

DIFFERENCES IN POSITIVE PARENTING IN LONDON & MIDDLESEX COUNTY

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KEY POINTS

- The average positive parenting score in the City of London and Middlesex County has increased over the five year period between 2002 and 2006 from 15.7 in 2002 to 16.4 in 2006.
- The proportion of parents scoring in the high category on the positive parenting interaction scale increased between 2002 and 2006 from 55.2% to 65.4%.
- Positive parenting interaction scores decreased significantly with an increase in the child's age; in 2006, 82.7% of parents with younger children aged 6 years and under scored high on the positive parenting scale as compared to 46.5% of parents with older children aged 7-11 years old. There was no significant change between 2004 and 2006.
- Younger parents with younger children continued to score higher (18.3) than older parents (17.1) on the positive parenting interaction scale.
- Parents' gender, marital status, household income, and geographic location did not affect the level of positive parent-child interaction.

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BACKGROUND

There is substantial evidence to suggest that parenting style is a critical factor in healthy child development. Nurturing and positive stimulation provided by parents and caregivers in the first six years of a child's life has a long-term impact on children's capacity to learn, their behaviour and coping skills, and their risks for developing

disease later in life¹. Positive parenting styles have been also associated with higher child self-esteem levels, academic achievement, and providing protection against behavioural problems and substance misuse later in life².

Positive interactions between parents and children have been referred to as "positive parenting". More specifically, positive parenting has been defined as activities or interactions between parents and children that include providing praise, talking or playing, laughing together, playing games and doing special activities³.

For many years, Ontario Public Health Units have been involved in promoting healthy child development through the provision of parenting programs and services. The Ontario Ministry of Health and Long Term Care (MOHLTC) Mandatory Health Programs and Services Guidelines⁴ directs health units to offer child

health programs to ensure that increasing numbers of children meet the appropriate development milestones for their age group.

To promote healthy child development, the Ministry of Health and Long Term Care announced funding for the Early Child Development (ECD) projects in December 2001. In 2004, the Ontario Ministry of Children and Youth Services assumed responsibility for the ECD projects. This funding provided support to expand existing early child development initiatives beyond Mandatory Health Program and Service Guidelines requirements for children from birth to six years of age and their parents and caregivers. The new initiative focused on the following:

- Injury and Family Abuse Prevention;
- Promote Healthy Pregnancy and Child Development;
- Prenatal and Postnatal Nurse Practitioner Services; and
- Support for At-Risk Pregnant Women Initiatives.

Through the ECD funding, a local project, called "Promoting Parenting Capacity Initiative" was developed. This initiative is one aspect of the "Promote Healthy Pregnancy and Child Development Initiative". A community coalition was formed among numerous community agencies to provide support for healthy child development. This coalition called the "Promoting Parenting Capacity Action Group" (PPCAG) was established in January 2004 under the Early Years Council of London/Middlesex with three main goals:

- To enhance parenting capacity by developing integrated service strategies among community agencies;
- To promote recognition of cultural diversity, different learning styles and special needs in the development and delivery of parenting programs, resources and services;
- To identify and implement strategies that address barriers to participation in parenting programs.

Since May 2004, the PPCAG implemented several strategies to promote use of parenting programs and services, and to increase positive parenting interaction between parents and their

children. To increase awareness levels of the importance of positive parenting skills among parents/caregivers, the PPCAG developed a campaign which included a range of materials to support the "Positive Parenting is Important" theme. Television advertisements, print advertisements, posters, brochures, a display, parent tip sheets, and magnets were used to reinforce the campaign messages.

Along with the 2001 ECD funding announcement, funding was also provided to Ontario Public Health Units to support the development of survey initiatives in order to monitor population-level indicators, including participating in the Rapid Risk Factor Surveillance System (RRFSS), and development of a Parent Survey. Through these initiatives, two modules (i.e. series of questions) were developed to assess parenting capacity, and awareness and use of parenting programs. In order to measure positive parenting interaction specifically, a module was designed based on standard questions that were used in the National Longitudinal Survey of Children and Youth⁵.

This Health Index provides comparisons over time regarding parents' and caregivers' level of positive parenting interaction with children aged 11 or younger in the City of London and Middlesex County. The results described in this Health Index focus on questions regarding the level of positive parenting interaction as reported by parents. Positive parenting interaction was assessed in terms of the frequency with which parents and caregivers engaged in the following activities:

- Praising their child;
- Talking or playing with their child, focusing attention on each other for five minutes or more, just for fun;
- Laughing with their child;
- Doing something special with their child that the child enjoys;
- Playing games with their child (if the child was under two) or alternatively playing games, sports, hobbies with their child (if the child was aged two to eleven years old).

