

## Positive Parenting Think Tank on Cross-system Collaboration to Optimize Parenting Support in Ontario: Summary of Proceedings



June 2016

# Table of contents

---

<b>Introduction .....</b>	<b>3</b>
<b>Background .....</b>	<b>3</b>
<b>Think tank summary .....</b>	<b>4</b>
Objective .....	4
Presentations .....	4
Discussions .....	4
<b>Round table discussion 1: Scope of parenting supports .....</b>	<b>5</b>
<b>Round table discussion 2: Opportunities for strengthening parenting support.....</b>	<b>6</b>
<b>Round table discussion 3: Measuring system-level outcomes and evaluation .....</b>	<b>9</b>
<b>Summary.....</b>	<b>10</b>
Provincial parenting support strategy .....	10
Guiding principles for provincial parenting support strategy .....	10
<b>Next Steps.....</b>	<b>10</b>
<b>References .....</b>	<b>11</b>
<b>Appendix 1: Participant list.....</b>	<b>12</b>
<b>Appendix 2: Agenda.....</b>	<b>14</b>
<b>Appendix 3: Think tank discussion .....</b>	<b>15</b>

# Introduction

---

This document is a summary of activities and discussions held at the Positive Parenting Think Tank: Optimizing Positive Parenting Support in Ontario. The Think Tank was held on March 21, 2016 at Public Health Ontario (PHO), and was attended by 26 representatives including several ministries, key community agencies/organizations, academic institutions and public health units (**Appendix 1**). Participants shared information about existing key parenting programs in Ontario, explored how programs could be strengthened through cross-system collaboration, and discussed how the success of parenting programs could be measured. In addition the group proposed strategies which would ensure parenting issues were systematically addressed across Ontario.

# Background

---

Evidence shows that the quality of parenting children receive in their infancy and childhood is an important determinant of their development, wellbeing, and subsequent life opportunities.<sup>1</sup> Positive and consistent parenting is associated with many developmental and life advantages including: secure attachment; improved physical health; reduced risk of antisocial behavior; and reduced risk of substance abuse problems.<sup>1</sup> In contrast, poor and inconsistent parenting are associated with many childhood behavioral and emotional problems.<sup>2,3</sup> These problems can affect individuals throughout their life course and impact families, caregivers, schools, communities, employers and the province as a whole.<sup>4,5</sup> A growing number of children are suffering from behavioural, emotional and developmental problems, and unfortunately very few of those children receive preventive or treatment services.<sup>6</sup> As noted by Ontario's Policy Framework for Child and Youth Mental Health, there is a shared responsibility for health amongst all those responsible for the healthy development of Ontario's children and youth.<sup>5,7</sup> Health does not depend on the health sector alone.<sup>5,7</sup>

Positive parenting is a component of the Ontario Public Health Standards (OPHS), which outlines the program standards for boards of health in Ontario.<sup>8</sup> At the request of public health practitioners, in 2014 and 2015, PHO did a systematic review looking at effective components of parenting programs. This review was presented at the July 2015 PHO Rounds and is being prepared for publication. To strengthen collaboration across sectors of parenting support stakeholders, PHO organized a Positive Parenting Think Tank to identify opportunities for collaborative cross-system support in order to optimize positive parenting support for healthy child development and wellbeing.

# Think tank summary

---

## Objective

To identify opportunities for collaborative cross-system support to optimize positive parenting for healthy child development and wellbeing.

## Presentations

Dr. Peter Donnelly, President and CEO of Public Health Ontario, provided opening remarks and welcomed everyone to the event. Dr. Barry Zuckerman, Professor and Chair Emeritus of Pediatrics from the University School of Medicine Boston Medical Centre, a national and international leader in child health and development presented at the PHO Grand Rounds. In addition he was the Think Tank's key note speaker. The title of his presentation was Reimagining How to Promote Parenting (**Appendix 2**).

## Discussions

Dr. Ingrid Tyler, Public Health Physician at Public Health Ontario, facilitated the discussion session (**Appendix 3**). In this session, all the participants were divided into four groups, with representation of each stakeholder sector in each discussion group. Discussions were structured into three parts: 1) understanding the scope of parenting support in Ontario; 2) identifying opportunities for strengthening support; and 3) program evaluation and measuring system level outcomes.

# Round table discussion 1: Scope of parenting supports

---

Participants discussed a wide variety of parenting programs and support services being offered in Ontario. It also speaks to actual and/or potential resources, the importance of collaboration and potential future steps for research and evaluation.

