Adverse Childhood Experiences:

Prevention, Mitigation and Intervention Approaches

CANADIAN MUNICIPAL NETWORK ON CRIME PREVENTION | RÉSEAU MUNICIPAL CANADIEN EN PRÉVENTION DE LA CRIMINALITÉ
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community safety & well-being
THUNDER BAY

Thunder Bay District Health Unit

Acknowledgements

National Scan of Adverse Childhood Experiences (ACEs) Prevention and Intervention Approaches

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We would like to acknowledge that the programs and interventions highlighted in the following report are implemented on the traditional territories of First Nation, Inuit, and Métis peoples from coast to coast to coast. We wish to honour the Indigenous people who have lived here and cared for these lands for thousands of years.

This report is based on the contributions of individuals and organizations that participated in a scan of ACEs prevention and intervention approaches in addition to a literature review which highlighted interventions addressing ACEs in North American communities. It is recognized that new research, best practices, and promising practices emerge regularly; however, it is important to note that these approaches and findings are a summary of the literature and participants' feedback and do not necessarily reflect the views of the partner organizations.

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Background

The concept of adverse childhood experiences (ACEs) was established after a ground-breaking study investigated how childhood abuse, neglect, and household challenges relate to later-life health status and well-being (Felitti et al., 1998).

The original study included a set of ten ACEs occurring during the first 18 years of life. Given that the concept has evolved over the last 20 years, we have expanded the original set of ACEs to include an additional five experiences for this project (see box below for breakdown).

Adverse Childhood Experiences

Original ACEs:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver substance abuse
- Caregiver mental illness
- Caregiver incarceration
- Caregiver divorce or separation

Expanded ACEs:

- Intergenerational trauma
- Racialized trauma
- Community violence
- Intersectionality with gender
- Impacts of COVID-19

More than two decades of research have identified a dose-response relationship between ACEs and physical and mental health conditions, psychosocial and behavioural effects, and premature death. ACEs are associated with health outcomes such as heart disease, cancer, diabetes, stroke, chronic obstructive pulmonary disease (COPD), depression, anxiety, post-traumatic stress disorder (PTSD), and suicidality, and have been linked to behaviours such as aggression or impulsion, overeating, risky sexual behaviour, and the use of alcohol, tobacco, and/or other illicit substances (Brown & Shillington, 2017; Felitti et al.,

1998; Hughes et al., 2017; King et al., 2021; Petrucelli et al., 2019). ACEs are also associated with homelessness, higher rates of unemployment, and poor academic achievement (Dotterer & Lowe, 2011; Liu et al., 2013). Preventing childhood abuse, neglect, and household dysfunction is a public health concern due to the array of physical, mental, and behavioural impacts it has across the lifespan. Due to the complicated nature of this issue, a cross-systems approach is necessary to address the causes of childhood adversity, stress, and trauma.

Recognizing the significant impacts that ACEs have on health, safety, and well-being, the Thunder Bay District Health Unit (TBDHU), Community Safety & Well-Being (CSWB) City of Thunder Bay, and the Canadian Municipal Network on Crime Prevention (CMNCP) share a joint interest in promoting the prevention and mitigation of ACEs in communities. The TBDHU, CSWB Thunder Bay, and CMNCP seek to inform and influence individual and community decisions that promote positive health and well-being outcomes. It is within this context that this project was designed.

This project included a national scan of ACEs-related work to identify evidence-informed and promising prevention and mitigation practices currently being implemented across Canada. The TBDHU, CMNCP, and CSWB Thunder Bay collaborated with a Lakehead University Master of Public Health student in the development of an online survey to gather information on ACEs-related programs and interventions being implemented across Canada. The findings and recommendations in this report reflect the feedback provided by survey participants.

"Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential."

- CDC, 2022

Purpose

The purpose of this project was to hear from organizations across Canada about their experience with implementing evidence-based and promising approaches that prevent and/or mitigate ACEs. Identifying programs and interventions implemented in communities across the country may lead to the adoption of informed practices related to preventing and mitigating ACEs within our communities, while also highlighting the impacts of ACEs on personal and community safety, health, well-being, violence, and victimization.

Prior to the survey creation, a literature review was completed to highlight interventions addressing ACEs in North American communities. The results of this literature review were mainly American studies focused on secondary or tertiary prevention.[1] The lack of Canadian research articles in these databases further highlighted the need for a national scan of programs addressing ACEs in Canada, as well as the need to identify more primary prevention[2] strategies that prevent ACEs from occurring.

Benefits of this project include:

- Creating a more comprehensive picture of ACEs programs across Canada
- Aiding in the design and development of ACEs prevention and mitigation activities
- Promoting the importance of ACEs prevention and mitigation to policymakers
- Identifying opportunities for future funding and development
- Identifying potential gaps in ACEs prevention and mitigation initiatives
- Advancing the conversation on the connection between ACEs and community safety & well-being efforts

Along with the project's purpose of identifying programs and interventions surrounding ACEs, it is hoped that this information will identify and highlight promising practices used within Canada, specifically highlight grassroots initiatives being implemented, and create partnerships to address ACEs in our communities.

[1] Secondary prevention aims to reduce the impact of a disease or injury that has already occurred, and tertiary prevention aims to soften the impact of an ongoing illness or injury that has lasting effects (Institute for Work and Health, 2015).

[2] Primary prevention aims to prevent disease or injury before it ever occurs (Institute for Work and Health, 2015).

Summary

The Scan of *ACEs Prevention and Intervention Approaches Survey* was developed by Kimberlea Granholm (Lakehead University student), Rosemary Scofich (TBDHU), Lee-Ann Chevrette (CSWB/City of Thunder Bay), and Audrey Monette (CMNCP). It was available online between February 14, 2022, and March 7, 2022. This survey was administered through Survey Monkey and shared to the members of CMNCP, TBDHU, and the CSWB Thunder Bay networks, with recipients being encouraged to share the survey to any other organization, agency, or community partner who could contribute to this scan. This method of data collection was aimed at obtaining a more detailed and comprehensive understanding of ACEs, their connection to personal and community safety and well-being, and outlining interventions and programs developed and implemented across Canada.

Findings

49 surveys were completed, outlining 41 programs addressing ACEs in Canada. Of the 41 unique programs, the programs were directed at a variety of audiences, including caregivers, infants, children, youth, adults and communities. Some were also for families and geared to communities. Survey respondents represented organizations in Ontario, Alberta, Manitoba, and Saskatchewan, describing their community settings as urban/large city, small city or town, suburban, and Indigenous communities.

Program information was shared from a variety of sectors, as outlined on page 10, with the greatest number of programs provided by social services, not-for-profit organizations, municipal government, and public health. The most common protective factors for ACEs reported to be present in these communities were access to mental health services, safe and engaging after school programs and activities for children and youth, and access to substance misuse services. The most common risk factors reported to be present in respondents' communities were domestic violence, poverty, and accessibility of drugs and alcohol.

The online survey provided a snapshot of evidence-based and promising approaches and programs that prevent and/or mitigate ACEs. These findings cannot be generalized to Canada overall, as respondents from only four provinces participated, but can be viewed as the experience of organizations in those communities. It is important to note that this report represents and outlines the findings and feedback from the survey respondents and does not represent the views of the TBDHU, CSWB Thunder Bay, or CMNCP.

Valuable Consideration

The First Nations Principles of Ownership, Control, Access, and Possession (OCAP) were discussed during the creation of this report. OCAP represents principles and values that are intertwined and reflective of First Nations' world-view of jurisdiction and collective rights (The First Nations Information Governance Centre, 2014). A meeting

was held with local Indigenous partners from Dilico Anishinabek Family Care and Matawa First Nations Management. This was an important conversation not only because we need to consider OCAP principles whenever community research is conducted that may include Indigenous peoples and/or their knowledge/knowledge systems but also because we need to better understand the particular sensitivities and impacts of ACEs work in Indigenous communities. The report was shared with these partners for their review before release, and we are very grateful for their guidance.

"(We need) lots of cultural trainings from local communities, cultural diversity and understanding, (to know) how some communities are more impacted by trauma."

- Participant

"We have made it a priority to have an Indigenous Advocate on our staff at all times to help ameliorate cultural differences and sensitivities. She is the first friendly face that families see when they arrive in our centre. We engage in as many learning opportunities as possible... We make sure to carve out time to talk and learn as a group."

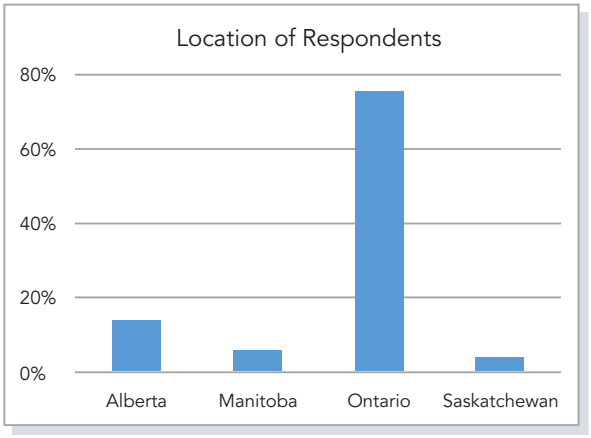
- Participant

Findings

This section outlines the information of participant organizations and their community settings, the programs provided based on the primary audience, and other considerations shared by survey respondents.

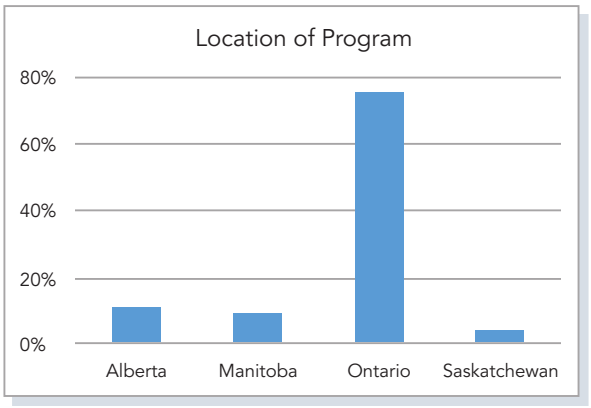
Location of Respondents

Of the total survey respondents (n=49), 75.5% were from Ontario, 14.3% were from Alberta, 6.1% were from Manitoba and 4.1% were from Saskatchewan. There were no survey respondents from British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Prince Edward Island, Quebec, or the Yukon.



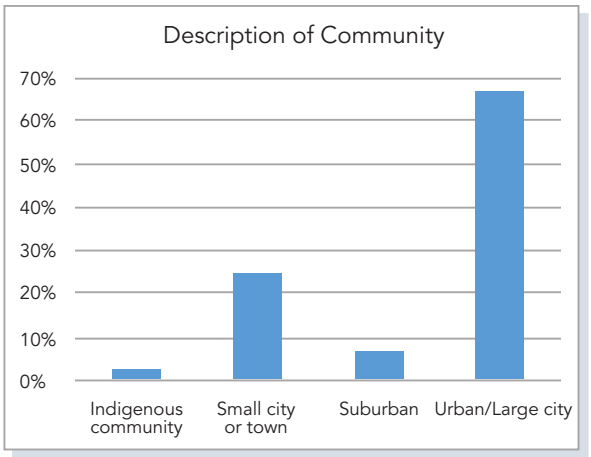
Location of Programs

Respondents shared the location of their program/intervention indicating that the majority of the sites were in Ontario (75.6%), followed by Alberta (11.1%), Manitoba (8.9%), and Saskatchewan (4.4%).



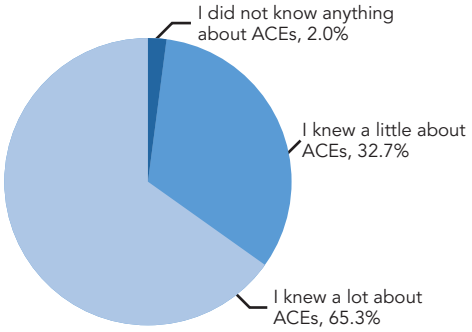
Description of Community Setting

Survey respondents described their community settings as urban/large city (67.4%), small city or town (24.5%), suburban (6.1%), and Indigenous community (2.0%). No survey respondents described their community as remote or rural.



