

Accessibility to Evidence-Based Parenting Support with At-Risk Population

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Who We Are

- We are from Canada - specifically the province of Ontario - in the far east of the province in a region called the United Counties of Stormont, Dundas & Glengarry.
- We border the United States and the province of Quebec.
- We have a combined population of close to 100,000 in a mostly rural area and one urban center (Cornwall) - we also have the second largest Aboriginal reserve in North America (Mohawk) bordering our territory.
- 70% of our population speak English and 30% speak French.
- Socio-economic factors include a high level of poverty, high number of single families, low education, high numbers of teen pregnancy and high rates of children that have a poor level of school readiness.
- We are from a Children's Aid Society - mandated to protect children from abuse and neglect while ensuring permanency and well-being.



Background Information

- We officially launched Triple P in our community in the spring of 2014 - but have been using Triple P in various agencies since 2011.
- We currently have **293** Practitioners trained in multiple levels of Triple P and we have the capacity to offer all levels for all age groups in our five counties. **101** practitioners are trained in our child protection agency, in all frontline positions.
- Despite efforts to make Triple P accessible to all parents, some of the most vulnerable parents, including teenaged parents, were unable to participate in courses due to multiple barriers, including transportation, child care, mental health problems, substance abuse and limited social supports.



In Our Community We Found....



Young parents at risk of abusing and neglecting their children were unable to access Triple P in the community.



The parents often had limited social supports and were living with mental health, socio-economic and substance abuse problems.



Multiple service providers were worried about the outcomes for these families if nothing changed.



We needed to do our work differently!!



Research shows...

The problems will get worse if nothing changes

Public Health Agency of Canada, 2010 - Parent qualities that may be the greatest predictors of a child's likelihood to be maltreated are children who have primary caregivers with mental health issues (27%), substance abuse issues (48%), who have lack of social supports (39%), or who are victims or perpetrators of domestic violence (46%).

Shonkoff & Phillips, 2000 - Services must be accessible in a timely manner to prevent the consequences of early adversity in infants and toddlers.

The possibility for positive change is in a multi-sectoral response

Sanders, 2008 - Strategies that promote better understanding of the respective and complementary roles of different disciplines and organizations can improve access to services for families in need of support (e.g., across agencies and multidisciplinary-based training).



Research shows...

Parenting support needs to be relevant and accessible to the parents

- Proctor, et al (2007) noted that agency directors valued interventions which were applicable to real-world client populations and problems.
- Sheffield Morris, 2017 - increasing the availability of programs that strengthen parents' social support, and increase positive parent-child interactions through the varied settings that low-income parents already access (e.g., healthcare offices, community and faith-based organizations, schools, and homes) has the potential to have a significant impact on children's health and developmental outcomes.
- Coates et al, 2017 - Participants consistently reported that being in a group with others with similar experiences made it possible for them to discuss and explore their challenges around parenting honestly without the fear of judgement.



Research shows...

In-home sessions support learning

- Petra & Kohl (2010) - Case managers felt that the program's inclusion of personalized in-home sessions made it especially likely to be effective in preventing future maltreatment or neglect.
- Coates et al, 2017 - Home visiting builds on and helps to embed the learning that parents have gained from the group program.

Transportation and day-care are essential

- Petra & Kohl, 2010 - Parents said that the transportation assistance and on-site child care were important to their participation in the program



BUILDING T.L.C.

