

## POSITIVE PARENTING IN LONDON & MIDDLESEX COUNTY

Issue 19, March 2006

### KEY POINTS:

- The majority of parents (59.3%) scored in the highest category of the positive parenting interaction scale. This percent did not change between 2002 and 2004.
- Positive parenting interaction scores decreased significantly with child's age; a greater percentage of parents of younger children aged 6 years and under (78.3%) scored in the highest category of positive parenting as compared to parents of older children aged 7-11 years old (38.7%).
- Younger parents, aged 18-34 scored higher (17.7) than did older parents aged 35 and older (16.8) on the positive parenting interaction scale with younger children.
- Females scored higher (17.5) than males (16.9) on the positive parenting interaction scale with younger children.
- Parents' marital status, income, and ethnic origin did not affect the level of positive parent-child interaction.

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### BACKGROUND

Parenting may well be one of the most important public health issues facing our society <sup>1</sup>. Parents and caregivers have a significant role to play in facilitating their child's development. In particular, the first six years of a child's life are recognized as a crucial time period for setting the foundation for life-long development <sup>2</sup>.

Increasing specific parental behaviours, described as "positive parenting", has been shown to improve a child's behaviour and enhance the quality of the parent-child relationship <sup>3</sup>. Positive parenting interaction refers to warm, positive, engaging activities between parents and children including praising, playing, reading and doing special activities together. Such positive parent-child interaction is instrumental to early child development with lasting effects on a child's overall health, social relationships, language development and academic achievement <sup>4,5</sup>. The use of positive parenting skills is also linked to the reduction of other unsatisfactory approaches to child discipline and may reduce child abuse.

There are numerous organizations whose mandate it is to support parents in developing and improving their parenting skills. Historically public health has played a strong role in supporting child development through parenting support. The Ontario Ministry of Health and Long Term Care (MOHLTC) Mandatory Health Programs and Service Guidelines <sup>6</sup>, which all public health units in Ontario are required to

implement sets out the following child health program requirement for boards of health:

- Provide a child program that contains the following topics that contribute to the achievement of [developmental] milestones:
  - stimulation and play
  - parenting ability.

In September 2000, Canada's first ministers reached agreement on an Early Childhood Development (ECD) Initiative. This initiative signaled a long-term commitment of the federal, provincial and territorial governments to help all young children reach their potential and to help families and communities to support them <sup>7</sup>. Funding for Ontario health units to enhance initiatives that support children from birth to six years of age, as well as their parents and caregivers was announced in December 2001 by the MOHLTC. In 2004, Ontario announced Best Start, a plan that will ultimately integrate existing services and resources for children including the ECD Initiatives. In April 2005, the ECD Initiatives were transferred under the umbrella of the Ministry of Children and Youth Services while the health units continue to be responsible for program delivery until December 2006.

The ECD funding supported three initiatives including the "Promote Healthy Pregnancy and Child Development Initiative". Within this initiative, the Promoting Parenting Capacity Project formed a collaborative community partnership (the Promoting Parenting Capacity Action Group) in January 2004 under the umbrella of the Early Years Council of London/Middlesex to:

- increase accessibility to parenting programs and services for all families within Middlesex-London
- increase community capacity to support parents/caregivers
- increase public awareness about parenting supports and programs.

In May 2004, an awareness campaign "Positive Parenting is Important..." was launched. Posters and information on community resources were disseminated throughout the City of London and Middlesex County. An

accompanying display was used at special events focused on families with young children.

At the same time, work was being completed to develop and monitor a local population-level indicator of positive parenting using the Rapid Risk Factor Surveillance System and the Parent Survey-2004 <sup>8</sup>. A specific series of questions (module) was designed to monitor positive parenting building on standard questions used on the National Longitudinal Survey of Children and Youth. These questions have also been incorporated into local surveys including those conducted by the City of Ottawa <sup>9</sup>, and Niagara Falls <sup>10</sup>. Despite widespread use, several issues remain with the use of these questions. Of key concern is the continued need to establish a meaningful and standardized indicator with a corresponding benchmark of what constitutes a reasonable level of positive parenting at the population level. In addition it remains to be seen if such an indicator would be sensitive to population level change over time.

