supports the existing responses offered, and suggests that they cover most of the ways in which knowledge was used by participants, and thus increases the validity of this question. Second, the responses provide an interesting insight into how participants use the knowledge to improve their lives or their stance on life.

Knowledge Sharing – Others. Sixteen participants reported sharing knowledge with others in ways that were not listed in the response options. They provided qualitative responses to describe with whom they shared the knowledge. The responses indicate that participants are likely to share the knowledge acquired in the program to a variety of social network members. For example, responses were: *“everyone”, “my boyfriend”, “a person I support and their family”, “my social worker”, and “my lawyer”.*

The relatively small number of respondents who choose the “other” option supports the existing responses offered, suggesting they cover most of the options of knowledge sharing. Thus they increase the validity of this measure.

Changes in Life Domains – Qualitative Responses. Participants who replied “yes” to one of the changes in life domains questions were asked to qualitatively describe the change they experienced. The responses as a whole indicate a wide range of changes in various life domains. The reported changes are all positive and are consistent with the program’s goal to empower participants. They provide interesting insights to the actual

changes experienced by participants, depicting the concrete changes in life domains reported on the survey.

Some participants who reported changes related to education specified that their participation in the program increased their desire to continue learning (e.g., *"After each class I search and browse the Internet to learn new things beyond the classes. I am attracted to learn more about things that I am interested in"; "I began thinking, considering and finding information about completing matriculation exams"*). Other responses addressed the in-depth understanding students acquired following their participation in the program (e.g., *"I learned things in medicine that I did not know, and now I use that knowledge"*). Others specified that participation in the program raised their confidence in their ability to learn and share the knowledge they learned (e.g., *"I feel more independent and knowledgeable"*). Several participants reported registering or beginning additional studies.

About half of the participants who indicated changes related to the social domain reported making new friendships and enjoying a larger, more diverse and richer circle of friends (e.g., *"I met new friends and a different culture"; "we started a group and we keep in touch"*). Others reported that they feel their self-esteem has increased, and that they now feel comfortable and willing to share the knowledge they acquired with their friends and to advise them (e.g., *"in the past I didn't like talking to strangers. Today I have more courage to come up to people and talk to them. I began doing that in the classroom"; "Thanks to the AFA I have a new topic to share with the guys"*). Some participants reported handling their current relationships better (e.g., *"I learned how to communicate better with people I know"; "I became more attentive"*). Several

participants shared that following their course of study in the program, their friends have greater appreciation of and interest in them (e.g., *“my friends say ‘kudos’ for learning, and they also wish to follow me and learn”*; *“people notice the changes I’m going through, in my self-esteem and my attitude, and they want to spend more time with me”*).

Participants who reported changes related to the familial domain reported that the relationship with their family members improved following participation in the program (e.g., *“my daughter feels closer to me now because I’m a student too”*; *“the program showed me how to respect my family”*). Some reported that they feel that their family members value them and are proud of them (e.g., *“I receive great appreciation from my family members for making this change I hoped for, for many years, and haven’t had a chance to fulfill so far”*; *“everyone are supportive and proud, especially my kids, that mom began to realize her dream”*). Others reported using the knowledge acquired in their home or sharing the knowledge with their family (e.g., *“the course gave me knowledge I used to help others and my family”*; *“I advise my children on contracts and other topics”*).

Participants who reported changes in the work domain mentioned that their ability to operate in their work place improved following the program (e.g., *“I learned how to work with banks and manage my business better”*). Other respondents mentioned they either began working, changed their work place or began professional studies. Others mentioned that following the program they feel more secure and that their relationships in the work place have improved (e.g., *“my boss is very proud of me and so are my colleagues. The day after class they ask me how it was”*).

Lastly, participants who reported changes in their daily conduct reported that they devote more time to themselves. Others reported that the subject they studied changes their conduct (e.g., healthier life style, more prudent economic behavior, exhaustion of legal rights). Some participants mentioned handling their day-to-day routine better and responding with more patience and acceptance to challenging situations. Lastly, some participants described having a more positive outlook on life.

Community and social involvement – Different type of activity or group. Thirty-nine participants reported engaging in a different type of activity or group, not listed in the community and social involvement questionnaire, and were requested to specify the type of involvement. As a whole, responses described actions conducted in the participants' close surroundings. For example, responses were: *"within my large family"*, *"at the synagogue"*, *"PTA"*, *"I started a group for fibromyalgia patients at the town I live in"*. These responses are consistent with the quantitative responses, and show some of the specific settings of social engagement.

Situations of receiving / providing support. Participants who replied "yes" to the questions regarding receiving or providing support were asked to describe a situation where they received or provided support (how support was expressed). The responses reveal several means of receiving and providing support that exist among program participants.

Participants described how their classmates listened to them, and how their classmates became personally meaningful people to talk to and to associate with:

"Before I joined the AFA I went through a crisis. During the program, someone told me she went through a similar crisis. For me it was a real grace that she

supported me and I supported her, both of us left the program with a smile and encouraged”.

Participants also described how they provided or received emotional, mental or physical support in crisis situations. For example:

“In time of crisis a friend from the program stood by me in daily conversations, and was concerned with helping me as much as possible. She was able to elevate the situation”.

“I supported a person from Ofakim¹ in dealing with anxieties and leading an almost normal life under the threat of missiles attacks, and guided her how to ask for help in an impossible situation”.

“I shared my life story as a battered woman, who went through a divorce. After that a few women approached me and asked for advice and to talk about their lives”.

“I helped a classmate finding a job, it influenced his life and until this day he appreciates this and thanks me every chance he got”.

Many participants mentioned giving or receiving helpful advice. For example:

“I have shared with a classmate my child rearing challenges and discovered that she had a wide knowledge. Also, I met a new friend”.

"Me and my friend have a disabled child, we exchanged experiences, advice and emotional support with each other and gave a lot of empathy, I think it helped both her and me”.

¹ A southern town in Israel, that suffered from ongoing missile attacks

"A classmate who works in payroll accounting has offered to help me clear a few things that were not clear to me with the Israel Tax Authority. That helped me and the results were positive".

Others shared that their friends supported and encouraged them with things related to studying in the program (e.g., *"I was having a hard time writing and they helped me, I didn't understand and they explained me"*).

Some participants mentioned the support and special connection created on the group level, for example:

"I am so glad to be in a class with all the nice and good people. We are like family".

"In our WhatsApp group I've opened up and told about my struggles. I got support, emotional assistance and respect for what I am going through. In addition, the bus drive on the way to the university connects us to more friends and we talk. It turns out that each one faces struggles and lives a complicated life. My problem seems smaller compared to what they are going through. They are my friends I got as a gift".

These responses add to the quantitative responses by telling some of the touching and meaningful connections created between program participants. In addition, they support the face validity of the questions regarding receiving or providing support.

Discussion

The purpose of this study was to examine the effect that the AFA has on its participants, including the role of demographic/background and program engagement variables in predicting outcomes. To fulfill its objective of evaluating the AFA program, this study

addressed the following research questions: Do participants in the program experience increases in their personal empowerment, social capital, and self-esteem? Are gender, referring agency, and program engagement variables related to program outcomes? The results of this study provide partial support for the hypothesized benefits of the AFA program. In addition, although the present research did not find the hypothesized relation between gender and program outcomes, partial support was obtained for the hypothesized relations between both referring agency and program engagement with program outcomes. The findings are discussed in detail below, followed by study limitations, future research directions, and implications for program development.

Program Outcomes: Personal Empowerment, Social Capital, and Self-Esteem

Hypothesis 1. The first hypothesis examined whether AFA participants' reported gains in personal empowerment following one year of program participation. There are mixed findings with regards to this hypothesis. Specifically, hypothesis 1a examined reported levels of knowledge use and sharing at end-of-year. The hypothesis was partially supported with regards to knowledge use, and fully supported with regards to knowledge sharing. Almost 90 percent of participants indicated they used knowledge acquired in the program, and over a third reported high levels of use. Almost all of the participants shared the knowledge with others, and more than half of the participants reported high levels of knowledge sharing.

Hypothesis 1b examined levels of positive life changes, and was partially supported. Over 86 percent of participants reported at least one change in their lives following participation in the AFA, and over a third of the participants reported high levels of change in life domains (i.e. change in three or more domains).

Hypothesis 1c examined participants' family relations with partner and children following one year of program involvement compared to baseline. The results showed that as hypothesized, relation with children improved over time, but contrary to prediction relation with partner did not.

The findings for hypotheses 1a/1b and 1c are discussed separately below.

Hypotheses 1a and 1b. The positive outcomes reported for knowledge use, knowledge sharing and positive life changes are consistent with previous research on related programs (Bingman et al., 1999; Field, 2005; Freyberg, 2009; Kloos et al., 2011). Consistent with program theory in this area, these positive changes may be due to the curriculum of the AFA, which adopted John Dewey's emphasis on education that is based on partnership and equality by adjusting the classes to the life experiences of the students and their needs, setting students' practical experiences as the basis for learning, and encouraging curiosity and creative thinking (Dewey, 1916). Additionally, the AFA operates through ongoing dialogue between instructors and students based on relationships of trust developed between the instructors and their students. The program also adopts Martin Buber's premise that instructors and students learn from each other (Buber, 1923), and therefore students were frequently encouraged to teach sections of the classes or specific topics, related to their previous knowledge, experiences and interests. Classes were based on open discussion, as it is believed that students have valuable contributions to make to the topics studied. Furthermore, the concept that 'knowledge is power' is rooted in the program philosophy and vision. Therefore, empowering and liberating dialogue within AFA classrooms was promoted, to encourage students to act for themselves and become more involved citizens as suggested by Freire (1968/1981).

