

DIFFERENCES IN AWARENESS AND USE OF PARENTING PROGRAMS

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KEY POINTS:

- While parents'/caregivers' awareness level of at least one of six specific parenting programs did not significantly change between 2004 and 2006, parents'/caregivers' usage of at least one of six specific parenting programs significantly increased from 41.8% in 2004 to 56.4% in 2006.
- There continued to be a significant difference between men and women with respect to awareness and use of parenting programs in both 2004 and 2006. A significantly higher proportion of males reported use of at least one parenting program across 2004 (26.2%) and 2006 (43.4%).
- A considerably higher proportion of parents/caregivers living in the City of London (61.3%) reported use of at least one of the six specific programs in 2006 compared to parents/caregivers living in Middlesex County (43.4%).
- A significantly higher proportion of parents/caregivers indicated that they seek information to answer their parenting questions and concerns from websites between 2004 (32.1%) and 2006 (46.6%).
- There was a significant increase in awareness level of the Ontario Early Years Centres (OEYCs) with 60.3% of parents/caregivers indicating that they were aware of the OEYCs in 2004 compared to 73.2% in 2006.
- There were no significant relationships between awareness and use of parenting programs and the level of positive interaction between parents/children.

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BACKGROUND

Healthy child development is a key determinant of health¹. Evidence suggests the importance of the early years from birth to six years in children's physical, emotional, social, and cognitive development². It is during this critical time that children develop their language skills, coping styles, their sense of selves and skills to develop healthy relationships later in life¹. Neuroscience and human development studies illustrate how the child's brain cells form connections during the first six years of the child's life that influences lifelong learning, behaviour and health³.

With the knowledge of the importance of healthy child development, efforts of the Ontario government over the last several years have focused on ensuring that all children and parents regardless of socio-economic background have access to early childhood development programs³. The development of early child development and parenting centres built on the

existing infrastructure and capacity of programs in order to enhance the provision and accessibility of parent-oriented and child-oriented programs. Ontario Public Health Units offer a variety of parenting programs designed for parents with children birth to six years of age. These programs are intended to improve parent-child interactions, to increase parental knowledge of child development, to educate parents on ways that they can change their behaviours in order to influence their children's behaviours, to reduce parental stress, and to offer social support⁴.

There is evidence to suggest that parenting groups led by professionals result in improved child behaviour outcomes, parental attitudes/behaviours and parent-child interactions⁴. There is also evidence to suggest that parent group programs are successful at improving maternal psychosocial health, such as depression, self esteem, and anxiety⁵. Studies have discussed key aspects to incorporate into parent programs in order to provide the best possible start for children, including increasing parental knowledge of child development, improving skills and confidence levels in parenting, and promoting responsive and nurturing parent/child interactions⁶.

INVESTIGATING PARENTAL CAPACITY AND AWARENESS AND USE OF PARENTING PROGRAMS

For many years, Ontario Public Health Units have been involved in promoting healthy child development through the provision of parenting programs and services. The Ontario Ministry of Health and Long Term Care (MOHLTC) Mandatory Health Programs and Services Guidelines (MHPSG)⁷ directs health units to offer child health programs that contain the following topics:

- Developmental milestones including, but not limited to: speech and language, hearing, vision, growth, motor skills, social interaction, and behaviour;
- Factors contributing to the achievement of milestones including, but not limited to: immunization, injury prevention and safety, nutrition, preventive dental health practices, physical activity, communication, stimulation and play, parenting ability, family functioning, social supports, and coping skills.

To promote healthy child development, the MOHLTC announced funding for the Early Child Development (ECD) projects in December 2001. In 2004, the Ontario Ministry of Children and Youth Services (MCYS) assumed responsibility for the ECD projects. This

funding provided support to expand existing early child development initiatives for children birth to six year of age and their parents/caregivers beyond the MHPSG, including the "Promote Healthy Pregnancy and Child Development" initiative.

Through the ECD funding, a local initiative, called "Promoting Parenting Capacity Initiative" was developed. A community coalition was formed between numerous community agencies with a role in providing support for healthy child development. This coalition called the "Promoting Parenting Capacity Action Group (PPCAG)" was established in January 2004 as a working group under the Early Years Council of London/Middlesex with three main goals:

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

Since May 2004, the PPCAG implemented several strategies to promote use of parenting programs and services, and to increase positive parenting interaction between parents/caregivers and their children. To increase awareness levels of resources available to parents/caregivers and to increase access to parenting resources, the PPCAG initiated a number of strategies to disseminate information and resources. Resources, such as the Parent Handbook and Parent Tip Sheets were translated into various languages and were distributed to community agencies to share with their clients/families. Print materials, such as a Community Resources brochure, were also distributed through displays at special events, through community partners and posted on websites. An inventory of parenting programs offered within Middlesex-London was also developed in 2006 as a resource guide for service providers.

