

Consultant
[http://www.everykid.on.ca/member-area/RESEARCH%20AND%20DOCUMENTS/Sum-greater-parts-2008/2%20Leeds%202008 final%20report_v1.pdf](http://www.everykid.on.ca/member-area/RESEARCH%20AND%20DOCUMENTS/Sum-greater-parts-2008/2%20Leeds%202008%20final%20report_v1.pdf)

SUMMARY: 2008 Leeds-Grenville Early Development Instrument Results, Data Analysis Coordinator,

Report

Brockville (16%), Gananoque (15%) and North Grenville (18%) have the highest percentage of families in which all children are under the age of 6 years on Census Day 2006. When the caregivers have been “parents’ for less than 6 years, they are in the stage of family life when they are most vulnerable and most open to education on effective parenting.

Brockville is showing a 21% increase in children under the age of 1 year. Adding the findings related to the age of the mother in lone-parent households in Brockville, plus the two patterns suggest that a surge of parent education and parent support programs in Brockville is a critical need.

Data from the National Longitudinal Study has found that children from rural and small towns, as well as children from low socio economic groups and low income families scored below their peers on basic academic skills and social competency. Bad outcomes could be reversed if (and this is the prevention opportunity)

- Children were *read to daily* (improves all academic and social skills)
- participated regularly in organized sports (improves communication and number skills)
- had lessons in art (improves number skills, copying and symbol use)
- Cooperative play was highest with regular participation in *unorganized* sports
- All of the above was highest with high positive parent-child interaction. The quality of parent-child interaction is clearly a critical driver in the child’s readiness to learn. This suggests that parent supports and parent education programs are very important.

The Early Development Instrument (EDI) was developed at the Offord Centre of McMaster University. It measures how ready children are to begin learning at school. The EDI is completed by teachers for all the children in their kindergarten classes. The EDI consists of questions about five different areas of the children’s early development:

- Physical health and well-being,
- Social competence,
- Emotional maturity,
- Language and cognitive development,
- Communication skills and general knowledge.

United Counties of Leeds-Grenville March 5, 2009
<http://www.everykid.on.ca/member-area/RESEARCH%20AND%20DOCUMENTS/Sum-greater-parts-2008/2008%20EDI%20LG%20Summary%201.pdf>

The Early Development Instrument is designed to measure the outcomes of children’s early years as they influence their readiness to learn at school. A significant decline in the readiness of children to learn at school was noted between 2006 and 2008 and a large increase in the number of vulnerable children throughout Leeds and Grenville.

How Triple P Addresses the Need

Comprehensive Health Promotion Approach

The Triple P-Positive Parenting Programme: A Universal Population-Level Approach to the Prevention of Child Abuse, Sanders, Et. Al. Child Abuse Review Vol. 12: 155–171 (2003)

Theoretical, Scientific and Clinical Foundations of the Triple P-Positive

Synthesis

Research trials are currently underway evaluating the efficacy of the Triple P system of intervention with populations of families notified for child maltreatment. This research primarily evaluates the use of broad parent-training interventions (levels 4 and 5 in the Triple P system). However, research strategies to address the impact of a coordinated, systematic, universal positive parenting campaign (such as level 1 Triple P interventions) need to be progressed. Given the far-reaching implications of such work, it is likely that governments will need to take an active role in progressing population-level surveys of positive parenting practices and child behaviour problems. It is our contention that it is unlikely that there will be any reduction in child maltreatment at a population level unless a broader ecological perspective to supporting parents is adopted. Such an approach requires flexible tailoring of the strength of family interventions so that parents can access quality evidence-based programmes relevant to their parenting needs across a wide developmental age span from the birth of their child onwards.

The program aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents.

