

HANDLE WITH CARE PHASE III (Scaling Up)



Executive Summary

OVERVIEW

The aim of scaling-up of the Handle with Care Program was to improve coverage and equitable distribution of the proven program to its intended users across Canada. The intended program users included parents and caregivers of young children with lived or living experiences of a combination of mental health risk factors: low income, social and geographical isolation, single parenthood, intergenerational trauma and other social risk factors. To scale horizontally, our community partners moved from being targets of change to becoming agents of change. They expanded the reach of the program with a focus on making it available to new communities in their provinces and territories. We also engaged new provinces and territories. To facilitate this engagement, we adjusted some elements of the program and its activities to the needs and characteristics of the target populations in the new communities. While retaining the program principles, we introduced flexibility to the number of program sessions. To scale vertically, Handle with Care community partners engaged stakeholders within and outside governments. Together they built a strong alliance that reflected mutual interest and shared objectives. These relationships fostered stakeholders' trust, and opened new avenues for collaboration and funding support.

The National Team's commitment to community research, site visits, and face-to-face meetings with community partners, service providers, and government representatives connected the nexus of researchers, practitioners and policy makers. This fostered both advocacy work and increased support for facilitator training and implementation of Handle with Care.

CONTEXT AND RELEVANCE OF THE PROJECT

The empirically proven Handle with Care program promotes parents' and caregivers' awareness that providing stimulating care and nurturing environments will help children flourish, thrive and grow into healthy adults with positive long-term outcomes. Handle with Care also builds on participants' strengths and capacities, engages them and offers opportunities to maximize a sense of control over their environment. Based on the premise that well-being of people who care for children is important in itself as well as for the children, the Handle with Care program set outcomes that targeted the mental wellbeing of parents and caregivers who experience a multitude of mental health risk factors. These outcomes include reduction of symptoms associated with mental health problems and depression, enhancement of parenting sense of competence, improved parenting practices and use of self-care practices. The successful dissemination of Handle with Care has depended on the program's affordability, compatibility, transferability and usability in multiple cultural and geographical settings.

PROJECT REACH AND GEOGRAPHIC SCOPE

Handle with Care is appropriate and accessible for participants from various backgrounds. The participating communities shared the common features of low income and low literacy, but differed in terms of geography (i.e., rural, inner city), population (i.e., new immigrants, on- and off-reserve Indigenous People, Caucasians, incarcerated individuals), and family stressors (e.g., intergenerational or developmental trauma, single parenthood, teenage parenthood). Handle with Care is being offered in nine provinces (British Columbia, Alberta, Manitoba, Saskatchewan, Ontario, Nova Scotia, New



Brunswick, Prince Edward Island, and Newfoundland and Labrador) and in three territories (Yukon, Northwest territories, and Nunavut).

PROJECT SERVICES/ACTIVITIES

Project services and activities include:

- recruiting, training and/or developing a team and network of trauma-informed experts in all aspects of the project, whether at the program implementation or research component level
- creating sound program implementation tools and management guidelines that served as the backbone of successful project execution
- monitoring the progress by pinpointing the project milestones for program implementations, community engagement, outreach to policy, knowledge translation and mobilization
- training and certification of Handle with Care facilitators, mentoring and accreditation of Handle with Care master trainers
- ensuring the reach of the program by providing one-on-one program sessions in home visits to individuals living in socially or geographically isolated situations

PARTNERSHIP AND COLLABORATION

Fundamental to the success of the Handle with Care program is a high-performing collaborative team characterized by dedicated and strong partners from across the country. Partners co-designed the program activities and were engaged in Handle with Care implementation plans. The program is compatible with provincial/territorial strategic plans that focus on wellness, prevention, early intervention, and health/mental health promotion activities tailored to meet the needs of communities. Collaborations were based on common values, rights and voices of vulnerable populations. The partnership commits to promoting access to and equitable distribution of the program benefits.

LEVERAGING RESOURCES

To make Handle with Care reach a wide audience, we ensured that the communities' input helped shape the program and that the program reflected their voices, values, and cultures. Because the target population was the driving force behind the program process and content, it was well accepted by the communities.

To ensure community capacity building, we made the program available in all project sites by engaging and training local Handle with Care facilitators. We identified program champions and change agents at all levels who worked collaboratively in advisory committees to develop plans for leveraging resources in each of the program jurisdictions. Our partners developed proposals and secured one-year or multi-year funding to support facilitator training, program implementation, and mentoring of master trainers in their regions.

KNOWLEDGE DEVELOPMENT AND EXCHANGE

A key area identified for collaboration was knowledge translation and exchange. Considerations were made to ensure the active exchange and flow of information between the program developers and members of the communities. This included advancing the conversation about Handle with Care and



bringing greater knowledge of communities and populations to the substance of the program and its activities.

The information gathered from our face-to-face interactions (site visits and all-sites meetings) or virtual meetings (teleconferences, video-conferences) identified key opportunities and challenges with respect to effectively leveraging the program reach. The knowledge gained from these interactions helped inform our strategic planning and use of implementation science. It offered a platform to use information on what works to support successful implementation and scale-up of the Handle with Care program.

EVALUATION ACTIVITIES AND RESULTS

Evaluation findings indicated positive program effects on participating parents' and caregivers', symptoms of depression, parenting sense of competence, self-care activities, and parenting practices. For example, parents and caregivers reported significant improvements in symptoms associated with depression, as well as more positive feelings about themselves, people around them and their environment. Self-care and wellness practices increased significantly in the parents and caregivers. Parenting sense of competence also improved significantly. Parents and caregivers reported gaining confidence in their parenting practices and increased positive feelings about their relationships with their children or children in their care. There was significant decrease in the use of harsh and inconsistent discipline. In addition, parents noted reduction of internalizing symptoms (i.e., anxiety, depression, and social isolation) in their children.

RECOMMENDATIONS AND FUTURE CONSIDERATIONS

Our recommendations are framed within four areas for strategic initiatives:

- (1) Engaging currently underrepresented suburban communities: Raising awareness of Handle with Care and training community-based facilitators to make the program accessible to families and family resource programs in suburban areas
- (2) Horizontal scaling up: moving from targets of change to agents of change by extending the reach of the program with a focus on making it available to additional communities
- (3) Vertical scaling up: promoting the program within an empowering environment in which policy making is participatory by actively connecting to the nexus between policy makers and practitioners, as well as researchers who are involved in both advocacy and implementation of Handle with Care
- (4) Functional scaling up/Diversification: making a systematic effort to increase the impact of the multifaceted versatile and proven Handle with Care program by making it part of a universal wellness campaign/initiative, increasing accessibility to diverse age groups (children and adolescents) or individuals with diverse needs and risk factors. These may include those who are victims of domestic violence and child abuse. Such diversification will provide opportunities for affordable training and the possibility for continuous evaluative support through an inter-professional network of researchers, community members, policy makers, health professionals, and health economists.