Lastly, as described in the introduction, the AFA is based on the principles of empowerment theory and practice (Kloos et al., 2011). The qualitative responses support these assumptions and shed light on the mechanisms of change experienced by participants. Participants shared how the knowledge acquired in the program was relevant and useful in their everyday lives (e.g., *“I learned how to work with banks and manage my business better”*), and how they felt empowered and confident to transfer experiences from the class into their lives (e.g., *“in the past I didn’t like talking to strangers. Today I have more courage to come up to people and talk to them. I began doing that in the classroom”*).

It is also possible, however, that the changes reported on the life changes scale, at least in part, are a function of self-report bias - participants may report positive changes, for example, due to internal or perceived external expectations that they should do so (expectancy effects), and/or inaccurate retrospective recall. Furthermore, these hypotheses were tested using retrospective scales that lack a baseline measurement. Therefore, they precluded use of inferential statistics, and direct examination of change over time. In addition, firm conclusions cannot be drawn from these findings since comparable data from a comparison sample could not be obtained.

The finding that over one-third of participants, rather than the expected majority of participants, reported high levels of knowledge use or high levels of change in life domains may be due to several factors. Perhaps more than one year of AFA is necessary for more widespread knowledge use and positive life changes across multiple life domains for some participants. On the other hand, it may be that a program of this type is

more suited for modest changes in knowledge sharing and widespread life changes for the majority of individuals within a population facing major life challenges.

Finally, it is also possible that the measure used was not sensitive to the changes that occurred across multiple life domains, and so important changes that occurred were not captured. High scores on knowledge use was defined as the participant using the knowledge gained in at least three arenas. It does not measure, however, the intensity or quality of use, and whether the knowledge use has had a large, or small, influence on the participant's life. Similarly, a high score on knowledge sharing indicates that knowledge was shared with people from different domains. It does not measure the number of people the knowledge was shared with, the number of instances when knowledge was shared, the amount of knowledge shared, the means of communication used for knowledge sharing, or how knowledge sharing influenced the participant's relation with the people they shared the knowledge with. Lastly, high levels of changes in life domains again indicate changes across a variety of domains, but does not indicate if the reported changes were minor or rather dramatic for the participants, if they had an influence on their life course and to what extent. The open-ended responses provided support to the thesis that a meaningful change is not necessarily a matter of quantity of different changes, but rather a matter of quality of the changes experienced. For example, a participant who reported "*I began thinking, considering and finding information about completing matriculation exams*" may have reported "just" one change, but this change may greatly affect their life, over time.

Importantly, more than half of the participants reported changes in the life domains of education or social life, domains that are at the core of the AFA program (as

a social-educational program). A smaller group reported changes related to their work. These differences in change reported across life domains might be a result of the relative amount of effort required or overall difficulty in achieving change in different life domains. That is, changes in the work domain (e.g., obtaining secure or meaningful employment) may be more difficult to execute than changes in other measured domains. On the other hand, when change did occur in the work domain, it may be especially consequential for sense of personal empowerment, given the amount of effort required and the meaning of positive change in the population studied. Future research, including qualitative inquiry, is necessary to generate a more nuanced determination of levels of personal empowerment as reflected in change in life domains.

Hypothesis 1c. This analysis was tested at baseline and at end-of-year, and results are different depending on the relations measured. As hypothesized, scores on the relation with children scale significantly increased over time, but contrary to prediction, scores on the relation with partner scale did not. These findings suggest that change in relationships with children may be more likely to be influenced by program involvement than change in relationship with partner; perhaps the latter are less under the direct control of the participants. On the other hand, the descriptive statistics show that for both scales, scores were higher at the end-of-year as predicted. Moreover, the change from baseline to end-of-year on this measure was $\Delta = 0.16$ on relation with children and $\Delta = 0.27$ on relation with partner. It is possible that the smaller sample size on the relation with partner explains why this increase was not significant. Also, limitations in the partner measurement approach may have affected the findings obtained. “Partnership” was not defined in the measure, but left for the participant to self-define. It is possible that

participants responded to this scale even if their relation with their partner was fairly new, unstable, or going through a separation process. It is also possible that participants had different partners at T0 and T1.

The qualitative responses provide valuable insights into the changes in relationships with children, and why they occurred. Participants reported that their participation in the program contributed to enhanced closeness with their children (e.g., *“my daughter feels closer to me now because I’m a student too”*), and that their children value them and are proud of them for studying (e.g., *“everyone are supportive and proud, especially my kids, that mom began to realize her dream”*). Additionally, some participants feel empowered to share the knowledge acquired with their children and advise them on important matters (e.g., *“I advise my children on contracts and other topics”*).

Hypothesis 2. The second hypothesis examined whether participants’ social capital scores were higher at the end of one year of program involvement compared to baseline. Contrary to predictions, social capital scores were not higher at the end of the year.

It is possible that changes in social capital, if they occur, are not immediate. The end-of-year measurement was conducted at the final class meeting, before the official end of the program. Participants were still involved in the AFA once per week, and therefore might not yet considered how and when they can be more socially involved following the program. It is possible that switching from a “receiving services role” into “giving to others role” is not immediate. In future studies, changes in social capital should be

measured sometime after the program ends, to allow participants some time to ponder, initiate, and participate in social activities.

It is also likely that some specific emphasis on social involvement, above and beyond the typical AFA program is needed in order to assist participants to partake and initiate such activities. Programs that have been found to be successful at increasing social capital tend to offer intensive leadership training and use democratic processes that actively involve the participants in identifying social issues and acting to change them (Kloos et al., 2011). Such specific actions are not part of the AFA curricula.

Lastly, this lack of findings may be due to the measure used to assess social capital, which focused primarily on civic engagement, and not on other aspects of social capital such as using relationships with other people to improve economic well-being (Portes, 1995).

Hypothesis 3. The third hypothesis examined whether participants' self-esteem scores were higher at the end of one year of program involvement compared to baseline. Contrary to prediction, self-esteem scores did not increase following one year of program participation. This finding is in opposition with previous research that found that welfare recipients who attended college reported significant improvements in self-esteem and agency (Rice, 2001; Scarborough, 2001) and that empowering strategies may enhance self-esteem (Kristenson et al., 2004).

A possible explanation for this finding is a ceiling effect. That is, participants' scores on self-esteem at T0 were relatively high (i.e., $M = 5.48$ on a scale of 1 to 7). This high self-esteem found among AFA prospective participants is different from previous studies that found a positive relationship between SES and self-esteem (Boardman &

Robert, 2002; Haney, 2007; Twenge & Campbell, 2002) and identified individuals from disempowered groups as being at greater risk for low self-esteem (Anda et al., 1999; Felitti et al., 1998; Rose & Hatzenbuehler, 2009). Although the mean on self-esteem was higher at end-of-year ($M = 5.60$), this increase was not statistically significant. The reason for the high self-esteem among AFA soon-to-be participants is not clear. Perhaps, the situation where the study took place (i.e., AFA orientation day, where participants feel that they are invited to study at the university), was enough to increase participants' self-esteem at the timing of T0 measurement.

Demographic/Background Variables as Predictors of Outcome

Hypothesis 4. The fourth hypothesis examined whether gender was a predictor of outcome. Contrary to prediction, female participants did not benefit more compared to male participants. Moreover, in one instance (i.e., social capital), male participants showed greater positive change than female participants from baseline to end-of-year. As described in the introduction, current literature shows mixed results with regards to the relation between gender and program impact on participants. For example, Card and colleagues (2010) did not find any systematic differences between genders, in a meta-analysis of 199 programs of active labor market policies. Similarly, many studies have found few or no gender differences in substance abuse treatment outcome across various populations (Greenfield et al., 2007). However, the finding of the current research is in opposition to previous research that indicates that women have shown better outcomes, specifically in educational settings (Ayalon & Shavit, 2004; Bingman et al., 1999) and therapeutic settings such as empowerment programs (Singh et al., 1997).

One possible explanation is that the AFA, although serving mostly women, is not a “women-centered” program. Women-centered empowerment programs typically serve only women participants, and offer services found to be beneficial for women (Kabeer, 2012; Tseris, 2013; Worell & Reamer, 2003). Such an approach was not part of the AFA programming. Another potential explanation for the absence of expected findings may be related to the size of the different groups. The small group of man who participated in the study may have served to limit the statistical power to find significant differences between man and women.

Interestingly, several other demographic variables were found to predict program outcomes, rather than gender. The results indicate that participants’ family status (i.e., number of children and marital status) was related to some of the personal empowerment outcomes. Specifically, number of children was related to participants knowledge use and sharing (i.e., individuals with five or more children reported greater knowledge use and sharing than those with no children) and changes in life domains (i.e., participants with more than 3 children reported higher changes in life domains than participants with no children). Similarly, married participants reported higher levels of knowledge sharing and higher changes in life domains than not married participants. These results suggest that married parents may experience higher personal empowerment following participation in the program when compared to not-married non-parent participants. One possible explanation for this latter finding is that married participants, may have more support in participating and using the tools offered in the AFA compared to single participants. Unfortunately, data were not collected regarding the ages of the participants’ children. However, a larger number of children may imply that some of these children are older

and thus may be more independent and able to assist with babysitting their younger siblings and doing house chores. Perhaps participants' partners or older children support the participants' personal empowerment processes outside of class by relieving them from some of the day-to-day stressors and responsibilities, and encouraging them to make meaningful changes in their lives. The qualitative responses on the personal empowerment measures provide additional support to this thesis, as they show that parents share knowledge with their children and use acquired knowledge to support their family (e.g., *"the course gave me knowledge I used to help others and my family"*). Moreover, these results suggest that personal empowerment may have been expressed through positive changes in relation with family members (e.g., *"the program showed me how to respect my family"*; *"I receive great appreciation from my family members for making this change I hoped for, for many years, and haven't had a chance to fulfill so far"*).