Level 1, a universal parent information strategy, provides all interested parents with access to useful information about parenting through a

	<p>Triple P-Positive Parenting Program: A Population Approach to the Promotion of Parenting Competence Matthew R. Sanders, Carol Markie-Dadds and Karen M.T. Turner <i>Parenting and Family Support Centre, The University of Queensland</i> Copyright 2003 The Parenting and Family Support Centre, The University of Queensland ISBN 1 875378 46 4 http://www.triplep.net/files/pdf/Parenting_Research_and_Practice_Monograph_No.1.pdf</p>		<p>parents with access to useful information about parenting through a coordinated promotional campaign using print and electronic media as well as user-friendly parenting tip sheets and videotapes that demonstrate specific parenting strategies. This level of intervention aims to increase community awareness of parenting resources and the receptivity of parents to participating in programs, and to create a sense of optimism by depicting solutions to common behavioural and developmental concerns.</p> <p>Level 2 is a brief, one to two-session primary health care intervention providing early anticipatory developmental guidance to parents of children with mild behaviour difficulties or developmental issues.</p> <p>Level 3, a four-session intervention, targets children with mild to moderate behaviour difficulties and includes active skills training for parents.</p> <p>Level 4 is an intensive eight to ten-session individual, group or self-directed parent training program for children with more severe behavioural difficulties.</p> <p>Level 5 is an enhanced behavioural family intervention program for families where child behaviour problems persist or where parenting difficulties are complicated by other sources of family distress (e.g., marital conflict, parental depression or high levels of stress).</p> <p>Triple P is a form of behavioural family intervention based on social learning principals; an approach that has the strongest empirical support of any intervention with children.</p> <p>The approach views the development of a parent’s capacity for self-regulation as a central skill and is operationalized to include: self sufficiency, parental self-efficacy, self-management and personal agency. The more self-sufficient parents become, the more likely they are to be resilient in coping with adversity, seek appropriate support when they need it, advocate for children, become involved in their child’s schooling, and protect children from harm.</p> <p>The Principles of Positive Parenting include:</p> <ul style="list-style-type: none"> • Ensuring a safe environment • Creating a positive learning environment • Using assertive discipline • Having realistic expectations • Taking care of oneself as a parent
<p>Mental Health Promotion (Child Abuse)</p>	<p>Preventing Child Abuse: A Meta-Analysis of Parent Training Programs</p>	<p>Meta-analysis</p>	<ul style="list-style-type: none"> • Our results indicate parent training is effective in reducing the risk that a parent will physically abuse, verbally abuse, or neglect a child. • Parents’ emotional well-being was also strengthened through parent training

Training Programs

Brad W. Lundahl,
Janelle Nimer and
Bruce Parsons

**A Comprehensive
Meta-Analysis of Triple**

Systematic
Review

training.

- Many of the programs in our study had designed complimentary interventions that aimed to promote parents' emotional well-being.
- Parent training was moderately effective in promoting desirable and reducing undesirable child-rearing behaviors. That is, parents who completed parent training were more likely to rely on non-coercive strategies, such as expression of warmth and democratic reasoning, when interacting with their children and were less likely to rely on coercive strategies, such as the use of physical force or threats.
- Interventions through a mixture of office and home settings were more successful than were those offering parent training in only one setting
- A higher number of sessions was associated with greater changes in attitudes linked to abuse but not with child-rearing behaviors
- Parental attitudes changed more through a mixture of group and individual delivery than either mode alone.
- Theoretical orientation of parent training programs also influenced the degree to which parents modified child-rearing practices and attitudes. Behavioral programs showed more positive changes in parental behavior compared to studies that did not.
- Non-behavioral programs were more successful in changing attitudes linked to abuse
- The guiding assumptions of behavioral and non-behavioral programs offer different strengths in helping to reduce the risk of child abuse, and our results indicate that combining elements of both can capitalize on the unique strengths of both approaches.

Understanding the long-term success of parent training programs in reducing abuse is important; unfortunately, few studies examined this question. Of those that did, desirable changes in parents' child-rearing attitudes were stable, whereas positive changes in emotional well-being and child-rearing behaviors slipped toward pretreatment levels by approximately 40%.

A meta-analysis encompassing all studies evaluating the impact of the Triple P-Positive Parenting Program on parent and child outcome measures was conducted in an effort to identify variables that moderate the program's effectiveness.

