

**Program Enhancement of the Young Parent Support Program**

**A Critical Look at a Program for Adolescent Mothers**

**Final Report**

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## **Executive Summary**

The rate of teen pregnancy and live births to adolescents has dropped significantly over the last 2 decades, however there are still over 50 adolescents having babies each year in Renfrew County. With adolescent mothers being at greater risk of not completing high school, living in poverty and having low maternal self-esteem in comparison to their older counterparts, Columbus House decided to create a program that would offer teen moms a way of completing high school credits with on-site child care and programming to address the specific need areas of young moms. The Young Parent Support Program (YPSP) opened its doors to young parents in 1999 and has been developing and implementing new programming components for pregnant and parenting teens ever since.

The Young Parent Support Program's target population is pregnant and parenting youth between the ages of 13 and 24, young fathers and children of parenting youth (0-6 years of age). YPSP not only provides academic support to these youth but also has specific programming in place to foster life skills, build parenting capacity, encourage positive maternal self-esteem and assist with appropriate parent-child attachment. Components of the programming aid young moms to understand their child's development as well as teach them to respond appropriately to their baby's cues. On-site counseling, advocacy and referrals to community services are also essential services offered to YPSP participants.

During several conversations between frontline staff, management, the executive director and Board of Directors, questions began arising about the specific components of the current curriculum and the desire to enhance programming to its fullest capacity. With a grant from the Centre of Excellence, stakeholders and staff members from Columbus House began discussing what their current programming looked like and the needs they hoped they were meeting. Who exactly are the clients YPSP is serving? What is their demographic

information? What part of the county do they come from? How old are they? How much schooling have they already completed? In order to adequately enhance services it is essential to understand the specifics of the target population, not only their demographic information but also determine their specific need areas. What specific concerns do the adolescent parents accessing YPSP's services have? What evidence-based programming exists to address these needs and is this programming available at YPSP? Is the programming currently being used indeed making an impact in the lives of these parenting youth?

Through the process of creating a logic model for the YPSP program and brainstorming between interested parties, six significant questions arose that needed addressing:

1. How do adolescent parents understand the social, emotional and mental development of their child at the beginning of service?
2. How does adolescent parents' understanding of their child's development change over the course of the program?
3. What relationship dynamics exist between parent and her child at the beginning of service?
4. How do the relationship dynamics change between parent and child over the course of the program?
5. What is the prevalence of depression among parenting teens at YPSP?
6. What are the specific characteristics of the adolescent parents involved in YPSP?

A review of literature demonstrated that 4 specific measures would be helpful in determining the answers to the above questions: The Adult-Adolescent Parenting Inventory (AAPI-2), The Parenting Stress Index – Short Version (PSI), Beck Depression Inventory and the measurement of academic benchmarks. In addition, the creation of a database specifically designed for YPSP would be essential to track demographic information and chart the

trends within the program. Implementing these tools at the beginning of the school year and measuring students both at the beginning of their service as well as at the end of service should provide data on what specific changes the YPSP programming is making on the parental-functioning of the youths who utilize the service. Demonstration of the successes of the program and the potential short-comings will provide vital information on what characteristics of the programming should remain and which components perhaps need to change or develop further. Moreover, it is essential to measure the young moms as they move throughout the school year academically to see the degree of accomplishment in that area, both in the area of credit completion and attendance.

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## Introduction

Infants and toddlers are often considered the nation's most vulnerable population as a result of being completely dependent on adults to fulfill their every need. Unfortunately, sometimes the parents of these children are only children themselves. Although the rate of teen pregnancy has decreased considerably in the last decade, from 35.7 to 13.6 (per 1000 women aged 15 to 19), Canada had 31 611 teenage pregnancies in 2004 with almost half of those resulting in live births (Study: Life after teenage motherhood, 2008). One of the most concerning impacts of young parenthood is that both the adolescent and baby are put at a disadvantage (Baker-Spann & Alison, 2001).

The situation of teenage pregnancy in Renfrew County is very similar to that of Canada. The number of births to adolescent moms has declined considerably in the last two decades. In 1991 there were 88 births to teens representing 6.2% of total births in the County. In 2001 however, this number had decreased to 52, representing 5.2 per cent of total births (Perinatal Statistics, 2001). However, assuming the number of births per year is still similar to 2001, there are still over 50 adolescents who will have a baby each year and increase their risk for not completing high-school and post-secondary education (StatsCan, 2008). Furthermore, adolescent pregnancy increases the likelihood that the child will live in poverty and babies born to teens are at greater risk of dying during their first year of life (Child and Youth Health Network of Eastern Ontario and the Social Planning Council, 2006). In addition young moms find it more difficult than their counterparts to find a good job opportunity to support their family. Many young moms do participate in the workforce but these jobs are often very low-paying and unstable (Child and Youth Health Network of Eastern Ontario and the Social Planning Council, 2006).

Renfrew County is primarily a rural county which presents challenges of its own to adolescent moms both during pregnancy and after the child is born. Health and social services are often limited in rural areas lacking the services of medical professionals, dieticians, social workers and childcare workers (Child and Youth Health Network of Eastern Ontario and the Social Planning Council, 2006). Moreover, even when the appropriate service is available, transportation and eligibility can often be an issue.

As a response to the needed services for pregnant and parenting teens Columbus House created The 'Young Parent Support Program' (YPSP) in 1998 in Pembroke. Columbus House had already opened two residences in 1989/90 to 14 young men and women wishing to complete their education while living in a structured and safe environment. Since that time Columbus House has supported over 4000 youth in Renfrew County in becoming more responsible citizens within Renfrew County. In 1999 The Young Parent Support Program (YPSP) was created to assist young mothers in completion of their ODDS while on-site licensed childcare is provided. Two classrooms have been developed, one in Pembroke and one in Renfrew. Since its creation, YPSP has expanded to serve young parents and their children in Deep River, Petawawa, Pembroke, Renfrew, Eganville, and Arnprior using outreach services whenever funding is available. In order to help meet the educational criteria, there are teachers provided by both Renfrew County English School Boards.

Within the Young Parent Support Program, mothers are also provided with parenting and life skills group work aimed at encourage appropriate attachment to their child, prevention of high risk behaviours and intervention. This programming focuses on communication, self-care and other life skills to improve independence and overall parenting capacity.

Furthermore, the program works in conjunction with other County agencies to provide the most comprehensive programming to encourage parental success for these teens. With two

classrooms, teachers provided by the Renfrew County District School Board and the Renfrew County Catholic School Board, and several well-trained staff, YPSP provides an environment for teen moms and their children to learn the skills they will need to be a well functioning family in the future.

YPSP's target population is pregnant and parenting youth between the ages of 13 and 24, young fathers and children of parenting youth (0-6 years of age). With childcare provided, youth are able to obtain OSSD credits with encouragement and motivation to complete their high school diploma while attending YPSP or after reintegration into their home school. There are also team meetings between teachers/facilitators and child care providers to review educational and psychosocial needs with accommodations made for students with identified learning exceptionalities.