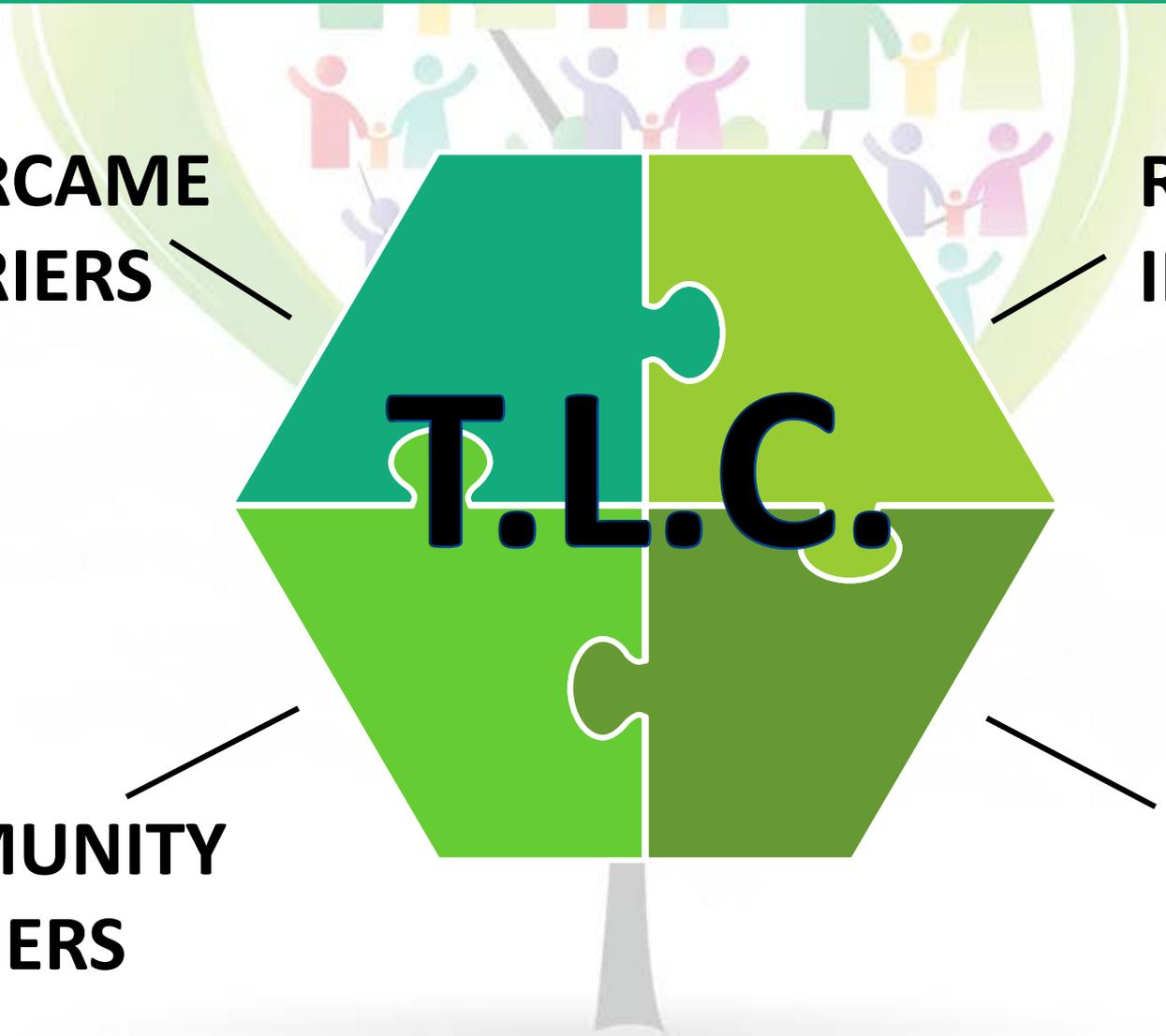
**OVERCAME
BARRIERS**

**RESEARCH
INFORMED**

T.L.C.

**COMMUNITY
PARTNERS**

TRIPLE P



It Takes a Village

- Children's Aid Society of SDG
- Children's Mental Health
- Upper Canada District School Board
- Catholic District School Board of Eastern Ontario
- Agape Centre (Food Bank)
- Charmic Limousine Services
- Ontario Works (Social Services)
- EarlyOn (Program for 0-6)
- Seaway Valley Community Health Centre (Dietician)



Teach and Learn with your Child (TLC)

A Day at TLC

- Pick up at home
- Parent/Child Playgroup
- Guest Speakers
- Lunch Preparation/Education with Dietician
- Group Triple P - Daycare provided
- Transportation Home
- Provision of Food Baskets