The results indicate that Triple P causes positive changes in parenting skills, child problem behavior and parental well-being in the small to moderate range,

P-Positive Parenting Program Using Hierarchical Linear Modeling: Effectiveness and Moderating Variables
 Christoph Nowak, Nina Heinrichs, Clin Child Fam Psychol Rev (2008) 11:114–144

varying as a function of the intensity of the intervention. The findings also indicate reliable positive effects of Triple P—across all settings, initial levels of problems and countries—for child behavior problems, parenting behavior, and parental well-being. There is also a strong tendency for parents’ relationship quality to improve. We were unable to determine if the child effects are primarily due to a reduction in problematic demeanor or if they are also based on an increase in positive behavior. This comprehensive meta-analytical review of the current evidence-base for Triple P confirms the efficacy of the intervention for improving parenting skills, child problem behavior and parental well-being. Given that Triple P was developed as a population-based preventive intervention that comprises a diverse set of options for families from different social and cultural backgrounds, as well as for varying degrees of problems, the obtained overall controlled effect sizes between 0.17 and 0.48 can be interpreted as reliable evidence of Triple P’s ability to positively impact parent–child interactions. The good quality of included trials corroborates this finding. In sum, Triple P may be considered a well-researched parent training program that is based on high-quality studies.

(Attachment)

DISORGANIZED INFANT ATTACHMENT AND PREVENTIVE INTERVENTIONS: A REVIEW AND META-ANALYSIS
 MARIAN J. BAKERMANS-KRANENBURG, MARINUS H. VAN IJZENDOORN, AND FEMMIE JUFFER, INFANT MENTAL HEALTH JOURNAL, Vol. 26(3), 191–216 (2005)

Systematic Review

Infant disorganized attachment is a major risk factor for problematic stress management and later problem behavior. Therefore, the question whether early childhood interventions are effective in preventing attachment disorganization is highly relevant, and a review of intervention studies from the perspective of their effects on attachment disorganization is badly needed. We provide a narrative review of preventive intervention studies with infant disorganized attachment as an outcome measure, and we test meta-analytically whether these interventions were able to prevent infant attachment disorganization. Effective interventions started after six months of the infant’s age rather than before six months; sensitivity-focused interventions appeared to be more effective than interventions with a broader focus; interventions in samples with children at risk were more effective than interventions in samples with at-risk parents; and in samples with a higher percentage of disorganization in the control group, the interventions were more successful in preventing disorganization.

The Relationship Between Social

	<p>Between Social Support and Adolescent Mothers' Interactions With Their Infants: A Meta-Analysis Donna Clemmens, RN, Phd, JOGNN Volume 30, Number, October, 2000.</p>	<p>Systematic Review</p>	<p>The maternal-infant relationship is reflected in the interactive behaviors of both mother and infant, comprising a critical measure of parenting. Consistency in parental behavior provides infants with a sense of trust, enhancing their development and social competence. Infants who do not form a trusting relationship with a caregiver have been described as exhibiting more problematic behaviors and doing poorly on developmental achievement tests. Within this group of infants who are at risk are the children of adolescent mothers. The results of this meta-analysis provided quantitative substantiation for the importance of the construct of social support to maternal interaction in adolescent mothers. The findings from the two sub analyses revealed similar effect sizes whether the support was provided by family or through a network. It is important that universal services (for example, home visiting by health visitors and midwives) are available for all families with infants and young children. A universal service does not imply that every family has the same needs. Some are likely to need more support than others (for example, if the mother or child has a physical or learning disability). Health visitors should be proactive and visit all mothers, parents and carers of infants and pre-school children at home (where possible) to assess their needs. Those with identified needs should receive intensive support</p>	
	<p>Mental health of young people: a global public-health challenge Vikram Patel, Alan J Flisher, Sarah Hetrick, Patrick McGorry, The Lancet, Vol 369 April 14, 2007</p>	<p>Summary</p>	<p>Infants aged 9–24 months in Kingston, Jamaica, who were from very poor families and had stunted growth, were randomly assigned one of four groups: control, supplementation, stimulation, and both supplementation and stimulation. The supplementation consisted of 1 kg milk-based formula a week. The stimulation consisted of weekly home visits from trained community-health workers. Both interventions were given for 2 years. The aim was to enhance interactions between mothers and their infants. This was achieved by demonstrating playing techniques, involving the mothers in play with the children, encouraging the mothers to talk to their children, praise them, and give positive reinforcement. Toys and picture books were left in the homes and mothers were encouraged to play with their children on a daily basis. The children who had received stimulation in infancy were, as adolescents, less anxious, had fewer symptoms of depression and better self esteem, and fewer attention problems than their non-stimulated counterparts. Furthermore, participants given stimulation were less likely to have been suspended from school or expelled than those not given stimulation. Further research is needed to establish the reasons for the beneficial effects. The benefits might have been due to the direct effects of the activities; or the</p>	

Effectiveness of Parenting Groups With Professional Involvement In Improving Parent and Child Outcomes

(EPHPP) Helen Thomas, Yolanda Camiletti, Maureen Cava, Linda Feldman, Jane Underwood, Karen Wade.

