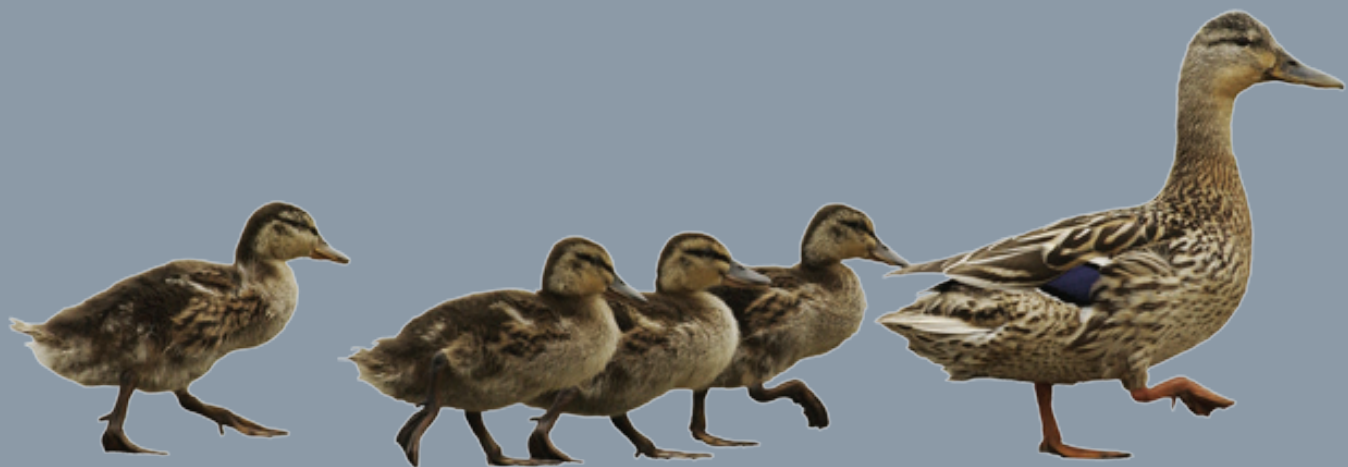


# Planning For Parenting Education and Support in BC

January 2009





# **PLANNING FOR PARENTING EDUCATION AND SUPPORT IN BC**

Prepared for the BC Parenting Vision Working Group

By

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# EXECUTIVE SUMMARY

## *Context and background*

It is very clear that parenting matters. How children and youth are parented has the most significant impact on their long term outcomes in every area; education, behaviour, physical and mental and emotional health. Parenting style can mitigate the negative effect that living in poverty has upon children. Parental involvement, especially parenting in the home, has the biggest impact on the achievement and adjustment of children in elementary school, greater than that of school itself. Parents continue to have a major impact on their children throughout the secondary school years.

It is also known that interventions designed to support and educate parents can be effective and can realize substantial savings to the overall system. For example, the cost of supporting children with conduct disorder into adulthood is ten times the cost of supporting children without such conduct disorder. Although the cost-benefit research is limited, in-depth analysis of some evidence based parenting education/home visiting programs has shown a cost/benefit ratio from 1.26 for families at lower risk to 5.7 for families at high risk.

We know that an authoritative parenting style (also called “positive parenting”), where parents monitor behaviour, set limits, are warm, nurturing and responsive to children’s needs, and encourage independence is the most beneficial to children. Sadly, we also know that only about 1/3 of Canadian parents can be considered to have an authoritative parenting style. While the vast majority of parents value their role and recognize the importance of the early years and the critical role they play, it appears that their interactions with their children leave considerable room for improvement. Overall, parent’s knowledge of child development and confidence in their parenting skills is low. Further, they do not feel supported in their role as parents.

While there are a variety of parenting and education programs and supports delivered at the local level in BC, little is known about the effectiveness of these or the coverage from one community to another. It is reasonable to project that there are gaps, duplication of effort, programs that may not be effective and in some instances a focus on remediation where prevention strategies would be more cost effective and have better results.

The time for the development of a coherent and comprehensive parenting education and support strategy for BC is right. The combination of the increased focus on planning for the early years, our concerns about the numbers of children and youth with mental health issues and obesity, the very significant and recent research on what “works” in parenting education and support and the documented experience of comprehensive parenting education and support initiatives around the globe can provide us with both the will and the way!

This document, commissioned by the BC Parenting Vision Working Group, makes a case for the formation of a coherent and comprehensive parenting education and support plan for BC and provides guidance for how this can be achieved.

The principles and strategies herein are intended to align with and complement those of other BC plans designed to improve outcomes for children and families. In particular:

- ▶ The cross-ministry framework (Strong, Safe and Supported), which includes the goal of enhancing coordination and cross-ministry work
- ▶ The BC Early Learning Framework, which aims to support adults to create rich early learning experiences for children
- ▶ The Children and Youth with Special Needs Framework for Action, which aims to promote, and deliver accessible, quality intervention and support services for children and youth with special needs and their families, through an integrated service delivery approach

It is anticipated that the strategies described in this document will be integrated with these existing frameworks as well as with emerging frameworks and plans such as the Early Years Framework, the Core Functions Review for Public Health, the Aboriginal ECD Plan and the First Nation ECD Plan, and BC Settlement and Adaptation initiatives, where appropriate. It is also anticipated that the parenting education and support strategies outlined in this document will be used to address the goals of many government ministries where parenting of children aged 0-19 can be expected to affect desired outcomes.

## ***Components of a parenting strategy for BC***

This planning framework is grounded in the *UN Convention on the Rights of the Child* and grew from a review of recent parenting education and support research as well as input from the BC Parenting Vision Working Group. The framework includes a Vision, Guiding Principles, strategies for a population level approach, a proposed role for the province, and a conceptual approach to the development of a comprehensive array of programs and services within a population level approach.

### **Vision**

All parents and families in BC will have the knowledge, confidence, skills, services and support they need to succeed in helping their children to be healthy and develop to their full potential.

### **Guiding principles**

1. Parents are the main influence in a child's life and they should be supported
2. Parents want their children to be healthy and successful
3. Parenting education and support services should be accessible, affordable, effective and optional
4. Strategies, processes and delivery of services to support mothers and fathers should be integrated at the provincial, regional and local levels
5. Parenting education and support strategies should meet the different and changing needs of families and reflect the local context

## A population level approach

There is a high prevalence of behavioural and mental health problems in children. There is also a lack of knowledge and confidence on the part of significant numbers of parents. This points to the need for the development, implementation and evaluation of prevention and intervention efforts that can be rolled out on a large scale in a cost effective manner; i.e. an approach which aims to increase the prevalence of positive parenting population wide. This approach is based upon the evidence that small changes for many children have a greater effect on the whole population than do major effects on small populations.<sup>1</sup>

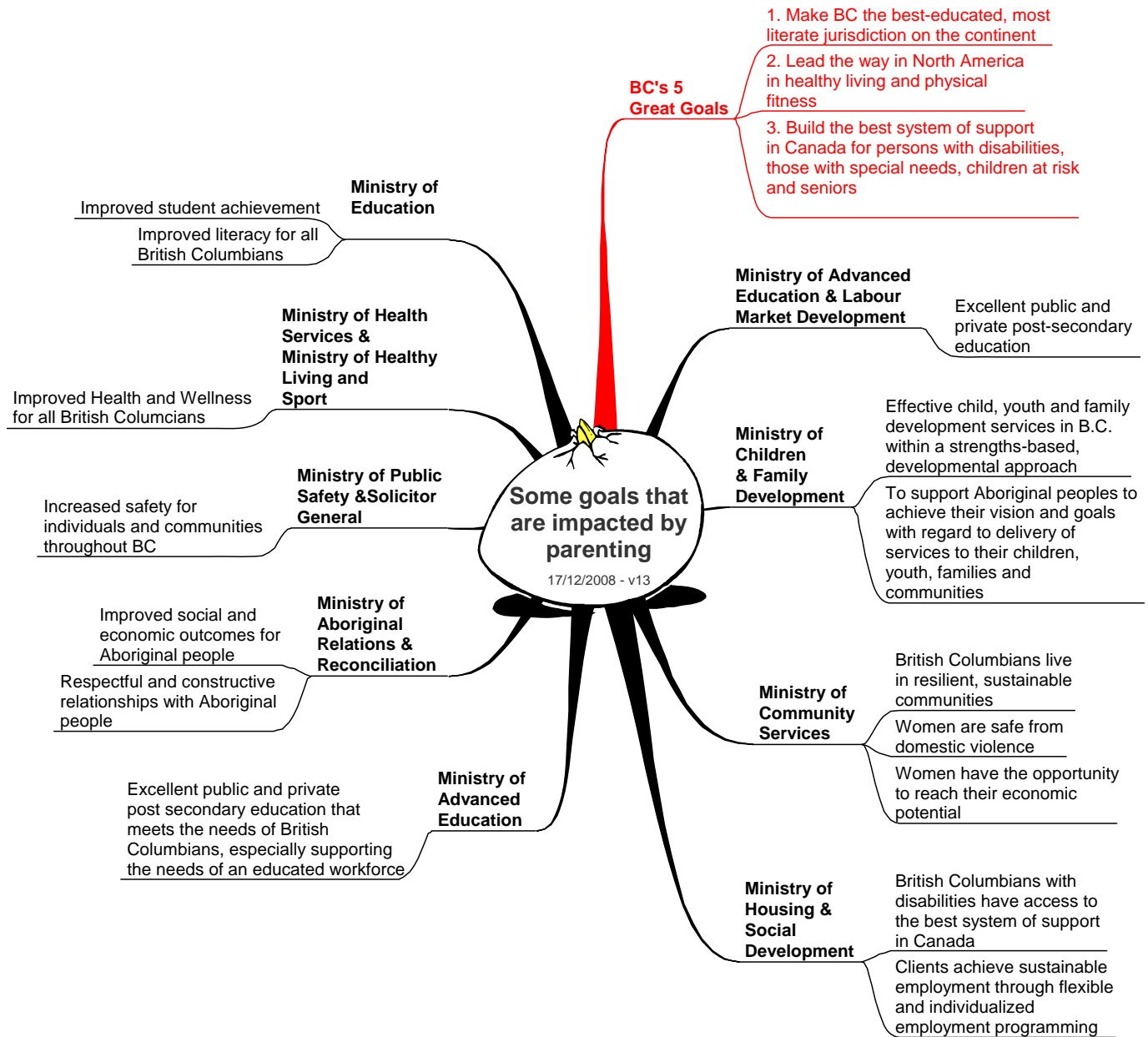
The recommended population level strategies are:

- Universal, targeted, and treatment strategies – universal prevention and promotion strategies aimed at the whole population; early intervention strategies targeted towards families who are at mild risk and treatment strategies for families with high risk factors
- Support along the developmental continuum – from conception through to young adulthood
- Community based – services that are located in community settings and are responsive to unique local conditions
- An ecological approach - which recognizes the direct and indirect influences of the surrounding environment on parents, children and families
- Evidence-based - an effective population level approach which uses the best available quantitative and qualitative evidence to guide policy decisions, practice, and provision of programs and services
- Evaluation – ensuring that evidence based strategies are having an effect in the “real world”
- A trans-disciplinary and collaborative approach to training and workforce management – an integrated workforce where all service providers including “first port of call” practitioners such as physicians, public health nurses, child care providers, preschool staff, school personnel, social workers and family life educators share a common vision and collaborate to provide consistent, skilled guidance and intervention
- Services that address barriers and encourage access for all families – addressing issues of cost, location, time and the unique needs of marginalized groups
- Strength-based services – a family centered approach that builds upon the existing competencies of family members
- Services that are culturally safe and appropriate – respectful of the cultural values, aspirations, traditions and self-identified needs of parents in our multi-ethnic province

## Recommendations for a provincial cross-ministry role in parenting education and support

There is no doubt that parenting affects long-term outcomes for children in the areas of education, physical and mental health, and involvement with justice and child protection systems. In fact, in BC the achievement of many of the articulated goals of different government ministries are impacted by parenting.

