Final Report to

The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO

Program Evaluation Grants

Development of Outcome Evaluation Tools for Catholic Family Services (CFS) of Hamilton

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EXECUTIVE SUMMARY

The following report highlights the outputs and outcomes created through the development of evaluation templates and tools for two programs offered by Catholic Family Services of Hamilton (CFS) funded by The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO. Broadly speaking, the approach for developing the evaluation template and tools was based on methodology set forth by the United Way of America[1].

In the Children with Complex Needs Partnership (CCNP), a partnership with two other organizations (Rygiel and Lynwood Hall), two client outcome surveys (initial and follow-up), and a survey for community agencies were created for the Case Management portion of CFS's role within the partnership. For the Counselling/Family Support portion, a client outcome survey was created. There were a number of constraints that led to the selection of these methods, including limited access to clientele due to the pressures of having a child with complex needs. It is recommended that CFS continue to identify opportunities for outcome evaluation. An important next step would be to identify opportunities to collate tracking data that is being captured by various members across the partnership, as well as through CFS in-house tracking systems.

The St. Martin's Manor program has several program areas. The areas that were included for the tool development included the Residence, the Day Program, the Outreach Program, and the Child Care Program (including the Respite Care and Time for Mom programs)[2]. Within these program areas there are several service components. The evaluation template that was designed identified opportunities to reach a diversity of stakeholders including staff, clients, family, and community agencies on a range of indicators which include mental health, physical health, life skills, (formal) education, and infant development and parenting. Given the breadth of the programming at SMM, several of the program outcomes that were identified within this template were selected for incorporation into the evaluation tools. These evaluation tools include client outcomes surveys for the Residence program, Day program, Outreach program and Child Care program. While the focus of this Program Evaluation grant was on outcome evaluation, necessary work was completed to draft tracking tools (i.e. process evaluation) that will allow staff to capture important utilization information (for the Outreach and Child Care programs), as well as results on some basic 'pre' and 'post' measures (for the Residence and Day programs).

An important next phase will be for SMM to design, pilot test, and implement the identified data collection tools for families and community partners (see SMM Evaluation Template in Appendix 2). There are also opportunities for SMM to consider the development of tools and methods that will capture the "stories" of the women, as this kind of rich data will yield a lot of information about real and perceived outcomes and impacts. It is important, however, that SMM have the appropriate baseline data, skills and expertise, and software to manage the volume and richness of data that would be collected through these latter approaches.

This report also highlights information that was collected pertaining to statistical/data analysis software. As part of the contract to develop the outcome evaluation tools, the Evaluation Consultant was asked to provide suggestions pertaining to a range of software that CFS could consider for purchase.

[1] United Way of America (1996). *Measuring Program Outcomes. A Practical Approach.* Effective Practices and Measuring Impact. Alexandria, VA: Author. Item #0989,

[2] There is also a (formal) education program, or "Alternative School" and skills training program. The activities of the alternative school and literacy and numeracy-training program have been incorporated within the Program Logic Models and evaluation tools.

INTRODUCTION

Catholic Family Services of Hamilton

Catholic Family Services (CFS) is "a non-profit, charitable organization guided by Catholic values and principles that exists so that the quality of life of all individuals and families in our diverse community is improved and strengthened". Catholic Family Services of Hamilton (CFS) was awarded Program Evaluation funds from the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO for two of its programs:

- **Children with Complex Needs Partnership** – This is an innovative program that is a partnership between Children's Mental Health and Developmental Services. The focus is on children with complex needs (significant mental health issues, developmental issues and/or dual diagnosis) whose needs are not being met in the community. It includes three components: integration, repatriation and transition.
- **St. Martin's Manor** – A Young Parent Resource Centre that provides service to strengthen the lives of all young parents and children by offering support, encouragement and hope in a safe welcoming environment. St. Martin's Manor offers a residential and a non-residential continuum of care for pregnant and parenting teens and their children. The young women who access the Manor may have mental health issues related to alcohol and substance abuse, victims of violence and abuse, adjustment issues and low self esteem. The program supports both the young women and their babies in an attempt to "*break the cycle*".

Program Evaluation Grants - Provincial Centre of Excellence for Child and Youth Mental Health at CHEO

The foci of the two Program Evaluation grants that were awarded to CFS (for both programs) are:
- The creation/shaping of program logic models.
- The development of basic outcome evaluation tools.
- The pilot testing of the tools that are developed.
- The training of staff on how to use the evaluation tools.
- The acquisition of data analysis software.

In order to complete these tasks, CFS hired an external evaluator, Gillian MacKay. In addition, CFS requested recommendations pertaining to potential software that could be used to analyze outcome evaluation data that is collected.

Report Layout

The main body of the report includes:
- Descriptions of the processes through which the evaluation templates and tools were created.
- Outcomes and deliverables (e.g. PLM's and tools).
- Knowledge dissemination activities.
- Parameters for tool development (i.e. criteria used by the Evaluation Consultant to shape the evaluation tools). Recommendations for ongoing capacity building in outcome evaluation have been made for some program areas.
- Recommendations pertaining to potential software that could be used to analyze outcome evaluation data are included in a separate sub-section called "Data Analysis Software".

OUTCOMES AND DELIVERABLES

(1) Children with Complex Needs Partnership (CCNP)

Process:

The development of the evaluation template and tools was facilitated over about a six-week period. Staff were very involved throughout the process. The process included the following steps:

- Initial meeting to discuss the tool development project and to begin orientation to CFS's portion of the CCNP program.

- Review of program documentation by Evaluation Consultant.

- Follow-up meeting to educate staff re outcome evaluation, program logic models (PLM's), and to begin shaping a PLM for the CCNP program (objectives, outputs, and outcomes). Generally speaking, front-line staff in social service agencies are very proficient and competent in the areas of service planning and implementation. However, outcome evaluation is not usually part of their day-to-day role. It was important and necessary to do an educational piece about PLM's and outcome evaluation. This permitted program staff to be an equal partner in understanding the approach to and participating in the development of the evaluation tools.

- Key informant interview with other partnership staff to increase Evaluation Consultant's knowledge of CCNP.

- Review of literature pertaining to evaluation tools, measures, outcomes, indicators, and best practices relevant to the program.

- Follow-up meetings to:
    - Continue development of PLM (outcomes and indicators).
    - Follow-up meeting to refine PLM and to begin shaping evaluation tools.
    - Follow-up meeting to refine PLM and evaluation tools.
    - Pilot testing of client evaluation tools.

- Staff training re administration of evaluation tools and data analysis.

Outcomes & Deliverables:

- Program logic model developed for Case Management and Family Support/Counselling.

- 2 client surveys developed for Case Management program – initial and follow-up outcomes. These surveys have been reviewed and tested by a third party. Staff felt that it was inappropriate to call upon clients to participate in the pilot testing given their caregiving burdens. Also, it was felt that there were not any clients at the "appropriate phase" to complete the 'initial' and 'follow-up' surveys.

- 1 community organization survey developed for Case Management program. Community partners were solicited to participate in pilot testing. No feedback was provided.

- 1 client survey was developed and reviewed by a third party for Counselling/Family Support.

- An evaluation template for staff highlighting timelines and tool administration, as well as data analysis guidelines were created. Pending decisions regarding data analysis software, minor revisions to the data collection tools may be necessary in order that the formatting of the evaluation tools is compatible with data entry procedures.

- Training session held May 16th for staff re administering evaluation tools and conducting data analysis.

Knowledge Dissemination Activities:

The following knowledge dissemination activities were identified in the funding proposal. Comments are provided below on the progress that has been made related to these activities.

- The tools will be used by the program for two years to evaluate the impact and outcomes related to children with complex needs.
    - *Progress:* This is the next phase of outcome evaluation work for the CCNP work completed by CFS.

- Report to be completed and shared with Children's Mental Health and Developmental Services sectors.
    - *Progress:* Report to be submitted to Children's Mental Health and Developmental Services sector pending submission to Provincial Centre of Excellence for Child and Youth Mental Health at CHEO.

- Report to MCYS and MCSS.
    - *Progress:* Report to be submitted to Children's Mental Health and Developmental Services sector pending submission to Provincial Centre of Excellence for Child and Youth Mental Health at CHEO.

- Attendance and presentations at workshops and Children's Mental Health and Developmental Services.
    - *Progress:* Attendance and presentations to be planned.

- Publication in relevant journals and newsletters.
    - *Progress:* Attendance and presentations to be planned.

Parameters for tool design for CCNP:

The evaluation template and tools that were developed were based on the following parameters and considerations:

- Direction to *focus on the elements of the partnership* that are implemented by CFS. These program elements include Family Support/Counselling, and Case Management.

- The completion of a *brief review of literature* best practices and evaluation tools that can inform the development of indicators and evaluation tools. The Appendices Section includes a brief literature review and examples of relevant sources that were identified.

- *The need to develop baseline outcome data*. Currently there are no outcome evaluation activities that are happening within the CCNP – either through CFS or the other two partner organizations. Therefore, it is important to begin capturing *basic* information that will begin inform key stakeholders of the short-term outcomes/impacts of the program. CFS (and CCNP more broadly) will need to continually develop and build upon its outcome evaluation activities as data begins to be collected, and as capacities and resources for evaluation expand.

- *The list of potential key informants*. With any kind of research or evaluation, is important to capture a diversity of data about program outcomes. The potential key informants for CCNP include:

    - *Clients* - The demands that are posed by having a child with complex mental health issues or developmental disabilities mean that clients have limited time and capacity to partake in evaluation approaches (e.g. focus groups, interviews) that require them to travel, find child care, or not be attending to the needs of their children. Literacy and language is also an issue for some clients, necessitating that questions be worded using terminology that is accessible, comfortable, and appropriate to the key informants. No standardized or pre-designed tools were identified in the literature that could measure indicators related to program outcomes.

    - *Community* – The range of stakeholders that falls within this category include the agency that refers clients to the CCNP program (Contact) and the agencies/ organizations/ providers that CCNP either refers its clients to or advocates for its clients to be able to access.

      There were two important considerations when designing evaluation tools and administration methods for this latter group. First, in many cases, given the complexity and severity of the issues experienced by children in these programs, it may take a long time to be able to identify outcomes for the child or family. Second, the scarcity of programs/services/providers available to meet the needs of these children/families may necessitate CCNP staff working with families and providers to implement solutions that fall outside normal service parameters. It may be only after several months that services/organizations are able to identify outcomes/benefits of working outside normal service parameters.

    - *Staff* – Program staff also provide an important source of data about impacts and outcomes. An attempt was made to identify a tracking tool that would capture some basic program information that could contribute to the dialogue around program impacts and outcomes. To be useful, such a tracking tool would need to integrate easily into the day-to-day activities of staff. After much discussion with staff, it was decided that such a tracking tool required further exploration than what was possible in the short period of the grant. Issues that make the tracking tool more complex to develop in the allocated time include finding

an efficient way to collate a range of tracking data that are being captured through various databases or sources (e.g. data re client meetings goes into CFS database, data re CCNP case outcomes is captured by CCNP Coordinator). It is recommended that CFS/CCNP continue to explore mechanisms for tracking in the near future, as a means of capture useful "process" evaluation information that will be informative about client outcomes.

- *Current knowledge, resources, and budget to carry out outcome evaluation.*

    - *Limited or no current budget to carry out evaluation activities.* This significantly impacts on the choice of evaluation tools. Data collection tools that collect more "rich" or qualitative data (such as focus groups or interviews) should ideally be implemented through external or neutral third parties in order to reduce the bias inherent within staff-driven evaluation.

    - *Limited time or capacity for data analysis.* When designing outcome evaluation tools, it is as important to think about how the data will be analyzed, as it is to think about how it will be collected. Therefore, it was important to design tools that can be easily entered and analyzed into data analysis software, while balancing the need to collect content rich data that tells stories about how programs have impacted upon clients or communities.

(2) ST. MARTIN'S MANOR

Process:

The development of the evaluation template and tools was facilitated over about a six-week period. Staff were very involved throughout the process. The process included the following steps:

- Initial meeting with program management to discuss project. This included a discussion regarding outcome indicators of interest.

- Review of SMM program documentation by Evaluation Consultant.

- Review of literature pertaining to evaluation tools, measures, outcomes, indicators, and best practices relevant to the program.

- Initial meeting with Staff at St. Martin's Manor to discuss the tool development project and to begin orientation to SMM programs. In addition, basic training re outcome evaluation and program logic models was provided. Outcome evaluation is currently not a primary part of front-line staff's day-to-day role. Providing an educational piece about PLM's and outcome evaluation permitted program staff to be equal partners in understanding the approach to and participating in the development of the evaluation tools.

- In total, 10 meetings with program staff (i.e. 4 meetings with all program staff, 2 meetings with Residence program staff, 2 meetings with Outreach program staff, 2 meetings with Child Care program staff, 1 meeting with Day program staff). The purposes of these meetings were to introduce program logic models and outcome evaluation, to discuss SMM programs, to develop program specific PLM's, to identify indicators, to discuss parameters for tool development, to review and refine tools, to plan for and carry out pilot testing.

- In between meetings, staff were invited to review and revise drafts of evaluation tools.

Outcomes & Deliverables:

- Development of Evaluation Template for Outcome Evaluation at St. Martin's Manor (Appendix 8).

- Overall PLM for St. Martin's Manor (including major service areas).

- 4 PLM's for individual program areas including Residence Program, Day Program, Outreach Program, and Child Care program. Several drafts of the PLM's were drafted, reviewed and refined for accuracy and clarity.

- 4 client outcome surveys were developed for Residence Program and Day Programs (i.e. surveys for prenatal women and postnatal women for each program). Initially, the evaluation template included 8 client outcome surveys – 'pre' and 'post' for the two programs for prenatal and postnatal women. However, pending further exploration and pilot testing, a decision was made to include 'pre' and 'post' measures within one client outcome survey for each program for the two client subgroups. There was a concern about the manageability of that volume of data given the current capacities in outcome evaluation. Staff reviewed drafts of the surveys prior to pilot testing. Pilot testing of

surveys for Residence and Day Programs was carried out with program participants. Staff were also invited to provide further refinements to the tool. Following the pilot testing minor amendments to the tool were made.

- 1 client outcome survey for the Outreach Program was developed, pilot tested with program participants, and revised.

- 1 client outcome survey for the Child Care program and one for the Respite Care/Time for Mom program was developed, reviewed, pilot tested and amended.

- To support the outcome tools created for SMM through the Program Evaluation grant, tracking tools were drafted for the Residence, Day Program, Outreach Program, and Child Care Program. Program staff is currently reviewing them, and feedback is pending.

- Demonstration version of client outcome survey and staff tracking forms were created in a sample data analysis software and reviewed by some program staff.

- Staff training regarding the administration of tools and analysis of data is planned for May 16th.

Knowledge Dissemination Activities:

The following knowledge dissemination activities were identified in the funding proposal. Comments on progress that has been made related to these activities has been provided below.

- Written report to be shared with mental health and young parent sectors, and available on our website.
  Progress: report will be shared upon submission to Provincial Centre of Excellence for Child and Youth Mental Health at CHEO.

- St. Martin's Manor would apply for additional funding to implement the evaluation process.
  Progress: application to be submitted.

- We would begin an evaluation of all our programs to ensure they are improving the mental health of the young parents and their children. There would need to be a pre-test of the tools.
  Progress: evaluation to be completed pending final pre-testing of tools.

- The evaluation results would be used to plan services for all young parents in Hamilton and in Ontario.
  Progress: evaluation to be completed pending final pre-testing of tools. Results will be integrated into service planning for young parents.

- Provincially - this is an exciting project for Young Parent Resources in Ontario. It would be essential that all provincial colleagues receive the evaluation tools that are developed.
  Progress: once final pre-testing has been completed, tools will be shared with provincial colleagues.

- The evaluation tools would be presented in conferences and seminars throughout Ontario.
  Progress: Opportunities to present at conferences and seminars are being identified.

Parameters for Evaluation Tool Development:

The evaluation template (see Appendix 2) and tools that were developed were designed using the following criteria and considerations. These criteria and considerations were set forth by the funder, CFS Management, and Staff, as well as by the Evaluation Consultant in response to program needs and principles of outcome evaluation.

Requirements Specified in Funding Proposal and Evaluation Interests of Management and Staff

- The goal is to develop effective evaluation tools that can be used to assess the programs offered at St. Martin's Manor. More specifically, these tools will help *determine which programs have the greatest impact on improving the mental health and well-being of the young parents and their children*…. The programs to be evaluated include:
    - Substance use education and counseling;
    - Women abuse education and counseling;
    - Crisis counseling;
    - Life skills;
    - Goal setting;
    - School program;
    - Employment preparation;
    - Prenatal education and support;
    - Infant care; respite (parental relief);
    - Parenting education and support; and,
    - Community outreach to street involved youth.

- Beyond the funding proposal, CFS and SMM management identified five areas of interest for evaluation indicators to be assess across the programs offered by SMM:
    - Mental Health;
    - Health (physical);
    - Life Skills;
    - Education; and,
    - Infant Development and Parenting

- In addition to the evaluation questions posed in the CHEO funding proposal, SMM staff were also interested in being able to glean data pertaining to the following questions:
    - Plans of care – are women achieving their identified goals?
    - Being able to measure change in women over time, for example:
        - Positive attachment behaviour;
        - Change in parenting; and,
        - Change in awareness on a variety of indicators.

Data Collection Methodology

- *CFS's Application For Funding For A Program Evaluation Grant* - The Program Evaluation grant has provided funds for the development of a methodology and tools in order to measure impact and outcomes over a 2-year period at the Manor. The results will be the basis to inform program development that results in best practice for this vulnerable, high-risk population.

- The process to design the evaluation tools that was approved through the funding proposal is as follows:
    1) The development of logic models for each of the programs that will guide the evaluation process.
    2) Development of the research methodology to include the following elements:
        - Literature Review
        - Interviews
        - Focus Groups
        - Client Surveys
        - Anecdotal
    3) Development of the tools for each of the five elements.
    4) Pre-test tools on sample.
    5) Purchase of statistical package to collect & analyze data.
    6) Train staff to use tools.

    PHASE 2 – Collect data and analysis (2 years)
    PHASE 3 – Report findings

Additional Guiding Criteria for Selecting and Developing Evaluation Tools

Given the breadth and depth of work that is completed within St. Martin's Manor, it was quickly realized by Program Management and Staff and the Evaluation Consultant that it would not be possible to create a tool to measure every program and service within the time frames of the funding proposal.

The following criteria were identified to prioritize what types of evaluation tools and what key informants would be selected in order to begin collecting outcome evaluation data:

- *What are CFS' current resources?* What types of tools are available to us given:
    - Current budget (will the evaluation be carried out internally by staff or externally by a neutral third party?)
    - Staff time (to lead or support evaluation, to collect data, to analyze data, for report writing). What kinds of tools will be most easily integrated into staff activities?
    - Data analysis tools available to analyze and synthesize data collected. What kinds of tools will yield data that can be easily integrated or entered into data analysis software?
    - Knowledge and training of staff and volunteers re outcome evaluation?
    - What kinds of tools will yield data that can be easily integrated into data analysis software?

- *What kind of data will be collected?*
    - What kinds of tools and questions lend themselves to outcome and impact evaluation (vs. participant satisfaction)?
    - How can we get pre- and post- data given the needs, interests, capacities, and life circumstances of clients?
    - How do we accommodate for the integrated nature of SMM programming? Given the interconnectedness of the five areas of indicators (mental health, physical health, life skills, infant development and parenting, and education), it does not make sense to develop a tool for each indicator area, but rather assess across programs.

- What kinds of evaluation might be conducted in the future? (What kinds of baseline data can we collect now to support future, more specific evaluation or research?)

- *Who are the key informants?*
  - How will we accommodate for respondent characteristics, such as literacy?
  - What are staff concerns re identifying appropriate evaluation tools with respect to client characteristics?
  - What tools will be least intrusive? How can we avoid women telling their stories over and over again?
  - How can we protect respondents' confidentiality and (if possible) anonymity?
  - How can we get a diversity of perspectives (e.g.) staff, clients, families, community partners/agencies?
  - What are ways that we can accommodate for a transient client group?
  - What are ways to improve the specificity of the data given that there are limited numbers of clients?

- *How can we get the best data from the least amount of tools?*
  - What are the least intrusive tools?
  - What kind of tool will tell us the most about a broad range of program outcomes?
  - If evaluation is conducted externally, how do we minimize bias created by staff administered tools?

Tools Ultimately Selected for Data Collection

With all of these considerations in mind, it was determined that the following tools would have to:

- Provide information on the impact of the program on women and children's mental health as well as the 5 aforementioned indicators.
- Utilize some or all of the methodology laid out in the funding proposal.
- Utilize methods that are within the current resources of SMM. If additional funding is secured, then there are opportunities for expanding the methodology to elicit more qualitative data that will "tell the stories" of impacts of services, and women's and children's outcomes.
- Incorporate questions that will identify best programmatic approaches (i.e. best practices) as well as identify client outcomes.
- Acquire as many perspectives (i.e. range of key informants) as possible.
- Respect the privacy of respondents.

REVIEW OF DATA ANALYSIS SOFTWARE

As part of the contract to complete the development of program logic models and outcome evaluation tools, CFS also requested that the Evaluation Consultant investigate statistical or data analysis software that would collate, analyze and synthesize the outcome evaluation data.

A set of criteria was established for what features data analysis software should possess based on advice from CFS, as well as an understanding of the two programs' current capacities, and future interests in outcome evaluation. These criteria became the basis for questions that were posed in key informant interviews with contacts deemed as 'experts in the field'. The criteria that guided the discussions is provided below:

- Allows for both basic quantitative data (counts, percentages) as well as qualitative data analysis (trends, themes).
- Can cross-reference or cross-tabulate data on a range of indicators.
- Is very user-friendly, not requiring much "uptake time" for staff to learn and gain confidence in using.
- Does not require much user support. SMM is an off-site location of CFS.
- Fits within the allocated budget.
- Is appropriate to the goals and mission of SMM and CCNP, but could potentially be used organization wide for outcome evaluation work.
- Can be utilized by personnel with a range of training or expertise (ranging from Executive Officers, to Managers, to front-line staff, to students and volunteers).
- Data can be easily stored and retrieved.
- Potentially is a capacity building tool for staff (and potentially clients). That is, users could potentially learn a new skill through its use, or by virtue of the programs degree of "accessibility", evaluation tools could be accessible and available to a wide range of stakeholders.

A list of key informants was identified by the Executive Director and built upon by the Evaluation Consultant (see Appendices Section). This list is comprised of community service program directors, researchers, professors, educators, and consultants with expertise in qualitative research, non-profit organizations, strategic planning, outcome evaluation, and community health programming. In total, 9 telephone and on-line discussions were carried out. Three replies to requests for information were not responded to.

Findings:

None of the key informants were able to identify (a) statistical package(s) or data analysis software that met the aforementioned criteria. The following is a synopsis of potential software packages and their respective advantages and disadvantages.

1. Microsoft packages such as Word, Excel, or Access

Word could be used (in a rudimentary fashion) for qualitative data analysis by sorting data by theme into individual files. Then, using pre-established criteria, staff could perform "search" function through the file to do "counts" of how many times a theme appears. One key informant noted that this is how things "used to be done" before the advent of more sophisticated qualitative data analysis software. Also, this is the same basic function or approach that is used by sophisticated qualitative data analysis software such as NVIVO/NUD*ST.

Advantages:

- Most agencies have this software in-house, so there would be no additional costs, or annual subscriptions.
- Getting technical support with this product would be relatively easy – whether or not the agency has in-house help.
- Most staff have a working knowledge of Word.
- Data would be easy to store and retrieve.

Disadvantages:

- Using Microsoft Word in this way would be very time consuming.
- Staff would need to be very careful about creating files in an accurate fashion so that data would not be lost or erroneously duplicated.
- Such an approach is not very rigorous. Reviews of the data would need to be performed with great consistency. There is potential risk of bias in analyzing outcomes if there is more than one person reviewing the data.
- Would not conduct the basic quantitative analyses, such as percentages, counts etc. These would have to be performed through Excel, or another spreadsheet package.

Excel was identified as "something that was available", especially for completing any required quantitative analysis (particularly of close-ended or multiple choice questions). In theory, it was suggested that Excel could also perform some basic qualitative analysis – such as the number of times clients provide specific open-ended questions. The sorting and searching of themes would be performed in a similar way to Word.

Advantages:

- Most agencies have this software in-house, so there would be no additional costs, or annual subscriptions.
- Getting technical support with this product would be relatively easy – whether or not the agency has in-house help.
- A few staff may already have a working knowledge of Excel.
- Excel would do a good job of tabulating quantitative data that is collected.
- Data would be easy to store and retrieve.

Disadvantages:

- Using Microsoft Excel to analyze "text data" can be risky. It has not been designed to do qualitative analyses. A number of key informants voiced this concern. One key informant, who has worked with many people who have tried to use Excel in this way, noted several examples of how qualitative data has been lost when inappropriate functions have been applied to cells with text data.
- Like Word, using Excel for qualitative analysis is not very rigorous.

Access is another Microsoft product that often comes in Office Suite packages. It is a database that is intended to collate, store and tabulate data. None of the key informants that identified Access felt that it was a viable option because it is not user friendly. It is challenging to learn, and to create files in. Most key informants voiced that it is a product that "if you don't know how to use it, you'll never know how to use it". This has also been the experience of this Evaluation Consultant.

*2. Sophisticated Statistical Packages such as SPSS or NVIVO/NUD*IST*

Given the criteria noted above, all of the key informants felt that sophisticated software such as SPSS (for quantitative analyses) or NVIVO/NUD*IST (for qualitative analyses) would not be appropriate for the intended application of analyzing basic outcome evaluation data. These software packages are designed to conduct sophisticated analyses for research initiatives that have more complex methodologies than what would be used by CFS (e.g. case and control groups) and/or demand skill sets that are (currently) beyond those of staff that would be conducting outcome evaluation. Furthermore, the current focus for CFS is on outcome evaluation, and not research.

