

Babies Best Start

Introduction

The Community Action Program for Children (CAPC) is an initiative of Health Canada. Its purpose is to fund community groups to establish and deliver services that address the developmental needs of children from birth to age 6 who live in conditions of risk. The program is based on the principle that communities are best positioned to recognize the needs of their children and have the capacity to draw together the resources to address those needs.

CAPC is one of three community-based programs run by Health Canada to ensure that children have a healthy start in life. The other programs are the Canada Prenatal Nutrition Program (CPNP) and Aboriginal Head Start (AHS).

Home visiting is a service offered by 73 percent of CAPC projects and 85 percent of CPNP projects. Despite the extensive use of this service delivery model, many Canadians look to other countries for examples of home visiting programs.

The following community story is an example of a successful 'made in Canada' home visiting program funded by Health Canada.

Babies Best Start

Parenting is a difficult, challenging job. Imagine how much harder it would be if a parent were socially isolated, a recent immigrant, living in poverty, unemployed, or in poor physical or psychological health. Imagine not being able to find support because of an inability to speak either of Canada's official languages or simply not fully understanding our country's culture and customs. Unfortunately, many young Canadian families face these barriers.

'Parents helping parents' – this is what Babies Best Start (BBS) in Scarborough, Ontario, is all about. Babies Best Start trains and supports parents from a variety of ethnocultural backgrounds to act as Home Visitors to parents and their children living in low-income neighbourhoods. The program was designed to help give

infants the ‘best start’ in life possible by promoting, through early intervention and education, the health and development of young children living in vulnerable families.

Over the years, Babies Best Start has evolved to meet the needs of families. New program components have been added and new partnerships have been formed as the issues and concerns facing families emerged. Complementing the efforts of the Home Visitor are a series of parenting, social, recreational and educational programs offered by Babies Best Start and in partnership with other service providers. A variety of different programs are provided to ensure that families can choose from a range of supports and access them when required. Throughout the program’s continuing evolution, BBS has steadfastly maintained its commitment to provide friendly, helpful and culturally appropriate support to families.

The community

Scarborough, Ontario is a large urban centre with a diverse population of more than half a million inhabitants. It is a multi cultural community and a major settlement area for new immigrants and refugees – more than 13 percent of its population speaks neither of Canada’s official languages. It is also a community known for its high incidence of poverty, subsidized housing and shelters, single-parent families and families on social assistance.

Background

Babies Best Start was initiated in 1991 as a three-year pilot prevention project of the Scarborough Branch of the Children’s Aid Society (CAS) of Toronto with funding from the CAS

Foundation. Its mandate was to serve parents and their young children (birth to 3 years) living in low-income Scarborough neighbourhoods. The project provided home visiting services by parents to parents and children who were considered vulnerable due to social isolation, significant levels of stress, recent immigration, poverty, substance abuse, limited education, unemployment, or poor health.

In 1994, funding was received from Health Canada’s Community Action Program for Children to sustain and expand this successful project. Thanks to this federal support, the program now services all of Scarborough and the target group was extended to include children up to age 6.

The Aisling Discoveries Child and Family Centre, a local children’s mental health centre, has taken responsibility for the program. Although the Children’s Aid Society was deeply committed to this progressive prevention program, the initiative was transferred to a well-respected community-based agency in the best interests of the families. The Children’s Aid Society’s mandated service was considered threatening by many of the families Babies Best Start was trying to reach. The transition was facilitated by CAS’s willingness to second the program manager to the community-based agency; as a result, we built on our successes in the pilot phase relatively quickly.

In addition to government funding, contributions of service, dollars and gifts-in-kind have been received from countless organizations, individuals, businesses and foundations over the years. In 1998, a United Way ‘Success by Six’ grant helped to increase BBS’s capacity to reach out to more families in need. Because of its success, BBS was chosen to receive funding to deliver the province’s Healthy Babies Healthy Children services in Scarborough.



Babies Best Start takes the cake! Summer celebrations for the Home Visitors upon completion of training.

Origin of service model

Babies Best Start evolved out of the practice of a nurse-practitioner regularly accompanying social workers on investigations of alleged child abuse and neglect. It became obvious that the severe stress and isolation with which some parents cope is both awesome and debilitating. Clearly, many families need something other than child protection services. We wanted to find some way to provide them with the necessary supports and links to their communities.

We looked to similar projects in order to help develop our own model. Our research led us to the 'Parents Helping Parents' program in the City of Toronto's Public Health Department. The work of Dr. Walter Barker in public health departments in England and Ireland promoted the idea of advocating, educating and mobilizing fellow service providers to address infant mental health in our respective communities. Hawaii's 'Healthy Start' Home Visiting Program also offered an interesting model from which to learn.

Our program is, in essence, an integration of these three models – customized to fit the uniqueness of the Scarborough community.