On-site staff at YPSP provide one-on-one informal counseling in a number of capacities. On occasion the adolescent moms require help or advice with personal issues and at other times staff provide crisis-management and conflict resolution assistance. YPSP staff understand how essential it is that these moms feel safe at the program and that they can trust the workers and adults involved in this process. It is the first step for these moms to feel comfortable accessing other social services agencies and trusting other organizations in the area for other reasons in the future.

Advocacy is a very important role of YPSP in the lives of these teen moms. YPSP staff often make referrals on behalf of these moms to outside agencies for various services and supports. The immediate needs of these parents are met by access to community resources and staff are also able to establish summer student employment for these young moms through the SETT program. Particular targeted group work is facilitated by YPSP

staff in conjunction with a community agency on topics such as relationships, self-esteem and addictions.

Combined parent and child groups enable youth to foster appropriate parenting skills and positive attachment. On-site child care creates a great opportunity for meal time together. Parents are taught what normal child development should look like and the appropriate way to respond to various behaviours. Moms are able to increase their knowledge around skills in daily living including healthy nutrition for themselves and their children.

Columbus House decided to investigate the outcomes of their current programming and consider possible enhancements to their programming at YPSP. The Executive Director, The Columbus House Board of Directors and Staff of Columbus House questioned whether their current programming was effectively meeting the needs of the youth that were accessing the program. Is the current programming meeting the desired goals of the program? In order to adequately evaluate current programming, several evaluation tools were implemented that specifically measured the desired outcomes. Additional benefits of using these tools were to provide information on the demographics of the YPSP population and to act as baseline screening tools at the beginning of service. Furthermore, pre-service and post-service evaluations demonstrated successes and shortcomings within the program. In a broader sense, once evaluation tools were in place, Columbus House was now in a position to measure specific outcomes within the program and that will have a direct impact on funding options and opportunities. This evaluation was essential for YPSP to get a greater understanding of the population that they are helping and what specific impacts their work was having on the given demographic.

This evaluation attempted to explore four key items in the context of YPSP. Firstly, this inquiry looked at teen parents' capacity to nurture, support and care for their child effectively. Secondly, this study examined the teen mom's attachment to their child and their struggles and supports in rearing their children. Thirdly, this evaluation investigated the prevalence of depression in adolescent mothers within the program. And finally, academic successes and classroom attendance were tracked and monitored.

### **Methodology**

In an attempt to fully understand the population who used YPSP services and whether the current curriculum was successfully meeting the goals set out by the program, Columbus House began to question what goals they were hoping to accomplish through YPSP and how they were going about meeting these goals. What sort of impact was YPSP having on its client's lives, both the mom's and the child? Were there important outcomes that should be considered and haven't been up to this point? Was YPSP making adequate use of the resources that were available for this program? What mental health concerns and other issues are prevalent in the adolescent mom population that YPSP has not considered? Spawned by these questions and many others, the Executive Director of Columbus House with support from the Board of Directors and YPSP staff accessed dollars from the Centre of Excellence to embark on this journey of investigation and collaboration to determine the answers to these questions.

The first step of the plan was to develop a logic model (see Appendix 1) of the Young Parent Support Program, looking at what the program currently offers and what kinds of outcomes should result from the given activities. Collaboration between management and staff of Columbus House, stakeholders (specifically the Ministry of Youth Services and the County of Renfrew), interested parties (including fellow community agencies and contacts) resulted

in the development of a logic model and a discussion around various questions about the program. The proposed outcomes, ranging from academic success to healthy relationships and family cohesiveness were determined should be a direct result of the resources put into YPSP and the activities that are therefore made possible. The expectation is that YPSP is already attaining these goals. However, this evaluation and data collection allowed the accumulation of information and evidence to prove indeed these outcomes are being reached for adolescent mothers and their families. This evaluation did not measure the babies and toddlers but rather we looked at parenting outcomes for which there is evidence by association with positive child development and attachment.

An important and interesting part of developing the logic model was determining exactly which aspects of programming actually led to which goals. Programs had to be dissected and much discussion with staff was very helpful in learning about the reception of various parts of the programs, immediate shortcomings from their perspective and successes that may not be as obvious. Frontline staff provided interesting insight into characteristics of the teen moms and their eagerness to be honest and upfront with staff making evaluating this program somewhat easier. Staff were also able to easily anecdotally pinpoint the short-term outcomes of the program as seen through marked changes in the participants during their time with the program. The literature review was very helpful in determining possible long-term outcomes by first examining the proposed goals of the programming and by looking at other programs geared to help adolescent moms and the outcomes that their participants experienced.

Entering into this evaluation, there was some information readily available including the target population, inputs and activities. The target population was pregnant and parenting youth 13-24 years of age, young fathers and children of parenting youth between ages 0-6.

In order to be eligible to participate in YPSP's day program an adolescent has to be enrolled to complete high school credits and be pregnant or already has given birth. Knowing what resources are available and what activities those inputs permit the program to offer helped shape the desired outcomes. In designing the logic model a specific attempt was made to focus on the most important resources and activities that the program utilizes and provides.

### *Partial Logic Model*

#### **Inputs (Resources)**

- 2 FTE Supervisors
- 2 FTE CYW Facilitators
- 2 locations (Pembroke, Renfrew)
- \$ MCYS/MCSS, RCDSB/RCCDSB, County of Renfrew, Trillium Foundation, Fundraising
- 2 Teachers
- ILC courses
- On-line courses
- Community Agencies including FCS, RCDHU, Mothersafe, Bernadette McCann House, WSAN, Phoenix Centre, OW, CMH
- On-site licensed child care program (0-6)
- Nipissing child development tool
- Renfrew County Child Care Dept.

#### **Activities**

##### **Education**

- On-Site educational support from qualified teachers
- Team meetings between teachers/facilitators & child care providers to review educational and psychosocial needs with accommodations made for students with identified learning exceptionalities

##### **Parenting & Life Skills group work**

- 'Nobody's Perfect'
- 'H.E.L.P. Toolbox'
- 'Mother Goose'
- 'Healthy Image, Healthy Relationships'
- Attachment education, prevention, & intervention
- Communication skills
- Self-care and other life skills to improve independence

##### **1 on 1 informal counseling**

- Receive help and advice with regard to personal issues
- Crisis management
- Conflict resolution

##### **Advocacy**

- Referrals to outside agencies
- Summer job placement through SETT
- Nutrition & Physical Health
- Targeted group work facilitated by community agency and co-facilitated by YPSP staff (relationships, self-esteem, addictions)

##### **Child & Parent Groups**

- On-site child care providing opportunities for meal time together
- Learn to recognize and respond to child behaviour & normal child development
- Learn to care for their child
- Early literacy education
- Education in signing with babies

Using this logic model, this evaluation hoped to prove YPSP is indeed meeting targeted goals and outcomes in 4 specific domains: increased parenting capacity, establishment of appropriate attachment, educational success and decreased levels of depression. In identifying and investigating specific program components, various short-term or initial outcomes should result. Marked changes in general parenting knowledge as well as more developed parental attitudes and skills should immediately result because of participation in YPSP programming. At YPSP further short-term outcomes include successful completion of OSSD credits, increased decision making, social and communication skills as well as increased knowledge in pregnancy, parenting and adoption and greater ability to cope with stress.