3. On-line Survey Tools

There is a range of on-line survey tools available (*Zoomerang* and *Survey Monkey* are two commonly cited examples). The primary intent of these products are to offer users the capacity to create and analyze data from on-line surveys. Potential survey respondents are sent an e-mail an electronic link by e-mail or an electronic link is made available on a web-site. Respondents complete the tools electronically and the data that is provided by all respondents is automatically compiled and analyzed. Survey questions can be close-ended (e.g. multiple choice, yes/no, matrices etc.) or open-ended (e.g. one-line response, or comment box).

Advantages:

- Although the primary functions of these tools are to design, distribute and analyze data from surveys, on-line surveys can be used in a number of other ways.
- It is understood that a good proportion of CFS's clientele may not have access to a computer, or have e-mail. However, data from paper/written surveys, or responses from interview or focus group data can be entered (by a third party) into what becomes an 'on-line database'. Clients that do have computer access can complete outcome evaluation tools on their own, potentially in the privacy of their own home, or living accommodations (e.g. St. Martin's Manor), or at CFS.
- Staff can create easy to compare "pre" and "post" surveys or databases that would enable them to see potential changes in outcome across groups of clients.
- These products tend to be very user-friendly, and offer on-line and telephone support to end-users who are designing surveys and reports.
- These products can produce tidy reports of the analyzed data that can be exported into other applications, such as Word and Excel. Some on-line products, such as Survey Monkey, have the capacity to export their data into more sophisticated statistical software such as SPSS. This feature could be beneficial in the event that CFS were in the position to be doing "research".

- The availability of "skip logic" or "branch logic" is another advantage of using this kind of tool for entering process or tracking data. This would allow personnel who are entering tracking data (as well as clients who are filling out surveys) to skip over questions that are not relevant. There are a number of indicators that are being tracked, particularly for the SMM programs, and allowing staff and/or clients to skip over (i.e. not see) questions that are not relevant to them, may make the survey easier to complete.

Disadvantages:

- The cost can be prohibitive, as many of these products are offered in the form of annual subscriptions. Depending on the size of the package and the company offering it, the costs can range from about $300US annually to $600US annually.
- Most of these products are "single-user" meaning that the terms of use do not permit subscriptions to be shared. So, either multiple subscriptions would have to be acquired, or (a) dedicated person(s) would have to be identified to complete data entry and analysis to limit the number of subscriptions to be purchased.
- Like the other products, these products are not necessarily designed to conduct qualitative research. To make this a tidier process, it would be important to manually review the qualitative data to identify emergent themes. This would be helpful for coding qualitative data as it is being entered into the database.

Conclusions:

Based on the suggestions provided by the key informants, it is recommended that CFS explore the use of on-line surveys, and how they can be manipulated to perform the data analysis functions required by CCNP and SMM. CFS may wish to identify funding strategies (beyond this grant) for purchasing future annual subscriptions. There may also be opportunities for working within the 'single user' "terms of use", by perhaps, for example, identifying staff who would be responsible for data entry, analysis and report production.

RECOMMENDATIONS FOR FUTURE EVALUATION ACTIVITIES

CCNP

It is recommended that:

- CCNP (and CFS more broadly) continue to develop and build upon its outcome evaluation activities as data begins to be collected, and as capacities and resources for evaluation expand.
- It is recommended that CFS/CCNP continue to explore mechanisms for tracking in the near future, as a means of capture useful "process" evaluation information that will be informative about client outcomes.
- It is conceivable that in spite of several reviews of the client surveys by staff and another neutral party, some minor revisions may need to be made once the tool is administered on a regular basis.
- Program Logic Models are updated on a regular basis as refinements to the program are made.

SMM

It is recommended that:

- SMM (and CFS more broadly) continue to develop and build upon its outcome evaluation activities as data begins to be collected, and as capacities and resources for evaluation expand.
- To further build upon and/or refine the client tracking tools (i.e. process evaluation tools) that were created to complement the outcome evaluation tools that were created through the Program Evaluation Grant.
- Program Logic Models are updated on a regular basis as refinements to the program are made.

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APPENDIX ONE – CCNP PROGRAM LOGIC MODEL

OVERARCHING PROGRAM GOALS – CFS ROLE IN CCNP

- To support families of children with complex needs *in caring for their children* in the home/community through case management and/or counselling.
- To *support reintegration* of children with complex needs back into their homes or home community through case management and/or counselling.

Components

Implementation Objectives and Activities

Case Management

OBJECTIVE ONE – INITIAL ASSESSMENT & SERVICE PLAN DEVELOPMENT

To conduct assessment meetings in collaboration with CCNP partners and clients in order to:

- Determine fit between CCNP services offered by CFS and the family's needs.
- Identify the strengths of the family (e.g. resources, skills, formal and informal supports, knowledge).
- Identify the concerns of the family – for the family and for the child.

To develop service plan:

- Prioritize concerns in way that identifies short term and long-term goals, and within those, the order of priority.
- Determine who can help to meet the unmet needs of families and their child(ren).

OBJECTIVE TWO – IMPLEMENTATION OF SERVICE PLAN

To implement service plan (i.e. service coordination/ensure plan is being implemented).

- Conduct research and identify appropriate services to respond to needs.
- Provide referrals and advocacy
    - Link families/clients to appropriate services.
    - Liaise with other providers involved with clients (e.g. make telephone calls, attend meetings).
    - Advocate for family/client to access appropriate services.
    - Work with families/encourage them to advocate for themselves/their child.
        - Provide information to clients about:
        - Disability and strategies related to the disability.
        - Criteria and limitations of systems, services, and providers (e.g. rights and responsibilities under certain legislation re education, community services, health care).

OBJECTIVE THREE – ONGOING MONITORING OF SERVICE PLAN

To review & update assessments/service plans (i.e. service coordination) – once the service plan has been in place (at approx. 6 months)

- Make appropriate referrals to services (on ongoing basis) in addition to the initial ones identified in the initial assessment/service plan.

Family Counselling

OBJECTIVE ONE

To provide *therapeutic and practical counselling and support* (telephone, e-mail, in-person) in order to respond to day to day and crisis issues by:

- Normalizing clients' experiences,
- Highlighting individual and community resources and strengths,
- Exploring options, and
- Discussing possible next steps.

	Case Management	Family Counselling

Outputs/process indicators	• Initial assessment meetings conducted (one per family).
	• # Assessment/service plans developed.
	• # Service plans implemented.
	  ○ Calls to service providers or services – to make referrals
	  ○ Calls made to providers or services – to advocate on behalf of client..
	  ○ Clients linked to necessary services/providers.
	  ○ Meetings attended with clients.
	• Provide information to clients proactively and in response to needs/situation re:
	  ○ Disability and strategies related to the disability.
	  ○ Criteria and limitations of systems, services, and providers (e.g. rights and responsibilities under certain legislation re education, community services, health care).
	• # Service plans updated in response to newly identified needs.
	  ○ Calls to service providers or services – to make referrals.
	  ○ Calls made to providers or services – to advocate on behalf of clients.
	  ○ Clients linked to necessary services/providers.
	  ○ Meetings attended with clients.
		# Telephone support calls carried out
		• Ongoing
		• Crisis
		# Supportive e-mails sent.
		• Ongoing
		• Crisis
		# In-person support sessions conducted
		• Ongoing
		• Crisis

Short-term outcomes	• Clients have an increased awareness of their own/their child's strengths, needs, and preferences. • Clients have increased understanding of child's disability or mental health issues. • Clients have an increased awareness/understanding of the range of services, programs, and/or providers available to respond to children with complex needs and their families. • Clients have increased links to/connections with relevant and appropriate services, programs and/or providers in the community. • Community service providers have increased awareness of clients needs as a result of the work of CFS-CCNP. • Community service providers report needs/issues clients being responded to as a result of CFS-CCNP.	Clients have an increased awareness of their: • *strengths* and *resources.* • *Options* re managing family and children's issues. Clients have an increased capacity to identify next steps required to manage family and children's issues. Clients have opportunities to relive stress by debriefing through CCNP counselling.

	Case Management	Family Counselling
Intermediate outcomes	• Clients have increased knowledge of how to advocate for their own needs. • Clients have increased awareness of criteria and limitations of systems and services and providers. • Clients have fewer unmet needs as a result of services provided by CCNP-CFS. • Community service providers have increased ability to respond to the specific needs of clients.	
Long-term outcomes	• Families and children are better able to cope with their complex needs on an ongoing basis. • Children with complex needs are less likely to be placed outside of the home or Hamilton community. • Children with complex needs are more likely to be repatriated to the family home or Hamilton community.	• Families and children are better able to cope with their complex needs on an ongoing basis. • Children with complex needs are less likely to be placed outside of the home or Hamilton community. • Children with complex needs are more likely to be repatriated to the family home or Hamilton community.

APPENDIX 2 – EVALUATION TEMPLATE FOR CCNP

COUNSELLING/FAMILY SUPPORT COMPONENT

Objectives/Activities	Outcomes	Indicators	Evaluation Tools
MAIN OBJECTIVE: To provide *therapeutic and practical counselling and support* (telephone, e-mail, in-person) in order to respond to day to day and crisis issues by: • Normalizing clients' experiences, • Highlighting individual and community resources and strengths, • Exploring options, and • Discussing possible next steps.	**Short term outcomes:** *As a result of the family support/counselling services offered via CFS in the CCNP,* clients have opportunities to relieve stress by debriefing through CCNP counselling.	**Short-term Impact/Outcome Indicators:** • # and/or % of clients that report that they felt "heard". • # and/or % clients ↓ stress rating from beginning of session to end of session. • # and/or % of clients identifying the immediate benefits of brief counselling offered by CFS-CCNP. • # and/or % clients identify elements of counseling session they found particularly helpful in managing stress. • # and/or % clients that recognize stress as common reaction to coping with child with complex needs (in current service environment).	*Brief client survey* completed at end of session.
	Short term outcomes: *As a result of the family support/counselling services offered via CFS in the CCNP* clients have an ↑ awareness of family, and children's: • *Strengths and resources.* • *Options* re managing family and children's issues. • *Next steps* required to manage family and children's issues.	**Short-term Impact/Outcome Indicators:** • # and/or % clients that recognize own strengths that could be utilized to manage situation(s). • # and/or % clients able to identify community resources that they could explore to manage situation(s). • # and/or % clients able to identify possible next steps to manage situation(s).	*Brief client survey* completed at end of session.

Objectives/Activities	Outcomes	Indicators	Evaluation Tools
MAIN OBJECTIVE: To provide *therapeutic and practical counselling and support* (telephone, e-mail, in-person) in order to respond to day to day and crisis issues by: • Normalizing clients' experiences, • Highlighting individual and community resources and strengths, • Exploring options, and • Discussing possible next steps.	**Long term:** Families and children are better able to cope with their complex needs on an ongoing basis. AND Children with complex needs are less likely to be placed outside of the home or Hamilton community. AND/OR Children with complex needs are more likely to be repatriated to the family home or Hamilton community.	Current focus of evaluation tools is on short-term impacts and outcomes. However, the premise of outcome evaluation centres on concept of realizing short-term outcomes as means for working towards long-term outcomes. Until such time that program is prepared for more long-term outcome evaluation, CFS-CCNP can look to results of short-term impact and outcome evaluation as a means of contributing to the realization of longer-term outcomes of the program.	Evaluation tools to be developed in later phases of outcome evaluation work.

CASE MANAGEMENT

Objectives/Activities	Outcomes	Indicators	Evaluation Tools
OBJECTIVE ONE **INITIAL ASSESSMENT & SERVICE PLAN DEVELOPMENT:** To conduct assessment meetings in collaboration with CCNP partners and clients in order to: • Determine fit between CCNP services offered by CFS and the family's needs. • Identify the strengths of the family (e.g. resources, skills, formal and informal supports, knowledge). • Identify the needs and preferences – for the family and for the child. To develop service plan: • Prioritize the concerns in a way that identifies their short term and long-term goals, and within those what is the order of priority. • Determine who can help to meet the unmet needs of families and their child(ren).	**Short term outcomes:** *As a result of the case management services offered via CFS in the CCNP:* Clients have an ↑ awareness/ understanding: • The strengths, needs, and preferences of the child and the family. • The range of services, programs, and/or providers available to respond to the needs of children with complex needs and their families. Clients report: • That their interests, concerns, and needs have been heard. • That their interests, concerns, and needs have been incorporated into their service plan. • Their service plan has (also) been developed in response to identified short-term and long-term goals and priorities.	**Short-term Impact/Outcome Indicators:** • # and/or % clients reporting an ↑ awareness of: • Their strengths, needs, and preferences. • The range of services, programs, and/or providers available to respond to their needs. # and/or % clients that report: • Their interests, concerns, and needs have been heard. • Their interests, concerns, and needs have been incorporated into their service plan. • Their service plan has (also) been developed in response to identified short-term and long-term goals and priorities.	**Initial client survey** Distributed to client following development of service plan.

Objectives/Activities	Outcomes	Indicators	Evaluation Tools

OBJECTIVE TWO
 	
IMPLEMENTATION OF SERVICE PLAN
 	
To implement service plan (i.e. service coordination/ensure plan is being implemented).
 	
Research and identify appropriate services to respond to needs.
 	
Referrals and Advocacy
• Link families/clients to appropriate services.
• Liaise with other providers involved with clients (e.g. make telephone calls, attend meetings).
• Advocate for family/client to access appropriate services.
• Work with families/encourage them to advocate for themselves/their child.
• Provide information re: disability and strategies related to the disability
• Provide information re: ways to navigate "the system" (e.g. rights and responsibilities under certain legislation re education, community services, health care).
	Short-term outcomes
	
	As a result of the case management services offered via CFS in the CCNP:
	
	Clients have:
	• ↑ links with services, programs, or providers in the community that respond to their priorities.
	• ↑ awareness/ understanding of the range of services, programs, and/or providers available to respond to children with complex needs and their families.
	• ↑ awareness/ understanding of child's disability or mental health issues.
	• ↑ awareness/ understanding of criteria and limitations of systems and services and providers.
	
	Community service providers:
	• Have an ↑ awareness of clients needs.
	• Report that the needs of clients are being addressed.
	
	Intermediate outcomes:
	• Clients have ↓ number of unmet needs.
		Short-term Impact/Outcome Indicators:
		# and/or % *of clients* that report::
		• ↑ linkages with services, programs, or providers that respond to their identified priorities.
		• ↑ awareness/ understanding of the range of services, programs, and/or providers available to respond to children with complex needs and their families.
		• ↑ awareness/ understanding of child's disability or mental health issues.
		• ↑ awareness/ understanding of criteria and limitations of systems and services and providers.
		
		# and/or % community service providers reporting:
		• ↑ awareness of client's needs.
		• That the needs of clients are being addressed.
		
		Intermediate outcomes:
		• # and/or % of clients reporting that they have ↑ number of unmet needs.
			Short term impact/outcome evaluation tools:
			
			1. Follow-up client survey – distributed after services have been in place for (approximately) 6 months. This survey builds on the initial survey, but builds in questions re intermediate outcomes. This survey will collect clients' feedback on:
			• The extent to which they have been linked to available programs, services, or providers in response to identified priorities.
			• The perceived benefits and limitations of services, programs or providers.
			• Their learnings about services, programs, or providers that are available in the community.
			• The real or perceived impacts and outcomes (to date) of being linked to services.
			• The extent to which they learned about ways to navigate "the system" (e.g. rights and responsibilities under certain legislation re education, community services, health care).
			• The extent to which they learned about strategies for coping with their child's disabilities.
			
			2. Community agency survey – distributed annually to organizations, providers, programs etc. that CFS commonly links with around required services for clients. Purpose of survey is to assess:
			• Extent to which community providers indicate↑awareness of clients' needs.
			• Awareness that needs are being addressed.
			• Perspectives of community providers re extent to which CCNP program is:
			  ○ Linking children with complex needs and their families to services in the community.
			  ○ Supporting children with complex needs and their families such that children can stay in their home(s) or home communities.

Objectives/Activities	Outcomes	Indicators	Evaluation Tools
OBJECTIVE THREE **REVIEW AND UPDATE ASSESSMENTS –** (Ongoing) • To review & update assessments/ service plans (i.e. service coordination) • Make appropriate referrals to services (on ongoing basis) in addition to the initial ones identified in the initial assessment/ service plan.	**Short term outcomes:** *As a result of the case management services offered via CFS in the CCNP:* Clients have: • ↑ links with services, programs, or providers in the community that respond to their priorities. • an ↑ awareness/ understanding of the range of services, programs, and/or providers available to respond to the needs of children with complex needs and their families. • an ↑ awareness/ understanding of the criteria and limitations of systems and services and providers. Community service providers: • Have an ↑ awareness of clients needs. • Report needs/issues of clients are being addressed. *Intermediate outcomes:* Clients have ↓ number of unmet needs.	**Short-term Impact/Outcome Indicators:** # and/or % clients that: • are linked with programs/ services etc. that meet newly identified needs/interests. • report ↑ awareness/ understanding of the range of services, programs, and/or providers available to respond to children with complex needs and their families. • an ↑ awareness/ understanding of the criteria and limitations of systems and services and providers. # and/or % community service providers reporting: • ↑ awareness of client's needs. • That the needs of clients are being addressed *Intermediate outcomes:* • # and/or % of clients reporting that they have ↑ number of unmet needs.	**Short term impact/outcome evaluation tools:** *1. Follow-up client survey* – Please refer to evaluation tool description for Objective 2. *2. Community agency survey* – Please refer to evaluation tool description for Objective 2.

APPENDIX THREE -

Children With Complex Needs Partnership

Counselling/Family Support Program - Client Outcomes Survey

Thank you for completing this brief confidential survey. CFS is interested in hearing from you what impacts Counselling/Family Support Services of the CCNP has had on you and/or your family.

1. Talking with CFS Counselling/Family Support staff has been helpful in the following ways:

	Very helpful	Somewhat helpful	Only a little bit helpful	Not helpful at all
Knowing that there is someone there that I can talk to				
Feeling "heard" – that someone understands what I am going through				
Being able to talk about possible options for me and my family				
Other, please tell us:				

2. Using Counselling/Family Support Services has increased my awareness of the following:

	Increased awareness very much	Increased awareness somewhat	Increased awareness only a little bit	Did not increase awareness at all
My own skills to manage issues that come from having a child with complex needs				
Knowledge that I have that could help me to problem-solve				
Resources that are available in the community (e.g. services, program, providers)				
Possible next steps that I could take to manage certain issues				
Other, please tell us:				

3. At the *beginning* of this meeting with Counselling/Family Support staff, I was feeling
   _____ Very stressed
   _____ Somewhat stressed
   _____ A little bit stressed
   _____ Not stressed at all

4. At the *end* of this counselling session with Counselling/Family Support Staff, I am feeling
   _____ Very stressed
   _____ Moderately stressed
   _____ A little bit stressed
   _____ Not stressed at all

   Comments:

5. Two things that I feel better able to do as a result of using Counselling/Family Support services are:

   1.

   2.

6. Two things that could be improved about Counselling/Family Support services are:

   1.

   2.

7. Do you have any other comments about the Counselling/Family Support Services of the Children with Complex Needs Partnership?

Thank you for your time. Your feedback is very important to us.

APPENDIX 4
Children with Complex Needs Partnership - Case Management Services
Community Agency Survey

Thank you for completing this brief confidential survey. CFS is interested in hearing from you what you think about how its Case Management services are benefiting children with complex needs and their families that it works with.

1. How many cases have you shared with CCNP? _____

2. How long have you been working with Case Management services?
   _____ less than one month
   _____ 1-2 months
   _____ 3-4 months
   _____ 4-6 months
   _____ 6-9 months
   _____ 9-12 months
   _____ longer than a year

3. What sector do you work in?
   _____ Health Care
   _____ Mental Health
   _____ Education
   _____ Developmental disabilities
   _____ Other, please specify: _____

4. How much has Case Management services increased your awareness of:

	Increased very much	Increased somewhat	Increased a little bit	Has not increased at all	I was already very aware
The strengths and capacities of the families with children with complex needs					
The needs of families with children with complex needs					
Other services or programs in the community that are also available to my client					
Ways in which different sectors or providers can work together to meet the needs of a child with complex needs					
The limitations of systems and services that are available to children with complex needs and their families					

5. Given the range of programs and services that are available for children with complex needs, do you think that CCNP Case Management services is responding to clients?
   _____ Very much
   _____ Somewhat
   _____ A little bit
   _____ Not at all

   Please explain:

6. Generally speaking, has CCNP Case Management services impacted upon your capacity to respond to children in the CCNP and their families?
   _____ Very much
   _____ Somewhat
   _____ A little bit
   _____ Not at all

   Specifically,

   a) What has been the impact on your clients (i.e.) our shared clients?

   b) What has been the impact on your organization/service?

   c) What has been the impact on the local community?

7. What kind of impact do you think that Case Management services is having on keeping children with complex needs in their home or home community?

8. What are three things that you think could be better about CCNP Case Management services?

9. Do you have any other comments?

Thank you for your time. Your feedback is very important to us.

Please return this survey to CFS in the stamp addressed envelope provided.

APPENDIX 5
Children with Complex Needs Partnership – CFS Case Management Services
Client Outcomes Survey – *Initial Survey*

Thank you for completing this brief confidential survey. CFS is interested in hearing from you what impacts Case Management Services of the CCNP has had on you and/or your family.

Please do not put your name on this survey.

1. How long have you been using CCNP Case Management services?
   _____ less than one month
   _____ 1-2 months
   _____ 3-4 months
   _____ more than 4 months

2. How much has CCNP Case Management services increased your awareness of:

	Increased very much	Increased somewhat	Increased a little bit	Has not increased at all	I was already very aware
Your family's strengths to manage issues that come from having a child with complex needs has					
What your family needs in order to manage issues					
Services, programs, and providers that are available in the local community to help your family manage					
The criteria for accessing services or providers that might be available to help your family manage (e.g.) age, diagnosis, rights and responsibilities, etc.					
The limitations of systems and services that might be available to help your family manage					
How to advocate for yourself (i.e. how to "navigate" the system					
Your child's disability or mental health issues					

3. How well has the" service plan" that has been put together (with you) been built upon:

	Very much	Somewhat	A little bit	Not at all
What your family is most concerned about?				
What your family's priorities are?				

4. Do you think that your family is currently linked with the best available services or programs to respond to your family's needs?
   _____ Very much
   _____ Somewhat
   _____ A little bit
   _____ Not at all

   Please explain:

5. So far, how helpful have services and programs been to assist your family with coping with your child's disability or mental illness
   _____ Very helpful
   _____ Somewhat helpful
   _____ A little bit helpful
   _____ Not helpful at all

   Please explain:

6. Do you think that CCNP Case Management is helping you to address your needs?
   _____ Very much
   _____ Somewhat
   _____ A little bit
   _____ Not at all

   Please explain:

7. What have been three benefits of using CCNP Case Management services for your family?

8. What are three things that you think could be better about Case Management services?

Thank you for your time. Your feedback is very important to us.
Please return this survey to CFS in the stamp addressed envelope provided.

APPENDIX 6
Children with Complex Needs Partnership - CFS Case Management Services
Client Outcomes Survey – *Follow Up*

Thank you for completing this brief confidential survey. CFS is interested in hearing from you what impacts Case Management Services of the CCNP has had on you and/or your family.

Please do not put your name on this survey.

1. How long have you been using CCNP Case Management services?
   _____ less than one month
   _____ 1-2 months
   _____ 3-4 months
   _____ 4-6 months
   _____ 6-9 months
   _____ 9-12 months
   _____ longer than a year

2. How much has CCNP Case Management services increased your awareness of:

	Increased very much	Increased somewhat	Increased a little bit	Has not increased at all	I was already very aware
Your family's strengths to manage issues that come from having a child with complex needs has					
What your family needs in order to manage issues					
Services, programs, and providers that are available in the local community to help your family manage					
The criteria for accessing services or providers that might be available to help your family manage (e.g. age, diagnosis, rights and responsibilities)					
The limitations of systems and services that might be available to help your family manage					
How to advocate for yourself (i.e. how to "navigate" the system					
Your child's disability or mental health issues					

3. Has the "service plan" that has been put together (with you) been reviewed and revised over time to respond to:

	Very much	Somewhat	A little bit	Not at all	Changes were not necessary
What your family is most concerned about now?					
What your family's priorities (related to your concerns) are now?					

4. Do you think that your family has been linked with the most appropriate available services or programs to respond to your family's evolving needs?
   _____ Very much
   _____ Somewhat
   _____ A little bit
   _____ Not at all

   Please explain:

5. How helpful has CCNP Case Management services been to assist your family with coping with your child's disability or mental illness?
   _____ Very helpful
   _____ Somewhat helpful
   _____ A little bit helpful
   _____ Not helpful at all

   Please explain:

6. Do you think that your family has fewer "unmet" needs (related to your child) as a result of using CCNP Case Management services?
   _____ Very much
   _____ Somewhat
   _____ A little bit
   _____ Not at all

   Please explain:

7. Now that you have been in the program for several months, what have been three benefits of using CCNP Case Management services for your family?

8. What are three things that you think could be better about CCNP Case Management services?

Thank you for your time. Your feedback is important to us.

Please return this survey to CFS in the stamp addressed envelope.

