

IFARADA

Centre for Excellence

Guided Healing from the Roots

Promoting Healthy Families, Cultivating Resilience, Embracing Equity, and Celebrating Diversity

Interim Program Evaluation for Ifarada: Centre for Excellence

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"Guiding Healing from its Roots"

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Executive Summary

Objective

Key Insights

Program Evaluation Recommendations

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Objective

Through this evaluation, we sought to gain insight into if Black girls and women experience increased social connectedness, reduced social isolation and strengthened identity after participating in Ifarada's therapeutic groups which are culturally informed, trauma-informed, and anti-racist; and elucidate how these 3 key program elements contribute to this healing and change for Black girls and women. Data was extremely limited and secondary. In an effort to increase the credibility of the insights gained in this evaluation, we analyzed multiple sources of data: facilitator reflections; and secondary data collected by Ifarada program facilitators over their 2021-2022 program cycle from participants, and their caregivers for three therapeutic group programs: Askira Girls, NIa Gwenda, and Queens Unite. This data was a combination of post group surveys, post-session reflections and post-group phone interviews, and, in keeping with the anti-racist, trauma-informed framework used by Ifarada, is presented within the context of the social, economic, cultural and historical conditions within which Black women and girls live in Canada.



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Key Insights

1. Participants reported reduced social isolation, increased social connectedness, and strengthened identity.

2. According to participants, caregivers and facilitators, participation in therapeutic groups which were anti-racist and trauma-informed contributed to these changes.

3. The role of culturally informed elements of therapeutic group programming in facilitating these changes needs to be further, explicitly explored.

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Program Evaluation Recommendations

Based on these key insights, we strongly recommended that Ifarada gathers various types of data, and from multiple sources about participants' progress in their programs and the facilitative elements to increase the credibility of the data they can use to make program development decisions in the future:

1. Develop community girls and women's advisory groups to guide program development
2. Use trauma-informed, culturally informed, anti-racist evaluation in the next program cycle to conduct post group individual and/or group interviews built into each group's program structure for participants, their caregivers, and systematically document facilitators' reflections
3. Systematically document associated demographic data on participants/parents/caregivers
4. Develop survey instruments based on the findings of this next program evaluation to access statistical data about their program outcomes
5. Enhance their theory of change and logic models using the program evaluation findings



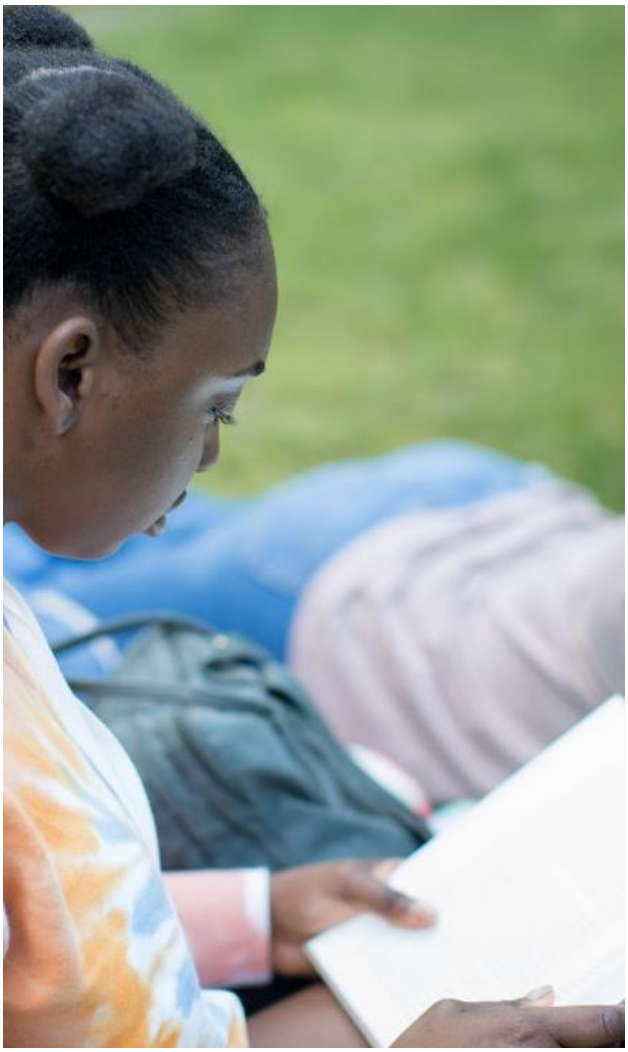
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Introduction

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The Daily Lived Experiences of Black Canadian Families

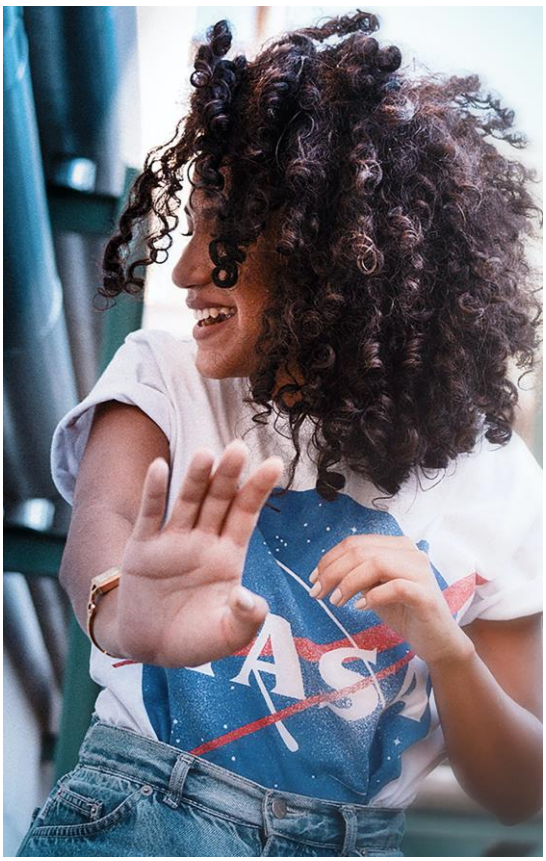
Black families of all backgrounds in Canada, whether descendants of Black people who were enslaved or recent migrants from the Caribbean and Africa, on a daily basis continue to live a shared experience of discrimination and inequities deeply rooted in anti-Black racism that is entrenched and normalized in Canadian institutions, policies, decision-making processes, and services (Black Experience Project, 2017; Bulgin et al., 2021; Mullings, Morgan, & Quelleng, 2016; Public Health Agency of Canada (PHAC), 2020; United Nations General Assembly, 2017). For Black women and girls, these oppressive daily lived experiences are further exacerbated by their other intersecting identity, their gender (Adjei et al., 2018; Katshunga et al., 2020; Taylor & Richards, 2019). There are direct and indirect consequences of anti-Black racism for the mental health of Black women and girls (Taylor & Richards, 2019). While recommendations have been made that the components of effective psychosocial intervention include culturally-informed, anti-racist and trauma-informed, there are few programs providing these services in the Greater Toronto Area.



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Manifestations of Anti-Black Racism

As a result of anti-Black racism, Black girls and women report barriers and poorer achievement rates of developmental outcomes as compared to their White peers. For example, reports indicate that compared to White girls and other racialized students, Black high school students are the most likely to attain a lower education level (Chadha et al., 2020; James & Turner, 2017; Statistics Canada, 2020). This is linked to the differential treatment of Black girls rooted in anti-Black racism such as lower expectations from their Canadian teachers and school staff and the lack of attention towards their worries, interests and requests (Black experience Project, 2017; Katshunga et al., 2020; CCPA, 2019). Records from Canadian provinces show disproportionate and disparate referrals of Black children and youth to the child welfare system which can be traumatic and tragic and as well result in negative outcomes for the child/children and their families (Bonnie & Facey, 2022; Ontario Human Rights Commission, 2018). Black girls do not fare any better as adults. For example, Black women are far more likely than White and other racialized women to be unemployed and earn lower income, even when they have higher levels of education (Katshunga et al., 2020; CCPA, 2019). The outcome of such disparities facing Black women and girls has rendered them disproportionately entrenched in poverty, depriving them of the resources needed to fully participate in Canadian life (Katshunga et al., 2020; CCPA, 2019). What is more, during the ongoing COVID-19 pandemic, the rate of unemployment and economic hardships increased significantly (Statistics Canada, 2021). There have also been increases in microaggressions, racially-motivated assaults and murders, and systemic anti-Black racism in Canada and across the globe during the pandemic (Henry et al., 2021).



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The Mental Health Impact of Anti-Black Racism

Black Canadians report the highest level of depression and Black women are most affected (Cénat et al., 2021). The discriminatory experiences and prejudicial or unfair treatment of Black women and girls based on their race leads to depression, anxiety, hopelessness, fear, low self-esteem, isolation and dissociation, difficulty concentrating, aggression, and can even trigger racial trauma (CAMH, 2021; Fante-Coleman & Jackson-Best, 2020; Taylor & Richards, 2019). Racial trauma is the concept used to describe the collection of mental health symptoms resulting from continuous exposure, either directly or indirectly to racial stressors such as racist bias, discrimination, stigma, abuse and violence on the basis of skin color or racial identity that creates an unsafe environment for a person of color and undermine their ability to live fully (Hargons et al., 2021; Saleem, Anderson, & Williams, 2019). These impacts have all been exacerbated by the COVI-19 pandemic. Public health measures implemented to curtail the spread of the Coronavirus in the height of the pandemic, particularly, the social distancing measures, have had a significant negative impact on the mental health of the Black population in Canada (Moyser, 2020).