Parents' responses to the five questions were added together to establish a positive parenting interaction scale that ranges from 0 to 20. The higher the score on the scale, the more frequently parents interact with their children. In order to

identify the proportions of parents and caregivers that have low, mid-range, and high level of positive interaction with their children, the positive parenting scale was divided into three categories: low scores (scores ranging from 0-10), mid-range scores (scores between 11 and 15), and high scores (scores from 16 to 20).

It is anticipated that the comparison of indicators of positive parenting over time will help community partners prioritize community resources needed for future parenting programming. The findings reported in this Health Index build on the results presented in a previous Health Index, "Positive Parenting in London and Middlesex" ³, in which the data from the Parent Survey-2004 were analyzed. As a result of the PPCAG focus on children, birth to 6 years of age, data analysis was performed separately for the subgroup of parents of children 6 years of age and younger and for the subgroup of parents of children 7 years of age to 11 years of age.

In addition, this Health Index examines the relationship between a number of socio-demographic factors and the level of positive parenting interaction. The following factors were included in the analysis: child's age, presence or absence of siblings, parent's age, parent's gender, parent's educational attainment, household income, and geographic location.

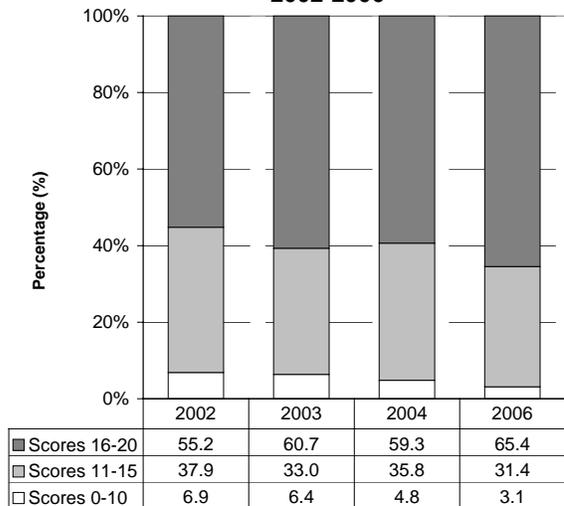
The primary source of data was the Parent Survey-2006 collected from April, 2006 to July, 2006. The Parent Survey-2004 as well as the 2002 and 2003 RRFSS were also used to assess changes in the level of positive parenting over time. The RRFSS and Parent Survey are both supported by the Middlesex-London Health Unit. Additional information is described in the methods section.

LEVEL OF POSITIVE PARENTING

In 2006, the average positive parenting interaction score for parents with children aged eleven or younger in the City of London and Middlesex County was 16.4 (± 0.2), measured on a scale from 0 to 20. The majority of parents and caregivers (65.4%; $\pm 3.9\%$) scored between 16 and 20 (high scores) (Figure 1). An additional 31.4% ($\pm 3.8\%$) scored between 11 and 15 (mid-range scores), while the remaining 3.1% ($\pm 1.4\%$) scored 10 or below (low scores).

Over the four-year period from 2002 through 2006, there was an increase in the level of positive parenting in the City of London and Middlesex County as the average positive parenting interaction score increased from 15.7 (± 0.5) in 2002, to 16.1 (± 0.4) in 2003, 16.0 (± 0.2) in 2004, and to 16.4 (± 0.2) in 2006. Similarly, there was an increase over time in the proportion of parents who scored high on the positive parenting interaction scale - a score between 16 and 20. In 2002, 55.2% ($\pm 7.4\%$) of parents with children eleven or younger were located in the top category. In 2003, 60.7% ($\pm 5.9\%$) and in 2004, 59.3% ($\pm 2.8\%$) of parents reported high frequencies of positive parenting interaction. By the year 2006, the proportion of parents found in that category increased to 65.4% ($\pm 3.9\%$).