APPENDIX 7
Instructions for Administering Evaluation Tools and Data Entry
Children With Complex Needs Program

Program	Evaluation Tool Administration
Family Support/Counselling - *Client Outcome Survey*	
Key Informants:	• Clients of service
Format of Survey:	• This survey has been designed so that it can be administered in one of two ways: paper format, or electronic format. See comments re Survey Distribution/Collection, and comments re Timelines.
Survey Distribution/Collection:	• Ideally, a paper format survey would be distributed to and collected from the client by a neutral third party (i.e. not Family Support/Counselling staff) in order to reduce respondent bias. • An electronic survey could be used with clients through an electronic link on a CFS computer workstation (if there is one available). See comments re Timelines.
Timelines:	• Survey to be administered at the end of each counselling session, and returned immediately to staff or volunteer. • Given the small numbers of clients of this service (i.e. staff estimates <10/year), data can be entered into database/ software and analysed sporadically throughout the year, or as need for summarized data requires.
Data Storage:	• Completed surveys should be stored in file separate from any identifying client information. Ideally, completed surveys would be stored by personnel or in a space not involved with the CCNP program • The format for storing the electronic data will depend on statistical package that is selected by CFS. If an on-line survey package is selected, a database can be created which is automatically updated every time a completed survey is entered, or can be entered at one time once a sufficient volume of paper surveys has been collected. • It is also important to create periodic electronic backups of the database in the event that there is a system crash or the statistical package is unexpectedly no longer available.
Data Entry and Analysis:	• It is best if the data is reviewed and entered into the database, and analyzed by a third party (i.e. other staff, a volunteer, a student, or person external to CFS or CCNP). • Depending on the statistical package that is selected, specific (close-ended) questions/indicators can be cross-tabulated. Cross-tabulations allow you to see how the answer to a set of questions affects the answer to other questions. For example, you might want to know how males answer a particular question vs. how females answer that same question

Program	Evaluation Tool Administration
Case management services - *Client Outcome Surveys (initial and follow-up)*	
Key Informants:	• Clients of service
Timelines:	• Initial survey distributed to clients after first assessment and as service plan is beginning to be implemented. • Follow-up survey distributed to clients at 6 months (as per Accreditation Standards). • Please see comments re Data Entry and Analysis.
Format of Survey:	• This survey has been designed so that it can be administered in one of three ways: paper format, electronic format (sent to the client by e-mail), or through an interview administered by a neutral third party (i.e. volunteer, student, or person external to the program/CFS). • The format of the survey will dictate how it is administered. Please see comments re: Survey Administration
Personnel involved:	• Ideally, the (paper format) survey would be distributed to and collected from the client by a neutral third party (i.e. not Family Support/Counselling staff) in order to reduce respondent bias. However, realistically, it may be distributed to the client by program staff. Please see comments re Format.
Survey Administration/ Collection:	• If the survey is administered to the client in paper format, then there are 3 options for distributing the survey to the client – by mail, by staff during client meeting, or by third party. Logistically, it is likely to be one of the first two options. • It is important for staff to communicate to the client what the purpose of the survey is (i.e. to identify impacts and outcomes of the program) and that the intention is to analyze data across clients, and not individual client data. • Paper surveys can be returned to CFS via program staff, a third party, or by providing a stamped envelope with CFS's address on it. There is a balance between having staff collect completed surveys (i.e. potential response bias) and waiting on completed surveys to be returned by mail (i.e. lower return rate). • The survey can also be administered electronically, for those clients who have (access to) e-mail. An electronic link would be e-mailed to the client, through which they would complete the survey. Depending on how an electronic survey is formatted, clients can also view other people's responses to questions (if this is deemed desirable). • If the survey is administered by telephone interview, it would be important for the interviewer to be a neutral third party, to reduce bias. The interviewer would follow the list of questions and complete the response areas as per feedback from the client. The personnel responsible for data entry activities would then enter completed surveys into the data analysis software.
Data Entry and Analysis:	• It is best if the data is reviewed and entered into the database, and analyzed by a third party (i.e. other staff, a volunteer, a student, or person external to CFS or CCNP). • There is consistency across the key indicators incorporated within both surveys. This allows the person doing the data analysis to make temporal comparisons across the group of clients – from when they began in the program, to later point in time when they have had a chance to benefit from the program.

	• Based on Accreditation Standards, it was determined that the "follow-up" survey should be administered at 6 months, when clients are "reassessed". Given the length of time it can take for clients to get services established, and begin to see benefits of those surveys, it may be necessary to either re-administer the follow-up survey at 12 months, or adapt the timing of when the follow-up survey is given to the client. This timing will become more apparent with continued administration of the tool. • It is best if the data is reviewed and entered into the database, and analyzed by a third party (i.e. other staff, a volunteer, a student, or person external to CFS or CCNP). • Depending on the statistical package that is selected, specific (close-ended) questions/indicators can be cross-tabulated. Cross-tabulations allow you to see how the answer to a set of questions affects the answer to other questions. For example, you might want to know how males answer a particular question vs. how females answer that same question
Data Storage:	• Completed surveys should be stored in file separate from any identifying client information. Ideally, completed surveys would be stored by personnel or in a space not involved with the CCNP program. • The format for storing the electronic data will depend on statistical package that is selected by CFS. If an on-line survey package is selected, a database can be created which is automatically updated every time a completed survey is entered. It is also important to create periodic electronic backups of the database in the event that there is a system crash or the statistical package is unexpectedly unavailable.
Case Management Services - *Community Agency Survey*	

Key Informants:	• Community agencies that have direct involvement with CFS-CCNP Case Management Services:
	  ○ Contact;
	  ○ Agencies/ organizations that are working with client such as (but not limited to) school board/specific schools or teachers; other providers

Timelines:	• Surveys should be administered on an annual basis to the list of agencies that Case Management services has been connected with to provide services to its clients. (Thus, it will be necessary for staff to maintain a list of agencies, organizations, and/or providers). • Please see comments re Data Entry and Analysis
Format of Survey:	• This survey has been designed so that it can be administered in one of three ways: paper format, electronic format (sent to the client by e-mail), or through an interview administered by a neutral third party (i.e. volunteer, student, or person external to the program/CFS). • The format of the survey will dictate how it is administered. Please see comments re: Survey Administration
Personnel Involved:	• Ideally, the (paper format) survey would be distributed to and collected from the client by a neutral third party (i.e. CCNP staff) in order to reduce respondent bias. However, realistically, it may be distributed to the agency by program staff. Please see comments re Format. • Electronic versions (if available) of the survey can be sent by e-mail. This reduces bias created by having the survey distributed and collected by personnel directly connected with the CCNP program. Electronic format also increases the return rate as the data from the completed surveys are

	automatically incorporated into the database for the survey. No staff involvement is necessary.
Survey Administration/ Collection:	• If the survey is administered to the agency in paper format, then there are 3 options for distributing the survey to the client – by mail, by staff during client meeting, or by third party. Logistically, it is likely to be one of the first two options. • It is important for staff to communicate to the respondent what the purpose of the survey is (i.e. to identify impacts and outcomes of the program) and that the intention is to analyze data across clients, and not individual respondent data. • Paper surveys can be returned to CFS via program staff, a third party, or by providing a stamped envelope with CFS's address on it. There is a balance between having staff collect completed surveys (i.e. potential response bias) and waiting on completed surveys to be returned by mail (i.e. lower return rate). • The survey can also be administered electronically, for those clients who have (access to) e-mail. An electronic link would be e-mailed to the respondent, through which they would complete the survey. Depending on how an electronic survey is formatted, respondents can also view other people's responses to questions (if this is deemed desirable). • If the survey is administered by telephone interview, it would be important for the interviewer to be a neutral third party, to reduce bias. The interviewer would follow the list of questions and complete the response areas as per feedback from the client. The personnel responsible for data entry activities would then enter completed surveys into the data analysis software.
Data Storage:	• Completed surveys should be stored in file separate from any identifying client information. Ideally, completed surveys would be stored by personnel or in a space not involved with the CCNP program. • The format for storing the electronic data will depend on statistical package that is selected by CFS. If an on-line survey package is selected, a database can be created which is automatically updated every time a completed survey is entered. It is also important to create periodic electronic backups of the database in the event that there is a system crash or the statistical package is unexpectedly no longer available.
Data Analysis:	• It is best if the data is reviewed and entered into the database, and analyzed by a third party (i.e. other staff, a volunteer, a student, or person external to CFS or CCNP). • It is best if the data is reviewed and entered into the database, and analyzed by a third party (i.e. other staff, a volunteer, a student, or person external to CFS or CCNP). • Depending on the statistical package that is selected, specific (close-ended) questions/indicators can be cross-tabulated. Cross-tabulations allow you to see how the answer to a set of questions affects the answer to other questions. For example, you might want to know how males answer a particular question vs. how females answer that same question

APPENDIX 8

Children with Complex Needs Partnership
Highlights from Literature Review

Synopsis:

- A literature review was conducted in order to identify best practice information regarding outcomes, indicators, and evaluation tools appropriate to the program population (s):
    - Databases available at McMaster University's Social Sciences Library were scanned including Family Abstracts, Psychlit and Sociological Abstracts. Also an on-line search of the World Wide Web was conducted.
    - Concepts that were used to search for literature included: case management, single-session/brief counselling, wrap-around, autism, developmental disabilities, parents, children, client outcomes, best practices, outcome evaluation. A bibliography of resources that were reviewed is listed below.

Overall, the literature review yielded information or research that appears to confirm or validate the approaches that the CCNP program is utilizing (e.g. brief counselling, case management, client-centered approach). The literature review did not necessarily yield any simple measures or indicators that would easily integrate into a basic outcome evaluation tool. However, it did yield information/research that confirms or validates the approaches that CCNP is using. As a preliminary step in demonstrating and discussing impacts of services and client outcomes, CCNP can couple its results with information from the literature that highlights the effectiveness of strategies that it employs while working with children with complex needs and their families.

Trends in the Literature:

Examples of trends in the literature review (identified using the aforementioned keywords) include:

- Approaches for working with parents of children with developmental disabilities or other "maladaptive behaviors". This research suggests that *programs should incorporate strategies that help families deal with stress* (Baker et al, 2002).

- Highlight the benefits of *providing (informal) support by helping caregivers to cope with stress and boosting coping strategies* for families of children with emotional and behavioral difficulties (McDonald et al, 1997; 1999 as cited in Brannan and Heflinger, 2001).

- Emphasize the importance "of *understanding and attending to families needs and preferences*" so that "service systems and practitioners can help families to meet their own priorities for their children and family, facilitate faithful implementation of critical features of a treatment or service, and maximize the achievement of system goals such as reduced use of restrictive settings and lower costs of care" (Brannan, 2003).

- Apparent consistency in research literature pertaining to the *importance of developing a partnership between parents and service providers* (Keen et al 2004; Vaughn et al, 2005; and Kim et al, 2004; as cited in Blacher et al, 2005) with emphasis on collaboration between families and providers, the development of a functional assessment of the problems of the individual, and a person-centered value system. Correcting behaviour problems is a central goal of the support plan, but there is overarching interest in the quality of life of the individual with the disability. This approach

emphasizes the importance of working with families to develop plans. Positive outcomes have been shown as a result of close collaboration and communication.

- *Assessment tools, or standardized scales* that could be used to measure behaviour change (e.g. Bayley Behaviour Scales; as cited in Baker et al 2002) or family stress (e.g. Family Needs Survey; as cited in Trute and Hiebert-Murphy, 2005) or impacts of certain approaches. The scales that were identified were not appropriate (i.e. too intrusive or detailed) given that the current task is to develop basic outcome evaluation tools rather than sophisticated measures that are more in the domain of research.

Bibliography from Literature Review for CCNP

Provided below is a listing of the most relevant resources that were identified in the literature review.

Baker BL, Blacher J, Crnic KA,, and Edelbrock C (2002). Behavior problems and parenting stress in families of three-year old children with and without developmental delays. *American Journal of Mental Retardation*, 106(6), November, 433-444.

Blacher J, Neece CL, and Paczkowski E (2005). Families and intellectual disability. *Current Opinions in Psychiatry*, 18, 507-513.

Brannan AM (2003). Ensuring effective mental health treatment in real-world settings and the critical role of families. *Journal of Child and Family Studies*, 12(1), March, 1-10.

Brannan AM, and Heflinger CA (2001). Distinguishing caregiver strain from psychological distress: modeling the relationship among child, family, and caregiver variables. *Journal of Child and Family Studies,* vol 10 (4), December.

Burns BJ, and Goldman SK (1998). *Promising Practices in Wraparound for Children with Serious Emotional Disturbance and Their Families.* Systems of Care National Promising Practices in Children's Mental Health 1998 Series. National Technical Assistance Center for Children's Mental Health. Georgetown University. http://cecp.air.org/promisingpractices/1998monographs/vol4.pdf.

Elliot TR and Shewchuk RM (1997). Recognizing the family caregiver: Integral and formal members of the rehabilitation process". *Journal of Vocational Rehabilitation*, 10 (December), 123-132.

Hastings RP, and Beck A (2004). Practitioner review: stress intervention for parents of children with intellectual disabilities. *Journal of Child Psychology and Psychiatry*, 45(8), 1338-1349.

Heywood S, Kroll L, Stancombe J, Dunn C, and Street E (2001). *A Guide to a Brief Consultation and Advisory Approach for Use in Tier 2 Child and Adolescent Mental Health Services.* Stockport NHS Trust 2001. Available at: http://www.camhs.org.uk/documents%2FManualfinal.wps21.rtf.

Higgins DJ, Bailey SR, and Pearce JC (2005). Factors associated with functioning style and coping strategies of families with a child with an autism spectrum disorder. *Autism*, 9(2), 125-137.

Jarbrink K, Fombonne E, and Knapp M (2003). Measuring the parental, service and cost impacts of children with autism spectrum disorder: a pilot study. *Journal of Autism and Developmental Disorders*, 33(4), 395-402

Magne-Ingvar U, and Ojehagen A (2005). Significant others of persons with mental health problems: the testing of a questionnaire on the burden of significant others. *Nord J Psychiatry,* 59 (6), 441-447.

McGill P, Papachristoforou E, and Cooper V (2006). Support for family carers of children and young people with developmental disabilities and challenging behaviour. *Child: Care, Health & Development*, 32(2), 159-165.

Outreach Partnerships (2000). *From Case Management to Service Coordination.* Best Practice Briefs – for Funders, Policy Makers, Planners, and Managers. Outreach Partnerships: Michigan State University. Accessed at: http://outreach.msu.edu/bpbriefs/issues/brief13.pdf.

Sharry J, Guerin S, and Griffin C (2005). An evaluation of the Parents Plus Early Years Programme: a video-based early intervention for parents of pre-school children with behavioural and developmental difficulties. *Clinical Child Psychology and Psychiatry*, 10(3), 319-336.

Trute B, and Hiebert-Murphy D (2002). Family adjustment to childhood developmental disability: a measure of parent appraisal of family impacts. *Journal of Pediatric Psychology*, 27(3), 271-280.

Trute B, and Hiebert-Murphy D (2005). Predicting family adjustment and parenting stress in childhood disability services using brief assessment tools. *Journal of Intellectual and Developmental Disability*, December, 30(4), 217-225.

APPENDIX 9 – EVALUATION TEMPLATE

FIVE AREAS OF INDICATORS FOR SMM EVALUATION (AS IDENTIFIED BY CFS)

CFS and SMM program management identified five areas of interest for evaluation indicators to be assessed across the programs offered by SMM. Following the development of PLM's for the various program areas of SMM, staff identified several (of their own) key program outcomes related to the 5 indicator areas that they thought would be important to measure. Program areas through which these outcomes would be achieved are also noted.

The following table highlights the overall evaluation template that is proposed for St. Martin's Manor outcome evaluation activities. The template includes key informants for the four program areas that were identified to be included (e.g.) Residence Program, Day Program, Outreach Program, and Child Care Program.

	Staff	Clients	Community/Family
Residence Program	'Pre' and 'Post' Tracking Tools	Client outcome survey	Outcome survey
Day Program	'Pre' and 'Post' Tracking Tools	Client outcome survey	Outcome survey
Outreach Program	Tracking Tool	Client outcome survey	Outcome survey
Child Care Program (includes Respite Care)	Tracking Tool	Client outcome survey • Child Care program • Respite Care/Time for Mom	Outcome survey

Because it was not feasible to develop evaluation tools for all of these key informants and program areas, client outcome surveys were selected as the focus of the development of evaluation tools. In addition, to complement the outcome tools that were funded through the Program Evaluation grant, drafts of the tracking tools (i.e. process evaluation) were created for staff review and feedback. It is recommended that the next phase of evaluation work for SMM include further refinements of the tracking tools, as well as the development and pilot testing of outcome surveys for community/family stakeholder groups.

For the "client group", the following list of outcomes and indicators were selected (by staff) for inclusion in the evaluation tools.

Indicator Areas	Specific Outcomes	Program Areas	Evaluation Tools

Health (Physical)	Infants
	• Healthy birth weights
	• Delivered at full-term - for women with no known pre-existing health conditions
	• Health is monitored daily
	
	Women
	• Connected to practitioner (e.g.) family physician, midwife, ob/gyn
	• Attend regular appointments
	• Improved awareness of nutrition
	• ↑ awareness of importance of physical activity
	• ↑ awareness of impact of drug and alcohol use/smoking on pregnancy
		All program areas
		
		• Structured programs offered via SMM
		• HBHC
		• Case management
		  ○ health & wellness monitoring,
		  ○ advocacy & referral,
		  ○ ongoing support & intervention
		• Child care
			Birth weights and delivery information recorded through
			• Client outcome surveys (Residence, Day, Outreach)
			• Daily health checks performed by Child Care program.
			
			Young women's links to practitioners, attending regular appointments
			• Client outcome surveys and tracking tools for Residence, Day, and Outreach programs.
			
			Perceived ↑ knowledge re nutrition, physical activity, drug/alcohol use, and smoking
			• Client outcome surveys for Residence, Day, Outreach.
			
			Drug/alcohol and smoking habits:
			• Tracked through intake and discharge client tracking forms for Residence and Day programs.

Indicator Areas	Specific Outcomes	Program Areas	Evaluation Tools
Mental Health	↑ skills to cope with identified issues ↑ ability to cope with stress ↑ access to formal and informal supports ↓ stress measure – from intake to discharge ↑ ability to cope with depression ↓ negative feelings towards child ↓ depression measure – from intake to discharge Improved bond/attachment with child.	Structured programs offered via SMM Day, Residence and Outreach programs • Case management ○ health & wellness monitoring, ○ advocacy & referral, ○ ongoing support & intervention Child Care program, Respite Care, Time for Mom HBHC	↑ skills to cope • Day program, Residence program, Outreach program, Child Care program. ↑ ability to cope with stress • Respite Care/Time for Mom Client Outcome Survey ↑ access to formal and informal supports • Day program, Residence program, Outreach program, Child Care program client outcome surveys. • Tracking forms for Day program, Residence program, and Outreach program. ↓ negative feelings towards child. • Day program, Residence program, and Outreach program client outcome surveys. ↓ stress measure from intake to discharge • Respite child care/Time for Mom Client Outcome Survey • Tracking forms for Day program, Residence program, and Outreach program. ↑ability to cope with depression. • Day program, Residence program, and Outreach program client outcome surveys. Improved bond/attachment with child • This is a long-term outcome that is not specifically measured in the tools. • However, taking the combined results of data on a range of indicators (e.g.) ↑knowledge on parenting and child development, ↑ supports, ↓ stress can provide proxy measures until SMM is in position to begin evaluating longer term outcomes.

Indicator Areas	Specific Outcomes	Program Areas	Evaluation Tools
Education	• Students participate in school program (complete or work towards credit) • Women develop (and begin implementing) academic plan • Women develop (and begin implementing) career plan • Students improve/change in literacy and numeracy skills/assessment • Women participate in GED prep	Formal education program – accessed via Day Program, Residence, and Outreach	Students participate in school program or work towards credit • Day program, Residence program, and Outreach program client outcome and tracking sheets. Women develop (and begin implementing) academic plan • Day program, Residence program, and Outreach program client outcome and tracking sheets. Women develop (and begin implementing) career plan • Day program, Residence program, and Outreach program client outcome and tracking sheets. Students improve/change literacy and numeracy skills/assessment. • Self-report in Day program and Residence program client outcome surveys. Women participate in GED preparation. • Day program, Residence program, and Outreach program client outcome and tracking sheets.

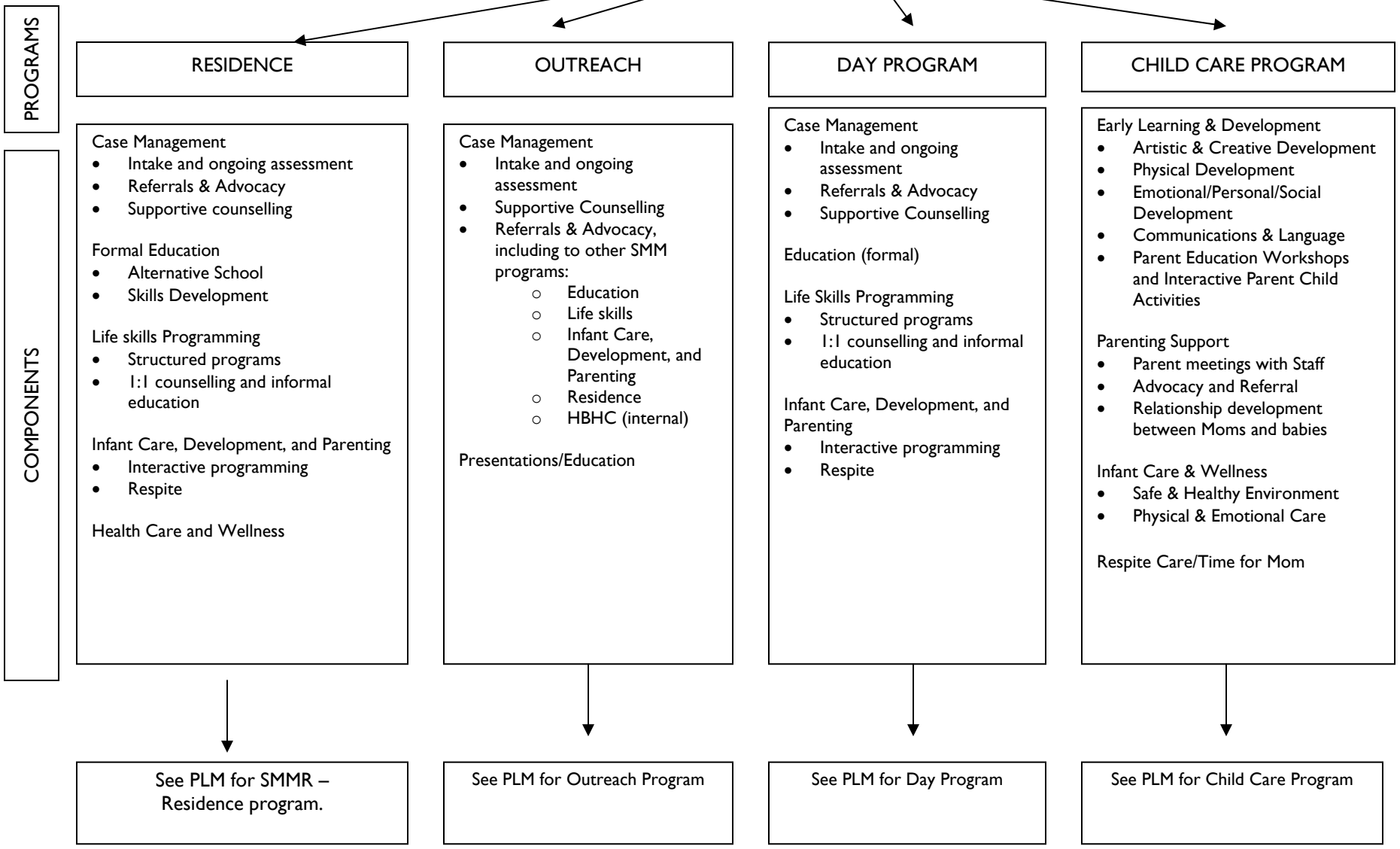
Indicator Areas	Specific Outcomes	Program Areas	Evaluation Tools

Life Skills	Young women learn about:
	• Communications – telephone, conflict resolution, appropriate communication with staff and others.
	• Appropriate manners.
	• Necessary services and resources for Day-to-day living - transportation, housing, finances/banking.
	• Time management (e.g. getting somewhere on time; using calendar)
	• Personal hygiene.
	• Tasks of day to day living – meal preparation, housekeeping.
	
	Young women are more confident in carrying out activities of daily living (e.g. telephone).
	
	↑ awareness of community supports available re teen pregnancy and parenting.
	
	Young women report an ↑ awareness of ways to address their parenting issues.
		Most learning happens through Day program, Residence, & Outreach through:
		• Structured programs offered via SMM
		• Case management
		  ○ health & wellness monitoring,
		  ○ advocacy & referral,
		  ○ ongoing support & intervention
		
		Child Care program
		
		HBHC
			All outcomes are captured in client outcome surveys for Day program and Residence program.
			
			Outreach program client outcome survey captures most of these outcomes except for 'tasks of Day to day living'/
			
			Child Care Client Outcome survey captures outcome re: ↑awareness of ways to address parenting issues.

Infant Development	*Parents:* Parents learn about: • Early developmental stages of their children • Early learning activities that they can use with their children • Positive parenting approaches to use with their child • How to encourage the fine motor and gross motor skills development of their children.	Child care program. This learning happens in Day, Residence, and Outreach to varying degrees. • SMM Structured Programs • Case management – Referrals & Advocacy, Support & intervention	Client outcome surveys for Child care program, Day program, Residence program, and Outreach program all include questions regarding parents learning about their child's development (e.g.) early developmental stages of their children, early learning activities that they can use with their children, positive parenting approaches to use with their child, how to encourage

	Parents have ↑ awareness of children's needs (e.g.) cueing. ↑ awareness of community supports available re teen pregnancy and parenting. Women have ↑ awareness about how "systems" work (e.g. child protection etc.) Parents are linked with appropriate children's services in the community. Parents have access to quality childcare. *Children:* Infants begin to develop: • Hand-over-hand skills through artistic and creative development activities. • Fine and gross motor skills through physical development activities. • Self-esteem through positive interactions with staff and/or parents.	HBHC	the fine motor and gross motor skills development of their children., and attending to children's needs (cues). Client outcome surveys for Day program, Residence program and Outreach program all have questions regarding: • ↑ awareness of community supports re teen pregnancy and parenting. • ↑ awareness about how systems work. Tracking forms for Child Care, Day Program, Residence Program, and Outreach program include question re links to children's services. Tracking form for Child Care documents number of children accessing Child Care and Respite care services at SMM. Tracking form for Child Care documents programs that build on: • Hand-over-hand skills through artistic and creative development activities. • Fine and gross motor skills through physical development activities. • Self-esteem through positive interactions with staff and/or parents.

