Wellington-Dufferin-Guelph Public Health

Positive Parenting Framework

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This report was produced as the product of the work of the WDGPH Positive Parenting Framework Working Group

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Framework purpose

The purpose of the *Wellington-Dufferin-Guelph Public Health (WDGPH) Positive Parenting Framework* is to identify the key components of parenting that contribute to optimal healthy growth and development of children, regardless of developmental stage. This framework has been designed to anchor decision making related to parenting programming and resources offered by WDGPH. It will also provide a robust evidence-base in which to ground the positive parenting-related work of the Healthy Living Division. All current and future parenting projects at WDGPH should align with at least one central component of the framework presented below.

What is positive parenting?

Positive parenting has been explicitly identified as a topic area in the Healthy Growth and Development Standard of the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS).[1] The Ministry of Health and Long-Term Care describes positive parenting in the following way: *"Positive parenting promotes healthy attachment with the parent and child, as well as child management strategies to promote positive behaviours in children. Positive and consistent parenting has been associated with successful child development and fewer behaviour problems. Positive parenting can improve a child's development trajectory despite other risks, whereas inconsistent parenting and poor parenting have negative effects. Children subject to harsh, inconsistent discipline practices are more likely to develop behaviour problems. Interventions to promote positive parenting may not only improve child behaviour but general child health outcomes."*[2]

The concept of positive parenting can be described in several different ways, using a variety of alternate terms (e.g., responsive-, effective-, optimal- parenting). Waterloo Region Public Health conducted a literature review to determine how positive parenting is defined in the literature.[3] This review found that although positive parenting is frequently discussed in academia, it is rarely defined.[3] After reviewing multiple sources, Waterloo Region Public Health established the following definition:

"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."[3]

This definition is consistent with the description provided in the Ontario Public Health Standards. Both of these descriptions informed the development of the following report.

Use of the term parent

In this report, the term "parent" refers to all forms of caregivers, including mothers, fathers, foster parents, adoptive parents, kinship care, step-parents, grandparents, divorced parents, and extended family members within their networks and communities (adapted from Niagara Region Public Health Parenting Strategy[4]).

Positive Parenting Framework

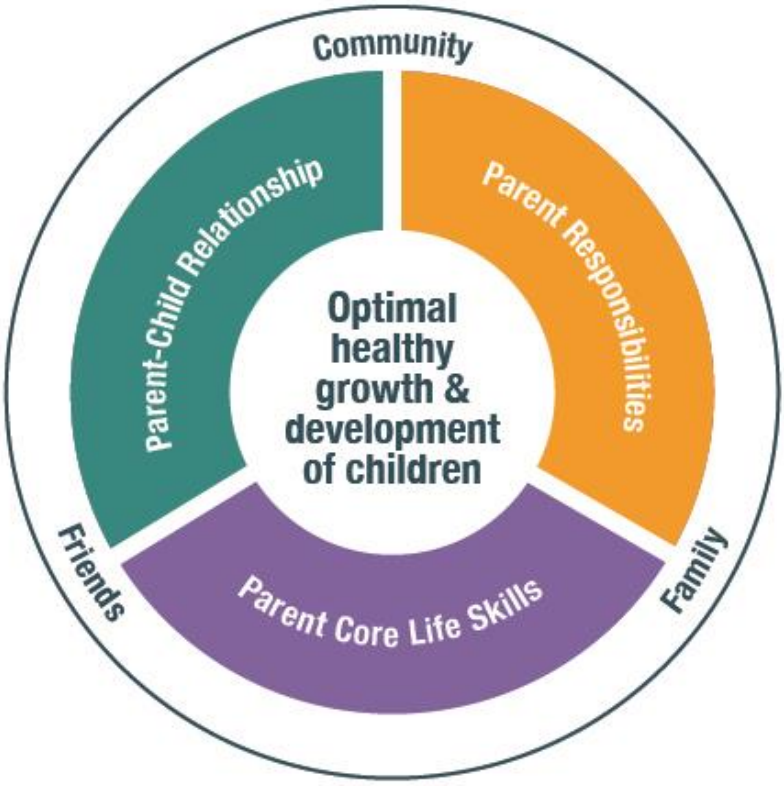
This framework identifies three broad components of positive parenting that contribute to the optimal healthy growth and development of children (Figure1):