Systematic Review

mother's mental health might have improved as a result of involvement in the intervention, which in turn could have benefited their children; or the educational progress of the participants might have been positively affected, with a consequent effect on their mental health. This is the first study to show that stimulation in early childhood produced improvement in mental-health status in adolescence. The intervention constituted mental-health promotion in that it enhanced the parenting capacity of the mothers, thus strengthening an important protective factor for mental health outcomes in children and adolescents.

- Programs that use videotaped vignettes of parent child interaction followed by discussion using empowerment approaches (e.g., Webster-Stratton et al., 1998) should be considered for implementation.
- Some effective programs provided handouts for reinforcement at home. Use of role play or discussion of videotaped interactions is more effective than discussion alone.
- Most of the programs had specific time-limited curriculum directed at improving parent-child relationships and child behaviour through changing parental behaviour.
- Public health practitioners should collaborate with other relevant community agencies to provide programs for families at risk for poor child developmental outcomes.
- All of the studies reported some statistically significant results for the experimental groups in improving parent, child, or parent-child outcomes.
- Some studies reported child behaviour changes from clinical to the normal range post-intervention.
- Programs using a behavioural theoretical framework were effective.
- Groups were facilitated by nurses, social workers, and psychologists.
- Behavioural programs based on parental empowerment models were effective immediately post-intervention and over time.

Incentives improved program access and attendance, particularly for economically disadvantaged families.

After controlling for differences attributable to research design, program

Effectiveness of The Triple P Positive Parenting Program on Behavioral Problems in Children: A Meta-Analysis

Ireen de Graaf, Paula Speetjens, Filip Smit, Marianne de Wolff and Louis Tavecchio *Behav Modif* 2008; 32; 714 originally published online May 12, 2008;

Does the Triple P Positive Parenting Program provide value for money?

Mihalopoulos, C., Sanders, M., Turner, K., Murphy-Brennan, M., & Carter, R. *Australian and New Zealand Journal of Psychiatry* 2007; 41:239-246

Systematic Review

Synthesis

intervention.

- Results indicate that Level 4 of Triple P interventions reduced disruptive behaviors in children. These improvements were maintained well over time, with further improvements in long-term follow-up.
- Since 1978, the intervention methods of Triple P have been subjected to a series of controlled evaluations (Sanders & Dadds, 1993).
- Since that time, the intervention methods used in Triple P have been subjected to a series of controlled evaluations using both intra-subject replication designs and traditional randomized control group designs.

Because the analyses involved both prevention universal samples and high-risk samples, the effect sizes are very large for a universally offered public health intervention. The positive effects of Triple P shown in this study seem to support the widespread adoption and implementation of the program in an increasing number of countries in quite diverse cultural contexts around the world.

The aim of the study was to investigate the economic case for the implementation of the Triple P- Positive Parenting Program on a population basis in Queensland, Australia, in order to reduce the prevalence of conduct disorder in children. Triple P has the potential to reduce the prevalence of conduct disorder by between 25% & 48%.

Threshold analysis reveals that Triple P saves more resources than it consumes ; even modest improvements in prevalence of conduct disorder are sufficient to make Triple P a cost saving intervention * cost calculations of Triple P in Australia do not include Media costs for Level 1 due to regulations requiring media to broadcast public service announcements.

Current study looked only at reduction in conduct disorder; other areas that Triple P may impact: reduction in child abuse, improvement in parent quality of life, societal benefits associated with less delinquency & crime as well as an increase in family service utilization & decrease in other treatment service utilization.

