

A Scoping Review of Parenting Programs for Indigenous People in Canada: What Approaches Are Being Applied in Indigenous Communities?

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ABSTRACT

There has been a significant disruption in the transmission of parenting practices across generations of Canadian Indigenous communities (Truth and Reconciliation Commission of Canada [TRC], 2015). As a result, there is a pressing need for effective and culturally appropriate programs for Indigenous parents (TRC, 2015). Review of currently available parenting programs in Canada may help by synthesizing Indigenous and non-Indigenous parenting knowledge. To that end, a scoping review of sources that described parenting programs for Indigenous families was completed using 11 databases and available grey literature. All programs integrated cultural components into treatment, though specific activities, content, and structure varied. Recommendations for clinical practice and future research are provided.

Keywords: parenting programs, Indigenous people, culture, scoping review, Canada

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RESUMÉ

Il y a eu une perturbation dans la transmission des pratiques parentales à travers les générations des communautés autochtones-canadiennes (TRC, 2015). Par conséquent, il y a une nécessité pour les programmes culturellement appropriés pour les parents autochtones (CVRC, 2015). Une analyse des programmes de parentalité au Canada peut aider à synthétiser l'apprentissage des compétences parentales autochtones et non-autochtones. À cette fin, un examen de 11 bases de données a été fait. Chaque programme a intégré des composantes culturelles dans le traitement, pourtant les activités, le contenu et la structure ont varié. Des recommandations pour la pratique clinique et la future recherche sont fournies.

Mots clés : programme de parentalité, population autochtones, culture, étude de la portée, Canada

The transmission of parenting practices for many Indigenous families in Canada was substantially disrupted by the residential school program (TRC, 2015). Beginning in the mid-1800s to 1996, racist government policies removed Indigenous children from their families and forced them to adopt non-Indigenous identities. Federal policymakers perpetuated systematic assimilation attempts by creating colonial policy mandates conceptualized as being in the best interest of Indigenous children, but rather, significantly marred generations of Indigenous communities' well-being (TRC, 2015). As the use of traditional language and cultural practices was strictly prohibited and enforced with abusive and exploitive mandates within these institutions, many children grew up not knowing neither their cultural identity, nor their biological families and shared histories among their relations (TRC, 2015; Irvine, 2009).

Experiences of historical assimilation and active suppression of cultural practices by racist and colonial institutions continue to affect Indigenous families today (Bombay et al., 2019; Gone et al., 2019; Wilk et al., 2017). Residential school attendance has contributed to the widening gap in health outcomes for Indigenous people and has been associated with ongoing health disparities for both the individual who attended, and through inter-generational transmission to their kin (Bombay et al., 2011; Bombay et al., 2019; Gone et al., 2019). For example, research has found that children of residential school survivors have reported lower physical and mental health outcomes when compared to those who did not have family members attend a residential school (Bombay et al., 2011; Hackett et al., 2016). Persistent mental health difficulties, including increased suicidal ideation and attempts, increased hospitalizations for mental health concerns, and ongoing symptoms of trauma of residential school survivors have been attributed to early and persistent experiences of physical, sexual, and emotional abuse in addition to emotional and physical neglect at these schools (TRC, 2015).

These experiences have, and continue to, affect survivors' abilities to form secure attachments, parent effectively, and respond appropriately to stressors. As such, experiences of abuse have been transmitted inter-generationally within families. This is exemplified in studies of adverse childhood experiences (ACEs) within Indigenous communities, which describe experiences of childhood abuse, neglect, parental mental illness, incarceration of a family member, domestic violence, and others (Moon-Riley et al., 2019; Muir, 2020). Parental residential school attendance, and thus increased likelihood of exposure to abuse and/or neglect, is associated with increased rates of ACEs for Indigenous children in Canada (Moon-Riley et al., 2019). Despite well documented knowledge of these concerns, and 94 Calls to Action drafted by the TRC

(2015) that aimed to address ongoing discriminatory policies, the lifetime impact of these discriminatory policies continues to affect the healing of Indigenous people today, and for future generations to come.

Similarly, the “Sixties Scoop,” named for the high apprehension rates of Indigenous children by child welfare organizations from the 1960s to the 1990s, contributed to further separate children from their parents, and block the sharing of cultural knowledge in Indigenous communities. Many children were placed with non-Indigenous families, resulting in reduced access to Indigenous knowledge and culture (McKenzie et al., 2016). This compromised the ability of many parents to care for the next generation in a manner consistent with cultural values (Sinclair, 2016), resulting in an exacerbation of parenting difficulties. Some of these children experienced insufficient care from caregivers who were motivated to foster or adopt Indigenous children to gain governmental monetary stipends or as sources of free household labour (Sinclair, 2007). In addition, many cases of neglect, emotional, physical, and sexual abuse have been reported by children from these adoptive or foster homes (McKenzie et al., 2016). Cultural and contextual transmission of practices can promote child well-being through caregiver prioritization of parent-child relationships, child safety, and positive child development (Tam, 2015). Culture within this context is a multi-faceted concept that extends beyond ethnic background to influence one’s identity through cultural and ceremonial practice, language, and shared cultural history. Although one’s culture can influence parenting, the way such approaches are implemented can be dependent on a broader environmental context. For example, specific Indigenous parenting practices (culture) were disrupted due to historical policies that forced assimilation and discrimination. The contextual factors related to removing Indigenous children from their biological families and communities has reduced cultural knowledge of Indigenous parenting practices that may promote child wellness.

Within Canada, Indigenous parents may differ from non-Indigenous parents in child-rearing strategies (Cheah & Shepard, 2011). Values and practices related to experiential learning, non-interference, and emotional restraint may contrast non-Indigenous parenting values (Irvine, 2009). In addition, family connectedness with immediate and extended family, as well as respect for Elders may be emphasized within Indigenous parenting within Canada (Muir & Bohr, 2014). Existing non-Indigenous parenting programs may not appropriately embed culture for Indigenous families, and this can affect intervention effectiveness and parental engagement (Kendall & Barnett, 2015). For example, many Indigenous communities within Canada may place an increased emphasis on child autonomy and independence, as well as an integration of extended family in familial structures (Muir & Bohr, 2014). Parenting practices and cultural norms can differ among Indigenous communities and many identified practices may not be generalizable to all families. Moreover, the transmission and adaptation of cultural parenting beliefs using existing non-Indigenous parenting models may also vary between communities. Adding to the challenges faced by many Indigenous communities are intermediate determinants of health (including provision of health services, education, and employment opportunities), and factors such as urbanization, cultural reclamation, and accessibility of services (Harris et al., 2007; Loppie Reading & Wein, 2013). Such factors may affect how parenting strategies are conceptualized, disseminated, and employed.