This Health Index describes parents' and caregivers' levels of positive parenting interaction with children aged 11 or younger in the City of London and Middlesex County. In particular, the data were analyzed specifically for the subgroup of parents of children 6 years of age and younger, providing insight into this parenting group and their program needs. It also examines the association between a selected number of socio-demographic factors and the practice of positive parenting. The following factors are discussed: child's age, presence or absence of siblings, parent's age, parent's ethnic origin and socio-economic circumstances.

Positive parenting interaction was measured in terms of how often the parents:

- praised their child;
- talked or played with their child, focusing attention on each other for five minutes or more, just for fun;
- laughed with their child;
- did something special with their child that the child enjoys;
- played games with their child (if the child was under two) or alternatively played

games, sports, hobbies with their child (if the child was aged two to eleven years old).

These survey items ask for the frequency of parent behaviours that are linked to early child development. The responses to these five questions were added together to form a positive parenting interaction scale which ranges from 0 to 20. Higher scores on the scale indicate more frequent positive parent-child interaction. The scale was also collapsed into three categories (0-10, 11-15, and 16-20) in order to determine what proportion of parents exhibit lower, mid-range, and higher levels of positive parenting skills.

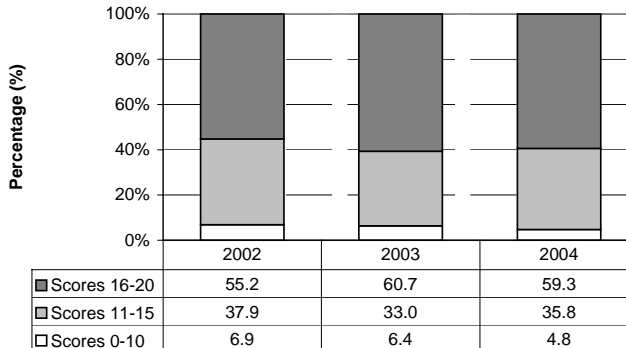
The primary source of data was the Parent Survey-2004 collected from March 4, 2004 to December 5, 2004. The 2002 and 2003 Rapid Risk Factor Surveillance System (RRFSS) was also used to assess changes over time. The RRFSS and Parent Survey are both supported by the Middlesex-London Health Unit. Further information is provided in the methods section. It is anticipated that the exploration of baseline indicators on positive parenting will help community partners to prioritize community resources needed for future parenting programming.

### LEVEL OF POSITIVE PARENTING

In 2004, the majority of parents with children aged eleven or younger (59.3% ± 2.8%) scored in the highest category of the positive parenting interaction scale (score 16-20) (Figure 1). An additional 35.8% (± 2.8%) scored between 11-15, while 4.8% (± 1.2%) scored below 10. Over the three-year period from 2002 through 2004, there were no significant changes in the average positive parenting interaction score. Specifically, in 2002, the average positive parenting interaction score in the City of London and Middlesex County was 15.7 (±0.5). The average value for 2003 (16.1 ±0.4) and for 2004 (16.0 ±0.2) were no statistically different than the score reported for 2002. Similarly, there were no significant differences over time in the proportion of parents with the highest frequencies of positive parenting interaction – a score between 16 and 20. For instance, in 2002, 55.2% (±7.4%)

of parents with children eleven or younger were located in the top category while in 2003 it was 60.7% (±5.9%) and in 2004, 59.3% (±2.8%) of parents were found in that category.