APPENDIX 10
St. Martin's Manor Residence - PROGRAM LOGIC MODEL



APPENDIX 11
SMMR – *Residence Program* – PLM

Activities & Outputs

Education

Activity 1 – "Section 20 School"

(a) Career planning

Outputs:
- # career plans developed.
- # field trips held (e.g. to trade shows)
- # referrals to other educational institutions

Short term Outcomes:
- Young women develop career plans.
- Young women attend educational institutions after discharging from Residence Program.

Long term Outcomes:
- Young women complete educational program of interest.
- Young women secure employment in their chosen field.

Life Skills & Parenting

Activity 1 – Parenting Groups

- Offer support groups that address practical and emotional issues related to parenting.

Outputs:
- Offer # groups per year re: attachment, "Parenting", "Right from the Start", Parent Link", Circle Time, Public Health Prenatal program
- Offer attachment program # times per year– girls attend 5 sessions and are videotaped.

Short term Outcomes:
- Young women have ↑ skills to parent their children.
- Young women feel supported in their capacity to parent.

Long term Outcomes
- Young women develop attachment with their children.

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Case Management

Activity 1 - Assessments
- At intake, staff do initial assessment re: women's needs (i.e. issues to work on) and strengths (e.g. formal and informal supports).
- Throughout women's stay, staff perform informal check-ins with residents.
- At discharge, staff conduct discharge assessment in order to continue young women's plans of care (i.e. to determine where they're at and what happens next) in order to measure women's growth/change during stay (e.g.) life skills, mental health, etc.

Outputs
- # initial assessments completed (i.e. case notes and intake forms)
- # ongoing check-ins conducted
- # discharge assessments completed.

Short term outcomes
Staff have ↑ awareness of young women's situations:
- At intake
- Through the course of the women's stay
- At discharge

Intermediate outcomes
Staff have ↑ capacity to address young women's needs/goals.

Long term outcomes
Women are provided with the responsive care (i.e. information, counselling, links to providers etc.) that they require in order to meet their needs/goals.

Activity 2 - Plans of Care
Monthly meetings working with pregnant and parenting young women to identify short-term and long-term goals and strategies for reaching those goals re:
- Parenting/adoption
- Education
- Work
- Relationships
- Life skills
- Other life skills

Outputs
- Plans of care developed.
- Risks are identified
- Issues are identified.
- Women who have set goals (with support from SMMR staff).

Components

Outputs and Outcomes

Education	Life Skills & Parenting	Case Management

(b) Obtaining/working towards credits
 	
Outputs:
• # Young women obtaining credits
• # Credits obtained by individual young women
• # Young women completing projects (i.e. towards credits)
• # Projects completed by individual young women.
 	
Short term Outcomes:
• Young women are improving their educational standing.
 	
Long term Outcomes:
• Young women encourage their children educationally.
• Young women continue to pursue educational opportunities.
	Activity 2 – One-to-one parenting support.
	• Offer one-to-one support to young women that address practical and emotional issues related to parenting.
	Outputs:
	• Offer counselling re parenting to young women (e.g. on parenting styles).
	• Staff offer practical and emotional support (e.g. understanding babies cues).
	
	Short term Outcomes:
	• Young women have ↑ skills to parent their children.
	• Young women feel supported in their capacity to parent.
	
	Long term Outcomes:
	• Young women develop attachment with their children.
		Short term Outcomes
		• Women complete tasks/steps identified in their plan of care.
		• Women identify strategies for implementing their goals during their stay at the residence and after they leave.
		• Women have ↑capacity to identify goals.
		Long term outcomes
		• Young women move towards the achievement of their long-term goals.
		• Young women develop life skills towards independence.
		
		Activity 3 – Advocacy and Referrals
		
		• Staff link pregnant and parenting young women to community service providers (e.g. on medical, addictions, mental health, financial, housing relationship, child protection issues)
		• Staff advocate on behalf of:
		  • Pregnant and parenting women
		  • To help young women to understand and navigate systems and services (e.g.) medical, mental, children's aid, life skills, immigrant & refugee, shelter
		  • To help young women set themselves up with services, to problem solve.
		  • Children – to ensure their safety (e.g.) with Children's Aid.
		
		Outputs:
		• # referrals made by staff on behalf of pregnant and parenting young women to community service providers (e.g. on medical, addictions, mental health, financial, housing relationship, child protection issues).
		• Staff work with community agencies to ensure safety of children
		• Staff teach teen parents about children's needs (e.g.) cuing via # of 1:1 informal conversations and through # of formal discussion groups.
		• Women have opportunity to learn how to advocate for themselves/their child.
		
		Short term outcome:
		• Children's safety needs are addressed (through staff advocacy work with community agencies).
		• Women have ↑ awareness about how "systems" work (e.g. educational, medical, child protection etc.)
		• Young parents have ↑ opportunities to improve communication skills.
		• Young parents have ↑ awareness of children's needs (e.g.) cueing.
		
		Long term outcome:
		• Children have established linkages with services/providers that enhance their safety (e.g. physical, emotional).
		• Young parents better able to respond to children's needs.
		• Women have ↑ capacity to advocate for themselves in order to meet their needs.
		• Children are positively attached to their parents.
		
		Activity 4 - Informal Counselling
		
		• Staff provide informal counselling to young women on any and all issues. This can be in the form:
		  ○ Crisis intervention
		  ○ Listening and supportive counselling
		• Topics of one-to-one counselling include positive behaviour, self-care, life skills, and problem solving that encourage young women to move towards independence.

Components

Outputs and Outcomes

Education

Activity 2 – "Alternative School Program"

Assessments
Outputs:
- Staff complete assessments

Career planning
Outputs:
- Staff complete career plans with Young women

Educational planning
Outputs:
- Educational plans created with Young women

GED preparation
Outputs:
- Young women participate in GED preparation

Basic literacy and numeracy skills
Outputs:
- Young women participate in basic literacy and numeracy activities/skills development

Short term Outcomes:
- Young women develop career and/or educational plans.
- Young women begin implementing their career and/or educational plans.
- Young women participate in GED preparation.
- Young women improve their basic literacy and numeracy skills.

Life Skills & Parenting

Activity 3- Life Skills Groups
- Provide groups (life skills, informative, interactive) - that enhance young women's awareness of resources, basic social skills, life skills, community events, and current events – that are responsive to issues/interests of young women in the residence and what is happening in broader community.

Outputs:
- Offer # groups per year re life skills & social skills (e.g. prenatal education, healthy relationships, current events, domestic violence, substance use, child abuse)
- Offer information about community resources.

Short-term Outcomes:
- Young women build confidence in carrying out activities of daily living (e.g. telephone)
- Young women demonstrate improved time management (e.g. getting somewhere on time; using calendar)
- Young women have ↑ awareness of personal hygiene.
- Young women have ↑conflict resolution skills.
- Young women have improved communication skills (i.e. with staff & others).

Long term outcomes:
- Young women develop life skills towards independence.

Case Management

a. Crisis Intervention

Outputs:
- crisis intervention informal counselling discussions facilitated by staff.
- listening and supportive counselling discussions facilitated by staff.

Short term outcome:
- Young women's perceived immediate needs/crises are addressed by staff.

Intermediate outcomes:
- Young women report an ↑ awareness of ways to address their issues.
- Young women have ↑ ability to identify signs of impending crisis.

Long term outcome:
- Young women have ↑ capacity to resolve issues/meet their needs.

b. Listening and Support (i.e. non-crisis)

Outputs:
- Staff are available to talk and/or to listen to young women's' concerns and to provide support as appropriate.
- Staff provide information/teaching sessions as appropriate in response to women's concerns.
- Staff provide informal counselling re positive behaviour, social skills problem solving skills, self-care.

Short term Outcomes:
- Young women report that they "feel heard"
- Young women have ↑ knowledge on their issue at hand.
- Young women have ↑ awareness of personal hygiene.
- Young women learn about conflict resolution.
- Young women learn about appropriate communication with staff & others

Intermediate term outcome – listening and support:
- Young women report that they feel supported.
- Young women build confidence in carrying out activities of daily living (e.g. telephone)
- Young women have ↑ problem solving capacities

Long term outcome – listening and support;
- Young women have↑sense of self-worth.
- Young women have an ↑ sense of control over their own lives.
- Young women develop life skills towards independence

Activity 5 - Formal Counselling

- Staff provide practical and therapeutic support on a range of issues (in-house).
- Staff refer young women to appropriate counselling supports in the community (outsourced).

Outputs:
- Staff provide practical and therapeutic support to # women on a range of issues through # formal counselling sessions (in-house).
- Staff refer young women to appropriate counselling supports in the community (outsourced).

Short term outcomes;
- Young women have ↑ awareness of their strengths and capacities.
- Young women have ↑ awareness of barriers and challenges.
- Young women have ↑awareness of their needs.
- Young women have ↑awareness of self in relation to "other" E.g. safety issues, relationship issue)

Education	Life Skills & Parenting	Case Management

	Activity 4 – One-to-one life skills support
	
	Provide one-to-one modeling, support, and interventions re positive behaviour, self-care, and life skills.
	
	Outputs:
	• Provide information/facilitate awareness of community resources.
	• Staff model positive behaviour and social skills.
	• Staff address issues with young women regarding positive behaviour.
	• Staff work with young women to resolve conflicts (*check accuracy of wording of this)*
	• Staff teach problem solving skills.
	
	Short-term Outcomes:
	• Young women build confidence in carrying out activities of daily living (e.g. telephone)
	• Young women demonstrate improved time management (e.g. getting somewhere on time; using calendar)
	• Young women demonstrate increased awareness of personal hygiene.
	• Young women learn about conflict resolution.
	• Young women learn about appropriate communication with staff & others.
	Long term outcomes:
	• Young women develop life skills towards independence.
		Long term outcomes:
		• Young women have developed positive relationship with child.
		• Young women have developed positive relationship(s) with significant other(s).
		• Young women have increased capacity to meet their own identified needs.
		
		Activity 6 - Health and Wellness
		
		• Staff assist young women with getting to appointments.
		• Staff assist young women with getting connected with providers (e.g. physicians, psychiatrists).
		• SMMR provides access to healthy foods.
		• Young women participate in menu planning, grocery shopping, and meal preparation.
		• Staff provide structured health and wellness education through discussion groups, presentations, and through access to doctors.
		• Staff provide unstructured health and wellness education through 1:1 discussions with young women re pregnancy, infant health, postpartum health
		• Staff monitor young women's pre- and postpartum health (e.g.) nutrition, medication, hygiene.
		• Staff provide one-to-one modeling, support, and interventions re, self-care.
		Outputs:
		• Staff assist # young women with getting to # appointments.
		• Staff assist # young women with getting connected with # providers (e.g. physicians, psychiatrists).
		• SMMR provides young women access to healthy foods.
		• Young women participate in menu planning, grocery shopping, and meal preparation.
		• Staff provide # structured health and wellness education through discussion groups, presentations, and through access to doctors.
		• Staff provide # unstructured health and wellness education through 1:1 discussions with young women re pregnancy, infant health, postpartum health
		• Staff monitor young women's pre- and postpartum health (e.g. nutrition, medication, hygiene)
		• Staff address issues with young women regarding self-care and personal wellness on an on-going basis.
		Short term outcomes:
		• Young women have↑access to:
		  ○ Appropriate physical and mental health care providers.
		  ○ Nutritious foods.
		• Young women have ↑ awareness of nutrition (e.g.) menu planning, healthy food choices when grocery shopping., healthy cooking .
		• Young women have ↑ awareness of topics related to pregnancy, child-birth, post-partum care, hygiene, nutrition, infant health etc.
		  ○ through participation in formal education opportunities offered at SMMR.
		  ○ through informal discussions with SMMR staff.
		  ○ as a result of ongoing monitoring of their health by staff.
		Long term outcomes:
		• Young women have sustained relationship(s) with health care provider(s).
		• Young women deliver babies with healthy birth weights.
		• Young women have ↑ ability to address their own health issues.
		• Young women develop life skills towards independence
		• Young women have ↑ability to address the health issues of their children.

APPENDIX 12

St. Martin's Manor - Residential Program

Client Outcome Survey - *For Young Women Who Are Pregnant*

Before you leave St. Martin's Manor Residence, we would like to hear from you how you think our programs help people. Please take a few minutes to fill out this confidential survey. Please do not put your name on it - that way it will be anonymous. Thanks for your time.

1. How old are you? _____
2. How old is your child(ren)? _____

3. At what point in your pregnancy did you start come to stay at the Residence? _____ months
4. How many months have you been staying at St. Martin's Manor Residence? _____

5. Do you have any serious health issues?
   _____ No _____ Not sure _____ Yes
   _____ Diabetes
   _____ High blood pressure
   _____ Asthma
   _____ Other, please tell us:
   _____

6. *Before* you came to stay here, did you have a regular doctor?
   _____ Yes _____ No _____ Don't know

7. Do you have a regular doctor now?
   _____ Yes _____ No _____ Don't know

8. Have you been to the doctor for regular check ups during your pregnancy?
   _____ No, because _____
   _____ Yes, I have gone about _____ times
   _____ Don't remember

9. *Before you came to stay at St. Martin's Manor*, were you worried about any of the following things?

Possible concerns	Very worried	Somewhat worried	A little bit worried	Not worried at all	Don't remember	Does not apply to me
My physical health						
Where I am going to live						
How I am going to go to school						
How I am going to work						
How I am going to pay my bills						
What I need to know to be a good parent						
The needs and interests of babies						
How to stop or reduce my drugs or alcohol use						
How to quit or reduce my smoking						
My relationship with my family						
My relationship with my partner						
Negative feelings that I am having about my baby						
Other, please tell us:						

10. *Now that you are leaving* St. Martin's Manor Residence, are you worried about any of the following things?

Possible concerns	Very worried	Somewhat worried	A little bit worried	Not worried at all	Does not apply to me
My physical health					
Where I am going to live					
How I am going to go to school					
How I am going to work					
How I am going to pay my bills					
The needs and interests of babies					
What I need to know to be a good parent					
How to stop or reduce my drug or alcohol use					
How to quit or reduce my smoking					
My relationship with my family					
My relationship with my partner					
Negative feelings that I am having about my baby					
Other, please tell us:					

11. How much do you think that you have learned *about pregnancy and childbirth* during your stay here?

Topics related to pregnancy	Learned a lot	Learned some	Learned a little	Did not learn anything	Already knew a lot
Healthy eating during pregnancy					
Physical activity during pregnancy					
How alcohol or drug use affects my unborn baby					
How smoking affects my unborn baby					
What to expect during labour and delivery					
Community resources for pregnant youth					
Other, please tell us:					

12. How much do you think you have learned about *life after having a baby* during your stay here?

Topics related to my life after having the baby	Learned a lot	Learned some	Learned a little	Did not learn anything	Already knew a lot
Planning and making a healthy meal.					
Being active with my child					
Taking care of my body after childbirth					
Personal hygiene					
Ways to cope with feeling down or depressed					
Healthy relationships					
Community resources for young parents					
Other, please tell us:					

13. How much do you think that you learned about *your baby's development* during your stay here?

About my baby	Learned a lot	Learned some	Learned a little	Did not learn anything	Already knew a lot
Stages of my baby's development					
Things I can do to play with my baby					
Things I can do to improve my baby's fine motor skills (e.g. picking up something small)					
Things that I can do to improve my baby's gross motor skills (e.g. helping my baby to walk)					
Cues – what my baby is trying to tell me					
Things I can do to improve my baby's language skills (e.g. reading to my baby, naming objects for my baby)					
How to get my baby to stop doing something that he/she shouldn't be (e.g. positive redirecting)					
Things I can do to develop my baby's social and emotional skills (e.g. name game)					
Other, please tell us:					

14. Please rate how programs at St. Martin's Manor have impacted your confidence to:

Day to day life	I feel a lot more confident	I feel somewhat more confident	I feel a little bit more confident	I don't feel any more confident then before I came	I think that this may be an issue for me
Take the bus					
Make telephone calls to arrange an appointment					
Get where I need to go on time					
Get along with people around me					
Resolve conflicts with people in my life					
Prepare healthy meals					
Cope with stress of being a new parent					
Set a goal and make a plan to reach it					
Find a place to live after I leave here					
Locate community supports that I need to use					
Manage money					
Pay bills					
Other, please tell us					

15. Please check any of the following education or career related activities that you participated in:

_____ Worked with staff to develop a plan for continuing in school
_____ Completed or worked towards a credit for high school diploma
_____ Worked on improving my literacy and numeracy skills towards getting my GED
_____ Participated in GED preparation
_____ Worked with staff to develop a plan for my future career
_____ Participated in activities that will help to find a job in my chosen field (e.g. attend a tradeshow)
_____ Worked part-time at a job that I already had
_____ Other, please tell us: _____

16. How much have the following SMM services helped you?

SMM services	Helped very much	Helped somewhat	Helped a little bit	Did not help me at all	Does not apply to me
Group discussions					
One-on-one talks with staff					
Supportive staff					
Support provided by other residents					
Having access to good child care					
Setting goals and making a plan to reach them					
Going to school					
Having a plan for my future career					
Improving my reading and math skills					
Living in a safe, homelike, nurturing environment					
Healthy Babies Healthy Children Program					
Other, please tell us:					

17. Why are you leaving St. Martin's Manor Residence?

_____ I am no longer interested in this program
_____ I no longer need the programs that are offered here
_____ I have reached my goals
_____ I am moving in with family or friends
_____ I am moving in with my partner or my baby's father
_____ I am becoming a "day student"
_____ I am attending a school or work program somewhere else
_____ I have a (new) job and am going to work
_____ Other, please tell us _____

18. What are three things that you accomplished during your stay here that you are proud of?

1.

2.

3.

19. When you leave St. Martin's Manor Residence, three goals that you would like to achieve are:

1.

2.

3.

20. What are three good things about the services that St. Martin's Manor Residence provides?

    1.

    2.

    3.

21. What are three ways in which St. Martin's Manor could improve its services?

    1.

    2.

    3.

22. Any other comments?

Thank you for your time. Your feedback is very important to us.

APPENDIX 13

St. Martin's Manor - Residential Program

Client Outcome Survey - *For Young Women Who Have Had Babies*

St. Martin's Manor wants to know how its programs help people. Please take a few minutes to fill out this confidential survey. Please do not put your name on it - that way it will be anonymous. Thanks for your time.

1. How old are you? _____

2. How old is/are your child(ren)? _____

3. At what point did you come to stay at St. Martin's Manor Residence?
   _____ while I was pregnant (about _____ months)
   _____ after I had my baby (when my baby was about ___ months old)

4. How many months have you been staying at St. Martin's Manor Residence? _____

5. How much did your baby weight at birth? _____

6. How many weeks pregnant were you when you delivered your baby? _____

7. During your pregnancy, did you have any serious health issues?
   _____ No _____ Not sure _____ Yes
   _____ Diabetes
   _____ High blood pressure
   _____ Asthma
   _____ Other, please tell us:
   _____

8. *Before* you came to stay here, did you have a regular doctor?
   _____ Yes _____ No _____ Don't know

9. Do you have a regular doctor now?
   _____ Yes _____ No _____ Don't know

10. Did you go to the doctor for check-ups while you were pregnant?
    _____ No, because _____
    _____ Yes, I have gone about _____ times
    _____ Don't remember

11. Since you have had your baby, have you been to the doctor for check ups?
    _____ No, because _____
    _____ Yes, I have gone about _____ times
    _____ Don't remember

12. Have you taken your baby to the doctor for check-ups?
    _____ No, because _____
    _____ Yes, I have gone about _____ times
    _____ Don't remember

13. *Before you came* to St. Martin's Manor Residence, were you worried about any of the following things?

Possible concerns	Very worried	Somewhat worried	A little bit worried	Not worried at all	Don't remember	Does not apply to me
My physical health						
Where I am going to live						
How I am going to go to school						
How I am going to work						
How I am going to pay my bills						
What I need to know to be a good parent						
The needs and interests of babies						
How to stop or reduce my drug or alcohol use						
How to quit or reduce my smoking						
My relationship with my family						
My relationship with my partner						
Negative feelings that I am having about my baby						
Other, please tell us:						

14. *Now that you are leaving* St. Martin's Manor Residence, are you worried about any of the following things?

Possible concerns	Very worried	Somewhat worried	A little bit worried	Not worried at all	Does not apply to me
My physical health					
Where I am going to live					
How I am going to go to school					
How I am going to work					
How I am going to pay my bills					
What I need to know to be a good parent					
The needs and interests of babies					
How to stop or reduce my drug or alcohol use					
How to quit or reduce my smoking					
My relationship with my family					
My relationship with my partner					
Negative feelings that I am having about my baby					
Other, please tell us:					

15. **If you came to stay here before you delivered your baby**, how much do you think that you have learned *about pregnancy and childbirth* during your stay here. (If you came here **after you delivered** your baby, then please go to question 16.)

Topics related to pregnancy	Learned a lot	Learned some	Learned a little	Did not learn anything	Already knew a lot
Healthy eating during pregnancy					
Physical activity during pregnancy					
How alcohol or drug use affects my unborn baby					
How smoking affects my unborn baby					
What to expect during labour and delivery					
Community resources for pregnant youth					
Other, please tell us:					

16. How much do you think you have learned about *life after having a baby* during your stay here?

Topics related to my life after having the baby:	Learned a lot	Learned some	Learned a little	Did not learn anything	Already knew a lot
Planning and making a healthy meal for myself					
Being active with my child					
Taking care of my body after childbirth					
Personal hygiene					
Ways to cope with feeling down or depressed					
Healthy relationships					
Community resources for young parents					
Other, please tell us:					

17. How much do you think you learned about *your baby's development* during your stay here?

About my baby	Learned a lot	Learned some	Learned a little	Did not learn anything	Already knew a lot
Stages of my baby's development					
Things I can do to play with my baby					
Things I can do to improve my baby's fine motor skills (e.g.) picking up something small					
Things that I can do to improve my baby's gross motor skills (e.g.) helping my baby to walk					
Cues – what my baby is trying to tell me					
Things I can do to improve my baby's language skills (e.g.) reading to my baby, naming objects for my baby.					
How to get my baby to stop doing something that he/she shouldn't be (e.g.) positive redirection)					
Things I can do to develop my baby's social and emotional skills (e.g.) name game					
Other, please tell us:					

18. Please rate how programs at St. Martin's Manor Residence have impacted your confidence to:

Day to day life	I feel a lot more confident	I feel somewhat more confident	I feel a little more confident	I don't feel any more confident then before I came	I think that this may be an issue for me
Take the bus					
Make telephone calls to arrange an appointment					
Get where I need to go on time					
Get along with people around me					
Resolve conflicts with people in my life					
Prepare healthy meals					
Cope with stress of being a new parent					
Set a goal and make a plan to reach it					
Make a plan for my future career					
Find a place to live after I leave here					
Locate community supports that I need to use					
Manage money					
Pay bills					
Other, please tell us					

19. Please check any of the following education or career related activities that you participated in:

_____ Worked with staff to develop a plan for continuing in school
_____ Completed or worked towards a credit for high school diploma
_____ Worked on improving my literacy and numeracy skills towards getting my GED
_____ Participated in GED preparation
_____ Worked with staff to develop a plan for my future career
_____ Participated in activities that will help to find a job in my chosen field (e.g. attend a tradeshow)
_____ Worked part-time (at a job that I already had)
_____ Other, please tell us: _____

20. How much have the following SMM services helped you?

SMM services	Helped very much	Helped somewhat	Helped a little bit	Did not help me at all	Does not apply to me
Group discussions					
One-on-one talks with staff					
Supportive staff					
Support provided by other residents					
Having access to good child care					
Setting goals and making a plan to reach them					
Going to school					
Improving my reading and math skills					
Living in a safe, homelike, nurturing environment					
Healthy Babies Healthy Children Program					
Other, please tell us:					

21. Why are you leaving St. Martin's Manor Residence?
_____ I am no longer interested in this program
_____ I no longer need the programs that are offered here
_____ I have reached my goals
_____ I am moving in with family or friends
_____ I am moving in with my partner or my baby's father
_____ I am becoming a "day student"
_____ I am attending a school or work program somewhere else
_____ I have a (new) job and am going to work
_____ Other, please tell us _____

22. What are three things that you did during your stay here that you are proud of?

1.

2.

3.

23. When you leave St. Martin's Manor Residence, three goals that you would like to achieve are:

1.

2.

3.

24. What are three good things about the services that St. Martin's Manor Residence provides?

1.

2.

3.

25. What are three ways in which St. Martin's Manor Residence could improve its services?

1.

2.

3.

26. Any other comments?

Thank you for your time. Your feedback is very important to us.