Positive parenting behaviours have been explored within Indigenous communities (Irvine, 2009), including both formal and informal practices. Many communities engage in informal practices that support parenting and knowledge sharing among parents that remain undocumented. Such approaches can promote child well-being in a way that meets parents’ needs without engaging in programming, and may mean

communities do not require formalized supports. Parenting programs are another option to promoting child well-being and may be an important corrective mechanism by which to increase parenting skills, confidence, and learning (Barlow & Coren, 2018; Nieuwboer et al., 2013). Access to parenting programs that promote cultural values were theorized to increase community wellness and help repair long-standing cultural disruptions of Indigenous families who attended residential schools (TRC, 2015). This may, in turn, help to improve behavioural and emotional outcomes for children. Given that community needs can differ, an examination of cultural beliefs associated with parenting and successful practices within a specified geographic region is particularly useful. Parenting programs that do not contextualize strategies for families in relation to community practices and geographical region may not be effective.

An international scoping review of parenting programs for Indigenous families in Australia, the United States, and Canada has identified 13 parenting programs presented in 16 peer-reviewed studies (Macvean et al., 2017). This review described program components and compiled best-practices that may promote positive child and family outcomes across Indigenous communities. Only one study was from Canada, and the majority of studies ($N = 12$) were not randomized controlled trials. Of studies that reported outcomes in the Macvean et al. (2017) review, six reported significant changes in child externalizing behaviour, two studies reported significant changes related to academic achievement, and one study reported increases to child self-directed play. Three studies reported significant increases in parenting knowledge and skills, as well as reductions in parental stress (Macvean et al., 2017). Many studies included cultural content and most had program content that was dedicated to child development, parental skill improvement, and improving parent-child interactions.

Contextual knowledge (such as local customs, values, beliefs, and history) related to available culturally appropriate parenting programs can facilitate identification and dissemination of parenting knowledge and best practices through local community mental health agencies across Canada. The skills and knowledge shared among Indigenous communities may be specific to a region; however, in some cases, program format, values, or approaches to treatment may be generalized to Indigenous populations across Canada. Additionally, it is currently unknown how the majority of parenting program content is developed or assessed for efficacy and/or effectiveness. To our knowledge there has been no other scoping reviews of Indigenous programs in Canada. Therefore, the goals of this scoping review were as follows:

1. Describe available Indigenous parenting programs in Canada.
2. Identify commonalities shared among programs, including culturally specific components of interventions.
3. Examine the existing evidence in support of the efficacy and/or effectiveness of these programs.
4. Provide recommendations for both practitioners and researchers working with Indigenous parents and communities.

Suggestions for the implementation and administration of these programs with Indigenous families are provided.

Recommendations were generated by all authors of this article, including two non-Indigenous junior trainees with research experience completed in partnership with First Nations communities (Toombs and Dalicandro), a non-Indigenous senior researcher with extensive research and clinical experience working with

Indigenous youth (Schmidt) and a First Nations mid-career researcher with extensive research completed within developed partnerships with First Nations community partners (Mushquash). In addition, three authors (Toombs, Dalicandro, and Mushquash) share clinical expertise with the administration of both standardized and non-standardized parenting strategies with Indigenous populations in our region. Recommendations were generated through a systematic search of literature, embedded within author clinical expertise and numerous years of consultation with Indigenous families and communities.

METHOD

A scoping review of Indigenous parenting programs in both academic databases and grey literature was completed between January 15 and March 15, 2018. Although the review was originally intended to be a comprehensive systematic review of relevant Indigenous parenting literature, there were not enough studies that met Cochrane review standards to facilitate comparison of program outcomes. As a result, we chose to complete a scoping review, as it is less systematic, and can therefore include resources previously known to researchers (Peters et al., 2015) when summarizing the existing evidence. Unlike Cochrane reviews, relevant resources that do not include robust quantitative data could also be included, allowing us to include a broader range of sources. Within a relatively small field of literature, broad search strategies can increase the number of retrieved sources.

We completed this review using processes previously documented by Short, Mushquash, and Bédard (2014). Documentation of search processes adhered to PRISMA standards of reporting. Keywords used to identify sources can be found in Table 1. Databases searched using these keywords were: Academic Search Premier, CINAHL, ERIC, Health Canada, Indigenous Studies Portal, JSTOR, PsychInfo, PsychArticles, PubMed, Science Direct, and Web of Science. Searches were replicated between May 15 and July 15, 2018 to determine whether new studies had been published since the initial search.

Table 1
Key Words Used to Initially Identify Relevant Sources

Search Terms
Indigenous parent*
Aboriginal parent*
Inuit parent*
First Nation* Parent*
Métis parent*
Native* parent*
Indian parent*
Program
Intervention
Training

Note. * = truncation in database

We completed additional searches to identify relevant web-based Canadian grey literature. Grey literature searches included sources from the following organizations: Assembly of First Nations, British Columbia Aboriginal Child Care Society, Best Start Resource Centre, Canadian Child Welfare Research Portal, Canadian Indigenous Nursing Association, First Nations Child & Family Caring Society, First Nations Health Authority, Google, National Aboriginal Health Organization, National Collaborating Centre for Aboriginal Health, Native Women's Transition Centre, and Wabano Centre for Aboriginal Health. Some of the identified Indigenous parenting programs ($N = 3$) did not describe program components or implementation. The organizations delivering these programs were contacted to obtain additional information.