1- **Parent-child relationships**
2- **Parent responsibilities**
3- **Parent core life skills**

These components are described in detail later in this report. Each concept is interrelated and all three are essential to ensure that children achieve optimal healthy growth and development. For example, in order to successfully perform their responsibility to provide a safe, supportive environment for their child (component 2), a parent must first have developed their own core life skills (component 3), such as planning and self-control.

In addition, all of the components of positive parenting presented in this model are relevant to parenting children at any age and stage of development. Although the relationship between a parent and child continues to evolve as a child ages, core concepts, such as reading and responding to child cues, remain relevant. In an infant this might include picking up and soothing a crying child, while with a teenager the parent's role might be to sit and talk with a child who is experiencing disappointment after failing a test.

Figure 1. WDGPH Positive Parenting Framework



Lastly, it is important to understand that these three components of parenting are most effective when they exist within supportive **families, friend networks**, and **communities**. A supportive community is one in which the basic needs of families are met, and sources of stress for parents and families are reduced whenever possible.

Families, friends, and communities can be an essential element of supporting parents to practice the three components of parenting presented in the model. A recent survey of parents in Dufferin County found that *family members, friends and co-workers* were identified as a main resource that parents consult when looking for information about parenting.[5] By ensuring that our general population is well-informed about parenting we can ensure that the family members, friends, and communities who are providing information to parents are providing consistent and accurate messaging.

1. Parent-Child Relationships

"In order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Somebody's got to be crazy about that kid. That's number one. First, last, and always."[6]

-Urie Bronfenbrenner, Developmental Psychologist

What is a parent-child relationship?

A parent-child relationship describes the unconditional, nurturing, and stable connection formed between children and a primary caregiver; often a parent. Responsive parent-child relationships help children to feel confident that their caregiver will consistently respond to their needs.[7] This relationship forms the secure base that supports future development of the child.

How are responsive parent-child relationships formed?

Responsive parent-child relationships are formed over time through all stages of development, as the caregiver consistently and warmly responds to the child's needs. The relationship is unique to the caregiver and child involved and will be built around their own personalities, interests and abilities.[6] Predictability created by responsive parent-child relationships gives children the feeling of safety they need to continue to explore their environments and learn.

In early childhood, positive, brain-building experiences that parents create with their children are often referred to as serve and return interactions.[10] An example of this is when a young child babbles or cries and adult responds appropriately with eye contact, words, or a hug.[10] Children cannot build strong brain architecture on their own.[8] They need positive and nurturing interactions with trusted caregivers to support their development.[8,9]

Reading and responding to cues requires parents to be observant and to correctly interpret their child's attempts to communicate needs and feelings. Children may communicate through facial expressions, body movement, activity and arousal levels, gesturing, language, and behaviours. Parents first must:

- Listen to or observe their child,
- reflect their interpretation or understanding of child's needs, and finally
- respond in a way that leads to sensitive, accurate, and appropriate responses.

For example, a parent observing their five year old at a birthday party may notice that she is not interacting with any of the children. The parent may note that type of behaviour is unusual for that particular child. The parent may respond to the child by gently taking her to a quiet place, discussing what the problem might be, and helping her to solve it. In this example the parent was attuned to the behaviour of the specific child's personality or temperament. A parent who was less attuned may have just shouted across the room for their daughter to go play with the other children. An attuned parent works to acknowledge their child's feelings and support their decision-making processes.

How do parent-child relationships influence the healthy growth and development of children?

The experiences that children have in early childhood, both positive and negative, shape brain development and architecture. The parent-child relationship often constitutes a significant portion of those early life brain-building experiences that promote infant and early childhood mental health.[10,11] The relationship is formed as the sum of all of the interactions between the parent and child. Infant and early childhood mental health is a term used to describe "the developing capacity of the child birth to five years old to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn- all in the context of family, community and culture."[11]Strong mental health during this period forms the basis for other types of development, such as physical and cognitive development. It can predict school readiness and even overall success later in life.

