

Child Development Centre



Logic Model

Components

-segments of service
-reflect common purpose

**1. Child Development Centre
- Day Client Program and
Residential school participants**

**2. Child Development Centre
-YPEP Program**

**3. Child Development Centre
-Community Program**

**4. Individual Care
-Parents in treatment
programs/studies/MMBOW/Attachm
ent team**

**5. Moms and Kids 2
-Pathways to Healthy
Families**

Target Group

-to be addressed by
activities
-mandate, population,
intensity

Young parents up to 21 years old, with children 0-5 years of age, who are enrolled in the Care and Treatment Education Program at Rosalie Hall

Young parents up to 30 years old, with children 0-5 years of age, who are participating in the Young Parent Employment Program at Rosalie Hall

Young parents with children 0-5 years of age (past participants in Rosalie Hall programs or parents in the community who need child care) + fit into the mission of Rosalie Hall

Parents with children 0-6 years of age, who need more intensive support and child care while completing treatment appointments at Rosalie Hall.

Parents with children 0-6 years and/or pregnant women and their families, impacted by substance use working with Pathways to Healthy Families.

Activities

-what program does to
work towards desired
outcomes

1.1 Provide age/developmentally appropriate care and curriculum for children
1.2 Model strategies/techniques to enhance practical parenting skills
1.3 Complete Nippising developmental screens on every child
1.4 Complete developmental checklist on each child every 3 months
1.5 Develop and implement Individual Program Plans for each child based on development
1.6 Observation, assessment, recording and referrals for child development
1.7 Observation, assessment, consultation and referrals for attachment
1.8 Provide stimulating learning environment
1.9 Work as a member of the multidisciplinary team
1.10 Collaborate with community resources as needed
1.11 Provide one on one parent/child support
1.12 Provide information and resources on child development, health, nutrition and other related topics
1.13 Remain current and updated in the field of child development and related issues
1.14 Advocate on behalf of children, parents and families as required

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3.2 Model strategies/techniques to enhance practical parenting skills
3.3 Develop and implement Individual Program Plans for each child
3.4 Observation, assessment, recording and referrals for child development
3.5 Observation, assessment, consultation and referrals for attachment
3.6 Provide stimulating learning environment
3.7 Work collaboratively with community counsellors as needed
3.8 Collaborate with community resources as needed
3.9 Provide one on one parent/child support
3.10 Provide information and resources on child development, health, nutrition and other related topics
3.11 Remain current and updated in the field of child development and related issues
3.12 Advocate on behalf of children, parents and families

4.1 Provide informal childcare for parents in need of support
4.2 Provide a variety of age appropriate activities
4.3 Provide role modeling of appropriate interactions and behaviour management strategies for parents/caregivers
4.4 Provide opportunity to build social/emotional skills in children
4.5 Provide information about services at Rosalie Hall and other community resources
4.6 Provide childcare support for parents attending clinical support groups
4.7 Provide childcare for parents during individual counselling, medical or other personal appointments
4.8 Provide safe environment for family access visits as required
4.9 Provide families with one on one support re parenting
4.10 Provide information re Child Development knowledge to families
4.11 Provide on site consultations, observations, assessments and referrals
4.12 Collaboration with community agencies
5.11 Advocate on behalf of children, parents and families

5.1 Provide families with support re parenting
5.2 Provide information re Child Development knowledge to families
5.3 Provide age/developmentally appropriate care and curriculum for children
5.4 Provide on site consultations with parents
5.5 Observations, assessments and referrals
5.6 Record observations and assessments
5.7 Provide attachment specific programming for child/parent dyads
5.8 Collaboration with Pathways counsellor and community agencies
5.9 Remain current in the field of Child development
5.10 Advocate on behalf of children, parents and families

