Planning Evaluation Grant EPG #1452: Final Report

The Massey Centre for Women
Prenatal Residential Program

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Improving the mental health capacity of young women aged 13 to 21 by supporting their development in secure attachment, positive parenting skills, and successful transitioning into the community.

The Purpose

- To develop a program evaluation framework that supports the long-term goal for the Prenatal residential program
- To measure the short-term outcomes to improve the mental health of young women and their children.
- To build capacity across the agency to engage in program evaluation activities

The Program

The Massey Centre for Women is an accredited Children’s Mental Health agency that provides twenty four hours/seven days a week residential group care for children and youth who are experiencing social, emotional, behavioural or psychiatric problems. The Prenatal program, for pregnant and parenting teens aged 13 to 21 years, seeks to provide appropriate coping strategies and skill-development training that will enable the young mom and her child to function effectively at home, at school and in the community.

In the past, Massey Centre has provided only residential support to clients, but now transitioning to provide more evidence-based or evidence-informed programs and approaches to address client issues and support skills development. In 2011, Dr. Wittenberg (head of Infant Psychiatry with the Hospital for Sick Children) created an empirically-supported Inventory for Independent Living tool. This inventory will support the young mom in reaching her optimal independence and improve her parenting skills. The evaluation of the prenatal program will help us assess and measure the short-term outcomes in order for the agency to reach the long term goal of helping the young moms and their children improve their mental health by developing a secure attachment with their babies, by providing positive parenting skills, and to successfully transition into the community.

The Plan

The evaluation framework includes a literature review, the development of a logic model, the identification of evaluation outcome and process questions, and the piloting of select measures based on identified short-term outcomes. Approximately ten young moms will be involved in the evaluation process. The evaluation will determine whether involvement in prenatal program results in decreased isolation and increased self-esteem. It will also measure the extent to which the program leads to increased independent life skills, increased positive parenting skills, and increased knowledge of community resources. In addition, the evaluation considers staff feedback on the quality of the program being delivered to the young moms and the degree of alignment with the long-term goal.

The evaluation process includes both pre and post qualitative and quantitative measure with data from the young moms and staff. Quantitative data collection methods include the Massey Centre Client Demographic Survey, Client Satisfaction survey, Attachment Knowledge and Attitude Questionnaire, Casey Life Skills Assessment and Rosenberg Self Esteem Scale. These measures are used to evaluate the short-term outcomes set out for the Prenatal program and will aid in providing statistics and evidence-base data for the agency.
The Product

The project activities during this evaluation period included the development of the program logic model and evaluation framework. The Project Lead and the Quality Assurance Committee members were involved in researching various measures and tools to evaluate the prenatal program’s short-term outcomes, and compiling data. The accomplishment of these activities has resulted in the building of an evaluation capacity within the agency and has brought out strong leadership qualities in staff. Initial findings of the pilot project suggest positive improvement in parenting knowledge and attachment for clients served in the prenatal program. They also suggest that young moms are generally satisfied with the various programs and services offered to them. The measuring of life skills has been a difficult process for the program because the tool used was very daunting for the young moms. This is why the agency collaborated with Dr. Wittenberg to create an empirically-supported tool to measure the young moms’ life skills.

The evaluation framework for the prenatal program was undertaken to provide new skills and knowledge to program staff and managers. These new skills will enable the agency to move forward in evaluating other programs.

Knowledge exchange plans include sharing program data with internal program staff and managers, and with external stakeholders. This will be done through presentations, workshops and/or forums.

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Introduction

The Quality Assurance Committee under the leadership of the Project Lead developed and implemented an evaluation framework for the Prenatal residential program at the Massey Centre. Since 1902, this program has provided community based residential and group care 24 hours a day, seven days a week that supports children and youth experiencing social, emotional, behavioural or psychiatric challenges.

The agency’s current target population consists of diverse cultures of isolated young pregnant and parenting women aged 13 to 21, and their children. The Prenatal program strives to provide appropriate coping strategies and life-skill development training that will enable the young women to function effectively at home, school and in the community. Services include intensive counselling and multi-dimensional training in parenting skills and attachment development. Supporting the young mother and her child is a multi-disciplinary team of Child and Youth Workers, Case Management Supervisors, Nurses, Early Childhood Educators and a Maternal Infant Mental Health program coordinator. On average each year, 90 children and youth participate in our Prenatal program.

For over 100 years, Massey Centre has provided mainly residential supports to young parents and their children. However, in recent times; the agency focus is transitioning to more therapeutic and evidence-based mental health services. Staff and management will be trained in the use of evidence-based and informed tools such as the Independent Living for Teen Mothers; A Life Skills Tool (Wittenberg & Principe, 2011). This approach will help the young mothers and their children reach healthier outcomes. Appendix A program logic model of the Prenatal program which provides detailed phases of the program as well as the agency’s long-term goal and anticipated short-term outcomes.
The Massey Centre for Women’s Quality Assurance Committee was established to define quality and create a Quality Assurance Plan for the Massey Centre. The committee was also responsible for building capacity within the organization to develop program evaluation framework and logic models for all programs. Through this process, the membership would become leaders in evaluations. The committee consists of program and management staff from various programs, and its purpose in this evaluation process was to measure the efficacy of Massey Centre’s Prenatal Program. The Prenatal program’s long-term outcome is to improve the mental health outcomes of young parents and their infants. The evaluation framework consists of both process and outcome questions and was used to measure short-term outcomes identified in the program logic model. The evaluation design utilized qualitative and quantitative approaches through self-administered surveys from young parents and residential staff. See appendix B evaluation framework which outlines the outcome and process questions.

Multiple stakeholders were also involved in this evaluation project with the Quality Assurance Committee taking the lead in developing and creating the program logic model and evaluation framework. In addition, program directors, managers, and staff have also been directly engaged in this project from the onset, working collaboratively with the Quality Assurance Committee to develop the program logic model and help engage the young women. The adolescent residents however, were the agency’s most important stakeholders, without their input, the agency would not have been able to make the necessary improvements.
**Literature Review**

Meta-reviews on interventions with adolescent parents confirm that better outcomes for both mother and child are linked to earlier prenatal care and education, and are cost effective (e.g., Olds, Henderson, Kitzman, Eckenrode, Cole, and Tatelbaum 1998). There is inconsistent evidence linking specific outcomes to support-education interventions (e.g., Letourneau et al, 2004). The current literature review briefly outlines some of the individual, developmental and situational factors that are relevant to adolescent decision making, especially those decisions that involve future outcomes or selecting between two rewarding alternatives (Steinberg, 2004) – i.e., the types of decisions that characterize many of those surrounding pregnancy and parenthood. A corollary to these decision making skills are independent living skills. It is suggested that focusing on these skills as outcome measures may provide a useful and viable tool for the prenatal program at Massey Centre.