### The Impact of Parenting



*Clearly there is a need to recognize the impact of parenting within most, if not all government ministries in BC and to design a cross-ministry strategy for parenting education and support.*

Organizations and individuals at all levels of child and family serving systems have roles to play in supporting and educating parents. However, because parenting support is a complex and far reaching issue, it is necessary to take a strategic approach to developing a comprehensive and

integrated range of parenting services across and within those systems that affect families. There is an opportunity for the province to provide leadership and guidance for the development of these services.

This report proposes that the province takes this leadership role and champions parenting support through the following actions:

#### Acknowledge that parenting education and support benefits families

Systemic improvement begins with an intent or belief that something more is possible. An acknowledgement that parenting is important, that parenting capacity can be increased and that this can be best achieved through a common vision and collaboration across government ministries will signal this intent and will be the foundation upon which improvements to systems that support parents can be made. This acknowledgement will also send a signal to families around the province that government understands the worth of parenting.

#### Create a cross-ministry provincial team dedicated to parenting education and support

Different goals in different ministries are affected by parenting. Some of the strategies that can be employed to increase the prevalence of positive parenting might be “ministry specific” while others will be interconnected. A cross-ministry team that enables the different ministries to remain aware of each others’ plans, strategies and gaps in service will be well placed to provide leadership for the development of a comprehensive system that will help to provide more effective support for parents.

#### Clearly define roles, responsibilities and funding and accountability systems for the province, organizations and communities

The leadership of a province-wide initiative to increase the prevalence of positive parenting by a provincial team is highly desirable. At the same time, it is recognized that there are many players that can have an impact. Regional organizations such as Health Authorities, MCFD Regions, Aboriginal organizations, provincial organizations such as the BC Association of Family Resource Programs, BC Council for Families and Success By 6; school districts, Children First initiatives and some municipal services such as Parks and Leisure Services and other community based structures all have roles to play in supporting parents. It is recommended that the cross-ministry provincial team provides leadership for the organization of consistent, comprehensive parenting education and support strategies, using these existing structures.

#### Integrate parenting education and support with other systems

Presently, the provincial government ministries are planning for more integrated systems and are increasing their investments in early childhood development. Parenting education and support initiatives that are planned in conjunction with early childhood development initiatives and use the same systems and places (where appropriate) for service delivery will be cost-effective and will generate opportunities to begin to connect parents with supports in the early years and to extend these connections throughout the school years.

## Identify effective methods of parenting education and support

The cost savings (human and monetary) that can be realized by investing in effective parenting education and support are very significant. Within the array of evidence for programs that “work” there is complexity in that programs and services are effective for different population groups. Therefore, it is recommended that the cross-ministry provincial team takes responsibility for ensuring that BC keeps abreast of the research and that it is disseminated amongst ministries and child and family serving organizations.

## Support consistent training across disciplines

While organizations offering parenting education and support could be expected to ensure that staff have adequate training for particular programs and services offered, there is a need for systemic organizational and funding structures that ensure these organizations have the ability to:

- identify up to date effective programs and training needs
- recruit qualified trainers
- free up staff time for training

In the short term, it is recommended that the cross-ministry team coordinates an effort to implement cross-sectoral training of people working with parents as well as the dissemination of resources and information related to training needs.

## Support research, evaluation and data collection

### *Research*

- ▶ There is a burgeoning amount of research related to “what works” in supporting and educating parents. However, there are some areas where more research is needed. Additionally, while there is significant, rigorous research on what works in other countries, we cannot assume that programs that are effective in another country or province will have the same effect in BC, or even that programs offered in rural BC will have the same effect as programs offered in urban areas.

### *Evaluation and data collection*

- ▶ Plans for province-wide strategies to increase the prevalence of positive parenting should include evaluation plans and data collection systems to facilitate understanding of the reach to various target groups and program outcomes.

## **Conclusion**

The evidence is clear—parenting education and support benefits children, caregivers and communities from both a societal and economic perspective. There is a growing body of knowledge of “what works” and there is growing support that we need to develop a comprehensive provincial system of parenting education and support in BC.

All who parent want to be confident in their parenting; they want the knowledge and skills to do the best job possible. The BC Parenting Vision Working Group is committed to working with government to take the recommendations in this report to the next steps.

# INTRODUCTION

While it is generally accepted that parents have the primary responsibility for the healthy development of children, it is also widely acknowledged that society also has a role to play. The *UN Convention on the Rights of the Child* stipulates “states parties shall ensure to the maximum extent possible the survival and development of the child”. The Convention further stipulates “for the purpose of guaranteeing and promoting the rights set forth in the present Convention, states parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities”.

In Canada, the First Ministers’ Communiqué on Early Childhood Development recognized that while parents and families play the primary role in supporting and nurturing children, communities, businesses, non-profit organizations, professional networks, associations, volunteers and government also make key contributions to the well-being of children. Amongst other commitments, the First Ministers agreed to take action to “Improve Parenting and Family Supports”.

There is no doubt that parenting affects long-term outcomes for children in the areas of education, physical and mental health, and involvement with justice and child protection systems. In fact, in BC the achievement of many of the articulated goals of different government ministries are impacted by parenting.

*Clearly there is a need to recognize the impact of parenting within most, if not all, government ministries in BC and to design a cross-ministry strategy for parenting education and support.*

A number of countries and one province in Canada have recognized the benefits of cross system parenting education and support strategies and there is much to be learned from their experience about what can succeed. This document draws upon a review of successful systems and strategies and is intended to inform government in the development of a comprehensive system of parenting education and support for BC.

We know that the determinants of healthy child and youth development include:<sup>2</sup>

- ▶ Parenting style, which powerfully predicts children’s outcomes
- ▶ Parental engagement, which predicts children’s pro-social and problem behaviour
- ▶ Neighbourhood safety, affluence and social cohesion which predicts children’s readiness for school
- ▶ A positive school climate which predicts children’s achievement.

This document focuses on the determinants related to parenting.

Section 1 makes the case for supporting parents. It looks at how parenting impacts different aspects of child and youth development, the potential for changing and improving parenting behaviour and how positive parenting can mitigate socio-economic factors.

Section 2 reviews what we know about the state of parenting and what types of support parents need and want.

Section 3 outlines the components of an effective parenting support system

Section 4 makes recommendations for a shared vision and guiding principles and describes a role for government in the creation of a province-wide parenting education and support system.

The Conclusion outlines the types of programs and services that can be effectively offered within a cross-ministerial, collaborative, and planned parenting education and support system.

For the purpose of this document:

**Parent** is defined as anyone who is responsible for the daily care and parenting of a child 19 years or younger, including birth parents, foster parents, adoptive parents, and in some cases, grandparents.

**Parenting Education** is defined as the process of providing parents with specific knowledge about child-raising. Parenting education programs often focus on teaching parents strategies to assist their children to attain developmental milestones, to develop a healthy lifestyle, to manage behaviour, and to enhance developmental learning by engaging children in play and social interaction. Parent education can also encompass knowledge of local health and social support systems.

**Parent Training** is defined as “a subset of parent education which is more instructional and teaches direct skills including interaction guidance. The term is often used to describe behaviour modification programs where parents participate. Parents are instructed in principles of reinforcement and learn to identify antecedents and consequences of their actions and their children’s actions that result in and maintain specific behaviours”.

**Parenting Support** is defined as “services designed to strengthen families and can include childcare, parent/child programs, parent information and support groups and respite care. Parent support differs from parent education in that while parent education may provide support and encouragement, this is secondary to the primary purpose of providing instruction”.

**Parenting Style** is a psychological construct representing characteristic strategies parents use in raising their children. It is believed that there are four main parenting styles:

**Permissive/Irrational** parents are inconsistent; firm at times, permissive at others. Permissive/irrational parents seldom discuss problems with children or provide them with alternatives.

**Authoritarian** parents expect compliance and have a firm approach; they are less likely to reason with the child and offer few choices.

**Authoritative** parents monitor behaviour and set limits, are warm, nurturing and responsive to children’s needs, encourage independence with a democratic approach (also called “positive parenting”).

**Irresponsible** parents have a style similar to permissive parenting but unlike permissive parents these parents do not show evidence of caring about the child. These parents are generally not involved in their child's life, but will provide basic needs.

# SECTION 1: THE IMPACT OF PARENTING ON OUTCOMES FOR CHILDREN, AND HOW SUPPORTING PARENTS CAN MAKE A DIFFERENCE

This section summarizes research on how parenting affects outcomes for children in the areas of education, behaviour, mental and emotional health, physical health and involvement with justice and child protection systems. It also takes a brief look at the research on how parenting education and support can make a difference in these areas. Finally it discusses how socio-economic factors can be mitigated by positive parenting.

## ***Parenting and education***

There is clear evidence that parents affect the cognitive development of the child<sup>3</sup> and that the quality of the home learning environment is a powerful predictor of children's academic achievement at age 10<sup>4</sup>. For example, children who are read to before school age perform better in school<sup>5</sup>. Additionally, parents continue to have a significant impact through the secondary school years.<sup>6</sup>

- ▶ The kinds of attachment children have formed with their parents at one year of age predict teacher ratings, behaviour problems, and quality of relationships with peers in preschool... and can predict children's later school achievement at age sixteen.<sup>7</sup>
- ▶ Overall, children do better in school when parents establish a warm, nurturing relationship and set firm limits on their behaviour – this is called an “authoritative” parenting style. This style has been found to be positively related to a number of educational outcomes including academic achievement, time spent on homework and secondary school completion.<sup>8</sup>

**Positive parenting of primary school age children has the biggest impact on their achievement and adjustment – the effect is greater than that of school itself**

*Parenting Support: Guidance for Local Authorities in England, 2006*

*Only about 1/3 of Canadian parents can be considered to have an authoritative parenting style.<sup>9</sup>*

## ***Can parenting support improve educational outcomes for children?***

- ▶ Studies of parents with and without specific problems have shown that it is possible to influence the sensitivity of parents to the signals of their children as well as the chances of developing secure attachments. Relatively short interventions comprising just a few sessions have been effective in assisting parents to develop secure attachment, which in turn leads to better educational outcomes for children.
- ▶ In a study of Family Literacy Centres where parents are informed about the importance of play-based problem-solving interaction with their children and encouraged by staff through modeling and the provision of age appropriate activities, toys and experiences, children attending the centres were much more prepared for schooling than their peers. They fared better across all Early Development Index scores including physical well-being, social competence, emotional maturity, cognitive development, and general knowledge and communication skills. Parents also benefited in terms of acquiring parenting skills, establishing supportive social networks, and building rapport and links with the public schools.<sup>10</sup>
- ▶ The Nurse Family Partnership Program has produced significant and important effects on maternal variables that affect child development and direct improved outcomes for young children. These outcomes include increases in mother-child responsive interaction and increased child emotional, language and cognitive development.<sup>11</sup>

## Parenting and behaviour

The research tells us that parenting styles are a significant predictor of children's behaviour:

- ▶ "Parenting, family functioning, and maternal depression, on balance, appear to be equally strong determinants of behaviour for children aged 0 to 5 as for those aged six to eleven." Inconsistent and punitive discipline practices are key risk factors for the development of conduct disorders while children of parents who encourage pro-social behaviour have fewer behaviour problems.<sup>12</sup>
- ▶ Parent discipline strategies and nurturance are most strongly linked to social and emotional outcomes such as behaviour, impulse control and attention.<sup>13</sup> In a number of studies, sensitive-responsive parenting was linked to positive emotionality in children, while children who were negative, irritable or aggressive were found to have received less supportive, if not problematic parenting.<sup>14</sup>
- ▶ Learning and mastering socially acceptable strategies to cope with anger and frustration is one of the most important developmental accomplishments of the toddler and preschool years. There is widespread agreement that "early starters" (i.e., children with elevated levels of aggression in preschool) are at significant risk for poor peer relationships, poor academic performance, and later delinquency, criminality, and pathology. Aggressive behaviour is now known to be highly stable from school-age years to adulthood.<sup>15</sup>

**"The single most important thing that we can do to prevent serious behavioural and emotional problems of children and to improve their early development is to increase the confidence, skills, and knowledge of parents in the task of raising children at the population level"**

*Healthy Child Manitoba,  
Presentation to Treasury  
Board, 2004*

*25% of children aged 0-11 years have at least one identifiable behavioural or learning problem. This represents 1.26 million vulnerable children across Canada. There are more children with behaviour problems (16%) than learning problems (13%).<sup>16</sup>*

### *Can parenting support and education improve behavioural outcomes for children?*

"There is increasingly strong evidence that parent training produces positive results in child conduct disorder, including both children that already have behaviour problems and those at high risk of developing problems".<sup>17</sup>

- ▶ Studies have demonstrated that parent training is the single most effective treatment for reducing aggression in preschool-aged children aged 1 to 6. One review showed that 14 out of 15 rigorously researched parent education/training programs showed positive long-term effects (between 1-10 years).<sup>18</sup>
- ▶ Parent education for parents of children with significant behavioural problems has been shown to be effective. For example in a randomized control study of the COPE parenting education program for parents of children with 3-12 year olds with externalizing behaviour problems, 45 % of the children had severe ODD symptoms and 50 % severe ADHD symptoms. The study found that symptoms of ODD decreased significantly and ADHD symptoms decreased to a somewhat lesser extent. Additionally parents reported significantly less parental stress, better locus of control and improved capacity to deal with problematic daily life situations.<sup>19</sup>

**"Preventing just one case of conduct disorder can save an estimated \$1.7 million in cumulative lifetime costs"**

*Waddell, C, 2007*

## Parenting and mental/emotional health

The research tells us that family risk factors such as poor parenting, family conflict, and marriage breakdown strongly influence children's risk of developing various forms of psychopathology such as conduct disorder, anxiety, depression and suicidal behaviour in adolescence and young adulthood:<sup>20</sup>

- ▶ A substantial body of evidence shows that the quality of parenting children receive has a major effect on their development and is critical to them developing into self-sufficient, resourceful adults.<sup>21</sup> When they have not had the benefit of a positive, caring relationship with their parents, particularly by the age of 18 months by which time attachment patterns are formed, they are likely to have low self-esteem and be vulnerable to mental health problems.<sup>22</sup>
- ▶ The neural pathways that control fear responses are over-activated among children who experience or witness violence. These children risk having difficulty in later life in forming relationships, experiencing empathy, or trusting others.<sup>23</sup>
- ▶ Statistical evidence in the United Kingdom showed that the mother's mental health was the only factor found to be significantly and independently associated with the persistence of emotional disorders among children, after taking account of socio-demographic and household characteristics. Additionally, children whose parents had been in poor mental health were more likely to have psychological problems and a tendency towards depression as they reached adulthood.<sup>24</sup>

*At any given time, 14% of children aged 4 to 17 years (over 800,000 in Canada in 2002) experience clinically important mental disorders.<sup>25</sup> In BC, approximately 140,000 children and youth experience mental disorders that impair their functioning.<sup>26</sup>*

### *Can parenting education and support improve mental health/emotional outcomes?*

The research clearly indicates that parent education and support is an effective way of enhancing the mental health of the child. More than 100 high quality studies have shown that interventions with parents can prevent mental health problems both in childhood and later in adult age groups.<sup>27</sup> For example:

- ▶ In one study (Finland), the effect of parent counseling by nurses trained in psychiatry and provided through home visits showed a reduction in the prevalence of aggressive and internalizing mental problems in both higher and lower risk families. During the last follow-up when the children had reached the age of 20-21, the effect shown was equivalent to a 60% reduction in significant depressive symptoms in the trial group.<sup>28</sup>
- ▶ A comparable trial in Australia which involved counseling by general practitioners with an interest in psychiatry shows that this was effective in reducing aggressive and internalizing mental problems by age 6 and as adults (aged 28); the prevalence of depressive symptoms was 37% lower among the women in the trial group. In both trials, effects were proven 15-22 years after the intervention.<sup>29</sup>
- ▶ Parent child interaction therapy has been shown to be effective in reducing separation anxiety, depression, self injurious behaviour, post-divorce adjustment, ADHD and child abuse.<sup>30</sup>

**Of all the potentially modifiable risk factors, change in parenting has the greatest potential to reduce child and adolescent mental health problems**

*Sanders, 2003*

## ***Parenting and physical health***

The research tells us that from the very earliest years, the mother's nutritional intake, consumption of alcohol or drugs and even levels of stress during pregnancy can have a substantial impact on the health and well-being of the fetus and eventual baby. Aspects of parenting behaviour also appear to be a reliable predictor of childhood physical development, obesity, offending and anti-social behaviour, smoking, drug and alcohol misuse and teenage pregnancy.<sup>31</sup>

- ▶ Children who are obese in childhood are likely to remain obese into adulthood. In one study, only 3 per cent of overweight or obese children had parents who were not overweight or obese.<sup>32</sup>
- ▶ The frequency of mother-child interactions is significantly related to higher scores for children's future fine and gross motor development<sup>33</sup>
- ▶ Breastfeeding reduces child mortality and has health benefits that extend into adulthood<sup>34</sup>
- ▶ Between 1978 and 2004, there was an increase in overweight children, from 12% to 18%, and obese children, from 3% to 8%. That makes about 1 in 4 Canadian children overweight or obese.<sup>35</sup>

### ***Can parenting education and support improve outcomes?***

- ▶ Parent training has been shown to be effective in improving children's eating habits<sup>36</sup>
- ▶ One study showed that structured counseling to pregnant mothers led to an average of 6% fewer women continuing to smoke. Counseling to parents on tobacco use after the child has been born has also been shown to be effective. One controlled study has shown that it is possible to influence alcohol use during pregnancy by providing counselling.<sup>37</sup>
- ▶ While breastfeeding is a natural act, it is also a learned behaviour. An extensive body of research has demonstrated that mothers and other caregivers require active support for establishing and sustaining appropriate breastfeeding practices.<sup>38</sup>

## ***Parenting and involvement with the justice system***

It has long been established that parents who show a combination of strong supervision and positive involvement help to protect adolescents against involvement with the justice system.<sup>39</sup>

- ▶ Stattin and Klackberg-Larsson showed that language skills (which are directly affected by parenting behaviour) between 18 and 24 months were a good predictor of adult criminality in a sample of males followed from birth to adulthood. In fact numerous studies have shown an inverse correlation of verbal skills with impulsivity and criminal behaviour.<sup>40</sup>
- ▶ While eventual criminal involvement is influenced by a complex array of factors including poverty, mental ill-health, involvement with deviant peers, etc., parenting is a factor in the causal chain. For example, one study in Winnipeg showed that childhood aggression, mid teen depression, and a history of sexual abuse are strong predictors of teen pregnancy. Another study in the US illustrates a “next step” in the chain. It showed that children of teen mothers are at higher risk of criminal involvement - 90% of men between the ages of 19-35 who were in prison in this study had been born to teen aged mothers.<sup>41</sup>

**Perhaps the most compelling reason for the utilization of Parent Training on a large scale is its potential cost-effectiveness...An economic analysis of the costs and benefits of several intervention strategies indicated that Parent Training was more cost-effective in preventing later crime than home visiting plus day care or supervision of delinquents**

*McMahon, 2006*

### ***Can parenting education and support improve outcomes?***

- ▶ The most highly effective youth violence intervention and prevention programs include an aspect of parent effectiveness training<sup>42</sup>
- ▶ Parent involvement in schools is a mediator of juvenile arrest rates<sup>43</sup>
- ▶ It has been shown that the link between neighbourhood disadvantage and delinquent outcomes is mediated by parenting behaviour<sup>44</sup>
- ▶ While parent criminality is associated with greater risk of delinquency among children, studies have found that programs which help incarcerated fathers to stay connected as parents are effective in reducing the transmission of criminality<sup>45</sup>
- ▶ American studies have found that home visits by nurses to lone-parent mothers living in poverty helped reduce later delinquency among their children by 50%<sup>46</sup>

## ***Parenting and child protection***

Over the past year in BC, the Ministry of Children and Family Development received approximately 2,500 child protection intake requests each month. MCFD provides a range of services for these children, offering the least intrusive support based on individualized assessment and planning. The ministry has committed to expanding the use of restorative justice, family group conferences, mediation and extended family participation in case planning, decision making and where necessary, care giving for vulnerable children. MCFD has also committed to improving support to caregivers, including parents, foster parents, adoptive parents and extended family.<sup>47</sup>

Support for children who are in need of child protection unfortunately will continue to be required. At the same time there is evidence that prevention and early intervention efforts to improve parenting, particularly amongst parents at higher risk, can reduce the *potential* for child abuse and neglect, indicating the need for a balance of prevention with intervention activity.

### ***Can parenting education and support reduce the incidence of child abuse and neglect?***

- ▶ Some well-known parenting education programs have been successful in helping parents gain parenting knowledge and skills that can prevent child abuse and neglect<sup>48</sup>
- ▶ Culturally relevant parenting programs for parents in high risk groups such as impoverished immigrant families, those with limited English proficiency and/or limited literacy were shown to reduce child abuse and improve child behaviour<sup>49</sup>
- ▶ Evaluation of Triple P delivered on a population basis (South Carolina) showed significant reductions in substantiated cases of child maltreatment and fewer hospitalized or ER treated children with child-maltreatment injuries as well as a reduction in out of home placements<sup>50</sup>
- ▶ Best Start, a project currently operating in Prince Edward Island found that providing support to "at-risk" mothers decreased the percentage of children being handed over to child protection authorities from 25% to just 2.3%<sup>51</sup>

## Parenting and socio-economic factors

While family income plays a significant role in children's vulnerability, parenting style appears to be a more important factor in outcomes for children.<sup>52,53</sup>

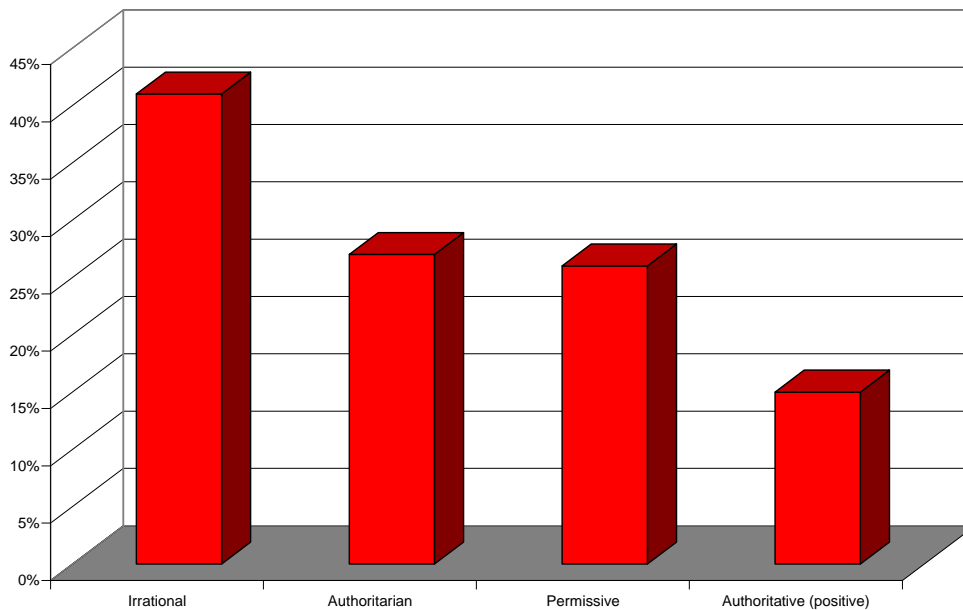
Children who grow up in poverty are more likely to have problems before entry to Grade 1. However, parenting styles seem to have a larger impact on these problems than does socio-economic status. The National Longitudinal Study of Children and Youth data shows that parent mental health and well-being can buffer the effect of family income.<sup>54</sup>

The following charts demonstrate how parenting style has a more significant impact on outcomes for children than do socio-economic factors.