## **a) Parenting programs, interventions and support activities**

- Comprehensive Triple P-Positive Parenting Program
- Services to women and their families in the prenatal period and to families with children from birth until their transition to school
- Postpartum support groups
- Specialized/targeted parenting programs and supports for parents who have children with significant medical conditions, disruptive or aggressive behaviours
- Programs which focus on attachment between infants and parents
- Grandparent mentoring programs
- Youth programs supporting families with youth in the justice system
- School based health programs aimed at positive parenting

## **b) Information and resources**

- Providing training, consultation, web-based information, information support, client provider resources, awareness campaign, and key messages
- Toolkit development and implementation
- Implementation guides and fact sheets for teachers
- Resources are available in multiple languages
- Resources for families where alcohol and drugs impact parenting
- Some communication products developed with the input of the parents

## **c) Collaboration or partnering**

- Engaging in partnership work provincially
- Partnering with stakeholders in local communities to deliver the services e.g. different parenting support groups and justice organization, early years center and community pediatrics, children centre, school board, school councils and parental advisory bodies

## **d) Next steps in research and evaluation**

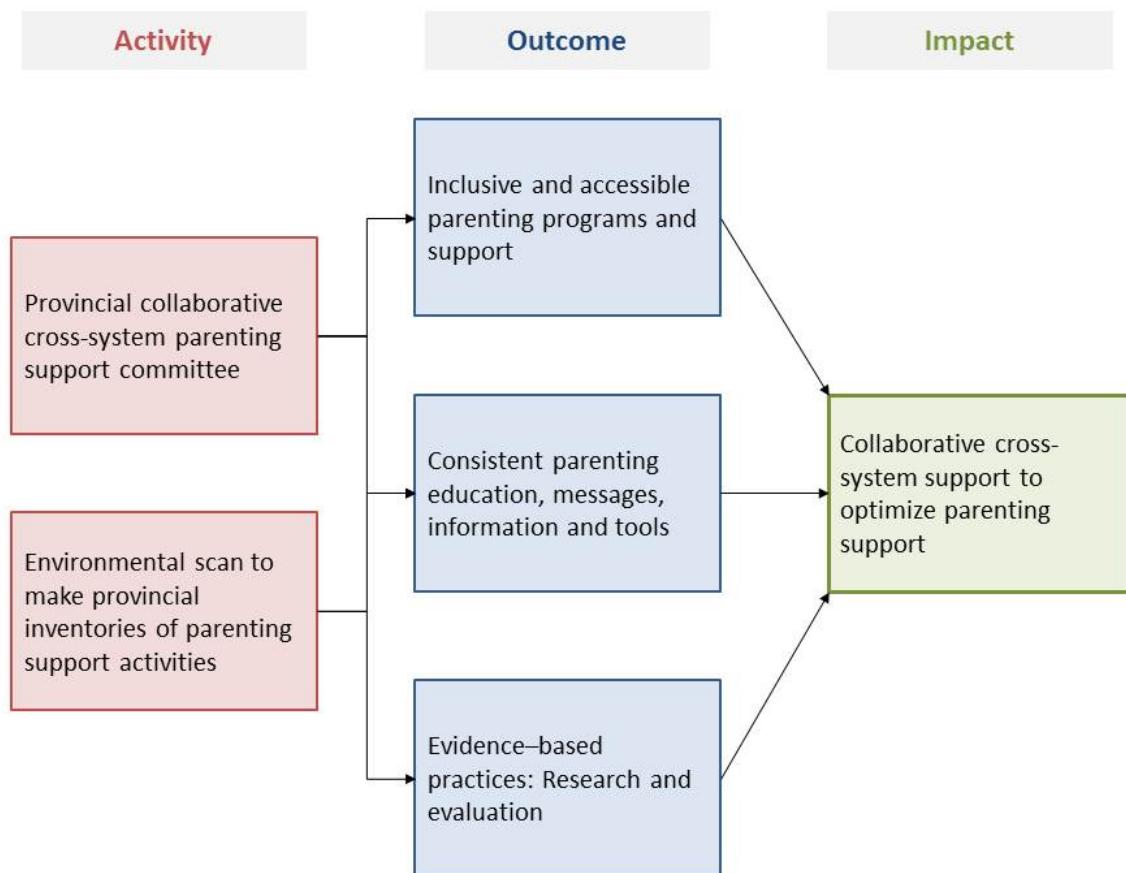
- Measure the reach of the campaign through the number of visits on the website, video views, material dissemination, and feedback surveys from clients, etc.
- Research on how to reach vulnerable groups, as many parents are unaware of parenting resources
- Research to identify best preventive intervention practices and to incorporate the findings into practice