Hypothesis 5. The fifth hypothesis examined whether referring agency was a predictor of outcome. This hypothesis was only supported with regards to one of the personal empowerment outcome measures, showing that participants referred from welfare agencies showed greater gains in relation with partner compared to participants referred from prison and drug rehabilitation programs. With regards to another measure of personal empowerment, results were in the opposite direction to hypothesis, such that individuals referred from welfare agencies reported lower levels of knowledge use than individuals referred from other types of agencies.

Individuals with backgrounds of incarceration and drug abuse may be subject to more complex and non-functional relationships with partners. Previous studies have

found that domestic violence is more prevalent in relationships with at least one partner with a substance abuse problem (O'Farrell, Van Hutton, & Murphy, 1999). Moreover, women who seek treatment for their substance abuse problem more often report that their partner opposes their treatment seeking and even pose a physical threat (Amaro & Hardy-Fanta, 1995). As familial relations are not a focus of the AFA, it is possible that program participation had a positive effect on participants in better functioning and less complex and challenging relationships, but was not able to assist participants with more complex and challenging relationships.

Two results from the preliminary analyses are relevant with regards to the fifth hypothesis. First, AFA participants referred by welfare agencies were more likely to complete the program compared to participants referred by prison and drug addiction rehabilitation programs. Previous studies have shown that people dealing with drug-addictions are likely to drop out of treatments (Stark, 1992). This differential drop-out rate may have limited the capacity to find the predicted finding, since it is likely that drop-outs would have shown lower levels of personal empowerment at outcome. The higher rate of attrition among not-welfare participants also inflated the already existing difference in group sizes, and may have influenced the ability of the statistical tests used in the study to achieve statistically significance.

Additionally, participants referred from welfare agencies reported higher levels of group affiliation than participants referred from rehabilitation agencies. Although group affiliation is not a study outcome, it was found to be positively related to changes in life domains, an aspect of personal empowerment. Additionally, group affiliation was significantly and positively related to social support and attendance, other elements of

program engagement. It is possible that while welfare agency was not a direct predictor of program outcome, it may be an indirect predictor of positive outcome, through relation with a positive experience in the program, as suggested by the higher group affiliation experienced by participants referred by welfare agencies.

As the current study used participants' referring agency as a proxy measure of participants' social problem background, the current findings should be examined with caution. Participants were not directly asked to report their personal history regarding imprisonment, drug abuse and welfare support, as the AFA staff and the author of this paper were concerned that this might be perceived by participants as an invasion on their privacy and harm their trust in the program personal. As noted in the introduction, the relationship between poverty and incarceration, substance abuse, and mental health is well documented (Beckett & Western, 2001; Savage et al., 2007). Indeed, participants in the AFA program may present a complex history, including a combination of previous incarceration, and/or drug abuse, and/or current dependency on welfare. That is, the fact that a welfare agency referred a person to the program does not necessarily mean that they are not former prisoners or recovering from drug addictions. Similarly, being referred by a prison's or a drug addiction's rehabilitation program does not necessarily mean individuals are not recipients of welfare support. Such complex histories may have interfered with the effort to predict program outcomes based on participants' backgrounds, and may explain the lack of finding on most of the outcomes related to this hypothesis.

Program Engagement as a Predictor of Outcome

Hypothesis 6. The sixth hypothesis examined whether program engagement was a predictor of outcome. Specifically, hypothesis 6a examined if class attendance was predictor of program outcomes. The results did not support this hypothesis. Hypothesis 6b examined if group affiliation was predictor of program outcomes, and was partially supported, as participants with higher group affiliation also reported more changes in life domains. Group affiliation was not related to other components of personal empowerment, social capital or self-esteem. Hypothesis 6c examined if social support was related to program outcomes, and was also partially supported as higher levels of social support was significantly related to a positive change over time in relation with children and higher levels of change in life domains. Social support was not related to other components of personal empowerment (i.e., knowledge use and sharing, relation with partner), social capital or self-esteem. The findings for hypotheses 6a, 6b, and 6c are discussed separately below.

Hypothesis 6a. Attendance was theorized to be an indicator of program engagement. The assumption was that the more class meetings students attend, the more engaged they will be in the program, resulting in turn in better program outcomes. The results suggest that attendance is not related to program outcome. One possible reason for this lack of finding is that attendance percentage did not vary much between participants. The AFA requires participants to attend all classes, and participants that miss multiple classes are sometimes expelled from the program. Therefore, attendance may not be a sensitive enough indicator of program engagement differences between participants.

Another explanation is that many program resources are dedicated to increase attendance and decrease absences and attrition. As part of these efforts, instructors call their students after every class they miss, to ask for the cause of the absence and to personally invite them to come to the next class. The instructors will then call again at the day of the class to make sure that the participant is attending the class. If a participant misses more than two classes, the group-coordinator will also contact the student. Considering these efforts, it is possible that lower attendance leads to stronger and more personal ties with the instructor and coordinator than high attendance. To the extent that this occurs, the positive effect that high attendance per se has on regular attenders may be balanced by the positive effect that the personal reaching out may have on participants' outcomes who miss some classes.

Another possible explanation of the findings is that attendance is not a valid measure of program engagement. It is possible that some participants have high levels of attendance, but still maintain low levels of engagement. In the future, it would be helpful to measure not only participants' attendance but also their participation in class, their social engagement with the instructor and other participants, and their engagement with the materials during class.

Hypothesis 6b. The positive relation between group affiliation and higher levels of changes in life domains can be explained by what Yalom (1995) has identified as Group Cohesiveness, which is participants' sense of being valued, supported, understood, cared for, and/or a sense of belonging in the group. According to Yalom, this is one of the therapeutic factors of groups. The current finding suggests that participants who experience higher levels of group affiliation may be able to translate these positive

feelings into actions, and engage in positive changes in their lives. It should be noted that one of the life domains measured is the social domain. It is possible that participants who feel high levels of group affiliation sense that they have acquired new friends from their group, and thus report changes in the social domain. The qualitative responses support this interpretation of the findings (e.g., *“I met new friends and a different culture”*; *“we started a group and we keep in touch”*). Alternative explanations of the finding, however, are also plausible. It may be, for example, that an underlying third variable, such as motivation or social competence may jointly lead both to higher levels of group affiliation and to higher levels of change in life domains.

Contrary to hypothesis, group affiliation was not related to the other personal empowerment measures, including knowledge use or sharing and familial relations. This study also did not find a relation between group affiliation and social capital or self-esteem. This lack of findings may suggest that group affiliation is indeed not related to these outcomes. Alternatively, perhaps some of the methodological issues discussed earlier (see hypotheses 1 through 3) interfered with capturing possible relations between group affiliation and program outcomes.

Hypothesis 6c. Yalom’s theory can also provide a plausible explanation for the significant relation found between social support and two components of personal empowerment: relation with children and change in life domains. Yalom identified Altruism, in this context helping other group members, and Guidance, receiving useful information or advice from others, as two therapeutic factors of groups. Again, it is possible that participants who experience high levels of support receipt and provision are able to translate that positive experience into positive changes in their lives and in their

relations with their children. Some of the qualitative responses provided on the social support measure support this idea. That is, participants shared instances of receiving advices from classmates that they used in their relation with their children as well as other family members (e.g., *“Me and my friend have a disabled child, we exchanged experiences, advice and emotional support with each other”*). Other examples described how guidance received and help provided assisted participants in making positive changes in their lives in the areas of work (e.g., *“I helped a classmate finding a job”*), education, relations and daily behavior. The qualitative responses provided on the social support measure also suggest that other therapeutic factors of the group may have taken place as part of the AFA experience, such as Instillation of hope, Self-disclosure, Self-understanding and Universality (e.g., *“Before I joined the AFA I went through a crisis. During the program, someone told me she went through a similar crisis. For me it was a real grace that she supported me...”*).

However, contrary to hypothesis, social support was not related to other personal empowerment measures such as knowledge use or sharing and relation with partner. This study also did not find a relation between social support and social capital or self-esteem. This lack of findings may suggest that social support is indeed not related to these particular outcomes, which may require more than support to effect. Alternatively, perhaps some of the methodological issues discussed earlier (see hypotheses 1 through 3) interfered with capturing possible relations between social support and these program outcomes.

Program Engagement as Mediator of Program Outcome

Hypotheses 7 and 8. These hypotheses suggested that program engagement would mediate the relationship between gender (hypothesis 7) or referring agency (hypothesis 8) and program outcomes. The mediational hypotheses were not supported, given that the relations among variables were non-significant (see above in discussion of hypotheses 4 through 6).