Outcomes

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

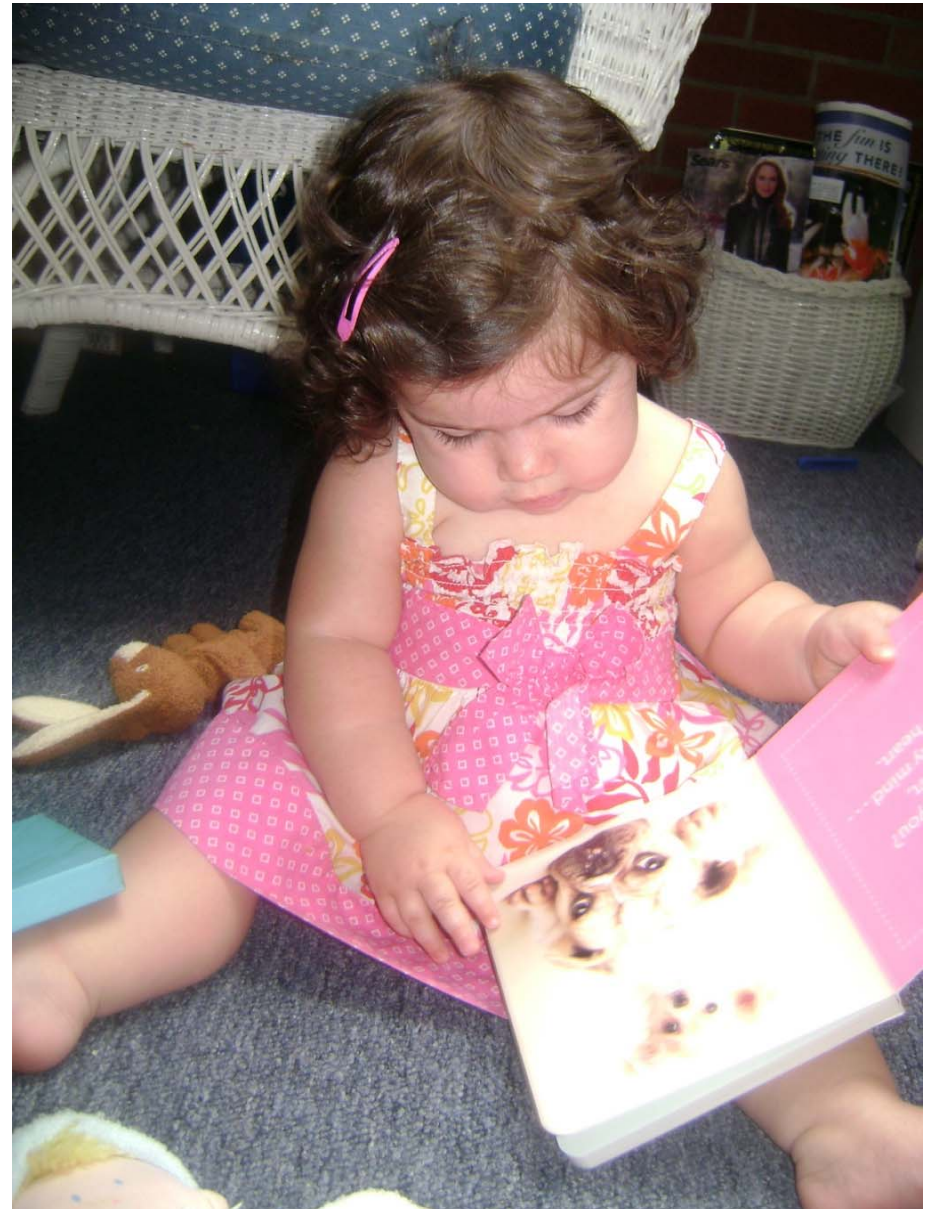
1. Parents will have increased knowledge and understanding of child development.
2. Parents will have a clearer understanding of their role as a parent in enhancing their child's development through sensitive care giving responses, observations and play.
3. Parents will have improved skills to care for and interact with their children.
4. Parents will improve their coping skills in parenting and self care issues.
5. Parents will increase their confidence in parenting.
6. Increased awareness of community agencies and their rights as parents.
7. Increased skills in problem solving, interaction, communication and relationship building.
8. Increased ability to understand their child's development
9. All these areas reduce risk factors and contribute to the healthy well being and mental health of the children.

