REPORT 3
Review of Promising Practices: Supports for Black Parents

EVALUATION OF THE INNOVATIVE SUPPORTS FOR BLACK PARENTS INITIATIVE

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SECTION 1. Background

1.1 Introduction

Almost 630,000 people in Ontario identify as Black or African Canadian. The term "Black" refers to a diverse group of people from various ethnicities, backgrounds, and identities. Despite this diversity, Black Ontarians share a common African heritage, a common history of colonialism and slavery, and, consequently, the common present-day experience of anti-Black racism, resulting in socioeconomic, health, educational, and social disparities.

Along with structural and systemic anti-Black racism, damaging stereotypes and prejudice negatively impact how African Canadians are treated when accessing services. This web of anti-Black racism hinders equitable access to services and contributes to poor life outcomes for Black children, youth, and families.

Mistrust of various institutions and the stigma associated with seeking help can also prevent Black parents from seeking the services they need for themselves and their children. Some of this apprehension comes from past experiences of anti-Black racism as well as the lack of culturally relevant and responsive services. To support the best outcomes for Black children and youth, Black parents must have access to information as well as to the culturally relevant and responsive programs and services they need, when they need it, to address their and their children's unique needs.

1.2 Overview of the Innovative Supports for Black Parents initiative

Ontario introduced the Black Youth Action Plan (BYAP) in March 2017 with the goal of reducing disparities for Black children, youth, and families. Funded by the Ministry of Children, Community and Social Services, when fully implemented, BYAP is intended to increase access to supports and opportunities for 10,800 Ontario Black children, youth, and their families across life stages, from early childhood to their transition to school and/or work.

All BYAP initiatives were developed with input from an External Implementation Steering Committee made up of members of the Black community from across the province. With feedback from community engagement sessions, the Steering Committee informed the design and implementation of BYAP initiatives to ensure that they are responsive to the needs of Ontario's Black children, youth, and families.

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In 2017, the BYAP provided 3-year funding to seven programs and three centres under the Innovative Supports for Black Parents (ISBP) initiative. In the call for proposals from community agencies, the Ministry acknowledged that the research demonstrates that culturally relevant and responsive parenting supports can lead to positive outcomes for Black children as well as parents and/or caregivers. In particular, parenting supports that are culturally relevant and responsive have been found to promote resilience in parents and children and reduce early development of anti-social behaviours in children (e.g., acting out at school or at home).[1] Research has also identified a need for spaces for Black families to gather and access culturally relevant information and supports, with a focus on developing healthy relationships as well as parenting and problem-solving skills within families.[2]

The overall goals of the ISBP initiative are to enhance the availability of effective, culturally relevant, and culturally responsive parenting supports for Black parents and/or caregivers and to improve outcomes for Black children, youth, and their families. The ISBP initiative funded 10 applicants to develop and implement community-based, culturally relevant, and culturally responsive supports for Black parents and/or caregivers[3] and families using a collective impact and cultural identity (CI²) approach.

There are two streams of programming under this initiative:

- Program Stream — Innovative, culturally relevant Black parenting programs that are designed and delivered by grassroots groups, collaboratives, or local organizations to pre-determined target communities or populations. This may include virtual or mobile parenting supports provided outside of permanent physical program sites (e.g., through an online service), and

- Centre Stream — Culturally focused community-based family centres (permanent physical sites), targeted to Black children, youth, and families,

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[1] Coard, S.I., Foy-Watson, S., Zimmer, C., Wallace, A. (2007). Considering culturally relevant parenting practices in intervention development and adaptation: A randomized controlled trial of the Black Parenting Strengths and Strategies (BPSS) Program. *The Counseling Psychologist, 35,* 797-820.

[2] McCready, L., James, C., Chavannes, V., Foster, N., Tewelde, Y., Kellen, A., Hay, B., Eugene, C. (2013). Gathering our voices: The lived experiences of Black fathers in the city of Toronto. *The Black Daddies Club.*

[3] Throughout this report, when we refer to parents, we also include caregivers, which could include grandparents, older siblings, aunts/uncles, etc.

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offering programs designed and delivered by community-based groups or organizations.

1.3   Overview of this project

Recognizing the need to evaluate the relevance, effectiveness, and outcomes of the ISBP initiative, the Ministry contracted with Turner Consulting Group Inc. in July 2018 to conduct an evaluation to:

1. Assess whether the overall ISBP initiative goals were met, including the effectiveness of the CI2 framework

2. Assess the outcomes and impacts, lessons learned, and best practices found through the delivery of the initiative that can be applied to enhance programs that target and/or serve Black children, youth, and families and more broadly through mainstream programs (e.g., accessibility, physical space improvements, outreach and engagement approaches, pathways to services, pedagogy, etc.), and

3. Create public documents that synthesize findings and make recommendations to the ISBP programs, government, and other relevant funders and sectors (i.e., early years, public health, etc.) for the programs to be improved, replicated, and/or scaled-up in the future.

To determine whether the funded programs meet the needs of the Black community, we must first understand those needs, which other programs and services are being offered, and existing promising practices in the field. To meet these objectives, this project will produce four reports.

The first report in this series — *Assessment of the Needs of Black Parents in Ontario* — explores the unique challenges experienced by Black parents. This research helps expand our understanding of the need for culturally relevant and responsive parenting programs and the types of issues they can support Black parents to address if they are to improve the outcomes for Black children and youth.

The second report — *Jurisdictional Scan: Programs and Services for Black Parents in Ontario* — provides an overview of the existing programs and services in Ontario and analyzes the gaps in services.

This report, the third in the series — *Review of Promising Practices: Supports for Black Parents* — focuses on promising practices that could be used to improve outcomes for Black children and youth by supporting their parents. The goal of this report is to offer

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a range of promising and innovative practices that can be adopted and adapted to increase access to effective, culturally relevant, and culturally responsive services to Black children, youth, and families. This review can be used by Black-serving and mainstream agencies, policymakers, practitioners, and Black parents and advocates to develop, implement, and evaluate programs.

Over the 3-year period, we will work with each of the 10 funded agencies to collect participant and outcome data to enable each agency to evaluate the effectiveness of their program. This data will also contribute to our evaluation of the ISBP initiative, which will be documented in the fourth and final report in this series — *The Evaluation of the ISBP Initiative*.

SECTION 2.   Criteria for Inclusion in this Report

2.1   Definition of parenting program

To conduct this review of promising practices, it was necessary to begin with a clear definition of what constitutes a parenting program. For this purpose, we defined parenting programs as interventions, programs, or services in which parents receive direct education, training, or support aimed at influencing child outcomes by:

- Enhancing parenting knowledge, behaviour, or capacity as a caregiver
- Cultivating authentic, caring relationships and connections to create a sense of belonging between parents and their children
- Increasing parental self-esteem and maintaining positive parent–child relationships
- Improving parent outcomes such as parent well-being
- Improving family outcomes such as family relationships, and
- Supporting parents to understanding and navigate complex systems to produce better outcomes for Black children and youth.

Included in this definition are both parenting programs (which include parents only) and whole-family programs (which include parents as well as their children).

Not included in this review are programs that provide:

- Direct education or training to children without involving the parents
- Community-wide education that doesn't specifically target parents

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- One-time events, or
- Indirect education to parents via their children.

The person referred to as "parent" may be any adult in the role of primary caregiver to a child. This person may be the child's biological parent or a grandparent, guardian, foster parent, or other carer.

2.2 Methodology

While this report focuses on promising practices that can be used with Black parents, this review found a limited number of programs and services are specifically designed to meet the needs of Black parents. As such, we have included interventions that focus on parents in general, as well as those targeted to subpopulations of parents, such as Indigenous parents, parents with mental health illnesses, etc., which can be adapted for use in the Black community.

While it is expected that we would include interventions that are evidence-based and thus have been evaluated and confirmed to be best practices, we felt it was important to widen our lens to also include new and innovative approaches that could potentially be used to serve the Black community. The assessment of novel interventions as effective is often based on data collected about the general public, not the Black community specifically. In addition, while programs designed for African Americans are often the strongest entry point for models that may work for African Canadians because of the shared experience of anti-Black racism and a common cultural heritage, adaptation for use with African Canadians may still be needed given the different context and the far more ethnically diverse Black population in Canada.

This report does not attempt to assess the effectiveness of individual programs and services nor does it aim to provide comprehensive information on the effectiveness of these programs. Instead, we aim to build knowledge about parenting interventions that show promise of improving outcomes for Black children and youth in Ontario. As such, we anticipate that this report will be a valuable tool to inform the effective delivery and development of parenting programs aimed at Black parents and will inform the evaluation of the programs funded through the ISBP initiative.

Despite the resilience of African Canadians and the capacity and strength of Black parents, research indicates that Black parents, children, and youth grapple with many intersecting issues. These issues include poor mental health, poor educational outcomes in the Canadian public school system, overrepresentation in the child

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welfare system, overincarceration, and poverty, among others. Given the extensive list of issues this review did not intended to compile programs that support Black parents to address challenges with all these areas. Instead, the range of interventions, approaches, and practices included in this report are limited to those in the following categories, which align with the areas of focus of the needs assessment report:

- Culturally relevant and responsive parenting supports
- Trauma-informed interventions
- Strengthening parenting skills
- Parents and parents of children with special needs
- Young mothers
- Fathers, including young and new fathers
- Supporting parents to navigate systems and advocate for themselves and their children
- LGBTQ+ parents
- Parents of LGBTQ+ children
- Incarcerated parents
- Maternal health
- Psychosocial interventions for children, and
- Improving relationships between parents.

Interventions included in this report were identified through the research literature, the research team's knowledge of existing programs, and clearinghouses, including:

- Canadian Best Practices Portal
- National Resource Centre for Community-Based Child Abuse Prevention
- The California Evidence-Based Clearinghouse
- The U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration
- Promising Practices Network on Children, Families and Communities (Promising Practices Network)
- The Coalition for Evidence-Based Policy's Social Programs that Work (Social Programs that Work)

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- Blueprints for Violence Prevention (Blueprints)
- Strengthening America's Families: Effective Family Programs for Prevention of Delinquency (Strengthening America's Families), and
- The Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide.

For each intervention, we have provided a description of the program or service, information on the operation of the program, as well as details about the target population. At times, we have also included a selection of findings from program evaluations about the program's effectiveness.

2.3   Elements of effective programs

Overall, parenting programs are considered an effective way to reduce the frequency and intensity of behavioural issues in children.[4] Clearinghouses along with various research studies have identified a number of criteria that make a parenting program effective, including those which use: [5]

- Evidence-based curricula that:
  - Emphasize parenting consistency
  - Take into account the developmental stages of children
  - Enhance positive parent–child interactions and emotional communication skills

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[4] Dretzke, J., Davenport, C., Frew, E., Barlow, J., Stewart-Brown, S., & Bayliss, S. (2009). The clinical effectiveness of different parenting programmes for children with conduct problems: A systematic review of randomised controlled trials. *Child and Adolescent Psychiatry and Mental Health, 3*(7).

Sanders, M.R., Kirby, J.N., Tellegen, C.L., & Day, J.J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of multi-level system of parenting support. *Clinical Psychology Review, 34*(4), 337–357.

Traynor, R., Workentine, S., & Dobbins, M. (2013). The effectiveness of parenting programs for children with conduct problems: Evidence and implications for public health. Hamilton, ON: McMaster University.

[5] Parenting Matters: Supporting Parents of Children Ages 0-8. Chapter 6. Retrieved from https://www.nap.edu/read/21868/chapter/8

Barth, R., Landsverk, J., Chamberlain, P., Reid, J., & Rolls, J. 2005. Parent-training programs in child welfare services: Planning for a more evidence-based approach to serving biological parents. *Research on Social Work Practice, 15*(5): 353–371.

Kaminsky, J., Valle, L., Filene, J., & Boyle, C. 2008. A meta-analytic review of parenting programs. *Journal of Abnormal Child Psychology, 36*: 567–589.

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- o Provide an opportunity for real-time parent–child interactions
- o Use disciplinary techniques such as "time out"
- Experiential peer-to-peer learning formats
- Small group size
- Flexible curriculum that can be targeted to specific groups
- Well-trained facilitators
- Assessments of pre- and post-program parenting knowledge that includes observations of parent–child interactions, and
- Sufficient program duration for families to build relationships and maintain the knowledge gained.

