



Program Enhancement of the Young Parent Support Program

A Critical Look at a Program for Adolescent Mothers

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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 21, 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 6111 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 life 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 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 to encourage appropriate attachment to their child, prevention of high risk behaviours and intervention. Work around 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 Boards, 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 21, 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 whether 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 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. There is particular targeted group work

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 is now seeking to investigate the outcomes of their current programming and perhaps enhance their programming at YPSP. The Executive Director, The Columbus House Board of Directors and Staff of Columbus House are questioning whether their current programming effectively meets the needs of the youth that are accessing the program. Is the current programming meeting the desired goals of the program? In order to adequately evaluate current programming, several evaluation tools need to be implemented that specifically measure the desired outcomes. An additional benefit of using these tools will be to provide information on the demographics of the YPSP population. Furthermore, pre-service and post-service evaluations will demonstrate successes and shortcomings within the program. In a broader sense, once evaluation tools are in place Columbus House will be in a position to measure specific outcomes within the program and that will have a direct impact on funding options and opportunities. It is essential that YPSP get a greater understanding of the population that they are helping and what sort of impact their work is having on the given demographic.

This evaluation will explore four key items in the context of YPSP. Firstly, this inquiry will look at teen parents' capacity to nurture, support and care for their child effectively. Secondly, this study will examine the teen mom's attachment to their child and their struggles and supports in rearing their children. Thirdly, this evaluation will investigate the prevalence of depression in adolescent mothers within the program. Finally, academic successes and classroom attendance will be tracked.

Literature Review

Adolescent pregnancy and parenting continues to be a challenging issue despite the fact that the rate of pregnancy has dropped significantly in the last decade. Adolescence is a time marked by experimentation, reflection and the need for self-understanding. During the teenage years, youth are searching for their identities and are trying to transition from childhood to adulthood made all that more complicated when they accept the responsibility of the development of a child (Kimes, 2006). As adolescents struggle to understand themselves, they can be less responsive to their children. Passimo (1993) suggests that adolescent mothers talk less to their children while Carter, Oseofsky, & Hann (1991) believe that teenage moms struggle with understanding their babies' feelings and responding to their cues. Teenage moms have been found to be less supportive, more detached, more intrusive and more hostile and negative than mothers who are older (Berlin, Brady-Smith and Brooks-Gunn, 2002).

High maternal self-esteem produces more positive parent-child interaction and improves child outcome. Moreover, maternal self-esteem, it is suggested, is a major predictor of parental competence, mastery and high quality maternal interaction (Dubow & Luster, 1990; Mercer & Ferketich, 1990). The development of high maternal self-esteem is directly dependent on mom's ability to interact effectively with her child (Centre for

Prevention and Health Services Issue Brief, 2005). Positive bonding between mom and child and subsequent effective parenting will be direct results of this maternal self-esteem. YPSP, as a result, strives to develop and instill positive parental self-esteem and effective parenting skills which will enhance child outcomes and break the multigenerational cycle of teen pregnancy (Cox et al, 2008).

In addition, young moms are more likely to report feelings of isolation, loneliness and depression than their older counterparts and these feelings can directly impact maternal self-esteem (Cox et al, 2008). Less than optimum parenting can be a result of mental health issues. Knowing that adolescent moms are at a greater risk to have a lower-income, this puts them at an even greater risk for depression and other forms of psychological distress such as low self-esteem and self worth and experience more negative life events with fewer resources (Dazmaraian, Barnes & Lepowski, 1995). As a result, several studies have concluded that poor mental health can not only be disruptive to normal parenting but also can negatively affect child outcomes. Effective programming for young parents must address the unique risk factors and qualities of adolescent moms when deciding and implementing programming ensuring that all the factors that put this population 'at risk' are considered. YPSP specifically wants to have programming that fosters appropriate attachment between mom and child, high maternal self-esteem resulting in positive parenting capacity and screening for depression.

A fundamental aspect of YPSP programming is group work that discusses Parenting and Life Skills. A portion of this group work includes the education and support program called Nobody's Perfect that was developed in the Maritimes in 1987. It is designed specifically for parents who are young, single socially isolated, geographically isolated or who have limited formal education or income (Chislett & Kennett, 2006) The goal of the

program is to strengthen parenting capacity through increased knowledge and skills and in addition encourage healthy development of children for parents of children under the age of 5. In a study completed in Peterborough Canada, adolescent mothers who completed Nobody's Perfect were found to have increased parenting resourcefulness, warm/positive parent-child interactions, sense of parenting competency and satisfaction, and use of community resources (Chislett, Gail & Deborah Kennett, 2006). Other evaluations of the program suggest similar results with participants demonstrating increased parenting knowledge, skills and confidence, utilize more community resources and supports, and feel less isolated (Wood Cantano, 2000; Health Canada, 2005).

