

# Antoinette's Story

An introduction to an early child development model  
of care and post-natal home visiting scenario

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HUMAN  
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**Background:**

Versions of this report were developed during 2008 - 2010 by the National Collaborating Centre for Determinants of Health, including a version that was shared at the National Collaborating Centres for Public Health Summer Institute in Mont Ste-Anne, Quebec in July, 2009. Lead staff to this and related activities was Claire Betker. To prepare this resource for release in 2012, editing was provided by Ziba Vaghri, PhD (Program Director, International Research and Initiatives Program at Human Early Learning Partnership, University of British Columbia) and Lori G. Irwin, PhD (Lori G. Irwin Consultant Services, [lori-irwin@shaw.ca](mailto:lori-irwin@shaw.ca)).

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**Table of Contents**

Introduction ..... 1

Purpose ..... 1

Questions and Answer..... 1

    How does this model in Figure 1 illustrate early child development as a determinant of health? ..... 1

    Why was this model developed?..... 2

    What are the guiding principles of the model? ..... 2

    What are the components of the model? ..... 3

    Why use this model? ..... 3

    How can the model be applied?..... 4

Applying the TEAM-ECD Model: Antoinette’s Story ..... 4

    Instructions ..... 4

    Background information ..... 5

    Antoinette’s story..... 5

    Questions for discussion ..... 6

## ***Introduction***

The model presented in this document represents the efforts of the Knowledge Network for Early Child Development as part of the WHO Commission on Social Determinants of Health. Over the period of three years, experts from around the world contributed to the evidence in the area of early child development (ECD). This model was developed as a framework for understanding the environments and the characteristics that play a significant role in influencing early development. Environments—from the most intimate to the broadest—can and do influence the growing and developing child. The model identifies early child development as the most important developmental phase throughout the lifespan and supports decision-making enabling governments and civil society to work together with families to provide equitable access to strong nurturant environments for all children. The significance of such a model is that it provides a mechanism for considering practice, policy and programming in the area of ECD. This model can be utilized by public health practitioners, policy makers and researchers.

## ***Purpose***

The purpose of this document is to utilize the framework of the TEAM-ECD model, as described by the World Health Organization's Commission on Social Determinants of Health, through a problem-based question and answer learning format for creating a comprehensive understanding of issues that shape ECD at a population level.