**When parents are aware of the profound effect their actions have on their children they are often prepared to modify their approaches. This is why the study (EYS 2) emphasizes the importance of parent engagement in any ECD program**

*McCain et al, 2007*

Prevalence of children vulnerable by parenting style



(Source Chao & Willms, 2002)

### Styles of parenting

**Permissive/Irrational:** Not consistent; firm at times, permissive at others, erratic, not calm, seldom discuss problems with children or provide alternatives

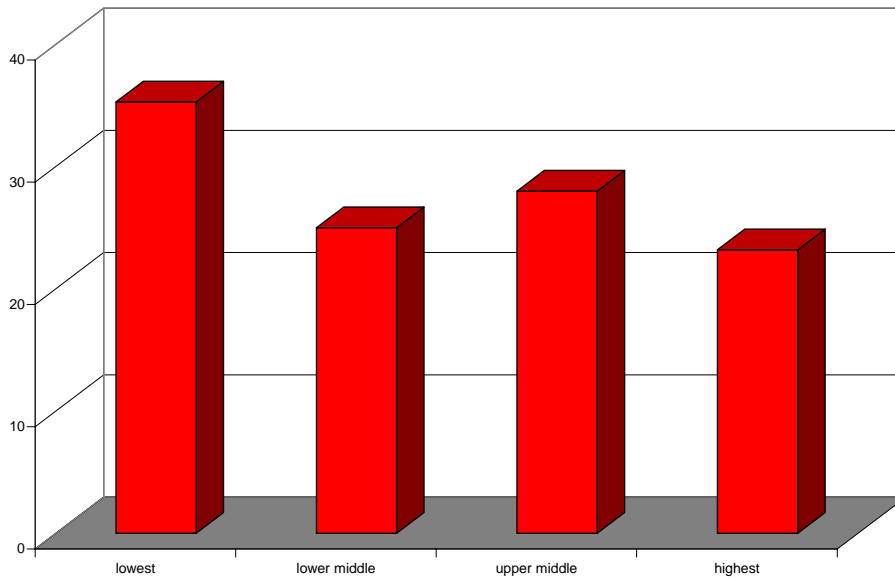
**Authoritarian:** Expect compliance – firm approach; less likely to reason with child; children have few choices

**Permissive:** More erratic, not firm, quite responsive

**Authoritative “POSITIVE Parenting”:** “Parents monitor behaviour and set limits, are warm, nurturing and responsive to children's needs, encourage independence with a democratic approach”

**Irresponsible:** Similar to permissive parenting but unlike permissive parents, neglectful parents do not care much about the child

## Prevalence of children with difficulties by family income



(Source: NLSCY/UEY 1999-2000; EDI 1999-2000)

In 2002, 146,000 children (16.7%) in BC were living in poverty.<sup>55</sup> We know that:

- ▶ these children are more likely to experience problems
- ▶ the problems can be mitigated by positive parenting
- ▶ evidence based education and support can increase the rate of positive parenting

*It therefore makes sense to utilize the proven means to increase positive parenting amongst families living in poverty, both from the perspective of decreasing misery in the lives of families as well as from a cost saving point of view.*

## Is parenting education and support cost effective?

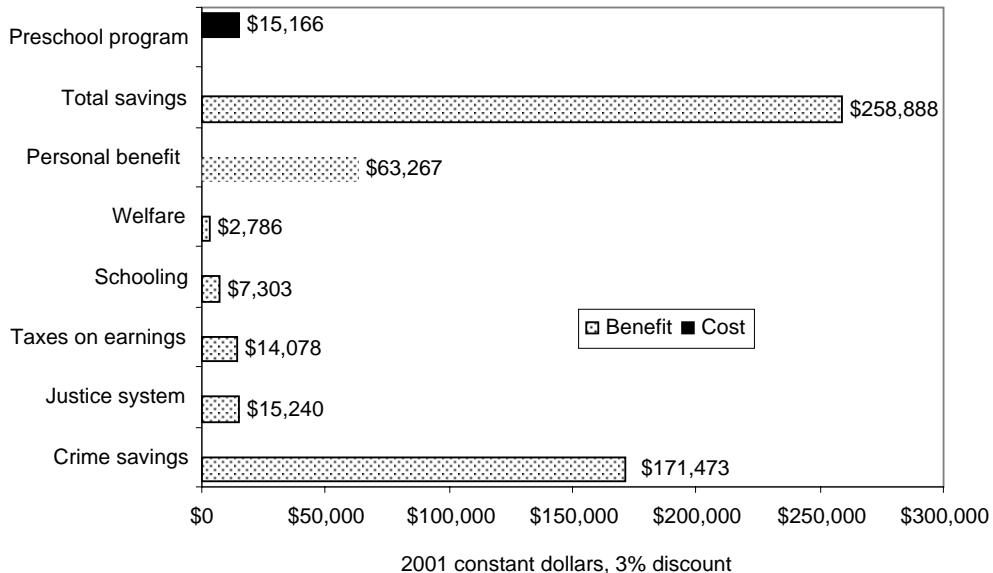
While a significant amount is known about program costs and there is considerable knowledge of what is effective, relatively little is known about the cost-benefit equation. We know that the cost of supporting children with conduct disorder into adulthood is ten times the cost of providing for children without such a disorder. Cost benefit research is complex in that there are two costs to be considered; costs to the wider society (such as the social cost of antisocial behaviour) and costs to the state (such as the cost of incarceration or the cost of providing mental health services to offenders).

The situation is further complicated by the time lag between delivery of a program and the point where we could expect to see benefits; for example a program to improve parent child attachment would produce no impact on crime prevention statistics for a number of years. It is also difficult to estimate the intergenerational effects of parenting education and support where children of parents who received support may have a more positive childhood experience that would impact the way they themselves parent.<sup>56</sup> More research is needed in this area, however it is speculated that “if parenting programs can go some way to breaking the intergenerational cycle of disadvantaged parenting, then they indeed represent long term investments that will be very cost effective”.<sup>57</sup>

Two robust studies are worth mention here:

1. The High/Scope Perry Preschool program which included “an efficient, workable method of parent inclusion and involvement” showed significant benefits per participant by age 40; a return of \$17.07 for every dollar invested.<sup>58</sup>

Cumulative economic return of High/Scope Perry Preschool program



2. A study by the RAND organization in 2005 looked at a number of evaluated programs, including the Nurse-Family Partnership program. Evaluation of The Nurse Family Partnership (home visiting and parenting education) showed that it was successful in increasing cognitive and behavioural outcomes as well as reducing the incidence of child maltreatment, accidents and injuries and arrests. Cost benefits of the Nurse-Family Partnership were followed to age 15 and showed the following:

	Age at last follow up	Program costs per child \$	Participants	Savings to gov.	Rest of society	Total benefits to society per child \$	Net benefits to society per child \$	Cost-Benefit Ratio
<b>High risk sample</b>	<b>15</b>	<b>7,271</b>	<b>1,277</b>	<b>32,477</b>	<b>7,695</b>	<b>41,419</b>	<b>34,148</b>	<b>5.70</b>
<b>Low risk sample</b>	<b>15</b>	<b>7,271</b>	<b>2,051</b>	<b>5,095</b>	<b>2,005</b>	<b>9,151</b>	<b>1,880</b>	<b>1.26</b>
<b>Full sample</b>	<b>15</b>	<b>9,118</b>	<b>2674</b>	<b>9,548</b>	<b>14,075</b>	<b>26,298</b>	<b>17,180</b>	<b>2.88</b>

These and other RAND survey findings indicate that the cost-benefit ratio for a universal program will be lower than for targeted programs, but may still greatly exceed 1. The study also suggests that universal programs may be less costly to administer, because there is no requirement to determine eligibility and that universal programs avoid the potential stigma associated with targeted programs and may receive broader support.<sup>59</sup>

## SECTION 2: THE NEEDS AND WANTS OF PARENTS

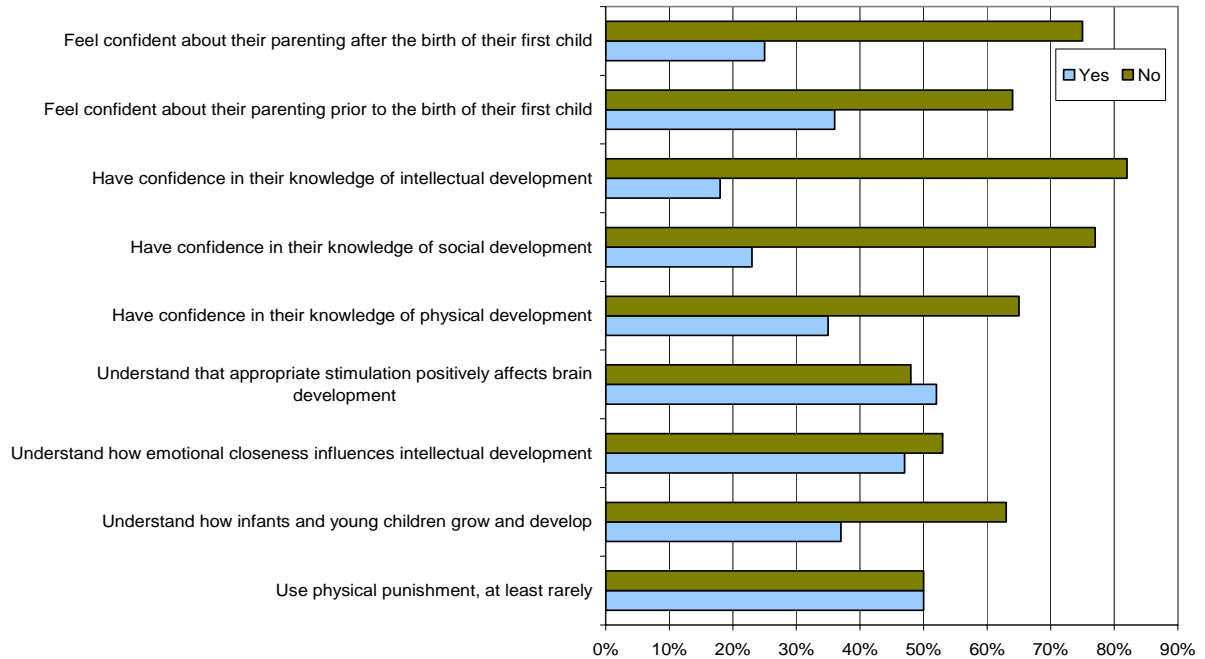
There are 506,860 two parent families and 175,165 lone parent families in BC and about a million children aged 0-19 (Stats Canada, 2006). While we know that most of these parents will need some support, there are many different kinds of support and it is safe to say that unless mandated to do so, parents will not access support unless it is of a type that interests them. Research on the needs and wants of BC parents is limited, this section reviews or summarizes some of what is known.