Consequences to Morbidity & Mortality: Children on mental health waitlist for treatment of conduct disorder – 30% will move from ‘clinical’ to ‘normal’ and

			<p>with Triple P, 56% will move to 'normal'.</p> <p>The Triple P- Positive Parenting Program is a dominant intervention; that is, it costs less than the amount it saves. Conclusions: Triple P is likely to be a worthwhile use of limited health funds. The economic case is promising.</p>
<p>Physical Activity and Healthy Eating</p>	<p>“Effectiveness of interventions to promote physical activity in children and adolescents: systematic review of controlled trials.” van Sluijs EMF, McMinn AM, Griffin SJ. 2007, BMJ, Online First, bmj.com</p> <p>Family Environment and Pediatric Overweight: What Is a Parent to Do? Ritchie LD, Welk G, Styne D, Gerstein DE, Crawford PB <i>J Am Diet Assoc.</i> 2005;105:570-579</p>	<p>Synthesis</p>	<p>Multicomponent interventions and interventions that included both school and family or community involvement have the potential to make important differences to levels of physical activity and should be promoted</p> <p>There are sufficient data to support the conclusion that in non-controlling, non-coercive conditions in which children have access to a variety of healthful foods, young children have the ability to self-regulate the amount of food and energy consumed. Parents may negatively influence their children’s dietary intake and ability to self-regulate by either applying excessive external control or failing to offer healthful options. A high degree of parental control over a child’s dietary intake may disrupt natural systems of self-regulation, and limiting highly palatable foods that are in the home may actually promote the children’s desire for such foods, causing dysregulation of energy intake, overeating, and ultimately weight gain in children. Parental restriction of a child’s dietary intake of highly palatable foods may be associated with childhood adiposity. Parents exert a gatekeeper influence over their child’s level of physical activity. Parental encouragement, parental support, and parental involvement in and modeling of activity have been shown to positively predict activity in children. Although parents cannot control all aspects of a child’s day, they can moderate type and availability of foods, feeding practices, the frequency of television/video game usage, and access to physical activity opportunities. Parental modeling of both eating habits and physical activity also can help shape children’s values, beliefs, and behaviors.</p>

Indulgent Feeding Style and Children's Weight Status in Preschool

Hughes SO, Shewchuk RM, Baskin ML, Nicklas TA, Qu H, J Dev Behav Pediatr. 2008; 29(5): 403–410

Parenting Styles and Overweight Status in First Grade

Bradley H, Rhee KE, Lumeng JC, Appugliese DP, Kaciroti N, Bradley R Pediatrics 2006;117;2047-2054

There is evidence showing a relationship between a permissive parenting style and childhood weight status. The indulgent feeding style was significantly positively associated with child BMI.

Restriction is the only feeding practice, which has been consistently associated with increased intake of undesired food and higher weight status in children. The results of this study not only show a robust association between the indulgent feeding style and weight status of low-income preschool children, but also suggest how congruence between parent emotional affect and child temperament characteristics may contribute to excess consumption among children of indulgent parents

The goal was to determine the relationship between the 4 parenting styles (authoritative, authoritarian, permissive, and neglectful) and overweight status in first grade. Among the 4 parenting styles, authoritarian parenting was associated with the highest risk of overweight among young children.

Parenting style may have a greater impact on shaping the daily activities, eating behavior, emotional functioning, and ultimately overweight risk of children than selected parenting or feeding practices alone. Prevention and treatment strategies that address parenting style as well as specific behaviors may be more successful in preventing childhood overweight than current efforts focusing on domain-specific behaviors alone.

A parent who displays more warmth and consideration of the child's developmental abilities may foster a greater capacity in the child for regulating eating behavior. If the child's development of emotional self-regulation is not supported by parental sensitivity, then excessive eating may become a stress response.

An environment without expectations or limitations may not afford children the kind of incentive and guidance needed to develop effective self-regulation of eating behaviors. Therefore, it is the combination of sensitivity and expectations for self-control that seems to create an optimal environment for children with respect to limiting overweight risk.

Authoritative parents (defined by high levels of maternal sensitivity and expectations for self-control) had the lowest prevalence of overweight children. Children of authoritarian parents (high expectations for self-control and low

Obesity prevention in preschool native-American children: a pilot study using home visiting.

*Harvey-Berino J, Rourke J.
Obes Res 2003; 11: 606–611.*

Childhood Overweight and the Relationship between Parent Behaviors

*Rhee K
The ANNALS of the American Academy of Political and Social Science 2008 615: 11*

sensitivity) had the greatest odds of overweight.

Harvey-Berino & Rourke (19)

Parenting support programme focusing on how improved parenting skills could facilitate the development of appropriate eating and physical activity behaviours in the children.