These studies have also identified several additional elements concerning how effective parenting programs are best delivered. These elements include parents being treated as partners by providers, tailoring interventions to the needs of both parents and children, service integration and interagency collaborative care, peer support, trauma-informed services, cultural relevance, and inclusion of fathers.[6] Because these additional elements provide insight into how and why the interventions included in this report are effective, we discuss them below.

Parents as partners

When parents are treated as partners in the program, the quality of interactions between parents and service providers is enhanced, thereby increasing parents' trust in the service provider.[7]

Parents' trust of those delivering the parenting program was found to be important in parents' decisions to participate in the program.[8] The credibility of staff is one factor that enhances trust in the program and the content of the program. Without credibility, parents are not likely to implement the suggested strategies, regardless of how

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[6] National Academies of Sciences, Engineering, and Medicine. (2016). Parenting Matters: Supporting Parents of Children Ages 0-8. Washington, DC: The National Academies Press. doi: 10.17226/21868.

[7] Jago, R., Sebire, S.J., Bentley, G.F., Turner, K.M., Goodred, J.K., Fox, K.R., Stewart-Brown, S., & Lucas, P.J. (2013). Process evaluation of the Teamplay parenting intervention pilot: Implications for recruitment, retention and course refinement. *BMC Public Health, 13*(1), 1–12.

[8] Mytton, J., Ingram, J., Manns, S., and Thomas, J. (2014). Facilitators and barriers to engagement in parenting programs: A qualitative systematic review. *Health Education & Behavior, 41*(2), 127–137.

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effective they may be. Credibility is established through the facilitator's skills and characteristics (e.g., empathy, humour, openness, communication, and personal experience with children).

Staff credibility is further established when facilitators are of a similar demographic background to parents and understand culturally specific parenting practices as well as their variations, which is especially important given the multiethnic identity of Ontario's Black community.[9]

Tailoring of interventions to parent and child needs

Because the needs of individual parents and children vary greatly, tailoring programs to meet participants' needs is essential to making the program effective. Tailoring the intervention, however, requires highly qualified and trained staff. Staff must address parents' specific needs for accessing the program as well as barriers to access, such as transportation, child care, and scheduling conflicts.[10] Addressing these practical needs is associated with higher rates of participation.[11]

Service integration and interagency collaborative care

For families facing multiple challenges, such as trauma, substance use, relationship instability, and lack of social supports, service integration is important in the delivery of parenting programs.[12] Helping parents address employment, housing, and income support needs may also free up personal resources, enabling them to focus on improving their parenting skills.[13]

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[9] Huser, M., Small, S.A., & Eastman, G. (2008). What research tells us about effective parenting education programs. What Works, Wisconsin Fact Sheet. Madison, WI: University of Wisconsin-Madison/Extension.

[10] Morawska, A., Sanders, M., Goadby, E., Headley, C., Hodge, L., McAuliffe, C., Pope, S., & Anderson, E. (2011). Is the Triple P-Positive Parenting Program acceptable to parents from culturally diverse backgrounds? Journal of Child and Family Studies, 20, 614–622.

[11] Snell-Johns, J., Mendez, J.L., & Smith, B.H. (2004). Evidence-based solutions for overcoming access barriers, decreasing attrition, and promoting change with underserved families. Journal of Family Psychology, 18(1), 19–35.

Gross, D., Julion, W., and Fogg, L. (2001). What motivates participation and dropout among low-income urban families of color in a prevention intervention? Family Relations, 50(3), 246–254.

[12] Hernandez-Avila, C.A., Rounsaville, B.J., & Kranzler, H.R. (2004). Opioid-, cannabis- and alcohol-dependent women show more rapid progression to substance abuse treatment. Drug and Alcohol Dependence, 74(3), 265–272.

[13] Ingoldsby, E.M. (2010). Review of interventions to improve family engagement and retention in parent and child mental health programs. Journal of Child and Family Studies, 19(5), 629–645.

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Integration of services gives parents easier access to resources that address their needs, improves collaboration and continuity of care,[14] and may help to reduce the stigma associated with targeted interventions.[15] Service integration can also help address the scheduling and transportation challenges parents face.[16]

Peer support

Peer support improves participation in parenting programs and their outcomes.[17] Strengthening the relationships between parents can also have added benefits, such as reduced stigma, reduced social isolation, and continued social support after the program ends.

Parenting programs that take a multiparent group format also allow participants to learn from the experiences of others with similar backgrounds and challenges,[18] which may be an important reason why parents join and attend group parenting classes.[19] Peer support is particularly important to the success of fatherhood programs.[20]

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[14] Krumm, S., Becker, T., & Wiegand-Grefe, S. (2013). Mental health services for parents affected by mental illness. Current Opinion in Psychiatry, 26(4), 362-368.

Schrank, B., Moran, K., Borghi, C., & Priebe, S. (2015). How to support patients with severe mental illness in their parenting role with children aged over 1 year? A systematic review of interventions. Social Psychiatry and Psychiatric Epidemiology, 50(12), 1765–1783.

[15] Cortis, N., Katz, I., & Patulny, R. (2009). Engaging Hard-to-Reach Families and Children: Stronger Families and Communities Strategy 2004–2009. Occasional Paper No. 26. Canberra, Australia: Department of Families, Housing, Community Services and Indigenous Affairs.

[16] Ingoldsby, E.M. (2010). Review of interventions to improve family engagement and retention in parent and child mental health programs. Journal of Child and Family Studies, 19(5), 629–645.

[17] Axford, N., Lehtonen, M., Kaoukji, D., Tobin, K., & Berry, V. (2012). Engaging parents in parenting programs: Lessons from research and practice. Children and Youth Services Review, 34(10), 206–2071.

[18] Coatsworth, J.D., Duncan, L.G., Pantin, H., & Szapocznik, J. (2006). Retaining ethnic minority parents in a preventive intervention: The quality of group process. Journal of Primary Prevention, 27(4), 367–389.

[19] Jago, R., Steeds, J.K., Bentley, G.F., Sebire, S.J., Lucas, P.J., Fox, K.R., Stewart-Brown, S., & Turner, K.M. (2012). Designing a physical activity parenting course: Parental views on recruitment, content and delivery. BMC Public Health, 12(1), 1–10.

Mytton, J., Ingram, J., Manns, S., & Thomas, J. (2014). Facilitators and barriers to engagement in parenting programs: A qualitative systematic review. Health Education & Behavior, 41(2), 127–137.

[20] Fagan, J., & Iglesias, A. (1999). Father involvement program effects on fathers, father figures, and their Head Start children: A quasi-experimental study. Early Childhood Research Quarterly, 14(2), 243–269.

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While peer support can be invaluable in engaging and sustaining parent participation, it is not a substitute for highly qualified staff with skills and training in working with parents facing specific adversities.[21]

Trauma-informed services

Based on the high rates of exposure to trauma, many parenting programs now adopt a trauma-informed approach. According to the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, trauma-informed services are not about a specific intervention or set of interventions. Instead, a trauma-informed approach "realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization."[22]

Cultural relevance

Awareness is growing about the importance of developing and testing innovative ways to engage and retain parents from diverse cultural backgrounds in parenting programs. This is especially relevant in Canada, which has a large and growing Black immigrant population and Black Canadians from a variety of ethnic backgrounds. In addition, as the Black population continues to grow it becomes increasingly urgent to address the unique needs of families who experience structural, systemic, and interpersonal racism and barriers to accessing the services they need.

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[21] Parenting Matters: Supporting Parents of Children Ages 0–8. Chapter 6. Retrieved from https://www.nap.edu/read/21868/chapter/8

Barth, R., Landsverk, J., Chamberlain, P., Reid, J., & Rolls, J. 2005. Parent-training programs in child welfare services: Planning for a more evidence-based approach to serving biological parents. Research on Social Work Practice, 15(5), 353–371.

Kaminsky, J., Valle, L., Filene, J., & Boyle, C. 2008. A meta-analytic review of parenting programs. Journal of Abnormal Child Psychology, 36: 567–589.

[22] Substance Abuse and Mental Health Services Administration. (2015). Trauma. Retrieved from http://www.integration.samhsa.gov/clinical-practice/trauma

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Research shows that parenting programs have had low participation rates historically, with parents from diverse cultural backgrounds being particularly absent.[23] Lack of understanding of and adaptation to the cultural backgrounds of parents may contribute to these low participation rates.

Inclusion of fathers

Fathers have been underrepresented in research on parenting interventions. Available studies indicate that parenting interventions would benefit from giving greater priority to the role of fathers in their children's lives and making greater effort to increase their participation in parenting programs.[24]

SECTION 3. Promising Practices

3.1 Culturally relevant and responsive parenting supports

Given the unique needs of Black children, youth, and parents, programs and services that fail to account for anti-Black racism and cultural differences may not produce the desired outcomes regardless of how generally effective the program has proven to be. Attention to *how* a program is implemented is as important to outcomes for Black children, youth, and parents as *what* is implemented.

BYAP defines culturally relevant and responsive supports as those that are rooted in cultural identity. It is part of a person's self-conception and/or self-perception and is related to nationality, ethnicity, religion, social class, generation (i.e., age), locality, or any kind of social group that has its own distinct culture. BYAP identifies cultural identity as an important promotive factor in the context of normative development and a protective factor against the harmful effects of anti-Black racism. BYAP also notes

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[23] Cunningham, C.E., Boyle, M., Offord, D., Racine, Y., Hundert, J., Secord, M., & McDonald, J. (2000). Tri-ministry study: Correlates of school-based parenting course utilization. *Journal of Consulting and Clinical Psychology, 68*(5), 928-933.

Eisner, M., & Meidert, U. (2011). Stages of parental engagement in a universal parent training program. *The Journal of Primary Prevention, 32*(2), 83-93.

[24] Administration for Children and Families. (2015). Fatherhood: Ongoing Research and Program Evaluation Efforts. Washington, D.C.: U.S. Department of Health and Human Services, Office of Planning, Research and Evaluation.

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that culturally relevant and responsive supports move beyond surface modifications (e.g., language, racial makeup of frontline staff, visuals used in programming) to:[25]

1. Recognize culture as a strength and protective factor, and
2. Address deeper issues of cultural traditions and perspectives on parenting and child rearing.

In addition, practitioners must also be aware of "idioms of distress, or ways that people cope, be it constructive or destructive, with pain or struggle."[26] Examples of the different ways in which people cope with pain include:

- Substance use disorders. For example, a substantial percentage of low-income African American women addicted to cocaine in New York City had been sexually assaulted before they began abusing drugs, and

- Spiritual pursuit. For example, the use of religion is a mainstay of a Black person's quest to respond to stress, distress, and traumatic stress in a healthy manner.

In addition, the significance of the patient's race and the resulting experience of racism cannot be ignored. Instead, to avoid misdiagnosis, the practitioner must integrate the culture, context, persona, and family history into their understanding of the service user. The parent's assets should not be overlooked, including their extended family, as these have been found to be effective in prevention and creating family cohesion. Extended family is particularly important to Black families in caring for children, supporting mothers, and serving as role models.

The following programs are examples of culturally relevant programs in that they not only take into consideration the intersections of identity, needs, histories, and family structure, but also understand and address anti-Black racism and its impact on Black families.

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[25] Coard, S.I., Herring, M.H., Watkins, M.H., Foy-Watson, S.A., & McCoy, S.Z. (2013). Black Parents Strengths and Strategies (BPSS) Program: A cultural adaptation of the Strong-Willed Child Program. In Clauss-Ehlers, C., Serpell, Z., Weist, M. (Eds.) *Handbook of culturally responsive school mental health*. New York, NY: Springer.

[26] Bell, C. & Crawford, C.M. (2019). Psychiatry for People of African Descent in the USA. In Parekh, R. & Trinh, N.T. (Eds). *The Massachusetts General Hospital Textbook on Diversity and Cultural Sensitivity in Mental Health.* Totowa, NJ: Humana Press.

