

Family Resilience Program Description

The Parent Resource Centre's **Family Resilience Program (FRP)** provides client-centered, trauma-informed parenting support services with minimal access barriers.

FRP is a support service for vulnerable high-risk families (parents and children 0-18) that are not connected or able to access community parenting services. FRP offers families short-term interventions based on the family's capacity and strengths. Our goals are to increase the social functioning and parenting capacity of the family, support children's healthy development, while supporting the development of positive parenting skills. We also support clients to access more mainstream services when ready.

FRP offers services in the client's home or at the centre in a group setting. The In-home Support Services are reserved for clients who face significant economic and social barriers.

The *In-home Team* provides variety of supports including but not limited to:

- short term situational counselling (as it relates to parenting stressors)
- assistance with system navigation
- advocacy/working collaboratively with other service providers. This may include accompanying clients to appointments with other service providers.
- education on topics relevant to client's circumstances includes but not limited to:
 - behaviour guidance
 - attachment
 - temperament
 - child development
 - building healthy relationships between parents and children
 - parental stress and self care
 - health and safety
 - establishing rules and routine

Parents will increase their knowledge, skills, and confidence in raising children with challenging behaviours, developmental delays, and/or mental health diagnoses. They will learn to balance their own needs so that they can meet the needs of the children in their care.

FREQUENTLY ASKED QUESTIONS

Is there a waitlist?

Sometimes. The waitlist is dependent on worker caseloads and will be assigned on a first come first served basis.

Is there a cost?

No.

Who can access the services?

Parents and guardians of children between the ages of 0 and 18 years of age.

How are the services provided?

One-on-one appointments at the client's home, at an alternative site or in group workshops.

What is the eligibility criteria?

Eligibility Criteria for Group Interventions

FRP/Group include attachment-based group interventions held at the centre.

A client of the program will:

- Be seeking support with parenting
- Be understanding of the idea that in order to help kids, we help parents
- Have a child between the ages of 0 to 18 years of age

Register by:

- Scan and email the completed form to MAregbesola@parentresource.ca
- Fax it to 613-565-1144
- Call Mariama at 613-565-2467 ext. 229 to complete registration over the phone

Eligibility Criteria for the In-home Support Service

FRP/In-home offers one-on-one appointments and home visits by our Parent Support In-home team.

A client of the program will:

- Live within the Greater Ottawa area
- Have a child between the ages of 0 to 18 years of age with social, emotional, and/or behavioural challenges
- Be facing significant economic and social barriers

Register by:

- Scan and email the completed form to ILjubic@parentresource.ca
- Fax it to 613-565-1144
- Call Ivana at 613-565-2467 ext. 237 to complete registration over the phone

For more information contact Parent Resource Centre at 613-565-2467

Family Resilience Program Intake Form

Please complete this Intake form to the best of your abilities and fax to 613-565-1144. Please note that all clients referred to Family Resilience Program will be contacted by the Family Resilience Program Team for confirmation of the information provided below and further assessment of needs.

Date: _____

Referral source:	Self	<input type="checkbox"/>	How did you hear about the program _____
	Friend/Family	<input type="checkbox"/>	Name (optional) _____
	CAS	<input type="checkbox"/>	Worker Name: _____
	OW/ODSP	<input type="checkbox"/>	Worker Name: _____
	Lawyer	<input type="checkbox"/>	Lawyer Name: _____
	Hospital	<input type="checkbox"/>	Name: _____
	CHC	<input type="checkbox"/>	Worker Name: _____

**IF YOU ARE A PROFESSIONAL COMPLETING THIS FORM ON BEHALF OF A CLIENT,
PLEASE SEND A SIGNED CONSENT TO EXCHANGE INFORMATION FORM**

Client Information

Client A

Relationship to Child(ren) _____

First Name: _____ Last Name: _____

Address: _____

Postal code: _____ Email: _____

Home phone: _____ Cell: _____

Can we leave a voicemail: Yes No

Do you wish to use email/text for correspondence? ** Yes No

**** NOTE: Email/text is NOT considered to be a confidential method of communications. Please initial in the space provided to acknowledge that you understand _____**

Date of birth (DD/MM/YYYY) ____/____/____ Age: _____

Preferred Gender Pronoun: He /She /They

Languages Spoken: _____

Client B

Relationship to Child(ren) _____

First Name: _____ Last Name: _____

Address: _____

Postal code: _____ Email: _____

Home phone: _____ Cell: _____

Can we leave a voicemail: Yes No

Do you wish to use email/text for correspondence? ** Yes No

**** NOTE: Email/text is NOT considered to be a confidential method of communications. Please initial in the space provided to acknowledge that you understand _____**

Date of birth (DD/MM/YYYY) ____/____/____ Age: _____

Preferred Gender Pronoun: He /She /They

Languages Spoken: _____

Child(ren)

First name of child: _____ Last name of child: _____

Date of birth (DD/MM/YYYY) ____/____/____ Age: _____

First name of child: _____ Last name of child: _____

Date of birth (DD/MM/YYYY) ____/____/____ Age: _____

First name of child: _____ Last name of child: _____

Date of birth (DD/MM/YYYY) ____/____/____ Age: _____

First name of child: _____ Last name of child: _____

Date of birth (DD/MM/YYYY) ____/____/____ Age: _____

Current parenting situation:

Do you have custody of your children? Yes No

If yes, is it full or shared custody? Full Shared

If no, do you have access to your children? Yes No

Please provide details (eg reason, dates, agencies currently involved, legal restrictions etc).

What other services/supports is your client(s)/are you currently involved with or have they been involved with in the past?

CHEO Past Present Waitlist

Which child(ren) are/were involved and why:

Crossroads Past Present Waitlist

Which child(ren) are/were involved and why:

Adult Mental Health Service(s)

_____ Past Present Waitlist

_____ Past Present Waitlist

Adult Substance Use Service(s)

_____ Past Present Waitlist

_____ Past Present Waitlist

Other Service(s)

_____ Past Present Waitlist

_____ Past Present Waitlist

What is your client(s)/your primary parenting goal at this time?

- Increase knowledge of child development
- Increase knowledge of behaviour guidance
- Being better able to communicate with child(ren)
- Support around co-parenting
- Being better able to manage daily tasks (hygiene, routine, nutrition, safety)
- Balancing parental stress/mental health needs with responsibilities of raising children
- Assistance with referrals/system navigation
- Advocacy with other professionals serving the family
- Other: _____

Is there anything else we need to know about your situation, culture, heritage, religion, health or language that you would like to share for us to serve you better?