The Prenatal program at Massey Centre for Women in Toronto, Canada, provides residential services to isolated pregnant teens and young mothers (aged 13-21) from diverse populations who are unable to meet their own basic life skill and mental health needs. Massey Centre offers access to primary workers and programs designed to help them secure better outcomes for themselves and their babies while working through major life changes. Evaluating the impact of Massey Centre’s services is an important step in this process because it ensures the agency is living up to its potential, as it plays an important role in the lives of the women going through the program. As a first step towards evaluating the impact of their services, Massey Centre recently outlined a program logic model (see Appendix A) which lists the short and long term goals of the Prenatal program. This was created in order to connect Massey Centre’s services to the longer term goals of better success in independent living and integration into the larger community, and the following set of short-term outcomes was identified, including acquisition of basic skills required by moms to live and parent
independently, increased confidence (self-esteem), increased parenting skills (especially parent-child attachment and parental stress management), and increased perceptions of social support.

Research has shown that there are large studies comparing interventions with adolescents (e.g., Hardin, 2006; Letourneau et al., 2004). This review demonstrates inconsistencies linking specific outcomes to specific interventions, suggesting that it may be more fruitful to look for common characteristics of successful interventions. A common characteristic appears to be early intervention (e.g., Olds, Henderson, Kitzman, Eckenrode, Cole, and Tatelbaum, 1999). For example, in a recent review of 20 comprehensive parenting programs in the United States, most of the interventions that worked were administered during the prenatal period (Chrisler & Moore, 2012). In particular, these programs were found to have a positive influence on the home environment and on improving parents’ realistic expectations for their children. As noted earlier, care and educational interventions brought better outcomes and cost effectiveness.

Building on mothers’ own goals for themselves and their children is another important characteristic of effective intervention (e.g., Harden et al., 2006). This is an important theme that emerges from qualitative investigations of teen mothers’ own views. Engaging young moms in work to make changes in their lives promotes more constructive interactions with a high degree of support and a minimal amount of conflict (e.g., Rhodes et al. 1992). In contrast, interventions that emphasize sanctions have not been linked to positive outcomes, possibly because they undermine adolescent mothers’ progress and add further stigma (Harden et al., 2006). In addition, sanctions may not be an adequate deterrent in adolescent decision-making, as discussed below in the section on adolescent decision-making.
The diverse needs of adolescent mothers are thus more likely to be met by a number of factors, including more comprehensive programs that offer a variety of services and approaches to suit individual needs, while still addressing important common issues (Harden et al., 2006). In comparison to many of the interventions described in the literature, which are more circumscribed in terms of time and place, Massey Centre offers the advantage of both formal and informal instruction due to the constant presence of primary workers. More importantly, this contact with primary workers offers residents many opportunities for informal interactions and lessons on parenting and independent living skills. These interactions help to promote a number of positive interpersonal skills such as trust, collaboration, and mentorship, as well as opportunities for self-reflection which have been linked to better adjustment among adolescent mothers (e.g., Hurd and Zimmerman, 2010; see also, Boyce, Schaefer, and Uitti, 1985; Brophy-Herb and Honig, 1999). Working closely with clients also helps primary workers to better assess and target individual and developmental needs. Given the time-sensitive nature of this relationship, it is very important that primary workers and clients are able to evaluate their progress towards the main goal of fostering critical life skills that are needed to parent and live independently with a new baby.

**Adolescence and decision-making**

It is recommended that outcomes be considered in the context of recent research on adolescent decision-making. This research provides strong evidence from both behavioral and brain imaging studies that *affective decision-making* is still developing in adolescence, and that it lags behind the development of other types of problem-solving skills (Diamond, 2002; Luciana and Nelson, 1998, 2002; Luna, Garver, Urban, Lazar, and Sweeney, 2004; Prencipe, Kesek, Cohen, Lamm, Lewis, and Zelazo, 2011; Welsh, Pennington and Groisser, 1991). This lag contributes to a gap between knowing and doing which widens in more affective or “hot” situations. For example, adolescents make more impulsive choices on a simulated gambling task when they...
are playing for themselves to win (hot situation), versus playing for someone else to win (cool situation Crone, Bullens, Van Der Plas, Kijkuit, & Zelazo, 2008). Similarly, adolescents make more risky choices on a simulated driving task when they are surrounded by a group of peers (hot) versus when they are driving alone (cool Chein, Albert, O’Brien, Uckert, & Steinberg, 2010). In each case, adolescents know what to do, as evidenced by their performance in the cool situation, but are unable to make the same decision in the hot situation. This gap was not found for children and adults performing these tasks because adolescents are relatively more sensitive to rewards (e.g., Galvan et al., 2006) and less sensitive to punishment (e.g., Bjork et al., 2007).

Individual differences in problem solving also play an important role in affective decision-making. Differences found in early childhood have been found to persist through childhood (e.g., Blair & Razza, 2007) and through adolescence to young adulthood (e.g., Eigsti et al., 2006; Duckworth & Seligman, 2006). This accounts for important differences in social and cognitive functioning in early adulthood (e.g., Eigsti et al., 2006; Duckworth & Seligman, 2006). Because it is likely the case that individual differences in decision-making also contribute to outcomes such as unintended teen pregnancy (e.g., Woodward & Fergusson, 1999), it is important to address decision-making strategies, especially in the context of hot situations, as discussed earlier. Continuity in patterns of decision-making does not indicate that these patterns cannot be altered over the life course (see Carlson & Zelazo, 2011, for a discussion). Instead, they can provide an important focus for intervention. The research strongly suggests that adolescent mothers may require extra support and guidance around every day planning and decision-making, which is full of hot situations for any new mother. In these situations it may be helpful to promote self-regulatory strategies such as self-reflection (e.g., Zelazo, 2004) and perspective-taking (e.g., Crone, Bullens, van der Plas, Kijkuit, & Zelazo, 2008). In the context of this report, it is assumed that better affective decision-making and related self-regulatory skills can be inferred from
improvements on all the proposed measures. However, future evaluations and reassessments of program goals may choose to address affective decision-making in more direct ways.

**Correlates of adolescent motherhood**

In addition to the difficulties with decision making discussed above, teen moms must also contend with the negative effects of social disadvantage and exclusion with which unintended teen pregnancy is often linked to (e.g., Botting et al., 1998; Furstenberg, 2003; SEU, 1999; Ontario Ministry of Health and Long Term Care, 2009; Harden et al., 2006). The effects of factors such as, age, poverty, and single parenthood combine to contribute to the multiple adverse outcomes that families headed by teen moms are more likely to encounter. The complex nature of the situation makes it difficult to hone in on a single issue for intervention (Harden et al., 2006). Nevertheless, numerous factors can be clearly linked to negative outcomes. For example, the lack of knowledge about developmental milestones and child development among teen moms (e.g., Brooks-Gunn & Frustenberg, 1986) can lead to, among other things, the greater tendency of teens to perceive their child as having a difficult temperament (e.g., Field, Widmayer, & Stringer, 1980), which may, in turn, place these moms at greater risk for abuse of their children (Flanagan et al., 1995; see also review by Letourneau et al, 2004). In addition, teen moms are more likely to have negative physical and mental health outcomes and are less likely to complete their education, which decreases their opportunities for participation in the labour force (e.g., Botting et al 1998). Infants of teen moms are at greater risk for both lower birth weight and rates of breastfeeding (Botting et al., 1998), as well as higher infant mortality (Berthoud, 2001).