Sources or programs were included in the review if the following criteria were met:

1. The source was available in English.
2. A description of the program structure was available. Although programs were not required to be manualized, programs must have demonstrated documentation of consistency in delivering content to participants. For example, having meetings focused on specific skill development, a cultural parenting value, or providing evidence of a program facilitation guide. We included this criterion to help facilitate comparison of programs and to enhance replicability of this review as searches were completed through online resources.
3. The program focused predominantly on Indigenous parent skill training in Canada.
4. The program was available, or the source was published after 2000.

Sources or programs were excluded if:

1. The program or source focused on pre-natal, peri-natal, or post-natal care, or early childhood intervention for children younger than three years. This criterion was included to facilitate comparison of parenting techniques across programs, as the diversity of parenting needs can differ greatly among these developmental stages. As many early childhood interventions focus on meeting early developmental milestones (including early language use, gross and fine motor development, feeding, and sleep training), we felt the content of these programs would be more diverse when compared to other developmental stages. For older toddlers and children, parenting programs tend to emphasize emotional and behavioural regulation skills. Although these skills are modified in accordance with the child's age, the underlying principles and theoretical orientation of proposed parenting strategies are often shared across these stages. We used this exclusion criteria to increase the comparability of programs, although recognize that many programs across life stages share commonalities associated with attachment, emotion regulation, and skill-building.
2. The program or relevant source was not available in English.
3. The program was not specifically created or adapted for an Indigenous population.

Following the identification of Indigenous parenting programs that matched these criteria, the names of individual interventions were searched in the above databases to find additional sources related to each program. We also reviewed reference sections of relevant manuscripts for studies not captured by the search strategy.

RESULTS

Through this scoping review, we found 13 parenting programs that have been implemented with Indigenous families in Canada. Figure 1 is a PRISMA diagram describing the search results. Initially, 7,207 results were generated through multiple database searches. Most programs were identified through reference list reviews and grey literature searches. Through these searches, an additional seven programs were identified. Following a review of titles and abstracts, and the removal of duplicate sources, 27 sources were identified and assessed for full-text eligibility, leading to a final 13 programs identified. Table 2 describes the programs identified in this review and presents relevant acronyms for each program. Two programs (Pimaatisiwin Parenting Program and *Nēāh Kee Papapa*) were not included in the review because program content information was not available.

Program Structure and Content

Programs were typically completed over 6 to 13 sessions, and administered in person, through educational and experiential modalities provided by various Indigenous health agencies. Five of the retrieved sources described the theoretical framework behind the program, including cognitive-behavioural ($N = 1$), rational-emotive ($N = 1$), behavioural ($N = 2$), and strength-based frameworks ($N = 2$). No attachment or trauma-informed approaches were identified based on the information obtained of the current programs, although it is possible that such practices are embedded within programming and not explicitly mentioned. Most programs ($N = 7$) were delivered in a group format, two were home-based visiting programs, two were delivered in schools, one was a manual that parents completed independently, and one was a half-day workshop.

Program conceptualization and development. Five programs adapted previously existing parenting programs to be more relevant for Indigenous families. Of these five programs, only two (Stop Now and Plan [SNAP] and Triple P) had prior evidence comparing the treatment to a non-treatment control. The remaining eight programs created novel content that conceptualized positive parenting practices within teachings of local cultural values. One program, the Wabano parenting bundle, provided *only* local Indigenous parenting practices, knowledge, and teachings. These included seven parenting bundle items, related to tobacco, stories, seeds, medicines, songs, dances, and deer.

Program facilitation. Some programs were designed and implemented within specific organizations (Eagle Spirit, Family Group Decision Making, Kikinahk Parenting Program, Health Families Yukon, Traditional Parenting Program Yukon), while others (Wabano Parenting Bundle [Wabano Parenting Society, n.d.], Heart and Spirit Parenting, SNAP, Bringing Tradition Home, and TAPP), were encouraged to be extended to broader Indigenous communities. Many programs retrieved in this review seemed to be designed for a specific region or sub-population and were not intended to be implemented by organizations. It is possible that if these programs were scaled to, or replicated within, different communities, organizations, or in different formats, program outcomes may differ or be diminished. A few programs explicitly stated that they were intended to be scaled to broader communities (including Triple P, Heart and Spirit, Bringing Tradition Home, and SNAP), however each program specified the contextual considerations and limitations for how to do so.