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Family Empowerment Program[27]

The Family Empowerment Program (FEP) is a comprehensive, culturally relevant, self-discovery curriculum for parents and guardians to improve their effectiveness as the primary positive influence in the lives of their children. This evidence-based program is designed to engage, educate, and empower African American parents and communities through a strengths-based lens that honours their rich cultural and linguistic strengths.

This program was developed by the National Black Child Development Institute (NBCDI) to build the capacity of parents and caregivers as leaders of and advocates for their families. The program equips families with the knowledge, tools, and skills needed to foster their children's learning and development while effectively advocating for them from birth.

NBCDI trains and certifies facilitators to deliver the program across the United States.

Strong African American Families

Strong African American Families (SAAF) offers parental training and family therapy for low-income African American youth aged 10 to 14 and their families to prevent initiation into high-risk behaviours such as drug abuse, alcohol and cigarette use, and sexual activity.[28]

SAAF consists of 7 weekly sessions, lasting 2.5 hours each, at a venue in their community such as a community centre, school, or place of worship. Sessions are taught by community members who are trained in the curriculum.

At these sessions, families eat a meal together and then go into parent and child groups for discussion. The sessions for parents focus on effective parenting behaviours, providing guidance and support for children with respect to alcohol use and sex, and promoting positive racial socialization. The sessions for children help them appreciate their parents, focus on goals for the future, resist involvement in high-risk behaviours, accept parental influences, and develop skills to deal with stress and peer pressure. The group reunites for a large group meeting for the final hour of each

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[27] https://www.nbcdi.org/parent-empowerment-program

[28] https://cfr.uga.edu/saaf-programs/saaf/

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session, a process designed to strengthen family relationships as well as cultural pride and values.

Evaluation of the program found that it had positive outcomes. Youth were less likely than those in the control group to initiate first time alcohol use, and those who had already used alcohol were less likely to increase their alcohol use. In addition, SAAF youth were less likely to exhibit conduct problems and were better able to handle stress, compared to the control group. SAAF youth, compared to the control group, had greater negative attitudes towards drug use and sexual activity, greater acceptance of parental influence, and greater peer pressure resistance skills.[29]

Effective Black Parenting Program[30]

Effective Black Parenting Program (EBPP) is a parenting skill-building program created specifically for parents of African American children up to age 17 by the Centre for the Improvement of Child Caring. It was originally designed as a 15-session program to be used with small groups of parents who follow a handbook over a recommended period of 15 weeks via 3-hour weekly sessions.[31] A 1-day seminar version of the program for large numbers of parents has been created.

Through a cultural lens that helps to promote cultural pride and identity, the program aims to prevent and treat child abuse, reduce parental stress, strengthen family cohesion, and prevent and treat child and parent substance abuse, among other things. The program teaches general parenting strategies as well as culturally specific parenting strategies that include:

- Achievement Orientation to Parenting: The Pyramid of Success for Black Children
- Traditional Black Discipline versus Modern Black Self-Discipline
- Pride in Blackness: Positive Communications about Heritage
- Coping with Racism, Avoiding Black Self-Disparagement

[29] Evidence-based Prevention and Intervention Support. PennState College of Health and Human Development. Retrieved from http://www.episcenter.psu.edu/newvpp/saaf

[30] http://www.ciccparenting.org/parenting-programs.php

[31] CICC's Effective Black Parenting Program (EBPP). California Evidence-Based Clearinghouse, Parent Child Interaction Therapy Program. Retrieved from www.cebc4cw.org/program/effective-black-parenting-program/detailed

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- Finding Special Times for All of Our Children: Chit Chat Time.

Conquering Racial Stress: Black Family Toolkit

The Village of Wisdom recognizes that Black youth are descendants of a rich and resilient culture and offers programs, services, and tools to empower the parents and other trusted adults who raise and influence them.[32] One such tool is the Conquering Racial Stress: Black Family Toolkit.

This toolkit was designed as a guide for parents and caregivers to help their children cope with anti-Black racism. After completing this toolkit, parents of Black youth should be able to:

1. Develop healthy coping responses to their own experiences with racism
2. Strengthen and develop constructive discipline plans that are nurturing and culturally relevant, and
3. Assist their Black youth with identifying and taking advantage of opportunities that build their skills, self-esteem, and ability to cope with racism in healthy ways.

3.2   Trauma-informed interventions

Trauma is a significant public health problem that intersects in many different ways with culture, history, race, gender, location, and language.[33] Trauma is defined as a physical or psychological threat or assault to a child's sense of self, safety, or survival or to the safety of another person significant to the child.[34] While many of these children function normally after such events, others demonstrate signs of posttraumatic stress, which can cause serious long-term effects on their mental and physical health when children do not receive trauma-appropriate responses.[35]

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[32] Village of Wisdom. (n.d.) *Conquering racial stress: Black family toolkit*. Durham, NC: Village of Wisdom. Retrieved from https://drive.google.com/file/d/0B7tYNlJcMzVQM3VQb19FNGNMaTg/view

[33] Maynard, B.R., Farina, A., & Dell, N.A. (2017). Effects of trauma-informed approaches in schools. Campbell Collaboration. Retrieved from https://www.campbellcollaboration.org/library/effects-of-trauma-informed-approaches-in-schools.html

[34] Moroz, K.J. (2005). *The effects of psychological trauma on children and adolescents.* Waterbury, VT: Vermont Agency of Human Services.

[35] The National Child Traumatic Stress Network. (2016). Children with traumatic separation: Information for professionals. Boston: The National Child Traumatic Stress Network. Retrieved from https://www.nctsn.org/sites/default/files/resources//children_with_traumatic_separation_professionals.pdf

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A Canadian study found high rates of trauma exposure among Canadians. The study surveyed nearly 10,000 Canadians about past maltreatment experiences and found that 21% of females and 31% of males reported physical abuse, while 13% of females and 4% of males reported sexual abuse.[36] American studies have examined experiences of a wider range of traumatic experiences, such as abuse, neglect, death of a love one, or community violence, with two-thirds of children reported to have experienced one such event by age 16.[37]

Most definitions of trauma do not include experiences of racism and other forms of oppression. In fact, the field of trauma studies that emerged in the early 1990s has been criticized for its Eurocentric approach:

> Rather than forging relationships of empathy and solidarity with non-Western others, a narrowly Western canon of trauma literature has in effect emerged, one which privileges the suffering of white Europeans, and neglects the specificity of non-Western and minority cultural traumas.[38]

The postcolonial case against trauma theory is summarized in Stef Craps's *Postcolonial Witnessing*. In it, she critiques the Eurocentric basis of trauma theory and identifies four failings of trauma theory:

> They marginalise or ignore traumatic experiences of non-Western or minority cultures, they tend to take for granted the universal validity of definitions of trauma and recovery that have developed out of the history of Western modernity, they often favour or even prescribe a modernist aesthetic of fragmentation and aporia as uniquely suited to the task of bearing witness to trauma, and they generally disregard the connections between metropolitan and non-Western or minority traumas.[39]

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[36] MacMillan, H.L., Fleming, J.E., Trocmé, N., Boyle, M.H., Wong, M., Racine, Y.A., et al. (1997). Prevalence of child physical and sexual abuse in the community: Results from the Ontario Health Supplement. *JAMA: Journal of the American Medical Association, 278,* 131–135.

[37] Maynard, B.R., Farina, A., & Dell, N.A. (2017). Effects of trauma-informed approaches in schools. Campbell Collaboration. Retrieved from https://www.campbellcollaboration.org/library/effects-of-trauma-informed-approaches-in-schools.html

[38] Andermahr, S. (2015). Decolonizing trauma studies: Trauma and postcolonialism. Humanities, 4(4), 500–505. Retrieved from https://www.mdpi.com/2076-0787/4/4/500/htm

[39] Craps, S. (2013). Postcolonial witnessing: Trauma out of bounds. Basingstoke: Palgrave Macmillan. p. 2.

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Ignoring traumatic experiences of racialized people thereby ignores the traumatic impact of racism.[40] In response, many community organizations, academics, as well as psychologists and psychiatrists have expanded the definition of trauma to include racism. Carter's race-based traumatic stress theory argues that some racialized people may experience racial discrimination as psychological trauma, as it may elicit a response comparable to that of posttraumatic stress.[41]

Current experiences of racial trauma interact with adverse childhood experiences to impact parenting. According to Banyard and colleagues, "cumulative exposure to trauma is associated with less parenting satisfaction, greater levels of neglect, child welfare involvement, and using punishment."[42] In addition, parenting programs should also consider helping parents to address the impact of trauma on their children, as trauma is particularly damaging to a child's development. Children who have experienced significant trauma without adequate parental support tend to have a heightened sense of vulnerability and sensitivity to environmental threats; experience high levels of guilt and shame; and have high rates of anxiety and depressive symptoms, including hypervigilance, hopelessness, anhedonia, suicidal ideation, and suicide attempts.[43]

To meet the needs of African Canadian children, youth, and parents, trauma-informed approaches must recognize the compounding impact of systemic, structural, and interpersonal anti-Black racism and attempt to respond to the unique needs of those affected. Trauma-informed programs can then help enhance parents' capacity to identify and respond to the needs of children who experience racial trauma. Such programs can also provide effective ways to deal and interact with children and help them cope with triggers. Trauma-informed approaches also improve the efficiency of child-serving systems by promoting a common understanding of a child's unique

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[40] Helms, J.E., Guerda, N., & Green, C.E. (2016). Racism and ethnoviolence as trauma: Enhancing professional and research training. *Traumatology, 18*(1), 65–74.

[41] Carter, R.T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist, 35*(1), 13–105.

[42] Banyard, V.L., Williams, L.M., & Siegel, J.A. (2003). The impact of complex trauma and depression on parenting: An exploration of mediating risk and protective factors. *Child Maltreatment, 8*(4), 334–349.

[43] Armsworth, M.W., & Holaday, M. (1993). The effects of psychological trauma on children and adolescents. *Journal of Counseling and Development, 71*(4), 49–56.

Van der Kolk, B.A. (2005). Developmental trauma disorder—A more specific diagnosis than posttraumatic stress disorder should be considered for children with complex trauma histories. *Psychiatric Annals*, *35*(5), 401.

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experience with racial trauma and effective ways to address its impact and the behaviours it manifests.[44] This shift in perspective is important because child-serving systems tend to pathologize or criminalize the behaviour of Black children and youth rather than understand children's behaviours as developmental adaptations to their traumatic circumstances.[45]

The following parenting programs take a trauma-informed approach that recognizes racial trauma as a form of trauma.

Attachment, Regulation and Competence[46]

Attachment, Regulation and Competence (ARC) is a framework for intervention with children, youth, and families who have experienced multiple traumatic stressors. ARC is created for children from early childhood to adolescence (ages 2 to 21) and their caregivers or caregiving systems.

ARC sessions can range from 12 to over 52 sessions and involves multiple modalities, including individual, group, and family treatment; parent workshops; systems intervention; and a home-based prevention program. The approach focuses on three important areas that affect youths' future resiliency: Attachment, Self-Regulation, and Competency; sometimes a fourth domain, Trauma Experience Integration, is also incorporated.

ARC has been designed to be used or adapted across child- and family-serving systems and for a range of ethnic and racial groups. The framework was designed to be used in both clinical and nonclinical settings, with the goal of increasing access to trauma-informed services in a variety of settings for populations vulnerable to trauma. The framework offers a theoretical outline, core principles of intervention, and a guiding structure for providers.[47]

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[44] Maynard, B.R., Farina, A., & Dell, N.A. (2017). Effects of trauma-informed approaches in schools. Campbell Collaboration. Retrieved from https://www.campbellcollaboration.org/library/effects-of-trauma-informed-approaches-in-schools.html

[45] The National Child Traumatic Stress Network. (2016). Children with traumatic separation: Information for professionals. Boston: The National Child Traumatic Stress Network. Retrieved from https://www.nctsn.org/sites/default/files/resources//children_with_traumatic_separation_professionals.pdf

[46] https://arcframework.org/what-is-arc/

[47] Kinniburgh, K., & Blaustein, M. (2005). Attachment, self-regulation, and competency: A comprehensive framework for intervention with complexly traumatized youth. A treatment manual. Boston: The National Child

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To date, ARC has been used with a range of populations (including pre-/post-adoptive, internationally adopted, urban high-risk, Native Alaskan, juvenile justice-involved, child welfare involved, and war refugee youth), in a range of settings (including outpatient, community mental health, residential treatment, secure facility, domestic violence shelter, and hospital settings), and with a range of age groups. The ARC framework incorporates general cultural considerations into all aspects of treatment and predominantly focuses on individualized assessment of cultural and contextual factors for each child, caregiver, and system. Several research studies have assessed the effectiveness of the framework.[48]

Child-Parent Psychotherapy[49]

Child–Parent Psychotherapy (CPP) is an intervention for children from birth to age 5 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioural and emotional difficulties. This approach is grounded in attachment theory but also includes psychodynamic, developmental, trauma, social learning, and cognitive behavioural theories.[50] This model integrates a focus on the way trauma has affected the parent–child relationship and the family's connection to their culture and cultural beliefs, spirituality, intergenerational transmission of trauma, historical trauma, immigration experiences, parenting practices, and traditional cultural values.