An important finding in the literature on teen moms is that when we control for social and economic disadvantage, longitudinal studies show that teen moms fare no worse than their similarly disadvantaged peers (e.g., Furstenberg et al. 1987), and sometimes fare even better (e.g., Luong, 2008). As a result it has been suggested that pregnancy and motherhood may
actually provide a window of opportunity for working with many vulnerable teens – who may be more open to intervention services because they desire better things for their babies at the same time that they work through some very large changes in their lives (Duncan & Markman, 1988; Brazelton & Cramer, 1991; Early Head Start and Teen Parents: www.clasp.org/publications/ehs_teens.pdf; Osofsky & Culp, 1993; see also, Boyce, Schaefer, & Uitti, 1985, for an interesting discussion on the role of adolescent mothers’ appraisals of permanence and continuity through time).

Summary and closing notes

The Prenatal program at Massey Centre for Women is poised to make significant differences in the lives of young women and their children who transition through the center at a critical time in their lives. To capitalize on this opportunity, Massey Centre recently identified a number of short-term outcomes against which they could measure progress during this transition. As a first step, the current report links these goals with evaluation tools that can be useful to both primary workers and their clients as they work towards these goals. These evaluation tools were chosen against a backdrop of developmental and contextual considerations, including recent work on adolescent decision-making. The recommendation to engage in mutually respectful goal-setting and problem solving is also in line with the developmental approach advocated in this report because it supports adolescents’ growing autonomy while still acknowledging their need for guidance and support.
Methodology

The Quality Assurance Committee under the leadership of the Project Lead led the design and development of the program evaluation for Massey Centre’s Prenatal program, with input and guidance from program staff, managers, directors and CEO. The committee worked in collaboration with Centre for Excellence consultants to develop a program logic model (see Appendix A), which supported the development of the evaluation framework that utilized process and outcome questions. (Please see Appendix B Evaluation Framework). The questions were the baseline in developing surveys and searching for tools to measure client outcomes. The Quality Assurance Committee initially met on a monthly basis, until the committee was ready to implement and evaluation framework activities.

The evaluation focused on four process questions posed to obtain a better understanding of our clients and programs, and two outcome questions to assess client’s mental health and parenting skills. Seventeen young women, aged 17 to 21 participated in the evaluation process, six in the pre data collection period, and nine in the post data collection period. All were residents of the Prenatal program for at least three months during the process. A large portion of these young women came from referrals from child protection agencies, shelters or from families or peers. The young parents in the Prenatal program are considered transient because they do not have stable living conditions. The program allows a young woman to stay for the duration of the program (from pregnancy to about 4-6 months after delivery) with the option to move into the community at any time. Sometimes, clients find stable housing in the community, prior to transitioning to the Transitional Housing Program. Surveys were administered from April to August 2012, “pre” data collection occurred in April 2012 and “post” data in August 2012.
Prior to the start of the evaluation process, the prenatal residents received details of the pilot evaluation from Quality Assurance Committee (QAC) members who did not work directly with the residents. Moving forward, these members initiated contact with the young women in order to complete surveys and consent forms, (please see Appendix C, Prenatal Consent form). The young women were informed that their involvement would be confidential and that full name disclosure was not needed when completing surveys and questionnaires. In order to keep track of the number of participants’ surveys, each young woman was accounted for through an attendance form utilizing a simple check mark beside her name. The QAC members were solely responsible for analyzing and reviewing the data.

Questionnaires were administered in the morning during breakfast with a member of the QAC member who was present and available to answer any questions and assist the young women, if they had any concerns about the process.

The process for each evaluation question was outlined and measured by utilizing the following approach:

1. In response to question #1: Are clients attending school and programs regularly?
   The QAC members ensured that attendance was captured at all Massey Centre programs by ensuring that attendance was documented for all sessions. This was completed by Toronto District School Board staff and Massey Centre program facilitators.

2. Client satisfactions surveys (Appendix D) were used to determine overall satisfaction in the Prenatal program. The questionnaires were implemented in April and early August 2012.
3. The prenatal staff surveys (see Appendix E) that were developed to evaluate the alignment of programs offered to young women. Primary workers completed this survey in June 2012.

4. In order to gather demographic data, the QAC created a Client Demographic Survey (see Appendix F). This survey was completed by Prenatal residents in April and August 2012.

5. The Rosenberg Self-Esteem Scale (Rosenberg, M., 1965) was completed in order to measure increases in self-esteem of the young women. The scale consists of 10 questions designed to gather results indicating the way in which the young women view themselves. This scale was completed between the months of April and August 2012 and the surveys were scored by the QAC.

6. In order to measure any increases in positive attachment and parenting skills the QAC unanimously decided to utilize the Attachment Knowledge and Attitude Questionnaire (see Appendix G). The questionnaire consists of 16 questions gauging the young women’s perceptions regarding their parenting skills. This was completed between April and August 2012.

7. In order to measure increased client knowledge of community resources, the QAC included a question in the client satisfaction survey (see Appendix D) the process was completed in April and August 2012. Please see Appendix E- Client Satisfaction Survey

8. The Casey Life Skills tool measures an increase in independent life skills. This tool contains questions on seven main life-skills domains which are then scored by percentile ranking. The young women completed the questionnaire on paper and a QAC member inputted their individual answers on-line in order to receive a distinct ranking for each client. This process was completed in April and August 2012. Please note: there is no appendix for this tool; it is not a publicly available tool.
All data pertaining to the process and outcome questions include descriptive statistics and qualitative analysis. Using Excel, the QAC analyzed the data in May and September 2012. There are three types of survey results noted in this report: bar graphs, answer summaries and percentile scoring reflect the outcomes of all tools used.

Evaluation is a relatively new practice for Massey Centre. Throughout the process the agency recognized its own limitations within this process these included: sample size, the types of measures and tools utilized, and timelines.

Sample size was a significant limitation during the period of the program evaluation because the Prenatal program did not have a high number of residents. There were six to nine clients residing during program implementation. Due to unforeseen circumstances, some clients transitioned out of the program making it challenging to accurately capture pre and post data.

We experienced some challenges utilizing some of the evaluation tools: the Casey Life Skills Tool, and the Attachment Knowledge and Attitude Questionnaire tool. The residents found the tools overwhelming and extensive. Residents were also concerned that results would be used to negatively judge their ability to parent. For example, when answering a question, residents noted that they felt they were required to give a correct answer or risk being unfairly criticized by staff.

Time and scheduling rounded out the challenges faced by this program evaluation. Massey Centre recognized that timelines should have had a more significant focus. Six months is an ideal span to have in between pre and post surveys. Our challenge here was that available time between them was limited to only two months, making the whole process only three months apart from beginning to end. Our agency acknowledges that this process takes
more time and that the project perhaps should have started earlier to in order for us to achieve better results.

