

# Chana Parenting Program Outcomes

- Pregnant and parenting teens served by Chana's parenting program are supported with education, development opportunities, and parenting skills resulting in children 0-5 who are healthy and meeting appropriate developmental milestones.
- Parents access appropriate services as necessary to meet their children's need independent of Chana staff.

# Chana Parenting Program Performance Measures

- First 5 Placer Demographic Tool
- Parent's completion of graduation, GED
- Placer Outcomes Screening
- Ages & Stages Questionnaires
- Stories and photos showing outcomes
- Results of follow up survey

# Demographics Summary

## Chana Child Development Program

### 8/17/06-1/15/07

- 14 infants and toddlers have been enrolled since 8/17
- 5 children returned from last year
- 4 are over 1 year and the remaining infants range from 1 to 10 months
- 5 are prenatal with due dates from 3/07 to 8/07
- Race:
  - 1 Native American
  - 2 Pacific Islander
  - 7 Hispanic
  - 9 White
- 2 are in Foster Care

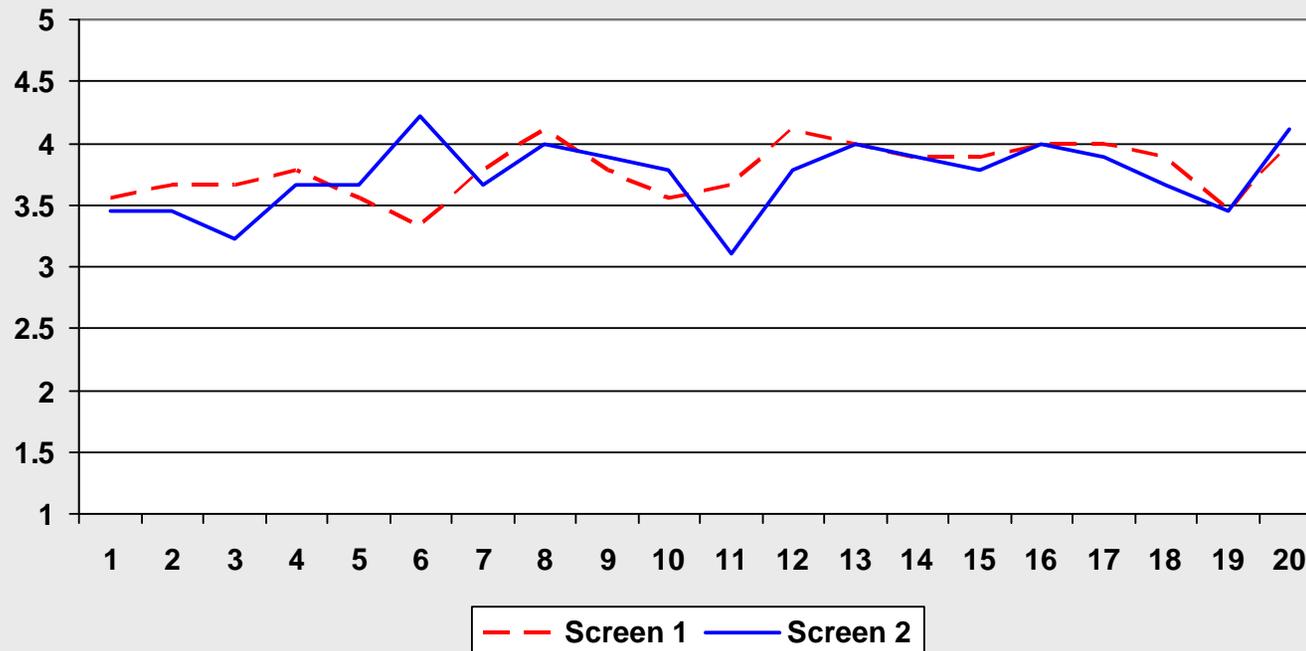
# Program Completion



- Eight parents graduated in 2005-2006 school year
- Three parents completed the program in December 2006
- One is expected to graduate June 2007.

# Outcome Screens

Early Childhood-Caregiver (rev. 2004), Unique records  
(n=9)



- Children with more than one screen from 8/19/2006 to 1/10/2007

Early Childhood-Caregiver (rev. 2004), Unique records  
(n=9)



Indicators that show improvement are:

# 3: Not of risk of injury or illness

# 6: Receiving nutritious foods to meet daily needs.

# 9: Achieving appropriate level of physical development

#10: Achieving appropriate level of emotional development

#19: Engaged in positive parenting and child development practices

Indicator #3 : Not at risk of injury or illness and #5: Free of disease or illness; or disease or illness medically managed.

- Physical exams required for all children enrolled in Child Development program.
- Transportation provided to doctors and pharmacy.
- Health and Safety curriculum in Parenting
- ***Intervention:*** Each child receives a daily health evaluation that often prompts a visit to the pediatrician. After returning from winter break we made several doctor appointments for problems ranging from conjunctivitis to impetigo. The symptoms had been apparent for several days or longer but the young parent did not realize medication was needed.

## Indicator #6: receiving nutritious foods to meet daily need Nutrition Education—Healthy Children



- Weekly nutrition lesson in Parenting Class.
- Healthy foods encouraged at celebrations.
- Child Development Center models nutritious, age appropriate foods
- UCCE Nutrition Best presentation monthly.
- Transportation to WIC and food closets.
- Cooking class and food prep in Parenting Class.