This program involves therapeutic sessions that include the child and parent or primary caregiver. The main aim of this program is to support, provide safety to, and strengthen the relationship between a child and their caregiver as a medium for rebuilding the child's cognitive, behavioural, and social participation skills.

Traumatic Stress Network. Retrieved from
https://www.nctsn.org/sites/default/files/interventions/arc_fact_sheet.pdf

[48] Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., Andres, B., Cohen, C., & Blaustein, M. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. *Journal of Child and Adolescent Trauma, 4*(1), 34–51.

[49] http://childparentpsychotherapy.com/

[50] Ippen, C. 2012. Trauma-informed interventions. CPP: Child–Parent Psychotherapy. The National Child Traumatic Stress Network. Retrieved from https://www.nctsn.org/sites/default/files/interventions/cpp_fact_sheet.pdf

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Alternatives for Families: A Cognitive Behavioral Therapy[51]

Alternatives for Families: A Cognitive Behavioral Therapy (AF–CBT) is a trauma-informed, evidence-based approach designed to enhance parent–child relationships in families with periodic conflict, physical force and/or discipline, child physical abuse, or child behaviour problems.[52] The program is appropriate for use with physically coercive and abusive parents and their school-aged children. It is primarily used in outpatient and in-home settings to support school-aged children and youth with multiple traumatic experiences.

The program includes up to 20 sessions that last 1 to 1.5 hours each. Although treatment is not specifically designed for any one ethnic or racial group, this program has been used extensively with urban African American families.[53] The program has also been reviewed through a number of systematic studies that evaluated the relevance and utility of its content and process with several African American stakeholders. The program includes child-directed components, parent-directed components, and parent–child or family-system directed components.

Child Witness to Violence Project[54]

The Child Witness to Violence Project (CWVP) is a "therapeutic, advocacy, and outreach project that focuses on the growing number of young children who are hidden victims of domestic and community violence and other trauma-related events."

The program is designed for children aged 8 and younger who are from racially diverse urban areas and requires the active participation of at least one parent. Sessions of 1 to 1.5 hours are delivered over at least a 5-month period.

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[51] http://www.afcbt.org/

[52] Child Welfare Information Gateway. (2013). Alternatives for Families: A Cognitive Behavioral Therapy (AF–CBT). Washington, D.C.: U.S. Department of Health and Human Services, Children's Bureau.

[53] Wu, J. (2018). Alternatives for Families: A Cognitive Behavioral Therapy. The National Child Traumatic Stress Network. Retrieved from www.nctsn.org/interventions/alternatives-families-cognitive-behavioral-therapy

[54] http://www.childwitnesstoviolence.org/

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The goals of the program are to:

1. Identify young children who witness acts of significant violence
2. Help young children heal from the trauma of witnessing violence by providing developmentally appropriate counseling for them and their families, and
3. Provide consultation and training to the network of caregivers in the lives of young children in order that they may more effectively identify and respond to children who are exposed to violence.

The program includes a number of components, such as advocacy and case management, parent guidance, and dyadic and/or individual psychotherapy.

3.3 Strengthening parenting skills

Parenting programs can effectively teach new skills to parents and help transform disruptive behaviours in their children. These disruptive behaviours, without appropriate interventions, can be compounded and change the trajectory of the child's life, resulting in poor life outcomes in adolescence and adulthood. In the short-term, these behaviours can affect various aspects of a young child's life, including peer relationships, disruptions in family functioning, increased stress among parents and child functioning, and negative parent–child interactions.[55]

There is significant evidence that parenting training programs that are based on "behavioural" approaches are effective in enhancing parenting attitudes and behaviours and, in turn, improving children's behaviour and adjustment. Programs that teach emotional communication, positive interaction, and discipline consistency and have opportunity for in-session practice appear to have the best effects.[56]

Parent Management Training[57]

Parent Management Training (PMT) is targeted at improving patterns of family interactions that lead to children's disruptive, aggressive, and noncompliant behaviour.

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[55] Campbell, S.B. (1990). Behavior problems in preschool children: Clinical and developmental issues. New York: Guildford Press.

[56] Schmeid, V., & Tully L. (2009). Effective strategies and interventions for adolescents in a child protection context. Centre for Parenting & Research. Retrieved from https://Apo.org.au/System/Files/14516/Apo-nid14516-46061.pdf

[57] https://www.parentmanagementtraininginstitute.com/

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PMT is grounded in the fundamental principle of operant conditioning, whereby a child is more likely to have another reaction (e.g., tantrum) if previous behaviours (e.g., angry outbursts) have caused an escape from parental demands or the continuation of a preferred activity.[58] Even though PMT is used with parents, children are involved and used as supports in facilitating the practice of new parenting skills.

The general objectives of PMT are to decrease the violent behaviour and noncompliance of the child through the improvement of parental competence in handling these maladaptive behaviours. Through this program, parents are taught to:

- Recognize the function of maladaptive behaviour
- Reward suitable behaviour and effectively communicate directions
- Recognize maladaptive attention-seeking behaviours, and
- Use consistent consequences for disruptive behaviours.

More than 100 randomized controlled trials have been conducted to assess the efficacy and effectiveness of PMT.[59] Evidence from these trials show improvements of child behaviour over a period of time such that disruptive behaviours can be prevented in their adult years.[60]

The Incredible Years[61]

The Incredible Years is designed for children aged 2 to 10 who are at risk for or displaying conduct disorders.

The program includes components for parent, school, and child to promote emotional and social competence and to prevent, reduce, and/or treat behavioural and emotional problems in children. The elements of the program are:

- Basic parent program: 12 weekly 2-hour sessions

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[58] Leathers, S.J., Spielfogel, J., Mcmeel, L., & Atkins M. (2011). Use of a parent management training intervention with urban foster parents: A pilot study. *Children and Youth Services Review, 33*(7), 1270–1279.

[59] Dretzke, J., Davenport, C., Frew, E., Barlow, J., Stewart–Brown, S., Bayliss, S., Taylor, R.S., Sandercock, J., & Hyde C. (2009). The clinical effectiveness of different parenting programmes for children with conduct problems: A systematic review of randomised controlled trials. *Child Adolescent Psychiatry Mental Health, 3*, 7.

[60] Michelson, D., Davenport, C., Dretzke, J., Barlow, J., & Day, C. (2013). Do evidence-based interventions work when tested in the "real world?" A systematic review and meta-analysis of parent management training for the treatment of child disruptive behavior. *Clinical Child and Family Psychology Review, 16*, 18–34.

[61] http://www.incredibleyears.com/

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- Advanced parent program: 14–22 weekly 2-hour sessions (basic parent training is included within this number)

- Child treatment program: 18 weekly 2-hour sessions

- Child classroom program: twice weekly for 45 minutes

- Teacher classroom management program: 32 hours

- The Parent Training Series includes three programs: the basic program; the advanced program, offered to parents who have completed the basic program; and the "Supporting Your Child's Education" Program

- The Teacher Training Series consists of six group discussion/intervention programs for teachers, school counselors, and psychologists, and

- The Child Training Series includes the Dina Dinosaur Social Skills and Problem-Solving Curriculum for classroom or counselor use and the Dina Child (Small Group) Treatment Program.

Triple P — Positive Parenting Program[62]

Triple P — Positive Parenting Program is a multilevel parenting and family support approach that focuses on the prevention of severe behavioural, emotional, and developmental problems in children up to age 18. The program is delivered over 8 sessions through a combination of group and home-based activities.

Triple P has five levels of intervention that vary in intensity, ranging from broad population-wide social media messages to targeted interventions with parents of children who have behavioural issues.

The program has five different delivery formats: individual face-to-face sessions with a practitioner (standard format); group sessions; self-directed plus telephone support; and online. Triple P also offers a number of parent resources tailored to each level and each intervention, such as parent workbooks, DVDs, and tip sheets to help parents remember the strategies and practice them at home. These resources are professionally produced and clinically tested, and many of the resources are available in 22 languages.

The program focuses on improving the understanding, skills, and confidence of parents. The program is designed on the basis of five core positive-parenting principles

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[62] https://www.triplep-parenting.ca/ont-en/triple-p/

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that look at specific risk and protective factors that positively impact developmental and mental health outcomes in children.[63] These five principles translate into 35 specific strategies and parenting skills that can be grouped into the following major categories:

- Ensuring a safe and engaging environment
- Creating a positive learning environment
- Using assertive discipline
- Developing realistic goals, and
- Parent self-care.

Triple P helps parents with developing good parent–child relationships while encouraging desirable behaviour, teaching new skills and behaviours, and providing guidance on proper management of disruptive behaviours.[64] The program also facilitates prevention of problems in high-risk situations while ensuring that parents have self-regulation skills, parental mood-management and coping skills, and partner support and communication skills.[65]

Triple P is one of several parenting programs that have demonstrated effectiveness with both universal and targeted populations. The program is effective in enhancing parental confidence, relationships, and practices and in improving children's social, emotional, and behavioural outcomes.[66]

Multidimensional Family Therapy[67]

Multidimensional Family Therapy (MDFT) is a science-based treatment for adolescent (ages 11 to 18) substance use and behavioural problems that place families in crisis.

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[63] Canadian Best Practices Portal. (2016, August 4). Triple P — Positive Parenting Program. Retrieved from cbpp-pcpe.phac-aspc.gc.ca/interventions/triple-p-positive-parenting-program/

[64] Haggerty, K.P., McGlynn-Wright A., & Klima T. (2013). Promising parenting programmes for reducing adolescent problem behaviours. *Journal of Children's Services, 8*(4), 229–243. Retrieved from https://doi.org/10.1108/JCS-04-2013-0016

[65] Canadian Best Practices Portal. (2016, August 4). Triple P — Positive Parenting Program. Retrieved from cbpp-pcpe.phac-aspc.gc.ca/interventions/triple-p-positive-parenting-program/

[66] Sanders, M.R., Kirby, J.N., Tellegen, C.L., & Day, J.J. (2014). The Triple P — Positive Parenting Program: A systematic review and meta-analysis of multi-level system of parenting support. *Clinical Psychology Review, 34*(4), 337–357.

[67] http://www.mdft.org/

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This includes adolescents who are engaged in or at risk for substance use; those who struggle with delinquency, conduct disorder, or other behavioural problems; and those dealing with related behavioural and emotional problems.

Therapists work simultaneously in four interdependent domains:

- The adolescent, to develop coping skills, emotional regulation, and problem-solving skills; improve social competence; and establish alternatives to substance use and delinquency
- The parent, with a focus on enhancing parental teamwork and improving parenting practices
- The family, to reduce family conflict, deepen emotional attachments, and improve communication and problem-solving skills, and
- The extra-familial, to foster the ability of the family to navigate social systems, (e.g., justice, educational, social welfare).

Homebuilders[68]

Homebuilders is an intensive in-home family preservation services treatment program designed specifically to prevent the unnecessary placement of children and youth into foster care, group care, psychiatric hospitals, or juvenile justice facilities.

Homebuilders is the oldest and best-documented Intensive Family Preservation Services (IFPS) program in the United States. It offers crisis intervention, counselling, and life-skills education for families who have children at imminent risk of placement in foster care or needing intensive services to return from foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities.

The goals of Homebuilders are to:

- Reduce child abuse and neglect, family conflict, and child behaviour problems, and
- Teach families the skills they need to prevent placement or successfully reunify with their children.