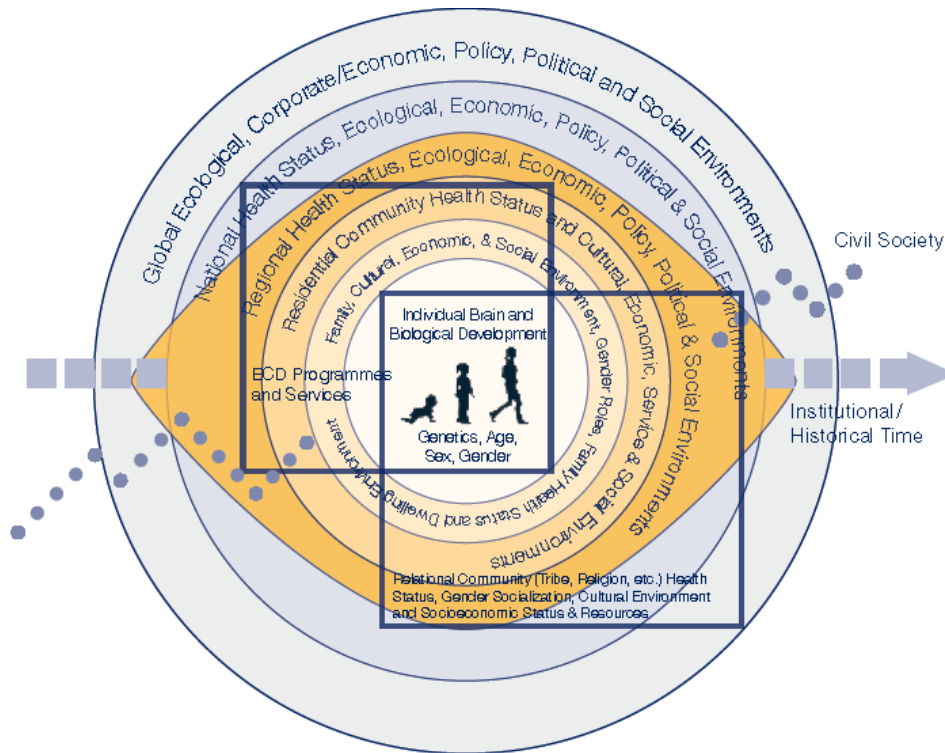
## ***Questions and Answer***

### **How does this model in Figure 1<sup>1</sup> illustrate early child development as a determinant of health?**

This model illustrates through its many interconnected and reciprocal spheres of influence how the socioeconomic environment is a fundamental determinant of early child development and, in turn, that early child development (which includes physical, social/emotional and language/cognitive domains) is the most important determinant of health and well-being across the balance of the life course.

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<sup>1</sup> Siddiqi, A., Irwin, L. G. & Hertzman, C. (2007). Total Environment Assessment Model for Early Child Development: Evidence Report for the World Health Organization's Commission on the Social Determinants of Health. Geneva, Switzerland: World Health Organization.



**Figure 1: Total Environment Assessment Model for Early Child Development (TEAM-ECD).**

### **Why was this model developed?**

Based on the most current academic literature, reports from governments, international agencies and civil society groups, and international experts in the field of early child development, the Total Environment Assessment Model of Early Child Development (TEAM-ECD) was developed to offer a strong means for understanding (and, therefore, acting upon) the social determinants of early child development. At its foundation is an equity-based approach for fostering successful early child development in societies across the globe through the creation of nurturing environments

The model helps us discern the causes of the large inequities that exist in the availability of nurturant environments for young children, thus, for their early child development – and for their outcomes throughout life. The model was developed from an understanding of the many forms of inequities in early childhood and their causes. The evidence points to promising avenues for providing universal access to nurturant conditions to children around the world.

### **What are the guiding principles of the model?**

1. Early child development (physical, social/emotional, and language/cognitive development) is the result of interactions between children’s biological factors and the environments in which children are embedded.
2. Successful early child development occurs when environmental settings (physical, social and economic) demonstrate conditions that are known to be nurturant for children.

3. The use of an equity-based approach for providing nurturant environments for children addresses the inequities in socioeconomic resources that result in inequities in early child development. Further, gains in social and economic resources for families of young children result in commensurate gains in children's developmental outcomes.

### **What are the components of the model?**

The TEAM-ECD model is a mechanism for understanding the environments that are most significant for children, highlighting the aspects of each environment that provide optimally nurturant conditions for children, identifying the dependent and reciprocal relations between environments, and linking these to the biological processes with which they interact to bring about successful early child development.

The components are:

1. Spheres of influence: A variety of interacting and interdependent spheres of influence are instrumental for development in early childhood. These spheres are: individual (child at centre); family and dwelling; residential and relational communities; ECD programs and services; and regional, national and global environments. In each sphere of influence, social, economic, cultural, and gender factors affect nurturant qualities. It is the nurturant qualities of these interdependent environments that have the most significant impact on the development of the child. ECD programs and services cut across all other spheres of influence. Thus, they can have multiple entry points and can be offered through existing services (such as the health care system) reaching a large number of children and families.
2. Temporal component: The model depicts two time lines and a "life-line":
  - 1) The broken line with an arrow depicts historical time and the onward progression of policies and programs that affect ECD over time. (The building and dismantling of large institutional and structural aspects of societies is included here, e.g., government policies and programs happen over long periods of time.)
  - 2) The dotted line depicts a gradual progression toward a more civil society over time, which includes the development of children. Improved childhood outcomes mirror a trend toward more nurturant spheres of influence and a more civil society.
  - 3) The progression of the child from infancy through adulthood is depicted by the image of the child at the centre of the spheres of influence.
3. Child well-being at the centre: This indicates the primacy of child well-being within this model, which has its roots in human and children's rights principles as well as current research. Societies that have placed the child at the centre of policy and programs regard the additional resources needed as a right of citizenship rather than as a luxury to be purchased by the few.