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Moreover, due to anti-Black racism, these same Black women and girls face service barriers in accessing important health services. In the first place, Canada does not have a national Black health strategy and the province of Ontario, home to over half of the country's Black population, has assigned limited healthcare resources to address the pressing needs of Black women (CCPA, 2019). Challenges, at the systems, community and service-provider levels include poor access to practitioners, financial barriers to care, long wait times, geographical challenges, racism and discrimination from service providers and their inability to provide culturally competent care for Black youth (Fante-Coleman, & Jackson-Best, 2020; Salami et al., 2021; Taylor and Richards 2019). Black persons, as compared to White people, have been found more likely to experience symptoms consistent with generalized anxiety disorder and rate their overall mental health as poor, outcomes attributed to their subjection to microaggression and the disparities and inequities in access to appropriate mental healthcare care services due to the heightened anti-Black racism in Canada during the pandemic (Mental Health Commission of Canada, 2021; Moyser, 2020).

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Components of Psychosocial Intervention that Build Resilience



While efforts ae underway to address the racially grounded structural and systemic barriers which Black women and girls face in the long term, studies have shown that with the appropriate mental health support and services, Black women and girls can cope effectively with such challenges and achieve positive outcomes in the interim (Fante-Coleman, & Jackson-Best, 2020; CAMH, 2021). Researchers have identified program elements including support from family, friends, and the broader community, religious organizations, and a good connection and relationship with mental health service providers as facilitators of mental health for Black youths and children (CAMH, 2021; Fante-Coleman, & Jackson-Best, 2020). Researchers have also recommended improving the cultural appropriateness of mental health services, integrating an anti-racist lens in mental health treatments (CAMH, 2021; Fante-Coleman & Jackson-Best, 2020; Jackson-Best & Naidoo, 2012; Taylor & Richards, 2019) as well as using approaches to psychosocial intervention which are trauma-informed, and account for structural barriers (Goddard-Durant et al., 2022; Goddard-Durant & Kyriakakis, 2022).

Despite these research findings, an environmental scan reveals that there seems to be no large, publicly funded programs that have been specifically developed to support Black girls and women, tailored to their unique needs to help improve their mental health.

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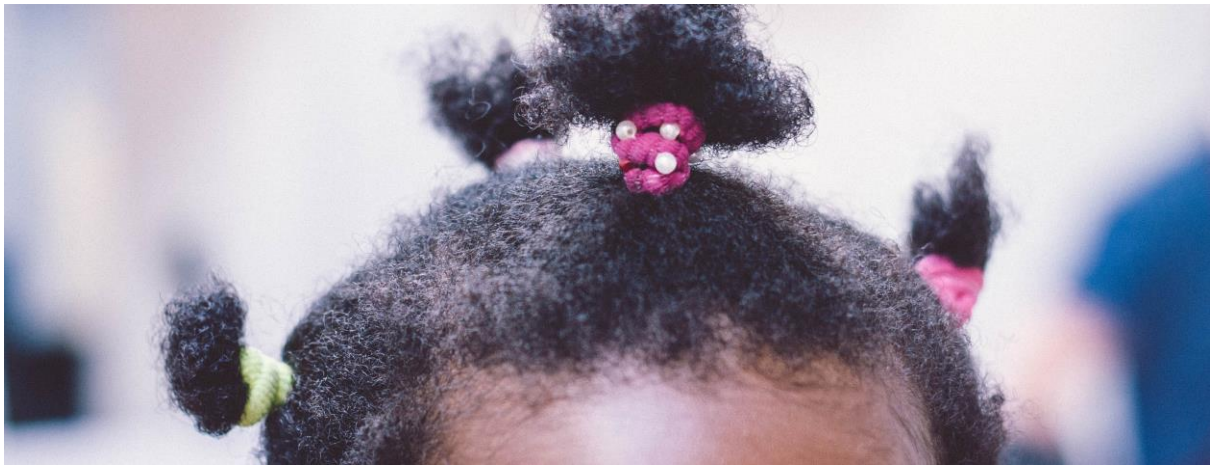
Overview of Ifarada

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Origin, Vision and Mandate

It is against this backdrop that, Ifarada: Centre of Excellence Institute has designed specific programs tailored to address individual root causes of behaviors and attitudes that have been spurred by intergenerational-trauma and to help Black and other racialized Canadians to build resiliency in the face of systemic racism.

Ifarada: Centre of Excellence institute is a community-driven organization in Ajax providing a holistic group of programs that support mental wellness and build empowerment for Black, Indigenous, and colored children, youth, adults, and families in the Durham region.

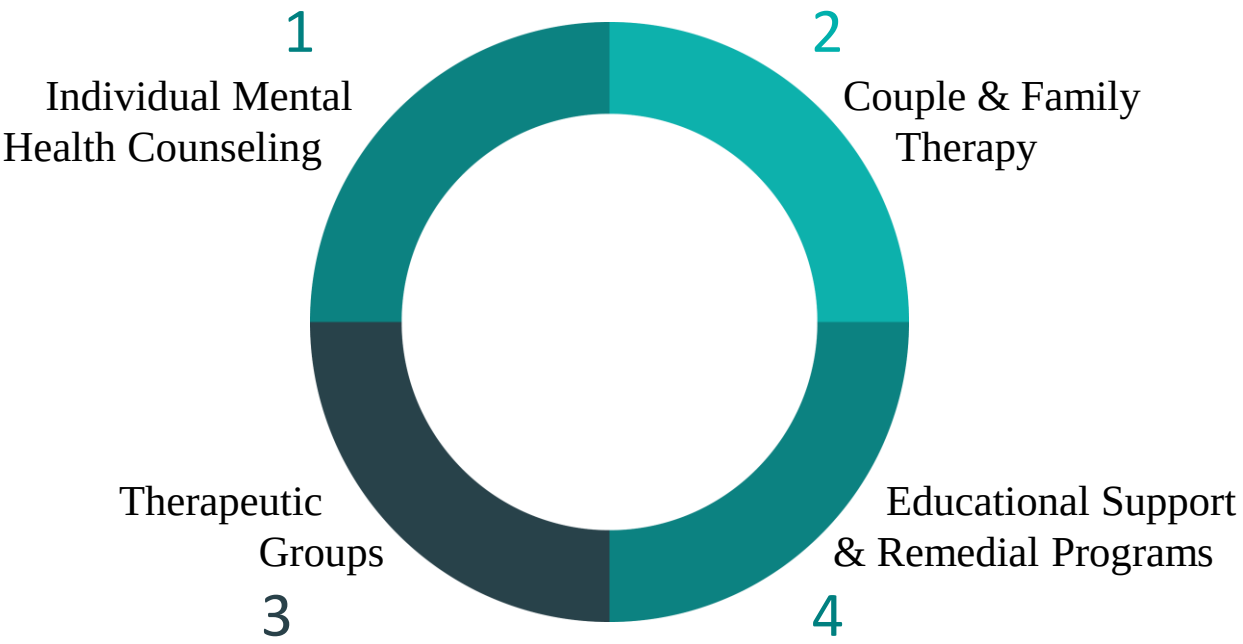


Ifarada is focused on developing supports specific to culture, identity, holistic wellness and healing trauma for the Black-Canadian community. The organization is founded on ancestral knowledge created by leaders and elders of the past. It acknowledges the connection with the spirit, faith, and spirituality. Ifarada recognizes the impact of intergenerational trauma brought upon by systemic oppression, racism and colonization, and work to heal the racial trauma by incorporating history, spiritual self, experiences of trauma, and cultural practices to build strong Black, Indigenous and Coloured individuals, families, and communities. The work of Ifarada is centered around culturally informed practice and rooted in equity and inclusion. It aspires to support individuals, families, and communities to demonstrate their power through healing, empowerment, resilience and opportunities.

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Programs offered at the Institute

Ifarada offers a wide variety of educational, supportive, and therapeutic group programs for children, youth, adults and families that are developed with African-centered and Indigenous-inspired tools to enhance leadership skills and growth. There are four streams of programs which are believed to be essential to facilitating healing and change in Black families.



Due to data availability, this program evaluation focused on 3 programs for women and girls within the Therapeutic Group Stream.

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Nia Gwenda

Nia Gwenda is a program designed for girls ages 10 to 13 years old. The program focuses on social skill development, internet safety, managing conflict, healthy relationships, and emotional management. Topics around self-esteem, relationships, school pressures, anti-Black racism and more are discussed in individual and group meetings. Young Black girls are supported through this program by working through different ways to cope with emotions and developing new skills to implement in daily routines. The goal is to enrich young girls with skills to be confident, courageous, and strong leaders in their community.

Askira Girls

The Askira program is designed for Black girls ages 5 to 9 years old. The program centers on teaching social skills, emotional management, healthy relationships, problem-solving, and conflict resolution. The focus is on building confidence, social skill development, and emotional support.

Queen’s Unite

The Queen's Unite Kujenga Family Wellness Project supports Black women who are parents, caregivers, and guardians. This group is meant to be a space in which Black women share their own experiences and learn from each other. Black women join together and support each other by exploring their shared similarities and differences. The program supports Black mothers to acknowledge, build and continue to grow their resiliency through in-depth discussions, interactive activities, and self-reflection.