In order to assess levels of awareness and use of parenting programs within London and Middlesex, Middlesex-London Health Unit (MLHU) developed a module entitled "Awareness and Use of Parenting Programs." The module was included on the Parent Survey-2004 and on the Rapid Risk Factor Surveillance System (RRFSS) survey between December 2004 and June 2005. Results of this module are reported in The Health Index entitled, "Awareness and Use of Parenting Programs"⁸. The module was repeated on the Parent Survey-2006 in order to assess changes in the levels of awareness and use of parenting programs over time.

The results described in this Health Index focus on questions regarding the awareness and use of parenting programs and resources within the City of London and Middlesex County. Parents/caregivers (herein referred to as “parents”) of children birth to six years of age were asked to indicate their awareness and use of six specific parenting programs including: “Nobody’s Perfect”, “Just Beginning”, “Active Parenting Now”, “Becoming a Family”, “How to Talk so Kids Will Listen”, and “Ontario Early Years Centre (OEYC)”. A brief description of each of these programs is included in the methods section. The report also investigated the association between awareness levels and usage of parenting programs, and a number of selected socio-demographic factors including: parent’s gender, parent’s age, parent’s education level, household income, child’s age, and place of residence. The results discuss potential relationships between parents’ awareness and use of parenting programs, and the level of parents’ positive interactions with their children birth to six years of age.

The source of the data was the Parent Survey-2006 collected from April 2006 to July 2006. Data from Parent Survey-2004 were also used to determine changes over time. Additional information regarding the Parent Survey is provided in the methods section.

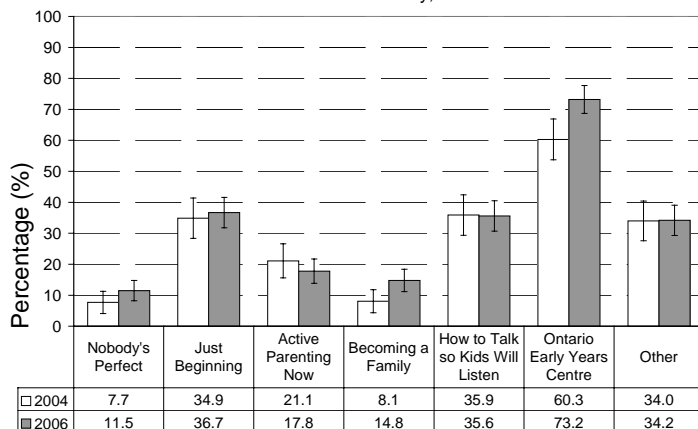
AWARENESS AND USE OF PARENTING PROGRAMS IN MIDDLESEX-LONDON

Parents of children birth to six years of age were asked if they had heard of six specific parenting programs. They were given the option to identify any other programs that they were aware of. In 2006, in the City of London and Middlesex County, 85.6% ($\pm 3.7\%$) of parents were aware of at least one of the specified parenting programs, while overall 56.4% ($\pm 5.1\%$) of parents had used at least one of the programs. In 2004, a similar proportion of parents (81.9% $\pm 5.3\%$) were aware of at least one of the programs and significantly less parents (41.8% $\pm 6.6\%$) had used at least one of the programs.

Figure 1 demonstrates parents’ awareness of the specified parenting programs and resources. It is evident that in 2006, as well as in 2004, the OEYC was the most commonly known resource (cited by 73.2% $\pm 4.5\%$ in 2006 and by 60.3% $\pm 6.6\%$ in 2004), while programs such as “Nobody’s Perfect” (11.5% $\pm 3.3\%$ in 2006 and 7.7% $\pm 3.6\%$ in 2004) and “Becoming a Family” (14.8% $\pm 3.6\%$ in 2006 and 8.1% $\pm 3.7\%$ in 2004) were mentioned less frequently. There were no statistically significant differences in the level of awareness of parenting programs between 2004 and

2006, with the exception of OEYC programs where the level of awareness increased substantially.