# Round table discussion 2: Opportunities for strengthening parenting support

Based on their experience with existing parenting programs and support (discussed above), the Think Tank participants identified a need for a Provincial Parenting Support Strategy (Figure 1). Participants agreed that a broader and more comprehensive system/cross-system collaboration is needed to support children, parents and families in Ontario. The goal of this new comprehensive “system” would be to ensure healthy and resilient children and teens today, who will become productive citizens of tomorrow.

The following model for a provincial, cross-system, parenting support strategy emerged from the Think Tank participants discussion.

**Figure 1: Model for provincial cross-system parenting support strategy**



**This model would include:**

- a) **Universal parenting support program:** Programs and services would be available across the developmental child and youth spectrum including preparing for parenthood, prenatal

education, birth, postpartum and the early years and until the child becomes an independent adult.

- b) Targeted parenting program:** These programs would focus on families where a child or youth may have special needs, including disruptive and aggressive behaviour, or where families find themselves in vulnerable situations.

In order to develop and sustain a provincial cross-system parenting strategy a number of activities and outcomes must be undertaken. These are identified below:

**Activity: Provincial collaborative cross-system parenting support committee**

- A cross-system collaborative parenting support committee must include parents, potential future parents and providers of all sectors (e.g. education, health, and Ministry of Children and Youth Services (MCYS)).
- The committee must have a shared/common mission and vision, and shared objectives.
- It must ensure horizontal and vertical integration and role clarity of “who does what” (terms of reference) in the system, which would minimize overlap of the work being done and make support more efficient and cohesive.
- The participants acknowledged that a mandate needs to come from government for this to ensure cross-system ownership supporting all the different parenting programs.
- A mechanism for measurement and common indicators of impact should be included.

**Activity: Environmental scan to take provincial inventories of parenting support activities**

- Detailed inventories of parenting programs and support services, including existing programs and support, resources, frameworks, sources of information, guidelines and policies that are available in Ontario. This would increase uptake and engagement and minimize overlap of work being done.
- Identify the major policies and guidelines related to parenting support e.g. parent engagement policy by the Ministry of Education; OPHS guidelines and patient first proposal by the Ministry of Health and Long-Term Care.

**Outcome: Inclusive and accessible parenting programs and support**

- Parenting strategy must have common principles across sectors.
  - It must promote universal parenting, which must be capable of adapting to individual differences/diversity of families and parenting needs e.g. different community, cultural values, beliefs and context, and parent readiness (teenaged and adult parents).
  - It must have specific/targeted parenting programs or support for parents whose children have social and behavioural problems.
  - It must have a greater emphasis on the whole family including children, youth, parents, families and extended families.
- Supporting parents is broader than parenting education –it includes employment policy and child care policy.
- In addition, a strategy should allow adults to reflect on their own experiences of being parented and promote insight into the impact of that experience on their own parenting.

- A strategy should address “scarcity” and note that basic needs must be met before one can focus on parenting and that programs with childcare, coupons, food and taxi chits are the most successful.

**Outcome: Consistent parenting education, messages, information and tools**

Think Tank participants noted risks of mixed messages in parenting campaigns.

- Make tools for parents less overwhelming as there are many of resources available.
- Involve social marketing for common messages and language of messages (messages are available in multiple languages) and involve parents in developing the messages.
- Use a multipronged learning approach as parents learn differently.
- Normalizing prenatal education should have cross-system messages.
- Normalize the need for help for parents to minimize stigma – if the message is universal and disseminated widely, then the stigma is removed and it is safe for the parents to have this conversation.

**Outcome: Evidence-based practices: research and evaluation**

- There is evidence that parents prefer to get informal support for their parenting e.g. website, family friends and family physician.
- Evidence should include input from communities in its development.
- Consistent clinical treatment for the child, youth and parents, based on evidence based practices, would minimize stigma.



# Round table discussion 3: Measuring system-level outcomes and evaluation

---

Participants shared information about existing parenting programs, and discussed how the success of parenting programs could be measured. In addition the group proposed methods and indicators to measure the success of provincial cross-system parenting program.