**Figure 1: Positive Parenting Interaction by Year**  
Parents/Caregivers (18+) London & Middlesex County, 2002-2004

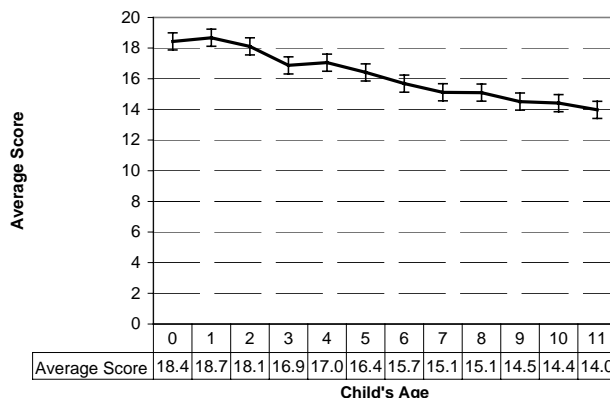


Source: RRFSS 2002, RRFSS 2003, Parent Survey-2004.

### CHILD FACTORS

The child's age plays an important role in predicting the level of parent-child interaction. As shown in Figure 2, the positive parenting interaction score decreased steadily as the child's age increased. The positive parenting interaction score was the highest among parents of one-year-old children (18.7 ±0.4). At the other extreme, the parents of eleven year olds were, on average, the least likely to interact with their children (14.0 ±0.6).

**Figure 2: Positive Parenting Interaction by Child's Age**  
Parents/Caregivers (18+) London & Middlesex County, 2004



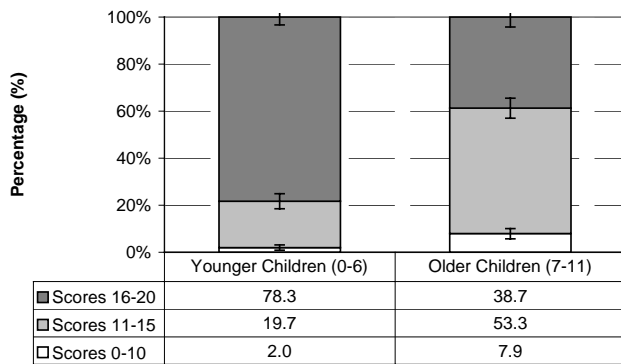
Source: Parent Survey-2004.

These results indicate clearly that parents of younger children are more likely to interact with their children compared to parents of older children. 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 78.3% ( $\pm 3.3\%$ ) of parents of younger children scored in the highest category of positive interaction with their children. However, only 38.7% ( $\pm 4.2\%$ ) of parents with older children are found in this top category.

**Figure 3: Positive Parenting Interaction by Child's Age**  
Parents/Caregivers (18+) London & Middlesex County, 2004



Source: Parent Survey-2004.

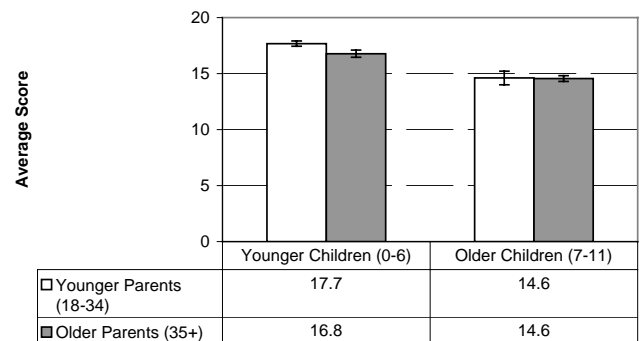
In general, the more children that are in a household the lower the level of positive parenting interaction scores for an individual child. For example, among older children, parents who have only one child have higher parent-child interaction scores ( $15.3 \pm 0.5$ ) than parents who have four or more children ( $14.0 \pm 0.9$ ). To explore further the nature of this relationship, we assessed separately the effect of having younger and/or older siblings. Parents reported more frequent interaction with the child six years old and younger if that child had no younger siblings ( $17.4 \pm 0.2$ ) than with the child of the same age who had younger siblings ( $16.5 \pm 0.5$ ). Similarly, parents reported more frequent interaction with the child six years old and younger if that child had no older siblings ( $17.6$

$\pm 0.3$ ) than with the child of the same age who had older siblings ( $16.8 \pm 0.3$ ).