Figure 1: Awareness of Parenting Programs
Parents/Caregivers (18+),
London and Middlesex County, 2004 and 2006

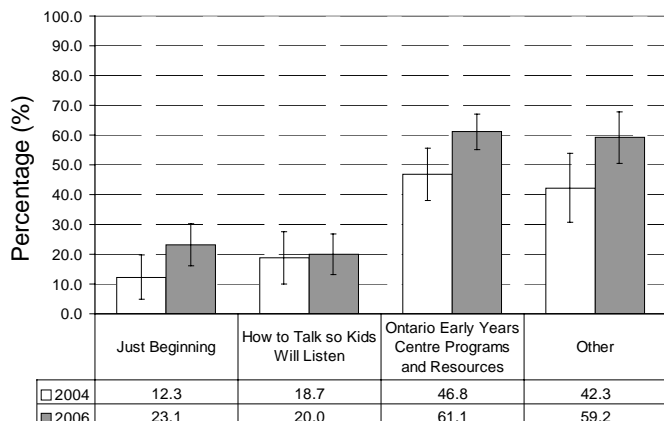


Sources: Parent Survey-2004 and Parent Survey-2006

Examples of “other” programs and resources that parents were aware of in 2006 included the following: “Well Baby Clinics”, Childreach, Breastfeeding Clinics, Merrymount Children’s Centre, Library programs, YMCA, Thames Valley Children’s Centre, “Spectrum”, and “tykeTALK”.

Those parents who stated that they were aware of the specific parenting programs discussed in Figure 1 were asked if they had used these programs. Figure 2 illustrates the proportion of parents who were aware of and had used the specific parenting programs asked about in the module, both in 2006 and 2004. Although the use of certain parenting programs appears to have increased from 2004 to 2006, these differences are not statistically significant. Data on use of “Nobody’s Perfect”, “Active Parenting Now”, and “Becoming a Family” can not be released due to low frequencies of reported data.

Figure 2: Use of Parenting Programs
Parents/Caregivers (18+),
London and Middlesex County, 2004 and 2006



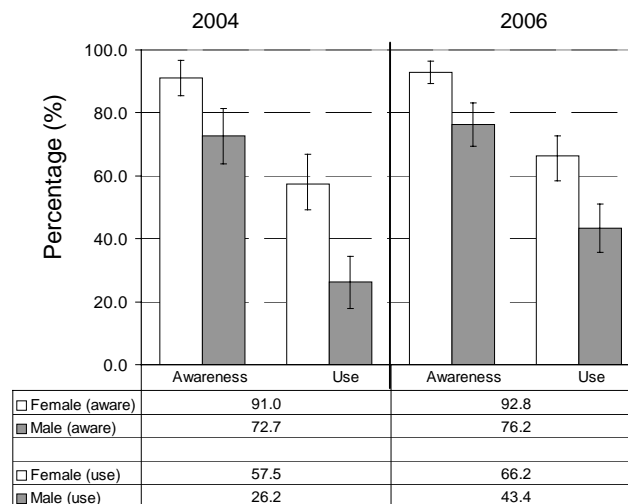
Sources: Parent Survey-2004 and Parent Survey-2006

PREDICTORS OF AWARENESS AND USE OF PARENTING PROGRAMS

Awareness and use of parenting programs among parents of young children (birth to six years of age) in London and Middlesex County varied by parents' gender, age, education, place of residence, and age of children, while there were no statistically significant differences by the level of positive interaction between parents and children:

- Gender:** Figure 3 demonstrates that there continued to be a substantial difference between men and women with respect to awareness of parenting programs. In 2006, 92.8% ($\pm 3.6\%$) of females were aware of at least one of the specified parenting programs, compared to 76.2% ($\pm 6.9\%$) males. In 2004, 91.0% ($\pm 5.6\%$) of females and 72.7% ($\pm 8.8\%$) of males were aware of at least one program. With respect to use of the parenting programs, again, females were considerably more likely to report using at least one of the programs in 2006 (66.2% $\pm 6.4\%$) compared to males (43.4% $\pm 7.7\%$). These results are consistent with the 2004 findings according to which females (57.5% $\pm 9.4\%$) reported use of at least one of the programs more frequently than males (26.2% $\pm 8.3\%$). However, it is important to point out that the proportion of males using these programs increased substantially between 2004 (26.2% $\pm 8.3\%$) and 2006 (43.4% $\pm 7.7\%$).

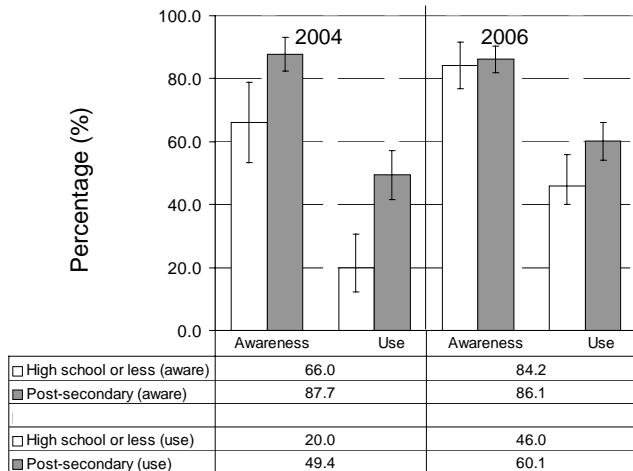
Figure 3: Awareness and Use of Parenting Programs by Parents' Gender
Parents/Caregivers (18+)
London and Middlesex County, 2004 and 2006