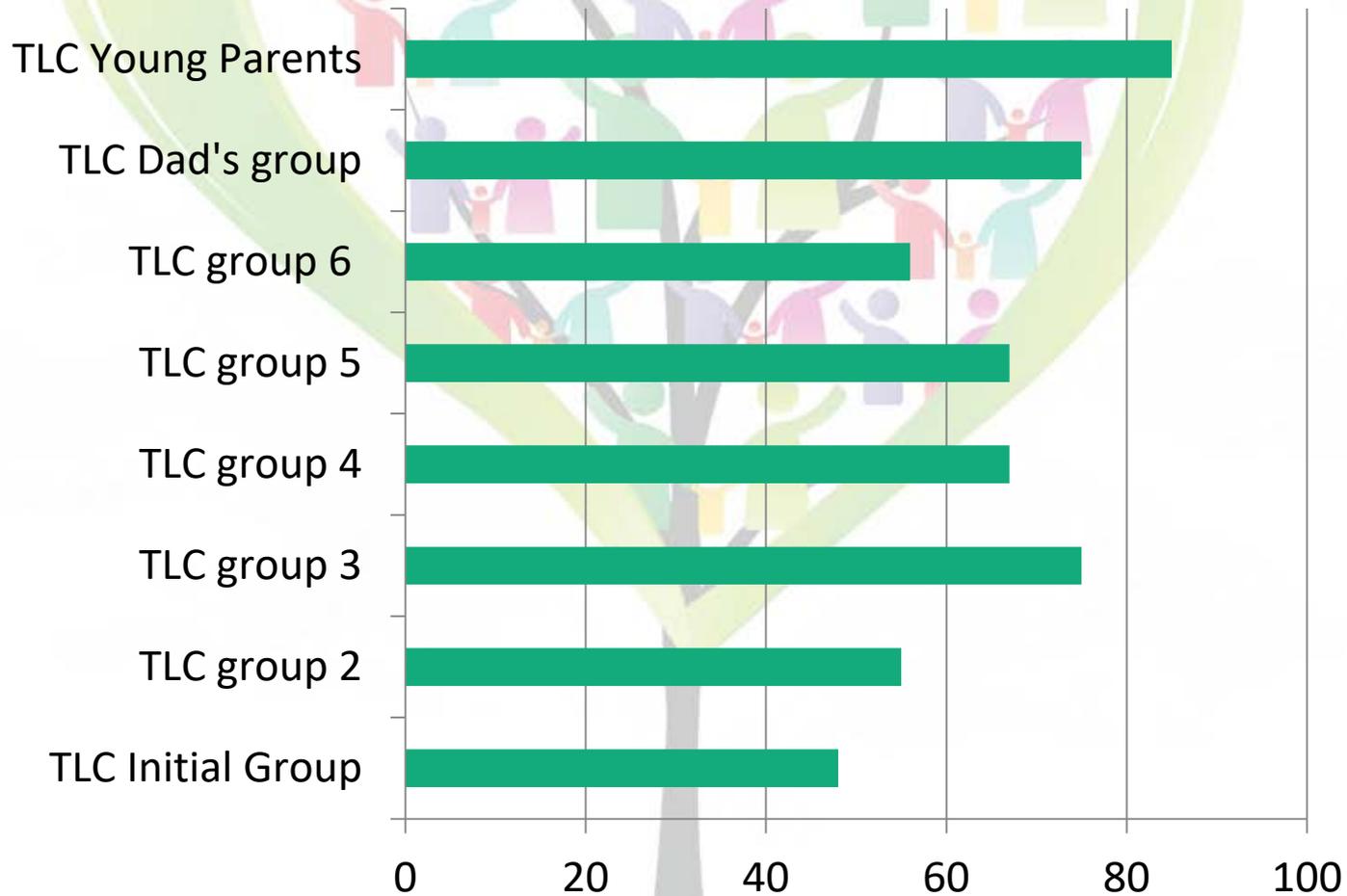


Benefits to Parents

- Complete Group Triple P with in-home support
- Provided with weekly grocery baskets
- Obtain two high school credits
- Develop a social network
- Learn to access community services



T.L.C. Triple P Completion Rate Statistics



Moving Forward

- We plan to run another TLC group in the Spring.
- Our community partners expect this program to continue and plan to support it on-going.
- We will be offering Triple P Seminars and Cafes monthly so that graduates of the program have easy access to ongoing parenting support.
- In-home sessions rather than the three phone sessions will continue to be part of the program based on feedback from graduates.



**Do you have
any questions?**