Intermediate outcomes are characterized by benchmark changes that occur between the initial outcomes and before longer-term outcomes. These outcomes usually represent changes in behavior based on the acquisition of new knowledge and skills. For YPSP participants, for example, we would hope to see clients having increased self-regulation, appropriate attachment between mother and child, decreased stress and increased utilization of community supports for themselves and their children.

The ultimate goals that YPSP would like to achieve are represented in the long-term outcomes and usually represent changes in clients' condition or status. These outcomes include successful transition to post-secondary education, training program or employment, increased maternal physical and mental health, increased parenting capacity and continued attachment between mom and child.

During the process of designing the logic model, looking at data that has already been collected through BCPPI and CAFAS and through considerable communication between staff, management, the Board of Directors and collaterals the following questions arose:

1. How do adolescent parents understand the social, emotional and mental development of their child at the beginning of service?
2. How does adolescent parents' understanding of their child's development change over the course of the program?
3. What relationship dynamics exist between parent and her child at the beginning of service?
4. How do the relationship dynamics change between parent and child over the course of the program?
5. What is the prevalence of depression among parenting teens at YPSP?
6. What are the specific characteristics of the adolescent parents involved in YPSP?

In an attempt to answer some of these questions or at least investigate them further, Columbus House has chosen 4 evaluation tools (in addition to CAFAS and BCFPI) to assist in the evaluation of the Young Parent Support Program: The Parenting Stress Index – Short Version (PSI), Adult-Adolescent Parenting Inventory (AAPI-2), Beck Depression Inventory (BDI) and the measurement of academic benchmarks.

### *Participants*

Between September 2009 and June 2010, pregnant or parenting adolescents aged 13-21 were recruited through the Young Parent Support Program, both through the Day Program as well as through the Outreach Program throughout Renfrew County. Two sites in Renfrew country run the Day Program, one in Renfrew and the other in Pembroke with Outreach

programs attached to each site. Adolescents attending either Day Program or part of outreach were part of this study. This study was approved by the Columbus House Board of Directors as well as the Centre of Excellence.

Program staff identified all eligible adolescents at the beginning of the school term, September 2009, at which time the measures and the purpose of the study was explained to all participants. These participants completed the three measures at the beginning of the school term, whether part of the day program or the outreach program. The measures were again completed between the school terms (January 2010) and then again at the end of the second school term (June 2010) to ensure to capture as much post-treatment data as possible and avoiding situations of drop-out and loss of contact. All information was obtained from the questionnaires which were administered to and completed by the participants either in the day program or at home by frontline staff. Out of the participants in both programs there were 10 adolescent moms in the Day Program and 7 in the Outreach program that completed all three measures at the beginning and end of their respective service.

### *Measures*

The young mother's understanding of their child's developmental milestones was measured using the AAPI-2. The Adult-Adolescent Parenting Inventory (AAPI) is written in simple language and designed to assess the parenting and child-rearing attitudes of adolescents (ages 12-19 years) and adults (ages 20+). It was developed by Bavolek and is used to measure the mothers' parenting and child rearing attitudes as well as identify parenting patterns. Based on the known parenting and child-rearing behaviours of abusive parents, responses to the AAPI-2 includes 32 items grouped into the following categories, providing an index of risk for practicing behaviours known to lead to child abuse and neglect:

- Inappropriate expectations of Children

- Parental lack of empathy
- Strong Believe in the Use of Corporal Punishment
- Reversing Parent-child role
- Oppressing children's power and independence

Responses to the AAPI-2 permit the identification of high-risk child rearing and parenting practices that could lead to physical or emotional abuse or neglect of children. In addition, the AAPI-2 is used to (1) provide pre-test and post-test data to measure treatment effectiveness, (2) assess the parenting and child rearing attitudes of parents and adolescents prior to parenthood, (3) design specific treatment and intervention parenting education programs, (4) design nurturing experiences for parents and adolescents whose attitudes indicate a high risk for child maltreatment. The AAPI-2 is useful in assessing changes in parenting and child rearing practices after treatment (Bavolek & Keene, 1999)

Two of the constructs this tool measures are appropriate developmental expectations of children and the ability to be empathically aware of children's needs (Braun & Diane, 1988). Using the data gathered from these 2 subscales in particular, YPSP can glean to what extent adolescent parents understand the social, emotional and mental development of their child at the beginning of service. Administering the same AAPI-2 measure at the end of service and performing a t-test using the pre-service and post-service data will demonstrate what effects YPSP programming has on the attitudes of young moms on the development of their child.

Secondly, the PSI (Parent Stress Index) was administered to assess adolescents' perceptions of their children's adjustment and development. The scale uses a 5-point scale to indicate the degree to which the parent agrees with each statement (i.e. *My child seems to cry or fuss more often than most children*). The Likert-type responses include strongly

agree (SA), agree (A), not sure (NS), disagree (D), or strongly disagree (SD). This self-report instrument was used to quickly screen for stress in the parent-child relationship that may indicate risk for the development of maladaptive behaviours (Kazak & Marvin, 1984; Mott et al., 1986). It identifies dysfunctional parenting and predicts the potential for parental behaviour problems and child adjustment difficulties within the family system. It is most effective when used with parents of preschool children. It yields a Total Stress score from 3 scales: *parental distress*, *parent-child dysfunctional interaction*, and *difficult child* (Barnett, Hall & Bramlett, 1990). The Parental Distress subscale provides a score that indicates the level of distress resulting from personal factors such as conflict with a partner or depression, or life restrictions due to the demands of being a parent. The Parent Child Dysfunctional Interaction subscale indicates the parental dissatisfaction with interactions with their children and to what degree the adolescents' find their children to be unacceptable. Finally, the Difficult Child subscale measures parents' perceptions of their children's self-regulatory abilities. The scores from the three domains are then added together to determine the total parenting stress score.

**PSI Screens for:**

***Child Characteristics***

Adaptability  
 Acceptability  
 Demandingness  
 Mood  
 Distractibility/Hyperactivity  
 Reinforcement of Parent

***Parent Characteristics***

Depression  
 Isolation  
 Attachment  
 Role Restriction  
 Competence  
 Spouse  
 Health

The PSI gave a global picture of the dynamics between the young mom and her child at the beginning of the program. Using the same scale at the end of service will demonstrate how those dynamics may have changed over the course of the program and what specific areas YPSP programming is improving relationship dynamics and attitudes.