## Indicator #6: receiving nutritious foods to meet daily need Nutrition Education—Healthy Children

- *Intervention:* A four week old infant and 15 year old mother in foster care entered our program. The infant was at risk of being removed from the mother. Mother was very adamant that she was in charge of her baby's care and had difficulty accepting any authority figure or remaining in any long term foster care placement. She insisted that her baby have apple juice and sugar water and said it was doctors orders. We talked about the nutritional needs of the baby and stressed that we would not be giving this to the baby unless a doctor wrote instructions for us to do so. We contacted the pediatrician and explained the situation. We made arrangements for her to visit the doctor and he explained nutritional needs and reinforced our position. She not only stopped feeding the juice and sugar water but also began to trust us more and consider what we were saying and modeling. She was making better parenting decisions when she was once again moved out of her placement and out of county. She did retain custody of her baby due to the positive movement she was making in her parenting skills.

## Indicator #6: receiving nutritious foods to meet daily need Nutrition Education—Healthy Children

- One of the children who had multiple indicators requiring immediate intervention continues to be a concern but is no longer in desperate need. When this child returned to school in August the family had lost cash aid and was in need of food plus facing eviction. We helped the family get emergency food and help with PGE and worked with TAPP to get them re-established on cash aid and MediCal. They eventually were evicted and became homeless. We did referrals to BHLAST, assisted living, provided transportation to get legal documents needed for eligibility and provided employment counseling. We noticed the parent came everyday in time for morning nutrition break and lunch even if she did not attend any classes. She did this so she and her child could have a meal and a secure and supportive place to spend part of the day. The family is no longer homeless and is receiving cash aid once again. We continue to work with them on planning ahead rather than chronically functioning in a crisis mode.

# Indicator #9 & #10

## Ages and Stages Summary

- Nine parents with infants and toddlers completed questionnaires
- 2 children had one or more indicators that required further evaluation including collaboration with TAPP worker and use of different screening tool.
- One child is currently receiving services from the Placer Infant Program and one is being referred for developmental delays and relationship support.

# ASQ scores are used to develop individualized lesson plans

- Tummy time stressed
- Supervised Parent-Child Interaction: Parents are encouraged to help their child meet developmental goals with child focused play
- We demonstrate & teach positive interaction between caregiver and baby.
- Goal: to enhance the attachment between parent and child and increase the parent's enjoyment of his or her baby.



## Indicator # 19: Increased positive parenting and child development practices

- Breastfeeding is encouraged. Quiet time in a soft rocker in a private setting makes it easier for the teens to continue nursing. Teachers excuse nursing moms from class without penalty to nurse baby.
- Parents have time in the Child Development center to read, play, and sing with their child.



# Indicator # 19: Increased positive parenting and child development practices

Musikgarten with Leesa Albrech is held each Wednesday at the Child Development Center. The children love to dance and play with their moms and the structured program helps even the shy moms to participate and interact with their child.



# Indicator # 19: Increased positive parenting and child development practices



Enrichment opportunities: Most of our parents had never been to the zoo or a pumpkin patch. We planned child centered field trips to promote healthy outdoor family fun. Future plans include using public transportation to get to the regional park and a public swimming pool for infant/toddler water safety info.

Indicator #2: Not being physically, sexually, or emotionally abused by others

Our data shows three children had declines in the area of emotional neglect and moderate physical neglect. We determined two were due to living situations and all three to parenting skills and attachment.

We have been addressing this by providing assistance in finding housing and by education with:

- Weekly parent support group which emphasizes coping skills.
- Individual counseling.
- Relationship based, experiential parenting curriculum.
- Safe, high quality child development program
- Role modeling by staff

We are continuing to look for outside services to support parent/child attachment.

Indicators #1:Cared for, protected, and receiving the necessities of life  
and #11:Living in a safe, stable, and nurturing environment.

- Both of these indicators showed some improvement and some decline on first and last screens. Only two out of fourteen children are represented as declines. As we looked at the data we realized that they went up and down with each screen according to their situation such as homelessness or imminent eviction, problems with foster care, loss of financial assistance, or parent's mental state.
- We provided assistance to help address these issues that caused the child to be at risk. Some showed up on a second screen as "ones" or "twos" when things changed drastically and they improved on the final screen after receiving assistance.
- Collaboration with TAPP is essential to meet the many needs of this high risk population and we communicate extensively when we find a child at extreme risk.
- Grandparents and the child's fathers are also included in finding solutions to ensure the child receives the necessities of life and a nurturing environment.

# Indicator #7 shows 5 children continue to be exposed to secondhand smoke and other hazards.

- Outcome Screens show high need for continued anti-smoking education.
- KIISS makes presentations to Parenting class.
- On campus TUPE program helps parents quit smoking.
- Mothers have made improvements in personal substance abuse but their environments continue to indirectly expose children to these substances.
- SIDS prevention is a topic of high interest.



# Follow Up Survey

- Parents who completed program in 05-06 were contacted and surveyed about their ability to meet their children's needs without help from Chana staff.
- On a recent visit to the Child Care Center this graduate indicated that the knowledge she gained while attending parenting classes and the help we provided her in connecting with services has been invaluable since she delivered her son, a special needs baby. She is confident in her abilities to get the special services her son will need in the years to come.