In addition to promoting infant and early childhood mental health, a responsive parent-child relationship has the added benefit of serving as a buffer when children are experiencing significant stress.[10] It is well documented that significant stress caused by adverse experiences in childhood can impact health and behavior outcomes across the life course.[12,13] By forming a responsive parent-child relationship, a parent can be present to help a child manage stressful experiences and develop lifelong skills in order to navigate stressful situations in the future.

2. Parent Responsibilities

What are parent responsibilities?

Parent responsibilities describe the functions that parents fulfill in helping children grow and develop. Parent responsibilities include building safe and supportive environments for children to thrive in. Building a safe and supportive environment means:

- providing the basic needs of children,
- providing guidance to grow and develop by enhancing children's own competencies,
- having appropriate expectations of children according to their age, temperament, and developmental stages, and
- ensuring consistent routines and expectations.

How do parents provide safe and supportive environments?

Parents have the primary responsibility for building safe and supportive environments in which children feel comfortable to explore and learn. These environments can exist when children have their basic needs met, such as food, water, sleep, shelter, and safety.[14]

A safe and supportive environment is also one in which parents enhance their child's own competencies, and have realistic and appropriate expectations of what a child can do based on their age, temperament, and developmental stage. For example, a parent may reprimand a two-year who is unable to share and take turns with a toy. However, the ability to resist impulses and think through the consequences of a decision to grab a toy away from another child does not generally begin to develop in children until age three or four.[15] A parent with more realistic and age-appropriate expectations might avoid reprimanding the child. Instead that parent might model sharing behaviour and make positive comments to the child when he does play cooperatively with others (e.g., "Great job giving Amelia a turn playing with your truck Russ!"). In addition, parental expectations of children and parenting approaches need to be tailored to each specific child and his or her capacities. When parents have appropriate expectations regarding their children based on their child's age, temperament, and developmental stage, it allows them to better understand and accurately interpret their child's behavior.

Lastly, parents can provide safe and supportive environments for children by ensuring that consistent routines and expectations are used. Routines can make environments feel more stable and they can help to teach children self-control.[16] Having routines for daily activities such as play-time, mealtime and bedtime can help children feel secure. Routines also help children learn to cope with transitions such as stopping play-time and getting ready for dinner. Sometimes parents can use special songs or rhymes to help with transitions. For example, a parent and child might have a special tidy-up song they sing when play-time is over and it's time to move to the next activity of the day.

How well parents carry out the responsibilities mentioned above are based on their personal values, beliefs, knowledge, and skills. That is one of the reasons why these behaviours are often so difficult to change. Individuals frequently use their own parents as their primary role models for how they choose to parent their children.[17] For example, if a woman's parents provided inconsistent daily routines and a harsh parenting style, she is more likely to replicate that type of environment with her own children. To change behaviour that may have been ingrained across generations, the interventions used must be founded in health promotion behaviour change theories with adequate supporting evidence of effectiveness.

How do parent responsibilities influence the healthy growth and development of children?

When children have safe and supportive environments provided by their parents, it allows them the freedom to play, explore, and learn. Children who have their basic needs provided for, can avoid experiences of toxic stress which would otherwise inhibit their development.[10] In addition, children whose parents provide consistent responses and routines feel more confident that they can return to their parents for reassurance and loving guidance when needed. This enables children to make mistakes and learn from them in a supportive environment. When children know what to expect and what is expected of them, their environment is set up for success, lessening their stress and allowing them to use their energy to thrive and to grow.

3. Parent Core Life Skills

What are parent core life skills?

Parents need core life skills to achieve goals and support the development of their children.[18] Executive function and self-regulation are foundational skills that include many of the core life skills that are necessary to parent successfully and manage everyday life.[18] These skills include, but are not limited to:

- planning
- decision-making,
- focus,
- self-control,
- flexibility,
- self-awareness, and
- social awareness [18,19]

In other words, these life skills support a parent's ability to plan and achieve goals, make decisions, prioritize tasks, focus attention, filter distractions, adapt to changing situations, empathize with others, manage emotions, and control impulsive behaviours.[18]

What are executive function and self-regulation?