1. **The Invest in Kids National Survey of Parents of Young Children** (2002) gathered information from 1643 parents across Canada about their parenting behaviour, knowledge and confidence as well as their attempts to learn about parenting and child development. (The BC sample of 203 parents was small; however differences between the outcomes of the national sample and the BC sub group did not vary to the extent that different conclusions would be reached for BC).

The survey results showed that:

- Parents highly value and enjoy their role
- While the vast majority of parents recognize the importance of the early years and the critical role they play, their interactions with their children leave considerable room for improvement
- Parents' knowledge of child development is low
- Parents are not confident in their knowledge
- Parents lack confidence in their parenting skills
- Parents' lack of knowledge is pervasive – no sub group stood out as high relative to other groups
- While parents think they have the most influence in the areas of social and emotional development, they know little about what to expect or how to influence development in these areas
- Too many parents do not enjoy emotional health
- Parents do not feel supported in their role as parents

Parents in BC (from the Invest in Kids National Survey of Parents of Young Children, 2002)



A survey and literature review conducted by Invest in Kids<sup>60</sup> further found that:

- ▶ All parents want to be and feel supported in their parenting role
- ▶ Parents do have preferences. When asked, parents of young children consistently request age specific, administratively flexible programs. They want unstructured opportunities for peer support where there are choices and options for participation. Parents prefer relationships with service providers that are mutually respectful, where ideas and strategies are shared.
- ▶ They value the opportunity to be listened to and validated in their role

2. **A recent BC Council for Families study<sup>61</sup>** polled 753 parents of children under the age of 19 about their parenting experiences. The survey did not directly ask parents what type of support they want, however the following findings are of interest in this context.

- ▶ The primary sources of parenting information identified by BC parents were:
  - their parents (53%)
  - other parents (45%)
  - their co-caregivers or others (36%)
- ▶ The other most commonly accessed sources of information are reading-based resources:
  - parenting books (50%)
  - magazines (36%)
  - online (36%)
- ▶ Two-thirds of parents polled had taken prenatal classes. However, only 32% of these parents had taken parenting classes

### 3. **Multi-ethnic parent populations**

There have been few studies investigating the unique parenting education and support needs of diverse ethnic groups. While the need for support may be high, issues related to linguistic and cultural differences, differences in knowledge of available services, fear of stigmatization, recruitment methods and cultural differences in child-rearing practices and values can be barriers.

The research shows that the following are important factors to consider in trying to break down barriers:

- ▶ Recruitment and retention strategies that are meaningful to participants including the discovery of what works for them
- ▶ Celebration of cultural differences
- ▶ Opportunities to decrease isolation and build relationships within and across cultures
- ▶ Recognition that ideas about what constitutes positive parenting may vary amongst (and within) groups

Programs that are tailored in such a way as to respect the cultural values, aspirations, traditions, and needs of different ethnic groups are important in our multi ethnic province (more than ¼ born outside Canada). While there is much to learn about how to achieve this objective, there is increasing evidence that sensitively tailored parenting programs can be effective with a variety of cultural groups.<sup>62</sup>

More research in this area should be undertaken in BC.

### 4. **Aboriginal Parents**

Although 4.8% of our BC population is Aboriginal, there is little research related to the parenting education and support needs/wants of Aboriginal families. One longitudinal study of a parenting program for urban Aboriginal mothers living in poverty in Vancouver showed that these parents were interested in:

- ▶ Prevention interventions (looking at colonial factors and the need for emotional support), paying attention to process (ensuring that interactions are collaborative, comfortable, continuous, client centered with clarity around expectations to help mothers reach their goals)
- ▶ Services that are flexible and provide transportation, ongoing access, skills to reduce parenting difficulties, assistance with basic strategies to deal with poverty
- ▶ Services that are delivered within a cultural context and a focus on building relationships between parents and service providers
- ▶ Access to cultural activities was identified as important to the wellness and healing of mothers to aid them in reducing stresses in working their way through the demands of the child welfare system
- ▶ Service providers who strive to understand the realities that come with poverty and that there are structural factors that Aboriginal mothers are powerless to change on their own
- ▶ Parenting programs that include Aboriginal mothers in their design, delivery, monitoring and evaluation as well as decision making processes and policy development associated with parenting programs<sup>63</sup>

Research that looked at promising practices in First Nations communities in BC documented the goals of community leaders in improving community conditions as being dependent upon supporting family wellness and articulated that:

- ▶ Child care and development programs should include extensive outreach to secure the active involvement of parents and others who care for children
- ▶ Child care and development strategies should be directed at providing a culturally safe (i.e. free of racism and culturally respectful) centre for parents to be consulted about the child and offered opportunities to participate in the child care programs
- ▶ Community services for children should encompass programs for parents and alternate caregivers (e.g. grandparents, foster parents) including parent education, parent support groups, Indian Residential School healing programs and service referrals as needed<sup>64</sup>

Both of the aforementioned studies identified the ***need for self-determination and reclamation of Aboriginal culture***. This is consistent with findings related to the strong connection between the loss of family and cultural connection and Aboriginal youth suicide rates.<sup>65</sup> Aboriginal parents need to be provided with the culturally safe and appropriate support they require to heal, gather strength, re-connect with their culture and keep their families together.

## 5. **Fathers**

Fifty percent of parents are fathers; they have a unique and equally important role in parenting children as mothers. Fathers have been traditionally overlooked in parenting education and support programs, but movement towards involving fathers in parenting initiatives is now gaining focus.

Focus groups with fathers conducted in the Supporting Fathers Project conducted by The Canadian Association of Family Resource Programs (FRP Canada) showed that:

- ▶ Men wanted to be addressed within the context of their families and communities. Many fathers face a range of issues, roles and relationships and dealing with this complexity needs to be part of engaging them in discussion of their parenting role.
- ▶ Groups for fathers need to be self-directed; allowing them to define the issues that are important to them
- ▶ Being in a fathers group can help fathers to connect and share with other fathers about issues that are important to them. Participation grows best over time by word of mouth; through conversation with other fathers.<sup>66</sup>

Fathers' involvement with their children is important to the children's health and well-being. A father's behaviour, beliefs and aspirations can profoundly influence the health and well-being of both the mother and child (66 - 9).<sup>67</sup> The prevalence of maternal depression is decreased and parental relationships are strengthened when fathers become involved in daily routines with children. In a number of studies, a link has been shown between the parents' perception of the quality of their relationship during the first year of the child's life and the risk of mental health problems as the child grows up.<sup>68</sup>

Strategies to involve fathers in group parenting education and support programs should include fathers in the planning stages and should take place at times and in locations where fathers feel at ease.

## 6. **Grandparents**

The Statistics Canada 2006 Census confirms that close to 10,000 grandchildren in BC are being raised by their grandparents, without the parent residing in the home. Nearly 50% of these family situations involve one grandparent solely raising their grand child(ren). The 1996 Census showed that grandparents raising grandchildren were disproportionately female, of First Nations heritage and out of the labour force. One in three households of grandparent caregivers included a grandparent with a disability and a similar proportion had a household income less than \$15,000 per annum. Marked differences were apparent when grandmothers and grandfathers in skipped generation households were compared. Grandmother caregivers were poorer, less likely to be married, more likely to be out of the labour force and more than twice as likely to provide 60 or more hours per week of unpaid childcare than were grandfathers.

In one small Canadian study, grandparents indicated a need for increased access to local counseling for both grandparents under stress and grandchildren coping with complex issues as well as access to affordable legal assistance with custody issues, access to respite care and localized access to support groups.<sup>69</sup> In 2005, Grand-Parenting Again Canada, a volunteer support group for grandparents raising children reported that up to 85% of their members were under severe financial strain; many relying on food banks.<sup>70</sup>

Another study showed that grandparents raising their grandchildren keep families together and often serve to keep children out of foster care; in the US, estimated savings to the system are approximately \$6.5 billion a year.<sup>71</sup>

## 7. **Parents of children and youth with special needs**

The 2001 Participation and Activity Limitation Survey (PALS) recorded a total of 21,080 children with disabilities between the ages of 5 and 14 in Canada. 12,980 of these children were categorized as having “mild to moderate” disabilities and 8,100 with “severe to very severe” disabilities.<sup>72</sup>

Parents of children with special needs are faced with the same challenges as parents of typical children. In addition, they can encounter additional stresses and difficulties associated with accessing the myriad of supports that are more or less available to them and which they require to help their children achieve their potential. The PALS survey showed that many parents of children with special needs in BC experienced difficulty in accessing special education and specialized aids and services, were less able to pursue work opportunities and felt that their children were not being challenged to reach their full potential in the school system.

The new cross-ministry BC Children and Youth with Special Needs Framework for Action (2007) identifies the need for improved access, effective services and coherent systems for families of children with special needs. It is expected that parenting education and support issues will be addressed within this plan.

*Research on the needs and wants of other groups of parents who are likely to require specific strategies relative to access and differing levels of parenting education and support and who are no less important than the foregoing groups is outside the scope of this paper. However, a review of the research (and/or new research) on the parenting education and support needs of other specific groups including teen parents, single parents, and foster and adoptive parents would be beneficial to the creation of a comprehensive province wide strategy.*

## SECTION 3: THE COMPONENTS OF AN EFFECTIVE PARENTING EDUCATION AND SUPPORT SYSTEM

### *A population level approach*

Parent education and support can be geared towards all parents and/or special groups of parents. Many parenting education and support interventions are understandably aimed at parents who are at high risk. **At the same time, more than 70% of vulnerable children are found in moderate income, two-parent families** (NLSCY). Therefore, programs targeted at families with particular risk groups are likely to miss the majority of parents of vulnerable children.<sup>73</sup>

Small changes for many children have a greater effect on the whole population than do major effects on small populations.<sup>74</sup> We know that the ability to show affection and set boundaries are the fundamental building blocks of positive parenting and we know that there is a lack of knowledge of this in the general population. We also know that it is clearly possible to influence the sensitivity of parents to the signals of their children, whether or not the parents have a specific problem.

The significant prevalence of behavioural and mental health problems in children population-wide, and the lack of knowledge of authoritative parenting techniques (or of their importance) point to a need for the development, implementation and evaluation of prevention and intervention efforts that can be rolled out on a large scale in a cost effective manner; i.e. a population approach which aims to increase the prevalence of positive parenting population wide.<sup>75</sup>

Where a population level approach has been implemented (e.g. UK, Australia, Sweden) there has been evidence of an additional benefit relative to reaching marginalized families: Where parent support is only provided for families who are socially marginalized, these families often feel stigmatized and do not accept support that would likely be of benefit to them. On the other hand, where all families are offered support, parents in general see the benefits, and the chance that socially vulnerable families will participate is improved.