The program model engages families by delivering services in their homes and by enlisting them as partners in assessment, goal setting, and treatment planning.

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[68] http://www.institutefamily.org/programs_IFPS.asp

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Reunification cases often require case activities related to reintegrating the child into the home and community. Examples include helping the parent find childcare, enrolling the child in school, refurbishing the child's bedroom, and helping the child connect with clubs, sports, or other community groups. Child neglect referrals often require case activities related to improving the physical condition of the home, improving supervision of children, decreasing parental depression and/or alcohol and substance abuse, and helping families access needed community supports.[69]

Theraplay[70]

Theraplay is a structured play therapy designed for children up to age 18 who exhibit behavioural problems and includes their caregiver. Because of its focus on attachment and relationship development, Theraplay has been used for many years not only with biological parents, but also with foster and adoptive families.

Children have been referred for a wide variety of problems, including withdrawn or depressed behaviour, overactive/aggressive behaviour, temper tantrums, phobias, and difficulty socializing and making friends. Children also are referred for various behaviour and interpersonal problems such as learning disabilities, developmental delays, and pervasive developmental disorders.

Typically, families receive weekly sessions of 30 to 45 minutes each for 18 to 24 weeks, with four follow-up sessions.

The program is designed to be fun, physical, personal, and interactive; to replicate the natural, healthy interaction between parents and young children; and to foster attachment, self-esteem, trust, and joyful engagement.

Parent Cafés[71]

The Parent Café is a peer-to-peer learning process that was created and developed by parent leaders from Strengthening Families Illinois to educate families on the Strengthening Families Protective Factors, a strengths-based system for parents and

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[69] Parenting Research Centre. (2012, October). Evidence review: An analysis of the evidence for parenting interventions in Australia. Retrieved from https://www.parentingrc.org.au/wp-content/uploads/2018/08/Main_Report_EvidenceReviewParentingInterventions_amended020818.pdf

[70] https://theraplay.org/

[71] https://www.bestrongfamilies.org/parent-cafes

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caregivers that helps keep children safe and families strong. This is a national program, with thousands of Parent Cafés happening across the United States each year.

Parent Cafés are carefully designed, structured discussions that use the principles of adult learning and family support. The program creates safe spaces where parents and caregivers can talk about the challenges and victories of raising children, explore their strengths, and learn from each other. Using the Strengthening Families Protective Factors, participants engage in self-reflection and peer-to-peer learning to create strategies to overcome challenges and strengthen their families. The Strengthening Families Protective Factors are:

- Resilience: Parent Resilience
- Relationships: Positive Social Connections
- Support: Concrete Support in Times of Need
- Knowledge: Knowledge of Parenting and Child Development, and
- Communication: Social and Emotional Competence.

3.4   Parents with special needs and parents of children with special needs

Among the many challenges facing parents is the support and care of their children who have special needs, or the support and care of their children when they themselves have special needs. For these parents, interventions are needed to address developmental disabilities, behavioural and mental health disorders, and serious or chronic medical illnesses that will help parents develop skills, learn problem-solving approaches, or receive support.

Family Talk

The Family Talk preventive intervention is a strength-based, family-focused program targeting families in which one or both parents have depression.[72] One of the primary goals of the Family Talk prevention program is to improve family relationships, functioning, and communication. These goals are important because adverse family environments (i.e., poor communication, parent withdrawal, and irritability) are key risk

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[72] Canadian Best Practices Portal. (2016, February 21). Family talk. Retrieved from http://cbpp-pcpe.phac-aspc.gc.ca/interventions/family-talk/

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factors for the development of childhood depression and other related problems. Children of parents with mood disorders are two to four times more likely to develop mood disorders themselves, relative to children in families with no such parental illness. Various studies also report increased rates of other psychiatric disorders in these children at risk.[73]

Family Talk involves a series of meetings in which parents learn about depression, discuss their experiences with parental depression and how it has affected the family, and develop coping skills. The program includes a child session and family meeting. These discussions help to build a family story about depression and to help to break the silence about the illness and its effects.[74]

Another goal of the intervention is to assist parents in recognizing and building on strengths in the family to enhance resilience in themselves and their children. There are seven core modules in the intervention, including a follow-up meeting typically scheduled 6 months after the end of the intervention. The sessions typically take place weekly, and more than one session is sometimes required to complete a module. The program is delivered by trained psychologists, social workers, and nurses.

Mental Health Checks for Fathers

The National Health Service (NHS) in the U.K. offers mental health checks to fathers whose partner's mental health is poor.[75] This program takes a "whole family" approach that acknowledges a father's powerful impact on mother and infant. As identified by a research review, the most important support person for a new mother is her partner, who, in 95% of cases, is the biological father of her child:[76]

> Expectant and new parents' mental health conditions are closely intertwined; and when he is supportive, she is less likely to become ill and more likely to

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[73] Ibid.

[74] Canadian Best Practices Portal. (2016, February 21). Family talk. Retrieved from http://cbpp-pcpe.phac-aspc.gc.ca/interventions/family-talk/

[75] Boseley, S. (2018, December 2). NHS to introduce mental health checks for new fathers. *The Guardian.* Retrieved from https://www.theguardian.com/society/2018/dec/02/nhs-to-introduce-mental-health-checks-for-new-fathers#maincontent

[76] Burgess, A. & Goldman, R. (2018). *Who's the bloke in the room? Fathers during pregnancy and at the birth in the UK.* Fatherhood Institute. Retrieved from http://www.fatherhoodinstitute.org/wp-content/uploads/2017/12/Whos-the-Bloke-in-the-Room-Full-Report.pdf

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recover quickly. Furthermore, poor paternal mental health puts his partner and infant at risk; and in some cases, couple-relationship problems are the main issue and the greatest benefits will flow from addressing the couple's relationship, rather than simply the mother's mental health.

The support offered to fathers includes peer support, behavioural couples therapy sessions, and other family and parenting interventions in specialist community perinatal mental health settings.

Family Focused Treatment for Adolescents

Family Focused Treatment for Adolescents (FFT-A) is a psychosocial treatment for youth with bipolar disorder and their family members. The program is typically conducted through an outpatient clinic through 21 one-hour sessions (12 weekly, 6 biweekly, and 3 monthly).[77]

The intervention consists of family psychoeducation, communication enhancement training, and problem-solving skills training. This intervention is intended to accompany medication in the period just after an episode of bipolar disorder. The program includes the adolescent, parents, and where possible, siblings and extended relatives.

Cool Kids[78]

Cool Kids is a program for children and youth aged 7 to 17 with anxiety disorders and their families. The program involves the family or other support systems in the individual's treatment. Parents of children under 12 attend every session; after that age, parents attend most sessions. [79]

The goals of Cool Kids are to reduce the symptoms and amount of life interference caused by anxiety, including reducing avoidance and family distress and increasing confidence, peer relationships, and engagement in extra-curricular activities. The program teaches children and their parents how to better manage the child's anxiety,

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[77] Parenting Research Centre. (2012, October). Evidence review: An analysis of the evidence for parenting interventions in Australia. Retrieved from https://www.parentingrc.org.au/wp-content/uploads/2018/08/Main_Report_EvidenceReviewParentingInterventions_amended020818.pdf

[78] https://www.mq.edu.au/about/campus-services-and-facilities/hospital-and-clinics/centre-for-emotional-health-clinic/programs-for-children-and-teenagers

[79] Ibid.

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how to manage their own anxieties, and how to help their child implement their new skills outside of the therapy sessions.

Variations of the program also exist for children with comorbid autism, adolescents with comorbid depression, and delivery in school settings.

3.5   Young mothers

As the primary caregivers to their newborns, young mothers often need support to be the best parent they can be.

Home Visiting Programs

The Home Visiting for System Involved Young Mothers is an adapted, evidence-based home visiting model that addresses the specific needs of justice-involved mothers. The program is linked to the larger Healthy Families Massachusetts Program.[80]

Home visiting programs provide supports to families with young children in their homes. They not only provide direct services but also work behind the scenes as conduits between participants and social service systems. In these programs, the home visitor helps mothers navigate complex service requirements, encourages tenacity in the face of adversity, provides concrete supports that facilitate service linkages, and offers emotional support and guidance.

Various studies, including several randomized controlled trials, have documented favourable outcomes, including maternal well-being, maternal educational attainment, parenting competence, and children's cognitive development.[81] However, while home visiting appears to hold promise in supporting system-involved young parents, most evaluations have not focused on outcomes for this population.

One study that focused on a small group of mothers under age 21 found that the home visiting programs for justice-involved mothers can have a positive and lasting impact on new parents and their children. Research from the Annie E. Casey Foundation

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[80] Annie E. Casey Foundation. (2018, July 13). Home-visiting program shows benefits for young justice-involved mothers. Retrieved from https://www.aecf.org/blog/home-visiting-program-shows-benefits-for-young-justice-involved-mothers/

[81] Sama-Miller, E., Akers, L., Mraz-Esposito, A., et al. (2017). *Home visiting evidence of effectiveness review: Executive summary.* Washington, D.C.: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

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examined the home visitation records for a small group of mothers under age 21 who were involved in the juvenile justice system in Massachusetts. It then followed up after 6 years.[82] The study found that home visitors provided a variety of services focused on emotional support, hands-on support, and guidance to navigate complex relationships and parenting in the early years. Further, the more intensive the support, the more likely the young mothers were to progress toward their goals. The longer-term findings were also promising regarding employment and other outcomes. System-involved mothers who were randomly assigned to the Healthy Families Massachusetts program were more likely to be employed than their control group counterparts. Mothers in the program reported having adequate resources and higher personal mastery compared with their control group peers.

Nurse Family Partnership[83]

The Nurse Family Partnership (NFP) program provides home visits by registered nurses to first-time low-income mothers, beginning during pregnancy and continuing through the child's second birthday. Enrolment must occur prior to 28 weeks gestation.

The program content focuses on developing a healthy, supportive relationship between the mother and home visitor. The primary goals that drive program content include:

- Improving pregnancy outcomes by promoting health-related behaviours
- Improving child health, development, and safety by promoting competent caregiving, and
- Enhancing parent life-course development by promoting pregnancy planning, educational achievement, and employment.

The program also provides links to other community resources and encourages the development of healthy social support for the family.

Healthy Babies Healthy Children Program

Many communities offer a Health Babies Healthy Children Program. The program in Hamilton, Ontario, offered through the nonprofit organization Wesley, is delivered by

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[82] Annie E. Casey Foundation. (2018, July 13). Home-visiting program shows benefits for young justice-involved mothers. Retrieved from https://www.aecf.org/blog/home-visiting-program-shows-benefits-for-young-justice-involved-mothers/

[83] https://www.nursefamilypartnership.org/

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mobile public health nurses and family home visitors to provide "prevention, early intervention and pre-natal support for at-risk families with young children to promote healthy child development and increase parenting skills."[84] The visits are made to pregnant women and parents with children from birth to school entry to help them learn about:

- How to have a healthy pregnancy
- Connecting with their baby
- Child development and growth
- Breastfeeding, food and healthy eating, and
- Local community programs and supports.

Home Visiting Programs[85]

This Home Visiting Program offered through the Nzen'man' Child and Family Development Centre is comprised of home visits, prenatal outreach, infant development, and home portage. The program is grounded in a number of principles, including:

- Families are best supported in their homes or communities
- Home visiting is effective in witnessing and promoting positive parent–child and family interactions in their own environment, which have the greatest success in promoting healthy long-term outcomes in children and families
- Home visiting is a safe starting place for families to gain comfort in accessing health and social services and later to participate in groups or programs, and they provide a wonderful opportunity to reach out to all families
- Home visits respond to barriers that prevent families from accessing services, as the home visitor travels to the family so the family doesn't have to worry about rides or money for gas, and
- Home visits and activity plans are unique to the child's and family's needs.

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[84] https://wesley.ca/services/children-youth-family/family-home-visitors-program/

[85] http://www.nzenman.org/homevisiting.htm

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Massey Centre[86]

Located in Toronto, Massey Centre is a client-centred infant and early childhood mental health organization that supports pregnant and parenting adolescents aged 13–25. The Centre provides young mothers with access to prenatal and postnatal care, helps them learn how to care for their baby, allows them to complete their high school education, and helps them develop the skills needed to have a successful life and relationship with their child.