Program description

The backbone of the Babies Best Start program is our home visiting service. Home Visitors are parents who are trained and paid an hourly wage to assist other parents and children enrolled in Babies Best Start. The Home Visitors 'befriend' families, an approach which promotes participants' openness to receiving assistance and support. In early 1998, BBS contracted with 16 Home Visitors. However, when Toronto's Public Health Department purchased home visiting services from BBS for the Healthy Babies Healthy Children Program, the number of Home Visitors increased to 30.

Home Visitors work an average of 16 hours a week, but this varies depending on the needs of the families to which they are assigned and on

their own schedules and personal lives. Home Visitors represent various ethnic backgrounds including Sri Lankan, Somalian, Ethiopian, West and East Indian, and Chinese, and speak 22 different languages. Whenever possible, the Home Visitors are assigned to families with backgrounds similar to their own.

Home Visitors are greeted like a friend of the family. While Home Visitors and parents often discuss how their week has gone, the child is the primary focus of the visit. Each visit is a little different: It could include helping a parent become comfortable playing on the floor with the child; reading a story or singing songs; making cookies with a young mother so that she learns to bake with her child; or making playdough and then teaching the child how to create shapes and develop the imagination.

Many visits are spent discussing stages of growth, nutrition and baby food preparation, and appropriate toys. Visits last approximately one hour, at which point the Home Visitor arranges a mutually convenient time for the next visit and encourages the parent to practise whatever activity has been demonstrated that day.

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Participants seem to appreciate this approach which advocates empowerment through peer support. One mother remarks: “Our Home Visitor is more like a mom to us. She is really loving and affectionate towards my son and is concerned about his health and safety. Her advice and demonstrations, like how to burp my child after a feeding and methods of bathing my child, were very helpful for us as new parents.”

Frequency of home visits can range from two or three times a week to once every two months, depending on family circumstances. Home Visitors not only visit families in their homes but also accompany them into the community. This bridging role between home and the larger community is critical to reducing isolation and integrating families into community activities.

Training and supervision

Training is a fundamental component of Babies Best Start. Each Home Visitor is required to undergo 70 hours of in-depth training over a period of three weeks prior to providing service. Continuous education is mandatory for all Home Visitors. Team meetings are held regularly and opportunities to attend community workshops on relevant topics are provided. Training covers such topics as family planning, nutrition, parent-child bonding, child development, behaviour management, community resources, child abuse and conflict resolution.

Supervision is also an integral part of the home visiting program. In teams of six, Home Visitors attend a peer support group meeting every two weeks which is facilitated by their supervisor. They also receive individualized guidance on a monthly basis at which time the progress of each family is reviewed. Training and supervision are carried out by community professionals (including social workers and registered nurses) who share their expertise by hosting workshops and providing ongoing advice and support.

Objectives

The primary objective of the program is to promote, through early intervention and education, the maximum potential for growth and

development of both parents and their young children. Positive feedback, from parents involved in the program suggests that we are reaching this goal. One mother explains: “Because of this program my self-esteem has increased, I’m more aware of stimulating activities for my child, and mostly I’m a more confident mother. I have been introduced to other programs and supports and no longer feel isolated.”

Babies Best Start also strives to strengthen communication between the numerous community agencies and Scarborough’s families as well as link families with resources and programs within their community. One mother is pleased with her new level of involvement in the community: “Since my involvement [with Babies Best Start] I have gone from being someone who is scared to death of meeting people to talking with other parents, attending group activities and being on the Steering Committee of Babies Best Start. This way, I am able to help with the future development of the program.”

Programs and resources

Babies Best Start plays an important role in ensuring there are adequate community programs and resources available for the families by supporting (in part or in full) a variety of programs. For example, BBS offers a 6-week parenting program, *Nobody’s Perfect*,¹ in Chinese, English, Punjabi, Somali and Tamil.

A similar program, *Mother Goose*,² uses nursery rhymes, stories and parent-child games designed to enhance the bonding process (e.g., communication, touching and playing) as well as promote motor and cognitive development. When it becomes time for children to start school, parents can enroll in *Ready, Set, GO*,³ a school readi-



Babies Best Start Participants playing in the park.

ness program offered to both children and their parents prior to the child’s entrance into kindergarten.

Other programs demonstrate the importance of community mobilization and partnerships. The *Birth Companion Program*, a pilot service offered in collaboration with three local hospitals, provides a trained community mother to act as a birth companion to offer physical, emotional and practical support to a woman before, during and after childbirth.

Babies Best Start has established many partnerships through the Children’s Aid Society Foundation. In order to bring necessary resources directly to parents in need, a mobile caravan filled with toys, books and parenting products is driven to an area of Scarborough with a high density of subsidized housing, shelters, family residences and motels used for temporary housing. A partnership with another CAPC-funded program, Better Beginnings Now, and with the Hincks-Dellcrest Children’s Mental Health Centre in Toronto (which owns the caravan) helped get these ‘wheels on the road.’