**Pilot Results**

The evaluation of the Prenatal program at Massey Centre produced both qualitative and quantitative data in spite of the challenges and limitations addressed in the previous section. The results of each survey will be addressed individually in this section, and appendices and figures of graphs and summary results will be included at the end of this report. All pre-data tools were administered in April 2012 and post-data tools were administered in August 2012. In the preliminary data collection time, we had a sample size of 6 young women, and in the post data collection we had a sample size of 9 young women. As the young women in the Prenatal program are transient we could not capture data from most of the same young women both times. We were able to capture only two young women in both pre and post data collections. It was interesting to analyze nonetheless in the two sessions discussion differed as to why Massey Centre was evaluating the program. In the pre stages of administering the evaluations, the young women did not communicate or discuss their thoughts or feelings with available staff, but in the post stages, the young women were very vocal. The young women communicated that being involved in this evaluation process may help the next phase of young women coming into the Prenatal program, and that their input will help the program grow and evolve. They felt however, that the surveys related to parenting and independent skills undermined their capabilities, and judgement would be made on their skills. Their concerns were addressed and discussed at great length with the manager leading the evaluation process, case management supervisor, and a prenatal front-line staff person. All three assured the young women their input and involvement were valued and welcomed at Massey Centre.
**Program Attendance Results:**

In order to measure program and school attendance regularly, attendance reports were analyzed. During the time period of this evaluation, Massey Centre school attendance could not be accessed because the surveyed residents were not attending the on-site school because they were either aged out of the school system, and/or were attending school outside in the community. However, three program attendances were analyzed from April 2012 to July 31 2012 –Supporting Security, Young Parents Cooking Club, and Arts for Life and Rhythms of Resilience Art Program. The attendance overall was encouraging for all three programs. There were eight to ten women residing in the Prenatal program during this evaluation period, and over 70% of those young women attended the programs with their infants or individually. Figure 1- shows participant attendance for the Supporting Security and Cooking Club programs, and Figure 2 – is the Arts for Life program schedule.

**Client Satisfaction Results:**

To find out if clients were satisfied with the prenatal program, a client satisfaction survey was administered in April and August 2012. In the preliminary data collection we had a sample size of six young women. Half of the young women reported that they were satisfied with the services and programs offered in the Prenatal program. Figure 3 shows the “pre” Client Satisfaction survey results. The “post” data collection had a sample size of nine young women, and two-thirds of the young women were satisfied with the programs and services, and one-third was neutral about the program. Figure 4 shows the “post” Client Satisfaction survey results. Survey indicates that half of the young women did feel that staff treat them with respect, but also that they were neutral when asked if staff are available when they have a concern. With the Inventory of Life Skills being implemented in the Prenatal program in the near future, staff relationship with the clients will grow and change.
**Client Demographic Results:**

To create a demographic profile of the young women in the Prenatal demographic surveys were administered. Figure 5 shows pre results of the Client Demographic Survey. Figure 6 shows the post-survey results. Pre-evaluation survey data indicated that 90% of the young women came from ‘other’ neighbourhoods and cities, and post-survey data indicates about 50% of the young women did come from the 13 priority neighbourhoods listed on the survey. Both surveys also indicated that over 50% of the young women have only lived in Canada for 1 year to less than 3 years, and in the preliminary data, 50% of the young women had heard about Massey Centre through friends, and 40% through community referrals. In the post-survey data collection, it was equal numbers of young women hearing about Massey Centre through friends and other outside sources. According to the preliminary demographic survey, 60% of the young women indicated they came to Massey Centre to acquire extra support to become independent, whereas the post-survey data indicated 40% came to Massey Centre for the same support. Overall, the data would suggest that Massey Centre is serving diverse clients from various backgrounds that need support to develop their life-skills to help them to live independently in the community with their children. The findings of this data also align with our long-term goal of improving mental health of the young women by attending various programs and utilizing services offered to them.

**Positive Parenting Skills:**

To measure whether the young women demonstrate positive parenting skills as a result of interventions offered in the prenatal program, an Attachment Knowledge and Attitudes Questionnaire was administered. Please see Figure 7- for pre-survey results, and please see Figure 8 for post-survey results. Our data indicates overall, the young women participating in the Prenatal program have a strong understanding of attachment and parenting skills. The survey
asked questions relating to their child’s emotional and physical needs, i.e. “my baby needs to know that I will always be there of him/her”, and 90% of the young women were able to answer the questions positively, and 10% of the young women were neutral or may have not known the answer. The results indicate that we need to continue to provide parenting and attachment programs/workshops to help us maintain the positive results we have seen from the data and to help the young women that are still struggling with parenting their child.

**Community Resource Results:**

To determine whether the young women in the Prenatal program are aware of or have acquired knowledge of community resources since enrolling in the program, a question on this topic was asked on the Client Satisfaction survey. Both preliminary and post-survey data indicated that 50% of the young women became aware of the community resources available to them since their participation in the Prenatal program. Although the young women were aware of more community resources, we did not capture the details of what other resources they were seeking, or why they may have been seeking certain resources, or when they would utilize the community resources. Moving forward this is an area that we need to explore and evaluate this. Please see Appendix D, question 8 on the Client Satisfaction survey, and Figures 1 and 2 for the results.

**Independent Life Skills Results:**

To measure the degree to which the young women demonstrated independent life-skills, Casey Life Skills Assessment tool was administered using pre- and post-evaluation questionnaires. The QAC felt that results of this data were skewed, due to the fact that most young women did not complete the survey and/or had just written down the same answer throughout the whole process without reading each section. This was an area of challenge for us during both data collection periods. The tool was lengthy and the young women felt over-whelmed. To help us
move forward in measuring life skills, Dr Jean Whittenberg has developed an empirically-informed-tool for the Prenatal program that will help the young women develop independent life skills. This tool will be administered collaboratively with the staff and the young women together, and the process will be monitored at case management meetings.

**Self-Esteem Results:**

To discover whether the young women have experienced an increase in self-esteem, the Rosenberg Self-Esteem Scale was administered using pre and post evaluation surveys. The Rosenberg tool measures self-esteem in adolescents and adults, and the scale ranges from 0 to 30. Scores between 15-25 are within normal range, and scores below 15 may suggest low self-esteem. In the pre-survey data collection the scores ranged from 16 to 18, with one person showing a low score of 14. In the post-survey data collection the scores was from 15 to 17. This would suggest the self-esteem of the young women in the Prenatal program is within the “normal” range. As an agency, we can continue providing programs that will boost the self-esteem and confidence of the young women, and thus increase their resiliency.

**Staff Survey Results:**

To measure how the employees evaluate the quality of the Prenatal program and the degree to which programs offered align with the programs’ long-term goal, outlined in the Program Logic Model, a staff feedback survey (see Figure 9) was administered in July 2012 between using pre and post evaluation questionnaires. Surveys were handed out to seven front-line employees who work directly with the young women,. The staff satisfaction survey consisted of four questions related to programs offered in the Prenatal department. Questions ranged from “which programs...work well and why?” to what changes would you make...?” Four surveys were returned completed, and staff respondents felt that existing programs, (e.g. Cooking Club), are all working well because they engage the young women in building parenting and independent
skills. These programs also enhance their socialization skills with their peers and the staff. In order to continue the program successes, staff noted that a key component would be to make programs mandatory. This should be discussed with clients as an expectation upon intake.