Figure 1: Positive Parenting Interaction Scores by Year Parents/Caregivers (18+) London & Middlesex County, 2002-2006

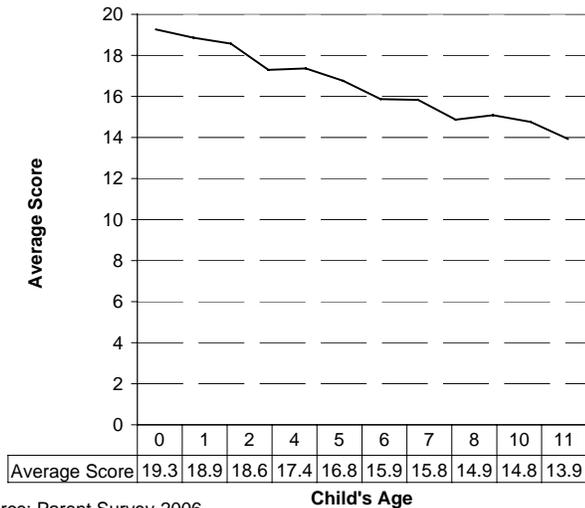


Source: RRFSS 2002, RRFSS 2003, Parent Survey-2004, Parent Survey-2006

CHILD FACTORS

The child's age plays an important role in predicting the level of parent-child interaction. As shown in Figure 2, in 2006, the positive parenting interaction score decreases steadily as the child's age increases from 19.3 (± 0.5) for parents of children under the age of one to 13.9 (± 0.9) for parents of eleven year olds. A similar trend was reported for the 2004 data. These results indicate clearly that, on average, parents of younger children are more likely to interact with their children, compared to parents of older children.

Figure 2: Positive Parenting Interaction Scores by Child's Age
Parents/Caregivers (18+) London & Middlesex County, 2006

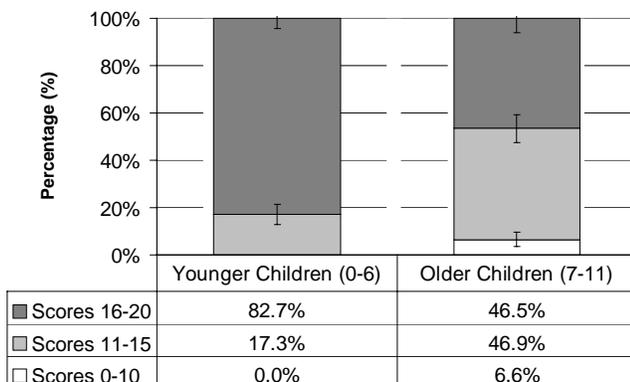


Source: Parent Survey-2006.

To examine the contextual role of child's age and to meet program requirements, two distinct age cohorts were identified: (1) 'Younger children' - children six years old and younger, and (2) 'Older children' - children between the ages of seven and eleven.

Figure 3 shows that in 2006, 82.7% ($\pm 4.3\%$) of parents of younger children scored high on the positive parenting scale (scores between 16 and 20) while only 46.5% ($\pm 5.9\%$) of parents with older children were found in the top category. These findings, as well as similar results reported for the 2004 data, suggest that parents of younger children are more likely to score higher on the positive parenting scale, compared to parents with older children.

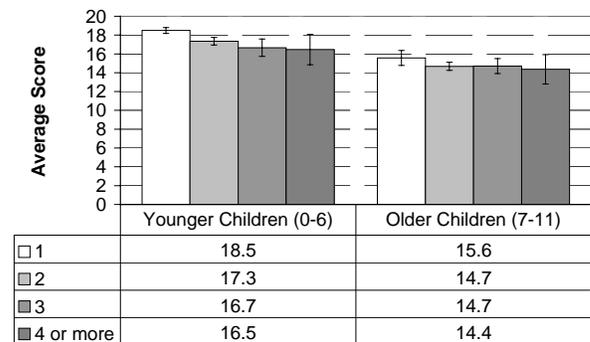
Figure 3: Positive Parenting Interaction Scores by Child's Age
Parents/Caregivers (18+) London & Middlesex County, 2006



Source: Parent Survey-2006.

As noted in Figure 4, parents were less likely to interact with a young child when there were more children in a household. For instance, parents had higher interaction scores with a young child when the young child had no siblings (18.5; ± 0.3) than when the child had three or more siblings (16.5; ± 1.6). These findings are consistent with the results reported from the 2004 data. However, in 2004, the relationship between the number of children and the level of positive parenting was found to be statistically significant for younger, as well as for older children.