### **Why use this model?**

The extensive evidence upon which the model is based supports the imperative of improving the nurturant qualities of children's experiences in the environments where they grow up, live, and learn, and in turn, the

model invites the reader to explore ways in which nurturant conditions can be provided to all children in an equitable manner.

Because:

- a child's experiences during the early years set a critical foundation for the entire life course;
- early child development, including physical, social/emotional, and language/cognitive domains, strongly influences basic learning, school success, economic participation, social citizenry, and health;
- children's developmental outcomes are the net result of the influences of all levels/layers of environments. Children are shaped by and, in turn, shape these environments while each environment influences and is influenced by the others.
- the nurturant qualities of the environments where children grow up, live and learn matter the most for their development; and
- parents cannot provide the most nurturing environments without help from local, regional, national, and international agencies.!

Therefore, the TEAM-ECD model provides guidance for government and civil society to work in concert with families to provide equitable access to strong nurturant environments for all children.

### **How can the model be applied?**

The model can be used to inform action to further the goal of a grassroots-to-global, child-centred investment strategy, one of the future directions recommended by the authors.

It can be applied to the planning process at any jurisdictional level, from local neighbourhoods and municipalities to international settings. It can guide society toward improved health outcomes across the lifespan and, thus, a more sustainable future. By using available information (e.g., data on determinants of health, research on providing the most nurturant environments for optimal early child development), users of this model can act in confidence toward a child-centred, sustainable future, one that reduces health inequities, increases equitable access to programs and services, and raises the level of early child development outcomes across the socio-economic spectrum.

At the grassroots level, this model can provide a theoretical base for programming that enriches the nurturant qualities of children's environments such as programs promoting breastfeeding, attachment, effective parenting, healthy eating, and family literacy.

## ***Applying the TEAM-ECD Model: Antoinette's Story***

### **Instructions**

We have developed a problem-based nurse home visiting scenario for putting the TEAM-ECD model into use. The scenario below is divided into three sections: Background Information, Antoinette's Story, and, Questions for Discussion. Please read the scenario keeping in mind your practice/professional context and the TEAM-ECD model.

## **Background information**

Antoinette Jabol is a healthy 27-year-old female who has been living in Canada for 11 months. She is a stay-at-home mom to a three-year-old boy named Marlon who was born in the Philippines, Antoinette's home country. She lives in an apartment with Marlon and her husband, Paolo, who works in the information technology sector. Paolo has a few days off from work to help Antoinette with their new baby girl Divina, who is 48 hours old. She is the first baby in the Jabol family to be born in Canada. She is a healthy little girl who weighed 3300 grams at birth and is 50 centimetres long. She spends her time eating and sleeping.

## **Antoinette's story**

The nurse just left. Her name was Janet.

Anyway, I think the visit went well. Who knows? Our three-year-old son Marlon was visiting with his cousin for the afternoon so I could have some downtime. So, it was just the three of us, and Janet. She was here for about three-quarters of an hour. Apparently, this is normal. Nurses visit all the newborns around here.

I hope she doesn't think we're messy. Everything's everywhere, and I just didn't get to tidy before she came over. I asked Paolo to straighten up, but his understanding of tidy and my understanding of tidy are pretty different! Paolo asked Janet if she wanted coffee, but she said she was on a schedule and she'd better not. I hope she really was in a rush and that she didn't think our cups were too dirty, or something.