Study Limitations and Future Research

There are a number of limitations to this study that should be considered. One primary limitation relates to the research design. The absence of a comparison sample tempers any conclusions that can be drawn about program impact, since it is not known if comparable, or greater changes may have occurred in the absence of the program. Similarly, the absence of baseline measurement for some of the outcome variables limits confidence in the conclusions that can be drawn, since post-only, retrospective measurement may be subject to recall/memory errors and expectancy effects. Inclusion of a control group in future studies and baseline measures for all outcome variables would offer a stronger research design and would allow a more rigorous empirical basis for attributions about program impact.

Another primary limitation concerns the unknown reliability and validity of some of the locally developed measures. These measures were constructed by the research team to fit the specific program context and were based on focus group findings and pilot measurement in a number of cases. Therefore, these measures have face and ecological validity. Additionally, for most of the locally developed measures, the current study found good reliability. However, the validity of these measures is not known, limiting

conclusions that can be drawn. Future studies could improve on this by using scales with known reliability and validity, perhaps combining them with locally developed measures, to enhance the confidence that can be placed in the findings. Relatedly, the current study attempted to construct and validate measures to assess personal empowerment based on the definition of empowerment used by the AFA. To the extent that this definition of empowerment can be generalized to other programs, it would be helpful if future studies would replicate these measures in an effort to examine the reliability and validity of these newly constructed measures.

The lack of longitudinal follow-up represents another important study limitation. It is unknown if the observed change in criterion variables will persist beyond the end of program involvement. Alternatively, it is possible that some of the effects that the program has on participants are not immediate, and thus were not captured at the current end of the year measurement point. Moreover, AFA participants may participate in the program for up to three years. The current research was not design to measure if and what changes occur following the second or third year in the program. Future studies should measure participants' outcomes at various time points following program completion.

This study was also limited by sole reliance on quantitative methods. The few open-ended questions included in the study provided a small but important insight into the quantitative findings, and furthermore highlights the type of information that could have been collected if qualitative methods were more broadly incorporated into the study. It appears that qualitative information would have expanded and refined the findings of the current study, through in-depth exploration of participants' perspectives on AFA experience and outcomes, in their own words. Future studies should consider using mixed

methods design, so that the complementary strengths of quantitative and qualitative methods can be drawn upon.

Some additional limitations should be noted with regards to the measures used. First, “partnership” was not defined, and level of commitment was not measured, for the purposes of evaluating changes in relation with partner. As a result, it is possible that participants responded to this measure even if their relation with their partner was short and their commitment to their partner was low. In the future, “partnership” should be defined. Secondly, the measure used to assess social capital focused primarily on civic engagement, and not on other aspects of social capital such as using relationships with other people to improve economic well-being (Portes, 1995). Third, referring agency was used as a proxy measure of participants’ social problem background, and might not accurately represent participants’ backgrounds (i.e., substance use, mental health problems, etc). Future studies should use more direct measures to learn about participants’ backgrounds. Fourth, attendance was used as an indicator of program engagement, but results showed small variability on this measure. Future studies should consider using additional measures of program engagement, such as social engagement with the instructor and other participants, or engagement with the materials during class. Lastly, it is also important to ensure that measures fit the likely low literacy level of some of the participants, as that represents an additional possible challenge to measure reliability and validity in the current study.

Implications for Program Development

Several implications for the AFA program and similar programs for underprivileged populations can be derived from the findings of this study.

Firstly, the demographic findings of this study suggest that the AFA and similar programs should accurately define their target population. While the AFA defines itself as a program for a variety of underprivileged populations, the results of this study revealed that it serves mainly female, Jewish, welfare recipients. Knowing who the target population constitutes the first step to identifying, planning, and executing relevant and evidence-based interventions. For example, the AFA might benefit from acknowledging that it serves mainly women, and adopt women-focused-empowerment practices. Defining the AFA as a women-centered program will influence the composition of classroom participants, the selection of instructors (male or female), and the practices utilized during classes. For example, such change may lead to conducting interviews, story circles, and leadership and advocacy education and training during classes, methods that have been found to have a positive outcome on women in empowerment programs (Francis East & Roll, 2015).

It may also be helpful to focus the AFA not only on women, but more specifically on mothers and their young children. The findings of this study have shown that parents show more positive results than participants without children. For example, this study found that participants with 3 or more children reported higher levels of group affiliation than participants with no children. More importantly, there is evidence to show the cost-effectiveness and usefulness of two-generation programs, that provides services to both parents and their young children (for example: Benzies et al., 2014; Berlin, Brooks-Gunn & Aber, 2001). Moreover, there is a growing body of evidence showing that the best outcomes and the highest rate of economic returns comes from the earliest investments in children (Heckman, 2000; McCain, Mustard, & Shanker, 2007; Shonkoff & Phillips,

2001). These findings suggest that the AFA and similar programs may improve their outcomes if services will be made available not only to adults and/or parents but to their children as well. For example, the AFA could offer early development programs to children while their parents attend the AFA classes.

As discussed in elaboration in the introduction, there is a problem with defining, operationalizing and measuring empowerment (Cattaneo & Chapman, 2010; Luthar et al., 2000). As a result, the AFA, like similar programs, offers its own definition of personal and collective empowerment. To make things even more complicated, the AFA identifies empowerment not only as a desired outcome for participants, but also as a mode of operation. But despite its focus on empowerment, the AFA does not train the instructors in the program on how to facilitate empowerment processes, personal or collective. It may be useful for programs such as AFA to devote time and resources to train the instructors in how to facilitate empowerment and to create empowering settings. Moreover, as mentioned above, Cattaneo and Chapman (2010) suggest that the first step of empowerment is personal goal setting. Currently, the program is structured as a group activity, with about 25 participants per class. Participants in the AFA are not asked to set personal goals, and are not directly encouraged to partake in activities aimed to increase their power. Perhaps, a more direct approach to empowering participants on both a personal and a group level is required to achieve higher levels of empowerment among participants. This can be done in few ways. First, the program should carefully plan how it is presented to prospective participants. Instead of inviting participants to “study”, they may be invited to participate in an “empowerment program”, with the goal to gain more personal power and even become a leader in their community. Next, instructors can

encourage participants to set personally meaningful goals, assist in identifying actions that can support participants' efforts to gain more power and fulfill their personal goals, and create a safe environment in which participants can observe, reflect and discuss the impact of these actions. Instructors can also create environments that highlight participants' strengths, knowledge and competence, for example by creating platforms where the participants teach parts of the class, initiate group activities, or lead group activities inside the classroom and/or outside the boundaries of the university, in the community.

Careful planning and implementation should also be conducted to promote the fulfilment of the AFA goal of increasing social capital and social involvement of participants. The AFA should consider operating in ways that have been found to be useful in increasing social capital, such as intensive leadership training and implementation of democratic processes that actively involves participants in identifying social issues and acting to change them (Kloos et al., 2011). Additionally, realistic goals should be set and perhaps modified depending on participants' status. For example, the current study found that social capital was higher among participants above poverty line than among participants below poverty line, suggesting that perhaps participants living below poverty line are less available to partake in social involvement. Accurate goal setting for different populations may increase the benefits of the program both for participants and their communities.

Lastly, the AFA has set itself ambitious objectives, while operating at a relatively low frequency and duration (i.e., only one class per week per academic year). It may be that more classes, for longer periods are needed to achieve such high program

goals. Indeed, the program offers participants to attend the program for up to three years. However, each year is separated from the preceding year by 6 months. It is possible that a long-term, continuous, and intensive process would lead to stronger outcomes.

The AFA has made the impossible possible--for the first time in their lives, the AFA has opened the “ivory gates” of Israeli universities to thousands of disempowered participants from the margins of Israeli society. This study examined the effects of this experience on the personal empowerment, self-esteem, and social capital on program participants, and found some benefits to participants’ personal empowerment. Perhaps most prominently, the current research highlights the complexity of studying personal empowerment in general, and specifically among diverse disempowered populations. Future research will benefit from acknowledging and considering these challenges when developing and executing related studies.

Appendix A - The AFA's Logic Model: Inputs, Activities, One-Year and Long Term

Outcomes

Inputs	Activities	Outcomes After One Year	Long Term Outcomes
Human capital:	Participants	Participants	Participants
<ul style="list-style-type: none"> Participants from disadvantaged populations Instructors Educational and administrative staff Volunteers 	<p>Association with the university as a center of knowledge and a status symbol:</p> <ul style="list-style-type: none"> Participating in weekly classes at the university campus Studying practical professions– law, medicine, psychology, and business management Eligibility for a student card Recruitment and acceptance processes 	<p>Behavioral changes:</p> <ul style="list-style-type: none"> Using the acquired knowledge in everyday conduct and passing it on to their immediate environment <p>Cognitive changes:</p> <ul style="list-style-type: none"> Reduced prejudice following 	<p>Behavioral changes:</p> <ul style="list-style-type: none"> Positive changes in personal and professional life and adherence to positive habits Acquiring an education, for example: enrichment, completing 12 years' schooling, completing a high school
<p>Unique educational-professional infrastructure</p> <p>The commitment of the university:</p>			