Figure 1
PRISMA Diagram of Search Strategy

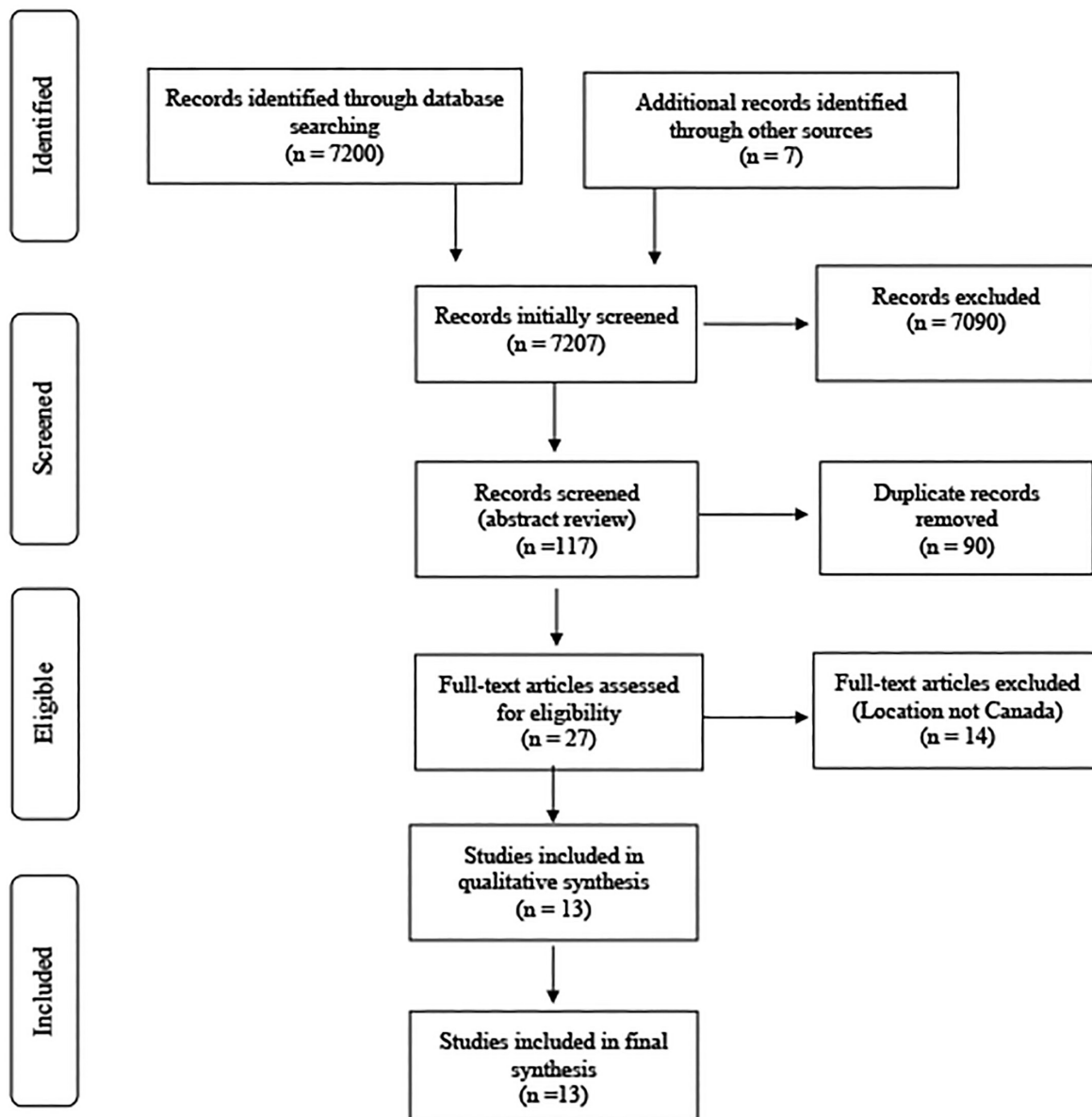


Table 2
Indigenous Parenting Programs Identified within the Current Review

Program Name (Location)	Organization/ Author (date)	Broad Program Description	Program Duration	Program Conceptualization	Available Evidence for Program Efficacy
Aboriginal Head Start in Urban and Northern Communities (Alberta, Ontario)	Public Health Agency of Canada De la Cruz et al. (2010)	Literacy and parenting program	10-20 sessions	Adapted from a non-Indigenous program.	Quantitative comparison of 48 children literacy and math scores AHS group showed improved performance on word reading and math than comparison group, although inferential statistics were not reported. Four case-matched (age and gender) did not find significant differences in academic abilities.
Aboriginal Home Instruction for Parents of Preschool Youngsters (A-HIPPY; British Columbia)	Mothers Matter Centre Beatch & Le Mare, (2007)	Home visiting program.	2 years for 15 minutes a day.	Adapted from a non-Indigenous program.	Qualitative study of program implementation
Bringing Tradition Home (British Columbia)	BC Aboriginal Child and Care Society (2010)	Group sessions of seven sacred teachings and parenting issues.	9 sessions	Conceptualized from Indigenous parenting model.	None reported.
Eagle Spirit (British Columbia)	Cameron (2007)	Group sessions of culturally- specific, cognitive- behavioural, rational-emotive behavioural, and other behavioural skills.	12 week program. Participation was 5 days a week, for 5 hours a day.	Conceptualized from Indigenous parenting model.	Qualitative interviews with 13 participants of program experiences.

Table 2, continued**Indigenous Parenting Programs Identified within the Current Review**

Program Name (Location)	Organization/ Author (date)	Broad Program Description	Program Duration	Program Conceptualization	Available Evidence for Program Efficacy
Family Group Decision Making Project (Newfound- land and Labrador)	Pennell & Burford (2000)	Family-group decision making model and strength-based.	Half-day conference	Adapted from a non-Indigenous program.	Qualitative and descriptive analysis of participant experiences at 1-year ($N=31$). Mean number of reportable offenses of child maltreatment reduced from 7.28 per family to 3.66 following intervention. Control group showed increase in events, from 4.16 per family to 5.32 per family in same time span. No inferential statistics were completed.
Heart & Spirit Parenting Program (Ontario)	Association of Native Child and Family Services Agencies of Ontario (2015)	Strength-based group program.	11 weekly sessions each for 3 hours	Conceptualized from Indigenous parenting model.	Qualitative participant comments
Kikinahk Parenting Program (Saskatche- wan)	Kikinahk Friendship Centre (2006)	Group activities on location.	Intermittent and informal events	Conceptualized from Indigenous parenting model.	Indirect reporting of participant experiences

Table 2, continued**Indigenous Parenting Programs Identified within the Current Review**

Program Name (Location)	Organization/ Author (date)	Broad Program Description	Program Duration	Program Conceptualization	Available Evidence for Program Efficacy
Kwanlin Dun Healthy Families (Yukon)	Kwanlin Dun First Nation. Elnitsky et al., (2003)	Home visiting program.	Not reported.	Conceptualized from Indigenous parenting model.	Comparison of descriptive statistics Of 8 participants, 6 indicated positive change, while 2 indicated negative change following the program from Time 1 to time 2. Of 4 participants, 1 indicated positive changes in family functioning, 2 reported negative change, and 1 reported no change between Time 2 and Time 3 assessments. Most participants (n=4, indicated no change or negative change in maternal support.
Stop Now And Plan (SNAP; Quebec, Ontario, Saskatchewan, Alberta, Yukon)	Child Development Institute (2013)	School based program, with parenting group, for children with externalizing problems.	13 weeks	Adapted from a non-Indigenous program.	None provided.
Traditional Aboriginal Parents Program (TAPP; British Columbia)	Spirit of the Children Society (2018)	Group sessions for content modeled on medicine wheel.	11 sessions in 3 weeks	Conceptualized from Indigenous parenting model.	None provided.
Traditional Parenting Program (Yukon)	Skookum Jim Friendship Centre	Group sessions of cultural parenting skills.	Not provided.	Conceptualized from Indigenous parenting model.	None provided.
Triple P (Ontario)	Houlding et al. (2012)	Group sessions for manualized behavioural, social learning, and child development skills.	7 sessions: 2 hour sessions and 2 phone call follow ups.	Adapted from a non-Indigenous program.	Qualitative study describing impact and accessibility of program for 11 families. Program was reported to be useful by participants.