Finally, a variety of fitness programs, sewing circles, First Nations ‘sweat houses,’ cooking groups, picnics, seasonal celebrations and country outings all have been initiated or supported by Babies Best Start.

Organizational structure and community involvement

The program’s organizational structure has changed over time. Initially, the Program Planning Committee as composed of front-line staff from a variety of community agencies. Within the first year, an Organizational Development Committee was formed which consisted of senior managers from these same agencies. These managers took responsibility for reviewing the project and developing a plan to sustain operations. Today, Babies Best Start is funded by Health Canada and has an active Steering Committee as well as a small subgroup developed to address program evaluation issues.

Membership of these groups consists of parents, Home Visitors and service providers from public health, child welfare, housing, education, child care, and family resource and community centres. It always has been a challenge to encourage parents to participate actively in the governance of the program. Parents generally seem uncomfortable joining formal committees. To address this problem, we recently began holding more focus groups and parent gatherings to solicit their input and leadership skills.

Program evaluation

Professors at York University assist us with program evaluation.⁴ Qualitative data is collected in a variety of ways from program participants and Home Visitors to elicit their feedback about the program’s strengths and weaknesses. Inde-

pendent interviewers are used, where possible, to administer the evaluation. Currently we have the capacity to conduct interviews in Cantonese, Mandarin, Tamil, Punjabi, Somali and English.

Evaluation results attest to the effectiveness of the Babies Best Start Program. After completion of the program, parents report feeling less stress. Children are developing at an improved rate according to the Minnesota Child Development Inventory. Ratings of the home environment reveal that, after their involvement with BBS, parents understand better the importance of providing healthy physical and emotional environments that promote optimal development.

To have someone say ‘you are doing just fine’ and ‘let me help’ is worth more than anyone will ever know.

It is clear from participants’ comments that they feel their involvement in the program has substantially improved their daily family life. One mother says: “Babies Best Start made it possible for me to speak with another mother who had a lot of experience in looking after and caring for a baby without being judged or criticized on my parenting skills. To have someone say ‘you are doing just fine’ and ‘let me help’ is worth more than anyone will ever know.”

An unexpected and favourable outcome from BBS has been the profound effects on the Home Visitors’ own lives. Their self-esteem and self-confidence have improved significantly. Working with Babies Best Start offers a unique opportunity and provides Home Visitors with valuable job experience. Thus, the benefits of a program such as BBS are evident beyond the target population and affect the community as a whole.

As one Home Visitor comments: “I have gained important skills in working with families and I use these skills to benefit my own children. Personally, the program has offered me a lot in terms of my own development. I have had the opportunity to make presentations about the program, and this has helped me feel comfortable speaking in public.”

Lessons learned

Several key characteristics make our home visiting program successful. It:

- offers a broad spectrum of services and supports that are accessible, responsive, flexible and adaptable to the needs of families.
- develops and utilizes the skills of trained community parents to deliver the service, and commits the resources necessary to give them continuous support and training.
- builds on existing community strengths and develops new partnerships that cross professional, agency and sector boundaries and adapts to the needs of those being served.
- works relentlessly towards full consumer involvement, direction and ownership of the program.
- understands that Home Visitors are not a replacement for professional service.
- clarifies roles, responsibilities and decision-making authority for all players.
- takes risks and has a bias towards ‘doing’ rather than ‘talking about doing’.
- demonstrates effectiveness through ongoing process and outcome evaluation.

Conclusion

In building a community program like BBS, patience is a virtue and heavy doses of energy and enthusiasm are essential. It takes considerable time and effort to make any collaborative program work in the best interests of those it serves. Partnerships can be difficult to maintain as agreement is required from different parties to ensure that everyone has similar goals.

However, every ounce of effort expended is well worth it when one looks at the results of the Babies Best Start program: Relationships, trust and mutual self-help are developed; bridges are built between impoverished and isolated families and their communities; confidence and competencies in parents flourish; and young children enjoy happy, healthy development.

Brenda Pickup

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Endnotes

1. Developed by the Childhood and Youth Division, Health Canada.
2. The Parent-Child Mother Goose Program, Toronto, Ontario; originally funded by the Children’s Aid Society Foundation.
3. Sponsored by the Aisling Discoveries Child and Family Centre in Toronto.
4. Dr. Debra Pepler and Dr. Tim Moore of York University have been the program’s evaluators since its inception.

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For more information about Health Canada's community-based programs, visit the website at : <http://www.hc-sc.ca/hbbp/childhood-youth/>

(French site: <http://www.hc-gc.ca/hppb/enfance-jeunesse/>)

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