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Therapeutic Program Aims

Overall, each of these three programs aim to reduce social isolation, increase social connectedness and strengthen the identity of participants. Specifically, the aim is for:

1. Participants to feel supported, and experience reduce social isolation
    1. Participants report having sources of community or professional support in which they can confide/receive advice
    2. Participants report feeling (1) heard/understood and (2) that their needs were met by program staff, volunteers and /or other participants
    3. Participants report feel less isolated
    4. Participants report being provided access to or information about available mental health supports

2. Participants to gain a network of supports
    1. Participants report feeling safe in their personal relationships
    2. Participants report making new friends
    3. Participants report having one or more people they can turn to for help

3. Participants to have a strengthened identity
    1. Participants report greater self-worth
    2. Participants report a greater understanding of their culture and identity
    3. Participants report pride in their culture and identity

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Methodology

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Evaluation Questions

Ultimately, Ifarada aims to be able to answer the following evaluation question:

1. How are Black families changed after receiving culturally informed, trauma-informed, anti-oppressive services from Ifarada as a Black led organization?

Due to the data available, this current evaluation began the process with answering the following questions for three of the therapeutic groups which are intended for Black women and girls:

2. Do Black girls and women experience increased social connectedness, reduced social isolation and strengthened identity as a result of participating in therapeutic groups which are culturally informed, trauma-informed, and anti-racist?
3. How do these 3 key program elements contribute to healing and change for Black girls and women



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Data Collection: Secondary Pre & Post Group Data



The COVID-19 pandemic has brought many challenges which Ifarada had to innovatively pivot to accommodate in order to still support the needs of the families who depend on them. This has included their capacity to collect data to illustrate the outcomes participants experience following participation in their culturally informed, trauma-informed, anti-oppressive services. The Ifarada team shared that there was low engagement with their online pre and post group surveys. Strategies to improve the completion rate included facilitators reaching out to families via phone but the facilitators noted that parents and caregivers seemed to prefer providing their feedback via conversations with facilitators rather than filling out the longer, pre-determined questions. Understandably, the team was concerned that further attempts at data collection would pose further burden on an already fatigued participant pool and opted to utilize what data they did have from 3 of their group programs over the period 2021-2022 for this evaluation. This data was in the form of post-group surveys, participant and facilitator reflections at the end of group sessions, and interviews post group.

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Evaluation Sample, Data Analysis, & Key Insights

Evaluation Sample

In this evaluation, we report on the feedback provided by participants in the Askira Girls (October-Dec 2021; May-June. 2022); Nia Gwenda (October-Dec 2021; May-June, 2022); and Queens Unite (October-Dec 2021) therapeutic groups. No further demographic information was provided about the sample.

Data Analysis

Due to the low response rate to pre and post evaluation for the various programs, we were unable to conduct an analysis of pre and post group survey data for different iterations of a given program. Post group qualitative data was also quite sparse. To increase the credibility of the insights which might be gleaned from the available data, we analyzed a combination of different types of data, and from multiple sources. We analyzed qualitative and quantitative feedback data from participants, facilitators and, where indicated, from parents from different participant groups within the same program to produce an overall sense of how the specific program impacted participants. We identified themes across the various groups for a given program. To accomplish this, we coded the feedback data according to the intended outcomes for each group as well as the three key elements of programming which Ifarada believes facilitates change. Reflective of Ifarada's (and our) own anti-racist and trauma-informed framework, we examined this data within the context of the racist daily conditions under which Black girls and women must seek to live in Canada and the dominant developmental expectations for the three age groups of participants. The findings of this data analysis are provided below.

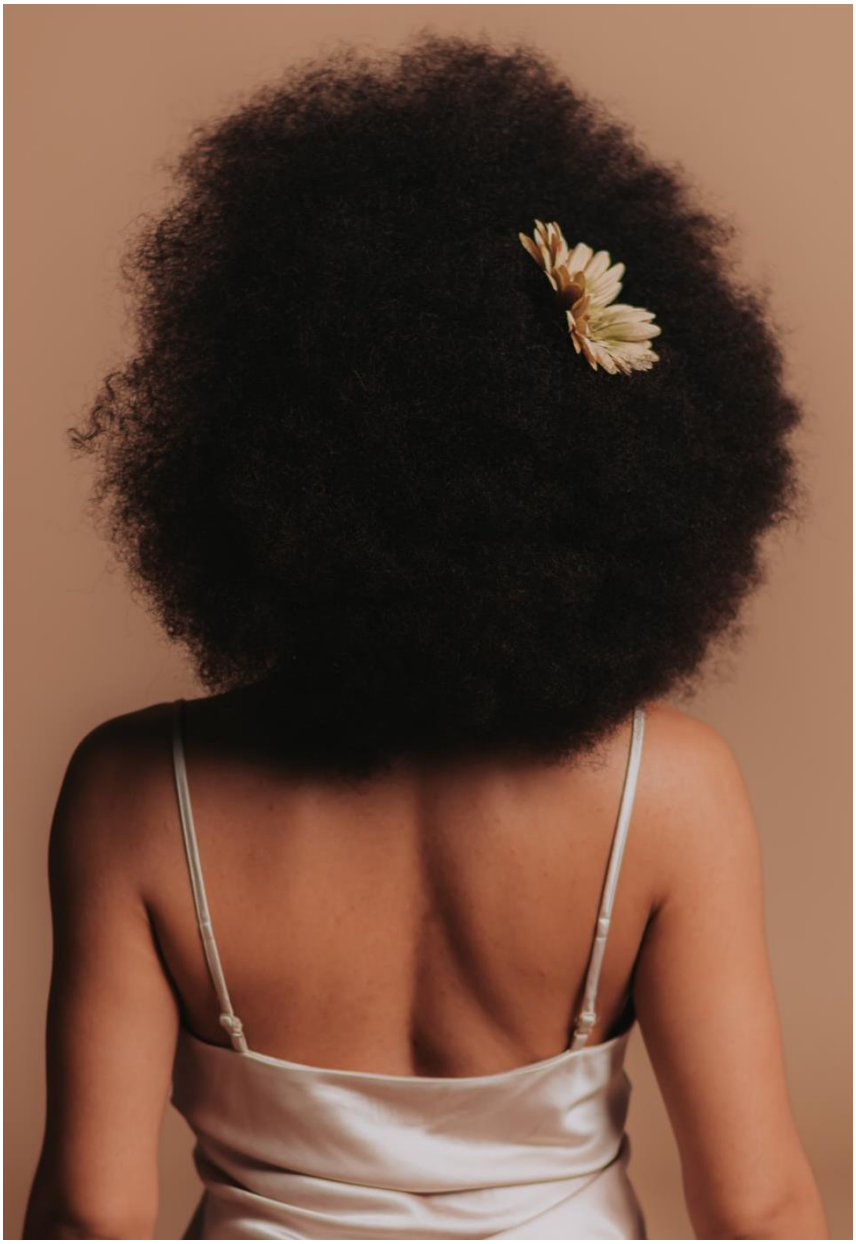
Key Insights

In this section, the findings of the evaluation are organized according to the three key program outcomes and the three key components of the theory of change for programs for a given group, for each group.

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Askira Girls

Dominant models of human psychosocial development in North American societies identify that at this age children's peer groups become more significant and a major source of self-esteem (McLeod, 2018). Given that children can express racial biases by age 5 (Winkler, 2009), for these young Black girls who are being subjected to microaggressions, a space where they can demonstrate their competence in various social skills and gain approval from their peers and trusted adults becomes even more critical. The participants in the Askira girls' group (ages 5-9) mainly self-reported an increase in their sense of social connectedness and a strengthening of their identity; these outcomes were also observed by parents and facilitators.



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Program Outcomes

Reduced Social Isolation

The developmental interest in demonstrating social competence means that social isolation can be detrimental to children in this age range. The girls shared about the challenges that have occurred in the past two years of their life, including feeling scared at times, lonely, and sometimes missing out on activities they had previously participated in. The girls noted that the group was "fun" and a place to talk about their feelings. Participants shared how the group equipped them with skills to identify when they are feeling lonely, appreciate that others also experienced similar feelings, and provided opportunities to reduce feelings of loneliness. For example, one participant noted,

"It was fun to do the show and tell, I like to show you things from my family and talk about the memories, these are photos I like to look at when I am alone"

While another shared that,

"I learned about different emotions, and other girls in the group also feel sad sometimes"

According to facilitators, the girls reported that they were able to successfully transfer the skills learnt in the group to other settings,

"Emotional coping seems to be mirrored in the group, learning new coping tools that are tangible and hearing how they use them at school or home has been rewarding"

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Increased Social Connectedness

As expected, the participants highlighted how the group successfully provided opportunities to share about themselves and be listened to by their peers, and how important this was to them. The girls' feedback included statements such as " "I like drawing my own tree 'all about me' and the staring contest to show how eye contact brings us together" and "Everyone is nice, I made friends in the group, and people listen to my story". Parents' feedback also reflected the significance of this space for cultivating a sense of safety in personal relationships for the children in their care within the context of their experiences in other settings. For example, one parent shared,

> "The group is a huge support for her, she loves to join when she can and it makes her feel like she has a space to talk about her triumphs and strengths without being bullied"

According to once facilitator this outcome was possible because,

> "The girls were willing to support one another, share the space to allow everyone to have a chance to talk and try to engage with each other, sharing similarities and asking questions. You could see that there was a sense of connection and genuine supporting each others' strengths and uniqueness"

While another noted that the high levels of attendance were evidence for them of increased levels of social connectedness:

> "There was noticeable progress with the comfort level and sense of belonging that grew through this high level of attendance and engagement group we had this term"

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Strengthened Identity

Given that children in this age range are able to internalize subtle and overt messages about the social desirability of belonging to one race over another (McLeod, 2018), having opportunities for elements of their racial and cultural identity to be affirmed is critical for racialized children. Participants' responses underscored just how crucial this was for them as Black Canadian girls, reporting increased sense of pride in their identity and greater self worth. For example one participant declared,

"My skin colour is brown and it is a good part of me" while another shared, "I learned at Askira Girls that we are powerful for being unique and different".