Table 2, continued
Indigenous Parenting Programs Identified within the Current Review

Program Name (Location)	Organization/ Author (date)	Broad Program Description	Program Duration	Program Conceptualization	Available Evidence for Program Efficacy
Wabano Parenting Bundle (Ontario)	Wabano Centre for Aboriginal Health	Booklet of cultural parenting skills available for purchase.	At participant discretion	Conceptualized from Indigenous parenting model.	None provided.

Regardless of the intention of use, all programs emphasized ongoing collaboration or consultation with local Elders with respect to local cultural practices and customs, however only four specified how this consultation was to be completed throughout program implementation. For these manualized programs, particularly those with a facilitation guide, preliminary consultation with Elders and traditional leaders within the community was considered a primary program requirement and necessary to program implementation ($n = 4$). As all programs embedded cultural activities to some degree within programming, many sessions across programs were led by Elders, rather than by other program facilitators. It was clear that within these collaborations, strong relationships with committed Elders were mandatory prior to program facilitation.

Additional facilitation guides emphasized the nature of flexibility within programming, and the wholistic nature of services provided, including how programs met external needs of parents to increase their ability to attend in-person services. Providing transportation to services (including pick-ups by program staff, bus tickets, or taxi fares), having on-site child care and providing meals during sessions were all ways programs attempted to meet participants' needs and reduce barriers to care. A few programs ($n = 4$) embedded other health-related and wholistic practices within parenting program content. For example, in Gathering Eight of the Bringing Tradition Home program, participants learn about nutrition, particularly with traditional foods, and plan a feast that occurs in the final gathering, which is the next session. Although the session goals relate to increasing understanding of healthy nutrition for families with traditional foods, the session also emphasizes the teaching of generosity, gathering traditional foods, and preserving foods and medicines. Eagle Spirit provided participants information about interpersonal relationships, addictions, self-esteem, in addition to one-on-one time with Elders, and informal outings, while the Kikinahk Parenting Program provided counselling, conferences, plays, and special events with Elders.

The staffing knowledge requirements for facilitation of programs were generally not reported within the retrieved programs. Only four programs mentioned the training required for program implementation. Triple P, Aboriginal Home Instruction for Parents of Preschool Youngsters (A-HIPPY), SNAP, and the Heart and Spirit program each required a specific certification to deliver program content. When program requirements were reported, programs emphasized prioritizing facilitators who self-identified as Indigenous, held cultural and traditional knowledge of parenting experiences, and good communication skills.

Program Outcomes

Eight studies reported participant outcomes. Six studies reported qualitative participant descriptions of success and program likeability, but few reported quantitative outcomes. Two studies reported participant outcomes using descriptive statistics, and one did not show positive change as a result of the program. No programs examined parent-child relationship changes or asked specifically about child perspectives of parenting or attachment with caregiver following program participation.

Two programs (SNAP and Triple P) included in this review had limited outcomes reported for Canadian Indigenous populations, but have rigorous studies supporting program efficacy and effectiveness from other countries. For Indigenous families living in Northwestern Ontario, Houlding, Schmidt, Stern, Jamieson, and Borg (2012) presented qualitative data that demonstrated the acceptability of the Triple P program. While the results were promising, these authors recommended replication and quantitative assessment within a Canadian Indigenous sample.

Program Participants

Participant requirements varied between programs. Most programs met on a weekly basis, with the exception of one program that provided intensive daily five to eight-hour sessions. Six programs mentioned that child care and transportation were provided for participants. When reported, most programs required participants to be formally enrolled in all sessions. One program stated that enrollment in the parenting program was on a daily drop-in basis with no additional commitment required. Descriptive statistics of participants revealed that the majority of parents were female and under 30 years of age.

One retrieved program was specifically delivered to Métis populations, one to Inuit populations and three to First Nations populations. The remaining programs were generalized to broader Indigenous communities. Two studies reported on urban Aboriginal populations, and one program was delivered on a reserve. Identified programs were located in the provinces or territories of Alberta, British Columbia, Newfoundland and Labrador, Ontario, Saskatchewan, and Yukon.

Program Treatment Goals and Specific Components

The majority of programs sought to increase parenting knowledge and confidence, and promote child well-being, resilience, and safety. Some programs included treatment goals such as sharing resources with other community agencies, reducing family violence, and increasing participation in the Canadian economy. This seems to differ from programs that aim to improve specific behavioural skills, such as setting limits or providing effective discipline. All programs ($n = 13$) incorporated culture within treatment approaches and half of the programs ($n = 6$) specified that a primary goal was to increase children's cultural knowledge. Cultural knowledge of parenting included the Seven Sacred teachings, teachings related to the medicine wheel, traditional land-based activities, information about inter-generational trauma, colonization, and residential schools, unspecified Indigenous parenting practices, and understanding Indigenous ways of learning.

Programs varied in the way that parenting skills were taught to participants. Most skills or program content were presented orally in an in-person group format, and involved stories, videos, and demonstrations of parenting skills. As a way to embed group content, one program (Heart and Spirit) encouraged personal

journaling, meditation, and reflection for parents. Three programs (Heart and Spirit, Triple P, and SNAP) all encouraged between-session work by parents, including practicing skills between group sessions.

Table 3 describes the number of sources that described specific intervention components. Table 4 provides the specific cultural teachings described within these programs. Given that some programs did not provide comprehensive explanations of program content, this list may not be exhaustive.