UNDERPRIVILEGED GROWTH THROUGH LIFELONG LEARNING

Inputs	Activities	Outcomes After One Year	Long Term Outcomes
<ul style="list-style-type: none"> Awarding credits to instructors Administration support Classroom space Employment of staff Office space 	<p>Making the university accessible and creating conditions for perseverance:</p> <ul style="list-style-type: none"> Transportation, refreshments, educational equipment and folders Monitoring attendance Outreach Warm, safe and enabling educational space for the equipment and folders Monitoring attendance Outreach <p>Warm, safe and enabling educational space for the participants:</p> <ul style="list-style-type: none"> Facilitating a meaningful relationship between the instructors and participants 	<p>encounters with the other</p> <ul style="list-style-type: none"> Change in perceptions of education and an increase in the importance attributed by participants and their families to schooling <p>Psycho-social changes:</p> <ul style="list-style-type: none"> A corrective process for past learning experiences Increased sense of confidence, 	<p>diploma, vocational education and higher education</p> <ul style="list-style-type: none"> Improved learning behaviors among the participants' children Increased information-skills and usage of these skills to achieve goals Increased community and social involvement

UNDERPRIVILEGED GROWTH THROUGH LIFELONG LEARNING

Inputs	Activities	Outcomes After One Year	Long Term Outcomes
<ul style="list-style-type: none"> Financial support 	<ul style="list-style-type: none"> Studying in small groups with a regular instructor 	<ul style="list-style-type: none"> capability and self-esteem 	Cognitive changes:
Monetary investment:	<ul style="list-style-type: none"> Transferring knowledge while adapting the study material to the group 	<ul style="list-style-type: none"> Increased recognition of the importance of investing time in oneself 	<ul style="list-style-type: none"> Increased critical thinking and social consciousness
<ul style="list-style-type: none"> Manpower Scholarships Transport Refreshments Equipment 	<ul style="list-style-type: none"> Dealing with selected content seen to be practical and relevant Using methods that allow group discussion and personal expression Exposure to and familiarity with the academic world, through tours and meetings with professionals Concluding processes and ceremonial graduation 	<ul style="list-style-type: none"> Significant personal relationship with the student-mentor Affiliation with a significant group; receiving and providing reciprocal support 	
	Multi-year process:		
	<ul style="list-style-type: none"> Possibility of 3 years of study in the program, in 		

UNDERPRIVILEGED GROWTH THROUGH LIFELONG LEARNING

Inputs	Activities	Outcomes After One Year	Long Term Outcomes
	<p>different groups and subjects</p> <ul style="list-style-type: none"> The Next Step department - basic summer courses (English, computers, Hebrew); empowerment and personal development classes; selection, preparation, and accompaniment in integration in academic studies <p>Welfare authorities involvement:</p> <ul style="list-style-type: none"> Accompaniment, progress reports and student involvement in the community 	<ul style="list-style-type: none"> Positive effect on family relations, expressed in increased feelings of mutual respect and providing a role model 	
	Instructors	Instructors	Instructors
	<p>Teaching a weekly class at the university: Dealing with</p>		

UNDERPRIVILEGED GROWTH THROUGH LIFELONG LEARNING

Inputs	Activities	Outcomes After One Year	Long Term Outcomes
	selected contents in the field of study that are considered important, relevant, and interesting, while providing freedom of action for the student-mentor	Cognitive changes: <ul style="list-style-type: none"> • Reduced prejudice following encounters with the other 	Behavioral changes: <ul style="list-style-type: none"> • Social action based on recognition of personal responsibility as a citizen in society
	Meeting point: Forming and deepening the personal bond between the student-mentor and the student	<ul style="list-style-type: none"> • Increase in critical thinking 	<ul style="list-style-type: none"> • Shaping a socially-oriented career in the future
	Teamwork: Joint creation of curricula and processing of the personal and educational development	<ul style="list-style-type: none"> • A better understanding of the academic contents 	
	Weekly academic course: Discussion of social and educational issues in Israel that supplement and promote the practical instruction and the process experienced by the instructors	Psychosocial changes: <ul style="list-style-type: none"> • Increased empathy and 	Psychosocial changes: <ul style="list-style-type: none"> • Increase in values that express social awareness

UNDERPRIVILEGED GROWTH THROUGH LIFELONG LEARNING

Inputs	Activities	Outcomes After One Year	Long Term Outcomes
	Group program activities:	sensitivity to	
	Admission to the program,	others	
	social events and peak	• Increased	
	experiences	sense of	
		confidence,	
		capability and	
		self-esteem	
		• Affiliation and	
		identification	
		with a	
		significant	
		group	

Appendix B – Informed Consent Form (English Version)

I, _____ (full name), _____ (phone number),
approve with my signature that I agree to fill these questionnaires, and I give my
permission to the Access for All (AFA) research team to contact me after the end of the
program to fill out another questionnaires.

I received explanations about the questionnaires and their purpose.

I was explained that filling the questionnaires is voluntary. I understand that I am free to
choose not to complete the questionnaires or stop filling them at any time. Refusing to fill
the questionnaires at any time will not harm or affect my participation in the AFA
program.

I was assured that if the results of the questionnaires will be published my confidentiality
will be protected and no personal information will be revealed.

I have not been offered or given any compensation or benefit for filling out these
questionnaires.

If I have questions about the questionnaires or I want to consult with another research
member regarding my decision whether to participate, I will receive further advice.

I am welcome to contact Karin Stern with any questions about the questionnaires via:

Karin@unibaam.org.il

I certify that I gave my consent voluntarily and understand the text above.

Signature: _____

Date: _____

Appendix C – Informed Consent Form (Hebrew Version)

כתב הסכמה מדעת:

אני החתום/ה מטה _____

שם

מספר טלפון _____

מאשר/ת בחתימתי כי הסכמתי למלא שאלון זה, ואני מאשר/ת לצוות התוכנית ליצור עימי קשר לאחר סיום התוכנית בכדי למלא שאלון נוסף.

קיבלתי מצוות התוכנית הסבר על השאלון ומטרתו.

הבנתי כי אני חופשי/ה לבחור שלא למלא את השאלון או להפסיק את מילוי בכל עת, מבלי להיפגע מכך ומבלי שזה ישפיע על השתתפותי בתכנית 'אוניברסיטה בעם'.

במידה ותוצאות השאלון יתפרסמו בעתיד, מובטחת לי סודיות באשר לזהותי האישית.

לא הוצעה לי כל תמורה או טובת הנאה בעבור מילוי השאלונים.

במידה ויהיו לי שאלות לגבי השאלון או שארצה להתייעץ עם גורם נוסף בתוכנית לגבי החלטה האם להשתתף, ינתן לי ייעוץ נוסף.

אני חופשי/ה לפנות בשאלות לגבי השאלון ישירות או בכתובת האימייל: Karin@unibaam.org.il

אני מצהיר/ה בזה כי נתתי את הסכמתי מרצוני החופשי וכי הבנתי את הכתוב.

חתימה _____

תאריך _____

Appendix D – Script for AFA Focus Groups

Focus groups were held with the following groups:

1. Evaluation and Research Forum (including both former and current chief executive officer and vice president)
2. Alumni instructors
3. Alumni universities site-managers
4. Program participants from Tel Aviv University
5. Program participants from Ben-Gurion University
6. Welfare social workers and other referring agencies representatives

Focus group moderator's script (note that script was modified between different groups):

Part 1 - Welcome and Introduction (10 minutes)

Opening: Many thanks to all of you for coming here today. Today we are going to talk a little bit about the objectives and modes of operations of the AFA program. My goal is to learn about the experience of program's participants. In recent years, thousands of people participated in the program, and we want to be able to tell the story of our program: Who comes here and why? Does the program brings any changes to the lives of the participants? In addition, we want to continue to learn and improve, what changes should be made to better serve the participants. That is why we asked you to come today.

Self-presentation: Before we start let me introduce myself. I am Karin, in the past I was a counselor and course coordinator in Tel Aviv, and today I am an academic instructor and in charge of the program evaluation. My job today is to guide our discussion to enable me to hear from you all your thoughts on the program.

Group rules and disclosure: the meeting we are holding today is called a "focus group".

I suppose some of you had a chance to participate in such a group in the past, and for others this is the first time you participate in such a meeting. So I want to make sure we are all "on the same page."

- a. Discussion will last 1.5 hours
- b. Audio recording for my use in preparing summary report
- c. Anonymous input – your name will not be used in report
- d. Speak in a voice as loud as mine
- e. Talk one at a time and no side conversations (impacts recording), plus the stuff you want to whisper is what I want to hear
- f. Need to hear from everyone – self-monitor how much you are contributing
- g. Don't be swayed by the group – stick to your own opinions
- h. No wrong answers, no stupid answers
- i. Name cards for my benefit
- j. Food as you like – no scheduled bathroom breaks, re-join us just as quickly as can
- k. Put cell-phones on silent mode

Self-Introductions:

- a. Instructors and site managers – area taught, university, year participating in the program
- b. Participants – name, area/s learned, participation in the "Next Step" activities

- c. Welfare social workers and other referring agencies representatives –
name, population that accompany in the program, years cooperating with
the program

Part 2 - Discussion about the purpose of the AFA program (50 minutes)

1. What do you think are the goals of the program? That is, try to think of a participant in the program - why should he/she join the program? How will she/he benefit from the program?
2. I will write down your answers on these notes, using your own words. Please feel free to help me articulate the gist of your responses. I will also need your help in placing these notes on a timeline – which of these outcomes can be reached after one year of program participation? Which will take a longer time to accomplish? (how long?)
3. Basically, we wrote together the answer to the question "What is the program trying to do for the participants?" Before we move on, is there anything else you would like to add?
4. Now I would like to hear your answers to the same question while thinking of the students who teach in the program. Why would a student join the program? How will she/he benefit from the program? Again, I will write your responses and together we will place them on a timeline.
5. Basically, we wrote together the answer to the question "What is the program trying to do for the instructors?" Before we move on, is there anything else you would like to add?