The Centre offers:

- Prenatal residential program
- Postnatal transitional housing program
- Primary health care
- Community referral services
- Early learning centre, and
- Secondary school program
- EarlyON Child and Family Centre
- Maternal infant mental health services, and
- Transitional housing.

3.6   Young and new fathers

While many programs target young and new mothers, more and more programs are working to also target and engage fathers, including young and new fathers. These interventions are created to better address the needs of young father in order to improve the lives of their families.

Serving and Engaging Young Males and Fathers[87]

The Office of Adolescent Health in the United States has developed a resource series on working with young fathers that includes a number of products under the Serving and Engaging Young Males and Fathers training topic. These resources provide a

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[86] http://www.massey.ca/about-us/

[87] https://youth.gov/federal-links/resources-serving-and-engaging-males-and-young-fathers

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comprehensive approach for including young fathers in various programs. These resources include:

- **Recruiting Young Fathers: Five Things to Know** — This tip sheet provides information about and actionable ideas for recruiting young fathers.

- **Retaining Young Fathers: Five Things to Know** — This tip sheet explains why young fathers are difficult to retain in programming and what service providers can do to help overcome these difficulties.

- **Serving Young Fathers: Important Things to Know and How They Make a Difference** — This fact sheet describes the benefits of young fathers' positive involvement with their child and child's mother.

- **Serving Young Fathers: An Assessment and Checklist for Organizations** — This assessment and checklist will help organizations identify their strengths and areas for growth in working with young fathers and provides steps to make all aspects of programs more young-father-friendly.

- **Serving Young Fathers: A Workbook of Program Activities** — This workbook provides three interactive activities that will help fathers, mothers, and program staff learn more about young fathers' unique challenges and potential.

Boot Camp for New Dads[88]

Boot Camp for New Dads (BCND) is a unique father-to-father community-based workshop targeted to fathers-to-be in the months surrounding their child's birth. The program inspires and equips men of different economic levels, ages, and cultures to become confidently engaged with their infants, support their partners, and personally navigate their transformation into fathers.[89]

3.7 Fathers

Recognizing the important role of fathers in the lives of children, a number of programs are also targeting fathers. However, it is also recognized that these programs need to be run differently than those targeting mothers in order to be successful. Fatherhood

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[88] https://www.bootcampfornewdads.org/

[89] Parenting Research Centre. (2012, October). Evidence review: An analysis of the evidence for parenting interventions in Australia. Retrieved from https://www.parentingrc.org.au/wp-content/uploads/2018/08/Main_Report_EvidenceReviewParentingInterventions_amended020818.pdf

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Research and Practice Network (FRPN) recently reviewed 21 studies of fatherhood programs to identify program policies associated with high rates of attendance, and how program outcomes differed for fathers with varying rates of attendance.[90] Researchers reported that while attendance is a problem for most fatherhood programs, with fathers attending half or fewer sessions, the following program formats appear to help: [91]

- Programs closely connected with a court where judges "urge" fathers to attend
- Intensive programs that engage fathers on a daily, full-time basis
- Programs that offer driver's license reinstatement, jobs, or job training to attendees, and
- Programs that build strong father–staff relationships through case management.

The CUNY Fatherhood Academy[92]

The City University of New York (CUNY) Fatherhood Academy (CFA) is a free program designed to promote responsible parenting and economic stability for unemployed and underemployed fathers aged 18 to 30 through education, employment, and personal development. The program provides a range of academic and personal supports, including TASC (High School Equivalency test) preparation classes, tutoring, individualized counseling, parenting seminars, MTA Metro cards, and job preparation.

The CFA offers two program tracks: High School Equivalency (HSE) Prep and College Prep. Additionally, college and career readiness workshops are offered to prepare participants for college enrollment and identify a career path. Attaining an HSE diploma, enrolling in college, increased familial engagement, and acquiring gainful employment are all essential goals for the participants enrolled in the CFA. The academy works to strengthen families by promoting responsible fatherhood and economic stability though education, employment, and personal development workshops. Alongside this programmatic work, the YMI works with city agencies to

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[90] DadTalk Blog. (2018, October 10). How to strengthen participant attendance and why it matters. National Responsible Fatherhood Clearinghouse. Retrieved from https://www.fatherhood.gov/dadtalk-blog/how-strengthen-participant-attendance-and-why-it-matters

[91] Ibid.

[92] https://www.cuny.edu/academics/academic-programs/model-programs/cuny-fatherhood-academy/

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make their systems and practices more "father friendly." This emphasis on supporting fathers as an entry point to strengthening families has positive effects on both ends of the cradle-to-career continuum. Fathers are more likely to successfully enter into stable, family-sustaining jobs with ladders to a career, and their children benefit from the resulting educational and economic success.[93]

Caring Dads[94]

The Caring Dads program was developed in Canada and combines elements of parenting, fathering, and child protection practice to address the needs of maltreating fathers. The program is designed for fathers (including biological, step, and common-law) who have physically or emotionally abused or neglected their children; exposed them to domestic violence; or who are deemed to be at high-risk for these behaviours. The program also involves contact with mothers and coordinated case management to contribute to the safety and well-being of children.[95]

It is a 17-week intervention program that aims to support fathers in the following ways: enhance men's awareness of the effect of coercive and shaming behaviour and lack of involvement in the lives of their children; encourage fathers to change; discourage behaviours and views that support maltreatment of children; enhance father–child interaction; reduce the participation of men in child focused marital conflicts; and improve their collaboration on problem solving in childcare issues.

The program uses a combination of motivation enhancement, parent education (including skills training and behavioural practice), and cognitive behavioural therapy to:

- Improve men's recognition and prioritization of children's needs
- Improve men's understanding of developmental stages
- Improve men's respect and support for children's relationships with their mothers

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[93] CUNY Fatherhood Academy — The City University of New York. Retrieved from www2.cuny.edu/academics/academic-programs/model-programs/cuny-fatherhood-academy/

[94] https://www.caringdads.org/

[95] Parenting Research Centre. (2012, October). Evidence review: An analysis of the evidence for parenting interventions in Australia. Retrieved from https://www.parentingrc.org.au/wp-content/uploads/2018/08/Main_Report_EvidenceReviewParentingInterventions_amended020818.pdf

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- Improve men's listening and use of praise

- Improve men's empathy for children's experiences of maltreatment, and

- Identify and counter the distortions underlying men's past, and potentially ongoing, abuse of their children and/or children's mothers.

The overarching goal is to ensure the safety and well-being of children who have been impacted by men's abuse or neglect, including domestic violence.

The program employs motivational interviewing as well as cognitive behavioural and psycho-educational techniques to achieve its goals. The program also includes systematic outreach to mothers to ensure safety from abuse and ongoing collaborative case management of fathers and professionals involved with their families. The program is known to reduce aggression, verbal abuse, and anger among its participants. It also has the potential to reduce stress levels and emotional unavailability and ultimately improves parents and co-parenting skills.[96]

Supporting Fatherhood Involvement

The Supporting Fatherhood Involvement intervention is a 16-week program that primarily focuses on reinforcing father's involvement in the family with children and their mothers and promoting healthy child development. The target population of the intervention is both parents who have a child not older than 7 years living in poverty.

This intervention program seeks to make positive changes in five family domains: couple relationship; parent–child relationship; individual; family; and life stress social support balance.[97] These areas have a consequential effect on many key factors associated with child abuse and healthy family development.

The program has been shown to:[98]

- Enhance the quality of father and child interaction/relationship

- Positively impact children's behaviour, and

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[96] Caring Dads: Helping Fathers Value Their Children Program. (2016). Canadian Best Practices Portal (CBPP). Retrieved from cbpp-pcpe.phac-aspc.gc.ca/interventions/caring-dads-helping-fathers-value-their-children-program/

[97] Supporting Father Involvement: An Evidence Based Program. Retrieved from supportingfatherinvolvementsfi.com/supporting-father-involvement-an-evidence-based-program/

[98] Ibid.

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- Improve couple relationships.

Responsible Fatherhood Toolkit[99]

The Responsible Fatherhood Toolkit allows organizations to strengthen their efforts to improve the lives of families. The tool is dynamic and is intended to be expanded and enhanced over time. Users are invited to submit information for possible inclusion. The toolkit includes tools, resources, and strategies that have been found to be effective in working with fathers.

This toolkit features information that is based on existing research and qualitative, anecdotal, and secondary data analysis related to field-informed practices.

The toolkit has information to help users:

1. Start programs — This section includes planning and design steps (including needs assessment, community mapping, building and formalizing effective partnerships, and using logic models to guide the design of service delivery); staffing considerations (e.g., competencies, key roles, hiring, and training); and tips for fundraising, documentation, and sustainability.

2. Build programs — This section offers effective communication and marketing strategies to help programs connect with fathers and prompt them to move from interest to involvement.

3. Work with fathers — The programs offer a combination of one-to-one interaction and case management with workshops and peer group discussions.

4. Activities for one-to-one or group sessions — These activities give fathers hands-on experience that they can apply outside the program with their children and families.

Fatherhood Initiative[100]

The Fatherhood Initiative aims to strengthen, coordinate, and grow existing male and fatherhood services within the Maternal, Paternal, and Child & Adolescent Health (MPCAH) system of care in Alameda County, California. The initiative promotes responsible fatherhood and healthy relationships through parenting education and

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[99] https://www.fatherhood.gov/toolkit/home

[100] http://www.acphd.org/fatherhood-initiative.aspx

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skill building. It provides male-centered case management and care coordination through support programs.

The goals of the Fatherhood Initiative are to improve the quality of life for Alameda County children, families, and communities by:

- Promoting responsible fatherhood by providing male-centered, skill-based parenting education,
- Providing case management and specialized support groups,
- Increasing men's access and use of local health care and wraparound services, and
- Strengthening and enhancing existing services through capacity building, training, and health promotion campaigns.

Black Fathers[101]

Thousands of Black fathers have formed a virtual community to support each other with advice and encouragement. The private Facebook group Black Fathers was founded in 2008 when a father was seeking support following his divorce. Since that time, a public Facebook group was developed, and has grown into a virtual community with over 66,000 members. The group offers peer support and helps to interrupt the misconceptions that many Black fathers face. Workshops and legal advice are offered for members pursuing custody or visitation rights in family court.

Dads Parent Café[102]

Similar to Parent Cafés, Dads Cafés give fathers a safe space to talk to one another about who and how they want to be as a father. The toolkit, Dads Parent Café in a Box, provides the foundation for hosting Dads Cafés or cafés with fatherhood involvement themes that focus on strengthening families' protective factors.

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[101] https://www.facebook.com/groups/blackfathersgroup/

[102] https://www.bestrongfamilies.org/services

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Ujima House[103]

Located in Toronto, Ujima House is the only father-focused centre in Canada. Serving primarily African Canadians, it providing one-on-one mentorship, parenting courses, supervised visitation areas, cooking lessons, and help with legal matters.

3.8 Supporting parents to navigate systems and advocate for themselves and their children

One of the challenges of being a Black parent is navigating anti-Black racism within various systems, such as education, child welfare, and policing. As such, many parenting programs incorporate information about these systems into their programming while providing parents with the knowledge and resources to effectively navigate these systems to support their children.

The Engaged Parent: Navigating the School System for Black Student Success[104]

In response to requests from Black parents, a series of information sheets were developed to provide information to Black parents and to help them navigate the public education system from junior kindergarten to Grade 12.

The eight information sheets (for grades JK–K, 1–2, 3, 4–5, 6–8, 9, 10–11, and 12) provide information on anti-Black racism in the school system, what to do at home to support student success, what to do on the first day of school and during the school year, what to watch for in your child, and what to watch for in the teacher. It offers information as well as strategies for addressing issues that may arise.

Navigating the Child Welfare System: A Guide for Ontario's Black Community[105]

The One Vision One Voice is a program led by the African Canadian community through the Ontario Association of Children's Aid Societies to address the overrepresentation of African Canadian families in the child welfare system. This guide was developed to help Black families understand and navigate the child welfare system.