The literature states, that engaging in mutually respectful goal-setting and problem-solving, supports the young women’s growing autonomy, but it still acknowledges their need for support. Based on our assumptions, the finding of the pilot evaluation is consistent with the literature. According to the research, interventions with adolescent parents confirm that better outcomes for both mother and child are linked to earlier prenatal care and education (Olds, Henderson, Kitzman, Eckenrode, Cole and Tatelbaum, 1998). Massey Centre Prenatal program provides these programs and health education for the young women and their children throughout their time in the program.

The literature also focuses on goal-setting, engagement, and problem-solving. Some of our process and outcome questions did not directly address the focus topics outlined in the review, but we can assume from the data that our Prenatal program engages the young women with their primary workers, and assists in the development of individual goals. This staff-client engagement allows both parties to review the goals of the programs as the young women participate in them. This is reflected in the Client Satisfaction survey and program attendance statistics, which indicate that the women feel respected by their primary workers, and do attend programs offered to them.

Moving forward, if Massey Centre is to re-evaluate the Prenatal program to achieve the long-term goal, the process and outcome questions will need to reflect the literature, which in turn may change the dynamic of the program.

Overall, as seen above, the pilot results indicate that the clients are satisfied with the Prenatal program. Attendance at the programs it operates was high despite the fact that
programs are not mandatory. To continue this success, staff indicated through survey results that programs should be mandatory and that this it should be explained to the young women upon intake. Massey Centre will evaluate its findings and incorporate any changes necessary to help meet the needs of the young women and staff.

Stakeholder Involvement and Knowledge Exchange

As stated above, the Quality Assurance Committee members took the lead in this project. The team is made up of managers and front-line staff who represent various programs at Massey Centre. When the grant was awarded, the Quality Assurance Committee worked with the Centre for Excellence consultant to build a Program Logic Model, and an Evaluation Framework. When completed, the committee members met with the staff and management teams from various programs to discuss the grant and ask their input and feedback on the PLM and the Evaluation Framework. Communication also took place with various external funders in the form of a letter, describing our goals and outcomes for the project. As the project evolved, ongoing communication took place between the members, the young women, the management team, and the staff. Preliminary findings were also shared with all internal stakeholders involved. The young women were asked to participate and signed off, releasing their information in the process, and during the time of the data collection strong discussions took place. We were able to get the young women’s feedback not only through participation in surveys, but also through verbal discussions. These discussions provided the committee with an opportunity to hear what gaps or concerns the young women perceived with this process – as outlined above in Pilot Results. We hired a student to work on the literature review on parenting and pregnant teen moms. This posed a challenge for us because, we did not have the review prior to our completing our evaluation framework, and therefore, not all of our process and outcome questions were in alignment with the literature review.
Moving forward, Massey Centre will share the final results of this project with all internal and external stakeholders. For our internal stakeholders, we will host a Power Point presentation to show our results, and discuss the next steps for the program being evaluated. For our external funders, we will share the executive summary. We hope to have an ongoing discussion regarding the importance of the programs at Massey Centre and the much needed funding. Massey Centre is also looking at presenting our findings at the Young Parent Resource Centre Knowledge Exchange Conference. This is a forum for children’s mental health organizations that serve young parents and their children.

Massey Centre will analyze the findings from this project to see what the gaps, trends, and concerns are, and we will continue to work collaboratively with the staff and the young women to address these findings. Without the involvement of all involved stakeholders, the agency cannot move forward to provide better mental health services for the clients it serves. The literature review has given us an opportunity to see what the needs of these young women are, and where as an agency we need to focus, such as to assist them with building problem-solving skills in ‘hot’ situations.
Conclusion & Recommendations and Next Steps

There have been many valuable lessons learned throughout this process and some recommendations that we would make are:

1. Buy-in from internal stakeholders throughout the process is a key success factor in success in the pilot project. Having an open dialogue between the implementation team and the internal stakeholders – i.e. employees, and clients, are crucial to achieving the outcomes the agency is trying to attain. An open dialogue includes being transparent, and working collaboratively; this is critical in fostering a learning environment in any agency.

2. As an agency and a committee, we need to look at methods to communicate with the young women about the process of evaluation and the background of the tools being used. As stated above the tools that were used during this evaluation period were overwhelming and judgemental according to the young women. Better communication would give us a greater buy-in.

3. Another form of collecting qualitative data - one that is not judgemental or overwhelming for the young women would be focus groups. These focus groups would consist of open-ended questions that focus on their needs and the types of support they require. The optimal model would be a large discussion group where the young women are not singled out when discussing their thoughts and feelings.

4. When looking at evaluating other programs at Massey Centre, we should focus on specific programs (e.g. the cooking club) that are affiliated with the larger program, and the way they support the Prenatal programs long-term goal. The resulting data would be more qualitative to help the program grow.

5. Throughout this whole process, the ongoing support and contact with Centre of Excellence consultants has been invaluable. Their guidance has helped the committee
develop the agency’s first Program Logic Model and Evaluation Framework. The regular teleconferences and in-house meetings helped keep the project on track. In addition, the Centre of Excellence’s website was also an invaluable tool with all its online resources, and webinars. As a children’s mental health agency serving young parents and their babies, Massey Centre recommends their other programs access the Centre of Excellence for their consultation support and its available wealth of resources and knowledge.

The next steps for Massey Centre:

1. To transfer the knowledge and experience gained from this project to other programs at Massey Centre.

2. To review and assess at what the literature states about pregnant and parenting teens such as those in the Prenatal program Massey Centre will have to re-formulate its evaluation framework to align with the literature review in order to acquire more stable quantitative and qualitative data.

3. When evaluating other programs at Massey Centre, and before developing PLM or an evaluation framework, a literature review should be written to help formulate the process and outcome questions.

The whole process of the Planning Evaluation grant has been an invaluable experience for Massey Centre. It has assisted the Quality Assurance Committee to become champions in evaluation, and it has greatly enabled the agency build on its evaluation capacity.
References


Appendix A

Program Logic Model: The Massey Centre for Women (Prenatal Program)