## Strategies

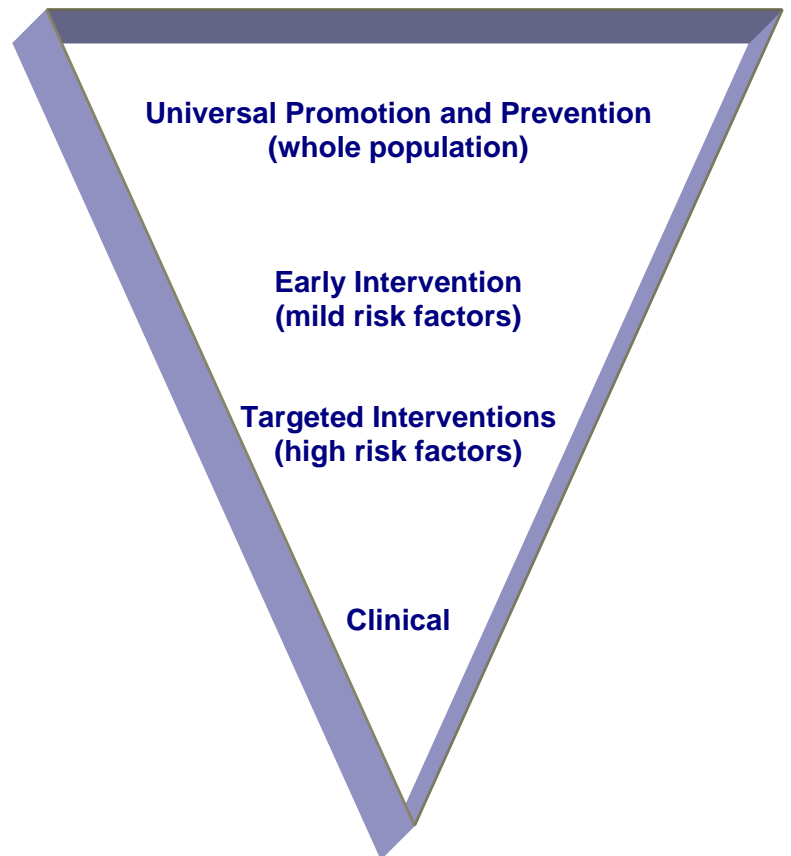
A universal, early intervention, targeted and treatment framework (levels of “intensity”)

Longitudinal and cross-generational studies indicate that the developmental pathways that lead to the need for tertiary supports begin very early in life, and share common patterns of risk factors (e.g., hostile/ineffective parenting, parental depression, poor family functioning) and protective factors (e.g., positive parenting, high-quality learning opportunities) for early learning and behavioural problems in children, particularly high levels of physical aggression and high rates of conduct disorder.

*The best available evidence clearly shows that the burden of children’s suffering can never be reversed by tertiary interventions alone, and that the best chances for improving the life quality and the life chances of children will be built on a best-policy mix of universal, targeted, and clinical interventions across the life course, particularly during early childhood.*<sup>76</sup>

The optimal amount and mix of resources and efforts devoted to each level within the universal-targeted-clinical spectrum, and the components within each level, requires understanding of which interventions are supported by the best currently available research evidence, and which are not. (See Appendix A).

Differing needs of parents require differing levels of support, and these needs will change over time. Minimally sufficient programming; i.e. only what is required to meet family needs and solve problems at hand and practical cross-cutting programs that address multiple goals and outcomes concurrently have been shown to be effective.<sup>77</sup> It is unlikely that any single family intervention program will meet the requirements of all parents. Consequently, interventions need to be tailored to the assessed needs and preferences of individual families.



## Parenting education and support along the developmental continuum

- ▶ Parenting education and support is most effective when provided along the continuum of parenting from conception, throughout childhood and into young

adulthood, utilizing a self-regulatory approach, where parents themselves articulate their needs and choose from a menu of strategies to meet these. Parents are most receptive to parenting interventions at transition stages, including:

- prenatally
- following the birth of the child
- at kindergarten/school entry
- on entering adolescence.

(See Appendix A).

## Community based

Prevention and early intervention services are best located in community settings and are most effective when they are responsive to unique local conditions. There is evidence that community based prevention and early intervention programs help to build strong communities and positive social outcomes in a cost effective way; they enable and empower communities to deal with local issues through their own resilience and capacities.

Social networks are strengthened through the community involvement and empowerment inherent in community based early intervention and prevention programs. By their very nature, community based programs call for local leadership, volunteerism, civic trust, networks and partnerships between people and between institutions. This builds social capital and communities with high 'social capital' are able to better support their children.<sup>78</sup>

Additionally, there is evidence that community based initiatives are most effective when they are integrated with government programs.<sup>79</sup> Integration of family education and support strategies at the local level is not without challenges; however there is much to be learned from the experience in countries where this is taking place. For example, *Sure Start* in the UK has identified lessons learned in the development of integrated family support services relative to organizational, cultural, professional and contextual issues.<sup>80</sup>

## Ecological approach

Human ecological theory recognizes all the direct and indirect influences from the surrounding environment on a child's growth and development.

An ecological approach seeks to respond to families at all levels from the micro to macro systems. The micro includes the settings and contexts of individuals, such as their families, work and school. The mesosystem includes connections between microsystems, such as home and school. The exosystem includes social institutions and the media and the macrosystem includes general values and global factors such as the economy and political structure of the country.<sup>81</sup>

Parenting programs that take an ecological approach pay attention to the wide variety of other factors that have an impact on children and concern themselves with familial and systemic issues that affect access to services.

An ecological approach reminds all concerned — program planners, policy makers, administrators, evaluators and practitioners — of the complex nature of interventions to

improve outcomes for children. It points the way to possibly fruitful areas of intervention and collaboration.<sup>82</sup>

## Evidence-based

An effective population approach uses the best available quantitative and qualitative evidence to guide policy decisions and practice in areas including the setting of priorities, investment, and the provision of programs and services.

The ongoing process of learning about and using research evidence to guide practice is termed evidence-based practice. The goal of evidence-based practice in parenting education and support is to ensure that the most effective prevention and treatment approaches are communicated and used when assisting parents, children and families. Evidence-based practice involves a continuous loop of collecting and interpreting information about what is effective and integrating research evidence with what is reported by parents and observed by practitioners.

There are excellent meta-analyses and literature reviews of “what works” in parenting education and support that provide sound guidelines for both policy makers and practitioners when choosing, designing and using programs.<sup>83,84</sup> (See Appendix C for an example).

A small number of parenting programs are available that have demonstrated robust outcomes through randomized control trials and have been validated through independent replication. Other evidence has emerged through quasi-experimental evaluation studies and qualitative inquiry which also offer good research control and valid results. The available parenting education and support programs that meet these standards of research tend to be in the area of child behaviour management, although there are exceptions. Regrettably, as few as 10% of family interventions currently used in practice meet these standards.<sup>85</sup>

## Evaluation

It is essential to measure outcomes and monitor the effectiveness of efforts to enhance parenting capacity. This can be done through service providers’ assessments of outcomes for families they serve, as well as through population based studies to measure outcomes on a provincial scale.

- All programs and services should articulate overarching goals as well as concrete and measurable objectives<sup>86</sup>. This can be achieved through the use of logic models that demonstrate the predicted mechanism of change, drawing from sound research evidence.
- The BC Success By 6<sup>®</sup> led integrated evaluation project shows some promise for a tool that can be used to measure outcomes for parenting education and support on a large-scale basis
- Population-based, longitudinal surveys of parents with children that includes measures of parenting, parent well-being, family functioning, and child development (National Longitudinal Survey of Children and Youth)
- Population-based, community-level monitoring of children’s readiness to learn at school entry (Early Development Instrument)

Many promising policies and practices have not yet been evaluated in the research. Consequently it is imperative to evaluate *all* programs to ensure they lead to positive outcomes for children and that we are making the best use of available resources.



### Trans disciplinary and collaborative approach to training and workforce management

Well-integrated services depend upon a workforce where all people who potentially have opportunities to engage with parents share a common vision of what is effective and knowledge of best practice.<sup>87</sup>

The prevalence of positive parenting in BC will be enhanced by the workforce's ability to provide consistent, skilled parenting guidance and intervention including "first port of call" practitioners – such as physicians, public health nurses, child care providers, preschool staff, school personnel, social workers and family educators.

This can be achieved through cross system training that involves a minimum level of instruction and consistent resource materials (including easy-to-follow manuals and practical parent resource materials) as well as the creation of opportunities for sharing of knowledge across disciplines.

Line management support for implementation of new methods and standards as well as ongoing support for program staff and strong inter-agency communication are critical. Community level parenting education and support advisory committees, interactive program websites, telephone hotlines and newsletters are all tools that can help to strengthen the breadth of knowledge and mutual support amongst practitioners and management.<sup>88</sup>

## Services that address barriers and encourage access

It is essential that programs are delivered in ways that increase parents' access to services. Barriers to access include:

1. Program or service not there
2. Costs too much
3. Transportation
4. Time offered
5. Language
6. Fragmentation
7. Lack of information
8. Conflicting expectations
9. Social distance
10. Parental consciousness<sup>89</sup>

A variety of portals and settings, the availability of childcare, and refreshments are also important factors relative to encouraging access to services.<sup>90</sup>

In addition, it is important to pay special attention to the needs of parents who may face extraordinary barriers to access including:

- ▶ Parenting living in poverty
- ▶ Multi-ethnic parent populations
- ▶ Aboriginal parents
- ▶ Fathers
- ▶ Parents of children and youth with special needs
- ▶ Parents with special needs
- ▶ Teen parents
- ▶ Single parents
- ▶ Parents in prison
- ▶ Grandparents

The best evidence of how to address barriers and encourage access comes from parents themselves.

## Strength based

“Successful parenting interventions build on the existing competencies of family members”.<sup>91</sup> These strengths include traits, efforts, talents and existing systems that can be used to achieve specific outcomes. A strengths based approach empowers families to see themselves as capable in meeting the needs of their children. This reduces the need for professional services and enables more collaborative relationships between families and professionals.<sup>92</sup>

A strength based approach includes the utilization of family centered principles which are:

- ▶ treating families with dignity and respect
- ▶ providing individual, flexible and responsive support
- ▶ sharing information so families can make informed decisions
- ▶ ensuring family choice regarding intervention options
- ▶ providing the necessary resources and supports for parents to care for their children in ways that produce optimal child and parent outcomes<sup>93</sup>

## Culturally safe and appropriate

Programs that are tailored in such a way as to respect the cultural values, aspirations, traditions, and needs of different ethnic groups are important in our multi ethnic province. While there is much to learn about how to achieve this objective, there is increasing evidence that sensitively tailored parenting programs can be effective with a variety of cultural groups.<sup>94</sup>

## **SECTION 4: PLANNING FOR PARENTING EDUCATION AND SUPPORT IN BC**

### ***Vision***

***All parents and families in BC will have the knowledge, confidence, skills, services and support they need to succeed in helping their children to be healthy and develop to their full potential.***

### ***Guiding principles***

- Parents are the main influence in a child's life and they should be supported
- Parents want their children to be healthy and successful
- Parenting education and support services should be accessible, affordable, effective and optional
- Strategies, processes and delivery of services to support mothers and fathers should be integrated at the provincial, regional and local levels
- Parenting education and support strategies should meet the different and changing needs of families and reflect the local context

### ***The provincial role in parenting education and support***

Organizations and individuals at all levels of child and family serving systems have roles to play in supporting and educating parents. However, because parenting support is a complex and far reaching issue, there is a need to take a strategic approach to developing a comprehensive and integrated range of parenting services across and within systems that affect families. There is an opportunity for the province to provide leadership and guidance for the development of these services. This report proposes that the province takes this leadership role and champions parenting support through the following actions:

#### ***Acknowledge that parenting education and support benefits families***

Systemic improvement begins with an intent or belief that something more is possible. An acknowledgement that parenting is important, that parenting capacity can be increased and that this can be best achieved through a common vision and collaboration by government will signal this intent and will be the foundation upon which improvements to systems that support parents can be made. This acknowledgement will also send a signal to families around the province that government understands the worth of parenting.