Sources: Parent Survey-2004 and Parent Survey-2006

- Education:** In 2004, there was a considerable difference in awareness of at least one of the parenting programs between parents with high school education or less (66.0% $\pm 12.8\%$), and those with at least some post secondary education (87.7% $\pm 5.3\%$). By 2006, the difference was small and not statistically significant as 84.1% ($\pm 7.3\%$) of parents with a high school education or less and 86.1% ($\pm 4.3\%$) of parents with post secondary education or more were aware of at least one of the programs. The significant difference observed in 2004 in terms of the usage of parenting program by level of educational attainment was found to be non-significant in 2006 as illustrated in Figure 4. In 2006, 46.0% (± 9.8) of parents with a high school education or less compared to 60.1% ($\pm 5.9\%$) of parents with at least some post secondary education used at least one of the specified parenting programs. In 2004, parents with a high school education or less (20.0% $\pm 10.6\%$) used parenting programs significantly less when compared to parents with at least some post secondary education (49.4% $\pm 7.8\%$). However, the proportion of parents with a high school education or less who used at least one parenting program increased significantly between 2004 (20.0% $\pm 10.6\%$) and 2006 (46.0% ± 9.8).

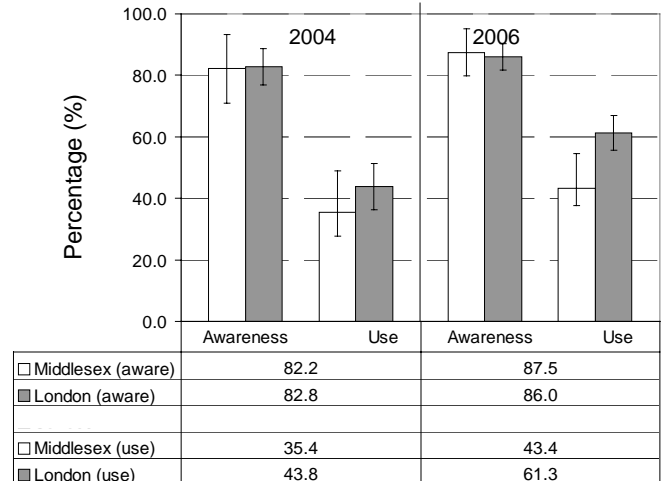
Figure 4: Awareness and Use of Parenting Programs by Parents' Education Level
Parents/Caregivers (18+)
London and Middlesex County, 2004 and 2006



Sources: Parent Survey-2004 and Parent Survey-2006

- Place of Residence:** Figure 5 illustrates that there were no significant differences between parents of Middlesex County and the City of London with respect to awareness of at least one of the specified parenting programs both in 2006 (87.5% \pm 7.6% for Middlesex vs. 86.0% \pm 4.2% for London) and in 2004 (82.2% \pm 11.2% for Middlesex vs. 82.8% \pm 6.0% for London). By 2006, the use of parenting programs by parents living in the City of London increased substantially, thereby creating a gap between users in Middlesex County (43.4% \pm 11.1%) and those in the City of London (61.3% \pm 5.7%). Finally, in 2006, there were no significant differences in the awareness and use of parenting programs across four geographic areas within the City of London: East (awareness: 86.2% \pm 7.6%; use: 54.7% \pm 10.0%), South (awareness: 85.7% \pm 9.2%; use: 57.6% \pm 12.6%), West (awareness: 82.9% \pm 8.1%; use: 59.6% \pm 10.2%), and Central (awareness: 88.7% \pm 8.5%; use: 65.0% \pm 12.1%).

Figure 5: Awareness and Use of Parenting Programs by Place of Residence
Parents/Caregivers (18+)
London and Middlesex County, 2004 and 2006



Sources: Parent Survey-2004 and Parent Survey-2006

- Age of Children:** In 2006, there were no statistically significant differences in levels of awareness of at least one of the specified parenting programs between parents with children ages 1-3 (81.8% \pm 6.6%), ages 4-11 (87.0% \pm 5.1%), and with children aged less than one year (92.5% \pm 8.2%). In 2006, there were also no statistically significant differences in the program usage among parents of children of different age groups: ages of 1-3 (58.6% \pm 8.2%), ages 4-11 (52.2% \pm 7.2%), or with children aged less than one year (66.7% \pm 13.8%). These findings are consistent with the results reported for the 2004 data. When examining each age group individually across time, there was a significant increase in the proportion of parents with children 4-11 years of age who indicated that they used at least one parenting program (34.1% \pm 10.1% in 2004 vs. 52.2% \pm 7.2% in 2006).
- Age of Parent/Caregiver:** In 2006, there were no statistically significant differences among parents aged 18-34 (86.1% \pm 5.2%) and parents aged 35-54 (85.3% \pm 5.4%) with respect to awareness of the parenting programs or use of parenting programs (59.1% \pm 7.1% for parents aged 18-34 vs. 55.1% \pm 7.3% for parents aged 35-54). These findings are consistent with the results reported for the 2004 data. When investigating each age group individually across time, there was a significant increase in the proportion of parents aged 18-34 who indicated that they had used at least one