## **Existing parenting program evaluation and measurement**

- Existing collaborative parenting program evaluations mainly focus on how the collaboration systems work (the process), rather than outcome indicators or impact of improving parenting program.
- Currently there are no indicators for babies, children or youth.
- Most parenting programs don't have enough funds to see the impact of their parenting program.

## **Proposed provincial cross-system positive parenting program evaluation and measurement**

- Develop and use common evaluation measurements including indicators and desired outcome and measurement tools.
  - Short term outcome measures or evaluation (e.g. changes in beliefs and attitudes) can be done by pre and post-test.
  - User feedback (parents, teachers, students) can indicate if the resources/support is working (e.g. parent satisfaction, provider knowledge, attitudes and practice (KAP)).
  - To measure the population level impact on parenting support/strategies, baseline data on parent and childrens' indicators (e.g. children and parental practice) needs to be collected and compared with midpoint and end survey.
  - Need to use early developmental indices and match it with demographic/census information more aggressively.
- Cross-system collaborative positive parenting program process indicator can be measured through meeting minutes, tracking the memorandum and survey of providers/managers.

# Summary

---

## Provincial parenting support strategy

There is a consensus that a provincial parenting support strategy, and broader and more comprehensive cross-system collaboration is needed to support the children, parents and families in Ontario, which would ensure that:

- All providers are on the same page, and it would be easier to come up with something scalable and achievable.
- It would minimize overlap of work being done, thus support can be more efficient, cohesive and less repetitive.
- In addition, it would funnel the right services to the right people: interdependency across relationships in life; where to direct people to the right services.
- Ensure healthy and resilient children and teens today, as they will become productive citizens of tomorrow.

## Guiding principles for provincial parenting support strategy

There is a consensus that the following principles guide the provincial collaborative cross-system parenting support strategy, which would optimize positive parenting support for healthy child development and well-being.

- Provincial cross-system collaborative parenting support committee established, its membership modeled after cross-system partnerships and collaboration.
- Environmental scan to take provincial inventories of parenting support activities.
- Inclusive and accessible parenting programs and support.
- Consistent parenting education, information and resources.
- Evidence informed practices informed by research, evaluation, community engagement, and environmental support.

## Next Steps

---

Participants agreed that there would be a willingness to continue sharing ideas and working towards a more cohesive and action oriented plan in order to move forward the potential for a provincial strategy which would address parenting and family supports. This might be accomplished in the following ways:

- Local action on family/client navigation, and reduction of fragmentation.
- Use of hubs to create parenting supports from the bottom up.
- Sharing of common vision with policy makers.
- Ongoing networking of Think Tank participants.
- Follow-up Think Tank meetings.

# References

---

1. Sanders MR. Development, evaluation, and multinational dissemination of the triple P-Positive Parenting Program. *Annual review of clinical psychology*. 2012; 8(1):345-379.
2. Sanders MR. Triple P-positive parenting program as a public health approach to strengthening parenting. *Journal of Family Psychology*. 2008; 22(4):506-517.
3. Wiggins TL, Sofronoff K, Sanders MR. Pathways triple P-positive parenting program: Effects on parent-child relationships and child behavior problems. *Family Process*. 2009; 48(4):517-530.
4. Poole J. Tackling poor parenting: a public health issue. *Fam Health Care*. 2003; 13(2):49-51. Available from: [www.ncbi.nlm.nih.gov/pubmed/12793303](http://www.ncbi.nlm.nih.gov/pubmed/12793303).
5. Ontario. Ministry of Children and Youth Services. *A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health*. ON: Queen's Printer for Ontario; 2006. Available from: [http://www.children.gov.on.ca/htdocs/English/topics/specialneeds/mentalhealth/shared\\_responsibility.aspx](http://www.children.gov.on.ca/htdocs/English/topics/specialneeds/mentalhealth/shared_responsibility.aspx)
6. Prinz RJ, Sanders MR. Adopting a population-level approach to parenting and family support interventions. *Clinical Psychology Review*. 2007; 27(6):739-49.
7. Hoghughi M. The importance of parenting in child health: Doctors as well as the government should do more to support parents. *BMJ*. 1998; 316(7144):1545-1550. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1113192/>.
8. Ontario. Ministry of Health Promotion, Standards, Programs and Community Development Branch. *Child Health Guidance Document*. Toronto, ON: Queen's Printer for Ontario; 2010, Available from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/guidance/childhealth\\_gd.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/guidance/childhealth_gd.pdf).