Encouraging and Supporting Optimal Growth



Observations and Assessments

- Nippising Screenings
- Developmental Checklists
- At admission and every 3 months



Individual Program Plans

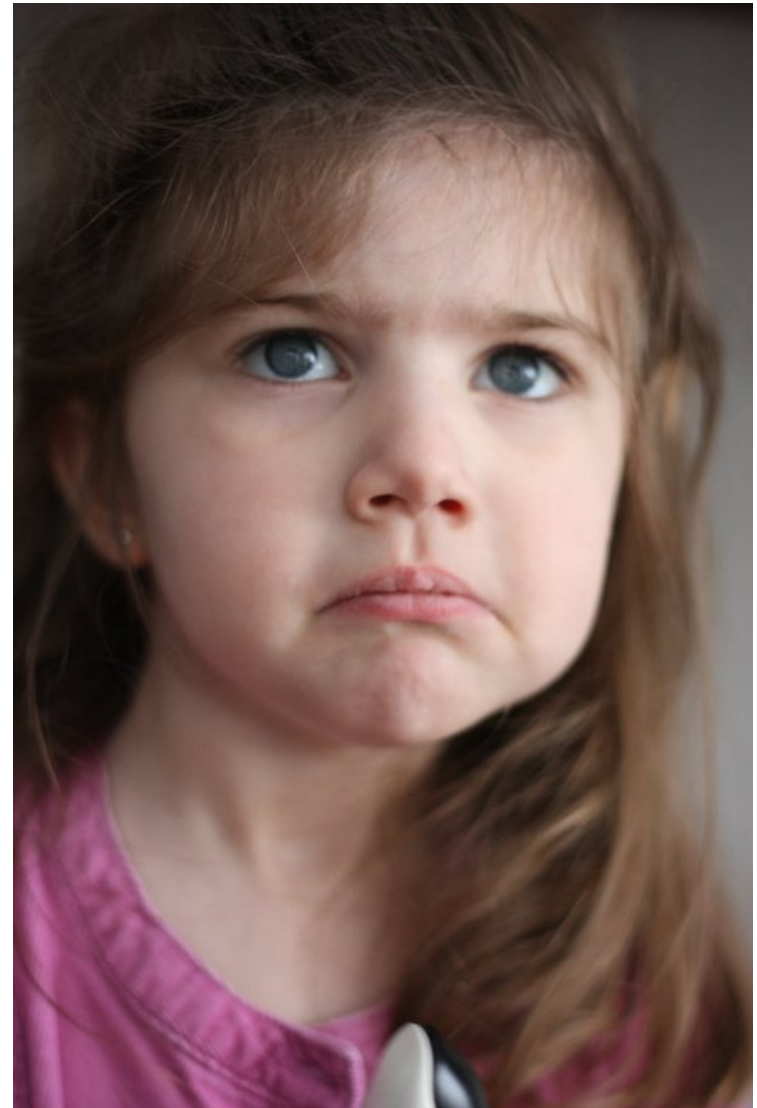
CDC staff use these child development tools to focus on creating an IPP for each child enrolled.

Goals are chosen in 5 key areas of development and experiences created for the child to practice these skills in the CDC.