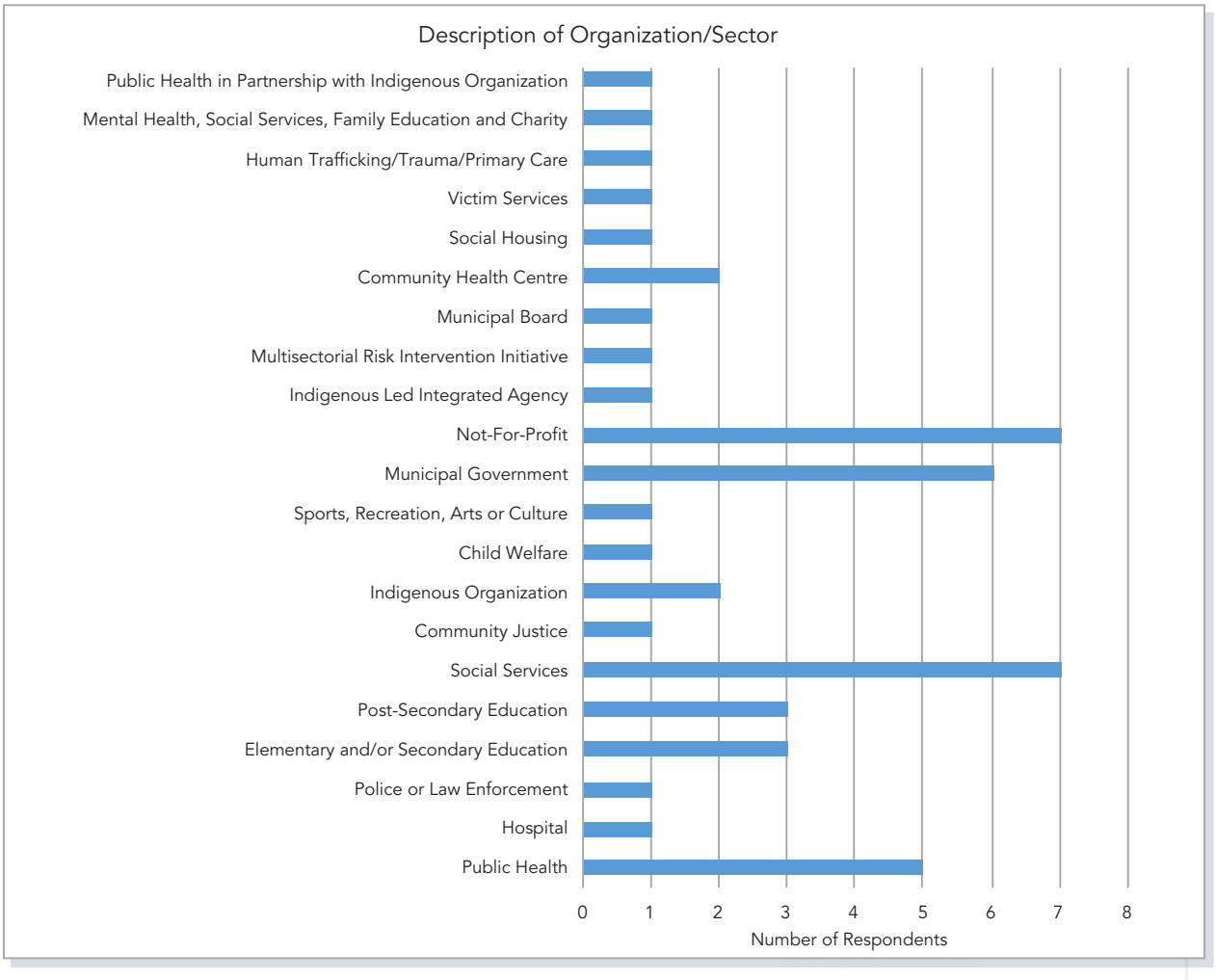
Prior Knowledge of ACEs

We asked respondents (n= 49), "Prior to the survey, how knowledgeable were you with the concept of ACEs?" The majority knew a lot about ACEs (65.3%), some knew a little about ACEs (32.7%), and one respondent did not know anything about ACEs (2.0%).



Description of Organization/Sector

A variety of organizations completed the survey, highlighting the multisectoral and cross-systems approach that is necessary to address ACEs in Canada. No respondents identified as being from a primary healthcare provider, legal services, midwifery or lactation consultant, childcare, mental health agency/organization, emergency shelter services, domestic violence shelter, Federal government, Provincial/Territorial Government, or the business sector.



Protective and Risk Factors

There are individual, family, and community risk factors that increase the likelihood of someone experiencing ACEs. Fortunately, there are also many protective factors that can mitigate or prevent ACEs at the individual, family, and community levels. The following section captures the risk and protective factors identified by survey respondents that exist within their communities.

"The work needs to be embedded into the child's everyday experience. These programs can be separate. They are best delivered in schools."

- Participant

Community Protective Factors

When asked which protective factors for ACEs are supported in their community, the top 10 protective factors identified were:

1	Access to mental health services	75.5% of respondents
2	Safe, engaging after school programs and activities for children and youth	71.4% of respondents
3	Access to substance misuse services	69.4% of respondents
4	School based health promotion education	67.4% of respondents
5	Initiatives that foster infant/child and caregiver attachment	61.2% of respondents
6	Opportunities for youth to participate in sports and pro-social activities	61.2% of respondents
7	Access to economic and financial help	59.2% of respondents
8	Access to nurturing and safe childcare	59.2% of respondents
9	Initiatives to increase community cohesion, belonging, and social connections	57.1% of respondents
10	Anti-racism initiatives	55.1% of respondents

See the Appendix 1 for complete breakdown of community protective factor responses.

"Preventing ACEs and advocating for a Basic Income will have the most impact on our community!"

- Participant

Community Risk Factors

When asked which risk factors for ACEs apply to their community, responses were robust. The top 10 risk factors identified within these communities were:

1	Domestic violence	89.8% of respondents
2	Poverty	89.8% of respondents
3	Accessibility of drugs and alcohol	89.8% of respondents
4	Discrimination based on race or ethnicity	87.8% of respondents
5	Substance misuse	87.8% of respondents
6	Intergenerational trauma	87.8% of respondents
7	Homelessness and/or precarious housing and related issues	85.7% of respondents
8	Impacts of COVID-19	83.7% of respondents
9	Lack of access/long wait lists for counselling services	81.6% of respondents
10	Lack of awareness about the impacts of ACEs	81.6% of respondents

See Appendix 2 for complete breakdown of community risk factor responses.

Programs and Interventions Shared

Participants who took part in the survey provided specific information on the programs and/or interventions to reduce, prevent, and mitigate the impacts of ACEs. The chart below is a brief summary of the various programs as reported by the participants. More detailed information about each specific program or intervention is included on the following pages.

"Our programs are client centered and (with) wrap around supports include culturally appropriate programs and supports to ensure the needs of the client are being met."

- Participant

Programs and Interventions Shared

Program	Location	Sector	Audience	Level of Prevention	Page
Nurse Family Partnership Program	Thorold, ON	Public Health	Mother/Parent & Baby	Primary Secondary Tertiary	18
Nurse Family Partnership Program	Etobicoke, ON	Post-Secondary Education	Mother/Parent & Baby	Primary	18
Healthy Babies Healthy Children Program	Thorold, ON	Public Health	Mother/Parent & Baby	Primary Secondary Tertiary	19
Healthy Babies Healthy Children Program	Ottawa, ON	Public Health	Mother/Parent & Baby	Primary Secondary	19
Breastfeeding Community Outreach	Thorold, ON	Public Health	Mother/Parent & Baby	Primary Secondary	20
Breastfeeding Support	Ottawa, ON	Public Health	Mother/Parent & Baby	Primary	21
Triple P Positive Parenting Program	Thorold, ON	Public Health	Mother/Parent & Baby	Primary Secondary Tertiary	21
Postpartum Group	Thunder Bay, ON	Public Health	Mother/Parent & Baby	Primary	22
Circle of Security Parenting	Thunder Bay, ON	Indigenous Organization	Mother/Parent & Baby	Primary	24
Circle of Security Parenting	Thunder Bay, ON	Public Health	Mother/Parent & Baby	Primary	24
InSight Program	Dauphin, MB	Social Services	Mother/Parent & Baby	Primary Secondary Tertiary	25
Kendall House & Saakaate House Women's Shelter	Kenora, ON	Elementary and / or Secondary Education	Women	Secondary	26
Abiinojiishiik-amino-yawook EarlyON Child and Family Centre	Fort William First Nation, ON	Indigenous Led Integrated Agency	Child & Family	Primary Secondary	27
SafeCare	Etobicoke, ON	Post-Secondary Education	Child & Family	Secondary	28

Program	Location	Sector	Audience	Level of Prevention	Page
Early Infant and Child Development Program	Kenora, ON	Social Services	Child & Family	Primary Secondary Tertiary	20
Building Brains Together Research	Lethbridge, AB	Not-For-Profit	Child & Family	Primary	21
Building Brains Community Outreach	Lethbridge, AB	Not-For-Profit	Child & Family	Primary	21
SCEP Centre Early Intervention and Training Services	Regina, SK	Not-For-Profit	Child & Family	Primary Secondary Tertiary	22
Healthy Kids Health on the Move for Equity (HOME) Program	Thunder Bay, ON	Public Health	Child & Family	Primary Secondary	22
START (Selkirk Team for At-Risk Teens)	Selkirk, MB	Municipal Government	Child & Youth	Primary	24
High on Life	Thunder Bay, ON	Addictions Services	Child & Youth	Primary	24
Child and Youth Mental Health	Thunder Bay, ON	Indigenous Organization	Child & Youth	Secondary Tertiary	25
TRiP (The Regina Intersectoral Partnership)	Regina, SK	Multisectoral Risk Intervention Initiative	Child & Youth	Secondary Tertiary	25
Chinook Child and Youth Advocacy Centre	Lethbridge, AB	Social Services	Child & Youth	Secondary Tertiary	26
The Third Path	Thunder Bay, ON	Elementary and / or Secondary Education	Child & Youth	Secondary Tertiary	27
DART (Dauphin At Risk Teens)	Dauphin, MB	Social Services	Youth	Primary Secondary Tertiary	28
Youth Violence Prevention Project	Thunder Bay, ON	Public Health	Youth	Primary	29
Home for Good	Fort William First Nation, ON	Indigenous Led Integrated Agency	Youth & Adults	Secondary	30
Community Healing Project	Toronto, ON	Municipal Government	Youth & Adults	Secondary	30

Program	Location	Sector	Audience	Level of Prevention	Page
Mental Health and Substance Use Program	Ottawa, ON	Public Health	Youth & Adults	Primary Secondary Tertiary	31
Chinook Sexual Assault Centre	Lethbridge, AB	Social Services	Youth & Adults	Secondary Tertiary	32
Adult Addictions Treatment	Thunder Bay, ON	Indigenous Organization	Adults	Secondary Tertiary	33
Adult Mental Health	Thunder Bay, ON	Indigenous Organization	Adults	Primary Secondary Tertiary	33
Building Brains Together – Education Series	Lethbridge, AB	Not-For-Profit	Adults	Primary	34
Re-START Program	Dauphin, MB	Social Services	Adults	Primary Secondary Tertiary	34
Children's Aid Society Infant Response Plan	Thunder Bay, ON	Social Services	Families	Primary Secondary Tertiary	36
Primary Health Care	Thunder Bay, ON	Indigenous Organization	Families	Primary Secondary Tertiary	36
Caring for Mother Earth Project Collaborative	Thunder Bay, ON	Public Health in Partnership with Indigenous Organization	Families	Primary	37
Awashishewiigiihiwaywiin Program	Thunder Bay, ON	Indigenous Organization	Families	Secondary	38
Cultural Program	Thunder Bay, ON	Indigenous Organization	Communities	Primary Secondary Tertiary	39
J'nikira dinqinesh - Every Child is Sacred	Ottawa, ON	Community Justice	Communities	Primary	39
Safe Communities	Ottawa, ON	Municipal Government	Communities	Secondary Tertiary	40
Anishinabek Nation Health and Social Departments	Thunder Bay, ON	Public Health in Partnership with Indigenous Organization	Communities	Primary Secondary Tertiary	40
City of Thunder Bay - Community Strategies	Thunder Bay, ON	Municipal Government	Communities	Primary Secondary Tertiary	41

Nurse Family Partnership Program

The Nurse Family Partnership is an evidence-based home visiting program whose goal is to provide prenatal and postpartum support to young mothers to increase health and wellness for families and their infants.