**LONG-TERM GOAL:** To improve the mental health of isolated young women by supporting 1) the development of secure attachment with their babies, 2) positive parenting skills, and 3) successful transitions into the community.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Target</th>
<th>Short-Term</th>
<th>Intermediate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Providers&lt;br&gt; 8 FT Pre Staff&lt;br&gt; 3 FT IMH Staff&lt;br&gt; 2 PT IMH Staff (Nurses)&lt;br&gt; 9 FT Relief Staff&lt;br&gt; 1 Resource Dev. Manager&lt;br&gt; 4 FT Managers&lt;br&gt; 1 FT Housing Staff&lt;br&gt; 1 FT WSW Staff&lt;br&gt; 1 FT Admin&lt;br&gt; 1 FT EIE Cook&lt;br&gt; 2 FT Teachers&lt;br&gt; Maintenance Staff&lt;br&gt; Volunteers&lt;br&gt; 3 FT OEC&lt;br&gt; 10 FT ELC</td>
<td>Intake/Assessment&lt;br&gt; Referral/self-referral&lt;br&gt; SIR (service inquiry report)&lt;br&gt; Intake meeting and follow up&lt;br&gt; Assignment of Primary worker&lt;br&gt; External/Internal referral&lt;br&gt; Development of Plan of Care</td>
<td>Intake pkg.&lt;br&gt; Individual files&lt;br&gt; Case Notes&lt;br&gt; IMH/Medical files&lt;br&gt; CYSIS data&lt;br&gt; Section 23 school&lt;br&gt; Legal documents&lt;br&gt; Discharge Summaries</td>
<td>Isolated pregnant teens from diverse populations, aged 13-21, who need supportive programs for themselves and their babies and/or&lt;br&gt; Young families from diverse populations who are unable to meet their own basic life skill and mental health needs</td>
<td>Decreased isolation&lt;br&gt; Increased independent life skills&lt;br&gt; Increased knowledge of community resources&lt;br&gt; Increased knowledge and awareness of positive parenting skills</td>
<td>Increase safe engagement with adults&lt;br&gt; Successful integration into community&lt;br&gt; Increased self-esteem&lt;br&gt; Increased regular attendance in school</td>
</tr>
</tbody>
</table>
## Evaluation Framework: The Massey Centre for Women - Pre-Natal Program

<table>
<thead>
<tr>
<th>Evaluation Question(s)</th>
<th>Input(s) / Activities / Outputs</th>
<th>Indicator(s)</th>
<th>Source(s) of Data</th>
<th>Method to Gather Data</th>
<th>Who? When?</th>
<th>Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do we want to know about this program?</td>
<td></td>
<td>How will we know we have answered this question?</td>
<td>Where will we get this information?</td>
<td>How will we collect this information?</td>
<td>Who will collect this information? How often will this information be collected?</td>
<td>How will this information be analyzed? By whom?</td>
</tr>
<tr>
<td>Are clients attending school and programs regularly?</td>
<td>Internal support services</td>
<td>Clients' regular attendance will be verified through an examination of school and program attendance records</td>
<td>School and program attendance records</td>
<td>Review of documentation (i.e., attendance records)</td>
<td>QA member</td>
<td>With Word Graphing</td>
</tr>
<tr>
<td>Are clients satisfied with the pre-natal program?</td>
<td>Internal/external support services</td>
<td>Clients report on their experience of the pre-natal program</td>
<td>Clients</td>
<td>Client satisfaction survey</td>
<td>QA committee</td>
<td>With Word graphing and by QA committee</td>
</tr>
<tr>
<td>Does staff feel that prenatal programming is aligned with the long-term goal of the program?</td>
<td>Programming (Internal/External)</td>
<td>Staff report on the alignment of prenatal programming with the long-term goal of the program</td>
<td>Staff</td>
<td>Review of the surveys</td>
<td>QA committee members</td>
<td>With Qualitative data analysis by QA committee</td>
</tr>
<tr>
<td>Who are we serving (client demographics)?</td>
<td>Target groups: Isolated pregnant teens from diverse populations 13-21 years - Young families from diverse populations</td>
<td>Demographic information has been compiled on clients (e.g., citizenship/immigration status, neighbourhood, etc)</td>
<td>Clients</td>
<td>Demographic survey</td>
<td>QA committee members (QA members)</td>
<td>With Word graphing analysis by QA committee</td>
</tr>
</tbody>
</table>

*Appendix B*
## Appendix B (continued)

<table>
<thead>
<tr>
<th>Evaluation Questions</th>
<th>Outcome</th>
<th>Indicator</th>
<th>Source of Data</th>
<th>Method to Gather Data</th>
<th>Who? When?</th>
<th>Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do we want to know about this program?</td>
<td>Increased self-esteem</td>
<td>Clients demonstrate improved score on Rosenberg Self-Esteem Scale post program compared to pre/mid-program</td>
<td>Clients</td>
<td>Rosenberg Self-Esteem Scale</td>
<td>Who: QA members When: Last week in April and July</td>
<td>With QA committee and qualitative analysis</td>
</tr>
<tr>
<td>Do clients experience increased self-esteem?</td>
<td>Increased knowledge and awareness of positive parenting skills</td>
<td>Clients demonstrate improved score on Attachment Knowledge and Attitudes Questionnaire (Dr. Wittenberg)</td>
<td>Clients</td>
<td>Attachment Knowledge/Attitudes Questionnaire</td>
<td>Who: QA members When: 1st week May &amp; last week July 2012</td>
<td>With QA committee and Word graphing analysis</td>
</tr>
<tr>
<td>Do clients demonstrate increased positive parenting skills?</td>
<td>Increased knowledge of community resources</td>
<td>Clients report knowing about community resources at the end of the program</td>
<td>Clients</td>
<td>Client Satisfaction Survey</td>
<td>Who: QA members When: end of April &amp; Mid July 2012</td>
<td>With Word graphing and qualitative data by QA committee</td>
</tr>
<tr>
<td>Do clients report increased knowledge of community resources?</td>
<td>Increased independent life skills</td>
<td>Clients will demonstrate increased knowledge of independent skills</td>
<td>Clients</td>
<td>Cassey Life skills Tool</td>
<td>Who: QA members When: end of April and July</td>
<td>Cassey Life Skills website will analyze the data</td>
</tr>
</tbody>
</table>
Appendix C

Prenatal Consent Form

The Massey Centre for Women is conducting an evaluation of the prenatal program. The purpose of the evaluation is to assess the effectiveness of the prenatal program to determine if it is meeting the needs of the clients.

As a client participating in the prenatal program, we would like to invite you to participate in the evaluation study. Your participation will involve the completion of questionnaires/surveys. If you choose to participate in the evaluation of the prenatal program your primary workers will set up a time that is convenient for you to complete the questionnaires/surveys. The amount of time required for your participation will be minimal.

We will use the information for the study to determine whether the prenatal program is helpful in addressing any problems or concerns in relation to programming.

Your participation is voluntary; you will not be penalized in anyway if you decide not to participate in this evaluation process. Your information will help us understand some of the ways the program can be improved for you and others.

Confidentiality

All the information you provide will be kept confidential. Your name will not be used on any questionnaires/surveys. All forms will go directly to the Quality Assurance committee.

If you have any questions or concerns about this evaluation process please contact myself, Gauri Rangel, Manager of the Massey Centre ELC and Evaluations at 416-425-3636 ext 252 or please come by to meet with me.

I have read the above information regarding my participation in the evaluation of the prenatal program. I give my consent to participate in this evaluation.