Executive function is the cognitive ability needed to plan and achieve immediate, short-term, and long-term goals. It consists of three main skills: 1) Inhibitory control (ability to resist impulses), 2) Working memory (ability to hold and process information over a short period of time), and 3) Mental flexibility (ability to think in different ways and adapt to changes).[18]

Self-regulation is the ability to manage emotions and behaviours, and resist inappropriate responses when faced with difficult or stressful situations.[18] Self-regulation includes both automatic and intentional processes.[18]

Automatic self-regulation is the rapid and reactive, *fight or flight*, response that is necessary for urgent or threatening situations. Intentional self-regulation is the planful and proactive response needed for achieving goals. Executive function skills are essential for successful intentional self-regulation.[18]

Parents with well-developed self-regulation skills have the ability to balance the two kinds of self-regulation.[18] However, when a parent is struggling to manage their stress response, automatic self-regulation may become activated too often and inappropriately in everyday situations.[18]

How do parent core life skills influence parenting?

When parents have well-developed core life skills, they are more likely to enable positive behaviors and responses, and make healthy choices for themselves and their family.[18] For example, when a child is having a temper tantrum, a parent with well-developed core life skills is better able to regulate his own emotions and thus access executive function skills to manage the situation. A parent without these skills might be more likely to respond reactively and inappropriately. Imagine a toddler having a temper tantrum because she has to leave the park. A parent without access to intentional self-regulation and executive function may

respond out of frustration by yelling at the child. Whereas a parent with access to these skills would be able to stop, assess the stressful situation, formulate a plan, and execute it. This parent might realize his toddler was having trouble managing her emotions, determine the best way to help her calm down based on his knowledge of her temperament, age and developmental stage, and then carry out his plan. By staying calm himself he helps diffuse the situation. Perhaps he would get down on her level and say something like, “I know that you are frustrated that we have to go home now. I can see that is really upsetting you”. In addition, he might offer a physical comfort like a hug. In the future he may plan for preventing another stressful situation like this one by providing a time limit before a transition period (e.g. “Five more minutes of play-time and then we will walk home for dinner) or suggesting an alternate activity to do during a transition period (e.g., “We have to go home now but we can sing a song on our walk back home. Would you like to sing Twinkle Twinkle or the Wheels on the Bus?”).

When parents experience significant adversity in life, such as mental illness, addiction, poverty, social isolation or violence, chronic stress can impede a parent’s ability to develop and access intentional self-regulation skills and executive function.[18] Consequently, these parents are less equipped to use the necessary life skills to assess, manage, and overcome stressful situations. Parents who are struggling to manage stress may also be less attuned to their children’s needs and respond in inappropriate or aggressive ways.[18] Despite the fact that it is easier to form executive function and self-regulation skills early in life, it is never too late to help strengthen these skills.[3] Parents and caregivers of all ages have the ability to improve these skills.

How do parent core life skills influence the healthy growth and development of children?

No child is born with core life skills, but with support from parents, children begin to develop these skills which are vital for success in life. Parents are instrumental in developing core life skills in children by teaching, demonstrating, role modeling, coaching, and mentoring appropriate behaviour. More specifically, children with well-developed core life skills have “stronger emotional, social and moral skills and tend to be healthier later in life.”[20]

