Positive Parenting in Waterloo Region: Exploring a Comprehensive Approach

Final Report Highlights

Positive parenting is a specific approach to parenting that emphasizes the importance of the relationship between caregivers and children that is child-centered, promotes non-punitive consequences for child misbehaviour, and encourages praise and consistent boundaries.

Context

The exploration of a comprehensive approach to positive parenting in Waterloo Region was initiated by a recommendation from the One Stop Planning of Services for Young Children and their Families through Multi-use Community Sites (One Stop). The One Stop project examined the co-location of services for families of children 0–6 years. Parents suggested that they would like to see more coordination between organizations that work with families, and service providers suggested that exploring a comprehensive approach may help to achieve this goal.

This project was also initiated to address the gaps identified by Region of Waterloo Public Health (ROWPH) in meeting the Ontario Public Health Standards (OPHS) related to positive parenting. The OPHS requirements outline the mandate of ROWPH to work in collaboration with community partners to provide positive parenting programs and services for families in Waterloo Region. Further enhancing work in this area contributes to ROWPH’s goal to enable all children to attain and sustain optimal health and developmental potential.
Purpose
Since December 2010, ROWPH has been working on a research project to explore a comprehensive approach to positive parenting in Waterloo Region. The purpose of this report is to provide a brief summary of the findings. It is hoped that this document will be used to guide discussions about what these findings mean for the community of Waterloo Region.

Why is positive parenting so important?
Research shows that parents have a significant impact on children’s development, especially in the first six years. There is a clear link between positive parenting practices and positive child development, while harsh parenting practices have been linked to long term effects of increased risk of aggression, the development of conduct disorders, and a variety of negative consequences for children and youth, including delinquency, higher dropout rates, and substance use. Parenting interventions that reach out to all parents and normalize seeking support in the parenting role can be highly beneficial for the health of the whole population.

A comprehensive approach includes different methods for addressing the different levels of needs in the community. Parenting interventions that are based on a comprehensive approach can have the greatest impact on families at the population level as they reach out to and meet the needs of more individuals than a single parenting intervention.

Is there a comprehensive approach to positive parenting happening in Waterloo Region?
Together, 60 organizations offer over 150 different positive parenting activities across Waterloo Region for parents of children prenatal to 18 years.

The positive parenting activities in Waterloo Region cover almost all of the key elements of a comprehensive approach as found in the literature, which are:
- Multidisciplinary practitioners
- Multiple access points
- Covering a wide age range of children
- Targeted and universal interventions
- Coordinated, tiered levels of intervention, with different delivery methods

The degree to which coordination and multiple tiers of positive parenting intervention are provided in Waterloo Region is unknown. Coordination of services is a critical element to a comprehensive approach.

Two programs were identified in the literature as evidence-based, comprehensive approaches to positive parenting: Triple P – Positive Parenting Program and Incredible Years Program. Neither of these comprehensive approaches is offered in Waterloo Region.
Figure 1: Number of positive parenting activities by targeted age category and type of health promotion strategy, Waterloo Region, 2011

![Bar chart showing the number of positive parenting activities by targeted age category and type of health promotion strategy.]

Note: The “Not applicable” category was removed from the graph because of very low responses.

Figure 1 provides a snapshot of the types of health promotion strategies included in the positive parenting activities in Waterloo Region as well as the different age ranges covered.

Although there are positive parenting activities for all of the age ranges, there are more activities, within all of the health promotion strategies, for children aged 0–3 and 4–7 years. Of all the health promotion strategies, policy development is the least used strategy in local positive parenting activities.
Table 1: Gaps in services for priority populations by targeted age category and type of health promotion strategy, Waterloo Region, 2011