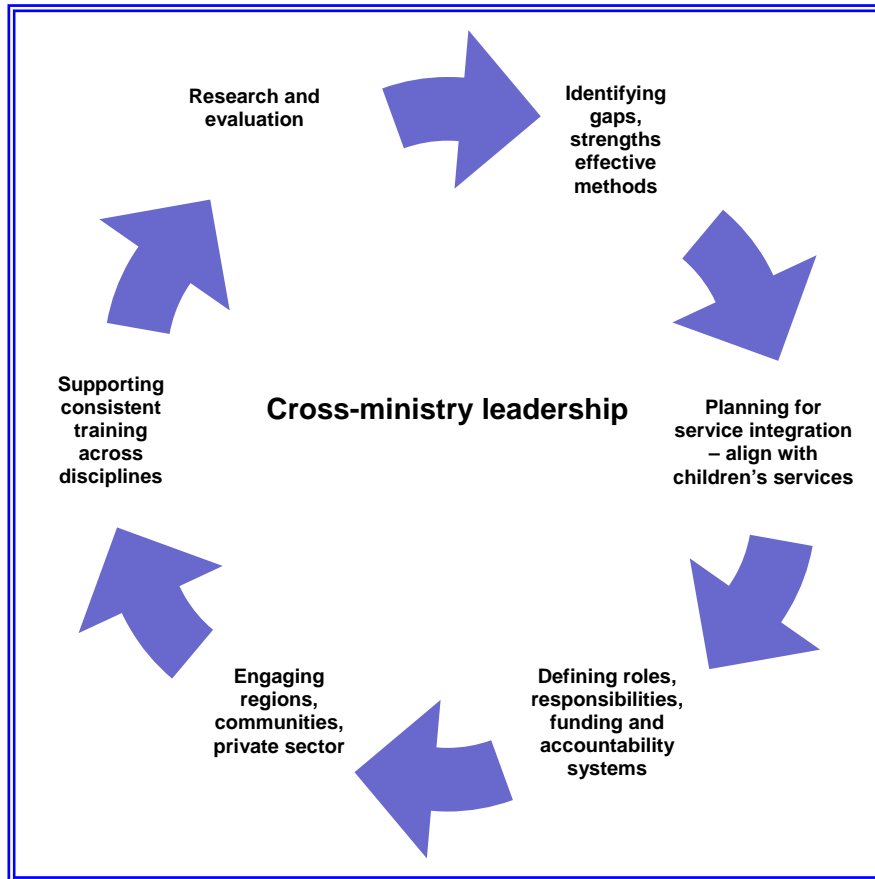
#### ***Create a cross-ministry provincial team dedicated to parenting education and support***

As demonstrated on page 9 of this report, different goals in different ministries are affected by parenting. Some of the strategies that can be employed to increase the prevalence of positive parenting might be “ministry specific” while others will be more interconnected.

For example, relative to The Ministry of Public Safety and Solicitor General's goal of “Increased safety for individuals and communities throughout BC”:

Upstream strategies in the early years such as preventing behaviour problems that can lead to later criminal behaviour can be addressed in conjunction with strategies that address Ministry of Health and Ministry of Education goals of improving health and student

achievement. Strategies related to assisting parents to manage the behaviour of youth who are involved with the justice system would more likely be ministry specific.



A cross-ministry team that enables the different ministries to remain aware of each others’ plans, strategies and gaps in service will be well placed to provide leadership for the development of a system that will help to provide more effective support for parents.

Areas of focus could include:

- ▶ Undertaking an audit of current resources, funding and service provision to identify strengths, gaps or areas of duplication
- ▶ Providing leadership for the development and implementation of cross-ministry plans that include parenting strategies within the context of other services and ensuring that separate strategies are related to each other
- ▶ Taking the lead in planning for provincial strategies and providing guidance for regional and local strategies and infrastructure that are consistent, connected and funded
- ▶ Planning for and funding research and common evaluation systems
- ▶ Encouraging the involvement of the private sector
- ▶ Introducing common parenting training and communication across disciplines
- ▶ Aligning parenting strategies with children’s services
- ▶ Developing goals and timetables
- ▶ Developing measures that will enable tracking of outcomes for parents and progress towards integration of strategies and information management systems
- ▶ Planning for funding flows that are adequately coordinated across the continuum of support

There are models of population level approaches to parenting education and support (either recommended or in existence) that a BC initiative could learn from:

- ▶ Manitoba has developed a continuum of services and supports for parents and children (up to age 19). This initiative is led by the Ministers of the Healthy Child Committee of Cabinet and the Healthy Child Manitoba (HCM) long-term, cross departmental strategy to support healthy child and adolescent development. HCM brings together seven provincial departments: Health, Family Services and Housing, Education and Youth; Aboriginal and Northern Affairs, Culture, Heritage and Tourism, Justice and Status of Women along with numerous community agencies.<sup>95</sup>
- ▶ In the UK, The Child Health Promotion Programme includes national, regional and local strategies and systems for supporting parents. Sure Start Children's Centres are one component of the system and provide a hub of information and advice for families; childcare and early learning and other family support including parenting. It is intended that alongside these children's centres, extended schools will provide a wide range of services and supports, often beyond the school day to help meet the needs of children and families. By 2010, it is planned that through selected schools, families will be able to access: information sessions for parents at key transition points; parenting programs run with the support of other children's services; and family and learning sessions to allow children to learn with their parents. Ongoing research of the UK system has enabled it to grow and change and there is much to be learned from the UK experience.
- ▶ In Australia, the National Public Health Strategic Framework for Children's number one strategic direction is to strengthen the capacity of parents, families and communities and focuses on nationally coordinated ways of connecting parents and families to information and support<sup>96</sup>
- ▶ In Sweden, it has been recommended that municipalities and NGO's take responsibility for specific types of parent education and support<sup>97</sup>

**“Researchers have found that collaboration and integration of services for vulnerable populations are more effective, efficient and less costly than narrowly focused initiatives. Concerted efforts are required to create collaboration across sectors with the goal of improving parent support to Canadian families”**

*Goodnow J, 2006*

Finally cross-ministry collaboration is critical to effectively addressing issues faced by families who are vulnerable. These families are affected by a range of social, economic and political matters that are not within the control of any one part of the service system. The cross-ministry provincial team will have a role to play in advocating for improvements in other systems that have an impact on parents.

*Clearly define roles, responsibilities and funding and accountability systems for the province, organizations and communities*

As indicated throughout this section, the leadership of a province wide initiative to increase the prevalence of positive parenting by a provincial team is highly desirable. At the same time, it is recognized that there are many players within the system. Regional organizations such as Health Authorities, MCFD Regions; provincial organizations such as the BC Association of Family Resource Programs, BC Council for Families and Success By 6<sup>®</sup>; school districts,

Children First initiatives and some municipal services such as Parks and Leisure Services and Social Planning all have roles to play in supporting parents.

In short, the organizational structures that are required to implement a provincial parenting strategy exist. For example, at this time, most communities around the province have early childhood planning tables that have the ability to examine how young children are faring (EDI results) and to identify places where and when parenting education and support can be effectively offered. For the most part, these community tables include representatives from Public Health, School Districts, MCFD, daycares and preschool, community agencies and municipalities and therefore have the ability to strengthen connections along the continuum from parenting support in the prenatal period to the early years then into the school system as children grow older.

This is just one option. Other structures that are in place at the community level could be utilized as “leads” in community based planning; for example municipalities or child, youth and family committees. In Sweden, municipalities take on this work.<sup>98</sup> In the UK, local Authorities have been tasked with developing integrated approaches to the design and delivery of parenting support strategies, employing commissioners of parenting support services and implementing evidence based programs.<sup>99</sup>

**Communities have demonstrated their willingness to participate, learn, share, and innovate but they need more than opportunities to create a collective vision; they need the mandate and resources to realize it**

*Mustard, 2007*

#### *Integrate parenting education and support with other systems*

Presently, the provincial government ministries are planning for more integrated systems and are increasing their investments in early childhood development. Parenting education and support initiatives that are planned in conjunction with early childhood development initiatives and use the same systems and places for service delivery will be cost-effective and will generate opportunities to connect supports with parents (and to connect parents with each other) in the early years.

The development of a seamless system where parents enrol in prenatal classes, then transition to ongoing and accessible systems of support during the early years and finally move to a linked system of support throughout the school years in their neighbourhoods and communities can only lead to improvements in the present system.

#### *Identify effective methods of parenting education and support*

As nations around the world are coming to understand, the cost savings (human and monetary) that can be realized by investing in effective parenting education and support is very significant. Consequently, there is a considerable body of new evidence for what “works” in terms of programs and services that support parents. Within the array of evidence for programs that “work”, there is complexity in that some programs and services are effective for different population groups. For these reasons, it is recommended that the cross-ministry provincial team takes responsibility for ensuring that BC keeps abreast of the research and that it is disseminated amongst ministries and child and family serving organizations. One model of disseminating information in the UK is an online database which commissioners of parenting support can access programs that have a proven and effective evidence base and can be replicated for use in their area. Practitioner training information and general guidance for offering parenting support is also available through the site.<sup>100</sup>

In addition, mapping of existing parenting education and support programs and services would provide an opportunity to assess where the overall system stands now; where the gaps are; which of the existing programs require evaluation, standards and/or training and monitoring systems. This could become the basis for building on existing strengths and improving the overall system in incremental steps.

### *Support consistent training across disciplines*

Parenting education (information) and support is most often given by doctors, public health nurses, child care staff, play group staff, teachers, family centre staff, etc. – people whom parents contact on an everyday basis. Additionally, there are a multitude of parenting education and support services and programs offered in many of settings and through diverse organizational structures such as Family Resource Programs, neighborhood houses, community schools, recreation centres, Friendship Centres, public health centres, the new "Strong Start" centres, etc.

In the short term, it is recommended that the cross-ministry team coordinates an effort to implement cross-sectoral training of people working with parents as well as dissemination of resources and information related to training needs.

In the longer term, mapping of qualifications, competencies, training and supervision required at the different levels of parenting education and support could lead to a coherent training system. Evidence-based training with a trans-disciplinary focus across all levels of intervention will lead to more consistent parenting education and support.

**“Parenting is probably the most important public health issue facing our society. It is the single largest variable implicated in childhood illnesses and accidents; teenage pregnancy and substance misuse; truancy, school disruption, and underachievement; child abuse; unemployment; juvenile crime; and mental illness. These are serious in themselves but are even more important as precursors of problems in adulthood and the next generation.”**

*Hoghugh, M, 1998*

### *Support research, evaluation and data collection*

#### **Research**

There is a burgeoning amount of research related to “what works” in supporting and educating parents. However, there are some areas where more research is needed. For example:

- ▶ There is little research related to the views of children about the impact of changes in parenting and what makes a difference to their experience
- ▶ Less is known about the long-term outcomes of parenting interventions than is known about short term impact
- ▶ There is less research on interventions that build protective factors than interventions that reduce known risk
- ▶ There is little research on the impact of parenting interventions on fathers
- ▶ Interventions that attract, retain and make a difference for ethnically diverse groups are underrepresented in the research
- ▶ Few studies have investigated issues of cost effectiveness<sup>101</sup>

Finally, while there is significant, rigorous research on what works in other countries, we cannot assume that programs that are effective in another country or province will have the

same effect in BC, or even that programs offered in rural BC will have the same effect as programs offered in urban areas.

### **Evaluation and Data Collection**

To ensure that we are making the best investments possible and for the purposes of continuous improvement, all parenting education and support programs should be evaluated in an ongoing way. Promising programs, that is, programs based on sound theory and practice, that have not yet been adequately evaluated, should receive evaluation support (e.g. funds, training, consultation) in an effort to demonstrate evidence of their effectiveness. Programs that have been identified as “evidence based” also need support to demonstrate they are effective in the particular circumstances in which they are being delivered.

Any plan for province wide strategies to increase the prevalence of positive parenting should include evaluation plans and data collection systems to facilitate understanding of the reach to various target groups as well as program outcomes.

## **CONCLUSION**

The evidence is clear – parenting education and support benefits children, caregivers and communities from both a societal and economic perspective. There is a growing body of knowledge of “what works” and there is growing support that we need to develop a comprehensive provincial system of parenting education and support in BC.