A Public Health Nurse provides support, health teaching, and links to community resources. This program is aimed towards infants and children (aged 0-5 years) and mothers younger than 25 years of age, and has a duration of more than 24 months. The program is delivered via individual sessions and home visitation, providing services to greater than 100 participants annually. The program is evaluated via a monitoring and evaluation framework, participant feedback, and reporting on outcomes.

Organization	Niagara Region Public Health	McMaster University
Sector	Public Health	Post-Secondary Education
Location	Thorold, Ontario	Etobicoke, Ontario
Community setting	Suburban	Urban/Large city
Level of Prevention	Primary, Secondary & Tertiary	Primary
Website	www.niagararegion.ca/parents/becoming-a-parent/home-visit.aspx	

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver substance abuse
- Caregiver mental illness
- Intergenerational trauma
- Racialized trauma
- Intersectionality with gender
- Impacts of COVID-19

Healthy Babies Healthy Children Program

Healthy Babies Healthy Children is a provincially funded mandatory program for all Public Health Units in Ontario. It is a home visiting program aimed at providing support to improve and optimize a child's physical, emotional, and social growth and development.

The program consists of health teaching and advocacy via home visits, virtual visits, and/or phone services. Populations that benefit from this program are infants and children, youth, and adults, as well as families, women, Black communities, Indigenous communities, racialized communities, 2SLGBTQ+ community, and specific faith communities. The program duration is 12 to 24 months and provides services to more than 100 individuals annually. Evaluation is gathered via participant feedback and reporting on outcomes.

Organization	Niagara Region Public Health	Ottawa Public Health
Sector	Public Health	Public Health
Location	Thorold, Ontario	Ottawa, Ontario
Community setting	Suburban	Urban/Large city
Level of Prevention	Primary, Secondary & Tertiary	Primary & Secondary
Website	www.niagararegion.ca/parents/becoming-a-parent/home-visit.aspx	www.ottawapublichealth.ca/en/public-health-services/healthy-babies--healthy-children--hbhc-.aspx?utm_medium=Cludo_Quicklink

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver substance abuse
- Caregiver mental illness
- Caregiver divorce or separation
- Caregiver incarceration
- Intergenerational trauma
- Racialized trauma
- Community violence
- Intersectionality with gender
- Impacts of COVID-19

Breastfeeding Community Outreach

Breastfeeding Community Outreach is an evidence-based program that aims to improve breastfeeding outcomes, provide mental health support, and provide health teaching to parents.

The program is offered by Child Health. The health teaching is provided via a home visit, virtual visit, or over the phone. Populations that benefit from this program are infants (0-12 months) and their parents, with the duration being a one-off or short period of time.

Organization	**Niagara Region Public Health**
Sector	Public Health
Location	Thorold, Ontario
Community setting	Suburban
Level of Prevention	Primary & Secondary
Website	www.niagararegion.ca/parents/courses/default.aspx

ACEs Addressed:

- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Caregiver substance abuse
- Caregiver mental illness

Breastfeeding Support

The goal of the Breastfeeding Support Program is to support breastfeeding establishment, maintenance, parental mental health, and attachment.

The Program works with community partners to harmonize service delivery in Ottawa. Breastfeeding education and support is in the Ontario Public Health Standards, and offered by other health units. Based on promising practice, it is delivered via home visits, drop-in sessions, individual sessions, and available virtually and on the phone. Populations that benefit from this program are infants (aged 0-12 months), youth (aged 13-18 years), adults (aged 18+ years), women, and families, as well as the Black communities, Indigenous communities, racialized communities, 2SLGBTQ+ community, and specific faith communities. The duration is a one-off or short period of time, has more than 100 participants per year, and is evaluated by participant feedback.

Organization	**Ottawa Public Health**
Sector	Public Health
Location	Ottawa, Ontario
Community setting	Urban/Large city
Level of Prevention	Primary
Website	www.parentinginottawa.ca/en/breastfeeding/Breastfeeding-Resources-in-Ottawa.aspx

ACEs Addressed:

- Physical child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Caregiver mental illness
- Impacts of COVID-19

Triple P Positive Parenting Program

The Triple P Positive Parenting is an evidence-based program that provides parents with strategies to help build strong, healthy relationships with their children.

It is aimed at providing health teaching and parenting support. The program is delivered via individual sessions, group sessions, over the phone, or virtually. Populations that benefit from this program are infants (0-12 months), children and youth (aged 1-18 years), adults (aged 18+ years), and families, as well as women, Black communities, Indigenous communities, racialized communities, and the 2SLGBTQ+ community. The duration of the program is a one-off or short period of time, it provides services to more than 100 participants annually, and is evaluated via participant feedback.

Organization	**Niagara Region Public Health**
Sector	Public Health
Location	Thorold, Ontario
Community setting	Suburban
Level of Prevention	Primary, Secondary & Tertiary
Website	https://www.niagararegion.ca/parents/courses/default.aspx

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Caregiver mental illness
- Caregiver divorce or separation
- Impacts of COVID-19

Postpartum Group

The Postpartum Group Therapy is an evidence-based program aimed at supporting mothers struggling with perinatal mental health difficulties.

The program is offered through a partnership between TBDHU and St. Joseph's Care Group and delivered in group sessions. It is also available virtually. The duration is 1 to 5 months and is evaluated via a monitoring and evaluation framework.

Organization	**Thunder Bay District Health Unit**
Sector	Public Health
Location	Thunder Bay, Ontario
Community setting	Urban/Large city
Level of Prevention	Primary

ACEs Addressed:

- Physical child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Caregiver mental illness

Circle of Security Parenting (Early Intervention Program)

The Circle of Security Parenting program is guided by evidence-based practice with a goal of fostering attachment and encouraging parents to form secure relationships with their infants and children.

Populations that benefit from this program are infants (aged 0-12 months), children (aged 1-5 years), women, families, and Indigenous communities. It is delivered via home visits, training/workshops, individual sessions, group sessions, whole family sessions, and can be delivered virtually. The duration of the program is 1 to 5 months, serving approximately 51-100 participants annually. The program is evaluated by participant feedback, a monitoring and evaluation framework, focus groups, and reporting on outcomes.

Organization	Dilico Anishinabek Family Care	Thunder Bay District Health Unit
Sector	Indigenous Organization	Public Health
Location	Thunder Bay, Ontario	Thunder Bay, Ontario
Community setting	Urban/Large city	Urban/Large city
Website	www.dilico.com	www.circleofsecurityinternational.com

ACEs Addressed:

- Physical child abuse
- Physical child neglect
- Emotional child abuse
- Emotional child neglect
- Intergenerational trauma

InSight Program

The InSight Program is an evidence-based fetal alcohol spectrum disorder (FASD) prevention and support program for individuals who use substances during pregnancy.

The program uses trauma-informed and harm-reduction practices and focuses on personalized mentorship over a long period of time (more than 24 months) to help individuals and their families make gradual, enduring changes (Government of Manitoba, 2015). It is delivered via home visiting, community development activities, developing tools and resources, individual sessions, advocacy, and available by phone. It provides services to 26-50 participants annually, and is evaluated via a monitoring and evaluation framework, participant feedback, and reporting on outcomes.

Organization	InSight Program
Sector	Social Services
Location	Dauphin, Manitoba
Community setting	Small city or town
Level of Prevention	Primary, Secondary, and Tertiary

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver mental illness
- Caregiver substance abuse
- Caregiver divorce or separation
- Caregiver incarceration
- Intergenerational trauma
- Racialized trauma
- Community violence
- Intersectionality with gender
- Impacts of COVID-19

Kendall House & Saakaate House Women's Shelter

The Kendall House & Saakaate House is a shelter providing housing and support for women and their children.

Grounded in evidence-based practice, the shelter provides confidential 24-hour support and safety in an environment committed to changing societal conditions and attitudes that perpetuate violence against women (WSSH, 2022). The duration of this intervention is 1 to 5 months.

Organization	**Keewatin Patricia District School Board**
Sector	Elementary and/or Secondary Education
Location	Kenora, Ontario
Community setting	Small city or town
Level of Prevention	Secondary
Website	www.wssh.ca

ACEs Addressed:

- Domestic Violence

Abiinojiishiik-amino-yawook EarlyON Child and Family Centre

Abiinojiishiik-amino-yawook EarlyON Child and Family Centre offer free, culturally safe, and respectful drop-in programs for children (from birth to 6 years old) and their caregivers.

This program provides early identification of child developmental and/or psychosocial needs, provides advice, and is a family resource. It assists young children to develop socialization skills and be school ready (Dilico Anishinabek Family Care, 2021). Supporting evidence-based practice, the program utilizes home visits, online forum/discussion boards, drop-in sessions, and whole family sessions and is open ended in duration. Populations that benefit from this program are infants and children, their families, local communities, Indigenous communities, and women.

Organization	Dilico
Sector	Indigenous Led Integrated Agency
Location	Fort William First Nation, Ontario
Community setting	Urban/Large city
Level of Prevention	Primary & Secondary
Website	www.dilico.com/mental-health-addictions/child-youth-family-services/

ACEs Addressed:

- Emotional child neglect
- Emotional child abuse
- Domestic violence
- Caregiver substance abuse
- Caregiver mental illness
- Intergenerational trauma
- Racialized trauma
- Community violence
- Intersectionality with gender

SafeCare

SafeCare is an evidence-based program aimed at preventing the recurrence of child neglect and physical abuse.

This behavioural parenting program focuses on building parenting skills to address emotional, environmental, supervisory, and medical neglect, while decreasing physical abuse in families with children (Offord Centre for Child Studies, 2020). Populations that benefit from this program are families, infants (0-12 months), and children (aged 1-5 years). Delivered via home visits, the program duration is 6 to 11 months, with no formal evaluation in place.

Organization	**McMaster University**
Sector	Post-Secondary Education
Location	Etobicoke, Ontario
Community setting	Urban/Large city
Level of Prevention	Secondary

ACEs Addressed:

- Physical child abuse
- Physical child neglect
- Emotional child neglect
- Intergenerational trauma

Early Infant and Child Development Program

The Early Infant and Child Development Program is an evidence-based program aimed at supporting children, who may have delays or who are at risk for a developmental delay, from birth up until school entry. Infant and Child Development Programs are family-centered and bring parents and professionals together to help children overcome developmental difficulties to the best of their abilities.

Populations that benefit from this program are infants (aged 0-12 months), children (aged 1-12 years), youth (aged 13-18 years), adults (aged 18+ years), women, families, and local communities. The program provides services to more than 100 participants annually. The program delivery includes health teaching, home visits, community development activities, individual sessions, advocacy, whole family sessions. The duration of the program is 0 to 6 months, and 6 to 18+ months with a diagnosis of a developmental delay. There is no formal measurement of outcome in place for program evaluation.

Organization	Kenora Association for Community Living (KACL)
Sector	Social Services
Location	Kenora, Ontario
Community setting	Small city or town
Level of Prevention	Primary, Secondary & Tertiary
Website	www.kacl.ca/index.php/ojb/departments/children-services/infant-development-program

ACEs Addressed:

- Physical child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver substance abuse
- Caregiver mental illness
- Intergenerational trauma
- Community violence

Building Brains Together Research

The Building Brains Together Research aims to strengthen executive function skills in children.

It has been an ongoing study over the past 7 years and utilizes the ACE questionnaire with families involved in the study. Applying evidence-based practice, the research program is delivered via group sessions, virtually, and at schools and childcare centres. Aimed at supporting children (aged 1-5 years) and adults (aged 18+ years), it has more than 100 participants per year with a duration of 6 to 11 months. They evaluate this research program via a monitoring and evaluation framework, participant feedback, and reporting on outcomes.

Organization	Building Brains Together
Sector	Not-for-Profit
Location	Lethbridge, Alberta
Community setting	Urban/Large city
Level of Prevention	Primary
Website	www.buildingbrains.ca/research

ACEs Addressed:

- Emotional child neglect

Building Brains Community Outreach

The Building Brains Community Outreach program aims to connect with families, parents, caregivers, and community to increase knowledge of, and support for, childhood development.