<table>
<thead>
<tr>
<th>Priority Population</th>
<th>Social Marketing</th>
<th>Self-help</th>
<th>Group</th>
<th>Individual</th>
<th>Advocacy</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre 0-3</td>
<td>4-7</td>
<td>8-12</td>
<td>13-18</td>
<td>Pre 0-3</td>
<td>4-7</td>
</tr>
<tr>
<td>Families with children 0–6 years of age</td>
<td>✓</td>
<td>✓</td>
<td>NA</td>
<td>NA</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Families at high risk for negative health outcomes</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Families living in low income or socially disadvantaged neighbourhoods</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Families involved with child protection services</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Families led by a young parent or parents</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Families who are new Canadians, immigrants, refugees, parenting in two cultures</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Families with children living in rural area</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Families with children with special needs</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Universal</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>


Legend

- Shading represents where there are a lack of services offered
- ✓ At least one organization offers an activity that covers this population, health promotion strategy and age range

Note: A lack of services offered does not necessarily represent a gap in service. Further needs assessment would be required to identify real areas of unmet need.
Who are the priority populations for positive parenting activities?

The priority populations for positive parenting identified through different sources include:

- Families with children 0–6 years of age
- Families at high risk for negative health outcomes
- Families living in low income or socially disadvantaged neighbourhoods
- Families involved with child protection services (or who have experienced or witnessed abuse or neglect)
- Families led by a young parent or parents
- Families who are New Canadians, immigrants, refugees and/or parenting in two cultures
- Families with children living in rural areas
- Families with children with special needs (children with conduct disorders, developmental disability, mental health concerns, and/or who are gifted or talented)

Are there gaps in positive parenting services in Waterloo Region?

There are gaps in services for priority populations in terms of the different health promotion strategies that are key to a comprehensive approach (see Table 1).

Table 1 reveals that there are no social marketing/health communication strategies for priority populations in the 13–18 age category. Furthermore, gaps in policy strategies for priority populations are most prevalent. Table 1 also highlights that there are less targeted positive parenting services for families living in rural areas as well as for families led by a single parent. Universal programs cover all health promotion strategies for all ages.

It is unknown what degree of coordination between services, which is critical to a comprehensive approach, is happening in Waterloo Region.

There are neighbourhood differences for risk factors for children, including risk for developmental difficulties and for prevalence of child protection cases. These differences tend to be related to lower socio-economic status. Analysis of whether positive parenting activities were located in neighbourhoods with the highest socio-economic risk showed that positive parenting activities are located where the needs are greatest.

There are geographical gaps in Waterloo Region in providing access to positive parenting activities (see Figure 3).

Some neighbourhoods with a high population of children 0–18 years have very few or no positive parenting activities located within the neighbourhood. Rural areas seem to have the least number of positive parenting activities.
Figure 2: Positive parenting activities by neighbourhood and population of children aged 0–18 years, Waterloo Region, 2006, 2011

Source: Statistics Canada Urban Poverty Project Census 2006 Table: UPP06_Table 1 (Age Groups (34), Sex (3), Income Status Before Tax (3) and Selected Cultural, Activity Limitation and Demographic Characteristics (36) for the Population in Private Households of Ontario Custom Geography, 2006 Census – 20% Sample Data), Waterloo, extracted 04-Aug-11.
Conclusion

There are many positive parenting activities happening within Waterloo Region. There are some gaps in services geographically and for some priority populations. Most importantly, there seems to be a gap in coordination between the different organizations who offer positive parenting activities, which is a critical element to a comprehensive approach. The two programs found to be evidence-based and comprehensive, Triple P—Positive Parenting Program and The Incredible Years, are not offered in Waterloo Region.

Some discussions have taken place about what the findings mean and what actions may need to be taken. Themes for actions include exploring the following:

• Current level of coordination between positive parenting activities
• How to address the gaps for priority populations and whether there are unmet needs in the community
• Policy development to promote positive parenting

Questions to consider:

What do these findings mean for families and children in Waterloo Region?

How can we use these findings as a community in working together on positive parenting?

Next steps

Findings from the work of Region of Waterloo Public Health and the Positive Parenting Community Committee will be shared with community partners and discussions will take place around what direction service providers in Waterloo Region should take in regards to positive parenting.

See Positive Parenting Evidence and Practice-Based Planning Framework Final Report for full details.
Endnotes


A full report is available. For copies or questions, contact:

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