Facilitators, therefore, shared observations such as,

"Through this space they have been able to open up, share their unique talents and most importantly be proud to be themselves."

As desired, children shared they would remember skills taught in the group in their school day. Unsurprisingly therefore, parents also noted how participation in the group positively impacted their girls. For example, one parent attributed the group to increased sense of self-worth for her daughter,

"This group was a boost to my daughter's confidence, being herself in the group and sharing, I have noticed a change around the house… I think this is all directly related to the group"

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Facilitative Elements of the Program

Participants, and facilitators of Askira Girls were able to articulate how all three key elements of the program supported change in the girls.

Culturally Informed

According to one facilitator, in the Askira group,

"[The girls] were taught aspects about themselves through emotional regulation, identity, and culture. The group session validates the girls' experiences, thoughts and feelings while empowering them to be their unique selves."

This was the only program where participants articulated how the culturally-informed elements of the program facilitated changes in participants. Specifically, one participant explicitly said that

"I learned about my culture, and other cultures around the world, how I am unique".

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Anti-Racist

Facilitators described this element of the group as,

> "The group has been a place of empowerment, learning and growth for these young girls. Through this space they have been able to open up, share their unique talents and most importantly be proud to be themselves. Despite having the group being virtual, the girls remained engaged with the various activities and it created a fun space to relax and learn with other girls that looked like them."

Significantly, girls were able to explicitly articulate how this element of the group led to their increased sense of identity and self-worth. For example, one participant shared, "I learned that I am beautiful and my hair is beautiful, I like to shout out our affirmation sayings" while another described her new self-perception as

> "Me as a warrior would have her black hair in a bun, and a blue suit, and my real life super power is running fast, and being kind"

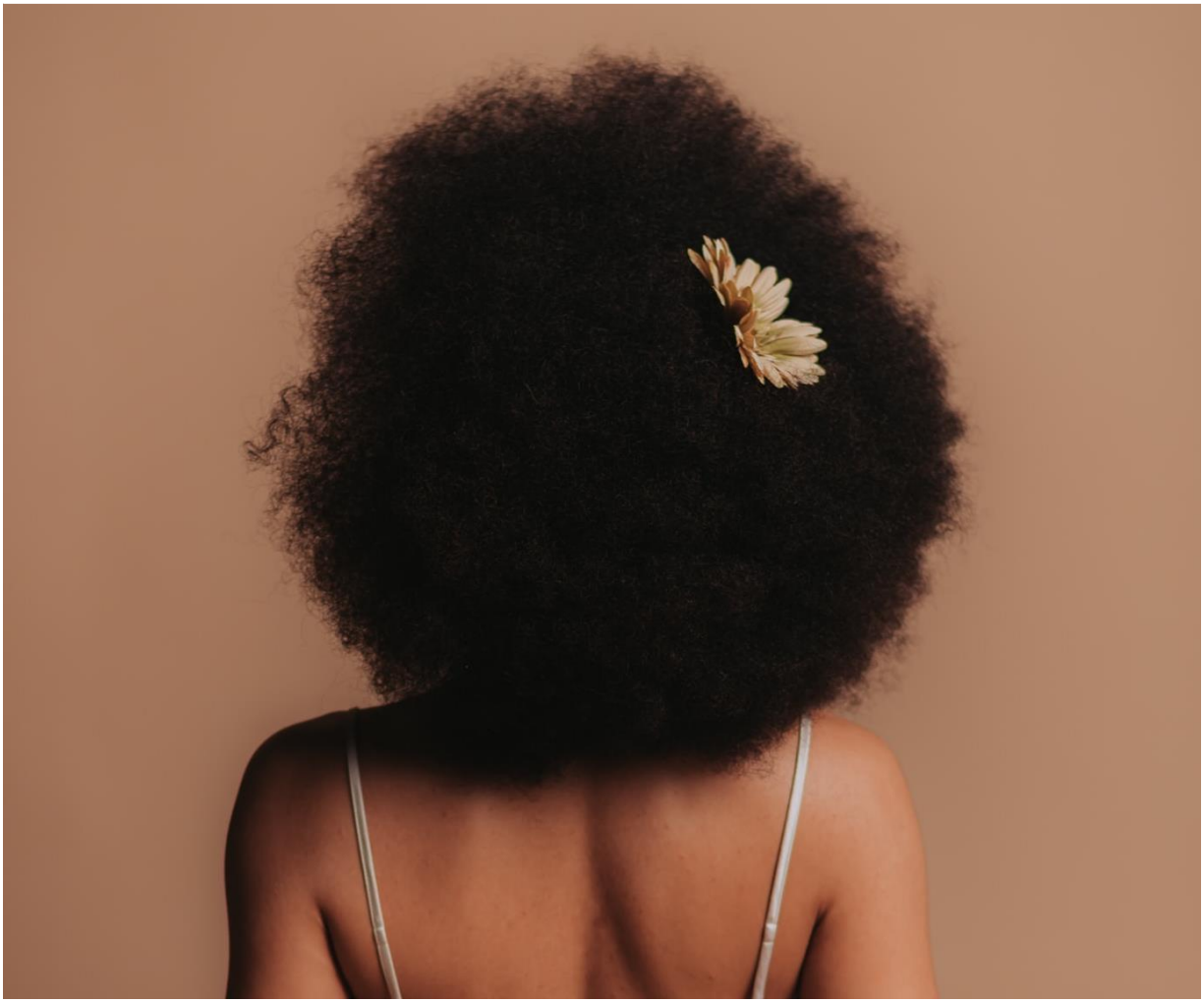
Trauma-Informed

According to facilitators, Askira groups provided the girls with "a safe space to interact with others", "without judgment" and this trauma-informed approach was fostered by an "experience of having their talents, skills, and interests celebrated, encouraged, and supported which in turn boosts self-esteem and confidence." The fact that, as one participant noted, "I hope group keeps going, I like to talk with the other girls and share about our strengths as girls", suggests that the messages they receive within society about who girls are is harmful and requires addressing.

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Nia Gwenda

According to Erikson's Psychosocial Model of Development, at this age, children are even more focused on exploring their identity, fitting in to society and developing a sense of belonging (McLeod, 2018). The teen girls who participated in two of the cohorts of Nia Gwenda group (ages 10-13) self-reported all three intended outcomes of the program- increased social connectedness, decreased social isolation, and increased identity.



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Program Outcomes

Reduced Social Isolation

The Nia Gwenda facilitators reported observations which reflected and expanded early reports that the social-distancing mandates used to manage the COVID-19 pandemic contributed to decreased mental health for Black Canadians, exacerbating the pre-existing challenges they face to mental health (see Mental Health Commission of Canada, 2021; Moyser, 2020). Specifically, facilitators reported that they had had a difficult time feeling alone during the pandemic, and lockdowns. Teens shared that they had struggles adapting to the changes at school, such as not being able to eat with their friends, not sharing toys or food, not getting up from their desk, not speaking at lunch, and missing time to connect with friends. According to facilitators, the Nia Gwenda youth also reported missing activities that brought joy, and pursuing their interests such as swimming, or band. For youth who already face social isolation daily due to micro-aggressions, such seemingly mundane activities become even more crucial and the loss of them even more intense of an experience. According to facilitators, the group helped to replace some of this, as one facilitator noted,

> "The Covid scenario has increased the sense of isolation people feel, including young people like those in the Nia Gwenda group. Group meetings have provided a safe, reliable space where the girls have benefited from the calmness, inclusiveness, and supportive, non-judgmental nature of the group."

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Participants reported that they were able to develop the skills needed to express and manage their emotions, a key indicator for the program that participants can experience reduced social isolation. For example, one participant noted, "I learned how to manage my anger and I liked the treasure chest activity where we can put some difficult things away for a bit"

Parents also reported seeing how the group reduced the social isolation their children were feeling. "I feel the group has been a great support and change in my daughter's life, she looks forward to it each week."

Unsurprisingly, as one girl reported, "It was helpful even just to talk and share my experience, that's all I needed"

Increased Social connectedness

Black Canadian girls have described having few opportunities to feel socially connected to their peers in school due to their experiences of unaddressed microaggressions from peers and teachers (see Goddard-Durant et al, 2022). According to facilitators of the Nia Gwenda program, this was exacerbated by the pandemic, and so addressing this was key,

Over the duration of the pandemic, there have been increased feelings of loneliness, isolation, and stress. Those feelings combined with the decreased amount of social interaction, it can make the issues that the girls are struggling with a lot more difficult.

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Indeed, the teens who participated in this programming shared how helpful it was to learn that they were not alone in their experiences. As one 11-year-old participant articulated, "This was an open space to connect with each-other", Consequently, teens developed a sense of safety in their personal relationships within the group, as reflected in sentiments such as,

"I became a little more expressive- got of my shell, it was maybe because I learned others might be going through the same thing, maybe sharing myself helps others too..."

This outcome was witnessed by facilitators who noted that girls fostered friendships beyond the group. As one facilitator noted, "Overall, the group became a space for the girls to help cope with those feelings, to learn more about themselves, and to make friends." . For facilitators, witnessing the development of these connections were understandably significant as one facilitator articulated,

"I was so proud when two of the group members decided to be friends outside of our session, really showed how meaningful trusting connections were made through our programming"

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Strengthened Identity

The lockdowns during the pandemic has meant that girls are engaging in more online activities such as social media in an effort to reduce their sense of isolation and connect with their peers. Unfortunately, this brought with it increased exposure to anti-Black racism where girls reported racially-based bullying or viewing overt racism on social media platforms such as TikTok. Facilitators noted that this, unsurprisingly, negatively impacted their identity wellbeing. However, girls were able to raise this as an objective they wanted for the group, as one participant expressed, "The group has been a reminder to remember you are awesome, take your own time and let yourself be yourself!" . For this, the girls expressed gratitude, with one noting "Thank you so much (facilitators name) for being such a great help in my journey of accepting myself and giving me a safe space"

Facilitators noted how the group successfully provided participants with an opportunity to begin to address this impact on their identity,

> "The participants shared they wanted to talk about mental health, and how to cope, as we near the end of the group, they recognized they have the internal resiliency, and power to use their resources, strengths and support systems to get through their challenges" (Facilitator)

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Facilitative Elements of the Nia Gwenda Program

Participants, their parents, and facilitators explicitly identified the anti-racist and trauma-informed elements of the Nia Gwenda group as facilitative of the healing changes the girls experienced.