Built on evidence-based practice with a duration of a one-off or short period of time, this program is delivered via events/conferences, community development activities, development of tools and resources, drop-ins, public awareness campaigns, and advocacy. Aimed at supporting infants (0-12 months), children (aged 1-12 years), youth (aged 13-18 years), adults (aged 18+ years), women, families, systems, society, local communities, Black communities, Indigenous communities, racialized communities, 2SLGBTQ+ community, and specific faith communities, this program provides services to more than 100 people annually. They have found that setting up their Building Brains tent at events and around the community has been an effective way of engaging with families, caregivers, and professionals regarding healthy child development topics including resilience and ACEs.

Organization	Building Brains Together
Sector	Not-for-Profit
Location	Lethbridge, Alberta
Community setting	Urban/Large city
Level of Prevention	Primary
Website	www.buildingbrains.ca

ACEs Addressed:

- Impacts of COVID-19

SCEP Centre Early Intervention and Training Services

The SCEP Centre Early Intervention and Training Services aim to provide early intervention and respond to trauma in children between the ages of 2 to 5 years with severe communication and behavioural challenges.

Utilizing evidence-based practice, they provide an intensive early intervention preschool program to support children with complex needs while offering guidance and support to their parents and caregivers (SCEP Centre, n.d.). The intervention is delivered via training /workshops, home visits, individual sessions, group sessions, whole family sessions, and advocacy. The duration of the intervention is 12 to 24 months, providing services to approximately 26 to 50 participants per year. It is evaluated via a monitoring and evaluation framework, participant feedback, and reporting on outcomes.

Organization	**SCEP CENTRE - Early Intervention and Training Services (Socialization, Communication, and Education Program)**
Sector	Not-for-Profit
Location	Regina, Saskatchewan
Community setting	Urban/Large city
Level of Prevention	Primary, Secondary & Tertiary
Website	www.scepcentre.com

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Caregiver incarceration
- Caregiver mental illness
- Intergenerational trauma
- Racialized trauma
- Impacts of COVID-19

Healthy Kids Health on the Move for Equity (HOME) Program

Healthy Kids Health on the Move for Equity (HOME is a new program aimed at teaching families about mental health, smoking cessation, nutrition, and physical activity to help develop self-efficacy and coping skills in order to improve their health behaviours, enhance access to services, and increase community cohesion over time.

The two main components of this program are to expand Healthy Kids sites in priority neighbourhoods, and a four-week Healthy Kids Family Program to equip parents/caregivers with health-related knowledge, self-efficacy, coping skills, and information on local services and resources (TBDHU, 2022). The program is based on promising practice, with a duration of 1 to 5 months. Populations that benefit from this program are infants (0-12 months), children (aged 1-12 years), youth (aged 13-18 years), adults (aged 18+ years), women, families, and local communities. It is delivered via training/workshops, community development activities, public awareness campaigns, group sessions, and virtually. It is evaluated via a monitoring and evaluation framework, participant feedback, reporting on outcomes, and a third-party evaluator.

Organization	Thunder Bay District Health Unit
Sector	Public Health
Location	Thunder Bay, Ontario
Community setting	Urban/Large city
Level of Prevention	Primary & Secondary

ACEs Addressed:

- Caregiver substance abuse
- Caregiver mental illness
- Community violence
- Caregiver divorce or separation
- Intergenerational trauma

START (Selkirk Team for At-Risk Teens)

The Selkirk Team for At-Risk Teens (S.T.A.R.T.) is an inter-agency case planning program whose mission is to provide community mobilization services for high-risk youth throughout communities in Manitoba.

Populations that benefit from this program are children, youth, and their families. It is a consent-based, culturally inclusive, and client centered program that seeks to identify the challenges clients face, support them with multi-disciplinary teams, and assist them in reaching their individual goals. Ultimately, this creates healthier and safer communities for everyone. The team operates based on promising practice, and delivers the program via event/conferences, training/workshops, health teaching, home visits, online forum/discussion boards, public awareness campaigns, individual sessions, virtual, and by phone.

Organization	City of Selkirk
Sector	Municipal Government
Location	Selkirk, Manitoba
Community setting	Small city or town
Level of Prevention	Primary
Website	startmodelprograms.ca

ACEs Addressed:

- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver substance abuse
- Caregiver mental illness
- Caregiver divorce or separation
- Community violence
- Impacts of COVID-19

High on Life

High on Life is a program based on promising practice that aims to provide substance use education to school aged youth (aged 6-18 years).

The program utilizes health teaching, has a duration of a one-off or short period of time, and provides this service to more than 100 youth annually. There is no formal measurement of outcomes or evaluation in place.

Organization	St. Joseph's Care Group
Sector	Addictions services
Location	Thunder Bay, Ontario
Community setting	Small city or town
Level of Prevention	Primary
Website	sjcg.net

ACEs Addressed:

- Did not identify

Child and Youth Mental Health

The Child and Youth Mental Health program at Dilico Anishinabek Family Care is an evidence-based program that aims to address mental health challenges.

Populations that benefit from this program are children (aged 1-12 years), youth (aged 13-18 years), families, local communities and Indigenous communities. This program provides services to more than 100 participants per year. Delivered via home visits, individual sessions, group sessions, and whole family sessions, the duration of this program is 1 to 5 months. It is evaluated via a monitoring and evaluation framework, participant feedback, focus groups, reporting on outcomes, and a third-party evaluator.

Organization	Dilico Anishinabek Family Care
Sector	Indigenous Organization
Location	Thunder Bay, Ontario
Community setting	Urban/Large city
Level of Prevention	Secondary & Tertiary
Website	www.dilico.com

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Caregiver mental illness
- Caregiver substance abuse
- Caregiver divorce or separation
- Caregiver incarceration
- Intergenerational trauma
- Racialized trauma
- Community violence
- Intersectionality with gender
- Impacts of COVID-19

TRiP (The Regina Intersectoral Partnership)

TRiP is a shared commitment by multiple human service agencies working to improve client outcomes through intersectoral collaboration, risk reduction, and coordinated service provisions (TRiP Regina, n.d.).

The goal is to make appropriate connections and referrals for children to optimize their health, safety, and development through improved communication and collaboration among service providers. Working with the families and partners in coordinated case conferences to develop meaningful case management plans has been key to the program's success. Being consent based has alleviated a lot of privacy concerns. The Regina Intersectoral Partnership was developed based on research done on the impacts of early intervention with vulnerable children. The program is built on evidence-based practice, benefits children and youth (aged 6-18 years), and delivered via events/conferences, training/workshops, home visits, community development activities, development of tools and resources, individual sessions, advocacy, whole family sessions, and provided virtually and by phone. The duration is 12-24 months and provides services to 51-100 people annually. The development was guided by an evaluator (university professor)) and continues to be guided by an evaluator. They originally used the Early Assessment Risk List (EARL) to measure risk but have since moved to a risk measurement tool developed specifically for TRiP. Evaluation is done via a monitoring and evaluation framework, participant feedback, reporting on outcomes, and via a third-party evaluator.

Organization	The Regina Intersectoral Partnership
Sector	Multisectoral risk intervention initiative that works to prevent or mitigate risk and vulnerability in young people
Location	Regina, Saskatchewan
Community setting	Urban/Large city
Level of Prevention	Secondary & Tertiary
Website	tripregina.ca

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver mental illness
- Caregiver substance abuse
- Caregiver divorce or separation
- Caregiver incarceration
- Intergenerational trauma
- Racialized trauma
- Community violence
- Intersectionality with gender
- Impacts of COVID-19

Chinook Child and Youth Advocacy Centre

The Chinook Child and Youth Advocacy Centre is a program for children and youth who have experienced or witnessed sexual, emotional, and/or physical abuse or severe neglect, and provides them with a safe space to share their story and receive the support and resources they require.

Populations that benefit from this program are children (aged 1-12 years), youth (aged 13-18 years), and families, with the program servicing approximately 51-100 participants annually. The program is based on evidence-based practice and is delivered through advocacy, individual sessions, whole family sessions, and is available by the phone or virtually. The duration of the program is as long as the forensic interview and court takes. The program is evaluated via participant feedback and reporting on outcomes.

Organization	Chinook Sexual Assault Centre
Sector	Social services
Location	Lethbridge, Alberta
Community setting	Small city or town
Level of Prevention	Secondary & Tertiary
Website	csacleth.ca

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Caregiver mental illness
- Intergenerational trauma

The Third Path: A Relationship Based Approach to Student Well-Being and Achievement

The Third Path is a teacher delivered, school-based intervention being instituted across Canada.

The Third Path integrates academics and well-being by shifting the classroom focus from tasks to relationships, and checklists to check-ins (Third Path, n.d.). It utilizes a relationship-based approach to teaching, clarifying that building strong adult and child relationships helps students learn and grow (Third Path, n.d.). Populations that benefit from this program are children and youth (aged 6-18 years). It is based on promising practice and delivered to more than 100 participants per year. There is no official duration as the program is ongoing and embedded within teaching practices. The schools and boards evaluate the program progress in ways that work for them.

Organization	Lakehead University
Sector	Elementary and/or secondary education
Location	Thunder Bay, Ontario
Community setting	Small city or town
Level of Prevention	Secondary & Tertiary
Website	www.thirdpath.ca

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Racialized trauma

DART (Dauphin At Risk Teens) Program

The DART Program is part of the Manitoba Community Mobilization & Safety Initiatives Network led by Manitoba Justice and is aimed at coordinating interagency case planning for individuals with multiple complex issues and challenges.

Populations that benefit from this program are children (aged 6-12 years), youth (aged 13-18 years), adults (aged 18+ years), families, and systems, providing services to approximately 26-50 participants per year. This program implements a network of social services and supports depending on the individual's needs, strengths, and challenges. Based on promising practice, this program is delivered via home visits, advocacy, individual sessions, group sessions, and available virtually and by phone, with a program duration of more than 24 months. It is evaluated through a monitoring and evaluation framework, participant feedback, and reporting on outcomes.

Organization	DART Program
Sector	Social services
Location	Dauphin, Manitoba
Community setting	Small city or town
Level of Prevention	Primary, Secondary & Tertiary

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver mental illness
- Caregiver substance abuse
- Caregiver divorce or separation
- Caregiver incarceration
- Intergenerational trauma
- Racialized trauma
- Community violence
- Intersectionality with gender
- Impacts of COVID-19

Youth Violence Prevention Project

The Youth Violence Prevention Project aims to prevent adolescent/teen dating violence, gender-based violence, and future intimate partner violence.

This project is a school-based health teaching intervention that focuses on the implementation of the Fourth R, an evidence-based approach to promoting healthy relationships in Grades 7 to 9 students. The Fourth R takes a youth-focused approach to promote healthy relationships and teach effective communication skills (TBDHU, 2021). If students are provided with the knowledge, skills and attitudes to engage in healthy relationships and reduce risky behaviours in adolescence, they will be less likely to engage in the types of behaviours that result in ACEs for future children. Populations that benefit from this program are youth (aged 13-18 years), Indigenous communities, and the 2SLGBTQ+ community. It provides services to more than 100 participants per year, with a program duration of more than 24 months. The project is evaluated by reporting on outcomes.

Organization	**Thunder Bay District Health Unit**
Sector	Public Health
Location	Thunder Bay, Ontario
Community setting	Small city or town
Level of Prevention	Primary
Website	www.tbdhu.com/YVPP

ACEs Addressed:

- Domestic violence
- Community violence
- Intersectionality with gender

Home for Good

Individuals experiencing homelessness or individuals who are at risk of becoming homeless are identified, assessed, and placed into housing with culturally appropriate supports.

Participants are offered timely interventions that jointly address many points of vulnerability (i.e. mental health crises, housing instability, and justice involvement) while fostering resilience and connection with resources in employment, education and training domains. Utilizing evidence-based practice, this program is delivered in individual sessions and through advocacy. It is aimed at providing services for youth (aged 13-18), adults (aged 18+), local communities, society, and Indigenous communities. Home for Good emerged from homeless outreach models and in response to youth inquest recommendations. The duration is greater than 2 years and is evaluated by participant feedback and reporting on outcomes.