## PARENT FACTORS

Younger parents appear to have higher levels of interaction than do older parents (Figure 4). This relationship between parent's age and positive parenting was statistically significant among parents of younger children. Specifically, younger parents, those between the ages of 18 and 34, reported more frequent interaction with their younger children ( $17.7 \pm 0.2$ ) than did older parents with their younger children ( $16.8 \pm 0.3$ ).

**Figure 4: Positive Parenting Interaction by Parent's Age**  
Parents/Caregivers (18+) London & Middlesex County, 2004



Source: Parent Survey-2004.

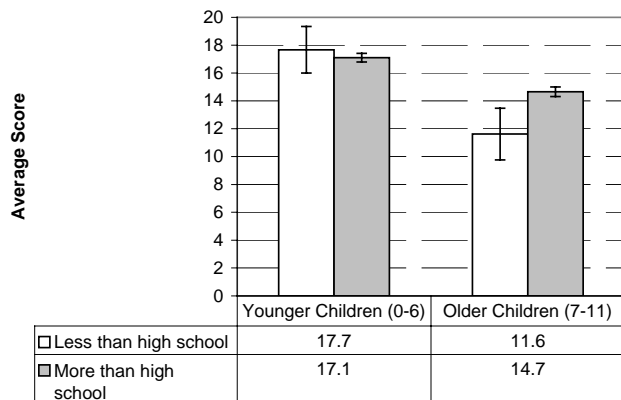
Female parents scored higher ( $17.5 \pm 0.2$ ) than male parents ( $16.9 \pm 0.3$ ) on the positive parenting interaction scale with younger children. There was no significant difference between female parents ( $14.7 \pm 0.3$ ) and male parents ( $14.5 \pm 0.4$ ) for older children.

The relationship between parent's educational attainment and the level of positive parenting interaction was statistically significant only among parents of older children (7 years of age and older). Figure 5 indicates that parents of older children who did not finish high school interacted with their children less frequently ( $11.6 \pm 1.9$ ) than parents with a high school or greater level of education ( $14.7 \pm 0.3$ ). There was no significant difference between parent's educational attainment and the level of positive

parenting interaction among parents of younger children.

**Figure 5: Positive Parenting Interaction by Parent's Education**

Parents/Caregivers (18+) London & Middlesex County, 2004



Source: Parent Survey-2004.

The positive parenting score remained relatively steady when the following parental characteristics were considered: marital status, household income, and ethnic origin. Similarly, there were no significant differences in the average level of parent-child interaction between respondents living in the City of London (17.2 ±0.2) and those residing in Middlesex County (17.5 ±0.4).

## SUMMARY AND IMPLICATIONS

Through the efforts of the Promoting Parenting Capacity Project, it is hoped that parents within the City of London and Middlesex County will interact with their children more frequently. In 2004, the launch year of the Project's activities, the majority of parents with children aged eleven or younger were interacting frequently with their children. This percentage had not changed significantly over the three year time period from 2002 to 2004. When considering the results more closely, average scores differed significantly by the:

- child's age,
- number of children in the household,
- parent's age,
- parent's gender, and
- parent's education.

Positive parenting interaction scores did not differ by marital status, income, and ethnic origin.

Of key importance is the finding that the positive parenting interaction score decreases significantly with a child's age. This demonstrates that parents of younger children (6 years of age and under) interact more frequently with their children compared to parents of older children (7 –11 years of age). This is an encouraging finding given that the first six years of children's lives have been identified as the most important time in setting the stage for healthy development later in life. However, future efforts may want to focus on encouraging positive parenting interaction throughout childhood, as evidenced by the lower levels of positive interaction among parents with children seven years of age and older.