Anti-Racist

The experiences reported by the Nia Gwenda provided strong support for Ifarada's research-informed theory that mental health care for Black Canadians must be rooted in anti-racism (see CAMH, 2021; Fante-Coleman & Jackson-Best, 2020; Jackson-Best & Naidoo, 2012; Taylor & Richards, 2019). The lead facilitator summarizes how this component was integrated into the delivery of the Nia Gwenda program,

> *The majority of facilitators of the group were Black and similar cultural identities to the girls in the group. The facilitators aimed to become role models for the youth to look up to, and find solace in their shared experiences which were disclosed when helpful. This aided in many moments and participants feedback that they felt a genuine connection and understanding of their experiences, connecting facilitators with the youth.*

According to facilitators, the feedback from the girls illustrated the value of this component to their program,

> *Participants shared how this was a space they felt safe sharing their race-related challenges in areas of their life such as school, home culture, social media, body image standards, and stigma sharing about mental health in their families. (Lead facilitator)*

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Indeed, girls explicitly made reflections which illustrated the impact of racism on their mental health and the importance of exploring this explicitly for their healing. For example, one girl noted,

> "I look forward to the group, the time to talk about what it's like to be me as a Black girl and how I am bullied sometimes and also sad sometimes too."

Consequently, facilitators reflected that the group provided an opportunity for girls to,

> "Have a space to support one another and talk about topics they may not normally have a chance to, such as body image, and how it relates to their intersectional identities as young girls of colour"

Trauma-Informed

The impact of racial trauma on Black-Canadians is now being investigated. However, the existing information strongly suggests the need for a trauma-informed approach to mental health programming (Goddard-Durant et al, 2022). Facilitators provided examples of ways in which they sought to make the program trauma-informed. For example, the lead facilitator noted how their choice of topics reflected this approach,

> *Through topics of trauma and grief, body-image, identity and cultural pride, participants shared this was one of the few times in their life that they felt they had a space to share about difficult experiences (such as disclosures of difficulty with eating disorders, race-based discrimination or trauma, cyber bullying, and sexual harrassment).*

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Facilitators also described how this approach was reflected in their group facilitation process. For example, one facilitator noted the importance of their mindfulness of not recreating the power dynamics that teens have in their daily school settings with adults that have been documented as harmful to young Black-Cnaadian girls' mental health (see Goddard-Durant et al, 2022)

"I think we were aware of power dynamics and safety as facilitators and thus youth felt comfortable with us. It was a conversation and community for all of us to share." (Facilitator)

Facilitators described creating a relationship that Black Canadian youth are not typically provided by adults within the education and mental health system to discuss their mental health challenges (see Black Health Alliance, 2016)

"There was a lot of patience with youths and letting them talk and providing them with space. And we were so creative with how we talked about identity and mental wellness each week, it became an engaging space!"

Remarkably, the girls were also able to articulate the trauma-informed elements of the program and its impact on them. For example, one teen noted,

"The activity for the first session we had where we could write somewhere we felt was safe and also the activity where we wrote healthy unhealthy and abusive signs in relationships, that was very helpful and many more this whole group has just been great!"

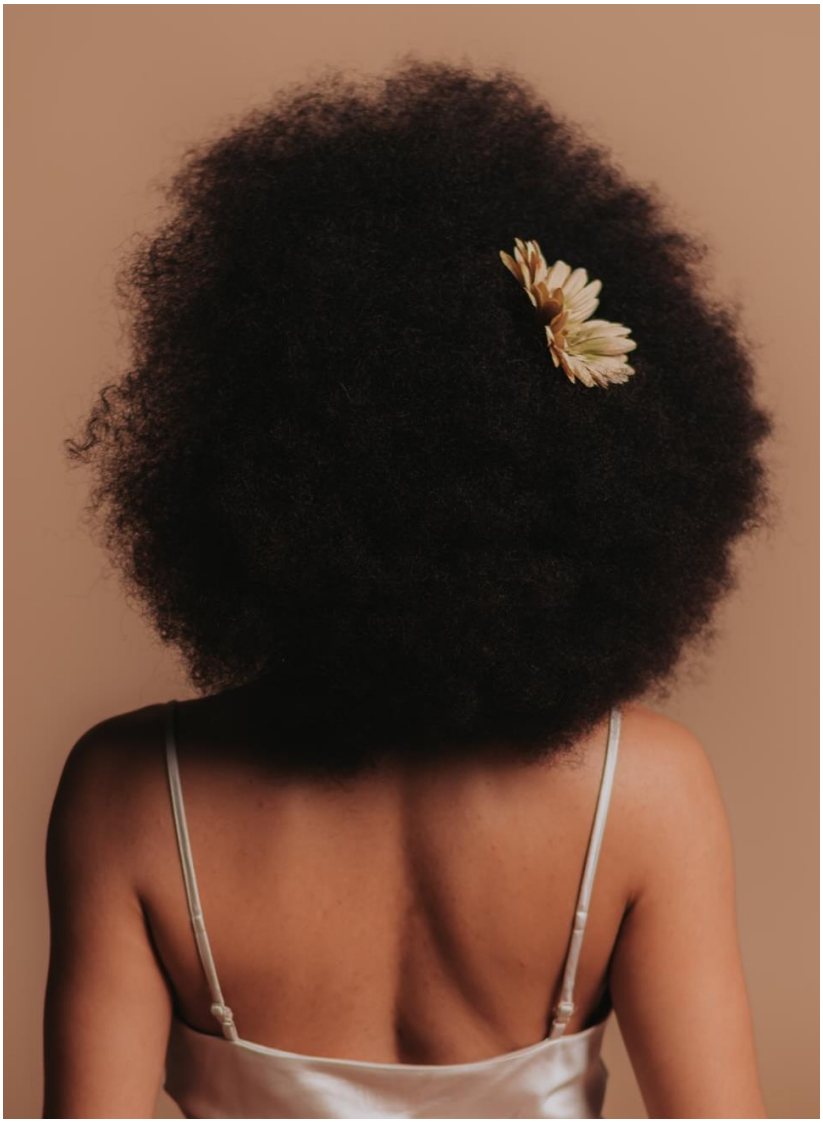
According to facilitators, parents were also able to observe the impact of this approach on their girls,

Some parents noted they felt their was a noticeable difference in the coping skills their child was now utilizing, learned from the group and one parent disclosed she felt there was an overall improved feelings of self-esteem, and wellbeing extended to time at school, and home due to having a safe space to share and feel belonging in the sessions each week.(lead facilitator)

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Queens Unite

The Queens Unite group spans the social development stage where individuals focus on making living, intimate connections with others, and being useful and giving back through work, raising children and community involvement (McLeod, 2018). Within Canadian society, women are subjected to institutionalized racism and microaggressions in all these same spheres of functioning (see Goddard-Durant et al., 2022; Jackson-Best & Naidoo, 2012). Moreover, the fall out of the Covid-19 pandemic created further challenges in these same areas. Encouragingly therefore, in the Queens Unite group, the women mainly reported an increase in their sense of social connectedness and strengthened identity. This observation was echoed by facilitators.



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Program Outcomes

Reduced Social Isolation

All participants shared that they felt heard within the group and gained information or tools to support their wellness and mental health. They identified boundaries and self-care, meditation and self-awareness and the recognition of the need for further processing as skills and/or knowledge they gained through participation.

Social Connectedness

The majority of participants shared that they made meaningful connections with others from their community who were also participants. According to facilitators,

"The women shared they found it comforting to be able to share, feel heard, and support each other with their feelings, and challenges related to parenting, and stress related to covid changes."

Participants noted the importance of developing awareness of their shared experiences as Black women within Canadian society. One participant described it as,

"Have had the pleasure to meet and relate to all our fellow queens. At times I felt like I was alone or brought up differently than others but through our meets have found we all share a lot of things in common that at the end of the day reassures me and comforts me to continue on a positive path."

According to participants, this translated into them having an increased number of persons they could turn to for help.

"The Queens Unite Group gave me a safe space to share, express and be connected with women who experience the same walk of life as me. It feels great to know I won't be judged or perceived wrongly for how I feel because I truly feel seen, understood and respected enough to share and ask for help about my life and experiences"

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Strengthened Identity

Participants also noted the impact of this program on their identity, with the majority reporting that they gained further understanding of themselves and their culture with pride. One participant shared, “All the activities we have done opened my eyes. I understand a little more about myself.”, while another noted that “It has truly unearthed some things in my life and has given me the ability to have honest conversations with myself on how I can handle them.”, The majority also shared that participation increased or supported their sense of self-worth.



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Facilitative Elements of the Program

Facilitators explicitly identified ways in which they say the anti-racist and trauma-informed elements of the group contribute to change for participants.

Culturally-Informed

According to all participants, the materials and skills they learned in the group reflected or were inclusive of their cultural values and beliefs and their identity was reflected among the other group members, staff and volunteers.