APPENDIX 14

St. Martin's Manor – Residential Program
Intake Tracking Sheet for *Pregnant Women*

1. Age of Client
   _____ 14 or under _____ 15 _____ 16
   _____ 17 _____ 18 _____ 19
   _____ 20 _____ 21 _____ older than 21

2. How many months pregnant?
   _____ 1-3 _____ 4-6 _____ 7-9

3. Last grade finished in school?
   _____ Grade 8 or less
   _____ Grade 9
   _____ Grade 10
   _____ Grade 11
   _____ completed high school diploma
   _____ completed GED
   _____ completed some or all of college/university/post-secondary program

4. How did client find out about SMM residence program?
   _____ Other SMM program (e.g.) Day program, Outreach
   _____ Friend or relative
   _____ Teacher or counselor at non-SMM school
   _____ Health care provider
   _____ Public health department or program
   _____ C/CAS or CAS
   _____ Place of workshop
   _____ Other, please specify: _____

5. Does client have regular doctor?
   _____ Yes _____ No _____ Not sure

6. Has client been receiving prenatal care?
   _____ Yes, and has seen doctor approximately ___ times
   _____ No
   _____ Not sure

7. Does client have any serious health issues?
   _____ No
   _____ Not sure
   _____ Yes
      _____ Diabetes
      _____ Asthma
      _____ High blood pressure
      _____ Other _____

8. Are there any concerns about the health of the baby?
   _____ No
   _____ Not sure
   _____ Yes, please specify: _____
   _____
   _____

9. Is client currently receiving care/treatment from any other provider (e.g. counselor, psychiatrist, other medical specialist)?
   _____ No
   _____ Not sure
   _____ Yes
   Provider _____
   Issue _____

   Provider _____
   Issue _____

10. Does the client have involvement with any other agency?
    _____ C/CAS or CAS
    _____ Ontario Works Worker
    _____ Probation Officer
    _____ Other _____

11. Does the client have people or agencies that they feel are supportive to them?
    _____ HBHC family home visitor
    _____ public health nurse
    _____ family member(s) _____
    _____ friends
    _____ partner or baby's father
    _____ C/CAS or CAS
    _____ other _____

    Comments:

12. Does client smoke? If yes, how many cigarettes per week?
    _____ No _____ 1-5 _____ 6-10 _____ 11-20 _____ more than 20

13. Does client use drugs? If yes, how many times per week/month?
_____ Never _____ 1-3 times per month
_____ 1-5 times per week _____ 6-10 times per week
_____ More than 10 times per week _____ Everyday

14. Does client use alcohol? If yes, how many times per week/month?
_____ Never _____ 1-3 times per month
_____ 1-5 times per week _____ 6-10 times per week
_____ More than 10 times per week _____ Everyday

15. Does client have a history of abusing drugs or alcohol?
_____ No _____ Yes

Comments:

16. Client's self-reported level of stress:
_____ Very stressed
_____ Somewhat stressed
_____ A little bit stressed
_____ Not stressed at all

Comments:

17. Client's self-reported level of depression.
_____ Very depressed
_____ Somewhat depressed
_____ A little bit depressed
_____ Not depressed at all

Comments:

18. Client's concerns coming into the program.
_____ Finding a safe place to live _____
_____ Pregnancy and childbirth _____
_____ Personal health _____
_____ Personal safety _____
_____ Health of child _____
_____ Safety of child _____
_____ Mental health issues _____
_____ How to stay in school/return to school _____
_____ How to keep job/find a job _____

_____ Alcohol/drug use _____
_____ Smoking _____
_____ Relationship with family _____
_____ Relationship with partner _____
_____ Other, please specify _____

Comments:

19. What would client to achieve while they are here?
    _____ Attend classes/get a school credit
    _____ Improve literacy and numeracy skills
    _____ Learn about parenting
    _____ Learn about babies' needs and interests
    _____ Find a job
    _____ Make new friends
    _____ Address relationship with partner
    _____ Address relationship with family
    _____ Find housing for after they leave
    _____ Address alcohol/drug use
    _____ Address smoking
    _____ Other, please specify _____

    Comments:

20. On a scale of 1 (very strong) to 4 (very weak), how does client rate their skills in the following areas?
    _____ Getting around town (e.g.) taking bus
    _____ Making appointments
    _____ Resolving conflicts with partner or family
    _____ Time management
    _____ Money management (e.g.) saving money/budgeting, paying bills
    _____ Finding or keeping a job
    _____ Finding or maintaining place to live
    _____ Tasks of day to day living (e.g.) grocery shopping, meal preparation, chores

    Comments:

APPENDIX 15

St. Martin's Manor - Residence Program
Discharge Tracking Sheet for *Pregnant Women*

1. Age of Client
   _____ 14 or under _____ 15 _____ 16
   _____ 17 _____ 18 _____ 19
   _____ 20 _____ 21 _____ older than 21

2. How many months pregnant?
   _____ 1-3 _____ 4-6 _____ 7-9

3. Did client have regular doctor before moving into the Residence?
   _____ Yes _____ No _____ Not sure

   If no, did SMM Day program connect client with doctor during their time in program?
   _____ Yes
   _____ No, client already had a doctor
   _____ No, other reason _____

4. Has client been receiving prenatal care?
   _____ Yes, and has seen doctor approximately ___ times
   _____ No
   _____ Not sure

5. Does client have any serious health issues?
   _____ No
   _____ Not sure
   _____ Yes
   _____ Diabetes
   _____ Asthma
   _____ High blood pressure
   _____ Other _____

6. Are there any concerns about the health of the baby?
   _____ No
   _____ Not sure
   _____ Yes, please specify: _____
   _____
   _____

7. Is client currently receiving care/treatment from any other provider (e.g. counselor, psychiatrist, other medical specialist)?
   _____ No
   _____ Not sure
   _____ Yes

Provider _____
Issue _____

Provider _____
Issue _____

8. Does the client have involvement with any other agency?
   _____ C/CAS or CAS
   _____ Ontario Works Worker
   _____ Probation Officer
   _____ Other _____

9. Does the client have people or agencies that they feel are supportive to them?
   _____ HBHC family home visitor
   _____ public health nurse
   _____ family member(s) _____
   _____ friends
   _____ partner or baby's father
   _____ C/CAS or CAS
   _____ other _____

   Comments:

10. Does client smoke? If yes, how many cigarettes per week?
    _____ No _____ 1-5 _____ 6-10 _____ 10-20 _____ more than 20

11. Does client use drugs? If yes, how many times per week/month?
    _____ Never _____ 1-3 times per month
    _____ 1-5 times per week _____ 6-10 times per week
    _____ More than 10 times per week _____ Everyday

12. Does client use alcohol? If yes, how many times per week/month?
    _____ Never _____ 1-3 times per month
    _____ 1-5 times per week _____ 6-10 times per week
    _____ More than 10 times per week _____ Everyday

13. Does client have a history of abusing drugs or alcohol?
    _____ No _____ Yes

    Comments:

14. During time in residence program, what aspects of programs/services did the client use/receive?
    _____ School program
    _____ Group discussions
    _____ One-on-one support from staff
    _____ HBHC
    _____ Other, please specify: _____

    Comments:

15. Last grade finished in school prior to being in program?
    _____ Grade 8 or less
    _____ Grade 9
    _____ Grade 10
    _____ Grade 11
    _____ Completed high school diploma
    _____ Completed GED
    _____ Completed some or all of college/university/post-secondary program

16. School activities completed while in residence program
    _____ Did not attend school while staying in SMM residence
    _____ Completed credit towards high school diploma, subject: _____
    _____ Worked on literacy and numeracy skills (towards GED)
    _____ Completed GED
    _____ Developed plan for ongoing education after discharging from day program
    _____ Other, please specify: _____

17. Client's self-reported level of stress:
    _____ Very stressed
    _____ Somewhat stressed
    _____ A little bit stressed
    _____ Not stressed at all

    Comments:

18. Client's self-reported level of depression.
    _____ Very depressed
    _____ Somewhat depressed
    _____ A little bit depressed
    _____ Not depressed at all

    Comments:

19. Clients concerns:
    _____ Finding/keeping a safe place to live _____
    _____ Having enough money _____
    _____ Pregnancy and childbirth _____
    _____ Personal health _____
    _____ Personal safety _____
    _____ Health of child _____
    _____ Safety of child _____
    _____ Mental health issues _____
    _____ How to stay in school/return to school _____
    _____ How to keep job/find a job _____
    _____ Alcohol/drug use _____
    _____ Smoking _____
    _____ Relationship with family _____
    _____ Relationship with partner _____
    _____ Other, please specify _____

    Comments:

20. On a scale of 1 to 4, how does the client rate their skills in the following areas since being in program (i.e. 1 = very strong, 4 = very poor)
    _____ Getting around town (e.g.) taking bus
    _____ Making appointments
    _____ Resolving conflicts with partner or family
    _____ Time management
    _____ Money management (e.g.) saving money/budgeting, paying bills
    _____ Finding or keeping a job
    _____ Finding or maintaining place to live
    _____ Tasks of day to day living (e.g.) grocery shopping, meal preparation, chores

    Comments:

21. Why is client leaving the residence?
    _____ No longer interested in program
    _____ Has reached goals
    _____ Is moving in with family or friends
    _____ Is moving in with partner or baby's father
    _____ Is moving into own home
    _____ Is becoming a "day student'
    _____ Is attending school or work program somewhere else
    _____ Has new job and is going to work
    _____ Other, please specify: _____

    Comments:

22. What other support services is the client being linked with now that they are leaving the Residence?
    _____ C/CAS or CAS
    _____ Ontario Works
    _____ HBHC
    _____ Other, please specify _____

    Comments:

APPENDIX 16

St. Martin's Manor – Residence Program
Intake Tracking Sheet for *Postnatal Women*

1. Age of Client
   _____ 14 yrs or under _____ 15 _____ 16
   _____ 17 _____ 18 _____ 19
   _____ 20 _____ 21 _____ older than 21

2. Age of child
   _____ 0-1 months _____ 1-3 months _____ 4-6 months
   _____ 7-9 months _____ 9-12 months _____ older than 12 months

3. How much did baby weigh at birth? _____
4. At how many weeks of pregnancy was baby delivered? _____

5. Who has custody of child?
   _____ Client _____ Baby's Father _____ other family
   _____ C/CAS or CAS
   _____ other, please specify: _____

6. Did client have regular doctor before coming to say at Residence?
   _____ Yes _____ No _____ Not sure

7. Has client been to doctor since delivering baby?
   _____ Yes, has seen doctor approximately ___ times
   _____ No
   _____ Not sure

8. Does client have any serious health issues?
   _____ No
   _____ Not sure
   _____ Yes, please specify: _____

9. Is client currently receiving care/treatment from any other provider (e.g. counselor, psychiatrist, other medical specialist)?
   _____ No
   _____ Not sure
   _____ Yes
   Provider _____
   Issue _____

   Provider _____
   Issue _____

10. Has the baby been taken to the doctor for check ups?
    _____ No, because _____
    _____ Not sure
    _____ Yes, approximately _____ times
    _____ N/A, child in "other care"

11. Are there any concerns about the health of the baby?
    _____ No
    _____ Not sure
    _____ N/A, child in "other care"
    _____ Yes, please specify _____
    _____
    _____

12. Does the client have (previous) involvement with any other agency?
    _____C/CAS or CAS
    _____ Ontario Works Worker
    _____ Probation Officer
    _____ Other _____

13. Does the client have people or agencies that they feel are supportive to them?
    _____ HBHC family home visitor
    _____ public health nurse
    _____ family member(s) _____
    _____ friends
    _____ partner or baby's father
    _____ C/CAS or CAS
    _____ other _____

    Comments:

14. Does client smoke? If yes, how many cigarettes per week?
    _____ No _____ 1-5 _____ 6-10 _____ 10-20 _____ more than 20

15. Does client use drugs? If yes, how many times per week/month?
    _____ Never _____ 1-3 times per month
    _____ 1-5 times per week _____ 6-10 times per week
    _____ More than 10 times per week _____ Everyday

16. Does client use alcohol? If yes, how many drinks per week/month?
    _____ None
    _____ 1-3 drinks per month
    _____ 1-5 drinks per week
    _____ 6-10 drinks per week
    _____ More than 10 drinks per week
    _____ Everyday

17. Does client have a history of abusing drugs or alcohol?
    _____ No
    _____ Yes

    Comments:

18. Last grade finished in school?
    _____ Grade 8 or less
    _____ Grade 9
    _____ Grade 10
    _____ Grade 11
    _____ Completed high school diploma
    _____ Completed GED
    _____ Completed some or all of college/university/post-secondary program

19. How did client find out about SMM residence program?
    _____ Other SMM program (e.g.) day, Outreach
    _____ Friend or relative
    _____ Teacher or counselor at non-SMM school
    _____ Health care provider
    _____ Public health department or program
    _____ C/CAS or CAS
    _____ Place of workshop
    _____ Other, please specify: _____

20. Client's self-reported level of stress:
    _____ Very stressed
    _____ Somewhat stressed
    _____ A little bit stressed
    _____ Not stressed at all

    Comments:

21. Client's self-reported level of depression.
    _____ Very depressed
    _____ Somewhat depressed
    _____ A little bit depressed
    _____ Not depressed at all

    Comments:

22. Clients concerns:
    _____ How to stay in school/return to school _____
    _____ How to keep job/find a job _____
    _____ Finding/keeping a safe place to live _____
    _____ Having enough money _____
    _____ Finding quality child care _____
    _____ Personal health _____
    _____ Personal safety _____
    _____ Health of child _____
    _____ Safety of child _____
    _____ Mental health issues _____
    _____ Alcohol/drug use _____
    _____ Smoking _____
    _____ Relationship with family _____
    _____ Relationship with partner _____
    _____ Other, please specify _____

    Comments:

23. What would client like to achieve while they are here?
    _____ Attend classes/get a school credit
    _____ Improve literacy and numeracy skills
    _____ Learn about parenting
    _____ Learn about babies' needs and interests
    _____ Learn how to find a job
    _____ Make new friends
    _____ Address relationship with partner
    _____ Address relationship with family
    _____ Find housing for after they leave
    _____ Address alcohol/drug use
    _____ Address smoking
    _____ Other, please specify _____

Comments:

24. On a scale of 1 to 4, how does client rate their skills in the following areas? (1 = very strong, 4 = very weak)
    _____ Getting around town (e.g.) taking bus
    _____ Making appointments
    _____ Resolving conflicts with partner or family
    _____ Time management
    _____ Money management (e.g.) saving money/budgeting, paying bills
    _____ Finding or keeping a job
    _____ Finding or maintaining place to live
    _____ Tasks of day to day living (e.g.) grocery shopping, meal preparation, chores

Comments:

APPENDIX 17

St. Martin's Manor – Residence Program

Discharge Tracking Sheet for *Postnatal Women*

1. Age of Client

_____ 14 or under _____ 15 _____ 16
_____ 17 _____ 18 _____ 19
_____ 20 _____ 21 _____ older than 21

2. Age of child

_____ 0-1 months
_____ 1-2 months
_____ 3-4 months
_____ Older than 4 months

3. Who has custody of child?

_____ Client _____ Baby's Father _____ other family
_____ C/CAS or CAS
_____ other, please specify: _____

4. How much did baby weigh at birth? _____
5. At how many weeks of pregnancy was baby delivered? _____

6. Did client have regular doctor before coming to stay at SMM Residence?

_____ Yes _____ No _____ Not sure

If "no" did SMM Day program connect client with doctor during their stay in Residence?

_____ Yes
_____ No, client already had a doctor
_____ No, other reason _____

7. Has client been to doctor since delivering baby?

_____ Yes, has seen doctor approximately ___ times
_____ No
_____ Not sure

8. Does client have any serious health issues?

_____ No
_____ Not sure
_____ Yes, please specify: _____

9. Is client currently receiving care/treatment from any other provider (e.g. counselor, psychiatrist, other medical specialist)?

_____ No
_____ Not sure
_____ Yes

Provider _____
Issue _____

Provider _____
Issue _____

10. Has the baby been taken to the doctor for check ups?
    _____ No, because _____
    _____ Not sure
    _____ Yes, approximately _____ times
    _____ N/A, child in "other care"

11. Are there any concerns about the health of the baby?
    _____ No
    _____ Not sure
    _____ N/A, child in "other care"
    _____ Yes, please specify: _____
    _____
    _____

12. Does the client have involvement with any other agency?
    _____ C/CAS or CAS
    _____ Ontario Works Worker
    _____ Probation Officer
    _____ Other _____

13. Does the client have people or agencies that they feel are supportive to them?
    _____ HBHC family home visitor
    _____ public health nurse
    _____ family member(s) _____
    _____ friends
    _____ partner or baby's father
    _____ C/CAS or CAS
    _____ other _____

    Comments:

14. Does client smoke? If yes, how many cigarettes per week?
    _____ No _____ 1-5 _____ 6-10 _____ 10-20 _____ more than 20

15. Does client use drugs? If yes, how many times per week/month?
    _____ Never _____ 1-3 times per month
    _____ 1-5 times per week _____ 6-10 times per week
    _____ More than 10 times per week _____ Everyday

16. Does client use alcohol? If yes, how many times per week/month?
    _____ None
    _____ 1-3 times per month
    _____ 1-5 per week
    _____ 6-10 per week
    _____ More than 10 per week
    _____ Everyday

17. Does client have a history of abusing drugs or alcohol?
    _____ No
    _____ Yes

    Comments:

18. During time in day program, what programs/services did the client use/receive?
    _____ school program
    _____ group discussions
    _____ one-on-one support from staff
    _____ HBHC
    _____ other, please specify: _____

    Comments:

19. School activities completed while in day program:
    _____ Completed credit towards high school diploma, subject: _____
    _____ Worked on literacy and numeracy skills (towards GED)
    _____ Completed GED
    _____ Developed plan for ongoing education after discharging from day program
    _____ Other, please specify: _____

20. Client's self-reported level of stress.
    _____ Very stressed
    _____ Somewhat stressed
    _____ A little bit stressed
    _____ Not stressed at all

    Comments:

21. Client's self-reported level of depression.
    _____ Very depressed
    _____ Somewhat depressed
    _____ A little bit depressed
    _____ Not depressed at all

    Comments:

22. Clients concerns:
    _____ Finding/keeping a safe place to live _____
    _____ Having enough money _____
    _____ Pregnancy and childbirth _____
    _____ Personal health _____
    _____ Personal safety _____
    _____ Health of child _____
    _____ Safety of child _____
    _____ Mental health issues _____
    _____ How to stay in school/return to school _____
    _____ How to keep job/find a job _____
    _____ Alcohol/drug use _____
    _____ Smoking _____
    _____ Relationship with family _____
    _____ Relationship with partner _____
    _____ Other, please specify _____

    Comments:

23. How does client rate their skills in the following areas since being in program (1 = very good, 4 = very poor).
    _____ Getting around town (e.g.) taking bus
    _____ Making appointments
    _____ Resolving conflicts with partner or family
    _____ Time management
    _____ Money management (e.g.) saving money/budgeting, paying bills
    _____ Finding or keeping a job
    _____ Finding or maintaining place to live
    _____ Tasks of day to day living (e.g.) grocery shopping, meal preparation, chores

    Comments:

24. What community supports is the client linked with as they are discharging?
    _____ C/CAS or CAS
    _____ Ontario Works
    _____ HBHC
    _____ Other, please specify _____

    Comments:

25. Why is client leaving the residence?
    _____ no longer interested in program
    _____ has reached goals
    _____ is moving in with family or friends
    _____ is moving in with partner or baby's father
    _____ is moving into own home
    _____ is becoming a "day student'
    _____ is attending school or work program somewhere else
    _____ has new job and is going to work
    _____ other, please specify _____

    Comments:

APPENDIX 18 – SMM DAY PROGRAM – PROGRAM LOGIC MODEL

Components	Education	Life Skills & Parenting	Case Management	Infant Care
Activities & Outputs	**Activity 1 – "Section 20 School"** **(a) Career planning** *Outputs:* • # career plans developed. • # field trips held (e.g. to trade shows) • # referrals to other educational institutions *Short term Outcomes:* • Young women develop career plans. • Young women attend educational institutions after discharging from Residence Program. *Long term Outcomes* • Young women complete educational program of interest. • Young women secure employment in their chosen field.	**Activity 1 – Parenting Groups** • Offer support groups that address practical and emotional issues related to parenting. *Outputs:* • Offer # groups per year re: attachment, "Parenting", "Right from the Start", Parent Link", Circle Time, Public Health Prenatal program • Offer attachment program # times per year– girls attend 5 sessions and are videotaped. *Short term Outcomes:* • Young women have ↑ skills to parent their children. • Young women feel supported in their capacity to parent. *Long term Outcomes* • Young women develop attachment with their children. **Activity 2 – One-to-one parenting support.** • Offer one-to-one support to girls that address practical and emotional issues related to parenting. *Outputs:* • Offer counselling re parenting to girls (e.g. on parenting styles). • Staff offer practical and emotional support (e.g. understanding babies cues). *Short term Outcomes:* • Young women have ↑skills to parent their children. • Young women feel supported in their capacity to parent. *Long term Outcomes:* • Young women develop attachment with their children.	**Activity 1 - Assessments & Regular check-ins** • At intake, staff do initial assessment re: women's needs (i.e. issues to work on) and strengths (e.g. formal and informal supports). • Throughout women's stay, staff perform informal check-ins with residents. These are regular meetings with pregnant and parenting young women. Purpose is to discuss and document interests, needs, plans and strategies (which tend to change from meeting to meeting). Discussions pertain to same as 'plans of care for Residential program. • At discharge, staff conduct discharge assessment in order to continue young women's plans of care (i.e. to determine where they're at and what happens next) in order to measure women's growth/change during stay (e.g.) life skills, mental health, etc. *Outputs:* • Staff perform initial assessment re women's needs and strengths. • Staff perform informal check-in's through women's time in program. • Staff conduct discharge assessment. *Short-term outcomes:* • The short term and long term needs and interests of women are identified in a range of areas (e.g.) education, health, parenting. **Activity 2 – Advocacy and Referrals** • Staff link pregnant and parenting young women to community service providers (e.g. on medical, addictions, mental health, financial, housing relationship, child protection issues) Staff advocate on behalf of: a) Pregnant and parenting women • To help young women to understand and navigate systems and services (e.g.) medical, mental, children's aid, life skills, immigrant & refugee, shelter) • To help young women set themselves up with services, to problem solve. b) Children – to ensure their safety (e.g.) with Children's Aid.	SEE PLM for Infant Care

Components

Activities & Outputs

Education

Activity 1 – "Section 20 School"

(a) Career planning

Outputs:
- # career plans developed.
- # field trips held (e.g. to trade shows)
- # referrals to other educational institutions

Short term Outcomes:
- Young women develop career plans.
- Young women attend educational institutions after discharging from Residence Program.

Long term Outcomes
- Young women complete educational program of interest.
- Young women secure employment in their chosen field.

Life Skills & Parenting

Activity 3- Life Skills Groups
- Provide and facilitate group activities, such as discussion groups (e.g.) healthy relationships, racism, homophobia. Do role playing or watch videos and discuss. Topics are based on discussions and experiences of women.
- Life skills programs also offered by public health – for day and residence program.
- Referrals out to Home Management program (offered by city) to help women with budgeting, shopping, all you need to know for first time living on own.

Outputs:
- Offer # groups per year re life skills & social skills
- Offer information about community resources.

Short-term Outcomes:
- Young women develop life skills towards independence (e.g. can make own phone calls, take the bus).
- Young women build confidence in carrying out activities of daily living (e.g. telephone)
- Young women have improved time management (e.g.) getting somewhere on time; using calendar.
- Young women have ↑ awareness of personal hygiene.
- Young women learn about conflict resolution.
- Young women learn about appropriate communication with staff & others.

Case Management

Outputs
- # Referrals made by staff on behalf of pregnant and parenting young women to community service providers (e.g. on medical, addictions, mental health, financial, housing relationship, child protection issues).
- Staff work with community agencies to ensure safety of children
- Women have opportunity to observe staff and learn how to advocate for themselves/their child.

Short term outcomes:
- Children's safety needs are addressed (through staff advocacy work with community agencies).
- Young parents have↑awareness about how "systems" work (e.g. educational, medical, child protection etc.)
- Young parents have ↑ opportunities to improve communication skills.

Long term outcomes:
- Children have established linkages with services/providers that enhance their safety (e.g. physical, emotional).
- Young parents better able to respond to children's needs.
- Women have ↑ capacity to advocate for themselves in order to meet their needs.
- Children are positively attached to their parents.

Infant Care

SEE PLM for Infant Care re Interactive Programming.

Activities & Outcomes

Education

Activity 2 – "Alternative School Program"

Assessments
Outputs:
- Staff complete assessments

Career planning
Outputs:
- Staff complete career plans with young women.

Educational planning
Outputs:
- Educational plans created with young women.

GED preparation
Outputs:
- Young women participate in GED preparation

Basic literacy and numeracy skills
Outputs:
- Young women participate in basic literacy and numeracy activities/skills development

Short term Outcomes:
- Young women develop career and/or educational plans.
- Young women begin implementing their career and/or educational plans.
- Young women participate in GED preparation.
- Young women improve their basic literacy and numeracy skills.

Life Skills & Parenting

Activity 4 – One-to-one life skills support
- Provide one-to-one modeling, support, and interventions re positive behaviour, self-care, and life skills.

Outputs:
- Provide information/facilitate awareness of community resources.
- Staff model positive behaviour and social skills.
- Staff address issues with young women regarding positive behaviour.
- Staff work with young women to resolve conflicts
- Staff teach problem solving skills.

Short-term Outcomes:
- Young women build confidence in carrying out activities of daily living (e.g.) telephone
- Young women demonstrate improved time management (e.g.) getting somewhere on time; using calendar
- Young women have ↑awareness of personal hygiene.
- Young women learn about conflict resolution.
- Young women learn about appropriate communication with staff & others.

Long term Outcomes

- Young women develop life skills towards independence (e.g. can make own phone calls, take the bus).

Case Management

Activity 3 - Informal Counselling/Problem Solving
- Involves staff listening and providing support. Staff help women to develop plan to meet needs and goals.
- Lots of modeling/teaching/demonstrating how to solve problems before women are ready to do on their own.

Outputs:
- Listening and supportive counselling to develop plan.
- Role modeling of problem solving.

Short term Outcomes:
- Young women begin to develop problem solving skills.
- Young women develop plan that meets identified needs and goals.

Long term Outcomes:
- Young women have an ↑sense of self-worth.
- Young women develop life skills towards independence.