Divina is a good baby. She didn't even cry when Janet was doing stuff with her, like looking her over and weighing her. I was proud. My English isn't as good as Paolo's but I think Janet thought she was a good baby, too.

It's the middle of summer, and today was about as hot as it gets around here. Divina felt warm, so we gave her some water in her bottle to cool her down. Janet told us that newborn babies in Canada can't have water. It's just the way they do it. I don't know what harm a little water would do. I gave it to Marlon when he was her age. My friends back home have all given their babies water in the heat. My mother said she gave it to me.

It seemed like Janet was mostly interested in how I was feeding Divina. She wanted to watch me breastfeed. My friend Amalia from the Community Centre told me that would happen. She said breastfeeding is a really big deal in Canada, and she has three boys under five who were all born here. I am trying to breastfeed, but Divina's just not that interested, so we're also giving her formula. She seems to like formula. She's drinking the formula right up. Janet really wanted me to keep trying to breastfeed. She tried to help me. She's going to come back in a few days to try to help me again.

Janet wanted to see what kind of formula we're giving Divina, so we showed it to her. She said it was a good kind. She also wanted us to show her how we mix it up, so Paolo made some. He got a little bit confused when he was making it, but I think that's because Janet was watching him. He can read English really well; he does it at work all the time.

Mostly I'm glad Janet came today. It's nice that she came to our apartment, because we don't have a car, and it's easier for her to come to us than for us to go and see her. She gave us some coupons for the formula we're using, so that was good. Every little bit helps. It is hard to live here with me not able to work.



She also brought us a couple of brochures about settling in with the baby and breastfeeding. Janet really likes breastfeeding! I'll keep trying to breastfeed Divina, but she's drinking the formula just fine, so I don't know why it's a big deal.

Janet told us she will check back on us in a few days to see how it's going. I'll make sure to tidy up before she comes next time.

### **Questions for discussion**

Please consider the following questions keeping your practice/professional role and the TEAM-ECD model in mind.

1. What are two important aspects/barriers of both the family and the residential environments that seem to be shaping Antoinette's experiences as a new mother? Why?
2. How is Antoinette's relational community influencing her parenting practices? How might Janet best utilize Antoinette's relational community knowledge or social networks to influence the nurturant qualities of Divina's family environment?
3. What are the current parental leave policies in your region? How do family-friendly social protection policies have the potential to shape early child development?
4. How could you, in your current/future role, help to ensure that Divina is living in nurturant conditions? Consider your answer by placing yourself in the appropriate sphere of influence given your role (government, practitioner etc). How would you do this in Janet's role?
5. Given that the influence that environments have on ECD outside of the intimate family environment can be less direct, consider the impact of an environment broader than the residential community and discuss how the chosen environment's influence can shape the development of the individual child.
6. Compare and contrast the potential early experiences of Divina and her older brother, Marlon, in Canada and in their country of origin (considering issues such as birth registration, protection against violence, child labour, right to play, and right to participate in decision making) and the interactions between environments such as the residential community and the national environment.
7. General Comment #7 (GC7) is a document developed by the United Nations Committee on the Rights of the Children, which provides guidelines on how to implement the Convention on the Rights of the Child (CRC) during the early years (0-5 years of age). How can international treaties such as the CRC and guidelines such as GC7 enhance the nurturant qualities of environments and improve the quality of experiences in early years?
8. Choose an historical issue such as women's rights, children's rights, racism, or one of your own choosing and discuss its changes and influences on child development over time. Include in your discussion consideration of influences from at least two spheres of influence including relational community.

9. Think about the current regional and national political context of your practice/profession. What do you think is one of the most highly influential policies affecting early child development in these contexts currently. How does this policy platform have potential to shape the development of Divina?
  
10. In the original TEAM-ECD evidence document, the authors state that “nurturant qualities of the environments where children grow up, live and learn matter the most for their development, yet parents cannot provide strong nurturant environments without help from local, regional, national, and international agencies”, Explain by using an example from your own practice/profession.