Anti-Racist

According to facilitators, the anti-racist elements in the program were explicit such that they discussed what life was like as a Black woman specifically.

"The group has been a great space for women to develop a sense of community and to explore important issues that affect their day to day life, especially as black women. From what I've observed and heard from the group they feel that if they share something about themselves there is always someone that identifies with their experience even if we all have different types of black identities/cultures."



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Trauma-Informed

Facilitators also described observations of the way in which the trauma-informed elements of the Queen's Unite program facilitated these desired outcomes. For example, one facilitator shared how,

"Seeing the understanding and recognition of history and racial trauma in the group has been very profound as I noticed that the narrative that members have used is now less of an individual failure but more of a collective struggle that they are doing their best to work through and have accomplished much despite our starting point in history."

Facilitators also noted how their approach addressed the stigma associated with psychotherapeutic intervention in Black Canadian communities. For example, one facilitator observed that,

Within such a short time together the women have been able to be there for one another, provide comfort and support to each other, especially when one of them is having a difficult emotional experience they are disclosing. I've heard several of them say how beneficial it is that the facilitation style has felt more like having a conversation rather than being "therapized".''

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Conclusions & Recommendations

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This program evaluation was based on the self-reports of 2 cohorts of participants in the Askira Girls and Nia Gwenda groups and 1 cohort of the Queens Unite group, interwoven with the observations of facilitators and parents & guardians of the girls, and presented within the racist, gendered daily conditions under which Black Canadian girls and women must live. The feedback suggests that all three programs address those social developmental needs Black girls and women have due not just to their age, but also to their intersecting identities of being Black and being female within Canadian society. Participants across all three programs reported all three key outcomes. Strikingly, participants and facilitators who provided feedback explicitly attributed these outcomes to the anti-racist and trauma-informed nature of all three programs.

They did not identify the culturally-informed elements of the program as facilitating change as readily. However, because we did not have a targeted investigation into how each of the three key program elements contributes to changes participants experienced and those which parents and facilitators observed, no insights can be drawn about the role of the culturally-informed elements of the program. Nevertheless, the evaluation provides Ifarada with some indication that their intended outcomes might be able to be achieved within these three therapeutic groups for women and girls; their idea about what program components facilitate these changes, that is their theory of change, might be on the right track.



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Program Evaluation Recommendations

Given that a) little is documented about how healing and change occurs for Black Canadian families; b) the challenges Ifarada encountered with using online surveys for feedback; c) the notable preference of families to engage in providing qualitative feedback; d) Ifarada's goal to demonstrate that participation in at least 1 program from each of their four streams of programming is essential to fostering change in Black Canadian families, and d) the need to collect credible, robust data to make evidence-based program development decisions, we strongly recommended that Ifarada gathers various types of data, from multiple sources about participants' progress in their programs and the facilitative elements. Specifically, we recommend that:

1. Ifarada considers conducting post group individual and/or group open-ended interviews with participants of all program streams during the next fiscal year about:
    a. the concerns that led them to seek these services,
    b. the changes they have experienced/observed in themselves/their children/families,
    c. the elements of the Ifarada services which they attribute as facilitative of this change,
    d. and their demographic background

This can be built into the session structure such that there is an individual post-assessment for participants/parents/caregivers or that the last session of each group is dedicated to a group post-assessment interview. To support this suggestion, we have developed potential open ended interview questions, a demographic data collection tool, and an informed consent process including a trauma-screening form that may all be adapted to gather this information from participants according to their age range (and their care givers), for each group (See appendix A, B, C, & D). The data which was captured seems to suggest that the therapeutic groups might be bearing out Ifarada's theory of change; strategic efforts to document credible, robust evidence of this is crucial at this juncture.

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2. We recommend that this open-ended post-assessment interview data then be used to create a comprehensive, specific theory of change and associated logic model for:the concerns that led them to seek these services,

    a. the organization illustrating how participation in one of each of the four streams of programming offered leads to change in families as well as

    b. each program to show how change is expected to occur for individual participants.

These theories of change and logic models would then be used to guide how each of the programs should be enhanced, provide insights on the components to be included in new programs, and ultimately guide Ifarada's fund development strategy.

3. The potential role of the culturally-informed components of groups was less clear than the other two components across all three programs. We recommend that there should be further investigation through targeted questioning to determine if these elements are indeed contributing to the girls and women accomplishing the desired changes, and what those associated outcomes are. Questions to gather this information are included in the interview schedule attached. This insight is critical if this element is to be maintained in the organization's theory of change.

4. We also recommend that these post assessment open-ended interview findings be then used to shape the development of pre and post group surveys to facilitate ongoing, efficient collection of statistical data that is reflective of the Ifarada programming and grounded in the experiences of its participants instead of reliance on standardized assessments that were not developed with consideration of the daily lived experiences of Black Canadians. This information can be shared with YouthREX who have been engaged to develop shorter, meaningful pre and post evaluation surveys. Such statistical data can strengthen justifications for funding proposals.

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5. Establishing community-based advisory groups to inform the development of all programming is a strategy which is complementary to Ifarada's culturally-grounded, trauma-informed, anti-racist approach. To start, these advisory groups can be tasked with reviewing the current group objectives, activities, format and processes around facilitation, and post group evaluation and suggesting elements for enhancement/addition. They should be consulted on an ongoing basis to ensure that the program directions are grounded in the evolving needs and experiences of the community.
6. Facilitator reflections can be an additional source of rich data about participants' progress and facilitative program elements. These reflections should be strategically collected and integrated into this proposed program evaluation
7. Ifarada is engaged in innovative, critical social justice psychosocial work in the GTA which others can benefit from. The findings from the program evaluation proposed here, and the program evaluation process, once completed, should be made widely available to other stakeholders within the field- practitioners, program evaluators and researchers.



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Appendix

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Appendix A
Phone Screening Script

Post Group Interview (Individual/Group) Phone Screening Script

NB.

1. **This is a script; do NOT give to participants**
2. **We recommend that this screening be conducted midway through the particular group program so that interviews can be set up in time for the official end of the group.**

Hello, I am (insert name, what you do at Ifarada, and a brief background using your intersecting identities). We at Ifarada are conducting an evaluation about the effectiveness of our programs to help clients and are interested in learning about your/your child's experience in the [Program Name] program which you/they just completed. Would you be interested in hearing more about this evaluation and what your/your family's participation would involve should you choose to? This should take about 20 minutes. To be clear, I will not interpret your agreement to learn more about the evaluation as your agreement to participate in the evaluation. Most importantly, whether you agree to learn more about the evaluation or not will not affect your/your family's access to any programs at Ifarada now or in the future in any way.

If the person answers **No**,

Thank you for your time! Please do not hesitate to reach out to us should you need help in the future. Remember that your decision not to learn more about the evaluation will not affect your/your family's access to any programs at Ifarada now or in the future in any way.

If the person answers **Yes**, proceed to begin the screening for meeting criteria to participate.

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Participation Criteria Screening Questions

Okay, I would like to make sure that I don't make you uncomfortable during this process, therefore I would like to ask you a few questions to make sure that participating in this evaluation is right for you. I would like for you to try to be as open and honest as you can, okay? Do you have any questions or concerns before we proceed? If at any point you do have questions, or feel uncomfortable with answering a question, please try and tell me, so that I can support you in whatever way you need, even if that means pausing or stopping the questions. How does that sound?

1. How old are you?
2. How do you self-identify in terms of race/ethnicity?
3. Have you or any member of your family experienced any barriers or difficulties that you will say are linked to discrimination based on your various identities such as your race, immigration status, gender (including individual, interpersonal, institutional, and societal discrimination)?

Let me tell you some more about it. If you need clarification as I'm explaining, please try to let me know and I'll answer any questions that come up as best I can.

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About the Evaluation

An Overview

Participation in the evaluation includes participation in an individual/focus group interview. Alone/with a group of other Black persons you will be asked to share your thoughts on your/your/child's experiences in participating in Ifarada's [Program Name] programs and the changes that have occurred in your/your childs'/ family's life as a result of participating in this program. The interview is purposed to help us understand how participation in Ifarada's programs help you/your child/your family in a number of areas. Specifically, we are interested in:

how your daily lived experiences as a Black person in Canada has affected you/your family, and how this is connected to your reason for seeking services from Ifarada;

what your perceptions/experiences of psychosocial support services before have been, and how they were shaped by your community's culture or daily lived experiences in Canada

how this experience with Ifarada measured up to your experience with other psychosocial intervention your family had tried (if applicable) and/or your expectations about this organization given your perceptions of psychosocial intervention and/or their approach (culturally-informed, trauma-informed, anti-oppressive).

How you/your family has benefitted from participation in Ifarada's programs

This interview (either group or individual) will be facilitated by evaluators hired by Ifarada. They will be holding the interviews virtually on Zoom/Microsoft Teams where they can control who has access to the meeting space and, for a group format, will ensure only participants know the specific purpose of the meeting. They anticipate that this discussion will last approximately 1.5-2 hours and they will try to make sure to create a safe space where you feel most comfortable to share your thoughts and opinions about participating in Ifarada's [Program Name] program.

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As part of creating a safe space during the interview, they will be taking several precautions to ensure that you (and the other participants if group format) are respected, your identity is protected, and no one can link what you share to you should you participate, including the staff of Ifarada. These precautions include:

1. You are in control over what questions you answer and how much details you provide. If in a group format, you will not be called out to participate; we trust that you will share when you are ready.
2. Respect that what is said here stays here. If this is a group format, note that we cannot control if any other participant repeats what is said here or hold them accountable. We see this as a place of mutual respect for each other's confidentiality.
3. For group formats, one person speaks at a time; wait for a speaker to conclude their point before speaking. Use the hand raised button to signal your interest in speaking.
4. No hate speech or discriminatory or insulting remarks or questions, even in reference to yourself.
5. You will choose a pseudonym that we will refer to you throughout the interview. Please change your on screen name prior to joining the zoom meeting. Also, if in a group setting, call persons by their pseudonym even if you recognize them as someone you know in real life.