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[103] https://www.facebook.com/UjimaHouse/

[104] https://edu.yorku.ca/research/jean-augustine-chair/jean-augustine-chair-resources/

[105] http://www.oacas.org/wp-content/uploads/2019/03/OVOV-Navigating-the-Child-Welfare-System.pdf

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3.9 LGBTQ+ parents

While LGBTQ+ parents, particularly those new to parenthood, may have many of the same concerns as any other new parents, they and their children may also face social stigma and discrimination. As such, while it is important for all programs to recognize that some of the parents they are serving could be LGBTQ+, programs that specifically target the unique needs of LGBTQ+ parents are important.

LGBTQ Parenting Network[106]

This network is a program of Sherbourne Health Centre to support LGBTQ+ parents and their children. The network offers educational workshops, trainings, lectures, and consultations on LGBTQ+ parenting for professionals and students in parenting and child-related fields as well as for LGBTQ+ parents and prospective parents. The network also assists organizations to improve accessibility and quality of services for LGBTQ+ parents and their children in Ontario.

Family Planning and Pre-Natal Courses[107]

The 519's and Sherbourne Health Centre offers family planning courses to LGBTQ+ prospective parents that provide empowering learning environments to explore some of the practical, emotional, social, medical, political, and legal issues important to lesbian, gay, bisexual, trans, and queer people considering parenthood. The following programs are available to prospective parents who might be expecting a newborn through giving birth themselves, a partner giving birth, adoption, or surrogacy:

- Dykes Planning Tykes
- The Dykes Planning Tykes Weekend Intensive
- Daddies & Papas 2B
- Transmen Considering Pregnancy
- Queer and Trans Family Planning, and
- Queer-Positive Pre-Natal Class.

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[106] http://lgbtqpn.ca/our-work/

[107] http://www.cfcollaborative.ca/wp-content/uploads/2011/12/Queer-Parenting-Programs-Overview-and-Schedule-for-2011-2012-Updated-Oct-7-11.pdf

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3.10 Parents of LGBTQ+ children

Some of the conflict in the parent–child relationship or disruptive behaviour exhibited by the children involved in these programs may result from the child's sexual or gender identity. As such, programs should recognize and support parents in supporting their LGBTQ+ child, and should also target the unique needs of parents of LGBTQ+ children.

PFLAG

PFLAG supports people who identify as LGBTQ+, their families, friends, and allies locally and nationally. It provides helplines, support group meetings, advocacy, and resources. PFLAG offers monthly support groups for parents, guardians, caregivers, friends, and loved ones in the lives of LGBTQ+ children, youth, and adults.

A new chapter of PFLAG was formed in 2016 with the mandate to support the unique needs of the South Asian Diaspora.[108]

The Family Acceptance Project[109]

The Family Acceptance Project works to decrease major health and related risks such as suicide, substance abuse, HIV, and homelessness for LGBTQ+ youth and their families. The initiative uses a research-based, culturally grounded approach to help ethnically, socially, and religiously diverse families decrease rejection and increase support for their LGBTQ+ children.

3.11 Incarcerated parents

In both the United States and Canada, there are an increasing number of incarcerated individuals. Unfortunately, the families and children of incarcerated individuals are indirectly victims of incarceration. Black Canadians now represent the fastest growing group in federal prisons, and are overrepresented in prison, making the issue of incarceration a salient one for Black parents.[110] The overincarceration of African

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[108] Warren, M. (2016, April 13). Pioneering South Asian parents start Peel chapter of PFLAG. *Toronto Star.* Retrieved from https://www.thestar.com/news/gta/2016/04/13/pioneering-south-asian-parents-start-peel-chapter-of-pflag.html

[109] https://familyproject.sfsu.edu/

[110] McIntyre, C. (2016). Canada has a Black incarceration problem that human rights advocates say isn't being addressed. Torontoist. Retrieved from torontoist.com/2016/04/african-canadian-prison-population/

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Canadians adds to the forces that tear families apart, hurts children, and harms Black communities.

Research has shown that children with incarcerated parents are more likely to act out or behave aggressively, become withdrawn, perform poorly in school, and develop various mental health problems.[111] Indirectly, children are negatively affected by the reduced opportunities that both fathers and mothers incur when released into the community. Longitudinal studies have revealed that children of incarcerated parents are about five times as likely as children without incarcerated parents to be imprisoned at some stage in their lives.[112]

InsideOut Dad[113]

InsideOut Dad is a program developed by the National Fatherhood Initiative that strives to increase inmates' contact with their children and improve inmates' awareness, knowledge, and attitudes about being an involved, responsible, and committed father. It is designed for incarcerated fathers facing challenges, such as successful reentry, with children aged 18 years of age and younger.

The program includes 12 core sessions and 4 optional reentry sessions that allow facilitators to tailor the program to the unique needs of the fathers they serve. The optional reentry sessions help fathers develop a plan to connect or reconnect with their children and the mother of their children, if possible. The program includes an evaluation tool that allows facilitators to measure changes in fathers as a result of participating in the program. InsideOut Dad has been used in state and federal facilities, pre-release programs, and community organizations, among others.

InsideOut Dad directly provides services to parents/caregivers and addresses the following issues:

- Lack of awareness and knowledge and poor skills related to being an effective parent and father, including how to improve fathering and parenting while incarcerated

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[111] Block, S., Brown, C.A., Barretti, L., Walker, E. Yudt, M., & Fretz R. (2014). A mixed-method assessment of a parenting program for incarcerated fathers. *Journal of Correctional Education, 65*, 50–67.

[112] Ibid.

[113] https://store.fatherhood.org/insideout-dad-programs/

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- Poor or strained relationship with the mother of the father's children, and
- Lack of knowledge about how to develop an effective plan for reentry into the lives of family and community.[114]

Each of the 12 core sessions follows structured activities that build awareness and knowledge about a given topic, which fathers use to increase their capacity or skills in caring for themselves, their children, and their relationships (e.g., with the mother of their children). Each core and optional session follow the same format for consistency and lasts for approximately 2 hours.

Fathers use the Fathering Handbook during each session (e.g., complete fill-in-the blank forms and surveys/checklists) to enhance and reinforce learning. Sessions include activities that draw on the logical and analytical (left side) and creative and emotional (right side) parts of the brain. This approach helps facilitators create a balance of activities for fathers who are most comfortable with analytical exercises and fathers who are most comfortable with creative exercises.

Fostering, Empowering, and Advocating Together (FEAT) for Children of Incarcerated Parents[115]

FEAT is a Canadian organization that provides programs to support children and youth with a parent or family member who has been in conflict with the law.

FEAT's Family Visitation Program provides weekend transportation for children and families from Toronto to visit incarcerated loved ones in correctional facilities in Southern Ontario. The trip facilitates opportunities for families to discuss their experiences of having a loved one incarcerated and to receive support from members and other riders. The Family Visitation Program is free for anyone 18 years of age and younger.

FEAT's Caregiver Alliance for Resourceful Empowerment (CARE) program is a family-centered initiative designed to provide holistic support and intervention, through targeted and consistent mentorship and peer support, for underserved children and

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[114] Steward, M. (2017, May 8). 'Inside Out Dad' teaches incarcerated dads to be better fathers. Father Involvement Programs for Organizations and Families. Retrieved from www.fatherhood.org/fatherhood/insideout-dad-teaches-incarcerated-dads-to-be-better-fathers

[115] http://featforchildren.org

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caregivers who have been affected by familial incarceration. The program focuses on providing family members with a safe space to build and nurture their relationships with each other, peers with similar experiences, and their community at large.

Florida Family Network[116]

The Florida Family Network (FFN) provides support to over 35,000 incarcerated women and mothers. The organization provides parenting courses to incarcerated mothers. It also works to restore the family structure through networking, partnerships, and collaborations with other public and private agencies.

Mommy Reads

Mommy Reads provides incarcerated mothers with the opportunity to read and record books for their children. Several times a year, women from Trinity United Methodist Church in Gainesville, Florida, travel to Lowell Correctional Institution for Women to meet individually with the incarcerated women to record books for their children. The recordings are delivered along with the book and a note from the mother to the child.[117]

Community-Based Sentencing[118]

There are also a number of programs designed to reduce the harm of incarceration by proposing alternatives to incarceration and allowing parents to be kept together with their children while ensuring parents are still held accountable for their actions.

There are many arguments for such an approach, primarily because it is a healthier and more fiscally responsible alternative to incarceration. For the parent, the evidence shows that by allowing them to stay with or have more contact with their children, they are more likely to succeed at treatment for substance use and are less likely to return to prison. These parents can also retain connections to the workforce.

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[116] https://www.floridafamilynetwork.com/

[117] UF Levin College of Law, Center for the Study of Race and Race Relations. (2015, March). *Children of the incarcerated: Collateral victims of crime. A resource guide*. https://www.law.ufl.edu/law/wp-content/uploads/2016/10/children-with-incarcerated-parents.pdf

[118] Human Impact Partners and Operation Restoration. (2018, March). Keeping Kids and Parents Together: A Healthier Approach to Sentencing in Louisiana. Oakland, CA. https://humanimpact.org/wp-content/uploads/2018/02/HIP_LAcaretakers_2018.pdf

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The children benefit from staying in contact with their parents and have the opportunity to experience healthy development and attachment. This contributes to good mental health and fewer behavioural issues.

3.12 Maternal health

In the United States, Black women experience poor maternal health outcomes, including dying in childbirth at rates three to four times the rate of their White counterparts. In the United States, Black women are 243% more likely to die from pregnancy or childbirth-related causes than are White women.[119] Data from the Centers for Disease Control on births between 2011 and 2014 revealed rates of 12 deaths per 100,000 live births for White women, and 40 deaths per 100,000 live births for Black women.[120] Both societal factors (e.g., stress from racism that contributes to hypertension and pre-eclampsia) as well as health system factors (e.g., lack of access to prenatal care, lack of health insurance, higher rates of poverty) contribute to poor health outcomes for Black women and their newborn children.

Because Canada does not collect race-based health data there is no way to determine the extent to which there are disparities between the maternal death rates for Black and White Canadian women. Maternal death rates are substantially lower in Canada, yet they rose from 6 to 11 per 100,000 births between 1990 and 2013, "likely due to an increase in Caesarean sections, IVF births, older mothers, and other health conditions."[121] One of the few Canadian studies on this issue compared Black–White disparities in preterm births between Canada and the United States. The study found that in Canada, 8.9% and 5.9% of infants born to Black and White mothers, respectively, were preterm, and concluded that "relative disparities in preterm birth and very preterm birth between non-Hispanic black and white women were similar in

[119] Martin, N. (2017, December 7). Black mothers keep dying after giving birth. Shalon Irving's story explains why. NPR. Retrieved from https://www.npr.org/2017/12/07/568948782/black-mothers-keep-dying-after-giving-birth-shalon-irvings-story-explains-why

[120] Centers for Disease Control and Prevention. (2019, June 4). Reproductive health: Pregnancy Mortality Surveillance System. Retrieved from https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm

[121] Johnson, C. (2018, April 11). The truth about maternal death. *National Post*. Retrieved from https://nationalpost.com/pmn/news-pmn/the-truth-about-maternal-death

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magnitude in Canada and the U.S."[122] The similar racial gap despite greater access to health care in Canada suggests that Black maternal health is affected by factors other than access to health care.

As such, to improve Black women's maternal health, and ultimately outcomes for Black children, a multifaceted approach is needed that addresses Black women's health across their life span, improves access to quality care, addresses social determinants of health, and provides greater economic security.

The Prenatal and Early Childhood Nurse Home Visitation Program

The Prenatal and Early Childhood Nurse Home Visitation Program is a well-tested model that improves the health and social functioning of low-income first-time mothers and their babies. The program focuses on education, goal setting, and the development of the parents' problem-solving skills and sense of self-efficacy.

During pregnancy, nurse home visitors help women improve their health behaviours related to substance use and nutrition, as well as identify and address risk factors for pre-term delivery, low birth weight, and infant neuro-developmental impairment. After delivery, the emphasis is on caregiving for infants and toddlers to prevent child maltreatment, childhood injuries, developmental delay, and behavioural problems.[123] The nurse home visitors also work with mothers to address the factors that keep families in poverty and increases the likelihood for sub-optimal care of children, unintended subsequent pregnancies, school drop-out, and unemployment. These factors are addressed by improving the environmental contexts of the parents by enhancing informal supports and linking families with the health and social services they need.