Some parenting programs also provided knowledge about historical practices and colonization. Seven programs (TAPP, A-HIPPY, SNAP, Eagle Spirit, Bringing Tradition Home, Heart & Spirit, and the Wabano Parenting Bundle) stated that programming specifically provided some components that addressed the disrupted transmission of current parenting practices, the residential school system in Canada, and the need to foster access to cultural teachings and land-based activities as a result of colonization. Few programs provided a detailed description of how these ideas were taught to program participants, and typically endorsed sharing teachings with the help of an Elder. One program, Heart and Spirit Parenting, encouraged individualized exploration of inter-generational trauma and parenting practices, through the creation of a genogram, or mapping of family relationships, deaths, dysfunctional patterns of behaviour, and positive parenting practices. Some programs provided support and information related to these topics informally, such as the Kikinahk Parenting Program, which offered parenting group activities, including weekends in the bush with Elders to explore intergenerational relationships and trauma.

DISCUSSION

The primary goal of this study was to review relevant literature describing parenting programs designed for Indigenous families in Canada and examine outcomes associated with effectiveness of these programs. Although 13 programs were retrieved in this review, there were only two reported quantitative outcomes, which did not allow us to effectively compare the programs. Due to the limited quantitative results, information related to effectiveness was retrieved from qualitative results, which were difficult to compare across programs. Most parenting programs we identified in this review were provided in-person by community organizations primarily devoted to Indigenous mental wellness or child development, and tailored to parents, rather than other family members. The majority of programs used cultural treatment and behavioural management strategies. Of the identified programs, all indicated some flexibility in how program content was delivered to participants, although no programs described specifically how this was accomplished.

Reported Outcomes of Retrieved Programs

No studies reported parent or child outcomes related to specific program components or described long-term outcomes for families. There is a need to fill these significant literature gaps and gain additional evidence to support contextually appropriate parenting programs related to a growing concern that parenting programs in Canada offered to Indigenous families are not meeting their needs (TRC, 2015). Continuous evaluation can ensure that the most effective supports are offered to these communities related to broader contexts that consider community norms, history and/or recent events, organizational systems related to health, finance, well-being, governance, and/or education, and specific population-related characteristics or needs.

Table 3
Number of Programs Describing Specific Treatment Components

Intervention Component	Number of Programs
Sharing cultural knowledge	13
Behavioural management strategies	9
Relationship building strategies	8
Psychoeducation	8
Additional parent resources/support	7

Table 4
Cultural Components Identified

Cultural Component or Teaching	Programs Included
Seven sacred teachings	Heart & Spirit TAPP Bringing Tradition Home
Medicine wheel	TAPP Heart & Spirit SNAP
Land-based activities	Kikinahk Parenting Program Traditional Parenting Program
Rituals or traditions	Bringing Tradition Home Eagle Spirit Kikinahk Parenting Program Heart & Spirit Wabano Parenting Bundle Traditional Parenting Program SNAP
Direct involvement of Elders and knowledge holders in programming	Kikinahk Parenting Program Bringing Tradition Home Eagle Spirit Traditional Parenting Program SNAP

Commonly Cited Program Components

Cultural components as treatment. Cultural goals among the identified programs included expanding participants' cultural knowledge, engaging participants in cultural or traditional activities, or facilitating access to cultural approaches to parenting. All treatments incorporated some type of cultural activity or teaching. Traditional activities included sweat lodges, smudging, discussion based on grandfather teachings, and the medicine wheel teachings. Traditional teachings related to sacred medicines and consultation with Elders were also incorporated. Some programs incorporated these directly into the parenting program, while other organizations provided access to external cultural services throughout treatment. In comparison to the review completed by Macvean and colleagues (2017), all programs retrieved in the current review embedded cultural teachings. It remains unclear if this is due to the different geographical location represented in the Macvean et al. (2017) review, or other contextual considerations, such as inclusion of unique cultural activities or emphasis on historical oppression experienced by Canadian Indigenous communities.

We did not find conclusive evidence to determine which cultural strategies were related to parenting outcomes or participant engagement. It is likely that facilitating cultural activities in general can encourage the transmission of cultural knowledge between generations. Connection with culture is considered to be a protective factor for Indigenous youth (Snowshoe et al., 2017). Parent engagement with culture may act as a gateway to this protective outcome. Indeed, the First Nations Mental Wellness Continuum Framework (FNMWCF; Assembly of First Nations & Health Canada, 2015) describes the importance of purpose, hope, belonging, and meaning as mechanisms for facilitating wellness. This framework positions culture as the base of individual health, by contributing to each of these components. Participation in traditional and culture-based activities may contribute to the repair of disruptions in Indigenous identity. It may promote new learning in the purpose of parenting, hope for the future, belonging within the family and the broader culture.

Processes of cultural adaptation. Most parenting programs reviewed ($n = 10$) created novel content specifically to meet Indigenous cultural needs. This method of cultural adaptation of psycho-social interventions is a bottom-up processing approach that creates a novel parenting program to meet cultural needs. This is opposite to the top-down approach of intervention adaptation, which emphasizes cultural tailoring of previously existing non-Indigenous parenting interventions (Huey et al., 2014). Although both approaches facilitate inclusion of cultural beliefs and values, the nature of how cultural knowledge is embedded within the programs warrants consideration.

Mixed results have been found for the effectiveness of culturally adapting existing interventions. Huey and Polo (2010) reviewed multiple randomized controlled trials (RCTs) that compared empirically supported, culturally specific interventions for ethnic minority youth seeking psychological treatment to control groups that did not receive such interventions. In this review, culturally tailoring interventions for youth had no increased effectiveness when compared to "standard" treatment approaches. Given that program participation can rely heavily on the "fit" of a program to the participant needs, simply embedding general cultural knowledge may not be best practice (Bernal et al., 2009). Given that RCTs typically compare a treatment to a control group, and often can have specific limitations for Indigenous populations (Glover et al., 2015), additional factors should be also considered, such as parent interest, group cohesion, and parent satisfaction, which can encourage attendance and improve child outcomes (Álvarez et al., 2018). When parents feel the program meets their needs, they may be more likely to engage in program-related activities. Given the result

of this scoping review and the variability found within the parent programs, a number of suggestions are offered for clinical practice and future research with Canadian Indigenous populations.