Figure 4: Positive Parenting Interaction Scores by Number of Children
Parents/Caregivers (18+) London & Middlesex County, 2006



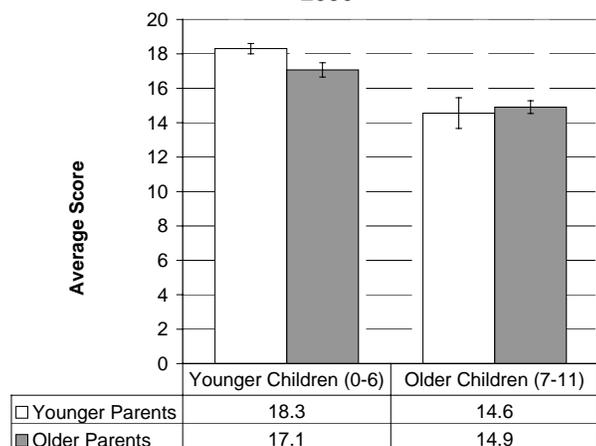
Source: Parent Survey-2006.

To explore further the nature of the relationship between the level of positive parenting and presence and age of other children in the household, we assessed separately the effect of having younger and/or older siblings. In 2006, parents reported more frequent interaction with the child six years old and younger, if the child had no younger siblings (18.1; ± 0.3) than with the child of the same age who had younger siblings (16.2; ± 0.6). Similarly, parents reported more frequent interaction with the child six years old and younger if that child had no older siblings (18.0; ± 0.3) than with the child who had older siblings (17.4; ± 0.4). The presence of siblings in the household, regardless of their age, had no effect on how frequently parents interact with older children.

PARENT FACTORS

In 2006, younger parents, those between the ages of 18 and 34, interact more frequently with their younger children (18.3; ± 0.3) than older parents of younger children (17.1; ± 0.4) (Figure 5). Parents' age had no effect on the level of interaction with older children. These findings are consistent with the results reported for the 2004 data.

Figure 5: Positive Parenting Interaction Scores by Parent's Age Parents/Caregivers (18+) London & Middlesex County, 2006



Source: Parent Survey-2006.

In 2006, there was no statistically significant difference between female parents and male parents on the positive parenting interaction scale, both for younger and older cohorts of children. However, in 2004, female parents had higher levels of positive parenting interaction with younger children than male parents.

In 2006, as in 2004, there was no statistically significant relationship between parents' educational attainment and the level of positive parenting interaction among parents of younger children. In 2006, the relationship between positive parenting and education was also not significant among parents of older children (7 years of age and older), although it was statistically significant in the 2004 data.

In 2006, there were no statistically significant relationships between the level of positive parenting and marital status and household income. These findings are consistent with the results based on the 2004 data.

In 2006, there were no statistically significant differences in the average level of parent-child interaction scores between respondents living in the City of London (17.9; ± 0.3) and those residing in Middlesex County (17.2; ± 0.6). Finally, no statistically significant differences in the positive parenting score were found across four distinct geographic areas (i.e. East, South, West, and Central) within the City of London.

SUMMARY AND IMPLICATIONS

To date, results on positive parenting for the City of London and Middlesex County are promising. Of key importance is the finding that the average positive parenting interaction score among parents with children 11 years and younger had increased between 2002 and 2006. This is an encouraging finding that, over time, parents and caregivers report that they are engaging more often in positive parenting activities with their children. Furthermore, in 2006, a greater proportion of parents and caregivers scored high on the positive parenting interaction scale (i.e. scores in the 16-20 range) compared to the proportions reported in previous years. Not surprising is the finding that the positive parenting interaction score decreases significantly with a child's age. That is, parents of young children (6 years of age and under) continue to interact more frequently with their children than parents of older children (7-11 years of age). On one hand, it is encouraging that parents are interacting more frequently with their younger children considering the long-term impacts of that interaction on development, behaviour, and health of children. It also suggests that the shift to concentrate the provision of parenting programs and services on parents of younger children that began in the late 1990s may have an influence on the population level change in the level of positive parenting interaction. On the other hand, these findings may indicate the need to investigate a benchmark of what constitutes a reasonable level of positive parenting interaction for parents and caregivers of older children. For instance, children between 7 and 11 years of age may have a substantial level of positive interactions with other adults, siblings, or peers that makes up for the lower level of positive parenting interactions with their own parents and caregivers.

This Health Index highlights the need for parents who take care of more than one child to ensure that they are engaging in positive parenting interaction with each of their younger children (birth to 6 years of age). Considering the long-term impacts that the first six years have on a child's life, it is important that parents continue their efforts to establish nurturing and supportive relationships with each of their young children.

It is important to note the lower levels of interaction among older parents of younger children, when compared to younger parents. This significant difference was observed in 2004 and in 2006 and it needs to be considered when promoting messages of positive parenting among parents and caregivers. It is important for public health professionals and other parenting advocates to consider strategies to support older parents to ensure that they are providing the best start for their younger children.