Activity 4 - Formal Counselling
- Staff provide practical and therapeutic support on a range of issues (in-house).
- Staff refer young women to appropriate counselling supports in the community (outsourced).

Outputs:
- Staff provide practice and therapeutic support to # women on range of issues through # formal counselling sessions (in-house).
- # referrals to counselling supports in the community.

Short term Outcomes:
- Young women report ↑ awareness of their needs, strengths and capacities, barriers and challenges.

Long term Outcomes:
- Young women have ↑capacity to meet their identified needs.

Infant Care

Activities & Outcomes

Education	Life Skills & Parenting	Case Management	Infant Care

		Activity 5 - Health and Wellness
		• Staff assist young women with getting to appointments.
		• Staff assist young women with getting connected with providers (e.g. physicians, psychiatrists).
		• SMMR provides access to healthy foods.
		• Young women participate in menu planning, grocery shopping,, meal preparation.
		• Staff provide structured health and wellness education through discussion groups, presentations, and through access to doctors.
		• Staff provide unstructured health and wellness education through 1:1 discussions with young women re pregnancy, infant health, postpartum health
		• Staff monitor young women's pre- and postpartum health (e.g.) nutrition, medication, hygiene.
		• Staff provide one-to-one modeling, support, and interventions re, self-care.
		Outputs:
		• Staff assist # young women with getting to # appointments.
		• Staff assist # young women with getting connected with # providers (e.g. physicians, psychiatrists).
		• SMMR provides young women access to healthy foods.
		• Young women participate in menu planning, grocery shopping, meal preparation.
		• Staff provide # structured health and wellness education through discussion groups, presentations, and through access to doctors.
		• Staff provide unstructured health and wellness education through 1:1 discussions with young women re pregnancy, infant health, postpartum health
		• Staff monitor young women's pre- and postpartum health (e.g. nutrition, medication, hygiene)
		• Staff address issues with young women regarding self-care and personal wellness on an on-going basis.
		Short term outcomes:
		• Young women have ↑ access to:
		  ○ Appropriate physical and mental health care providers.
		  ○ Nutritious foods.
		• Young women have increased awareness of nutrition (e.g.) menu planning, healthy food choices when grocery shopping, healthy cooking.
		• Young women have increased awareness of topics related to pregnancy, child-birth, post-partum care, hygiene, infant health etc.
		  ○ through participation in formal education opportunities offered at SMMR.
		  ○ through informal discussions with SMMR staff.
		  ○ as a result of ongoing monitoring of their health by staff.
		Long term outcomes:
		• Young women have sustained relationship(s) with health care provider(s).
		• Young women deliver babies with healthy birth weights.
		• Young women have ↑ ability to address their own health issues.
		• Young women develop life skills towards independence
		• Young women have ↑ability to address health issues of their children.	

APPENDIX 19
St. Martin's Manor – Day Program
Client Outcome Survey - *For Young Women Who Are Pregnant*

Before you leave St. Martin's Manor Residence, we would like to hear from you how you think our programs help people. Please take a few minutes to fill out this confidential survey. Please do not put your name on it - that way it will be anonymous. Thanks for your time.

1. How old are you? _____
2. How old is/are your child(ren)? _____

3. At what point in your pregnancy did you start coming to the Day Program here? _____ months
4. How many months have you been coming to St. Martin's Manor Day Program? _____

5. Do you have any serious health issues?
   _____ No _____ Not sure _____ Yes
   _____ Diabetes
   _____ High blood pressure
   _____ Asthma
   _____ Other, please tell us:
   _____

6. Before you came into the Day Program, did you have a regular doctor?
   _____ Yes _____ No _____ Don't know

7. Do you have a regular doctor now?
   _____ Yes _____ No _____ Don't know

8. Have you been to the doctor for regular check ups during your pregnancy?
   _____ No, because _____
   _____ Yes, I have gone about _____ times
   _____ Don't remember

9. *Before you came to the* Day Program, were you worried about any of the following things?

Possible concerns	Very worried	Somewhat worried	A little bit worried	Not worried at all	Don't remember	Does not apply to me
My physical health						
Where I am going to live						
How I am going to go to school						
How I am going to work						
How I am going to pay my bills						
What I need to know to be a good parent						
The needs and interests of babies						
How to stop or reduce my drug or alcohol use						
How to quit or reduce my smoking						
My relationship with my family						
My relationship with my partner						
Negative feelings that I am having about my baby						
Other, please tell us:						

10. *Now that you are leaving* the Day Program, are you worried about any of the following things?

Possible concerns	Very worried	Somewhat worried	A little bit worried	Not worried at all	Does not apply to me
My physical health					
Where I am going to live					
How I am going to go to school					
How I am going to work					
How I am going to pay my bills					
What I need to know to be a good parent					
The needs and interests of babies					
How to stop or reduce my drug or alcohol use					
How to quit or reduce my smoking					
My relationship with my family					
My relationship with my partner					
Negative feelings that I am having about my baby					
Other, please tell us:					

11. How much do you think that you have learned *about pregnancy and childbirth* in the Day Program?

Topics related to pregnancy	Learned a lot	Learned some	Learned a little	Did not learn anything	Already knew a lot
Healthy eating during pregnancy					
Physical activity during pregnancy					
How alcohol or drug use affects my unborn baby					
How smoking affects my unborn baby					
What to expect during labour and delivery					
Community resources for pregnant youth					
Other, please tell us:					

12. How much do you think you have learned about *life after having a baby* in the Day Program?

Topics related to my life after having the baby	Learned a lot	Learned some	Learned a little	Did not learn anything	Already knew a lot
Planning and making a healthy meal					
Being active with my child					
Taking care of my body after childbirth					
Personal hygiene					
Ways to cope with feeling down or depressed					
Healthy relationships					
Community resources for young parents					
Other, please tell us:					

13. How much do you think that you learned about *your baby's development* in the Day Program?

About my baby	Learned a lot	Learned some	Learned a little	Did not learn anything	Already knew a lot
Stages of my baby's development					
Things I can do to play with my baby					
Things I can do to improve my baby's fine motor skills (e.g.) picking up something small					
Things that I can do to improve my baby's gross motor skills (e.g.) helping my baby to walk					
Cues – what my baby is trying to tell me					
Things I can do to improve my baby's language skills (e.g.) reading to my baby, naming objects for my baby					
How to get my baby to stop doing something that he/she shouldn't be (e.g.) positive redirection.					
Things I can do to develop my baby's social and emotional skills (e.g.) singing the name song					
Other, please tell us:					

14. Please rate how programs at St. Martin's Manor Day Program have impacted your confidence to:

Day to day life	I feel a lot more confident	I feel somewhat more confident	I feel a little more confident	I don't feel any more confident then before I came	I think that this may be an issue for me
Take the bus					
Make telephone calls to arrange an appointment					
Get where I need to go on time					
Get along with people around me					
Resolve conflicts with people in my life					
Prepare healthy meals					
Cope with stress of being a new parent					
Set a goal and make a plan to reach it					
Find a place to live after I leave here					
Locate community supports that I need to use					
Manage money					
Pay bills					
Other, please tell us					

15. Please check any of the following education or career related activities that you participated in:

_____ Worked with staff to develop a plan for continuing in school
_____ Completed or worked towards a credit for high school diploma
_____ Worked on improving my literacy and numeracy skills towards getting my GED
_____ Participated in GED preparation
_____ Worked with staff to develop a plan for my future career
_____ Participated in activities that will help to find a job in my chosen field (e.g. attend a tradeshow)
_____ Worked part-time (at a job that I already had)
_____ Other, please tell us: _____

16. How much have the following SMM services helped you?

SMM services	Helped very much	Helped somewhat	Helped a little bit	Did not help me at all	Not applicable or did not use this service
Group discussions					
One-on-one talks with staff					
Supportive staff					
Support provided by other residents					
Having access to good child care					
Setting goals and making a plan to reach them					
Planning for my future career					
Going to school					
Improving my reading and math skills					
Living in a safe, homelike, nurturing environment					
Healthy Babies Healthy Children Program					
Other, please tell us:					

17. Why are you leaving St. Martin's Manor Day Program?

_____ I am no longer interested in this program
_____ I no longer need the programs that are offered here
_____ I have reached my goals
_____ I am attending a school or work program somewhere else
_____ I have a (new) job and am going to work
_____ Other, please tell us _____

18. What are three things that you did during your time in the Day Program that you are proud of?

1.

2.

3.

19. When you leave St. Martin's Manor Day Program, three goals that you would like to achieve are:

1.

2.

3.

20. What are three good things about the services that St. Martin's Manor Day Program provides?

    1.

    2.

    3.

21. What are three ways in which St. Martin's Manor Day Program could improve its services?

    1.

    2.

    3.

22. Any other comments?

Thank you for your time. Your feedback is very important to us.

APPENDIX 20
St. Martin's Manor – Day Program
Client Outcome Survey - *For Young Women Who Have Had Babies*

St. Martin's Manor Day Program wants to know how its programs help people. Please take a few minutes to fill out this confidential survey. Please do not put your name on it - that way it will be anonymous. Thanks for your time.

1. How old are you? _____

2. How old is/are your child(ren)? _____

3. At what point did you start coming to the day program here?
   _____ while I was pregnant (about _____ months)
   _____ after I had my baby (when my baby was about ___ months old)

4. How many months have you been coming to St. Martin's Manor Day Program? _____

5. How much did your baby weight at birth? _____

6. How many weeks pregnant were you when you delivered your baby? _____

7. During your pregnancy, did you have any serious health issues?
   _____ No _____ Not sure _____ Yes
   _____ Diabetes
   _____ High blood pressure
   _____ Asthma
   _____ Other, please tell us:
   _____

8. *Before* you came to stay here, did you have a regular doctor?
   _____ Yes _____ No _____ Don't know

9. Do you have a regular doctor now?
   _____ Yes _____ No _____ Don't know

10. Did you go to the doctor for check ups while you were pregnant?
    _____ No, because _____
    _____ Yes, I have gone about _____ times
    _____ Don't remember

11. Since you have had your baby, have you been to the doctor for check ups?
    _____ No, because _____
    _____ Yes, I have gone about _____ times
    _____ Don't remember
    _____ No, baby in "other care"

12. *Before you came to* the Day Program, were you worried about any of the following things?

Concerns before I came to the program	Very worried	Somewhat worried	A little bit worried	Not worried at all	Don't remember	Does not apply to me
My physical health						
Where I am going to live						
How I am going to go to school						
How I am going to work						
How I am going to pay my bills						
The needs and interests of babies						
What I need to know to be a good parent						
How to stop or reduce my drugs or alcohol use						
How to stop or reduce my smoking						
My relationship with my family						
My relationship with my partner						
Negative feelings that I am having about my baby						
Other, please tell us:						

13. *Now that you are leaving* the Day Program, are you worried about any of the following things?

Concerns before I came to the program	Very worried	Somewhat worried	A little bit worried	Not worried at all	Does not apply to me
My physical health					
Where I am going to live					
How I am going to go to school					
How I am going to work					
How I am going to pay my bills					
The needs and interests of babies					
What I need to know to be a good parent					
How to stop or reduce my drugs or alcohol use					
How to stop or reduce my smoking					
My relationship with my family					
My relationship with my partner					
Negative feelings that I am having about my baby					
Other, please tell us:					

14. **If you came to the program before you delivered your baby**, how much do you think that you have learned *about pregnancy and childbirth* during your stay here. (If you came here **after you delivered** your baby, then please go to question 16.)

Topics related to pregnancy	Learned a lot	Learned some	Learned a little	Did not learn anything	Already knew a lot
Healthy eating during pregnancy					
Physical activity during pregnancy					
How alcohol or drug use affects by unborn baby					
How smoking affects my unborn baby					
What to expect during labour and delivery					
Community resources for pregnant youth					
Other, please tell us:					

15. How much do you think you have learned about *life after having a baby* in the program?

Topics related to my life after having the baby	Learned a lot	Learned some	Learned a little	Did not learn anything	Already knew a lot
Planning and making a healthy meal for myself					
Being active with my child					
Taking care of my body after childbirth					
Personal hygiene					
Ways to cope with feeling down or depressed					
Healthy relationships					
Community resources for young parents					
Other, please tell us:					

16. How much do you think you learned about *your baby's development* in the program?

About my baby	Learned a lot	Learned some	Learned a little	Did not learn anything	Already knew a lot
Stages of my baby's development					
Things I can do to play with my baby					
Things I can do to improve my baby's fine and gross motor skills					
Cues – what my baby is trying to tell me					
Things I can do to improve my baby's language skills					
How to get my baby to stop doing something that he/she shouldn't be					
Things I can do to develop my baby's social and emotional skills					
Things that I can do to improve my baby's gross motor skills					
Other, please tell us:					

17. Please rate how programs at St. Martin's Manor have impacted your confidence to:

Day to day life	I feel a lot more confident	I feel somewhat more confident	I feel a little more confident	I don't feel any more confident then before I came	I think that this may be an issue for me
Take the bus					
Make telephone calls to arrange an appointment					
Get where I need to go on time					
Get along with people around me					
Resolve conflicts with people in my life					
Prepare healthy meals					
Cope with stress of being a new parent					
Set a goal and make a plan to reach it					
Find a place to live after I leave here					
Locate community supports that I need to use					
Manage money					
Pay bills					
Other, please tell us					

18. Please check any of the following education or career related activities that you participated in:

_____ Worked with staff to develop a plan for continuing in school
_____ Completed or worked towards a credit for high school diploma
_____ Worked on improving my literacy and numeracy skills towards getting my GED
_____ Participated in GED preparation
_____ Worked with staff to develop a plan for my future career
_____ Participated in activities that will help to find a job in my chosen field (e.g. attend a tradeshow)
_____ Worked part-time at a job that I already had
_____ Other, please tell us: _____

19. How much have the following SMM services helped you?

SMM services	Helped very much	Helped somewhat	Helped a little bit	Did not help me at all	Does not apply to me or did not use this service
Group discussions					
One-on-one talks with staff					
Supportive staff					
Support provided by other residents					
Having access to good child care					
Setting goals and making a plan to reach them					
Going to school					
Improving my reading and math skills					
Living in a safe, homelike, nurturing environment					
Healthy Babies Healthy Children Program					
Other, please tell us:					

20. Why are you leaving St. Martin's Manor Day Program?
_____ I am no longer interested in this program
_____ I no longer need the programs that are offered here
_____ I have reached my goals
_____ Other, please tell us _____

21. What are three things that you did during your time in the Day Program that you are proud of?

    1.

    2.

    3.

22. When I leave St. Martin's Manor Day Program, three goals that I would like to achieve are:

    1.

    2.

    3.

23. What are three good things about the services that St. Martin's Manor Day Program provides?

    1.

    2.

    3.

24. What are three ways in which St. Martin's Manor Day Program could improve its services?

    1.

    2.

    3.

25. Any other comments?

Thank you for your time. Your feedback is very important to us.

APPENDIX 21

St. Martin's Manor - Day Program
Intake Tracking Sheet for *Pregnant Women*

1. Age of Client
   _____ 14 or under _____ 15 _____ 16
   _____ 17 _____ 18 _____ 19
   _____ 20 _____ 21 _____ older than 21

2. How many months pregnant?
   _____ 1-3 _____ 4-6 _____ 7-9

3. Last grade finished in school?
   _____ Grade 8 or less
   _____ Grade 9
   _____ Grade 10
   _____ Grade 11
   _____ completed high school diploma
   _____ completed GED
   _____ completed some or all of college/university/post-secondary program

4. How did client find out about SMM day program?
   _____ Other SMM program (e.g.) residence, Outreach
   _____ Friend or relative
   _____ Teacher or counselor at non-SMM school
   _____ Health care provider
   _____ Public health department or program
   _____ C/CAS or CAS
   _____ Place of workshop
   _____ Other, please specify: _____

5. Does client have regular doctor?
   _____ Yes _____ No _____ Not sure

6. Has client been receiving prenatal care?
   _____ Yes, and has seen doctor approximately ___ times
   _____ No
   _____ Not sure

7. Does client have any serious health issues?
   _____ No
   _____ Not sure
   _____ Yes
      _____ Diabetes
      _____ Asthma
      _____ High blood pressure
      _____ Other _____

8. Are there any concerns about the health of the baby?
   _____ No
   _____ Not sure
   _____ Yes, please specify: _____
   _____
   _____

9. Is client currently receiving care/treatment from any other provider (e.g. counselor, psychiatrist, other medical specialist)?
   _____ No
   _____ Not sure
   _____ Yes
   Provider _____
   Issue _____

   Provider _____
   Issue _____

10. Does the client have involvement with any other agency?
    _____ C/CAS or CAS
    _____ Ontario Works Worker
    _____ Probation Officer
    _____ Other _____

11. Does the client have people or agencies that they feel are supportive to them?
    _____ HBHC family home visitor
    _____ public health nurse
    _____ family member(s) _____
    _____ friends
    _____ partner or baby's father
    _____ C/CAS or CAS
    _____ other _____

    Comments:

12. Does client smoke? If yes, how many cigarettes per week?
    _____ No _____ 1-5 _____ 6-10 _____ 10-20 _____ more than 20

13. Does client use drugs? If yes, how many times per week/month?
_____ Never _____ 1-3 times per month
_____ 1-5 times per week _____ 6-10 times per week
_____ More than 10 times per week _____ Everyday

14. Does client use alcohol? If yes, how many times per week/month?
_____ None _____ 1-3 times per month
_____ 1-5 per week _____ 6-10 per week
_____ More than 10 per week _____ Everyday

15. Does client have a history of abusing drugs or alcohol?
_____ No _____ Yes

Comments:

16. Client's self-reported level of stress.
_____ Very stressed
_____ Somewhat stressed
_____ A little bit stressed
_____ Not stressed at all

Comments:

17. Client's self-reported level of depression.
_____ Very depressed
_____ Somewhat depressed
_____ A little bit depressed
_____ Not depressed at all

Comments:

18. Clients concerns:
_____ Finding a safe place to live _____
_____ Pregnancy and childbirth _____
_____ Personal health _____
_____ Personal safety _____
_____ Health of child _____
_____ Safety of child _____

_____ Mental health issues _____
_____ How to stay in school/return to school _____
_____ How to keep job/find a job _____
_____ Alcohol/drug use _____
_____ Smoking _____
_____ Relationship with family _____
_____ Relationship with partner _____
_____ Other, please specify _____

Comments:

19. What would client to achieve while they are here?
    _____ Attend classes/get a school credit
    _____ Improve literacy and numeracy skills
    _____ Learn about parenting
    _____ Learn about baby's needs and interests
    _____ Find a job
    _____ Make new friends
    _____ Address relationship with partner
    _____ Address relationship with family
    _____ Find housing for after they leave
    _____ Address alcohol/drug use
    _____ Address smoking
    _____ Other, please specify _____

    Comments:

20. On a scale of 1 to 4, how does client rate their skills in the following areas (1 = very strong, 4 = very weak)?
    _____ Getting around town (e.g.) taking bus
    _____ Making appointments
    _____ Resolving conflicts with partner or family
    _____ Time management
    _____ Money management (e.g.) saving money/budgeting, paying bills
    _____ Finding or keeping a job
    _____ Finding or maintaining place to live
    _____ Tasks of day to day living (e.g.) grocery shopping, meal preparation, chores

    Comments:

APPENDIX 22

St. Martin's Manor - Day Program
Discharge Tracking Sheet for *Pregnant Women*

1. Age of Client
   _____ 14 or under _____ 15 _____ 16
   _____ 17 _____ 18 _____ 19
   _____ 20 _____ 21 _____ older than 21

2. How many months pregnant?
   _____ 1-3 _____ 4-6 _____ 7-9

3. Did client have regular doctor before enrolling in the Day Program?
   _____ Yes _____ No _____ Not sure

   If no, did SMM Day program connect client with doctor during their time in program?
   _____ Yes
   _____ No, client already had a doctor
   _____ No, other reason _____

4. Has client been receiving prenatal care?
   _____ Yes, and has seen doctor approximately ___ times
   _____ No
   _____ Not sure

5. Does client have any serious health issues?
   _____ No
   _____ Not sure
   _____ Yes
   _____ Diabetes
   _____ Asthma
   _____ High blood pressure
   _____ Other _____

6. Are there any concerns about the health of the baby?
   _____ No
   _____ Not sure
   _____ Yes, please specify: _____
   _____
   _____

7. Is client currently receiving care/treatment from any other provider (e.g. counselor, psychiatrist, other medical specialist)?
   _____ No
   _____ Not sure
   _____ Yes

Provider _____
Issue _____

Provider _____
Issue _____

8. Does the client have involvement with any other agency?
   _____ C/CAS or CAS
   _____ Ontario Works Worker
   _____ Probation Officer
   _____ Other _____

9. As the client is discharging from the program, is she linked to any addition agencies or programs?
   _____ C/CAS or CAS
   _____ Ontario Works
   _____ HBHC
   _____ Other, please specify _____

   Comments:

10. Does the client have people (or agencies) that they feel are supportive to them?
    _____ family member(s) _____
    _____ friends
    _____ HBHC family home visitor
    _____ public health nurse
    _____ partner or baby's father
    _____ C/CAS or CAS
    _____ other _____

    Comments:

11. Does client smoke? If yes, how many cigarettes per week?
    _____ No _____ 1-5 _____ 6-10 _____ 10-20 _____ more than 20

12. Does client use drugs? If yes, how many times per week/month?
    _____ Never _____ 1-3 times per month
    _____ 1-5 times per week _____ 6-10 times per week
    _____ More than 10 times per week _____ Everyday

13. Does client use alcohol? If yes, how many times per week/month?
_____ None _____ 1-3 times per month
_____ 1-5 per week _____ 6-10 per week
_____ More than 10 per week _____ Everyday

14. Does the client have a history of abusing drugs or alcohol?
_____ No _____ Yes

Comments

15. During time in day program, what aspects of SMM programs/services did the client use/receive?
_____ school program
_____ group discussions
_____ one-on-one support from staff
_____ HBHC
_____ other, please specify: _____

Comments:

16. Last grade finished in school (prior to enrolling in Day Program)?
_____ Grade 8 or less
_____ Grade 9
_____ Grade 10
_____ Grade 11
_____ completed high school diploma
_____ completed GED
_____ completed some or all of college/university/post-secondary program

17. School activities completed while in day program:
_____ Completed credit towards high school diploma, subject: _____
_____ Worked on literacy and numeracy skills (towards GED)
_____ Completed GED
_____ Developed plan for ongoing education after discharging from day program
_____ Other, please specify: _____

18. Client's self-reported level of stress:
    _____ Very stressed
    _____ Somewhat stressed
    _____ A little bit stressed
    _____ Not stressed at all

    Comments:

19. Client's self-reported level of depression.
    _____ Very depressed
    _____ Somewhat depressed
    _____ A little bit depressed
    _____ Not depressed at all

    Comments:

20. Clients concerns:
    _____ Finding/keeping a safe place to live _____
    _____ Having enough money _____
    _____ Pregnancy and childbirth _____
    _____ Personal health _____
    _____ Personal safety _____
    _____ Health of child _____
    _____ Safety of child _____
    _____ Mental health issues _____
    _____ How to stay in school/return to school _____
    _____ How to keep job/find a job _____
    _____ Alcohol/drug use _____
    _____ Smoking _____
    _____ Relationship with family _____
    _____ Relationship with partner _____
    _____ Other, please specify _____

    Comments:

21. On a scale of 1 to 4, how does client rate their skills in the following areas as a result of being in the Day Program (1 = very strong, 4 = very weak)
    _____ Getting around town (e.g.) taking bus
    _____ Making appointments
    _____ Resolving conflicts with partner or family
    _____ Time management
    _____ Money management (e.g.) saving money/budgeting, paying bills
    _____ Finding or keeping a job
    _____ Finding or maintaining place to live
    _____ Tasks of day to day living (e.g.) grocery shopping, meal preparation, chores

    Comments:

22. Why is client discharging from program?
    _____ no longer interested in program
    _____ no longer requires programs offered here
    _____ have reached goals
    _____ other, please specify:

APPENDIX 23

St. Martin's Manor - Day Program
Intake Tracking Sheet for *Postnatal Women*

1. Age of Client
   _____ 14 yrs or under _____ 15 _____ 16
   _____ 17 _____ 18 _____ 19
   _____ 20 _____ 21 _____ older than 21

2. Age of child
   _____ 0-1 months _____ 1-3 months _____ 4-6 months
   _____ 7-9 months _____ 9-12 months _____ older than 12 months

3. How much did baby weigh at birth? _____
4. At how many weeks of pregnancy was baby delivered? _____

5. Who has custody of child?
   _____ Client _____ Baby's father _____ family member
   _____ C/CAS or CAS
   _____ other, please specify: _____

6. If child is older than 12 months and in Mom's custody, what external childcare has been arranged?

7. Did client have regular doctor before attending Day Program?
   _____ Yes _____ No _____ Not sure

8. Has client been to doctor since delivering baby?
   _____ Yes, has seen doctor approximately ___ times
   _____ No
   _____ Not sure

9. Does client have any serious health issues?
   _____ No
   _____ Not sure
   _____ Yes, please specify: _____

10. Is client currently receiving care/treatment from any other provider (e.g. counselor, psychiatrist, other medical specialist)?
    _____ No
    _____ Not sure
    _____ Yes
    Provider _____
    Issue _____

    Provider _____
    Issue _____

11. Has the baby been taken to the doctor for check ups?
    _____ No, because _____
    _____ Not sure
    _____ Yes, approximately _____ times

12. Are there any concerns about the health of the baby?
    _____ No
    _____ Not sure
    _____ Yes, please specify: _____
    _____
    _____

13. Does the client have involvement with any other agency?
    _____C/CAS or CAS
    _____ Ontario Works Worker
    _____ Probation Officer
    _____ Other _____

14. Does the client have people or agencies that they feel are supportive to them?
    _____ HBHC family home visitor
    _____ public health nurse
    _____ family member(s) _____
    _____ friends
    _____ partner or baby's father
    _____ C/CAS or CAS
    _____ other _____