Future Parenting Program Development and Implementation

Although it is possible that strategies used in non-Indigenous programs may be effective with Indigenous programs, the applicability of these strategies must be explored further. Literature has suggested that culturally responsive (Westerman, 2004) and patient-centred (Hibbard & Greene, 2013) strategies may improve these programs. We have respectfully proposed five suggestions that may improve participant outcomes of Indigenous parenting programs. These suggestions were generated by analyzing aspects of programs that authors, included in this review, frequently reported to enhance program outcomes. Given the diversity of studies considered here, evidence for these proposed strategies was not reported across all the studies; however, we attempted to select the strategies that were more frequently reported to contribute to program outcomes. Many of these strategies have also been supported in broader literature pertaining to non-Indigenous parenting practices, although caution is required when extending non-Indigenous programming to Indigenous communities, as these endeavours may have reduced relevancy or effectiveness. It is likely that these preliminary recommendations will be adapted as new information becomes available and are thus limited in nature by the current availability of published literature.

1. Increasing program accessibility. The parenting programs found were primarily disseminated by local community organizations. For Indigenous families living in remote or rural regions, access to community organizations and parenting programs may be limited. Additional services that provide support in a non-traditional format may be more accessible for families who cannot attend group sessions due to location, scheduling, or child-care obligations. E-health or distance-based initiatives may also promote accessibility to parenting programs (Muttitt et al., 2004). There is a robust literature examining the efficacy and effectiveness of distance-based parenting programs for rural non-Indigenous populations (Day & Sanders, 2017; McGrath et al., 2011; Reid et al., 2012). Further research is required to determine applicability for Indigenous communities.

Six programs identified in this review provided child care and transportation supports. Some programs incorporated a flexible policy for participants who missed appointments, and some encouraged participation on a drop-in basis, rather than implementing a strict requirement for attendance. Providing adaptations like these, which are sensitive to contextual demands on Indigenous parents, may increase parent engagement in treatment.

2. Tailoring content to meet individual needs. Parenting programs must be tailored to fit the context of the families participating in it. Flexible options for program delivery may affect parental engagement (Wymbs et al., 2016). Parental engagement may also be influenced by session attendance policies, program duration, agenda, group or individual treatment, or location of services. For example, having client-centred, and thus flexible, attendance policies can increase uptake of the program by participants. Community preferences of program used, including individual or group formats, can also increase attendance. Familial preferences should be considered in these aspects of program planning.

3. Incorporating additional family members. Incorporation of additional family members or caregivers of the child, including extended kin, older siblings, non-biological relatives, or foster parents may better address children's needs. This practice can increase parenting consistency and social support, facilitate the sharing of parenting knowledge, and prioritize the needs of diverse family structures. Studies that have examined the involvement of non-Indigenous fathers in parenting programs report increased empathy, parenting self-efficacy, and emotion management (Wilson et al., 2016).

4. Engaging in holistic service provision. Three programs provided client-centred parenting services in conjunction with other mental health services and supports. For example, some programs provided meals to parents attending the program or provided access to additional on-site services. Targeting intermediate components of wellness (including increasing access to healthcare, education, and employment opportunities) that have been identified as concerns of Indigenous communities may improve retention of information offered by parenting programs. Systemic barriers, such as poverty or housing instability, have been cited to partially contribute to poor outcomes (Harris et al., 2007; Loppie Reading & Wein, 2013). Implementation of holistic supports requires partnerships with appropriate community and social service agencies. Providing on-site child care, transportation, and health services in conjunction with parenting programs may facilitate the overall benefits of such programs.

5. Incorporating evidence-based parenting models. Of the programs identified in the review, only five described a clear theoretical approach. Embedding evidence-based theoretical orientations when generating or delivering content, may increase the usefulness of programs. Attachment-focused (Cassidy et al., 2017), behavioural, and cognitive-behavioural models (Mouton et al., 2018), and trauma-informed models (Johnson et al., 2018) have been identified to be evidence-based orientations useful for generating parenting program content. We recognize that evidence can be generated by knowledge keepers and culture-based approaches in conjunction with scientific research designs (such as a RCT), particularly those that use a Two-Eyed Seeing approach (Hall et al., 2015). Evidence-based parenting models could include Indigenous cultural knowledge-based approaches that are known to be effective within a specific community. High quality program evaluations in partnership with Indigenous service providers would be of immense value to others doing this work in Canada.

Future Research Suggestions for Program Implementation

Systematically examining outcomes of parenting programs for Indigenous families can generate better programs and implementation for parents, including those who may have complex needs. Such information can allow programs to be tailored to meet the needs of families participating in them, particularly when the needs of families are complex and differ across cultures. Commonly reported complexities for Indigenous families include disrupted transmission of parenting practices through historical policies of residential schools and the Sixties Scoop, but also current funding disparities, access to services, and lack of culturally appropriate care (TRC, 2015). Given the potentially high resources required to attend programming, treatment must be evidence-based and able to produce the best outcomes. It is noted that ongoing research must adhere to specified community needs and use appropriate research methods. For example, the Ownership, Control, Access and Possession (OCAP)TM standards documented by the First Nations Information Governance Centre (2014) may be relevant to some communities. It is acknowledged that communities should use strategies

that generate the most useful and relevant knowledge to them (Saini, 2012). We respectfully suggest using evaluation approaches and methodologically sound research that prioritizes capturing knowledge in a meaningful way for communities. Rigorous methods can share experiences and knowledge gained through these endeavours in a way that can be easily shared. The research suggestions provided below may best facilitate knowledge dissemination of program outcomes across communities. Recommendations are related to both process (content inclusion and documentation) and outcome-specific evaluation.