The gender differences that were observed among parents and caregivers with younger children in the 2004 data were not found in the 2006 data. Male parents with younger children did not score significantly lower on the scale in comparison to female parents. The inconsistencies in the findings point to the importance of ongoing monitoring to assess trends over time.

There were no statistically significant relationships between levels of positive parenting interaction scores and the following socio-demographic factors: marital status, household income, and geographic location. These findings are consistent with the results of the Parent Survey-2004. It is encouraging to note that these variables do not appear to impact the level of parents' and caregivers' interactions with their children.

This Health Index provides an overview of comparisons over time of positive parenting interactions among parents and caregivers and their children in the City of London and Middlesex County. Monitoring plans should continue with the use of the Parent Survey in order to further our understanding of future changes in levels of positive parenting. Despite these encouraging results, the Health Unit, its community partners, and other agencies with mandates to improve parenting styles must continue their work to launch campaigns, distribute resources and

deliver programs that carry positive parenting messages.

METHODS

The results presented in this Health Index are based primarily on the Parent Survey-2006, which was collected from April 6, 2006 to July 4, 2006. Results related to monitoring change over time are based on the Parent Survey-2004, as well as the 2002 and 2003 RRFSS data. All data were collected for the Middlesex-London Health Unit (MLHU) by the Institute of Social Research, York University. Data on positive parenting interaction were collected through a telephone survey of households in which there were children under 12 years of age and in households where adults were aged 18 and older. Households were selected randomly from a list of households with telephones in the City of London and Middlesex County.

For the purposes of this study, only those respondents who indicated that they take care of a child aged eleven years and younger were asked questions from the positive parenting module. Parents are defined as parents to the child, step-parents, guardians, grandparents, or siblings who are responsible for raising the child. As parenting behaviour may be unique to a specific child, parents who identified that they take care of more than one child under the age of twelve were asked to identify the child that had the most recent birthday. The positive parenting module was then asked in relationship to that randomly identified "index" child. For the Parent Survey-2006 a total of 583 respondents were interviewed. Respondents were excluded from the analysis if they did not provide a valid response for all five questions on positive parenting. Those that answered "don't know" to any question were also excluded from the final analysis. For the Parent Survey-2006 a final sample of 573 was used in the analysis. The final sample from the Parent Survey-2004 was 1,156, 174 from the 2002 RRFSS, and 267 from the 2003 RRFSS.

Data were analyzed using standards outlined by the RRFSS Manual of Operations. Statistically significant means (averages) on the positive parenting interaction score are reported when $p < 0.05$. Differences in means that are reported are considered statistically significant unless stated otherwise. Bar charts with error bars

illustrating 95% confidence intervals were also provided. No household weights were applied.

The following predictors of positive parenting interaction were employed in this Health Index:

- Child's age - measured on a continuous scale in one-year intervals.
- Number of children - refers to the number of children under the age of 18 living in the household.
- Younger siblings - refers to the presence of at least one child under the age of 18, and younger than the index child.
- Older siblings - refers to the presence of at least one child under the age of 18, and older than the index child.
- Parent's age - parents were divided into two age cohorts: (1) 'Younger parents' - respondents aged of 18 and older and less than 35; and (2) 'Older parents' - respondents aged of 35 and older.
- Parent's gender - 'Male' or 'Female.'
- Parent's marital status - three categories of marital status were identified: (1) 'Married' - respondents who were either married or in common law union; (2) 'Separated' - respondents who were either separated, divorced, or widowed; and (3) 'Single' - this category includes respondents who were never married.
- Parent's educational attainment - parents were divided into two groups based on the highest level of education they obtained: (1) 'High school or less' and (2) 'Post secondary'.
- Household income - parents were categorized into three groups based on their household income before taxes for the annual year prior to the survey: (1) 'Low income' - \$39,999 or less; (2) "Mid-income" - from \$40,000 to \$79,999; and (3) 'High income' - \$80,000 and above. Parents who did not provide response to this question were classified into a separate category: (4) 'Missing.'
- Geography – The region was divided into two areas: (1) 'City of London' and (2) 'County of Middlesex.' The City of London residents include all those respondents who identified that they live in London (77.2%). All other respondents were included in the Middlesex County category (22.8%). The City of London was further divided into four areas: (1) 'East'; (2) 'South'; (3) 'West'; and (4) 'Central'.

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