## Appendix 1: Participant list

---

### Positive Parenting Think Tank

**Date:** Monday, March 21, 2016

**Time:** 10:00 a.m. to 4:00 p.m.

**Location:** 480 University Avenue, Toronto, ON, M5G 1V2 – Boardroom 345 and 350

Name	Designation	Organization
Dr. Brendan Andrade	Assistant Professor	Department of Psychiatry University of Toronto
Jane Bertrand	Program Director	Margaret and Wallace McCain Family Foundation
Diane Bewick	Sr. Program Specialist	Health Promotion Chronic Disease and Injury Prevention Public Health Ontario
Dr. Catherine Birken	Associate Professor	Department of Paediatrics University of Toronto
Amy Boudreau	Director	Strategic Planning and Operations Ontario Center for Excellence Child and Youth Mental Health
Janette Bowie	Program and Standards Advisor	Health Promotion Performance and Accountability Unit Ministry of Health and Long Term Care
Laura Dionne	Manager	Early Years Program Toronto Public Health
Dr. Andrea Feller	Associate Medical Officer of Health	Niagara Region Public Health Unit
Ruth Flynn	Director	Inclusive Education Branch Ministry of Education
Mary Anne Gargano-Lucanie	Manager	Early Years Program Toronto Public Health
Peggy Govers	Deputy Head of Training (Canada) and Implementation Consultant	Triple P Parenting Canada
Gail Hamelin	Supervisor	Crisis and Family Services Kinark Child and Family Services
Dr. Jennifer Jenkins	Professor	Department of Human Development and Applied Psychology, University of Toronto
Jahanara Khatun	Research Assistant	Health Promotion Chronic Disease and Injury Prevention

		Public Health Ontario
Dr. Bryn King	Assistant Professor	Factor-Inwentash Faculty of Social Work University of Toronto
Dr. Ian Manion	Director	Youth Mental Health Research Unit University of Ottawa
Wendy McAllister	Manager	Best Start Resource Centre Health Nexus
Tamar Meyer	Supervisor	CAMH Health Promotion Resource Centre Provincial System Support Program Centre for Addiction and Mental Health (CAMH)
Kris Millan	Director	Family Health Division Kingston, Frontenac, Lennox and Addington Health Unit
Dr. Nancy Novak	Program Consultant	Early Intervention Policy and Programs Unit Ministry of Children and Youth Services
Carmela Paolozza	Project Support	Infant Mental Health Promotion Sick Kids Hospital
Adeena Persaud	Program Assistant	Infant Mental Health Promotion Sick Kids Hospital
Andrea Roberts	Director	Family Health and Health Analytics Wellington-Dufferin-Guelph Public Health Unit
Darlene Rose	Public Health Program Manager	Health Promotion and Health Protection Eastern Ontario Health Unit
Dr. Lisa Simon	Associate Medical Officer of Health	Simcoe-Muskoka District Health Unit
Barbara Steep	Equity and Engagement Lead for the GTA Region Office	Provincial System Support Program Centre for Addiction and Mental Health (CAMH)
Linda Stewart	Executive Director	Association of Local Public Health Agencies
Dr. Ingrid Tyler	Public Health Physician	Health Promotion Chronic Disease and Injury Prevention Public Health Ontario
Suzanne Vandervoort	Director	Healthy Living Middlesex- London Health Unit
Jenney Wang	Research Assistant	Health Promotion Chronic Disease & Injury Prevention Public Health Ontario
Dr. Barry Zuckerman	Professor and Chair Emeritus	Department of Pediatrics University School of Medicine/Boston Medical Center

## Appendix 2: Agenda

---

### Positive Parenting Think Tank

**Date:** Monday, March 21<sup>st</sup>, 2016

**Time:** 10:00 a.m. to 4:00 p.m.

**Location:** 480 University Avenue, Toronto, ON, M5G 1V2 – Boardroom 345 and 350

#### Meeting objectives:

To identify opportunities for collaborative cross-system support to optimize positive parenting for healthy child development and wellbeing.