    Comments:

15. Does client smoke? If yes, how many cigarettes per week?
    _____ No _____ 1-5 _____ 6-10 _____ 10-20 _____ more than 20

16. Does client use drugs? If yes, how many times per week/month?
    _____ Never _____ 1-3 times per month
    _____ 1-5 times per week _____ 6-10 times per week
    _____ More than 10 times per week _____ Everyday

17. Does client use alcohol? If yes, how many drinks per week/month?
    _____ None _____ 1-3 drinks per month
    _____ 1-5 drinks per week _____ 6-10 drinks per week
    _____ More than 10 drinks per week _____ Everyday

18. Does client have a history of abusing drugs or alcohol?
_____ No _____ Yes

Comments:

19. Last grade finished in school (prior to enrolling in Day Program)?
_____ Grade 8 or less
_____ Grade 9
_____ Grade 10
_____ Grade 11
_____ completed high school diploma
_____ completed GED
_____ completed some or all of college/university/post-secondary program

20. How did client find out about SMM day program?
_____ Other SMM program (e.g.) residence, Outreach
_____ Friend or relative
_____ Teacher or counselor at non-SMM school
_____ Health care provider
_____ Public health department or program
_____ C/CAS or CAS
_____ Place of workshop
_____ Other, please specify: _____

21. Client's self-reported level of stress.
_____ Very stressed
_____ Somewhat stressed
_____ A little bit stressed
_____ Not stressed at all

Comments:

22. Client's self-reported level of depression.
_____ Very depressed
_____ Somewhat depressed
_____ A little bit depressed
_____ Not depressed at all

Comments:

23. Clients concerns:
    _____ How to stay in school/return to school _____
    _____ How to keep job/find a job _____
    _____ Finding/keeping a safe place to live _____
    _____ Having enough money _____
    _____ Finding quality child care _____
    _____ Personal health _____
    _____ Personal safety _____
    _____ Health of child _____
    _____ Safety of child _____
    _____ Mental health issues _____
    _____ Alcohol/drug use _____
    _____ Smoking _____
    _____ Relationship with family _____
    _____ Relationship with partner _____
    _____ Other, please specify _____

    Comments:

24. What would client like to achieve while they are here?
    _____ Attend classes/get a school credit
    _____ Improve literacy and numeracy skills
    _____ Learn about parenting
    _____ Learn about babies' needs and interests
    _____ Find a job
    _____ Make new friends
    _____ Address relationship with partner
    _____ Address relationship with family
    _____ Find housing for after they leave
    _____ Address alcohol/drug use
    _____ Address smoking
    _____ Other, please specify _____

    Comments:

25. On a scale of 1 to 4, how does client rate their skills in the following areas prior to being in the day program (1 = very strong, 4 = very weak)?
    _____ Getting around town (e.g.) taking bus
    _____ Making appointments
    _____ Resolving conflicts with partner or family
    _____ Time management
    _____ Money management (e.g.) saving money/budgeting, paying bills
    _____ Finding or keeping a job
    _____ Finding or maintaining place to live
    _____ Tasks of day to day living (e.g.) grocery shopping, meal preparation, chores

    Comments:

26. What other support services is the client connected with?
    _____ C/CAS or CAS
    _____ Ontario Works
    _____ HBHC
    _____ Other, please specify _____

    Comments:

APPENDIX 24

St. Martin's Manor - Day Program
Discharge Tracking Sheet for *Postnatal Women*

1. Age of Client
   _____ 14 or under _____ 15 _____ 16
   _____ 17 _____ 18 _____ 19
   _____ 20 _____ 21 _____ older than 21

2. Age of child
   _____ 0-1 months
   _____ 1-2 months
   _____ 3-4 months
   _____ older than 4 months

3. How much did baby weigh at birth? _____
4. At how many weeks of pregnancy was baby delivered? _____

5. Who has custody of child?
   _____ Client _____ Baby's father _____ family member
   _____ C/CAS or CAS
   _____ other, please specify: _____

6. Did client have regular doctor before enrolling in the Day Program?
   _____ Yes _____ No _____ Not sure

   If no, did SMM Day program connect client with doctor during their time in program?
   _____ Yes
   _____ No, client already had a doctor
   _____ No, other reason _____

7. Has client been to doctor since delivering baby?
   _____ Yes, has seen doctor approximately ___ times
   _____ No
   _____ Not sure

8. Does client have any serious health issues?
   _____ No
   _____ Not sure
   _____ Yes, please specify: _____

9. Is client currently receiving care/treatment from any other provider (e.g. counselor, psychiatrist, other medical specialist)?
   _____ No
   _____ Not sure
   _____ Yes

Provider _____
Issue _____

Provider _____
Issue _____

10. Has the baby been taken to the doctor for check ups?
    _____ No, because _____
    _____ Not sure
    _____ Yes, approximately _____ times
    _____ N/A, baby in "other care"

11. Are there any concerns about the health of the baby?
    _____ No
    _____ Not sure
    _____ N/A, baby in "other care"
    _____ Yes, please specify: _____
    _____
    _____

12. Does the client have involvement with any other agency?
    _____ C/CAS or CAS
    _____ Ontario Works Worker
    _____ Probation Officer
    _____ Other _____

13. Now that the client is discharging from the program, are there other community agencies that she will be linked with?
    _____ C/CAS or CAS
    _____ Ontario Works
    _____ HBHC
    _____ Other, please specify _____

    Comments:

14. Does the client have people or agencies that they feel are supportive to them?
    _____ HBHC family home visitor
    _____ public health nurse
    _____ family member(s) _____
    _____ friends
    _____ partner or baby's father
    _____ C/CAS or CAS
    _____ other _____

    Comments:

15. Does client smoke? If yes, how many cigarettes per week?
_____ No _____ 1-5 _____ 6-10 _____ 10-20 _____ more than 20

16. Does client use drugs? If yes, how often?
_____ Never _____ 1-3 times per month
_____ 1-5 times per week _____ 6-10 times per week
_____ More than 10 times per week _____ Everyday

17. Does client use alcohol? If yes, how often?
_____ None _____ 1-3 times per month
_____ 1-5 per week _____ 6-10 per week
_____ More than 10 per week _____ Everyday

18. Does the client have a history of abusing drugs or alcohol?
_____ No _____ Yes

Comments:

19. What was the last grade finished in school (prior to enrolling in Day Program)?
_____ Grade 8 or less
_____ Grade 9
_____ Grade 10
_____ Grade 11
_____ Completed high school diploma
_____ Completed GED
_____ Completed some or all of college, university, or post-secondary program

20. During time in day program, what aspects of SMM programs/services did the client use/receive?
_____ school program
_____ group discussions
_____ one-on-one support from staff
_____ HBHC
_____ other, please specify: _____

Comments:

21. School activities completed while in day program:
    _____ Completed credit towards high school diploma, subject: _____
    _____ Worked on literacy and numeracy skills (towards GED)
    _____ Completed GED
    _____ Developed plan for ongoing education after discharging from day program
    _____ Other, please specify: _____

22. Client's self-reported level of stress.
    _____ Very stressed
    _____ Somewhat stressed
    _____ A little bit stressed
    _____ Not stressed at all

    Comments:

23. Client's self-reported level of depression.
    _____ Very depressed
    _____ Somewhat depressed
    _____ A little bit depressed
    _____ Not depressed at all

    Comments:

24. Client's concerns:
    _____ Finding/keeping a safe place to live _____
    _____ Having enough money _____
    _____ Pregnancy and childbirth _____
    _____ Personal health _____
    _____ Personal safety _____
    _____ Health of child _____
    _____ Safety of child _____
    _____ Mental health issues _____
    _____ How to stay in school/return to school _____
    _____ How to keep job/find a job _____
    _____ Alcohol/drug use _____
    _____ Smoking _____
    _____ Relationship with family _____
    _____ Relationship with partner _____
    _____ Other, please specify _____

    Comments:

25. On a scale of 1 to 4, how does client rate their skills in the following areas as a result of being in the Day Program (1 = very strong, 4 = very weak)?
    _____ Getting around town (e.g.) taking bus
    _____ Making appointments
    _____ Resolving conflicts with partner or family
    _____ Time management
    _____ Money management (e.g.) saving money/budgeting, paying bills
    _____ Finding or keeping a job
    _____ Finding or maintaining place to live
    _____ Tasks of day to day living (e.g.) grocery shopping, meal preparation, chores

    Comments:

26. Why is client discharging from program?
    _____ no longer interested in program
    _____ no longer requires programs offered here
    _____ have reached goals
    _____ other, please specify:

    Comments:

APPENDIX 25 – SMM Outreach Program – Program Logic Model

Components	Case Management	Support to Community Agencies	Presentations
Objectives	To *create* a short term plan of action for pregnant and parenting youth in the community. To *facilitate the implementation of* a short term plan of action for pregnant and parenting youth in the community.	To assist community agencies by providing *pregnancy support* to clients who access their agency. To assist community agencies by providing *parenting support* to clients who access their agency.	To provide information and awareness to *youth* about pregnancy and parenting youth. To provide information and awareness to *community agencies* about pregnancy and parenting youth.

Activities	Assessments
	• At intake, do initial assessment re youth's needs (i.e. issues to work on) and strengths (e.g. formal and informal supports). Prioritize needs and strategies.
	• Staff provide informal counselling to youth in the community. This can be in the form of crisis intervention and/or listening and supportive counselling.
	• Provide one-to-one counselling re positive behaviour, self-care, life skills and problem solving that encourages youth to access community supports.
	• Goal Setting - Ongoing meetings working with pregnant and parenting youth to identify short-term and long-term goals an strategies for reaching those goals re: parenting/adoption, education, work, relationships, life skills, housing, financial, personal safety.
	• Throughout, staff perform informal check-in's with clients.
	• Staff provide unstructured health and wellness education through 1:1 discussions with young women re pregnancy, infant health, postpartum health.
	• Staff monitor young women's pre- and postpartum health (E.g. nutrition, medication, hygiene) through informal counselling and links to services.
	• Staff provide one-to-one modelling, support, and crisis intervention.
	• Once connected to resources (e.g. HBHC, residence, school programs, etc.), staff "take a back seat".
	
	Advocacy and Referrals
	• Staff link pregnant and parenting youth to community service providers (e.g. medical, addictions, mental health, financial, housing, counselling, child protection, HBHC, public health, healthy food/food banks, day care, formal counselling).
	• Staff advocate on behalf of:
	  ○ Pregnant and parenting youth'
	  ▪ To help youth to understand and navigate systems and services (E.g.) medical, mental, day care, children's aid, life skills, immigrant and refugee, shelter
	  ○ Children – to ensure their safety (e.g.) with Children's Aid.
		Being available to 'high-risk'/'hard-to-reach' pregnant and parenting teens that are accessing services at local community agencies.
		
		Providing 1:1 support to link teens to relevant community services.
		
		Provide 1:1 support to teens (via community agencies) in order to increase awareness of issues re teen pregnancy and parenting.
			Facilitate school and agency presentations - Go to classes in secondary schools and community agencies to provide information about SMM and Young Parent Centre and other community resources and issues faced by pregnant and parenting teens.
			
			Peer mentoring – take pregnant and parenting teens to S.S. classes and community agencies to hold interactive discussions about:
			• Services, and where they'd be without them
			• Issues of pregnancy and parenting. (e.g. day-to-day barriers, living in abusive relationships, parenting, not being able to do usual teenage stuff.
			• Prevention (e.g. abstinence – why wait).

	Case Management	Support to Community Agencies	Presentations

Outputs	Assessments:
	• # youth accessing services
	• Staff develop trust with pregnant and parenting youth as ground work to meeting clients needs.
	• Staff provide informal counselling and support.
	• Staff perform initial assessment to identify needs/strengths and goals.
	• Staff conduct ongoing check-ins with clients to identify if/how needs are being met, revisions to strategies, goals, crisis management, identify new issues.
	• Staff do final check-in with client - once strategies are in place (i.e. beginning to see some goal achievement),
	• Staff take back see (but respond to issues as they emerge).
	
	Advocacy and Referrals:
	• # of referrals made to providers, program etc.
	• As part of advocacy work, staff *accompany* pregnant and parenting youth to link them to services, providers, etc. (how often staff goes depends on level of support required, comfort level of client, developmental capacity, etc.)
	  ○ Staff assist clients with getting to appointments
	  ○ Staff assist clients with getting connected with providers (e.g. physicians, psychiatrists)
	  ○ Staff attend CAS case conferences
	  ▪ To acquire information about plan for parent and for child.
	  ▪ To determine roles (i.e. who is doing what)
	  ▪ To determine how SMM can provide support to client)
	  ○ Attend meetings with other providers.
	• Staff provide information and demonstrate how to access services and providers.
	• Staff meet in safe place with flexible schedule to build trust
	• As much as is permissible under law, staff offer confidential services to clients.
		Provide accessible/non-judgmental outreach at 3 community agencies for teens to come and speak about teen pregnancy and parenting.
		
		Engage # teens 1:1:
		• To ↑ awareness of services.
		• To advocate for access to services.
		• To make referrals.
		• To provide supportive counselling.
		• To ↑ awareness on a range of issues (e.g. healthy lifestyle, pregnancy, parenting, personal safety, life skills).
		
		Develop trust relationships with teens so that they might access services.
			# presentations held at schools.
			# presentations held at community agencies.
			
			# sessions that peer mentors present and discuss issues re teen pregnancy and parenting.
			
			# interactive discussions re pregnancy and teen parenting facilitated by SMM staff.

	Case Management	Support to Community Agencies	Presentations
Short term outcomes	Assessments: • Pregnant and parenting youth develop trust relationship with outreach program (i.e. allows work to continue). • Pregnant and parenting youth report services are offered in a safe, flexible, and (mostly) confidential manner • Pregnant and parenting youth identify needs and strengths (i.e. what they have in place) re pregnancy and/or parenting. • Pregnant and parenting youth identify strategies and goals re pregnancy and/or parenting. • Pregnant and parenting youth identify basic needs and issues to facilitate/support pregnancy and parenting. • Pregnant and parenting youth have ↑ awareness of community supports, programs etc. and how to access them. • Advocacy and Referrals: • Pregnant and parenting youth feel supported. • Pregnant and parenting youth have ↑ awareness of community supports, programs etc. re pregnancy and parenting. • Pregnant and parenting youth report ↑ access to appropriate services, and providers (e.g. parenting support, food, medical care, financial, housing etc.). • Pregnant and parenting youth have ↑awareness of what they need to do in order to parent (with or without involvement of CAS). • Pregnant and parenting youth have ↑ awareness of child protection system.	↑ awareness of outreach services offered by SMMR. ↑ awareness of community supports available re teen pregnancy and parenting. ↑ awareness of how to access community supports. Implementation of services that are perceived as accessible and non-judgmental. ↑awareness of healthy lifestyle, pregnancy, parenting, personal safety, life skills.	Community agencies have ↑ awareness of community services available for pregnant and parenting teens. Community agencies have ↑ awareness of issues faced by pregnant and parenting teens. Youth increased awareness of community services available for pregnant and parenting teens. Youth have increased ↑of issues faced by pregnant and parenting teens. Youth have ↑ awareness of personal safety issues (e.g. alcohol use, drug use, drug interactions). Peer mentors participate in presentations to community agencies and secondary school classes. (is there a training piece here?) Peer mentors complete part of their 40hr volunteer credit towards their secondary school diploma.

	Case Management	Support to Community Agencies	Presentations
Long-term outcomes	**Intermediate Outcomes** • Pregnant and parenting youth have decreased social isolation. **Long term outcomes** • Pregnant and parenting youth have ↑capacity to address own needs. • Pregnant and parenting youth see reaching out for help as a good thing. • Improved health of pregnant and parenting youth and their babies (e.g. healthy birth weights). • Pregnant and parenting youth have ↑confidence to identify their own needs. • Pregnant and parenting youth have ↑capacity to respond to own needs. • Pregnant and parenting youth have ↑confidence in their capacity to parent.	Youth are accessing services that respond to their needs re pregnancy and parenting.	↑community agency awareness of: • Community supports available for pregnant and parenting teens. • Issues re teen pregnancy and parenting. ↑ teens awareness of: • Community supports available for pregnant and parenting teens. • Issues re teen pregnancy and parenting. ↑ self-esteem for peer mentors Improved communication skills for peer mentors. Movement towards completion of HS diploma by peer mentors.

APPENDIX 26
St. Martin's Manor – Outreach Program
Client Outcome Survey

St. Martin's Outreach Program wants to know how its programs help people. Please take a few minutes to fill out this confidential survey. *Please do not put your name on* it - that way it will be anonymous. Thanks for your time.

1. How old are you? _____

2. Before you connected with our services, did you have a regular doctor?
   _____ Yes _____ No _____ Don't remember

3. Do you have a regular doctor now?
   _____ Yes _____ No _____ Don't know

If you have already had your baby, please go to question 7. If you are *currently pregnant*, please complete the following three questions, and then go to question 12.

4. How many months pregnant are you? _____
5. Do you have any serious health issues, such as:
   _____ Diabetes
   _____ High blood pressure
   _____ Asthma
   _____ Other, please tell us _____
   _____ No, I do not have any serious health issues that I am aware of

6. Have you been going to a doctor for regular check ups during your pregnancy?
   _____ No, because _____
   _____ Yes, I have gone about _____ times
   _____ Don't remember

If you are currently pregnant, please go to question 12 and answer the rest of the questions in this survey. *If you have already had your baby,* then please answer all of the rest of the questions in this survey.

7. How much did your baby weight at birth? _____
8. How many weeks pregnant were you when you delivered your baby? _____
9. How old is your child now? _____

10. During your pregnancy, did have any serious health issues, such as:
    _____ Diabetes
    _____ High blood pressure
    _____ Asthma
    _____ Other, please tell us _____
    _____ No, I do not have any serious health issues that I am aware of

11. Since you had your baby, have you been to the doctor for check-ups?
    _____ No, because _____
    _____ Yes, I have gone about _____ times
    _____ Don't remember

12. Since you have had your baby, have you taken your baby to the doctor for check-ups?
    _____ No, because _____
    _____ Yes, I have gone about _____ times
    _____ Don't remember

13. *Before you began using* St. Martin's Manor outreach, were you worried about any of the following things? Please put a checkmark in the box that best describes how you feel.

Possible concerns	Very worried	Somewhat worried	A little bit worried	Not worried at all	Does not apply to me	Don't remember
My physical health						
Where I am going to live						
How I am going to go to school						
How I am going to work						
How I am going to pay my bills						
What I need to know to be a good parent						
The needs and interests of my baby						
How to quit or reduce drug or alcohol use						
How to quit or reduce my smoking						
My relationship with my family						
My relationship with my partner						
Negative feelings that I have about my baby						
How my life stresses are affecting my baby						
Other, please tell us:						

14. *Now that you having been using* St. Martin's Outreach services for some time, how worried are you about the following things? Please put a checkmark in the box that best describes how you feel.

Possible concerns	Very worried	Somewhat worried	A little bit worried	Not worried at all	Does not apply to me
My physical health					
Where I am going to live					
How I am going to go to school					
How I am going to work					
How I am going to pay my bills					
What I need to know to be a good parent					
The needs and interests of my baby					
How to quit or reduce drug or alcohol use					
How to quit or reduce my smoking					
My relationship with my family					
My relationship with my partner					
Negative feelings that I have about my baby					
How my life stresses are affecting my baby					
Other, please tell us:					

15. Please put a check mark in the box that best describes to how St. Martin's Manor has helped to *increase your knowledge* on the following topics.

Topics related to my life	Learned a lot	Learned some	Learned a little	Did not learn anything	Already knew a lot	Does not apply to my situation
How to be safer on the street						
My housing options						
Getting help with money /financial assistance						
Nutrition during pregnancy						
Alcohol and/or drug use and its affect on unborn child						
Effects of smoking on unborn child						
Community supports for *pregnant* youth						
Community supports for *parenting* youth						
How services and systems work (e.g. health care system, child protection system).						
Other, please tell us:						

16. Please put a checkmark in the box that best describes *how useful the services* of St. Martin's Manor Outreach have been to you.

St. Martin's Services	Extremely useful	Somewhat useful	A little bit useful	Not useful at all	Did not use this service
Supportive talks with staff					
Setting goals and making a plan to reach them					
Helping me to get to appointments					
Helping me to figure out what I must do to be able to parent my child					
Making referrals to services that I need					
Helping me to advocate for myself or my child (i.e. how I can get services myself)					
Finding a safe(r) place to live or stay					
Finding nutritious food eat (e.g. food bank)					
Having access to good child care/infant care					
Having group talks with other people in my situation					
Helping me to go to school or find work					
Being able to go to community programs like Healthy Babies Healthy Children Program, prenatal classes, Baby Best Start, Welcome Baby					
Other, please tell us:					

17. To what extent has St. Martin's Outreach helped you to get better at the following things? Please put a checkmark in the box that best describes how you feel.

Day to day life	I feel a lot more able	I feel a little more able	I do not feel any more able then before	I think that this may be an issue for me	Does not apply to my situation
Taking the bus					
Making telephone calls to arrange an appointment					
Getting where I need to go on time					
Getting along with people around me					
Resolving conflicts with people in my life					
Coping with stress of being a (new) parent					
Setting a goal and make a plan to reach it					
Making a plan for my career					
Finding a place to live					
Locating community services that I need to use					
Managing money					
Paying bills					
Other, please tell us:					

18. How many months have you been using Outreach services provided by St. Martin's? _____

19. Please tell us how often you have used St. Martin's Outreach services?

When I first started using St. Martin's
_____ Weekly
_____ Every couple of weeks
_____ Monthly
_____ Every couple of months
_____ A couple of times a year
_____ Once a year or less
_____ It varies, depending what's going on

How often I use St. Martin's now:
_____ Weekly
_____ Every couple of weeks
_____ Monthly
_____ Every couple of months
_____ A couple of times a year
_____ Once a year or less
_____ It varies, depending what's going on

20. What are three things that you have done since using our services that you are proud of?

1.

2.

3.

21. What are three goals that you would like to achieve in the near future?

    1.

    2.

    3.

22. What are three good things about the services that St. Martin's Outreach provides?

    1.

    2.

    3.

23. What are three ways in which St. Martin's Outreach could improve its services?

    1.

    2.

    3.

24. Any other comments?

Thank you for your time. Your feedback is very important to us.

APPENDIX 27
OUTREACH PROGRAM – INITIAL TRACKING FORM

This tracking tool would be completed after Outreach staff has met with client, built trust, and has completed an assessment. The purpose of this tool is to create baseline data. A follow-up tracking tool will capture similar data that will allow for comparisons of client outcomes.

Note: If/when this data is entered into a database, client identify may or may not be necessary. It is not necessary from a global outcomes evaluation perspective. However, for internal case management purposes, staff may wish to include it/enter it. This needs to be discussed.