Dealing with multiple challenges on a daily basis, teen moms are at a higher risk for child abuse and neglect as well as depression and feelings of hopelessness. Rearing babies is a difficult enough task but according to Dr. Brodman from the Centers for Disease Control and Prevention, teen moms have a higher than usual risk of developing postpartum depression (PPD) than their older counterparts (Charles, 2008). Some research even suggests that maternal depression may be an important determinant in poor outcome for adolescent mothers their children (Zuckerman, Amaro, & Beardslee, 1987) Moreover, research further suggests that that there is an association between depression and adverse consequences, such as unresponsive mothering and behavioural and cognitive problems in the children of young mothers (Barnett et al, 1996). The question of the prevalence of depression among the mothers involved with YPSP is an important one, with the potential to change programming and alter to which outside agencies and services these moms are referred. In an attempt to understand the level of depression among YPSP clients, all participants completed the Beck Depression Inventory to test for depressive symptoms upon entry to the program. In addition, all adolescents completed the Beck inventory at the end of service for screening and comparison purposes. Named after Aaron T. Beck, the author, Beck depression inventory known also as BDI, is a 21 question program that measures the presence of depression or depressive symptoms in adolescents and adults (The Trentonian).

All of the participants for this study were made aware of the following:

- The process of this evaluation (expectations, timeframe, etc)
- The intention of this evaluation is to analyze the data gathered and not to analyze the participants themselves
- The purpose of the evaluation is not to evaluate staff performance
- The Consent form (Appendix B) must be signed before participation may begin

- That they should respond to the evaluation questions as truthfully and accurately as possible understanding that all data gathered is completely confidential.

*Data Collection*

Data collection including the timeframe, activities and people involved were completed as follows:

<b>Question</b>	<b>Indicator(s) (Measuring for)</b>	<b>Source of data (records, clients, caregivers, etc.)</b>	<b>Method to Collect Data (questionnaires, interviews, etc.)</b>	<b>Who collects data</b>	<b>When data is collected</b>
Successful transition to post secondary education, training program, employment	School attendance Credit completion Graduation Highest education achieved Employment	Mother Teacher Support Staff	Attendance records School records Interviews	Teacher Data Coordinator	Compiled throughout school year and collected at the end of the school year
How do adolescent parents understand the social, emotional and mental development of their child at the beginning of service?	Inappropriate expectations of children Parental lack of empathy Strong Believe in the Use of Corporal Punishment Reversing Parent-child role Oppressing children's power and independence	Mother Psychometric measures	AAPI-2	Data Coordinator	September (pre) or beginning of service

How does adolescent parents' understanding of their child's development change over the course of the program?	Inappropriate expectations of children  Parental lack of empathy  Strong Believe in the Use of Corporal Punishment  Reversing Parent-child role  Oppressing children's power and independence	Mother  Psychometric measures	AAPI-2	Data Coordinator	June or end of service (post)
What relationship dynamics exist between parent and her child at the beginning of service?	parental distress  parent-child dysfunctional interaction  difficult child	Mothers  Psychometric measures	PSI	Data coordinator	September (pre) or beginning of service
How do the relationship dynamics change between parent and child over the course of the program?	parental distress  parent-child dysfunctional interaction  difficult child	Mothers  Psychometric measures  Interviews	PSI	Data coordinator	June or end of service (post)
What is the prevalence of depression	Depression  Depressive	Mother  Psychometric measure	Beck Depression Inventory	Data coordinator	September (pre) or beginning of service

among parenting teens at YPSP?	Symptoms		BCFPI		and June or end of service (post)
What are the specific characteristics of the adolescent parents involved in YPSP?	Mental health/behaviour characteristics Global Functioning Demographics	Mother Psychometric measures Interview	CAFAS BCFPI Database	Frontline staff	September (pre) or beginning of service

Based on the small number of participants the data was entered into the appropriate database and analyzed several times throughout the school year. It was essential that all measures were completed at the beginning of service and then end of service, whenever that may be (primarily, the beginning and end of school term). As an important safety measure to protect against lost data, any clients who stayed in the program throughout the entire school year had the measures completed at the end of first semester in case of potential drop-out during the second semester. The data coordinator reviewed all completed questionnaires (both paper and electronic versions) to ensure that all questions had been answered correctly and verified all responses were able to be interpreted accurately.

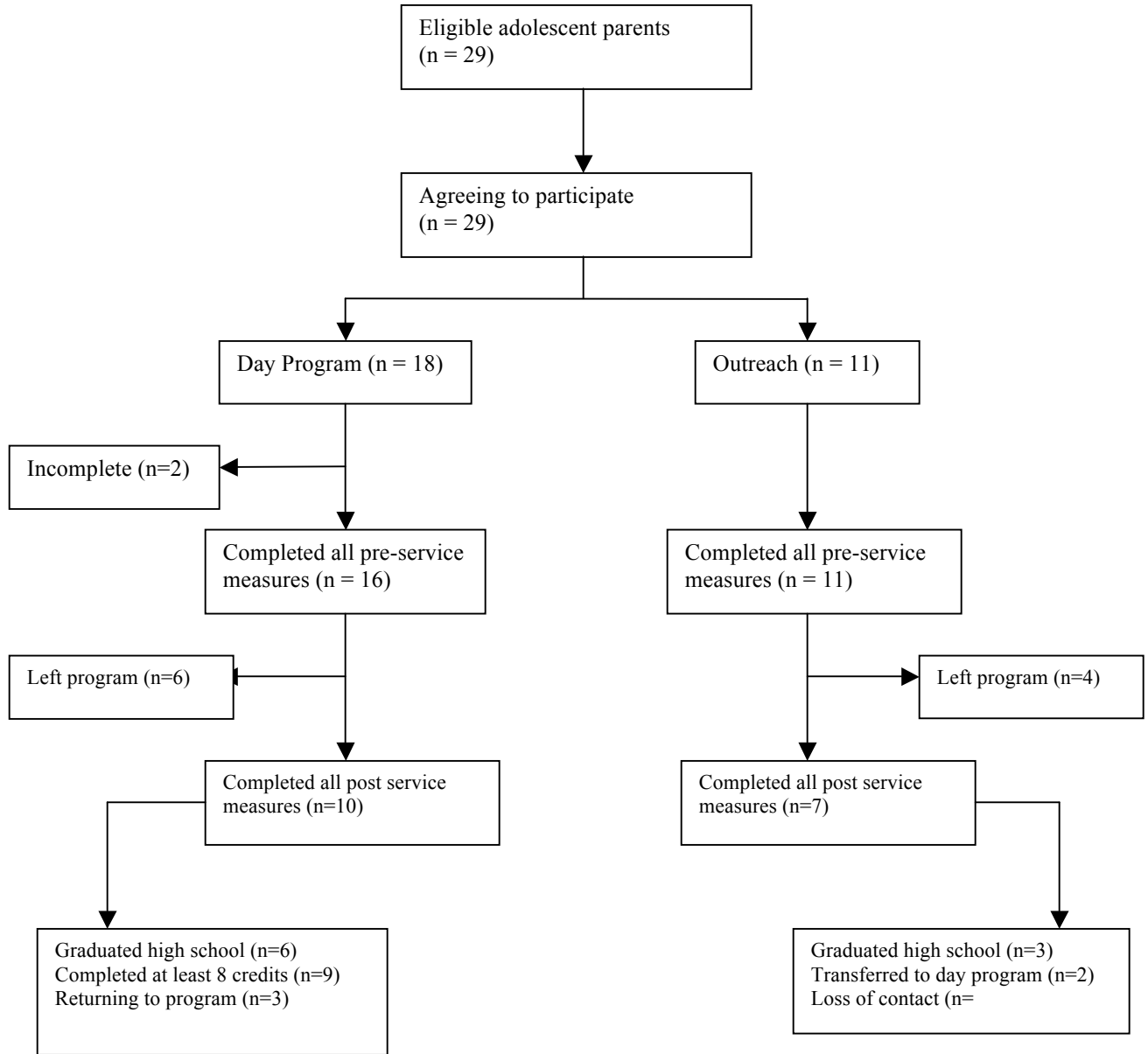
The limited capacity in the program created a difficulty in getting a healthy sample size for research purposes as well as drop-out rates for various reasons. One of the greatest obstacles for this particular population is actually getting truthful responses on the questionnaires. Fear of having their parenting being questioned and concern over their own abilities and possible lack of parenting confidence can lead adolescent parents to minimize or deny normal stresses that are associated with parenting.