TIME	ITEM	DETAILS	BOARD ROOM
10:00am-10:15am	<b>PHO welcome</b>	<b>Dr. Peter Donnelly</b> President and CEO, Public Health Ontario	Boardroom 350
10:15am-10:55am	<b>Participant roundtable</b>	Introductions	Boardroom 350
10:55am-11:00am	<b>Transition break</b>		
11:00am-12:00pm	<b>PHO Grand Rounds:</b> Reimagining how to promote parenting	<b>Dr. Barry Zuckerman</b> Professor and Chair Emeritus Pediatrics, University School of Medicine/ Boston Medical Center	Boardroom 345
12:00pm-1:00pm	<b>Networking lunch</b>		
1:00pm-2:45pm	<b>Think Tank Discussion</b>	Facilitated by: <b>Dr. Ingrid Tyler</b> Public Health Physician HPCDIP, Public Health Ontario	Boardroom 350
2:45pm-3:00pm	<b>Break</b>		
3:00pm-3:45pm	<b>Report back discussion</b>	Facilitated by: <b>Dr. Ingrid Tyler</b> Public Health Physician HPCDIP, Public Health Ontario	Boardroom 350
3:45pm-4:00pm	<b>Next steps</b>		Boardroom 350

## Appendix 3: Think Tank discussion

---

### Positive Parenting Think Tank

**Date:** Monday, March 21<sup>st</sup>, 2016

**Discussion Session:** 1:00 pm to 3:45 pm

**Location:** 480 University Avenue, Toronto, ON – Boardroom 350

**Discussion Facilitator:** Dr. Ingrid Tyler, Public Health Physician, HPCDIP, Public Health Ontario

#### Purpose:

To identify opportunities for collaborative cross-system support to optimize positive parenting support for healthy child development and wellbeing

#### Think Tank Activity:

Time	Activity
1:00pm- 1:30pm	<b>Round table discussion 1: Scope of parenting supports</b> Group members introduce themselves and discuss/describe parenting support in their field/community, specifically partnerships and collaborative programs
1:30pm- 2:00pm	<b>Round table discussion 2: Opportunities for strengthening support</b> Discuss what made the parenting support successful? What made the collaboration successful? In what ways could the programs represented be strengthened through additional or ongoing cross-system collaboration?
2:00pm- 2:30 pm	<b>Round table discussion 3: Measuring system level outcome and evaluation</b> What are important population and individual level indicators of success? How is the success of a cross-system collaboration approach of parenting support measured?
2:30pm- 2:45pm	<b>Break</b>
2:45pm- 3:00pm	<b>Summary</b> Briefly summarize one cross-system activity/ “promising practice” discussed in Round Table 2 and 3, which may be feasible to pursue for optimizing positive parenting support for healthy child development and wellbeing.
3:00 pm- 3:45pm	<b>Large group discussion</b> One representative from each group shares an example of cross-system parenting support activity/promising practice. How was it successful? What factors contributed to its success?

## Summary and closing remarks: Dr. Ingrid Tyler

### Group Discussion Participants

<p><b><u>Group 1:</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Dr. Andrea Feller</li><li><input type="checkbox"/> Laura Dionne</li><li><input type="checkbox"/> Peggy Govers</li><li><input type="checkbox"/> Dr. Bryn King</li><li><input type="checkbox"/> Ruth Flynn</li><li><input type="checkbox"/> Adeena Persaud</li><li><input type="checkbox"/> Dr. Jennifer Jenkins</li><li><input type="checkbox"/> Jenney Wang (PHO Staff)</li></ul>	<p><b><u>Group 3:</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Andrea Roberts</li><li><input type="checkbox"/> Mary Anne Gargano-Lucanie</li><li><input type="checkbox"/> Dr. Ian Manion</li><li><input type="checkbox"/> Barbara Steep</li><li><input type="checkbox"/> Linda Stewart</li><li><input type="checkbox"/> Jane Bertrand</li><li><input type="checkbox"/> Dr. Nancy Novak</li><li><input type="checkbox"/> Dr. Ingrid Tyler (PHO Staff)</li></ul>
<p><b><u>Group 2:</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Suzanne Vandervoort</li><li><input type="checkbox"/> Kris Millan</li><li><input type="checkbox"/> Wendy McAllister</li><li><input type="checkbox"/> Janette Bowie</li><li><input type="checkbox"/> Gail Hamelin</li><li><input type="checkbox"/> Dr. Catherine Birken</li><li><input type="checkbox"/> Dr. Brendan Andrade</li><li><input type="checkbox"/> Jahanara Khatun (PHO Staff)</li></ul>	<p><b><u>Group 4:</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Dr. Lisa Simon</li><li><input type="checkbox"/> Darlene Rose</li><li><input type="checkbox"/> Tamar Meyer</li><li><input type="checkbox"/> Amy Boudreau</li><li><input type="checkbox"/> Dr. Barry Zuckerman</li><li><input type="checkbox"/> Carmela Paolozza</li><li><input type="checkbox"/> Diane Bewick (PHO Staff)</li></ul>