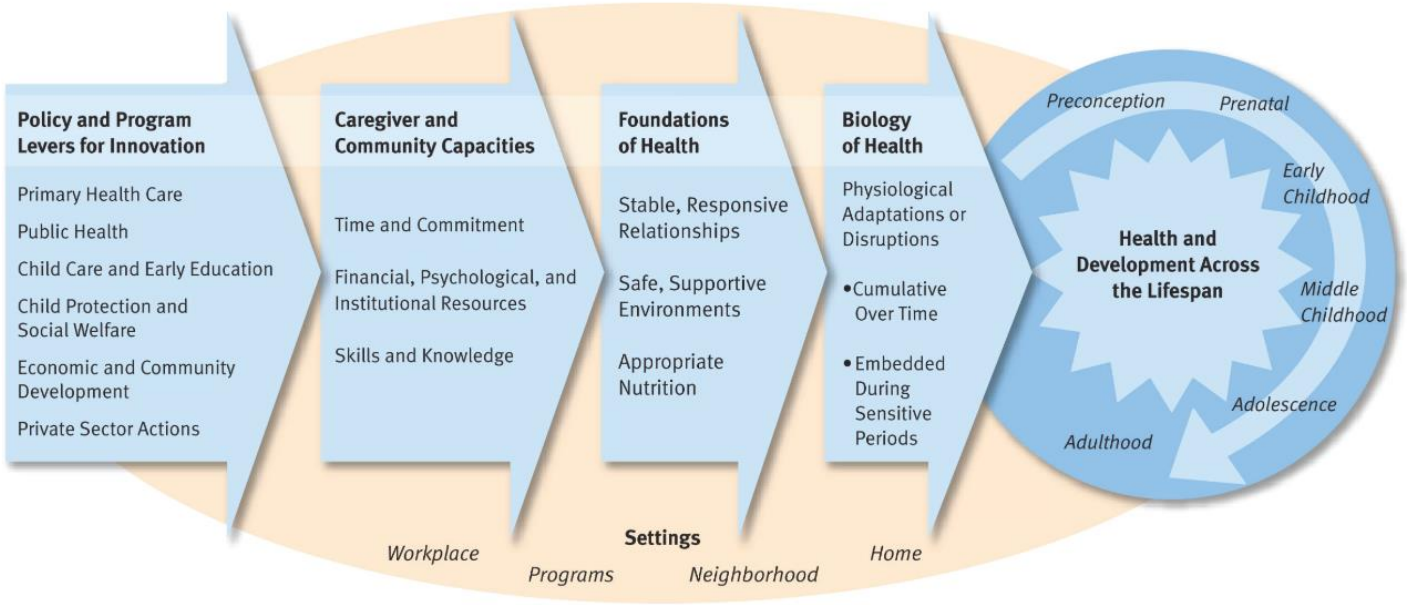
Children develop their own core life skills over time with the support of their parents. Focus and attention skills begin to emerge by age one, simple executive function skills such as remembering and following simple rules emerge by age three, and more complex skills such as impulse control and cognitive flexibility skills develop around age three to five.[18] These skills continue to develop into the teenage and early adult years and help young people develop the ability to resist peer pressure, set long-term goals and plans, and deal with setbacks in a productive manner.[18] When parents set a strong foundation for these skills in the early years, it can make it easier to build and strengthen them as children grow.

Foundational research

Positive parenting is explicitly identified as a topic of consideration in the Healthy Growth and Development Standard in the OPHS. The goal of this standard is to "achieve optimal maternal, newborn, child, youth, and family health".[1] The Healthy Growth and Development (HG&D) Standard provides a variety of key public health frameworks and concepts "to inform the development and implementation of a program of public health interventions to support healthy growth and development with an emphasis on social determinants of health, health inequities, and comprehensive health promotion approaches."[2]

Of the frameworks presented for consideration in the HG&D Standard, WDGPH's Positive Parenting Framework was informed primarily by the Centre on the Developing Child at Harvard University's- *A Framework for Reconceptualizing Early Childhood Policies and Programs to Strengthen Lifelong Health*.[21]

Figure 2. A Framework for Reconceptualizing Early Childhood Policies and Programs to Strengthen Lifelong Health[21]