Client Signature: ___________________________ Date: ___________________
Appendix D

MASSEY CENTRE
Client Satisfaction Survey

We would like to know about your experience in the prenatal program. Please take some time to fill out the survey. Thank you.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When I come to this program, I feel welcomed and accepted.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Staff members of this program treat me with respect.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Programs and activities are provided in a way that makes it possible to participate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Staff are available when I need them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. There are opportunities for me to become involved in how this program operates if I wish to do so.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. This program is welcoming to the diverse groups of people who live in this community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Since coming to this program, I have made friends I can connect with and turn to outside of the program.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Since coming to this program I have become more aware of the services and resources available in my community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I would recommend this program to a friend.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Overall, I have benefited from the prenatal program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MASSEY CENTRE
Client Satisfaction Survey

11. What community resources have you learned about since coming to Massey Centre?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12. How has this program made a difference for you?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13. What changes (if any) would you recommend to this program?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ Nursing Sharing Program ☐ Watch, Wait and Wonder ☐ Supporting Security
☐ Ontario Early Years Baby and Me ☐ Parent Relief ☐ Movie Night
☐ Ontario Early Years Cooking Club ☐ Donation Program ☐ Massey Centre High School
☐ Ontario Early Years Drop In ☐ Ontario Early Years Parent (Everyone Together)
☐ Early Learning Centre ☐ Breakfast Club ☐ Make the Connection
☐ Mother Goose Program ☐ Ages and Stages ☐ Community Housing Support
☐ One-on-One Counseling ☐ Literature for Life
Appendix E

Massey Centre for Women
Staff Survey

Which programs offered in prenatal do you think work well and why?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Which programs do you feel don’t work effectively in prenatal and why?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What recommendations would you make to improve program attendance?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What changes would you make in prenatal to improve the program overall?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Thank you for completing this survey.
Appendix F

MASSEY CENTRE
Client Demographic Survey

Age: ___________________

Cultural Background (optional): ________________________

1. **How long have you been living in your current neighborhood or town?**
   - □ Less than 1 year
   - □ 1 year to less than 3 years
   - □ 3 years to less than 5 years
   - □ 5 years to less than 10 years
   - □ 10 years or more
   - □ 10 years or more

2. **How long have you lived in Canada?**
   - □ Less than 1 year
   - □ 1 year to less than 3 years
   - □ 3 years to less than 5 years
   - □ 5 years to less than 10 years
   - □ 10 years or more
   - □ Does not apply

3. **In which area of the city did you live before coming to Massey Centre?**
   - □ Jamestown
   - □ Jane - Finch
   - □ Weston - Mt Denis
   - □ Lawrence Heights
   - □ Malvern
   - □ Steeles - L’Amoreaux
   - □ Westminster - Branson
   - □ Flemingdon Park - Victoria Village
   - □ Kingston Galloway
   - □ Crescent Town
   - □ Scarborough Village
   - □ Eglinton east and Kennedy Park
   - □ Other [please specify] _________________________________
MASSEY CENTRE
Client Demographic Survey

4. How did you hear about Massey Centre?

☐ A friend
☐ CAS/CCAS
☐ School
☐ Community/Referral
☐ Website
☐ Other [Please specify] ____________________________________________

5. Why did you choose to move to Massey Centre? [Please mark all that apply]

☐ There was not enough room where I was living.
☐ Family is not supportive
☐ I was living in a shelter prior to moving to Massey Centre
☐ Child welfare (i.e CAS) recommended the program.
☐ I want the extra support in order to become more independent.
☐ Other: ______________________________________________________________________

______________________________________________________________________________
______________________________________________________________________________

Thank You
## Attachment Knowledge and Attitudes Questionnaire

© Jean Wittenberg, Hospital for Sick Children, Toronto

**PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT.**

For example: If you circled *Strongly Agree* for statement #1, you would be telling us that you are very sure that babies can tell the difference between a happy voice and an angry, sad or scared voice.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Babies can tell the difference between a happy voice and an angry, sad or scared voice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Babies get scared if they hear a quarrel or fight going on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> My baby needs to know that I will always be there for her/him.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> You can spoil a baby by picking her/him up when she/he cries.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> It is OK to leave a baby with anyone who is over the age of 12 years because the law allows it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong> Most of the time I pick up my baby when she/he is upset.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong> My baby needs me to help her/him feel calm and happy and safe.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.</strong> When I am feeling upset, I often go to my baby to calm me down or make me feel better.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. When I feel upset, I wait to feel better before I go to my baby unless she/he needs me right away.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

10. There is no way to understand why a baby is crying.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

11. My baby cries just to make me mad.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

12. When my baby cries, I don’t let her/him see me; that way she/he will settle down faster.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

13. Babies are too young to be affected by tension in people around them.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

14. I want to see how someone acts with my baby before I leave my baby in their care.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

15. When my baby makes me frustrated, I show the baby what I am feeling so he/she will learn to stop.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

16. I know that my crying and being upset will upset my baby.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>
### Participants, by Program

*(Apr 1, 2012 - Jul 31, 2012)*

<table>
<thead>
<tr>
<th>Program</th>
<th># of Unique Participants</th>
<th>Total # of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child 0-6</td>
<td>Child 7-13</td>
</tr>
<tr>
<td>MC-Supporting Security</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>MC-Yong Parents Cooking Club</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>MC-Yong Parents Cooking Club - Child Minding</td>
<td>14</td>
<td>0</td>
</tr>
</tbody>
</table>

*As of October 2, 2012  12:00 PM  Page 1 of 2*
**Arts for Life and Rhythms of Resilience Art Program**

- Days and times: Mondays 12:30-2:00 (first series) Mondays (12:00-2:30) and Thursdays 12:30-2:00
- Location: Massey Centre Community Room
- Please see below for session topics
- Art Facilitator: Kathie Young
- Staff leads: Aleena and Melissa will alternate days
- Begin date: February 6, 2012
  - Interim Report Due: January 2012
  - Final Report Due: August 2012 for Toronto Community Foundation and September 30, 2012 for Drug Prevention Community Investment Program

<table>
<thead>
<tr>
<th>Session #1</th>
<th>Session #2</th>
<th>Session #3</th>
<th>Session #4</th>
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</table>
| **Workshop**: Belly Casting and Scrap Booking  
**Facilitator**: Aleena/Melissa | **Workshop**: Felting, sculpting and painting  
**Facilitator**: Kathie Young  
**Staff**: Aleena and Melissa  
2 x per week  
Mondays and Thursday 12:30-2:00 | **Workshop**: Veil and Brush Painting  
**Facilitator**: Kathie Young  
**Staff**: Aleena and Melissa  
2 x per week  
Mondays and Thursday 12:30-2:00 | **Workshop**: TBD  
**Facilitator**: Kathie Young  
**Staff**: Aleena and Melissa  
2 x per week  
Mondays and Thursday 12:30-2:00 |

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<tr>
<th>Feb. 6</th>
<th>April 16 &amp; 19</th>
<th>May 28 &amp; 31</th>
<th>July 9 &amp; 12</th>
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<td>Feb 13</td>
<td>April 23 &amp; 26</td>
<td>June 4 &amp; 7</td>
<td>July 16 &amp; 19</td>
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<td>Feb 27</td>
<td>April 30-May 3</td>
<td>June 11 &amp; 14</td>
<td>July 23 &amp; 26</td>
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<td>Mar. 5</td>
<td>May 7-May 10</td>
<td>June 18 &amp; 21</td>
<td>July 30 &amp; Aug. 2</td>
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<td>Mar. 12</td>
<td>May 14 &amp; May 17</td>
<td><strong>make up days</strong></td>
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Massey Centre

Client Satisfaction Survey Results (Pre)

1. When I come to this program, I feel welcomed and accepted
2. Staff members of this program treat me with respect
3. Programs and activities are provided in a way that makes it possible to participate
4. Staff are available when I need them.
5. There are opportunities for me to become involved in how this program operates if I wish to do so.
This program is welcoming to the diverse groups of people who live in this community.