6. Do you think that other people, whom are not participants or instructors in the program (e.g., family members, people who interact with participants or instructors in other settings), can also benefit from it? How so?
7. What do you think of these goals? Are they reasonable? Ethical? Inappropriate? Achievable?
8. How could we know if these results are actually achieved?

Part 3 - Discussion about the activities and the inputs of the program and their relation to the purposes of the program (30 minutes)

After discussing what the program wishes to achieve, the question that arises is how the program is doing it? Please note, we want to describe the program as it is, not as we imagine or we think it should be.

1. What are the program's main activities for participants? The facilitator writes the answers and place them on the board under the "Activities" section.
2. What are the program's main activities for instructors? The facilitator writes the answers and place them on the board under the "Activities" section.
3. Any other main activities conducted in the program?
4. Let us talk about all of the activities that you specified. Why should they be conducted? That is, how do they relate to the goals of the program you have mentioned before? What the expected results of these activities? Can we draw arrows between these activities and the goals of the program?
5. What are the inputs (resources) of the program? The facilitator writes the answers and place them on the board under the "Inputs" section.

Part 4 - Closing (1 minute)

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Many thanks to all of you for your participation in the meeting. I learned a lot and your answers will contribute greatly to further development and growth of the program. I will now write on the blackboard my phone and e-mail address, please feel comfortable to contact me at any time if you have any thoughts or questions.

Appendix E – Knowledge use and sharing (English version)

(1) How did you use the knowledge acquired in the AFA program? (Mark X if applies)

- ☐ I did not use the knowledge outside of class
- ☐ I used the knowledge to improve my attitude towards life, to develop positive thinking and fulfill myself
- ☐ I used the knowledge to improve my financial condition
- ☐ I used the knowledge to exercise my rights when receiving services
- ☐ I used the knowledge to do my job more professionally
- ☐ I used the knowledge to improve my interpersonal and familial relationships
- ☐ Other usage: _____

(2) With whom did you share the knowledge you obtained in the program? (Mark X if applies)

- ☐ I did not pass the knowledge to others
- ☐ Family
- ☐ Friends
- ☐ Colleagues
- ☐ People in my community
- ☐ Others: _____

Appendix F - Knowledge use and sharing (Hebrew version)

(1) באיזה אופן השתמשת בידע שרכשת בתוכנית מחוץ לכיתה? (סמן ב- X תשובות רלוונטיות)

- ☐ לא השתמשתי בידע מחוץ לכיתה
- ☐ השתמשתי בידע כדי לשפר את הגישה שלי לחיים, לפתח חשיבה חיובית ולממש את עצמי
- ☐ השתמשתי בידע כדי לשפר את מצבי הכלכלי
- ☐ השתמשתי בידע כדי לעמוד על הזכויות שלי מול נותני שירותים
- ☐ השתמשתי בידע כדי לבצע את העבודה שלי בצורה יותר מקצועית
- ☐ השתמשתי בידע כדי לשפר את היחסים הבין אישיים שלי, לקבל ולהבין את הזולת (האחר)
- ☐ השתמשתי בידע כדי לשפר את היחסים שלי עם בני המשפחה שלי
- ☐ שימוש אחר: _____

(2) עם מי שיתפת את הידע שלמדת בתוכנית? (סמן ב- X תשובות רלוונטיות)

- ☐ לא העברתי את הידע לאחרים
- ☐ משפחה
- ☐ חברים
- ☐ אנשים שאני עובד איתם (עמיתים, לקוחות)
- ☐ אנשים בקהילה
- ☐ מישהו אחר: _____

Appendix G - Changes in life (English version)

The following questions refer to changes that might have happen in your life following your participation at the Access for All program. Please mark with X the answer and add a description when relevant.

1. Did any changes related to your **work** happen following your participation in the program?
☐ No changes
☐ Yes, describe: _____
2. Did any changes related to your **education** happen following your participation in the program?
☐ No changes
☐ Yes, describe: _____
3. Did any changes related to your **family** happen following your participation in the program?
☐ No changes
☐ Yes, describe: _____
4. Did any changes related to your **social life** happen following your participation in the program?
☐ No changes
☐ Yes, describe: _____
5. Did any changes related to your **daily conduct** happen following your participation in the program?
☐ No changes
☐ Yes, describe: _____
6. Did any changes in **other areas** happen following your participation in the program?
☐ No changes
☐ Yes, describe: _____

Appendix H - Changes in life (Hebrew version)

השאלות הבאות הן אודות שינויים שאולי חלו בחיך לאור השתתפותך בתוכנית 'אוניברסיטה בעם'. סמך/י X ליד התשובה המתאימה לך, ופרט/י במידת הצורך.

1. האם בעקבות השתתפותך בתוכנית חלו שינויים בחיך בתחום התעסוקה

☐ לא חל שינוי

☐ כן, פרט/י: _____

2. האם בעקבות השתתפותך בתוכנית חלו שינויים בחיך בתחום הלימודים

☐ לא חל שינוי

☐ כן, פרט/י: _____

3. האם בעקבות השתתפותך בתוכנית חלו שינויים בחיך בתחום המשפחה

☐ לא חל שינוי

☐ כן, פרט/י: _____

4. האם בעקבות השתתפותך בתוכנית חלו שינויים בחיך בתחום החברתי

☐ לא חל שינוי

☐ כן, פרט/י: _____

5. האם בעקבות השתתפותך בתוכנית חלו שינויים בהתנהלות היומיומית

☐ לא חל שינוי

☐ כן, פרט/י: _____

6. האם בעקבות השתתפותך באוניברסיטה בעם חלו בחיך שינויים בתחומים אחרים שלא צוינו

בשאלות הקודמות?

☐ לא חל שינוי

☐ כן, פרט/י: _____

Appendix I – Relationships with family members (English version)

Do you have children / partner?

- ☐ No – no need to answer the following questions.
- ☐ Yes. Below is a list of statements dealing with your relationship with your children / partner. Please indicate how strongly you agree or disagree with each statement.

	Not at all						Very much
1. My children/partner appreciate me	1	2	3	4	5	6	7
2. My children/partner take interest in my life	1	2	3	4	5	6	7
3. My children/partner sees me as a role-model	1	2	3	4	5	6	7

Appendix J – Relationships with family members (Hebrew version)

האם יש לך ילד/ים / בן/ת זוג?

☐ לא – אין צורך לענות על יתר השאלות.

☐ כן - השאלות הבאות הן אודות הקשר שלך עם ילדיך / בן/ת זוגך. הקף/י בעיגול את הספרה המייצגת את

התשובה המתאימה לך ביותר:

מאוד							בכלל
							לא
7	6	5	4	3	2	1	1. עד כמה את/ה מרגיש/ה שילדיך / בן/ת זוגך מעריכים אותך כיום?
7	6	5	4	3	2	1	2. עד כמה את/ה מרגיש/ה שילדיך / בן/ת זוגך מתעניינים בחיך כיום?
7	6	5	4	3	2	1	3. עד כמה את/ה מרגיש/ה שילדיך / בן/ת זוגך רואים בך דמות לחיקוי כיום?

Appendix K – Community and social involvement (English version)

Please indicate how often you partook in the activity described in each statement in the last six months, without receiving any payment.

	Never	Low frequency (few times a year)	High frequency (every month)	Very high frequency (every week)
1. Volunteered not related to occupation	1	2	3	4
2. Volunteered related to occupation	1	2	3	4
3. Membership in employee union	1	2	3	4
4. Membership in a political party or organization	1	2	3	4
5. On-line activity to promote an issue of personal importance (e.g., Facebook group on a specific topic)	1	2	3	4
6. Signed a petition, and/or attended a demonstration and/or a protest march and/or expressed political opinion on media (including the internet)	1	2	3	4
7. Contacted a local, central, or national government official	1	2	3	4
8. Attended any public meeting in which there was discussion of town or school affairs	1	2	3	4
9. Different type of activity or group: _____	1	2	3	4

Appendix L – Community and social involvement (Hebrew version)

אנא דרג/י באיזו תדירות עסקת בפעילויות הבאות בחצי שנה האחרונה, ללא תגמול כספי:

תדירות גבוהה מאוד (כל שבוע)	תדירות גבוהה (כל חודש)	תדירות נמוכה (מספר פעמים בשנה)	אף פעם	
4	3	2	1	1. התנדבות שלא קשורה לתחום עבודתך
אין לי				
תחום	4	3	2	1
עיסוק				
לא עבדתי				
בחצי שנה	4	3	2	1
האחרונה				
				3. חברות בארגון עובדים, ועד עובדים, או איגוד מקצועי
	4	3	2	1
				4. חברות בקבוצה הפועלת לקידום מטרה כלשהי או מפלגה או ארגון פוליטי
	4	3	2	1
				5. פעילות באינטרנט למען נושא שחשוב לך (לדוגמא: קבוצת פייסבוק בנושא מסוים)
	4	3	2	1
				6. חתמת על עצומה, ו/או השתתפת בהפגנה ו/או צעדת מחאה, ו/או הבעת את דעתך הפוליטית באחד מאמצעי תקשורת (כולל באינטרנט)
	4	3	2	1
				7. יצרת קשר עם גורם ממשלתי, גורם בשלטון המקומי, נבחר ציבור בשלטון המרכזי או המקומי
	4	3	2	1
				8. פעלת יחד עם אנשים אחרים בשכונתך כדי לשנות או לשפר דברים באזור (כגון ועד בית, וועד יישוב, משמר אזרחי, קבוצת לימוד)
	4	3	2	1
				9. פעילות בארגון או קבוצה אחרים, פרט:

Appendix M – RSES (English Version)

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

	Strongly disagree						Strongly agree
1. I feel that I am a person of worth, at least on an equal plane with others	1	2	3	4	5	6	7
2. I feel that I have a number of good qualities	1	2	3	4	5	6	7
3. On the whole, I feel that I am successful	1	2	3	4	5	6	7
4. I am able to do things as well as most other people	1	2	3	4	5	6	7
5. I feel I do not have much to be proud of	1	2	3	4	5	6	7
6. I take a positive attitude toward myself	1	2	3	4	5	6	7
7. On the whole, I am satisfied with myself	1	2	3	4	5	6	7
8. I wish I could have more respect for myself.	1	2	3	4	5	6	7
9. At times I think I am no good at all	1	2	3	4	5	6	7
10. All in all, I am inclined to feel that I am a failure	1	2	3	4	5	6	7

Appendix N – RSES (Hebrew Version)

השאלות הבאות עוסקות בדעתך על עצמך. לפעמים קשה לענות עליהן, אבל אנחנו מבקשים שתהיה/י גלוי/ה

וכנה ככל האפשר. אנא קרא/י בעיון כל אחד מהמשפטים וציין/י את המידה שבה את/ה מסכים/ה לנאמר בו.

הקף/י בעיגול את תשובתך לפי סולם הציונים הבא :

מסכימ/ה מאוד	מסכימ/ה כלל לא						
7	6	5	4	3	2	1	1. אני מעריך/ה את עצמי, לפחות במידה שווה לאחרים
7	6	5	4	3	2	1	2. אני חושב/ת שיש לי מספר תכונות חיוביות
7	6	5	4	3	2	1	3. בסך הכל אני נוטה להרגיש שאני מצליח/ה מאוד
7	6	5	4	3	2	1	4. אני מסוגל/ת לעשות דברים בצורה טובה כמו רוב האנשים
7	6	5	4	3	2	1	5. אני מרגיש/ה שאין לי הרבה דברים להתגאות בהם
7	6	5	4	3	2	1	6. יש לי גישה חיובית כלפי עצמי
7	6	5	4	3	2	1	7. בסך הכל אני מרוצה מעצמי
7	6	5	4	3	2	1	8. הלוואי שהייתי מעריך/ה את עצמי יותר
7	6	5	4	3	2	1	9. לפעמים אני חושב/ת שאני לא שווה
7	6	5	4	3	2	1	10. אני חושבת שאני לא מוצלח/ת

Appendix O – Group Affiliation, Receiving and Providing Support (English Version)

The following questions are about your relationship with your class - the class in which you studied this year. Please indicate how strongly you agree or disagree with each statement.

	Not at all						Very much
1. I feel good about my group	1	2	3	4	5	6	7
2. I identify with other members of my group	1	2	3	4	5	6	7
3. I am like other members of my group	1	2	3	4	5	6	7
4. My group is an important reflection of who I am	1	2	3	4	5	6	7
5. During the past year, did you provide support to a classmate?	Yes						No
6. If yes, how meaningful was your support for him / her?	1	2	3	4	5	6	7
7. During the past year, did you receive support from a classmate?	Yes						No
8. If yes - how meaningful was the support you received?	1	2	3	4	5	6	7
9. If you answered yes to questions 5 or 7, please describe a situation where you received or provided support (how support was expressed):							

Appendix P – Group Affiliation, Receiving and Providing Support (Hebrew Version)

השאלות הבאות הן אודות הקשר שלך עם כיתתך – הכיתה בה את/ה לומד/ת השנה. הקפ/י בעיגול את הספרה המייצגת את התשובה המתאימה לך ביותר:

מאוד	בכלל						
	לא						
7	6	5	4	3	2	1	1. אני מרגיש/ה טוב לגבי הכיתה שלי
7	6	5	4	3	2	1	2. אני מזדהה עם תלמידים אחרים בכיתה שלי
7	6	5	4	3	2	1	3. אני כמו תלמידים אחרים בכיתה שלי
7	6	5	4	3	2	1	4. ההשתייכות שלי לכיתה היא חלק חשוב במי שאני
	לא				כן		5. האם במהלך השנה החולפת תמכת בחבר כיתתך?
7	6	5	4	3	2	1	6. אם כן - עד כמה התמיכה שלך לחבר/ת כיתה היתה משמעותית עבורו/ה?
	לא				כן		7. האם במהלך השנה החולפת קיבלת תמיכה מחבר/ה בכיתתך?
7	6	5	4	3	2	1	8. אם כן - עד כמה התמיכה שקיבלת היתה משמעותית עבורך?
9. אם ענית כן על שאלות 5 או 7 – תאר/י מקרה בו קיבלת או הענקת תמיכה לחבר/ת כיתה (כיצד התמיכה באה לידי ביטוי):							

Appendix Q – General Personal Information Form (English Version)

Registration Form to the “Access for All” Program:

First Name: _____ Sur Name:

Social Security Number: _____ Marital status: Single / married / Divorced / Widower

/ Other

Gender: Male / Female

Number of children:

Are you: employed / freelance / unemployed

If employed / freelance:

- How many hours do you work each week: _____
- What is your occupation? (mark with X)

<input type="checkbox"/> Education / child care	<input type="checkbox"/> Customer service
<input type="checkbox"/> Craftsmen (industrial / construction / agriculture)	<input type="checkbox"/> Housekeeping / cleaning
<input type="checkbox"/> Driver / transportation / courier / Security	<input type="checkbox"/> Clerical / secretarial / administration / office work
<input type="checkbox"/> Beauty care / cosmetics	<input type="checkbox"/> Management
<input type="checkbox"/> Health / nursing / care for the elderly	<input type="checkbox"/> Store / sales
<input type="checkbox"/> Finance / accounting / financial services / insurance companies	<input type="checkbox"/> Dining / cooking / tourism
	<input type="checkbox"/> Computers / technology
	<input type="checkbox"/> Another area: _____

If not employed:

- Did you work during the past year? (please circle) Yes / No

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• Did you search for a job during the last month (through the employment bureau or direct application to employers)? (circle) Yes / No

Cell number: _____ - _____ Years in school: _____

Home phone number: _____ - _____

Date of Birth: _____ Age: _____

What is your religion (circle): Jewish / Muslim / Christian / Druze / Other

How would you define your degree of religiosity to your: Not religious / Traditional /

Religious / Orthodox / Other

Place of birth: _____ If not born in Israel, when did you make Aliya?: _____

How many people live with you? me + _____

To your knowledge, what is the range of your family's monthly income in net NIS?

(circle):

Less than 4,500 NIS / 4500-6000 NIS / 6000-7200 NIS / 7200-9600 NIS / above 9600

NIS

Email address: _____ @ _____

Home address: _____

If the university will provide transportation, will you use it? (circle): Yes / No

Planned bus stop: _____

My referring agency: _____

My social-worker name: _____

Comments: _____

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What topics would you be interest studying in the field of study given this year?

Thank you very much for your cooperation!

AFA team

Appendix R – General Personal Information Form (Hebrew Version)

טופס הרשמה לתוכנית 'אוניברסיטה בעם'

שם פרטי: _____ שם משפחה: _____

מספר ת.ז: _____ מצב משפחתי: רווק/ה / נשוי/ה / גרוש/ה / אלמן/ה /

אחר

מין: זכר / נקבה מספר ילדים: _____

האם את/ה (סמנ'י בעיגול): שכיר/ה / עצמאי/ת / לא עובד/ת

אם את/ה עובד/ת:

- באיזה היקף משרה את/ה עובד/ת? _____ שעות בשבוע
- מה תחום העיסוק שלך? (סמנ'י בעיגול)

<input type="checkbox"/> חינוך / טיפול בילדים <input type="checkbox"/> בעלי מלאכה ועבודה מקצועית (תעשייה / בניין / חקלאות) <input type="checkbox"/> נהג / הובלה / שליחויות / אבטחה <input type="checkbox"/> טיפוח / יופי / קוסמטיקה <input type="checkbox"/> בריאות / סיעוד / טיפול בקשישים <input type="checkbox"/> שכר / כספים / הנהלת חשבונות / שירותים פיננסיים / חברות ביטוח <input type="checkbox"/> שירות לקוחות	<input type="checkbox"/> משק בית / ניקיון <input type="checkbox"/> פקידות / מזכירות / ניהול אדמינסרטיבי / עבודה משרדית <input type="checkbox"/> ניהול <input type="checkbox"/> חנות / מכירות <input type="checkbox"/> הסעדה / טבחיות / תיירות <input type="checkbox"/> מחשבים / טכנולוגיה <input type="checkbox"/> תחום אחר: _____
---	--

רק אם את/ה לא עובד/ת:

- האם עבדת במהלך השנה האחרונה? (סמנ'י בעיגול) כן / לא
- האם בחודש האחרון חיפשת עבודה (דרך לשכת התעסוקה או בפנייה ישירה למעסיקים)? (סמנ'י בעיגול) כן / לא