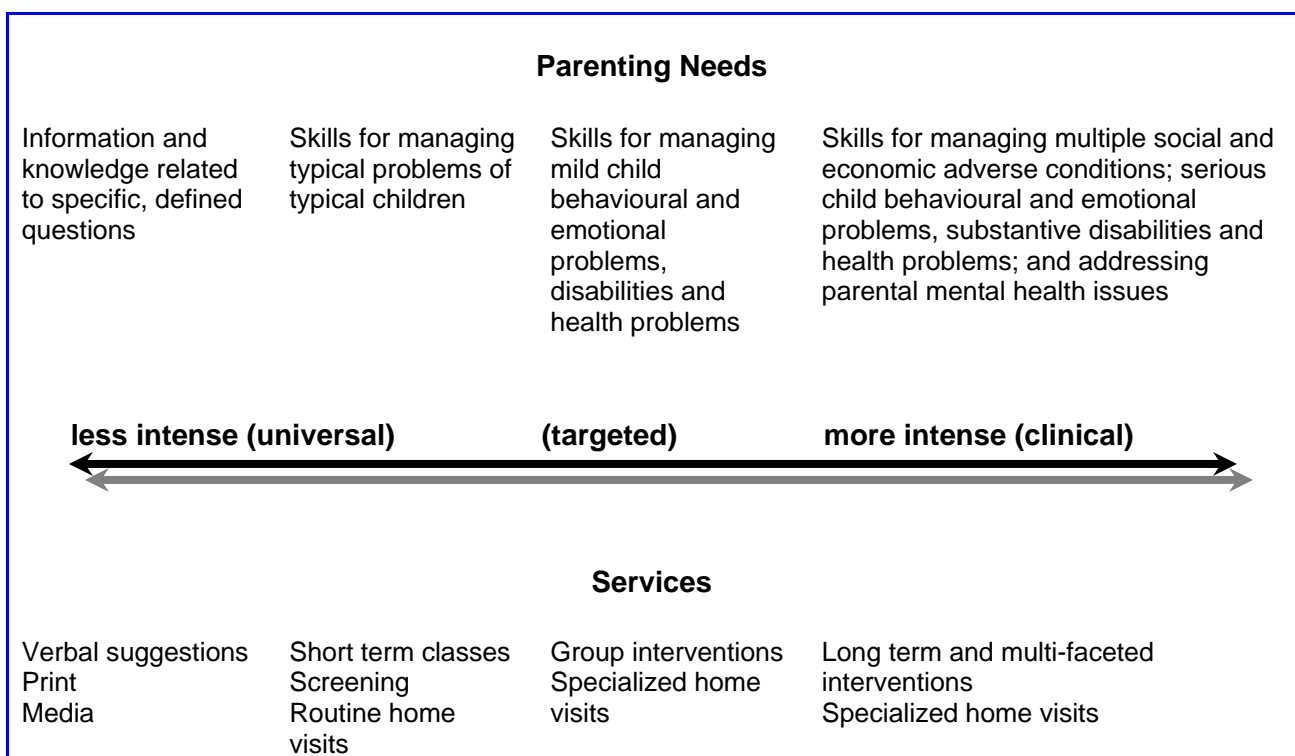
All who parent want to be confident in their parenting; they want the knowledge and skills to do the best job possible. The BC Parenting Vision Working Group is committed to working with government to take the recommendations in this report to the next steps.

## APPENDIX A

### *Parenting education and support: programs and services*

Parenting education and support programs and services can be categorized in two related ways: along a universal-targeted-treatment continuum and according to the developmental level of the child from prenatal to age 19 years. It is beneficial to utilize both ways of conceptualizing programs and services because, when used together, they form a comprehensive basis from which to build an effective system of strategies for parenting education and support.

#### Programs and services: the universal-targeted-clinical continuum



#### UNIVERSAL parenting education and support

Universal strategies are designed to build capacity and promote well-being for parents and their children. They provide all interested parents with access to useful information and services about parenting and promoting their children's development.

Examples of universal parenting services and programs are:

- Coordinated media and health promotion activities to raise awareness of the value of parenting and encourage participation in parenting education and support programs. This could involve: a provincial parenting internet site; commonly used print, videotape, CD ROM and mass media campaigns. Appendix B to this report discusses the topic of the promotion of consistent messages to parents more fully.

- Providing telephone support. Telephone help lines which offer brief counseling, screening and referral to local resources. This type of service has been shown to be effective for behaviour management for parents of elementary school aged children and parents of children 0-5 years.<sup>102</sup>
- Programs to promote and facilitate healthy pregnancies and healthy births such as prenatal classes and distribution of 'Baby's Best Chance' and 'Toddler's First Steps' handbooks (also available on the internet)
- Parenting education and parent child engagement programs

## Targeted parenting education and support

Targeted strategies aim to reduce risks within identified populations. This may be a strategy aimed at a whole population "at risk" or at self-identified individual parents with specific concerns who require consultation or skills training.

Examples of targeted parenting services and programs are:

- Home visiting programs for young mothers and families at risk that focus on reducing negative behaviour and improving nurturing behaviour<sup>103</sup>
- Parent training programs for parents with concerns about their children's behavioural or emotional well-being. These may involve structured group sessions, face-to-face meetings and/or telephone consultation depending upon parent identified needs.
- Day care programs that build-in participation of high-risk parents
- Large scale programs for disadvantaged neighborhoods – including an array of parenting supports such as home visiting, child-care, in-school programs
- Programs addressing needs of specific parent populations including:
  - Fathers
  - Single parents
  - Aboriginal parents
  - Parents of multi-ethnic background including immigrants and refugees
  - Parents of children and youth with special needs
  - Parents with a disability
  - Parents with mental health issues
  - Teen parents
  - Adoptive and foster parents
  - Parents in prison
  - Parents living in rural and remote areas
  - Parents of children with FASD
  - Grandparents parenting grandchildren

- Parents living in poverty

## Clinical parenting education and support

Clinical strategies aim to treat existing parenting problems and abnormalities.

Examples of clinical parenting services and programs are:

- Intensive family intervention work for parents of children with concurrent child behaviour problems and family dysfunction such as parental depression or stress or conflict between partners
- Programs for parents whose children have serious health problems
- Programs for parents who have maltreated or neglected their children

## ***Programs and services: along the developmental continuum***

Parenting education and support can be organized along a continuum from conception, throughout childhood, and into young adulthood. Particular attention should be paid to transitional stages when parents are most receptive to parenting interventions, for example, during pregnancy, following birth, at kindergarten or school entry, and upon entering adolescence.

### **Examples for parents of children prenatal to age 2**

- Programs to promote and facilitate healthy pregnancies, healthy births, and successful breastfeeding; to provide assistance for maternal depression; to provide information about typical infant and toddler development; and to provide early screening for any difficulties
- Structured parent groups. Ideally these would begin as prenatal classes and continue after the birth.
- Programs to promote the development of secure attachment
- High quality, accessible, affordable day care

### **Examples for parents of children ages 3 to 9**

- Evidence based groups to support parents in developing play-based interaction skills with children
- Evidence based programs to support parents in using positive (authoritative) parenting skills
- High quality, affordable day care and after-school care

### **Examples for parents of children ages 10 to 15**

- Evidence based group communication programs
- School based programs to engage parents in addressing issues of healthy eating; physical activity and emotional health and well-being

## APPENDIX B

### ***Promotion of consistent messages in print, media and online parenting information resources***

To a large extent, parents rely on print, media and online information on parenting. A survey of BC parents showed that amongst other sources: <sup>104</sup>

- ▶ 50% of parents get information about parenting from books
- ▶ 36% from magazines
- ▶ 36% from online sources
- ▶ 24% from TV and
- ▶ 19% from brochures

The same survey asked parents if they identified the sources of online information they were using and only one in five stated that they always did so. An equal number of parents reported that they *never* identified the sources. In addition, only 16% of parents reported that they always checked to see when a website had been updated or reviewed.

This is not to say that many existing online sources do not provide good information, however, parenting information resources should be considered in relation to health literacy. Health literacy can be defined as “the ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course”. <sup>105</sup>

In the context of parenting, situations faced by parents/caregivers place demand them to be able to understand and use the information they receive. In fact, the Canadian Council on Learning (2007) reports that nationally, 55% of working age adults are estimated to lack the minimum level of health literacy they need to manage their health needs. Many of these Canadians are parents.

Health promotion researchers would argue that there are not adequate tools to properly evaluate the degree of demand that health promotion information materials place on users. However, suggestions for enhancing health literacy of parenting resources can be taken from broader recommendations for essential consideration in developing resources. Along with being readable, print materials must be comprehensible. This means giving careful consideration to text, format, appeal, brevity, cultural sensitivity, relevance, and avoidance of presenting a large number of ideas at one time.

The 2008 ECD evaluation of 60 capacity building initiatives in communities around the province shows that 50% of these initiatives are engaged in promoting the primary role of parents and 40% are engaged in promotion of the role of fathers and other caregivers. A significant number of these initiatives are investing in the production of brochures and media promotion. A review of BC Health Authority web sites also shows a strong commitment to educating parents in the early years. This is impressive, however, there may be some duplication of effort as well as variations in messages.

There may be opportunities to reduce duplication of effort, capitalize on economy of scale, use the best of existing resources and send out coordinated, consistent, comprehensible and evidence based messages through the media – at least relative to the core components of parenting that can make a lifelong difference; i.e. attachment and authoritative parenting for parents of children of all ages.

## APPENDIX C

### *What Works in Parenting Education and Support*

- ✓ Both early interventions and later intervention: early intervention report better and more durable outcomes for children; but late intervention is better than none and may help parents deal with parenting under stress
- ✓ Interventions with a strong theory-base and clearly articulated model of the predicted mechanism of change: services need to know both where they want to go, and how they propose to get there
- ✓ Interventions that have measurable, concrete objectives as well as overarching aims
- ✓ Universal interventions (aimed at primary prevention amongst whole communities) for parenting problems and needs at the less severe end of the spectrum of common difficulties
- ✓ Targeted interventions (aimed at specific populations or individuals deemed to be at risk for parenting difficulties) to tackle more complex types of parenting difficulties
- ✓ Interventions that pay close attention to implementation factors for 'getting', 'keeping' and 'engaging' parents (practical, relational, cultural/contextual, strategic and structural)
- ✓ Services that allow multiple routes in for families (i.e. a variety of referral routes)
- ✓ Interventions using more than one method of delivery (i.e. multi-component interventions)
- ✓ Group work, where the issues involved are suitable to be addresses in a "public" format, and where parents can benefit from the social aspect of working in groups of peers. Individual work, where problems are severe or entrenched or parents are not ready/able to work in a group, often including an element of Home Visiting, as part of a multi-component service, providing one-to-one tailored support
- ✓ Interventions that have manualised programs where the core program (i.e. what is delivered) is carefully structured and controlled to maintain "program integrity"
- ✓ Interventions delivered by appropriately trained and skilled staff, backed up by good management, support and supervision
- ✓ Interventions of longer duration, with follow-up/booster sessions, for problems of greater severity or for higher risk groups of parents
- ✓ Short, low level interventions for delivering factual information and fact-based advice to parents, increasing knowledge of child development and encouraging change in "simple" behaviours
- ✓ Behavioural interventions that focus on specific parenting skills and practical resources (e.g. workbooks, "tip sheets") for changing more complex parenting behaviours and impacting on child behaviours
- ✓ "Cognitive" interventions for changing beliefs, attitudes and self-perceptions about parenting
- ✓ Interventions that work in parallel (though not necessarily at the same time) with parents, families and children

*Summary of what works in parenting education and support (Moran et al 2004)*

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