## Results

Data from this study was analyzed using a series of paired t-tests to measure pre and post-treatment improvement. Mean differences were calculated to see the change over time to the means scores for the participants in the study. For the PSI specifically, the pre-treatment percentiles were calculated for the purpose of seeing to what degree the participants in day and outreach program fall into the average population. (See Table 1 and Table 2 for means, standard deviation and percentiles).

At the end of the school year, there were ten adolescent parents who had completed all three pre and post measurements in the day program and six in the outreach program. All data was compared from the beginning of the study to the end of the study to see differences in attitudes, stresses, behaviours and depression levels. All initial measures were entered into a database and screened for any immediate mental health issues or serious parenting concerns. Afterwards, all responses were scores were given numerical codes and separated from any written forms to avoid any bias or association with demographic indicators.

**Figure 1: Participant flow through the study.**



One of the most important reasons for screening upon entry into the program is to get a glimpse at the need areas for the mothers' entering the program and perhaps gearing programming and resources to help improve any need areas. According to the initial AAPI-2 questionnaire, the profile of the mothers using an outreach program was somewhat different from those using the day program. Low sten scores (1 to 3) for the AAPI generally indicate a high risk for abusive parenting behaviours. High sten scores, (8 to 10) however, indicate positive, nurturing parenting attitudes and a low risk for abuse. Sten scores in the middle, 4 to 7 range, represent the 'normal' range of parenting and have a moderate risk for abuse. Within the day program the highest risk area for the group of mothers was on the 5 construct, children's power and independence, with an average score of 3 (see table 1). A low score for this construct suggests the adolescents view children who have power as threatening, expects strict obedience, devalues negotiation and tends to view independent thinking as disrespectful. On the other hand, the average score upon entry to the day program for Construct A, expectations of children was 8. This score, falling into the high range would suggest the mothers had a good understanding of growth and development, a positive self-concept as a caregiver and supportive of children.

The PSI (see table 2) judges clinical severity of stress by using percentile cut off points. Any percentile under the 85<sup>th</sup> is considered within normal limits, with percentiles in the 85<sup>th</sup>-89<sup>th</sup> range being considered borderline. The clinically significant category requires scores in the 90<sup>th</sup> to 94<sup>th</sup> percentile (severe ranging from 95<sup>th</sup>+). For the day program, the initial PSI results indicate that average scores upon entry put the mothers in the normal range in all areas of stress except for defensive responding, possibly indicating the participants were minimizing or denying the normal stresses associated with parenting. Although it would appear that the parents measured in this program are scoring quite low and easily fitting into the normal range for this measurement, it is important to factor in the very high level defensive

reasoning which suggests that most parents are minimizing issues they are having with child rearing and coping with parenting.

The profile of the outreach program is somewhat different. The most significant average score for the AAPI-2 (see table 1) is construct B, parental empathy towards children's needs. The average sten score of 3 suggests the participants feared spoiling children, children's normal development needs may not be understood or valued, a lack of nurturing skills might exist and may not be able to handle parenting stresses.

However, just like the day program, defensive reasoning appears to be the biggest issue with PSI (see table 2), making the results perhaps somewhat biased and difficult to interpret appropriately. However, unlike the day program, participants in the outreach program are scoring in the 80<sup>th</sup> percentile for both Parental Distress and Difficult Child. The Parental Distress subscale yields a score that indicates levels of distress resulting from personal factors such as depression or conflict with a partner and from life restrictions due to the demands of the child-rearing. Similarly, parents scored high on the Difficult Child subscale suggesting upon entry to the program they found their children to have somewhat of a difficult nature that was both disruptive to the parent and distressing to the family.

**Table 1**  
**Means and Standard Deviation for AAPI-2**  
**Young Parent Support Program – Day and Outreach Program**

	Day Program				Outreach Program			
	Average Sten Score Pre	Average Sten Score Post	Standard Deviation	Mean Difference	Average Sten Score Pre	Average Sten Score Post	Standard Deviation	Mean difference
Construct A: Expectations of Children	7.9	9.1	1.6	1.2	7.3	7.8	1.7	0.5
Construct B: Parental Empathy towards Children's Needs	5.9	6.8	1.9	0.9	3.1	4.5	2.3	1.4
Construct C: Use of Corporal Punishment	7.1	6.7	1.9	-0.4	7.6	7.7	1.1	0.1
Construct D: Parent-Child Family Roles	7.7	7.7	1.8	0	7.1	6.5	2.3	-0.6
Construct E: Children's Power and Independence	3.4	3.4	2.0	0	5.7	5.0	1.2	-0.7

**Table 2**  
**Means and Baseline Percentiles for PSI**  
**Young Parent Support Program – Day and Outreach Program**

Scale	Day Program				Outreach Program			
	Mean Score Pre	Percentile	Mean Score Post	Mean Difference	Mean Score Pre	Percentile	Mean Score Post	Mean Difference
Defensive Responding	17	90	13	4	17	85	11	6
Total Stress	69	45	53	16	58	15	47	11
Parental Distress	29	65	23	6	32	80	20	12
Parent-Child Dysfunctional Interaction	18	45	14	4	12	5	12	0
Difficult Child	22	30	17	5	39	80	27	12

*Evaluation Questions and Discussion*

In order to address the question of how adolescent parents understand the social, emotional and mental development of their child at the beginning of service, it is important to pay attention to the mean sten score of Construct A of the AAPI-2. For both the day program and the outreach program, participants easily fall into the normal range for understanding growth and development with children being allowed to exhibit normal development behaviours.