Organization	**Dilico**
Sector	Indigenous Led Integrated Agency
Location	Fort William First Nation, Ontario
Community setting	Urban/Large city
Level of Prevention	Secondary
Website	www.dilico.com/mental-health-addictions/child-youth-family-services

ACEs Addressed:

- Caregiver mental illness
- Caregiver substance abuse
- Intergenerational trauma
- Racialized trauma
- Community violence
- Intersectionality with gender

Community Healing Project

The Community Healing Project for Crime Prevention and Intervention is aimed at addressing trauma as a root cause of youth violence and gang involvement (City of Toronto, n.d.).

The project supports the development of mental health literacy and resiliency in those who have been exposed to community violence (City of Toronto, n.d.). The Community Healing Project provides services to youth (aged 13-18), adults (aged 18+), local communities, Black communities, Indigenous communities, racialized communities, and the 2SLGBTQ+ community. Utilizing evidence-based practice, this project is delivered by event/conferences, training /workshops, health teaching, online forum / discussion boards, community development activities, developing tools and resources, public awareness campaigns, individual sessions, group sessions, and available virtually. Through support and trauma informed community workshops, youth learn about trauma, anxiety, PTSD, and hypersensitive flight/fight responses. They gain knowledge of coping mechanisms to avoid violence, self-care strategies, awareness of local mental health support services, increased resiliency to trauma, capacity for transformative change, and an increased sense of control in triggering situations (City of Toronto, n.d.). The duration is 6-11 months, assisting more than 100 participants annually, and is evaluated via a monitoring and evaluation framework.

Organization	City of Toronto
Sector	Municipal Government
Location	Toronto, Ontario
Community setting	Urban/Large city
Level of Prevention	Secondary
Website	www.toronto.ca/community-people/public-safety-alerts/community-safety-programs/community-healing-project

ACEs Addressed:

- Caregiver mental illness
- Intergenerational trauma
- Racialized trauma
- Community violence

Mental Health and Substance Use Program

The Mental Health and Substance Use Program offered by Ottawa Public Health aims to prevent mental health and substance use issues through the development and promotion of resources.

Based on evidence-based practice, the program is delivered via events/conferences, training/workshops, health teaching, online forums/discussion boards, community development activities, developing tools and resources, public awareness campaigns, policy development, advocacy, and available virtually. Populations that benefit from this program are children (aged 1-12 years), youth (aged 13-18 years), adults (aged 18+ years), women, families, systems, local communities, Black communities, Indigenous communities, racialized communities, 2SLGBTQ+ community, and specific faith communities. The program provides services to more than 100 participants per year, with a duration of more than 24 months. It is evaluated through participant feedback, focus groups, reporting on outcomes, and via a third-party evaluator.

Organization	Ottawa Public Health
Sector	Public Health
Location	Ottawa, Ontario
Community setting	Urban/Large city
Level of Prevention	Primary, Secondary & Tertiary
Website	www.ottawapublichealth.ca/en/public-health-topics/mental-health.aspx

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver mental illness
- Caregiver substance abuse
- Intergenerational trauma
- Racialized trauma
- Community violence
- Intersectionality with gender
- Impacts of COVID-19

Chinook Sexual Assault Centre

The Chinook Sexual Assault Centre aims to provide services to those impacted by sexual violence.

Based on evidence-based practice, the program includes training / workshops, community development activities, developing tools and resources, public awareness campaigns, advocacy, drop-in sessions, individual sessions, group sessions, and is available virtually and by phone. The program duration is as long as needed, tailored to each client, with counselling commonly being 12 sessions. Populations that benefit from this program are children (aged 1-12 years), youth (aged 13-18 years), adults (aged 18+ years), women, families, society, local communities, Black communities, Indigenous communities, racialized communities, and the 2SLGBTQ+ community. It provides services to more than 100 people annually. The program is evaluated by participant feedback and reporting on outcomes.

Organization	**Chinook Sexual Assault Centre**
Sector	Social Services
Location	Lethbridge, Alberta
Community setting	Small city or town
Level of Prevention	Secondary & Tertiary
Website	csacleth.ca

ACEs Addressed:

- Sexual child abuse
- Domestic violence
- Caregiver mental illness
- Intergenerational trauma
- Community violence
- Intersectionality with gender

Adult Addictions Treatment

The Adult Addictions Treatment Program aims to address substance misuse.

Based on promising practice, the program is delivered via individual and group sessions, with a total duration of 1 to 5 months. Populations that benefit from this program are adults (aged 18+ years) and Indigenous communities, providing services to more than 100 participants per year. The program is evaluated via a monitoring and evaluation framework, participant feedback, focus groups, reporting on outcomes, and via a third-party evaluator.

Organization	**Dilico Anishinabek Family Care**
Sector	Indigenous Organization
Location	Thunder Bay, Ontario
Community setting	Urban/Large city
Level of Prevention	Secondary & Tertiary
Website	www.dilico.com

ACEs Addressed:

- Caregiver substance abuse
- Intergenerational trauma
- Racialized trauma
- Community violence

Adult Mental Health

The Adult Mental Health Program is an evidence-based practice that aims to address mental health symptoms.

Populations that benefit from this program are adults (aged 18+ years), women, families, Indigenous communities, and racialized communities, providing services to more than 100 participants per year. The duration of the program is 1 to 5 months, and includes home visits, drop-in sessions, individual sessions, group sessions, and whole family sessions. It is evaluated via a monitoring and evaluation framework, participant feedback, focus groups, reporting on outcomes, and via a third-party evaluator.

Organization	Dilico Anishinabek Family Care
Sector	Indigenous Organization
Location	Thunder Bay, Ontario
Community setting	Urban/Large city
Level of Prevention	Primary, Secondary & Tertiary
Website	www.dilico.com

ACEs Addressed:

- Domestic violence
- Caregiver mental illness
- Caregiver divorce or separation
- Intergenerational trauma
- Racialized trauma
- Community violence

Building Brains Together – Education Series

The Building Brains Together Education Series aims improve resilience in children and empower adults, facilitating authentic engagement and supporting healthy child brain development.

Populations that benefit from this program are adults (aged 18+ years), women, families, local communities, Indigenous communities, racialized communities, systems, and society. This program provides education to more than 100 participants annually. Based on evidence-based practice, the program involves events/conferences, training/workshops, health teaching, developing tools and resources, and group sessions. The Brain Architect Course and Education Series is offered online due to COVID-19, but the organization has started to offer some sessions in person again. Included in the education series is some information and teaching on ACEs. The program is evaluated based on participant feedback and reporting on outcomes.

Organization	Building Brains Together
Sector	Not-for-Profit
Location	Lethbridge, Alberta
Community setting	Urban/Large city
Level of Prevention	Primary
Website	buildingbrains.ca/courses

ACEs Addressed:

- Physical child neglect
- Emotional child neglect
- Intergenerational trauma
- Impacts of COVID-19

Re-START Program

The Re-START program coordinates inter-agency case planning for individuals who have multiple, complex issues and challenges.

The program is part of the Manitoba Community Mobilization & Safety Initiatives Network led by Manitoba Justice Crime Prevention Branch. Based on promising practice, the program is delivered by home visits, advocacy, individual sessions, group sessions, whole family sessions, and is available virtually and by phone. Populations that benefit from this program are adults (aged 18+ years), local communities, and systems. The program provides services to 26-50 participants annually and has a duration of 12 to 24 months. The program is evaluated by participant feedback and reporting on outcomes.

Organization	Re-START Program
Sector	Social Services
Location	Dauphin, Manitoba
Community setting	Small city or town
Level of Prevention	Primary, Secondary & Tertiary

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver substance abuse
- Caregiver divorce or separation
- Caregiver mental illness
- Intergenerational trauma
- Racialized trauma
- Community violence
- Intersectionality with gender
- Impacts of COVID-19

Children's Aid Society Infant Response Plan

The Children's Aid Society of Thunder Bay collaborated with multiple local organizations to create an evidence-based Infant Response Plan aimed at providing prevention support to high-risk families in the community.

This is a community-based plan to address issues that affect high-risk infants and their families. Populations that benefit from this program are infants, children, youth, adults, and families, as well as the local communities, Indigenous communities, racialized communities, women, systems, and society. The plan includes event / conferences, training / workshops, health teaching, home visits, community development activities, public awareness campaigns, drop-in sessions, individual sessions, policy development, advocacy, group sessions, whole family sessions, and can be delivered in person, virtual, or over the phone. This plan runs continuously, provides services to more than 100 people annually, and is evaluated by focus groups and participant feedback.

Organization	Children's Aid Society with Collaborative Agencies (including Our Kids Count)
Sector	Social Services
Location	Thunder Bay, Ontario
Community setting	Small city or town
Level of Prevention	Primary, Secondary & Tertiary

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver substance abuse
- Caregiver divorce or separation
- Caregiver mental illness
- Intergenerational trauma
- Racialized trauma
- Community violence
- Intersectionality with gender
- Caregiver incarceration

Primary Health Care

The Primary Health Care program at Dilico Anishinabek Family Care aims to improve overall health.

Utilizing evidence-based practice, the program includes health teaching, home visits, individual sessions, whole family sessions, and drop-in sessions, providing services to more than 100 people annually with varying duration. Populations that benefit from this program are infants (aged 0-12 months), children (aged 1-12 years), youth (aged 13-18 years), adults (aged 18+ years), women, families, local communities, Indigenous communities, racialized communities, and the 2SLGBTQ+ community. The program is evaluated via a monitoring and evaluation framework, participant feedback, focus groups, reporting on outcomes, and a third-party evaluator.

Organization	Dilico Anishinabek Family Care
Sector	Indigenous Organization
Location	Thunder Bay, Ontario
Community setting	Urban/Large city
Level of Prevention	Primary, Secondary & Tertiary
Website	www.dilico.com

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Caregiver substance abuse
- Caregiver mental illness
- Intergenerational trauma
- Racialized trauma

Caring for Mother Earth Project Collaborative

The Caring for Mother Earth Project Collaborative is a partnership between a First Nation political territorial organization and District Health Unit based on the promising practice of using science and cultural practices.

The collaborative offers five different workshops, delivered on and off reserve, aids in the development of resources, and addresses some of the Truth and Reconciliation Calls to Action (FASD Call to Action #33). The program includes events/conferences, training/workshops, health teaching, development of tools and resources, group sessions, and is available virtually, providing services to more than 100 people annually. Populations that benefit from this program are infants and children (aged 0-12 years), youth (aged 13-18 years), adults (aged 18 + years), women, families, local communities, Indigenous communities, racialized communities, and the 2SLGBTQ+ community. The program is evaluated via participant feedback and an evaluation form. The project has been presented at various Indigenous health conferences, Ontario Public Health Association conferences (TOPHC), Best Start conference in Toronto, and the Early Years conferences in Vancouver.

Organization	**Thunder Bay District Health Unit / Anishinabek Nation**
Sector	Public Health in partnership with Indigenous Organization
Location	Thunder Bay, Ontario
Community setting	Urban/Large city
Level of Prevention	Primary
Website	www.anishinabek.ca/wp-content/uploads/2016/07/FN_Enviro_Checklistfinalnov30book.pdf

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Caregiver substance abuse
- Intergenerational trauma
- Racialized trauma
- Community violence
- Domestic violence

Awashishewiigiihiwaywiin Program

The Awashishewiigiihiwaywiin Program aims to reduce the risks of child welfare involvement.

It works with families from the Matawa First Nations to support navigation of the child welfare system through prevention, planning, and goal setting with a focus on prevention and family reunification, and provides supports with Customary Care Agreements, Kinship Agreements, and advocacy (Matawa, 2021). Aimed at supporting families, this program provides services to more than 100 people annually, with varying duration based on the individual needs of the family. Based on promising practice, the program includes events/conferences, training/ workshops, home visits, community development activities, developing tools and resources, advocacy, group sessions, whole family sessions, and is available virtually and by phone. The program is evaluated based on participant feedback and reporting on outcomes.