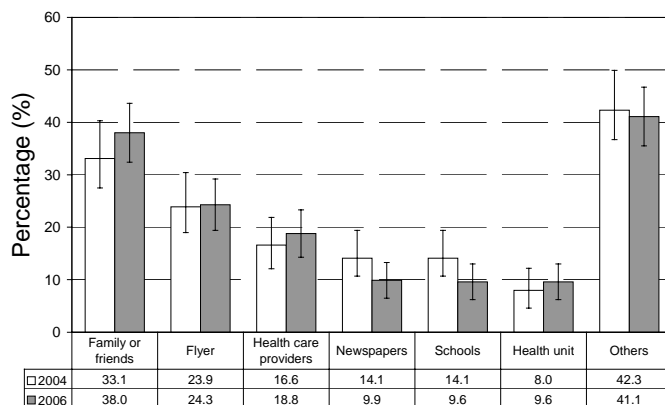
parenting program (35.5% ±9.7 in 2004 vs. 59.1% ±7.1% in 2006).

- Household Income:** In 2006, there were no statistically significant differences in awareness or use of parenting programs based on annual household income. These findings are consistent with the results reported for the 2004 data. When investigating each income group individually across time, there was a significant increase in the proportion of parents with the highest level of income who indicated that they had used at least one parenting program (40.0% ±11.5 in 2004 vs. 64.7% ±8.7% in 2006).
- Positive Parenting Interaction:** There were no statistically significant relationships between awareness and use of parenting programs and the level of positive interaction between parents and children. In 2006, parents who were aware of parenting programs scored the same on the positive parenting interaction scale (17.2 ±0.3) as parents who were not aware of parenting programs (17.6 ±0.7). Similarly, parents who used these programs reported the same level of interaction with their children (17.3 ±0.4) as parents who did not use those programs (17.1 ±0.4). These findings are consistent with the results reported for the 2004 data.

SOURCES OF INFORMATION ON PARENTING PROGRAMS AND PARENTING INFORMATION

Parents who had stated that they were aware of specific parenting programs available in London and Middlesex were asked in an open-ended manner (i.e. not prompted) to indicate the source from which they found out about the parenting programs. In 2004, "Family or friends" was cited as the most popular source of information (38.0% ±5.6% in 2006 vs. 33.1% ±7.2% in 2004) (see Figure 6). In 2006, the next four most frequently cited sources of information about parenting programs were flyers or pamphlets (24.3% ±4.9%), health care providers (18.8% ±4.5%), newspapers/magazines (9.9% ±3.4%), and the health unit (9.6% ±3.4%). Also, 41.1% (±5.6%) of parents in 2006 indicated "other" sources of information from which they found out about the specific parenting programs. Examples of these "other" sources include: prenatal classes, hospitals, malls, work, parenting programs, word of mouth, information sent by mail, prenatal health fairs, Childreach, Children's Aid Society, and Merry Mount Children's Centre.

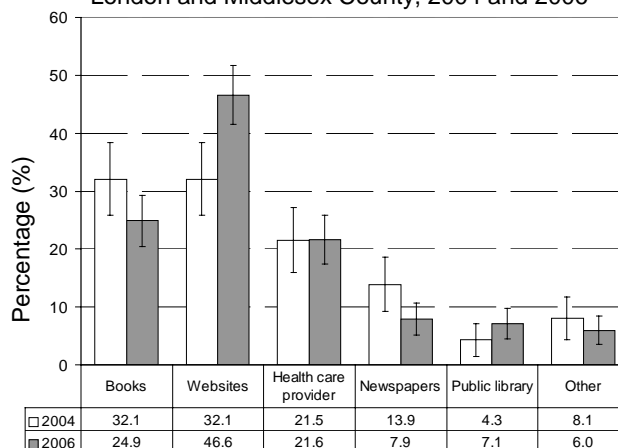
Figure 6: Sources of Information on Specific Parenting Programs
Parents/Caregivers (18+)
London and Middlesex County, 2004 and 2006



Sources: Parent Survey-2004 and Parent Survey-2006

Further questioning asked parents to specify sources of information about parenting questions or concerns that they use other than their family and friends. Parents were able to indicate more than one response. Figure 7 illustrates the top sources of information identified by respondents in 2006 and 2004. It is important to note that in 2006 significantly more parents reported websites as a source of information (46.6% ±5.1%) than in 2004 (32.1% ±6.3%).