There is, however, an impressive increase in score by the end of the day program suggesting one of the program's greatest strengths is increasing the awareness of appropriate expectations of children and understanding of normal childhood development.

Furthermore, it is important to note that participants in both programs fall into the normal range both at the beginning and end of service for Construct D suggesting the adolescent parents measured in this study are comfortable with allowing their children to express their developmental needs.

The relationship dynamics between mother and child are measured through the Parent-Child Dysfunctional Interaction subscale from the PSI. The scores from this study suggest that there are no problems or concerns about the quality of interactions between mother and child and that all participants' children are meeting parental expectations. However, as previously mentioned, the defensive responding score is quite high, particularly at the beginning of service which suggests the young parent might be minimizing any issues that may be occurring in this area.

It is also important to note at this time that a purpose of both the day and outreach program is to help new adolescent mothers understand what 'normal' parental relationships and interactions should present and what behaviours may be considered problematic in their children. Therefore, over the course of their involvement with YPSP, the moms become more aware and comfortable with their own limitations as parents and any need areas with their children. The responses on the final questionnaires at the end of service are often a much truer reflection of where they are at as parents and where their stress level truly lies. Becoming aware of other interactions may make them more aware of their short-comings or aware of issues that they weren't previously entirely aware, therefore, sometimes scores will actually increase over the course of the program not because problems have increased but rather their awareness has. In addition, there is a comfort with the staff and surroundings of the program by the end of service which allows the participants to be more honest without fear of any potential consequences. There appears to be very little change in parent/child

relationships throughout the duration of this study but it could be suggested the post scores are a truer indication of the relationship that exists.

The rate of depression, measured with the Beck Depression Inventory, indicates for both programs the overall average score fell in the mild depression range. However, there were about half of the mothers scoring in the moderate and one in the severe depression range at the beginning of service with all of the participants returning to the mild range by the end of service. An essential dynamic of the YPSP programming is the referral process to both other agencies and resources that exist in the community for young mothers. In this case, YPSP staff clearly noted the depression through the initial screening and referrals were made to mental health services when deemed important. The decrease in scores could also be attributed to mothers being in a supportive community, decreasing feelings of isolation, fear and daily stressors. Something this study had no control over and did not measure but bears mentioning is the huge range of hormonal changes happening pre and post birth of the child which also can dramatically affect levels of depression and subsequent stabilization.

## **Discussion**

This research project evaluated the effectiveness of the Young Parent Support Program on its participants, pregnant and parenting adolescents under the age of 21 in the specific areas of parenting capacity, attachment, academics and mental health. This project studied the specific characteristics of the clients who utilize the YPSP services as well as using outcome-based research to see the strengths and need areas of the curriculum of the program. At the beginning of this process, the frontline staff, management and Board were very well aware anecdotally of the perceived success of this program. Very positive feedback from past participants and life successes suggested YPSP was meeting the needs

of its cliental quite successfully. This project builds on the positive feedback and measurable data was collected in order to establish quantitative results to support the perceived success of the program and help staff glean insight into areas that perhaps haven't yet been addressed effectively.

YPSP is a parent-training program as well as an academic environment allowing young moms to complete high school credits while participating in a parenting program that is organized, relationship-focused, and play-based. This programming attempts to foster a positive parent-child relationship and encourage positive attachment and development within the child while decreasing stress levels for the parent. The parent is exposed to a curriculum that sets out to positively impact parenting beliefs and attitudes within the adolescent parent. YPSP is a combination of evidence-based programs tailored specifically to teen parents.

Tina Belanger, the executive director of Columbus House made a connection with the Centre of Excellence, applied for the initial grant, and secured the monies to continue the process. Tanya from the Centre met with Tina as well as the two YPSP supervisors, Lee and Kim and together they developed the initial logic model. The initial PLM was reviewed by Columbus House's Board of Directors and their input and suggestions were added to that initial model. This model was also forwarded to The Phoenix Centre (a children's mental health organization), Family and Children's Services (Children's Aid), Co-ordinated Access, Probation, local School Boards, and an Addiction and Referral Service. Furthermore, Tina spoke about this project at a YPRO meeting in Toronto with plans to update the committee at the end of April with any progress. A number of provincial young parent agencies responded to Tina by sending their logic models with additional, helpful material. Humewood House and Rosalie Hall have actually already been through this evaluation process and forwarded their research paper, "Young Parent Risk Assessment Tool" (April

30, 2007) and the corresponding literature review by Amanda McKibbon. At this point, this writer joined the team and together with Tina and the program supervisors the logic model was simplified and the literature review was completed. Monthly meetings with Tanya from the Centre helped to keep the project focused and helped with direction around timelines and expectations. All questionnaires were put in place in September 2009 and completed timely throughout the school year. Also, this project was a regular agenda item for the monthly Board of Directors meetings at Columbus House.

Although the number of babies born to adolescents has decreased considerably in the last decade, adolescent pregnancy is still an issue that should be examined with considerable concern. Teen moms are at risk for low education level, unemployment, and poverty which in turn creates additional risk factors for healthy growth and development for themselves and their young children (Kimes, 2006). Furthermore, adolescent moms compared with their non-parenting counterparts are at greater risk of depression and lower self-esteem which could be factors leading to the inability for teen parents to be sensitive in their parenting (Osofsky, Hann & Peebles, 1993).

### *Limitations*

Measuring adolescent mothers can be difficult in any study with the combined stress of adolescence, parenthood, maintaining peer relationship and trying to establish positive relationships with their infants. In addition, hormonal instability and personality development can influence their decision making and how they respond to questions, including those in these questionnaires. A huge limitation to this study was the lack of information on life situation and stability. Without a reference to the situation the adolescent was living in, it is difficult to make any real conclusions as to the success or downfall of any programming. Parental distress could increase not because the curriculum wasn't helpful but rather

because their living environment had changed, a partner had left or rejoined the relationship, financial instability etc. Also missing from this study was the family piece, not taking into account family mental health trends, socio-economic status and cyclical behaviours within the family (i.e. generations of adolescent mothers).

Maternal confidence appears to improve throughout the YPSP programming, though that is more obvious in an anecdotal basis as opposed to quantitative data. When mothers are confident in their parenting skills, infants' needs are met quickly and appropriately. As a result there is a trusting relationship formed between mother and child. Though the PSI did contain the Parent-Child Dysfunctional Interaction subscale which suggested little no risk in this area, more research needs to be done to actually measure the level of maternal confidence, more specifically how it directly impacts the mothers' ability to recognize infant cues.