1. Date of first contact with client _____
2. Today's date: _____
3. Elapsed time: _____
4. Client gender: _____
5. Age of client _____

PHYSICAL HEALTH:

6. How many months pregnant (or partner pregnant) OR age of baby? _____

(If baby have not delivered your baby yet, please go to question 7)

7. If baby already born
    a. How much did baby weight at birth? _____
    b. How many weeks pregnant was client at delivery? _____
    c. Were there any serious health conditions during pregnancy (e.g. diabetes, high blood pressure, asthma)?
    _____

Comments:

Please go to question 9

8. If client has not delivered yet, has client been attending regular appointments with health care practitioner?
    _____ Yes
    _____ No
    _____ Not sure

Comments:

9. Plan for delivery
    d. Midwife
    e. FP or ob/gyn at local hospital
    f. Local birthing centre
    g. Other _____
    h. Currently does not have practitioner

    Comments:

10. Has baby had regular check-up?
    _____ No, because _____
    _____ Yes, I have gone about _____ times
    _____ Client doesn't know

    Comments:

11. Are their other children _____. If no, go to question 13.
12. If yes, are these children currently with the client? _____

13. Highest level of school completed:
    _____ Grade 8 or less
    _____ Grade 9
    _____ Grade 10
    _____ Grade 11
    _____ Grade 12
    _____ GED
    _____ Some college, university or post-secondary diploma
    _____ College diploma, university degree or post-secondary
    _____ Other _____

14. What are clients' major issues? Please check all that apply.
    _____ Pregnancy and child birth issues
    _____ Adoption
    _____ Housing
    _____ Food/Nutrition
    _____ Financial issues
    _____ Employment
    _____ School
    _____ Relationship issues (e.g.) abuse, conflict resolution
    _____ Parenting issues (e.g.) parenting strategies
    _____ Child custody (e.g.) what parent needs to do to be able to access child, parent child
    _____ Alcohol and/or drug use issues

Comments:

15. What (formal) services or programs does client currently have?
    _____ Medical (e.g.) for pregnancy and childbirth
    _____ Counselling (e.g.) psychiatrist, psychologist, family counselor, etc.
    _____ Housing related (e.g.) shelter, residence
    _____ Food/Nutrition (e.g.) food bank, soup kitchen, community kitchen
    _____ Relationship related (e.g. abuse, conflict resolution)
    _____ Parenting related (e.g. educational programs related to parenting)
    _____ Child custody (e.g.) what parent needs to do to be able to access child, parent child)
    _____ Alcohol and/or drug use issues (e.g.) Al-Anon, Detox etc.
    _____ Financial
    _____ Employment
    _____ School
    _____ Other, please specify _____
    _____ None, client is need of services _____

16. Client what informal supports does client currently have?
    _____ Family
    _____ Friend(s)
    _____ Partner
    _____ Other, please specify _____

26. Client's self-reported level of stress.
    _____ Very stressed
    _____ Somewhat stressed
    _____ A little bit stressed
    _____ Not stressed at all

    Comments:

27. Client's self-reported level of depression.
    _____ Very depressed
    _____ Somewhat depressed
    _____ A little bit depressed
    _____ Not depressed at all

    Comments:

17. What are the client's goals related to their identified issues?

Goal 1

Goal 2

Goal 3

Goal 4

Goal 5

REFERRALS OUT:

Medical	□ Social & Public Health	□ Beginnings
	□ Maternity Centre	□ Urban Core
	□ Prenatal Classes	□ Aboriginal Health Centre
	□ Women's Health Concern's clinic	
Financial	□ Ontario Works	□ Youth Track
	□ Catholic Family Services	□ Legal Aid
Residential	□ St. Martin's Manor	□ Grace Haven
	□ ACCP	□ Housing
	□ Shelter	
Educational:	□ St. Martin's Manor	□ Grace Haven
	□ Wilma's Place	□ St. Charles
	□ Other_____	
Parenting:	□ Adoption	□ C/CAS
	□ St. Martin's Parenting groups	□ Grace Haven Parenting groups
	□ Father's groups: _____	
	□ Custody issues / Legal Aid	
Addictions:	□ Alternatives for Youth	□ New Choices
Nutrition:	□ Food Bank	□ Red Cross

APPENDIX 28 – Child Care Program – Program Logic Model

Components

Activities

Early Learning and Development	Parenting Support	Infant Care and Wellness	Respite Care and Time for Mom
Artistic and Creative Development • Handover hand skill development (i.e.) fine motor (e.g.) gluing, painting, play dough. Staff with babies (mom's in other programming) ***Physical Development (Fine & Gross)*** • Gross motor – e.g. equipment such as exercise ball, exersaucers, infant jungle gym, encouraging walking. • Fine motor – e.g. peg puzzles, busy beads, and cause & effect toys. • Staff with babies or staff with moms and babies. • During break time, Mom's come in and interact with babies. Staff will show Mom's activities to develop fine and gross motor skills of their children. ***Emotional/Personal/Social*** • Staff facilitating/teaching with babies re interaction between babies. Self-esteem building (e.g.) celebrating each child through activities such as name song. Manner development. • Role modelling appropriate parenting re: appropriate/positive redirection for Moms (this crosses over with parenting skills stuff and attachment), and re self-esteem building and manner development with Moms. ***Communications & Language*** • Focus on early literacy, numeracy, and speech development. Staff normalize reading to babies for Moms. • Staff and baby (e.g. unstructured activities such as staff reading to, singing to, or labelling objects for babies – majority of time on this) or staff and mom and baby (e.g. structured activities such as Moms choosing book to read to baby before circle time starts). ***Interactive Parent/Child Activities*** • Staff provide Early Learning Circle activities (e.g.) songs, poems, finger plays - Led by Debbie, with other staff (e.g. ECE's or students). Participants are Moms and babes or sometimes just Mom if baby in "other care" (outside of SMM) • Staff provide interactive parent child activities (e.g.) Infant Massage, Rainy Day Recipes, Bouncing Babes. Participants are Moms and babes. • Staff provide parent support and education workshops/groups (e.g.) Junk to Joy, Scrapbooking. Participants are Moms and babes.	• Informal conversations • Requested one-on-one meetings with coordinator as well as other Manor staff • Relationship development with those involved in their child's care • Advocating for them in the broader community child care sector. • Providing referrals to community partners	• Ensuring a safe and healthy environment • Ensuring the best start possible for children through meeting their physical care and emotional needs (e.g.) PILES. Monitoring children's health and development through a daily Health Check	Respite Care Program /Time for Mom Program • Provide free scheduled and emergency parental relief/child care and child development programming and support to young parents.

Components

Outputs

Early Learning and Development	Parenting Support	Infant Care and Wellness	Respite Care and Time for Mom

Artistic and Creative Development
• # activities that children participate in re hand-over-hand skills.
• # activities through which children gain experience in creative art processes.
 	
Physical Development (Fine & Gross)
• # activities provided/babies participate in re gross motor skill development.
• # activities provided/babies participate in re: fine motor skills development.
• # activities provided that teach young parents ways to develop infant fine motor skill development.
• # activities provided that teach young parents ways to develop infant gross motor skill development.
 	
Emotional/Personal/Social
• # activities staff provide that allow opportunities for babies to interact with other babies in ways that build their self-esteem.
• # activities that teach young parents appropriate parenting techniques (e.g.) positive redirection, manner development.
 	
Communications & Language
• # activities that provide young parents with opportunities to read to their babies.
• # activities where staff role model (for young parents):
  ○ language development (e.g.) labeling objects
  ○ reading to babies
 	
Interactive Parent / Child Activities
• # Early Learning Circle activities (e.g.) songs, poems, finger plays.
• # interactive parent child activities (e.g.) Infant Massage, Rainy Day Recipes, Bouncing Babes
• # parent support and education workshops/groups (e.g.) Junk to Joy, Scrapbooking
	• Provide support to parents through:
	  ○ Informal conversations
	  ○ Relationship development with those involved in their child's care
	
	• # requested one-on-one meetings with coordinator as well as other Manor team.
	
	• # linkages to services in the broader community child care sector (i.e. advocacy).
	
	• # referrals provided to community partners
	
	• # networks that team members participate in to increase knowledge and understanding of available parent support resources (e.g.) Early Learning and Care group.
		Ensuring the best start possible for children by meeting their:
		• Physical needs by completing (e.g.) daily health check; daily care schedules
		• Emotional needs by providing (e.g.) positive, nurturing, and caring environment
			• # Respite childcare spaces utilized by young parents.
			
			• # Time for Mom spaces utilized by young parents.

Components

Short term outcomes

Early Learning and Development	Parenting Support	Infant Care and Wellness	Respite Care and Time for Mom
Artistic and Creative Development • Children participate in activities that develop hand-over-hand skills. • Children participate in creative art processes. ***Physical Development (Fine & Gross)*** • Babies participate in activities that develop gross motor skills. • Babies participate in activities that develop fine motor skills. • Young parents have ↑ awareness of activities to do with their children to develop fine motor skills. • Young parents have ↑ awareness of activities to do with their children to develop gross motor skills. ***Emotional/Personal/Social*** • Babies have an opportunity to participate in activities that build their self-esteem. • Young parents have ↑ awareness of positive parenting techniques (e.g.) positive redirection. • Young parents have ↑ awareness of manner development approaches for their children. ***Communications & Language*** • Young parents have an ↑ awareness of the important impact that reading to their babies has on communication and language development. • Young parents have an opportunity to observe staff using language development approaches (e.g.) labelling objects, reading to babies. • Young parents have ↑awareness of language development approaches (e.g.) read to their babies, name objects. • Children participate in unstructured activities with staff that develop their language skills (e.g.) labelling of objects, reading books. ***Interactive Parent / Child Activities*** • Young parents have an ↑ awareness of early learning activities that they use with their children(e.g.) storybooks, flannel/magnet story, and activities. • Children participate in early learning activities. • Young parents and babies have ↑ opportunities to interact (i.e. through participation in Infant Massage, Rainy Day Recipes). • Children participate in interactive programs with their parents. • Young parents have ↑ su*pport* around their parenting through participation in interactive activities such as Junk to Joy, Scrapbooking. • Young parents have ↑*knowledge* about how to interact with their child through their participation in education workshops/groups such as Junk to Joy, Scrapbooking.	• Young parents feel comfortable discussing their parenting questions and concerns with staff. • Staff provide young parents support on their identified parenting issues. • Young parents are linked with appropriate community services through SMM advocacy and referral services.	• Children's physical and emotional needs are met. • Young parents feel that their child's physical and emotional needs are being met. • Parents feel secure that their child's environment is safe and healthy.	By utilizing these services young parents: • Have ↓ stress (e.g. coping with toddler behaviours) • Have ↑ capacity to connect with other programs offering support. • Experience ↓ social isolation. • Have the opportunity to observe appropriate parenting strategies and activities that facilitate their children's development. • Have the opportunity to engage in peer support with other young parents. • Have ↓ financial strains.

Components

Intermediate and Long term Outcomes

Early Learning and Development	Parenting Support	Infant Care and Wellness	Respite Care and Time for Mom
Young parents and babies develop attachment relationships with their children. Young parents have ↑ capacity to develop their child's growth re: • fine and gross motor skills • self-esteem • language and communication skills. Babies are given the best start possible re: the development of their: • fine and gross motor skills • self-esteem • language and communication skills.	Young parents feel supported in their capacity to parent their young children.	Young parents feel secure that their child's environment is safe and healthy.	Have improved mental health (dealing with depression) May be prevented from needing to use C/CAS (e.g.) prevent escalation of stress and related behaviors; take care of child when no other caregiver available which reduces system costs. Young parents and babies develop attachment relationships with their children.

APPENDIX 29
St. Martin's Manor - Respite Care / Time for Mom Programs
Client Outcome Survey

St. Martin's Manor wants to know how its programs help people. Please take a few minutes to fill out this confidential survey about our Respite Care and Time for Mom Programs. Please do not put your name on it - that way it will be anonymous. Thanks for your time.

1. How old are you? _____
2. How old is/are your child(ren)? _____

3. Please check off what child care services you have used at St. Martin's Manor.
   _____ Respite Care approximately _____ times
   _____ Time for Mom approximately _____ times

4. How did you find out about Respite Care and/or Time for Mom?
   _____ By attending school or programs at St. Martin's Manor
   _____ Through a program or service provider in the community (e.g.) public health nurse, Healthy Babies - Healthy Children, Ontario Early Years etc.
   _____ From Catholic Children's Aid Society or Children's Aid Society
   _____ Other, please tell us: _____

5. Why do you use Respite Care and/or Time for Mom? Please check all that apply.
   _____ Attend appointments (e.g. medical, legal)
   _____ Employment related reasons (e.g. while I'm working; to go to a job interview).
   _____ Attend groups or programs for young parents
   _____ To get my homework done
   _____ Relax and have personal time
   _____ When I need a break from my child
   _____ Run errands or shop
   _____ Spend time with friends or family
   _____ Other, please tell us: _____

6. Has Respite Care and/or Time for Mom has relieved personal stress?
   _____ A lot
   _____ Somewhat
   _____ A little bit
   _____ Not at all

   If you said "not at all" in the last question, please go to question 7. Otherwise, please go to question 8.

7. Why do you think that using Respite Care and/or Time for Mom has *not* helped your stress?

   Please go to question 9.

8. Please tell us more about how Respite Child Care and/or Time for Mom have helped to relieve your stress. What difference has this stress relief made to you and your child?

9. Please check off reasons why you are comfortable using the Respite Care and/or Time for Mom.
   _____ I trust that my baby is receiving quality child care from the staff
   _____ The toys and activities help my baby to develop and get a good start
   _____ I want my baby to develop social skills by being around adults and other babies
   _____ I don't have anyone else to watch my baby
   _____ It is a free program
   _____ Other, please tell us: _____

10. What are two good things that have happened as a result of using Respite Care and/or Time for Mom? Please note which of the two programs you are commenting on.

    1.

    2.

11. What are two things that could be better about the Respite Care and/or Time for Mom? Please note which of the two programs you are commenting on.

    1.

    2.

12. Do you have any other comments about the Respite Care and/or Time for Mom? Please note which of the two programs you are commenting on.

Thank you for your time. Your feedback is very important to us.

APPENDIX 30

St. Martin's Manor - Child Care Program

Client Outcome Survey

St. Martin's Manor wants to know how its programs help people. Please take a few minutes to fill out this confidential survey. Please do not put your name on it - that way it will be anonymous. Thanks for your time.

1. How old are you? _____

2. How old is/are your child(ren)? _____

3. What child care programs have you used at St. Martin's Manor?
   _____ child minding while I was in class or groups
   _____ interactive programs (e.g.) learning circles
   _____ respite care
   _____ other, please tell us:

4. How many months have you been using the Child Care Program at St. Martin's Manor Residence?
   _____ less than one month
   _____ 1-2 months
   _____ 3-4 months
   _____ 5-6 months
   _____ 7-8 months
   _____ longer than 8 months

5. How much do you think that you have learned about stages of your baby's development (i.e. "milestones") through the Child Care Program
   _____ Learned a lot
   _____ Learned some
   _____ Learned a little bit
   _____ Did not learn anything
   _____ Already knew alot

6. How much do you think that you learned about *your baby's development* while using Child Care Services?

About my baby	Learned a lot	Learned some	Learned a little	Did not learn anything	Already knew a lot
Activities that I can do to play with my baby					
Activities that I can do to improve my baby's fine motor skills (e.g.) picking up something small					
Activities that I can do to improve my baby's gross motor skills (e.g.) helping my baby to walk					
Cues – what my baby is trying to tell me					
How to get my baby to stop doing something that he/she shouldn't be (e.g.) positive redirection					
Activities that I can do to develop my baby's social and emotional skills (e.g.) name song					
Activities that I can do to improve my baby's language skills (e.g.) reading to my baby, naming objects for my baby, singing songs to my baby					
Other, please tell us:					

7. *Before you ever used SMM Child Care programs*, how did you feel about the following parenting issues? Please check all that apply.

Possible concerns	Very worried	Somewhat worried	A little bit worried	Not worried at all	Not applicable	Don't remember
What I need to know or do to be a good parent						
The needs and interests of babies						
Negative feelings that I am having about my baby						
Coping with the stress of having a baby						
Other, please tell us:						

8. Please rate how activities in the Child Care program have helped build your confidence to:

Day to day life	I feel a lot more confident	I feel somewhat more confident	I feel a little bit more confident	I don't feel any more confident then before I came	I think that this may be an issue for me
Use the activities that I learned to do with my baby.					
Cope with stress of being a new parent					
Locate community supports for new parents					
Other, please tell us					

9. What parts of the Child Care Program have been helpful to you? Please checkmark all that apply.

Program activities	Helped very much	Helped somewhat	Helped a little bit	Did not help me at all	Does not apply to me or I did not use this part of the program
One-on-one talks with staff about parenting or my child (e.g.) tips on when to call doctor; guidance with ages and stages.					
Having access to safe and nurturing child care while I am in school or programs					
Having access to safe and nurturing respite care when I need a break from my child					
Being referred to community parenting programs such as the Ontario Early Years Centre					
Support provided by other parents					
Interactive programs and parenting programs					
Other, please tell us:					

10. Do you intend to continue using St. Martin's Manor Child Care (e.g. Time for Mom, or Respite Child Care) after you leave?
    _____ Yes, definitely
    _____ Probably or on an as needed basis
    _____ No
    _____ Don't know

11. If your baby has already been discharged from St. Martin's Manor Child Care program, please tell us why
    _____ My baby requires services that are not available here
    _____ My baby turned 12 months and I had to find child care elsewhere.
    _____ I chose to place my baby in another child care facility or with a friend or relative.

12. If you are leaving St. Martin's Manor programs, please tell us why:
    _____ I am no longer interested in this program
    _____ I no longer need the programs that are offered here
    _____ I have reached my goals
    _____ I am attending a school or work program somewhere else
    _____ I have a (new) job and am going to work
    _____ I am moving too far away to keep coming here
    _____ Other, please tell us _____

13. What are three things that you have done with your child (as a result of the Child Care Program) that you are proud of?

    1.

    2.

    3.

14. When you leave St. Martin's Manor, what are three activities that you plan to use to help your baby to develop?

    1.

    2.

    3.

15. What are three good things about the Child Care program at St. Martin's Manor?

    1.

    2.

    3.

16. What are three ways in which St. Martin's Manor Child Care program could improve its services?

    1.

    2.

    3.

17. Do you have any other comments about how the Child Care or Respite Care Program helps young parents?

    1.

    2.

    3.

Thank you for your time. Your feedback is very important to us.

APPENDIX 31
Child Care Program
Monthly Tracking From – DRAFT

For the month of _____

1. OVERALL STATISTICS

# Children in Care	Age of Children	Parent in Program
# New Children in Child Care		
# Children Continuing on in Child Care		
	Total:	
# Children Discharged		

Reasons for Discharge from Child Care Program (please indicate # children for each response option):
_____ Child "aged out"
_____ Child had special requirements that need to be addressed via specialized provider
_____ Parent placed child with another provider
_____ Parent left program without notice
_____ Other, please note:

Client Outcome Surveys Completed: _____

2. RESPITE CARE/TIME FOR MOM

Client Outcome Surveys Completed for Respite Care/time for Mom _____

Young Parents Accessing Respite Service

Date	# New Parents	# Repeat Clients	# Children
		Total	Total

Young Parents Accessing Time for Mom

Date	# New Parents	# Repeat Clients	# Children
		Total	Total

3. INFANT CARE

Health Checks Performed Throughout Month _____

Monitoring of Children's Health and Wellness

Date	# Children in Care	# Health Issues Requiring Further Attention By Parent
Week 1		
	Total	

4. INTERACTIVE PARENT-CHILD ACTIVITIES

Date	Interactive Parent-Child Activities	# Parents	# Children
		Total	Total

5. EARLY LEARNING CIRCLE ACTIVITIES

Date	*Early Learning Circle* Time Activities	# Parents	# Children
		Total	Total

6. PARENT SUPPORT

Education Workshops/Activities

Date	Parent Support and Education Workshops/Activities	# Parents	# Children
		Total	Total

Advocacy/Referrals for Children

Date	Advocacy/Referrals for Children	Type of Issue	Examples of places/providers referred to
	Total		

Advocacy/Referrals for Parents:

Date	Advocacy/Referrals for Parents	Type of Issue	Examples of places/providers referred to
	Total		Total

APPENDIX 32
Instructions for Administering Evaluation Tools and Analysing Data
St. Martin's Manor

Program	Evaluation Tool Administration
Client Outcome Surveys (for all programs)	
Key Informants:	• Clients of service
Format of Survey	• This survey has been designed so that it can be administered in one of two ways: paper format, or electronic format. See comments re Survey Distribution/Collection, and comments re Timelines.
Survey Distribution/Collection	• Ideally, a paper format survey would be distributed to and collected from the client by a neutral third party (i.e. SMM Staff) in order to reduce respondent bias. • An electronic survey could be used with clients through an electronic link on a CFS computer workstation (if there is one available). See comments re timelines. • It is important for them to communicate to the client what the purpose of the survey is (i.e. to identify impacts and outcomes of the program) and that the intention is to analyze data across clients, and not individual client data.
Timelines:	• Administered when client is about to discharge from program. • Given the small numbers of clients, data can be entered into database/ software and analysed sporadically throughout the year, or as needed.
Data Entry and Analysis:	• All completed surveys should be reviewed prior to entering the data into the database/statistical package. The purpose of the review is to identify incomplete surveys (and how incomplete surveys will be handled), responses that may be difficult to interpret, as well as key themes that are emerging in open-ended questions. It is important to be familiar with the data provided in each questionnaire so that there is as little "interpretation" of the information provided by personnel doing the data entry. This reduces bias. • Review responses to open-ended questions ahead of time so that emergent and recurring themes can be identified. This is especially important if the statistical package/software is not specifically designed to analyze qualitative data. Identifying the themes ahead of time will facilitate "counting" the number of times a theme emerges. Identifying broad themes in this way, then, also facilitates the identification of sub-themes, and enhances the depth and breadth of the data collected. • It is best if the data is reviewed and entered into the database, and analyzed by a third party (i.e. other staff, a volunteer, a student, or person external to CFS or SMM). • Depending on the statistical package that is selected, specific (close-ended) questions/indicators can be cross-tabulated. Cross-tabulations allow you to see how the answer to a set of questions affects the answer to other questions. For example, you might want to know how males answer a particular question vs. how females answer that same question
Data Storage:	• Completed surveys should be stored in file separate from any identifying client information. Ideally, completed surveys would be stored by personnel or in a space not involved with the SMM program • The format for storing the electronic data will depend on statistical package that is selected by CFS. If an on-line survey package is selected, a database can be created which is automatically updated every time a completed survey is entered. It is also important to create periodic electronic backups of the database in the event that there is a system crash or the statistical package is unexpectedly no longer available.

APPENDIX 33
Bibliography from Literature Review for St. Martin's Manor

Synopsis:

- Literature review was conducted in order to identify best practice information regarding outcomes, indicators, and evaluation tools appropriate to the program population (s):
    - Databases available at McMaster University's Social Sciences Library were scanned including Family Abstracts, Psychlit and Sociological Abstracts. An on-line search of the World Wide Web was also conducted.
    - Examples of search terms that were used to conduct literature search included: parenting teens, parenting youth, parenting adolescents, homeless teens, teen pregnancy, best practices, outcome evaluation, woman abuse, substance abuse, maternity home, life skills, client outcomes, best practices, outcome evaluation. A bibliography of resources that were reviewed is presented below.

The following is a synopsis of relevant literature that was identified.

Results of the Literature Review:

This literature review lays the groundwork for CFS to couple positive program outcomes (if/when they are collected) with identified best practices in the field.

Positive Teen Parenting Outcomes Identified In The Literature[3]:
The following set of program components emerged from in the literature as strong contributors to increased positive outcomes (i.e. healthy development, stability and productivity) for adolescents and their children:

- Support for academic achievement and the attainment of educational goals;
- Developmentally appropriate, high quality child care (preferably on-site) provided by well-trained staff, knowledgeable in the areas of parenting skills and child development;
- Family planning services;
- Prenatal and preventative health care for infants and young children; and,
- Case management that includes assessment, care, planning and coordination of multidisciplinary services in the areas of:
    - Health
    - Nutrition
    - Education
    - Parenting
    - Psychosocial development
    - Life skills
    - Economic self-sufficiency (Brindis & Philliber, 1998; Polit, 1989; Stephens, Wolf & Batten, 1996)

In addition, a set of further services and supports emerged as being common to many program models:

- Transportation to and from programs, childcare sites, and important appointments (e.g. doctor, social services);
- Individual and group counselling;
- Education covering issues such as sexuality and relationships;

[3] Early Childhood Community Development Centre. (January 2002). *Literature Review: A Review of Literature on Pregnant and Parenting Adolescents*. Prepared for: Adolescent's Family Support Services Niagara (AFSSN).

- Home visiting programs;
- Mentoring and/or role modeling;
- Housing assistance;
- Economic assistance;
- Vocational/career counselling
- Advocacy services; and
- Paternal and family inclusion where appropriate.

Factors Affecting Life Skill Development

Ettinger (as cited in Dilworth, February 2006) listed a number of psychosocial factors that affect the education and training of teen parents: low self-esteem, low aspirations, motivation and expectations; unrealistic goals and ambitions; limited emotional resources for support and maintenance; and lack of role models. Ettinger suggested that attention be given to the development of the following types of life skills:

- Building self-concept
- Building support systems,
- Learning how to access available child care, transportation systems and other support
- Services necessary to one's survival
- Learning how to meet the challenge of combining work and family roles
- Learning how to give and receive emotional support
- Networking for work opportunities and connections, and
- Enhancing interpersonal communication and relationships.

Homeless Pregnant and Parenting Teens

The study on homeless pregnant teens found that "successful prototypes for group homes respond to the reality of teen mothers' lives, and their design incorporates all the three elements necessary to offer them a second chance:

- Socialization
- Nurturing and support
- Structure and discipline (Sylvester, 1995; as cited in Dilworth,2 006).

Evaluation

Dilworth's extensive literature review also spoke about the "need for evaluation" as a fundamental component in program design for residential homes, noting that any (new) programs should "build evaluation activities, such as tracking outcomes of participants, into their everyday operations". This kind of tracking is essential for program operators and funding agency/agencies to understand the overall success of the program in achieving the intended outcomes. Further, Dilworth suggested that evidence from this kind of (process) evaluation could be useful for sharing best practices with others in the field.

Conclusion:

These 'best practice' program components and many of the 'further services and supports' are integrated within the services provided by SMMR (and/or its partner programs e.g. HBHC), and provide strong support to the identification of the 5 indicator areas, and programs selected for tool development.

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APPENDIX 34
Review Of Data Analysis Software - Key Informant Listing

1. Debbie Bang
   - Program Director, St. Joseph's Community Health Centre in Hamilton, responsible for Women and Men's Detox programs as well as the Consumer Health Information Service.
   - Debbie has led and been involved in a number of research initiatives that include the analysis of quantitative and qualitative data.
   - E-mail conversation about software/database – April 19th

2. Dr. Kevin Brazill
   - Associate Professor**,** Department of Clinical Epidemiology & Biostatistics, McMaster University
   - Telephone interview – April 18th

3. Dr. Keith Denny
   - Consultant, Research and Policy Analysis, Canadian Institute for Health Information
   - E-mail correspondence – April 20th

4. Dr. Margaret Denton
   - Director, McMaster Centre for Gerontological Studies, Professor, Gerontology/Sociology
   - Sent list of interview questions by email April 20th

5. Dr. Chris Frank
   - Dr. Frank is a Georgian College professor who teaches qualitative research methodologies and teaches software uses.
   - Sent list of questions by e-mail April 23rd.
   - Telephone interview April 25th

6. Heather Graham
   - Heather, Consultant, Health Communication Unit – Centre for Health Promotion, University of Toronto, and Wellesley Hospital in Toronto.
   - Much of her work is centered on strategic planning, and program evaluation with non-profit organizations, many of whom work with high needs or at risk populations.
   - Telephone interview April 7th, May 9th

7. Jerry Mings, The Desk
   - Jerry Mings is a quality manager and professional facilitator with experience in the health sector, in areas such as the development of strategic plans, performance indicators, of risk management and of quality management.
   - Conducted telephone interview April 20th.

8. Alan Nickell
    - Executive Director of Rosalie Hall in Toronto
    - Conducted telephone interview April 14th.

9. Dr. Jenny Ploeg
    - Associate Professor, School of Nursing, McMaster University
    - Research areas include gerontology, community health, caregiver support, home care, qualitative research, and evaluation of community health services
    - Conducted telephone interview April 18th.

10. Ruta Valaitis
    - Associate Professor, School of Nursing, McMaster University
    - Research areas include public health - youth health, school health, parent-child health, computer applications in health promotion, e-learning in health sciences education, qualitative research methods
    - Request for key informant interview submitted via Jenny Ploeg April 20th.