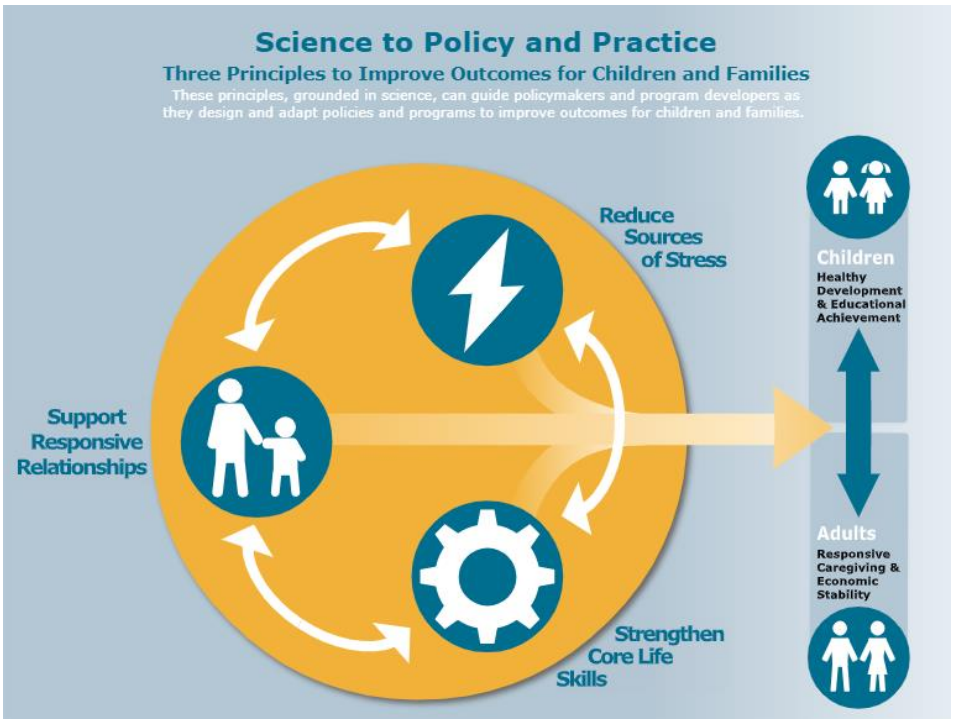
From: Centre on the Developing Child. The Foundations of Lifelong Health Are Built in Early Childhood; 2013[21]

At a high level, this framework describes four overlapping domains in which physical and mental well-being can be improved across the life course: "(1) the biology of health; (2) the foundations of health; (3) caregiver and community capacities; (4) policy and program levers for innovation".[21] It focuses on creating policies and programs that coordinate work across various organizations and sectors. WDGPH's Positive Parenting Framework primarily focuses on the second domain's description of stable, responsive relationships and safe, supportive environments. A child's primary caregiver or parent is the person most responsible for establishing these relationships and environments early in life to set the foundation for lifelong health and developmental outcomes. This framework places considerable emphasis on these concepts and how public health programming can be designed to promote them.

WDGPH's Positive Parenting Framework was also informed by The Centre on the Developing Child at Harvard University's- *Three Principles to Improve Outcomes for Children and Families* (Figure 3).[10] In 2017, the Centre on the Developing Child released the model below to illustrate three concepts that policymakers and program developers should consider to improve overall outcomes for children and families. These three principles were: (1) strengthen core life skills; (2) reduce sources of stress; (3) support responsive relationships. For more information about these three principles please refer to the original publication.[10]

Development of programs and policies related to positive parenting requires work related to each of these principles. Figure 3 describes at a global level how to improve outcomes for children and families across sectors. WDGPH's Positive Parenting Framework specifically extracts from this model aspects which are related to how parents and other primary caregivers can be a part of influencing outcomes for children and families.

Figure 3. Three Principles to Improve Outcomes for Children and Families[10]



From: Centre on the Developing Child. Three Principles to Improve Outcomes for Children and Families; 2017[10]

Relevant local data

Overview

It is important to consider the framework in terms of its relevance to parenting in WDG. The following section provides data on local priorities related to parenting in WDG. The data relates to one or more of the three components of positive parenting outlined in the framework. Please note that the data provided is not meant to be exhaustive, rather, it represents the available local data that was found to be most relevant to the framework.