### *Conclusion*

This preliminary although important study has found that YPSP does have a positive impact on young mothers' parenting attitudes, beliefs and academic successes. Results from this study demonstrate that YPSP, particularly the day program, was effective in (1) increasing young mothers' awareness of appropriate expectations of their child, (2) decreasing the level of depression among the participants, and (3) decreasing the overall level of parenting stress as indicated by the total score of the PSI. While other scales and subscales showed little change, this finding must be in light of the multiple risk factors within this population of families. All families in this study were headed by a single mother, at least half of which showing levels of moderate to severe clinical depression at the beginning of the study based on the Beck Scale. This is not to say that small changes in programming aren't needed in

order to enhance the potential benefits of the intervention, but even small shifts in scores is very promising considering the context of the program.

As previously mentioned, adolescent mothers are at a particular high risk for not completing high school and subsequently being unemployed or underemployed later in life. Across the board, all participants in both programs continued with their academic endeavors, and either graduated or managed to obtain 7 credits each. YPSP significantly influenced school reentry, credit completion and graduation. This academic success \*\*\*\*\*renfrew site\*\*\*\*\*

It is also very important to consider the context and specific qualities of the participants and the questionnaires. As previously mentioned, many people coming into the program would not have great awareness around 'normal' development and 'problematic' behaviours. As a result the baseline results, or 'pre' scores, could be somewhat misleading as a result of careful answering on the part of the participant to avoid sending up any red flags and in addition to truly believing that their situation would be defined as 'normal' until perhaps learning otherwise. Often in social services, scores at the end of any program actually go up or increase in severity, not because the situation has actually become more instable in any way but more because the participant has greater awareness and ability to label behaviours.

It would appear that the results are less significant with the outreach mothers as opposed to the day program participants but this is likely a result of many factors. With less structure, and varying time frames that mothers were enrolled in this program it is difficult to assure that all participants received the same level of service. This program also lacks the structure environment of the day program and, as a result, less direct hours with frontline staff. It is essential to note, however, the decrease in parental distress as measured by the PSI and the increase parental empathy, moving the group of participants into the normal range before leaving the service.

### *Lessons Learned*

Unfortunately, this research project only used a small sample size and will require several semesters of data collection to adequately determine the success of the program with confidence. Despite the limited timeframe for this project and the limited number of participants able to be a part of the program, this project did create an opportunity to explore the young moms' answers to questions around their understanding and attitudes toward parenting, physical, social and emotional child development and their own personal stresses and potential mental health issues. Having said that, it is almost impossible to glean trends or accurately evaluate a program from simply 10 months worth of data. Several years of information are required to truly see the needs and strengths of any program and even to get an accurate demographic, educational and mental profile of the adolescent mothers who access the program

In addition, there is an obvious lack of research in the area of teen parents' knowledge and attitudes toward parenting and the development of their child as well as programming that addresses these issues. The lack of similar programs and research in the area make comparisons very difficult and only further support the need for more study in this specific area. Although the limited research that is available supports the program components YPSP is currently utilizing and suggests the current curriculum will lead to the desired outcomes, throughout this progress it has become more and more obvious that YPSP specific research is required to ensure the program is working at its fullest potential. Moreover, more intensive research will help gear curriculum contents to impact young parents in a successful and positive manner, not just in this past academic year but in future years as well.

This project in many ways has led to more unanswered questions as opposed to concrete answers. Already noted is the lack of study into social and personal experiences which could directly influence how the parenting adolescent might respond to the questionnaires. An aspect that plays a large part in the success of this programming appears to be related to the social relationships these adolescent mothers have in their life both in the program and outside the program. Friends are a critical part of adolescence but the ability to sustain friendships with people who don't have children may be difficult. Their ability to create a social network through the other participants may contribute to the success or lack thereof for this program and to their ability to successfully parent their children. Questions around socio-economics and family structure also have arisen and clearly impact the life situation of the participants and as a result, their ability to completely utilize and benefit from YPSP programming.

By its very design, qualitative evaluation often leads the researcher to more questions while providing answers to others. Throughout this process many topics have been uncovered that could use further study and perhaps could be the basis of future studies of the Young Parent Support Program.

1. To what degree does the loss of friends and change in social circle impact an adolescent parent's ability to cope with the demands of being a parent?
2. Does the adolescent mother have any expectations of the baby to meet her emotional needs?
3. Who has the greatest influence on adolescent parents' attitudes and opinions of child-rearing (i.e. social circle, family, Early Years programs etc.)?

An important part of this project has been the collaboration and open discussions between frontline staff, management, the Executive Director and The Board of Directors. Open dialogue has proved to be very helpful in determining what aspects of this project were helpful, what

perhaps should change for the years to come and what enhancements to programming may need to occur as a result of this study. Discussing the perceived goals of the program and the components that drive the program helped shape the questions that were somewhat answered through this study but will continue to be revisited. Becoming aware of how the program looks presently and where it needs to head in the future has been a very helpful exercise. It has allowed everyone with a vested interest in the program to discuss what is working, what isn't working as well as it should be and the goals that anecdotally are being reached. How the program is run and why program components are included can look very different for frontline staff as opposed to Board members; neither perspective is wrong just different and it is important to consider all perspectives before developing a plan for program evaluation and enhancement.

In order for research to really be successful in any program or agency, there has to be staff buy-in so to speak which can be achieved through the creation of a research culture within the program. A research culture refers to an environment where staff and stakeholders alike understand the importance of the research at hand; receive regular feedback throughout the research project; and understand the completion of forms and assessment tools will lead to better understanding outcomes and successes within the program. Getting all interested parties excited about the research and invested in the process not only results in a better return on evaluation measures but also creates an environment where participants feel comfortable being a part of the study. YPSP staff and participants have developed an interest in this research and as a result there was appropriate questionnaire completion and return rate.

The Centre of Excellence has been a tremendous support in the development and execution of this research project, logic model and just creating an understanding of the importance of research and its implications for the future. The teleconferences and webinars made the

process very positive and guided this project from start to finish while teaching the important questions to ask while working through this proposed evaluation and reminding us about important aspects that may have been overlooked and important tips when collating and analyzing data. The simple concept of dialoging back and forth discussing the project helped immensely to shape the evaluation and also this paper.

### **Recommendations**

The success of YPSP completely hinges on funding and support from the provincial government, various other stakeholders and local school boards. YPSP has the great the responsibility to make sure that all resources are used to their fullest potential and the needs of the participants are met through the programming that is in place. The process has allowed Columbus House to look at program enhancement and see the importance of a systematic evaluation process to ensure accountability and demonstrate that the program is actually making a difference. Although the purpose of this particular study is to investigate certain questions, discussions and meetings about this evaluation, these processes have created awareness around the importance of data collection and analysis within the agency. With this awareness comes a desire to continue the process of evaluation and data collection for formative evaluation purposes. The following are some ways to continue the evaluation process that has begun at YPSP:

1. Continue tracking the number of new young parents in the community, including their demographic characteristics
2. Annual assessment of the support needs of each young parent in the program
3. Determine how well the program provided each of its intended supports/services and plan to adjust or enhance programming as required.
4. Continue to encourage staff and young parent's perceptions of the delivery of the services and need areas that are not yet being supported.
5. Look at potential need areas from this study (i.e. parental empathy in the Outreach program and the understanding of children's power and independence in the Day program) to adjust programming or change how it is delivered.