Parents influence their children through the use of specific parenting practices, modeling specific behaviors and attitudes, and more broadly through their interpersonal interactions within the family. They also create a home environment that promotes certain behaviors, expectations, beliefs, and social norms. Because of this overarching influence, parents play an important role in the prevention and treatment of childhood overweight. Not only can parents influence the development of eating and activity behaviors through the use of specific feeding techniques and the modeling of healthy dietary and leisure-time activity habits, but they also have direct control over the home environment and what foods or activities are available in the house.. The socio-emotional environment created in the home through specific parenting styles and attitudes toward food and sedentary behaviors can assist in the development of a healthier approach toward weight-related domains with presumably lifelong impacts. The socio-emotional impact of parenting and the stability provided by effective family functioning can also play a role in the development of healthy eating behaviors.

Parental feeding styles may promote overeating or overweight in children.

Parental feeding restriction, but no other feeding domain, was associated with increased child eating and weight status.

Parental feeding strategies may play a role in the development of childhood

Parent-Child Feeding Strategies and Their Relationships to Child Eating and Weight Status *Faith MS, Scanlon KS, Birch LL, Francis LA, Sherry B*
Obes Res.2004;12:1711–1722

Preventing childhood obesity: what works? *Birch LL and Ventura AK*
International Journal of Obesity (2009) 33, S74–S81

Reducing obesity and related chronic disease risk in

overweight because excessive control in child feeding has been associated with poorer eating regulation, which is related to increased body mass. Focusing children’s attention on external cues may undermine their ability to respond to internal cues that signal hunger and satiety. Restricting access to highly palatable snack foods has also been shown to increase children’s preferences and requests for such forbidden foods.

Feeding practices involve parental choices about which foods children are offered; when, how frequently and how much children are fed; and the social contexts within which feeding occurs. Parenting practices are responses to environmental threats to parental goals for children. When traditional child feeding practices that promoted child health when food was scarce are applied in obesogenic environments, they may result in overeating and accelerated weight gain by promoting children’s (1) lack of responsiveness to satiety cues; (2) overeating in response to large portions; (3) learned preference for unhealthy, palatable foods as they are used as rewards and treats; (4) learning to eat in response to distress rather than hunger; and (5) learned dislike for ‘healthy foods’ if there is pressure to eat them. Retrospective studies have shown that the learned dislikes that result when children are coerced to eat a food persist in adulthood. If a feeding environment is created that supports children’s opportunities to choose and try new foods in positive contexts and to make choices among healthy alternatives, without coercion, children can learn to like and eat those foods. When the child-feeding environment is restrictive or coercive, or when children are offered the wrong kinds and portions of foods, they develop preferences and eating styles that may increase their risk for obesity.

Using the parents as the agents of change was more effective in managing childhood overweight compared with a child-only approach.

children and youth: a synthesis of evidence with 'best practice' recommendations

Flynn MAT, McNeil DA, Maloff B, Mutasingwa D, Wu M, Fordand C, Tough SC
2006 *The International Association for the Study of Obesity. Obesity reviews 7 (Suppl. 1), 7-66*

Promoting Physical Activity Participation among Children and Adolescents

Salmon J, Booth ML, Phongsavan P, Murphy N, Timperio A
Epidemiol Rev
2007;29:144-159

A systematic review of environmental correlates of obesity-related dietary behaviors in youth

van der Horst K, Oenema A, Ferreira I, Wendel-Vos W, Giskes K, van Lenthe F,

Small repeated intervention doses via parents may be enough to effect children's behavior change. Including parents in children's physical activity interventions (delivered through schools or the family) may be important given that parents are the likely gatekeepers of children's physical activity outside school hours, and there are many family-related correlates of children's physical activity (e.g., role modeling, social support).

Parents directly determine the child's physical and social environment, and indirectly influence behavior and habits through socialization processes and modeling.

An authoritative parenting style is positively associated with fruit/vegetable intake. Family connectedness is positively associated with adolescent fruit/vegetable intake.