Organization	Awashishewiigiihiwaywiin Program
Sector	Indigenous Organization
Location	Thunder Bay, Ontario
Community setting	Indigenous Community
Level of Prevention	Secondary
Website	www.matawa.on.ca/services/awashishe-wiigiwaywiin-social-services-framework

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver substance abuse
- Caregiver mental illness
- Intergenerational trauma
- Impacts of COVID-19

Cultural Program

The Cultural Program offered by Dilico Anishinabek Family Care aims to enhance cultural identity.

Based on promising practice, the program includes home visits, community development activities, drop-in sessions, individual sessions, group sessions, and whole family sessions. Populations that benefit from this program are infants (aged 0-12 months), children (aged 1-12 years), youth (aged 13-18 years), adults (aged 18+ years), women, families, local communities, Indigenous communities, and racialized communities, providing services to more than 100 people annually. The program duration is 1 to 5 months, and is evaluated based on participant feedback, focus groups, and reporting on outcomes.

Organization	Dilico Anishinabek Family Care
Sector	Indigenous Organization
Location	Thunder Bay, Ontario
Community setting	Urban/Large city
Level of Prevention	Primary, Secondary & Tertiary
Website	www.dilico.com

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver substance abuse
- Caregiver mental illness
- Intergenerational trauma
- Racialized trauma
- Community violence
- Intersectionality with gender

J'Nikira Dinqinesh - Every Child is Sacred

The J'Nikira Dinqinesh Every Child is Sacred Program's goal is for Ottawa to be experienced as a safe, friendly community by all children "of the male leaf" and children of all human colours of the sun, with a focus on the UN Convention on the Rights of the Child.

Further information can be found by reading the June Bursary (Carleton University) relating to healing and interrupting intergenerational trauma coming from the Trans-Atlantic Slave Trade and Plantation Slavery. The program addresses the core values of what it means to be truly, fully human. Populations that benefit from this program are Black communities, white communities, Indigenous communities, and racialized communities. Based on promising practice, this program includes events/conferences, and obtaining pledges to the spirit and intent of the UN Decade for people of African Descent, UNDRIP and other Human Rights instruments. Evaluation of the program is done through self-reflection.

Organization	JDEC-ECIS
Sector	Community Justice
Location	Ottawa, Ontario
Community setting	Urban/Large city
Level of Prevention	Primary

ACEs Addressed:

- Racialized trauma
- Community violence

Safe Communities

The Safe Communities program aims to educate and enhance communication among citizens. The program invites different speakers from city initiatives to provide information about available resources.

It is an emerging practice that includes training/workshops, community development activities, development of tools and resources, public awareness campaigns, advocacy, and includes virtual Zoom sessions in different communities. Populations that benefit from this program are families, women, low income and newcomers/immigrants, society, and local communities, providing services to approximately 26-50 people annually. The total duration is 1 to 5 months, and is evaluated via a monitoring and evaluation framework, participant feedback, and a focus group.

Organization	Queensway-Pinecrest Community Centre
Sector	Municipal Government
Location	Ottawa, Ontario
Community setting	Urban/Large city
Level of Prevention	Secondary & Tertiary

ACEs Addressed:

- Emotional child abuse
- Domestic violence
- Intergenerational trauma
- Racialized trauma
- Community violence

Anishinabek Nation Health and Social Departments

The Anishinabek Nation Health and Social Departments aim to provide primary, secondary, and tertiary prevention.

Populations that benefit from this program are infants (0-12 months), children (1-12 years), youth (13-18 years), adults (18+ years), women, families, society, political territorial organizations, local communities, Indigenous communities, racialized communities, and the 2SLGBTQ+ community. This program provides services to more than 100 people annually, with varying duration depending on the program and service provided. Grounded in evidence-based practice, the program includes events/conferences, training/workshops, health teaching, home visits, online forum/discussion boards, community development activities, developing tools and resources, policy development, public awareness campaigns, advocacy, individual sessions, group sessions, whole family sessions, and is available virtually and by phone. The program is evaluated via a monitoring and evaluation framework, participant feedback, focus groups, reporting on outcomes, and a third-party evaluator.

Organization	**Thunder Bay District Health Unit/Anishinabek Nation**
Sector	Public Health in partnership with Indigenous Organization
Location	Thunder Bay, Ontario
Community setting	Urban/Large city
Level of Prevention	Primary, Secondary & Tertiary
Website	www.anishinabek.ca

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver substance abuse
- Caregiver mental illness
- Caregiver divorce or separation
- Caregiver incarceration
- Intergenerational trauma
- Racialized trauma
- Community violence
- Intersectionality with gender
- Impacts of COVID-19

City of Thunder Bay - Community Strategies

Two staff members from the City's Community Strategies Division participated in a two-year, national project called Brain Builders Lab, which was led by the Canadian Centre on Substance Use and Addiction, and focused on ACEs and their impact on brain development.

They completed the 30-hour Brain Story Certification program, developed by the Alberta Family Wellness Initiative, which provides a deeper understanding of the impacts of ACEs and the connection to lifelong health, including physical and mental health, and addiction. The overall purpose of the project was knowledge transfer – to integrate brain story science into policy, practice, and public discussion. Over the last two years, the goal has been to spread and embed the science of brain development in their work in Thunder Bay, increase trauma-informed systems of care, and reduce stigma related to substance use and mental health in the community. They have coordinated several knowledge mobilization activities, reaching hundreds of individuals in the community. A focus on ACEs has been prioritized in the provincially mandated Community Safety & Well-Being Plan for Thunder Bay, and ACEs education and awareness continue to be promoted with community partners through collaborative, multi-sectoral planning tables – including the Thunder Bay Drug Strategy, and Community Safety & Well-Being Advisory Committee. Further, the City of Thunder Bay supports a number of other community based strategies and Advisory Tables aimed at mitigating risks, including adversity in childhood. These include the Poverty Reduction Strategy, Thunder Bay & Area Food Strategy, and the Anti-Racism & Equity Advisory Committee.

Organization	City of Thunder Bay
Sector	Municipal Government
Location	Thunder Bay, Ontario
Community setting	Urban/Large city
Level of Prevention	Primary, Secondary & Tertiary

ACEs Addressed:

- Physical child abuse
- Sexual child abuse
- Emotional child abuse
- Physical child neglect
- Emotional child neglect
- Domestic violence
- Caregiver substance abuse
- Caregiver divorce or separation
- Caregiver incarceration
- Caregiver mental illness
- Intergenerational trauma
- Racialized trauma
- Community violence
- Intersectionality with gender
- Impacts of COVID-19

Other Considerations

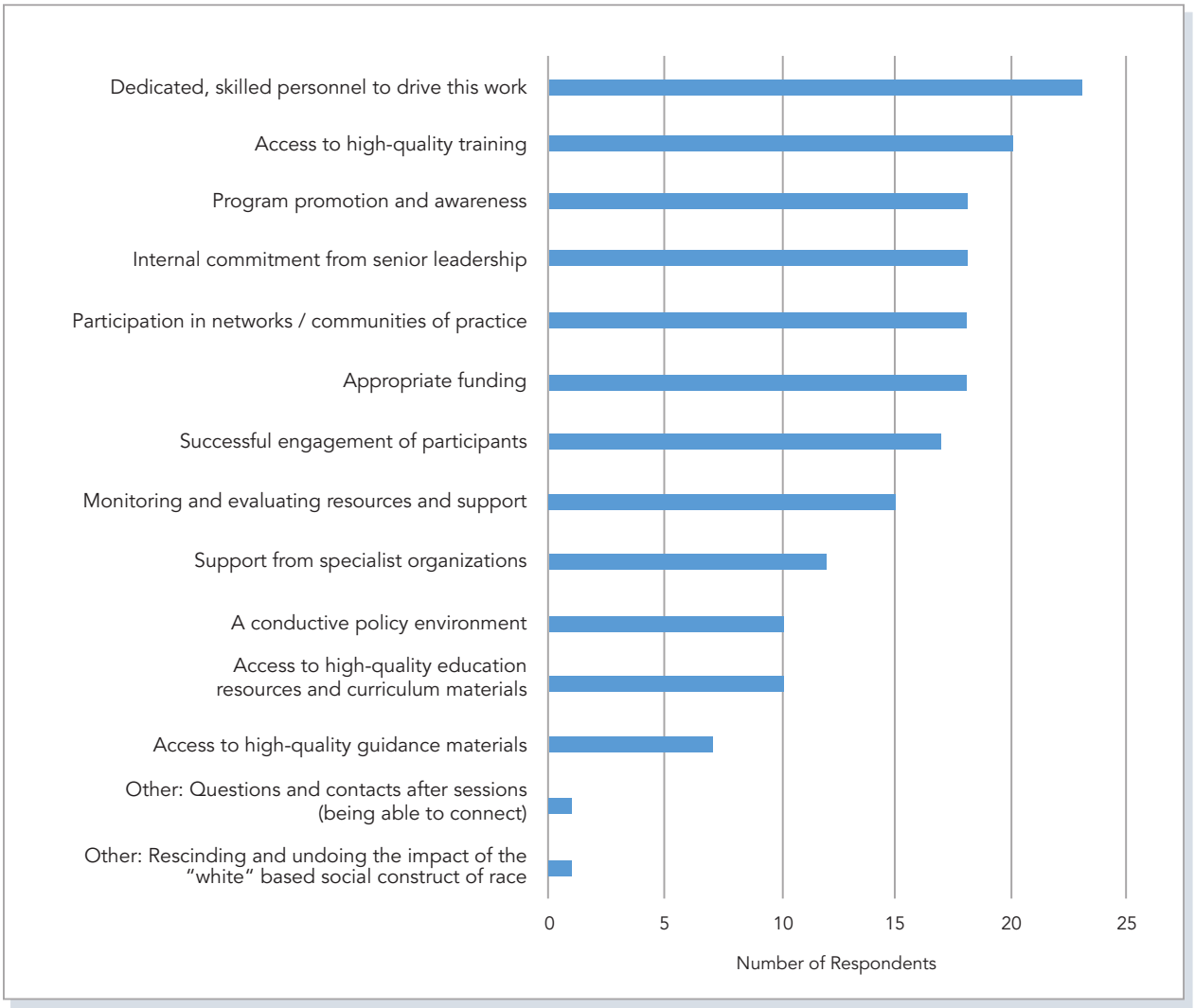
Additional information was collected in the survey surrounding enablers, needs, barriers, and constraints that organizations experience when working on ACEs prevention and mitigation. This section is an outline of the information gathered from survey respondents.

"It is very important to prevent ACEs and find ways to help communities to heal. (We) need to understand stigma and how to address it. Work done related to connections is very important to prevent separation, dissociation and to prevent all forms of abuse."