## **Workplan**

**1. Continuing with the program evaluation over the next academic year.** The tasks for this stage have already been described in this report and will continue for the 10/11 academic year. It is anticipated that one of the further tasks of this stage will be the dissemination of the Executive Summary of the report (or the whole report) to all interested parties including stakeholders, collaterals and the Board of Directors. The findings of the report will likely also be presented at various meetings including Board meetings and staff meetings

**2. Identifying a strategic response to the evaluation.**

- a. Identifying any capability gaps.
- b. Identifying what would be “optimal” and what would be “realistic”
- c. Identifying past strengths and weaknesses.

**3. Developing a new vision and a mission.**

- a. Identifying needed change.
- b. Identifying the role of the Stakeholders in making any of these changes happen.

**4. Knowledge dissemination.**

- a. Making this report and subsequent reports readily available to Board members and stakeholders.
- b. Using information gleaned from this study in proposals and grant submissions in the future
- c. Sharing these lessons learned and results with other young parenting programs through common committees and Boards.
- d. Presentations to community partners on the work being done at YPSP, the results and the plans to move forward.
- e. Sharing results with participants and staff regularly.

## **Knowledge Exchange**

Knowledge exchange can be defined as the process of engaging researchers, policy developers, and healthcare decision makers in the development and application of research knowledge to effect timely, relevant, evidence-based decisions (Health Systems Research and Consulting Unit, Centre for Addiction and Mental Health). It is important to note that knowledge exchange isn't simply a finished product like an essay or website but the process of achieving that finished project is very important. It is a chance to have people who would normally be the users of the final product to actually become an active part of the process. This grant provided just that type of opportunity for Columbus House.

Many people were consulted about the development of the logic model, the evaluation process and the final report from frontline staff, Board members, collaterals, policy makers, stakeholders and other agencies running similar programs. The discussions and questions that arose from those conversations shaped the logic model and consequently the direction of this evaluation. Throughout this process, many meetings have been held to keep staff and Board members not only in the know of what is happening but also welcoming their feedback and suggestions. Having so many perspectives has been incredibly helpful and insightful and reflecting new information back to staff and other interested parties creates a 'research culture' in the agency.

As mentioned in the previous section there is a plan to make the results of this evaluation available to any interested parties, including the people who utilize the services that Columbus House offers. Discussions about this evaluation could potentially lead to further research studies in the future not to mention that this report will give other agencies a better understanding of YPSP, its structure, programming and desired goals.

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## Appendices

### Program Logic Model Young Parent Support Program – Columbus House

#### Target Population

- Pregnant & Parenting youth (13-21 years)
- Young Fathers
- Children of parenting youth (0-6 years of age)

#### Inputs (Resources)

- 2 FTE Supervisors
- 2 FTE CYW Facilitators
- 2 locations (Pembroke, Renfrew)
- \$ MCYS/MCSS, RCDSB/RCCDSB, Trillium Foundation, Fundraising
- 2 Teachers
- ILC courses
- On-line courses
- Community Agencies including FCS, RCDHU, Mothersafe, Bernadette McCann House, WSAN, Phoenix Centre, OW, CMH
- On-site licensed child care program (0-6)
- Nipissing child development tool
- Renfrew Country Child Care Dept.

#### Activities

##### Education

- On-Site educational support from qualified teachers
- Team meetings between teachers/facilitators & child care providers to review educational and psychosocial needs with accommodations made for students with identified learning exceptionalities

##### Parenting & Life Skills group work

- 'Nobody's Perfect'
- 'H.E.L.P. Toolbox'
- 'Mother Goose'
- 'Healthy Image, Healthy Relationships'
- Attachment education, prevention, & intervention
- Communication skills
- Self-care and other life skills to improve independence

##### 1 on 1 informal counseling

- Receive help and advice with regard to personal issues

- Crisis management
- Conflict resolution

### **Advocacy**

- Referrals to outside agencies
- Summer job placement through SETT
- Nutrition & Physical Health
- Targeted group work facilitated by community agency and co-facilitated by YPSP staff (relationships, self-esteem, addictions)

### **Child & Parent Groups**

- On-site child care providing opportunities for meal time together
- Learn to recognize and respond to child behaviour & normal child development
- Learn to care for their child
- Early literacy education
  - Education in signing with baby

### **Short Term Outcomes**

#### **Education**

- Obtain OSSD credits
- ↑ Organizational skills, study habits
- ↑ Motivation to complete high school

#### **Life Skills**

- ↑ Decision making skills
- ↑ Self awareness of strengths and challenges
- ↑ Social skills
- ↑ Communication skills (including with partners, other clients, staff)
- ↑ Self-esteem

#### **Parenting**

- ↑ Knowledge of pregnancy, parenting, and adoption
- ↑ Knowledge of infant & child development
- ↑ Child/parent attachment

#### **Mental Health**

- ↑ Ability to cope with stress
- ↑ Knowledge of signs, symptoms and impacts of mental health issues

#### **Community**

- Immediate needs of parents and children met by ↑ access to community resources
- ↑ Skills in daily living including health nutrition for themselves and their children
- ↑ positive involvement of fathers

### **Intermediate Outcomes**

- Clients complete OSSD

- ↑ Self regulation
  - Clients making decisions for healthy relationships
  - ↑ Empowerment/leadership
  - Clients carry out activities of daily living and self care
  - Clients report ↑ confidence in practicing new skills
- 
- Clients able to identify and respond to child's cues
  - Clients report comfort in parenting and decision making
  - Healthy child development
  - Appropriate attachment between child and parent
- 
- ↓ Parent stress and ↑ in coping skills
  - Clients take steps to address mental health needs
  - Clients report utilizing community supports for themselves and their children

### **Long Term Outcomes**

- Successful transition to post secondary education, training program, employment
- ↑ Maternal physical and mental health
- ↑ Healthy relationships and family cohesiveness
- ↑ Parenting Capacity
- Clients report confidence in parenting and in their relationship with their child (appropriate attachment)
- Appropriate child development



Date:

I consent to be a part of a research project currently being held at the Young Parent Support Program, through Columbus House. The purpose of the study is to determine how well the Young Parent Support Program is meeting the needs of the people who are using the service. I understand that I will be filling out questionnaires at the beginning and end of my service at YPSP. I also understand that all of the information provided will be held in confidence and at no time will my name or identifying information be used in any report or publication.

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

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