Nurses visit families as follows: (a) weekly during the first month following enrollment, (b) every other week throughout the remainder of the woman's pregnancy, (c) weekly for the first 6 weeks postpartum, (d) every other week thereafter through the child's 21st month, and (e) then monthly until the child reaches age 2.

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[122] McKinnon, B., Yang, S., Kramer, M.S., Bushnik, T., Sheppard, A.J., & Kaufman, J.S. (2015). Comparison of black–white disparities in preterm birth between Canada and the United States. *CMAJ, 188*

[123] Parenting Research Centre. (2012, October). Evidence review: An analysis of the evidence for parenting interventions in Australia. Retrieved from https://www.parentingrc.org.au/wp-content/uploads/2018/08/Main_Report_EvidenceReviewParentingInterventions_amended020818.pdf

Black Infant Health Program[124]

The Black Infant Health (BIH) Program provides a culturally affirming environment that honours the unique history of African American women to help Black women have healthy babies. The program is designed to improve African American infant and maternal health as well as decrease health and social inequities for women and infants.

Through a group-based approach with complementary case management, participants in the program learn proven strategies to reduce stress and develop life skills. Weekly group sessions help women build social support, access their strengths, make positive choices, and set health-promoting goals.

Black Mamas Matter Alliance[125]

The Black Mamas Matter Alliance is a Black women-led cross-sectoral alliance that envisions "a world where Black mamas have the rights, respect, and resources to thrive before, during, and after pregnancy." The Alliance is a national voice and coordinating entity that advances maternal health, rights, and justice. It provides technical assistance, trainings, and capacity building for grassroots organizations, maternity care service providers (including clinicians, midwives, doula networks, and community health workers), academia, and public health workers.

The Alliance helps Black mothers to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice. It founded and leads National Black Maternal Health Week to raise awareness, activism, and community building.

The Alliance provides the following services:

- Black Mamas Matter Toolkit — This resource is for advocates concerned about the health and well-being of Black women and girls.

- Trainings — The Alliance offers a number of webinars:

    o Black Maternal Health Week Launch: This webinar provides information about the Black Mamas Matter Alliance and Black Maternal Health Week. In this webinar, they discuss the issues and policies impacting the health and rights of Black mothers.

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[124] https://www.cdph.ca.gov/Programs/CFH/DMCAH/BIH/Pages/default.aspx

[125] https://blackmamasmatter.org/

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- o Best Practices in Black Mama Care Work: This webinar describes what Black women want and need around safe and respectful, holistic maternity care.
- o African Immigrant Women's Advocacy in Maternity Care: This webinar highlights the work of Black and African immigrant women leaders who are providing culturally relevant services and programs to newly arriving African immigrants and refugees in the United States.

3.13 Interventions targeted to parents of children with disruptive behaviours

Stop Now and Plan[126]

Stop Now and Plan (SNAP) is an evidence-based, gender-specific, manualized, multicomponent cognitive behavioural program for at-risk children aged 6 to 11 with serious disruptive behaviour concerns (e.g., aggression, rule-breaking, and conduct problems) and their families. SNAP focuses on teaching children (and their parents/caregivers) emotional regulation, self-control, and problem-solving skills with a special emphasis on challenging cognitive distortions, replacing distorted thoughts with realistic thinking, and helping children make better choices in the moment. The goal is to improve social competencies, reducing disruptive behaviour, risk of police contact, and discipline issues while also improving effective parent management skills.

SNAP utilizes a structured curriculum, role play, and facilitated discussions to help children learn to identify triggers and make connections between their bodies' physiological responses (or "body cues"), thoughts, feelings, and emotional responses. This helps foster the development of effective emotional regulation skills to help them calm themselves down and come up with an effective plan of action.[127]

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[126] https://www.childdevelop.ca/programs/snap

[127] SNAP (Stop Now And Plan) Model Programs. (2016). Retrieved from cbpp-pcpe.phac-aspc.gc.ca/interventions/snap-stop-now-and-plan-model-programs/

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Linking the Interests of Family and Teachers

Linking the Interests of Families and Teachers (LIFT) is specifically designed to prevent the development of aggressive and antisocial behaviours in children within the elementary school setting.[128]

The program is informed by scientific research on the development of delinquency — specifically coercion theory — and is designed to decrease the likelihood of two major factors that put children at risk for subsequent antisocial behaviour and delinquency: (1) aggressive and other disruptive behaviours with teachers and peers at school and (2) ineffective parenting, including inconsistent and inappropriate discipline and lax supervision.

The program has three main components:

1. Classroom-based child social skills training
2. The playground Good Behaviour Game, and
3. Parent management training.

Child social skills training sessions are held during the regular school day and are broken into distinct segments. The curriculum is similar for all elementary school students, but delivery format, group exercises, and content emphasis are modified to ensure they are appropriate for each grade level. The first segment includes:

- Classroom instruction and discussion about specific social and problem-solving skills
- Skills practice in small and large groups
- Free play in the context of a group cooperation game, and
- Review and presentation of daily rewards.

The second segment includes a formal class problem-solving session and free play and rewards. The playground Good Behaviour Game is designed to encourage positive peer relations on the playground and takes place during the free-play portion of the social skills training. During the game, children earn rewards for demonstrating positive

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[128] Parenting Research Centre. (2012, October). Evidence review: An analysis of the evidence for parenting interventions in Australia. Retrieved from https://www.parentingrc.org.au/wp-content/uploads/2018/08/Main_Report_EvidenceReviewParentingInterventions_amended020818.pdf

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problem-solving skills and other prosocial behaviours with peers as well as for the inhibition of negative behaviours.

LIFT's Parent Management Training is conducted in groups of 10 to 15 parents and consists of six weekly 2.5-hour sessions either immediately after school or in the evenings. Session content concentrates on positive reinforcement, discipline, monitoring, problem solving, and parent involvement in the school.

The program relies on regular communication between teachers and parents, which is facilitated by a "LIFT line" in each classroom. The LIFT line is an answering machine that families can use if they have any questions for the teachers or have concerns that they wish to share.

First Step to Success[129]

First Step to Success is an early intervention program designed to prevent antisocial behaviour in school. The program is designed for kindergartners showing early signs of a pattern of antisocial behaviours (e.g., aggression, severe fits of temper, victimization of others) to develop in them the competencies needed to build effective teacher- and peer-related social-behavioural adjustments.[130]

This intervention is based on the notion that early signs of conduct problems can be detected as early as preschool and predict more severe problems in adolescence, a time when youth are less amenable to treatment. The intervention requires about 3 months for full implementation in both school and home settings.

First Step to Success consists of three interconnected modules:

1. Proactive, universal screening of all kindergarteners;
2. School intervention involving the teacher, peers, and target child; and
3. Parent/caregiver training and involvement to support the child's school adjustment.

The intervention teaches students specific skills and behaviours to use in place of the inappropriate behaviours they have used in the past. During the school day, the

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[129] http://www.firststeptosuccess.org/

[130] Parenting Research Centre. (2012, October). Evidence review: An analysis of the evidence for parenting interventions in Australia. Retrieved from https://www.parentingrc.org.au/wp-content/uploads/2018/08/Main_Report_EvidenceReviewParentingInterventions_amended020818.pdf

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consultant or teacher gives the First Step to Success student visual cues (i.e., a green or red card) to indicate whether or not they are on task and using appropriate behaviours. Throughout the day, the student accrues points toward their behavioural goal. If the student achieves their daily goals, they get to choose an enjoyable activity for the whole class.

Each evening, parents receive feedback about their child's day. Parents also receive training to support positive behaviours at home.

Consultants implement the program by working with teachers and parents to develop the knowledge and skills to teach students replacement behaviours and reward students when those behaviours are used appropriately. They also act as caseworkers for two or three students and are responsible for implementing and coordinating the school and home components of the intervention.

Families and Schools Together[131]

Families and Schools Together (FAST) is a whole-family group intervention for families with children aged 5 to 13. FAST is delivered in a school setting to build relationships between families, schools, and communities.[132] The program is available to all families of children in communities with high-risk factors, delivered through 2.5-hour groups of 5 to 25 families weekly for 8 to 12 weeks. Multifamily meetings are held monthly for 21 months after families graduate from the 8- to 12-week FAST program. Each family group session includes:

- A family meal and family communication games
- A self-help parent support group that takes place while children engage in supervised play and organized activities
- One-to-one parent-mediated play therapy, and
- Opening and closing routines, which model the effectiveness of family rituals for children.

Participants work together to enhance protective factors for children, including parent–child bonds, parent involvement in schools, parent networks, family functioning,

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[131] https://www.familiesandschools.org/

[132] Parenting Research Centre. (2012, October). Evidence review: An analysis of the evidence for parenting interventions in Australia. Retrieved from https://www.parentingrc.org.au/wp-content/uploads/2018/08/Main_Report_EvidenceReviewParentingInterventions_amended020818.pdf

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parental authority and warmth, and social capital, with the aim of reducing the children's anxiety and aggression and increasing their social skills and attention spans.

The stated goals of the program are to:

- Enhance family functioning
- Prevent the target child from experiencing school failure
- Prevent substance abuse by the child and other family members, and
- Reduce the stress that parents and children experience from daily life situations.
- FAST experimental studies have shown statistically significant results at home and at school in child behaviour, reduced aggression, reduced anxiety and depression, reduced family conflict at home, and increased parent involvement in school.

3.14 Improving relationship between parents

While many parenting programs focus on improving relationships between parent and child, some also address the relationship and interactions between parents that may be affecting the child.

Domestic Violence Home Visit Intervention

The Domestic Violence Home Visit Intervention (DVHVI) program is a joint project of the Yale Child Study Center and the New Haven Police Department for families with children up to age 18 that have reported incidents of intimate partner violence to police.[133] There must be children living in the home for the family to be eligible for the service; the children need not have been physically present at the violent event.

With the goal of increasing children's safety and decreasing negative psychological effects of exposure to domestic violence, the project provides enhanced law enforcement, community-based advocacy, and mental health services to families affected by domestic violence.

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[133] Parenting Research Centre. (2012, October). Evidence review: An analysis of the evidence for parenting interventions in Australia. Retrieved from https://www.parentingrc.org.au/wp-content/uploads/2018/08/Main_Report_EvidenceReviewParentingInterventions_amended020818.pdf

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The project conducts outreach home visits by teams of advocates and patrol officers. The number of visits, individual service plan, and specific interventions, including referrals for child-focused clinical treatment, are based on the unique needs of each family and the level of ongoing danger. The number of home visits ranges from 1 to 15, with frequency of contact ranging from daily to monthly. At the initial home visit, the team and nonoffending parent identify issues affecting family safety. The team provides information related to judicial processes, available community resources, and children's responses to violence and trauma.

Family Foundations

Family Foundations is a program for couples expecting their first child and is designed to help them adjust to the physical, social, and emotional challenges of parenting and establish positive parenting skills.[134]

The program is delivered to groups of couples through four prenatal (beginning during the fifth or sixth month of pregnancy) and four postnatal classes (ending when the children are 6 months old) of 2 hours each.

Family Foundations is delivered in a community setting by childbirth educators who have received 3 days of training from Family Foundations staff. It is recommended, but not required, that classes be co-delivered by a man and a woman.

The classes are designed to foster and enhance the co-parenting relationship, and include conflict resolution strategies; exercises to help develop realistic and positive expectations about parenthood; and information about fostering child emotional security, attending to infant cues, and promoting infant sleep.

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[134] Ibid.

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SECTION 4.   Summary

This report intended to compile promising practices that could be used to improve outcomes for Black children and youth by supporting their parents. The review found that there are many examples of parenting programs that can be adapted or adopted to meet the needs of Black parents in Ontario. Many also offer unique elements that can be used in newly developed programs to create "made in Ontario" interventions that addresses the unique issues and challenges faced by Black parents in Ontario. They key is to ensure that the programs do indeed address the uniqueness of parenting while Black in Ontario, but also the unique ethnic diversity of Black parents, while highlighting their common African ancestry and experiences of anti-Black racism.

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