Another segment of YPSP's group work includes a program called Mother Goose on the Loose (MGOL) which is an early childhood literacy program for babies and their caregivers. MGOL aims to fulfill 3 major goals: increase the use of the public library by families with young children, provide an educational model to parents to empower them to become their child's first teacher and thirdly to create a community of parents, children and librarians with open communication (Diamant-Cohen, 2004). MGOL exposes moms and babies to language and early literacy while enhancing interaction between mom and child. Moms also learn the importance of patience, care and understanding while learning that toddlers' need to be appreciated, enjoyed, and celebrated for who they are and how much they have learned (DeMicco & Dean, 2002). It is very important for parents, particularly for at-risk parents like adolescents, to appreciate and applaud their child for accomplishing something great simply by being able to follow direction.

YPSP also utilizes the Anger/Stress H.E.L.P. Toolbox program which provides participants with the skills to cope with everyday stress. It is designed to build awareness and to reinforce positive attitudes and behaviours in the five following areas:

Anger, self-confidence, coping, parenting and stress. The program was specifically designed to address the issues of anger and stress particularly in the lives of young/single parent families.

Healthy Image, Healthy Relationships is a program that YPSP runs in conjunction with the staff from the local Women's Shelter. This program is a group that discusses self-esteem, types of relationships, boundaries, gender roles/media influence and assertiveness.

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 child? Were there important outcomes that should be considered and haven't been up until 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, the proposed evaluation and data collection will allow the accumulation of information and evidence

that prove indeed these outcomes are being reached for adolescent mothers and their families. We are not proposing to measure the babies and toddlers but rather we are recommending looking at parenting outcomes for which there is evidence of an 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 is some information that is already available including the target population, inputs and activities. The target population is pregnant and parenting you 13-21 years of age, young fathers and children of parenting youth that fall between 0-6 years of age. 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 have already given birth. Knowing what resources are available and what activities those inputs permit the program to offer helped shape the desired outcomes for this program.

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 respectively.

Partial Logic Model

Inputs (Resources)

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

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

In this evaluation and logic model the hope is that YPSP is 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 as a result of a young mom taking part 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 first, 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.

In meeting with the Ministry of Children and Youth Services requests, YPSP has been measured using the standard BCFPI and CAFAS measures. CAFAS is the Child and

Adolescent Functional Assessment Scale a provincially mandated assessment tool that is used to assess the degree of functional impairment in children and adolescents with emotional, behavioural, or substance use problems. In Ontario, CAFAS is being used to examine treatment outcomes for all children ages 6 years to 17 years who receive mental health services in a participating community-based children's mental health centre (Ontario Ministry of Community, Family, and Children's Services) or hospital-based children's mental health clinic (Ontario Ministry of Health and Long-Term Care). CAFAS data is collected by children's mental health organizations and collated in the CAFAS Common Data Set. CAFAS is a set of questions relating to eight areas of a child's behavior (school, home, community...). A youth's behavior is rated according to these areas at the entry into service at Columbus House which is represented by the "Entry" or otherwise known as the T1 score. After receiving treatment, the child's behavior is rated again, using the same questionnaire, as they exit the program referring to the "Exit" or T14 score. The higher the CAFAS score indicates greater impairment while a lower score indicates little to no impairment. An agency can deem the effectiveness of its program based on exit scores that are lower than its entry scores.

BCFPI (Brief Child and Family Phone Interview) is a near universal intake tool in children's mental health. The parent will be asked a number of questions about his or her child by a trained mental health professional such as the following:

- *"Do you find that Johnny blames others for his own mistakes?"*
- *"Do you find that Mary is overly anxious to please people?"*
- *"How much has Sam withdrawn or isolated him/herself as a result of these problems?"*

This interview can usually be done over the phone or face-to-face and takes only about 20-40 minutes to finish. The interviewer enters each answer that the parent gives into a computer program which saves and scores the response. The parent's answers are

compared to those for a “typical child” and ranked in areas such as Attention Deficit Disorder (ADD), Anxiety or Depression. This data is then used by a trained mental health professional to decide what type of help that a child may need. Although valuable, these measures do not adequately measure important aspects of YPSP as they are not specifically designed to measure young parent programming. There is valuable information found in both of these measures however and the outcome data from both tools will be examined throughout the duration of this evaluation.

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.

The young mother's understanding of their child's developmental milestones will be 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.

The PSI is a self-report instrument that quickly screens 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).

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 will give 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.

The characteristics of the adolescent moms who access this program will be determined through a combination of methods. The results of the PSI and AAPI-2 will demonstrate the skills, attitudes and need areas of the clients upon entrance into the program.

Furthermore, this proposed evaluation would include a collection of demographic and background data and would be entered into database designed specifically for this program. Demographic information will be collected in order to understand important trends like average age of participants, geographic locations of participants (transportation issues, need for outreach etc.), academic level at entry etc.