Figure 7: Top Sources of Information about Parenting
Parents/Caregivers (18+),
London and Middlesex County, 2004 and 2006

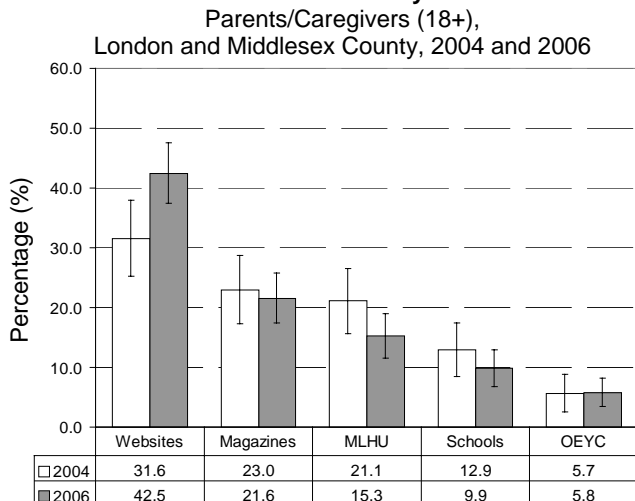


Sources: Parent Survey-2004 and Parent Survey-2006

The Parent Survey-2006 asked parents which source of information they would be most likely to use based on a list of resources including: the Middlesex-London

Health Unit, magazines, schools, telephone information lines, websites and the OEYC. Figure 8 illustrates the responses provided by parents in 2006 and 2004 regarding the source they would most likely use to get information on parenting. In 2006, 42.5% ($\pm 5.1\%$) would be most likely to use websites, followed by magazines and newsletters (21.6% $\pm 4.2\%$), and then the local health unit (15.3% $\pm 3.7\%$). There were no statistically significant changes between 2004 and 2006.

Figure 8: Sources of Information Parents/Caregivers Would be Most Likely to Use



Sources: Parent Survey-2004 and Parent Survey-2006

SUMMARY AND IMPLICATIONS

The results of this Health Index reveal that in 2006, most parents (85.6% $\pm 3.7\%$) of children birth to six years of age were aware of at least one of six specific parenting programs offered within the City of London and Middlesex County. There was not a significant difference in awareness level of at least one parenting program compared to the findings in 2004. However, there was a significantly higher number of parents reporting that they had used at least one parenting program between 2006 (56.4% $\pm 5.1\%$) and 2004 (41.8% $\pm 6.6\%$). This is a promising finding that over half of parents with children birth to six years of age are using at least one parenting program and that the usage of parenting programs is rising.

The OEYCs are the most recognized parenting program among parents with children birth to six years of age. Of key importance is the finding that there was a significant increase in the number of parents who were aware of the OEYC between 2004 and 2006. This is a promising finding considering the wide range

of program opportunities that the centres offer including a broad range of drop-in play groups, registered play-based learning opportunities, and parenting workshops for parents and their children birth to six years old.

The finding that parents are significantly less aware of other parenting programs compared to the OEYCs is expected because of a number of factors, including the specific focus of the other programs, the time-limited nature of other programs, and the presence of numerous OEYC locations. While many OEYCs offer programs at several different sites within the community (i.e. schools, churches, and community centres), the OEYCs are agencies, rather than programs, and they have physical buildings that house many OEYC programs in partnership with many other community agencies. In fact, “Just Beginning” is a program specifically for first-time moms and infants (birth to 6 months) and is offered in partnership with the MLHU and is offered at various locations, such as libraries, and certain OEYCs. Similarly, other programs that were asked about on the Parent Survey have a specific intended audience and have a specific number of program sessions. For example, “Becoming a Family” is 2-hour prenatal class for expectant parents, and “Active Parenting Now” is a 5 week, video-based workshop that helps parents learn more about their child’s behaviour and provides information on how to effectively communicate and apply appropriate discipline strategies. In addition, the finding that awareness levels of programs other than OEYCs did not change over the two-year time period suggests that efforts may be needed to increase awareness levels among parents. However, awareness levels may not have increased because many of these programs are developmentally-based, and parents may not seek out the information until they require specific parenting information to meet the age-specific needs of their child. Furthermore, in some cases, agencies may no longer be offering the program in 2006. For example, “How to Talk so Kids Will Listen” was not offered at MLHU in 2005 and 2006, but continues to be offered at Childreach.