Limitations

There is limited local data available that focuses on parenting, particularly with regards to data that is relevant to the general population of parents with children of all ages. There are few local data sources available that directly measure the experiences of parents in WDG. The most relevant local data available tends to focus on specific sub-populations of parents (e.g. parents of senior kindergarten students), which may not be generalizable to the broader population of parents with children of all ages. In addition, available data often focuses on the wellbeing of children, which is not a direct measure of parenting practices or of the parenting experience.

WDGPH Parenting Survey in Development

A WDGPH Parenting Survey is currently in development, which will provide more detailed insights into parenting in WDG. The survey will help us to understand more about parental well-being, parents' thoughts and feelings about the parenting role, and how they interact with their children.

Local Data

Demographics

In 2016, 39.6% of families in WDG indicated that they had children (n = 48,470 families).[22] In 2017, 20.5% of the population of WDG was age 0 to 17 years (n= 60,902); more specifically, 6.7% of the population was age 0-5 years, 6.8% was age 6-11 years, and 7.0% was age 12-17 years.[23]

Parent Knowledge and Sources Parents Turn to for Information

In 2018, a survey conducted by the Dufferin Coalition for Kids (DuCK) was administered to parents/caregivers of children ages 0-3 at Dufferin EarlyOn centers to find out how much parents knew about certain parenting principles (i.e., those principles that are promoted as part of DuCK's Dufferin Basics program). The findings revealed that although parents in Dufferin County had a good baseline of most parenting concepts measured, there were some misconceptions. For example, 13% of respondents believed that their own stress levels could **not** affect their child's brain development; the opposite is true. This survey also showed that the most common places that parents to turn to for parenting information were the internet (65% of parents), friends/family/co-workers (56%) and their doctor (44%).[5]

The Kindergarten Parent Survey (KPS) 2015 measured whether parents of children in senior kindergarten (SK) have ever accessed parenting supports. The survey found that 33.8% of SK parents from Dufferin County and 40.5% of SK parents from Wellington Service area (including Guelph) reported having ever attended a class, workshop, program or event meant to help them in their role as a parent.[24]

It is important to note that not all SK parents in WDG completed the KPS and that certain sub-groups of the population are less likely to respond to voluntary surveys; thus, caution is required when generalizing the results to the whole population of SK parents.

Family Connectedness and Quality Time

The WDG Youth Survey includes several indicators which measure family connectedness and quality time among grade 7 and 10 students. These measures are particularly relevant to the Parent-Child Relationship component of the Framework. Due to the nature of the WDG Youth survey these indicators are measured from the perspective of the child as opposed to that of the parent.

> ***Family Support:*** Across three Youth Survey cycles (i.e. 2011-12, 2014-15, 2017-18), the percentage of grade 7 and grade 10 students who reported high levels of family support has increased by 8.6% and 13.4%, respectively. In 2017-18, more grade 7 students reported high levels of family support than grade 10 students (80.1% and 66.3%, respectively).[25]
>
> ***Positive Family Communication:*** The percentage of grade 7 and grade 10 students who reported high levels of positive family communication has also increased across the three survey cycles (by 12.3% and 17.0%, respectively). More grade 7 students reported high levels of positive family communication than grade 10 students (71.5% and 59.5%, respectively).[25]
>
> ***Quality Time at Home:*** The percentage of grade 7 and grade 10 students who reported having high levels of quality time at home has also increased across the three survey cycles (by 6.1% and 7.6%, respectively). In 2017-18, more grade 7 than grade 10 students reported spending high levels of quality time at home (77.5% and 62.0%, respectively).[25]

The KPS (2015) also measured quality time, as perceived by parents of children in SK. The survey found that SK parents from Dufferin (30.5%) were less likely than parents from Wellington (40.4%) and Guelph (36.4%) to report that finding family time is a challenge.[24]

Prevalence of Stressors Impacting Children and Families

The following data looks at the life stressors or vulnerabilities (e.g. poverty, core housing need, etc) that some children and families are facing in WDG.