מספר סלולארי: _____ - _____ מספר שנות לימוד: _____

מספר טלפון בבית: _____ - _____

תאריך לידה: _____ גיל: _____

כיצד את/ה מגדיר/ה את עצמך מבחינה דתית (הקף בעיגול): יהודי / מוסלמי / נוצרי / דרוזי / אחר

איך היית מגדיר/ה את מידת הדתיות שלך (סמני בעיגול): חילונית / מסורתית / דתית / חרדית / אחר

ארץ לידה: _____ אם לא נולדת בארץ, ציין/י שנת עלייה: _____

מלבדך, כמה אנשים גרים בביתך? _____ אני + _____

למיטב ידיעתך, מה טווח ההכנסה החודשית של משפחתך (את/ה, בן/בת זוג, מקור הכנסה נוספת אם יש) נטו בשקלים? (סמני בעיגול):

פחות מ-4,500 ₪ / 4,500-6,000 ₪ / 6,000-7,200 ₪ / 7,200-9,600 ₪ / מעל 9,600 ₪

נח

דואר אלקטרוני - אימייל (אם יש):

_____ @ _____

כתובת מגורים ודואר: _____

שכונת מגורים ועיר: _____

במידה ותהיה הסעה לאוניברסיטה, האם תשתמש/י בהסעה? כן / לא

תחנת עלייה: _____

הגורם המפנה שלי: _____

העובד/ת הסוציאלי/ת שלי: _____

הערות :

איזה נושאים היו מעניינים אותך ללמוד בתחום הלימוד שנקבע לך השנה ?

תודה רבה על שיתוף הפעולה!

צוות אוניברסיטה בעם

Appendix S - Skewness and Kurtosis

<u>Variable</u>	<u>Skewness</u>	<u>SE</u>	<u>Kurtosis</u>	<u>SE</u>
Age	-.54	.12	-.24	.24
Knowledge use	.85	.12	.19	.24
Knowledge sharing	.43	.12	-.24	.24
Changes in life domains	.28	.13	-.95	.26
Relation with children at T0	-1.25	.18	.88	.36
Relation with children at T1	-1.35	.18	2.18	.36
Relation with partner at T0	-1.27	.22	.87	.44
Relation with partner at T1	-1.64	.23	2.45	.45
Social capital at T0	1.37	.19	1.56	.38
Social capital at T1	1.51	.18	2.41	.36
Self-esteem at T0	-.43	.17	-.50	.35
Self-esteem at T1	-.48	.17	-.47	.34
Attendance	-.73	.12	.52	.24
Group affiliation	-1.10	.13	.76	.25
Social support	-.31	.13	-1.23	.25

Appendix T - Correlations between Demographic Variables and Program Engagement

	<u>Attendance</u>	<u>Group affiliation</u>	<u>Social Support</u>
Gender (Men)	.03	-.05	-.07
Religion (Other)	-.13*	.09	.02
Marital Status (Married)	.09	.09	.01
Referring Agency (Not Welfare)	.01	-.11*	-.06
Employment (Employed)	.04	-.07	-.08
SES (Above Poverty Line)	.06	-.04	-.03
Age	.16**	.09	.10
** $p < 0.01$; * $p < 0.05$.			

Appendix U - Multi-Categorical Demographic Variables and Program Engagement Variables

		<u>Attendance</u>	<u>Group</u> <u>Affiliation</u>	<u>Social</u> <u>Support</u>
Years of education	Did not complete high school	84.83%	5.92	3.73
	Completed high school	88.06%	5.65	4.36
	Higher education	85.77%	5.15	4.13
Number of children	No children	88.30%	5.14	3.38
	1-2	87.89%	5.67	4.10
	3-4	87.94%	5.71	4.43
	5 or more	85.01%	5.97	4.70
University	Ben Gurion	87.59%	5.81	4.46
	Tel Aviv	86.88%	5.52	3.88
	The Hebrew	87.95%	5.68	4.47
Course subject	Psychology	87.95%	5.69	4.23
	Law	87.82%	5.35	3.94
	Medicine	87.02%	5.93	4.54
	Business	86.26%	5.70	4.38

Appendix V - Relations between Multi-Categorical Demographic Variables and Outcome Measures at Baseline (T0)

		<u>Relation</u> <u>with</u> <u>children at</u> <u>T0</u>	<u>Relation</u> <u>with partner</u> <u>at T0</u>	<u>Social</u> <u>capital at T0</u>	<u>Self-esteem</u> <u>at T0</u>
Years of education	Did not complete high school	5.63	5.56	0.73	5.03
	Completed high school	5.83	5.58	0.73	5.54
	Higher education	5.87	5.50	0.50	5.61
Number of children	No children	5.83	4.87	0.59	5.28
	1-2	5.49	5.47	0.86	5.41
	3-4	5.84	5.63	0.69	5.55
	5 or more	6.10	5.68	0.67	5.53
University	Ben Gurion	6.02	5.85	0.73	5.59
	Tel Aviv	5.90	5.00	0.76	5.60
	The Hebrew	5.49	5.87	0.72	5.22

Appendix W - Relations between Multi-Categorical Demographic Variables and Outcome Measures at End-of-year (T1)

		<u>Knowled</u>	<u>Knowled</u>	<u>Chang</u>	<u>Relati</u>	<u>Relati</u>	<u>Soci</u>	<u>Self-</u>
		<u>ge use</u>	<u>ge</u>	<u>es in</u>	<u>on</u>	<u>on</u>	<u>al</u>	<u>estee</u>
			<u>sharing</u>	<u>life</u>	<u>with</u>	<u>with</u>	<u>capit</u>	<u>m at</u>
				<u>domai</u>	<u>childre</u>	<u>partne</u>	<u>al at</u>	<u>T1</u>
				<u>ns</u>	<u>n at</u>	<u>r at T1</u>	<u>T1</u>	
					<u>T1</u>			
Years of	Did not	2.03	1.65	2.21	5.85	5.98	0.99	5.24
educatio	complete							
n	high							
	school							
	Comple	2.18	1.94	2.16	5.99	5.82	0.74	5.63
	ed high							
	school							
	Higher	2.00	2.05	2.16	5.97	5.85	0.78	5.59
	educatio							
	n							
	No	1.75	1.56	1.58	5.83	6.05	0.75	5.55
	children							

UNDERPRIVILEGED GROWTH THROUGH LIFELONG LEARNING

Number of children	1-2	2.04	1.86	1.91	5.80	5.33	0.90	5.40
	3-4	2.17	1.94	2.31	5.97	5.96	0.75	5.68
	5 or more	2.54	2.14	2.54	6.18	6.00	0.70	5.57
University	Ben Gurion	1.98	1.97	2.29	5.98	6.08	0.72	5.61
	Tel Aviv	2.21	1.96	2.06	5.96	5.49	0.89	5.61
	The Hebrew	2.29	1.76	2.10	5.97	5.73	0.74	5.54
Course subject	Psychology	2.31	1.96	2.35	5.87	5.61	0.65	5.59
	Law	2.14	1.77	2.05	5.80	5.84	0.92	5.29
	Medicine	1.81	1.88	2.04	5.94	5.73	0.85	5.55
	Business	2.16	1.94	1.95	6.44	6.45	0.85	5.00

Appendix X- Results of Regression of Program Engagement Variables on Outcome Measures

Results of Regression of Program Engagement Variables on Knowledge Use

<u>Predictor Variables</u>	<u>B</u>	<u>B</u>	<u>T</u>	<u>R²</u>	<u>R²Δ</u>
Model 1				.044	
1-2 children	.37	.11	1.38		
3-4 children	.39	.13	1.59		
5 or more children	.76	.20	2.69**		

** $p < 0.01$

Results of Regression of Program Engagement Variables on Knowledge Sharing

<u>Predictor Variables</u>	<u>B</u>	<u>B</u>	<u>T</u>	<u>R²</u>	<u>R²Δ</u>
Model 1				.021	
Employment	.31	.13	2.46*		
Family status	.10	.04	0.75		
1-2 children	.26	.10	1.28		
3-4 children	.28	.12	1.45		
5 or more children	.58	.20	2.57*		

* $p < 0.05$

Results of Regression of Program Engagement Variables on Relation with Partner

<u>Predictor Variables</u>	<u>B</u>	<u>B</u>	<u>T</u>	<u>R²</u>	<u>R²Δ</u>
Model 1				.044	
Partner relationship at T0	.62	.66	7.93**		

** $p < 0.01$

Results of Regression of Program Engagement Variables on Social Capital

<u>Predictor Variables</u>	<u>B</u>	<u>β</u>	<u>T</u>	<u>R²</u>	<u>R²Δ</u>
Model 1				.511	
Social capital at T0	.67	.72	8.19**		
Model 2				.564	.053
Social capital at T0	.62	.67	7.73**		
SES	.31	.18	2.10*		
Gender	.26	.11	1.23		

* $p < 0.05$; ** $p < 0.01$

Results of Regression of Program Engagement Variables on Self-Esteem

<u>Predictor Variables</u>	<u>B</u>	<u>β</u>	<u>T</u>	<u>R²</u>	<u>R²Δ</u>
Model 1				.351	
Self-esteem at T0	.58	.59	10.00**		
Model 2				.367	.016
Self-esteem at T0	.56	.58	9.63**		
Law	-.39	-.17	-2.09*		
Psychology	-.21	-.11	-1.29		
Medicine	-.14	-.05	-.68		

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