Between 2004 and 2006, there continued to be significant gender differences in both awareness and use of at least one parenting program, with considerably more females than males reporting that they were aware of and used at least one parenting program. Of key importance is the finding that a significantly higher proportion of males are using the specified parenting programs in 2006 (43.4% $\pm 7.7\%$) compared to 2004 (26.2% $\pm 8.3\%$). This is an encouraging finding that may be attributed to the existence of programs tailored specifically for male parents. According to discussions with members of the

PPCAG, agencies are offering programs specifically for young children and significant men in their lives (e.g. fathers, grandfathers, uncle, big brother, etc.), such as the OEYC programs “Day with Dad” and “Men Can Play Too!”. In addition, new initiatives, such as the organization, “Forest City Involved Fathers” that was developed in the spring of 2005, play a role in promoting awareness of the importance of fathers in healthy child development. The longer such programs and initiatives exist, the greater likelihood that involvement of male parents will continue to rise. Discussions with members of the PPCAG also suggest that the increase in male parents attending parenting programs may also be attributed to an increased number of two parent families who are attending programs together. Furthermore, with the option of parental leave, more male caregivers may be more available to attend parenting programs than in previous years. Together these findings may also be reflective of a shift in social norms and attitudes about male parents attending parenting programs. Nevertheless, it remains a significant ongoing challenge to reduce the gender gap in awareness and use of parenting programs.

It is important to note that there was no longer a difference observed for parents awareness level of at least one of the parenting programs among parents with a high school education or less and those with at least some post secondary education. This is a promising finding that parents with lower education levels are equally aware of parenting programs compared to parents with higher education levels. However, the significant difference among parents with different education levels and their use of at least one program continued between 2004 and 2006. This finding suggests that ongoing work is needed to encourage the use of parenting programs among parents who have less education in order to reduce the gap between those who have lower education levels and those who have higher education levels. Yet, it is an encouraging finding that significantly more parents with a high school education or less had used at least one of the specified parenting programs between 2004 and 2006.

The findings also demonstrate that awareness of at least one parenting program did not significantly differ among parents living in the City of London and Middlesex County. However, in 2006 there was a significant difference observed for use of at least one parenting program. Parents living in the City of London were more likely to report use of at least one of the specific parenting programs when compared to those living in Middlesex County. Moreover, a significantly higher proportion of parents living in the City of London in 2006 indicated that they had used at least one

program compared to the 2004 data. It is an encouraging finding for parents and children living within in the city that usage of parenting programs continues to rise, but these findings also speak to the challenge of encouraging use of parenting programs among parents in the rural areas. First of all, it is difficult to disseminate information about parenting programs and resources in the rural areas, and secondly, the geographic distances and transportation issues present additional challenges.

In 2006, it is positive to note that there were no significant differences among parents with respect to awareness and use of parenting programs based on the age of their children, age of the parent/caregiver, and household income. These findings were consistent with the results reported in the 2004 data. However, when investigating differences across time, there are some noteworthy findings to discuss. A higher proportion of parents with children aged 4 to 11 reported use of at least one parenting program in 2006 compared to 2004. Similarly, a higher proportion of parents aged 18-34 years of age reported use of at least one parenting program in 2006 compared to 2004. These findings suggest that parents of older children (4-11 years of age) and younger parents (18-34 years of age) used programs more frequently across time.

There is a consistent finding across time to suggest that positive parenting skills are not directly associated with awareness levels of programs and use of those programs within Middlesex-London. Parents’ average scores on the positive parenting interaction scale did not differ depending upon parents’ awareness level of the specific parenting programs and use of those programs. It is hoped that parents who use parenting programs would have increased levels of positive parenting interactions with their children, but this finding has not been found in the neither 2004 nor 2006.

In 2006 and 2004, approximately one-third of parents indicated that their friends and family had told them about the specific parenting programs. Flyers were also mentioned by approximately a quarter of parents in both 2004 and 2006. Other sources of information less frequently mentioned included health care providers, newspapers/magazines and the health unit. While word of mouth remains the most effective way to increase awareness of parenting programs, print resources such as flyers, and newspapers/magazines remain important sources as well.

When parents were asked where they look for information to answer their parenting questions or parenting concerns other than family and friends,

parents mentioned websites more frequently than any other source. In 2004, almost one-third of parents reported that they looked for information on websites compared to almost half of parents in 2006. Accessing parenting information on-line has significantly grown over the last several years, and may continue to be the most preferred method for parents. However, approximately one in five parents also consistently indicated over time that they would use magazines and MLHU to find parenting information. Surprisingly, OEYCs were cited less frequently than many other types of sources, even though OEYCs are the most frequently used parenting program mentioned by parents.

In order to raise parents' awareness levels of parenting programs, and to continue increasing the use of parenting programs within Middlesex-London, increased efforts to disseminate information based on parents' preferred choice is warranted. Furthermore, ongoing ways to monitor parents' levels and use of parenting programs on the population level is needed to ensure that service providers have an enhanced understanding of changing needs in order to influence program planning and decision-making.