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 of 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 which outside agencies and services these moms are referred to. In an attempt to understand the level of depression among YPSP clients, this proposed evaluation would use the Beck Depression Inventory to test for depressive symptoms upon entry to the program. 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).

The key informants for this evaluation will be the young mothers enrolled in YPSP. All participants will be required to complete a consent form (see Appendix B) before completing any of the proposed questionnaires. The evaluation tools being utilized are designed so that they can be completed either in paper format or in electronic format. All the questionnaires can be completed directly by the informant but a frontline staff person can assist if necessary. It is essential that the participants are 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.

The Data Collection Plan

The plan for data collection including the timeframe, activities and people involved are as follows:

Question	Indicator(s) (Measuring for)	Source of data (records, clients, caregivers, etc.)	Method to Collect Data (questionnaires, interviews, etc.)	Who collects data	When data is collected
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
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	Mother Psychometric measures	AAPI-2	Data Coordinator	September (pre) or beginning of service

	Oppressing children's power and independence				
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 among parenting teens at YPSP?	Depression Depressive Symptoms	Mother Psychometric measure	Beck Depression Inventory BCFPI	Data coordinator	September (pre) or beginning of service
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 can be entered into the appropriate database and analyzed at any given time and even sporadically during the school year if necessary. It is most essential that all measures (except Beck) are completed at the beginning of service and then end of service, whenever that may be. As an important safety measure to protect against lost data, any clients who stay in the program throughout the entire school year will have the measures completed at the end of first semester in case of potential drop-out during the second semester. The data coordinator will review all completed questionnaires (both paper and electronic versions) to ensure that all questions have been answered and check for any responses that may be difficult to interpret accurately.

Discussion

This proposed research project will evaluate 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 intends to study 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 clients quite successfully. This proposed research project will collect the quantitative results to support the perceived success of the program and help staff glean insight into areas that perhaps aren't being 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. 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).

Lessons Learned

During the process of this grant, the lack of research in the area of teen parents' knowledge and attitudes toward parenting and the development of their child became quite evident. Moreover, YPSP is a very unique program that is quite different from other teen parenting programs that are being run. Although the research that is available supports the program components YPSP is currently utilizing and suggests that 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 full potential and impacting young parents in a successful and positive manner.

Unfortunately, this proposed research project will only have a small sample size and may require several semesters of data collection to adequately determine the success of the program with confidence. However, this project does 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. This project could potentially lead to more unanswered questions coming out of the research than we have going into this process. Responses to questions and attitudes toward the measurement tools may introduce a whole new set of questions or curiosities that we aren't considering right now. One area we have not considered but may end up playing a large part in the success of this programming may 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. The intent and the hope of this gathering of data will be to show the general success of the program as it is now and areas that require improvement or further investigation.

The collaboration between frontline staff, management, the Executive Director and The Board of Directors proved to be very helpful. Discussing the perceived goals of the program and the components that drive the program helped shape the questions that will hopefully be answered through this proposed research project. Becoming aware of how the program looks presently and where it needs to head in the future is a very helpful exercise. It allows 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.

The Centre of Excellence has been a tremendous support in the development of this proposed 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. The simple concept of dialoging back and forth discussing the project helped immensely to shape the evaluation and also this paper.

Conclusion & 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 actually is making a difference. Although the purpose of this particular study is to investigate certain questions, discussions and meetings about this proposed 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 assess the support needs of each young parent in the program
3. Determine how well the program provided each of its intended supports/services
4. Discover the staff and young parent's perceptions of the delivery of the program
5. Measure the participation rates for each young parent in all program components

Workplan

As this process continues and the evaluation measures are put into place, the results will lead to program enhancement. The overall work plan for YPSP in the area of program enhancement and data collection is as follows:

1. **Conducting the program evaluation.** The tasks for this stage have already been described in this report. 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.

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.)?

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 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 proposed evaluation plan. 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. This culture keeps everyone involved in the program interested in the data collection and the results, seeing it as a helpful process that will inevitably enhance programming and improve the experiences of the participants in the program.

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.

The initial goal of this proposed study is to enhance programming at YPSP, to figure out exactly what the needs are of the users of the service and ensure those needs are being met as effectively as possible given the available resources. Also, however, these results may be very helpful in attaining further funding to expand the program and to provide outreach services. Sharing the results of this evaluation with stakeholders such as the provincial government, Renfrew County School Boards and the County of Renfrew will hopefully lead to new and exciting possibilities for program growth and support.

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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, Fundraising
- 2 Teachers
- ILC courses
- On-line courses
- Community Agencies including FCS, RCDHU, Mothersafe, Bernadette McCann House, WSA, Phoenix Centre, OW, CMH
- On-site licensed child care program (0-6)
- Nipissing child development tool

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