How does that sound so far? Is there anything you'd like me to clarify? Are you comfortable with this?

If the person has irreconcilable concerns with this

It sounds like the evaluation might NOT be a good fit for you. I appreciate you speaking with me and sharing your experience today, do you have any last questions?

If person is comfortable, continue,

Okay, it seems like the evaluation will be a good fit for you. Let me tell you some more about it. If you need clarification as I'm explaining, please try to let me know and I'll answer any questions that come up as best I can.

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Voluntary Participation

Participation in this evaluation is voluntary. This means you are not obliged to participate because of former or current relationships with Ifarada, nor is participation a requirement for you to access Ifarada programs in the future. Also, you may refuse to participate or refuse to answer any questions with no negative consequences. Voluntary participation also means you might choose to opt out of the interview at any point when you change your mind about participating; the choice is yours. You may also withdraw from the evaluation at any time with no explanation by emailing the person who interviewed you. If you withdraw from the evaluation after you have participated in the focus group, know however that because this is an audio recorded focus group, they will not be able to identify which speaker you were and so will not be able to omit your data from the transcript. Ifarada staff will never have access to this recording.

Privacy and Boundaries

During the interview, your privacy and boundaries are their priority. They will be holding the group in a private zoom room facilitated on Ifarada's zoom account, where they can control who has access to the meeting space and will ensure only facilitators and participants know the specific purpose of the meeting.

Safety and Confidentiality Considerations

The evaluators have resources prepared for participants on how to safely plan and protect yourselves during the evaluation process. Additionally, your consent to participate in this evaluation will only be documented verbally; you will NOT be asked to sign any documents. The evaluation team will not release your name in connection with what you shared in the interviews, even to Ifarada staff. They will use your pseudonym name to refer to all your information and alter specific information that might be linked back to you e.g. family member's names.

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The only exception to this rule would be if you tell them or any other member of the evaluation team that you may harm yourself or others, or that children are at risk of being hurt or abused. If you tell them any of this, they will have a conversation with you about what can be done to protect you and your family members from harm, including connecting you to needed services that will not victimize, oppress or otherwise traumatize you. As with the rest of the evaluation, they will do everything they can to ensure this is a collaborative process where you and them have space to discuss and process before taking any necessary next steps.

A summary of results from this evaluation will be provided to Ifarada, funders, policy makers and administrators of support services to inform their responses to helping Black families with the resources they need to respond to the barriers and difficulties they experience in attending to their wellbeing in Canada.

Pause here and check in with the participant: Do you have any questions for me so far?

Scheduling the Interview

Based on what I've shared so far, would you be interested in participating?

Assessing Psychological/Emotional Vulnerability

During the interviews you will be asked to remember and talk about past experiences in your life that are difficult such as things about your community's culture or daily life experiences in Canada that contributed to you/your child/your family feeling distressed, these include but not limited to barriers in access to healthcare, you/your child's/your family's experiences of systemic and interpersonal racism, and mental health stigma. The evaluators expect that some of our participants will feel some discomfort. But they worry that some people, because of all that they have been through, may have a much stronger reaction. Do you have any reason to expect that talking about these things might be too difficult or make you feel much worse?

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If yes, refer to counselling services on resource list and inform them that it's not a good fit for them.

I'm concerned that it might be too distressing for you to talk about these experiences, therefore I don't think we should proceed with you participating; participating might feel like an added stress or difficulty to those you are already dealing with. I have some resources that I can provide you with to get support if you are interested?

If no, facilitate connection to the evaluation team

Can I have your email address and best phone number to pass on to the evaluator? They will follow up with you to 1) confirm you still want to participate; 2) provide information about the date, time for the focus group interview; and 3) ask you some more questions about yourself. In this way, Ifarada staff will not know if you ultimately decide to participate or not.

Do you have any last questions?

Thank you!

Fill in name, contact email and telephone data in the Evaluation Participant Master List document immediately.

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Appendix B Evaluation Participant Master List

Sample Participant Master List (Confidential: Do NOT give to participants)

Participant Name & Pseudonym	Contact Details
Participant Name: _____ Pseudonym: _____ Family Members involved w/Ifarada (e.g. partner, child) _____ Interview Format: Individual ___ Group ___ Time of Interview/duration:	Contact #: Email: Interviewer (s) Initials: _____
Participant Name: _____ Pseudonym: _____ Family Members involved w/Ifarada (e.g. partner, child) _____ Interview Format: Individual ___ Group ___ Time of Interview/duration:	Contact #: Email: Interviewer (s) Initials: _____

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Appendix C
Demographic Questionnaire

NB. This is a sample of demographic questions and framing text which might be developed into a questionnaire.

If comfortable doing so, please answer the questions to the best of your ability. There is no penalty for refusal to complete this questionnaire or for declining to answer specific questions.

The purpose of this questionnaire is to provide a demographic profile of the people who take part in this evaluation. As such, results will be reported in aggregate thereby making it impossible to identify specific participants. Only authorized members of the evaluation team will be privy to completed questionnaires. Questionnaires will be destroyed upon completion of the evaluation.

Participant's name: _____

Participant's child's name (if applicable): _____

Please indicate the pseudonym would you prefer us to use in place of your real name, which will help us maintain your anonymity: _____

1. Age: _____ Your child's Age: _____
2. Please indicate the gender with which You identify: _____ Your child identifies: _____
3. Please indicate the racial categories with which You identify: _____ Your child identifies: _____
4. Please identify Your specific ethnic background: _____ Your child's ethnic background: _____
5. Please identify Your sexual orientation: _____ Your child's sexual orientation: _____

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6. Please identify Your religious affiliation: _____ Your child's religious affiliation: _____

7. Please identify the city in which you live: _____

8. Are you a Canadian Citizen?
   ( ) Yes ☮ Please go to Q10
   ( ) No ☮ Please go to Q9

9. Please indicate Your country of birth/citizenship: _____ Your child's country of birth/citizenship _____

10. Please identify your relationship status: _____
    ( ) Married
    ( ) Single
    ( ) Dating
    ( ) Dating (Long Distance Relationship)
    ( ) Other– *Please specify*: _____

11. Please identify your family orientation _____
    ( ) Single parent/live with children
    ( ) Cohabiting with partner
    ( ) Cohabiting with partner and children/child
    ( ) Living with one parent or both parents
    ( ) Living with one or both parents and children
    ( ) Living with other family members (extended family members/siblings)
    ( ) Other – *Please specify*: _____

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12. Please identify current housing status _____
    ( ) Owner of home
    ( ) Co-owner of home
    ( ) Rental
    ( ) Parent home
    ( ) Subsidized Housing
    ( ) Other – *Please specify*: _____
13. Please identify your occupation _____
14. Would you describe your family as:
    ( ) Low Income
    ( ) Lower-Middle Income
    ( ) Middle Income
    ( ) Upper-Middle Income
    ( ) High Income
    ( ) Other – *Please specify*: _____
    ( ) Don't Know
15. Into which of the following categories does your total, before-tax familial household income fall for the year 2021:
    ( ) Below $60,000
    ( ) $60,000 - $80,000
    ( ) $80,001 - $100,000
    ( ) $100,001 – $120,000
    ( ) $120,001 - $140,000
    ( ) $140,001 - $160,000
    ( ) $160,001 - $180,000
    ( ) $180,001 - $200,000
    ( ) Over $200,000

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16. Please indicate your highest level of education:
    ( ) No formal schooling completed
    ( ) Elementary school
    ( ) High school diploma
    ( ) College diploma/degree
    ( ) Trade/technical/vocational qualification
    ( ) Undergraduate university degree
    ( ) Any university credential beyond an undergraduate degree
    ( ) Other – *Please specify*: _____
    ( ) Don't know

17. Please indicate the highest level of education completed by your mother or maternal guardian:
    ( ) No formal schooling completed
    ( ) Elementary school
    ( ) High school diploma
    ( ) College diploma/degree
    ( ) Trade/technical/vocational qualification
    ( ) Undergraduate university degree
    ( ) Any university credential beyond an undergraduate degree
    ( ) Other – *Please specify*: _____
    ( ) Don't know

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18. Please indicate the highest level of education completed by your father or paternal guardian:
    ( ) No formal schooling completed
    ( ) Elementary school
    ( ) High school diploma
    ( ) College diploma/degree
    ( ) Trade/technical/vocational qualification
    ( ) Undergraduate university degree
    ( ) Any university credential beyond an undergraduate degree
    ( ) Other – *Please specify*: _____
    ( ) Don't know

19. Please indicate the highest level of education completed by your partner (if applicable):
    ( ) No formal schooling completed
    ( ) Elementary school
    ( ) High school diploma
    ( ) College diploma/degree
    ( ) Trade/technical/vocational qualification
    ( ) Undergraduate university degree
    ( ) Any university credential beyond an undergraduate degree
    ( ) Other – *Please specify*: _____
    ( ) Don't know

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20. Please indicate the education level of your child/children (if applicable):

Child	1	2	3	4	5
Education Level					

21. Do you or any of your family members describe their ability/disability status as one of the following:

( ) A mental health Disorder (e.g. Anxiety, PTSD, Bipolar Disorder, behavioral and emotional disorders, etc.)

( ) A long-term medical illness (e.g. epilepsy, asthma, heart disease, diabetes, chronic pain, cystic fibrosis etc.)