1. Including culturally relevant content. Documentation of culturally relevant program modifications and specific practices used within parenting programs and the outcomes associated with them is recommended. This information can be particularly useful to other communities wishing to adapt programs to meet the needs of their families. The authors are not advocating the inclusion of specific ceremonial practices related to culture-based experiences (e.g., sacred experiences within ceremony), as such practices have specific spiritual significance and meaning. Instead, using a prototype framework that could be tailored for individual agency needs, includes relevant cultural activities, parenting content that is requested by community members, and shares this content in a way that is best suited to participant learning can be useful. These types of program modifications made to one prototype can facilitate sharing of knowledge across communities but ensure that contextual needs are met. For example, the use of an ecologically valid framework by Bernal, Jiménez-Chafey, and Domenech Rodriguez (2009) suggested that culturally sensitive psychosocial treatments for specific populations should target eight dimensions of treatment pertaining to language, persons, metaphors, content, concepts, goals, methods, and context. Emphasis on describing the relationship between specific inclusions of culturally relevant content, practices, or teachings as they pertain to parenting program outcomes should be completed. Completing ongoing usability, feasibility, or qualitative content review studies, in conjunction with studies designed to assess intervention differences on participant outcomes would be helpful.

2. Documenting program content. Programs that provide documentation of treatment components, such as session-by-session treatment goals, can further inform the development of parenting programs. Four of the retrieved programs followed these guidelines. Facilitator guides, such as those provided by the Heart and Spirit Parenting Program, can aid in program implementation for communities. The availability of these programs in Canada is limited, and currently it seems many organizations are creating novel programming rather than using existing resources. Many programs did not describe program facilitator qualifications, theoretical orientation, group structure, or implementation strategies that may benefit participants. For example, although no programs retrieved in this review self-identified as “trauma-informed,” seven programs explicitly addressed historical trauma and disrupted parenting practices. It is likely that such trauma-informed approaches are integrated within these programs, although not specifically stated. While this use of practice-based knowledge can be of great relevance to a local stakeholder population, wider dissemination would be of immense value.

Program standardization, while not without challenges (e.g., potential decrease in direct relevance to parents locally) can increase the feasibility of program evaluation by being less resource intensive. Importantly, standardizing a parenting program does not create a one-size-fits-all solution for Indigenous communities when such programs are published and used across communities. Individual communities can determine how to best provide parenting resources (whether to use or adapt previously documented programs or to generate

an entirely new solution). Regardless, documentation of the specific program goals, content, delivery, and outcomes is encouraged.

3. Reporting program outcomes. Most programs retrieved through this review did not report participant outcomes. The previous recommendations were based on commonly described initiatives of the programs in this review. It is unknown if the strategies that prioritize open policies to session attendance or child-care provision would increase participant engagement in sessions or facilitate better outcomes for Indigenous children. In future, reporting participant outcomes may be useful for other community organizations implementing similar programs.

4. Generating useful program metric indicators and outcomes. Factors that encourage program attendance, reduction of parent's and child's emotional and behavioural concerns, and incorporation of cultural components within interventions can promote positive outcomes (Haight et al., 2018). Reporting of short-term and long-term parent and child outcomes with rigorous research methods can increase the understanding of how parenting programs influence such factors for families. Such information can potentially be generalized to other communities wishing to implement similar strategies. For example, randomized controlled trials can provide useful information about program outcomes, specifically when compared to a treatment-as-usual or a control group over time. Incorporation of a Two-Eyed Seeing approach (Hall et al., 2015), can accommodate research methods that can capture useful data for communities in conjunction to those that can contextualize such knowledge.

To effectively compare program outcomes, identification of specific effective program components implemented across interventions is required. Between the Macvean et al. (2017) review and the current review, only two programs (Triple P and Family Group Decision Making) were retrieved and reported within both reviews. It is possible that by noting effective program components, some may be generalizable across communities and tailored to meet individual needs.

5. Ongoing knowledge mobilization. Dissemination of program outcomes through community reports, conference presentations, newsletters, or peer-reviewed publications can further support the development and provision of evidence-based programs. It is likely that many communities are sharing such knowledge outside of academic sources, meaning that methods such as those in the current review may not capture such approaches. Further exploration of how evaluation and transmission of knowledge in the communities, including formalized knowledge mobilization approaches, can determine if parenting programs in Canada adequately meet the needs of Indigenous families. It is possible that parenting programs, such as those reviewed in the study, may require adaptation from their current form as the needs of Indigenous families change.

Study Limitations

Programs were only included in the current review if they had a published manual or other data about the program specifically available online in English. Programs may be offered in a non-Internet-based form in some communities or by word of mouth. In addition, the variability and limited quantity of programs retrieved make the programs challenging to compare. For example, based on the information available within the included studies, it was not possible to specifically outline or compare types of cultural teachings or activities across communities. The provided recommendations are also limited by this scope. These

recommendations are supported by broader sources of evidence, rather than specific research outcomes from within the included studies. This may impact the direct applicability of these recommendations to these Indigenous communities.

It is likely that the search strategy used within this scoping review retrieved more culturally based parenting programs rather than parenting interventions simply used with Indigenous families. Many Indigenous families may be accessing “non-Indigenous” parenting supports within communities and this is not reflected in the current scoping review searches. These programs, even when offered to Indigenous families, could not be included in the current review, as no outcomes were available specifically for Indigenous families. Given that Indigenous families are not the focus of these programs, outcomes for Indigenous families are likely not examined separately. The lack of representation of unpublished parenting programs is a limitation of the current study.

CONCLUSION

This review was intended to be a compilation of the available parenting programs for Indigenous families in Canada. Based on the lack of studies meeting Cochrane review standards, a scoping review was deemed to be most appropriate to meet this goal. Included programs were recent, focused on developing Indigenous parent skill training, had structured delivery, and were available in English. This review directly responded to TRC calls for “the federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate parenting programs for Aboriginal families” (TRC, 2015). To move forward with this recommendation from the TRC, a review of current resources was required. Collective knowledge of best practices to promote positive parenting outcomes for Indigenous families can be established before dissemination occurs. As communities move towards developing additional parenting resources, it is respectfully recommended that careful consideration of the available evidence for programs is undertaken. Delivering the best evidence-based treatment and parenting strategies through careful examination of existing knowledge can help facilitate improved child mental health across communities for Indigenous children and families. Indeed, given the stated need by Indigenous communities for parenting programming (Lucero & Bussey, 2012; Toombs et al., 2018), it is an ethical imperative to pursue programs with the best evidence of effectiveness.

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