- Participant

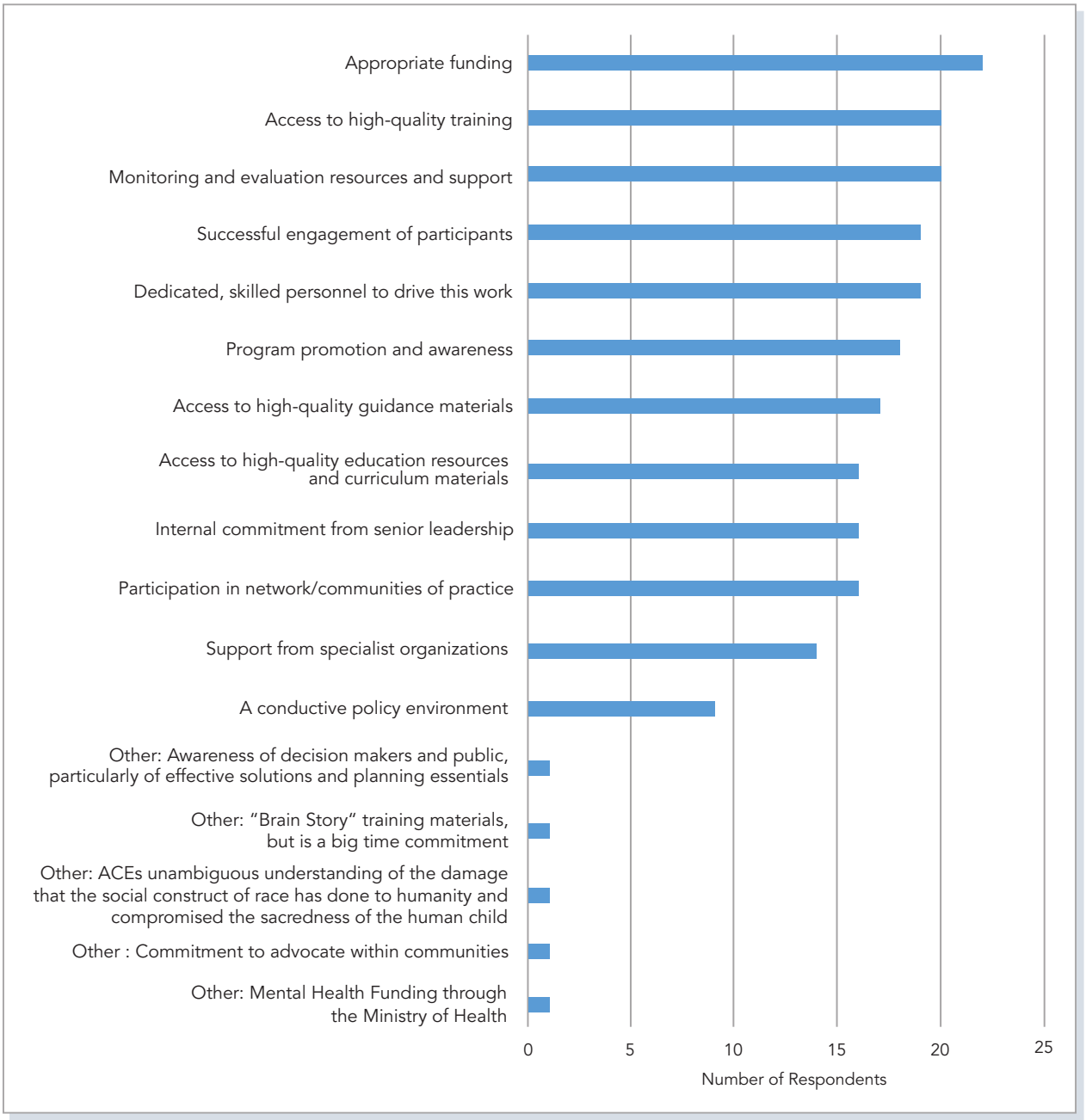
Enablers

We asked participants, "What has best enabled your ACEs prevention and/or mitigation work? Select all that apply." The most common enabler identified by survey respondents was dedicated, skilled personnel to drive this work.



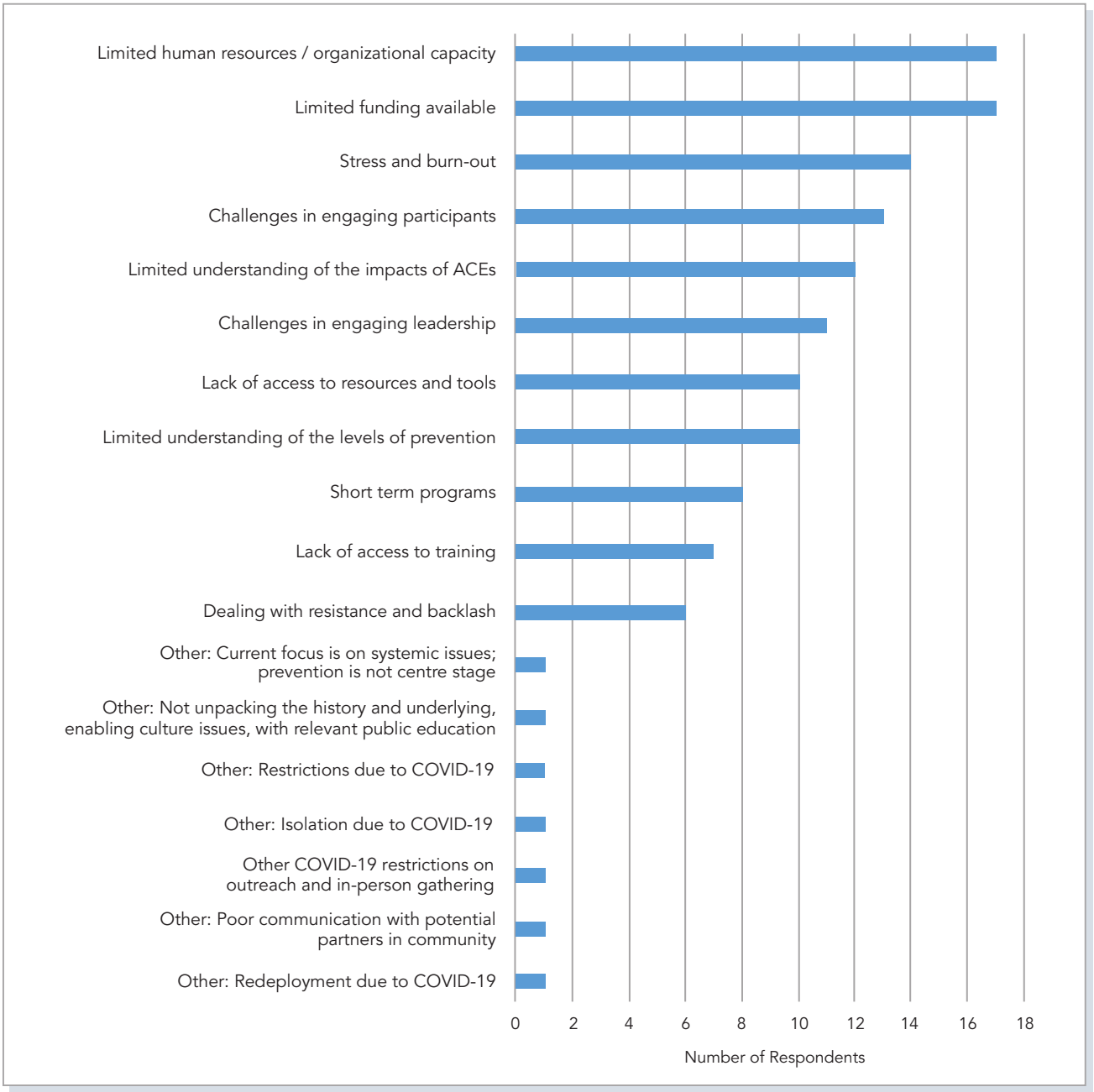
Areas of Need

We asked participants, "What do you need more of to enable your ACEs prevention and/or mitigation work? Select all that apply." The most common need identified from survey respondents was appropriate funding.



Constraints, Tensions, and Difficulties

We asked participants, "What, if any, constraints, tensions, or difficulties do you experience in your work preventing and/or mitigating ACEs? Select all that apply." The most common answers identified by survey respondents were limited funding available and limited human resources/organizational capacity.



Potential Areas for Greatest Impact

We asked participants to rank recommendations that could feasibly be achieved to make the greatest impact on ACEs prevention. Below are the recommendations ranked from most important to least important.

1. Ensure a strong and healthy start for infants and children
2. Strengthen economic supports to families
3. Teach social and emotional skills
4. Promote social norms that protect against violence, discrimination, and adversity
5. Promote healthy pregnancies
6. Connect youth to caring adults and activities
7. Intervene to lessen immediate and long-term harms

Strategies to Create Culturally Sensitive Programs/Interventions

We asked participants to "Describe any training or strategies used at your organization to make your programs/interventions culturally sensitive (i.e., being aware that cultural differences and similarities between people exist and have an effect on values, learning, and behavior)." Below are some relevant responses provided by the survey respondents.

"Caring for Mother Earth project collaborative promotes cultural competence and cultural humility."

"Discussion and small group workshops weekly. A coordinator or two who gives good feedback to the group. Acceptance of all persons in the group and addressing puzzling issues presented."

"All staff engage in cultural awareness training on a journey towards becoming culturally competent."

"Newcomer's training, Indigenous trainings, and BLM trainings."

"Our Healthy Kids staff is being trained in Diversity and Inclusion, 2SLGBTQ+, Unconscious Bias, and Indigenous Cultural Safety."

"The program is adapted at a local level to meet the needs of local constituents."

"Ensuring collections, programs and services are diverse and inclusive. Being intentional about promoting diversity and inclusive values."

"No barriers/full access. We could use better access to cultural interpreters."

"The program is adapted at a local level to meet the needs of local constituents."

"Cultural safety training, in-house training from Cultural team (ongoing), and advance cultural safety training."

"We have run several workshops for educators and professionals in our community showing "Resilience the biology of stress and the science of hope" video. We have held discussions and a panel at these workshops after showing the documentary which has been an effective way to increase understanding around ACEs in our community. For example, our Primary Care Network team attended some of these sessions."

"All of our staff have had cultural sensitivity training of some sort. This would be provided by their home agency. TRiP will also make use of cultural/religious supports as required/requested by the family."

"Cultural safety training, COP, internal agency cultural training, ACES training, and training on intergenerational trauma."

"Strategic planning focused on outcomes for investment."

"I LOVE that this is happening, and others are as engaged as we are. I would love more primary care to get involved."

"Need to raise awareness of effective and cost-effective ways of addressing ACEs."

"We have an in-house cultural coordinator, use of elders, and ceremony."

"Family Violence Prevention in a Cultural Context: uses a Cultural Navigator Model with cultural minority communities to address linguistic and cultural natural support. Police & Youth Engagement Program: cultural minority communities build relationships with law enforcement and youth develop their capacity with leadership skills (employment and skill building, mentorship, youth led/community driven)."

"Our programs are client centered and wrap around supports include culturally appropriate programs and supports to ensure the needs of the client are being met."

"Stop working in silos... we need communication within our communities... Need strategies so we are working together to achieve common goals."

"Educating on the human rights and human responsibilities of all human beings (e.g., the Golden Rule -and this is not being "naive", but is at once, both simple and sophisticated."

"Cultural awareness day."

"Indigenous cultural awareness."

"Staff take Indigenous Awareness training. Link: www.ictinc.ca/training"

"Currently do quarterly training sessions for all staff for Health Equity with training around 2SLGBTQ+, Indigenous perspectives, Trauma informed practice and Racisms and implicit bias. Also, regular training through NFP for IPV, Trauma informed care, webinars for improving practice for virtual delivery during pandemic, etc."

Resources to Guide Development of ACEs Programs / Interventions

We asked participants to provide information and/or websites about "What research, resources and tools do you use to guide the development and implementation of ACEs programs / interventions in your work?" Below is an outline of the information and website links provided.

Websites for Program Guidance and Development	
Center on the Developing Child	developingchild.harvard.edu
Association of Alberta Sexual Assault Services	aasas.ca
Resilience Scale by Alberta Family Wellness	www.albertafamilywellness.org/what-weknow/resilience-scale
Ontario Association for Infant and Child Development	www.oaicd.ca
Alberta Family Wellness: Brain Story Certification Program	www.albertawellness.org/training
Canadian Centre on Substance Use and Addiction: Brain Builders Lab	www.ccsa.ca/brain-builders-lab-adverse-childhood-experiences
Public Health Ontario: Adverse Childhood Experiences	www.publichealthontario.ca/-/media/documents/a/2020/adverse-childhood-experiences-report.pdf

Suggestions From Survey Respondents to Guide ACEs Work

- "Traditional teachings and practices and how they mirror public health practices.
- Stay up to date on current research
- Medicine wheel is our project framework, and 7 grandfather teachings are our guiding principles
- We have several partnerships that are local, provincial, national, and Indigenous"

"The book The Third Path: A Relationship-Based Approach to Student Well-being and Achievement."

"We have a large steering committee comprised of community organizations and agencies who are experts in several fields. For a complete list of program partners, please see the list on the media release. We rely on them for best practice content: www.tbdhu.com/news/ tbdhu-receives-funding-boost-for-home-program-thunder-bay In addition, we have in-house expertise from our physical activity and commercial tobacco leads, as well as our public health nutrition team."

"We work closely with the senior child psychologist from Wascana Rehabilitation Program- Children's Program. We also follow ongoing research from the Institute of Child Trauma; Crisis and Trauma Resources; Institute of Child Psychology; Zero to Three; and the work of Jody Carrington."

