

Rosalie Hall
Intensive Parenting and Development Model (for Residential Care)

Revised June 9, 2004; updated April, 2011

Components

-segments of service
 -reflect common purpose

Target Group

-to be addressed by activities
 -population, intensity

Activities

-what program does to work towards desired outcomes

1. Intensive Parenting	2. Establish Links to Community Supports	3. One-on-one Parenting and Child Development Consultations	4. Residential Addiction Treatment	5. Parenting Workshops	6. Community Follow-up
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The services target young parents up to age 21 years and their infants who are at risk for attachment and continued parenting due to risk factors including: history of child welfare involvement, substance use, adverse family and social conditions, challenged capacity to care for infant, emotional/psychiatric issues, behavioural issues, and/or housing instability. The service is offered in cooperation with Psychiatric Services of The Scarborough Hospital, Jean Tweed Centre for Women, and child welfare agencies in Toronto.

1.1 Design environment that is child friendly and comfortable for enriched parent-child activities. 1.2 Observe parent/child interactions. 1.3 Administer Nippissing Child Development Screening Tool with parents. 1.4 Develop and implement IPP's/plan of care to target areas of need. 1.5 Develop activities to strengthen parent- child interactions and attachment. 1.6 Provide education, information and hands-on experiences for parents and infants for child development and parenting. 1.7 Help address parent's concerns. 1.8 Implement schedule for Parents to access room when program is not in session to continue to implement skills learned with their infants. 1.9 Peer mentors to augment activities.	2.1 Visit community programs. 2.2 Develop "parent friendly" resource listing. 2.3 Establish relationships with community resources. 2.4 Support parents and accompany, when needed, to access community resources. 2.5 assist with resources and accompaniment.	3.1 Provide child development consults to parents. 3.2 Provide one-on-one developmental activities. 3.3 Consultations with Senior Clinician or Attachment Assessment and Support Team re attachment and parenting. 3.3 Accompaniment to any psychiatric follow-up appointments.	6.1 Collaborate with counsellor from Pathways to Healthy Families, Jean Tweed. 6.2 Pathways counsellor administer assessment. 6.3 Individual/group counselling re substance use issues and the impact on parenting. 6.4 Accompaniment to 12- step or other meetings as needed. 6.5 Liaison with nutritionist. 6.6 Develop goals and supports tailored to meet the needs of the mom and child 6.7 Utilize peer mentors as needed.	5.1 ECE Coordinator, residential counselor/ nurse and peer mentors provide workshops that increase child development knowledge, enrich parenting skills and provide basic child care skills. "Right from the Start" parenting groups with Aisling. Access to MMBOW. 5.2 Provide certificates for completion of each series of three workshops completed by parents. 5.3 Provide incentive toys and materials.	6.1 Maintain links with clients who have graduated from the Program 6.2 Develop follow-up questionnaire to ensure clients are successfully parenting and offer any needed ongoing supports 6.3 Assist to access any follow-up programs at Rosalie Hall (ie. Drop In, Right from the Start, housing units, Community Counsellor, etc.)
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Outcomes

-short and long-term objectives
 -related to activities and within control of the program participants

1. Number of mothers and infants served. 1.2) number of psychiatric consults accessed. 1.3) number parents with managed substance use.
 2. Infants are thriving, 2.1) achieving developmental milestones. 2.2) birth weights, 2.3) number of medical conditions, 2.4) indicators of parent/child attachment.
 3. Increased positive parenting attributes and reduced negative attributes using standardized test. 4. Reduced parent depression (Beck screen).
 5. Reduced parent risk scores on standardized pre-post measures/increased strengths. 6. Parents demonstrate and report improved parenting (comfort).
 7. Improved parenting independence on scale to include: 7.1) not parenting due to risk/child welfare, 7.2)reduced child welfare involvement, 7.3) parenting with support services (Rosalie Hall/Other agencies), 7.4) parenting with natural supports (friends/family), 7.5) independent parenting.

**Residential Program: Outcomes from June 1st 2010 to May 30th 2011
Presented by Vicki Goudy at All Staff, Sept 21, 2011**

	Numbers	Measurements Used	Comments/ Areas for Follow-Up or Improvement
1) No. of Mothers Served	41		Number of young women served include those admitted prenatally and postnatally with and without baby
1) No. of Infants Served	24		Numbers include babies born while at Rosalie Hall and those admitted postnatally
1.2) No. of Psychiatric Consults	7		Referrals are made through the Residential Nurse. Accompaniment is available if required or felt necessary.
1.3) No. Parents With Managed Substance Use	16	Managed Substance abuse are those young women who had reported refraining from substance abuse when finding out they were pregnant	? Returned to substance use after birth of baby. Some are confirmed and other is suspect.
2.1) Infants Who Achieved Developmental Milestones	All 24 infants achieved their developmental milestones	Nipissing District Developmental Screen Rosalie Hall Child Developmental Checklist	Goals are set with the young moms using Individual Program Plans for each baby.
2.2) Infants With Average Range of Birth Weights Born While At Rosalie Hall	20 infants that were born while at Rosalie Hall	Of those 20, 18 had an average birth weight at full term gestation (37 to 40 weeks) 5lbs +	
Infants with Medical Conditions	4		Requires additional nursing and staff support as well as nursing support to mom during appointments with specialists and hospital stays
Indicators of Parent/Child Attachments	2 refs. made to Attachment Team	Cannot be used until 6 months of age. Attachment discussed at Baby Tyme	Example of behaviors that demonstrate parental sensitivity Eye contact, parental response to cues. primary care giver. able to sooth, non intrusive behaviors.

	Numbers	Measurements Used	Comments/ Areas for Follow-Up or Improvement
Increased Positive Parenting Attributes and Reduced Negative Attributes Using A Standardized Test		PSI Ambiance MIG	Increased confidence through Baby Tyme interactions Aisling Discoveries Right From the Start Program.
Reduced Parent Depression		Beck PSI Parenting Stress Indicators	We are just beginning to track and measure outcomes
Reduced Parent Risk Scores on Pre/Post Measures	Of the 35 scores available 21 were reduced on discharge	Pre assessment and post assessment	An increase in scores could reflect more information re risk factors occurring after admission.
Parents Demonstrate and Report Improved Parenting	10 out of 14 report being better prepared to care for self and baby 11 out of 14 better informed about how to access services if required.	Client Satisfaction Questionnaire	
Not Parenting Due to Risk/Child Welfare	Of the 32 women who were in Rosalie Hall post natally 6 babies were apprehended.		

Parenting With Support Services (Rosalie Hall/Child Welfare)	30 out of 41 required ongoing supports i.e. Rosalie Hall and Child Wel		
Independent Parenting Without Child Welfare Involvement with support of family and friends	11		Living independently in the community
Number of Young women referred to Rosalie Hall Trauma focused CBT	13		Total number of visits 61
Client Satisfaction Questionnaire Outcomes	15 Client Satisfaction Questionnaires were completed	% have not been worked out to date	<p>The majority of the young women felt that the admission procedure was handled quickly and they were informed as to the rules and routines.</p> <p>Parenting and family issues were the main areas addressed in counselling</p> <p>When issues arose in the residence the majority of women felt they had an opportunity to discuss the situation, knew what the consequence would be. 50 % of the 14 that answered felt that the situation was not handled fairly.</p> <p>Overall the majority of the young women felt that the relationship with their counselor was good to excellent</p> <p>The majority felt that they better prepared to care for themselves and their baby on discharge.</p> <p>The majority felt the facilities at Rosalie Hall were fair to good.</p> <p>Need to revise the client satisfaction questionnaire</p>