Child Life Stressors

Significant stress in the lives of children can impact their health and behavior outcomes across the life course.[12,13] A responsive parent-child relationship not only promotes infant and early childhood mental health, but serves as a buffer when children are experiencing significant stress.[10] This parental role continues beyond early childhood, where parents can help their children navigate life stress throughout their youth. The presence of these stressors underscores the importance of supporting positive parenting practices in WDG, since positive parenting can improve a child's developmental trajectory despite the presence of certain risks.[2]

The following data provides information on potential sources of stress or vulnerabilities that children and youth in WDG are facing:

- **Stress:** Findings from the 2017-18 WDG Youth Survey revealed that a significant portion of youth report having "too many problems" in their lives (44.1% of grade 7 students and 60.3% of grade 10 students). The percentage of students who reported having "too many problems" increased between 2014-15 and 2017-18 from 44% to 52%.[25]
- **Caring adults:** Children need caring adults to help buffer significant sources of stress. In 2017-18 more grade 7 than grade 10 students report having at least one adult to talk to about their problems (75.2% and 69.5%, respectively).[25]
- **Food security:** The majority of youth in WDG are food secure. However, in 2014, the percentage of youth who were moderately and severely food insecure was 8.7% and 2.2%, respectively.[26]
- **Poverty:** In 2016, a slightly higher percentage of children in Guelph (14.5%) lived below the Low Income Measure After-Tax (LIM-AT) than those in Dufferin (11.9%) and Wellington (9.7%). Overall, children living in WDG were less likely to be living in low income compared to the Ontario average (19.5%).[27] In 2016, 14% of 19,475 children under age six living in private households in WDG were in low income.[28]
- **Vulnerability in early childhood:** In 2015, 29.5% of senior kindergarten students in Wellington were vulnerable on at least one of the five Early Development Instrument (EDI) domains (i.e. 1) physical health and well-being; 2) social competence; 3) emotional maturity; 4) language and cognitive development; and 5) communication skills and general knowledge). Slightly higher rates were reported in Dufferin (33.5%) and Guelph (32.4%).[29]

Parent/Family Life Stressors

Parents who experience significant adversity in life, like poverty or mental illness, can have a diminished ability to develop and access core life skills[18], which may impede their ability to parent in a way that promotes the optimal healthy growth and development of their child. Also, stressors that impact parents and families, such as poverty, can make it difficult for parents to fulfill their parent responsibilities; for instance, if a family is experiencing poverty the parents are far more likely to face challenges in providing the basic necessities for their children (e.g. food, adequate housing, safety) than it is for those in a better economic situation.

The following data are related to stressors or vulnerabilities that some parents/families are facing in WDG:

- **Lone parent households:** In WDG, 14% of 80,815 census family households were lone-parent family households.[30]
- **Core housing need:** Families with two parents are less likely to be in Core Housing Need than families living in lone-parent households. In 2016, a lower percentage of lone-parent families with at least one child under age 18 in Wellington (25.6%) were in Core Housing Need compared to lone-parent families in Guelph (35.3%) and Dufferin (38.0%). The highest rate of Core Housing Need in WDG was found among lone-parent families living in Melanchthon (54.5%).[31]
- **New immigrants:** In WDG, 10% of 46,090 immigrants living in private households immigrated within the last five years.[32] Data from the Healthy Babies Healthy Children (HBHC) Program indicates that in 2017, 785 families enrolled in this program were in need of newcomer support (i.e. living in Canada for less than 5 years and were experiencing a lack social support or social isolation)[33]

Conclusion

In order to support the optimal healthy growth and development of children it is essential that parents are supported in their critical and often complex role of nurturing, teaching and providing for their children. The Positive Parenting Framework serves as a guiding document for all parenting-related programming and resources offered by WDGPH. All current and future parenting projects at WDGPH should align with at least one central component of this Framework. This framework will also allow us to identify gaps in our current local data monitoring and programming. From this we can determine how best to fill those gaps and ensure that our programming continues to be tailored to reflect the local context and needs of our populations as outlined the Ontario Public Health Standards. By grounding all of the parenting-related work of the Healthy Living Division of WDGPH in solid evidence and ensuring consistency across initiatives, WDGPH will be able to more effectively support parents in their pivotal role.

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