Not surprising is the finding that increased parenting responsibilities of providing care for additional children led to decreased interaction. More specifically, parents who have a child six years old and younger reported more positive parent interaction with that child if there were no younger or older siblings compared to a child six years old and younger who has siblings. Although programming efforts may want to reinforce the benefits of spending individual time with each child in the family, this finding may also indicate that future research may want to consider identifying the positive interaction that children have simultaneously with all family members that is, parents together as well as parents and siblings together.

Other significant differences by socio-demographic characteristics suggest that parenting programs and messaging may benefit from focusing efforts on some specific sub-populations. Results indicated that younger parents (aged 18-34) interact more frequently with their younger children than older parents (aged 35-65) do with their younger children and that female parents reported more frequent interaction with younger children than male parents. It may be possible that some of these differences may reflect underlying family responsibilities and the increased occurrence of female parents in the primary caregiver role with

children 0 to 6 years of age. These results suggest that parenting programs and messaging may want to focus on older parents and male parents of younger children aged 6 years and under.

With respect to the project's focus on parents with children 0–6 years of age, it is positive to note that there was no significant relationship between parent's education level and positive parenting interaction among parents with younger children. This demonstrates that parents' interaction with their younger children is similar regardless of parents' level of educational attainment. However, there was a significant relationship between parent's education level and their positive parenting interaction score for parents of older children (7 years of age and older). Specifically, parents who did not finish high school interacted with their older children less frequently than parents with higher educational levels. Initiatives focused on parenting older children (7 years of age and older) may want to consider positive parenting programs and education tailored to parents with lower educational levels.

It is encouraging to note that there were no significant differences among parents in regards to their level of positive parent-child interaction based on their marital status, household income, ethnic origin, and location of residence (City of London versus Middlesex County). This reveals that parents are interacting similarly with their children regardless of their marital status, their household income, and where they live. The findings about household income are particularly surprising taking into consideration that income level is often noted as a key determinant of health and a predictor of healthy lifestyle behaviour<sup>8</sup>.

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## METHODS

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### Data

The results presented in this Health Index are based primarily on the Parenting Survey–2004, which was collected from March 4, 2004 to December 5, 2004. Results related to change over time also utilize the 2002 and 2003 Rapid Risk Factor Surveillance System (RRFSS) data

for those respondents in the City of London and Middlesex County. Data for both surveys were collected for the Middlesex-London Health Unit (MLHU) by the Institute of Social Research, York University. The purpose of the Parenting Survey–2004 was to monitor public awareness of a range of issues specific to parenting. Data on positive parenting interaction were collected in a series of “waves” of monthly telephone surveys of adults 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 the positive parenting module on each of the respective surveys. 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 - 2004 a total of 1,180 respondents were asked the positive parenting module. Respondents were excluded from the analysis if they did not provide a valid response for all five questions. Those that answered “don't know” to any question were excluded in the final analysis. For the Parent Survey-2004 a final sample of 1,156 were used in the analysis. The final sample for analysis from the RRFSS in 2002 was 174 and in 2003 was 267.

### Analysis

Results are analyzed using standards outlined by RRFSS Manual of Operations. Statistically significant means (averages) on the positive parenting interaction score are reported when  $p < 0.05$ . 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* – it was 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 18.0 and older and less than 35.0; and
  - (2) 'Older parents' – respondents aged of 35.0 and older.
- *Parent's gender* – 'Male' or 'Female.'
- *Parent's ethnic origin* – parents were divided into four groups based on the responses to the question on their ethnic origin:
  - (1) 'Canadian';
  - (2) 'English';
  - (3) 'French' and
  - (4) 'Others.'
- *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) 'Less than high school' and
  - (2) 'High school or more'.
 The data collection for this variable began in July 2004 and therefore approximately half of the sample was excluded for the specific analysis using education levels.
- *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. Respondents who did not provide response to this question were treated as a separate category:
  - (4) 'Missing.'
- *Geography* – 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 (79.9%). All other respondents were included in the Middlesex County category (19.9%).

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