1. Physical



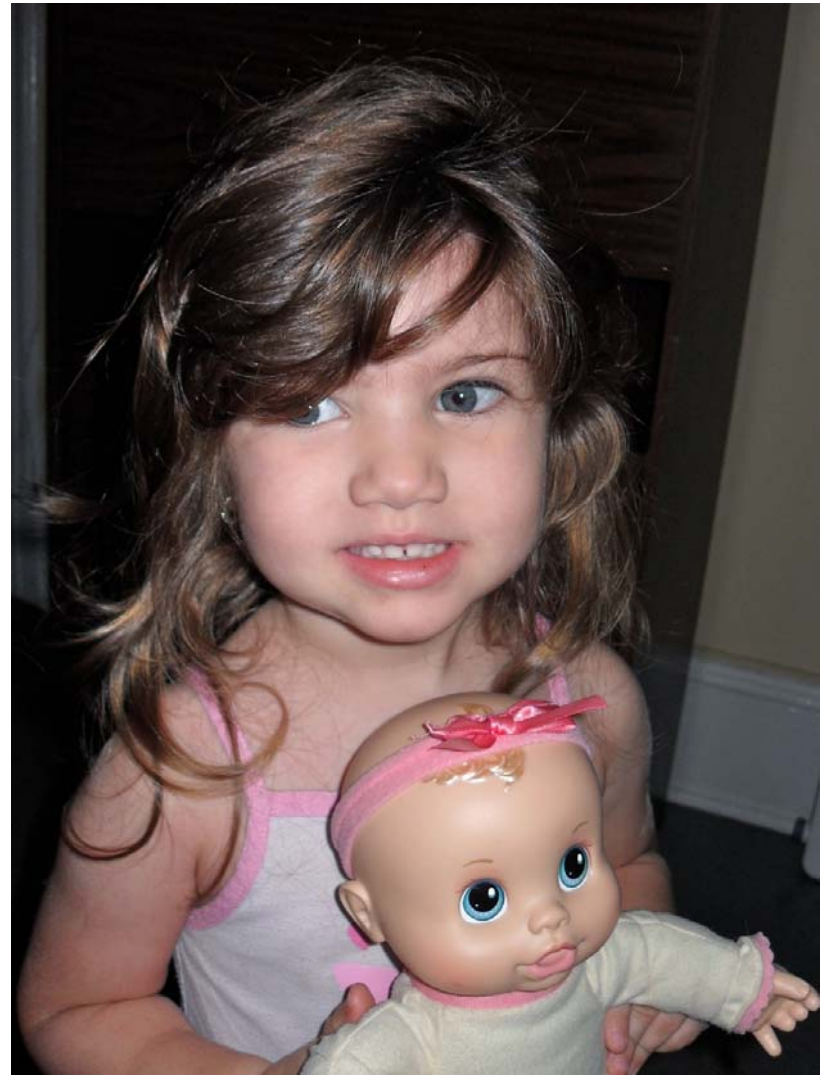
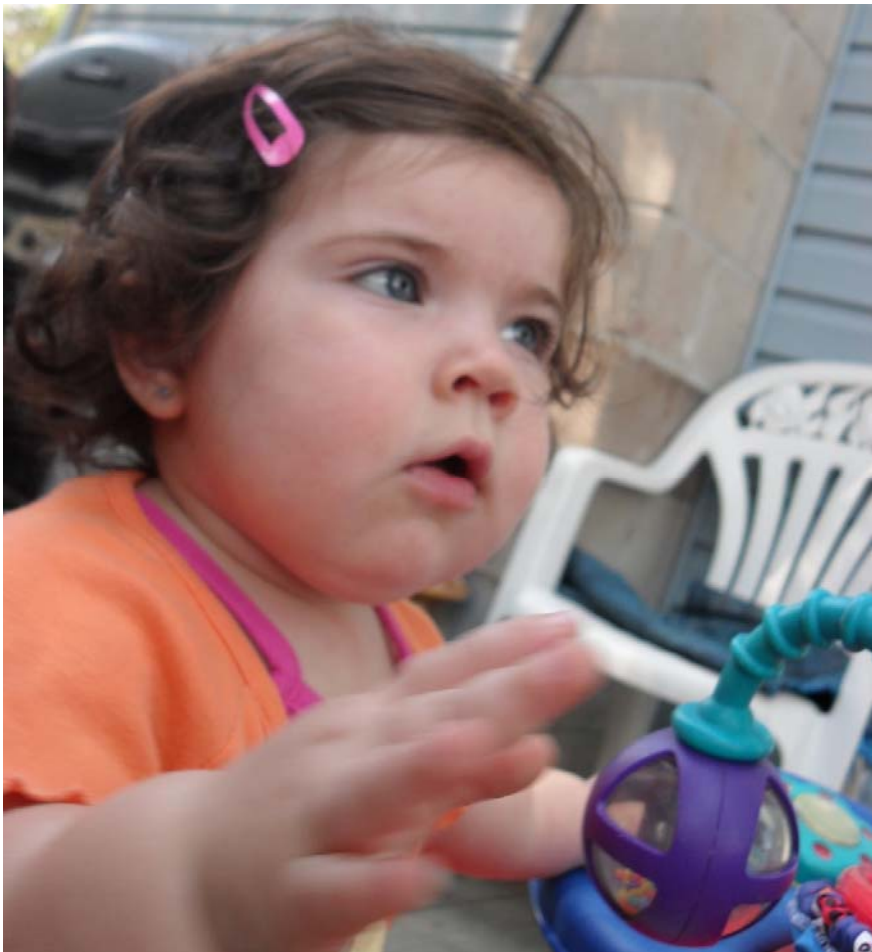
2. Social-Emotional