• "Well prepared ongoing sessions • Find resources within all the city and the communities • Positive attitude(s) viewed newly within group • There are several links in the Ottawa regions for feedback, please refer to Queensway-Pinecrest Community centre"
"Access to trauma therapy"
"Using resources and being a part of our local Child and Youth Coalition to learn about ACEs which helps us plan programs and services that support ACEs prevention."
"Trauma informed practice/training, ACEs training, non-violent crisis intervention, first aid, mental first aid, resiliency training"
"Each person's capacity to be human, humane"
"Our programs have been part of larger studies on crime prevention programs conducted by University of Manitoba and University of Winnipeg - Departments of Education and Criminology. DART and Re-START programs work primarily with individuals who are currently involved with or at risk for becoming involved with RCMP or Justice. As current research is showing, interagency case planning and providing wrap around supports has reduced recidivism and identify situations before they become harmful. For example, sexual exploitation rings, child abuse (physical and sexual) and serious crime."
"Evaluation from programs"
"Internal ACEs study"
"Internal resources and teamwork"

Recommendations

The recommendations provided below are for further consideration in the development and implementation of interventions to prevent and mitigate the impact of ACEs. They are a combination of suggestions from the survey findings, literature review, best practices, and project contributors.

Recommendations

1 | Increase Service Provider Education and Training

Thirty-two percent of survey respondents identified that they knew a little about ACEs, and two percent did not know anything about ACEs. Upon review of survey responses, it was evident that not all ACEs were captured within program explanations- more could have been included. Based on the information provided through the scan, it is recommended that implementing service provider education and training on ACEs would be beneficial. Increasing understanding of ACEs in addition to highlighting the intersection between multiple ACEs is needed. It was noted in the responses that many of the organizations do not provide programs directly addressing ACEs, but a potential knowledge gap is that these programs likely still impact ACEs. If repeating a similar scan, education on ACES has the potential to improve response rate and relevance.

2 | Increase Community Awareness and Education on ACEs

It is recommended to inform individuals and communities about ACEs, risk factors, health and behavioural impacts, and the intersection of ACEs as it can play a proactive role in prevention. This can be completed with various methods of knowledge translation strategies including billboards, infographics, posters, social media campaigns, television ads, and online ads. Utilizing multiple strategies will improve education and awareness, and reach a larger audience. Additionally, information on resources and supports for ACEs prevention and mitigation can be shared with the community. During this process, it is important to be mindful of the negative connotations that ACEs can have, and to ensure information is provided in a non-stigmatizing way.

3 | Encourage Policymaker Awareness and Education on ACEs

Encourage ACEs education and awareness training for local policymakers to promote and facilitate buy-in for upstream investment in prevention of ACEs. These investments have the potential for generating significant returns on investment.

4 | Expand Current List of ACEs

The concept of ACEs has evolved since the initial study by Felitti and colleagues in 1998, where only ten experiences were captured and analyzed. We recommend that when doing ACEs-related work, use of an expanded list would be valuable in capturing current and emerging adverse childhood experiences (i.e., impacts of COVID-19, intergenerational trauma, racialized trauma, community violence, intersectionality with gender, etc.). Included in this recommendation would be providing additional education on the expanded list so that service providers understand these concepts and how they relate to the outcomes they have on safety and well-being.

5 | Advocate for Increased Supports for Infants and Children

Based on the survey data, participants identified that the most important area that could feasibly be addressed to make the greatest impact on ACEs prevention is to strengthen supports for infants and children. It is recommended to advocate for education, programs and policies that support infants and children. It is also recommended to invest in upstream prevention to reduce early adversity, identify problems sooner, and connect at-risk infants, young children, and families with needed services (Center for Health Care Strategies, 2021). Ensuring that infants and children have access to safe, stable and nurturing environments can aid in preventing and mitigating ACEs. It is also critical to understand the importance of resilience in children as a protective factor against the long-term health and behavioural effects of ACEs. Teaching skills that manage stress and emotions can increase resilience and provide protection against the long-term effects of ACEs (Bethell et al., 2014).

6 | Include First Nations Principles of OCAP in ACEs Initiatives

Acknowledging the large Indigenous population within Canada, the First Nations Principles of Ownership, Control, Access, and Possession (OCAP) are important to include when doing future research on ACEs and evaluation of ACEs programs in Canada. The legacy and impacts of colonization, including intergenerational trauma, have disproportionately impacted Indigenous communities. It is important to include these principles to ensure proper interpretation and communication of Indigenous information, ensure no unintended harm is being caused, avoid stigmatization, and ensure the outputs of the work are not perpetuating stereotypes. Utilizing these principles can help to properly strategize prevention and mitigation efforts for ACEs. When applying the OCAP principles in practice, it is important to be mindful of timelines. It is recommended to engage with the OCAP principles early on in the initiative, as to not rush the process.

7 | Advocate for Funding to Strengthen Impact of ACEs Enablers within Organizations

A potential benefit of this project is to aid in the design and development of ACEs prevention and mitigation activities. Utilizing survey responses, areas of improvement in the development and implementation of programs were noted. Survey respondents identified the top three enablers that are needed to assist in the implementation of ACEs work, including receiving dedicated appropriate funding, access to high-quality training, and monitoring and evaluation resources and support. When program staff are not adequately supported in the work they are doing, it can impact the overall outcome of the program. We recommend advocating for funding that assists ACEs-related initiatives and supports, which can help facilitate access to the additional enablers that benefit program development and implementation.

8 | Advocate for Evaluation of ACEs Initiatives in Canada

During the literature review process, Canadian research and data was not prominent in the results. We recommend that organizations and policymakers enable and support data monitoring and evaluation of ACEs-related work in Canada. Healthcare policies and programs are often evidence-based, but inclusion of the monitoring and evaluation of promising-practice and grassroots initiatives would be of great benefit. Having access to what other communities are successfully doing to prevent and mitigate ACEs can provide a means for organizations to review and choose interventions that are appropriate for their community needs.

9 | Develop an Inventory of ACEs Resources

When implementing an ACEs-related program or intervention, relevant tools and resources are beneficial. Based on survey responses, numerous respondents utilize resources within their organization or community to help guide their program development. This highlights a potential opportunity to generate a platform to share these practices. We recommend creating an inventory of evidence-based, best practice, or promising practice resources for individuals or organizations working with ACEs.

10| Establish and Explore Existing ACEs Communities of Practice in Canada

ACEs prevention and mitigation work is complex, requiring a multi-sectoral approach to

address needs and improve outcomes. Breaking down silos is critical to increase coordination among service providers. We recommend exploring existing ACEs communities of practice in Canada and utilize their frameworks or connections to aid in the establishment of new ACEs communities of practices in other regions. As outlined by the varying sectors involved in ACEs-related work (see page 6), there are numerous opportunities for collaboration amongst sectors and organizations to accomplish a shared goal and increase collective impact.

11 | Advocate for Inclusion of Trauma-Informed Approaches in Policies and Programs

Given the profound effects of trauma and toxic stress on the health and well-being of individuals and their communities, program coordinators and policymakers have an opportunity to include trauma-informed approaches when working with ACEs-related initiatives (Center for Health Care Strategies, 2021). Given the multisectoral approach required to address ACEs, it is recommended to increase adoption of trauma-informed approaches across sectors and within systems. This can include engaging with families and communities that have experienced trauma to support the design and implementation of trauma-informed policies (Center for Health Care Strategies, 2021).

12 | Improve Service Provider Awareness of Levels of Prevention

The survey results highlighted forty-one ACEs-related programs and interventions across Canada, with some programs mentioned multiple times by different organizations. Within the responses for the same program were differing answers on the level of prevention it provides (e.g. primary, secondary, or tertiary). We recommend the inclusion of an educational program for service providers on the levels of prevention, as well as the understanding of overlapping levels of prevention. If repeating a similar scan, improved awareness and education on levels of prevention may improve responses.

13 | Address Gaps in ACEs Interventions

Based on the survey data, the 3 least addressed ACEs within the programs identified were intersectionality with gender (35.6% of respondents), caregiver divorce or separation (33.3% of respondents), and caregiver incarceration (22.2% of respondents). We recommend that when planning for future policy creation or program development, initiatives that address these ACEs

be considered as a potential area of need for prevention and mitigation efforts.

14 | Improve Reach for Future ACEs Scans

The survey was intended to be a national scan of programs addressing ACEs-related work in Canada. This survey attracted 49 survey respondents from only four of the 13 Provinces and Territories in Canada, highlighting the need to improve the reach for future ACEs Scans. Many sectors were not represented among survey respondents (as outlined on page 7). Utilization of additional networks that include these sectors may be of benefit to capture a more comprehensive national picture of ACEs-related work. Potential areas for improvement include: expanding the list of recipients for the survey; ensuring the survey is sent to the individuals within organizations who have the capacity and expertise to answer the questions (based on survey content and / or time to complete survey); extending the length of time to respond to the survey; and, improving education on ACEs to increase understanding of connections between available programs and ACEs. We recommend the creation and implementation of strategies that ensure a wide reach to key organizational informants.

Conclusion

Recognizing the significant impacts that ACEs have on health, safety, and well-being across the lifespan, the TBDHU, CSWB Thunder Bay, and CMNCP partnered to complete a national scan of ACEs-related work to identify evidence-informed and promising prevention and mitigation practices currently being implemented across Canada.

The information in this report is a summary of data gathered from survey participants who shared their thoughts and experiences with ACEs-related programs and interventions. The report provides an outline of findings and recommendations for future planning, and prevention and mitigation activities and strategies.

Over the last twenty years, there has been a growing understanding of ACEs and their associated implications. This issue should continue to be a focus of attention when creating and implementing new policies and initiatives. As there is no single way to address ACEs, input from multiple sectors on multiple levels of prevention is essential. Despite the complicated nature of ACEs work, progress can be made, as demonstrated by the numerous programs and recommendations outlined in this report. While prevention and mitigation efforts typically take years before seeing a measurable change, the recommendations in this report provide a means through which to navigate the next steps in prevention and mitigation of ACEs in Canada.

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Appendix 1

Breakdown of Community Protective Factors

Protective Factor	# of respondents (n=49)	% of respondents (n=49)
Access to mental health services	37	75.51 %
Safe, engaging after school programs and activities for children and youth	35	71.43 %
Access to substance misuse services	34	69.39 %
School based health promotion education	33	67.35 %
Initiatives that foster infant/child and caregiver attachment	30	61.22 %
Opportunities for youth to participate in sports and pro-social activities	30	61.22 %
Access to economic and financial help	29	59.18 %
Access to nurturing and safe childcare	29	59.18 %
Initiatives to increase community cohesion, belonging and social connections	28	57.14 %
Anti-racism initiatives	27	55.10 %
Violence prevention initiatives	24	48.98 %
COVID mitigation initiatives	24	48.98 %
Strong neighbourhood initiatives	21	42.86 %
Strong partnerships between the community and business, health care, government, and other sectors	21	42.86 %
Access to safe, affordable and stable housing	19	38.78 %
Employment opportunities with family-friendly policies	14	28.57 %
Other: • Workshops for health initiatives • Long waitlists (X2) • Subsidized housing	4	8.16 %
None of the above	1	2.04%

Appendix 2

Breakdown of Community Risk Factors

Risk Factor	# of respondents (n=49)	% of respondents (n=49)
Domestic Violence	44	89.80 %
Poverty	44	89.80 %
Accessibility to drugs and alcohol	44	89.80 %
Discrimination based on race or ethnicity (i.e., racism)	43	87.76 %
Substance misuse	43	87.76 %
Intergenerational trauma	43	87.76 %
Homelessness and/or precarious housing and related issues	42	85.71 %
Impacts of COVID-19	41	83.67 %
Lack of access/long wait lists for counseling services	40	81.63 %
Lack of awareness about the impacts of ACEs	40	81.63 %
Human trafficking	39	79.59 %
Discrimination based on gender identity, expression and/ or sexual orientation	38	77.55 %
Food insecurity	37	75.51 %
Gang and gun violence	35	71.43 %
Limited substance use prevention resources	28	57.14 %
High unemployment rates	27	55.10 %
Low community involvement or sense of belonging initiatives among residents	25	51.02 %
Lack of access to primary care services	25	51.02 %
Limited economic opportunities	23	46.94 %
Lack of available social services	23	46.94 %
Limited educational opportunities	22	44.90 %
Few community activities for young people	18	36.73%
Other: • FASD • Race a social construct - the intended purpose and its successful result • Lack of strategic plan to tackle ACEs upstream	3	6.12 %