Since coming to this program, I have made friends I can connect with and turn to outside of the program.

Since coming to the program, I have become aware of the services and resources available in my community.

I would recommend this program to a friend.

Overall, I have benefited from the prenatal program.
Massey Centre

Client Satisfaction Survey Results (Post)

1. When I come to this program, I feel welcomed and accepted
2. Staff members of this program treat me with respect
3. Programs and activities are provided in a way that makes it possible to participate
4. Staff are available when I need them.
5. There are opportunities for me to become involved in how this program operates if I wish to do so.

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
Does not apply
6. This program is welcoming to the diverse groups of people who live in this community.

7. Since coming to this program, I have made friends I can connect with and turn to outside of the program.

8. Since coming to the program I have become aware of the services and resources available in my community.

9. I would recommend this program to a friend.

10. Overall, I have benefited from the prenatal program.
Figure 5

Massey Centre

Client Demographic Survey (Pre)

1. How long have you been living in your current neighborhood or town?
   - Less than 1 year
   - 1 year to less than 3 years
   - 3 years to less than 5 years
   - 5 years to less than 10 years
   - 10 years or more
   - Does not apply

2. How long have you lived in Canada?
In which area of the city did you live before coming to Massey Centre?

- James Town
- Jane-Finch
- Weston - Mt Denis
- Lawrence Heights
- Malvern
- Steeles - L’Amoreaux
- Westminster-Branson
- Flemingdon Park - Victoria village
- Kingston Galloway
- Crescent Town
- Scarborough Village
- Eglinton east and Kennedy Park
- Other
How did you hear about Massey Centre?
Why did you choose to move to Massey Centre?

- There was not enough room where I was living
- Family is not supportive
- I was living in a shelter prior to moving to Massey Centre
- Child welfare recommended the program
- I want the extra support in order to become more independent
- Other
Figure 6

Massey Centre
Client Demographic Survey (Post)

1. How long have you been living in your current neighborhood or town?
2. How long have you lived in Canada?

- Less than 1 year
- 1 year to less than 3 years
- 3 years to less than 5 years
- 5 years to less than 10 years
- 10 years or more
- Does not apply
In which area of the city did you live before coming to Massey Centre?

- James Town
- Jane-Finch
- Weston - Mt Denis
- Lawrence Heights
- Malvern
- Steeles - L’Amoreaux
- Westminster-Branson
- Flemingdon Park - Victoria village
- Kingston Galloway
- Crescent Town
- Scarborough Village
- Eglinton east and Kennedy Park
- Other
Figure 6 (continued)

How did you hear about Massey Centre?

- A Friend
- CAS/CCAS
- School
- Community/Referral
- Website
- Other
Why did you choose to move to Massey Centre?

- There was not enough room where I was living
- Family is not supportive
- I was living in a shelter prior to moving to Massey Centre
- Child welfare recommended the program
- I want the extra support in order to become more independent
- Other
Figure 7

Massey Centre

Client Attachment Survey Results (Pre)

1. Babies can tell the difference between a happy voice and an angry, sad or scared voice
2. Babies get scared if they hear a quarrel or fight going on
3. My baby needs to know that I will always be there for her/him
4. You can spoil a baby by picking her/him up when she/he cries
5. It is OK to leave a baby with anyone who is over the age of 12 years because the law allows it.

Strongly Agree
Agree
Not Sure
Disagree
Strongly Disagree
Does not apply
6. Most of the time I pick up my baby when she/he is upset
7. My baby needs me to help him/her feel calm and happy and safe
8. When I am feeling upset, I often go to my baby to calm me down or make me feel better.
9. When I feel upset, I wait to feel better before I go to my baby unless she/he needs me
10. There is no way to understand why a baby is crying.
Figure 7 (continued)

11. My baby cries just to make me mad
12. When my baby cries, I don't let him/her see me; that way he/she will settle down
13. Babies are too young to be affected by tension in people around them
14. I want to see how someone acts with my baby before I leave my baby in their care
15. When my baby makes me frustrated, I show the baby what I am feeling so he/she will learn to stop.
16. I know that my crying and being upset will upset my baby

Legend:
- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree
- Does not apply
63 | P a g e

Figure 8

Massey Centre
Client Attachment Survey Results (Post)

1. Babies can tell the difference between a happy voice and angry, sad or scared voice.
2. Babies get scared if they hear a quarrel or fight going on.
3. My baby needs to know that I will always be there for her/him.
4. You can spoil a baby by picking her/him up when they cry.
5. It is OK to leave a baby with anyone who is over the age of 12 years because the law allows it.

[Bar chart showing responses to the survey questions with categories: Strongly Agree, Agree, Not Sure, Disagree, Strongly Disagree, Does not apply]
6. Most of the time I pick up my baby when he/she is upset

7. My baby needs me to help her/him feel calm and happy and safe.

8. When I am feeling upset, I often go to my baby to calm me down or make me feel better.

9. When I feel upset, I wait to feel better before I go to my baby unless they need me.

10. There is no way to understand why a baby is crying.
11. My baby cries just to make me mad
12. When my baby cries, I don’t let her/him see me; that way she/he will settle down
13. Babies are too young to be affected by tension in people around them
14. I want to see how someone acts with my baby before I leave my baby in their care
15. When my baby makes me frustrated, I show the baby what I am feeling so she/he will learn to stop.
16. I know that my crying and being upset will upset my baby

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Does not apply
Staff Survey

4 Surveys returned out of 7 Surveys

1) Which program offered in prenatal work well and why?

4 Cooking club
2 Mother goose
1 Supporting security
3 Art program
1 Nurses Program
1 Peace Builders

2) Which programs are not working in the prenatal program and why?

1 Donation’s
1 No problem with programs
1 Programs are not mandatory that’s why they are not effective
1 The Method of facilitation is not effective.

3) What recommendation would you make to improve the program attendance?

Making programs Mandatory, structured and consistent.
Incentives for Clients
4) What changes would you make in the prenatal program to improve the program overall?

Bring more expertise to the programs
Bring more programs that are relative to the client’s needs
Bring more peer mentoring programs
Expectations for clients need to be clearly outlined during the intake process
Too many programs; it may be confusing for clients.

Summary:

Given the small sample the data is minimal but very informative. There are four full time day time staff that work the prenatal program and about 4 that work over night shifts, we were able to retrieve feedback from half of the staff which is positive.

Overall the staff feel there are many programs offered to the girls but their concerns are that these programs are not mandatory and therefore attendance at times are lacking, and that programs need to be better facilitated by expert facilitators.