3. Language



4. Cognitive



5. Sensory and Self Help



Outcomes

- **OUTCOMES**
- Although we do not have specific measures in place yet here are some of the ways we observe the outcomes and can see the effectiveness of the Child Development Centre program.
- Parents gain knowledge from participating in reviewing Nippising screens and developmental check lists. As well as tracking with CDC staff their child's progress through their child's individual program plan.
- CDC staff monitor interactions and model positive sensitive care giving behaviours. The CDC staff then observe changes in parents understanding of child development as they evolve in the program by watching interactions change. Parents begin to ask questions and comment on particular areas of their child's development.
- Parents build skills and practice new strategies in the CDC with their children.

Outcomes continued

- Parents recognize the importance of routines and schedules in reducing stress for their children and themselves.
- Behaviour changes are observed in both parents and children, as care giver reactions to child behaviours are managed differently by parents.
- Parents strengths are pointed out and encouraged which increases their confidence.
- Community referrals, in house referrals and supports brought in to the centre, increase parents awareness of services and how to access them.
- By building trusting relationships with staff parents communication skills and confidence are increased as they address problems and resolve issues.
- **CDC staff see healthy changes in the relationships, more sensitive responding to children's needs and increased attunement in the interactions between dyads.**

Parent Participation



- Open Communications with staff - ideas and comments welcome
- Parents required to spend 15 minutes with children at drop off
- Parent questionnaire offered to all parents 2 times a year

Parent's said...

- In both 2010 & 2011...
- Over 90% of parents felt the CDC staff supported them in their role as a parent and supplied them with relative information about how their children grow and develop
- Over 88% of parents said the CDC staff provides a stimulating and developmentally appropriate program for their children
- 96% said they felt they could talk to the staff about any concerns

Staff Participation

- A strong commitment to the mission
- Vocational expertise and teamwork
- Staff questionnaire offered once a year
- Regular meetings both in rooms and as a team for input



CDC Staff said...

- In both 2010 & 2011...
- Over 78% of staff felt they had opportunity to contribute ideas to improve the program and environment
- 85% of staff had a clear understanding of developmental screens and check lists
- Over 92% of CDC staff felt they had ample opportunity to communicate with clients regularly
- Staff indicated a need for an increase in availability of time to meet with their supervisor

Future Possibilities

1. New assessment tools - ASQ-3 AND ASQ:SE - Ages and Stages questionnaire and Social Emotional questionnaire
2. Explore New Program Evaluation Tools
3. A pre and post Parenting Survey based on Logic Model outcomes to help us capture how parents view their parenting when they start our program and if it changes when they leave
4. More opportunity for individual parenting support

Open to Growing..

QUESTIONS

COMMENTS