Brug J
Health Education
Research Vol.22 no.2
2007 Pages 203–226

How do parents' child-feeding behaviours influence child weight? Implications for childhood obesity policy

Clark HR, Goyder E,
Bissell P, Blank L, Peters
J
2007, *Journal of Public
Health* | pp. 1–10
doi:10.1093/pubmed/f
dm012

Does parenting affect children's eating and weight status? Ventura
AK and Birch LL

*International Journal of
Behavioral Nutrition
and Physical Activity*
2008,
5:15doi:10.1186/1479-
5868-5-15

Parents may inadvertently promote excess weight gain in childhood by using inappropriate child-feeding behaviours. Evidence exists for a relationship between parents' child-feeding behaviours, children's dietary intake and child weight. Food restriction may precede child weight gain and furthermore may cause children to put on weight. There is a positive association between parental restriction (of dietary intake or specific snack food intake) and dietary intake, child weight or both.

There is substantial causal evidence that parenting affects child eating. *Parenting* encompasses parenting and feeding styles and practices, *child eating* encompasses children's eating style, food preferences and dietary intake and *child weight* encompasses indices of children's weight status or change in weight status

The influence of *parenting* on child weight must be mediated by effects of parenting on child eating (or other child behaviors).

The term *parenting style* describes differences among parental attitudes and styles of interacting with children that could result in individual differences among children in key outcomes. In contrast, the term *parenting practice* describes a specific behavioural strategy employed by parents to socialize their children

It cannot be determined from cross-sectional data whether permissive or

Associations Between General Parenting Styles and Specific Food-Related Parenting Practices and Children's Food Consumption.

Vereecken C, Legiest E, De Bourdeaudhuij I, Maes L American Journal of Health Promotion: March/April 2009, Vol. 23, No. 4, pp. 233-240.

Are parenting style and controlling feeding practices related?

Blissett J and Haycraft E Appetite Volume 50, Issues 2-3, March-May 2008, Pages 477-485

Parent feeding restriction and child weight. The mediating role of child disinhibited eating and the moderating role of the parenting context

Joyce JL and Zimmer-Gembeck MJ

indulgent feeding-specific parenting styles are a cause or a consequence of child weight status and eating behaviour.

The parental use of pressure is elicited by concerns about the child's low weight status or low levels of child intake; but pressuring children to eat does not have the desired effects on food preferences or consumption

Restriction may contribute to higher child weight by promoting overeating in the presence of palatable energy dense foods.

General parenting style did not show any significant impact on dietary habits. In contrast, the food-related parenting practice "encouragement through negotiation" showed a significant positive impact, whereas "pressure," "catering on demand," and "permissiveness" were practices with an unhealthy impact.

Nutrition education programs that guide parents in firm but not coercive food parenting skills are likely to have a positive impact upon children's dietary habits.

In both mothers and fathers, permissive parenting style was related to lower monitoring of children's unhealthy food intake. Permissive parenting was also associated with increased use of restriction by mothers and pressure to eat by fathers. Authoritative parenting style was also related to lower use of pressure to eat by fathers only. Parenting styles were not related to child BMI in this sample. Higher child BMI was best predicted by lower paternal application of pressure to eat and greater paternal reports of drive for thinness. Parenting style may not have a direct impact on child BMI until child food selection and consumption becomes more autonomous.

*Appetite Volume 52,
Issue 3, June 2009,
Pages 726-734*

The benefits of authoritative feeding style: caregiver feeding styles and children's food consumption patterns *Patrick H, Nicklas TA, Hughes SO, Morales M*
Appetite Volume 44, Issue 2, April 2005, Pages 243-249

Children's disinhibited eating partially mediated the association between parent restriction and children's BMI. However, restriction was found to be directly associated with children's BMI, and this direct association was stronger than the indirect one. Associations between restriction and children's disinhibited eating differed depending on the parenting context in the feeding domain, including supportiveness, coerciveness and chaotic parenting

Authoritative feeding was positively associated whereas authoritarian feeding was negatively associated with the availability of fruit and vegetables. Authoritative feeding was also positively associated with attempts to get the child to eat dairy, fruit, and vegetables, and reported child consumption of dairy and vegetables. Authoritarian feeding was negatively associated with child's vegetable consumption. All results remained significant after controlling for child's gender and body mass index (BMI), and caregiver's ethnicity, BMI, and level of education. Overall, results provide evidence for the benefits of authoritative feeding and suggest that interventions to increase children's consumption of dairy, fruit, and vegetables should be targeted toward increasing caregivers' authoritative feeding behaviours.