METHODS

Results for 2006 reported in this Health Index are based on the Parent Survey-2006, which was conducted from April 6, 2006 to July 4, 2006. Results for 2004 are based on the Parent Survey-2004. The purpose of the Parent Survey is to monitor public awareness, knowledge and practice of a range of issues, including parenting. The data were collected for MLHU by the Institute of Social Research, York University, in a series of "waves" which included monthly telephone surveys of adults aged 18 years and older. The Parent Survey employs a random selection of all households with telephones in the City of London and Middlesex County. Only respondents who indicated that they take care of a child aged six years and younger were selected. Parents are defined as parents to the child, step-parents, guardians, grandparents, or siblings who are responsible for raising the child. Analysis of data on the awareness and use of parenting programs was limited to parents who provided valid responses to the survey questions. For the Parent Survey-2006 a final sample of 365 was used in the analysis. The final sample from the Parent Survey-2004 was 209.

Results in this Health Index are analyzed according to the standards described in the RRFSS Manual of Operations. All proportions and means (averages) are

reported with 95% confidence intervals. Differences reported are considered statistically significant unless stated otherwise. Bar charts with error bars are included to illustrate 95% confidence intervals. No household weights were applied. Results were subject to suppression if any one of the following conditions existed: denominator of a rate was less than 30, numerator was less than five or if the co-efficient of variation was greater than 33.3. The results for 2004 reported in this Health Index differ slightly from those reported in the previous Health Index on program awareness and usage. These differences are due to minor inconsistencies in adjustments for missing data.

Description of Parenting Programs

The following includes a description of the six specific parenting programs that were included in the Parent Survey-2004 and Parent Survey-2006. These descriptions are based on information included in the Parenting Programs Inventory¹⁰ developed in 2006 by the Promoting Parenting Capacity Action Group (PPCAG).

- **Nobody's Perfect** – This program "provides parent education and interactive play groups, as well as early intervention, developmental assessments, referrals and supports". This program involves topics such as "why children act the way they do, how to keep children healthy, and parent and child self-esteem". This program is offered at various locations depending upon the specific need (e.g. heartspace, MLHU, etc.)
- **Just Beginning** – This program is for first-time moms and infants (birth to 6 months) in which they share the experiences of being a new mother and discuss relevant topics such as "feeding, safety, community resources, growth and development, play and learning in a relaxed and supportive setting". The program is offered by MLHU and OEYCs, and are available at community sites including libraries.
- **Active Parenting Now** – This program is "a 5 week, video-based workshop that helps parents learn how to encourage their children, understand their child's behaviour, communicate effectively and provide appropriate discipline". This program is offered by Middlesex-London Health Unit.

- **Becoming a Family** – This 2-hour program is for prenatal couples and provides opportunities to discuss strategies and ideas to cope with the first few months after their baby is born. The program is provided by Middlesex-London Health Unit and is offered at various locations depending upon need.
- **How to Talk so Kids Will Listen** – This structured 6-week program is video-based and combines role playing and group discussion with dramatization in order to introduce principles that can help families achieve harmony. Topics include such areas as “helping children deal with their feelings”, “alternatives to punishment”, and “praise”.
- **Ontario Early Years Centre (OEYC)** – These centres offer both drop-in play groups and registered play-based learning opportunities for parents/caregivers and their children birth to six years old. Play groups are intended to enhance early learning and support family interaction. Programs also include parenting workshops on child development, safety, behaviour and nutrition. Each program is unique depending on its location. Programs are located throughout the City of London and Middlesex County in several different sites including schools, churches and community centres.
- Age of Children: (1) 'Children under the age of 1'; (2) '1 to 3 years of age'; and (3) '4 to 11 years of age'.
- Parent's age: (1) 'Younger parents' - respondents aged of 18 and older and less than 35; and (2) 'Older parents' - respondents aged of 35 and older.
- Parent's gender: (1) 'Male' and (2) 'Female.'
- Parent's educational attainment: (1) 'High school or less' and (2) 'Post secondary or more'.
- Household income: (1) 'Low income' - household income of \$39,999 or less; (2) "Mid-income" - household income from \$40,000 to \$79,999; and (3) 'High income' - household income \$80,000 and above. Parents who did not provide a response to this question were classified into a separate category: (4) 'Missing.'
- Geography: (1) 'City of London' and (2) 'County of Middlesex.' The City of London was further divided into four geographic areas: (1) 'East'; (2) 'South'; (3) 'West'; and (4) 'Central'.
- Positive parenting interaction: It is measured on a scale from 0 to 20. Positive parenting is defined as interactions between parents and children including providing praise, talking or playing, laughing together, playing games and doing special activities.

The following predictors of awareness and use of parenting programs were employed in this Health Index:

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