( ) A short-term medical illness/ A temporary impairment due to illness or injury (e.g broken ankle, surgery, etc.)

( ) A sensory impairment (e.g. Vision or hearing)

( ) A learning Disability (e.g. ADHD, Dyslexia)

( ) A mobility impairment (e.g. amputation, Paralysis, stroke, cerebral palsy, multiple sclerosis, arthritis, etc.)

( ) Other – *Please specify*: _____

( ) Neither I nor any of my family members identify with a disability or impairment

( ) I prefer not to answer

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Appendix D
Sample Interview Schedule

NB. This is a sample of open-ended questions which might be developed into an interview schedule. The language and questions could be tailored to participants, and their caregivers as relevant.

Hello and welcome to our interview about your/your child's/your family's experiences in the Ifarada [Program Name] program. As part of creating safe space, here are some of our expectations:

1. *You are in control over what questions you answer and how much details you provide. You will not be called out to participate; we trust that you will share when you are ready.*
2. *Respect that what is said here stays here.*

   Addition for group format only*: at the same time we cannot control if anyone repeats what is said here or hold them accountable. We see this as a place of mutual respect for each other's confidentiality*
3. *One person speaks at a time; wait for a speaker to conclude their point before speaking. Use the hand raised button to signal your interest in speaking* **(for group format only)**
4. *No hate speech or discriminatory or insulting remarks or questions, even in reference to yourself*
5. *Call persons by their pseudonym even if you recognize them as someone you know in real life* **(for group format only)**

We want to understand how participation in Ifarada's [Program Name] programs help you/your child/your family in a number of areas. Specifically, we are interested in what about your community's culture or context of daily living in Canada led you to not have similar experiences before, and how this experience with Ifarada measured up to your experience with other psychosocial intervention you/your chld/ your family had tried (if applicable) and/or your expectations about this organization given your perceptions of psychosocial intervention and/or their approach (culturally-informed, trauma-informed, anti-oppressive)

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Increased sense of support/decreased sense of social isolation

1. *What about Ifarada [Program Name] program, if anything, made you/your child/your family feel supported, and experience reduced social isolation?*
    a. *What about your community's culture or the context of daily living in Canada contributed to your feeling isolated (e.g. lack of extended health care access, mental health stigma, practice of keeping family business private; racism in various systems) ?*
    b. *How did this measure up to your experience with other psychosocial intervention your family had tried (if applicable) and/or your expectations about this organization given given your perceptions of psychosocial intervention and/or their approach (culturally-informed, trauma-informed, anti-oppressive)*
    c. *How does having decreased social isolation/increased sense of support impact your/your family's daily life?*
2. *How did participation in Ifarada [Program Name] program help you/your child/your family feel like you had sources of community or professional support in which you could confide /receive advice?*
    a. *What about your community's culture or context of daily living in Canada led you to not feeling like you had sources of community or professional support in which you could confide /receive advice before (e.g. lack of extended health care access, mental health stigma, practice of keeping family business private; racism in various systems)?*
    b. *How did this measure up to your experience with other psychosocial intervention your family had tried (if applicable) and/or your expectations about this organization given given your perceptions of psychosocial intervention and/or their approach (culturally-informed, trauma-informed, anti-oppressive)*
    c. *How does having sources of community or professional support impact your/your family's daily life?*

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3. *How did participation in Ifarada's [Program Name] program help you/family feel program staff, volunteers and /or other participants i)heard/understood you/your child; ii)were meeting your/your child's needs*

    a. *Why was feeling heard and as if your needs were being met important to your family?*

    b. *What about your community's culture or context of daily living in Canada led you to needing this(e.g. lack of extended health care access, mental health stigma, practice of keeping family business private; racism in various systems)?*

    c. *How did this measure up to your experience with other psychosocial intervention your family had tried (if applicable) and/or your expectations about this organization given given your perceptions of psychosocial intervention and/or their approach (culturally-informed, trauma-informed, anti-oppressive)*

    d. *How does feeling heard and feeling like your needs were met impact your/your family's daily life?*

4. *How did participation in Ifarada's [Program Name] program provide you/your child/your family access to or information about available mental health supports?*

    a. *How did this measure up to your experience with other psychosocial intervention your family had tried (if applicable) and/or your expectations about this organization given given your perceptions of psychosocial intervention and/or their approach (culturally-informed, trauma-informed, anti-oppressive)*

    b. *Why was accessing or having information about available mental health supports helpful to you/your family? What about your community's culture or context of daily living in Canada led you to needing this(e.g. lack of extended health care access, mental health stigma, practice of keeping family business private; racism in various systems)?*

    c. *How does having access to or information about available mental health supports impact your/your family's daily life?*

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Expanded Network of Supports

5. *How did participation in Ifarada's [Program Name] program help you/your child/your family gain a network of supports?*
    a. *What about your community's culture or context of daily living in Canada led you to needing this(e.g. lack of extended health care access, mental health stigma, practice of keeping family business private; racism in various systems)?*
    b. *How did this measure up to your experience with other psychosocial intervention your family had tried (if applicable) and/or your expectations about this organization given their approach (culturally-informed, trauma-informed, anti-oppressive)*
    c. *How does having an increased network of supports impact your/your family's daily life?*

6. *How did participation in Ifarada's [Program Name] program help you/your child/your family feel safe in your personal relationships?*
    a. *What about your community's culture or context of daily living in Canada led you to needing this sense of safety in personal relationships (e.g. lack of extended health care access, mental health stigma, practice of keeping family business private; racism in various systems)?*
    b. *How did this measure up to your experience with other psychosocial intervention your family had tried (if applicable) and/or your expectations about this organization given their approach (culturally-informed, trauma-informed, anti-oppressive)*
    c. *How does having feeling safe in personal relationships impact your/your family's daily life?*

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7. *How did participation in Ifarada's [Program Name] program help you/your child/your family make new friends*
    a. *What about your community's culture or context of daily living in Canada led you to needing to make new friends (e.g. lack of extended health care access, mental health stigma, practice of keeping family business private; racism in various systems)?*
    b. *How did this measure up to your experience with other psychosocial intervention your family had tried (if applicable) and/or your expectations about this organization given their approach (culturally-informed, trauma-informed, anti-oppressive)*
    c. *How does making new friends impact your/your family's daily life?*
8. *How did participation in Ifarada's [Program Name] program help you/your child/your family increase the number of people you can turn to for help*
    a. *What about your community's culture or context of daily living in Canada led you to needing to make new friends (e.g. lack of extended health care access, mental health stigma, practice of keeping family business private; racism in various systems)?*
    b. *How did this measure up to your experience with other psychosocial intervention your family had tried (if applicable) and/or your expectations about this organization given their approach (culturally-informed, trauma-informed, anti-oppressive)*
    c. *How does having an increased number of support persons impact your/your family's daily life?*

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Strengthened Identity

9. *How did participation in Ifarada's [Program Name]program help you/your/child/ experience a greater sense of self worth?*
    a. *What about your community's culture or context of daily living in Canada led you to needing to make new friends (e.g. lack of extended health care access, mental health stigma, practice of keeping family business private; racism in various systems)?*
    b. *How did this measure up to your experience with other psychosocial intervention your family had tried (if applicable) and/or your expectations about this organization given their approach (culturally-informed, trauma-informed, anti-oppressive)*
    c. *How has/will having this increased sense of self worth shaped/shape your daily life going forward?*

10. *How did participation in Ifarada's [Program Name] program help you/your child/your family experience a greater understanding of your culture and identity?*
    a. *What about your community's culture or context of daily living in Canada led you to needing to make new friends (e.g. lack of extended health care access, mental health stigma, practice of keeping family business private; racism in various systems)?*
    b. *How did this measure up to your experience with other psychosocial intervention your family had tried (if applicable) and/or your expectations about this organization given their approach (culturally-informed, trauma-informed, anti-oppressive)*
    c. *How has/will having this greater understanding of your culture and identity shaped/shape your daily life going forward?*

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Strengthened Identity

9. *How did participation in Ifarada's [Program Name]program help you/your/child/ experience a greater sense of self worth?*
    a. *What about your community's culture or context of daily living in Canada led you to needing to make new friends (e.g. lack of extended health care access, mental health stigma, practice of keeping family business private; racism in various systems)?*
    b. *How did this measure up to your experience with other psychosocial intervention your family had tried (if applicable) and/or your expectations about this organization given their approach (culturally-informed, trauma-informed, anti-oppressive)*
    c. *How has/will having this increased sense of self worth shaped/shape your daily life going forward?*

10. *How did participation in Ifarada's [Program Name] program help you/your child/your family experience a greater understanding of your culture and identity?*
    a. *What about your community's culture or context of daily living in Canada led you to needing to make new friends (e.g. lack of extended health care access, mental health stigma, practice of keeping family business private; racism in various systems)?*
    b. *How did this measure up to your experience with other psychosocial intervention your family had tried (if applicable) and/or your expectations about this organization given their approach (culturally-informed, trauma-informed, anti-oppressive)*
    c. *How has/will having this greater understanding of your culture and identity shaped/shape your daily life going forward?*

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11. *How did participation in Ifarada's [Program Name] program help you/your child/your family experience* increased pride in your culture and identity*?*
    a. *What about your community's culture or context of daily living in Canada led you to not have that pride before (e.g. lack of extended health care access, mental health stigma, practice of keeping family business private; racism in various systems)?*
    b. *How did this measure up to your experience with other psychosocial intervention your family had tried (if applicable) and/or your expectations about this organization given their approach (culturally-informed, trauma-informed, anti-oppressive)*
    c. *How has/will having this pride shaped/shape your daily life going forward?*

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